East of England Ambulance Service NHS Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Outstanding** ☆
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

East of England Ambulance Service NHS Trust (EEAST) covers the six counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. This is an area which has a population of around 6 million people and covers approximately 7, 500 square miles. The trust employs around 4000 staff and 1500 volunteers. The trust was formed in 2006 following the amalgamation of 3 ambulance services.

The trust has 19 commissioning CCG's of which one is the lead commissioner. The trust covers an area including six STP areas and more than 17 A and E delivery boards.

EEAST provides an emergency service to respond to 999 calls; patient transport service (PTS) in various locations across the trust for non-emergency patients between community provider locations or their home address and emergency operation centres (EOC), where 999 calls were received, clinical advice is provided and emergency vehicles dispatched if needed. There is also a Hazardous Area Response Team (HART).

The trust serves an ethnically and geographically diverse population including rural, coastal and urban environments. There are areas of high deprivation in Essex, Bedfordshire and Norfolk.

We inspected EEAST as part of our new methodology inspection programme. As part of our inspection we visited trust premises including offices, training areas, fleet workshops, specialist units such as Hazardous Area Response Team (HART), ambulance stations and emergency operations centres. We also visited hospital and other health care locations to speak with patients and staff about their experiences of the ambulance service.

Overall summary

Our rating of this trust stayed the same . We rated it as Requires improvement 

What this trust does

The trust provides a range of services including emergency and urgent care and patient transport services. There are three emergency operations centres (EOC), located in Bedford, Norwich and Chelmsford. Calls coming into the EOC are responded to using a form of triage based on a new set of measures called the ambulance response programme (ARP). The four new categories enable call handlers more time to assess 999 calls that are not immediately life threatening, and callers whose needs indicate when a faster response is required.

There are over 90 ambulance stations, out of which ambulance crew may be dispatched. They may also be sent directly to callers from previous call out locations or emergency departments where they take patients to.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

Summary of findings

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

During the past year we have held regular engagement meetings with the trust. This enabled us to have continued oversight of the trust activities and progress it was making against the action plan from our previous inspection. This information was used together with other data to inform our inspection.

This inspection included the core service areas of emergency operations centres (EOC) and emergency and urgent care (E&UC) and patient transport services (PTS). These core services had a number of areas which required improvement or where we considered there to be risk.

In addition we undertook a well-led inspection.

What we found

At this inspection we found the trust had made some progress in areas including safeguarding, staff understanding of the Mental Capacity Act and incident reporting procedures. However, we also found that the trust did not meet national ambulance response standards and there was inconsistency in the use of process and procedure across the trust. Staff told us they did not always feel valued, particularly after an exhausting winter and there were a number of concerns regarding the governance in the trust including the ongoing temporary management structure.

Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated safe in the emergency operations centre (EOC) and patient transport service (PTS) as good with emergency and urgent care (EUC) as requires improvement. EOC was good for effective while EUC and PTS requires improvement. EUC was rated outstanding for caring with EOC and PTS rated as good for caring. EOC and PTS were good for responsive with EUC rated as requires improvement. EOC were rated as good for being well led and EUC and PTS were rated as requires improvement.
- We rated well-led for the trust overall as requires improvement.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- Due to a high volume of day to day work and the trust in periods of REP 3, mandatory training rates were below trajectory at 85% against a target of 95%. There were variations in the training rates across the trust. None of the ambulances we inspected held restraints for use with children on trolleys, however the trust knew this was an issue and were in the process of ordering new equipment and organising training for the staff team to use the equipment properly.
- There remained an identified commissioned capacity gap between the staff currently employed by the trust and the number needed to meet increasing demands for services.
- Staff experienced excessive hand-over times at some acute hospitals, which challenged the trust's resources and reduced the ability to meet the service demand in a timely manner.
- Staff did not always manage medication in line with the trust policy and medicines were not always stored safely or audited effectively.
- PTS did not complete vehicle deep cleaning intervals specified by the trust.

Summary of findings

- There were high sickness rates and vacancies in the EOC's.

However:

- Staff knew how to report incidents across the core services; managers shared learning from incidents in EUC and EOC though evidence of this was not as strong in PTS. The trust carried out comprehensive investigations, feeding back to patients and families where appropriate.
- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.
- The environments were visibly clean and well maintained and were conducive to a good working environment.
- There were appropriate methods and processes to respond and manage risks to patients.
- The service planned for emergencies and staff understood their roles if one should happen.

Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service was underachieving in previous national response targets. There were significant delays in response by the service during the winter period. Since the inspection the trust has received extra funding to improve the response rates.
- The service introduced the new Ambulance Response Programme in November 2017. The initial results demonstrate that the trust was not meeting the new standards. However trusts will not be held to account for these standards until after our inspection.
- Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service. Appraisal rates at different bases were variable but remained below the anticipated target.
- We were not assured sufficient training was in place to support staff or that supervision and appraisals were undertaken in order to provide staff effective guidance and training opportunities. In PTS services appraisal completion varied in different stations and not all volunteer drivers had completed a driving assessment.
- From October 2016 to September 2017 the trust's proportion of Face Arm Speech Test (FAST) positive patients assessed face to face that arrived at NHS trusts with a hyper acute stroke centre within 60 minutes was slightly lower than the England average, ranging from 44.6% to 57.6% compared to the average of 50% to 58.7%. The trust performed worse for eight months; November 2016, February 2017 and April 2017 to September 2017.

However:

- Staff provided care and treatment based on national guidance and evidence.
- Managers monitored the effectiveness of care and treatment through local and national audits.
- Staff worked together as a team for the benefit of patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- PTS monitored the effectiveness of the service and used the findings to improve them. The service monitored their performance against the key performance indicators set out by their commissioners in order to make improvements.

Summary of findings

- Staff in different roles and organisations worked well together as a team to benefit patients. Crews and control centre staff supported each other and worked well with staff from other organisations to prove effective care.
- From February 2017 to October 2017, the proportion of calls from patients for whom locally agreed frequent caller procedure is in place was lower than the England average for all months. The trust reported a proportion of calls from frequent callers of 0.4% for all months apart from October 2017 where this dropped to 0.2%.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff in the emergency and urgent care service displayed outstanding patient centred care and we saw evidence of staff going the extra mile to ensure that patients were cared for.
- Staff had been under intense pressure in the six-month period prior to or inspection. All staff we spoke with were caring and respectful of the patients they cared for. A number told us they were frustrated that they were not able to provide the best possible care for patients due to the pressures they faced.
- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Between November 2016 and November 2017, there was an average delay of over 15 minutes reported from arrival at the hospital to handover to hospital staff. At times of increased demand handover times were much longer.
- The trust were slow to implement an escalation policy in order to reduce hospital handover delays despite working with trusts to formulate the plan before the winter period commenced.
- Since our last inspection in April 2016, the trust had implemented its Dementia Strategy 2017 – 2020. However, the majority of ambulance staff we spoke to had not received training or guidance in supporting patients with dementia. Most staff in EOC had however received the training.

However:

- There were examples of service planning to meet local needs; for example the patient safety intervention team (PSIT) to support trust staff experiencing extended waiting times within hospital emergency and urgent care departments.
- A number of NHS trusts we visited had a hospital ambulance liaison officer (HALO) present in the emergency and urgent care department to support NHS trust and ambulance staff with patient flow. NHS trust staff we spoke with said this role worked closely with the staff team to achieve positive patient outcomes and improve patient flow through the department.
- The trust trained staff as mental health champions to offer staff additional guidance in relation to supporting patients with mental health needs.
- The trust comprehensively managed complaints and ensured staff had opportunities to learn from when things went wrong without fear of retribution.
- PTS managers worked with their commissioners to improve services and address the unmet needs of patients when they found gaps in the commissioned services.

Summary of findings

- People could access PTS when they needed it. Patients that met the commissioner's criteria for patient transport services could access the service easily.
- The service took into account patients' individual needs.
- PTS took complaints and concerns seriously, investigating them and providing feedback following a concern.
- Trust hear and treat performance had improved since our last inspection and was in line with the national average.
- From November 2017 to January 2018, East of England Ambulance Service Trust median time to answer calls was one second. This was better than the England average in December 2017 which was five seconds.

Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Staff described a culture of low morale, late shift finishes, and disengagement between front line staff and the senior management team.
- The majority of staff we spoke with felt the temporary management roles contributed to a lack of leadership, openness, and staff engagement.
- Whilst the emergency operations centre staff remained focused on providing quality care for the patients, and respected and valued their colleagues, the majority of staff said that executives were not always visible.
- All staff we spoke with knew of the national targets for response times, however due to changes in the prioritisation of emergency calls many staff felt they attended calls that did not require a blue light ambulance.
- In PTS the approach to service delivery and improvement was reactive and focused on short term issues.
- All staff in the EOC we spoke with knew of the national targets for response times. However, due to changes in the prioritisation of emergency calls many staff felt some calls were not categorised correctly and therefore did not require a blue light ambulance.
- In the EOC staff felt increasing pressure and workload on the service was negatively affecting morale.

However:

- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes.
- The trust quality report and quality dashboard consisted of a wide range of quality and safety indicators, which provided the board with an understanding of the trust's safety position.
- The trust had clear service performance measures, and used its ambulance clinical quality indicators (ACQI) to report and monitor performance locally and at board level
- In the EOC's the majority of staff we spoke with felt the senior managers followed the values of the trust and staff felt that the leadership team promoted a culture of openness and staff engagement.
- Frontline staff and managers respected and valued their colleagues.

