

# A YEAR IN REVIEW

2022/23

**NHS**  
East of England  
Ambulance Service  
NHS Trust



#WeAreEEAST 

[www.eastamb.nhs.uk](http://www.eastamb.nhs.uk)

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# Introduction

Patient care is at the core of what we do here at the East of England Ambulance Service NHS Trust (EEAST). We provide help and support in the most difficult and challenging situations for our patients and communities, and we are committed to delivering safe, high quality, care for all who need our services.

In terms of regulation, we saw positive progress from our last Care Quality Commission (CQC) inspection in April 2022, whilst recognising that there is still much more to do. We continue to make good progress against the actions set out from CQC inspections and at the time of writing, the CQC has lifted two conditions against our registration, and we are working towards the closure of a further 6 conditions.

**As our progress continues throughout the year, quarterly updates to this document will be posted to highlight the continued work and the effort and commitment being made by all to move EEAST to a Good/Outstanding rating.**



## Our last CQC report and overview of the year since then

The CQC inspect organisations through five Key Lines of Enquiry (KLoE) to determine whether:

- we are **safe**.
- we are **effective**.
- we are **caring**.
- we are **responsive** to people's needs.
- we are **well led**.

Between 5 April and 6 April 2022, the Care Quality Commission (CQC) undertook a comprehensive short notice announced inspection of emergency and urgent care (EUC) and emergency operations centre (EOC) core services. The CQC also carried out a well-led inspection for the Trust overall between 4 May and 5 May 2022.

The Trust's rating improved to 'requires improvement' overall, however it was recommended to NHS England and NHS Improvement (NHSEI) that the Trust remained in the Recovery Support Programme to ensure continued relevant support to make the changes identified during their inspection.

| Overall trust quality rating | Requires Improvement ● |
|------------------------------|------------------------|
| Are services safe?           | Requires Improvement ● |
| Are services effective?      | Requires Improvement ● |
| Are services caring?         | Good ●                 |
| Are services responsive?     | Requires Improvement ● |
| Are services well-led?       | Requires Improvement ● |

# Progress we've made since the inspection



## 1. Are services safe?

### Mandatory training and appraisals

#### WE HAVE:

**Reviewed and unbundled mandatory training** and clarified how frequently it needs to be renewed. Our statutory mandatory training compliance at the end of March was **87%** against our target of 85% (a 22% increase compared to 63% in 2022).

Data source: EEAST's Evolve compliance report, April 2023.



#### **Amended the appraisal documentation**

to make it easier for line managers to have meaningful discussions with the people they manage. Appraisal compliance was at 75% as of March 2023 (against a target of 80%). Work is also underway to identify and implement a new digital appraisal system.



**APPRAISAL COMPLIANCE 75%**

**TARGET 80%**



**Converted key managers' training** to a mix of face-to-face and online to make it easier to access.



# Progress we've made since the inspection



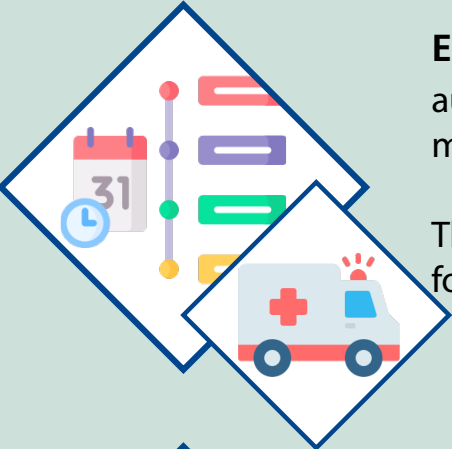
## 1. Are services safe?

### Infection prevention control (IPC)

#### WE HAVE:

**Established** a robust and comprehensive audit schedule with over **95%** completed month on month.

This **meets our IPC compliance target** for premises (90%) and vehicles (85%).



**Enhanced** our auditing of EOCs.



### Clinical supervision

#### WE HAVE:

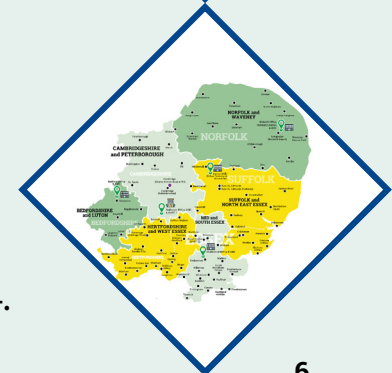
**Approved** a new Clinical Supervision Policy.



