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 Sep-2012

Summary of performance - September 2012

- The median wait from arrival to initial assessment was 0 minutes.
- On average, patients waited 47 minutes from arrival to treatment.
- 95% of patients who needed admission to hospital waited under 407 minutes from arrival to departure.
- 95% of patients not requiring admission to hospital waited under 236 minutes from arrival to departure.
- 76% of high risk patients were seen by an emergency consultant before being discharged from A&E.
- 98% of patients with cellulitus, and 92.5% of patients with deep vein thrombosis are treated without the need to be admitted overnight.

Patient arrives at A&E

Initial Assessment
- The median wait from arrival to initial assessment was 0 minutes.

Treatment
- On average, patients waited 47 minutes from arrival to treatment.

Total time in A&E
- 95% of patients who needed admission to hospital waited under 407 minutes from arrival to departure.
- 95% of patients not requiring admission to hospital waited under 236 minutes from arrival to departure.

Consultant Sign-off
- 76% of high risk patients were seen by an emergency consultant before being discharged from A&E.

Ambulatory Care
- 98% of patients with cellulitis, and 92.5% of patients with deep vein thrombosis are treated without the need to be admitted overnight.

Legend
- Successfully meets performance threshold
- Does not meet threshold

Patient

Re-attendance
- 4.9% of attendances this month were unplanned re-attendances.

Left without being seen
- 3.6% of attendances this month left the department before being seen.
Data quality

**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 December 2012.

**Narrative**
Throughout 2011/12 and the first 2 quarters of 2012/13 the admission rates for cellulitis and DVT have been below the national target of 10%.

- **Admission rate for cellulitis**
  - April-June 2012: 7.5%
  - July-September 2012: 9.0%
  - October-December 2012: 8.0%
  - January-March 2013: 9.0%
  - April-June 2013: 8.0%
  - July-September 2013: 7.5%

- **Admission rate for Deep Vein Thrombosis (DVT)**
  - April-June 2012: 1.0%
  - July-September 2012: 2.0%
  - October-December 2012: 3.0%
  - January-March 2013: 4.0%
  - April-June 2013: 5.0%
  - July-September 2013: 6.0%

- **Data quality**
  - April-June 2012: 2.0% Compared to last qtr
  - July-September 2012: Data quality
  - October-December 2012: 7.5% Compared to last qtr
  - January-March 2013: Data quality
  - April-June 2013: Data quality
  - July-September 2013: Data quality
Data quality

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 George's Hospital has consistently met the target since February 2012. The figure for September was 4.9%.

<table>
<thead>
<tr>
<th>Percentage this month</th>
<th>Compared to last month</th>
<th>Data quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 September 2012 data is below:

- Median wait – 225 minutes
- 95th percentile – 407 minutes
- Single longest wait - 829 minutes. This because it was clinically necessary to keep the patient within the department

**Time (minutes)**

<table>
<thead>
<tr>
<th>Month</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>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2011</td>
<td>2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>0</td>
<td>60</td>
<td>120</td>
<td>180</td>
<td>240</td>
<td>300</td>
<td>360</td>
<td>420</td>
<td>480</td>
<td>540</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Poor performance threshold
- 95th Percentile
Data quality

Total time spent in the A&E Department (Non-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 September 2012 data is below
Median wait – 140 minutes
95th percentile – 236 minutes
Single longest wait - 1318 minutes This because it was clinically necessary to keep patients within the department

95th percentile this month
Compared to last month
Data quality
**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 2011/12, the number of patients was consistently less than the national target. For September 2012 the figure was 3.8%.
### Service Experience

**Definition of indicator**
Narrative description of what has been done to assess the experience of patients using A&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.

**Narrative**
The Patient Experience Tracker (PET) questionnaire is used to ask patients to reflect on their experience of the A&E department including the environment, staff, and whether they were involved in the decisions made regarding their care. The results are reviewed and discussed at the A&E Patient Experience Focus Group on a monthly basis and actions taken to address issues.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>8</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
</tr>
<tr>
<td>Under 25</td>
<td>2</td>
</tr>
<tr>
<td>25 to 35</td>
<td>2</td>
</tr>
<tr>
<td>35 to 50</td>
<td>2</td>
</tr>
<tr>
<td>50 to 65</td>
<td>2</td>
</tr>
<tr>
<td>Over 65</td>
<td>2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2</td>
</tr>
<tr>
<td>Black</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old are you?</td>
<td></td>
</tr>
<tr>
<td>How would you describe your ethnic origin?</td>
<td></td>
</tr>
<tr>
<td>How would you rate the courtesy of the emergency department receptionist?</td>
<td></td>
</tr>
<tr>
<td>How long did you wait before you first spoke to a doctor or nurse?</td>
<td></td>
</tr>
</tbody>
</table>
Narrative

The Patient Experience Tracker (PET) questionnaire is used to ask patients to reflect on their experience of the A&E department including the environment, staff, and whether they were involved in the decisions made regarding their care. The results are reviewed and discussed at the A&E Patient Experience Focus Group on a monthly basis and actions taken to address issues.
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## Service Experience

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### Data quality

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Yes completely</th>
<th>No</th>
<th>No to some extent</th>
<th>This doesn't apply to me</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did someone in the emergency department help get messages to family or friends?</td>
<td>41.1%</td>
<td>91.6%</td>
<td>5.8%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>50.5%</td>
</tr>
<tr>
<td>Did a member of staff explain to you how to take new medications?</td>
<td>23.5%</td>
<td>25.9%</td>
<td>11.7%</td>
<td>1.1%</td>
<td>2.3%</td>
<td>39.6%</td>
</tr>
<tr>
<td>Did a member of staff explain the results of the tests in a way you could understand?</td>
<td>41.1%</td>
<td>41.1%</td>
<td>2.3%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Were you asked to give details of your condition or illness more often than you thought should have been necessary?</td>
<td>28.4%</td>
<td>28.4%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Was the main reason you went to the emergency department dealt with to your satisfaction?</td>
<td>33.3%</td>
<td>33.3%</td>
<td>23.3%</td>
<td>11.1%</td>
<td>11.1%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

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Data quality
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 September. 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 patients arrival to the hospital.

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**Compared to last month**
Data quality

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**Graph**
- Time (minutes)
- Poor performance threshold
- Chart showing time to initial assessment from April 2011 to September 2012.
**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 September's performance is below:-
Median wait – 47 minutes
Max wait – 411 minutes
95th percentile – 149 minutes

| 47 | Median wait for this month |
|    | Compared to last month    | Data quality |

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St George's Healthcare NHS Trust
Consultant Sign-Off

Table 2

<table>
<thead>
<tr>
<th>% of all audited patients</th>
<th>St George's</th>
<th>UK Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>seen by consultant/associate specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>seen by consultant ST4 or above</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>discussed with consultant</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>ED notes reviewed after discharge by consultant</td>
<td>36%</td>
<td>6%</td>
</tr>
<tr>
<td>ED notes reviewed after discharge by consultant ST4 or above</td>
<td>40%</td>
<td>12%</td>
</tr>
</tbody>
</table>

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 next date to be confirmed by College of Emergency Medicine.

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

76% Consultant Sign-Off

Compared to last period

Data quality