

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### COMMENTS ON THE EAST MIDLANDS AMBULANCE SERVICE NHS TRUST QUALITY ACCOUNT FOR 2014-15

18 MAY 2015

The Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Quality Account for 2014-15 of the East Midlands Ambulance Service NHS Trust. The Committee found the lack of final year end data included in the draft Quality Account unhelpful as it made it more difficult for the Committee to comment. In spite of this, the Committee considers the Quality Account to offer a fair representation of Trust's work over the period 2014-15 and is not aware of any major omission.

The Committee welcomes the priorities of clinical effectiveness, patient safety and experience for 2015-16 set out in the Quality Account. The Committee is pleased to note that EMAS signed the National Mental Health Crisis Concordat and is looking forward to hearing about progress on work related to delivering priorities within the mental health action group working collaboratively with local commissioners and stakeholders. The Committee also hopes that the planned development of a robust patient forum strategy across local communities will result in more localised discussion.

The key area of concern for the Committee continues to be ambulance response times, particularly in rural areas. The Committee acknowledges that significant investment would be needed in order for there to be equality between rural and urban areas. The Committee is concerned that rural response times are not a priority area in the Quality Account, particularly given the correlation between patient experience and timeliness of response.

The Committee is pleased to note that the number of non-conveyance patients treated on scene by EMAs has been increasing, however the Committee would find it very helpful if the details of that increase were included in the Quality Account, particularly with regard to the impact that this has had on patient experience.

In November, the Committee learnt that although October had not been an excessively high demand month, performance had been poor. The Committee was advised that in the Leicestershire divisional area 1200 hours had been lost due to slow hospital turnaround times and that there had also been significant pressure across the whole of EMAS's operational area during this period. The Committee would welcome the inclusion of an update in the Quality Account with regards to EMAS's work with the University Hospitals of Leicester to improve hospital turnaround times and the impact this has had on the quality of care for patients, including the work of the Hospital Ambulance Liaison Officer and engagement with the local Clinical Commissioning Groups.

The Committee understands that EMAS signed up to deliver 10 schemes under Commissioning for Quality and Innovation (CQUIN) framework, including Paramedic

Pathfinder, Community Ambulance Stations and Friends Family Test. The Committee would find it beneficial to be notified on the progress of those schemes in the Quality Account.

The Committee is pleased to note that EMAS reintroduced the Ambulance Technician role, increased the amount of frontline staff as well as increased career progression opportunities for existing workforce including Emergency Care Assistant to Technician and Emergency Care Assistant to Paramedic. The recruitment and retention of frontline staff, predominantly Team Leaders and Clinical Team Mentors, many of whom had moved to other providers with better Terms of Employment and working hours, remains an area of concern for the Committee. It is hoped that permanent recruitment to the vacant posts will be successful and will not impact on the quality of services provided.

In conclusion, based on Committee's knowledge of EMAS the Committee believes the Quality Account presented provides a fair reflection of the Trust's work responding to patients, providing care directly and referring patients to the best service to support them. The Committee believes that there is still work to be done to improve performance, particularly with regard to response times and hospital turnaround times.