**Appointed** a Clinical Supervision Lead to oversee implementation and monitoring of the process.



**Begun clinical supervision** in Suffolk & North East Essex, Cambridge & Peterborough and Norfolk & Waveney with a plan in place for the remaining geographical areas within EEAST to be following the same model by March 2024.



# Progress we've made since the inspectio

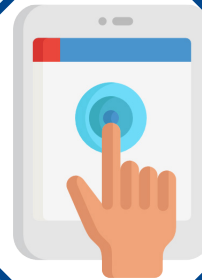


## 1. Are services safe?

### Safeguarding

#### WE HAVE:

Provided access to the summary care record to enable clinicians to access important patient information created from GP records. **Complete across all six sectors of the Trust via the iPad device rollout of more than 4,000 units to clinical staff.**



**Provided access to the Child Protection Information Sharing register before discharge on scene leading to ensure the safety of our patients.**



Exceeded the **90%** compliance target for levels 1 and 2 safeguarding training.



**Introduced Level 3 Safeguarding training** for all EEAST registrants. More than 1,000 registered staff have completed this training so far.

Continued to develop the Single Point of Care (SPOC) to **support our clinicians 24/7.**



**Successfully lifted** two of CQC Section 31 conditions relating to recruitment.



# Progress we've made since the inspection



## 1. Are services safe?

### Estates

#### WE HAVE:



Started **implementing our Estates EOC Improvement plan**. Phases 1 and 2 are finished and the plan will be completed in March 2025.



Rolled out **enhanced face-to-face fire training** across the Trust. Priority on the large footfall areas (EOC and HQ).  
  
Delivery of the specialised fire training will begin in autumn 2023.

### Medicines

#### WE HAVE:

Introduced **temperature monitoring** for all medicines and established a clear escalation procedure in the event of non-compliance.



Introduced a **single system-wide process** which has successfully reduced incidents relating to CDs





# Progress we've made since the inspection



## 1. Are services safe?

### Incidents, safety, performance and patient risk

#### WE HAVE:

Rolled out a **Mental Health Response book** to all EEAST clinicians to help decision making and support knowledge.



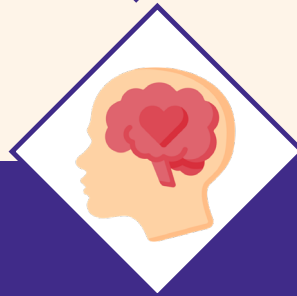
Voluntary roll out of **body worn cameras** for frontline use.



**Improved collaborative working** between the patient safety and patient experience teams so that we identify themes and trends.



**Converted key managers' training** to a mix of face-to-face and online to make it easier to access.



**Recruited EEAST mental health nurses** to support assessment, clinical decision making and promote better outcomes for patients.



Begun the introduction of the **Patient Safety Incident Reporting Framework** within EEAST.



**Offered PROMPT** (Practical Obstetric Multi-Professional Training) to all EEAST technicians and registrants.

# Progress we've made since the inspection



## 1. Are services safe?

### Staffing

#### WE HAVE:



**Put in place** a strategic workforce plan for frontline staff and EOC recruitment, in line with our new Urgent and Emergency Care Strategy.



**Reviewed** our induction programme



**Put in place** a programme to ensure all call handlers receive appropriate training to become qualified.



**Appointed** an Interim Chief Allied Health Professional to promote and support strategic leadership of all registrants from all backgrounds.

### Records

#### WE HAVE:

**Introduced** a patient care record (PCR) quality and safe discharge form audit.



**Increased security** around confidential information through the increased use of ePCR



Made the **electronic ROLE forms** available on iPads



# Progress we've made since the inspection



## 2. Are services effective?


### Evidence based practice

#### WE HAVE:

Developed our **Clinical Audit Plan** in line with best practice as identified by the Healthcare Quality Improvement Partnership.



