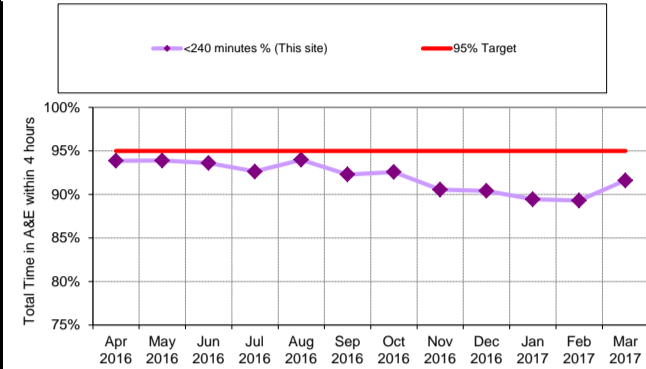


**Accident & Emergency Department Clinical Quality Indicators - Central Manchester Foundation Trust (RW3)**

**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

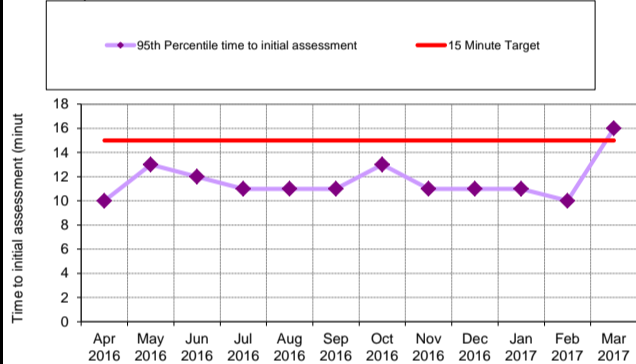
91.61% | % less than 4 hours

**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

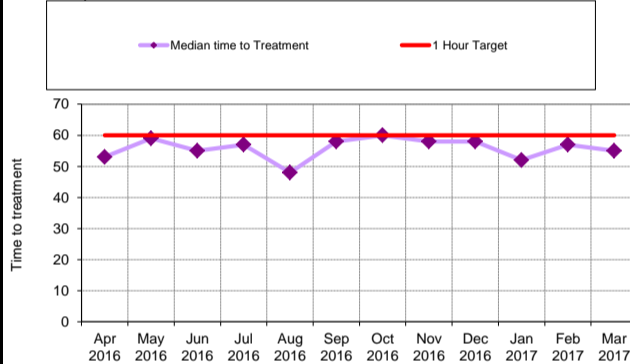
16 | 95th percentile this month

**Not 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).

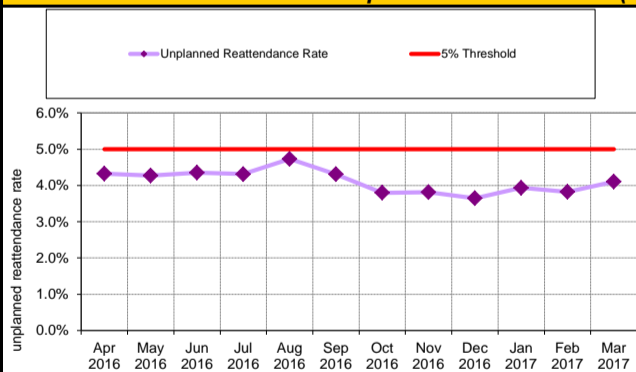
The national target is 1 hour.

55 | 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)

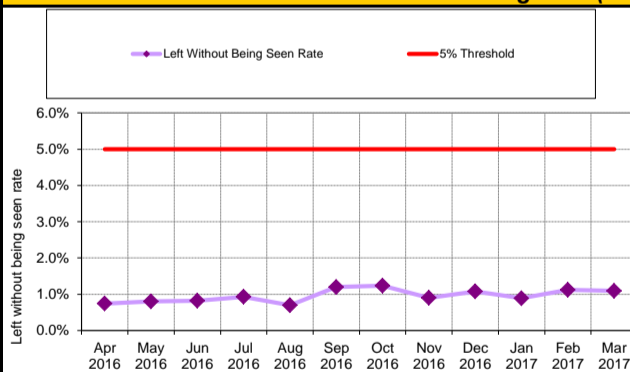
The national target is for no more than 5% of all attendances at A&E to reattend within 7 days.

4.1% | 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%.