Ratings tables

The ratings tables show the ratings overall and for each key question for each core service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Summary of findings

Outstanding practice

We found four examples of outstanding practice.

For more information, see the outstanding practice section of this report.

Areas for improvement

We issued three requirement notices to the trust. Our action related to a breach of a legal requirement at a trust-wide level.

For more information, see the Areas for improvement and Regulatory action section of this report.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- The clinical app was an excellent resource for staff in ensuring they had the most up to date clinical guidance and access to information about care pathways in different areas of the trust.
- There was some excellent local engagement by middle and senior managers with health oversight and scrutiny committees at local authorities.
- The Freedom to Speak Up Guardians were passionate about giving staff any support they needed to raise concerns and have them addressed. They were supported by the board in their work and had developed excellent links with other guardians and the national guardian's office. They had been recognised by the national guardian's office as an exemplar service.
- The trust introduced an escalation policy to reduce the times of handover delays. Whilst this was introduced late in winter it is seen as good practice to have an identified escalation tool in place. The trust also introduced a Patient Safety Intervention Team (PSIT) to ensure that handover delays were minimised. The PSIT team were able to commence investigations whilst awaiting in the emergency department.

Areas for improvement

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 subcommittee.

Emergency and Urgent Care

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

Summary of findings

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.
- The trust should ensure that medicines management is consistent across the trust.
- The trust should ensure that it reviews structures and the number of staff in interim and seconded positions.
- The trust should ensure that it improves recruitment and retention of staff in EOC's.
- The trust should ensure that it reviews 'line' and relief rota's.
- The trust should ensure that it continues to work with partners and stakeholders to improve handover times at hospitals.
- The trust should ensure the roll out programme continues to ensure that child safety restraints are in place in all vehicles.
- The trust should ensure that it increases visibility of the executive team and senior managers.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well led at the trust as requires improvement because:

- After a period of stability there were two vacancies on the board at the time of our inspection. This was for the medical director and director of nursing. There was interim staff in these positions with recruitment taking place to fill the substantive positions.
- There was a fit and proper persons policy in place and process for appointment of new directors. However, there was no evidence that a director's continued fitness over time was considered.
- There were strategies in place for a number of key areas of the trust. It was clear that these strategies were reliant on each other. There were concerns as to the sustainability of some strategies. For example, the estates strategy was planned over the following seven years though we were told that, due to constraints, the strategy may take longer to implement.
- Staff told us that they felt undervalued in their roles. There had been a period of relentless demand that had left staff feeling tired and unappreciated. There were ongoing problems with late finishes with a half of all shifts finishing late.
- There were large numbers of staff working relief shifts. Many staff told us that this negatively impacted their work/ life balance and support they received at work.

Summary of findings

- We found large numbers of middle and senior managers in interim and seconded positions. Some had been in these positions for years and others told us that their substantive post no longer existed. Staff told us that this affected morale for those in this position and there was a lack of consistency.
- The trust risk register was lengthy and was contributed to by sub risk registers. Some risks did not have further actions taken or identified. The board subcommittee responsible for reviewing risk told us they did not review the whole risk register as it was too large. We were concerned that not all risks were being properly scrutinised.
- There remained inconsistencies in how processes were managed across the organisation. The trust had recently moved to a two division structure (East and West) to address the ongoing issues relating to these inconsistencies and cultural issues but we found this still to be the case.
- There was a lack of formality in how processes were managed. We found inconsistencies in medicines management where staff had adapted processes locally for a variety of reasons. Over the winter period it transpired there was no formal executive on call rota though this has since been addressed. National guidance was not always followed fully.
- Following a review of the winter period 2017/ 18 it became clear that the trust had adapted the national guidance on Resource Escalation Action Plan (REAP). This was likely as the trust had 'normalised' REAP level three within the organisation following a sustained period at that level. For example, the guidance required the suspending of all training however this had not occurred. At escalation to REAP level four, mutual aid should have been requested. EEAST moved to REAP level 4 on 31st December 2017. EEAST identified all other ambulance providers to be at REAP level 3 or 4 and a board paper stated mutual aid was not available. However, no request was made for mutual aid through NHS England or other body as required by guidance. Following the risk summit in January the trust revised their response to REAP levels in line with national guidance.
- Staff survey results were consistently below other ambulance trusts though there had been improvement in two measures since the 2016 survey; in incident reporting and staff receiving appraisals. We were aware the trust had carried out other methods of measuring staff engagement and welfare including a cultural survey.

