East Midlands Ambulance Service
Quality Account 2018/19

RESPOND  DEVELOP  COLLABORATE
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Introduction


We constantly seek better ways of working to deliver the best possible care to our patients and I am proud to share with you the improvements that we have made together with colleagues, and organisations working to support delivery of our quality improvement plans.

For EMAS, this has been an exciting year of great significance.

During the year we engaged with staff and stakeholders to create ‘The Big 3: Respond | Develop | Collaborate’ – a summary of EMAS’ refreshed vision, strategic priorities and organisational values. Overall, people supported the direction set out and the wording used to describe our journey (as featured on page 6 of this report). The Big 3 strategic aims are popular, with many respondents saying they are concise, easy to understand and achievable.

In May 2018, we were delighted to announce that we and NHS Hardwick Clinical Commissioning Group (CCG) had agreed new contract terms to see an extra £9 million invested by the CCGs in our area to give us extra funding for clinical staff, ambulances and other resources.

Since then, life at EMAS has been as busy as it has ever been, and work has progressed at pace. We had to be ambitious in our plans to ensure we used the funding wisely, and I recognise that this has created additional pressure for many working at EMAS. I wish to pay tribute to everyone at the service for the professionalism, contribution, commitment and tenacity shown throughout the year – we have much to be proud of.

Using the additional funding we have recruited and trained over 230 new, additional frontline clinicians, purchased 47 new urgent care ambulances, and following the introduction of 68 new accident and emergency ambulances, a further 67 have come into service (40 are replacements and 27 are additional vehicles). Additionally, in February 2019, we were delighted to announce that the EMAS ambulance van conversion had been judged as the best in the UK by NHS Improvement, with the EMAS Fiat Ducato conversion emerging as the clear winner.

Alongside the biggest recruitment programme ever undertaken at EMAS, it was also necessary to develop our education programme, building new facilities and renovating existing estate to provide the additional classroom space needed to accommodate our new employees and to further enhance learning and education for our existing staff. Our Leicestershire Rosings building has been renovated and in Northamptonshire we installed...
a new modular building for education purposes, meaning colleagues no longer need to travel further afield to receive their training.

Nationally there are not enough qualified paramedics to allow us to recruit people ‘straight off the shelf’, therefore our education and operational teams, supported by others at EMAS, have been working incredibly hard to develop our own education programmes. This approach will allow existing colleagues to progress to paramedic and creates more opportunities for people to join EMAS and progress through the clinical ranks.

In August 2018, we launched a new training centre with Nottingham Trent University (NTU). This exciting partnership provides us with facilities at Clifton Campus, accommodating initially over 160 recruits who started training in September 2018, and after qualifying joined our frontline staff as Ambulance Technicians from January 2019.

This new partnership, alongside work with our regional higher education institute partners across the Midlands, is a positive step forward to provide more development opportunities for our staff and strengthen and improve patient care.

In response to national, regional and local changes to health and social care systems (for example, in some areas integrated care systems have been set up; a new type of collaboration between NHS organisations, working with local councils and others to take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve), we are adapting our Clinical Operating Model. This will support patients through new advanced roles with new skills and new ways of working, all of which will be underpinned by career development and education for staff.

At our August 2018 Trust Board meeting we discussed an exciting new service being developed to improve the amount of time our vehicles and crews are available to respond to urgent and emergency calls. Make Ready is a systematic preparation service – from refuelling through to cleaning, checking and restocking medicine supplies – designed to have every ambulance prepared and equipped to go right from the start of every 999 crew’s shift, rather than the crew spending time preparing the vehicle. This will initially happen at two early adopter sites (Gorse Hill and Kingsmill Ambulance Stations in Leicestershire and Nottinghamshire) to allow us to test our approach through the Plan, Do, Study, Act methodology. Modifications, layout changes and refurbishment work at both sites will allow dedicated vehicle preparation operatives to work alongside Fleet mechanics and key enabling staff to ensure vehicles are ready to go as soon as crews arrive for their shifts.

In addition to the Big 3 engagement feedback helping to shape services, I was delighted by the response we received from two important surveys held during the year. The NHS Staff Opinion survey resulted in a 56% response rate (1,823 colleagues) – the highest response rate to date, and an independent Health, Wellbeing and Culture Audit resulted in a 48% response rate (1,431 colleagues).
Both surveys are far from a tick box exercise; the experiences and views shared by colleagues have helped to give an accurate picture of life at EMAS, telling us where we have good practice so that we can protect it, and where we have opportunities to make things better.

Other steps taken during the year are having a positive impact on both patient and staff wellbeing.

The introduction of a new Urgent Care Transport Service in April 2018 has helped to reduce some of the pressure faced by our Emergency Operations Centre (EOC) staff and ambulance crews, in addition to reducing delays experienced by patients.

Through a programme called ‘releasing time to care’, we have taken steps to reduce the number of regular late shift finishes because they impact negatively on staff wellbeing and morale. The impact on patients too is measurable; higher staff sickness levels often mean less resources on the road, affecting us getting a timely response to the patients who need us most. In addition, the operational inefficiency created increases costs, which is money that could be spent on developing frontline services.

That’s why our Director of Operations led the introduction of the new ‘releasing time to care’ concept in February 2019. There were two objectives: 1) to release more time to care for the patients we have a duty to serve, and 2) to better support staff welfare by allowing more crews to finish on time. We revised the end of shift process and finessed the mandatory fields that require completion on our electronic patient report form system. In line with Plan, Do, Study, Act methodology, we have closely monitored the impact and the initial results are very positive. We are getting to patients more quickly and duplicate 999 calls, eg asking ‘where’s the ambulance?’, have reduced. Late end of shift for ambulance crews has reduced significantly across the region, and pressure on our Emergency Operations Centre dispatchers has reduced because they have fewer patients waiting for a response, and our Clinical Assessment team are not having to make as many calls back to patients apologising for the delay.

Releasing time to care has helped us to put more time into the system to care for our staff and patients. As more of our new, additional frontline colleagues leave the training centres to join the frontline and as we improve our retention rate, we expect further improvements to be experienced and evidenced.

The 2018/2019 performance year has seen significant developments and progression at EMAS, and this report gives a good flavour for some of the work delivered. More examples can be found on the EMAS website news pages, including patient stories, our zero tolerance approach to verbal and physical abuse against our staff/vehicles/equipment, awards won, recognition of long service, graduating paramedics, new and pilot services, and much more.

In March 2019, we announced the appointment of EMAS’ new medical director, Dr Leon Roberts MBE, an ex-Army doctor who for the past seven years has flown regularly with
one of the region’s 999 emergency helicopters. In addition, Dr Roberts has worked as a GP in the Emergency Department at the Leicester Royal Infirmary and as an urgent care doctor in Corby, Northamptonshire. He will continue to work as a general practitioner associate at Oakham Medical Practice in Rutland. Dr Roberts previously worked with EMAS as an assistant medical director and strategic medical adviser and has supported our Clinical Assessment team to prioritise and offer the best and most appropriate care to patients dialling 999. Adding Dr Roberts experience of the local NHS from different perspectives, to the skill and knowledge within our executive and senior management leadership teams, will help as the NHS and EMAS move towards more effective and collaborative working to find solutions to patient needs, using skills and expertise from across health and social care sectors.

Our colleagues have worked tirelessly with people in other organisations to provide the best possible care and treatment to our patients, and I thank them all, together with our volunteers, for their continued dedication and professionalism.

Richard Henderson
Chief Executive
Declaration of accuracy

I confirm that to the best of my knowledge the information presented in our Quality Account is accurate.

Richard Henderson
Chief Executive

About us

East Midlands Ambulance Service (EMAS) provides emergency and urgent healthcare.

Our values

Our values were updated in 2018 to reflect our commitment to encouraging innovation, team and partnership working, and looking outwards as well as inwards.

EMAS has five values which underpin everything we do, including the way we deliver care and how we work with others.

- **Respect**: Respect for our patients and each other.
- **Integrity**: Acting with integrity by doing the right thing for the right reasons.
- **Contribution**: Respecting and valuing everyone’s contribution and encouraging innovation.
- **Teamwork**: Working together, supporting each other, and collaborating with other organisations.
- **Competence**: Continually developing and improving our competence.
Our vision

As with our values, during 2018 we engaged with colleagues and stakeholders to seek their views on the refresh of our vision and strategic priorities. The final version, which was approved by our Trust Board in October 2018, is below.

‘Responding to patient needs in the right way, developing our organisation to become outstanding for patients and staff, and collaborating to improve wider healthcare.’

From this we created:

1) Respond - we will respond to patient needs in the right way.
   We will know we have achieved this when:
   - We are making full use of the care pathways available, safely treating patients at home.
   - We have the right number of staff in post with the right mix of skills, knowledge and training to respond flexibly to all patient needs based on our workforce plan.
   - We have the right number, type and age of vehicles on the road to meet the requirements of our workforce plan.
   - We have access to the right equipment, ambulances and staff to meet patient demand and need.

2) Develop – we will develop our organisation to become outstanding for patients and staff.
   We will know we have achieved this when:
   - Our patients report consistently high levels of satisfaction.
   - Our staff and volunteers report that they are proud to work for EMAS.
   - Our workforce is healthy, engaged, supported and satisfied, and everyone exemplifies the EMAS values in all that we do.
   - Our staff and volunteers can access opportunities, education and training to support their career development.
   - We have realised benefits through ensuring we operate a modern and sustainable estate.
• We are consistently delivering the Ambulance System Indicators (including patient quality measures).
• We have achieved a Care Quality Commission rating of ‘outstanding’ and are consistently meeting our financial targets.

3) Collaborate – we will collaborate with partners and other organisations to reduce healthcare demand and improve wider healthcare.
We will know we have achieved this when:

• We have led and contributed to improvements in key areas of healthcare that matter most to EMAS, our patients and our partners across the area we serve. Areas will be determined during engagement with system partners, and may include:
  – More patients appropriately treated at home where safe or close to home (non-conveyance)
  – Closer collaboration between the two regional clinical hubs (999 and NHS111)
  – Mental health (prevention and demand management)
  – Public education (management and prevention)
  – Access to improved pathways
  – Further develop our relationship with 111 to ensure patients access to most appropriate care
• Our local communities are accessing emergency and urgent care services in the most appropriate way, based on their clinical needs.

In February 2019, we launched our communications and engagement programme with new animations featuring real EMAS people, and the use of augmented reality technology to literally bring our Big 3 posters to life.

The short animations are targeted primarily at colleagues to encourage their involvement and will be used at staff engagement events during 2019. They are also appropriate for wider consumption and in addition to being published via our social media networks, they
will be used at events in the community where the topic will be of interest or use to people in attendance.

The area we cover

We provide emergency 999 and urgent care services for a population of approximately 4.8 million people within the East Midlands region.

This region covers approximately 6,425 square miles and includes the counties of Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland.

There are large differences in population density across the East Midlands – from the highly concentrated urban areas and more dense population corridor along the M1, to the low-density rural areas in the east.

There are several airports within our region, with the largest being East Midlands Airport serving over 4 million passengers a year.

Two of the UK’s mainline railways serve the region, providing regular high-speed services.

The East Midlands is home to numerous entertainment venues including major sporting venues, national parks and forests, the East Coast, music festivals, the National Space Centre, and holiday and caravan parks.

Our service

Our annual turnover is £187 million (2018/19) and we are paid to provide services by 19 clinical commissioning groups (CCGs) based across the East Midlands. We deal directly with the A&E contract lead in NHS Derby and Derbyshire CCG, which represents the other CCGs in the region.

We employ over 3,700 colleagues, the majority being frontline accident and emergency ambulance personnel. We also launched an Urgent Care Transport Service in April 2018 which now includes over 100 colleagues.

Patient Transport Services (PTS) are currently provided for people who have routine (non-urgent and scheduled) clinic appointments across Derbyshire.
We operate from over 70 facilities including ambulance stations, community ambulance stations (smaller facilities which are often shared buildings with other organisations, and are used as standby points for our crews), two emergency operations centres (Nottingham and Lincoln), training and support team offices and fleet workshops.

Every day we receive around 2,140 calls from people dialling 999 and other healthcare professionals making urgent transport requests.

During 2018/19 we received 1,026,249 emergency and urgent calls to our emergency operations centres, and dispatched ambulance clinicians to 674,036 incidents, using a fleet of over 665 vehicles, including emergency ambulances, fast response cars, specialised vehicles and patient transport vehicles.

During 2018/2019 the health and social care system continued to face huge pressure and significant challenges which impacted on our ability to respond to emergency calls and meet the government standards.

Nationally, emergency department colleagues are required to accept a clinical handover from our ambulance crews when they arrive at hospital with a patient within 15 minutes. At times, handover delays continued to place EMAS under extreme pressure and remained the focus of much attention. During 2018/2019, EMAS lost 64,007 hours to pre-hospital handover delays (compared to 74,030 hours lost during 2017/2018), equating to the loss of 5,334 twelve-hour vehicle shifts – an average of 15 shifts a day.

Fundamentally the risk associated with handover delays is to patients waiting in the community, often without a medical professional present, for a 999 ambulance response. The situation also has an impact on staff wellbeing, morale and sickness levels.

Our Executive team and local senior management teams continue to act to manage and mitigate the risk that the hospital handover delays create. Reports providing updates and detailing action taken have been submitted during the year to the Trust Board meetings held in public, and concerns, particularly relating to issues out of our direct control or influence, continue to be escalated to organisations that regulate, commission and monitor EMAS services.

In addition to our core services, we provide a range of other key services including:
• Specialist transfers: inter-hospital transfers that include adult critical care or for specialised surgery, paediatric and neonatal care.

• Hazardous Area Response Team (HART): a dedicated team providing specialised cover for civil contingencies, major incidents and chemical, biological, radiological and nuclear (CBRN) incidents.

