



<b>Time Required</b>	<b>10 mins</b>	<b>Paper No.</b>	<b>PB/12/65</b>
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**Report to:** **EXTRAORDINARY BOARD OF DIRECTORS' MEETING**

**Date:** **05 April 2012**

<b>Subject:</b>	Improving Service Delivery 2012/13
<b>Report by:</b>	Peter Ripley, Director of Operations

### Purpose of Report

The purpose of this report is to give assurance to the Board that actions are being taken across operations and other directorates to improve and sustain service delivery during 2012/13 and beyond. The plan focuses on improving productivity and efficiency, implementing new and innovative ways of working and embedding best practice from other ambulance services.

The plan will be performance managed through the new Performance Committee

### Implications:

#### Quality (including Patient Safety, Staff Safety, Dignity and Patient Experience)

- The plan focusses on improving service delivery with aim of improving the quality of service delivery

#### Human Resources including Equality

- Human resources issues will be considered in implementing each element of the plan.

#### Legal

- N/A

#### Policy

- N/A

#### Financial (including any funding requirements)

- N/A

#### Media/Communications

- N/A

Details of any identified risk(s): No new risks identified	Risk Assessment		
	Consequence (A)	Likelihood (B)	Score (A x B)
<b>Details of mitigation of identified risk(s):</b>			
<b>This paper links to the following Trust Strategies:</b>	N/A		
<b>This paper links to the following Strategic Objectives:</b>	The plan with support the delivery of the Trust's strategic objectives.		

### Recommendation(s)

That the Trust Board is asked to approve the Improving Service Delivery Plan for 2012/13.

<b>Management of Item</b> (delete tick boxes as appropriate)	PMO: Level 1   Level 2	Function <input checked="" type="checkbox"/>
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# East Midlands Ambulance Service NHS Trust

## Improving Service Delivery 2012/13

Area of responsibility	Action	Impact					Timescale	Responsibility	Status		
		R1	R2	A19	G1	G2					
<b>Resource Management Centre</b>	<ul style="list-style-type: none"> <li>RMC to maximise resource utilisation to meet seasonal changes in demand – rolling annual plan developed, which includes school and bank holidays, pay weekends, large events and weather</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	RMC/BIU Manager			
	<ul style="list-style-type: none"> <li>Ensure all EMAS staff that act as Medical First Responders are included and planned in GRS.</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	RMC Manager			
	<ul style="list-style-type: none"> <li>Maximise the events crew for long distance out of area transfers – weekly plan of availability published by RMC*</li> <li>Cover for all long distance transfers and retrievals planned through RMC</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> June	RMC Manager / ADs / Events Manager			
	<ul style="list-style-type: none"> <li>Deep clean teams and fleet department work together with RMC to plan all vehicle movements so A&amp;E crews and managers are not used to move vehicles for service, repair or deep clean. An Implementation Plan for this is required.</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	RMC Manager / Fleet Manager			
<b>Emergency Operations Centre</b>	<ul style="list-style-type: none"> <li>Develop automated dispatch through CAD</li> </ul>	✓	✓	✓	✓		1 <sup>st</sup> August	DD of Ops			
	<ul style="list-style-type: none"> <li>Increase utilisation of CFR schemes – automatic texts to be utilised</li> </ul>	✓	✓	✓			1 <sup>st</sup> June	DD of Ops			
	<ul style="list-style-type: none"> <li>Implement Red 2 changes as soon as agreed by DoH.</li> </ul>		✓	✓			1 <sup>st</sup> June	DD of Ops			
	<ul style="list-style-type: none"> <li>Increase HAT of Red 2 and Green 1 and 2 calls to ensure the most appropriate clinical response</li> </ul>		✓	✓	✓		1 <sup>st</sup> April	DD of Ops			
	<ul style="list-style-type: none"> <li>Revise protocols for sending multiple resources to the same incident and thereby reduce the number of multiple dispatches to the same incident by 50%.</li> <li>Stop resources self activating – all activations</li> </ul>	✓	✓	✓			1 <sup>st</sup> April	DD of Ops/AD's			

