

# East Midlands Ambulance Service NHS Trust

## Inspection report

1 Horizon Place, Mellors Way  
Nottingham Business Park  
Nottingham  
Nottinghamshire  
NG8 6PY  
Tel: 01158845000  
www.emas.nhs.uk

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

East Midlands Ambulance Service (EMAS) NHS Trust 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.

The trust employs over 3,000 staff, the majority being frontline accident and emergency ambulance personnel. Patient Transport Services (PTS) are currently provided for people who have routine (non-urgent and scheduled) clinic appointments across Derbyshire.

The service operates from over 90 facilities including ambulance stations, community ambulance stations (smaller facilities which are often shared buildings with other organisations and are used as standby points for crews), two emergency operations centres (Nottingham and Lincoln), training and support team offices and fleet workshops. EMAS has a fleet of over 580 vehicles, including emergency ambulances, fast response cars and specialised vehicles.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

East Midlands Ambulance Service provides the following core services:

- Emergency & Urgent Care (E&UC)
- Patient Transport Services (PTS)
- Emergency Operations Centre (EOC)
- Resilience Services including the hazardous area response team (HART).

The E&UC service exists to respond to 999 calls. EMAS responds to over 730,000 emergency and urgent incidents per year, with over 2,000 emergency calls per day being received. The front-line E&UC staff include paramedics, advanced technicians, and emergency care support workers (ECSWs), supported by volunteer community first-responders. They are based in up to 90 ambulance stations across the region. The trust also subcontracts some of its work to voluntary and private organisations.

PTS provide pre-planned, non-emergency transport for patients who have a medical condition that would prevent them from travelling to a treatment centre by any other means or who require the skills of an ambulance care assistant during the journey. EMAS currently provide this service for Derbyshire only.

EMAS's EOC is split across two of its sites; its headquarters at Horizon Place and Bracebridge Heath (in Lincoln). This is where 999 calls are received and from where emergency vehicles are dispatched (Horizon Place only) if needed. There is also a clinical assessment team (CAT) within the EOC. The CAT supports both 999 and workflow.

The resilience service works with the police, the regional fire and rescue services, and local authorities to ensure preparedness for major serious incidents in the region. EMAS bears primary responsibility for alerting and mobilising of all NHS resources necessary in the event of such an incident. It includes the HART, which is team of paramedics who are trained to go into the 'hot zone' of incidents, working alongside other emergency services.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 2 and 4 April 2019, we inspected the full four core services provided by the trust. We inspected Emergency & Urgent Care (E&UC), Patient Transport Services (PTS), Emergency Operations Centre (EOC) and Resilience Services including the hazardous area response team (HART).

E&UC was rated as requires improvement at the last comprehensive inspection in 2015. We returned to carry out a focussed inspection of the key questions, safe and effective in 2017 and it remained as requires improvement. We returned to check on progress within this service.

EOC was rated as good at the last comprehensive inspection in 2015. We returned to carry out a focussed inspection of the key questions, safe and effective in 2017. We returned to check on progress within this service.

PTS was rated as requires improvement at the last comprehensive inspection in 2015. We returned to check on progress within this service.

Resilience Services including the hazardous area response team (HART) have not previously been inspected. We inspected this core service as part of our continual checks on the safety and quality of healthcare services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish. Our findings are in the section is this organisation well-led?. We inspected the well led question between 14 and 15 May 2019.

## What we found

### Overall trust

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

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

We rated all four of the trusts core services as good.

- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.

# Summary of findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Response times and time to answer calls in the EOC were generally better than the England average.
- Trust performance in the seven-minute national standard for Cat 1 calls had improved significantly over recent months and was on an improving trajectory. The trust had implemented a new service and improved triage to maintain these improvements.
- Staff interacted in a respectful and compassionate way with patients and those close to them. Staff showed support and an encouraging and sensitive attitude. We observed staff taking time to talk to patients and their relatives to gain further understanding of the patient's needs.
- Feedback from patients was continually positive about the way staff treated them. Comments from patients included "they were very caring and pleasant and careful with me", very professional and courteous, sorted everything that I needed", "and "very helpful, very reassuring".
- The service ensured patients were treated as individuals, with their needs and preferences being met. Staff respected people's ethnicity, language, religious and cultural background
- The service provided reflected the needs of the population served and they ensured flexibility, choice and continuity of care. Service capacity was planned to cope with differing levels and nature of demand in different localities
- The service was accessible to all and took account of people's individual needs. It identified and met the information and communication needs of people with a disability or sensory loss. Reasonable adjustments were made so that people with a disability could access and use services on an equal basis to others.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. There was clear leadership of the trust to drive and improve the delivery of high-quality person-centred care.
- Most staff described how the culture had changed significantly over the last two years, this had been reflected in the national staff survey results. The morale amongst frontline staff had improved significantly since our last inspection.
- Most staff told us they were supported by management which had improved since our last inspection. We saw there were co-operative, supportive and appreciative relationships among staff, despite the challenges faced on a daily basis.
- Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website