• Emergency Preparedness and Business Continuity (regional resilience): a service that ensures we are prepared to deal with a range of civil contingencies and major incidents. It works closely with the six local resilience forums across the region, each of which includes local authorities, police and fire services. This also ensures business continuity in the event of a civil contingency or other adverse event that affects normal operations.

• Bariatric transfers: specialist services and equipment to transport bariatric patients (our bariatric ambulances can transport patients with a weight of up to 50 stone).

• Cycle Response Unit: these individuals carry the same essential life-saving equipment as a fast response car and can reach patients even faster in congested areas. Patients can often be treated on the scene by the Cycle Response Units meaning our ambulance vehicles can be deployed to other life-threatening emergency calls (dependent upon locality).

• Community Public Access Defibrillators (CPAD): we have placed life-saving equipment in local communities across the East Midlands. Defibrillators are used when someone has gone into cardiac arrest (ie when the heart stops pumping blood around the body), to give the heart an electric shock to allow effective cardiac rhythm to be re-established.

• Events support: a commercially available team that provides professional emergency medical support to special events such as sporting, musical and athletic showcases across the region.

• Admission avoidance schemes: provided through a number of schemes across the East Midlands including Falls Partnership Services and mental health nurse with an EMAS paramedic responding to related calls in a fast response car.
Review of quality improvements for 2018/19

This Quality Account demonstrates our achievements for the year 2018/19 and what we are aiming to achieve in the coming year.

We are required to achieve a range of performance outcomes specific to the nature of the services we provide to the public. In addition, we are required to achieve many other organisational responsibilities, as laid down by the Department of Health.

Our 2018/19 priorities

We identified quality improvement priorities against the three domains of:
- clinical effectiveness
- patient safety
- patient experience

Those priorities were:

Priority 1: Staff health and wellbeing – To improve staff members’ health and wellbeing at work. To develop staff support mechanisms that ensure the health and wellbeing of our staff.

Priority 2: Improving Sepsis care - To continue the work from last year that will focus on delivering antibiotics to Red Flag Sepsis patients.

Priority 3: Cardiac arrest – return of spontaneous circulation (ROSC) and survival outcomes. Aligned with Category 1 performance.

Priority 4: Continue to reduce conveyance by the utilisation of alternative care facilities.

Priority 5: To reduce prolonged waits across all call categories by delivering the national Ambulance Response Standards.

How these priorities have been met and are progressing

Commissioning for Quality and Innovation (CQUIN)

CQUIN schemes are an opportunity for EMAS to provide a key focus on quality improvement. The outcomes from these schemes can be significant and impact directly on patient care.

New services and innovation

Urgent Care Transport Service
On 3 April 2018, we launched a new dedicated tier to our emergency frontline. The Urgent Care Transport Service (UCTS) operates across all areas of the East Midlands and is designed to reduce delays for patients, and reduce the pressure faced by our Emergency Operations Centre (EOC) staff and ambulance crews.

Over 100 urgent care assistants (UCAs) have been employed and trained to work on our frontline, with two urgent care dispatchers and one urgent care clinical advisor in our Nottingham EOC.

The service provides transport to:

- patients requiring urgent admissions to hospital, as determined by their general practitioner or healthcare professional (HCP)
- patients requiring transport without the need for on-going ambulance treatment (e.g., emergency treatment), as identified by our Clinical Assessment Team or frontline A&E crews after assessment at the scene.

UCAs have not been trained to drive on blue lights; their focus is on lower priority and non-life-threatening calls. This means emergency ambulance crews can focus on 999 calls, reaching the most poorly patients quicker.

Data and improvements in patient safety and experience shows that the new service is making a difference. The UCTS team have transported 23,173 patients to hospital during the first year. In March 2018, the average time for a four-hour urgent transfer to hospital was three hours, 36 minutes. This has reduced significantly to two hours nine minutes by March 2019. The 95th percentile in March 2018 was ten hours 43 minutes for a four-hour urgent transfer and in March 2019 this was five hours 11 minutes.

**Enhancing quality improvements and assurance**

Quality Everyday was introduced in 2015 as a programme to ensure we are focused on quality at every opportunity, and that everyone at EMAS understands their responsibility and contribution to deliver a high-quality service. It has now evolved into a robust programme of engagement with senior managers and staff who embark on a quality assurance process, which identifies issues locally and through active challenges aims to ensure all key lines of enquiry are acted upon. Quality Everyday provides ambulance crews with a comprehensive up-to-date range of standards which can be measured allowing for timely and accurate feedback.

Four strands are included in Quality Everyday:

- Central inspections (audits).
- Trust Board quality visits.
- Articles in the electronic staff newsletter Enews.
- Quality Everyday station/base noticeboards.
The Quality Everyday noticeboards and updates help improve communication with colleagues via the sharing of key messages, patient feedback, lessons learned from incidents and discussions at our Lessons Learned Group (protecting the identity of people involved), as well as local clinical updates and performance standards data.

The Quality Everyday programme has improved standards across stations and vehicles; embedding changes into everyday practice. The divisional Quality Everyday audits have provided divisional management teams with ownership of the process within their areas, empowering them to pursue the changes. Recent Quality Everyday inspections have also been undertaken with representatives from the Care Quality Commission and Patient Voice group. The Trust Board have undertaken three visits throughout the year utilising the Quality Everyday methodology to ensure that ‘Board to Floor’ overview.

Improvements witnessed through visits include:

- de-cluttering of station and minimizing stock held on stations
- removal of all old and out of date information from stations
- enhanced communication methods through our Quality Everyday feedback noticeboards
- introduction of the Class Publishing Application.

**Care Quality Commission**

EMAS continues to make good progress against the Quality Improvement Plan identified following the latest inspection from the Care Quality Commission (CQC) in February and March 2017. EMAS’ Quality Improvement Plan has adopted the Plan Do Study Act (PDSA) Quality Improvement Methodology, which is at the centre of all the strategies and action plans. There are several key work streams that have been identified to enhance EMAS’ preparation for the next inspection that will have a positive impact. These are as follows.

- Wider CQC outcomes report
- Conversation Cafes
- Class App
- PDSA implementation plan
- Equality, Diversity and Inclusion
- Well led framework
- Carter Programme
- Increased patient experience and stakeholder engagement
- CQC engagement with our staff
- Estates improvement, including Blue Light Collaboration
- Clinical Improvement Group work plan
- Mental health
- Learning from Excellence
The implementation of the plan was overseen by the Transformation and Improvement Programme Board, which will seek assurance at its monthly meetings that progress is being made in implementing the action plan and that the actions have the desired outcome.

The Care Quality Commission conducted a planned inspection of the Trust which started in April 2019 and concluded in May 2019, and the overall rating following the inspection is expected in July 2019. The previous inspection was undertaken in February and March 2017. The overall rating for the Trust following that inspection was Requires Improvement.

EMAS is fully compliant with the registration requirements of the Care Quality Commission and has arrangements in place for ongoing monitoring of compliance with these requirements and ensuring that actions required by the Care Quality Commission are implemented.

What we want to do better in 2019/20

At EMAS we are working hard to bring about significant improvements to the services we provide. We actively listen to our colleagues, patients and stakeholders to act on things that did not go well, and those that had a good outcome, to learn from and reflect on the services we provide.

In 2019/20, our three domains of quality remain the same as 2018/19:

- Clinical effectiveness
- Patient safety
- Patient experience

<table>
<thead>
<tr>
<th>Clinical effectiveness</th>
<th>Priority 1: To reduce prolonged waits across calls by delivering the National Ambulance Response Standards. During 2019/20 EMAS will continue to implement its workforce plan to increase frontline staff establishment and improved our fleet availability through the purchase of new vehicles.</th>
<th>Lead: Director of Operations</th>
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<td>Priority 2: Staff Health and Wellbeing. The quality priority areas for staff health and wellbeing focus on improving staff members’ health and wellbeing at work. EMAS will continue to develop staff support mechanisms during 2019/20 to ensure our staff have the necessary</td>
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knowledge to manage their own health and wellbeing. EMAS have delivered ‘My Resilience Matters’ workshops to staff working in the Emergency Operations Centre.

**Lead: Director of Human Resources and OD**

| Clinical Effectiveness Patient Experience | Priority 3: Improving Sepsis Care – in developing nations, sepsis accounts for nearly 80% of deaths and kills far more citizens than AIDS, prostate cancer and breast cancer combined. It is the leading cause of death and has a high mortality in the developed world. We will continue the work that was undertaken in the previous year in relation to the roll out of pre-hospital antibiotics to patients with Red Flag Sepsis.  

**Lead: Medical Director** |

| Patient safety Patient Experience | Priority 4: Cardiac arrest – Return of Spontaneous Circulation (ROSC) and survival to discharge outcomes. We have refreshed our Cardiac Arrest Strategy which identifies key work streams to continue to see improvements in our ROSC rates.  

**Lead: Medical Director** |

| Patient safety Patient Experience | Priority 5: Continue to reduce conveyance by the utilisation of alternative care pathways and facilities. This will include maintaining and improving our ‘hear and treat’ and ‘see and treat’ cases and reducing conveyance through accessing robust alternative care pathways.  

**Lead: Director of Operations** |
### Evidence of quality improvements for 2018/19

**Priority 1:** To improve staff members’ health and wellbeing at work and to develop staff support mechanisms to ensure the health and wellbeing of our staff.

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<th>What we did</th>
<th>What we have achieved</th>
<th>Quality Indicators</th>
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| Looking after our staff in the following areas, Health and Wellbeing | • EMAS’ Health and Wellbeing Strategy and supporting action plan focusses on development of a healthier workforce (mental and physical health); tackling stigma associated with mental health; suicide prevention plans; and supporting a reduction in sickness absence rates to 4.3% by 31 March 2020.  
• Health, Wellbeing and Cultural Audit - Reviewing the results and preparing action plans  
• Leadership Conferences - sharing the results of cultural audit with leaders, ‘developing our culture’ workshop. 80 employees attended the first conference in January 2019. Two further conferences planned for April 2019.  
• Put plans in place to introduce psychological, resilience, and physical fitness | The wellbeing clinics have been delivered and due to the successes of ‘My Resilience Matters’ the priority will be continued in 2019/20 and has been added to the contract for the next year.  
The flu vaccination is the highest achieved in EMAS at 75% which is higher than last year’s 73.5%  
Higher response from our Staff opinion survey  
Feedback from the cultural audit, which will design our approach to 2019/20 | 75% flu vaccination |
testing at recruitment stage by 30 September 2019.

- Monthly Enews articles in line with the NHS wellbeing events.

- Wellbeing and Sickness Absence Reduction action plan developed. Monitored through monthly meetings at improvement delivery group.

- Put plans in place to introduce guaranteed rest day rotas across all divisions by 31 March 2020.

- All divisions and departments are developing an engagement plan from the 2018/19 Staff Survey results, which includes health and wellbeing

- Launch the six-day Enabling Services Leadership Programme aimed at first line managers band 7 and below. Incorporated Leading Healthy Workplaces and compassionate and supportive leadership.

- Five-day Leadership Programme for band 6 and above Operations and EOC staff
continues to be rolled out – with 129 managers attended to date.

- Cruise Bereavement training – delivered to P2P and HR team – with the aim of training in house specialist bereavement counsellors

- Plans are in place to appoint a prevention-focussed occupational health provider through competitive tendering processes by 31 July 2019, that ensures comprehensive provision of interventions supporting improvement of wellbeing; including musculoskeletal injuries and anxiety, stress and depression. This will be measured through the agreed OH specification.

- Plans to in place to introduce Early Resolutions Procedure for employee relations disciplinary matters to support staff wellbeing and reduction in the rate of sickness absence.

- My Resilience Matters workshops.

- Six-day Management and Leadership programme is in design phase, with the first course delivered in May 2019
• Staff Engagement Advisor commencing Mental Health First Aider train the trainer training, funded by Leicestershire NHS Trust

• Plans to roll out ‘Reasonable adjustment guide’ and ‘Your Disability Personalised Record’.

• Stress Analysis Toolkit designed to be rolled out to managers.

• Suicide education and debrief sessions with managers across all divisions

• Employees offered night worker assessments

• Discounted gym membership for staff available on Insite

• Flu campaign – achieved over 75% vaccination rate in the 2018/19 campaign. Planning is underway for the 2019/20 campaign

• Quarterly returns to NHS England on sales of sugar free drinks.

• April/May Conversation Café.
**Priority 2: Sepsis** is a worldwide public health issue. In developing nations, sepsis accounts for nearly 80 percent of deaths. Sepsis kills far more citizens than AIDS, prostate cancer and breast cancer combined. It is the leading cause of death and has a high mortality in the developed world.

