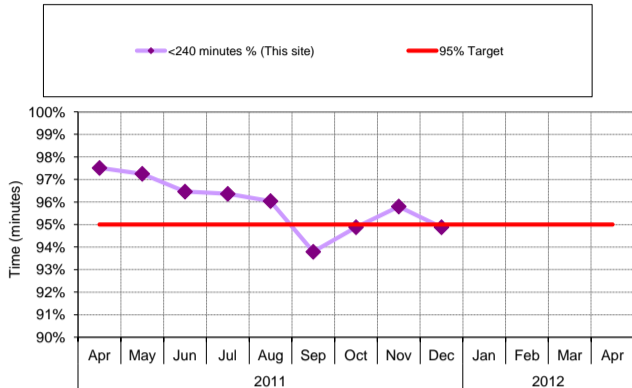


Accident & Emergency Department Clinical Quality Indicators - Central Manchester Foundation Trust (RW3)

Total time spent in the A&E department (95%)

Site performance against national benchmarks and performance thresholds



Description of data

4 hours from arrival at A&E to admission, transfer or discharge for 95% of patients

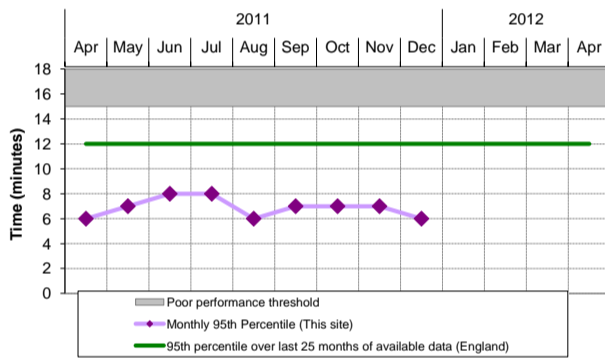
94.88% % less than 4 hours

Not Achieving Target

Data quality

Time to initial assessment (95th Percentile)

Site-level performance



Description of data

95th percentile of times from arrival at A&E to full initial assessment for patients brought in by emergency ambulance.
The national target is 15 minutes

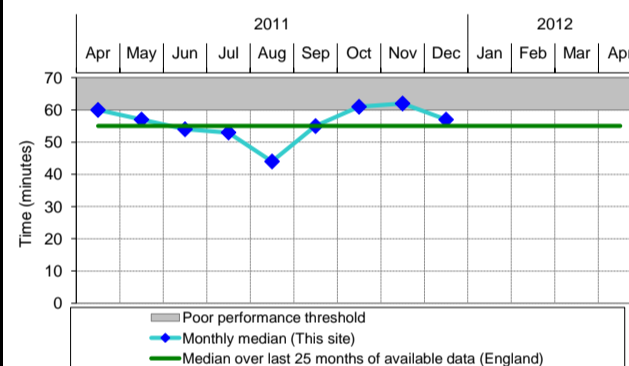
6 minutes 95th percentile this month

Achieving Target

Data quality

Time to treatment (Median)

Site-level performance



Description of data

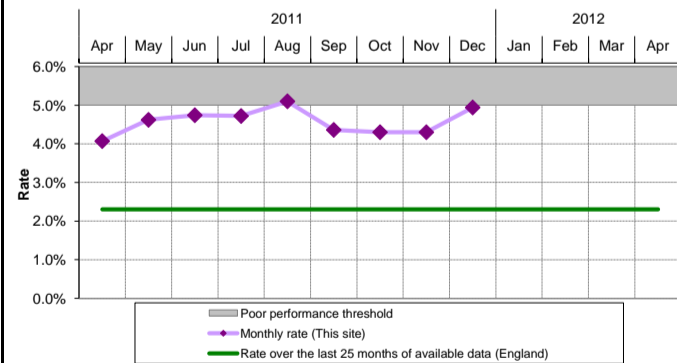
Median time spent from arrival at A&E to treatment (ie. the time below which 50% of attendances within the month were treated).
The national target is 1 hour.

