LIVERPOOL WOMEN'S HOSPITAL NHS FOUDATION TRUST 2017/18
Accident & Emergency Department Clinical Quality Indicators
SEPPTEMBER 2017

Unplanned re-attendance [HQU09]

Unplanned re-attendance rate

Legend: Returns to AE — Minimum performance threshold — Non Pregnant Rate
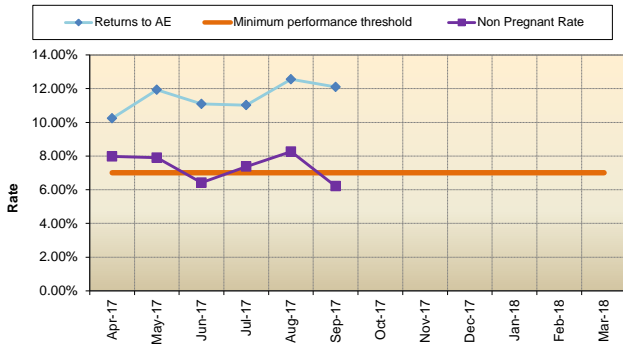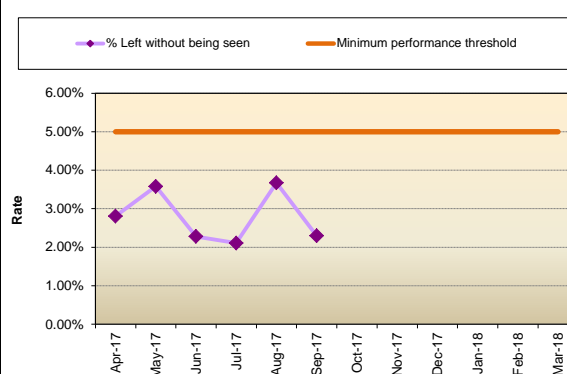
Description of data
Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)

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
The patients who have re-attended have been validated. The reasons for return have been appropriate. The percentage of returns this month is recorded as 6.21% against the target of 7% and an improvement on the slight over percentage for August at 7.37% .
We have 2 patients that are regularly attending -they are being clinically managed - there is some social aspect to their attendance again this is being managed by the appropriate wider health care service.
We are constantly observing this data and revalidating as appropriate these patients have been highlighted to their consultants to review the care they are receiving.

6.21%	Rate this month
7%	Target
	Data quality

Left without being seen [HQU11]

Left without being seen rate

Legend: % Left without being seen — Minimum performance threshold

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 sometimes this happens without discussion with the nursing team. We have improved in this target over the last year an increase in August has dropped this month to 2.29% We do not wish any patients leaving without a conversation at the least with a member of the nursing team. This target is improving and has marginally decreased this month.

Description of Performance

2.29%	Rate this month
5%	Target
	Data quality

Total Time in A and E for Admitted Patients

Site-level performance
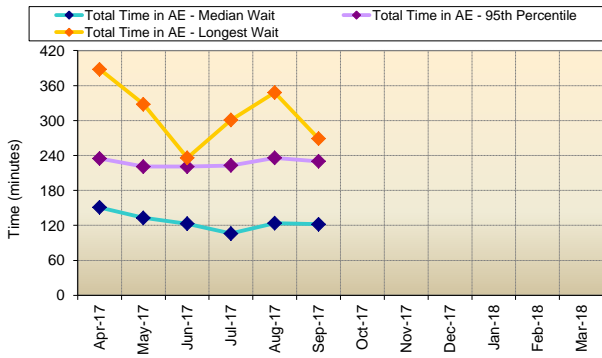
Legend: Total Time in AE - Median Wait — Total Time in AE - 95th Percentile — Total Time in AE - Longest Wait
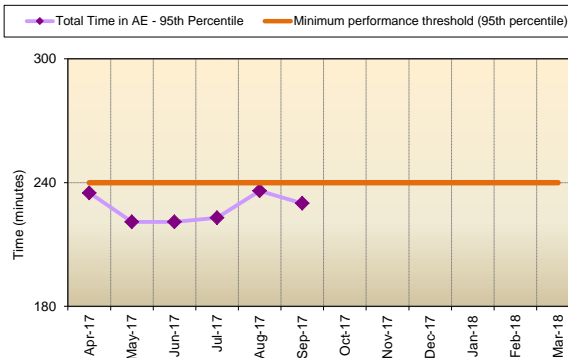
Description of data
The median, 95th percentile and single longest total time spent by patients in the A&E department, for admitted patients.

