



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



**#WeAreEEAST**

Trusted to deliver  
compassionate care

**Ensuring continuous improvement  
for patients in the East of England**

A guide for all staff and volunteers

# Trusted to deliver compassionate care

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## Foreword from Dorothy Hosein

I know from our last CQC report that the care you provide to our patients is “outstanding”. I am extremely grateful for this high level of care you provide to our patients 24 hours a day, 7 days a week. I would like to take this opportunity to thank every member of staff and volunteer, be that clinical, support services, logistics or our leaders for the vital role that you all play in the patient journey.

I have met many of you across the region in recent months and shared and discussed my priorities for the organisation to improve service delivery to patients and the experience for staff. I have heard your feedback and shared the themes with colleagues so that your views can be incorporated into our plans and future priorities:

### **Workforce and retention**

I want us to become an employer of choice to ensure we are able to recruit the new staff we need and retain and value the staff we have.

Based on your feedback we have localised recruitment using your knowledge and expertise to attract people to our organisation.

### **Transformation**

We are listening to your concerns and have a transformation plan in place which is implementing a number of end of shift initiatives to reduce late finishes and provide improved support to staff on shift.

### **Well-led**

We have embedded a new structure and are empowering our leaders by working through problems together supported by the introduction of Accountability Committees.

I will continue to visit you across the organisation and I want to hear more about how we can improve our quality journey and experience for our patients and colleagues.

Since the publication of our Quality Improvement Strategy we have received many

ideas from staff and will continue to develop these into actions where we can. We will continue to develop a culture in which staff can report incidents and know that they will be treated fairly, so that we can learn from these incidents.

The CQC will be visiting us soon to review our improvement journey. I welcome this visit and the opportunity it provides to share all the great work we have completed to date.

This booklet aims to remind you of our improvement journey and offer support for the inspection. Please ask your local managers if you have any concerns or need clarification.

Thank you again for all your hard work and support and I look forward to seeing you soon.



**Dorothy Hosein,**  
Interim CEO

# Our Board Members



**Sarah Boulton**  
Chair



**Dorothy Hosein**  
Interim Chief Executive

## Non-Executive Directors



**Peter Kara**  
Non-Executive Director



**Ravi Mahendra**  
Non-Executive Director



**Tom Spink**  
Non-Executive Director



**Lizzie Firmin**  
Non-Executive Director



**Alison Wigg**  
Associate Non-Executive Director



**Andrew Egerton-Smith**  
Associate Non-Executive Director

## Executive Directors



**Lindsey Stafford-Scott**  
Deputy Chief Executive & Director of People and Culture



**Kevin Smith**  
Director of Finance and Commissioning



**Wayne Bartlett-Syree**  
Director of Strategy and Sustainability



**Dr Tom Davis**  
Medical Director



**Tracy Nicholls**  
Director of Clinical Quality and Improvement



**Marcus Bailey**  
Acting Chief Operating Officer



**Emma de Carteret**  
Head of Governance

# Our priorities for 2019-20

These were published in our **Annual Report** and included:

- **Recruiting** and **retaining** our workforce
- **Improving** our **response** to patients
- **Building better rotas** for those staff who respond to patients **face-to-face**
- The new **Quality Improvement Strategy**, taking our quality agenda work through to **2022**
- Implementation of the **Clinical Strategy** setting out our clinical vision
- The **transformation** of our **fleet**
- The **Estates Strategy** and proposed **new hub** in **Ipswich, Suffolk**
- Embedding the **Compassionate Conversations** appraisal process.

## Our achievements

### We have...



- Invested **£6 million** in the design and construction of the **55 new ambulances** to roll out from May



- Developing **People Vehicle Support Hubs** to help tackle late finishes and support our staff



- Launching **training masterclasses** and **podcasts** on areas of clinical care

- Put in place local **recruitment plans** to meet local needs and to ensure that there are enough staff to provide a **safe service**
- Introduced **accountability meetings** making it easier to **deliver a safe and effective service**
- Established the **specialist paramedic role at Band 7**
- Published our **QI strategy** and have received **60 staff suggestions** for improvements in the first five months
- Involved staff groups in designing our **Building Better Rotas** project

