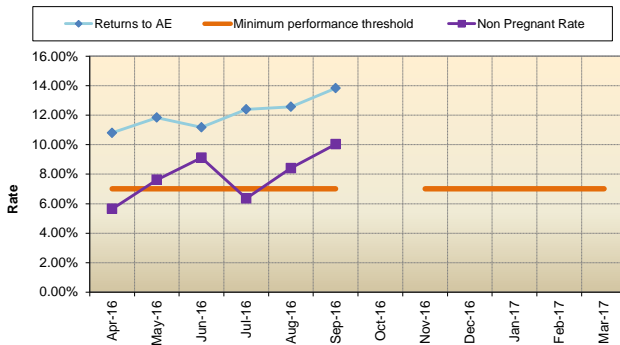


LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2016/17 Accident & Emergency Department Clinical Quality Indicators

Unplanned re-attendance [HQU09]

Unplanned re-attendance rate



Description of data

Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)

Key messages

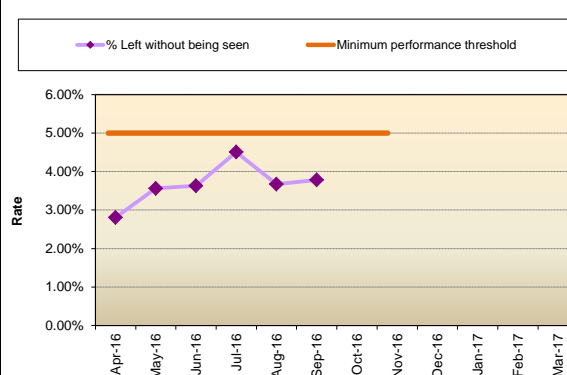
- The re-attendance rate can reflect quality of care on the initial attendance but does not demonstrate the cause of any problems. Good practice is for a reattending patient to be seen by a different and more senior clinician.
- Rates above 7% are likely to reflect poor quality care but rates below 1% may reflect excessive risk aversion.

Narrative This target remains a concern - we do however have some identifiable issues that are affecting this percentage. As in the previous month we have had a regular reattending patient with a chronic condition that will require long term care. Currently we are the only point of contact she can access outside of normal working hours. In the month of September she attended on 9 separate occasions. There has also been misinterpreted pregnancy related reattendance that the electronic system has an edit period that has locked out - we are now unable to correct this .
Excluding Single reattender
Not Pregnancy Related 7.85%
Excluding Single reattender and 2 incorrectly recorded. **7.29%**
Whilst this still takes us over target it is 0.29% as opposed to the 3.03%

10.03%	Rate this month
7%	Target
Data quality	Data quality

Left without being seen [HQU11]

Left without being seen rate



Description of data

The percentage of people who leave the A&E without being seen.

Key messages

- LWBS reflects the satisfaction of patients with the initial management and experience they receive in A&E.
- The left without being seen rate should be minimal and best practice would be to have level below 5%.
- A rate at or above 5% may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health in the NHS Operating Framework for 2011/12.

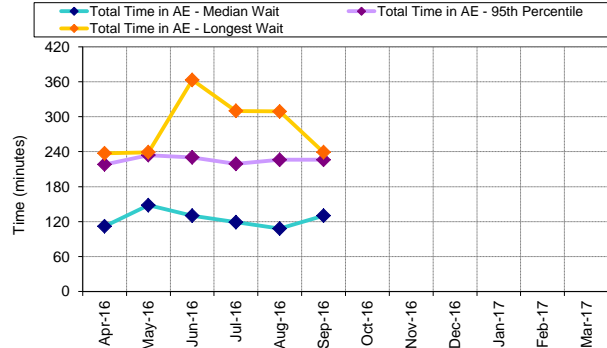
Narrative We aim always to avoid this situation with all our patients. On occasion patients make the decision to leave, this month 2 patients left before treatment, they had been triaged however they chose for personal reasons to leave the department and return at a later time.

