Unplanned re-attendance (5%)

Description of data:
Unplanned re-attendance 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.

Achieving Target
0.41% 0.41% is less than 5%
Rate this month

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

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

Achieving Target
95.41% is 95% or above
Rate this month

Time to initial assessment (95th Percentile)

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

Achieving Target
11 minutes is less than 15
Rate this month

Time to treatment (Median)

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.

Achieving Target
58 minutes is less than 60
Rate this month

Unplanned re-attendance Rate

Description of data:
Unplanned readmission 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.

Achieving Target
3.6% is less than 5%
Rate this month

Left without being seen Rate

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

Achieving Target
1.1% is less than 5%
Rate this month
Accident & Emergency Department Clinical Quality Indicators - Manchester Royal Infirmary (RW3MR)

**Total time spent in the A&E department (95th Percentile)**

- **Time to initial assessment (95th Percentile)**
  - Time to initial assessment (95th Percentile) for patients brought in by emergency ambulance.
  - The national target is 15 minutes.
  - Description of data:
    - Time to initial assessment (95th Percentile)
    - 95th Percentile time to initial assessment
    - 15 Minute Target

- **Time to treatment (Median)**
  - Median time spent from arrival at A&E to treatment (ie, the time below which 50% of patients presented within the month were treated).
  - The national target is 1 hour.
  - Description of data:
    - Median time to Treatment
    - 1 Hour Target

---

**Unplanned re-attendance (5%)**

- **Description of data**:
  - Number of unplanned re-attendances 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 re-attend within 7 days.

- **Left without being seen (5%)**
  - Number of attendances where the patient left without being seen (LWBS) by a clinical professional.
  - The national target is 0%.

---

**Unplanned re-attendance (5%)**

- **Description of data**:
  - Number of unplanned re-attendances 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 re-attend within 7 days.

- **Left without being seen (5%)**
  - Number of attendances where the patient left without being seen (LWBS) by a clinical professional.
  - The national target is 0%.

---

**Data quality**

- Data quality
  - 72% Rate this month
  - 74.04% Rate this month
  - 6.0% Rate this month
  - 1.7% Rate this month
  - 2.9% Rate this month
  - 2.0% Rate this month

---

**Narrative**

- During the month of November and December, availability of hospital beds continued to be an issue that has consequently impacted on tertiary assessment of patients due to availability of bed space which in turn has impacted on initial times of patients seen in the A&E department due to capacity issues. The 95th percentile time from arrival at A&E to admission, transfer or discharge for 85% of patients is now below 4 hours.

- The introduction of the new model of working that supports patients with minor illnesses and minor injuries through the department is continuing, the teams are continuing to scope out appropriate streaming of patients to ambulatory care settings in order to maximise on appropriate streaming of patients to ambulatory care settings.

- Ambulatory care areas are also utilised at time of departmental pressures.

- The Department has increased the availability of senior nurses (Emergency Nurse Practitioners) to provide overnight cover, plus additional Decision shift when resources are available.

- The Department has increased the availability of senior nurses (Emergency Nurse Practitioners) to provide overnight cover, plus additional Decision shift when resources are available.

- At the right time. The Department continues to review the profile of the number of patients presenting through the day, and the need of clinical need of these patients to help us plan to have the right staff in the right place.

- The Department has increased the availability of senior nurses (Emergency Nurse Practitioners) to provide overnight cover, plus additional Decision shift when resources are available.

- The Department has increased the availability of senior nurses (Emergency Nurse Practitioners) to provide overnight cover, plus additional Decision shift when resources are available.