However,

- The leadership of the organisation was aware of the challenges the trust faced and was focused on improving the service to patients as well as improving working conditions and experience for staff.
- The executive team worked towards a clear vision. An independent service review (ISR) had been completed and identified a capacity gap over the next few years. The trust was actively working with commissioners to gain agreement to address this.
- The executive team had been proactive in engaging partners in many areas though it remained challenging due to the number of stakeholders that needed to be engaged with.
- The trust had Freedom to Speak Up Guardians who were passionate about giving staff any support they needed to raise concerns and have them addressed. They told us that they were supported by the board in their work and have developed excellent links with other guardians and the national guardian's office.
- The Board Assurance Framework was regularly reviewed and was fit for purpose. We observed a public and private board meeting. We found there to be good challenge of executives and that papers were sufficiently detailed to allow the board to make decisions about performance, finance and staffing amongst others.
- The trust board considered reports from a number of committees including quality governance, audit committee and people and culture amongst others. There was a clear route for information to be escalated to the board. Sub committees within the trust had monthly meetings to discuss performance, risk, safety and quality. Representatives

attended them from the core service areas including emergency ambulance services, patient transport services and supporting clinical and non-clinical services. Chairs and other members of sub committees we spoke with on the inspection could describe the escalation of information from the services through board sub committees to the board.

- There was a comprehensive incident reporting system in place as well as a framework for investigation of serious incidents (SI's). The trust had recently reviewed assistance in investigating a number of SI's over the winter period 2017/18. All incidents reported were reviewed and 10% of which on average were considered as SI's. SI's were investigated in line with national guidance. The 3-day reports for each SI over the winter period was shared with the coroner which is good practice.
- The trust had invested in information technology through the use of mobile apps and the introduction of electronic patient records.
- The trust had invested in a quality improvement team who led on all aspects of quality improvement across clinical and non-clinical areas.
- There had been improvements in some areas in the core services since our last inspection. There was improved incident reporting and staff had an improved knowledge of safeguarding and the Mental Capacity Act.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ➔➔ Jul 2018	Requires improvement ➔➔ Jul 2018	Outstanding ➔➔ Jul 2018	Requires improvement ➔➔ Jul 2018	Requires improvement ➔➔ Jul 2018	Requires improvement ➔➔ Jul 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement → ← Jul 2018	Requires improvement → ← Jul 2018	Outstanding ↑ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement → ← Jul 2018	Requires improvement → ← Jul 2018
Patient transport services	Good ↑ Jul 2018	Requires improvement → ← Jul 2018	Good → ← Jul 2018	Good ↑ Jul 2018	Requires improvement → ← Jul 2018	Requires improvement → ← Jul 2018
Emergency operations centre	Good ↑ Jul 2018	Good → ← Jul 2018	Good ↓ Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018
Overall	Requires improvement → ← Jul 2018	Requires improvement → ← Jul 2018	Outstanding → ← Jul 2018	Requires improvement → ← Jul 2018	Requires improvement → ← Jul 2018	Requires improvement → ← Jul 2018

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Emergency and urgent care

Requires improvement 

Key facts and figures

The main role of emergency and urgent care services is to respond to emergency 999 calls, 24 hours a day, 365 days a year. East of England Ambulance Service NHS Trust (EEAST) provides an emergency and urgent care service to a population of 5.8 million people across the East of England. This encompasses the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, and Suffolk and includes 17 acute NHS trusts and 19 Clinical Commissioning Groups (CCGs).

The trust covers a total area of 7,500 square miles and has over 4,000 employees, 63% of its staff work in the emergency and urgent care teams. EEAST works closely with other emergency services, including the police, fire service, and coastguard to provide emergency services during major incidents. It also provides paramedic services for the East Anglian Air Ambulance (EAAA), a local air ambulance charity that flies from its Norwich and Cambridge bases.

The trust has approximately 362 front line ambulances, 202 marked response cars, and 46 Hazardous Area Response Team (HART) major incident, resilience vehicles.

On average, EEAST responds to a 999 call every 40 seconds, amounting to an average of 2,158 calls per day and over 787,670 calls per year. This can increase to 3,000 calls per day during certain times of the year such as New Year's Eve and other significant events. EEAST supports the work of 878 voluntary community and emergency first responders across the region who give basic lifesaving interventions prior to the arrival of the ambulance crew; this is co-ordinated by EEAST.

During the inspection, we visited over 20 ambulance stations across the trust, in both towns and rural areas. We spoke with over 130 staff in various roles including paramedics, trainee paramedics, emergency medical technicians, emergency care assistants, supervisors, senior locality managers, duty locality managers, pharmacy staff, and ambulance fleet assistants. We observed ambulance crews treating patients. We spoke with patients, where appropriate to do so, and their relatives. These patients had used the service in their own homes or for conveyance to emergency and urgent care departments at NHS trusts.

