
Public Board Meeting 29 September 2011

Performance Measures for Accident and Emergency Services

Presented by: Nick Evans, Director for Partnerships

Background

1. In December 2010 the Department of Health (DoH) published a set of Clinical Quality Indicators applicable to accident and emergency services provided by the NHS. These were intended to replace the 4 hour wait target that has been in use for some years.
2. This paper summarises the new indicators being used, the Trust's current performance against them, and the work in hand to make improvements where necessary.

The New Indicators

3. For some years the NHS has monitored the performance of accident and emergency (A&E) services using measures based on the time taken for patients to pass through each individual service. The most significant of these has been the requirement that patients spend no longer than 4 hours within the service, being either discharged or admitted to a hospital bed within that time. The theoretical target is that all patients are dealt with within this time but an 'operational target' is set to reflect particular needs of some patients which may preclude this. This operational target was set at 98% for some years, but reduced to 95% in June 2010. It applies to all A&E and associated services.
4. The target has always been a high profile one, attracting attention both within the NHS and more widely. It forms a significant part of the Department of Health's (DoH) performance framework, and Monitor's Compliance Framework for Foundation Trusts, upon which the EoE SHA's Performance Management Regime for trusts is based.
5. The new set of indicators looks more closely at the whole of patients' pathways through emergency services, and at outcomes as well as at processes. There are 8 indicators in total, summarised below.

Indicator	Title	Minimum threshold
1	Ambulatory care: the percentage of A&E attendances for cellulitis and DVT that end in admission	
2	Unplanned re-attendance rate: unplanned re-attendance at A&E within 7 days of original	< 5%

	attendance	
3	Total time: the median, 95th percentile and longest total time spent in the dept.	95 th % ile < 4 hours Longest wait < 6 hours
4	Left without being seen	<5%
5	Service experience: narrative summary of work done	
6	Time to initial assessment: to include a pain score and an early warning score for all patients arriving by ambulance	<15 minutes for ambulance cases
7	Time to treatment: time from arrival to seeing a decision-making clinician	Median wait < 60minutes
8	Consultant sign-off: proportion of patients in designated high-risk groups who are reviewed by an emergency medicine consultant before being discharged	

6. Both the DoH and Monitor have said that they would be adopting five of the new indicators as part of their assessment of trusts overall performance with effect from Quarter 2 of 2011-12. These are highlighted in **bold** above. Monitor has subsequently indicated that they are going to delay this change but it is expected to happen in the current year. The DoH has made it clear that it will continue to monitor the 4 hour target as well as the new indicator set.
7. The new indicator set involves collecting and analysing a more complex data set for each patient using all 3 of the Trust's emergency services. Considerable work has been done to ensure accurate and complete data collection. In the longer term (beyond the current contract year) it is expected that a dedicated computer based system will be needed at Watford to closely monitor performance. A project group is developing a specification and assessing potential specialist systems.

Current Trust Performance

8. Work on the new indicators has focused on the 5 that have nationally set minimum thresholds for performance, and on services at Watford. These have been incorporated into the monthly performance report submitted to the Board, and will in due course be adopted by the SHA in its Performance Management Regime (self certification return also submitted to the Board monthly.)
9. Performance over the first 5 months of the current year for the Watford A&E service is shown in Attachment 1. In general information for the first 3 months of the year is of limited accuracy. Information for July and August is of acceptable quality, with the exception of the unplanned re-attendances indicator, where improvements to systems have only recently been made.

10. Of the 5 indicators the Trust is currently performing above the minimum threshold level for 3. It is expected that more accurate information will show the level of unplanned re-attendances to be below the minimum threshold level of 5%.
11. Performance against the Time to treatment target remains above the threshold but has steadily improved over the past 3 months. It is expected that the Threshold level of performance will be achieved during September.