- To reduce the number of patients who leave the A&E department without being seen (LWBS) by a clinical professional. It is critical to identify all patients who present back to the department within 7 days by placing a flag icon on the inpatient system in order to ensure that all outpatients get a senior review at presentation and/or frequent reminders. A management plan is in place with primary providers. Ongoing saw a slight increase in performance on this indicator.
Emergency Department

**15 Minute Target**

<table>
<thead>
<tr>
<th>Site</th>
<th>Time to initial assessment (95th Percentile)</th>
<th>Site</th>
<th>Time to treatment (Median)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="chart1.png" alt="Chart" /></td>
<td></td>
<td><img src="chart2.png" alt="Chart" /></td>
</tr>
</tbody>
</table>

**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%)**

<table>
<thead>
<tr>
<th>Site</th>
<th>Left without being seen (5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="chart3.png" alt="Chart" /></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Description of data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="chart4.png" alt="Chart" /></td>
</tr>
</tbody>
</table>

**Left without being seen rate**

- Achieving Target
- Not Achieving Target

**Data quality**

- N/a

**Left without being seen rate for children arriving by ambulance**

- Achieving Target
- Not Achieving Target

**Data quality**

- N/a
Hyperemesis patients will present with some degree of dehydration and will be discharged once rehydrated occurs for assessment of health and for an ultrasound scan to determine viability of the pregnancy.

Threatened miscarriage patients could potentially go on to miscarry and will present each time anew bleed or hyperemesis (excessive vomiting in pregnancy) will potentially require frequent visits to the EGU.

The Emergency Gynaecology Unit (EGU) sees patients who have early pregnancy and emergency gynaecology problems. Those with proven early pregnancy problems such as threatened miscarriage or significant vaginal bleeding arising in pregnancy with potential to progress to miscarriage are admitted to the EGU. However the rapid clinical assessment of these patients on arrival is a priority.

The relatively short time between a patient arriving at the Emergency Gynaecology unit (EGU) and being seen means that the unit has very few patients who leave without being seen. The national target is 1 hour.

Patients are triaged and have an clinical assessment and if necessary an examination at the first face to face discussion with the decision maker.

Number of attendances where the patient left without being seen within 7 days of original attendance (including if referred back by another health professional) as a % of all attendances at A&E to reattend within 7 days of original attendance (including if referred back by another health professional) as a % of all attendances at A&E. The national target is 5%.

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

Total time spent in the A&E department (at 4 hours)

- The national target is 95%.
- The national target is 1 hour.

Time to initial assessment (95th Percentile)

- The national target is 15 minutes.

Time to treatment (Median)

- The national target is 1 hour.

Unplanned re-attendance (5%)

- The national target is 2.0%.

Left without being seen (5%)

- The national target is 10.5%.

- The relatively short time between a patient arriving at the Emergency Gynaecology unit (EGU) and being seen means that the unit has very few patients who leave without being seen.
There are no inappropriate reattendance by patients who would be better cared for in a different setting.

A condition has not improved. Trends are regularly monitored by the Divisional Management Team to ensure that sufficient resources (staff) are allocated to the department to ensure that no patient waits beyond 8 hours.

It is accepted that it is legitimate for a number of patients to return to the department to be reviewed, if their condition has not improved. Patient records are validated to verify that the patient received the appropriate treatment for their condition. It is, however, important that all reattendances are monitored on receipt by departmental management. Patient records completed at the time of examination are monitored by the Divisional Management Team to ensure that sufficient resources (staff) are allocated to the department to ensure that no patient waits beyond 8 hours.

Very few patients arrive by ambulance to the Emergency Eye Centre. Patients who arrive by ambulance are triaged on arrival by a Nurse Practitioner and prioritised according to clinical need. Nurse Practitioners make an assessment of treatment need and referral. Only patients referred back by another health professional are referred back to A&E for review.

The Emergency Eye Centre sees all patients within 4 hours. The department has procedures in place to ensure that patients wait no longer than 4 hours. The nursing team notifies the departmental manager who then reviews the situation. The team regularly review whether the service is required to ensure that all patient waits are within the 4 hours.

Narrative on the computer system.

Inform the nurse at triage of the patients arrival. We are also able to flag patients who arrive by ambulance.

The national target is 15 minutes to full initial assessment for patients brought to the Emergency Eye Centre. The median time to initial assessment for patients brought to the Emergency Eye Centre is 15 minutes. We are achieving this target.