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<td>During 2018/19 particular focus was:</td>
<td>Our sepsis lead was appointed and a pilot scheme introduced into north Lincolnshire and Goole for the treatment and management of sepsis. Lincolnshire have been treating patients presenting with Red Flag Sepsis.</td>
<td>The results have been significant in patient outcomes. We have achieved the National Institute of Clinical Excellence (NICE) guidance recommendations that in positive septic patients, we have delivered antibiotics within the nationally recognised one-hour window.</td>
<td>The results of the trial have been monitored through Quality Governance Committee through the clinical effectiveness reports.</td>
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<td>• To identify sepsis within our patients.</td>
<td>We identified a number of staff and gave them specific awareness and training in the administration of antibiotics. Working collaboratively with the acute trusts and microbiologists, we have completed our pilot study.</td>
<td>Currently no other ambulance trust in the UK is administering antibiotics to patients in the pre-hospital environment. Our results have significantly changed the lives of so many patients that we will work with other hospital trusts to ensure patient care is at the centre of all that we do. Lincolnshire and Leicestershire are now administering antibiotics to patients with Red Flag sepsis. Ongoing work with the microbiologists has continued and the other divisions are waiting for the results of the roll out first.</td>
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<td>• Ensure the formalisation of the EMAS sepsis lead, including documented objectives and performance measures.</td>
<td>Lincolnshire – full roll out with all receiving hospitals accepting patients. Path Links microbiology voluntarily give resource to reviewing in hospital patient data to formulate further research and patient benefit information.</td>
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<td>• Appoint divisional sepsis champions (one per division) on a volunteer basis.</td>
<td>Leicestershire – Full roll out.</td>
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<td>Northamptonshire – Clinicians trained following full agreement with local hospital sepsis leads and pathways within the</td>
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<td>Priority 3: Cardiac arrest – return of spontaneous circulation (ROSC) and survival outcomes. EMAS has continued to focus its attention upon the improvement of successful ROSC rates in cardiac arrest.</td>
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<tr>
<td>Improving focus on Category 1 performance and ROSC rates</td>
<td>EMAS rolled out the Cardiac Arrest Strategy. Implementation of the GoodSam smartphone application to alert public and responders to potential cardiac arrests Additional Community Public Access Defibrillator (CPAD) placement. Restart a Heart Day in October 2018 – continued support for teaching CPR to school aged children</td>
<td>The Clinical Improvement Group developed a Cardiac Arrest Strategy which will detail how EMAS focuses its approach on survival to discharge for the patients. The key aims of the strategy are around the following areas: • operational modelling • clinical leadership • patient care • definitive pathways The ROSC rate has improved overall, and further specialist training will be given to ensure EMAS improves survival to discharge. The total number of ROSCs achieved at scene was 46 (36.80%) of all resus commenced arrest, the organisation achieved 35.87% at scene, of which 33 (26.40%) ROSCs were maintained to hospital, compared to 24.40% as an organisation.</td>
<td>The new operational rotas went live in April 2018 along with the urgent tier which supports delivery to frontline resources. The clinical improvement leads will be focussed on ensuring new pathways are identified for additional signposting in 2018/19. There was an additional focus on cardiac arrest survival and survival to discharge with the new Ambulance Clinical Quality Indicators (ACQI).</td>
</tr>
</tbody>
</table>
The survival to discharge for the Q3 was 9.60% compared to 7.03% for the organisation

**Derbyshire**
- Total number of cardiac arrests for Quarter 3 (excluding traumatic arrests) was 330 of which 134 (40.61%) had resus commenced by an EMAS clinician.
- Resuscitation bundle had 50 patients which met the inclusion criteria; compliance with the care bundle was 31.99%.

**Leicestershire and Rutland**
- Total number of cardiac arrests for Quarter 3 (excluding traumatic arrests) in Leicestershire was 355 of which 125 (35.21%) had resus commenced by an EMAS clinician.
- Resuscitation bundle had 46 patients which met the inclusion criteria; compliance with the care bundle was 26.57%.

**Lincolnshire**
• Total number of cardiac arrests for Quarter 3 (excluding traumatic arrests) was 499 of which 198 (39.68%) had resus commenced by an EMAS clinician.
• Resuscitation bundle had 73 patients which met the inclusion criteria; compliance with the care bundle was 42.20%.

**Nottinghamshire**
• Total number of cardiac arrests for Quarter 3 (excluding traumatic arrests) was 415 of which 139 (38.31%) had resus commenced by an EMAS clinician.
• Resuscitation bundle had 42 patients which met the inclusion criteria; compliance with the care bundle was 27.89%.

**Northamptonshire**
• Total number of cardiac arrests for Quarter 3 (excluding traumatic arrests) was 146 of which 76 (52.05%) had resus
commenced by an EMAS clinician.
- Resuscitation bundle had 25 patients which met the inclusion criteria; compliance with the care bundle was 53.33%.

**Priority 4:** To explore the use of alternative pathways in each division by using the pathfinder leads to develop internal pathways in each commissioning area to improve non-conveyance and utilisation of pathways at EMAS.

<table>
<thead>
<tr>
<th>Aim</th>
<th>What we did</th>
<th>What we have achieved</th>
<th>Quality Indicators</th>
</tr>
</thead>
</table>
| Patient experience, patient safety and clinical effectiveness | Reducing conveyance to accident and emergency departments through appropriate use of alternative care facilities. | The Paramedic Pathfinder leads have now received an amended job description that aligns them to a division. This ensures they focus on Pathway design that identifies gaps with commissioners at local commissioning meetings. This will formulate the required pathways.  
Falls services have been designed to ensure the most vulnerable of patients are cared for in the safest way. 
Ongoing work with commissioners will enable | Overall reduction in none conveyance through increased ‘see and treat’ and ‘hear and treat’.  
Increase in our Clinical Assessment Team to ensure appropriate signposting and safety netting of patients. |
EMAS to work with the Sustainability and Transformation Plans (STPs) in identifying and developing the most suitable pathway for all patient groups.

Priority 5: To improve response standards across all call categories by delivering the national Ambulance Response Standards.

<table>
<thead>
<tr>
<th>Aim</th>
<th>What we did</th>
<th>What we have achieved</th>
<th>Quality Indicators</th>
</tr>
</thead>
</table>
| ● Deliver agreed workforce plan  
● Deliver the agreed performance improvement trajectories  
● Improve efficiency and productivity through better utilisation of our resources.  
● Improve fleet availability through the delivery of the new vehicles | Launched a new Urgent Care Transport Service in April 2018 (further details elsewhere in this report).  
A new operating model and rotas designed to help deliver the national Ambulance Response Programme standards went live during April 2018.  
New, additional people were recruited and trained to work on our frontline eg colleagues responding to calls in ambulance vehicles, and colleagues working in our Emergency Operations Centres answering 999 calls. | Over the last 12 months EMAS has improved against the mean and 90th Ambulance Response Programme performance response standards.  
In March 2019 there was an 18 minute and 30 second reduction in the mean response time for category 2 patients compared to the same period the previous year.  
This is despite increased activity across the four main response categories. This means that we are getting to more patients quicker. | Overall reduction in ambulance delays and prolonged waits experienced.  
Overall reduction in concerns and complaints received relating to our operational performance.  
Improved staffing levels, and availability of frontline vehicles in response to the investment made.  
Reduction in pre-and post-hospital handover times. |
Invested in new and additional frontline vehicles.

Planned work with Organisational Research for Health (ORH) helped to determine the required staffing levels needed to deliver the new standards in full.

Our Executive team and local senior management teams continued to act to manage and mitigate the risk that hospital handover delays create. Reports providing updates and detailing action taken were submitted to the Trust Board meetings, held in public, and concerns particularly relating to issues out of our direct control or influence, continue to be escalated to organisations that regulate, commission and monitor EMAS.

As response times have improved there has also been a proportionate (and actual) reduction in the number of patients experiencing a prolonged wait. There was a 66% reduction in the number of patients experiencing a prolonged wait in March 2019, compared the March 2018 - meaning that over 7,000 less patients experienced a prolonged wait in than the year before.
What have we done to improve patient safety?

Learning from incidents, experiences and feedback

At EMAS we have an open and honest approach that we promote to our staff; encouraging them to report excellence or poor practice. EMAS has a robust reporting system in place where staff can report issues and be confident that they will be taken seriously. This method of reporting helps us to identify learning opportunities ensure that we learn from mistakes to reduce the risk of it occurring again or replicate best practice into other areas.

Learning is also identified through investigating untoward incidents, serious incidents and complaints. Other sources are patient surveys, compliments, community events and patient focus groups.

We share learning across the organisation through our established Lessons Learned Groups – which include senior representatives from all divisions and teams within EMAS – review the feedback to learning and promote the learning outcomes across the service.

Duty of Candour

EMAS’ priority is to deliver safe, prompt care to our patients. We are committed to openness and will always tell patients if something has gone wrong during their care. We encourage a culture which involves acknowledging, apologising and explaining when things go wrong, conducting thorough investigations and ensuring that lessons learned assist in future incident prevention and providing support for those involved. All frontline staff will continue to receive Duty of Candour training to embed our commitment to openness.

EMAS Patient Voice

EMAS Patient Voice is a group of volunteers chaired by the Director of Quality and Nursing; supported by patient representative and Vice-Chair John Crouch.

As part of their work, the group visit different areas of EMAS. One of their visits in 2018/19 was to our Hazardous Area Response Team. They felt the visit gave them a better understanding of how the unit works both regionally and nationally.
The group has developed the Patient Voice Ambassador role. This role is to help promote alternatives to 999 and looking after your health and wellbeing in our communities. A presentation was developed, with the support of EMAS colleagues, to support group members promoting these messages. Three presentations have taken place so far, including one for an Ashbourne over 50’s Forum and two for the Women’s Institute in the Nottinghamshire area. There are further presentations scheduled throughout the year. The presentation is also used to recruit new members to the Patient Groups across the East Midlands.

In October 2018, members from the group attended the EMAS Community First Responder Conference.

They said that they found the day very useful in gaining knowledge of the work of volunteers. Closer working has been agreed between the EMAS Community First Response team and the Patient Voice group, members taking part in the planning of World Restart a Heart Day in October 2019.

**Quality visits**

Quality visits give Trust Board members the opportunity to see what goes on at EMAS by observing patient safety experience and effectiveness.

All the executive directors and non-executive directors also undertake quality visits utilising the Quality Everyday methodology. The following areas are visited as part of our quality visits:

- Hospital emergency departments.
- Emergency Operations Centres - Clinical Assessment Team/call takers/emergency medical dispatchers.
- Patient Transport Service.
- Ambulance stations and ambulance support teams.
- Operational shifts with frontline staff.
- Air ambulance providers.

The purpose of the quality visits is to:

- show meaningful visible leadership
- engage with colleagues and, if possible, patients and their carers
- triangulate information
- obtain assurance
- identify issues/barriers and ideas for solutions
- communicate key messages.

In 2018/19 a total of three independent visits, with drop in visits from Executive teams have also been undertaken. These visits have proven successful in engaging frontline staff
and providing a board-to-floor approach where the senior leaders with at EMAS engage with operational staff and listen to their concerns.

In addition to this, the EMAS Patient Voice group also undertake quality visits to obtain feedback from the operational staff, which also gives the Trust Board assurance and the operational staff another voice.

A template is completed by the Board member to record feedback which is collated into a report and the actions are addressed. The information collated during 2018/19 told us the following:

**What’s good?**

Comments from the quality visits included:

- Staff were friendly and approachable
- Staff knew how to report incidents
- Evidence of Lessons learned from notice boards
- Vehicles appeared clean and tidy
- Store rooms kept tidy and clean and equipment in clear boxes off the floor.
- General feel of things are better than before
- Urgent Care tier very positive
- Conversation Cafes
- Statutory and mandatory training had been completed or was in place for the year.

**What could be improved?**

- Not all vehicles were clean and tidy
- Still inappropriate 111/ GP/ HCP35 calls responding to as Category 1 and 2 calls
- End of Shift overtime still an issue
- Lack of pathways to refer patients to
- Flexible working
Assurance rather than improvement

Serious incidents (SI)

Our transparent approach sees us proactively encourage colleagues to report patient safety incidents in line with a mature safety culture. Reporting allows us to analyse what happened to identify and put in place actions to reduce the risk of recurrence. During the year, EMAS identified 37 serious incidents requiring investigation. The general themes are:

1. quality of care
2. delayed response
3. call handling

The EMAS Trust Board regularly receives an update on the number and type of serious incidents reported. Again supporting our open approach, the Board meeting papers are made available to the public approximately a week before each meeting via www.emas.nhs.uk/about-us/trust-board/

Mortality reports

The Secretary of State for Health has accepted the recommendations from the Learning from Deaths review, which was undertaken by the Care Quality Commission.

This review in summary ensures that NHS providers are committed to improving the care for patients who die.

New requirements will come into effect by October 2019 that the Trust has a statutory requirement to publish data on deaths by reporting mortality data. East Midlands Ambulance Service will be required to report data on mortality for the following requirements.

- Strengthened governance on reporting mortality
- Increased transparency of investigation of deaths
- Improved data collection and reporting
- Better engagement with families and carers

What we have done to improve patient experience

Compliments

When the colleague(s) can be identified by the information provided, they are thanked personally by the relevant General Manager/ Director of Quality in the form of a letter which accompanies a copy of the patient feedback.
We are grateful to the patients and their relatives who have been happy to share their experiences at our public Trust Board meetings, via our social media channels, and with local and national media. We are tremendously proud to be able to promote the achievements of our colleagues in this way and it always gives a real boost to morale.

During 2018/19, we received 1322 expressions of appreciation from patients or members of the public. This figure is a decrease of 301 from 2017/2018, whereby the figure was 1623. Previous year’s figures for compliments have included compliments from external members of the public as well as internal compliments from other members of staff. This is because on 3 September 2018 the internal compliments system was introduced – Learning from Excellence. This system is a quick and easy way for staff to compliment other members of staff the compliments are categorised in line with the Trust values.

The number of Learning from Excellence compliments received through the system since 3 September is 189. This takes the total number of compliments both internal and external to 1511.

Having a full time Patient Experience Administrator in post has helped significantly, and there is no longer a back log of compliments within the system.

**Continuing improvements to the EMAS complaints system**

Following the 2013 Francis Report into Mid Staffordshire NHS Foundation Trust and the Clwyd/Hart Report, EMAS carried out a review of the complaints process to identify actions to improve the way complaints were handled. This improvement has continued throughout 2018/19 as we benchmarked our processes and outcomes across other NHS ambulance services nationally, and with additional published advice from the Parliamentary and Health Service Ombudsman.

Changes implemented throughout both the Patient Advice and Liaison Service (PALS) and Complaints and Investigation teams, including the centralisation of processes and recruitment of additional team members, have helped the service to become more robust and to deliver a higher quality outcome for complainants. Improvement work will continue to ensure that we respond to patient concerns in a timely manner and that learning is identified and actions are implemented comprehensively across EMAS, further improving the quality of patient care and the complaints service delivered.