57 minutes Median this month

Achieving Target

Data quality

Unplanned re-attendance (5%)



Description of data

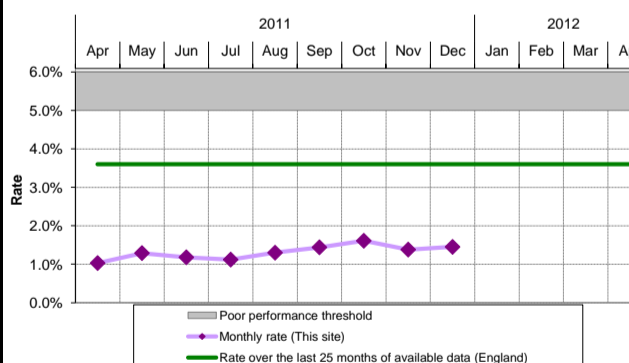
Un-planned reattendance at A&E within 7 days of original attendance (including if referred back by another health professional)
The national target is for no more than 5% of all attendances at A&E to reattend within 7 days.

4.9% Rate this month

Achieving Target

Data quality

Left without being seen (5%)



Description of data

Number of attendances where the patient left without being seen (LWBS) by a clinical decision maker.
The national target is 5%.

1.5% Rate this month

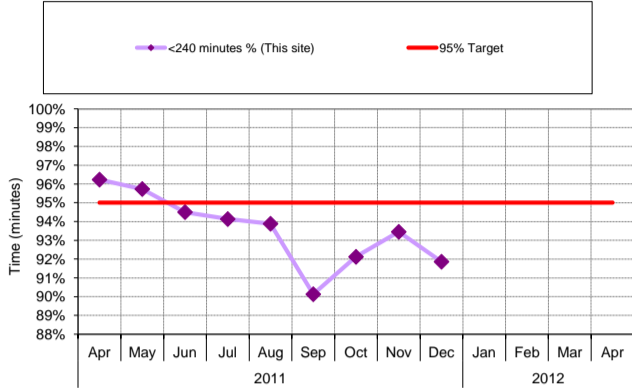
Achieving Target

Data quality

Accident & Emergency Department Clinical Quality Indicators - Manchester Royal Infirmary (RW3MR)

Total time spent in the A&E department (95%)

Site performance against national benchmarks and performance thresholds



Description of data

4 hours from arrival at A&E to admission, transfer or discharge for 95% of patients

Narrative
September saw a period of reduced performance against this indicator for MRI ED. The October and November performance showed improvement, however MRI ED is still falling short of the standards which it aims to achieve. December showed a slight decrease in performance as compared to November but this is due to seasonal variability. Work is continuing on an extensive improvement plan working with the Emergency Intensive Support Team ECIST, to improve all aspects of patient flow along with an expanded Medical Receiving Unit to flex bed capacity at times of greatest pressure within the Emergency Department.
This improvement plan is based on 30, 60 and 90 day improvement standards starting from the beginning of December. These include a fundamental review of medical staffing establishments within 30 days and co-location of health and social care multi-disciplinary teams to improve discharge.

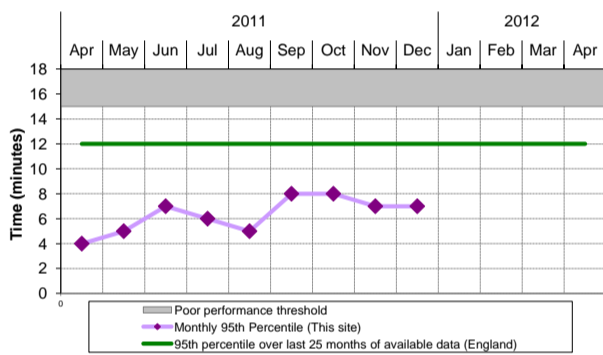
91.86% % less than 4 hours

Not Achieving Target

Data quality

Time to initial assessment (95th Percentile)

Site-level performance



Description of data

95th percentile of times from arrival at A&E to full initial assessment for patients brought in by emergency ambulance.
The national target is 15 minutes

Narrative
Time to initial assessment remains below the national average. Work continues to ensure patients are seen as soon as possible and the opening of the new Rapid Assessment unit at the beginning of August aims to consolidate and improve these times.
This will be further improved by the rostering of dedicated staff into this area as part of the overall review of staffing establishment.