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

Site performance against national benchmarks and performance thresholds)

Legend: Total Time in AE - 95th Percentile — Minimum performance threshold (95th percentile)

Description of Performance Within the target setting , this month sees a reduction in the total time in GED.
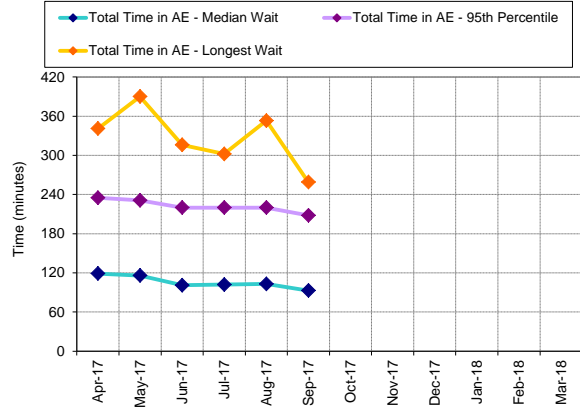
Narrative The wait time for admission this month is a median wait of 230 minutes. The time wait is not just a measure of the time to actually have a bed but often the time the patient is in the department whilst we carry out or the necessary preliminary investigations and stabilising the patient before admission. This target has been met but is reliant on other department factors to improve this timeframe.

230	95th percentile this month
240	Target
	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUDATION TRUST 2017/18
Accident & Emergency Department Clinical Quality Indicators

SEPPTEMBER 2017

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

Site-level performance

Legend: Total Time in AE - Median Wait; Total Time in AE - 95th Percentile; Total Time in AE - Longest Wait
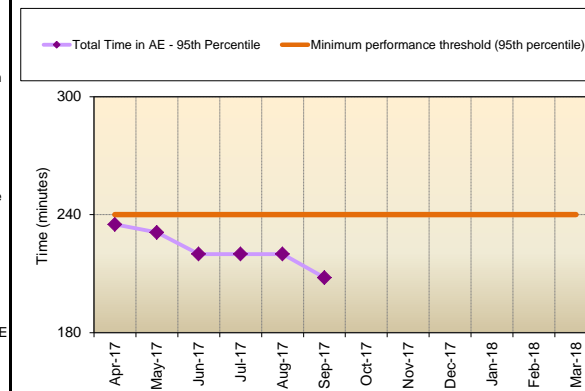
Description of data
The median, 95th percentile and single longest total time spent by patients in the A&E department, for non-admitted patients.

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)

Legend: Total Time in AE - 95th Percentile; Minimum performance threshold (95th percentile)

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 and have remained static in the last month we have had a reduction in the time wait and although we had 4 breach episodes each only concerned one patient - 4 for the month 2 staff related due to high levels of staff sickness and 2 due to bed availability, this has been a reduction in the past 2 consecutive months .

208	95th percentile this month
240	Target
	Data quality

Time to initial assessment in A&E [HDQ12]