**Formal Complaints (FC)**

During 2018/19, EMAS identified 160 formal complaints requiring investigation of which

- 146 are related to our Accident and Emergency Services
- Nine related to Patient Transport Services
- Five trust wide

The three general themes related to:
• Timeliness
• Quality of care
• Attitude of staff

External compliments and complaints received per county during 2018/19:

<table>
<thead>
<tr>
<th>County</th>
<th>Compliments</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derbyshire</td>
<td>269</td>
<td>29</td>
</tr>
<tr>
<td>Leicestershire and Rutland</td>
<td>217</td>
<td>21</td>
</tr>
<tr>
<td>Lincolnshire</td>
<td>241</td>
<td>53</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>164</td>
<td>15</td>
</tr>
<tr>
<td>Nottinghamshire</td>
<td>269</td>
<td>28</td>
</tr>
<tr>
<td>Derby PTS</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>EOC</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Trust-wide issue</td>
<td>100</td>
<td>5</td>
</tr>
</tbody>
</table>

All formal complaints require investigation to establish the facts of the case and identify learning for both individuals and the organisation. The investigation also allows us to provide recommendations to prevent reoccurrence. Action plans are completed following each investigation and actions are closely monitored until closure.

General approaches to learning from serious incidents and formal complaints include:

• communication of key learning points through education, training, communication and awareness
• clinical case reviews and reflection of the practice by individuals
• amendment to policies, procedures and practices
• themes being reviewed by our Lesson Learnt Group which consists of multi-disciplinary membership.
<table>
<thead>
<tr>
<th>Month received</th>
<th>Case reference and summary</th>
<th>Update</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2018</td>
<td>PALS/13/155 Patient Report Form queries regarding care of patient</td>
<td>PHSO confirmed they will not investigate</td>
<td>Closed by PHSO</td>
</tr>
<tr>
<td>July 2018</td>
<td>FC/2017/079 Possible missed stroke</td>
<td>PHSO confirmed they will not investigate</td>
<td>Closed by PHSO</td>
</tr>
<tr>
<td>December 2018</td>
<td>FC/2017/127 Patient not transported to hospital</td>
<td>PHSO confirmed they will not investigate</td>
<td>Closed by PHSO</td>
</tr>
<tr>
<td></td>
<td>PALS/18/0411 Patient Transport Service - Poor complaint handling/Transport/Privacy</td>
<td>Case not upheld</td>
<td>Closed by PHSO</td>
</tr>
<tr>
<td>January 2019</td>
<td>FC/2018/008 Delay in attending a patient who had a CVA/stroke</td>
<td>All of the information requested by the PHSO has been provided within the timescale requested and we are now awaiting the outcome.</td>
<td></td>
</tr>
<tr>
<td>February 2019</td>
<td>PALS/17/1426 Transfer from a Care Home. Lead Trust for complaint is Northern Lincs &amp; Goole NHS FT</td>
<td>All of the information requested by the PHSO has been provided within the timescale requested and we are now awaiting the outcome.</td>
<td></td>
</tr>
</tbody>
</table>
Patient stories

EMAS captures patients’ experience in a variety of ways. One way is by inviting patients and carers into our Trust Board meetings to tell their story. We have included two examples below of where we have done well or where we have identified areas for improvement.

Extracts from messages of thanks during 2018/19

Mrs O has written to thank Luke Pether from Raynesway station and Michael Gleadall from Chesterfield station. She said: “I was so poorly, and they were absolutely amazing, kind, caring and professional not to mention very personable. I was in a terrible state and they helped me in a very timely and efficient manner. I have never needed an ambulance before, so it was pretty scary. I could not breathe and was home alone at the time, I was very frightened as to what was wrong with me. After receiving treatment from them, they totally put me at ease. First class treatment and service thank you, thank you, thank you. 5 stars from me.”

Ms D has thanked Daniel Kirk and Philip Fearn, from Stamford station, for the brilliant care they gave her mother. She said: “The paramedics were just brilliant. Mum was in so much pain when I met them in A&E and the paramedics had taken so much care to not cause her any more pain than necessary in moving her. Their banter was appropriate and helped to keep mum's mind off the pain and for her to feel relaxed. They took charge in A&E when it was time to move mum to a hospital bed from the ambulance trolley and put much thought into how best to do it to cause Mum minimum pain.”

Ms H has written to thank Andrew Litchfield and Sarah Baker from Goodwood Station who attended when she was suffering with chest pain. She said: “I felt I was treated very well and all staff kind and professional. I know how busy you all are. Thank you so much.”

Ms M has contacted us to praise the actions of Laurence White, from Gainsborough station who attended an incident involving her neighbour. Sadly, the patient had passed away, but she wanted to ensure that Laurence was recognised for his actions. She said: “His compassion and understanding was outstanding and he went the extra mile to ensure that myself as the neighbour of elderly gentleman who I discovered was treated with the utmost respect whilst waiting for undertakers.”

Ms U has written to thank Martin Hirst from Hucknall station and Mark Freeman from Kingsmill station who attended to her husband following his collapse in a restaurant. She said “The level of care was first-rate. The paramedics were efficient and reassuring and provided excellent care. Once at the hospital the senior member of the team ensured that my husband was comfortable and that I had somewhere to sit. Our experience is the very best we can expect from our health services.”
Mr G has thanked Lee Wilson and Kerry Mullins from Lincoln station who attended to him in January 2019. He said: “I would like to thank them for everything they did for me, truly amazing. The expertise and care they gave was second to none and I and my family remain forever grateful to them. Without them the complete recovery I am making may not have been without lasting effects. Although I hope never to need them in the future... please pass on my thanks to them. Driving skills/medical care and compassion all five star.”

Community engagement

Through the year we continue to deliver a range of engagement activities to improve patient experiences. We do this by listening to patient and relative’s stories and experiences, capturing their feedback and sharing it with the organisation. This allows us to respond to concerns raised, share praise with colleagues, and identify potential for improvement. We have increased the public’s knowledge and understanding of EMAS by producing materials and distributing them at events, and using social media to help explain:

- how emergency and urgent calls are graded (categorised) and responded to
- alternative pathways to emergency care
- where professional medical advice can be gained for non-urgent problems
- methods of self-care and good health and wellbeing.

Staff from our divisions and Emergency Operations Centres visited nursery and school children showing an ambulance, talking to them about the service we provide and teaching them lifesaving skills.

Everyone has a role to play in an emergency and giving first aid within the first few minutes of an incident can make the difference between life and death. Again this year, we took part in the international initiative Restart a Heart Day where more than 15,000 young people across the East Midlands were taught CPR.
**Staff engagement**

October 2018 marked the first anniversary of the EMAS Conversation Cafe staff engagement programme, following the original pilot tour in October 2017. The original aims of the Conversation Cafe included:

- Engage with the wider workforce in a fresh and innovative way that was at their convenience, not just that of the organisation.
- Increase the visibility and accessibility of senior managers.
- Listen to staff and talk about topics of importance to them too, not just the organisation, but also to raise awareness of EMAS strategic objectives.

Rebranding the EMAS Mobile Treatment Centre as a ‘Staff Welfare Centre, we were able to meet frontline colleagues at hospital emergency departments where we could offer them a warm welcome, a free hot drink, and the opportunity to express their views and ideas on the hot topic of their choice. As part of this, a cafe hot topic menu was designed to encourage conversations.

During the first 12-months of the EMAS Conversation Cafe programme 34 sessions were held and over 500 colleagues took part.

Each Conversation Cafe tour includes four phases as part of the EMAS Plan, Do, Study, Act methodology. As a result of evaluation and feedback, conversations at the cafes have led to actions and changes within the organisation such as raising the awareness of support available through PAM Assist. Evaluation as part of the first tour also confirmed that there was minimal impact on turnaround times to ensure the events were viable.

We have received overwhelmingly positive feedback from frontline staff and it is clear that EMAS needs to remain committed to this form of staff engagement.

The first Cafe tour of 2019 will be held throughout April and will focus on the Big 3 vision and developing services, including the new animations. When capacity and resource allows, we will increase the number of sessions held during the tours scheduled for July and October 2019.

**Communications and social media**

Everyone in our service plays their part in saving lives, from our ambulance support teams to our frontline clinicians, each person works hard to ensure our patients across the East Midlands receive the best possible patient care. Here are a few examples of the stories that have been promoted this year:

- **Ambulance technician with dyslexia who taught himself to read now saves lives** – Nottingham Technician Richard Henton was unable to read at the age of 20 due to his dyslexia. He taught himself to read and now he teaches others to save lives.
• **Retirement park receives new defibrillator** - A new defibrillator has been installed at a Nottinghamshire retirement complex after a resident suffered a cardiac arrest and was saved by an off-duty paramedic responding to a GoodSAM alert.

• **Celebrating 385 years of service for patients in Derbyshire** - A 40-years' service award, a thank you to the man who vaccinated more than 400 staff this winter, and several retirement celebrations, were just some of the highlights at this year's Derbyshire Rewards and Recognition event.

• **‘Tireless’ paramedic receives national award for outstanding service** - A dedicated EMAS paramedic who mentors new staff, goes the extra mile for her patients and even set up a homeless shelter over the winter, has received a national ambulance award.

• **Mum who survived four cardiac arrests meets crew who saved her life** – A Leicestershire mum who suffered four cardiac arrests has thanked the crews who came to her aid and help save her life.

![Image of paramedics and patients]

**Equality and diversity**

Equality, diversity, inclusion and human rights are at the forefront of our quality agenda. Valuing and promoting equality and diversity are central to the effectiveness of EMAS. Our ability to provide quality through equality depends on understanding the diverse communities we serve, to plan and deliver services that take account of their needs. If we can fully engage with our communities they will have greater confidence in us and are more likely to accept our professional support and advice. An effective relationship with our communities is therefore vital to ensure both quality and equality.

We deliver a public service and have a duty to ensure equality of access, equality of impact and equality outcomes for all. In other words a service which equally meets the needs of all people we serve. For our staff the right to ensure equality of opportunity for all, to treat people with respect, dignity, fairness and to create a culture which benefits everyone is key. Underpinning this approach is legislation. The Equality Act 2010, the Public Sector Equality Duty and the Equality Framework (ED52) help shape the quality agenda, thus allowing for effective service delivery and community engagement.
We held our first Equality Day in March 2018, which was attended by 70 internal and external stakeholders. The day included presentations from our staff with a focus on their individual protected characteristics. Workshops held included disclosure of protected characteristics, building a positive culture, Workforce Race Equality standard and commencement of our EDS2 grading. The second Equality Day is scheduled to take place in May 2019.

**Improving the care environment**

We have made numerous improvements as a result of learning from a wide-range of sources including serious incidents, complaints and patient experience surveys. Some examples are shown below, with more to feature in the EMAS Lessons Learned Annual Report.

Key achievements during 2018/2019 include:

- Both Sub Groups of the Patient Voice Nottinghamshire and Derbyshire continue to integrate with the Trust and work towards work plans
- Weekly monitoring of areas within the process were blockages may have occurred, to ensure a quick resolve could be sought as not to delay the PALS process
- Highlighting the positive ‘quick wins’ that the Team could do to complete a task within Ulysses – shared learning and practices throughout the team
- Inclusion of the Learning from Excellence module within Ulysses for internal staff compliments to help boost morale
- Embedding the Patient Experience Officer role within the Team
- Tracking the Teams progress weekly against trajectory and ensuring weekly progress is reporting throughout the Team, focusing on performance
- Distribution of the Regulation 20: Duty of Candour leaflet for staff involved in a Serious/High Level incidents
- Serious and High Level incidents leaflets are now provided to families involved in the incidents
- Patient Experience Manager carrying out Patient Experience presentations within EOC/PTS and other Teams to provide a team overview
- The Trust has seen a decrease in complaints received from 189 in 2017/2018, to 160.
- Continual use of the Friends and Family Test (FFT) comment card for ‘See and Treat’ and PTS (Patient Transport Service) patients;
• Continued inclusion of patient experience within the Quality Everyday programme. Audits carried out help raise awareness among clinicians and other staff about PALS, complaints and the importance of good customer service in general;
• EMAS Patient Voice getting involved in Trust events, such as Family Safety Event, Safety Zone and Restart a Heart Day.
• A Complaints Review have been held involving the EMAS Patient Voice Members, comments have been really positive throughout
• EMAS Patient Voice continue reviewing social media messages bi-annually with the Communications Team
Appendix 1 - Workforce

Significant progress was made through the delivery of our People Strategy in strengthening workforce planning arrangements and triangulating activity, operational, finance and workforce information to ensure a comprehensive, collaborative and integrated approach to workforce planning. This was supported by independent Demand and Capability modelling that provided clarity on the workforce capacity required to deliver against national performance standards, and formed the basis of our workforce plans, subsequent increased financial investment to increase the workforce capacity, and delivery of the plan in 2018/2019.

Thanks to the additional £9million investment in EMAS announced in May 2018, we have been able to recruit new, additional colleagues to our frontline – we have increased our frontline team by over 230 colleagues over the year.

EMAS continues to deliver a challenging workforce plan as part of a two-year investment programme that will see our frontline establishment increase by circa 500 whole time equivalents by 31 March 2020. Subsequent years will then continue to focus on maintaining funded workforce establishment, deliver the aspirations of the Clinical Model and increase the registered skill mix to 55% by 2025. This is against a backdrop of a national shortage of qualified paramedics. To address this, our Human Resources, Recruitment, Education and Operational teams, supported by others at EMAS, have been working incredibly hard to develop our own recruitment and education programmes. This approach will allow existing colleagues to progress to paramedic and creates more opportunities for people to join EMAS and progress through the clinical ranks.