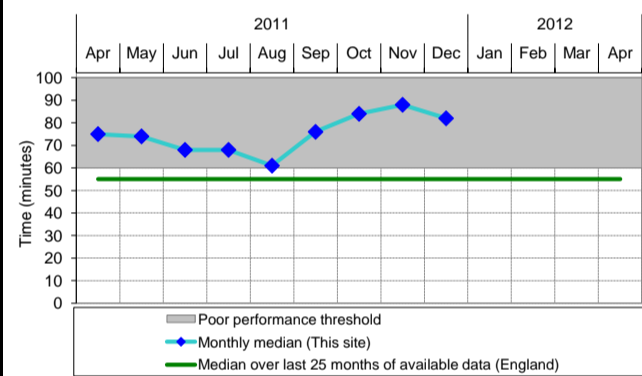
7 minutes 95th percentile this month

Achieving Target

Data quality

Time to treatment (Median)

Site-level performance



Description of data

Median time spent from arrival at A&E to treatment (ie. the time below which 50% of attendances within the month were treated).
The national target is 1 hour.

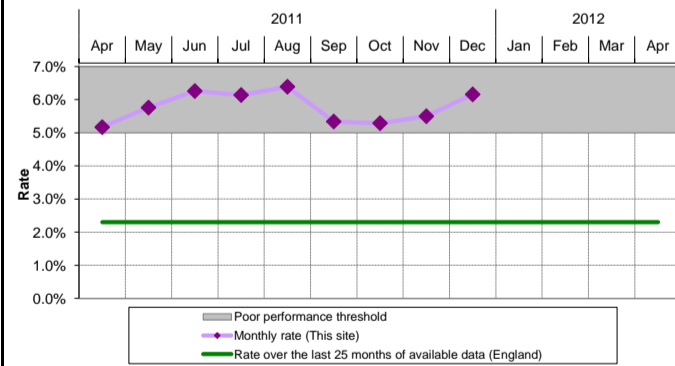
Narrative
The Median time to treatment has shown a slight improvement this month. Work is continuing to ensure that the Rapid Assessment Unit is appropriately utilised in order to effect a reduction in the time to treatment. This includes ensuring that dedicated staff are rostered into this area at peak times of activity.

82 minutes Median this month

Not Achieving Target

Data quality

Unplanned re-attendance (5%)



Description of data

Un-planned reattendance at A&E within 7 days of original attendance (including if referred back by another health professional)
The national target is for no more than 5% of all attendances at A&E to reattend within 7 days.

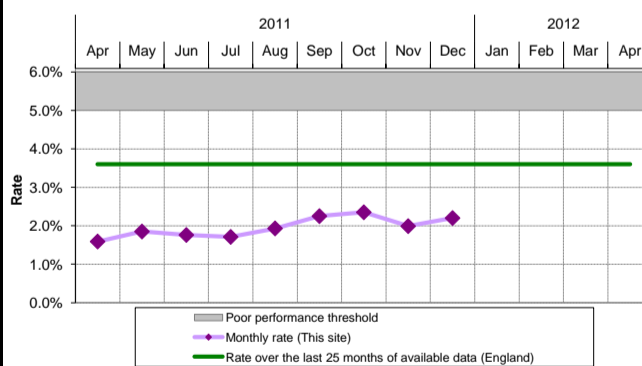
Narrative
Unplanned reattendance rate remains above the national average. MRI is close to the city centre therefore receives a higher proportion of patients with no fixed abode. This patient group are seen to have a much higher than average reattendance rate.
50% of people with no fixed abode who attend the department reattend within 7 days. Patients who attend with psychiatric illnesses also have a much higher reattendance rate with 22% of all mental health attendances returning within 7 days of their initial presentation.
We also have a significant number of regular attendees who reattend several times within the 7 day period. Work continues to identify and manage these patients according to their individual needs, in conjunction with the PCT, Social Services and the Mental Health Trust.

6.2% Rate this month

Not Achieving Target

Data quality

Left without being seen (5%)



Description of data

Number of attendances where the patient left without being seen (LWBS) by a clinical decision maker.
The national target is 5%.