1.1% | Rate this month

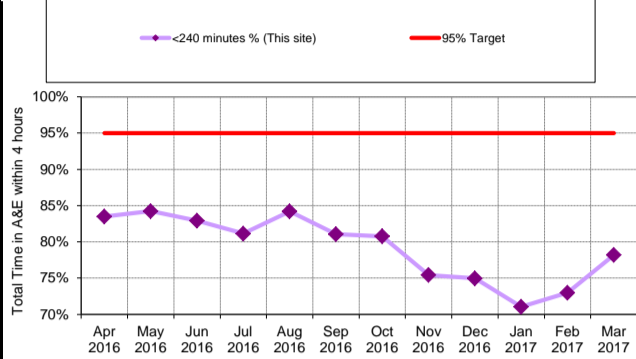
**Achieving Target**

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 -**

During the months of February and March, availability of hospital beds continued to be an issue this has consequently impacted on timely assessment of patients due to availability of cubicles which in turn has a negative impact on total time of the patient spent in the A&E department due to capacity issues. The lack of available beds together with surge in attendance at certain points in the day has had a direct effect on patients waiting longer than 4 hours in A&E for admission, however an increase in performance during the month of March has been achieved. Additional A&E senior doctors, nurses and Advanced Nurse Practitioners have been rostered who are working on direct clinical pathways in order to maximise on appropriate streaming of patients to ambulatory care settings.

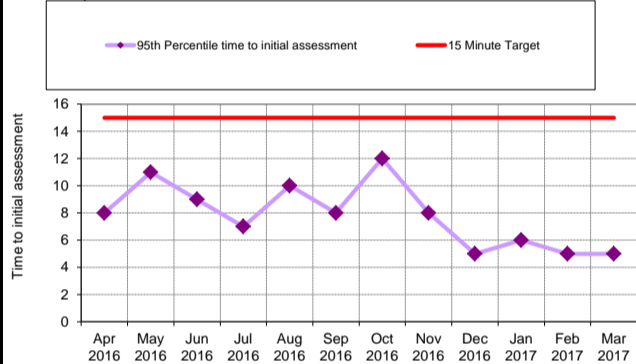
78.19% | % less than 4 hours

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**

During the month of March the department saw performance with regard to time to initial assessment from registration to triage, when capacity becomes an issue work continues to ensure that performance is maintained by utilising the rapid assessment and see and treat models. The teams are working a dedicated and protected ENP rota which has seen a positive impact on patient waiting times in the minor areas. Ambulatory care areas are also utilised at time of departmental pressures.

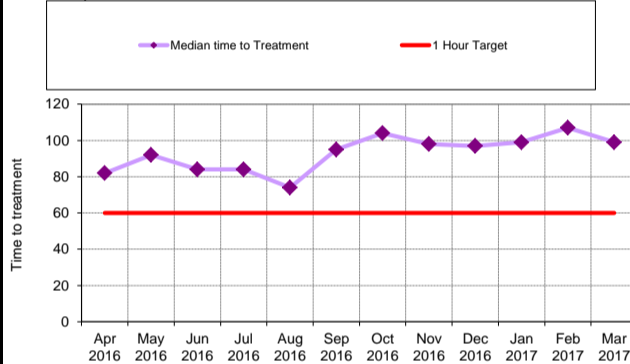
5 | 95th percentile this month

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**

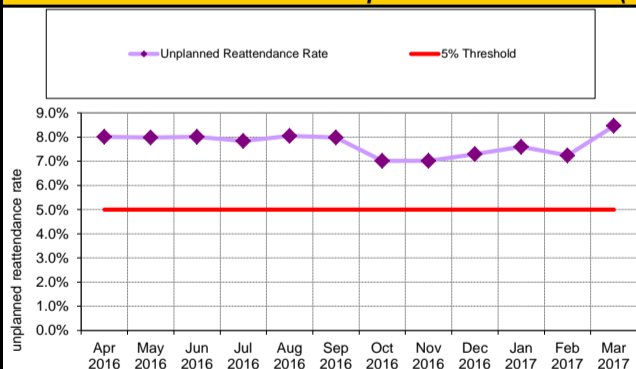
The department continues to review the profile of the number of patients presenting through the day, and the level of clinical need of those patients to help us plan to have the right staff in the right place, at the right time. The department has increased the availability of senior nurses (Emergency Nurse Practitioners) to include overnight cover, plus additional Doctors overnight when resource is available. Work continues in supporting patients with minor illnesses and minor injuries through the department, the teams are continuing to scope out appropriate streaming of patients into Ambulatory Care, WIC and GTD in order to maximise the achievement of meeting the one hour standard of time to treatment. During March the department saw a small increase in performance with regard to meeting the 60 minute time to treatment, increased number of attendances and acuity of presenting cases has continued to impact negatively against this standard.

