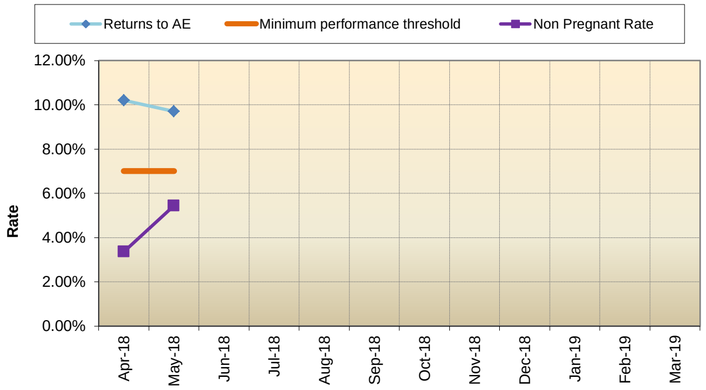
LIVERPOOL WOMEN'S HOSPITAL NHS FOUDATION TRUST 2018/19

Accident & Emergency Department Clinical Quality Indicators

MAY 2018

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.

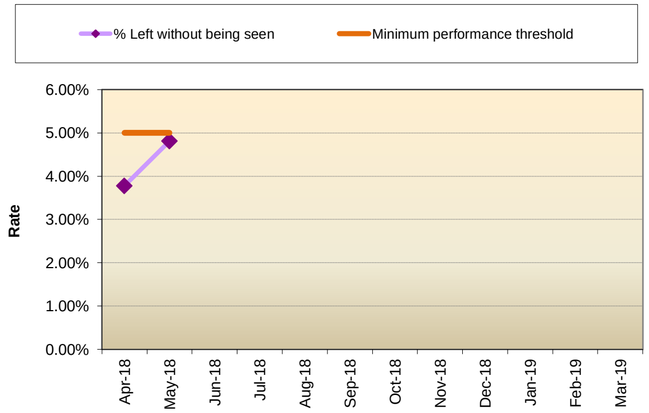
Narrative

The patients who have re-attended have been validated. The reasons for return have been appropriate. The percentage of returns this month is recorded as5.43% an increase on 3.36 % last month . .

5.43%	Rate this month
7%	Target
	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.

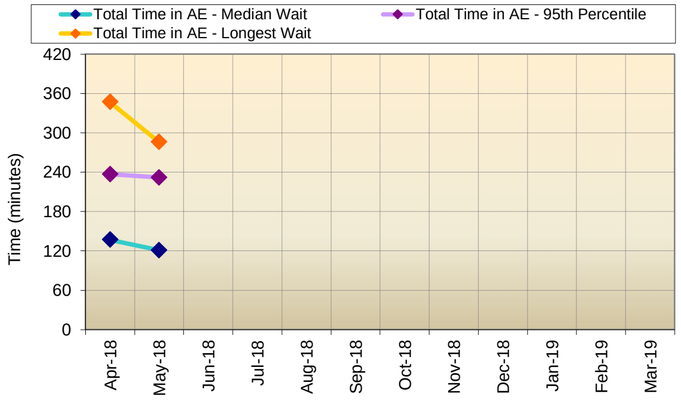
Narrative We aim always to avoid this situation with all our patients. On occasion patients make the decision to leave sometimes this happens without discussion with the nursing team. We have seen a slight increase this month from 4.41% to 4.81%. - we aim to keep patients informed when there are delays to avoid them leaving without an assessment.

Description of Performance

4.81%	Rate this month
5%	Target
	Data quality

Total Time in A and E for Admitted Patients

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.

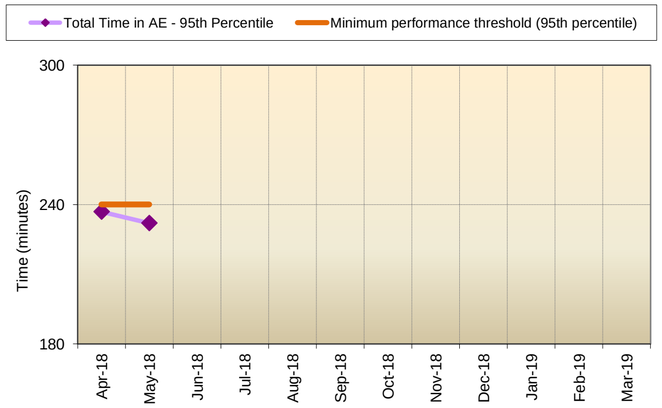
· The total time in A&E should not be investigated in isolation, and should be monitored in conjunction with the other A&E clinical quality indicators

· 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

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.