Alongside the biggest recruitment programme ever undertaken at EMAS, it was necessary to develop our education programme, building new facilities and renovating existing estate to provide the additional classroom space needed to accommodate our new employees and to further enhance learning and education for our existing staff.

Our Leicestershire Rosings building has been renovated and in Northamptonshire we installed a new modular building for education purposes, meaning colleagues no longer need to travel further afield to receive their training.

As stated previously, nationally there are not enough qualified paramedics to allow us to recruit people ‘straight off the shelf’, therefore our education and operational teams, supported by others at EMAS, have been working incredibly hard to develop our own
education programmes. This approach will allow existing colleagues to progress to paramedic and creates more opportunities for people to join EMAS and progress through the clinical ranks.

In August 2018, we launched a new training centre with Nottingham Trent University (NTU). This exciting partnership provides us with facilities at Clifton Campus. This new partnership, alongside work with our regional higher education institute partners, is a positive step forward to provide more development opportunities for our staff and to strengthen and improve patient care.

In addition, we are developing a university award with NTU to give us more control over the content and assessments our staff will undertake, moving to practical based assessments and away from portfolios. Successful technicians will be eligible to graduate from the university and attend an award ceremony to receive their certificates.

We are developing a BSc Paramedic Science programme for Nottinghamshire and Derbyshire that will enable us to recruit more graduate paramedics and offer development opportunities for existing staff, and we are exploring opportunities for staff to undertake research through studentships, supported by research bursaries as well as Continuous Professional Development opportunities in trauma, paramedic prescribing and urgent care.

This additional partnership, alongside our regional higher education institute partners, allows us to give development opportunities for our staff and, strengthen and improve the services we provide to patients.

Staff support and wellbeing

During 2018/19 EMAS has progressed initiatives to enhance staff support and wellbeing. Key achievements are included below:

Staff Support:

- Peer to Peer – In February 2015 the Peer to Peer (P2P) and Pastoral Care Worker (PCW) support network was launched with 206 volunteer staff from across EMAS trained in supporting and signposting colleagues to further support where required. During 2018/19 the P2P/PCW support network has grown from strength to strength with more volunteers
being trained to offer colleagues a listening ear.

- During 2018-19 there has been an extra strand added to the staff support model. 50 people have trained in the subject of Loss and Bereavement awareness. The training was provided by CRUSE bereavement care with the intent to support colleagues who may be undergoing a loss or bereavement. The volunteers are not bereavement councillors but can provide a listening ear.

- Trauma Risk Management (TRiM) is a trauma-focused peer support system based on keeping employees functioning after traumatic events by providing support and education to those who require it. TRiM practitioners are able to identify those individuals who may be displaying traumatic stress and can also help identify occupational and work-related stress that might be impairing the individual’s ability to work effectively. The TRiM practitioner can signpost to professional sources of help if required.

- Induction – Staff continue to receive support information sessions on all induction courses for new staff joining EMAS to ensure awareness of the different support mechanisms that are available. The support information sessions are provided by the Chaplain/Staff support lead.

- Internal Support Network Groups – (Lesbian, gay, bisexual, transgender (LGBT) support group launched in March 2015 and continues to represent and support employees. The Disability and Carer’s Group launched in December 2015 and the Black Minority Ethnic (BME) support group launched in March 2016. These support groups focus on issues poignant to individuals and provide a ‘group voice’ and support mechanism for staff within their community, and providing valuable contribution to support learning and development of the working environment.

- Mediation service – EMAS provides an internal mediation service to employees who are experiencing conflict, frustration or disagreement with another employee or manager. The mediation service provides an informal approach to resolving issues in an aim to avoid escalation or formal processes being initiated.

- Lead Chaplain (established in February 2015) providing pastoral support to any employee and his/her family when required. This often includes support at times of bereavement but has also included weddings and christenings. The Chaplain also provides support when required for retired EMAS staff. The Ambulances Services Charity (TASC) has also been utilised to support staff if they wish to make contact with TASC.

Health and wellbeing:

- Undertook Health, Wellbeing and Cultural Audit with focus groups to contextualise findings.
• Divisional Health, Wellbeing and Sickness reduction local / divisional action plans.
• Continued the roll out of Professional Behaviours in the Workplace Training incorporated into frontline manager leadership development.
• Continued promotion of a zero-tolerance approach to physical violence/bullying and harassment and roll out of national guidance to tackle and eradicate bullying in the workplace.
• Staff Safety and Management of Actual or Potential Aggression (MAPA) training being rolled out to frontline staff and introduction of the facility for CCTV on double crewed ambulances.
• Involvement on Association of Ambulance Service Chief Executive’s (AACE) Health and Wellbeing national group with EMAS Director of Human Resources Chair for the national group.
• Evaluation against the National Health and Wellbeing Framework Diagnostic Tool including gap analysis and any gaps included in our action plan.
• Recognition schemes in relation to awards including revision of the CEO Commendations and other recognition schemes.
• Delivery of 2017/18 equality priorities and objectives.
• Leadership conference events including the results of the cultural audit.
• Roll out of the Disability Passport for staff to support them in the workplace and reasonable adjustments guide, to support EMAS's commitment to pro-actively advancing equalities by encouraging an inclusive and supportive workplace, where colleagues with a disability or health condition are able to be open about their disabilities or condition and are valued as an individual for their skills and contribution to the organisation.
• Implementation and roll out of My Resilience Matters training.
• Suicide Prevention Group have taken forward national work to increase awareness and improve education.
• Relaunch of the stress audit toolkit including a wellness action plan.
• Development of a new Sickness Absence Reduction Programme to reduce sickness by 1% through a number of initiatives including review of rotas, introduction of Station Manager posts to provide greater management focus and implementation of fast track employee relations processes to reduce personal impact.
• Workforce Planning and ongoing recruitment to continue to increase the establishment.
• Continuing to focus on health and wellbeing topics on a monthly basis in our staff magazine Enews, in line with the NHS calendar of events. Topics covered have included; mental health, anxiety, stress and depression and PTSD, back care/musculo skeletal, keeping fit and healthy, smoking cessation, healthy heart, men’s and women’s health and winter wellbeing.
• Mental health awareness – continuing to raise mental health awareness and provide support to staff. Developing a mental health action plan relating to the thriving at work mental health standards.
• Continued review of services from Occupational Health and tender activity for provider. EMAS is continuing to work in collaboration with our contracted occupational health provider to ensure the provision of a high quality, prevention
focused, and comprehensive occupational health service. This includes reviews with PAM and the HR team assessing each individual case. Through a monthly contract meeting with Occupational Health and key members of EMAS, key performance indicators and trends are monitored and actions agreed.

- Seasonal influenza vaccination programme 2018/19 – this year EMAS vaccinated 76.1% of staff against the seasonal flu virus. This was a 2.6% increase in staff vaccinated compared to the 2017 programme.

**Staff engagement**

- A Health, Wellbeing and Cultural Audit was undertaken to allow staff to provide feedback to the organisation.
- Launch of the ‘Big 3’ EMAS vision, strategic priorities and values in February 2019.
- Continued engagement with staff via the Conversation Café tour, which are attended by executive and non-executive directors, and senior managers and leaders.
- Communications and Engagement Strategy aligned with local communications and engagement plans.
- Local divisional action plans developed to support engagement and key challenges from the 2018 staff survey.

Through 2018/2019 we have engaged with our staff through a variety of approaches, including Staff Opinion Survey, Staff Friends and Family Test, Cultural audit, working groups and our flu campaign. It is positive to note that we have again seen improvement in our level of staff engagement in 2018 as measured through the annual staff opinion survey.

**NHS Staff Opinion Survey**

A total of 3303 staff received a questionnaire of which 3276 were eligible to complete the survey. 1823 returned a completed questionnaire, giving a response rate of 56%, an increase of 18.4% compared to 37.6% completion rate in 2017.

Have we improved since the 2017 survey?
A total of 90 questions were used in the 2018 survey, compared with 88 questions in the 2017 survey.

Compared to the 2017 survey EMAS is:

Significantly better on 7 questions.
Significantly worse on 10 questions.
The scores show no significant difference on 65 questions.

A full and comprehensive staff survey analysis report was submitted to the Workforce Committee, to allow viewing of a full breakdown of the results.

Summary

Progress against actions contained in the People and Organisational Development Strategy, and relevant metrics are regularly reported to and reviewed by our Workforce Committee.
Appendix 2 – IG Toolkit

The EMAS Head of Information Governance is responsible for collating, checking and uploading evidence to support the Information Governance Toolkit for our service. Assurance on the process to collect the evidence is overseen by the EMAS Information Governance Group, chaired by the Senior Information Risk Owner (SiRO), which is accountable to the Finance and Performance Group.

There were no reportable incidents in 2018/2019.

The Information Governance Toolkit changed in 2018/2019 to the Data Security and Protection Toolkit. In this, there are no levels of compliance, just ‘standards met’ or ‘standards not met’. EMAS is currently at ‘standards not met’ as we met 86 of the 100 mandatory evidence items. We have submitted an improvement plan to NHS Digital identifying how we will meet the remaining items.

General Data Protection Regulation (GDPR)

Based upon the Information Commissioners ‘12 steps’ guide, we developed and delivered an action plan to ensure EMAS is complaint in respect of the new data protection legislation published in 2018, in the form of the General Data Protection Regulation (GDPR), supported in the UK by the Data Protection Act 2018.

EMAS’ compliance is monitored by both the Information Governance Group and the Finance and Performance Committee.

The EMAS Head of Information Governance also acts as the EMAS Data Protection Officer, managing virtual work-streams including communications, to support the fair processing notices and procurement, to support the contract reviews. Information relating to GDPR is communicated to all EMAS colleagues through the staff digital magazine Enews, and through statutory and mandatory education.
Appendix 3 – Research and Development

EMAS research status to date for year 2018/19

During 2018 – 2019 EMAS Research generated several positive news stories. There are several ways that research is recognised and EMAS has achieved a variety of distinctions.

There have been:

- presentations on Quality improvement in Pre-hospital care, mechanical resuscitation and paediatric pain
- posters on sepsis, cardiac arrest, diabetes, mental health and electronic records
- Expert panel representation by Robert Spaight discussing the Paramedic 2 trial at the European resuscitation Conference in Bologna
- Greg Whitley was awarded funding for his PhD. by the National Institute Health Research

EMAS Research is continues to present to colleagues from conferences both national and internationally using twitter via periscope. This innovation has allowed staff to listen and learn from research both by EMAS and other organisations.

Recent projects currently being undertaking or just completed by EMAS research include:

- OCHAO – A project using statistics to explain the reasons why survival rates vary between regions
- ERA – Electronic Records in Ambulances to support the shift of out of hospital care.
- AIRWAYS2 - a randomised control trial led by Prof J Benger at the Bristol Clinical Trials unit, is in its final year and is expected to meet its target for patient recruitment *now published*RIGHT2 – a Rapid Intervention with GTN in Hypertensive Stroke Trial 2 - *results published in February 2019*
- The Ambulance Hypo Study - CLARHRC funded Hypoglycaemia Pathway project.

