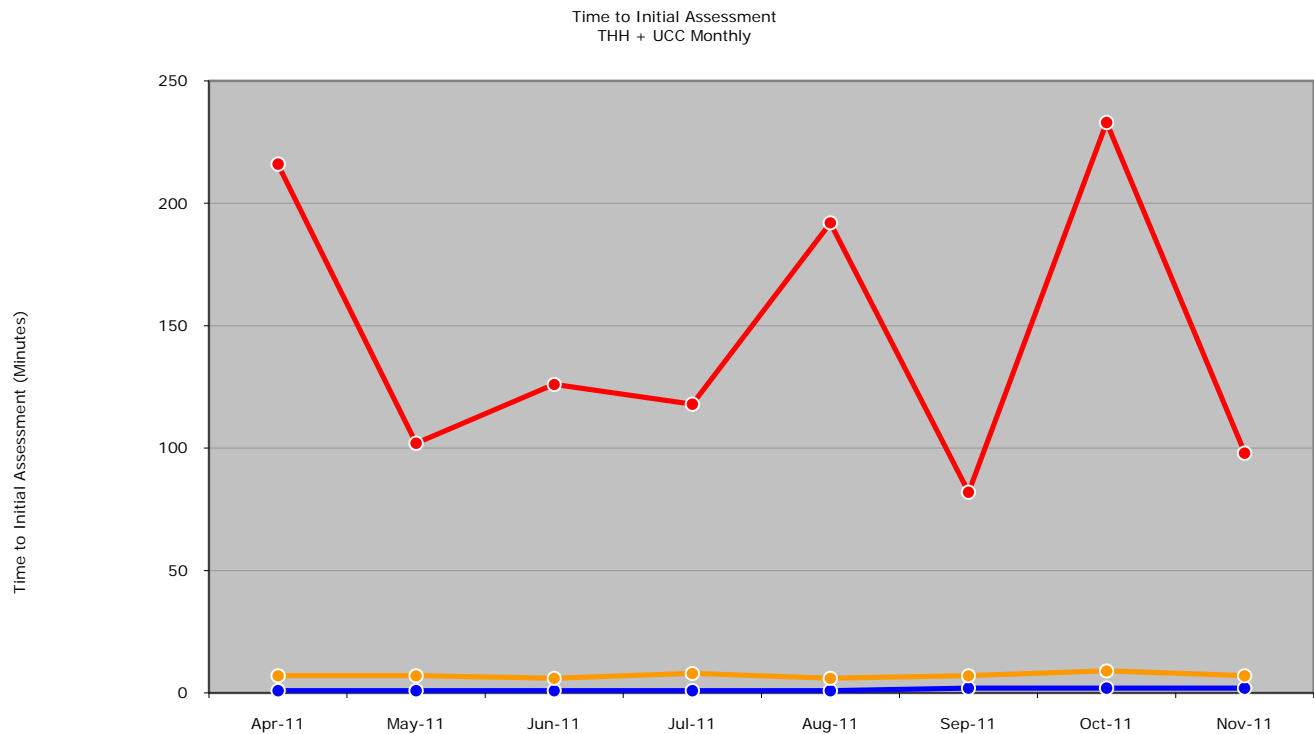


Data Quality

	Month	Year to Date	Comments
Discharge Method	100.0%	100.0%	
Initial Assessment Time for Ambulance Arrivals	93.2%	88.0%	See narrative below
Treatment Time	93.8%	94.1%	See narrative below
Visit Type	100.0%	100.0%	

Urgent Care Centre (UCC) Data

Please note that visit level detail from the UCC has only been available since April 2011. These graphs and percentiles do not include the UCC data prior to April 2011, only April 2011 onwards.



	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011
Median	1	1	1	1	1	2	2	2
95th Percentile	7	7	6	8	6	7	9	7
Maximum	216	102	126	118	192	82	233	98

Time to Initial Assessment

Time to Initial Assessment is measured as the time in minutes from the person's arrival by emergency ambulance until the start of the full initial assessment by a health care professional. This assessment will include a pain score and early warning score.