99 | 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**

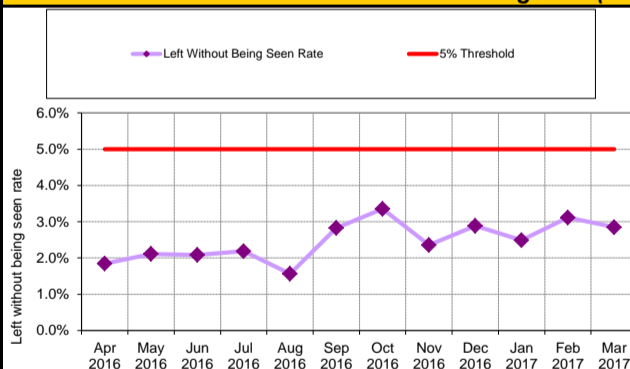
Patients may reattend the Emergency Department if their condition does not improve or if they require a review by a healthcare professional. In partnership with our GP colleagues, the Emergency Department is helping some clinically appropriate patients to gain a GP appointment or Follow up review with their own GP who knows the patient better. The department is working with IT to identify all patients who present back to the department within 7 days by placing a flag icon on the symphony system in order to ensure that all reattenders get a senior review at presentation and for frequent reattenders a management plan is in place with primary providers. 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. March saw a decrease in performance on this indicator.

8.5% | 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 seen continues to be better than the threshold.

2.8% | Rate this month

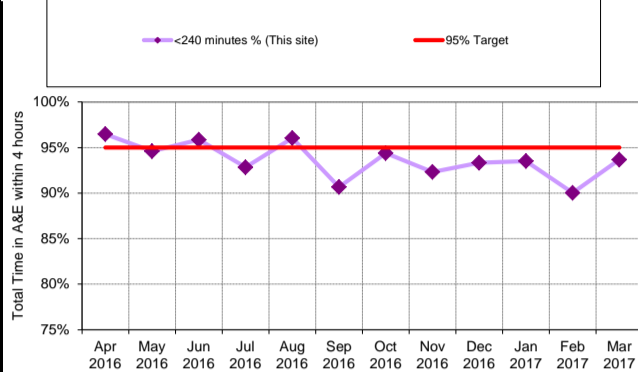
Achieving Target

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

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

**Narrative**

Attendances were seasonally high in the first quarter and have continued throughout July. Performance against target has improved since April and as expected, the August position was above target. The months since August have again seen high volumes and performance has not achieved target. To tackle these issues, since November the department has been working closely with CCG's to gain GP support for evening and weekend sessions. The hospital bed coordinator support has also been adjusted by putting an additional SN on duty to support patient flow through the hospital. Going forward, the feasibility for additional pharmacy support, to release Nursing staff back into patient care, is being investigated.

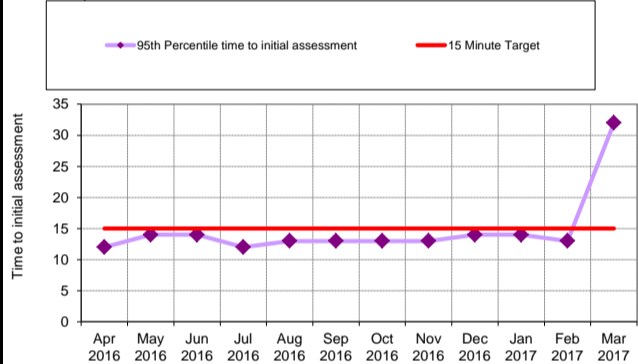
93.68% % less than 4 hours

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**

The majority of 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.

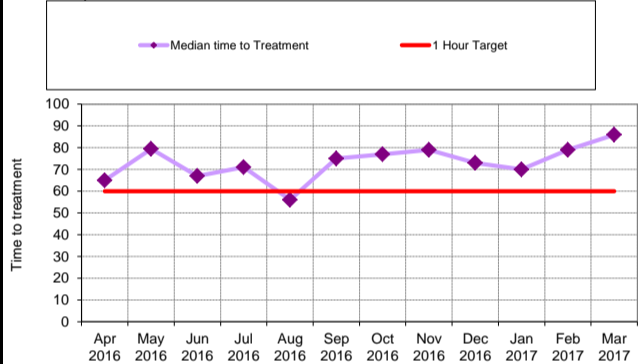
32 95th percentile this month

Not 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 increased number of attendances and acuity of presenting cases has reduced the departments performance against this standard.

