



**NHS**

East of England  
Ambulance Service  
NHS Trust



Delivering **safe, high quality and compassionate care** to our patients through continuous improvement

A CQC guide for all staff and volunteers

# Our vision, goals and values

## Vision

Outstanding care, exceptional people, every hour of every day.

## Goals

Be an exceptional place to work, volunteer and learn.

Provide outstanding quality of care and performance.

Be excellent collaborators and innovators as system partners.

Be an environmentally and financially sustainable organisation.

## Values



We value warmth, empathy and compassion in all our relationships.



Together as one, we work with pride and commitment to achieve our vision.



We strive to consistently achieve high standards through continuous improvement.



We value individuals, including our patients, our staff and our partners in every interaction.



We value a culture that has trust, integrity and transparency at the centre of everything we do.

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# Foreword from Melissa Dowdeswell



**Hello – my name is Melissa Dowdeswell, and I am the Director of Nursing, Clinical Quality and Improvement and Acting Chief Operating Officer.**

Following the Care Quality Commission (CQC) inspection in 2020 which identified concerns around safeguarding of patients and staff, the CQC took enforcement action which included imposing conditions to EEAST's registration and placed the Trust in 'special measures'.

During the April 2022 visit it was noted significant improvements had been made and I am pleased to say the CQC has now removed a number of these conditions.

The lifting of these conditions by the CQC came about because of strengthening our policies and processes to ensure safety and robust monitoring and audit. The Trust is a step closer to coming out of 'special measures' and shows greater confidence in the sustainability of improvements we are making.

The safeguarding team has continued to develop, the Trust now has a named safeguarding lead for each clinical sector. This has enhanced the already present relationships across other emergency services, health, social and educational organisations, with a specific focus on multi-agency training enabling a collaborative approach to keep our communities safe.

In recent months we have seen the clinical strategy come to life. This has engaged our community and partner organisations to ensure we have a clear model that is fit for the future and works in collaboration with the wider urgent and emergency care plans across the region and within specific sectors.

Over this year improvements have been made in the quality and safety portfolio as well as our operational performance. However, I do not underestimate the work we have ahead of us to ensure continuous sustainable improvement. We will focus on our culture to be the best we can be, a place where people are proud to work and be associated with, as well as ensuring the quality and safety of our community.

Finally, if you are unsure of anything please ask your line manager or any queries can be directed to our email address [CQC.Group@eastamb.nhs.uk](mailto:CQC.Group@eastamb.nhs.uk). I want the CQC visit to be a positive experience and for everyone to be proud of working for EEAST.

Thank you for your help and support.

**Melissa Dowdeswell**  
**Director of Nursing, Clinical Quality & Improvement and Acting Chief Operating Officer**

# The CQC

## The CQC's purpose:

- They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve.

## The CQC's role:

- They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and then publish what they find, including performance ratings to help people choose care.

## The CQC principles:

- They put people who use services at the centre of their work.
- They are independent, rigorous, fair and consistent.
- They have an open and accessible culture.
- They work in partnership across the health and social care system.
- They are committed to being a high performing organisation and apply the same standards of continuous improvement to themselves that they expect of others.
- They promote equality, diversity and human rights.



Rating for ambulance services						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Requires Improvement ↓ Jul 2022	Requires Improvement ↓ Jul 2022	Good ↔ Jul 2022	Requires Improvement ↓ Jul 2022	Inadequate ↓ Jul 2022	Requires Improvement ↓ Jul 2022
Patient transport services	Requires Improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Emergency and urgent care	Requires Improvement Jul 2022	Requires Improvement Jul 2022	Good ↓ Jul 2022	Requires Improvement ↓ Jul 2022	Requires Improvement ↔ Jul 2022	Requires Improvement ↔ Jul 2022
Resilience	Good Jul 2019	Good Jul 2019	Not rated	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

# What the CQC will be looking for

**Our patients are our number one priority. Every member of staff and every volunteer has a part to play in improving patient care as part of our improvement journey.**

Preparation for a core Care Quality Commission (CQC) visit never stops. It is really important that we capture all the positive achievements since the last inspections in 2020 and 2022, while acknowledging the areas that require further improvement that are being worked upon. These include the recent improvement notices received from the core service inspections and the progress we have made on these (see page 14).