Site-level performance

Legend: Initial Assesment - Median Wait; Initial Assesment - 95th Percentile; Initial Assesment - Longest Wait
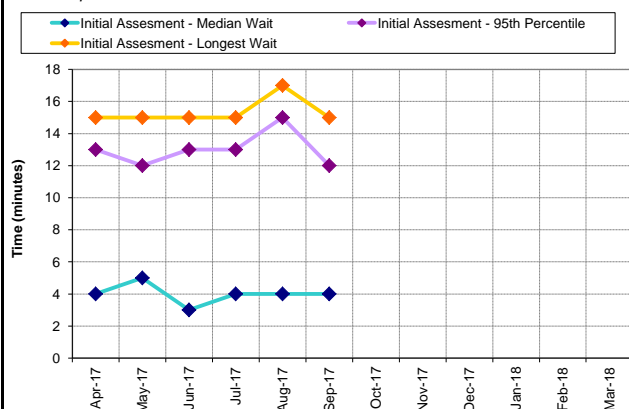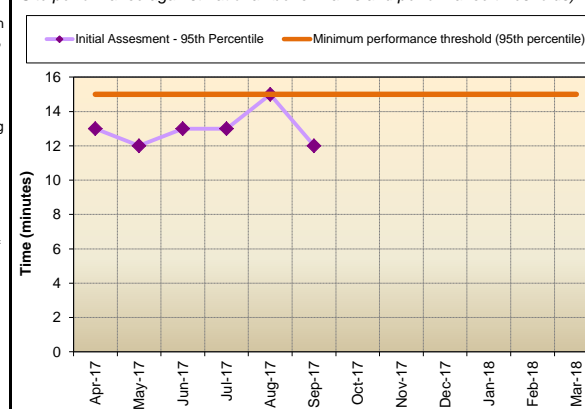
Description of data
Time from arrival to start of full initial assessment, which includes a brief history, pain and early warning scores (including vital signs), for all patients arriving by emergency ambulance.

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)

Legend: Initial Assesment - 95th Percentile; Minimum performance threshold (95th percentile)

Description of Performance

We have met the target and seen a time reduction , 95% of the patients had the initial assessment in 12 minutes and under an improvement on August data . This is below the threshold of 15 minutes. We plan our allocation of staff to ensure that the initial review is of the highest priority.

12	95th percentile this month
15	Target
	Data quality

Time to Treatment in A&E [HQU13]

Site-level performance

Legend: Treatment Time - Median Wait; Treatment Time - 95th Percentile; Treatment Time - Longest Wait
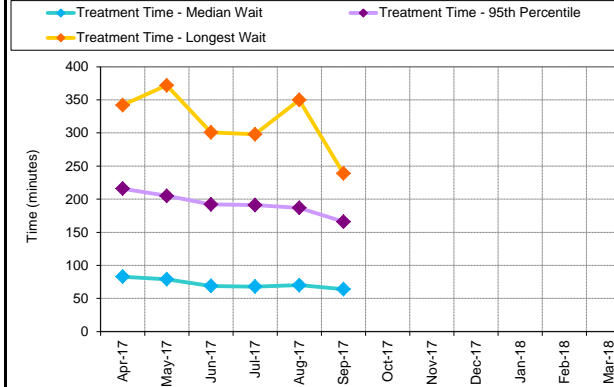
Description of data

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.

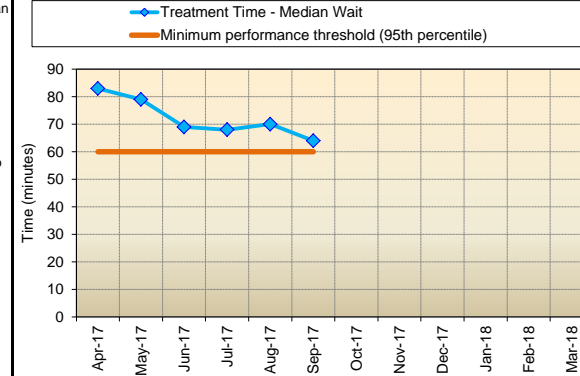**Site performance against national benchmarks and performance thresholds)**

Legend: Treatment Time - Median Wait; Minimum performance threshold (95th percentile)

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. There has been a steady reduction in the time wait - this is in part due to the confidence in the ENP role and the throughput of patients they are reviewing . We have new cohort of doctors which may impact on the figures for October . We are aiming to review our processes and shift patterns and criteria to see if this will have an impact on patients being seen in a more timely manner .

64	Median this month
60	Target
	Data quality

Service experience

What have we done to understand and assess the experience of our patients from April 2017 -

• Nursing quality indicators are now embedded and monthly patient questionnaires are undertaken. These results will be monitored and reported to the Trust Plans-

•.. Social media, twitter is also being used to encourage our patients to give feedback about the 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

•Friends and family feedback is collated by patients experience team and actions followed as required.

•Identified funding for additional nurses to be trained in scanning and working with colleagues in ultrasound to mentor nursing staff in early pregnancy scanning,
•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

•Work force review staffing increase's and skill mix being considered..