86 Median this month

Not Achieving Target

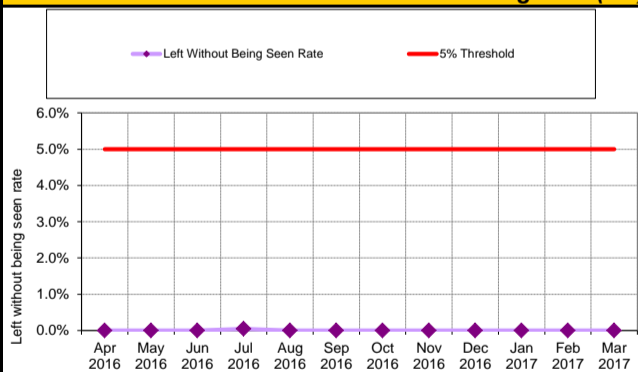
Data quality

### 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

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

The national target is 5%.

**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

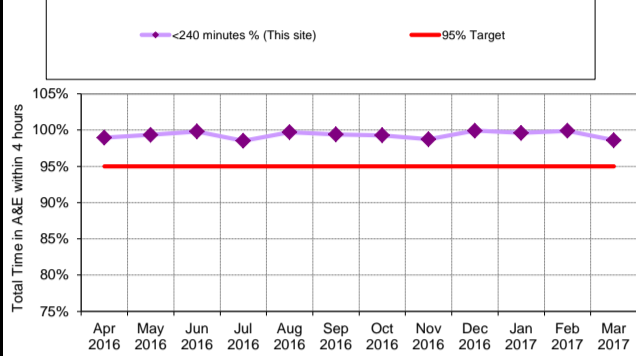
Achieving Target

Data quality

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

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

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.

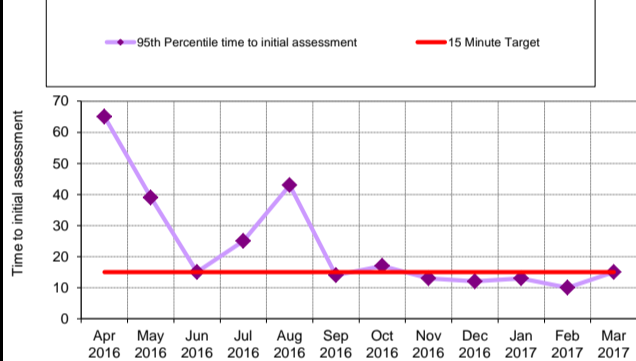
98.60% | % less than 4 hours

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**

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.

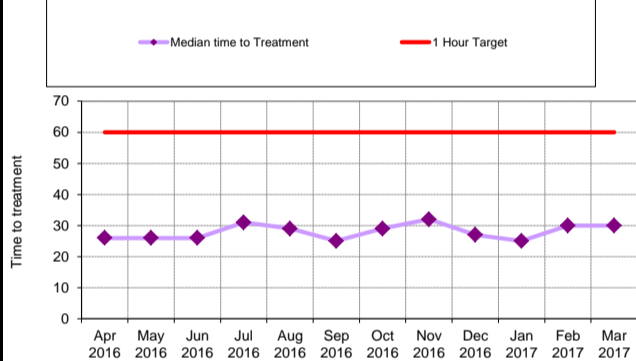
15 | 95th percentile this month

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**

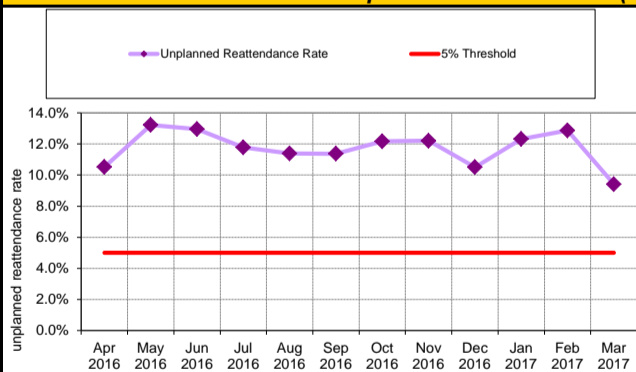
Patients are triaged and have an clinical assessment and if necessary an examination at the first face to face discussion some will then be seen again by the nurse once the results of any investigation are ready and may be discharged without the need to see medical staff.

30 | 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.

