



**HEALTH AND WELLBEING SCRUTINY COMMISSION: 6<sup>th</sup> August  
2014**

**REPORT OF EAST MIDLANDS AMBULANCE SERVICE NHS TRUST**

**PROGRESS FOLLOWING RISK SUMMITS AND OUTCOME OF CARE  
QUALITY COMMISSION INSPECTION**

**Purpose of the Report**

1. The purpose of the report is to:
  - Provide an update on the successful delivery of key national performance standards, in light of significant increased demand.
  - Provide an honest, open and transparent report about the challenges faced by East Midlands Ambulance Service NHS Trust (EMAS) in 2013/14 and the action taken.
  - Outline, therefore, the two “Risk Summits” required of the Trust in 2013/14 and the establishment and progress of the EMAS Better Patient Care Quality Improvement Programme, designed to put the organisation on a credible trajectory to, within a short time frame, markedly improve patient care, resetting the role, culture and effectiveness of the organisation.
  - Outline the findings from the Care Quality Commission (CQC) inspection of the Trust in January 2014 and the actions being taken to address the identified areas of shortfall/non-compliance.
  - Demonstrate public accountability and set out how the Trust is working to restore confidence in its services.

**Overview of the recent “Risk Summits”**

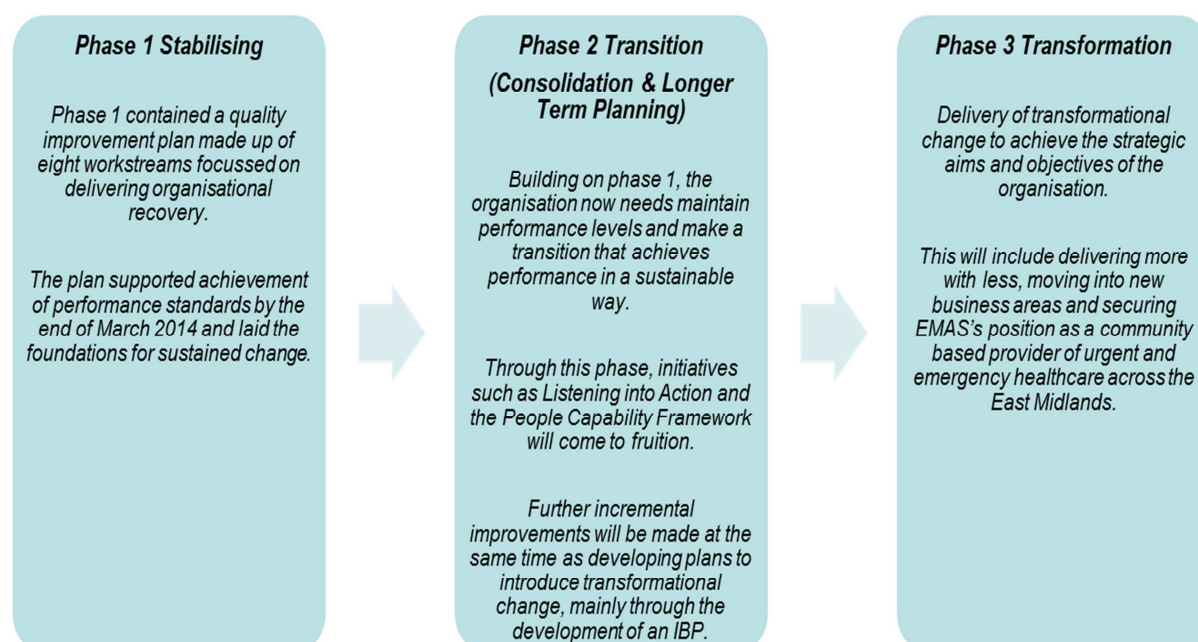
2. The non-delivery of core service performance and quality standards by EMAS through the first half of 2013 gained sufficient attention and concern that NHS England required the Trust to attend a “Risk Summit” in October 2013. The Risk Summit was attended by the relevant commissioning bodies responsible for the EMAS contract plus NHS England, The Trust Development Authority (TDA) and the CQC.
3. With the appointment in October of our interim CEO, Sue Noyes, a focused recovery plan was developed and approved by the same agencies, following

the Risk Summit. EMAS term this the “Better Patient Care” plan. This plan has been mobilised and implemented Trust Wide and is monitored through a PMO office and a dedicated Board, chaired by the CEO.