- Below are the projects which contribute to the EMAS portfolio of research and evaluations. EMAS Research has a reputation in helping new researcher complete small studies as part of their MSc or PHD. The projects marked academic below shows the variety of subjects covered by these students during 2018-19.
<table>
<thead>
<tr>
<th>Project</th>
<th>Type</th>
<th>Chief Investigator (CI) / Funding organisation</th>
<th>Overarching study aim</th>
<th>Status</th>
<th>Governance / Monitoring</th>
<th>Recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Arrival at Hospital: Factors affecting timing of admission to hospital for children with serious infectious illness (The BeArH project).</td>
<td>NIHR Portfolio</td>
<td>Mrs. Sue Palmer-Hill Northamptonshire Healthcare NHS Foundation Trust</td>
<td>Study aims to identify all the things that influence decisions that parents and professionals make so that strategies can be developed to try and make sure that children get help quickly when they have serious infectious illnesses (SIIs).</td>
<td>Study suspended due to CI illness, restarted 1 Nov 2018. EMAS will be contacted to approach clinicians who have been involved in the treatment of patients consented into the study to request an interview, and EMAS to recruit ambulance clinicians to attend a health</td>
<td>HRA/Internal governance Monitoring through EMAS</td>
<td>No recruitment target</td>
</tr>
<tr>
<td>Project</td>
<td>Type</td>
<td>Chief Investigator (CI) / Funding organisation</td>
<td>Overarching study aim</td>
<td>Status</td>
<td>Governance / Monitoring</td>
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<tr>
<td>Delivering ambulance service care that meets the needs of patients who have recently migrated from Eastern Europe to Lincolnshire</td>
<td>Academic</td>
<td>Mr. Viet-Hai Phung Sponsor University of Lincoln</td>
<td>To understand ambulance practitioner experiences of treating Eastern European migrants in Lincolnshire and to establish the issues they and Equality &amp; Diversity managers think important when EE migrants use the ambulance service and how service delivery can be improved</td>
<td>Interviews with paramedics completed. Expected project completion date 2021.</td>
<td>HRA/ Internal governance Monitoring through EMAS</td>
<td>15</td>
</tr>
<tr>
<td>EDARA</td>
<td>NIHR Portfolio</td>
<td>Dr Simon Moore Cardiff &amp; Vale University Funder NIHR Health Services and Delivery Programme</td>
<td>Evaluation of the effectiveness, cost-effectiveness, efficiency and acceptability of Alcohol Intoxication management Services (AIMS) in managing alcohol-related Emergency</td>
<td>EMAS was a non-recruiting site – data provision only. Last monitoring return</td>
<td>HRA Internal governance Monitoring through EMAS</td>
<td>N/A</td>
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<tr>
<td>Project</td>
<td>Type</td>
<td>Chief Investigator (CI) / Funding organisation</td>
<td>Overarching study aim</td>
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<tr>
<td>Effect of Community First Responders on out-of-hospital-cardiac-arrest-outcomes</td>
<td>Evaluation</td>
<td>Prof Niro Siriwardena Sponsor University of Lincoln</td>
<td>Cohort study of OCHAO patient outcomes using an anonymised retrospective administratively linked dataset</td>
<td>Analysing initial pilot data, awaiting outcome of funding application to expand project</td>
<td>Internal governance monitoring through EMAS</td>
<td>NA</td>
</tr>
<tr>
<td>Epidemiology and Outcome from Out of Hospital Cardiac Arrest (OCHAO)</td>
<td>NIHR Portfolio</td>
<td>Professor Gavin Perkins, University of Warwick Funders</td>
<td>To develop a standardised approach to collecting information about OHCA and for</td>
<td>Provision of data ongoing, planned project end date</td>
<td>Internal governance monitoring through EMAS</td>
<td>NA</td>
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<tr>
<td>Project</td>
<td>Type</td>
<td>Chief Investigator (CI) / Funding organisation</td>
<td>Overarching study aim</td>
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</table>
| ERA – Electronic Records in Ambulances to support the shift to out of hospital care: challenges, opportunities and workforce implications | NIHR Portfolio       | Dr Alison Porter  
University of Swansea  
Funder  
NIHR Health Services and Delivery Programme  
Total funding to EMAS over 12 months £21,500 | The study aims to find out how ambulance services can make best use of information technology to support people with good quality care out of hospital | Completed and published | Completed | 35          |
<table>
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<tr>
<th>Project</th>
<th>Type</th>
<th>Chief Investigator (CI) / Funding organisation</th>
<th>Overarching study aim</th>
<th>Status</th>
<th>Governance / Monitoring</th>
<th>Recruitment</th>
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<tbody>
<tr>
<td>Evaluation of telephone advice for low urgency ambulance service calls</td>
<td>Non-Portfolio</td>
<td>Joanne Coster University of Sheffield PhD study partly funded by the PHOEBE Programme grant</td>
<td>The study aims to investigate the clinical safety, appropriateness and acceptability to patients of the ‘hear and treat’ response</td>
<td>Analysis and data linkage ongoing, questionnaire study awaiting substantial amendment before starting</td>
<td>HRA / Internal governance monitoring through EMAS</td>
<td>Non portfolio recruitment: Expected 750</td>
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<tr>
<td>(Hear &amp; Treat Safety, Appropriateness &amp; Acceptability)</td>
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<tr>
<td>Exploring Paramedic Clinical Reasoning When Caring for Children with a</td>
<td>Academic</td>
<td>Christopher Preston</td>
<td>When children anticipate or undergo a clinical procedure they may cry or seek comfort because they feel worried or upset. Sometimes this worry or upset can make children uncooperative and if paramedics decided that a procedure is necessary then this can result in a child being held against their will. Holding children still can</td>
<td>Data collection ongoing in other sites. PhD verified through progression Viva and study continuing to completion. Expected completion date September 2021</td>
<td>HRA/Internal governance monitoring through EMAS/Edge Hill University</td>
<td>6</td>
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<tr>
<td>Non-Time-Critical Illness or Injury</td>
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<td>Project</td>
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<tr>
<td>Learning from Serious Incidents to Improve Patient Safety within NHS Ambulance Services (Root Cause)</td>
<td>Academic</td>
<td>Heidi Scott-Smith</td>
<td>Critical and qualitative review of root cause analysis processes within NHS health care settings to prove or disprove if the correct root cause is not identified then the appropriate actions are not implemented</td>
<td>Analysis and write up EMAS involvement completed – focus group held</td>
<td>Internal governance monitoring through EMAS</td>
<td>6</td>
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<tr>
<td>Project</td>
<td>Type</td>
<td>Chief Investigator (CI) / Funding organisation</td>
<td>Overarching study aim</td>
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<td>Governance / Monitoring</td>
<td>Recruitment</td>
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<tr>
<td>Physical activity Implementation Study In Community-dwelling Adults (PhISICAL)</td>
<td>NIHR Portfolio</td>
<td>Dr Elizabeth Orton University of Nottingham</td>
<td>To understand the factors that influence the successful implementation of the Falls management Exercise (FaME) programme provided in Derby City and Leicestershire and Rutland</td>
<td>Completed</td>
<td>Completed</td>
<td>NA</td>
</tr>
<tr>
<td>Predictors and outcomes of ambulance calls to diabetic emergencies in care homes – evaluation using retrospective routine data</td>
<td>Evaluation</td>
<td>Prof Niro Siriwardena University of Lincoln Funder Collaboration for Leadership in Applied Health Research and Care (CLAHRC)</td>
<td>Investigate demographic and clinical predictors of ambulance conveyance to hospital together with health service costs of ambulance calls to patients with diabetes-related problems residing in care homes</td>
<td>? complete (awaiting confirmation – expected completion date Dec 18)</td>
<td>Internal governance monitoring through EMAS</td>
<td>N/A</td>
</tr>
<tr>
<td>Rapid Intervention with Glyceryl trinitrate in Hypertensive stroke Trial-2</td>
<td>NIHR Portfolio</td>
<td>Prof Philip Bath – University of Nottingham</td>
<td>The purpose of this study is to determine whether early use of</td>
<td>Completed and published</td>
<td>Completed</td>
<td>112</td>
</tr>
<tr>
<td>Project</td>
<td>Type</td>
<td>Chief Investigator (CI) / Funding organisation</td>
<td>Overarching study aim</td>
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<td>Governance / Monitoring</td>
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<tr>
<td>(RIGHT2): Assessment of safety and efficacy of transdermal glyceryl trinitrate, a nitric oxide donor, and of the feasibility of a multicentre ambulance-based stroke trial</td>
<td></td>
<td>Funder British Heart Foundation</td>
<td>GTN within 4 hours of suspected ultra-acute stroke, and continuing administration once daily for a further three days, is associated with improved outcome</td>
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<tr>
<td>Stress as a Cause of Sickness in the Ambulance Service</td>
<td>Academic</td>
<td>Laura Simmons</td>
<td>To investigate sickness absence within the ambulance service focusing on job stress and coping styles – PhD study</td>
<td>Ongoing collecting interview data and analysing quantitative results</td>
<td>Internal governance monitoring through EMAS/UofL</td>
<td>95</td>
</tr>
<tr>
<td>The Ambulance-Hypo Study</td>
<td>NIHR Portfolio</td>
<td>Prof Kamlesh Khunti</td>
<td>To implement and evaluate the effectiveness of a diabetes specialist nurse (DSN) led intervention following a call out of an ambulance to treat a</td>
<td>Closed to Recruitment – in follow up</td>
<td>HRA Internal governance Monitoring through EMAS</td>
<td>140</td>
</tr>
<tr>
<td>Project</td>
<td>Type</td>
<td>Chief Investigator (CI) / Funding organisation</td>
<td>Overarching study aim</td>
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<tr>
<td>Using National Early Warning Scores to Support Paramedic Decision Making: Modelling and Improving Effectiveness of Pre-Hospital Ambulance Transport to Hospital</td>
<td>Academic</td>
<td>Nadya Essam</td>
<td>Investigate the feasibility, usefulness and effectiveness of the National Early Warning Score (NEWS) to support paramedics’ decision-making to transport or treat patients closer to home – PhD study</td>
<td>Thesis and Viva completed; Anticipated completion date summer 2019</td>
<td>Internal governance monitoring through EMAS/UofL</td>
<td>N/A</td>
</tr>
<tr>
<td>What are the predictors, barriers and facilitators to effective management of acute pain in children by ambulance services?</td>
<td>Academic</td>
<td>Gregory Whitley</td>
<td>Explore factors associated with effective or ineffective pain management, and to investigate ways to improve this – PhD study</td>
<td>Ongoing - Data Analysis in progress</td>
<td>Internal governance monitoring through EMAS/UofL</td>
<td>N/A</td>
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</tbody>
</table>

The above studies show the variety and scope of research within EMAS. However, successful research is measured by its effect on patient outcomes. This is achieved in a number of ways through dissemination at conferences, publications, clinical education and training.

Over the year EMAS have given oral presentations and presented posters at 4 conferences both nationally and internationally as well as 4 journal publications in prestigious publications such as ‘The Lancet’ and the Journal of Emergency Medicine name but a
few. Our Associate clinical director presented a keynote talk in San Diego USA. CARU were also invited to join an expert panel at
the European Resuscitation conference in Bologna, Italy.

Nearly 50% of EMAS clinicians are involved in research which has a significant effect on the quality of patient care.

The table below shows the type, title, date, location, authors and study

<table>
<thead>
<tr>
<th>Type</th>
<th>Title of Publication / presentation</th>
<th>Date published / conference</th>
<th>Journal / location</th>
<th>Authors / Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Presentation</td>
<td>Improving measurement, performance and outcomes in prehospital ambulance care. National Association of Emergency Medical Services Physicians [keynote]</td>
<td>2018</td>
<td>San Diego, California, USA</td>
<td>Siriwardena AN</td>
</tr>
<tr>
<td>Poster &amp; Oral presentation &amp; abstract Publication</td>
<td>Healthcare experiences of migrant and minority ethnic patients in Europe: a systematic scoping review</td>
<td>2018</td>
<td>EMS Copenhagen</td>
<td>Siriwardena AN</td>
</tr>
<tr>
<td>Poster &amp; Oral presentation &amp; abstract Publication</td>
<td>Preventable mortality in patients at low risk of death requiring prehospital ambulance care: retrospective case record review study</td>
<td>2018</td>
<td>EMS Copenhagen</td>
<td>Siriwardena AN</td>
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<tr>
<td>Journal Publication</td>
<td>A coproduced patient and public event: an approach to developing and prioritizing ambulance performance measures.</td>
<td>2018</td>
<td>Health Expect</td>
<td></td>
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<tr>
<td>Journal Publication</td>
<td>Prioritizing novel and existing ambulance performance measures through expert and lay consensus: a three-stage multimethod consensus study</td>
<td>2018</td>
<td>Health Expect</td>
<td></td>
</tr>
<tr>
<td>Journal Publication</td>
<td>Perceptions and experiences of community first responders on their role and relationships: qualitative interview study</td>
<td>2018</td>
<td>Scandinavian Journal of Trauma Resuscitation and Emergency Medicine 2018; 26 (13): 1-10</td>
<td></td>
</tr>
<tr>
<td>Journal Publication</td>
<td>Patient and clinician factors associated with pain treatment and outcomes: cross sectional study</td>
<td>May 2018</td>
<td>American Journal of Emergency Medicine</td>
<td></td>
</tr>
<tr>
<td>Publication</td>
<td>Understanding variation in ambulance service non-conveyance rates: a mixed methods study</td>
<td>May 2018</td>
<td>National Institute of Health research</td>
<td></td>
</tr>
<tr>
<td>Expert Panel</td>
<td>Paramedic 2 – Outcome perspective</td>
<td>Sept. 2019</td>
<td>European Resuscitation conference, Bolongna Italy</td>
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</tbody>
</table>

Dickson J, Asghar Z, Siriwardena AN
Irving A, Turner J, Marsh M, Broadway-Parkinson A, Fall D, Coster J, Siriwardena AN
Coster J, Irving AD, Turner JK, Phung VH, Siriwardena AN
Phung VH, Trueman I, Togher F, Orner R, Siriwardena AN
Siriwardena AN, Asghar Z, Lord B, Pocock, H, Phung VH, Foster T, Williams J, Snooks
Spaight, R
<table>
<thead>
<tr>
<th>Type</th>
<th>Title</th>
<th>Year</th>
<th>Journal/Publication</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poster &amp; Oral</td>
<td>Pre-hospital antibiotics administered by paramedics improve outcomes for patients with septic shock</td>
<td>November 2018</td>
<td>Federation of infection societies conference, Gateshead</td>
<td>Stoddart B, Chippendale J</td>
</tr>
<tr>
<td>Article</td>
<td>Developing new ways of measuring the quality and impact of ambulance service care: the PhOEBE mixed-methods research programme.</td>
<td>2019</td>
<td>NIHR</td>
<td>Turner J, Siriwardena AN et al</td>
</tr>
<tr>
<td>Journal Publication</td>
<td>Interventions to reduce sickness absence among healthcare workers: A systematic review.</td>
<td>2019</td>
<td>International Journal of emergency Services</td>
<td>Simmons L, Jones A, Siriwardena AN, Bridle C</td>
</tr>
</tbody>
</table>
Clinical Audit

Part of ensuring good clinical governance, is through Clinical Audit. This provides the means by which EMAS ensures quality clinical care by making individuals accountable for setting, maintaining and monitoring standards. It is focussed around the three domains of quality - clinical effectiveness, patient safety and patient experience.

Clinical Audit and Research is led by our Clinical Audit and Research Unit which reports to the Clinical Governance Group. The department is responsible for developing EMAS’ clinical audit programme and ensures that all necessary support for the undertaking of clinical audit is readily available to staff and that progress is monitored.

The narrative and report below is the final position of Clinical Audits completed during this year 2018 – 2019.