# Our achievements

## We have...



- Issued **Wellbeing Passports** to over **1,000 staff**



- Successfully implemented our **winter planning approach**, improving patient safety



- Promoted **20 wellbeing initiatives** including our **Wellbeing Bus**



- Introduced **remote welfaring** to manage demand by triaging patients more effectively

- Reinstated the **staff partnership** and **local partnerships** forums

- Have held **engagement sessions** – including **clinical briefing days**

- Put **Learning from Incidents** forums in place to support patient safety

- Trained managers to hold **Compassionate Conversations** with their staff to **improve the quality of your appraisals**

- Launched the **clinical career pathway** to make it easier to progress through the **Trust**

- **Implemented transformation initiatives** to improve staff and patient experience – **Huddles, HALOs, IX Trial**

# Our achievements

## We are...



- Ensuring that **we learn better** from **complaints and incidents**



- Working with **acute partners** to **improve hospital handover**

- Introducing **Make Ready hubs** to ensure that there are **clean, stocked and road worthy vehicles** available for every shift to reduce off-road time

- Leading the way with our work on **Freedom to Speak Up** and have two FTSU guardians in place

- Continuing with **our programme** of regional visits from Board members to hear directly from staff about **what is and isn't working well**

# Our mission, values and goals

## Strategic objectives 2017-19: responsive, high quality care

OUR MISSION IS:

To provide a safe and effective healthcare service to all of our communities in the east of England

WE WILL DELIVER THIS THROUGH LIVING OUR VALUES:

### Care

We value warmth, empathy and compassion in all our relationships

### Teamwork

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

### Quality

We strive to consistently achieve high standards through continuous improvement

### Respect

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

### Honesty

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

WE WILL ACHIEVE OUR MISSION AND VISION BY THE FOLLOWING STRATEGIC OBJECTIVES:

Putting into place a new responsive operating model to deliver sustainable performance and improved outcomes for patients

Maintaining the focus on delivering excellent high quality care to patients

Ensuring we have a patient focussed and engaged workforce

Delivering innovative solutions to ensure we are an efficient, effective and economic service

Playing our part in the urgent and emergency care system by being community focussed in delivering the Five Year Forward view

DELIVERED THROUGH OUR PRIORITIES FOR THE NEXT TWO YEARS:

- 1) Establish efficient and effective operational delivery structures
- 2) Improve our ability to forecast and plan so we make the best use of our staff
- 3) Put in place a new operational delivery model
- 4) Introduce the ambulance response programme (ARP) model (subject to national sign-off)

- 5) Continue delivery of the Quality and Safety Strategy, establishing the quality framework to support organisational delivery
- 6) Deliver the statutory requirements associated with Care Quality Commission (CQC) regulation including the completion of the CQC action plan
- 7) Undertake reviews of clinical practice and outcomes in order to address unwarranted variation

- 8) Deliver a recruitment and retention plan that ensures a suitably skilled and competent workforce is available to deliver the new operational model
- 9) Deliver innovative 'whole person' wellbeing approaches to support the physical, mental and social wellbeing of our people
- 10) Develop a supportive and inclusive culture that matches the vision and values of the organisation

- 11) Undertake a fleet transformation project that deliver an efficient fleet using the latest innovations
- 12) Have 'make ready' implemented across the Trust
- 13) Review control room function and delivery model to create a future-proof environment
- 14) Provide an 'agile' working environment that meets the demands of a modern mobile healthcare provider
- 15) Deliver financial improvement programmes that create efficiencies, short term savings and longer term financial stability

- 16) Continue proactive engagement with staff and stakeholders to gain support for the Trust, so it is seen as a valuable service
- 17) Work with urgent and emergency care systems to increase our use/availability of alternative care pathways (see and treat, or see and refer)
- 18) Increase the benefit and value of all our volunteers, including community first responders, ambulance car drivers, Trust User Group, chaplains, armed forces and blue light collaboration

## Your guide to CQC inspections

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.

As you know we are expecting the CQC to visit soon and I know you will have been working hard to prepare for this. We want to continue to improve patient care and the working environment for staff. This visit is an opportunity to demonstrate the many ways in which we are doing this.

