



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 25 MARCH 2015

REPORT OF EAST MIDLANDS AMBULANCE SERVICE

DEVELOPING OUR STRATEGIES

Purpose of report

1. The purpose of this report is to provide the Committee with information regarding the development of a number of key strategies to enable the East Midlands Ambulance Service (EMAS) to achieve its long term plans.

Policy Framework and Previous Decisions

2. In October 2014 the Chief Executive of EMAS wrote to stakeholders to ensure they were aware of the development of a number of key strategies to help us achieve our long term plans. The documents were published on our website and the strategies have been discussed at our public Trust Board meetings (we promoted discussion via our Twitter hashtag #EMASLive).
3. The strategies are being developed together and in line with the strategic objectives contained in our Better Patient Care and draft five-year plans, so that the full set will support what we want to do.

Background

Improving patient care

4. EMAS is a healthcare provider; providing emergency and urgent healthcare on the move and in the community.
5. It is our vision to play a leading role in the provision, facilitation and transformation of clinically effective urgent and emergency care delivered by highly skilled, compassionate staff, proud to work at the heart of their local community.
6. This means it is our ambition for EMAS to act as the co-ordinating NHS organisation at the centre of the system; either providing care directly or sign posting or referring patients to the best service to support them in their homes and the community, reducing admission to hospital where appropriate.
7. The proposed future operating model is designed to ensure the most appropriate and effective response to meet the needs of our patients and / or the referring clinicians. Put simply, supporting delivery of the right care, with the right resource, in the right place and at the right time.
8. It is our belief that this will support the wider-NHS across the East Midlands, e.g. by aligning our thinking with that of the local health and social care five-year

transformation plans we want to be able to deliver a locally focussed service, with regional resilience.

Our immediate focus

9. To support our vision, our draft five-year plan maps our transformation ambition from a mainly emergency focused service (e.g. blue lights and sirens) in 2014/15, to the future model whereby EMAS sits at the centre of the urgent and emergency care system.
10. We recognise the historical challenges faced by EMAS in relation to quality, performance and finance and our immediate focus is on the delivery of key performance and clinical indicators - see <http://www.emas.nhs.uk/about-us/ambulance-quality-indicators/> for more details. This allows us to 'perform' on a sustainable basis, ensure Care Quality Commission (CQC) compliance and to build confidence in EMAS as a credible and reliable provider of urgent and emergency care services.
11. The right change doesn't happen overnight and we are in no doubt that we continue to face significant challenges, however we are moving in the right direction. Here's a summary of some of the significant steps taken so far (there is much more work going on behind the scenes and we look forward to sharing more with you as we progress):
12. The national Ambulance Quality Indicators (AQI) help measure the level of clinical care provided by all UK services. We've improved care and treatment for people in cardiac arrest or who are suffering a heart attack. The recently published AQIs show that we were hitting 13-15% for ROSC rates (return of spontaneous circulation activity after cardiac arrest and the presence of a palpable pulse or a measurable blood pressure upon arrival at hospital) at the start of 2014 (we hit 16.2% for 2013/14). For August and September this year we reported over 22%. A significant improvement, particularly given the distance we need to travel to get to these patients to specialist units.
13. We will start to receive the first supply of our new ambulance vehicles shortly – 29 double crewed ambulances, 12 fast response cars and six training vehicles by March 2015.
14. Career progression opportunities are getting better for colleagues at EMAS, for example, we have Emergency Care Assistants (ECA) training to become a paramedic and we are re-establishing the technician role (technicians are able to carry out a wide range of clinical procedures as part of their life-saving role). Many of our apprentices go on to gain full-time employment at EMAS. This is not the only career development we want to introduce and the Executive team are currently looking at what other opportunities we can provide here at EMAS.
15. EMAS scored very well in the NHS Protect Violence against Staff Audit results, with a final rate of 93.81% - a higher rate than our previous record and one of the best rates across the whole NHS. It's of huge concern that colleagues are still being assaulted, however it is of some comfort that, together with colleagues in the Police and Prosecution Service that we bring justice to those who commit a crime against our colleagues