This aim of this measure is to reduce the clinical risk associated with the time the patients spends assessed in A&E. The standard for this indicator is that 95% patients will have an initial assessment within 15 minutes.

Data Quality

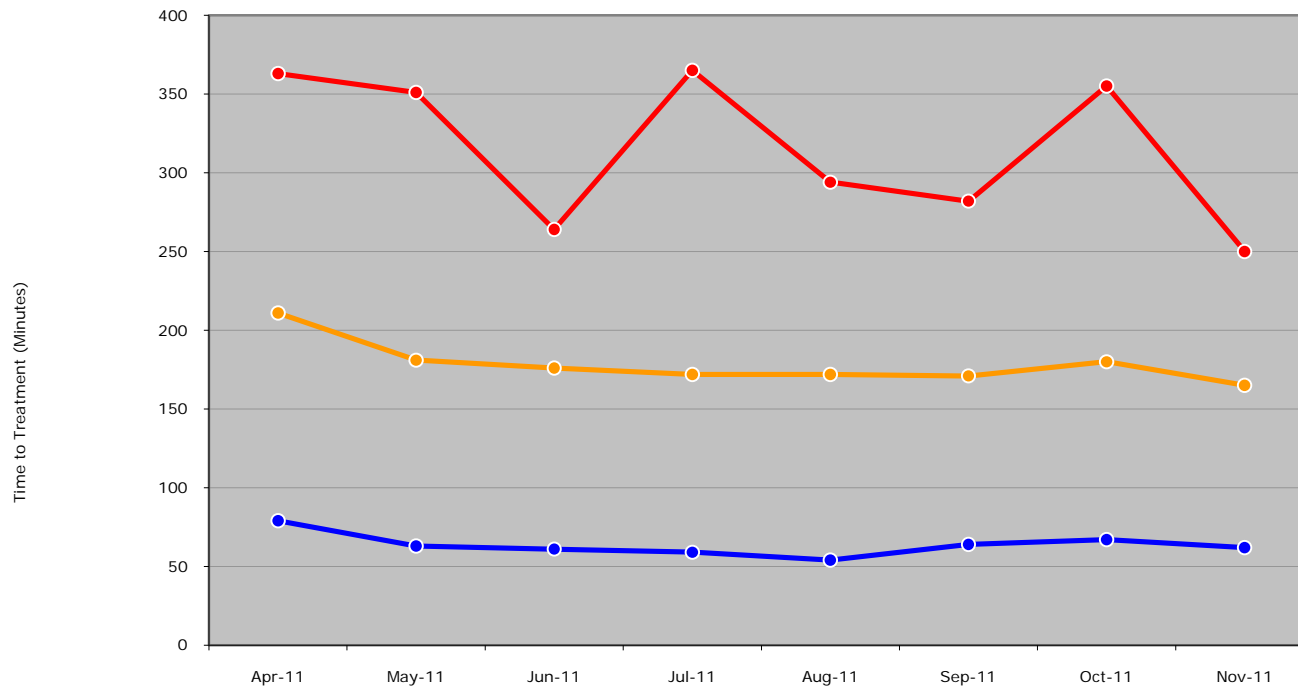
95% of patients should have this data recorded and this is one of the data quality measures that must be met.

In November, 95% of patients arriving by ambulance had an initial assessment within 7 minutes.

Data Quality

Prior to April 2011 this data was not being captured. Since then a process has been introduced to electronically collect an patient's vital signs (e.g. blood pressure, heart rate). This is recorded for all adult patients brought into the A&E Department by ambulance.

Time to Treatment
THH + UCC Monthly



	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011
Median	79	63	61	59	54	64	67	62
95th Percentile	211	181	176	172	172	171	180	165
Maximum	363	351	264	365	294	282	355	250

Time to Treatment

The indicator measures the time in minutes that a patient has to wait following their arrival in the A&E Department to the start of definitive treatment by a clinician who can both decide on the appropriate treatment and is able to discharge the patient.

The aim of this measure is to reduce the clinical risk and discomfort associated with the time the patient spends in A&E before their treatment begins.

