


# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of East Midlands Ambulance Service NHS Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>21 September 2016</b>
Subject:	<b>East Midlands Ambulance Service Response to the Care Quality Commission Inspection Report</b>

## Summary:

As reported to the Health Scrutiny Committee on 25 May 2016, the Care Quality Commission (CQC) published on 10 May 2016 its inspection report on the East Midlands Ambulance Service NHS Trust (EMAS), which found that the Trust overall requires improvement. EMAS is developing a Quality Improvement Plan in response to the inspection, which was considered by the EMAS Board on 5 July 2016.

Richard Henderson, the Acting Chief Executive, East Midlands Ambulance Service NHS Trust, and Blanche Lentz, Divisional Manager, Lincolnshire Division of EMAS are due to attend.

## Actions Required:

- (1) To seek assurance on the response of the East Midlands Ambulance Service NHS Trust to the Care Quality Commission's Inspection Report, including consideration of the Trust's Quality Improvement Plan.
- (2) To identify whether any additional information is required on any part of the information in the report.

## 1. Care Quality Commission Report – Summary of Findings

On 10 May 2016, the Care Quality Commission (CQC) published its inspection report on the East Midlands Ambulance Service NHS Trust, following an inspection undertaken between 16 and 20 November 2015 and on 3 December 2015. The CQC Report included the following summary of its findings: -

### Introduction

*"The East Midlands Ambulance Service NHS Trust (EMAS) is one of 10 ambulance trusts in England providing emergency medical services to Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland and Northamptonshire, an area which has a population of around 4.8 million people. The trust employs around 2,900 staff who are based at more than 70 locations including ambulance stations, an air ambulance station, emergency operations centres (EOCS) and support offices across the East Midlands.*

*The main role of EMAS is to respond to emergency 999 calls, 24 hours a day, 365 days a year. 999 calls are received by the emergency operation centres (EOC), where clinical advice is provided and emergency vehicles are dispatched if required. Other services provided by EMAS include patient transport services (PTS) for non-emergency patients between community provider locations or their home address and resilience services which includes the Hazardous Area Response Team (HART).*

*Every day EMAS receives around 2,000 calls from members of the public dialling 999. In 2014-15 they provided a face to face response to 649,625 emergency calls. The service provided by EMAS is commissioned by 22 separate Clinical Commissioning Groups with one of these taking the role as co-ordinating commissioner.*

*Our announced inspection of EMAS took place between 16 to 20 November 2015 with unannounced inspections on 3 December 2015. We carried out this inspection as part of the CQC's comprehensive inspection programme.*

*We inspected three core services:*

- *Emergency Operations Centres*
- *Urgent and Emergency Care including the Hazardous Area Response Team (HART) and the air ambulance.*
- *Patient Transport Services [Note: EMAS does not provide Patient Transport Services (PTS) in Lincolnshire, but in the North Lincolnshire and North East Lincolnshire areas. PTS are provided by NSL in the Lincolnshire area.]*

## Inspection Findings Overall

*Overall, the trust was rated as requires improvement. Caring and Responsive were rated as good. Effective and Well Led were rated as requires improvement and Safety as inadequate. We have taken enforcement action against the provider in this respect.*

*Our key findings were as follows:*

- The trust was working hard to improve response times for emergency calls but these were consistently below the national target.*
- There were insufficient staff and a lack of appropriate skill mix to meet the needs of patients in a timely manner.*
- Standards of cleanliness and infection control, although inconsistent in some trust buildings were generally good on ambulances.*
- All staff, especially those at the frontline were passionate about and committed to providing high quality, safe care for patients. At the same time they were open and honest about the challenges they were facing.*
- Whilst the trust were working hard to recruit staff, they were finding it a challenge to retain staff and overall numbers were only increasing minimally.*
- Staff morale was low and they often did not feel valued. There was an unrelenting demand for emergency services combined with a lack of staff and resources to meet the need.*
- Frontline leaders did not have the capacity or in some cases the skills to support teams and individuals and fulfil the requirements of their roles.*
- Many staff were not receiving performance development reviews (appraisals), clinical supervision (where appropriate) or mandatory training.*
- There was a clear statement of vision and values driven by quality and safety. The trust board functioned effectively.*
- Without exception the Chief Executive was held in high regard by staff for her visible, open approach.*