**Narrative**

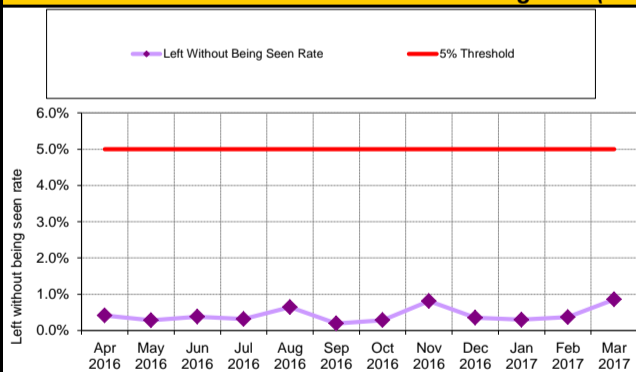
The emergency Gynaecology Unit (EGU) sees patient who have early pregnancy and emergency gynaecology problems. Those with present with early pregnancy problems such as threatened miscarriage or hyperemesis (excessive vomiting in pregnancy) will potentially require frequent visits to the EGU. Threatened 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

9.4% | 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 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.

0.9% | Rate this month

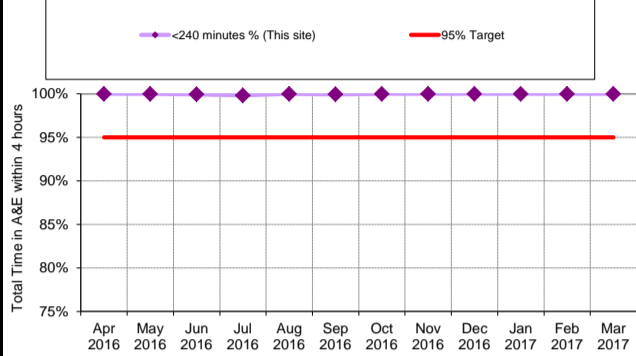
Achieving Target

Data quality

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

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

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 Eye Department (EED) sees all patients within 4 hours. The department has an escalation procedure in place where if a patient wait goes beyond 2 1/2 hours, the triage nurse notifies the unit manager and/or Matron who explores the reasons for higher than usual waiting times and more doctors/Nurse Practitioners 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.

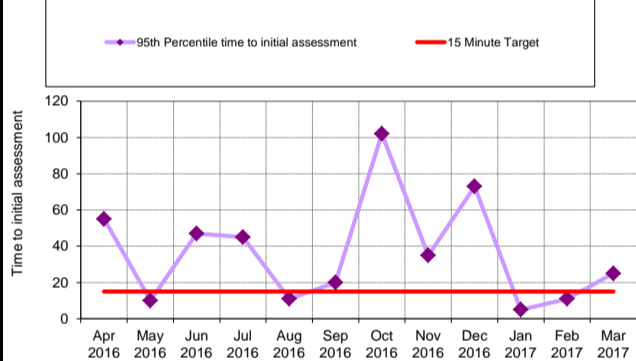
100.00% | % less than 4 hours

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

Very few patients arrive by ambulance to the Emergency Eye Department. Patients who arrive by 999 ambulance inform the receptionist on arrival so this can be escalated to the triage nurse. We are also able to flag patients who arrive by 999 ambulance on the Symphony system. The majority of patients arriving by ambulance are inter-hospital transfers and are not subject to the 15 minute triage time.

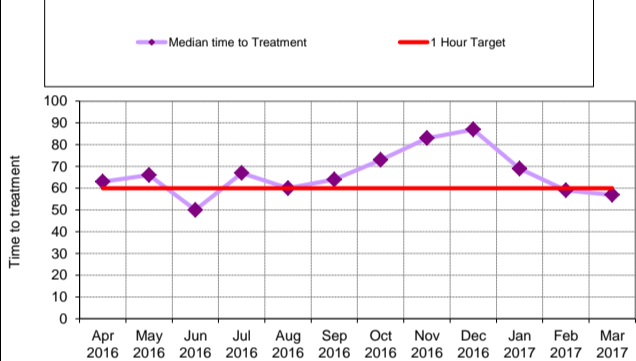
25 | 95th percentile this month

Not 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

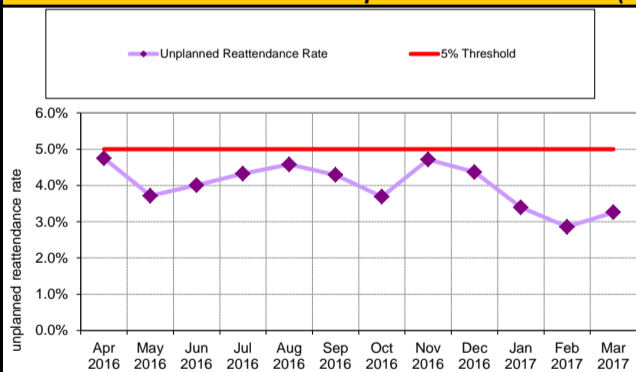
All patients attending the Emergency Eye Department should have a treatment pathway made within 1 hour of arrival. All patients that arrive at the Emergency Eye Department are triaged on arrival by a Nurse Practitioner and prioritised according to clinical need. Nurse Practitioners make an assessment 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.