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
•Excellent care
•Empathy

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.

• Systems and processes in place to address feedback.

Liverpool Women's NHS Foundation Trust
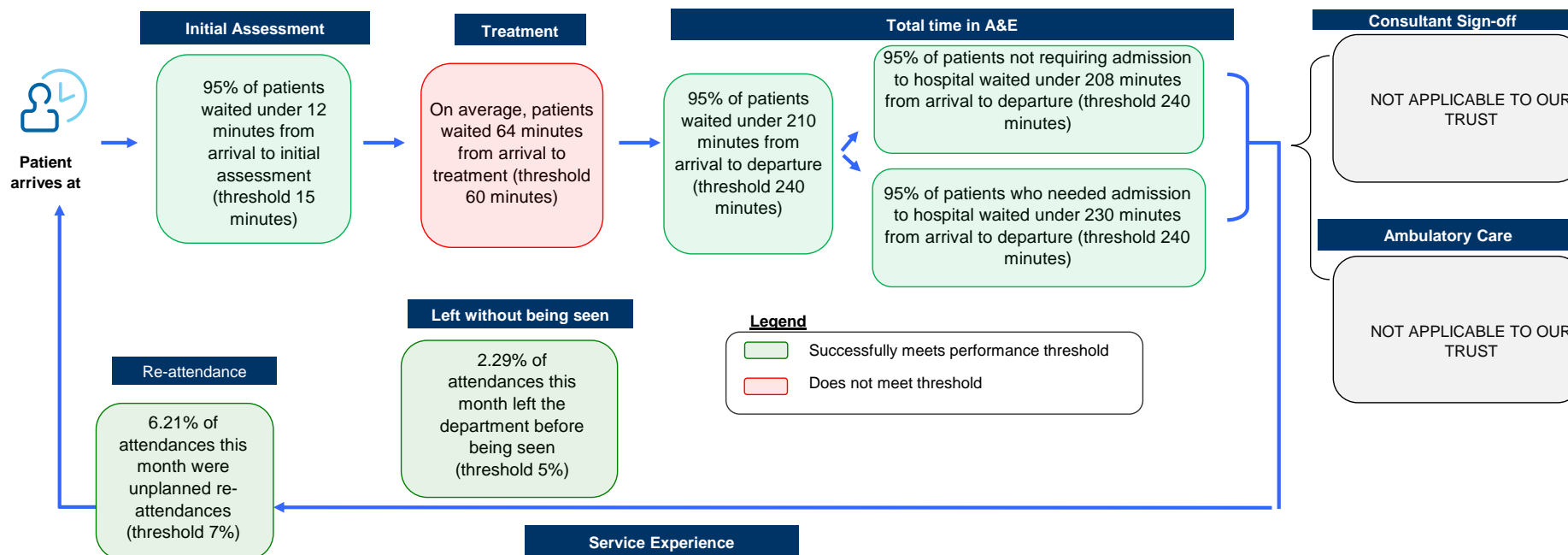## Accident & Emergency Department Clinical Quality Indicators

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 2017	- The time period the data in the dashboard relate to

Summary of performance - September 2017

Initial Assessment

Patient arrives at

95% of patients waited under 12 minutes from arrival to initial assessment (threshold 15 minutes)

Treatment

On average, patients waited 64 minutes from arrival to treatment (threshold 60 minutes)

95% of patients waited under 210 minutes from arrival to departure (threshold 240 minutes)

Total time in A&E

95% of patients not requiring admission to hospital waited under 208 minutes from arrival to departure (threshold 240 minutes)

95% of patients who needed admission to hospital waited under 230 minutes from arrival to departure (threshold 240 minutes)

Consultant Sign-off

NOT APPLICABLE TO OUR TRUST

Ambulatory Care

NOT APPLICABLE TO OUR TRUST

Left without being seen

2.29% of attendances this month left the department before being seen (threshold 5%)

Re-attendance

6.21% of attendances this month were unplanned re-attendances (threshold 7%)

Legend

Successfully meets performance threshold

Does not meet threshold

Service Experience

A greater emphasis on sharing the experiences of our patients has ensured that both the departmental staff and excutive 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 collegues 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

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