The national target is 95%.

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

Time to initial assessment (95th Percentile)

Time to treatment (Median)

Unplanned re-attendance (5%)

Left without being seen (5%)
### Accident & Emergency Department Clinical Quality Indicators - University Dental Hospital (RW3DH)

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

<table>
<thead>
<tr>
<th>Description of data</th>
<th>Site-level performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to initial assessment</td>
<td>Time to treatment (Median)</td>
</tr>
<tr>
<td>Time to initial assessment (95th Percentile)</td>
<td>Time to treatment (Median)</td>
</tr>
<tr>
<td>Median time to Treatment</td>
<td>Median time to Treatment</td>
</tr>
<tr>
<td>Time to initial assessment by trying to prevent lengthy delays.</td>
<td>Time to treatment (Median)</td>
</tr>
<tr>
<td>Achieving Target</td>
<td>Achieving Target</td>
</tr>
<tr>
<td>Data quality</td>
<td>Data quality</td>
</tr>
</tbody>
</table>

#### Time to initial assessment (95th Percentile)

<table>
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<td>Median time to Treatment</td>
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<tr>
<td>Time to initial assessment</td>
<td>Time to treatment (Median)</td>
</tr>
<tr>
<td>Achieving Target</td>
<td>Achieving Target</td>
</tr>
<tr>
<td>Data quality</td>
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</table>

#### Time to treatment (Median)

<table>
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<th>Description of data</th>
<th>Site-level performance</th>
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<tr>
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</tr>
<tr>
<td>Achieving Target</td>
<td>Achieving Target</td>
</tr>
<tr>
<td>Data quality</td>
<td>Data quality</td>
</tr>
</tbody>
</table>

### Unplanned re-attendance (5%)

<table>
<thead>
<tr>
<th>Description of data</th>
<th>Site-level performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned re-attendance at A&amp;E within 7 days of original attendance (excludes children)</td>
<td>Unplanned re-attendance at A&amp;E within 7 days of original attendance (excludes children)</td>
</tr>
<tr>
<td>Achieving Target</td>
<td>Achieving Target</td>
</tr>
<tr>
<td>Data quality</td>
<td>Data quality</td>
</tr>
</tbody>
</table>

### Left without being seen (5%)

<table>
<thead>
<tr>
<th>Description of data</th>
<th>Site-level performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left without being seen Rate</td>
<td>Left without being seen Rate</td>
</tr>
<tr>
<td>Achieving Target</td>
<td>Achieving Target</td>
</tr>
<tr>
<td>Data quality</td>
<td>Data quality</td>
</tr>
</tbody>
</table>

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**Narrative**

Not applicable to this Hospital. Does not receive ambulance arrivals.

### Data quality

- **Left without being seen Rate**: N/A
- **Median this month**: N/A
- **Unplanned re-attendance (5%)**: N/A
- **Median this month**: N/A
- **Total time spent in the A&E department (95%)**: N/A
- **Median this month**: N/A
- **Median this month**: N/A
- **Median this month**: N/A

---

**Notes**

Daily reports are received by the department outlining patients that have reattended within 7 days. These are monitored and acted on by department managers. Patient records completed by this time of reattendance are validated to verify that the patient received the appropriate treatment for their condition. Trends are monitored by the Divisional Management Team to ensure there are no inappropriate reattendances. The national target is 5%.

---

**References**

- The Dental Hospital sees all patients within 4 hours. A Dental Nurse is allocated each day to monitor treatment waiting times for patients. We continually work to prevent people leaving prior to treatment (ie. the time below which 50% of attendances are validated to verify that the patient received the appropriate treatment for their condition). Trends are monitored by the Divisional Management Team to ensure there are no inappropriate reattendances.
- The Dental Nurse notifies a member of the management team if any patient requires treatment, they are initially assessed and treatment planned by a clinician within 1 hour.
- The national target is 1 hour.
- The national target is 5%.
- The national target is 15 minutes.
- The national target is 95%.
- The national target is 1 hour.
The reattendace rate remains low, work is ongoing to improve this performance further.