**Designed** our local audit in line with evidence-based practice, for example JRCALC.

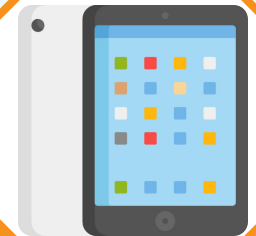


**Completed 88%** of all locally defined clinical audits, with the remaining 12% in the planning phase.

### Consent

#### WE HAVE:

We have made our **Capacity to Consent form available electronically** on Trust issue iPads. The Capacity to Consent form completion audit will be completed by autumn 2023.



# Progress we've made since the inspection



## 2. Are services effective?

### Research

#### WE HAVE:



Recruited **654 participants** (patients and staff).



Approved **nine** high quality research studies. This includes a use of blood ketone meters to improve ambulance hyperglycaemia care study, a mixed-methods study of female ambulance staff experiences of the menopause transition and a cardiac arrest decision making study.

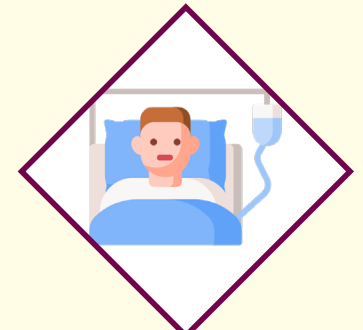


**Sponsored a menopause study** with findings shared across all UK ambulance services.

### Effectiveness of treatment

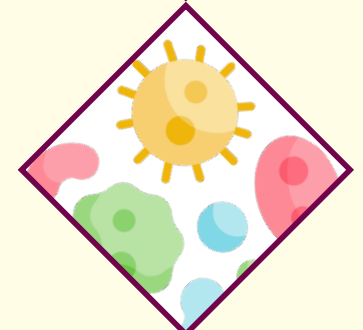
#### WE HAVE:

**Continued high levels of compliance** for Stroke diagnostic, STEMI and post ROSC care bundles.



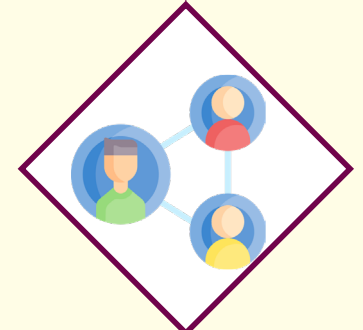
**EEAST is the highest performing Trust for Stroke care at 99.6%.**

Introduced ECP practice audits (for example, use of antimicrobials).



**6 out of 8 indicators achieved 100% compliance.**

Ensured that areas for **improvements specific to clinical audit** are shared with the learning and development team and clinical colleagues throughout EEAST.



# Progress we've made since the inspection



## 3. Are services caring?

### Patient experience

#### WE HAVE:



**Co-produced** the Patient and Public Involvement Strategy with our patients



**Carried out bespoke surveys** with various patient groups including Emergency Intervention Falls vehicle, young patients, maternity care and dementia.



**Achieved** high levels of patient experience with **98.7%** of patients feeling they had been treated with dignity and respect and **99.5%** of patients feeling that their privacy had been respected.



Completed a survey about **young people's mental health** via Instagram with **4,825** views. The results are feeding into our call handler training.



**Introduced** Easy Read surveys.

# Progress we've made since the inspection

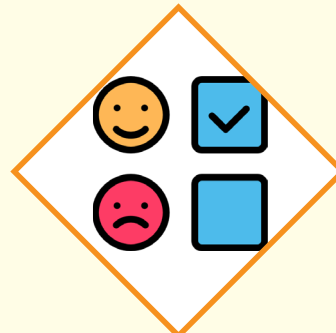


## 3. Are services caring?

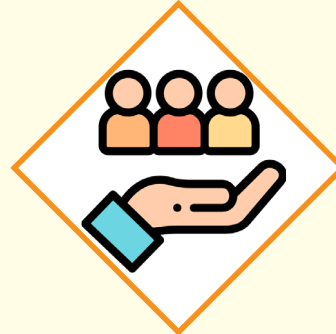
### Complaints and concerns

#### WE HAVE:

**Reviewed** EEAST's complaints policy and resolved **60%** of complaints within agreed timescales. This is a **100% increase** in the last 12 months.