Narrative
The number of patients who leave the department without being assessed is below the national average. We continually work to prevent people leaving prior to assessment by, for example, putting in place measures to prevent lengthy delays.

2.2% Rate this month

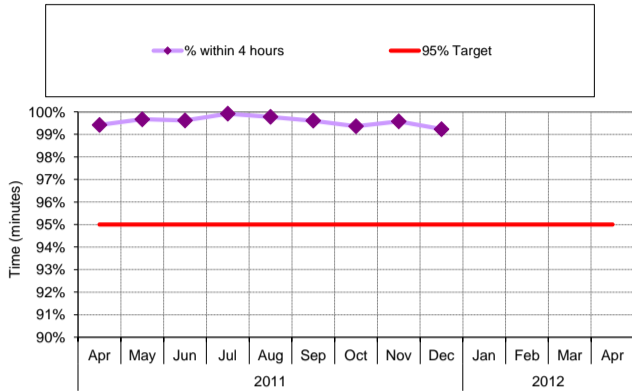
Achieving Target

Data quality

Accident & Emergency Department Clinical Quality Indicators - Childrens Hospital (RW3RC)

Total time spent in the A&E department (95%)

Site performance against national benchmarks and performance thresholds



Description of data

Performance consistently above the 95% target.

All 9 months above 99%

99.23% of all Paediatric Emergency Department attendances leave the department within 240 minutes. The Division has a clear escalation policy which supports the clinical teams when managing this particular target. Improved urgent care pathways through the implementation of the Medical Assessment Unit on Ward 75 has ensured that bed utilisation is optimal.

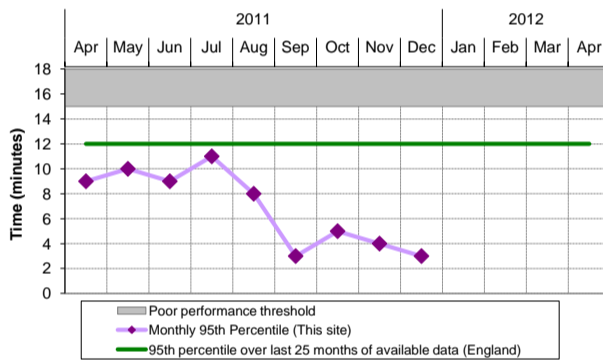
99.23% % less than 4 hours

Achieving Target

Data quality

Time to initial assessment (95th Percentile)

Site-level performance



Description of data

RMCH 95th percentile under 5 minutes for 4 consecutive month.

All children arriving at the Paediatric Emergency Department in an Ambulance are met at the door by a trained nurse and escorted to treatment bay therefore time to initial assessment is achieved for this group of children on every occasion.

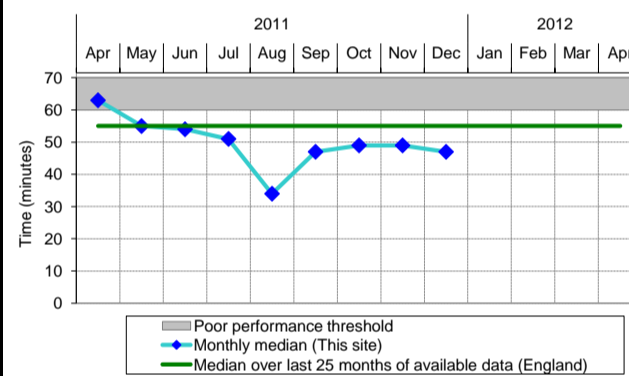
5 minutes 95th percentile this month

Achieving Target

Data quality

Time to treatment (Median)

Site-level performance



Description of data

Average time to treatment at RMCH has improved over the past 9 months, with the most recent 8 months all performing both inside the target and better than the national average.

Performance target achieved month on month. Average time to treatment improved over the summer period due to the decreased number of attendances in PED. Whilst being monitored carefully the target has been achieved in the last quarter.

