



meeting **EMAS SELECT COMMITTEE**

date **19 March 2007**

agenda item number

Joint report of the Chair of the EMAS Select Committee and the Head of Scrutiny

Review Objectives – East Midlands Ambulance Service Select Committee

Purpose of report

1. To provide the EMAS Select Committee with the opportunity to determine the objectives and scope of the review of the East Midlands Ambulance Service (EMAS).

Background

2. At the meeting on 27 November 2006 Nottinghamshire County Council's Overview and Scrutiny Committee agreed that a review should be commenced to consider the performance of EMAS.
3. On 8 January 2007 the Overview and Scrutiny Committee established this Select Committee to consider the review.

Reasons for the Review

4. The review was triggered by the weak performance of the East Midlands Ambulance Service Trust in its Annual Health Check for 2005-06. Information on the Annual Health Check process is attached at Appendix 2.
5. EMAS received a score of WEAK for Quality of Services. The Healthcare Commission states: "East Midlands Ambulance Service NHS Trust was given a score of not met for existing national targets. This means that it automatically received a score of weak for quality of services."
6. EMAS failed to achieve national targets for responding to category B calls and for processes to control infection. The Trust also underachieved with regard to heart attack patients within 60 minutes.

Mergers

7. At the time of this rating EMAS operated across
 - Nottinghamshire,
 - Leicestershire (inc Rutland) and
 - Derbyshire.
8. Since the Health Check was undertaken EMAS has been disestablished and a new Trust created. The new Trust is also called EMAS and now covers:
 - Nottinghamshire,
 - Derbyshire,
 - Leicestershire (inc Rutland)
 - Lincolnshire,
 - North Lincolnshire,
 - North East Lincolnshire and
 - Northamptonshire.
9. In undertaking this review the Select Committee should note that EMAS is a new organisation.
10. The Select Committee should also note that because of the merger it may not be possible to directly compare previous performance information to current information.

Options

11. The Overview and Scrutiny Committee has asked that the review be completed by early November 2007 and has proposed an initial scope for the Review which is attached at Appendix 1. The Select Committee may wish to identify areas for the review to focus on. Some suggested areas are:
 - Rural response rates
 - Merger – taking forward best practice
 - How the Trust plans to improve on previous performance
 - What opportunities are there for partnership working
 - How can the Trust work with Overview and Scrutiny Committees in the future
 - How the merger impacts on services along county borders
 - Patient transport services
 - Other initiatives
12. It is suggested that the Healthcare Commission – who award the annual health check rating – and the representatives of the new Trust be invited to attend the next meeting of the Select Committee to present the reasoning behind this.
13. It is suggested that the Select Committee undertakes a programme of 7 meetings. Members may wish to identify additional sources of evidence. This could include visits to increase Members understanding

of the way the Service operates, possibly visiting the EMAS Control Centre or a rural ambulance station.

14. Members may wish to receive information on how other emergency services meet response times and how other agencies work in partnership with EMAS.

Co-opted Members

15. The Overview and Scrutiny Committee considered that the involvement of other local authorities in this review would be beneficial and specifically identified Lincolnshire County Council due to the merger of Ambulance Services covering some of the more rural areas of Nottinghamshire along the Lincolnshire border.

Recommendations

- 10 It is recommended that the EMAS Select Committee
 - a. identify and agree the objectives of the review
 - b. agree an outline programme of work
 - c. invite the East Midlands Ambulance Service Trust and the Healthcare Commission to attend the next meeting of the Select Committee on 14 May 2007.

Councillor EDW Llewellyn-Jones
Chair of the EMAS Select Committee

Lynn Senior
Head of Scrutiny

Background Papers:

Agenda papers and minutes of the Nottinghamshire County Council Overview and Scrutiny Committee meeting – 30 October 2006 and 8 January 2007.

Publications:

- The Annual Health Check: Guidance on the Assessment of Core Standards - The Healthcare Commission
<http://www.healthcarecommission.org.uk/assetRoot/04/01/84/98/04018498.pdf>
- Assessment for Improvement: The Annual Health Check. Criteria for Assessing the Core Standards - The Healthcare Commission
<http://www.healthcarecommission.org.uk/assetRoot/04/01/74/27/04017427.pdf>
- How's your local NHS doing? – The Healthcare Commission
- The Annual Health Check in 2006/2007, Assessing and rating the NHS – The Healthcare Commission, September 2006

