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: Apr-16

<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>9h 21m</td>
<td>7,696</td>
<td>Page 3</td>
</tr>
<tr>
<td>for admitted patients</td>
<td>95th percentile time</td>
<td>12h 56m</td>
<td>2,369</td>
<td>Page 4</td>
<td></td>
</tr>
<tr>
<td>for non-admitted patients</td>
<td>95th percentile time</td>
<td>5h 59m</td>
<td>5,327</td>
<td>Page 4</td>
<td></td>
</tr>
<tr>
<td>Time to Initial Assessment (ambulance arrivals)</td>
<td>95th percentile time</td>
<td>15 minutes</td>
<td>17 mins</td>
<td>2,093</td>
<td>Page 5</td>
</tr>
<tr>
<td>Time to Treatment</td>
<td>median time</td>
<td>1 Hour</td>
<td>73 mins</td>
<td>7,696</td>
<td>Page 5</td>
</tr>
<tr>
<td>Left without being seen</td>
<td>percentage</td>
<td>5%</td>
<td>2.75%</td>
<td>Page 6</td>
<td></td>
</tr>
<tr>
<td>Unplanned Reattendance Rate</td>
<td>5%</td>
<td>1.03%</td>
<td>Page 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ambulatory Care (Proportion of patients admitted by diagnosis in A&E - note this includes admissions to our Ambulatory Care Unit where patients do not stay overnight):

<table>
<thead>
<tr>
<th>Measure</th>
<th>Threshold</th>
<th>Actual</th>
<th>Attendances</th>
<th>More Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellulitis</td>
<td>percentage</td>
<td>33.8%</td>
<td>74</td>
<td>Page 7</td>
</tr>
<tr>
<td>DVT (Deep Vein Thrombosis)</td>
<td>percentage</td>
<td>35.3%</td>
<td>34</td>
<td>Page 7</td>
</tr>
<tr>
<td>TIA (Transient Ischaemic Attack)</td>
<td>percentage</td>
<td>36.0%</td>
<td>25</td>
<td>Page 7</td>
</tr>
<tr>
<td>Consultant Sign Off</td>
<td>percentage</td>
<td># TBC #</td>
<td>Page 7</td>
<td></td>
</tr>
<tr>
<td>Friends and Family</td>
<td>percentage</td>
<td>97%</td>
<td>-</td>
<td>Page 2</td>
</tr>
</tbody>
</table>
The Friends and Family Test score in March 2016 for this A&E department is 82.2% (This is the % of patients who would be likely or extremely likely to recommend this A&E Department to a friend/family member, the target is 97%).
This is based on 1039 responses. (A Response Rate of 17.1%, the target is 40%)
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 April 2016, 78.35% 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 April 2016 we treated 7,696 new A&E attendances. We admitted 30.8% of attendances to hospital.

In April 2016, 78.35% 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.

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 April 2016, we admitted 30.78% of all our new A&E attendances, on average 79 per day. The 95th percentile stay in the Emergency Department for these patients was 775 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 April 2016, 69.22% of all our new A&E attendances were treated without being admitted to UHSM, on average 178 per day. The 95th percentile stay in the Emergency Department for these patients was 358 minutes.
In April 2016, 95% of patients arriving at UHSM A&E by ambulance were assessed in the A&E department within 17 minutes.

In April 2016, 2,093 patients arrived at A&E by ambulance (an average of 70 per day). This represents 27.2% 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.

In April 2016, the median time patients spent in the A&E department before their treatment began was 73 minutes.
Aim: To improve patient experience and reduce the number of patients who leave A&E before receiving the care they need.

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

In April 2016, 2.75% of patients who attended A&E left before being seen. The performance threshold for this is 5%.

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 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 April 2016, 1.03% 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 April 2016, 33.78% of patients with Cellulitis were admitted, 35.29% of patients with DVT were admitted, and 36.00% 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 April 2016, 33.78% of patients with Cellulitis were admitted, 35.29% of patients with DVT were admitted, and 36.00% 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).