



BETTER PATIENT CARE PROGRAMME PROGRESS REPORT

1. Overview

On 8 October 2013, EMAS was requested to attend a risk summit by the Local Area Team for Derbyshire and Nottinghamshire, on behalf of the regulators and other key stakeholders. Since the risk summit, the trust has been working on a Quality Improvement Programme (Better Patient Care), which sets the direction of the organisation for our staff; raising our clinical quality; and responding to patients.

2. Overall Progress

Progress has been made in following areas:

- Implementation of the plan has now commenced using a programme management approach through the Trust Programme Management Office (PMO). This will ensure:
 - core processes are in place to give the Board and stakeholders confidence and assurance that the plans will be delivered on time and to a very high standard with exceptions highlighted
 - robust governance arrangements are in place to ensure staff are not burdened by excessive bureaucracy but are easily able to communicate progress and exceptions that require action
 - co-ordination with other major projects and ensure conflicts and constraints are managed
- Workstream leads have been identified and meetings have been held to agree actions to develop detailed plans for each workstream contained in the plan
- Project toolkits have been generated for the workstreams of the plan which will monitor the progress against the project plan, risks, issues and benefits
- Project toolkits have been created for each workstream
- Key performance indicators to be agreed against each workstream of the Better Patient Care plan which will help the trust define and measure progress towards the organisational goals and success criteria.

3. Update on Governance Arrangements

The following governance arrangements have been agreed:

- The Better Patient Care Board will meet twice a month and will be chaired by the Chief Executive
- Better Patient Care Delivery Group has been established and will meet weekly to review progress with the workstream leads
- Better Patient Care Delivery Groups will also be replicated in each county
- Additional support will be provided to the workstream leads
- EMAS Oversight Group (attendees EMAS, CCG, TDA and CQC) to meet fortnightly-this will be the forum where the trust is held to account regarding the implementation of the plan
- Escalation of any issues will be through the PMO to the workstream Executive leads and/or Better Patient Care Board



4. Workstream Progress

Responding to Patients

Additional Private Ambulance Services has been commissioned to support performance delivery elements of the plan. In addition Voluntary Ambulance Services will continue to provide additional resources on a daily basis. A GP has been assigned to the Emergency Operations Centre to provide additional support during weekends.

Our People

The Trust has confirmed its intentions to go forward with Listening into Action. Executive Directors are now aligned to each county including attendance at Urgent Care Boards. An engagement meeting has also been held with staff to go through the Better Patient Care plan and to obtain feedback

Our Leadership

An offer has been received from the Local Education and Training Board in terms of what they can do to support the trust around individual and team development

Clinical Safety

A Task and finish group has been established to review the future governance process for reviewing quality standards. At the first meeting the terms of reference for the Clinical Governance Group were reviewed and revised (including addition of lay representation, ensuring duties and relationships with other groups clearly defined). It was also agreed that a further sub group looking at clinical effectiveness will be established, that a work plan for the CGG would be developed to provide clarity regarding what reports are required on a regular basis for assurance.

The terms of reference of the serious incident review have been agreed and the external body to undertake the review has been identified.

Our Money:

Financial Governance has been strengthened including revised terms of reference for the Investment Committee to focus on Finance and Performance; finance restructure which includes dedicated financial support to Operational Divisions including the Emergency Operations Centre. An activity forecast for 2013/14 based on actual figures to end October has been prepared and shared with Commissioners. A workshop has been set up to review activity growth forecasts for 2014/15 and 2015/16.

Our Communications:

A staff engagement group has met and spent time talking with frontline and support service colleagues about Better Patient Care. Valuable feedback was gained on the Our Communications work stream. It led to the addition of a new action: 'to ensure EMAS colleagues who deliver engagement and public education work in addition to their day job are captured on a central database and supported by being able to access newly created resources, held centrally, to support EMAS community engagement work i.e. school talks, short educational videos, hot topic and key messages one-side etc.'



Recording this work centrally allows for identification of colleagues who are suited to different styles of engagement (i.e. school talks, Women's Institute, faith groups etc.) and allows EMAS to recognise and reward colleagues who go above and beyond what they are employed to do.

Being held to Account

Revised Board and committee arrangements which will assist in addressing issues identified at the recent risk summit to strengthen current corporate governance arrangements have been proposed and will be agreed by the Trust Board.

Estates

Activity has focused on identifying sites and partners for Community Ambulance Stations (CAS), with focus on Lincolnshire as a first phase. Melton ambulance station, where the Trust's lease expires, is due to close on the 6 January 2014 and staff will move to Oakham. As a result of feedback and suggestions from staff at Melton, a premises owned by Melton Borough Council (Phoenix House, Melton Mowbray), will be used as a CAS.

5. Next Steps for Better Patient Care:

The Better Patient Care programme will be supported to deliver the required benefits through a robust programme management framework. There has been a rapid period of readjusting existing programme management and governance arrangements to absorb the developing Better Patient Care plan. It is intended that this work will be finalised in line with the QIP submission in order to support implementation. The following next steps will be taken:

- Governance arrangements to be implemented and regular reporting established to provide assurance through the organisation and out to stakeholders
- Key Performance Indicators will be agreed to define and measure progress to ensure that planned activity delivers outcomes to improve the care we provide to our patients.