These indicators were introduced in April 2011 to present a comprehensive and balanced view of the care delivered by A&E departments. They are designed to accurately reflect the experience and safety of patients, and the effectiveness of the care they receive. Data from all acute NHS Trusts is published by the Health and Social Care Information Centre (HSCIC), usually with a three month delay. You can access the data from the HSCIC by clicking this link:

HSCIC National A&E Clinical Quality Indicators Data

This report is about the services we provide in the:
Emergency Department,
Wythenshawe Hospital,
Southmoor Road,
Wythenshawe,
M23 9LT
Telephone Number: 0161 291 7070

We are a Major (Type 1) A&E department providing a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of Accident & Emergency and Major Trauma patients.

Summary:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Threshold</th>
<th>Actual</th>
<th>Attendances</th>
<th>More Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total time in A&amp;E</td>
<td>95th percentile time</td>
<td>4 Hours</td>
<td>6h 58m</td>
<td>8,227</td>
<td>Page 3</td>
</tr>
<tr>
<td>for admitted patients</td>
<td>95th percentile time</td>
<td></td>
<td>10h 10m</td>
<td>2,592</td>
<td>Page 4</td>
</tr>
<tr>
<td>for non-admitted patients</td>
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<td></td>
<td>4h 34m</td>
<td>5,635</td>
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</tr>
<tr>
<td>Time to Initial Assessment (ambulance arrivals)</td>
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<td></td>
<td>15 minutes</td>
<td>20 mins</td>
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</tr>
<tr>
<td>Time to Treatment</td>
<td>median time</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Left without being seen</td>
<td>percentage</td>
<td>5%</td>
<td></td>
<td>2.04%</td>
<td>8,227</td>
</tr>
<tr>
<td>Unplanned Reattendance Rate</td>
<td>5%</td>
<td>0.97%</td>
<td></td>
<td></td>
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</tbody>
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<tr>
<td>TIA (Transient Ischaemic Attack)</td>
<td>percentage</td>
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<tr>
<td>Consultant Sign Off</td>
<td>percentage</td>
<td></td>
<td># TBC #</td>
<td></td>
</tr>
<tr>
<td>Friends and Family</td>
<td>percentage</td>
<td></td>
<td>97%</td>
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Summary of Indicators: Patient Pathway

Accident & Emergency
Clinical Quality Indicators

Initial Assessment

95% of patients arriving by ambulance waited under 20 minutes from arrival to initial assessment

95% of patients waited under 417 minutes from arrival to treatment

95% of patients not requiring admission to hospital waited under 274 minutes from arrival to departure

95% of patients who needed admission to hospital waited under 610 minutes from arrival to departure

Treatment

Re-Attendance

2.04% of attendances this month left the department before being seen

0.97% of attendances were unplanned re-attendances within seven days of original attendance

Left without being seen

Consultant Sign Off

TBC% of high risk patients were seen by an emergency consultant before being discharged from A&E

Ambulatory Care

85.7% of patients with cellulitis, 100.0% of patients with DVT, and 33.3% of patients with TIA were treated without the need to be admitted overnight

Service Experience

95% of patients waited under 417 minutes from arrival to departure

95% of patients not requiring admission to hospital waited under 274 minutes from arrival to departure

95% of patients who needed admission to hospital waited under 610 minutes from arrival to departure

Patient arrives at A&E

Patient arrives at A&E

95% of patients arriving by ambulance waited under 20 minutes from arrival to initial assessment

On average, patients waited 69 minutes from arrival to treatment

95% of patients not requiring admission to hospital waited under 274 minutes from arrival to departure

95% of patients who needed admission to hospital waited under 610 minutes from arrival to departure

On average, patients waited 69 minutes from arrival to treatment

95% of patients not requiring admission to hospital waited under 274 minutes from arrival to departure

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Accident & Emergency
Clinical Quality Indicators

Summary of Indicators: Patient Pathway

Sep-17
Aim: To improve the timeliness and monitoring of care to ensure patients do not have excessive waits in A&E before leaving the department.

