

**MEMORANDUM OF UNDERSTANDING MADE BETWEEN
NHS ENGLAND & NHS IMPROVEMENT**

and

[INSERT NAME] TRUST

**Relating to the arrangements regarding participation in the
Clinical Review of Standards field testing of national
urgent and emergency care access standards**

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Approved by

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Name: [Insert Name]
Position: Chief Executive Officer
Date: / /2019

Signed for and on behalf of [Insert Name] Trust

SCHEDULE 1: CONTACT POINTS

For NHS England NHS Improvement National Team

Name	
Office Address	
Telephone number	
Email address	

For NHS England & NHS Improvement Regional Team

Name	
Office Address	
Telephone number	
Email address	

For [Insert Name] Trust

Name	
Office Address	
Telephone number	
Email address	

SCHEDULE 2: REQUIREMENTS OF FIELD-TESTING TRUSTS

This Memorandum of Understanding sets out the details of arrangements that [Insert Name] Trust must ensure are in place both prior to, and during, the Urgent and Emergency Care Clinical Review of Standards Field Test.

The UEC Clinical Review of Standards field test will consist of two six week testing phases. The field tests schedule is set out in Appendix 1.

The exact start dates of Phase 1 and Phase 2 will be agreed between NHS England and field test Trusts through the Operational Field Test Group which includes representation from all field test Trusts.

A number of actions have been required in order to prepare Trusts for the start of the field test. Assurance that these actions have been completed by Trusts is required and will be obtained through the Trust completing the Implementation Checklist that can be found in Appendix 2.

In order to support both the quantitative and qualitative evaluation of the field test some additional information will be required from Trusts to assess whether there have been any unintended impacts as a result of the change in standard.

Additional information across a number of domains may be required. These may include:

- Contextual information regarding the Trust
- Financial information regarding expenditure variation during the field test
- Workforce information
- Internal Trust observations regarding the implementation and impact of the field test
- Staff feedback regarding the field test
- Patient feedback

The full schedule of information required will be shared with Trusts, including timescales for return of this information, once the first phase of the field test is underway.

SCHEDULE 3: DATA REPORTING

3.1 National reporting requirements

During field testing we will be monitoring the new measures so reporting against the 4-hour standard will not be required. This will be applicable from the beginning of the first phase of the field test. This includes both daily and monthly reporting.

Daily reporting: When submitting daily Sitrep information Trusts should not include the number of breaches on the Sitrep report. All other fields within the Sitrep should be included. The number of breaches field should be populated with a zero, in order to enable a successful submission.

Monthly reporting: Trusts have submitted their monthly A&E return as normal for the reporting month of May, which contains April data. Further detail regarding how this should be submitted from June publication onwards i.e. relating to May data and therefore encapsulating the start of field testing, will be communicated in due course.

The following standards will be monitored instead of the 4-hour standard. These are:

Time to Initial Assessment. This will be measured against the time a patient spends in a department before they receive a meaningful clinical assessment that enables the patient to be directed to the most appropriate care stream for their clinical need.

As this standard is not currently measured and reported in this way, during phase 1 Trusts will not be monitored against any standard.

Data collected during Phase 1 of the field test will be used to determine a standard against which Trusts will be monitored during Phase 2.

Mean Time in Department. This will be measured as the mean time in department of all patients who are discharged, admitted or transferred during the reporting period.

During Phase 1 of the field test performance will be monitored against a baseline that will be determined based upon the mean time in the Trust as reflected in Appendix 4.

During Phase 2 all field test Trusts will have their performance monitored against a standard that will be defined by NHS England based upon the evaluation of Phase 1.

Same-Day Emergency Care (SDEC). As this standard is not currently measured, during phase 1 the focus will be on informing the coding and counting re-design within the SDEC Programme to establish a standard.

During Phase 2 it is the intention that performance against the evolving SDEC standard will be monitored where practical.

Critical Hour Standards. The critical Hour Standards set out in the Clinical review of Standards Interim Report are still in development. Performance against these proposed standards will, therefore, not be measured during phase 1.