Appendix 1

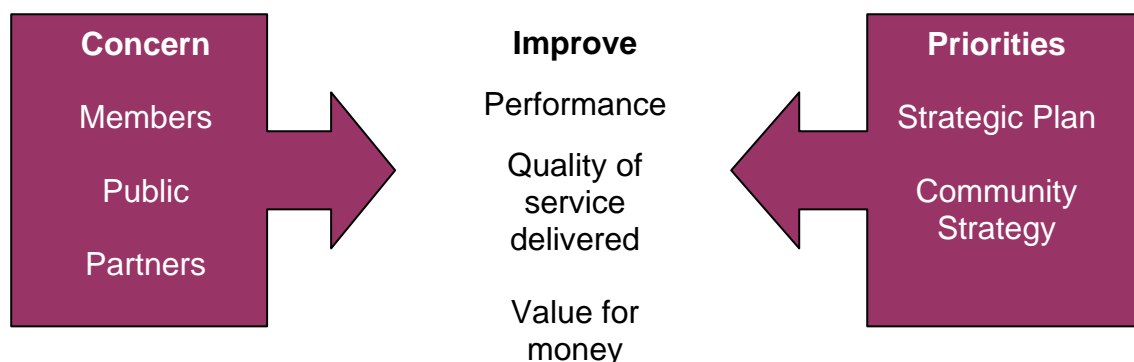
Scope proposed by the Overview and Scrutiny Committee

Scoping Questions

The Overview and Scrutiny Committee are asked to consider the following questions when scoping a Scrutiny review:

Issues for Scrutiny should reflect:

- i. Concern of Members, the Public or Partners
- ii. Strategic Priorities for the delivery of services and
- iii. Clear Outcomes to improve performance, value for money or to change the priorities of the Council.



A. Aims

What are the aims of the review (key question)

The aims of the scrutiny review are to examine;

The performance of the East Midlands Ambulance Service following the ratings received as part of the Health Care Commission's annual health checks; the Overview and Committee is particularly interested in examining the service's performance and services in relation to rural areas.

Lincolnshire County Council will also be invited to participate in this scrutiny review.

How does the review link to priorities?

The review relates to the Council's Community Leadership role and the Community Strategy aim to improve health and well being.

How does the review link to community concern?

This was identified by Members as a priority topic for a scrutiny review following two reports to the Overview and Scrutiny Committee; a report to the 30 October Overview and Scrutiny Committee meeting on the Healthcare Commission Annual Health Checks, and a report to the 27 November

Overview and Scrutiny Committee meeting on the East Midlands Ambulance Service as a potential scrutiny topic.

What outcomes are sought?

The review will seek to deliver an evidence based assessment of the East Midlands Ambulance Service's performance and services in rural areas

The review will then seek to provide evidence based suggestions and recommendations to help improve this performance.

Which specific areas will the review examine

Members noted that the Ambulance Service failed to achieve national targets for responding to category B calls and for processes to control infection. The Trust also underachieved with regard to heart attack patients within 60 minutes.

This review wishes to specifically examine the East Midlands Ambulance Service performance, including response times, in rural areas.

The following are some suggested key lines of enquiry general to each scrutiny review undertaken; they can be tailored for each specific scrutiny review. The Committee is invited to consider the key lines of enquiry for this review.

Some suggested key Lines of Enquiry

- Is the service achieving what it set out to achieve?
- What can be improved?
- How does the Trust compare with others?
- What are the community's priorities?
- What are the regional/national/international priorities?
- Are users' needs central to the service?
- What are the strategic and operational risks?
- What intelligence is available to predict future change?
- Is there effective partnership working?

B. Timetable

When will the review commence

February 2007

When will the review conclude?

The Overview and Scrutiny Committee is invited to consider the timeline for this scrutiny review alongside other work programme priorities and other potential scrutiny reviews.

C. Information and consultees

What information do Members require to enable them to start work on the review

Initially all relevant information provided in the reports to the Overview and Scrutiny Committee – 30 October 2006: Health Care Commission Annual Checks and 27 November 2006: East Midlands Ambulance Service – potential future scrutiny

Are there any key witnesses/visits/documents

East Midlands Ambulance Service

How will the review involve the public?

To be considered – all information from the Health Care Commission will be considered