47 minutes Median this month

Achieving Target

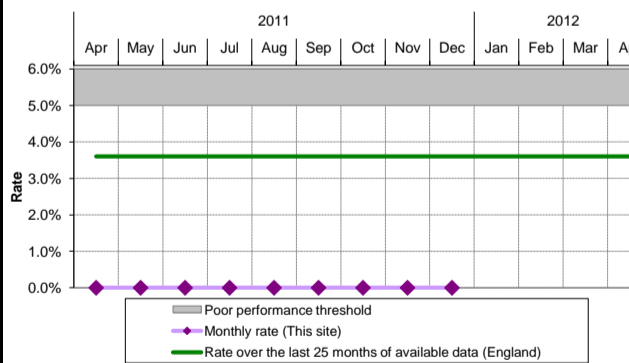
Data quality

Unplanned re-attendance (5%)

This target is not measured within Paediatrics as per Department of Health guidance.

Clinical practice in Paediatrics is to advise families to return to the Emergency Department should symptoms return or increase.

Left without being seen (5%)



Description of data

The vast majority of Children coming into the RMCH A&E department will at least wait for the initial clinician contact, therefore performance on the LWBS target has seen 7 months at 0%

Narrative
No actions required to achieve this target in Paediatric Emergency Department. Should a child not wait to be seen, Safe Guarding actions are taken to ensure child's safety.

0.0% Rate this month

Achieving Target

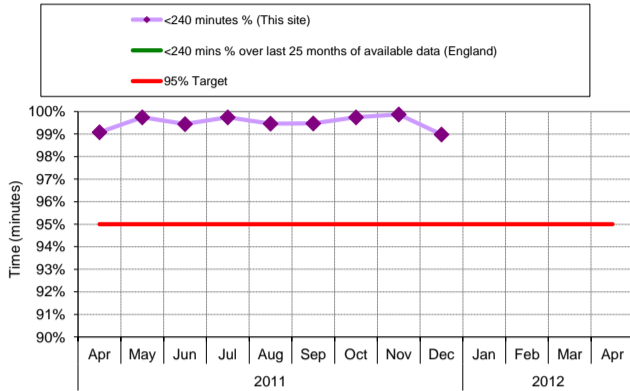
Data quality

Accident & Emergency Department Clinical Quality Indicators - St Marys hospital (RW3SM)

Total time spent in the A&E department (95%)

Overall Summary of performance

Site performance against national benchmarks and performance thresholds



Description of data

% of patients taking less than 4 hours from arrival at A&E to admission, transfer or discharge.

The national target is 95%.

Narrative

The Emergency gynaecology unit (EGU) continues to maintain a high standard in terms of managing patient care within the 4 hour A&E target.

98.98% % less than 4 hours

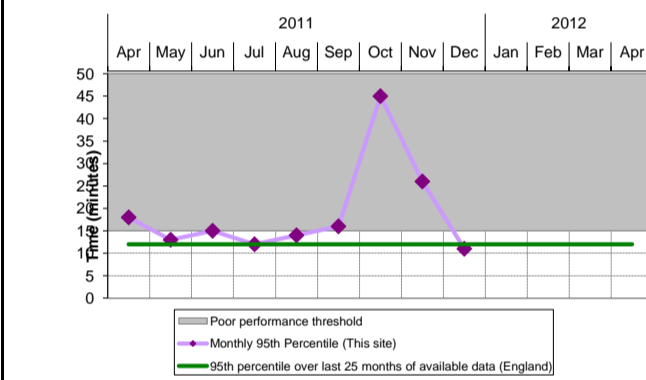
Achieving Target

Data quality

Time to initial assessment (95th Percentile)

Time to treatment (Median)

Site-level performance



Description of data

95th percentile of times from arrival at A&E to full initial assessment for patients brought in by emergency ambulance.