4. A copy of the plan can be found at - <http://www.emas.nhs.uk/> under the tab ‘Our Services’.

## Better Patient Care

5. As detailed above, recognising the specific quality, finance and performance challenges faced by the organisation during 2013/14, EMAS established its Better Patient Care Programme (summarised in the diagram below) in Quarter Three of 2013/14 as the quality improvement programme to put the organisation on a credible trajectory to, within a short time frame, markedly improve patient care, resetting the role, culture and effectiveness of the organisation.



6. Phase one of the Programme, completed in March 2014, consisted of a quality improvement plan made up of eight workstreams focussed on the delivery of organisational recovery. The plan was designed to stabilise the organisation, putting in place the infrastructure to support the delivery of high quality patient care, achieving performance standards and quality indicators in 2014/15 and laying the foundations for sustained change.
7. Phase Two of the Programme, that commenced in April 2014, is a transition phase, continuing with the actions to maintain performance delivery by the organisation, consolidating activities to ensure performance is achieved sustainably, and planning for long term transformation.
8. The core workstreams within the plan are:

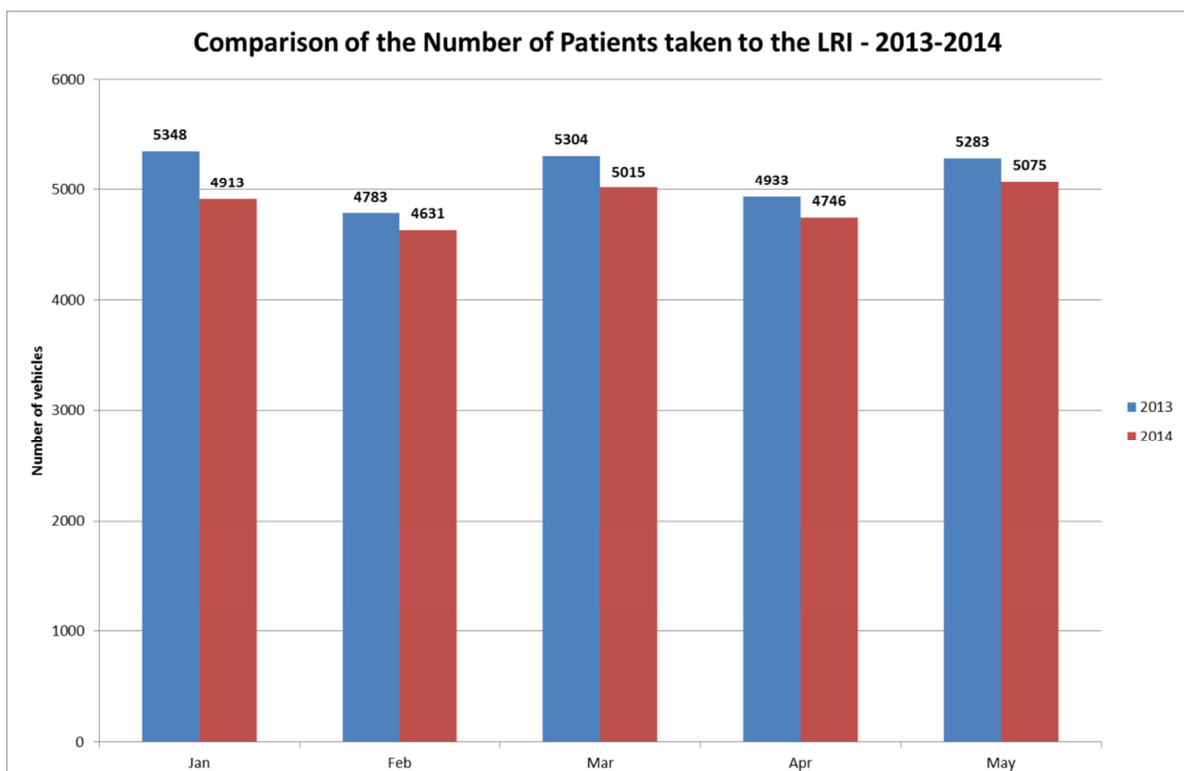
- Responding to our Patients
  - Our People
  - Our Leadership
  - Clinical Effectiveness
  - Patient Safety and Experience
  - Our Money
  - Our Estate, IT and Fleet
  - Our Communications
9. Following implementation of the Better Patient Care plan, fortnightly progress reviews were conducted with the agencies who attended the Risk Summit, this continued until a second Risk Summit was convened in February 2014.
  10. The second Risk Summit was attended by all organisations that had attended the original summit.
  11. Progress against the Better Patient Care plan was further reviewed at this second Risk Summit and key performance interrogated. The EMAS Executive Director team attended all review meetings.
  12. Following this meeting the substantial progress made by EMAS against the Better Patient Care plan and the approved trajectory of further improvement provided sufficient surety that the monitoring of EMAS was reduced to a monthly frequency. The meeting chair complimented EMAS on the very positive progress made and felt this needed to be recognised, this view was also supported by the lead commissioners and the CQC.
  13. The first oversight meeting this financial year, with the TDA, held on 19 May 2014 was very positive and EMAS was commended on the continued positive progress made to date and since 01 April in continuing further to improve organisational performance.
  14. At the second TDA oversight meeting held on 22<sup>nd</sup> July, the continuing performance improvement delivered by EMAS resulted in the TDA and CCG Commissioners jointly agreeing to stand down these oversight meetings for the foreseeable future.
  15. Patient care measured through the key performance indicators of response time (Red 1/Red 2 and Red 19) were delivered above target for the Trust in the first quarter April to June 2014. The Trust also ended the period with a small financial surplus, recognising the on-going success of the Better Patient Care plan and management rigour.
  16. For EMAS and the Leicester City CCG the performance achieved for the first quarter of 2014 (April to June)