**Provided additional support** and guidance for local teams to support effective complaint investigations.



**Allocated** more investigation time to complex cases to ensure robust and effective investigations take place.



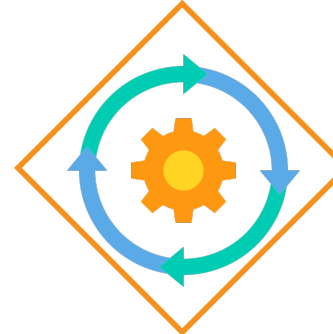
### Equality, diversity and inclusion

#### WE HAVE:



Equality, Diversity and Inclusion training is available to all staff via our courses:

- Equality made simple - Incorporating unconscious bias,
- Getting to know the diverse networks within EEAST, and
- Disability awareness.



**Implemented** the Equality Delivery System 2022 to drive service improvements and **meet the requirements of the Equality Act 2010.**

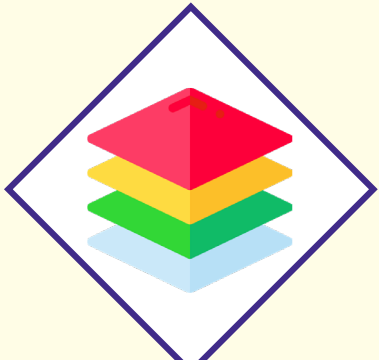
# Progress we've made since the inspection



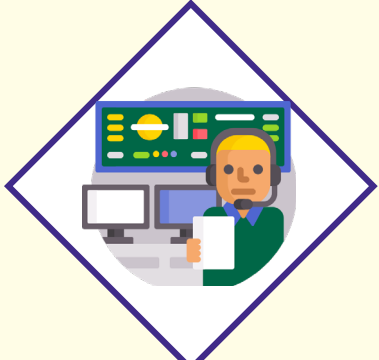
## 4. Are services responsive?

### Response

#### WE HAVE:



**Piloted and expanded** system provider 'Access to the Stack' to manage C3-C5 calls directly into appropriate alternative pathways. In April we passed **1919** calls to other providers via Access to the Stack.



**Begun to expand** our ECAT function to move towards a wider clinical assessment service.

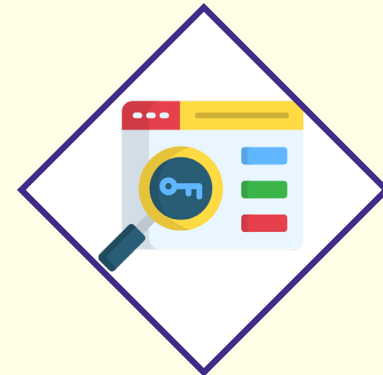


**Improved** the EOC estate at Chelmsford. This includes the introduction of 'rise and fall' desks, which give the user the option to sit or stand while working.

We have recruited over **300** additional call handlers against our target of **330** as well as reducing turnover by **5%**.



**Added** key words to CAD to increase timely recognition of C1 calls.



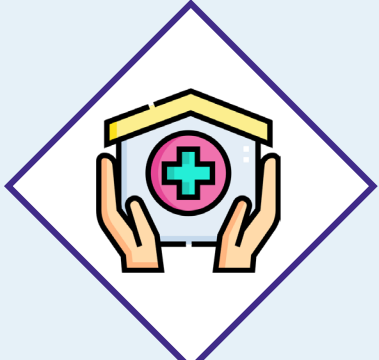


### Meeting individuals needs

#### WE HAVE:



**Introduced PRactical Obstetric Multi-Professional Training (PROMPT)** to better support our clinicians in managing maternity patients.



**Introduced palliative care paramedics** in collaboration with a hospice which has seen us improve how we support those patients at the end of their lives.



**Introduced a model of advanced practice** in both critical and urgent care which has seen us keep over 2000 patients at home since Christmas.

**Introduced access to Child Protection Information** sharing service and summary care record to identify and effectively manage complex and additional needs.



