

# East of England Ambulance Service NHS Trust

## Inspection report

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Date of inspection visit: 10 Apr to 2 May 2019  
Date of publication: 31/07/2019

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?

Good 

Are services well-led?

Inadequate 

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.

EEAST Trust provides 24 hour, 365 days a year accident and emergency services to those in need of emergency medical treatment and transport. The trust has ambulance operation centres (AOC), 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 also provides transport services for patients needing non-emergency transport to and from hospital, treatment centres and other similar facilities and who cannot travel unaided because of their medical condition or frailty.

The area is made up of:

- More than 5.8 million people
- Covers over 7,500 square miles
- A total of 19 CCGs
- Seventeen acute trusts

In 2017/18 the trust:

- Received more than one million emergency calls
- Treated 64,157 people through their Emergency Clinical Advice and Triage Centre

The trust's resources and teams include:

- More than 4,000 staff and more than 1,500 volunteers
- Three ambulance operations centres (AOCs) in Bedford, Chelmsford and Norwich
- 387 front line ambulances
- 178 rapid response vehicles
- 175 non-emergency ambulances (Patient transport service and health care referral team (HCRT) vehicles)
- 46 hazardous area response team (HART)/major incident/resilience vehicles
- More than 130 sites

*(Source: Trust website)*

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 previously inspected EEAST under our current methodology and published the report in July 2018 and rated the trust as requires improvement overall.

We returned to inspect the trust in line with our current methodology in April 2019. We inspected the core services of emergency and urgent care, patient transport services and resilience. A well-led inspection took place in May 2019 and we issued requirement notices.

# Summary of findings

As part of this recent inspection in April 2019, we visited trust premises including offices, training areas, fleet workshops, specialist units such as Hazardous Area Response Team (HART), ambulance stations and ambulance 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 since our last inspection. We rated it as Requires improvement**



## What this trust does

East of England Ambulance Service NHS Trust provides a range of ambulance services throughout six counties in the east of England. The trust operates from 95 ambulance stations and has three ambulance operation centres. The trust's resilience service is responsible for all emergency preparedness and the hazardous area response team attends major incidents for the six counties and allows ambulance staff to move forward, when there are casualties, taking clinical care to those in need and operate in the hazardous areas of an incident.

## 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.

## 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.

We inspected three of the core services provided at East of England Ambulance Service NHS Trust because at our last inspection we rated the trust overall as requires improvement. We had concerns about the quality of services in emergency and urgent care and patient transport services. This inspection was also a part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

## What we found

### Overall trust

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

- Well-led was rated as inadequate. We rated safe and effective as requires improvement, caring as outstanding and responsive as good.

# Summary of findings

- We rated two of the trust's three services we inspected as requires improvement and one as good. In rating the trust, we took into account the current ratings of the core service we did not inspect.
- The services still did not have enough staff to care for patients and keep them safe despite a focus on recruitment and retention. Not all staff consistently received mandatory training and although the trust provided updated information after our inspection that demonstrated some improvements, this was a continued breach of regulations. There was a continued breach of regulations in relation to medicines being managed safely.
- Staff did not receive regular appraisals and systems in place to ensure that staff were competent for the roles continued to be inconsistently applied across services. People continued to wait too long for services and response times although improved, continued to be worse than the England average.
- The rating for well-led had declined from requires improvement to inadequate. There continued to be a mixed culture at the trust and not all staff felt that concerns were listened to. There was instability within the senior leadership team with some key leaders in interim positions. The recently implemented strategies and initiatives developed to improve performance, governance and staff welfare were yet to be embedded. Whilst the quality of services had not declined and there were signs of improvement in specific areas there were continued breaches of regulations.

However:

- The trust had continued to work with system partners to improve handover delays at hospitals. Performance in handover delays had improved since our last inspection. The trust continued to work with external partners to develop pathways of care for patients.
- Managers monitored the effectiveness of the service. Performance in some clinical quality indicators had improved since our last inspection.
- Senior leaders were aware of the challenges to providing quality sustainable care and were in the process of developing actions to address them. This was because of the significant changes that had occurred in the senior leadership team in the 12 months prior to our inspection.
- The new interim chief executive officer had been in position since November 2018 and had a positive impact in empowering staff at all levels to develop the trust strategy to drive improvements and achieve the trust's vision.