Narrative The wait time for admission this month is a median wait of 232 a slight decrease from the previous month .This wait time can be multifactorial - waiting for bed availability , condition of patient may warrant an extended observation period in ED. Sometimes it is due to the availability of the medics with outside pressures often having to attend theatre sessions and other assessments for patients who have deteriorate

232	95th percentile this month
240	Target
	Data quality

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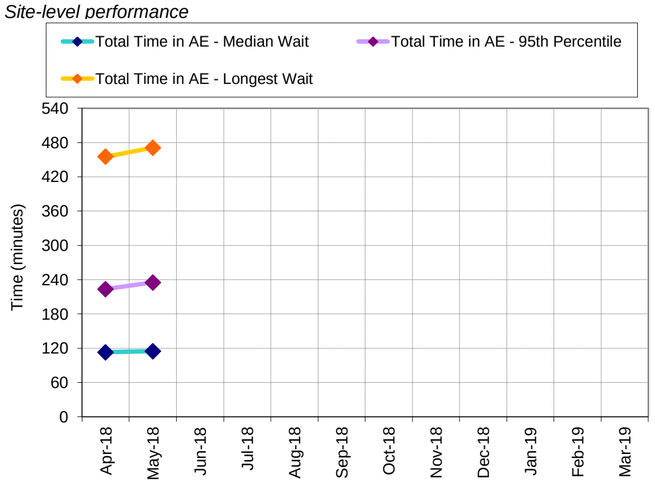
MAY 2018

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

Site-level performance



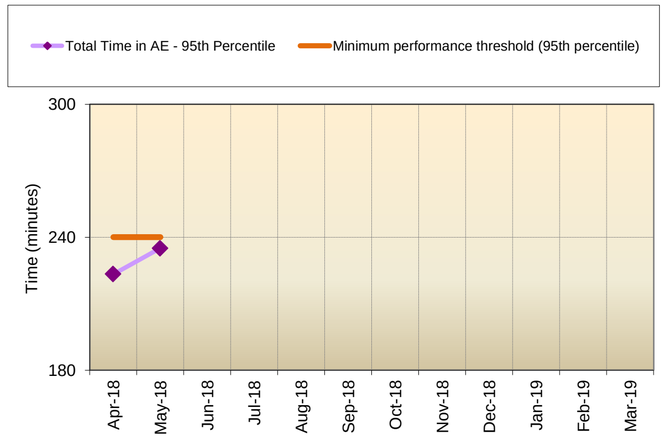
Description of data

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

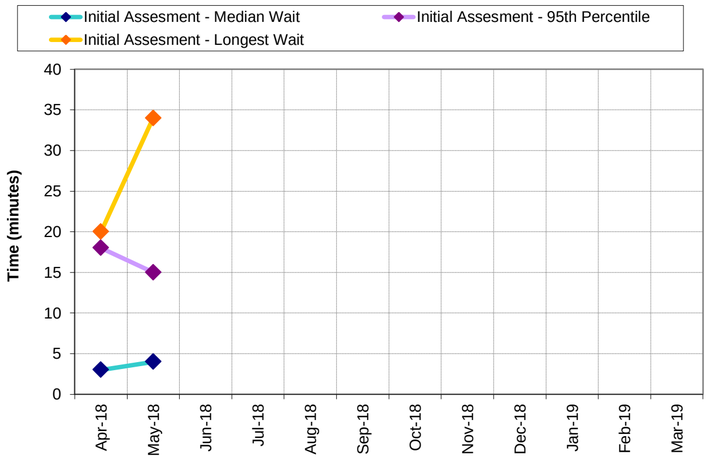
Within target set , we are striving to keep the time in the department to the minimum .

