

# East Midlands Health Scrutiny Network



Will Legge, Director of Strategy & Transformation

#### Background

CQC inspected EMAS November 2015 and published its report May 2016.

- Requires improvement overall
- Inadequate safety
- Warning notice (response times, number of staff and vehicles, and need to improve training and appraisals)



We progressed our Quality Improvement Plan, and the CQC came back to EMAS February 2017.

## **Overall CQC rating – requires improvement**

- Safe: improved from 'inadequate' to 'requires improvement'
- Effective: remained 'requires improvement'
- Well-led: remained 'requires improvement'
- **Caring** and **Responsive**: remained 'good'

Commission East Midlands Service NHS To Quality Report	Ambulance rust
This report describes our judgement of the quality of care at the when we inspected, information from our initialigent Monitorin public and other organisations.	Note of inspection visit; 21, 22, 23 February & 3 arch 2017 He of publication: This is auto-populated when the event is publiched as must it is builded as must it is builded.
Overall rating for this trust Are services at this trust safe?	Requires
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Requires improvement
Are services at this trust responsive?	
Are services at this trust well-led?	
	Requires improvement
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# Summary of CQC findings

- Significant improvements made
- No new areas of concern
- Areas of outstanding practice
- Response times need to improve



- Hospital handover times need to improve
- Patients overwhelmingly positive about caring and compassionate staff, delivering patient focussed care in challenging circumstances

### Our response:

We are sorry that some patients have experienced unacceptable waits.

To improve services, we've:

- invested in new ambulance vehicles
- invested in our electronic patient record system
- recruited more staff to our frontline
- improved the clinical outcome for many of our patients







# Challenges:

We were not commissioned or resourced to meet the 2016/17 national standards which is the reason why, together, we undertook an independent demand and capacity review.

However, we got to more people faster than ever before

over 10,000 more 'red' patients within eight minutes compared to previous year...

... despite hospital handover delays during the year:

- over 100,000 delays over 15 minute
- over 20,000 delays over 30 minutes



# Our improvement plans continue to address CQC

#### concerns

We're embedding the Plan, Do, Study, Act (PDSA) Quality Improvement Methodology into our Clinical and Quality Strategy and work plans.

- Quality Improvement Plan
- Ambulance Response Programme pilot



- Partnerships addressing impact handover delays have on EMAS and patients waiting in the community
- Ensure our incident reporting is robust and staff know the process
- Embed Duty of Candour requirements across EMAS
- All staff receive the training they need for their role
- Improving our Fit and Proper Persons process
- Ensure staff are fitted with protective masks

## Playing our part

Strains on the health and social care system directly impact on our ability to address all the concerns highlighted by the CQC.

It is not within our control alone to fix:

- Achievement of national and local performance standards
- Reduction of hospital handover delays
- Impact NHS111 has on our activity

However we continue to play our part.



### Next steps

- EMAS continued progression of Improvement Plans
- Ambulance Response Programme
- Independent strategic demand, capacity and price review more staff and resources needed
- Significant improvement and change in the wider health and social care system



Through our Quality Improvement Plan and PDSA approach we will continue to progress and develop services for the benefit of our patients and staff.

Questions welcome.