Like all healthcare providers, we continue to strive to improve patient care and put in place a good working environment for staff that supports this. The next visit from our colleagues at the CQC is an opportunity to demonstrate the many ways in which we are doing this.

The CQC last inspected our core services of Emergency and Urgent Care (EUC) and Emergency Operations Centres (EOC) in April 2022. They found that we continued to offer good patient care, but other areas of the service needed improvement such as mandatory training compliance, support for local managers and environmental/buildings improvements.

Our current overall rating is Requires Improvement. They will be looking for signs of improvement in those areas along with reassessing our performance across other areas of patient care.

The most recent CQC inspection report from our core service inspection in 2022 can be found at the following link: [EEAST CQC Report 2022](#) . Ratings for the whole trust can be found on the following page.

**This guide has been designed to help you prepare for an inspection of our Trust's sites and services.**

We want you to feel proud of the care you deliver on a daily basis and be able to demonstrate this. This guide aims to help explain the key elements of the core inspection and give tips and guidance on the kind of things that the inspectors are likely to look at and may want to talk to you about. It will also remind you about the most important elements of what we do as an organisation and your achievements within your teams.

Inspectors may speak to the Trust senior leaders, local managers and members of staff and volunteers, as well as people working for partner organisations. With any preparation, it is important that everyone providing care and support to our patients has access to information and guidance to help them think about what they might be asked and how they might respond.

# What areas the CQC inspect?

The CQC will ask questions around five key themes, based on the quality of services that matter most to patients.



Opposite are the five key questions that we should ask ourselves at all times.

## Are we well-led?

Is there effective leadership, governance and clinical involvement at all levels, and is there a fair and open culture which listens and learns and improves patient and staff experience?

Examples would include how well the Trust strategy and vision has reached all staff and how risk, corporate governance and information are used to promote learning and improvement.

## Are we safe?

Are patients and staff protected from physical, psychological or emotional harm or abuse?

Safeguarding our patients and staff is a key focus, but other examples are how well we manage and provide medication and how we learn from serious incidents linked with patient safety.

## Are we responsive?

Are patients receiving treatment or care at the right time, without excessive delay, and does the service tailor how it meets the needs of specific groups such as people with dementia, learning disability, physical disability or people from black and minority ethnic backgrounds?

Not only do we measure this against the ambulance response targets, but an important factor is how we deal with complaints and concerns received in a timely manner.

## Are we caring?

Are patients treated with compassion and dignity, and involved in decisions about their care?

Our patient survey results help us evidence how well we are achieving and maintaining our outstanding care for patients.

## Are we effective?

Are patients' needs met and is care in line with national guidelines and NICE quality standards, promoting the best chance of getting better? Examples would include how staff gain their skills and knowledge, how it is provided and how well the Trust are achieving the ambulance quality indicators (care bundles).

# Your part in shaping the inspection

**Organisations which do well at inspection don't just succeed because they have a good story to tell – they are confident and shape their inspection.**

**Everyone has a part to play in being proactive about sharing good practice and positive stories about what has changed since last year.**

## What are the inspectors interested in?

Inspectors want to hear about the good news as well as the areas where improvement is needed. They want to be told about:

- The good work you and your colleagues do (especially what you are proud of)
- Any areas which you know might need improvement – and the plans in place or being developed to make this happens.
- Changes in the last 12 months, now and the future.