For Clinical Audit, topics are divided into 4 main types:

- Mandatory
- Discretionary
- Performance driven
- Staff initiation

Clinical audit topics are selected according to priorities which may include some of the following considerations:

1. Is the area concerned of high cost, volume or risk to patients or staff
2. Is there evidence of serious quality problems e.g. patient complaints or high incident rates
3. Is there good evidence available to inform standards i.e. national clinical guidelines
4. Is the problem concerned amenable to change?
5. Is there potential for impact on health outcomes?
6. Is there opportunity for involvement in a national audit project?
7. Is the topic pertinent to national policy initiatives?
8. Does the topic relate to a recently introduced treatment protocol?
9. Subjects raised by Risk Management and Untoward Incident Reporting
<table>
<thead>
<tr>
<th>Audit / monitoring activity</th>
<th>Type</th>
<th>Timescale</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Clinical Quality Indicators (ACQIs)</td>
<td>Mandatory – national performance monitoring</td>
<td>Monthly as per NHS England timetable</td>
<td>Audits completed by Clinical Audit Department</td>
</tr>
</tbody>
</table>

- **Cardiac arrest**
  - Return of Spontaneous Circulation including Utstein
  - Survival to discharge Including Utstein.
  - Resuscitation Bundle

- **Stroke**
  - Diagnostic Bundle
  - Timeliness
  - Arrival at hyperacute stroke centre (HASU) in 60 minutes.

- **STEMI**
  - Care bundle,
  - Timeliness
  - PPCI within 150 minutes).

- **Sepsis Care Bundle**

Data collection, analysis, report preparation and submission to NHS England/Unify.
These audits are reported on according to the timetable and the results published in the quarterly Clinical Effectiveness Report. Actions for improvement are included in the clinical effectiveness action plan.

<table>
<thead>
<tr>
<th>National Clinical Performance Indicators (NCPIs)</th>
<th>Mandatory - national audit requirement</th>
<th>Suspended pending outcome of review</th>
</tr>
</thead>
</table>
| EMAS Clinical Performance Indicators (ECPIs)  | Discretionary – local clinical audit project | Monthly | Audits completed by Clinical Audit Department
  * Asthma
  * Epilepsy
  * Febrile convulsion
  * Hypo
  * Intubation / ETCo2
These audits look at the results at county level and are produced, published and distributed each month. The audits are presented to Clinical Governance Group and discussed at the Clinical Improvement Group |
| Controlled Drugs Usage Audit | Local service monitoring | Annual | Report completed by Accountable Officer for Controlled Drugs |
Monitoring the use of controlled drugs in line with the duties of accountable officers.

<table>
<thead>
<tr>
<th>Sepsis</th>
<th>Discretionary</th>
<th>To investigate administration of fluids and oxygen for sepsis and recording of observations as per EMAS sepsis guidelines. This audit is now linked with the Sepsis ACQI Completed by Clinical Audit Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric pain</td>
<td>Discretionary</td>
<td>Initial To investigate the assessment of pain in paediatric patients with dementia</td>
</tr>
</tbody>
</table>

**Conclusion**

The Research and Clinical Audit departments have achieved and in many ways exceeded their work programme. Both the Research and Clinical Audit teams completed the required clinical audit programme.

The value of both areas of work being closely linked did contribute to overcoming the difficulties associated with the substantial increase in processing the paper records. The team look forward to electronic clinical record system being fully implemented.
Appendix 4 – CQC registration

The Care Quality Commission conducted a planned inspection of the Trust which started in April 2019 and concluded in May 2019. The overall rating following the inspection is expected in July 2019. The previous inspection was undertaken in February and March 2017. The overall rating for the Trust following that inspection was Requires Improvement.

EMAS is fully compliant with the registration requirements of the Care Quality Commission and has arrangements in place for ongoing monitoring of compliance with these requirements and ensuring that actions required by the Care Quality Commission are implemented.
Appendix 5 – Third Party Statements
The views and opinions expressed in this section are the opinions of the third party stakeholders and do not necessarily reflect the views of the Trust.

Statement from the Co-ordinating Commissioner – NHS Derby and Derbyshire Clinical Commissioning Group (CCG) on behalf of 19 East Midlands Associate CCGs

General Comments

NHS Derby and Derbyshire Clinical Commissioning Group (CCG) was formed on 1st April 2019, which saw the four Derbyshire CCGs, including NHS Hardwick CCG, formally merge. NHS Derby and Derbyshire CCG continue as the coordinating commissioner for the urgent and emergency ambulance contract on behalf of 19 CCGs within the East Midlands Region.

As a result of additional investment in 2018/19, there was an increase in clinical workforce and resources at EMAS leading to improved performance and a reduced number of prolonged waits, however there is still further improvement required in relation to the Ambulance Clinical Quality Indicators and to deliver national performance standards for all Categories of calls. Further significant investment will be made in 2019/20 which will support delivery of all national performance standards in 2019/20.

The coordinating commissioner and EMAS will continue to work closely during 2019/20 to ensure further improvements are made whilst also aligned to local and national system ambitions.

Priorities and reporting from 2018/19

Commissioners recognise that improvements were made during 2018/19 in relation to staff health and well-being which was evidenced by improvements made within the national CQUIN relating to the staff opinion survey and the increase in staff uptake of the flu vaccine.

Improving Sepsis care continues to positively impact on patient outcomes especially within the Lincolnshire division, with crews trained to identify ‘red flag’ or ‘high risk’ sepsis and to administer antibiotic treatment prior to arriving at the emergency department. It is positive that this will continue as a priority through 2019/20.

During 2018/19 EMAS has consistently delivered national performance against the 90th centile standard for Category 1 (C1) activity which includes the most critically ill patients, and the 90th centile for Category 4 (C4) patients, which has resulted in a reduction in prolonged waits and also an improvement to the Return on Spontaneous Circulation (ROSC) Ambulance Clinical Quality Indicator.
During 2018/19 there was a national CQUIN and a number of local CQUINs in 2018/19 aimed at reducing conveyances to type 1 and type 2 Emergency Departments, however, conveyance rates to these facilities have increased. Commissioners welcome the roll-over of this priority which will be key to achieving local and national system ambition and whilst also releasing efficiencies into the system.

Electronic Patient Record Form (ePRF) was fully implemented during 2018/19 supported by a local CQUIN scheme. Compliance rates are routinely over 95% on a daily basis which has allowed for improved communication with Emergency Departments by having the ability to send a pre alert for arrivals. GPs now receive an electronic notification of every face to face contact, and safeguarding and coroner forms can also be submitted electronically, resulting in efficiencies and improved clinical effectiveness and patient experience. Moving into 2019/20 commissioner’s welcome the information sharing of failed alternative pathways so that remedial actions can be taken to improve reduced conveyance to type 1 and type 2 Emergency departments.

Looking forward to 2019/20

The commissioners support the continued focus and development of the priority domains for quality, in particular around clinical effectiveness, patient safety and patient experience.

The commissioners fully support the priorities for improvement identified for 2019/20 in relation to;

- Improving Sepsis Care across the whole region
- Reducing conveyance

We will continue to work constructively with the Trust to ensure that deliverable outcomes are achieved, and progress is made against appropriate action plans. Commissioners will support EMAS on their journey to achieve an improved CQC rating and hope the substantive appointment of all senior clinical leadership posts will support this ambition.

Leicestershire County Council Health Overview and Scrutiny Committee

The Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Quality Account for 2018/19 of the East Midlands Ambulance Service NHS Trust.
The Quality Account contains accurate detail of the Trust’s performance in several areas. However, yet again the Quality Account makes no reference to handover delays at Emergency Departments which has continued to be an issue in Leicestershire. Whilst delays have marginally improved in comparison with the previous year the Committee has been informed that handover performance at the Leicester Royal Infirmary deteriorated from November 2018 through to March 2019 and was informed at its Committee meeting in March that 55% of all patients arriving by ambulance are not handed over to hospital clinical teams within 15 minutes, as per the national standard. Whilst the Committee recognises that this is an issue which needs to be resolved in partnership with the University Hospitals of Leicester, given the significance of the problem it should be acknowledged in the Quality Account.

The 2018/19 priorities are clearly set out in the Quality Account as clinical effectiveness, patient safety and patient experience and the Committee endorses these priorities. The Committee looks forward to receiving updates on performance against the National Ambulance Response Standards. It is aware the Ambulance Response times for EMAS have improved though they are still below the national standard.

The Committee also looks forward to hearing more about ongoing work to reduce conveyance by utilising alternative care pathways and facilities. The Quality Account refers to an overall reduction in conveyance through increased ‘see and treat’ and ‘hear and treat’ and members would appreciate sight of statistics relating to this.

The Committee appreciates the explanation in the Quality Account of how the £9million investment in EMAS was spent and welcomes the work undertaken by the Trust to strengthen workforce planning arrangements and improve the skill mix of EMAS staff. The Committee commends EMAS for developing its own education programme and creating additional classroom space to enhance learning.

Overall the Committee is of the view that the Quality Account contains a fair reflection of the Trust’s work albeit with greater emphasis required on handovers at Emergency Departments.

Lincolnshire County Council Health Overview and Scrutiny Committee

Introduction

The Health Scrutiny Committee for Lincolnshire reviews and scrutinises NHS-funded health services in the administrative county of Lincolnshire, which forms a substantial part of the Lincolnshire Division of the East Midlands Ambulance Service region.

Presentation of Information
We are pleased with the overall presentation of information and find the document easy-to-read. We note the inclusion of a glossary, but would suggest that is placed near the front of the document.

We reiterate our suggestion from last year that the document would benefit from the inclusion of more county-level information. For example, there could be a summary page for each county, highlighting the main initiatives. It is a shame that while there is a general reference to admission avoidance schemes across the East Midlands, two particular schemes in Lincolnshire (the Lincolnshire Falls Response Partnership and the physician response unit) were not specifically mentioned in the draft document, which we reviewed.

Progress on Priorities for 2018-19

In relation to Priority 1 (Staff Health and Wellbeing), the Committee is pleased to see all the various initiatives in place to support staff, and note the increase in the staff influenza vaccination rate to 75%.

The outcome for Priority 2 (Improving Sepsis Treatment) advises that ambulance crews in the Lincolnshire Division are administering antibiotics to patients with 'red flag' sepsis. The Committee supports this approach and is pleased that the Trust received co-operation from Lincolnshire’s hospitals to support this.

The Return of Spontaneous Circulation (ROSC) rates have improved (Priority 3 – Cardiac Arrest Outcomes) and we look forward to rate of survival at discharge from hospital improving in the future.

As stated above, we are aware of several initiatives that have supported Priority 4 (Reducing Conveyance to Hospitals) in Lincolnshire and would have liked to have seen these recorded.

Last year, we were pleased to see the inclusion of Priority 5 (Improving Performance against Ambulance Response Standards). We are aware of improvements in Lincolnshire during the course of 2018/19, and would like to see these improvements continue in the coming year.

Selection of Priorities for 2019-20

The Health Scrutiny Committee for Lincolnshire supports the five priorities selected for 2019-20. Of the five, we strongly support Priority 1 (Delivering National Response Time Standards) and Priority 5 (Reducing Conveyances). The Health Scrutiny Committee will continue to consider ambulance response time performance in Lincolnshire. The Committee recognises that reducing conveyances by ambulance will release ambulances for those patients requiring acute hospital attendance. A particular concern is that the east and the south of Lincolnshire have the weakest response times.

We look forward to improvements across the Trust's five priorities.
Engagement with the Health Scrutiny Committee for Lincolnshire

We would like to put on record that the senior managers from the Trust have attended two meetings of the Health Scrutiny Committee for Lincolnshire during the last year. We look forward to this level of engagement continuing.

Complaints and Compliments

The 53 complaints recorded in Lincolnshire was the highest number in all the counties. We would have liked to have seen the reasons for this number, and will explore this further. We are pleased to see 241 compliments from Lincolnshire residents. The patient stories and messages of thanks could be highlighted in the document.

Care Quality Commission Inspection

The Care Quality Commission's most recent published report on the Trust is dated June 2017. We note there is a planned inspection during April and May 2019, and look forward to the Trust improving its 'requires improvement' rating, when the inspection report is released.

Conclusion

We look forward to continued engagement with the Trust in the coming year, together with improvements in the Trust's performance.

Northamptonshire County Council Overview and Scrutiny Committee

As context for this response it should be noted that Northamptonshire County Council adopted a new model for Overview & Scrutiny (O&S) in September 2018. The new model is based on a single O&S Committee, with a remit that is strongly focused on the following areas:

- Delivery of Northamptonshire County Council's current budget and savings plans
- Development of the Council’s future budget proposals
- Major risks to the Council, the local community and the county
- Engagement, alignment and support for the Council’s improvement plans

The O&S Committee’s remit includes the statutory function for scrutinising the planning and provision of health services in Northamptonshire. However, the prioritisation of the focus areas set out above, as well as the need to bring a newly-constituted Committee into operation, has necessarily minimised the amount of health scrutiny work that the O&S Committee has been able to do in 2018/19.

The O&S Committee formed a working group to consider and respond to local healthcare providers' draft Quality Accounts / Reports for 2018/19. The working group consisted of Councillors Mick Scrimshaw, Wendy Brackenbury, Gill Mercer and Christina Smith-Haynes.
The working group has the following comments on the draft Quality Account:

- EMAS’s Big 3 strategic priorities are set out clearly and immediately in the Quality Account.

- The working group welcomes the focus on responding effectively in EMAS’s strategic priorities for 2019/20. It considers that this reflects the priorities likely to be expressed by members of the public.

- The Quality Account refers to the continuing priority of reducing prolonged waits across all call categories by delivering the national Ambulance Response Standards, but does not give further information about these Standards. The working group considers that it would assist the lay reader for the Quality Account to include some further contextual information explaining what these Standards require. It would also be useful to include pictorial information about the number of calls per county in 2018/19 and in future Quality Accounts to include pictorial information about performance against the national Ambulance Response Standards.

- The summary of the range of services provided by EMAS included in the Quality Account refers to community public access defibrillators being placed in local communities across the East Midlands. The working group was uncertain whether this refers to action solely by EMAS or also includes defibrillators provided by local community groups. The working group considers that this should be indicated more clearly.