57 | 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.

Narrative

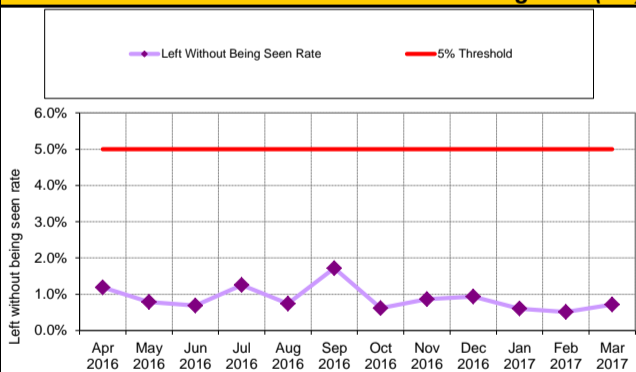
Daily reports are received by the department outlining patients that have reattended within 7 days. These are monitored on receipt by unit manager. Patient records completed at the time of examination are validated to verify that the patient received the appropriate treatment for their condition. It 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.

3.3% | 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%.

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.

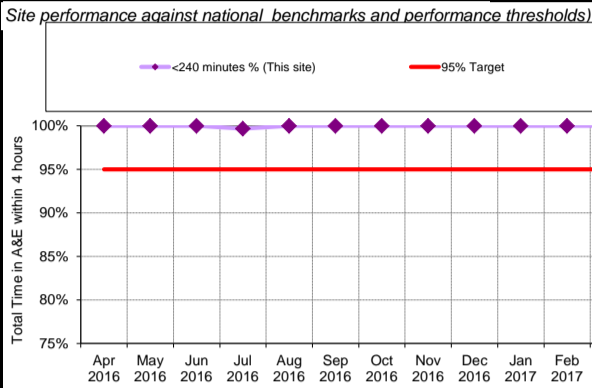
0.7% | Rate this month

Achieving Target

Data quality

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

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



**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 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.

100.00%	% less than 4 hours
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**

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

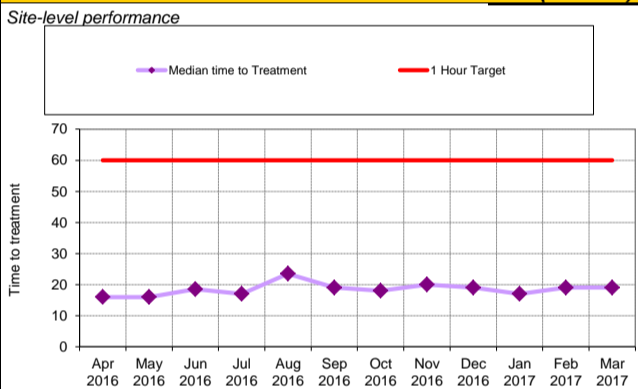
**Description of data**

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

N/A	95th percentile this month
N/A	
	Data quality

### Time to treatment (Median)



**Narrative**

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.

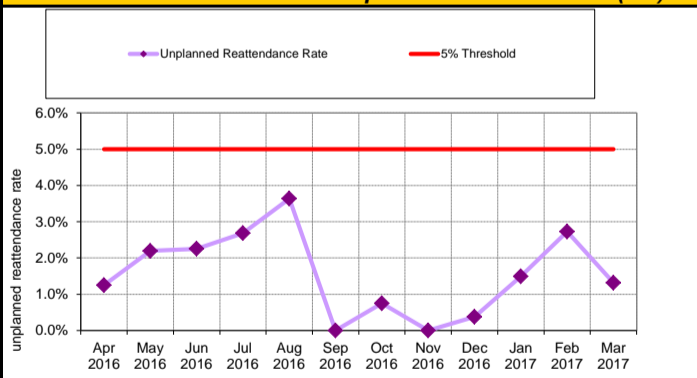
**Description of data**

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.