Very few patients leave the department without being seen. Waiting times are advertised within the department.

**Narrative**

<table>
<thead>
<tr>
<th>Site performance</th>
<th>Site-level performance</th>
<th>Time to initial assessment (95th Percentile)</th>
<th>Time to treatment (Median)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of data</strong></td>
<td><strong>Description of data</strong></td>
<td><strong>Description of data</strong></td>
<td><strong>Description of data</strong></td>
</tr>
<tr>
<td>% of patients being less than 6 hours from arrival at A&amp;E to admission; transfer or discharge. The national target is 69%.</td>
<td>% of patients being less than 6 hours from arrival at A&amp;E to treatment/ Discharge. The national target is 15 minutes.</td>
<td>% of patients being less than 6 hours from arrival at A&amp;E to treatment. The national target is 1 hour.</td>
<td>% of patients being less than 6 hours from arrival at A&amp;E to treatment. The national target is 1 hour.</td>
</tr>
<tr>
<td>95%</td>
<td>Median</td>
<td>Median</td>
<td>Median</td>
</tr>
<tr>
<td><strong>Rate this month</strong></td>
<td><strong>Rate this month</strong></td>
<td><strong>Rate this month</strong></td>
<td><strong>Rate this month</strong></td>
</tr>
<tr>
<td>2.0%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

**Achieving Target**

Unplanned re-attendance rate (% of attendances at A&E within 7 days of original attendance (exacted if referred back by another healthcare professional). The national target is no more than 5% of all A&E attendances are referred back within 7 days.

The unplanned re-attendance rate remains low, work is ongoing to improve this performance further.

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

The rate of patients leaving the department without being seen is advertised within the department.
### Accident & Emergency Department Clinical Quality Indicators - Trafford General Hospital (RW3TR)

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

<table>
<thead>
<tr>
<th>Time to treatment (Median)</th>
<th>Percentiles of all patients being less than 4 hours from arrival at A&amp;E to admission, transfer or discharge.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The national target is 95%.</td>
</tr>
</tbody>
</table>

#### Time to initial assessment (95th Percentile)

<table>
<thead>
<tr>
<th>Time to initial assessment</th>
<th>Percentiles of times from arrival at A&amp;E to full initial assessment for patients brought in by emergency ambulance.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The national target is 15 minutes.</td>
</tr>
</tbody>
</table>

#### Time to treatment (Median)

<table>
<thead>
<tr>
<th>Time to treatment</th>
<th>Percentiles of times from arrival at A&amp;E to treatment (i.e. the time below which 50% of attendances within the month were treated).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The national target is 1 hour.</td>
</tr>
</tbody>
</table>

#### Unplanned re-attendance (%)

<table>
<thead>
<tr>
<th>Unplanned re-attendance</th>
<th>Percentiles of times from arrival at A&amp;E within 7 days of original attendance (excluded if returned back by another health professional).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The national target is no more than 6% of unplanned re-attendances at A&amp;E is mediated within 7 days.</td>
</tr>
</tbody>
</table>

#### Left without being seen (%)

<table>
<thead>
<tr>
<th>Left without being seen</th>
<th>Percentiles of times where the patient left without being seen (LWBS) by a clinical decision maker.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The national target is 0%.</td>
</tr>
</tbody>
</table>

### Narrative

- **Rate this month**
  - 95.50% - less than 4 hours
  - 4.50% - more than 4 hours

- **Time to treatment (Median)**
  - 38 minutes

- **Data quality**
  - Achieving Target

- **Achieving Target**
  - 95% Target

- **1 Hour Target**

- **Narrative**
  - Ongoing to reduce this further.
  - The improved performance continues with no attendance remaining below the 5% tolerance. Work is ongoing to reduce this further.

- **Unplanned re-attendance Rate**
  - 0.0%

- **Left without being seen Rate**
  - 0.0%