Urgent and emergency care winter incentive – operational measurement guidance

The NHS winter letter published 27 July introduced the incentive scheme for providers with a Type 1 A&E to achieve even better performance over the second half of the year in return for receiving a share of a £150 million capital fund in 2024/25.

Capital money will be allocated to providers achieving the required performance levels. To be eligible for a share of this fund providers must:

- have a Type 1 A&E department,
- achieve an average of 80% all-type A&E 4-hour performance over Q4 of 2023/24,
- complete at least 90% of ambulance handovers within 30 minutes from arrival of the ambulance during Q3 and Q4 of 2023/24 (with 95% or more handovers having a valid handover time),
- improve performance in the above areas compared to winter 2022/23.

We expect that these targets will be delivered by:

- increased focus on faster handover of patients and release of ambulances,
- reducing the time patients spend in A&E – with a specific focus on reducing the % that spend more than 12-hours in A&E,
- improving hospital flow, including reducing discharge delays in collaboration with local social and community care providers.

Providers should already be putting measures in place which will contribute towards reaching these. We recognise that these are stretching targets but know that many providers will be able to achieve these to help the NHS as a whole make greater headway towards improving care for patients.

Financial Guidance

If the eligibility criteria above are met, providers will be allocated a share of a £150m capital fund.

This capital allocation will form part of the provider operational capital allowance, and providers will be responsible for deciding how this is spent.

A&E data

We will use all types A&E performance from the published Monthly A&E Attendances and Emergency Admissions data to identify those providers with a Type 1 A&E who achieve 80% all-type A&E 4-hour performance over Q4 2023/24. Performance will be assessed at acute Trust footprint level and will therefore include any Type 3 activity mapped to the Trust.

Reductions in the percentage of patients spending 12-hours in A&E will be monitored via the 12-hour element of the Supplementary ECDS Analysis publication.

Ambulance handover data

We will use ambulance handover data from the Daily Ambulance Collection to identify those providers with a Type 1 A&E who complete at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

We want to ensure that there is a standardised approach to collecting data and so ambulance services will be required to adopt the following definitions in AQI submissions, the Daily Ambulance Collection and all other handover reporting to ensure a consistent approach nationally.

Cohorting

Cohorting is defined as the handover of patient care to other ambulance service clinical colleagues prior to the formal handover to the hospital. It takes place when ambulance service clinical colleagues at the hospital take over the care of conveyed patients arriving in a different ambulance, to release the arriving crew to attend other incidents. This will usually be inside the hospital and could be one ambulance crew looking after several patients simultaneously. This type of cohorting is only applicable where patients are transferred between ambulance crews (or sub-contracted ambulance service provision). It **does not** include cohorting by the hospital.

Patients being cohorted by ambulance services are not considered to have had their care transferred to a hospital.

Recording handover clock start and clock stop

The Standard NHS Contract https://www.england.nhs.uk/nhs-standard-contract/ technical guidance https://www.england.nhs.uk/nhs-standard-contract/23-24/ provides high-level definitions for how handovers should be recorded. Further clarifications and additional guidance are provided here.

Handover clock start:

Standard Contract Definition

When ambulance wheels stop in the patient offloading bay (handbrake applied and ‘Red at Hospital’ button is pressed on the Mobile Data Terminal (MDT)).

Additional Guidance

If an ambulance stops in the queue for the patient offloading bay this also counts as clock start.

Geofence times can also be used for clock start. Where both the ‘Red at Hospital’ button press and geofence data points are present and valid, the earlier time should be used.

Ambulance services must ensure their geofence trigger matches the ambulance waiting area at the hospital, to avoid incorrect early time triggers.

Handover clock stop:

Standard Contract Definition

The time at which clinical handover has been fully completed and the patient has been physically transferred onto hospital apparatus. Ambulance apparatus must have been returned enabling the ambulance crew to leave the department.

Additional Guidance

Handover times should be agreed and recorded jointly between the ambulance service and hospital at the time of handover.

Where no handover time is recorded jointly, the handover time recorded by the ambulance crew on vehicle systems should be used. Where no handover time is recorded by either provider, this should be reported as missing data. The data on the number of missing handovers will be reported and should be routinely shared with hospital trusts to improve reporting and data quality.

Note that crew clear time **should not** be used as a proxy for the length of handover when a handover time is missing.

Operational (resource) Measures for inclusion in the AQIs will define the clock stop time as:

- Where the patient is clinically handed over to the care of the hospital from the conveying vehicle, or
- Where the patient is transferred to an ambulance cohorting function from the conveying vehicle, the clock stop is the time the conveying crew handover to the ambulance cohort function who take over clinical responsibility of the patient, enabling the conveying crew to leave the hospital.
- Where patients may have transferred to a second vehicle due to shift change, the clock stop is the time the second ambulance crew handover the patient’s care to either an ambulance cohort or to the care of the hospital.

Accountability and review

Colleagues in commissioning organisations responsible for ambulance contract management are asked to review the current contracting arrangements around Clock Start and Clock Stop recording and how cohorting is reported to ensure compliance with the national definitions.

Over the coming weeks, the AQI Data Specification will be updated to reflect the definitional collection of ambulance to hospital handover metrics, and we will commence consultation with stakeholders and implementation with ambulance services to ensure that key metrics are included in data submissions.

As we continue to progress through to implementation and publication of defined hospital handover metrics, systems should continue to monitor and review local handover data.