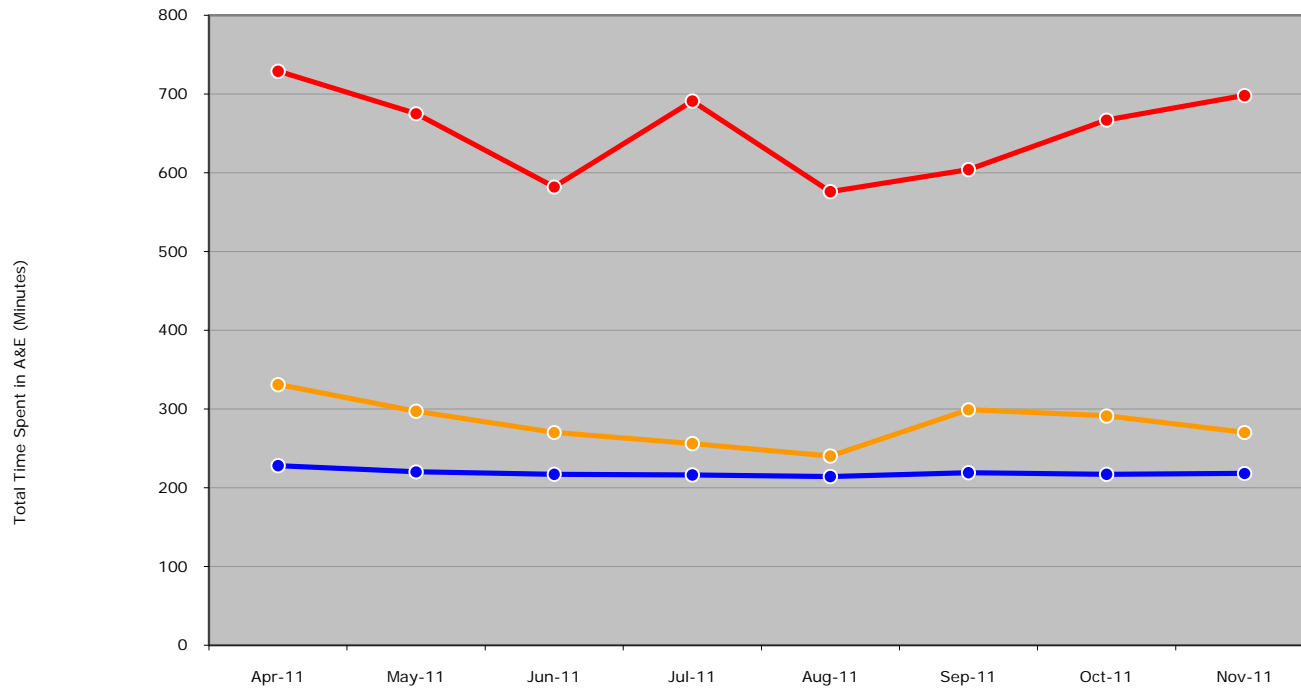
The standard for this indicator is a median of 60 minutes.

Data Quality

95% of patients should have this data recorded and this is one of the data quality measures that must be met.

In November, 95% of patients waited on average 62 minutes from arrival to treatment. There were occasions where patients waited longer than 60 minutes and this is often related to the volumes of patients in the A&E department at one time. We saw a high number of attendances in November for the second month in a row.

Total Time Spent in A&E - Admitted
THH + UCC Monthly



	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011
Median	228	220	217	216	214	219	217	218
95th Percentile	331	297	270	256	240	299	291	270
Maximum	729	675	582	691	576	604	667	698

Total Time Spent in A&E (Admitted)

This indicator measures the time in minutes that patients spend in the A&E Department. This is the total time from when they arrive to when they are either discharged or subsequently admitted to a hospital bed. This particular graph illustrates the information for patients that went on to be admitted to a hospital bed.

The aim of this indicator is to improve the timeliness and monitoring of care to ensure that patients do not have excessive waits in A&E before leaving the department.