Description of Performance

3.78%	Rate this month
5%	Target
Data quality	Data quality

Total time in the A&E department (admitted patients) [HQU10]

Site-level performance



Description of data

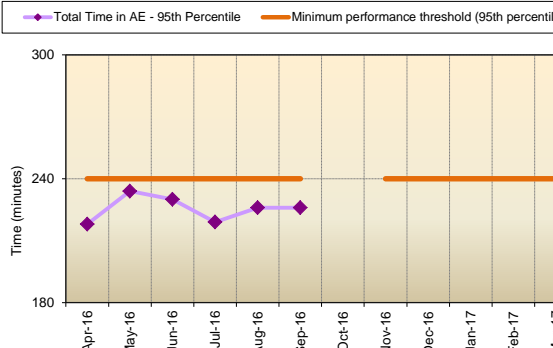
The median, 95th percentile and single longest total time spent by patients in the A&E department, for admitted patients.

Key messages

- Timeliness of care should not deteriorate from that achieved in the last few years.
- The total time in A&E should not be investigated in isolation, and should be monitored in conjunction with the other A&E clinical quality indicators
- Clinical advice suggests that a 95th percentile wait above 4 hours for admitted patients and with the same threshold for non-admitted patients is not good practice.
- The single longest wait should be no more than 6 hours.
- A 95th percentile wait above four hours may trigger intervention as this is one of the five A&E quality indicators included as a headline measure

Narrative We have achieved the required target this month despite some peaks in activity and medical staffing issues, there has been a high level of sickness in the department which is preventing the development of the nurse practitioners who would be able to manage the care of their own patients - this would have an impact on the time waits. We have experienced a small number of over 4 hour waits this month - mostly due to demand and availability on the medical staff and the acuity of the patients

Site performance against national benchmarks and performance thresholds



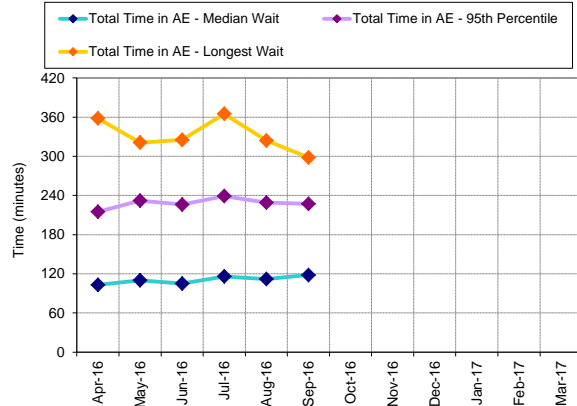
Description of Performance Within the target setting . this month sees a reduction in the total time in GED.

226	95th percentile this month
240	Target
Data quality	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2016/17 Accident & Emergency Department Clinical Quality Indicators

Total time in the A&E department (non-admitted patients) [HQU10]

Site-level performance



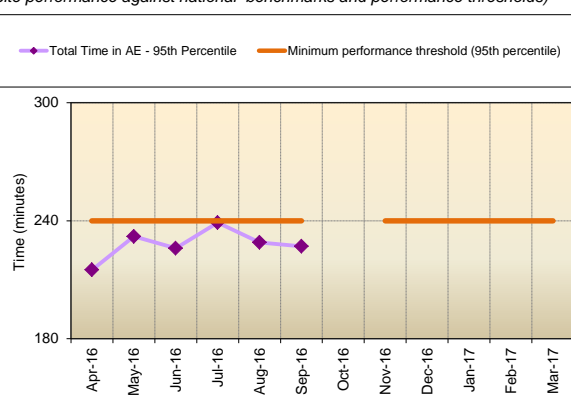
Description of data

The median, 95th percentile and single longest total time spent by patients in the A&E department, for non-admitted patients.

Key messages

- Timeliness of care should not deteriorate from that achieved in the last few years.
- The total time in A&E should not be investigated in isolation, and should be monitored in conjunction with the other A&E clinical quality indicators
- Clinical advice suggests that a 95th percentile wait above 4 hours for admitted patients and with the same threshold for non-admitted patients is not good practice.
- The single longest wait should be no more than 6 hours.
- A 95th percentile wait above four hours may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health under Technical Guidance for the 2011/12 Operating Framework – Draft 22 December 2010 38 national oversight in the NHS Operating Framework for 2011/12.