## Are services safe?

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

- Emergency and urgent care and patient transport services were still rated as requires improvement. Staff were still not consistently receiving mandatory training and staffing levels were still below the levels required to consistently provide safe care and treatment. Systems and protocols in place for medicines managed were still not consistently applied across the services.
- Resilience was rated as good. This was our first inspection of this ambulance core service using our new methodology. The service had enough staff with the right qualifications and mandatory training levels exceeded trust targets.

## Are services effective?

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

- Emergency and urgent care and patient transport services were still rated as requires improvement. Processes in place to ensure staff were competent for their roles continued to be inconsistently applied. Response times had improved however, the services performance continued to be worse than other trusts and was generally below the England average.

# Summary of findings

- Resilience was rated as good. All staff had received an appraisal and undertook additional development and training days to ensure they were competent for their roles.

## Are services caring?

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

- Emergency and urgent care was rated as outstanding and patient transport services were rated as good. Staff continued to deliver compassionate care and treated patients and their loved ones with respect and dignity. Patients that we spoke with told us that staff had been caring and treated them with kindness.
- Due to the nature of the service we did not rate resilience for caring. We were unable to observe direct patient care.

## Are services responsive?

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

- Emergency and urgent care ratings had improved from requires improvement to good. Patient transport services rating remained as good. There had been improvements in handover delays in emergency and urgent care. The services continued to work with external stakeholders to improve performance and plan service delivery.
- Resilience was rated as good.

## Are services well-led?

Our rating of well-led went down. We rated it as inadequate because:

- There was not a stable executive leadership team in place. The new interim chief executive officer had initiated a number of changes to drive improvements; however, these were not yet embedded so it was not possible to fully measure their effectiveness. We had significant concerns that due to the interim nature of key roles on the trust board the plans for improvement in key areas may not be progressed or sustainable.
- There remained a mixed culture within the trust with concerns remaining around bullying and harassment despite the trust undertaking a number of actions to address the issue. Recent initiatives introduced to improve culture had not been in place long enough to assess their effectiveness.
- Staff at all levels told us that the processes in place to support staff raising concerns and grievances was not robust or consistently applied.
- There was not a clear long-term realistic strategy in place as this was being developed at the time of our inspection.
- There had not been sufficient improvement in key areas highlighted as concerns from our previous inspection. The trust remained in breach of regulatory requirements.
- The trust acknowledged that the board required development. Our interviews with senior leaders and observations confirmed that further work was required to form a collective leadership team.
- Governance processes were yet to be embedded at all levels across the trust.

However

- Staff that we spoke with at all levels were aware of the trust's vision and values.
- Leaders at all levels monitored the effectiveness of services.
- Staff told us that the culture of the organisation was beginning to re-focus on putting the patient at the heart of everything they did. Staff told us that the new CEO had provided a 'buffer' from external scrutiny which allowed them to focus on delivering quality care.

# Summary of findings

Our full inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – .

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and service type, 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.

## Outstanding practice

We found outstanding practice in resilience.

## Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found five things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued three requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches at trust wide level and impacted on emergency and urgent care and patient transport services.

For more information on action we have taken, see the section on Areas for improvement and Regulatory action.

## 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

We found the following outstanding practice

#### Resilience

- A certificate of appreciation for HART EEA5T was awarded by the Chief Fire Officer in February 2018 for staff saving a fire officer's life at the scene of a fire.
- The team were recognised by external agencies and won the 'Stars of Norfolk and Waveney' award in 2018.

### Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

# Summary of findings

## Action the trust **MUST** take to improve:

### Trust wide

- The trust must ensure staff consistently complete mandatory and safeguarding training in line with the trust target (Regulation 12).
- The trust must ensure that systems and processes to safely administer, store, prescribe and medicines is consistently applied across the trust (Regulation 12)
- The trust must ensure that it improves response times in emergency and urgent care and patient transport services (Regulation 12)
- The trust must ensure that governance and risk management processes are embedded in all areas (Regulation 17)
- The trust must ensure that processes in place for appraisals and supervision are consistently applied and demonstrate that staff are competent for their roles. (Regulation 18)

### Patient Transport Services

- The trust must ensure that it improves recruitment and retention to have enough staff to provide a safe and responsive service. (Regulation 12)

## Actions the trust **SHOULD** take to improve:

### Emergency and urgent care

- The trust should ensure that it continues to drive the recruitment and retention strategy to have enough appropriately trained staff to treat patients safely.
- The trust should ensure that sharps boxes are consistently labelled.
- The trust should continue to work with system partners to ensure that handover delays are reduced at acute hospitals.
- The trust should ensure that complaints are investigated and resolved in a timely manner.

### Patient transport services

- The trust should ensure that progress with the transformation programme continues.

## 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 inadequate because:

- There had been significant churn within the senior leadership team over the last 12 months. At the time of this inspection, key members of the board were in interim positions. We had significant concerns that the instability in the executive team meant that the trust would not be able to drive necessary improvements forward.

# Summary of findings

- There had been continued non-compliance and breaches of regulations related to mandatory training, medicines management and ensuring that staff were competent for their roles. This was highlighted at previous inspections and there had been little or no improvement in these areas.
- At the last inspection, we issued a trust wide requirement notice in relation to good governance and risk management. The trust has reviewed their governance and risk management processes and is implementing new governance and risk management systems; however, this is yet to be embedded. Not all levels of governance functioned effectively and interacted with each other appropriately
- We were not assured that workforce concerns including staff welfare were being effectively escalated to the board. Although there was a people and culture committee in place, terms of reference had not yet been developed.
- There continued to be a mixed culture within the trust. NHS Staff survey results continued to be worse than the England average. Staff told us that the processes in place to manage grievances was not consistently applied.
- The trust performance against national standards was still worse than the England average and not meeting national response times for emergency calls.

However

- The current leadership team appeared to be having a positive impact on staff morale and had increased pace in a number of areas of concern. Senior leaders continued to work with external partners to improve handover delays and performance.
- There were effective arrangements in place to ensure that when cost improvement plans were being considered patient safety was not compromised.
- Quality improvement (QI) methodology continued to be used across the trust and the quality improvement team were developing ways for staff to receive training and support with QI projects.



## 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 2019	Requires improvement →← Jul 2019	Outstanding →← Jul 2019	Good ↑ Jul 2019	Inadequate ↓ Jul 2019	Requires improvement →← Jul 2019

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 2019	Requires improvement ↔ Jul 2019	Outstanding ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019
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 operations centre	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Resilience	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019
<b>Overall</b>	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Outstanding ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019

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 East of England ambulance service provides a 24 hour a day, 365 days a year accident and emergency services to those in need of emergency medical treatment and transport in; Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire. Serving more than 5.8 million people, over 7,500 square miles.

The trust has a total of 82 ambulance stations within emergency and urgent care.

We inspected the emergency and urgent care service using a comprehensive framework. This means that we inspected the service to determine if it was safe, effective, caring, responsive and well-led.

Our inspection was announced (staff knew we were coming) with short notice, to ensure that everyone we needed to talk to was available.

Throughout our inspection we visited ambulance stations in Waveney, Ipswich, Cambridge, Kings Lynn, Hunstanton, Basildon, Huntingdon, Basildon, and Harlow. We interviewed staff, reviewed documentation, vehicles, stations and equipment, observed care and spoke with patients.

We spoke with 56 staff members from various roles including assistant general managers, leading operations managers, general managers, pharmacists team members, emergency medical technicians, emergency care assistants, associate ambulance practitioners, students, paramedics including specialist paramedics, ambulance fleet assistants, clinical leads, and transformation leads. We spoke with nine patients either at the locations where crews attended to them, or when being conveyed to hospital, and we reviewed 11 vehicles.