## To get the most out of your conversations with inspectors think about:

### Asking for advice

If you haven't been through an inspection before many of your colleagues will have been; ask for their advice. In addition, please do contact EEA's CQC Group if you have any specific questions ([CQC\\_Group@eastamb.nhs.uk](mailto:CQC_Group@eastamb.nhs.uk))

### Planning

Take time to think about what has changed in your area, and the Trust more generally, that is relevant to the five domains of inspection (see page 7)

### Communicating clearly

- When you are being asked lots of questions it can be hard to get your message across. If you need to, take a moment to gather your thoughts before answering – or to ask an inspector to repeat or clarify their question.
- If you don't know the answer to something but you do know how you would find out, then that's a perfectly legitimate line to take – describe the process. Show you were listening. Inspectors often point out to staff

something they have seen which isn't compliant. If you believe something has not been reported or interpreted incorrectly, it's okay for you to correct it or report it.

This is compassionate care in practice and helps show how important supporting patient care and staff are to us.

### Preparing examples of good work

Preparation for any interview is good practice.

Thinking beforehand about any improvements you have been involved with – especially relating to safety, and caring will help you better prepare and remember.

The following questions have been useful at previous inspections in providing an idea of what inspectors would like to know about.

#### Ask yourself:

- What have we done in the last 12 months to improve safety for patients?
- What has the Trust, or you, personally done that demonstrates going the extra

mile to care for patients?

- What are you proud of? What are the plans to make improvements?
- Have you made changes due to complaints you are aware of?
- Have you made changes because of knowledge of good practice elsewhere? The CQC want to hear what **difference** those actions have had – on patients and on staff. You can also use specific patient stories to illustrate your point.

### Painting a picture

- Do not assume that the inspectors are familiar with EEASt or even our part of the country. You may need to provide some basic factual information.
- Think about what materials would help you tell your story. Sometimes something visual makes it easier to get the message across.

You can find a template on pages 26 and 27 to help you make notes about what you and your colleagues want to tell the inspectors.

# Our last inspection

In our last core services inspection of 2022 (Emergency and Urgent Care (EUC) and Emergency operations Centre (EOC)), the CQC told us where we must and should improve.

## Action the Trust MUST take to improve:

### Emergency and Urgent Care

- The service must ensure it provides mandatory training in key skills to all appropriate staff and volunteers. (Regulation 17).
- The service must ensure that it has enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and or to provide the right care and treatment. (Regulation 18).
- The service must ensure that all staff receive appraisals, one- to-one support and that clinical staff receive clinical supervision. (Regulation 18).
- The service must ensure it continues to develop its staff engagement processes to improve staff wellbeing and respond to staff concerns within the service. (Regulation 17).
- The service must improve access to resources to support local managers take action to manage behaviours that do not meet the trust values. (Regulation 17).
- The service must ensure the application and recruitment process for internal promotion is open and transparent. (Regulation 17).
- The service must ensure people can access the service when they need it, and that response times for calls are in line with national standards. (Regulation 17).

### Emergency Operations Centre

- The service must ensure it provides mandatory training in key skills to all appropriate staff and volunteers. (Regulation 17).
- The service must ensure that it has enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and or to provide the right care and treatment. (Regulation 18)
- The service must ensure that all staff receive appraisals, one-to-one support and that clinical staff receive clinical supervision. (Regulation 18)
- The service must ensure the design, maintenance and use of facilities and premises always keep people safe. (Regulation 15).

- The service must ensure staff complete risk assessments for each patient comprehensively to remove or minimise risks and update the assessments. (Regulation 17).
- The service must ensure people can access the service when they need it, and that waiting times for calls and dispatch of resources are in line with national standards. (Regulation 17).
- The service must ensure it continues to develop its staff engagement processes to improve staff wellbeing and respond to staff concerns within the service. (Regulation 17).

### Actions the trust SHOULD take to improve:

#### Trust wide

- The trust should ensure all staff are informed and engaged with in relation to the Fit for the Future programme. (Regulation 17).
- The trust should ensure there is a policy in place to support women, including those who are breast feeding back into the workplace following maternity leave. (Regulation 17).
- The trust should ensure they engage with and act on feedback from all staff, particularly from those represented with protected characteristics. (Regulation 17).
- The trust should continue with the pace of addressing cultural issues.