This month seen a slight increase to 223 from 232 minutes on the median recording from April. We have had 6 breach episodes with a total of 25 patients - ALL episodes have been in the later evening and all have had contributory factors of the reduced medical staffing and theatre cases out of hours .

235	95th percentile this month
240	Target
	Data quality

Time to initial assessment in A&E [HDQ12]

Site-level performance



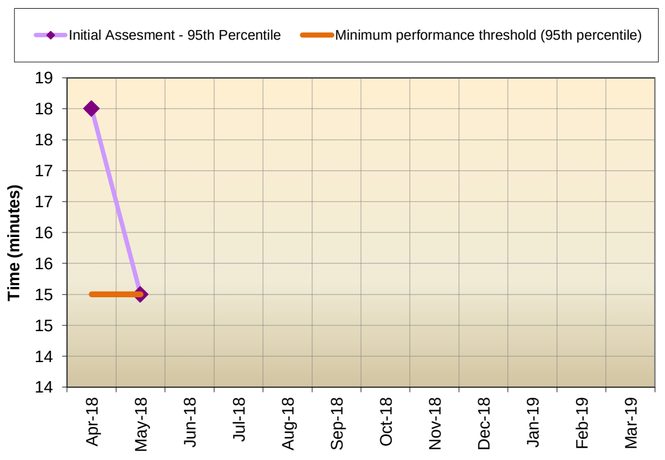
Description of data

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 achieved the threshold this month with a median recording of 15 minute to assessment

15	95th percentile this month
15	Target
	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUDATION TRUST 2018/19
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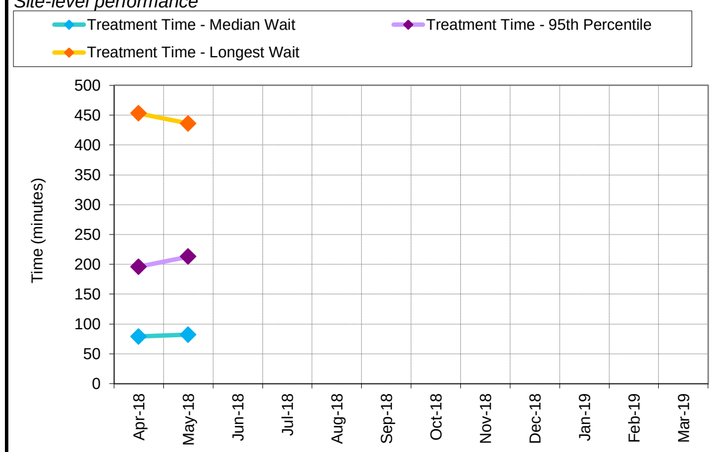
MAY 2018

Time to Treatment in A&E [HQU13]

Site-level performance



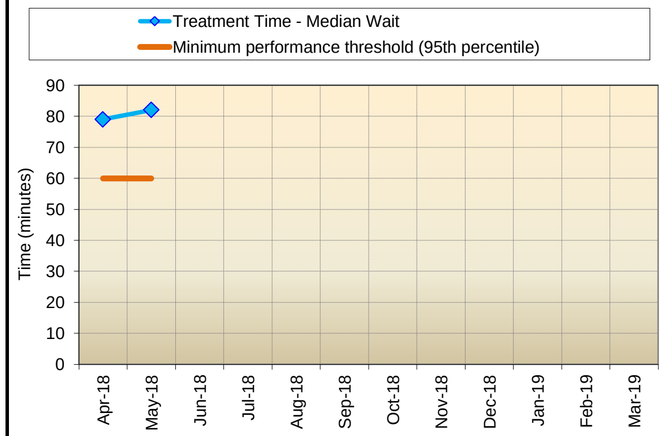
Description of data

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 Time to initial assessment by a decision making clinician has had an improvement in the last 2 consecutive months

Narrative: The time to definitive treatment remains at a stable median . The 60 minute target waiting to be seen by a decision making clinician has been the one performance target we regularly struggle to achieve.. The data would suggest that the impact and experience of the ENP team is now having an effect on the patient experience however the on occasion room capacity can impact - we are also having issues with multiple recording systems and lock out times on computers adding to the time spent on documentation.

82	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 -April 2018

• 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 and Facebook are also being used to encourage our patients to give feedback about the our Services.