The national target is 15 minutes

Narrative

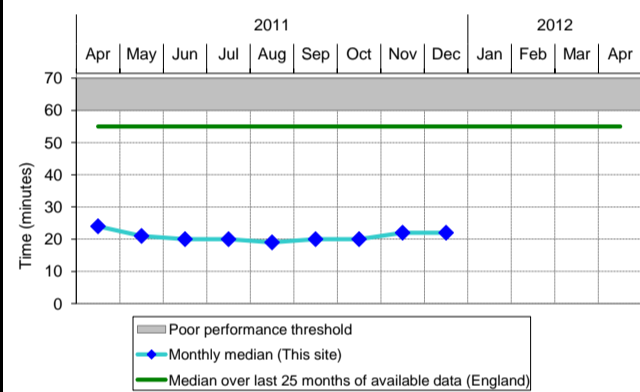
The Emergency gynaecology unit (EGU) has very few (usually less than 15) ambulance arrivals each month. However the rapid clinical assessment of these patients on arrival is a priority.

11 95th percentile this month

Achieving Target

Data quality

Site-level performance



Description of data

Median time spent from arrival at A&E to treatment (ie. the time below which 50% of attendances within the month were treated).

The national target is 1 hour.

Narrative

In order for the Emergency gynaecology unit (EGU) to meet this target a review and change of the patients pathway was required. Over the last few years the Registered nurses within the EGU team have undergone training (in house) in emergency gynaecology. The training program has given those nurses the knowledge and skills to be able to undertake a comprehensive history and to be able to perform a bi-manual examination of patients. Previously patients would have been triaged by a nurse and the seen by medical staff. Patients are now are triaged and have an clinical assessment and if necessary an examination at the first face to face discussion some will then be seen again by the nurse once the results of any investigation are ready and may be discharged without the need to see medical staff.

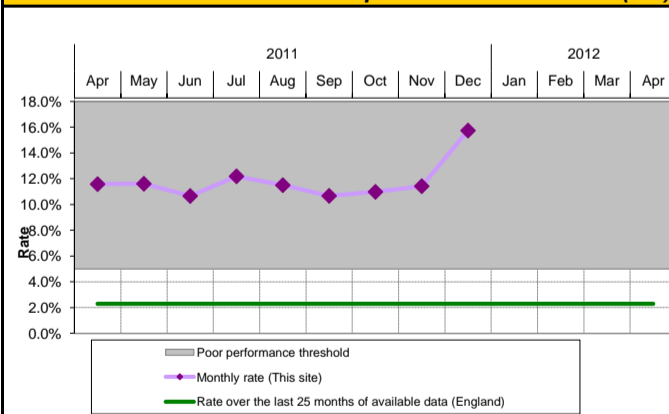
22 Median this month

Achieving Target

Data quality

Unplanned re-attendance (5%)

Left without being seen (5%)



Description of data

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

The national target is for no more than 5% of all attendances at A&E to reattend within 7 days.

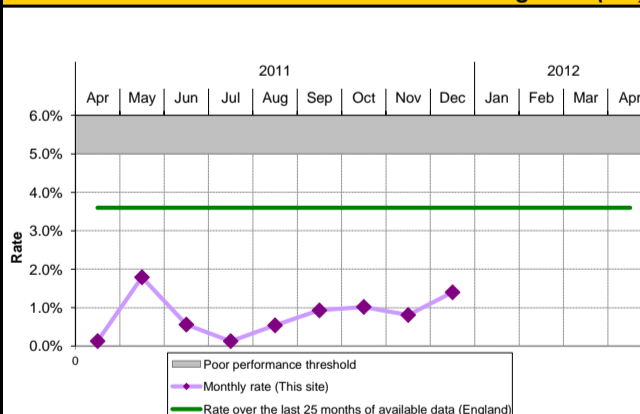
Narrative

The emergency Gynaecology Unit (EGU) sees patient who have early pregnancy and emergency gynaecology problems. Those with present with early pregnancy problems such as threatened miscarriage or hyperemesis (excessive vomiting in pregnancy) will potentially require frequent visits to the EGU. Threatened miscarriage patients could potentially go on to miscarry and will present each time anew bleed occurs for assessment of health and for an ultrasound scan to determine viability of the pregnancy. Hyperemesis patients will present with some degree of dehydration and will be discharged once rehydrated with dietary advice but potentially could reattend should they dehydrate again. This leads to higher rates of unavoidable reattendances

15.7% Rate this month

Not Achieving Target

Data quality



Description of data

Number of attendances where the patient left without being seen (LWBS) by a clinical decision maker.