#### Emergency and Urgent Care

- The service should ensure that training opportunities are available and that the application process for training places is open and transparent.
- The trust should ensure there a systems and processes in place to support staff when skill mix is adjusted due to operational demands.

#### Emergency Operations Centre

- The service should ensure that it introduces and uses electronic information and data systems to improve performance regarding patient waiting times and to dispatch resources in line with national standards.

Overleaf is a table of the most recent commentary as to how the Trust has delivered or working towards the Must dos and Should Dos from the last core inspection.

# Our last inspection

## CQC report

## Position in 2023

The Trust must ensure it provides mandatory training in key skills to all appropriate staff and volunteers.  
(Mandatory - 95%)

Some teams are currently achieving over 95% compliance meeting the Trust target, however, some teams remain below target level. This is monitored through regular Learning and Development reporting and disseminated to managers throughout EEAST.

The Trust must improve access to resources to support local managers to take action to manage behaviours that do not meet the trust values.

The Time to Lead programme will improve the Trust's leadership line management capacity enabling staff to have improved access to support from their line manager. This is supplemented by the mandated manager's passport training.

The Trust must ensure the application and recruitment process for internal promotion is open and transparent.

The Trust is in the process of reviewing all recruitment processes to ensure clarity and consistency in application. This will be monitored through People Services dashboard to ensure adherence to process.

The Trust must ensure people can access the service when they need it, and that response times for calls are in line with national standards.

EEAST implemented 'access to the stack' in November 2022 to support management of C3/C5 calls directly in to appropriate alternative pathways. Data has shown a positive impact from this action which continues to take place.

The Trust must ensure staff complete risk assessments for each patient comprehensively to remove or minimise risks and update the assessments.

A full review of ESOPs has taken place along with delivery of a revised Clinical Safety Plan which ensures that our sickest patients are managed first.

The Trust must ensure it continues to develop its staff engagement processes to improve staff wellbeing and respond to staff concerns within the service.

There has been additional recruitment to the People Services directorate to support and improve access for staff. In addition, a clear mechanism has been developed to enable effective staff engagement and the Raising Concerns Forum is now fully embedded so that concerns from all speaking up mechanisms are monitored.

## CQC report

## Position in 2023

The Trust must ensure that it has enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and or to provide the right care and treatment.

EEAST have recruited additional call handlers, advanced practitioners and mental health nurses to provide the right treatment for our patients at the right time in line with, our published Urgent and Emergency Care and Workforce strategies. The recruitment drive continues at this time.

The Trust must ensure that all staff receive appraisals, one - to one support and that clinical staff receive clinical supervision

Some teams are currently achieving over 85% compliance meeting the Trust target for appraisal completion however, some teams remain below target level. This is monitored through regular Learning and Development reporting and disseminated to managers throughout EEAST. EEAST now has a Clinical Supervision Lead in place to oversee and implement Clinical Supervision Policy.

The Trust must ensure the design, maintenance and use of facilities, premises always keep people safe.

Phase 1 and 2 of EEAST's Estates Strategy has now been completed. Improvements have been undertaken at EOCs to improve the working environments. In addition, IPC audits are now undertaken at regular intervals with oversight from the EEAST IPC team.

The Trust should ensure all staff are informed and engaged with in relation to the Fit for the Future programme.

A comprehensive communications and engagement plan, which includes staff Q&A sessions (with EEAST executive attendance), podcasts and blogs is in place. There is also a specific section on EAST24.

The Trust should ensure there is policy in place to support women, including those who are breast feeding back into the workplace following maternity leave

The breast feeding policy has been implemented. Guidance for managers and staff to support women whilst on maternity leave and during their return to work, is in review. This was produced by The All Women EEAST staff network group.