## Summary of this service

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

- We rated safe, effective, and well led as requires improvement, responsive as good and caring as outstanding.
- Safe staffing levels were not consistently achieved across the whole service. Some areas utilised resources to ensure that patient facing hours were achieved, however some areas did not achieve the same.
- The service provided mandatory training, including safeguarding training; however, not all staff completed. This was highlighted as an area of concern at our previous inspection. Average compliance across all staff groups was 75% against a trust target of 95%.
- There continued to be inconsistent medicines management systems across the trust. There were variations of medicines management across the service. This presented a potential risk as medicines bags were often restocked at different stations to where they originated, meaning that the contents and the way the medicines were dated could be misinterpreted.
- Patient group directives, which allow paramedics to administer certain medicines to a group of patients such as paracetamol to patients experiencing pain, were mostly out of date by approximately one month at the time of our inspection. This was escalated on inspection and the service was taking measures to update these.
- Staff mainly kept vehicles, themselves and equipment clean. However, sharps bins were not always labelled when they were opened. This meant staff could not be sure how long the bins had been in use. This represented a potential infection and prevention control risk.

# Emergency and urgent care

- Response times were consistently not met. Although the service was trying different initiatives to improve this such as increasing the number of double manned ambulances and reducing the number of rapid response cars. This meant that patients did not always receive care and treatment in a timely manner.
- Staff development and competence was inconsistent across the service. Appraisal and induction rates varied across the service, as did staff development. In some areas staff told us they had requested and been granted development training in different skills. However, in other areas staff felt frustrated at the lack of development opportunities.
- The 15-minute best practice target times for hospital handovers was not consistently achieved, with average times ranging from 18 to 33 minutes. This meant that patients being conveyed to hospital sometimes had to wait with ambulance staff for some time before having their care handed over to hospital staff.
- The service took approximately 20 additional days to investigate and close complaints than the trust's policy on complaints management set. This meant that patients were waiting excessive times for resolutions to any complaints they had raised.
- Whilst culture and morale had improved from our previous inspection, many staff were unsure that the present changes would last. Staff also told us that whilst they felt supported and valued by their local leaders, they did not believe their opinions mattered to senior leaders.
- Whilst we saw good local oversight of performance, governance and risk management, we did not see adequate scrutiny, management and representation of these factors at corporate or senior level.

However:

- Throughout our inspection we saw several examples of positive change being trialled and in some cases freshly implemented. These changes were implemented after the appointment of the trust's interim chief executive officer approximately six months prior to our inspection. Examples of these changes include a restructure of the local leadership roles and responsibilities, the introduction of the people and vehicle support hub which improved late finishes for crews, and the introduction of safety huddles for all staff on every shift.
- Whilst the majority of service changes were yet to be fully embedded, the service was actively monitoring performance and initial results showed improvements in relation to many aspects such as staff morale, visibility and support of local leaders, and a reduction in the number and length of late finishes for crews.
- Whilst safeguarding training rates were not meeting trust target. We found an improvement in awareness of safeguarding concerns and recognising abuse.
- National guidelines and trust guidelines continued to be used in aspects of patient care and patient care records were consistently well managed.
- The service performed the same as or better than the England average for many recorded patient outcomes. There were examples of effective multidisciplinary working with both internal and external partners in care. Staff understood the principles of consent.
- Staff consistently provided care and treatment for patients in a way that was compassionate, supportive, informative, respectful, maintained their dignity and involved them in their own care.
- Oversight of the service demand and capacity was present at both senior and local levels. The service planned resources in advance and worked with other professionals such as private ambulance services and community first responders to cover both rural and urban areas.
- A recent leadership restructure had led to local leaders being more visible and supportive to their staff, and staff told us they felt well respected and supported by their local leaders.

# Emergency and urgent care

- Culture and morale amongst staff was improved from our previous inspection, although staff were concerned that the temporary nature of the leadership team could impact on progress in this area.
- Local leaders had good oversight of their teams' performance, wellbeing, and local service risks.

## Is the service safe?

**Requires improvement** ● ➡ ➡

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff and but was not consistent in ensuring that everyone completed it. This had been a concern at our previous inspection. The average compliance for all staff groups at the time of our inspection was 75% against the trust target of 95% for staff to have completed their mandatory training and professional updates within an 18-month rolling programme. After our inspection, the trust provided updated information to demonstrate that they had improved mandatory training compliance.
- Sharps boxes were not consistently labelled throughout the service, which meant we couldn't always tell how long sharps boxes had been open and in use for.
- Some ambulance stations were no longer large enough for the number of staff and vehicles operating out of them. Asbestos was known to be present in one station, and the layout of some stations meant that managers and their staff were physically separated when at their stations.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service did not always follow best practice when administering, recording and storing medicines. The service varied greatly across the service with differing processes for auditing and restocking of medicines bags. This increased the risk of error in medicines bags such as the potential for out of date medicines and the availability of some medicines.
- Patient group directives, which allow paramedics to administer medicines to a group of patients without a prescription (such as paracetamol to patients experiencing pain), were largely out of date at the time of our inspection. This was escalated, and the service was in the process of addressing this.