19	Median this month
Achieving Target	
	Data quality

### Unplanned re-attendance (5%)



**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. 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.

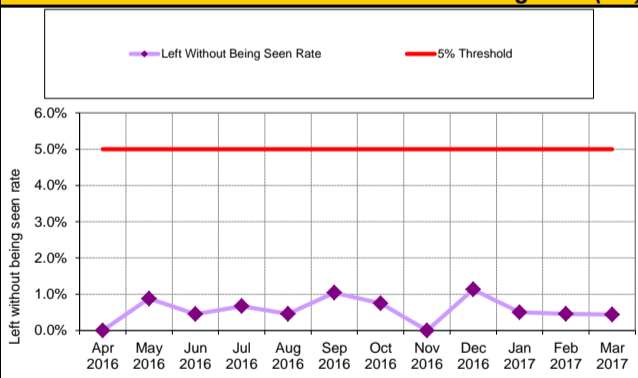
**Description of data**

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.

1.3%	Rate this month
Achieving Target	
	Data quality

### Left without being seen (5%)



**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. We continually work to prevent people leaving prior to assessment by trying to prevent lengthy delays.

**Description of data**

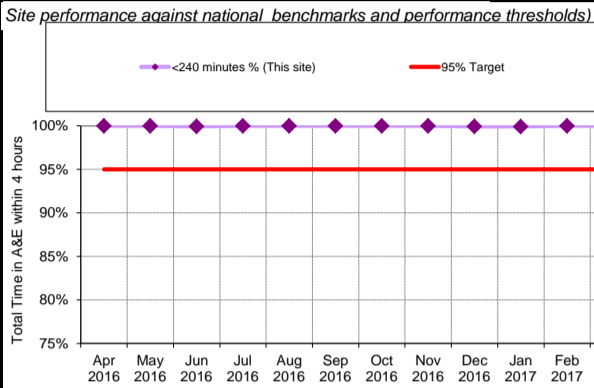
Number of attendances where the patient left without being seen (LWBS) by a clinical decision maker.

The national target is 5%.

0.4%	Rate this month
Achieving Target	
	Data quality

**Accident & Emergency Department Clinical Quality Indicators - Altrincham General Hospital (RW3T1)**

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



**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 unit continues to deliver 100% performance against this standard.

100.00% | % less than 4 hours

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**

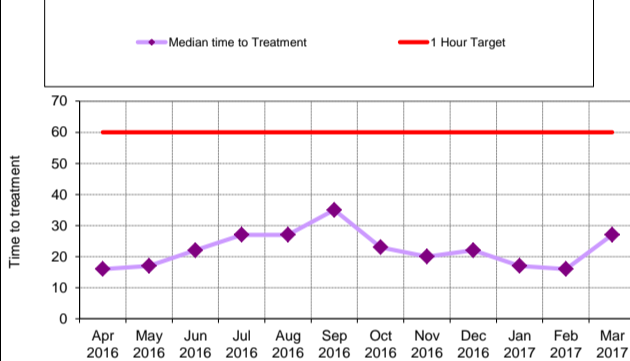
N/A | 95th percentile this month

N/A

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.

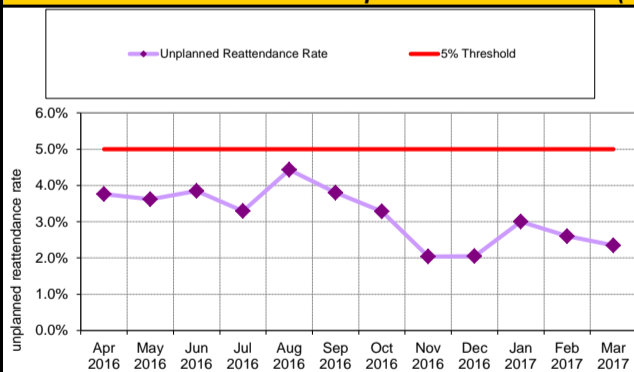
**Narrative**  
All patients are seen within the standard time of 60 minutes

27 | 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.

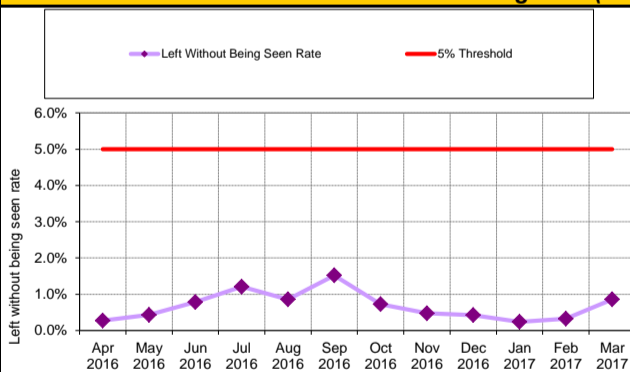
**Narrative**  
The reattendance rate remains low, work is ongoing to improve this performance further.

2.3% | 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%.

