Overview
This dashboard presents a comprehensive and balanced view of the care delivered by our A&E department, and reflects the experience and safety of our patients and the effectiveness of the care they receive. These indicators will support patient

General Information
St George's Hospital NHS Trust
Type 1 (Major)
Published for April-2013

Summary of performance - April 2013

- The median wait from arrival to initial assessment was 0 minutes.
- On average, patients waited 36 minutes from arrival to treatment.
- 95% of patients waited under 335 minutes from arrival to departure.
- 95% of patients not requiring admission to hospital waited under 237 minutes from arrival to departure.
- 95% of patients who needed admission to hospital waited under 517 minutes from arrival to departure.
- 98% of patients with cellulitis, and 94.6% of patients with deep vein thrombosis are treated without the need to be admitted overnight.

Legend:
- Successfully meets performance threshold
- Does not meet threshold
**Ambulatory Care**

**Definition of indicator**
Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population. Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and deep vein thrombosis (DVT) that end in admission. This presents the percentage of attendances for cellulitis and deep vein thrombosis (DVT) that were admitted to the hospital. This measure is recorded quarterly. Next upload June 2012.

**Narrative**
Throughout 2011/12 and 2012/13 the admission rates for cellulitis and DVT were below the national target of 10%.
Unplanned Re-attendance Rate

Definition of indicator
Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The national target is less than 5% and monitored monthly.

Narrative
St Georges Hospital has consistently met the target since February 2012. The figure for April was 5%.
Data quality

Total time spent in the A&E Department (Admitted)

**Definition of indicator**
The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients

The national target for the median wait is 240 minutes. This measure is monitored monthly.

**Narrative**
A breakdown of April 2013 data is included below.

Median wait – 229 minutes
95th percentile – 517 minutes
Single longest wait - 1038 minutes. This because it was clinically necessary to keep patients within the department.

<table>
<thead>
<tr>
<th>Time (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
</tr>
<tr>
<td>2012</td>
</tr>
</tbody>
</table>

**517**
95th percentile this month

**Compared to last month**

**Data quality**
**Total time spent in the A&E Department (Non-Admitted)**

<table>
<thead>
<tr>
<th>Time (minutes)</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>0</td>
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<td></td>
<td></td>
<td>158</td>
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<td>2012</td>
<td>2013</td>
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<td>60</td>
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<td>2012</td>
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<td>120</td>
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<td>2012</td>
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<td>180</td>
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<td>2012</td>
<td>2013</td>
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<td>240</td>
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<td>2012</td>
<td>2013</td>
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<tr>
<td>300</td>
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<td></td>
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<td></td>
<td></td>
<td>2012</td>
<td>2013</td>
</tr>
</tbody>
</table>

**Definition of indicator**
The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients. The national target for the median wait is 240 minutes. This measure is monitored monthly.

**Narrative**
A breakdown of April 2013 data is included below
- Median wait – 158 minutes
- 95th percentile – 237 minutes
- Single longest wait - 1024 minutes

This because it was clinically necessary to keep patients within the department.
**Left Without Being Seen**

**Definition of indicator**
The percentage of people who leave the A&E department without being seen. National target is less than 5%. This measure is reported monthly.

**Narrative**
Throughout 2012-13 the percentage of patients who left the department without being seen was below the national target. For April 2013 the figure was 3.4%.

**Data quality**
95th percentile this month compared to last month.
## Service Experience

<table>
<thead>
<tr>
<th>Definition of Indicator</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative description of what has been done to assess the experience of patients using A&amp;E services and their carers, what the results were, and what has been done to improve services in light of the results. This measure is reported quarterly.</td>
<td>The Department of Health's Friends and Family test question asks patients how likely they are to recommend our A&amp;E department to friends or family if they need similar care or treatment. In April 51.6% of patients responded saying that they were extremely likely, and a further 31.6% saying they were likely to recommend the service.</td>
</tr>
</tbody>
</table>

### Narrative

The Department of Health's Friends and Family test question asks patients how likely they are to recommend our A&E department to friends or family if they need similar care or treatment. In April 51.6% of patients responded saying that they were extremely likely, and a further 31.6% saying they were likely to recommend the service.
**Time to Initial Assessment**

**Definition of indicator**
The time from arrival to start of full assessment, which includes a pain score and early warning score, for all patients presenting by ambulance. The national target is 15 minutes. This measure is reported on a monthly basis.

**Narrative**
A median wait of zero minutes against target is recorded for April 2013. Ambulance triage moved to the front of the A&E Department from the 12 May 2012, this ensures that all observations are carried out on the patient's arrival to the hospital.

**Compared to last month**
1600

**Data quality**
Green
**Data quality**

**Time to Treatment in A&E**

**Description of data**
The time to treatment relates to the time in minutes that patients wait to be seen by a member of the clinical team who is able to diagnose and make an initial plan of treatment for them. This should be no longer than 60 minutes from initial registration. This measure is reported monthly.

**Narrative**
A breakdown of March's performance is included below:
- Median wait – 38 minutes
- Max wait – 326 minutes
- 95th percentile – 131 minutes

<table>
<thead>
<tr>
<th>38</th>
<th>Median wait this month</th>
</tr>
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<tbody>
<tr>
<td><strong>↑</strong></td>
<td>Compared to last month</td>
</tr>
<tr>
<td><strong>Data quality</strong></td>
<td></td>
</tr>
</tbody>
</table>
Compared to last period

**Data quality**

Consultant Sign-Off

**Definition of indicator**
The percentage of patients presenting at type 1 and 2 (major) A&E departments in certain high-risk patient groups (adults with non-traumatic chest pain, febrile children less than 1 year old and patients making an unscheduled return visit with the same condition within 72 hours of discharge) who are reviewed by an emergency medicine consultant before being discharged.

This measure is monitored six monthly

### Table 2

<table>
<thead>
<tr>
<th>% of all audited patients</th>
<th>All audited patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>St Georges</td>
</tr>
<tr>
<td></td>
<td>seen by</td>
</tr>
<tr>
<td>a consultant / associate specialist</td>
<td>12%</td>
</tr>
<tr>
<td>a ST4 or more senior doctor*</td>
<td>36%</td>
</tr>
</tbody>
</table>

* consultant, associate specialist, staff grade, specialty doctor, senior clinical fellow, or ST4+.

**Narrative**

Percentage of all audited patients signed off by consultant = 40% (nationally = 22%)

Percentage of all audited patients signed off by Consultant (or ST4 and above if consultant not immediately available) = 76% (nationally = 71%)

SGH total of 76% percentage of patients signed off by a consultant

<table>
<thead>
<tr>
<th>76%</th>
<th>Consultant Sign-Off</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Compared to last period</td>
</tr>
<tr>
<td></td>
<td>Data quality</td>
</tr>
</tbody>
</table>

**Chart 2: Percentages of all audited patients seen …
… by a consultant or associate specialist
… by a doctor of seniority ST4 or above**

- St George vs. All EDs