We inspected ambulances and reviewed patient care records. We visited NHS trusts in areas serviced by EEAST and observed the interaction between ambulance, emergency and urgent care department staff. We spoke with staff in the emergency and urgent care departments and asked their experience of working with EEAST staff.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Due to the high volume of day-to-day work, staff did not routinely complete mandatory training. The trust did not set a compliance target, and compliance amongst emergency and urgent care staff was 61.2%.
- None of the ambulances we inspected held restraints for use with children on trolleys, however the trust knew this was an issue and were in the process of ordering new equipment and organising training for the staff team to use the equipment properly.
- Twelve out of 25 staff teams exceeded the trust's 5% sickness target from November 2016 to October 2017, staff morale was low. Staff experienced late shift finishes, which remained an unresolved issue for the trust since our last inspection in April 2016, despite the trust engaging with staff to trial innovative ways of reducing these.

Emergency and urgent care

- Staff experienced excessive hand-over times at some acute hospitals, which drained the trust's resources and reduced the ability to meet the service demand.
- Staff did not manage medication in line with the trust policy and medicines were not always stored safely or audited effectively.
- The service was underachieving in previous national response targets. There were significant delays in response by the service during the winter period. Since the inspection the trust has received extra funding to improve the response rates.
- The service introduced the new Ambulance Response Programme in November 2017. The initial results demonstrate that the trust was not meeting the new standards. However, trusts will not be held to account for these standards until after our inspection.
- Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service. Appraisal rates at different bases were variable but remained below the anticipated target.
- From October 2016 to September 2017 the trust's proportion of Face Arm Speech Test (FAST) positive patients assessed face to face that arrived at NHS trusts with a hyper acute stroke centre within 60 minutes was slightly lower than the England average, ranging from 44.6% to 57.6% compared to the average of 50% to 58.7%. The trust performed worse for eight months; November 2016, February 2017 and April 2017 to September 2017.
- Between November 2016 and November 2017, there was an average delay of over 15 minutes reported from arrival at the hospital to handover to hospital staff.
- Since our last inspection in April 2016, the trust had implemented its Dementia Strategy 2017 – 2020. However, the majority of ambulance staff we spoke to had not received training or guidance in supporting patients with dementia.
- Temporary management roles contributed to a lack of leadership, openness, and staff engagement.
- Whilst staff remained focused on providing quality care for the patients, and respected and valued their colleagues,
- All staff we spoke with knew of the national targets for response times, however due to changes in the prioritisation of emergency calls many staff felt they attended calls that did not require a blue light ambulance.

However:

- Staff knew how to report incidents; managers shared learning from incidents and the trust carried out comprehensive investigations, feeding back to patients and families where appropriate.
- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.
- The trust set quality performance targets, and reviewed these regularly against internal and external targets.
- The environments were visibly clean and well maintained and were conducive to a good working environment.
- There were appropriate methods and processes to respond and manage risks to patients.
- Staff provided care and treatment based on national guidance and evidence.
- Managers monitored the effectiveness of care and treatment through local and national audits.
- Staff worked together as a team for the benefit of patients.

Emergency and urgent care

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, this was an improvement since our last inspection. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients, families, and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- There were examples of service planning to meet local needs; for example the patient safety intervention team (PSIT) to support trust staff experiencing extended waiting times within hospital emergency and urgent care departments.
- A number of NHS trusts we visited had a hospital ambulance liaison officer (HALO) present in the emergency and urgent care department to support NHS trust and ambulance staff with patient flow. NHS trust staff we spoke with said this role worked closely with the staff team to achieve positive patient outcomes and improve patient flow through the department.
- The trust trained staff as mental health champions to offer staff additional guidance in relation to supporting patients with mental health needs.
- The trust comprehensively managed complaints and ensured staff had opportunities to learn from when things went wrong without fear of retribution.
- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes.
- The trust quality report and quality dashboard consisted of a wide range of quality and safety indicators, which provided the board with an understanding of the trust's safety position.
- The trust had clear service performance measures, and used its ambulance clinical quality indicators (ACQI) to report and monitor performance locally and at board level

Is the service safe?

Requires improvement 

Our rating of safe stayed the same. We rated it as requires improvement because:

- Due to a high volume of day to day work and the trust in periods of REAP 3, mandatory training rates were below trajectory at 85% (beginning of March 2017) against a target of 95% (end of March 2017). Mandatory training rates varied across the service. Twelve out of 25 staff teams exceeded the trust’s 5% sickness target from November 2016 to October 2017. However this increased during the winter period.
- Staff experienced late shift finishes, which remained an unresolved issue for the trust since our last inspection in April 2016. Staff experienced excessive hand-over times at some acute hospitals, which impacted upon the trust's resources and reduced the ability to meet the service demand.
- Staff did not manage medication in line with the trust policy and medicines were not always stored safely or audited effectively.

However:

Emergency and urgent care

- Staff knew how to report incidents; managers shared learning from incidents and the trust carried out comprehensive investigations, feeding back to patients and families where appropriate.
- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.
- The trust set quality performance targets, and reviewed these regularly against internal and external targets.
- The environments were visibly clean and well maintained and were conducive to a good working environment.
- There were appropriate methods and processes to respond and manage risks to patients.