The Trust should ensure they engage with and act on feedback from all staff, particularly from those represented with protected characteristics

Following several bespoke staff surveys relating to EDI, BME and disability, results have been shared with staff and an action plan adopted to support the work being undertaken in relation to inclusivity.

# Our last inspection, continued

<b>CQC report</b>	<b>Position in 2023</b>
The Trust should continue with the pace of addressing cultural issues.	This will continue to be monitored inline with the Fit for the Future programme, the People's Strategy and the Trust's anti-racism charter, through the People's Committee. Cultural ambassadors are being recruited throughout the organisation and the Trust continues to undertake quarterly pulse surveys to gauge improvements.
The Trust should ensure that training opportunities are available and that the application process for training places is open and transparent.	A clear policy is in development to ensure the approach for training applications and approval is equitable across the organisation.
The Trust should ensure there are systems and processes in place to support staff when skill mix is adjusted due to operational demands.	Introduction of a new 'Red Planning' policy and procedure and additional support delivered by advanced practitioners. Following additional funding, future workforce has been identified which will align to the Urgent and Emergency Care and Workforce Strategies.
The Trust should ensure that it introduces and uses electronic information and data systems to improve performance regarding patient waiting times and to dispatch resources in line with national standards.	Modernisation of call handling including automated messaging, engagement regarding metrics and recruitment processes.  The Trust has recently won a national NHS Digital award in relation to its groundbreaking 'Access to the Stack' system and process.

**Any queries, please contact [CQC.Group@eastamb.nhs.uk](mailto:CQC.Group@eastamb.nhs.uk) or download our 'A year in Review' publication.**



# Other useful information to help you navigate CQC inspections

What we need to do as a high performing organisation.

## 1. Reporting all incidents

We are legally obliged to report all incidents, accidents, near misses, dangerous occurrences and workplace-acquired diseases and infections.

We report incidents so that we can understand why patient safety incidents happen and what we can do to keep patients and staff safe from avoidable harm in future.

It also helps us to:

- identify patterns and trends, so that we can address issues before they arise.
- support the Trust's hazard identification, risk assessment and risk management processes.

High-performing organisations have high levels of incident reporting but low levels of actual harm to patients. Datix is our web-based system we use to report incidents. It provides a platform to report any incident that has, or could have, the potential to cause harm to patients, staff visitors or contractors.

### What you should do:

- Make sure you know how to escalate a concern
- Attend safety huddles and learn from feedback

- Make sure you know how to use Datix and report incidents. Remember you can do this via the Single Point of Contact.

## 2. Listening and learning from our patients

Feedback can come in different ways — formal thank-you letters or complaints, patient surveys, on social media, comments overheard, or patients just telling you something when you are with them.

Sometimes it is hard to receive negative comments about your team or department, but without them we would be unable to continue to improve patient experience.

### What you should do:

**Be able to speak about both good and bad feedback your team has received and how you have learned from this**

## 3. Safe and effective handovers

A confidential and thorough handover of patients from one health professional to another ensures a safe transfer of care and demonstrates that we provide a responsive, caring and effective service. Your approach needs to be formalised and documented.



### What you should do

- Use recognised models – such as Situation, Background, Assessment and Recommendations (SBAR)
- Ensure that clinical discussions cannot be overheard by anyone other than the staff involved (and their patient where relevant)
- During handovers, bear in mind the patient's right to dignity and privacy at all times.

Best practice in this area includes:

- Roadside handovers of solo responders to attending crew
- Confidential office handovers
- MDT (multi-disciplinary team) handover

### 4. Medicine management

We are all responsible for medicine safety. All staff either administering or prescribing medications must have the appropriate knowledge, skills and necessary updates to use and store medicines correctly.