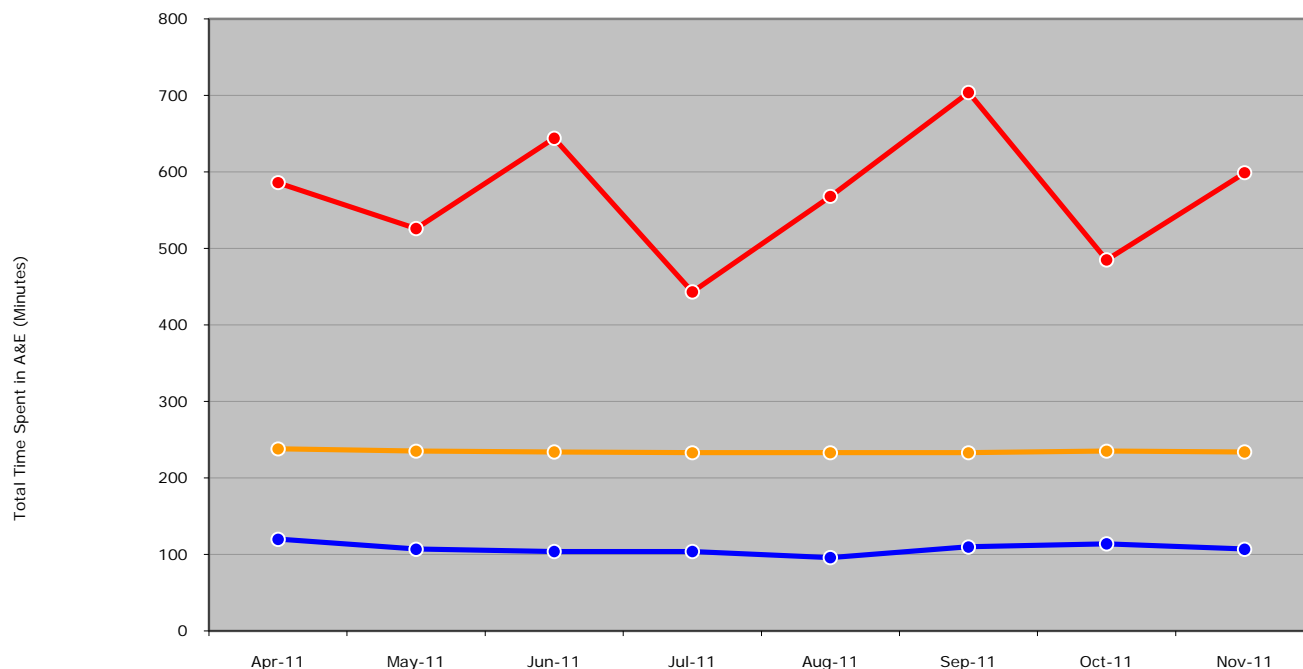
The indicator standard is that all patients should:

- spend a maximum of 6 hours (360 minutes) in the A&E department
- 95% of patients should spend a maximum of 4 hours (240 minutes) in the A&E department

In November, 95% of patients that went on to be admitted had a stay in the A&E department of 270 minutes. This is one of the more challenging indicators as it relies on bed capacity being available in the hospital at all times. In the past this has been more problematic, but recently much work has been done to improve the bed flow in the hospital thereby reducing the wait for an inpatient bed. The hospital also has the ability to open extra beds if necessary.

Another factor is the number of patients presenting to the A&E Department at any particular time. There is a certain amount of space and cubicles within the A&E Department and this can at times lead to patients having to wait longer to be seen. This in turn increases the total time spent in the Department.

Total Time Spent in A&E - NonAdmitted
THH + UCC Monthly



	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011
Median	120	107	104	104	96	110	114	107
95th Percentile	238	235	234	233	233	233	235	234
Maximum	586	526	644	443	568	704	485	599

Total Time Spent in A&E (Non-Admitted)