Category	Performance Standard %	Leicester City Performance Actual %	EMAS Performance Actual %
Red 1	75	83.66	75.01
Red 2	75	84.90	75.25
Red 19	95	97.09	95.27
Green 1	85	81.23	84
Green 2	85	84.16	85.42
Green 3	85	92.17	95.78
Green 4	85	100	99.77
Urgent	90	84.30	85.58

17. Performance in treating patients in their home location and / or through other more suitable referral pathways (non-conveyance to LRI A&E) is another key metric and links to recent wider work in the health economy and the Keogh report on Emergency Care. The performance for this in Leicester City and EMAS, for the period April to June 2104 is detailed below.

Patient non-conveyance Performance Target %	Leicester City Performance %	EMAS Performance %
40	48.15	41.88

18. Patient care delivered through alternative pathways, supports the “Better Care Fund” objectives and recognises the benefits this brings. EMAS has worked well in this area and reduced patients attending LRI A&E by between 3% and 8% per month since January 2014. The table below shows the 2013 versus 2014 EMAS patient taken to LRI A&E following a 999 call.



- A new and expanded team of substantive Executive Directors, as approved by the TDA have been recruited to the Trust, and all have now started . ( NB The Medical Director and Director of Workforce posts will be recruited to by the end of 2014/15)
- A revised local management structure has been introduced to focus more on local delivery, partner and cooperative working and resolution of issues arising. An Assistant Director of Operations was appointed for LLR on 16<sup>th</sup> December 2013, to lead the Leicestershire element of the Better Patient Care plan.
- Staff engagement and recruitment has seen greater emphasis, being mobilised through an NHS initiative termed “Listening into Action” that is being led personally by our CEO.
- Staff recruitment and the workforce plan is fully committed for the current financial year with new staff joining the service in April, June, July, September, October and March 2015.
- Investment in 46 new “front line” vehicles has been committed by the Trust this year to improve fleet reliability and age profile. Delivery of these vehicles is expected in Quarter 3 / 4 of 2014. Further vehicles will be approved for procurement in 2015/6 to reflect the on-going renewal process and capital investment programme.
- Partner initiatives with CCGs, County Council, University Hospitals of Leicester (UHL) and voluntary bodies are in place and being further explored linked to the “Better Care Fund” and in particular providing more appropriate and targeted care in the right setting, not necessarily the Emergency Department. This has so far resulted in LLR achieving the highest “non-conveyance” rate, at 48%, for patients in the East Midlands ensuring care is delivered in the most appropriate setting.
- Quality, Patient Safety and Clinical Effectiveness and the data used to measure these criteria have all been reviewed and revised in addition to being externally audited by Price Waterhouse Coopers. This work has shown substantial progress in the reduction of patient complaints and investigations.
- The financial position for the Trust, year ending 31 March 2014, showed a break even position after agreement from commissioners for the reinvestment of fines imposed.
- The very positive progress across the eight facets of the Better Patient Care Plan continue and provide on-going service improvement month on month and are allowing EMAS to build a stronger organisation for future service delivery in Leicester and Leicestershire.