### What you should do

- keep medicines cupboards and IV stores locked – as a minimum, the outside door to the medicines area must be kept locked at all times
- keep controlled drugs cupboards locked
- store controlled drug stationery securely
- store any prescription pads, medicines stationery, or drug record books securely
- store medicines delivered by or awaiting return to pharmacy securely
- ensure there is an up-to-date authorised signatory list for controlled drugs.

Medicines administration or prescription errors or omissions should be reported immediately through Datix.



## 5. Good record keeping

Good records are part of the Electronic Care Patient Record (ECPR). Good record keeping is integral to professional practice and to providing safe and effective care because it:

- Supports effective clinical judgements and decisions and makes continuity of care easier
- Shows how decisions on patient care were made and provides documentary evidence of services delivered and consent
- Promotes better communication and sharing of information between members of the multi-professional healthcare team
- Helps to improve accountability.

## 6. Keeping patient information confidential

All patient contacts should have a

patient care record in line with Trust policy.

### What you should do

- Make sure assessments are completed when required
- Keep patient records accurate and stored securely
- Never leave patient information unattended
- Never discuss a patient's care where you might be overheard nor with people not involved, unless for a clear reason
- Never leave any patient records where unauthorised staff or the public can see them
- Secure all records and track them properly
- Make sure all patient documentation is kept confidential, secure, up-to-date and available when required.

# CQC fundamental standards

Changes to the Health and Social Care Act in 2014 meant the old Essential Standards were replaced with 12 Fundamental Standards.

These are the criteria that the CQC will assess us against:

- Care and treatment must be appropriate and reflect service users' needs and preferences.
- Service users must be treated with dignity and respect.
- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Service users must be protected from abuse and improper treatment.
- Service users' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.
- Complaints must be appropriately investigated and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standard.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed
- Employees must be of good character, have the necessary qualifications, skills and experience, and able to perform the work for which they are employed (fit and proper persons requirement).
- Registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