Site performance against national benchmarks and performance thresholds



Description of Performance

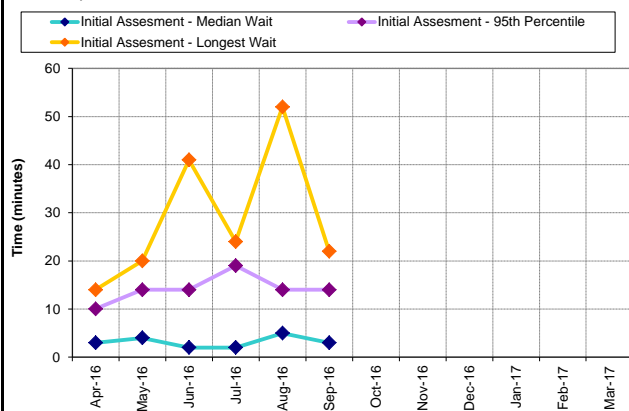
Within target set, we are striving to keep the time in the department to the minimum.

Although we remain in target here we have had 8 breaches on the 4 hour time wait - this in the main has been due to the activity in the department - staffing shortages and a medical team changeover.

227	95th percentile this month
240	Target
	Data quality

Time to initial assessment in A&E [HDQ12]

Site-level performance



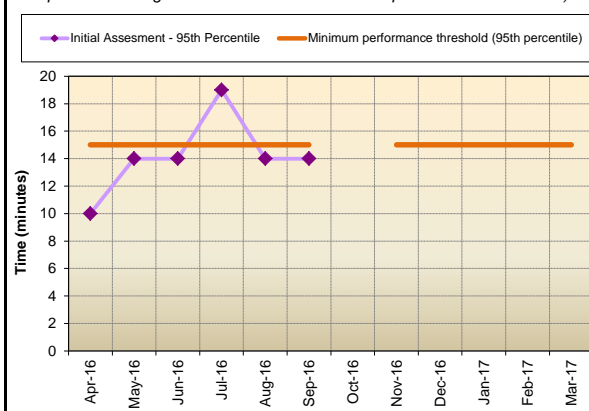
Description of data

Time from arrival to start of full initial assessment, which includes a brief history, pain and early warning scores (including vital signs), for all patients arriving by emergency ambulance.

Key messages

- The delay in the A&E department in assessing and then accepting care of the patient should be minimised but that assessment must be meaningful and add value for the patient:
- Patients should be assessed as soon as possible; good practice would be to have all patients assessed within 20 minutes of arrival.
- A 95th percentile time to assessment above 15 minutes may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health in the NHS Operating Framework for 2011/12.

Site performance against national benchmarks and performance thresholds



Description of Performance

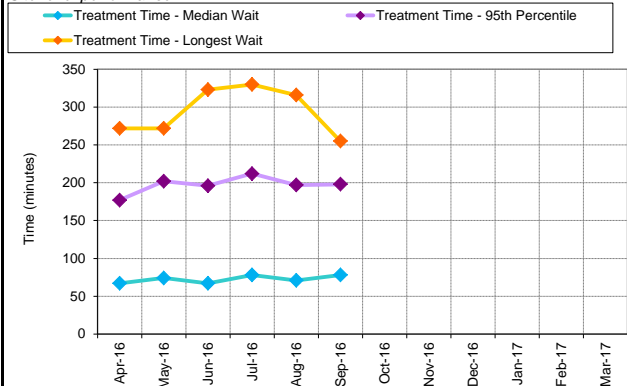
We have met the target and improved on the previous month, however we are looking at how the department operates, staffing rotas, to see if this would impact on the busier shift.

14	95th percentile this month
15	Target
	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2016/17
Accident & Emergency Department Clinical Quality Indicators

Time to Treatment in A&E [HQ13]

Site-level performance



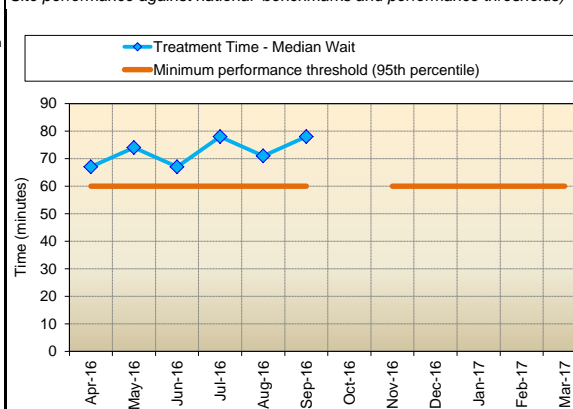
Description of data

Time from arrival to start of definitive treatment from a decision-making clinician (someone who can define the management plan and discharge the patient).