20. A full report on the Better Patient Care Plan can be located at <http://www.emas.nhs.uk/> document reference PB.14.0132.4 Better Patient Care Next Stage of Development Report May 2014.

## **Vision and Strategy**

21. 2014/15 is the first year in the five year planning cycle (2014/15 to 2018/19). Our focus this year is very much on delivering and maintaining performance levels and ensuring a transition that achieves performance in a sustainable way and places great emphasis on engaging with and supporting our staff.
22. All NHS Trusts were required to produce strategic plans by 20 June 2014. These plans were collected through the production of a five-year Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) that respond to the substantial challenges faced by the NHS.
23. As part of this planning process, we have developed our vision for the organisation:
- We are a healthcare provider. We provide healthcare on the move and in the community, and our vision is for EMAS ***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.***
24. We believe this will support CCGs and other health and social care providers across the East Midlands in the delivery of a long-term, sustainable healthcare system.
25. The five-year Integrated Business Plan maps our transformation journey from a mainly emergency focused service in 2014/15 to a future operating model whereby the organisation sits at the centre of the urgent and emergency care system.
26. 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 (e.g. over the phone or on the scene) or signposting/referring patients to the best service to support them in their homes and the community, reducing admissions to hospitals where appropriate.
27. This 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.”**
28. We will use our Better Patient Care Programme to manage the delivery of our Vision and Strategic Objectives through the development, implementation and

monitoring of our specific strategies via eight key governance workstreams.  
(see Appendix A).

## **Overview of the CQC Visits January and February 2014**

29. The Care Quality Commission (CQC) carried out a routine annual inspection of the Trust in January and February 2014. The CQC inspected six outcomes. These are listed below with the CQC's judgement:

- Outcome 4 Care and welfare of people who use services - Action needed
- Outcome 8 Cleanliness and Infection Control - Standard met
- Outcome 10 Safety, availability and suitability of equipment - Action needed
- Outcome 13 Staffing - Action needed
- Outcome 14 Supporting workers - Action needed
- Outcome 17 Complaints - Standard met.

30. The main areas of concern the CQC has identified are as follows:

- response standards were not being met;
- lack of staff resources;
- coverage of shifts;
- availability of vehicles;
- equipment availability;
- equipment checks on vehicles were not always carried out;
- lack of performance appraisals in some areas;
- low staff morale; and
- lack of time for management duties.

### **Key actions being taken to address outcome 4**

- Operations Management Structure
- Recruitment of frontline staff
- Tactical management arrangements 24/7
- EOC resources – dispatcher secondments and agency nurses
- Dispatch Protocols
- Service Delivery Model, EOC Strategy, Fleet Strategy
- Arrangements for forecasting demand
- Dynamic System Status Plan
- Reduce conveyance and on-scene times
- Divisional performance management regime

### **Key actions being taken to address outcome 10**

- Fleet Strategy
- Use of technology to determine vehicle requirements
- Fleet Wave system to manage vehicle and equipment availability
- Integration of existing systems to match daily vehicle needs

- Review Make Ready arrangements to improve vehicle availability
- Revise Safer Ambulance Checklist
- Regular reporting on vehicle requirements vs. actual availability

### **Key actions being taken to address outcome 13**

- Recruitment Plan for 2014/15
- Use of VAS/PAS, bank staff and overtime to cover vacancies
- Career development routes – Technician to Paramedic and ECA to Paramedic
- Manage absences at 28% through sickness management and revised Education Programme
- Improvements to sickness absence management
- Review supplementary contracts which affect core rotas
- Post implementation review of 2013/14 operational management restructure including management time vs. operational response

### **Key actions being taken to address outcome 14**

- Recruit to Team Leader and Clinical Team Mentor vacancies
- Post implementation review of 2013/14 operational management restructure including management time vs. operational response to ensure time for appraisal and supervision
- New appraisal system
- Appraisal training update
- Targets for completion of appraisal and clinical supervision – at least 75% of available staff to have an appraisal in 2014/15

31. The full CQC report can be found at <http://www.emas.nhs.uk/> document reference PB.0101.2 CQC Inspection Report Final Published Version April 2014.