**Appointed** a complex care lead at EEAST.





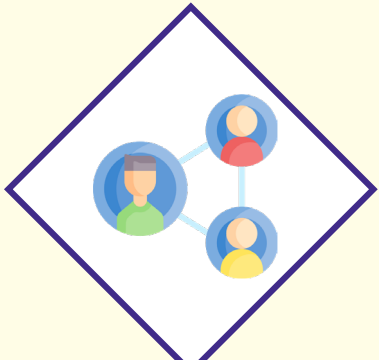
# Progress we've made since the inspection



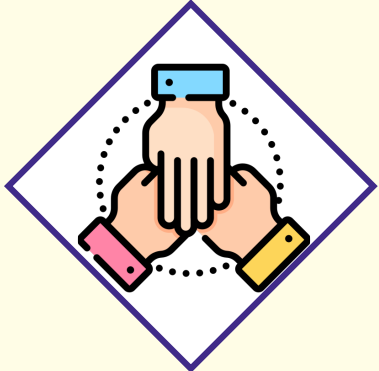
## 4. Are services responsive?

### Complaints and concerns

#### WE HAVE:



**Shared learning** from complaints and incidents in Safety Matters and via Podcasts.

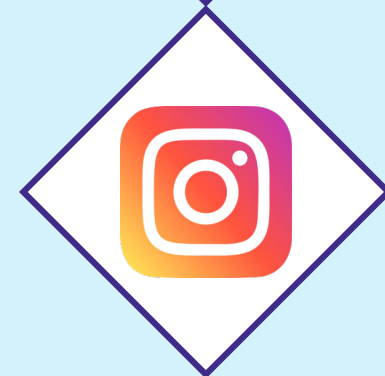


**Received recognition** of our co-produced Patient and Public Involvement Strategy as a best practice case study in the NHS Statutory Guidance for Working with People and Communities.

**Compliance for complaints** against timescales is now **81%** - up from 18% in September 2022.



Our **Young People's Mental Health Instagram survey** and Easy Read surveys were co-produced with patients and are making positive changes to the wider system.



# Progress we've made since the inspection



## 5. Are services well-led?

### Time to Lead

We have introduced **Time to Lead** - to better support our frontline managers and increase the number of people we have in key roles. As a result, we are increasing the number of frontline managers so that they can support their teams to be more effective. We are also increasing the support for these managers.

This means each manager will have fewer direct reports, going from a 1:40 ratio to 1:15 ratio, allowing them to spend more time on staff support and development, along with engagement and culture change. This ratio change could take up to 12 months.

We are also providing additional admin support to further support local managers and additional roles of clinical manager to improve patient care, as well as well-being managers to support staff. A re-consultation exercise will be undertaken during summer 2023. We will listen to constructive suggestions and feedback on the structure and roles before implementation.

### WE HAVE:

Received **Board approval** for the [EEAST Urgent and Emergency Clinical Strategy](#) to establish an effective clinical model and strategic Workforce Plan Strategy.

This has been circulated to ICB Boards. The strategy has been underpinned by a **£27 million investment from NHS England**.

### Vision and strategy



# Progress we've made since the inspection



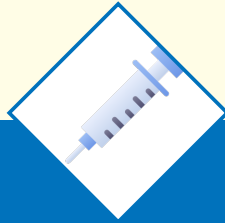
## 5. Are services well-led?

### Wellbeing

#### WE HAVE:



Agreed permanent funding and an upgrade of our **welfare wagons** at hospitals.



Delivered the **annual Flu vaccination** programme.

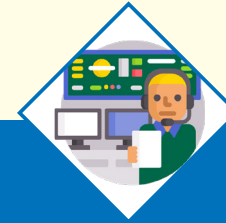
With **86%** of staff having the vaccine, in line with the national average.



Approved the first few dogs to become **Wellbeing Support Dogs**, with 37 in the pipeline.



Published our **breastfeeding policy** and begun to implement this across the Trust.



**Trialled resilience training** in our EOCs.



**Expanded** our Trauma Risk Management (TRiM) teams including advanced TRiM practitioners.

**Adopted The Ambulance Staff Charity (TASC)** initiative to provide our staff with access to a 24/7 ambulance staff crisis phonenumber to provide immediate and ongoing suicide and mental health care.



Paired our non-executive and executive directors with sectors to **increase visibility and effectiveness.**

# Progress we've made since the inspection



## 5. Are services well-led?

### Engagement

#### WE HAVE:



Published the results of surveys of BME, LGBT colleagues and colleagues living with a disability or neurodiversity and **our Inclusivity Plan** is in place.