Is the service effective?

Requires improvement  

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service was underachieving in previous national response targets. There were significant delays in response by the service during the winter period. Since the inspection the trust has received extra funding to improve the response rates.
- The service introduced the new Ambulance Response Programme in November 2017. The initial results demonstrate that the trust was not meeting the new standards. However trusts will not be held to account for these standards until after our inspection.
- Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service. Appraisal rates at different bases were variable but remained below the anticipated target.
- From October 2016 to September 2017 the trust's proportion of Face Arm Speech Test (FAST) positive patients assessed face to face that arrived at NHS trusts with a hyper acute stroke centre within 60 minutes was slightly lower than the England average, ranging from 44.6% to 57.6% compared to the average of 50% to 58.7%. The trust performed worse for eight months; November 2016, February 2017 and April 2017 to September 2017.

However:

- Staff provided care and treatment based on national guidance and evidence.
- Managers monitored the effectiveness of care and treatment through local and national audits.
- Staff worked together as a team for the benefit of patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

Emergency and urgent care

- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients, families and carers gave positive feedback about their care.
- Staff displayed outstanding patient centred care and we saw evidence of staff going the extra mile to ensure that patients were cared for.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Requires improvement 

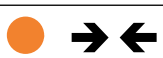
Our rating of responsive went down. We rated it as requires improvement because:

- Between November 2016 and November 2017, there was an average delay of over 15 minutes reported from arrival at the hospital to handover to hospital staff. The delay in handover times increased during the winter period impacting on the responsiveness of the trust to patients waiting at home. The trust recognised this and had implemented strategies to resolve this but it was not until after our inspection that this began to improve significantly.
- There were significant delays in responding to patient calls over the winter period which meant that the service was not responsive to the needs of patients. This was in part due to delays at handover and in part to the demand on the service which had not been fully anticipated.
- Whilst the service had planned for the winter period, the demand for services coupled with the extensive delayed arrival to handover times seen across a very challenged winter period impacted on their ability to fully meet the demand.
- Since our last inspection in April 2016, the trust had implemented its Dementia Strategy 2017 – 2020. However, the majority of ambulance staff we spoke to had not received training or guidance in supporting patients with dementia.

However:

- There were examples of service planning to meet local needs; for example the patient safety intervention team (PSIT) to support trust staff experiencing extended waiting times within hospital emergency and urgent care departments.
- A number of NHS trusts we visited had a hospital ambulance liaison officer (HALO) present in the emergency and urgent care department to support NHS trust and ambulance staff with patient flow. NHS trust staff we spoke with said this role worked closely with the staff team to achieve positive patient outcomes and improve patient flow through the department.
- The trust trained staff as mental health champions to offer staff additional guidance in relation to supporting patients with mental health needs.
- The trust comprehensively managed complaints and ensured staff had opportunities to learn from when things went wrong without fear of retribution.

Is the service well-led?

Requires improvement 

Emergency and urgent care

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Some staff at some bases described a culture of low morale, late shift finishes, and disengagement between front line staff and the senior management team. This was variable across bases and across staff members.
- The majority of staff we spoke with felt the senior managers did not follow the values of the trust and that the temporary management roles contributed to a lack of leadership, openness, and staff engagement.
- Whilst staff remained focused on providing quality care for the patients, and respected and valued their colleagues, the majority of staff told us the senior team were not visible around the trust.
- All staff we spoke with knew of the national targets for response times, however due to changes in the prioritisation of emergency calls many staff felt they attended calls that did not require a blue light ambulance. The trust had raised the issue with categorisation of patients under the ARP model at a national level.

However:

- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes. Staff felt sighted on the issues that managers reported through their governance routes.
- The trust quality report and quality dashboard consisted of a wide range of quality and safety indicators, which provided the board with an understanding of the trust's safety position.
- The trust had clear service performance measures, and used its ambulance clinical quality indicators (ACQI) to report and monitor performance locally and at board level. Staff were able to discuss these performance figures with our inspection team.

Emergency operations centre

Good 

Key facts and figures

The Emergency Operations Centre (EOC) received and triaged emergency 999 calls from members of the public and other emergency services. It provided advice and dispatched ambulances to emergencies as appropriate. The EOC provided assessment and treatment advice to callers who did not need an ambulance response, a service known as 'hear and treat'. EOC staff gave callers advice on self-care, made the patient an appointment with a general practitioner (GP), or directed them to other services.

On average, EEAST responded to a 999 call every 40 seconds, amounting to an average of 2,158 calls per day and over 787,670 calls per year. This could increase to 3,000 calls per day during certain times of the year such as New Year's Eve and other significant events.

The EOC also managed requests by health care professionals to convey people either between hospitals or from the community into hospital. The trust had three emergency operations centres (EOC) in Bedford, Chelmsford and Norwich. There were good communications between the three centres and all answer calls for the region in peak demand. The incident command desk (the coordinated response for major incidents) is in Chelmsford.

