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|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| 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 Sue Noyes, Chief Executive
East Midlands Ambulance Service NHS Trust

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| Report to: | Health Scrutiny Committee for Lincolnshire |
| Date: | 17 September 2014 |
| Subject: | East Midlands Ambulance Service (EMAS) NHS Trust - Improvements and Performance |

Summary:

This report outlines the key areas of performance within the East Midlands Ambulance Service (EMAS) and in particular within Lincolnshire. This report also includes an update on the work and ongoing projects being carried out to enhance and support performance.

Actions Required:

- (1) To consider and comment on the ambulance response time performance summary.
- (2) To consider and comments on the ongoing work and progress, being undertaken by the East Midlands Ambulance Service NHS Trust.

1. Purpose

This report provides the Lincolnshire Health Scrutiny Committee with an update on East Midlands Ambulance Service NHS Trust (EMAS) performance, estates plans and its response to its Care Quality Commission inspection report.

It also provides an update on the successful delivery of key national performance standards, in light significant increased demand.

The report aims to be an honest, open and transparent about the challenges facing EMAS. The report demonstrates public accountability and sets out how the Trust is working to restore confidence in its services.

2. EMAS Performance

A new and expanded team of substantive Executive Directors, as approved by the NHS Trust Development Authority (NHS TDA), have been recruited to the Trust and are now in post. There are two posts awaiting recruitment: the Medical Director and the Director of Workforce, where recruitment is planned by the end of 2014/15.

A revised local management structure has been introduced to focus more on local delivery, partner and cooperative working and resolution of issues arising. A General Manager was appointed for Lincolnshire in July 2014.

Staff engagement and recruitment has seen greater emphasis, being mobilised through an NHS initiative termed "Listening into Action" that is being led personally by our Chief Executive.

Staff recruitment and the workforce plan are 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 and Quarter 4 of 2014. Further vehicles will be approved for procurement in 2015/16 to reflect the on-going renewal process and capital investment programme.

The financial position for the Trust, year ending 31 March 2014, showed a break even position after agreement from commissioners for the reinvestment of the fines imposed.

Quarter 1 2013 and Quarter 1 2014 - Comparison

National Ambulance performance targets are as follows: -

- An 8 minute response to a Category A 999 call irrespective of location in **75%** of cases.
- A 19 minute response to a Category A 999 call, where transport is required, in **95%** of the cases.

Category A calls are defined as calls which are immediately life-threatening. Collectively Category A calls are sub-divided into Red 1 (Life threatening and defibrillator required) and Red 2 (Life threatening, but no defibrillator required.). For all other calls, which are classed as non-life threatening, targets are set locally. These calls also referred to as green calls.

Red 1 Performance

| | 2013-14 Quarter 1 | 2014-15 Quarter 1 | |
|------------------------------------|----------------------|----------------------|-------------|
| | Red 1 Performance | Red 1 Performance | % Change |
| NHS Lincolnshire East CCG | 68.99% | 72.95% | 3.96% |
| NHS Lincolnshire West CCG | 83.18% | 88.19% | 5.01% |
| NHS South Lincolnshire CCG | 66.41% | 64.55% | -1.86% |
| NHS South West Lincolnshire CCG | 73.27% | 74.07% | 0.8% |
| Lincolnshire | 77.22% | 79.40% | 2.18% |

Red 2 Performance

| | 2013-14 Quarter 1 | 2014-15 Quarter 1 | |
|------------------------------------|----------------------|----------------------|-------------|
| | Red 2 Performance | Red 2 Performance | % Change |
| NHS Lincolnshire East CCG | 74.15% | 75.81% | 1.66% |
| NHS Lincolnshire West CCG | 84.08% | 87.73% | 3.65% |
| NHS South Lincolnshire CCG | 69.79% | 67.83% | -1.96% |
| NHS South West Lincolnshire CCG | 73.30% | 76.58% | 3.20% |
| Lincolnshire | 79.08% | 81.07% | 1.99% |

A19 Performance

| | 2013-14 Quarter 1 | 2014-15 Quarter 1 | |
|------------------------------------|-----------------------------|-----------------------------|-------------|
| | Category A19 Performance | Category A19 Performance | % Change |
| NHS Lincolnshire East CCG | 84.21% | 88.81% | 4.54% |
| NHS Lincolnshire West CCG | 95.08% | 96.31% | 1.23% |
| NHS South Lincolnshire CCG | 84.43% | 87.87% | 3.44% |
| NHS South West Lincolnshire CCG | 85.82% | 90.95% | 5.13% |
| Lincolnshire | 90.41% | 93.58% | 3.17% |

2.1 Performance Summary

The Committee is asked to consider the areas of work being carried out and the direct effect they are having on Ambulance Service performance within Lincolnshire. Although in the present contract EMAS is not commissioned to achieve national standards within Lincolnshire, the commissioners within Lincolnshire expect to see a continuous improvement towards national standards.

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.

