



HEALTH AND OVERVIEW SCRUTINY COMMITTEE: 11 JUNE 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 honest, open and transparent report about the current issues, progress and challenges that face East Midlands Ambulance Service NHS Trust (EMAS).
 - Outline the two recent “Risk Summits” required of the Trust and the outcomes from these, explaining the approach being taken by EMAS in the short and medium term to ensure service provision is sustainably improved for all users and the very positive progress achieved to date.
 - Outline the findings from the recent Care Quality Commission (CQC) inspection of the Trust 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 of a new 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 that meets weekly, chaired by the CEO.
4. A copy of the plan can be found at - <http://www.emas.nhs.uk/> under the tab ‘Our Services’.

5. 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
6. 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.
7. The second Risk Summit was attended by all organisations that had attended the original summit.
8. 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.
9. 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 and has remained so since. 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.
10. The business improvement achieved at this point enabled this phase of the Better Patient Care Quality Improvement Plan, focused on organisational recovery, to progress to the second phase of the programme, reflecting the finalised strategic objectives for the organisation and delivering the required actions in 2014/15 to maintain strong performance, consolidate activities to ensure performance is achieved sustainably and all aspects of the plan remain managed through the same governance and accountability process.
11. The first review 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.
12. Patient care measured through the key performance indicators of response time (Red 1/Red 2 and Red 19 and all 4 Green performance measurements) were delivered above target for the Trust in April 2014. The Trust also ended April with a small financial surplus, recognising the on-going success of the Better Patient care plan and management rigour.

13. For Leicester, Leicestershire and Rutland (LLR) two of the Red performance indicators were achieved (Red 2 and Red 19). The Red 1 target was not delivered, this showed an underperformance at 74.54%, the target is 75%.
14. Other key points of note arising from the Better Patient Care Plan:
 - A new and expanded team of Executive Directors, approved by the TDA, has been recruited to the Trust; all will be in post by mid-July 2014.
 - 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 December 2013, to lead the Leicestershire element of the Better Patient Care plan.
 - The “Estates Programme” has been temporarily paused to allow the Trust to focus on delivery of patient care and performance. Work is continuing only at a planning/options level pending further direction from the EMAS Board.
 - Staff engagement and recruitment has seen greater emphasis, being mobilised through an NHS initiative termed “Listening into Action” that is being led 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 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 37%, 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.

- 2014/15 is the first year in the five year planning cycle (2014/15). 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.
 - All NHS Trusts are required to produce strategic plans by 20 June 2014. These plans are 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. We will be demonstrating that we have:
 - i. undertaken strategic analysis and thinking to enable resilient planning for the future;
 - ii. plans in place which demonstrate sustainability of services;
 - iii. plans that are financially viable;
 - 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 Leicestershire.
15. 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.

Overview of the CQC Visits January and February 2014

16. 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.
17. 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

18. 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.
19. 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.
20. 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.
21. 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.
22. 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.
23. 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

24. 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 and confront a number of failings from Board to front line, but has made significant recognised improvement across all areas of the service.
25. 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.
26. 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 Leicestershire.

27. 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.
28. Engagement with both Urgent Care Board (UCB) and Urgent Care Working Groups is well established and representation and participation is regular and inclusive.
29. 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 Leicestershire health economy.
30. Pro-active work on hospital delays with UHL staff have shown improvement, but there is a lot more work to do in this area. UHL will be presenting an action plan on this to the UCB during June 2014.
31. 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 2014 to strengthen local accountability in the delivery of the Better Patient Care plan and further enhance visibility.
32. 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.
33. 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 between now and 20 June:
 - Commissioners
 - OSCs
 - Healthwatch
 - Trade Unions (Partnership Forum)
 - CEO – team brief/ bulletin
34. Whilst absolutely understanding the organisation must continue to focus on delivery of key performance targets, EMAS is starting to further look to the

future as part of its five year strategic plan and what its service model and provision should look like to:

- ensure it has a sustainable future;
- its role in an integrated health and social care system; and
- ensuring the healthcare economy as a whole remains sustainable, supporting the management of patients at home, in primary care and the community where most appropriate.

35. 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.

Officer to Contact

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