## Are services safe?

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

- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The trust-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had suitable premises and equipment and looked after them well.

# Summary of findings

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

## Are services effective?

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff worked together as a team to benefit patients.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Response times and time to answer calls in the EOC were generally better than the England average.
- Trust performance in the seven-minute national standard for Cat 1 calls had improved significantly over recent months and was on an improving trajectory. The trust had implemented a new service and improved triage to maintain these improvements.

## Are services caring?

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

- Staff interacted in a respectful and compassionate way with patients and those close to them. Staff showed support and an encouraging and sensitive attitude. We observed staff taking time to talk to patients and their relatives to gain further understanding of the patient's needs.
- Feedback from patients was continually positive about the way staff treated them. Comments from patients included "they were very caring and pleasant and careful with me", very professional and courteous, sorted everything that I needed", "and "very helpful, very reassuring".
- Patients told us how staff went the extra mile and their care and support exceeded their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity. Patients were overwhelmingly positive about how staff had treated them with dignity and respect.
- Staff recognised and respect the totality of patient's needs. They always took people's personal, cultural, social and religious needs into account."

## Are services responsive?

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

- The service ensured patients were treated as individuals, with their needs and preferences being met. Staff respected people's ethnicity, language, religious and cultural background
- The service provided reflected the needs of the population served and they ensured flexibility, choice and continuity of care. Service capacity was planned to cope with differing levels and nature of demand in different localities
- The service was accessible to all and took account of people's individual needs. It identified and met the information and communication needs of people with a disability or sensory loss. Reasonable adjustments were made so that people with a disability could access and use services on an equal basis to others.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

# Summary of findings

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. There was clear leadership of the trust to drive and improve the delivery of high-quality person-centred care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The majority of staff described how the culture had changed significantly over the last two years, this had been reflected in the national staff survey results. The morale amongst frontline staff had improved significantly since our last inspection.
- The majority of staff told us they were supported by management which had improved since our last inspection. We saw there were co-operative, supportive and appreciative relationships among staff, despite the challenges faced on a daily basis.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service and for the whole trust. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services, and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in the overall trust, emergency and urgent care, patient transport services, emergency operations centre and resilience services.

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

## Areas for improvement

We found 24 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## What happens next

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

# Summary of findings

## Outstanding practice

We found the following outstanding practice:

### Trust wide

- The trust had introduced an urgent care transport service (UCTS), which went live in April 2018. The service was designed to reduce delays for patients, and reduce the pressure faced by emergency operations centre staff and ambulance crews. One hundred urgent care assistants were recruited to join the frontline, two urgent care dispatchers and one urgent care clinical advisor in the Nottingham emergency operations centre and was using 47 new vehicles for the service. The service aimed to provide transport to: patients requiring urgent admissions to hospital, as determined by their general practitioner or healthcare professional (HCP) and patients requiring transport without the need for on-going ambulance treatment (e.g. emergency treatment), as identified by the clinical assessment team or frontline Accident and Emergency crews after assessment at the scene. The service has led to significant improvements to patient care, ambulance crews had seen their urgent workload reduce enabling them to respond to higher categories of calls, better utilising their skills and knowledge. Early patient feedback had been positive and there had been a significant reduction in complaints relating to timeliness of transport for urgent care patients.
- Due to the widespread workforce, dispersed teams and extensive geography the trust had been innovative in its approach to staff engagement. The trust had launched a new animation featuring real life trust staff, they used augmented technology to bring the 'big 3' (trust strategy) poster alive.
- In October 2017 the trust launched 'conversation café, staff engagement pilot. This followed a three-phased approach: communicate the story and co-design plans, influence perceptions and behaviour and act and evidence accountability.