- Information about what EMAS has achieved in 2018/19 against the priority to improve cardiac arrest outcomes refers to resuscitation being started by an EMAS clinician in 76 of 146 cardiac arrests in Northamptonshire in the third quarter of the year. The working group considered that this raises the question of what action was taken and by who in the remainder of the cases: it would assist the lay reader to include some information on this point in the Quality Account.

- The working group raises the need to ensure that the Quality Account is completely consistent in explaining all acronyms or technical terms the first time that they appear in the text, in the interests of ensuring it is as accessible as possible to lay readers.

- The section of the Quality Account concerning the patient experience, complaints and compliments provides information on the number of external complaints and compliments received by EMAS in 2018/19 per county. The working group noted that Northamptonshire produced the lowest number of complaints. However, the working group considers that these figures would be more meaningful if they could be contextualised by information about the number of contacts. Similarly, the Quality Account states that EMAS received fewer expressions of appreciation from patients or members of the public in 2018/19 than in 2017/18. The working group was left with a question as to whether this represented increased dissatisfaction or just fewer responses.

- The section of the Quality Account listing clinical audits completed during 2018/19 refers to work on National Clinical Performance Indicators being suspended.
pending the outcome of the review. The working group considers that it would be helpful to include some further explanation of this reference.

- The working group noted various instances in the draft Quality Account where text was still to be added or updated with further detail. The working group recognises that it is asked to comment on a working draft but considered that this still stood out. At a more practical level the working group would have found it easier to consider the draft if it had included page numbers. The working group is conscious of the role of Quality Accounts in providing information to the public and encourages that this is fully reflected in the final published document.

**Nottingham City Health Scrutiny Committee**

The Nottingham City Health Scrutiny Committee welcomes the opportunity to comment on East Midlands Ambulance Service (EMAS) Nottingham’s Quality Account 2018/19.

It should be noted that due to time constraints of Nottingham City Councillors as a result of local elections held in May 2019, the Nottingham Health Scrutiny Committee’s comments are based on very early drafts of Quality Account priorities, through no fault of EMAS.

The Committee were extremely pleased with the progress starting to be made this year, following a more sustainable funding package for EMAS. Great investments have been made in new vehicles, equipment, frontline staffing levels, staff training, and streamlined delivery of different tiers of service. It was noted that EMAS has been under-resourced for a number of years, so further improvement is still needed, but initial reports are overwhelmingly positive.

The Committee was pleased with the reduction in waiting times, the reduction in excessive waiting times, and the improvement of ambulance to hospital transfers – particularly the improvements to transfers at Queen’s Medical Centre since the refreshed Emergency Department with a separate ambulance entrance, which seems to be working very well.

EMAS’ use of antibiotics out of hospital was considered innovative by the Committee, and the Committee looked forward to receiving further information on the rollout of this scheme to Nottingham. Learning from this scheme has been shared internationally, and the Committee was pleased that rollout has been delayed pending further assessment in Nottingham, to ensure the correct balance between sepsis prevention and avoiding overuse of antibiotics.

The Committee was pleased to hear about the new response times for patients experiencing a mental health crisis, and the separation of non-emergency ambulance transport from emergency callouts, to allow for technicians and paramedics to devote time to attending appropriate emergency situations.
In terms of staff, EMAS seems to be performing highly. The latest CQC inspection noted that staff are outstanding, caring and compassionate, and that patient feedback is positive. Measures for improving staff morale, health and wellbeing are a step in the right direction, and the Committee particularly noted that raising awareness of men’s health issues was an excellent initiative. Measures are being taken to ensure staff safety, such as the introduction of body worn cameras, and although it is unfortunate that such a measure is required, it is reassuring that EMAS are investing in staff safety. The Committee noted that an ongoing focus on lone worker safety is required.

The Committee felt it positive that the priorities for next year remained the same, in order to allow for continuity and maintained improvements on key issues. Overall, they were very pleased with the hard work and improvements at EMAS, and the detailed information and presentation provided to the Committee to complete the comment was greatly appreciated. The Committee looks forward to working with EMAS on any items for Scrutiny in the 19/20 Municipal Year.

Healthwatch East Midlands Regional Group of local Healthwatch including Derby, Derbyshire, Leicester, Leicestershire, Lincolnshire, Northamptonshire, Nottingham, Nottinghamshire and Rutland

Summary

The East Midlands Regional Group of local Healthwatch would like to thank Richard Henderson and Pauline Tagg for meeting with our Healthwatch colleagues to answer question relating to your Quality Account. We acknowledge the work EMAS has done over the past 12 months to work towards improving your overall performance. On behalf of patients, carers and families, would like to thank your staff for their hard work and dedication in achieving this. We would like to identify within this statement the recognition by EMAS as to the important role local Healthwatch have with the public and how it will benefit your Trust to work closer with us in future.

Commentary relating to the Quality Accounts 2018/19

We raised the following points in relation to your quality accounts:

It was felt that the inclusion of additional quality indicators and statistical information would help to further demonstrate your level of performance achievements. In addition, whilst we welcome your focus on strengthening your staffing performance, we do feel within the introduction of the report, reference to the importance of patient and carer experiences should be equally as important. Your report structure would also benefit from page numbering.

We were pleased to hear about your work to engage with the public and would welcome more information about how far across our region you have reached out.
During 2019/20 we would like to see more inclusion with hard to reach groups such as people with a learning disability or from minority groups to help them better understand your service. Our local Healthwatch would be keen to help communicate information and promote your many engagement activities.

With regards to patients concerns raised about personal wheelchairs not being taken onto your vehicles. We would suggest the information you provided with regards to reasons why wheelchairs are not suitable to be taken into an emergency ambulance being linked to health and safety, and how equipment can be matched up at a later date with them, should be better communicated to patients and carers.

Your focus on staff satisfaction, retention and turnover rates was supported by our group. Again, communicating to your stakeholders some of the challenges you have faced with such a large recruitment and introduction of 500 new members of staff would be helpful, to include also the benefits of these new staff being realised over the coming year.

One concern we raised was regarding how you are liaising with other services such as NHS111, STPs and other X-border ambulance services due to some issues raised with Healthwatch. Whilst you were able to reassure us that you are working hard across the healthcare and STP systems, we believe our rapidly changing healthcare services will require this to be an ongoing priority over the coming years.

One area that is still a concern for our regional local Healthwatch is your response time’s performance in some areas of the region. We recognise that geography and demographics across our region is very complex and in some places can be very challenging. We would like to see recognition with your quality account for the support you have received from other services such as First Responder and Fire Responders teams. We welcome the news for areas such as Lincolnshire where you have a concentrated piece of work to address problems in the county and would suggest lessons learnt are replicated into other areas.

Priorities for the forthcoming year

We support your listed priorities for 2019/20.

In addition to these, we feel that the following areas should be considered as priorities:

- How your Trust is learning from patient, carer and service user experiences to improve your services
- How your Trust continues to work closely with STP/ICS and other NHS services across the region
- How your Trust communicates key messages with the public
• Continued improvement with emergency response time performance, particularly in rural areas and areas such as South Lincolnshire which is currently your worst performing area.

Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire

Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire welcome the opportunity to make a statement on the Quality Account for East Midlands Ambulance Service NHS Trust and have agreed to provide a joint statement. Healthwatch North Lincolnshire & North East Lincolnshire recognise that the Quality Account report is a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public about the quality of service they provide. The following is the joint response from North and North East Lincolnshire Healthwatch.

It is encouraging to see that EMAS are prioritising staff wellbeing. Staff are the most valuable asset to any organisation, and to see the innovative and proactive steps taken to ensure the wellbeing of the workforce is safeguarded is very positive.

Healthwatch are impressed to note that a sepsis treatment pilot has taken place in North Lincolnshire and are encouraged to see that this has had a positive impact on patient outcomes. However it would be useful to see the quantitative information to support this.

Although the Quality Account gives an overview of progress made against priorities for the entire trust, it is unclear how specific areas are performing. It is also unclear how any of EMAS services are performing in comparison with other providers and against national standards.

Again, it would be very useful to have this information backed up with statistical evidence.

Healthwatch North and North East Lincolnshire look forward to continuing to work more closely with East Midlands Ambulance Service NHS Trust in the future and seeing how their priorities are developed in 2019/2020.

Appendix 6 – EMAS Trust Board
The main role of the EMAS Trust Board is to guide the overall strategic direction of our ambulance service, to ensure we can meet our current challenges, establish and achieve our objectives and plan effectively for the future.

Our Trust Board has overall corporate responsibility for how EMAS runs. Our Trust Board is led by our Chairman and comprises of executive and non-executive directors.

Executive directors are responsible for managing our affairs on a day-to-day basis, while non-executive directors provide essential balance with their skills and expertise in the public and private business sectors to complement those of our executive directors.

Chairman
Pauline Tagg MBE

Non-Executive Directors
Stuart Dawkins, Gary Brown, Karen Tomlinson, Vijay Sharma and William Pope

Associate Non-Executive Director
Jane Ide

Chief Executive
Richard Henderson

Chief Operating Officer
Dave Whiting

Director of Operations
Ben Holdaway

Interim Medical Director
Dr John Stephenson
(note: Dr Leon Roberts will become Medical Director from 1 April 2019)

Acting Director of Quality
Paul Benton

Director of Human Resources and Organisational Development
Kerry Gulliver

Director of Finance
Mike Naylor

Director of Strategy and Transformation
Will Legge

Director's responsibilities in respect of the Quality Account

The EMAS Trust Board has been involved in identifying the quality indicators, agreeing the content and endorsing the content of this Quality Account. We have developed our quality priorities and indicators in conjunction with our stakeholders and our staff. Non-executive directors continue to play a pivotal role in providing
challenge and scrutiny, assessing our performance and contributing to our future strategy.

**Statement of Directors' responsibilities in respect of the quality account**

NHS Trusts are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements). In preparing our Quality Account, the Trust Board has ensured that:

- The Quality Account presents a balanced picture of the trust’s performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors of the Trust Board confirm to the best of their knowledge and belief that they have complied with these requirements in preparing this Quality Account. This has been confirmed through a resolution of the Trust Board.

**Glossary**

**A&E**

Accident and Emergency, also referred to as A&E, is a hospital or primary care department that provides initial treatment to patients with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. Also referred to as ED or emergency department.
ACQI
Ambulance Clinical Quality Indicators, a set of 11 indicators introduced to the Ambulance Service by the Government from 1 April 2011 as measures of clinical quality.

AMPDS
Advanced Medical Priority Dispatch System is a medically-approved, unified system used by EMAS to dispatch appropriate aid to medical emergencies including systematized caller interrogation and pre-arrival instructions.

Audit
A continuous process of assessment, evaluation and adjustment.

Board
EMAS Trust Board of Directors made up of executive and non-executive members responsible for all that EMAS does.

Clinical Assessment Team (CAT)
A paramedic or nurse triage advisor who telephone lower priority patients to carry out a full assessment of the patient’s condition and then suggest the best treatment, such as being cared for at home, being referred to a GP, pharmacy or community based care service.

Clinical commissioning group (CCG)
Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Capacity (CMP)
NHS organisations that effectively purchase services from EMAS

Commissioners
NHS organisations that effectively purchase services from EMAS, based on the identified health needs of their local population. NHS Hardwick Clinical Commissioning Group is the 'lead commissioner' for EMAS. That is, they (on behalf of all the CCGs in our area) negotiate what level of income EMAS will receive – and, alongside this, what quality measures we are expected to achieve as set out in our service level agreement.
**CPI**
Clinical Performance Indicator is a way to measure quality.

**CQC**
The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.

**CQUIN**
Commissioning for Quality and Innovation, known as CQUIN, is a payment framework that makes a proportion of NHS service providers' income conditional on quality and innovation. Its aim is to support the vision set out in High Quality Care for all of an NHS where quality is the organising principle. The framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion everywhere.

**DCA**
Double crewed ambulance – the vehicle which responses to patients and in the majority of cases will transport patients to hospitals.

**EMAS**
East Midlands Ambulance Service, also referred to as EMAS, is part of the NHS and provides emergency and urgent for the six counties of Derbyshire, Leicestershire, Rutland, Lincolnshire (including north and north east Lincolnshire), Northamptonshire and Nottinghamshire. Patient Transport Services are provided in Derbyshire.

**Enews**
Weekly newsletter to all EMAS staff.

**EOC**
Emergency Operations Centre (control) at East Midlands Ambulance Service. One based in Nottingham and one based in Bracebridge, Lincoln. The centres receive the emergency and urgent 999 calls and dispatch ambulance crews to them or give ‘hear and treat’ advice via the Clinical Assessment team (paramedics and nurses who work in the control centre).

**FRV**
Fast response vehicle – a car normally manned by a solo clinician.

**IG**
Information governance is the way by which the NHS handles all organisational information, the personal and sensitive information of patients and employees. It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
**NHS**
National Health Service. Established in 1948 to provide Free State primary medical services throughout the United Kingdom.

**NICE**
National Institute for Health and Clinical Excellence. The health technology assessment body in the UK providing guidance to clinicians relating to authorised treatments, devices, diagnostics and techniques.

**PALS**
Patient Advice and Liaison Service – offers confidential help, advice, support and information and are responsible for any compliments and complaints.

**ROSC**
Return of Spontaneous Circulation. Following a period when the heart stops, providing life support is aimed at restoring the body’s circulation.

**SI**
Serious incident

**STEMI**
ST Elevation Myocardial Infarction is a heart attack.

**STP**
Sustainability and Transformation Partnerships are the NHS and local councils’ development and implementing of shared proposals to improve health and care in every part of England.

**Ulysses**
EMAS ‘computer system for recording compliments and concerns from service users, friends and family.

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**Contact details**

We welcome your comments about our Quality Account.
Please contact us using the details below:

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EMASNHSTrust

To receive this report in other formats, such as large print, audio or another language, please call our Communications team via 0115 884 5000.