D. Resources

Are there any specific resource implications for the review

Member/Officer time

E. Departmental View

Not applicable

Appendix 2

Healthcare Commission – Annual Health Checks

Background

- A2-1. The Healthcare Commission is the independent inspection body for both the NHS and independent healthcare. The Commission aims to:
- safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public
 - promote the rights of everyone to have access to healthcare services and the opportunity to improve their health
- A2-2. The annual health check was introduced by the Healthcare Commission in 2005-06 as a new approach to assessing and reporting on the performance of NHS Trusts. The Annual Health Check replaced the previous star ratings assessment system.
- A2-3. The health check measures Trusts' performance against 24 core standards which are divided into seven key areas:
- safety,
 - care environment and amenities
 - clinical and cost effectiveness,
 - governance,
 - patient focus,
 - accessible and responsive care, and
 - public health.
- A2-4. Trusts assess their own performance against a number of statements, determine whether they are in compliance, whether they have not met the standard or whether they can provide insufficient assurance either way and then publish their findings in a declaration.
- A2-5. Where a Trust has not met the standard, an action plans must be put in place. The Healthcare Commission will then cross-check the declaration and carry out selective inspections, both random and targeted at those who have identified areas of risk.
- A2-6. The Healthcare Commission requires NHS Trusts to seek comments from relevant third party organisations:
- Patient & Public Involvement Forums
 - Health Overview & Scrutiny Committees
 - Strategic Health Authorities
- A2-7. Trusts are expected to include any comments received in their submission to the Commission. Overview and Scrutiny Committees are not under any obligation to provide a comment and it will not be regarded as a negative reflection on either the Trust or the committee if a committee chooses not to comment. The Healthcare Commission

does however encourage any Overview and Scrutiny Committee declining to comment to give a reason.

- A2-8. The 24 core standards form the basic minimum level of care that Trusts are expected to provide. In addition to the core standards from 2006-07 the Healthcare Commission will assess NHS Trusts against developmental standards to promote improvement to the NHS services.

Further background information on the core standards and developmental standards is available from the Healthcare Commission website - <http://www.healthcarecommission.org.uk> or can be provided to Members by contacting the Scrutiny Team.

Appendix 3

EMAS - Annual Health Checks Performance 2005-06

A3-1. The Annual Health Check rating is split into two scores - **Quality of Services** and **Use of Resources**. For 2005-06 the Trusts that now form EMAS received the following ratings:

Trust	Quality of services	Use of resources
East Midlands Ambulance Service NHS Trust	WEAK	FAIR
Lincolnshire Ambulance and Health Transport Service NHS Trust	FAIR	FAIR
Two Shires Ambulance NHS Trust	FAIR	FAIR

A3-2. The Quality of Service score is based on 3 component parts:

- The Core Standards
- Meeting Existing National Targets
- Meeting New National Targets

EMAS - Core Standards

A3-3. The Healthcare Commission concludes that EMAS met all of the Core Standards.

EMAS - Meeting Existing National Targets

A3-4. The Healthcare Commission states:

“East Midlands Ambulance Service NHS Trust was assessed against all of the 4 existing national target indicators. The organisation achieved 2 indicators, underachieved 1 indicator and failed to meet 1 indicator. The performance of this organisation against the indicators for each of the existing national targets is shown in the table below. These indicators are measures that capture how a particular aspect of a service should be provided.

EMAS - Meeting Existing National Targets

Indicators	Level of performance	
	EMAS	Lincolnshire
The percentage of category A calls receiving a response within eight minutes	Achieved	Achieved
The percentage of category A calls receiving a response within 14 minutes in urban areas or 19 minutes in rural areas	Achieved	Underachieved
The percentage of category B calls receiving a response within 14 minutes in urban areas or 19 minutes in rural areas	Failed	Underachieved
Thrombolysis: increasing the percentage of heart attack patients who receive thrombolysis within 60 minutes of calling for help	Underachieved	Underachieved

East Midlands Ambulance Service NHS Trust was given a score of not met for existing national targets. This means that it automatically received a score of weak for quality of services.

EMAS - Meeting New National Targets

A3-5. The Healthcare Commission states:

East Midlands Ambulance Service NHS Trust was assessed against all of the 5 new national target indicators. The organisation achieved 4 indicators, underachieved 0 indicators and failed to meet 1 indicator. The performance of this organisation against the indicators for each of these new national targets is shown in the table below. Please note: organisations are assessed against all indicators that relate to their various functions.

Indicators	Level of performance
Participation in audits	Achieved
Processes in place to control infection	Failed
Does the organisation comply with key elements of guidelines on treating people who have self-harmed?	Achieved
Response to Taking healthcare to the patient	Achieved
Smoke-free NHS	Achieved

It is suggested that more information be provided on all of these areas by the Trust at the next meeting of the Select Committee.

Appendix 4
Draft programme of 7 meetings

19 March 2007	Set review objectives
14 May 2007	Collect evidence from the Healthcare Commission East Midlands Ambulance Service
June 2007	Collect evidence - Visits
16 July 2007	Feedback from Visits Collect evidence from other sources, identify possible improvement
September 2007	Collect evidence from other sources, identify possible improvement Consider further evidence from the East Midlands Ambulance Service
October 2007	Draft Recommendations
November 2007	Agree final Recommendations

The dates for September, October and November 2007⁶ will be dependant upon the new council diary.