However:

- The design, maintenance and use of facilities, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. The servicing and repair of equipment was conducted regularly and frequently by a dedicated electronic engineering team and records for their work were thorough. Staff were trained in the correct use of paediatric harnesses, which was an improvement from our previous inspection.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration. Leading operations managers were available to attend calls where staff knew there were higher acuity needs of the patient (for example, a heart attack or a road traffic collision), and staff had access to clinical advice and support over their telephones.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Records were regularly audited with demonstrable service improvements taking place from these audits. Records were largely electronic, with the paper-based records being stored securely in vehicles which was an improvement from our previous inspection.

# Emergency and urgent care

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. Staff understood the duty of candour and we saw evidence of this when reviewing investigation reports into serious incidents.

## Is the service effective?

**Requires improvement**   

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

- The service monitored, but did not meet, agreed response times so that they could facilitate good outcomes for patients. We saw some initiatives in practice to help the service achieve these targets but these initiatives required further time to embed before we could assess the effectiveness of them. This meant that patients were not always receiving care and treatment in a timely manner.
- One specific patient outcome around the average time from call to help until catheter insertion for angiography for patients admitted to hospital with an initial diagnosis of definite myocardial infarction was largely worse than the England average.
- The service was working to improve the number of staff who had received an appraisal although numbers were still low at the time of our inspection. Staff development was inconsistent across the service, with several staff feeling that their development needs were not met. This continued to be a concern as this was highlighted at our previous inspection.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983. Staff had access to the JRCALC guidelines and could reference them. Treatment protocols for patients experiencing stroke or heart attack were underpinned by trust guidelines.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Several patient outcomes were similar to, or better than the England average.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff had a good understanding of consent. We saw staff explaining care and treatment to patients and gaining their consent regularly throughout each care episode.

## Is the service caring?

**Outstanding**   

# Emergency and urgent care

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service consistently performed better than the England average in the Friends and Family Test, scoring between 95% and 100%.
- Patients were respected and valued as individuals and were empowered and informed about their own care and choices.
- Despite factors such as high service demand and frequent callers, staff strived to always provide care that was compassionate, respectful, supportive, never time-rushed and met patients' needs.
- Staff consistently cared for patients with dignity and respect.
- Staff explained treatments and decisions to convey or not to patients, keeping them well informed.
- We observed staff interacting with patients with respect and compassion, for example one member of staff demonstrated empathy and validation to a patient experiencing mental health difficulties.
- Staff were compassionate in recognising the holistic needs of patients. We saw examples of staff assisting patients with non-medical needs such as care for their pets whilst they were conveyed to hospital, and respite care for carers.
- Staff met patients at their point of need, even when this was not medical. For example, we saw staff packing an overnight bag at the instruction of a frail patient.
- Staff provided emotional support to patients. We saw examples of staff offering their presence and helping patients feel calmer. These examples applied to paediatric patients and their parents, elderly patients and patients that call the service daily.
- Staff consistently explained what they were doing and provided choice and options to patients as to whether to accept treatment and conveyance.

## Is the service responsive?

**Good**  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. We saw planning happening at both local and corporate levels. The service utilised community first responders and private ambulance services to help reach patients in both densely populated areas and rural areas.
- A people and vehicle support hub implemented approximately six months prior to our inspection was improving appropriate dispatch of crews to calls and ensuring that crews were less likely to finish their shifts late, as evidenced by a series of audits undertaken by the trust. We could not assess the effectiveness of this hub due to the short time frame, but the initial analysis did show improvements.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services. The service trained staff in supporting patients living with dementia, living with mental health difficulties and patients known for creating conflict. Staff had access to a telephone translation service for patients who did not speak English.