We inspected all three EOC sites during our inspection. We spoke to 31 staff across all three sites including emergency call handlers, emergency medical dispatchers (EMD), clinicians (including paramedics and nurses), team leaders, duty managers and senior managers. We listened to over 20 emergency calls and observed how staff treated and responded to patients during emergency 999 calls.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff knew how to report incidents; managers shared learning from incidents and the trust carried out comprehensive investigations, feeding back to patients and families where appropriate.
- Mandatory and safeguarding training rates had improved since our last inspection with 88% of EOC staff completing the trust professional update training.
- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.
- Staff provided care and treatment based on national guidance and evidence and managers monitored the effectiveness of care and treatment.
- Staff were competent to fulfil their roles and worked together as a team for the benefit of patients.
- The regional coordination centre provided effective support for complex and major incidents across the region and links in with national requests for mutual aid.
- Staff cared for patients with compassion, treating them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Emergency operations centre

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared them with all staff.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Frontline staff and managers respected and valued their colleagues.
- The majority of staff we spoke with felt the senior managers followed the values of the trust and staff felt that the leadership team promoted a culture of openness and staff engagement.

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good because:

- Staff knew how to report incidents; managers shared learning from incidents and the trust carried out comprehensive investigations, feeding back to patients and families where appropriate.
- Mandatory and safeguarding training rates had improved since our last inspection with 88% of EOC staff completing the trust professional update training.
- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.
- The trust set quality performance targets, and reviewed these regularly against internal and external targets.
- The environments were visibly clean and well maintained and were conducive to a good working environment.
- There were appropriate methods and processes to respond and manage risks to patients.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

However;

- There was high sickness rates and vacancies in the EOC's.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good because:

- Emergency Clinical Advice & Triage (ECAT) staff provided care and treatment based on national guidance and evidence.
- Managers monitored the effectiveness of care and treatment through local and national audits.

Emergency operations centre

- The regional coordination centre provided effective support for complex and major incidents across the region and links in with national requests for mutual aid.
- Staff worked together as a team for the benefit of patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- From February 2017 to October 2017, the proportion of calls from patients for whom locally agreed frequent caller procedure is in place was lower than the England average for all months. The trust reported a proportion of calls from frequent callers of 0.4% for all months apart from October 2017 where this dropped to 0.2%.

However:

- Since September 2017, the percentage of abandoned calls handled by the trust was higher than the England average, peaking in September 2017 with 1.6% of calls abandoned compared to the England average of 1.1%.
- From February 2017 to October 2017, the trust consistently had a higher proportion of patients who re-contacted the service within 24 hours following closure with telephone advice than the England average. The trust's proportion of re-contacts ranged from 7.7% to 10.1% compared to the England average of 6.1% to 8.6%.

Is the service caring?

Good 

Our rating of caring went down. We rated it as good because:

- Staff cared for patients with compassion, and treated them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- Trust hear and treat performance had improved since out last inspection and was in line with the national average.
- From November 2017 to January 2018, East of England Ambulance Service Trust median time to answer calls was one second. This was better than the England average in December 2017 which was 5 seconds.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and shared learned lessons from the results with all staff.

Emergency operations centre

- Since our last inspection in April 2016, the trust had implemented its Dementia Strategy 2017 – 2020. All staff we spoke to had received training or guidance in supporting patients with dementia. Data provided by the trust prior to inspection stated 88% of EOC staff had received the training by October 2017.

Is the service well-led?

Good ➔➔

Our rating of well-led stayed the same. We rated it as good because:

- The majority of staff we spoke with felt the senior managers followed the values of the trust and staff felt that the leadership team promoted a culture of openness and staff engagement.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Frontline staff and managers respected and valued their colleagues.
- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes.
- The trust quality report and quality dashboard consisted of a wide range of quality and safety indicators, which provided the board with an understanding of the trust's safety position.

However:

- All staff we spoke with knew of the national targets for response times. However, due to changes in the prioritisation of emergency calls many staff felt some calls were not categorised correctly and therefore did not require a blue light ambulance.
- Staff felt increasing pressure and workload on the service was negatively affecting morale.

Patient transport services

Requires improvement 

Key facts and figures

Patient transport services (PTS) provide non-emergency transport for adults and children who are unable to use public or other transport due to their medical condition. This includes those attending outpatient clinics, discharge from hospital wards and those who need treatment such as chemotherapy or renal dialysis.

East of England Ambulance Service (EEAST) is commissioned to provide PTS in Cambridgeshire, Norfolk, North Essex, South Essex, West Essex, Bedfordshire, and Hertfordshire. EEAST had lost the contract to supply PTS in Suffolk, Great Yarmouth, and Waveney from 1 April 2018. Due to the change of provider in these areas, we did not visit PTS stations in Suffolk, Great Yarmouth, and Waveney areas. The clinical commissioning groups in Bedfordshire and Hertfordshire had awarded the trust a contract to supply PTS in October 2017, due to the insolvency of the previous provider.

