To: NHS England Area Directors

Copy: CCG Clinical Leaders
     CCG Accountable Officers
     NHS England Regional Directors

Dear Colleague,

DELIVERY OF THE A&E 4 HOUR OPERATIONAL STANDARD

Long waiting times in A&E department, often experienced by those awaiting admission and hence ill patients, not only deliver poor quality in terms of patient experience, they also compromise patient safety and reduce clinical effectiveness.

You will be aware of the pressure the urgent and emergency care system is experiencing at the moment and the effect that this has had on the operational standard for A&E (95% of patients admitted transferred or discharged within 4 hours). This operational standard is designed to deliver patients’ rights under the NHS Constitution.

In Everyone Counts: Planning For Patients 2013/14 we reinforced the NHS Constitution commitment and as such it will be part of our approach to CCG Assurance. In addition, Everyone Counts sets out that no patient should wait more than 12 hours on a trolley in an A&E department and commissioners are empowered to take action against providers that breach this condition.

In its oversight role of commissioning NHS England will coordinate the production of local recovery and improvement plans. NHS England, Monitor and the NHS Trust Development Authority (TDA) have put in place a tripartite agreement which will provide regional and national oversight to the delivery of these plans. We will also work closely with CCGs at national level, as well as with key partners from local government.

Together, we have agreed a national recovery and improvement plan to secure

High quality care for all, now and for future generations
the timeliness of treatment for our patients. This plan is attached and describes
the actions expected of Area Directors to facilitate a local partnership approach
and system plan. As lead commissioners, CCGs will wish to support their
providers to ensure that each A&E department that is not within the NHS
Constitution threshold can recover its position at the earliest possible time. This
will require the development of local recovery and improvement plans centred
around each A&E department. I am, therefore, asking each Area Director to
facilitate the preparation of these plans by CCGs for each A&E department on
your patch. The national recovery plan sets out how the local recovery and
improvement plan can be developed in partnership between commissioners and
providers.

You will appreciate the urgency to secure recovery as soon as possible and as
such I would ask you to ensure the setup of your local Urgent Care Boards and
local agreement of all recovery and improvement plans by 31 May 2013 and for
them to be sent to your Regional Director by that date. Regional teams will then
work in partnership with the regional arms of Monitor and the NHS TDA to ensure
mutual understanding and oversight of the delivery of the local recovery and
improvement plans. The national tripartite performance oversight team, working
with local government and CCGs will ensure a coordinated national approach to
this process.

Yours sincerely,

Dame Barbara Hakin
Chief Operating Officer/Deputy Chief Executive