# Our board members



Tom Abell  
Chief Executive  
Officer



Mrunal Siso dia  
OBE  
Trust Chair

## Non-Executive Directors



Alison Wigg  
Non-Executive  
Director



Wendy Thomas  
Non-Executive  
Director



George Lynn  
Non-Executive  
Director

## Executive Directors



Dr Simon  
Walsh  
Medical Director



Marika  
Stephenson  
Director of  
People Services



Melissa  
Dowdeswell  
Director of  
Nursing,  
Clinical Quality &  
Improvement



Kevin Smith  
Director of  
Finance



Emma De Carteret  
Director of  
Corporate Affairs  
and Performance



Hein Scheffer  
Director of  
Strategy, Culture  
and Education



Kate Vaughton  
Director of  
Integration and  
Deputy Chief  
Executive Officer



Neville  
Hounsome  
Non-Executive  
Director



Catherine  
Glickman  
Non-Executive  
Director



Kiran Mahil  
Associate  
Non-Executive  
Director



Julie Thallon  
Associate  
Non-Executive  
Director



Victoria Corbishley  
Associate  
Non-Executive  
Director

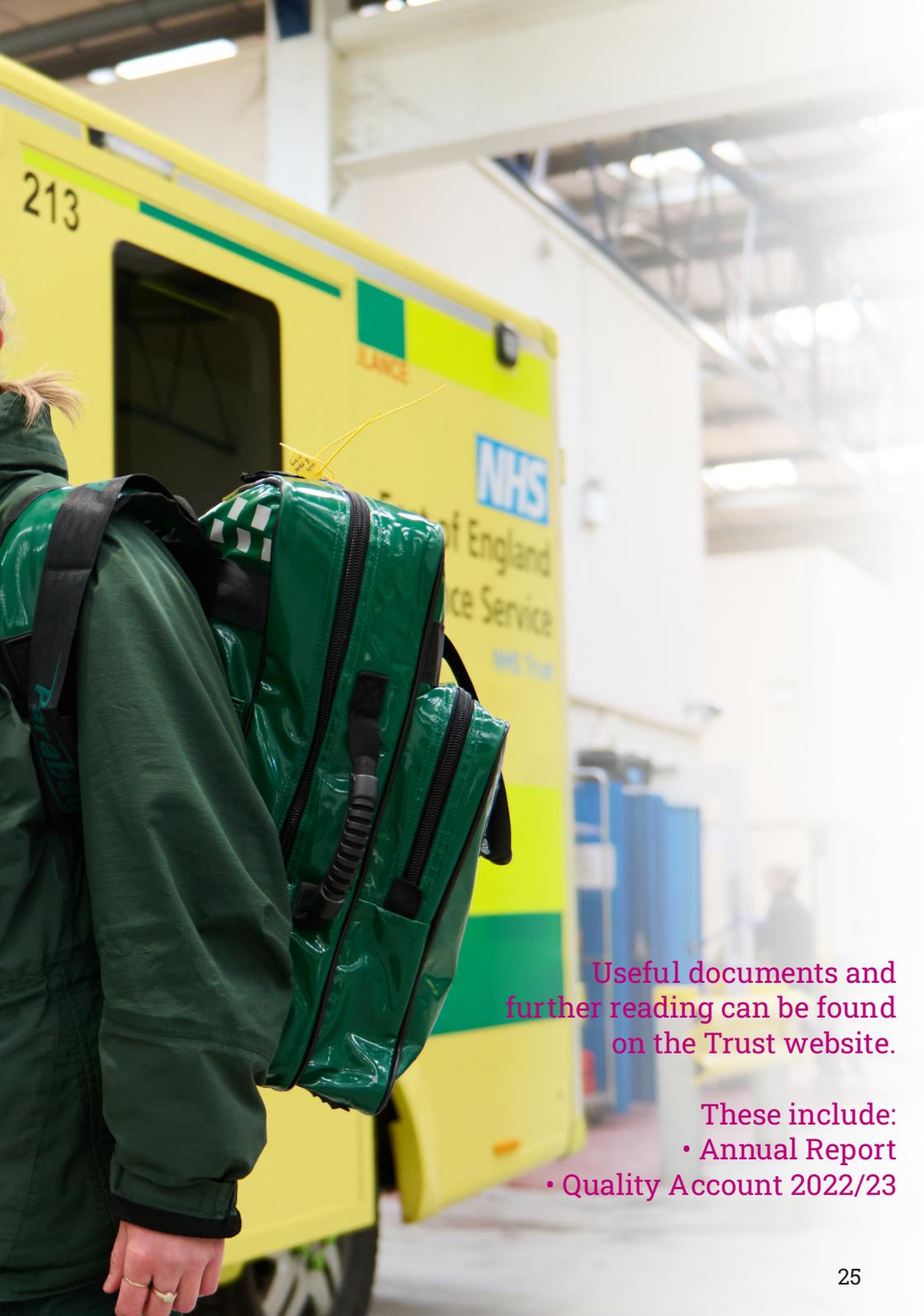


Chris Brook  
Associate  
Non-Executive  
Director



Thank you for taking the time to read this booklet. Any feedback or ideas how we can improve in the future please contact us through the [CQC.Group@eastamb.nhs.uk](mailto:CQC.Group@eastamb.nhs.uk) email.





Useful documents and further reading can be found on the Trust website.

- These include:
- Annual Report
  - Quality Account 2022/23

	What is working well?	What should be improved?
Safe		
Effective		
Caring		
Well-led		
Responsive		

What are you proud of?

What do you need to improve?

What are your plans for making the necessary improvements happen?

The Beginning.  
Why were the changes needed?  
What was the problem?

The Middle.  
What did you do to resolve the problems?  
Who was involved?

The End.  
What was the result?  
What positive difference has the change made?

If you need this document in any other format, please get in touch with us at [communications@eastamb.nhs.uk](mailto:communications@eastamb.nhs.uk)

**#WeAreEEAST** 