



<b>Report Title</b>	Quality Improvement Plan Update – LLR Joint Health Scrutiny Committee
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## Background

In September 2017 EMAS presented to the Leicester City Health Overview Scrutiny Committee regarding progress since the CQC inspection and outlining the key areas for improvement in the Trust Quality Improvement Plan. The purpose of this paper is to update the committee on the progress made since this last presentation.

The committee will recall that the identified next steps following the previous update was:

- Continue progress with improvement plans;
- Implement and embed Ambulance Response Programme (ARP);
- Continue with independent capacity and demand review;
- Support improvement and change across the wider health and social care system.

This paper will outline progress against these areas.

## Continue progress with improvement plans

Excellent progress is maintained across the quality improvement plan and given the positive feedback from CQC in February 2017 the plan now focusses on taking a step change in quality across the trust on our journey through good to outstanding.

A number of key achievements from the quality improvement plan across LLR include:

- Pre-hospital intravenous antibiotic therapy now introduced across the division. Following a successful trial within Lincolnshire, Leicestershire & Rutland are the next area to implement this new initiative to improve clinical outcomes for patients presenting with potentially life threatening sepsis. This means prior to arriving at hospital, EMAS clinicians will have taken blood culture samples and given the first dose of antibiotics resulting in patients receiving required treatment much earlier than previously.
- Implementation of leadership development programme, all leaders from first line through to senior leaders are undertaking a bespoke leadership development programme, including a 360 degree appraisal.
- Duty of Candour now fully embedded and embraced ensuring we are acknowledge, apologise and explain when the service we provide falls below the standard that is expected by ourselves and the public.
- Paramedic Training Needs Analysis is now captured for all paramedics ensuring that in addition to the statutory and mandatory training we now actively look to develop our clinicians in areas such as end of life and facility.

## Implement and embed Ambulance Response Programme (ARP)

Following ARP going live in July 2017, the division has now completed the associated rota and workforce review and these new rotas across the EMAS A&E service have been implemented from



April 2018. It is still too early to quantify the overall impact on response times, however this has resulted in an increase of ambulance resources across LLR at the times of increased demand. To support this from April we have also introduced an urgent care tier which is now dedicated to the conveyance of GP and health care professional referrals. This separates the GP/HCP patient transports from A&E calls and allows more timely response to these non-emergency calls. Again although this is still early in terms of assessing the full benefit we are already starting to see long waits for this group of patients decrease due to the ring fenced resource.

### **Continue with independent capacity and demand review**

The capacity and demand review supported the ARP implementation and the modelling for the rota and workforce review. Although this work is now complete, the outputs are being used to review the impact of the new rota and supporting the review of outcomes. Additionally the demand and capacity review is supporting the contract negotiations with our commissioners, the review identified a gap in front line resources and this gap forms the basis of the current negotiations, these are due to be complete by 30<sup>th</sup> April. EMAS has in place plans for recruitment, training and mobilisation of the additional staff this review articulated should the final contract settlement fund the resource gap.

### **Support improvement and change across the wider health and social care system**

EMAS is working closely with partners across health and social care within LLR, an example of this follows the previous meeting where the committee was updated on the progress made with reducing hospital ambulance handover delays. This focus continues and December 2017 through to February 2018 saw 1,164 less lost hours (3647) compared to same period last year (4811).

EMAS is working with other key partners such as DHU in ensuring that there are effective and appropriate pathways in place across LLR for patients to receive the right care in the right place. Additionally EMAS from July 2017 rolled out the use of the electronic patient record form system which replaces the previous paper based system. This system allows any receiving centre/hospital to have sight of this record even before the patient has arrived, this means receiving clinical teams are able to see a patients clinical condition as they are travelling enroute enabling them to be better prepared. For LLR this system is now used for at least 90% of all patients being conveyed into hospital.

### **Conclusion/Summary**

Over the last six months EMAS has made significant progress and moved into a position where the quality improvement plan is now focussed upon delivering a step change in quality and performance. Good progress has been made with the implementation of key initiatives such as the pre-hospital antibiotic therapy, electronic patient record forms and the implementation of the new operating rotas to support ARP.

Key next steps across LLR are:

- Monitor the implementation of new rotas and urgent care service to ensure positive impact on response times;
- Continue with implementation of quality improvement initiatives;
- Continue with partnership work across LLR health and social care system.