16. Critical to the continued improvements at EMAS is the appointment of key, substantive leadership roles in the Executive Director team, and we've been pleased to welcome several directors who have been recruited substantively with the full support of the NHS Trust Development Authority. You can read about these posts by visiting <http://www.emas.nhs.uk/about-us/emas-aspect/emas-aspect-2014/emas-aspect-37-august-2014/>
17. In addition, we have this month recruited Dr Bob Winter, critical care consultant at the Queen's Medical Centre in Nottingham, to our Medical Director post. Bob has most recently worked as medical lead for the Mid-Trent Critical Care and East Midland Trauma Networks implementing integrated systems to get patients in to the right place first time for critical treatments. He has also worked for NHS England as National Clinical Director of Critical Care, and is well known by many of our frontline colleagues having worked at EMAS as a Medical Incident Advisor for a number of years. We look forward to welcoming him to his new role in the New Year.
18. Having the right, consistent leadership in place will continue to offer EMAS much needed stability.
19. Our reputation with external partners and the public is improving – an audit conducted this summer showed that of the 3,000+ responses 80% felt EMAS has a positive reputation, with 73% saying it has got better over the last 12 months. Compared to complaint numbers, we continue to receive many, many more compliments about the services we provide.

Proposals/Options

Developing our strategies

20. Over the last couple of months our key strategies have been brought to our Board meetings for comment or approval. You can access all the paperwork by visiting our website – details of the relevant meeting paper file name and the link to access them are included below.
21. During January and February, whilst developing our strategies further, we will continue to talk with and listen to our colleagues and key stakeholders.

Consultation

Developing our Clinical and Quality Strategy

22. Patients are at the centre of all our services and the focus of all our efforts is the desire to deliver high quality, compassionate and effective care.
23. This strategy will set out our approach to the national clinical priorities: emergency and urgent care, mental health, the frail elderly, long-term conditions, end of life care and public health and prevention. It is central to the delivery of our draft five-year plan, and is interdependent on our Workforce, Fleet, IM&T and Estates Strategies.
24. In addition to our stakeholder engagement, throughout January and February 2015, our Director and Deputy Director of Nursing and Quality will be visiting frontline

clinical colleagues to engage further with them on the development of this key strategy.

Developing our People (workforce) strategy

25. This strategy is currently being drafted.
26. The EMAS workforce is vital to us being able to provide the very best patient care and we plan to invest further in the recruitment and development of colleagues to support our long-term vision.
27. Our developing People strategy will see us recruit and develop more frontline colleagues including paramedics, technicians and emergency care assistants – all of whom respond to emergency calls out on the road.
28. When it comes to our Emergency Operations Centre (control), we are recruiting more paramedics and nurses to our Clinical Assessment Team to respond to calls from people who need medical advice or directing to a more appropriate healthcare service.
29. Our strategy will support us to ensure our colleagues are developed, feel valued and engaged and are supported by peers, line managers and the wider organisation.

Fleet Services (vehicles) Strategy

30. We provide emergency and urgent treatment and care at the scene of the incident and in our emergency vehicles. Together with the people to provide the care, our fleet is therefore very important. This strategy includes a fleet replacement plan which is being developed and proposes an investment programme to help create an improved fleet size and age profile.

Information Management and Technology (IM&T) Strategy

31. We need to ensure colleagues have access to the right information and communication systems, and that our information management and governance processes enable us to fulfil our mission to achieve the highest standards in emergency and clinical care.
32. Our future plans will have important implications and requirements for our IM&T, and this strategy addresses the issues as well as detailing how the IM&T developments will support the delivery of our objectives.

Developing our Estates Strategy

33. Being part of the communities we serve is very important to us; however we don't treat patients in Ambulance Stations. We treat patients at the scene of an incident, in our emergency vehicles as we take them to hospital, or over the phone via our Clinical Assessment Team; it's therefore important that the final Estates Strategy supports other key strategies such as Fleet, Clinical & Quality, and Information Management & Technology, to allow us to continue to improve the care we give to our patients.

34. Importantly, the strategy is being formed while considering several criteria including operational efficiency, staff and public engagement (in addition to the feedback received during 2013), economics (ensuring estates operating costs support future efficiencies and investment is affordable within the overall Capital Plan), and communications.

Timetable for Decisions

35. Updated versions of our developing strategies will be going to our Board meeting on 27 January 2015, with plans to receive final versions at our 31 March 2015 Board.

Background papers

The following strategies, which were considered by our Trust Board on 28 October 2014, are available via <http://www.emas.nhs.uk/about-us/trust-board/>

Clinical and Quality Strategy
Fleet Services Strategy
Fleet Replacement Programme Outline Business Case
Estates Strategy
Information Management and Technology Strategy