The national target is 5%.

Narrative

The relatively short time between a patient arriving at the Emergency gynaecology unit (EGU) and them being seen means that the unit has very few patients who leave without being seen.

1.4% Rate this month

Achieving Target

Data quality

Accident & Emergency Department Clinical Quality Indicators - Royal Eye Hospital (RW3RE)

Total time spent in the A&E department (95%)		Overall Summary of performance													
<p>Site performance against national benchmarks and performance thresholds</p>	<p>Description of data % of patients taking less than 4 hours from arrival at A&E to admission, transfer or discharge. The national target is 95%.</p>														
<p>Narrative The Emergency Eye Centre sees all patients within 4 hours. The department has procedures in place where if a patient's wait goes beyond 2 hours, the nursing team notifies the departmental manager who explores the reasons for higher than usual waiting times and more doctors/nurses are allocated to the department. The team regularly review demand for the service to ensure that sufficient resources (staff) are allocated to the department to ensure that no patient waits beyond 4 hours.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">100.00%</td> <td style="width: 50%;">% less than 4 hours</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2" style="text-align: center;">Data quality</td> </tr> </table>	100.00%	% less than 4 hours	Achieving Target		Data quality									
100.00%	% less than 4 hours														
Achieving Target															
Data quality															
Time to initial assessment (95th Percentile)		Time to treatment (Median)													
<p>Site-level performance</p>	<p>Description of data 95th percentile of times from arrival at A&E to full initial assessment for patients brought in by emergency ambulance. The national target is 15 minutes</p>	<p>Site-level performance</p>	<p>Description of data Median time spent from arrival at A&E to treatment (i.e. the time below which 50% of attendances within the month were treated). The national target is 1 hour.</p>												
<p>Narrative Very few patients arrive by ambulance to the Emergency Eye Centre. Patients who arrive by ambulance inform the nurse at triage of the patients arrival. We are also able to flag patients who arrive by ambulance on the computer system.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">6</td> <td style="width: 50%;">95th percentile this month</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2" style="text-align: center;">Data quality</td> </tr> </table>	6	95th percentile this month	Achieving Target		Data quality		<p>Narrative All patients attending the Emergency Eye Centre have a treatment decision made within 1 hour. All patients that arrive at the Emergency Eye Centre are triaged on arrival by a Nurse Practitioner and prioritised according to clinical need. Nurse Practitioners make an assessment of treatment need within 1 hour and treatment is provided appropriately, either by a Doctor or Nurse Practitioner. Whilst there are some minor variations in performance month on month, we are confident that the department will not exceed the 1 hour target.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">30</td> <td style="width: 50%;">Median this month</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2" style="text-align: center;">Data quality</td> </tr> </table>	30	Median this month	Achieving Target		Data quality	
6	95th percentile this month														
Achieving Target															
Data quality															
30	Median this month														
Achieving Target															
Data quality															
Unplanned re-attendance (5%)		Left without being seen (5%)													
<p>Site-level performance</p>	<p>Description of data Un-planned reattendance at A&E within 7 days of original attendance (including if referred back by another health professional) The national target is for no more than 5% of all attendances at A&E to reattend within 7 days.</p>	<p>Site-level performance</p>	<p>Description of data Number of attendances where the patient left without being seen (LWBS) by a clinical decision maker. The national target is 5%.</p>												
<p>Narrative Daily reports are received by the department outlining patients that have reattended within 7 days. These are monitored on receipt by departmental manager. Patient records completed at the time of examination are validated to verify that the patient received the appropriate treatment for their condition. It is, however, accepted that it is legitimate for a number of patients to return to the department to be reviewed, if their condition has not improved. Trends are regularly monitored by the Divisional Management Team to ensure there are no inappropriate reattendance by patients who would be better cared for in a different setting.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">4.2%</td> <td style="width: 50%;">Rate this month</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2" style="text-align: center;">Data quality</td> </tr> </table>	4.2%	Rate this month	Achieving Target		Data quality		<p>Narrative We advise all patients at the time of arrival to expect to be in the hospital for 3-4 hours. We keep patients fully informed of waiting times.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">0.5%</td> <td style="width: 50%;">Rate this month</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2" style="text-align: center;">Data quality</td> </tr> </table>	0.5%	Rate this month	Achieving Target		Data quality	
4.2%	Rate this month														
Achieving Target															
Data quality															
0.5%	Rate this month														
Achieving Target															
Data quality															