Implications for the Trusts Performance Assessment

12. The DoH Performance Framework for the NHS divides the indicators into 2 groups:

Indicator	Group
Unplanned re-attendance rate	Patient Impact
Left without being seen rate	
Time to initial assessment	Timeliness
Time to treatment	
Total time in dept.	

13. Trusts are regarded as achieving the required minimum standard of performance where they have achieved the threshold for at least one indicator in each of the 2 groups.
14. The SHA Performance Management Regime had incorporated all 5 indicators with effect from Q2, but this change has been put on hold pending Monitors acceptance of the change for the FT Compliance Framework (see 6 above.)

Recommendation

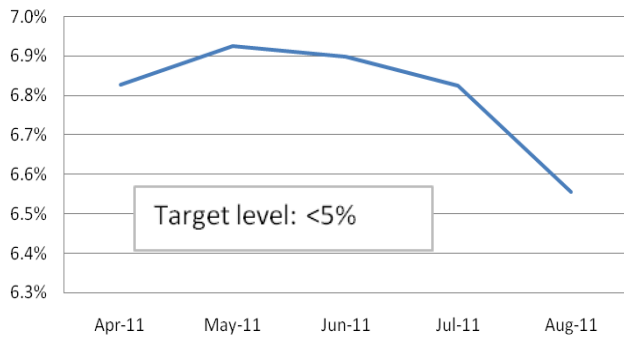
15. The Board is asked to note the changes made to the performance indicators for A&E services, the steps taken to implement monitoring within the Trust, and current performance levels.

Nick Evans
Director for Partnerships

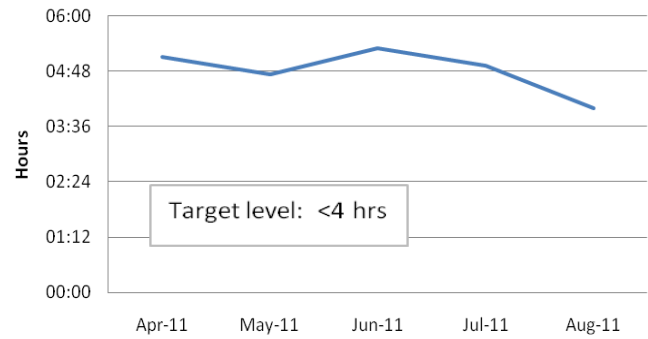
September 2011

ATTACHMENT 1

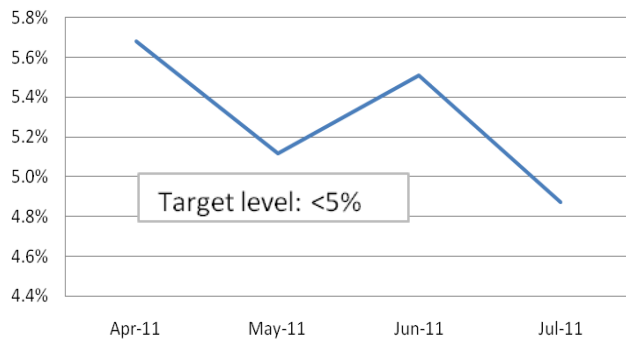
Unplanned reattendances



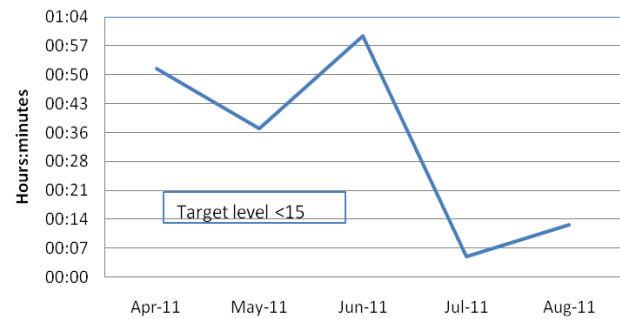
Total time in dept.



Left without being seen



Time to initial assessment



Time to treatment

