



Trust Board Meeting				29 May 2012	
<b>Title</b>	A&E Performance Monitoring & Review Group – Final Report			<b>Paper Ref</b>	PB.121 3.08.6
<b>PURPOSE (X)</b>	<b>Information</b>		<b>Strategic Objective</b>	<b>Business Plan Objective</b>	
<b>Approval</b>	<b>Decision</b>				
<b>Assurance</b>	X	<b>Discussion</b>	Quality		
<b>Purpose of the paper</b>	The purpose of the paper is to propose that the group has now fulfilled its terms of reference and can be disbanded.				
<b>Recommendation</b>	The group therefore recommends that its task and finish terms of reference have been fulfilled and that it should be disbanded with immediate effect.				
<b>Author</b>	Roger Holmes Non-Executive Director	<b>Accountable Director:</b>	David Williams Interim Director of Operations		
<b>RISK ASSESSMENT</b>				<b>Yes</b>	<b>No</b>
<b>Changes to the Corporate Risk Register and/or Board Assurance Framework</b>					X
<b>Resource Implications</b>					X
<b>Legal implications</b>					X
<b>ASSURANCE/COMPLIANCE</b>					
<b>CQC Registration Outcome(s)</b>	<b>Auditors' Local Evaluation</b>		<b>NHSLA Risk Management Standards for Ambulance Trusts</b>		

## **1. Purpose**

- 1.1 The A&E Performance Monitoring & Review Group is a task-and-finish group which has been functioning in broadly its present form since 2008. The purpose of this report is to propose that the Group has now fulfilled its terms of reference and can be disbanded.
- 1.2 The Group's latest terms of reference are attached. The NED element of its membership has remained constant throughout the period, whereas the executive membership has changed several times, most recently when David Williams acted up to the post of Director of Operations.
- 1.3 Although the prime focus of the Group has been on A&E performance, it has been asked to consider other issues from time to time, notably the PTS service improvement plans and the preparations for possible pandemic flu. This report concentrates on A&E performance and in particular on whether the improvement in Red 1 and 2 (previously Category A) response times has been sufficient and sustainable to enable the Board to rely on the permanent mechanisms of monitoring and review for gaining assurance in this area. However, analytical detail of performance has not been included, as the Board has seen this separately in its drill-down on A&E performance on 18 January 2012 and in the monthly IPRs.

## **2. Functions of the Group**

- 2.1 The Group has met fortnightly initially and then monthly (with a few gaps) and on each occasion has reviewed A&E performance data in detail, and, since the rise in sickness absence in 2010, has received and discussed monthly absence reports. It has been consulted about annual A&E Operational Improvement Plans and has reviewed progress in implementation. It has also from time to time dived in more detail into specific aspects of performance, including status plan management, EOC developments, rota reviews, resilience planning and community first responders.
- 2.2 The role of the NEDs has been to monitor, challenge, give advice from their own operational experience and provide feedback to other Board members, both in Board meetings and separately to the Chairman and other NEDs as appropriate. Although NEDs would not normally become involved in operational detail to such a degree, the issues surrounding the non-achievement of the required 75% within 8 minutes response rate by YAS were so critical to the survival of the organisation and the welfare of its patients that this extra layer of scrutiny was judged to be necessary.

### **3. Trend of Performance**

3.1 Since the introduction of Call Connect, the Category A / Red 1 and 2 performance of YAS has improved as follows :-

2008/09	69.1%
2009/10	70.8%
2010/11	73.7%
2011/12	75.7%

In addition, the targets set by the commissioners in the last quarter of 2011/12 to achieve 75.0% for the Airedale Bradford & Leeds Cluster and 71.2% for the North Yorkshire & York Cluster for the full year have been achieved.

3.2 This improvement has been achieved against a trend of continuing increases in demand:-

2008/09 – 2009/10	6.1%
2009/10 – 2010/11	3.9%
2010/11 – 2011/12	3.1%

3.3 On the other hand, the annual targets set by YAS for systems efficiency improvement have not been fully achieved, resulting in higher-than-planned levels of overtime. There has still been an increase each year in systems efficiency with 2011/12 3.9% more efficient than 2010/11. In addition, it should be noted that the underlying trend of performance improvement has been somewhat distorted by the severe winters of 2009/10 and 2010/11.

### **4. Specific areas of improvement**

4.1 Amongst the actions contributing to the performance improvement, the following have , at least in part, been influenced by discussions within the Group :-

- A step-change improvement in the quality and volume of data available to assist in managing the operations
- Better communication of this information to the PCTs, which has helped to remind them of the role they can play in improving performance, e.g. in creating alternative pathways to reduce hospital admissions
- Faster vehicle deployment through (for example) better standby arrangements and use of RRVs
- Changes in the EOC to enable times for call connect to vehicle mobile to be significantly reduced
- More pro-active management of the causes of abstractions including sickness
- Focus on performance shortfalls at CBU level and local remedial actions.

- 4.2 It should be emphasised, however, that the Group has not taken on any management role, and responsibility for these and many other operational improvements has resided with the A&E management team reporting to the Chief Executive and supported by other key service departments such as HR, Fleet and Estates.

## **5. Lessons Learned**

- 5.1 The Group would like to place on record a number of lessons which arise from its work and which are being taken on board by Operations management in seeking to sustain and improve performance in the future :-
- Operational Improvement Plans can and should be delivered more quickly than in the past. This is achievable by making the plans less complex; focusing on a limited number of changes which contribute most to performance improvement; ensuring that implementation plans are practical and clearly timetabled; and defining accountability for delivery
  - In particular, rota reviews need to follow these guidelines and to become part of the normal management process when specific problems are identified at local level
  - Additional measures to tackle sickness absence need to be identified (e.g. through benchmarking with other organisations) and implemented in order to underpin sustainability of performance
  - As the quality and volume of management information has been transformed, the data needs to be visible to, and used pro-actively by, managers at all levels
  - The shift in the relationship with commissioners from adversarial to collaborative must continue, and the formation of a Joint Transformation Board is an encouraging sign.

## **6. Sustainability**

- 6.1 As 2011/12 is the first year in which YAS has achieved the 75% target, there are clearly risks to the sustainability of performance at this level. These include bad weather for a lengthy period; industrial action; a cutback in funding from the commissioners; and a failure of the local health economy as a whole to manage future demand effectively. However, the Group believes that there are grounds for reasonable assurance of sustainability:-
- Response times have been on an improving trend, as set out above
  - Improvement has been achieved without compromising quality, as demonstrated by the relevant CPI and AQI results so far
  - The commissioners' approach to the contract negotiations for 2012/13 has been positive, though requiring implementation of challenging cost improvement and CQUINS programmes

- There is considerable potential for further improvement based on such measures as enhanced clinical triage, intelligent deployment, better resource modelling, changes to working practices and increasing levels of non-conveyance to hospital. Action is already under way in these areas, taking account of the lessons listed in 5.1 above.

6.2 Assurance can also be gained from the current development of the management structure in delegating greater responsibility and accountability to Locality Directors and their teams and in progressing towards full service-line management and reporting. This will facilitate Board and TEG scrutiny of performance through the IPR.

## **7. Recommendation**

7.1 The Group therefore recommends that its task and finish terms of reference have been fulfilled and that it should be disbanded with immediate effect.