# Emergency and urgent care

- Alternative pathways were in use to ensure that patients who may not require conveying to hospital received appropriate care. For example, an early intervention vehicle was staffed with an occupational therapist and emergency medical technicians. These crews could refer patients and their families or carers to the most appropriate services and order the most appropriate equipment. These vehicles were achieving an approximate 59% non-conveyance rate.
- Hospital ambulance liaison officers (HALO's) were available at some of the acute trusts the service conveyed patients to. The HALO's acted as an interface between emergency departments and ambulance crews to seamlessly and speedily transfer patients to into hospital. This role worked well in the locations they were based, although they were not commissioned posts in all the acute trusts covered by the service.

However:

- The service was consistent in not achieving the 15-minute target, which was considered best practice, for handing over patients at hospitals. The length of time for handover delays ranged between 18 minutes and 33 minutes.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations, however this did not take place in a timely way. The time taken to investigate, and close complaints exceeded the trust's own target time of 25 days by 20 days.

## Is the service well-led?

**Requires improvement**   

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

- Whilst we found that culture and morale amongst staff was improving, there were still marked themes where staff felt low. Staff felt that support beyond their local leadership was absent and that senior leaders were more focused on targets. Staff told us that whilst their views were sought on service changes, they were not taken on board.
- Staff were concerned about the instability of the senior leadership team and were worried that the interim chief executive officer would not be in post long enough for changes to be embedded.
- Culture amongst the community first responders was poor with them feeling unsupported, under-developed and not utilised effectively.
- From meeting minutes, we could not see adequate scrutiny of governance related issues such as infection prevention and control and risk registers.
- Risk registers we reviewed did not consistently reflect the risks of the service, and risk registers did not offer detail on how risks were being managed.

However:

- Leadership was structured in the service. Local leaders were visible and staff felt them to be supportive.
- Trust vision and values were built into the staff appraisal template. Staff were able to refer to these values.
- Key performance indicators and quality aspects of the business were well recorded.
- Local leaders were aware of their risks and performance relating to governance and key performance indicators, although local risks were not always recorded on risk registers.
- The trust collected, analysed, managed and used information well to support all its activities.



# Patient transport services

Requires improvement   

## Key facts and figures

East of England ambulance service provide non-emergency patient transport services in Cambridgeshire, Bedfordshire, Hertfordshire, north, south and west Essex.

The trust's patient transport service team make approximately 500,620 journeys every year, taking patients who are frail or need specialist assistance to and from appointments at hospitals, treatment centres and other similar facilities.

We inspected the patient transport service using a comprehensive framework. This means that we inspected the service to determine if it was safe, effective, caring, responsive and well-led.

Our inspection was announced (staff knew we were coming) with short notice, to ensure that everyone we needed to talk to was available.

Throughout our inspection we visited ambulance stations and control centres in Dunstable, Watford, Bedford, Huntingdon, Cambridge and Peterborough. We interviewed staff, reviewed documentation, vehicles, stations and equipment, observed care and spoke with patients.

We spoke with 41 staff members from various roles including Service Delivery managers, operational managers, ambulance care assistants, drivers, call handlers, a paramedic, ambulance fleet assistants, and an improvement manager. We spoke with five patients and relatives either at the locations where crews collected them, or when being conveyed to and from hospital, and we reviewed 14 vehicles.

## Summary of this service

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

We rated safe, effective and well-led as requires improvement. We rated responsive and caring as good.

- Mandatory and safeguarding training rates still remained significantly below the trust targets. Compliance rates varied across regions and ranged from 26% to 76%.
- Appraisal rates and access to comprehensive frontline induction continued to be inconsistent across the service.
- The service took approximately 22 additional days to investigate and close complaints than the trust's policy on complaints management set. This meant that patients were waiting excessive times for resolutions to any complaints they had raised.
- Whilst culture and morale had improved from our previous inspection, many staff were unsure that the present changes would last. Staff also told us that whilst they felt supported and valued by their local leaders, they did not believe their opinions mattered to senior leaders within PTS.
- Whilst we saw good local oversight of performance, governance and risk management, we did not see adequate scrutiny, management and representation of these factors at corporate or senior level.
- Whilst performance for collection and drop-off times for patients had improved since our last inspection, the service was still not meeting performance standards set by their commissioners.