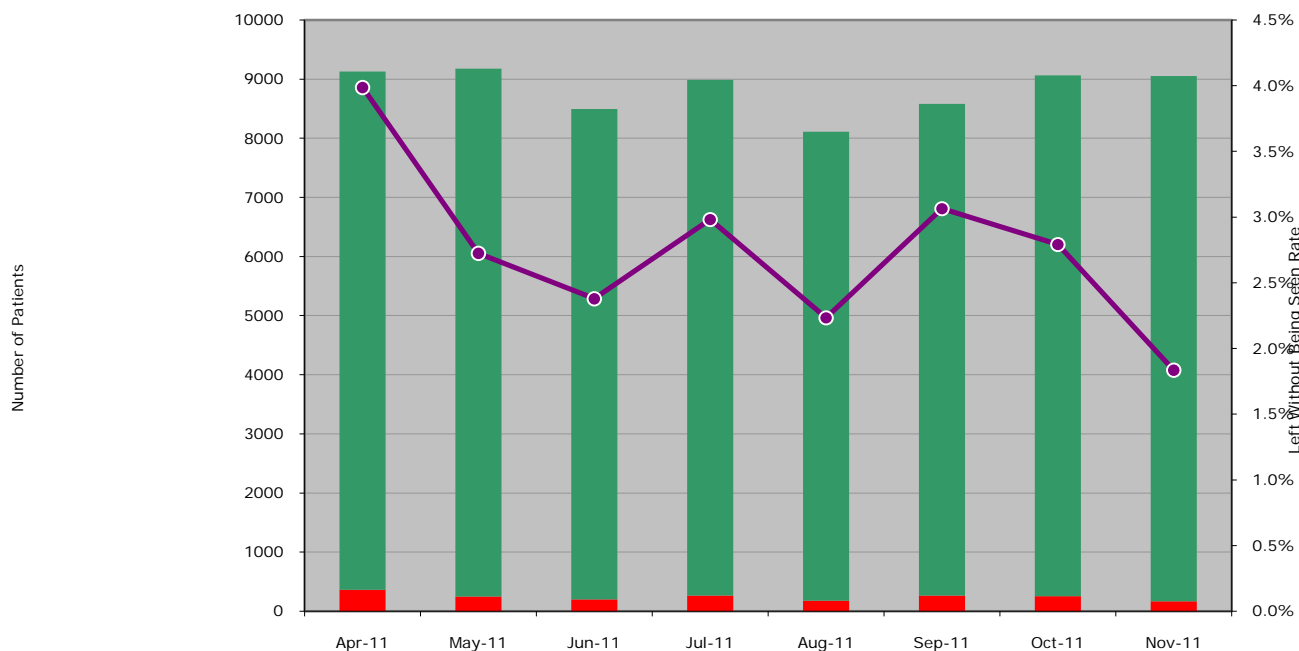
This indicator measures the time in minutes that patients spend in the A&E Department. This is the total time from when they arrive to when they are either discharged or subsequently admitted to a hospital bed. This particular graph illustrates the information for patients that went on to be discharged from the A&E Department. The aim of this indicator is to improve the timeliness and monitoring of care to ensure that patients do not have excessive waits in A&E before leaving the department.

The indicator standard is that all patients should:

- spend a maximum of 6 hours (360 minutes) in the A&E Department
- 95% of patients should spend a maximum of 4 hours (240 minutes) in the A&E Department

In November, 95% of patients not requiring admission were seen and discharged within 234 minutes. As explained above, the number of people attending the A&E Department at one time can adversely affect performance against this indicator.

Left Without Being Seen
THH + UCC Monthly



	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011
Seen	8764	8929	8291	8722	7927	8319	8811	8888
Left Without Being Seen	364	250	202	268	181	263	253	166
Left Without Being Seen Rate	4.0%	2.7%	2.4%	3.0%	2.2%	3.1%	2.8%	1.8%