32. The Better Patient Care improvement programme which the Trust is currently implementing will address a number of the weaknesses. Action has already been taken which has resulted in improvements since the inspection.

33. The Trust responded to the CQC on 07 May 2014, setting out the actions, noted above, and associated timescales for addressing concerns and ensuring compliance with the four standards which the CQC determined that the Trust had not met.

34. A report including this response and the detailed actions which the Trust will take to address all weaknesses in the report, not just those relating to the standards not met, will be presented to the Trust Quality and Governance Committee. That Committee will continue to monitor compliance with all of the CQC standards.



35. The actions required to address the issues identified by the CQC and any other actions required to ensure compliance on other standards not reviewed at the recent inspection, will be incorporated into the Better Patient Care Programme, where they are not already included.
36. The Better Patient Care Programme Board is responsible for monitoring progress against those actions. The Programme Board reports to each meeting of the Trust Board and therefore the Board will receive information on progress and any areas of concern through that mechanism.

### **Public accountability and working to restore confidence in services**

37. As a Trust, and with the support and challenge of partner and external agencies previously mentioned, EMAS has had to address some very difficult issues over the last nine months, but has made significant recognised improvement across all areas of the service.
38. The two "Risk Summits" were seen as watersheds for the Trust and all staff understand that the Better Patient Care Plan is not just an immediate action plan but one that will and must deliver continual sustained improvement.
39. Now that the Trust has moved beyond the second Risk Summit and seen substantial positive progress against the Better Patient Care Plan, momentum in wider involvement and engagement is expanding and EMAS is being embraced as a partner organisation that can and does play a significant role within the health care community in Leicester.
40. The Trust is active with HealthWatch and has formed an EMAS HealthWatch Task Group to look at and action initiatives in response to local needs.
41. Engagement with both Urgent Care Board (UCB) and Urgent Care Working Groups is well established and representation and participation is regular and inclusive.
42. Work on unique initiatives with partner organisations such as CCGs, the Integration Executive, Local Resilience Forum (LRF) and others are on-going in support of the improvements necessary for the wider Leicester health economy.
43. Pro-active work on hospital delays with UHL staff has shown improvement, but there is a lot more work to do in this area. UHL presented an action plan on this to the Urgent Care Board during June 2014 and work with the Trust Development Agency on this is monitored weekly.
44. New Executive Director appointments to strengthen the EMAS senior management team have been made and a new local operational area management structure will be embedded by the end of July / August 2014 to

strengthen local accountability in the delivery of the Better Patient Care plan and further enhance visibility.

45. External expert and consultant support, advice, critique and audit has been sourced and the results of this work and findings shared with commissioners to ensure the EMAS plan is robust and sufficiently focussed to deliver the required outcomes. Commissioner feedback on this has been very positive and supportive through their attendance at all relevant Board and Working Group meetings.

46. Continuing proactive engagement across stakeholders, public and staff engagement has been identified for future work, this will include: -

- Station and Quality visits
  - ECHO (interactive online platform)
  - Listening into Action 'pulse check'
  - Staff opinion survey
  - Healthwatch organisations, Health & Wellbeing Boards and Overview & Scrutiny Committees (OSCs)
- Listening into Action events are building the Trust priorities and vision
  - Planned engagement that are ongoing include:-
    - Commissioners
    - OSCs
    - Healthwatch
    - Trade Unions (Partnership Forum)
    - CEO – team brief/ bulletin

47. Our Board stands accountable for the impact the current position of the Trust has had on public confidence. Through being completely open and honest in our communication and engagement in these matters concerning the progress and substantial improvements we are making, the population of Leicestershire can be assured of the commitment to deliver Better Patient Care.

### **Sources of reference data and information**

- All sources of information and data referred to in this report can be found on the EMAS Trust website [www.emas.nhs.uk](http://www.emas.nhs.uk).

### **Officer to Contact**

Paul St Clair  
Assistant Director of Operations  
Leicester, Leicestershire and Rutland

# Appendix A

## EMAS BETTER PATIENT CARE PROGRAMME 2014/15 AND BEYOND