However,

# Patient transport services

- Staff knowledge of safeguarding and incidents
- Infection prevention and control was well understood, complied to and audited throughout the service. Ambulances, cars and ambulance stations were well equipped and properly maintained. The design, maintenance, and use of facilities, premises, and equipment kept people safe.
- Staff understood consent and we saw examples of staff ensuring they gained consent throughout patient journeys by informing them and respecting their choices.
- Staff consistently provided care and treatment for patients in a way that was compassionate, supportive, informative, respectful, maintained their dignity and involved them in their own care.
- Oversight of the service demand and capacity was present at both senior and local levels. The service planned resources in advance and worked with other professionals such as private ambulance services and volunteers to cover all geographic areas they were commissioned for.

## Is the service safe?

**Requires improvement** ● ➡ ➡

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

- Not everyone completed mandatory training in line with trust targets. Mandatory and safeguarding training modules were consistently below trust targets compliance levels.
- The service did not consistently have enough staff across the counties with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Some areas had enough staff, others did not but achieved a safe level by offering overtime to existing staff and using regular independent providers to cover gaps in rotas, and others utilised staff from other areas. There was a 30% vacancy rate across the service.

However,

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff understood their duty of candour and we saw evidence of this when reviewing investigation reports into serious incidents.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so Staff understanding of safeguarding, the signs of potential abuse and neglect, and the referral of any concerns was robust. There was a safeguarding team in place for support.
- Ambulances, cars and ambulance stations were well equipped and properly maintained. The design, maintenance, and use of facilities, premises, and equipment kept people safe. The servicing and repair of equipment was conducted regularly and frequently by a dedicated team. Staff were trained in the correct use of paediatric harnesses, which was an improvement from our previous inspection.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

# Patient transport services

## Is the service effective?

**Requires improvement**   

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

- Staff told us that supervision and support for new employees was not consistent.
- Staff did not get regular appraisals or supervision by managers. The trust data showed that appraisal rates did not meet trust targets in most areas and most staff confirmed they had not received a recent appraisal. The number of staff that had received an appraisal was lower than at our previous inspection, 40% of PTS ambulance staff had received an appraisal.
- Operational staff and contact centre staff reported that communication and information sharing between the two was not always consistent.
- Whilst performance for collection and drop-off times for patients had improved since our last inspection, the service was still not meeting performance standards set by their commissioners.

However,

- The service provided transport based on local and national guidance. Staff considered patients physical, mental health and social needs before and during their journey.
- Leaders monitored the effectiveness of care and transport. The trust recognised problems with some response times and had started processes to improve performance. Trust performance had steadily improved in most areas since our previous inspection.
- Staff from different disciplines worked together as a team to benefit patients. Ambulance staff and other healthcare professionals supported each other to provide good care. The service worked cooperatively with other healthcare providers.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

## Is the service caring?

**Good**   

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity and supported their individual needs. Feedback from patients confirmed that staff treated them well and with kindness. Patients, relatives and carers gave complimentary feedback about the service and described the staff as friendly, helpful and polite.
- Friends and Family test scores were similar to national averages.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care during transport. Staff asked questions about their needs and made them comfortable.

# Patient transport services

## Is the service responsive?

**Good**   

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

- The trust planned and provided services in a way that met the needs of local people. Patients that met the commissioner's criteria for patient transport services could access the service easily.
- The service was accessible to all who needed it and took account of patients' individual needs. 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.
- People could not always access the service when they needed it.

## Is the service well-led?

**Requires improvement**   

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

- The trust used an inconsistent approach to monitor and improve the quality of its services.
- The trust did not always engage well with patients, staff, the public and local organisations to plan and manage appropriate services.
- Staff were concerned for the interim post of their chief executive and PTS managers and the impact their length of time in post may have on any improvements being made.
- The leadership structure was not embedded, and leadership staff were either new in post or in interim positions.
- Managers across the service did not consistently promote a positive culture that supported and valued staff.