**Increased communications around Fit for the Future** through podcasts, blogs, increased use of social media and Q&A sessions.

Achieved the highest completion rate of the National NHS Staff Survey seen by EEAST **at 60%** in 2022.

EEAST is **1 out of 7 comparable Trusts** in year-on-year improvement.

Continued to deliver **weekly Q and As** at Trustwide and local level.



# Progress we've made since the inspection



## 5. Are services well-led?

### Governance

#### WE HAVE:



**A new Executive Leadership Team** who are providing stability and direction to the Trust.



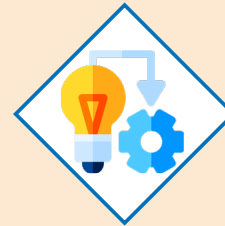
**Established Fit for the Future** to drive change and transformation within the Trust.



**Enhanced the robust use of committees** up to Board level to ensure clarity, visibility and effective oversight.

### Managing performance

#### WE HAVE:



**Begun to implement** the Operational Performance Improvement Plan throughout EEAST.



**Implemented Access to Stack** with aim of reducing patient harm.



**Improved call pick-up times to 00.00.02.** 44% of our calls were answered within 2 mins (April figure).



**Put in place** daily oversight through Tactical Operations Cell.

For the latest call pick-up time figures, please see the Trust Board papers.

# Progress we've made since the inspection



## 5. Are services well-led?

### Culture

#### WE HAVE:



Seen an **increase in the Freedom to Speak Up (FTSU) casework** – with 281 cases - which indicates to people that action will be taken. We are in the top 10 most improved trusts for FTSU.



**Reduced the number of ER cases** and improved the quality of management of these cases with 46% completed within the approved timescales.



Put in place a **3-year Inclusivity Plan** which will address issues raised in our surveys of BME, LGBT colleagues and our people who are living with a disability.



**Established our culture dashboard** to measure improvements in our culture.



Seen a **reduction** in the number of staff **experiencing bullying and harassment** (raised through FTSU) from 115 in 2021-2022 to 59 in 2022-2023. In 2022, **46%** of people felt safe to speak up, just below the national average of 52%.

### Annex: Top 10 most improved organisations

| Organisation  | Benchmarking group   | Freedom to Speak Up sub-score 2022 | Change from 2021 sub-score | CQC well-led rating* |
|---|--|------------------------------------|----------------------------|----------------------|
| Dudley Integrated Health and Care Trust                   | Community  | 7.1                                | +0.3                       | Good                 |
| First Community Health and Care                           | Community  | 7.6                                | +0.2                       | Good                 |
| East of England Ambulance Service NHS Trust               | Ambulance  | 5.5                                | +0.2                       | Requires improvement |
| Pennine Care NHS Foundation Trust                         | Mental Health & Learning Disabilities and Mental Health, Learning Disabilities & Community | 6.8                                | +0.2                       | Requires improvement |
| Harrogate and District NHS Foundation Trust               | Acute & Acute Community  | 6.6                                | +0.2                       | Good                 |
| CSH Surrey  | Community  | 6.9                                | +0.2                       | Good                 |
| Tameside and Glossop Integrated Care NHS Foundation Trust | Acute & Acute Community  | 6.4                                | +0.2                       | Good                 |
| Yorkshire Ambulance Service NHS Trust                     | Ambulance  | 6.1                                | +0.2                       | Good                 |
| United Lincolnshire Hospitals NHS Trust                   | Acute & Acute Community  | 5.9                                | +0.2                       | Good                 |
| Liverpool Women's NHS Foundation Trust                    | Acute Specialist   | 6.8                                | +0.2                       | Requires improvement |

\*CQC well-led ratings correct as of 4<sup>th</sup> April 2023

## Conclusion

Our vision for the Trust is: **Outstanding care, by exceptional people, every hour of every day.**

Of course, we all want to continuously improve the quality of the care that we provide all year round. Fit for the Future is the overarching programme for all of our transformation projects which will improve the Trust for our patients, communities and our people.

For more information:  
Please contact [CQC.Group@eastamb.nhs.uk](mailto:CQC.Group@eastamb.nhs.uk)