### Emergency & Urgent Care

- A project has started in Northampton around creating a dementia friendly ambulance. This includes dementia boxes in each vehicle with twiddle muffs or dolls. Crews will also turn down the radio and other noises in the ambulance and play suitable music.
- The trust had introduced a new urgent care tier. The service has led to significant improvements to patient care, accident and emergency ambulance crews had seen their urgent workload reduce enabling them to respond to higher categories of calls, better utilising their skills and knowledge. Early patient feedback had been positive and there had been a significant reduction in complaints relating to timeliness of transport for urgent care patients.
- The trust was working with General Practitioners in Lincolnshire and Derbyshire on rotational paramedic scheme funded through Health Education England. The aim was to further develop paramedic skills, provide enhanced career pathways and explore the use of paramedic skills in primary care. At the Lincolnshire Health Awards – the rotating paramedic team from the east coast won a 'Lincolnshire Health Award' for their dedication to Health Education England's rotating paramedic pilot

### Patient Transport Services

- The service learned from analysing its patient care. We saw details of a patient story which went to trust board which showed that the service had investigated feedback from a patient with complex needs who did not have an optimal experience of the service for various reasons. The service implemented a range of actions to tailor care and journey times to the patient's needs and promote a better ongoing relationship. As a result, the serial complaints ended and the service received a complimentary letter. When we inspected, a control centre operations manager was trialling an approach to problem solve on journey delays for individual patients.

# Summary of findings

## Emergency Operations Centre

- The management of frequent callers to the service was exemplary. A multidisciplinary team of staff were in place to manage frequent callers including a mental health nurse, paramedic and occupational therapist. The team worked closely with the patients GP to develop an agreed care plan and flags were put on the computerised assessment systems along with details of the care plan. This meant EMD and CAT staff had clear instructions to follow each time the patient called the service. In addition, the trust had commissioned a local security management specialist to work with the frequent caller lead on callers who were extremely challenging to the service for example, frequent callers who were verbally abusive to staff or callers who used the 999-ambulance service inappropriately. In some cases, callers were sent warning notices, police were involved, or legal action was taken.
- The trust became the first English ambulance trust to start transferring calls digitally to another English ambulance service in September 2018. They had developed the computer aided despatch system to enable it to digitally send calls to, and receive 999 calls from, other ambulance trusts. Prior to the launch of the new technology, when an ambulance trust answered a call for an incident in another area, the details were verbally passed on. Transferring calls digitally saved time, improved the patient experience, and provided additional resilience in the event of a major incident. This provided real time information to other ambulance trusts for 999 calls, sped up the process of getting assistance to patients and freed up emergency medical dispatchers at each site to answer other emergency calls.

## Resilience Services.

- Training for the HART team was innovative in that it made use of novel and challenging training opportunities with other organisations and emergency services and outside of the ambulance service
- Safe Working At Height and Urban Search And Rescue Training equipment on the HART base was impressive and that it was shared with other emergency services contributed well to the Joint Emergency Services Interoperability Objectives.

## Areas for improvement

Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **should** take to improve

We told the trust that it should take action either because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

### Trust wide

- The trust should ensure it reviews the risk management process to ensure all key risks are captured and that the board are sighted on these. Regulation 17(1)(2)(a)(b).
- The trust should ensure complaints are managed in line with their policy. Regulation 17(2)(e).
- The trust should ensure it continues to develop the accessible information standard for ambulances. Regulation 9(1)
- The trust should consider strengthening clinical executive presence at the sub -committees.
- The trust should consider auditing learning from incidents and complaints to ensure learning has been shared widely.

# Summary of findings

- The trust should consider how it gains assurance that the KPI set by the local clinical commissioning group (CCG) in relation to serious incidents has been complied with and how many SIs are closed by the CCG at initial submission.
- The trust should consider how it assures itself the PDSA methodology has been used in practice.