## Areas of Outstanding Practice

*We saw several areas of outstanding practice including:*

- We observed many examples of non-clinical staff supporting patients and saving lives in what were extremely difficult and stressful situations. Staff remained calm and gave callers confidence to deliver life-saving treatment.*
- The trust had introduced 'change Wednesdays' in the emergency operations centre (EOC) to avoid daily contact with staff about minor changes to policies and systems. Staff were confident any changes to policies or procedures would take place on the same day every week.*
- The trust were the best performing ambulance trust in England for the number of calls abandoned before answered.*

- *A mental health triage car was available in Lincolnshire between 4pm and midnight, staffed by a paramedic and a registered mental health nurse from a mental health trust. They could assess the needs of the patient and provide appropriate care which in some cases avoided hospital admission or the use of a Section 136 detention under the Mental Health Act 1983.*
- *The trust had a joint ambulance conveyance project working with six fire and rescue services in their region. This was the first service of its kind for an ambulance service nationally.*
- *The trust, in partnership with six fire and rescue services across the region, had introduced a regional emergency first responder (EFR) scheme. This was the first regional service of its kind of an ambulance service nationally.*
- *A project was in place to improve treatment for patients in acute heart failure. Crews had been issued with continuous positive airway pressure (CPAP) machines. The CPAP machine improves oxygen saturation levels in these patients.*
- *Staff in patient transport services (PTS) had direct access to electronic information held by community services including GPs. This meant they could access up to date information about patients including their current medication.*
- *The patient advice and liaison service had recruited existing patients to report to them about their planned journeys and experiences of patient transport services (PTS). They called this a 'secret shopper' programme.*
- *Staff name badges included their name in braille to assist patients with visual impairment. Guide dogs were allowed to accompany visually impaired patients.*
- *The Chief Executive was praised by all staff for her visible, open approach and her commitment to engaging staff face to face.*

#### Areas for Improvement

*However, there were also areas of poor practice where the trust needs to make improvements. Importantly, the trust must:*

- *Ensure staff report all appropriate incidents which are then appropriately and consistently investigated.*
- *Ensure learning from incidents, investigations and complaints is shared with all staff.*
- *Ensure all staff receive statutory and mandatory training.*
- *Ensure all domestic, clinical and hazardous materials are managed in line with current legislation and guidance.*
- *Ensure vehicle and equipment checks are carried out to the determined frequency.*
- *Ensure there are sufficient emergency vehicles to safely meet demand.*
- *Ensure medicines, including controlled drugs are stored and managed safely.*

- *Ensure paper patient report forms are stored appropriately and securely in trust premises and in such a way on trust vehicles as to maintain patient confidentiality*
- *Ensure there are sufficient numbers of staff with an appropriate skill mix to meet safety standards and national response targets.*
- *Ensure arrangements to respond to emergencies and major incidents are practised and reviewed in line with current guidance and legislation.*
- *Ensure response times meet the needs of patients by reaching national target times.*
- *Ensure all staff receive appropriate non-mandatory training to enable them to carry out the duties they are employed for.*
- *Ensure all staff receive an annual appraisal.*
- *Ensure service level agreements are in place to monitor the quality of taxi service provision for patient transport services."*

The full CQC inspection report is available at the following link:

[www.cqc.org.uk/location/RX901](http://www.cqc.org.uk/location/RX901)

## **2. Response of the East Midlands Ambulance Service to the Report**

The EMAS Board considered its response to the CQC inspection on 5 July 2016. The Trust has developed an action plan to respond to the issues identified in the CQC's report. The action plan forms part of the Trust's overall Quality Improvement Plan, which is attached at Appendix A to this report. The other strands of the Improvement Plan are the Financial Improvement Plan and the Performance Improvement Plan.

Progress on the implementation of the actions will be monitored by the EMAS Improvement Board which meets fortnightly and will report to the Trust Board at each meeting.