The Care Quality Commission (CQC) last inspected us in 2018. They found that although we offered excellent patient care, other areas of the service needed improvement. They will be looking for signs of improvement in those areas – and may also assess our performance across other areas of patient care. We expect to have a main inspection in April which could be followed by at least one unannounced visit in the following two weeks

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 will explain the key elements of the inspection and give tips and guidance on the kind of things that the inspectors are likely to look at and 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 will speak to many members of staff and volunteers as well as people working for partner organisations. It is therefore important that everyone providing care and support to our patients thinks about what they might be asked and how they will answer.

### **You and your leaders are being asked to think these through together so that everyone:**

- knows what to expect during an inspection
- can answer any questions posed by an inspector confidently – or know where to get the information they need.

“

I would so like to say an enormous thank you to the two ambulance men who came to take my aunt to hospital after she fell. They were so kind, patient and efficient. We could not have had a better service. Thank you!

**From a grateful patient in Norfolk**

## What the CQC will be looking for

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The CQC will ask questions about the quality of services based on what matters most to patients. It will focus on 'Well-led' but may also look at the other four domains.

**These are the five questions that we should ask ourselves at all times:**

### Is it 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?

### Is it safe?

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

### Is it effective?

Are patients' needs met and is care in line with national guidelines and NICE quality standards promoting the best chance of getting better?

### Is it caring?

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

### Is it 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?

In the two weeks following any inspection, the CQC may well return to some sites, unannounced. They will write a report based on their findings and will rate us and our services as 'Outstanding', 'Good', 'Requires improvement' or 'Inadequate'. Action plans will be tested by subsequent unannounced inspections.

## CQC Fundamental Standards

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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
- 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 standards
- 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 last inspection

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Our last report can be found at: <https://www.cqc.org.uk/provider/RYC/report>  
In our last inspection the CQC told us where we must and should improve:

### Action the Trust MUST take to improve:

#### Trust wide

- The Trust must ensure that it reviews risk registers and the governance of their review at Board subcommittees.

#### Emergency and urgent care

The Trust must ensure that:

- it improves performance and response times for emergency calls
- staff are appropriately mentored and supported to carry out their role, including appraisals
- processes and procedures are consistently applied across the trust.

#### Patient Transport Services

- The trust must ensure that staff are appropriately mentored and supported to carry out their role including appraisals.

#### Action the trust SHOULD take to improve

The Trust should ensure that:

- staff complete mandatory training to meet the expected target
- medicines management is consistent across the trust
- it reviews structures and the number of staff in interim and seconded positions
- it improves recruitment and retention of staff in EOCs
- it reviews 'line' and relief rotas
- it continues to work with partners and stakeholders to improve handover times at hospitals
- its roll-out programme continues to ensure that child safety restraints are in place in all vehicles
- it increases visibility of the executive team and senior managers.

**A REMINDER: Keep up to date with the quality board regularly**

## Your part in shaping the inspection

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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 they looking for?

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 happen.
- 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 or ask your local manager.

### Planning

Take time to think about what's changed in your area and the trust more generally that is relevant to the 5 domains of inspection (see page 9).

### Communicating clearly

- When you're 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.



Paramedics attended my baby grandson. They were absolutely brilliant. The first paramedic arrived within a few minutes of the call, professional and amazingly efficient. A thousand words cannot express our thanks for such amazing treatment.

**From a thankful grandmother in Hertfordshire**

### Preparing examples of good work

Think about any improvements you have been involved with – especially relating to safety, and caring. Perhaps you have been involved in delivering safer and more effective care in your area? Think about what you want the inspectors to know.

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 because of complaints or the Trust?
- 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. The quality and safety noticeboards should help you with this, as they give you key statistics on performance and patient experience. However, 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.

## What do you want to tell the inspectors?

Use this space to think through changes you and your colleagues have made to improve the care and treatment you provide:

### The Beginning

Why were changes needed? What was the problem?

### The Middle

What did you do to resolve the problem? Who was involved?

### The End

What was the result? What positive difference has the change made?



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I would like to say a huge thank you to the crew who attended my husband yesterday evening. He said the whole experience was like being on a first class airline and was very impressed by their courtesy and professionalism. I too would like to add my thanks for all their help.

Keep up the excellent work and thank you once again.

**From a thankful wife in Whittlesey**



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