Key messages

- Time to the start of treatment should be minimised but not at the expense of other A&E Clinical Quality Indicators.
- Expert clinical opinion suggests that patients should be seen by a decision-maker within 60 minutes of arrival, but this may be too long for the more serious cases.
- The earlier the correct management plan is made the better for the patient; a wait of over 30 minutes is excessive for certain presentations, e.g., sepsis, stroke, myocardial infarction, respiratory distress.
- A median above 60 minutes from arrival to seeing a decision-making clinician across all patients may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health in the NHS Operating Framework for 2011/12.

Site performance against national benchmarks and performance thresholds



Description of Performance

Narrative: The 60 minute target waiting to be seen by a decision making clinician has been the one performance target we regularly struggle to achieve. This is for a variety of factors, it could be just demand, patients acuity or the confidence and experience of the doctors on any given shift. Some may require more support than others and this can impact the flow of the whole review of the patients process. We are aiming to address this with the development of Emergency Nurse Practitioner roles. We have had a large number of nursing hours deficit due to long term illness amongst the staff. We are currently also out to recruit to a permanent and temporary vacancy. When these changes are implemented this should unfortunately this has been impacted with a high level of sickness that is preventing their input totally in this role. There is evidence that this situation will improve and the vacancies we have will also improve this situation.

78	Median this month
60	Target
	Data quality

Service experience

What have we done to understand and assess the experience of our patients from April 2016 - October 2016

- Nursing quality indicators are now embedded and monthly patient questionnaires are undertaken. These results will be monitored and reported to the Trust Plans.
- Action Plans will be generated by the department Manager and the GED team to address any deficits.
- Friends and Family questions are being asked and results are now available and published for GED. We are actively promoting feedback.
- Social media, twitter is also being used to encourage our patients to give feedback about our Services. A text reminder is also being introduced.
- Formal and informal issues raised through Complaints and PALS have been used to understand and assess the experience of patients attending the Gynaecology Emergency Department. Patients are invited to board meeting to share their experiences.
- Patient Stories continue to be shared with the Board and departmental staff and we are working closely with patients who are sharing their

- Identified funding for additional nurses to be trained in scanning and working with colleagues in ultrasound to mentor nursing staff in early pregnancy scanning. Two additional members of our team have completed competencies - additional service extension is being considered.
- NICE guidelines for the management of miscarriage have been assessed to understand compliance levels. Action plan to address non-compliance.
- Emergency Nurse practitioner roles, clinical decision maker time frames should see an improvement over the coming months.
- Established emergency follow up clinics for patient with pregnancy of unknown location, offering consistent approach with continuity and senior clinical presence.
- Introduction of quality indicators that incorporate specific feedback relating to service experience, thus developing an on-going feedback mechanism for patients, Displayed within department and disseminated to team members.
- Relocation to a newly developed Emergency department. Designs and furnishings have been installed taking feedback from patients into consideration.
- Local quality meeting is ensuring robust cascading of information, promoting opportunities to learn lessons.
- Work force review staffing increase in place.

What were results of these assessments?

- Waiting times too long
- Communication
- Staff attitude/ Customer care
- Waiting times for scans / inability to offer one stop scan

Has this resulted in improved patient experience?

- Local ownership, department managers have increased involvement in problem solving and have ability to influence service provision at the point of care.
- Flexible use of additional rooms/ resources.
- Meaningful measurements in place, enabling benchmarking across Trust and Month on Month performance.
- systems and processes in place to address feedback.
- Department relocation, investment in facilities, new reception area with privacy area, increased rooms, improved waiting area and accessibility to refreshments/ facilities.