In addition to EMAS's internal monitoring arrangements, assurance that the EMAS Board is delivering the Quality Improvement Plan is undertaken by the Oversight Group, with the following representatives from the following organisations: -

- EMAS
- CCGs – Directors of Nursing from county lead CCGs (Lincolnshire West CCG is the lead CCG for Lincolnshire)
- NHS England – North Midlands
- NHS Improvement
- Quality Lead Co-ordinating Commissioner

The Oversight Group is chaired by Chief Nurse for Hardwick CCG (as co-ordinating commissioner). This Group will work with Healthwatch organisations to ensure the local population views are shared.

The themes from the inspection report are identified as:

- frontline staffing, support, leadership and training;
- vehicles and equipment;
- medicines management and record keeping;
- serious incident reporting and learning;
- complaints reporting and learning; and
- hospital handover delays.

The Committee is requested to consider Appendix A, which sets out EMAS Improvement Plan to address the above mentioned themes.

### **3. Regional Scrutiny Briefing - 6 July 2016**

On 6 July 2016, a briefing session was held in Nottingham, to which representatives from all eleven health overview and scrutiny committees in the EMAS had been invited. Pauline Tagg, the Chairman, and Richard Henderson, the Acting Chief Executive of EMAS were in attendance, together with representatives from the lead commissioners Hardwick Clinical Commissioning Group: Jackie Jones, Director of Ambulance Commissioning and Jim Connolly, Chief Nurse.

The main points arising from the discussion were as follows: -

- The contract between the 22 CCGs in the East Midlands and EMAS for 2016-17 does not include a requirement for EMAS to deliver the national response time standards. Instead there is a requirement for EMAS to make improvements on agreed trajectories. At this stage it is unlikely the contract for 2017-18 will require EMAS to deliver national response time standards.
- Agreement between the 22 CCGs in the East Midlands on the content of the contract with EMAS is reached by overall consensus (no majority voting). Within the five counties of the EMAS region, there is a CCG lead in each county (*Note: Lincolnshire has two lead CCGs: Lincolnshire West CCG for the administrative county of Lincolnshire; with another CCG leading for the North and North East Lincolnshire areas.*)
- Only one ambulance service in England (West Midlands Ambulance Service) is currently meeting national response time standards.
- All the CCGs are committed to the *Strategic Demand, Capacity and Price Review*, a detailed and independent review of the level of demand in the EMAS region, and the level of staff and vehicles needed, along with finance, to be able to respond. This review is expected to start October and conclude December 2016, with an expected implementation timetable of 2-3 years.
- Whilst health overview and scrutiny committees in the region may receive response time performance information at county and CCG level, EMAS is not required contractually to deliver national standards at county or CCG level, and no such requirements are in place anywhere in England for any other ambulance service.

- The current salary grading of paramedic ambulance personnel under national conditions of service is a key staff retention issue, as it means that ambulance paramedics can easily transfer their skills to other health service roles at a higher salary.
- Handover times at certain hospitals have deteriorated in recent months. It has been calculated that the lost time waiting at hospitals would be equivalent to eight ambulances across the region being out of action for 24 hours per day.
- Where a referral is made from 111, there is a requirement to send an ambulance to the patient. However, 50% of the referrals from 111 to EMAS do not lead to a conveyance to hospital. Work is being undertaken by local system resilience groups with their 111 providers to ensure that 111 referrals to a 999 response are made only when genuinely required.
- Ambulance services need to be considered in the context of the overall emergency and urgent care system, with local system resilience groups playing an important role. In the medium to longer term, each local health area's Sustainability and Transformation Plan (STP) would be expected to seek improvements to primary care and accident and emergency services.

In the light of the absence of a requirement for EMAS to deliver national response time standards as part of its contract for 2016-17 (including the absence of any requirement for EMAS to deliver these standards at Clinical Commissioning Group level), the Committee is requested to consider how best to scrutinise the response time performance of EMAS at future meetings. For example, the provision of response time information at Divisional or CCG level would be indicative.

## 2. Conclusion

The Committee is requested to seek assurance on how East Midlands Ambulance Service NHS Trust is responding to the Care Quality Commission's Inspection Report. The Committee is also requested to identify whether any additional information is required on any part of the information in the report.

## 3. Consultation

This is not a consultation report.

## 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	East Midlands Ambulance Service – Our Quality Improvement Plan

5. **Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by the East Midlands Ambulance Service NHS Trust.

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