• 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 this service is being reviewed as the number of feedback cards is reducing - suggestions are to add in text response.

•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 2 further staff
•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- telephone access
•Staff attitude/ Customer care
•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

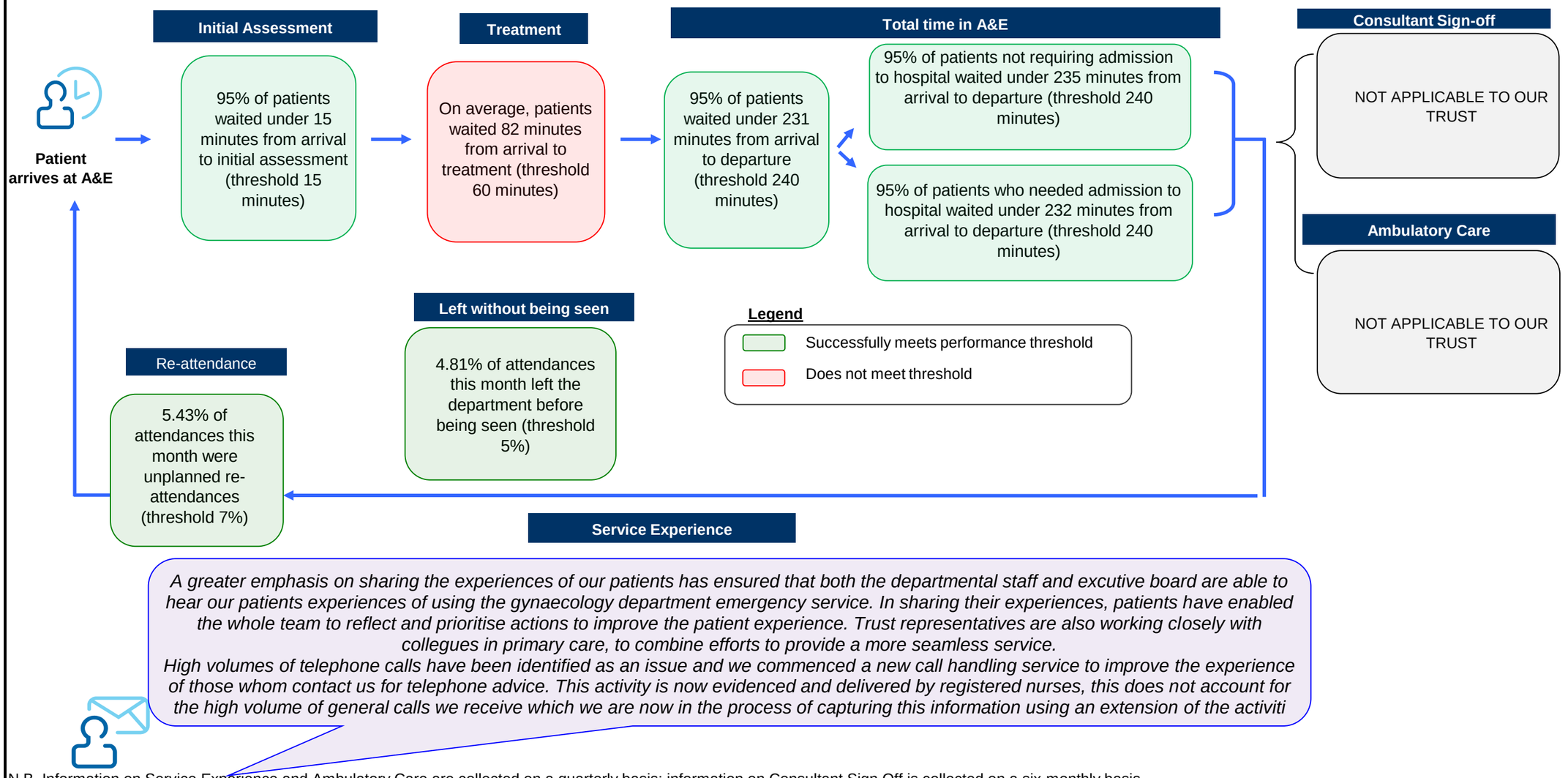
Overview

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
May 2018	- The time period the data in the dashboard relate to

Summary of performance - May 2018



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