The trust employed 508 staff consisting of 440 patient facing staff, 61 call centre staff and seven managerial support staff. The patient facing roles consisted of ambulance care assistants and transport drivers who had not undertaken ambulance care assistant training. The trust had volunteer drivers who supported PTS with patient journeys.

The last comprehensive inspection of PTS took place in May 2016 where the service was rated as requires improvement overall. Safe, effective, responsive well-led and were rated as requires improvement and caring was rated as good.

We undertook an inspection of the whole core service. Our inspection was unannounced (staff did not knew we were coming).

Before the inspection visit, we reviewed information that we hold about the service and information we requested from the trust.

During the inspection visit, the inspection team, visited four PTS stations, two PTS control centres and the trust's head office. We spoke with 27 members of staff, including senior managers, ambulance liaison officers, ambulance care assistants, PTS drivers and support staff including planers and control room staff. We spoke with seven patients and three relatives and carers. We observed seven patient journeys.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Patient transport services remained as requires improvement overall. The questions of effectiveness, and well-led stayed the same as requires improvement. Caring remained good and responsive and safe improved from requires improvement to good. There were concerns with safety aspects relating to vehicle cleaning and staffing within the service. The performance against key performance indicators was variable but had improved. The service had governance processes in place for the oversight of risk, safety, and quality but we had concerns that this information was not shared effectively with staff.

Is the service safe?

Good 

Our rating of safe improved. We rated it as good because:

Patient transport services

- Staff recognised incidents and understood their responsibilities to ensure they reported incidents. We reviewed incidents that showed two similar incidents six months apart. In both cases, crews had left patient property and patient identifiable information with another patient. After the first incident the trust told us that they introduced a discharge checking list and had shared this with the private provider named in the first incident.
- The service had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and they knew how to apply it.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The service did have plans in place to prevent the spread of healthcare associated infections and, despite those plans, PTS did not complete vehicle deep cleaning intervals specified by the trust in some areas. However, the service had improved vehicle cleaning processes since the last inspection.

Is the service effective?

Requires improvement 

Our rating of effective stayed the same. We rated it as requires improvement because:

- We were not assured that the trust made sure staff were competent to work in their roles. Managers had not completed annual appraisals for all staff in all areas. Appraisal completion varied in different stations across this service from 28% to 86%.
- Whilst new volunteer drivers received driver assessments those in post prior to 2009 had not had a driver assessment unless the trust had received complaints or they had been involved in incidents.

However

- PTS monitored the effectiveness of the service and used the findings to improve them. The service monitored their performance against the key performance indicators set out by their commissioners in order to make improvements.
- Staff in different roles and organisations worked well together as a team to benefit patients. Crews and control centre staff supported each other and worked well with staff from other organisations to prove effective care.
- Staff mostly understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff received mental health and mental capacity training.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- We rated caring as good because staff treated patients with dignity, respect, kindness and compassion. Staff involved their patients in decisions related to their care and supported patients in making those decisions.
- Staff cared for patients with compassion. Our observations and feedback from patients confirmed that staff treated them well and with kindness.

Patient transport services

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them to make decisions about their care and treatment.

Is the service responsive?

Good ↑

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. PTS managers worked with their commissioners to improve services and address the unmet needs of patients when they found gaps in the commissioned services.
- Patients that met the commissioner's criteria for patient transport services could access the service easily.
- The service took into account patients' individual needs and PTS staff were aware of the needs of individuals and could tailor care to meet these.
- PTS took complaints and concerns seriously, investigating them and providing feedback following a concern.

However

- The trust did not always meet the 25 day complaints response time.

Is the service well-led?

Requires improvement →←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The leadership, governance, and culture did not always support the delivery of high quality person centred care. The trust did not have effective systems to disseminate relevant information to staff about safety and quality.
- Staff satisfaction was mixed. Improving the culture or staff satisfaction was not seen as a high priority. Staff did not feel actively engaged or empowered. Teams worked in silos and feedback from staff was not always acted upon in a timely way.
- The approach to service delivery and improvement was reactive and focused on short term issues.
- The sustainable delivery of quality care was put at risk by the financial challenge of success bidding for contracts to supply services to their commissioners.

However

- Teams at local level work cohesively together and ambulance liaison officers supported their staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

The team was led by Fiona Allinson, Head of Hospital Inspection, CQC and Mark Heath, Inspection Manager, CQC.

An executive reviewer, supported our inspection of well-led for the trust overall.

The team included one further inspection manager, five inspectors, two assistant inspectors, three pharmacy inspectors and eight specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.