## **Emergency & Urgent Care**

- The trust should ensure that staff members administering medicine are allowed to do so. Regulation 12 (2)(g).
- The trust should ensure staff complete Mental Capacity Act training and mental health awareness training. Regulation 9(3)(c)
- The trust should consider ensuring the clinical support managers are able to undertake their role fully as they did not always have adequate time to complete all tasks expected of them.
- The trust should consider how learning from complaints is shared across the trust.

## **Patient Transport Services**

- The trust should ensure it develops actions to meet the Accessible Information Standard. Regulation 9(1)
- The trust should continue to develop actions to drive performance, particularly the timeliness of transport for patients.
- The trust should consider developing processes to enhance data quality, train staff and audit data to ensure reliability.

## **Emergency Operations Centre**

- The trust should ensure that assessment systems for EMD and CAT staff incorporate up to date risk assessments for mental health and sepsis. Regulation 17(2)(b).
- The trust should ensure the Medicines Governance Group terms of reference include reference to the monitoring and review of medicines advice given by EOC staff. Regulation 17(1).
- The trust should ensure that all staff attend Mental Capacity Act training or mental health awareness training. Regulation 9(3)(c)
- The trust should ensure information about clinical on call support arrangements is available for relevant staff in the EOC. Regulation 12(2)(c)
- The trust should ensure staff at the Lincoln EOC lock their screens when leaving their work stations and that this is monitored. Regulation 17(2)(d)
- The trust should consider producing EMAS Promotional material in languages other than English.
- The trust should consider collecting outcome data for mental health patients

## **Resilience Services including the hazardous area response team.**

- The trust should ensure it risk assesses the temperature of medicines storage both within the stores and on vehicles. Regulation 12 (2)(g).
- The trust should ensure sufficient paper patient record forms are available on all vehicles. Regulation 17(2)(d)
- The trust should ensure that Major Incident Pocket Books and SMART cards are available when needed Regulation 17(2)(a)

# Summary of findings

- The trust should consider risk assessing the suitability of PPE for paramedics with slight frames in terms of both the protection of the member of staff and any restrictions it has on patient treatment.

## Is this organisation well-led?

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

This was the first well-led inspection under our next phase methodology.

We rated well-led at the trust as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. There was clear leadership of the trust to drive and improve the delivery of high-quality person-centred care.
- The board were viewed as accessible, approachable, visible and experienced, with transparent accountability at decision-making levels. The boards commitment to improvement was evident
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The trust was working with the wider local health economy with an intention to improve the sustainability of the care provided by the system. The trust was taking a pro-active approach to supporting the five STPs and two ICS within their footprint and had aligned their integrated business plans to the priorities of these.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The majority of staff described how the culture had changed significantly over the last two years, this had been reflected in the national staff survey results. The morale amongst frontline staff had improved significantly since our last inspection.
- The majority of staff told us they were supported by management which had improved since our last inspection. We saw there were co-operative, supportive and appreciative relationships among staff, despite the challenges faced on a daily basis.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Summary of findings

However:

- We found risk management knowledge and management at core service level varied amongst divisions and team members, the trust recognised further work was required to improve knowledge and the new operating model would support this.
- The board assurance framework (BAF) captured trust wide strategic risks but did not capture other key clinical and corporate risks. There was a risk that some risks may 'slip through the net' or not escalated in a timely way and a possibility new or emerging risk may not be visible to the board. During our discussions with executive directors they were sighted on other key risks, but these were not recorded on the BAF or a corporate risk register.
- We did not see how the trust had assured itself that lessons learned had been embedded throughout the organisation and staff during our core service inspection said often learning was not shared outside of each division or were not aware of changes as a result of complaints. The trust recognised further work was needed and had plans in place to address this.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jul 2019	Good ↑ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019

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

## Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↑ Jul 2019	Good ↑ Jul 2019	Outstanding ↑ Jul 2019	Good Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
Patient transport services	Good Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Emergency operations centre	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019
Resilience	Good Jul 2019	Good Jul 2019	Not rated	Good Jul 2019	Good Jul 2019	Good Jul 2019
<b>Overall</b>	Good ↑ Jul 2019	Good ↑ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019

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

# Emergency and urgent care

Good  

## Key facts and figures

The trust provides a 24 hour, 365 days a year emergency ambulance service across Derbyshire, Leicestershire, Rutland, Lincolnshire, Northamptonshire and Nottinghamshire. The service is delivered from 64 ambulance stations across these six counties. The emergency and urgent care service includes fast response cars and community first responders.