However,

- Although the rating for this domain had not improved since our last inspection, there was now a comprehensive patient transport services transformation programme in place. This was being overseen by an executive lead and was being reported to the board. Feedback from staff confirmed that the transformation programme was having a positive impact on staff morale. Staff told us that they were beginning to feel more included in the organisation. This was an improvement since our last inspection and had a significant impact on the rating not declining for this inspection.
- 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.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Patient transport services

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Resilience

Good 

## Key facts and figures

East of England's resilience service is responsible for all emergency preparedness and the hazardous area response team attends major incidents across the six counties of the East of England: Norfolk, Suffolk, Cambridgeshire, Essex, Bedfordshire and Hertfordshire. The service is a category one provider under the Civil Contingencies Act 2004 (Part 1).

The trust's role is to deal with all internal and external emergency planning; respond to significant/major incidents; and provide specialist advice to the command team.

Responsibilities include:

- Emergency planning
- Working with outside agencies: police, fire and rescue, military, coast guard and local authorities
- Preparing, writing, exercising and testing response plans internally and externally
- Providing specialist advice around complex incidents

The trust has numerous major incident support vehicles, based across the region to provide support to front-line operations for significant/major incidents. In support of these vehicles, the trust has numerous staff who have been trained to wear personal protective equipment for incidents involving hazardous environments.

The East of England Ambulance Service NHS trust has an accountable emergency officer in place; this is currently held by the current chief executive officer (CEO) of the organisation. Under the scheme of delegation this responsibility has been devolved to the chief operations officer and the deputy director of service delivery emergency preparedness, resilience and Response (EPRR), specialist operations and directorate transformation. The trust also has a named Non-Executive Director with the portfolio for EPRR.

Day to day responsibility for resilience planning is managed by the general manager of resilience and five resilience managers aligned to the six regional counties: Norfolk, Suffolk, Cambridgeshire, Essex with Bedfordshire and Hertfordshire. In addition, the resilience team has a business continuity and EPRR compliance manager in place who holds responsibility for business continuity planning for the region.

The service responded to 3344 incidents from April 2018 to March 2019.

## Summary of this service

This is our first time inspecting the core service and rating this service. We rated it as good because:

We rated safe, effective, responsive as good and well led as outstanding. Due to the nature of the service we did not see any patient care and have not rated caring on this occasion.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

# Resilience

- Staff provided good care and treatment to patients and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- We did not rate 'caring' as we were unable to observe caring interactions between staff and patients and gather enough evidence to make a judgement. Although we were able to review a number of extremely positive feedback comments from patients and external partners.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported all staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Leaders were visible, all staff felt respected, supported and valued. They were focused on the needs of patients receiving high quality standards of care. Staff were clear about their roles and accountabilities. The service engaged well with patients, external agencies and the community to plan and manage services. All staff were committed to improving services continually.

However:

- The service did not receive feedback from the trust electronic patient records audit.

## Is the service safe?

**Good** 

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service was in the process of recruiting enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff gave advice on medicines in line with national guidance.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

# Resilience

- The service did not receive feedback from the trust electronic patient records audit.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service consistently provided and reviewed care and treatment that was planned and delivered in line with current evidence based guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.
- The service monitored, and met, agreed national response times so that they could facilitate good outcomes for responses to major/significant incidents.
- The service made sure staff were competent for their roles.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Not sufficient evidence to rate** ●

We inspected but did not rate 'caring' as we were unable to observe caring interactions between staff and patients and gather enough evidence to make a judgement. Although we were able to review a number of extremely positive feedback comments from patients and external partners.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.



# Resilience

## Is the service well-led?

**Outstanding** 

We rated it as outstanding because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were always visible and approachable in the service for staff and patients when required. They supported all staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- All staff felt respected, supported and valued. Staff were focused on the needs of patients receiving high quality standards of care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. They were proactive with governance arrangements and reflected best practice throughout the service
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. Staff were committed to best practice performance and risk management processes.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. The service was the first to obtain an innovative system to visualise their environment and share that data in operational situations.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in new ways of working.

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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Fiona Allinson, Head of Hospital Inspections led it. Two specialist advisors, an inspector and an inspection manager supported our inspection of well-led for the trust overall.

The team included eight further inspectors (including pharmacy inspectors) and four specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.