	should be agreed through local dispatch desk											
	<ul style="list-style-type: none"> <li>Reduce the number of abortive/cancelled journeys (linked to Red 2 changes)</li> </ul>		✓	✓			1 <sup>st</sup> June	DD of Ops				
	<ul style="list-style-type: none"> <li>Revise Hospital Transfer procedure to reprioritise inter hospital transfers based on clinical need in order to reduce the number of inappropriate immediate responses.</li> </ul>			✓			1 <sup>st</sup> April	DD of Ops / Deputy Medical Director				
	<ul style="list-style-type: none"> <li>Develop protocol for A19 management in the EOC's</li> </ul>			✓			1 <sup>st</sup> April	DD of Ops				
	<ul style="list-style-type: none"> <li>Stop ring fencing ECPs for A8 and allow them to respond to all calls with emphasis on SAT/SAR</li> </ul>	✓	✓		✓	✓	1 <sup>st</sup> April	DD of Ops				
	<ul style="list-style-type: none"> <li>Call pick up 95% in 5 seconds – review utilisation of call handling capacity.</li> </ul>	✓	✓	✓			1 <sup>st</sup> Sept	DD of Ops				
	<ul style="list-style-type: none"> <li>Call pick up to assign: 80% within 45 seconds – review processes to improve productivity</li> </ul>	✓	✓				1 <sup>st</sup> July	DD of Ops				
	<ul style="list-style-type: none"> <li>Manage sickness absence to less than 5%*</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> August	DD of Ops / ADs				
	<ul style="list-style-type: none"> <li>Improve the quality of data recorded, including ensuring sequential call cycle times and recording all clinical handover times – changes made to CAD to facilitate this</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	DD of Ops				
	<ul style="list-style-type: none"> <li>Break crews as early as possible to ensure all crews receive a break within their meal break window. Review of dispatch processes to facilitate change.</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	DD of Ops				
	<ul style="list-style-type: none"> <li>Develop SOP to stop crews being passed late jobs unless life threatening in the last 15 minutes of their shift to ensure resources are available for next shift</li> </ul>	✓	✓	✓			1st July	DD of Ops				
<b>Business Intelligence Unit</b>	<ul style="list-style-type: none"> <li>Review standby plan to be time of day sensitive – develop dynamic standby plan</li> <li>Develop FRV 'hot zones' to increase utilisation</li> </ul>	✓	✓	✓			1 <sup>st</sup> June	BIU Manager / AD's/SDM EOC				

	<ul style="list-style-type: none"> <li>RMC to maximise resource utilisation to meet seasonal changes in demand – rolling annual plan developed, which includes school and bank holidays, pay weekends, large events and weather</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	RMC/BIU Manager			
	<ul style="list-style-type: none"> <li>Make more effective use of the data we hold to predict future demand – support RMC with development of annual plan</li> <li>Adopt UHU methodology to determine resource requirements based on predicted demand</li> </ul>	✓	✓				1 <sup>st</sup> June	BIU Manager/RMC Manager			
<b>Divisional</b>	<ul style="list-style-type: none"> <li>Review all rosters, especially for FRVs to ensure demand sensitive and convert spare capacity in to additional UCA crews</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> October	ADs			
	<ul style="list-style-type: none"> <li>Increase Urgent Care ambulances through review of rosters (links to above point)</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> October	ADs			
	<ul style="list-style-type: none"> <li>Improve mobilisation of 1<sup>st</sup> to scene by 5 seconds</li> </ul>	✓	✓	✓			1 <sup>st</sup> July	ADs			
	<ul style="list-style-type: none"> <li>Reduce average on scene time by 3 - 5 minutes – based on improved clinical practice</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> July	ADs /Deputy Medical Director			
	<ul style="list-style-type: none"> <li>Reduce overall turnaround time by 8 minutes – this includes working with all acute hospitals to develop joint processes to ensure all patients are handed over within 15 minutes and also ensures all crews book clear within 10 minutes post handover</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> July	ADs			
	<ul style="list-style-type: none"> <li>Ensure all clinical handover times are recorded</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> July	ADs / DD of Ops			
	<ul style="list-style-type: none"> <li>Manage sickness absence to less than 5%*</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> August	ADs / DD of Ops			
	<ul style="list-style-type: none"> <li>Maximise the events crew for long distance out of area transfers – weekly plan of availability published by RMC*</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> June	ADs / Events Manager/RMC Manager			
	<ul style="list-style-type: none"> <li>Review all secondments and bring staff back to frontline services.</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	ADs			

	<ul style="list-style-type: none"> <li>Where appropriate bring staff on long term sick back on light duties to support handover at hospitals and to support essential vehicle movements.</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> May	ADs			
<b>Emergency Preparedness</b>	<ul style="list-style-type: none"> <li>Review the role of HART in supporting performance delivery including the provision of a HART DCA</li> </ul>	✓	✓	✓			1 <sup>st</sup> May	DD of EP			
<b>Service Delivery Model</b>	<ul style="list-style-type: none"> <li>Reduce the amount of downtime for essential education by educating staff in the workplace through the new Clinical Team Mentor role</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> August	AD Ops Support / Head of Education			

#### Additional actions subject to contract agreement

<b>Divisional</b>	<ul style="list-style-type: none"> <li>Contract with Voluntary Aid Societies for the provision of Urgent Care Crews</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> April	AD's			
	<ul style="list-style-type: none"> <li>Use of PTS crews at weekends for Urgent Care activity</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> April	AD's			
	<ul style="list-style-type: none"> <li>Recruitment of additional staff for Urgent Care Crews – subject to baseline review</li> </ul>	✓	✓	✓	✓	✓	1 <sup>st</sup> September	AD's			

\* Action has been repeated in all sections relevant to the individuals responsible.