In September 2017, 86.71% of patients attending the department left within four hours.

The above graph shows the median and 95th percentile time spent in the emergency department (in minutes). The performance target is for 95% of patients to spend less than 240 minutes (4 hours) in the Emergency Department.

In September 2017 we treated 8,227 new A&E attendances. We admitted 31.5% of attendances to hospital.

In September 2017, 86.71% of patients attending the department left within four hours.
Aim: To ensure patients do not have excessive waits in A&E before leaving the department to be admitted to a ward.

The above graph shows the 95th percentile time spent in the emergency department (in minutes) for all patients who were subsequently admitted to an inpatient bed at UHSM. The performance target is for 95% of patients to spend less than 240 minutes (4 hours) in the Emergency Department.

In September 2017, we admitted 31.51% of all our new A&E attendances, on average 86 per day. The 95th percentile stay in the Emergency Department for these patients was 610 minutes.

Aim: To ensure patients do not have excessive waits in A&E before leaving the department.

The above graph shows the 95th percentile time spent in the emergency department (in minutes) for all patients who were not subsequently admitted to an inpatient bed at UHSM. The performance target is for 95% of patients to spend less than 240 minutes (4 hours) in the Emergency Department.

In September 2017, 68.49% of all our new A&E attendances were treated without being admitted to UHSM, on average 188 per day. The 95th percentile stay in the Emergency Department for these patients was 274 minutes.
In September 2017, 95% of patients arriving at UHSM A&E by ambulance were assessed in the A&E department within 20 minutes.

In September 2017, 2,197 patients arrived at A&E by ambulance (an average of 73 per day). This represents 26.7% of our A&E attendances.

The above graph shows the time by which 95% of patients arriving at UHSM A&E by ambulance were assessed in the A&E department. The performance target is for 95% of patients who arrive by ambulance to be assessed within 15 minutes.

The above graph shows the median time patients spend before their treatment begins in A&E. The performance target for Time to Treatment is for the median time to be within 60 minutes.

In September 2017, 95% of patients arriving at UHSM A&E by ambulance were assessed in the A&E department within 20 minutes.
In September 2017, 2,197 patients arrived at A&E by ambulance (an average of 73 per day). This represents 26.7% of our A&E attendances.
Aim: To improve patient experience and reduce the number of patients who leave A&E before receiving the care they need.

Aim: To reduce avoidable re-attendances at A&E by improving the care and communication delivered during the first attendance.

The above graph shows the proportion of A&E attendances who left the department before being seen.

In September 2017, 2.04% of patients who attended A&E left before being seen. The performance threshold for this is 5%.

The above graph shows the percentage of new attendances at A&E who reattended the department within seven days of the original attendance (unplanned), including where the initial attendance ends with admission, transfer or referral to other health professional.

In September 2017, 0.97% of attendances reattended the department (unplanned) within seven days of original attendance. The performance threshold for this is 5%.
Aim: To improve the provision of ambulatory care and reduce avoidable hospital admissions.

In September 2017, 14.29% of patients with Cellulitis were admitted, 0.00% of patients with DVT were admitted, and 66.67% of patients with TIA were admitted.

The above graph shows the proportion of patients diagnosed with cellulitis, DVT or TIA in the A&E who are admitted to hospital. Note that recorded admissions include where we provide care in our Ambulatory Care Unit without the patient staying overnight. Note this includes only patients diagnosed with these conditions in the A&E department, and definitive diagnosis may be made later.

In September 2017, 14.29% of patients with Cellulitis were admitted, 0.00% of patients with DVT were admitted, and 66.67% of patients with TIA were admitted.

This indicator uses information that will be made available as part of the College of Emergency Medicine's clinical audit programme; this will be included in the dashboard as it becomes available (No threshold).