East Midlands Ambulance Service NHS Trust (EMAS) provides an urgent and emergency care service to a population of approximately 4.8 million across the East Midlands. This region covers the six counties of Nottinghamshire, Derbyshire, Lincolnshire (including North and North East Lincolnshire), Northamptonshire, Leicestershire and Rutland. The counties are split into five divisions. The service covers approximately 6,425 square miles, which incorporates urban, semi-urban and rural communities including remote and coastal areas. There are 22 clinical commissioning groups (CCGs) across the region, with one CCG acting as coordinating commissioner with EMAS for services. On average, the trust receives 2700 calls per day.

The trust headquarters are located in Nottinghamshire; there are two emergency operation centres, one in Lincolnshire and the other in Nottinghamshire. Across the five divisions, there are over 60 ambulance stations. The trust has its own fleet centres responsible for maintaining the trust vehicles.

EMAS provides paramedic services for the local charity funded air ambulance based in Lincolnshire and co-ordinates and supports the work of voluntary community and emergency first responders in their delivery of care including lifesaving interventions prior to the arrival of ambulance staff.

The trust employs over 3290 staff, has around 550 vehicles including vehicles equipped to provide a fast response (FRV) and vehicles designed to deliver services in more remote areas and therefore have some off-road capability.

The trust participates in co-responder schemes with many external organisations, particularly in rural communities. The aim is to provide early defibrillation and resuscitation within the first three to five minutes of receiving a 999 call for a chest pain, heart attack, or cardiac arrest. Some co-responding schemes also attend patients with other presenting complaints such as stroke, falls and diabetes.

We carried out a comprehensive inspection. The inspection was announced.

During our inspection:

- We visited 16 ambulance stations across all five divisions.
- We visited six hospital emergency departments to observe patients over the arrival and handover of care to the hospital staff.
- We inspected 23 ambulance vehicles and reviewed 22 patient records
- We observed ambulance staff caring for patients and accompanied staff on 27 emergency calls.
- We spoke with 143 members of urgent and emergency care staff, including general managers, paramedics, emergency care assistants, technicians and administration and support staff.
- We also spoke with 65 patients and relatives about the care they had received.

# Emergency and urgent care

At our previous inspection, we had a number of concerns in relation to services provided in Lincolnshire. Therefore, at this inspection there was a more detailed focussed on this division throughout our inspection. CQC allocated more resources to this division therefore the findings of the report will mention the Lincolnshire division in greater detail based on the evidence we gathered in this division. The majority of positive practice we saw in Lincolnshire was replicated throughout the other divisions in the service.

## Summary of this service

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

- All staff we spoke with were aware of how to refer a safeguarding issue. Staff told us they were always given time to make safeguarding referrals and were stood down to allow them to complete referrals.
- Ambulance crews had up to date satellite navigations and communication systems in their vehicles to guide crews to patient pickups and incidents. In addition, vehicles could be 'talked-in' from the operations centre if this was required.
- Consumables were stored safely; stock levels were checked and stock rotated to ensure things were used in expiry date order. Equipment was available to suit all patients, for example child restraints and baby harnesses.
- Staff showed awareness of responding appropriately to a deteriorating patient. A NEWS2 tool score card was witnessed in the same place onboard every EMAS vehicle. All staff are trained to both adult, paediatric and neonatal intermediate life support.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- All staff we spoke to told us they have protected time for meal breaks and are encouraged to take regular breaks. Staff told they did not feel pressurised to undertake extra shifts and overtime.
- Staff we spoke with had access to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) app on their personal mobile phones and said they used it regularly to receive updates and access relevant guidelines. Guidelines were followed across the trust.
- Staff has full understanding of their roles and the limitations of it so if a paramedic was working as an emergency medical technician, accountability was clear.
- Throughout our inspection we saw staff interact in a respectful and compassionate way with patients and those close to them. Staff showed support and an encouraging and sensitive attitude.
- Staff were patient focused. Staff considered patients physical mental and social needs to ensure that their journey was comfortable and safe.
- Services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care and ambulance deployment was always aimed at meeting the needs of patients in a timely manner. Facilities and premises were all appropriate for the services delivered.
- Leaders had skills, knowledge, experience and integrity when appointed and ongoing. All the staff we spoke with held the divisional managers in high esteem and told us they were visible and very approachable.