During phase 2 it is the intention that performance against a number of these standards will be monitored.

During field-testing an additional daily operational Sitrep will be submitted on every working day covering performance against these standards during the previous calendar day(s). This mirrors the current reporting cycle of the existing daily Sitrep. The required additional Sitrep is described in Appendix 3.

During field testing an ECDS submission will be required on every working day. Each submission should include the calendar day(s) prior to submission.

We would expect Monday submissions to include data for the previous Friday – Sunday. Should there be a bank holiday, we would expect this to occur on the next working day i.e. Tuesday.

Following the conclusion of Phase 1 of the Field-Testing there will be a brief evaluative pause during which time standards for Phase 2 will be agreed. **During this pause Trusts will continue with the reporting arrangements described above.** Trusts will not, therefore, be required to reinstate reporting against the 4-Hour standard during this period.

3.2 Local reporting requirements

Trusts will be expected to monitor and manage their performance against the Field-Testing metrics.

Performance against these metrics should also be reported to local commissioners.

Performance against these metrics should not, however, be publicly reported. This includes at Public Board Meetings.

If forums in which performance is discussed are subject to release of minutes under Freedom of Information legislation, then minutes are to be redacted.

SCHEDULE 4: CONTRACTUAL PERFORMANCE REQUIREMENTS

During Field Testing Trusts will not be required to report performance against the 4 Hour standard to local commissioners. Trusts will, however, report performance against Field Testing standards (see 3.2).

All other indicators relating to A&E performance should continue to be reported to commissioners through ordinary reporting arrangements.

Normal escalation processes should be continued. As the number of 4-Hour breaches is just one indicator of system pressure it is expected that sufficient information will be available to maintain oversight and escalate appropriately, including the mean average time in department, to inform appropriate system actions.

We will work to support all field test Trusts to receive assurance from their commissioners that they will not enforce any contractual penalties as a result of not reporting 4-hour performance data, during the field test period.

Where Trusts have agreed performance improvement with their commissioners based upon 4-Hour performance then other measures, including mean average time in department, should be used. Regional and National teams will be able to support local systems in agreeing appropriate improvement targets if necessary.

If Trust performance falls below the standards agreed, then commissioners will work with Trusts to address performance standards in the usual way. It may be necessary to agree improvement trajectories against the field test standards.

It is acknowledged that, given the nature of using an unfamiliar target, it may be difficult to agree appropriate improvement trajectories. Should the implementation of an improvement trajectory be required then support will be available from NHS England to develop realistic trajectories.

SCHEDULE 5: PATIENT SAFETY DURING THE FIELD-TEST

Patient safety is critical during field testing, and we expect you to make use of normal governance and incident reporting procedures to capture any patient safety issues. In addition to this, should Trusts have any safety concerns that relate directly to the field-testing process we ask that these are raised with regional teams for further discussion.

It is the responsibility of the Trust to take appropriate action and inform us if at any point you feel the Field-Testing process is having any implications with regard to patient safety.

Clinical staff know their departments better than anyone and may recognise unanticipated consequences or areas of concern (e.g. longer waits in specific patient groups, or an increased tendency for patients to leave the ED without being seen). Trusts should therefore feel able to raise concerns at any time, as well as through existing formal incident reporting channels.