Accident & Emergency Department Clinical Quality Indicators - University Dental Hospital (RW3DH)

Total time spent in the A&E department (95%)		Overall Summary of performance													
<p>Site performance against national benchmarks and performance thresholds</p>	<p>Description of data</p> <p>% of patients taking less than 4 hours from arrival at A&E to admission, transfer or discharge.</p> <p>The national target is 95%.</p>														
<p>Narrative</p> <p>The Dental Hospital sees all patients within 4 hours. A Dental Nurse is allocated each day to monitor treatment waiting time for patients. The Dental Nurse notifies a member of the management team if any patient has waited longer than 3 hours. The manager will then take the necessary action to reduce the waiting times for patients to ensure they remain below 4 hours. This usually results in more clinicians being allocated to the department.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">100.00%</td> <td>% less than 4 hours</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2">Data quality</td> </tr> </table>			100.00%	% less than 4 hours	Achieving Target		Data quality							
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Data quality															
Time to initial assessment (95th Percentile)		Time to treatment (Median)													
<p>Site-level performance</p>	<p>Description of data</p> <p>95th percentile of times from arrival at A&E to full initial assessment for patients brought in by emergency ambulance.</p> <p>The national target is 15 minutes</p>	<p>Site-level performance</p>	<p>Description of data</p> <p>Median time spent from arrival at A&E to treatment (ie. the time below which 50% of attendances within the month were treated).</p> <p>The national target is 1 hour.</p>												
<p>Narrative</p> <p>Not applicable to this Hospital. Does not receive ambulance arrivals.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">N/A</td> <td>95th percentile this month</td> </tr> <tr> <td colspan="2" style="text-align: center;">N/A</td> </tr> <tr> <td colspan="2">Data quality</td> </tr> </table>	N/A	95th percentile this month	N/A		Data quality		<p>Narrative</p> <p>All patients are initially triaged by a Dental Nurse to determine the priority of their treatment need. If a patient requires treatment, they are initially assessed and treatment planned by a clinician within 1 hour.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">22</td> <td>Median this month</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2">Data quality</td> </tr> </table>	22	Median this month	Achieving Target		Data quality	
N/A	95th percentile this month														
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Unplanned re-attendance (5%)		Left without being seen (5%)													
	<p>Description of data</p> <p>Un-planned reattendance at A&E within 7 days of original attendance (including if referred back by another health professional)</p> <p>The national target is for no more than 5% of all attendances at A&E to reattend within 7 days.</p>		<p>Description of data</p> <p>Number of attendances where the patient left without being seen (LWBS) by a clinical decision maker.</p> <p>The national target is 5%.</p>												
<p>Narrative</p> <p>Daily reports are received by the department outlining patients that have reattended within 7 days. These are monitored on receipt by departmental manager. Patient records completed at the time of examination are validated to verify that the patient received the appropriate treatment for their condition. Trends are regularly monitored by the Divisional Management Team to ensure there are no inappropriate reattendance by patients who would be better cared for in a different setting. The Dental Hospital provides patients with information about how they can arrange to be seen by a dentist in primary care for ongoing dental care.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">0.4%</td> <td>Rate this month</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2">Data quality</td> </tr> </table>	0.4%	Rate this month	Achieving Target		Data quality		<p>Narrative</p> <p>Since April 2011, the Dental Hospital has not had any patients that have left without being seen. We advise all patients at the time of arrival to expect to be in the hospital for 3-4 hours. We keep patients fully informed of waiting times.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">0.0%</td> <td>Rate this month</td> </tr> <tr> <td colspan="2" style="text-align: center; color: green;">Achieving Target</td> </tr> <tr> <td colspan="2">Data quality</td> </tr> </table>	0.0%	Rate this month	Achieving Target		Data quality	
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