However:

# Emergency and urgent care

- Some staff were administering prescription only medicines to patients without a prescription.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. A mixture of face to face and on-line training was available for staff to complete. Managers monitored mandatory training levels and alerted staff when they needed to update it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service mostly had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staff told us that overtime was available but that they were not expected to work overtime unless they wanted to do so.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff knew what to report and how to report it. When things went wrong, staff apologised and gave patients honest information and suitable support

However:

- Not all staff were aware of assessing and managing risk for mental health patients.
- Some staff were administering prescription only medicines to patients without a prescription.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Staff had access to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) app on their personal mobile phones and said they used it regularly to receive updates and access relevant guidelines, including The National Institute for Health and Care Excellence guidance (NICE) to ensure they are following best practice.

# Emergency and urgent care

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. Pain scores were documented in the patient record.
- The service made sure staff were competent for their roles. However, managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service.
- From October 2017 to September 2018 the trust's overall proportion of patients who had return of spontaneous circulation (ROSC) was consistently better than the England average.
- Staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The trust consistently failed to meet the seven-minute national standard for Cat1 calls and performed worse than the England average in 16 out of 18 months, however performance had improved and was on an improving trajectory as a result of new initiatives.
- Staff told us they had not received formal training around mental health and those that had said that mental health training was brief.

## Is the service caring?

**Outstanding**  

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

- Staff interacted in a respectful and compassionate way with patients and those close to them. Staff showed support and an encouraging and sensitive attitude. We observed staff taking time to talk to patients and their relatives to gain further understanding of the patient's needs.
- Feedback from patients was continually positive about the way staff treated them. Comments from patients included "they were very caring and pleasant and careful with me", very professional and courteous, sorted everything that I needed", "and "very helpful, very reassuring".
- Patients told us how staff went the extra mile and their care and support exceeded their expectations comments included "Two brilliant chaps, very pleasant, got all my clothes ready at home to bring to the hospital", they made me a cup of tea", "they were very caring and went above and beyond.... did their best to make you feel comfortable" and "they were very good this morning, the lady completely washed my wife down, they didn't need to do that, but they did it for us, I am very appreciative".
- We saw staff going the extra mile during our inspection for example staff were seen to telephone an elderly relative of a patient on transit to ED to ensure his relatives were aware of the situation. The same paramedic also telephoned the patients landlord to inform them that the property would be vacant for a while.

# Emergency and urgent care

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity. Patients were overwhelmingly positive about how staff had treated them with dignity and respect, comments included, "they gave privacy for personal care, whilst my daughter sorted and another patient said, "very good they wrapped me up warm, gentle".
- Staff recognised and respect the totality of patient's needs. They always took people's personal, cultural, social and religious needs into account. Patients comments included despite me being an alcoholic I am really pleased that despite this I was treated with respect" another patient said "they spoke to me in my kind of language. I told them I worked down the pit and they talked to me like that no problem".
- Staff ensured patients dignity was maintained when in public areas. Staff parked the vehicles as close to patient's houses as possible. Dignity during transport was maintained with the use of privacy glass, black out blinds and blankets. For example, staff told us the fire service attended a call for a bariatric patient. To maintain their dignity, staff members requested the public move away from the area when they moved the patient from their house to the vehicle. Staff also contacted the hospital during transport, to request a quiet area to respect the dignity of the patient upon reaching the hospital.
- People's emotional and social needs were seen as being as important. Staff demonstrated understanding of the impact a person's care, treatment or condition could have on them and those close to them, both emotionally and socially. Comments from patients included "They were brilliant - were lovely. They were very chatty, they really relaxed me as I was nervous about coming in" "I felt very safe. I had a really bad meltdown and they were excellent".
- Patients and those close to them were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for them. Staff communicated with patients in a way they understood. Comments from patients included "the paramedics explained what would happen when arriving, they explained in the journey what they had observed and thought was going on", "they asked questions, explained things, listened to me when I asked anything", "they communicated all the time and explained things so I could understand", "really well, explained your heart scan. they explained everything before they did it, whether I was comfortable with what they were doing (sticking things on my chest)" and "they explained what they were doing, explained how I can look after myself from now on".