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

0.9% | Rate this month

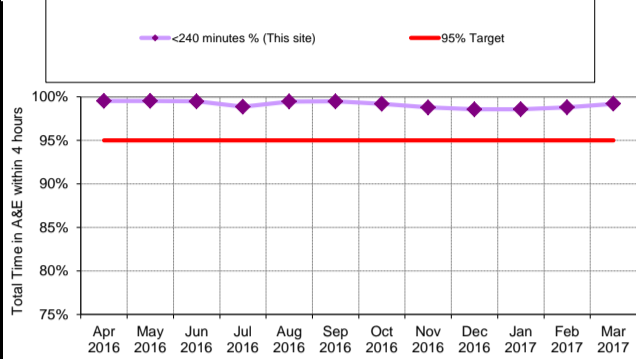
Achieving Target

Data quality

**Accident & Emergency Department Clinical Quality Indicators - Trafford General Hospital (RW3TR)**

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

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 Urgent Care Centre continues to meet the 4 hour standard.

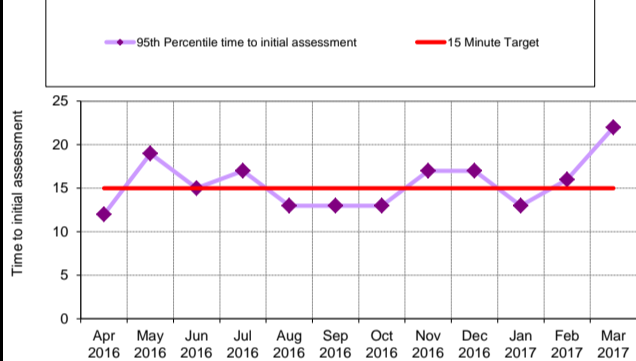
99.21% | % less than 4 hours

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**  
The department continues to meet this standard with all patients assessed within 15 minutes of arrival.

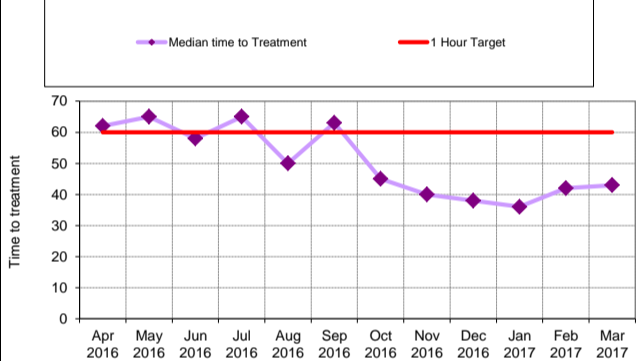
22 | 95th percentile this month

Not 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**  
Performance in this area remains good.

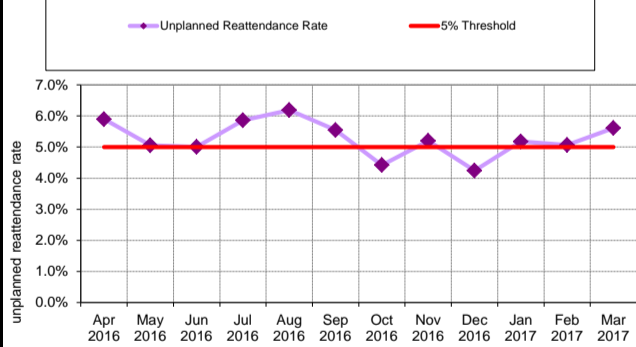
43 | Median this month

Achieving Target

Data quality

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

Site-level performance



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 improved performance continues with re attendance remaining below the 5% tolerance. Work is ongoing to reduce this further.

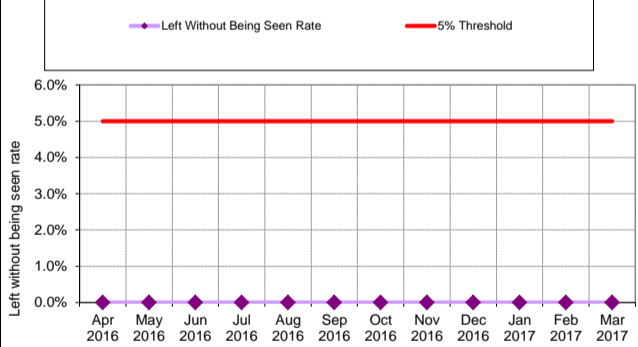
5.6% | Rate this month

Not Achieving Target

Data quality

**Left without being seen (5%)**

Site-level performance



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 Department continues to meet this performance target, short waits for treatment are a contributory factor.

0.0% | Rate this month

Achieving Target

Data quality