Left Without Being Seen

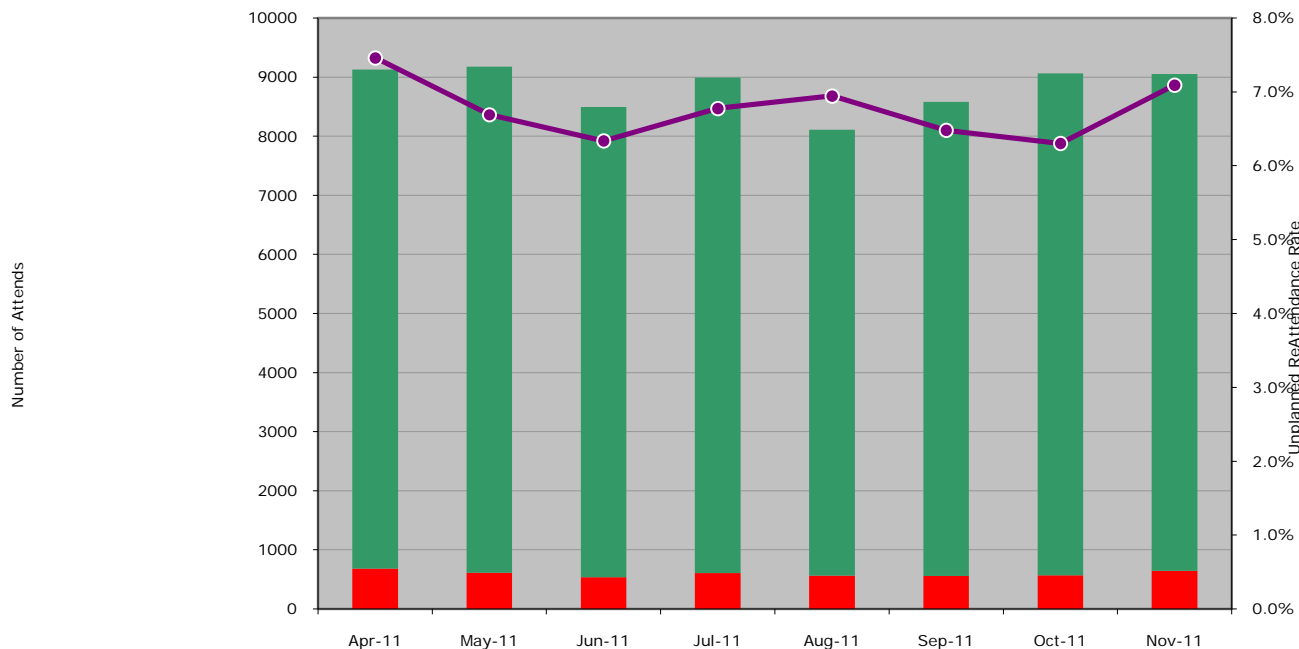
This indicator relates to patients who do not wait to be seen in the Emergency Department.

High rates of leaving before being seen can be associated with perceptions of excessive waiting time in A&E and poorer patient experience.

The standard for this indicator is that less than 5% of patients attending the Emergency Department should leave without being seen.

Our performance against this indicator continues to improve and we are consistently meeting the standard. We endeavour to keep patients informed of their progress within the queuing system of the department. We hope to further improve performance by actively seeking feedback from patients with regard to their experience of the A&E Department.

Unplanned ReAttendance Rate
THH + UCC Monthly



	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011
First Attends	8447	8565	7955	8381	7545	8026	8493	8412
Unplanned ReAttends	681	614	538	609	563	556	571	642
Unplanned ReAttendance Rate	7.5%	6.7%	6.3%	6.8%	6.9%	6.5%	6.3%	7.1%

Unplanned Re-Attendance Rate

This indicator measures the unplanned re-attendance rate at A&E within 7 days of the original attendance.

The aim of this indicator is to reduce avoidable re-attendance at A&E by improving the care and communication delivered during the first attendance.

The standard for this indicator is that less than 5% of patient should re-attend A&E within 7 days on an unplanned basis.

Despite a recent trend of the unplanned reattendance rate reducing, in November our unplanned re-attendance rose slightly. We continue to work to further reduce the re-attendance rate and a clinical working group meet regularly to address some of the issues. Many of the patients that frequently re-attend A&E have complex health needs and are under the care of the acute hospital, primary care and the Mental Health Trust. All these organisations are working together to address this issue and are ensuring that patients know where to go if they need help.

It is recognised that the unplanned re-attendance rate reported here differs to that published elsewhere by the Department of Health. This is due to the differing definitions of re-attendance. Our data shows re-attendances for any condition whereas other re-attendance rates show re-attendance for only the same condition.