Liverpool Women's NHS Foundation Trust

Accident & Emergency Department Clinical Quality Indicators

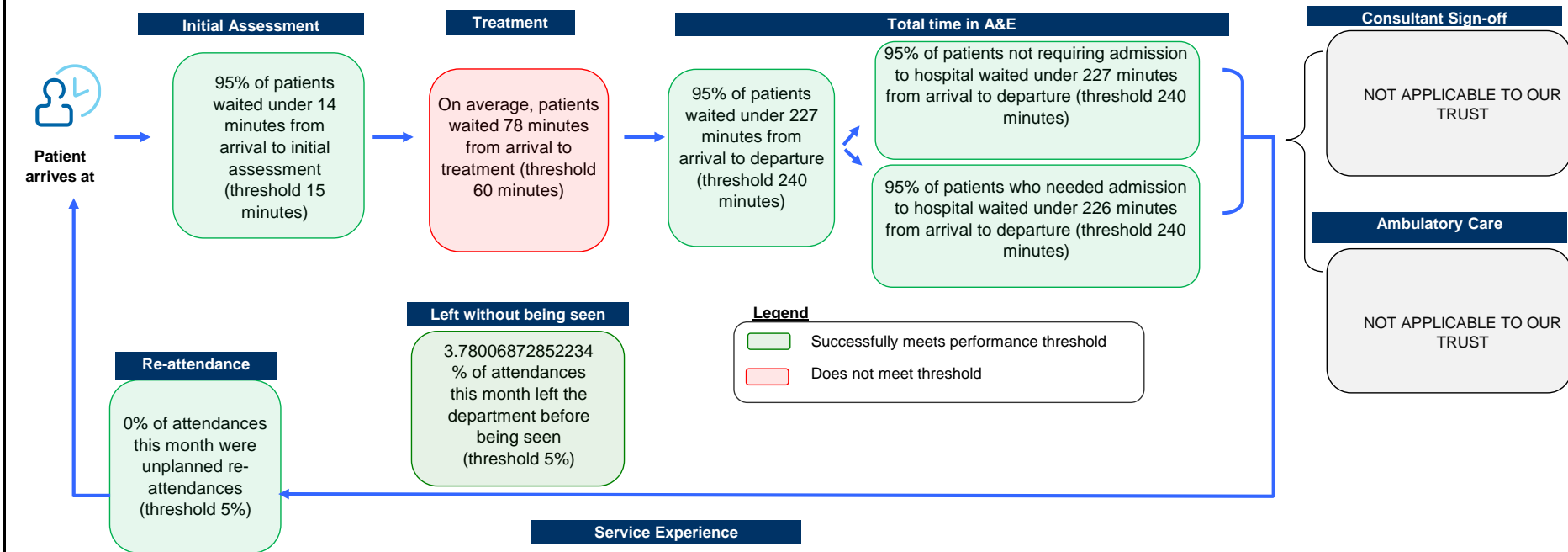
Overview

This dashboard presents a comprehensive and balanced view of the care delivered by our A&E department, and reflects the experience and safety of our patients and the effectiveness of the care they receive. These indicators will support patient expectations of high quality A&E services and allow our department to demonstrate our ambition to deliver consistently excellent services which are continuously improving.

General Information

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	- A&E site name and organization code
Type 2 (Specialist)	- A&E site type
Hayley McCabe, Ext 4213	- Contact details for further information
September 2016	- The time period the data in the dashboard relate to

Summary of performance - September 2016



A greater emphasis on sharing the experiences of our patients has ensured that both the departmental staff and executive board are able to hear our patients experiences of using the gynaecology department emergency service. In sharing their experiences, patients have enabled the whole team to reflect and prioritise actions to improve the patient experience. Trust representatives are also working closely with colleagues in primary care, to combine efforts to provide a more seamless service.

High volumes of telephone calls have been identified as an issue and we commenced a new call handling service to improve the experience of those whom contact us for telephone advice. This activity is now evidenced and delivered by registered nurses, this does not account for the high volume of general calls we receive which we are now in the process of capturing this information using an

N.B. Information on Service Experience and Ambulatory Care are collected on a quarterly basis; information on Consultant Sign Off is collected on a six-monthly basis

For further information on performance for individual indicators, please view the [main dashboard](#)