Engagement with both Urgent Care Board (UCB) and Urgent Care Working Groups is well established and representation and participation is regular and inclusive.

Work on unique initiatives with partner organisations such as Clinical Commissioning Groups, the Integration Executive, Local Resilience Forum and others are on-going in support of the improvements necessary for the wider Lincolnshire health economy.

Pro-active work on hospital delays with United Lincolnshire Hospitals NHS Trust staff has shown improvement, but there is a lot more work to do in this area.

New Executive Director appointments have been made to strengthen the EMAS senior management team and a new local operational area management structure has been implemented to strengthen local accountability in the delivery of the Better Patient Care plan and further enhance visibility.

External expert and consultant support, advice, critique and audit have 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.

There have also been the following developments in Lincolnshire:

- Mental Health Initiative
- Mobile Incident Unit, Butlins, Skegness
- Clinical Assessment Care Initiative
- South Lincolnshire Investments/Initiatives

3. EMAS Estates Programme

We are currently taking forward an estate transformation to improve our ability to respond to patients, improve staff welfare and become more efficient.

The first changes we are making are to introduce additional deployment facilities to allow staff to take breaks and standby between calls while away from their base stations. We are calling these facilities Community Ambulance Stations (CAS).

The second activity we are looking at is the modernisation of our current estate. In some cases this will result in the 'twinning' of ambulance stations where one station is closed and the staff move into another refurbished station.

The third area relates to our long term estates plans which involved creating larger ambulance stations, either new buildings or redevelopments, called ambulance station hubs. These locations will accommodate increased numbers of staff in single locations to allow for improved operation efficiency, staff engagement and welfare.

3.1 Community Ambulance Stations

A CAS is a facility; either in shared accommodation or purpose built modular buildings that will act as a rest point for our staff between emergency calls. We are entering into a number of agreements with a variety of partners in both the public and commercial sectors. The locations of CAS have been chosen based on demand modeling to ensure that these facilities best support our ability to respond to patients.

CAS will provide staff with bathrooms, kitchens and a place to take breaks away from their vehicles. The CAS access arrangements require a response time from the building of no more than 30 seconds as part of the selection process.

Where we have not been able to secure use of property with an appropriate partner, we are working to produce bespoke designed modular CAS's. These are modular buildings that will be located on land that is either acquired or rented. The design of these buildings has been completed with engagement of our staff to ensure appropriateness of facilities. The first modular building is in construction at this time and will be presented to staff in several locations across the entire Trust, including Lincolnshire, for further engagement and refinement prior to deployment later in the year.

These buildings offer a solution to the Trust that is both cost efficient and provides the organisation with a building where no other can be found.

The list of additional CAS locations in Lincolnshire is as follows:

- Boston South
- Chapel St Leonards
- Cleethorpes
- Coningsby
- Digby
- Gainsborough
- Holbeach
- Horncastle
- Lincoln North East
- Lincoln South
- Market Rasen
- Morton
- Spilsby
- Stamford
- Surfleet
- Sutton Crosses

- Trusthorpe
- Waddington

3.2 Twinning

The twinning programme will bring together one or two stations into one location. The current estate, across the entire region, is made up of stations of varying sizes, but with some stations having a single responding vehicle only. Additionally, many of our buildings are aging and we are faced with increasing backlog maintenance costs. In twinning some of our smaller and older stations, we are able to make cost savings and better support our staff through more regular contact with managers.

Before any stations are closed, a CAS will be opened in the same location. This will ensure that there is no effect on the service we provide to patients in that area. We are currently considering options relating to Stamford, Market Rasen and Horncastle stations.

3.3 Long Term Model

Our long term model comprises of ambulance station hubs which are single larger, modern facilities that provide support for vehicle maintenance, equipment and consumable storage, training and active staff support and management.

The development of station hubs would modernise the Trust's estate, provide suitable accommodation for employees and support the ongoing delivery of high quality services to our patients.

3.4 Current position

We are currently reviewing plans for our long term model while continuing with the additional provision of CAS and the twinning of a small number of stations where there is a clear rationale to do so. Engagement with operational teams is crucial and any operational estates decisions are being taken with input and buy-in from local operational teams.

4. Overview of the CQC Visits January and February 2014

4.1 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:

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| 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 |

4.2 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
- Emergency Operations Centre resources – dispatcher secondments and agency nurses
- Dispatch Protocols
- Service Delivery Model, Emergency Operations Centre 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 Voluntary Ambulance Services /Private Ambulance Services, bank staff and overtime to cover vacancies
- Career development routes – Technician to Paramedic and Emergency Care Assistant to Paramedic
- Manage absences (*This term is used to describe staff who are unavailable for normal duties*) 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

The full CQC report can be found at <http://www.emas.nhs.uk/> reference PB.0101.2 CQC Inspection Report Final Published Version April 2014.

5. Consultation

This is not a consultation item.

6. Background Papers

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

All sources of information and data referred to in this report can be found at: www.emas.nhs.uk .