

23 June 2011

To: SHA Chief Executives

Cc: All NHS Chief Executives

**Gateway Reference: 16204**

Dear Colleague

**PERFORMANCE MANAGEMENT OF NHS A&E SERVICES USING THE CLINICAL QUALITY INDICATORS**

1. The purpose of this letter is to draw your attention to how the Department of Health will hold NHS trusts to account in 2011-12 in relation to the A&E clinical quality indicators.
2. From 1 April, the A&E clinical quality indicators replaced the four-hour A&E operational standard. The purpose of the set of A&E indicators is to broaden the measurement of quality covering the timeliness and effectiveness of treatment, and the overall patient experience, removing the isolated focus on faster care. These indicators have been included in the 2011/12 NHS Operating Framework where the expectation is for all organisations to continuously drive up performance across the five clinical quality indicators and not slip below agreed minimum thresholds (See Annex A).
3. Data coverage and quality of the A&E Hospital Episode Statistics (HES) data used to centrally collect information on the indicators was poor but we expect providers to have taken steps, since the indicators were published in December, to improve both coverage and quality, so that the data is of sufficient quality to be published nationally and used for performance management and improvement from the beginning of Quarter 2 of 2011/12.
4. Therefore, from the 1 July, we expect compliance with the minimum thresholds set for the five headline measures.
5. To judge compliance against the thresholds, the five indicators will be divided into two groups: timeliness (time to initial assessment, time to treatment and total time) and patient impact (left without being seen and re-attendance). Organisations will be regarded as achieving the required minimum level of performance where robust data shows they have achieved the thresholds for at least one indicator in each of the two groups. In other words, organisations not achieving at least one indicator under both patient impact and timeliness would be regarded as not achieving. However, all these measures are important to delivering high quality care to patients and we expect performance to be above the minimum thresholds.
6. Given the timeliness of the data for performance management and the importance of maintaining grip in this critical year of transition compliance with the minimum threshold for total time in A&E will also be a given for each quarter in 2011/12. This means that we

would add any organisation not achieving the minimum threshold to the group of organisations identified above as not achieving. This should avoid a deterioration in performance in total time.

7. Initially we will use the data on total time in A&E reported in the weekly SitRep. This return reports the percentage of patients seen in 4 hours and although there is a minor difference between this and the 95<sup>th</sup> percentile performance we think the value of more timely data outweighs the small technical differences. We would expect organisations to act on their performance reported under both these definitions to improve services for patients rather than spend time discussing the technical differences.
8. From 2012/13, the expectation would be of on-going improvement judged against a baseline period. During 2011/12, providers and commissioners would be expected to work together to agree their local approach to continuous improvement and the changes in pathways that they will take to ensure improvements take place.

#### National Contract

9. The Acute and Community NHS Standard Contracts 2011/12 (including the 2011/12 Deeds of Variation for Acute and Community standard contracts for 2009/10 and 2010/11) incorporates the minimum thresholds for the five indicators. To take account of the adjustments outlined in this letter the contracts will require amendment in the form of a standard variation agreement that commissioners should agree with providers. The standard variation agreement will follow shortly on the NHS Standard Contracts web page.

#### Data 'Mapping' and Local Publication of Data

10. In publishing performance on total time in A&E, DH are no longer mapping the activity of PCT-run WICs/MIUs to acute providers. This is in line with the principle that providers should report performance on the new A&E Clinical Indicators at site level to reflect the different A&E services that patients would recognise from their experience.
11. However, in the short term, DH will continue to collect and publish weekly A&E SitRep data at trust level and the A&E HES data is currently only mandatory at trust level. Actions are in hand to mandate the reporting of A&E HES at site level.
12. Despite this, we would strongly encourage organisations to publish their local data at site level. We would also encourage organisations where there are integrated services on the same site but provided by two or more different providers to agree for such activity to be reported by a single provider.
13. Publication guidance has now been published on the DH website at [http://www.dh.gov.uk/en/Healthcare/Urgentandemergency/DH\\_121239#2](http://www.dh.gov.uk/en/Healthcare/Urgentandemergency/DH_121239#2) We would strongly encourage organisations to publish their data, where it is robust, as soon as possible, with an expectation that all organisations will be publishing local data by the time July 2011's data is available (in August 2011).

#### National Data Publication

14. Centrally collected performance data on the A&E indicators relating to April 2011 will be published in August 2011. These data will be made available at organisation and national level and will be derived from A&E Hospital Episode Statistics and will then be published each month after that.

#### NHS Foundation Trusts

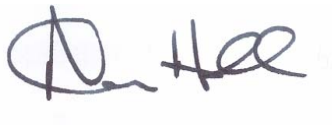
15. Monitor's Compliance Framework 2011-12 sets out the arrangements by which Monitor will incorporate the indicators in its compliance regime for NHS foundation trusts.

## Queries

16. If you require further information in relation to this letter, please contact:

- Policy  
The Urgent & Emergency Care Team  
[urgent&emergency@dh.gsi.gov.uk](mailto:urgent&emergency@dh.gsi.gov.uk)
- Performance  
Paulette Clarke  
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Yours sincerely

A handwritten signature in black ink, appearing to read 'Alan Hall', is positioned above the printed name and title.

**Alan Hall**  
**Director of Performance**  
**NHS Finance, Performance & Operations**

## Annex A

### A&E Clinical Quality Indicators and Minimum Performance Thresholds

<b>Indicators</b>	<b>Performance Management Trigger</b>	
Unplanned re-attendance	A rate above 5%	Patient Impact
Left without being seen rate	A rate at or above 5 %	
Total time spent in A&E department	A 95 <sup>th</sup> percentile wait above 4 hours for admitted patients and with the same threshold for non-admitted	Timeliness
Time to initial assessment	A 95 <sup>th</sup> percentile time to assessment above 15 minutes	
Time to treatment	A median time to treatment above 60 minutes	