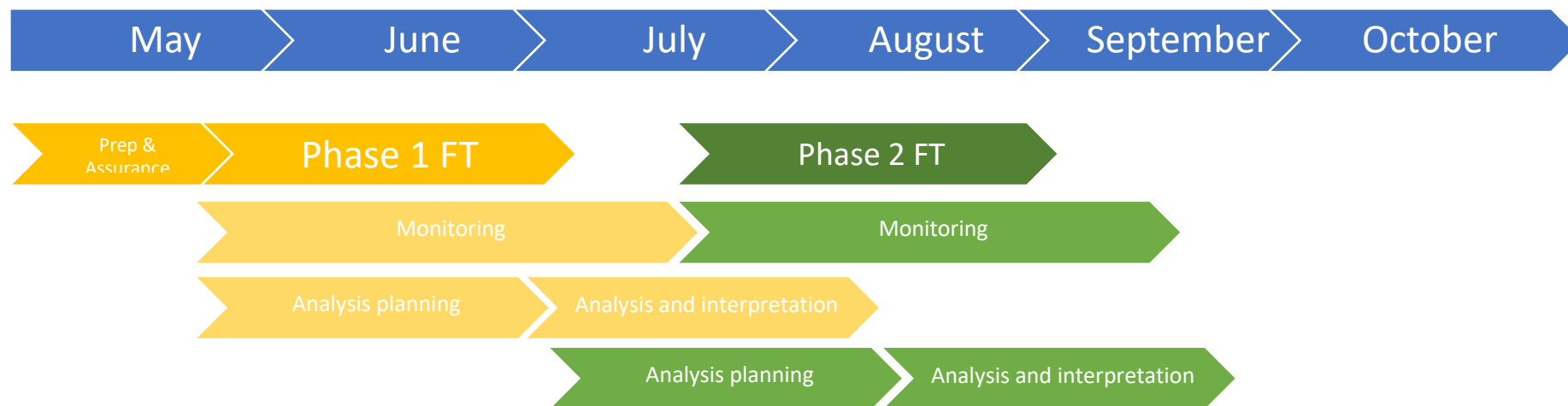
SCHEDULE 6: COMMUNICATION

As with any trial, there will be a number of interested parties locally which we would expect you to keep informed – in particular patients and the public, staff, local MPs, senior councillors and other stakeholders. This does not include the sharing of any interim data, so as to avoid mis-interpretation.

Trust communications teams are best placed, working with colleagues, to determine how best to keep each of these groups informed. Teams should however record, and expect to provide, a record of communications activity covering which groups have been communicated to and when.

The NHS National Communications Team will facilitate regular catch-ups with communications leads from all Trusts and provide support as required. Trusts should ensure that their communications teams are participating in these catch-ups, and raising any issues requiring immediate attention as soon as possible outside of these catch-ups.

Appendix 1: Field Testing Schedule



The ambition is to begin Field Testing during the week commencing the 20th May.

Following a short period of analysis in order to derive a single performance standard the second period of Field Testing will commence.

Appendix 2: Implementation checklist

Site name	A&E type (1/2/3)	Submitting ECDS (frequency in days)	Ready to Submit SITREP(2) - (Y/N)	Baseline Data Shared and Established (Y/N)	Upper reference mean time in department standard established for Phase 1 Period ¹ (mins)	Lower reference mean time in department standard established for Phase 1 Period ² (mins)	Communication Plan ³ Underway (Y/N)	Trust is content with patient safety arrangements described in Schedule 5	Real-Time Data: The Trust has visibility of the new metrics in place for the first field test phase, from within the ED and key site operational hubs (Y/N)

¹ Based upon mean time in department achieved during the 6 weeks to the end of April 2019

² Based upon mean time in department achieved during the equivalent 6 week period in 2018

³ Commensurate with the Communications briefing materials already shared, conscious of range of stakeholders both internal and external

Appendix 3: Sitrep 2

UEC Clinical Review of Standards Field Testing Daily Sitrep

Please complete and return form to england.nhsdata@nhs.net by 11am the following day.
Weekend returns should be submitted by 11am on the following Monday.

Trust:

Select provider

Period:

Site Code	Site	Department Type	All Patients								
			Attendances			Total time in A&E (mean)			No. of 12 hour waits from time of arrival in department		
			Admitted	Non-Admitted	Total	Admitted	Non-Admitted	Total	Admitted	Non-Admitted	Total
1	#N/A	#N/A			0			#DIV/0!			0
2					0			#DIV/0!			0
3					0			#DIV/0!			0
4					0			#DIV/0!			0
5					0			#DIV/0!			0
6					0			#DIV/0!			0
7					0			#DIV/0!			0
Trust Total		All	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0

Appendix 4: Baseline Means

		22May18-02Jul18		20Mar19-30Apr19	
Site/Trust name	A&E type	Mean This Time Last Year	Attendances	Mean 6 weeks to End April 19	Attendances