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service ensured patients were treated as individuals, with their needs and preferences being met. Staff respected people's ethnicity, language, religious and cultural backgrounds.
- Patients experiencing sensory loss or disability were cared for with dignity and patience.
- There was transparency and openness with all stakeholders about performance of the trust.

However:

- Staff had limited awareness of how effectively complaints were handled and had not heard of any learning identified from complaints. Most staff were not aware of any complaints used to drive improvements.

# Emergency and urgent care

- Complaint responses did not meet the trust target.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All the staff we spoke with held the divisional managers in high esteem and told us they were visible and very approachable
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Staff always raised concerns about any disrespectful, discriminatory or abusive behaviour.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. There was transparency and openness with all stakeholders about performance of the trust.

## Outstanding practice

We found three areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

We found four areas of improvement. See areas of improvement section above.

# Emergency operations centre

Good  

## Key facts and figures

East Midlands Ambulance Service NHS Trust serves a population of 4.8 million across the East Midlands (Derbyshire, Leicestershire and Rutland, North and North East Lincolnshire, Northamptonshire and Nottinghamshire), covering 6,425 square miles.

The trust has two emergency operations centres (EOC). One in Lincoln and a larger EOC at trust headquarters in Nottingham. The two EOC's work as one virtual EOC and all calls are routed to the next available operator across the two centres. Clinicians work at both EOCs triaging lower priority calls and providing clinical advice to patients. The Lincoln EOC manages emergency calls from Health Care Professionals and GP urgent calls for Lincolnshire. In addition, Lincoln EOC responds to the community first responder (CFR) calls for the whole of the East Midlands area. Nottingham EOC responds to calls for the rest of the East Midlands including the air ambulance service. The incident command desk (the coordinated response for major incidents) is in Nottingham. The emergency operations centre receives an average of 2,500 calls per day from all age groups.

Our inspection was a comprehensive, announced with short notice to ensure that everyone we needed to talk to was available.

During our inspection:

- We inspected both EOC sites.
- We spoke to 54 staff across both sites including emergency medical dispatchers (EMD), dispatch officers, clinicians (including paramedics and nurses), team leaders, duty managers and senior managers.
- We listened to emergency calls and observed how patients were treated and responded to over the phone.
- We looked at five staff records and examined information sent to us by the public and other stakeholders such as Healthwatch.

Emergency operations centre

## Summary of this service

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

- Staff had received adequate training to keep people safe from harm including children and vulnerable persons. Premises were visibly clean and tidy, well equipped and well maintained.
- There were robust procedures in place for assessing and responding to patient risk using accredited risk assessment systems and experienced clinical staff.
- Staffing levels had improved since our last inspection and continued to improve through a rolling programme of recruitment.
- Patient records were comprehensive, accurate and contained up to date information.
- Staff gave advice on medicines within the remit of their role.
- Incident management was embedded in the service, staff were familiar with incident reporting systems. Staff understanding of incident management had improved since our last inspection.

# Emergency operations centre

- Care and treatment incorporated evidence based best practice.
- Arrangements were in place for staff to access clinical support and advice if needed and an annual plan of audit was in place which included local and national benchmarking audits.
- Staff used pain assessments tools housed within the clinical assessments software and gain pain relief advice within the remit of their role.
- Response times, time to answer calls, were generally better than the England average.
- The service monitored patient outcomes, the trust was better than the England average for hear and treat incidents.
- Staff were competent to perform the duties of their role, there was adequate role preparation training followed by a period of supervision.
- Multidisciplinary working was evident through the EOC centre, particularly with other health care organisations, primary care and social services.
- Robust systems were in place to manage frequent callers which was an improvement since our last inspection.
- Most staff had an understanding of the Mental Capacity Act and obtaining patient consent, assessment systems included mental capacity tests.
- Staff were polite and respectful at all times despite the challenging nature of some calls.
- Staff communicated with callers in a way they could understand and involved family and carers when appropriate.
- Service were planned to meet the needs of local people using historical data and forecasting tools.
- Systems were in place to enable people from diverse backgrounds and with communication difficulties to access the service.
- Call flow was continuously monitored and Resourcing Escalatory Action Plans were embedded into the day to day running of the service.
- Complaints were managed within timescales and learning identified from complaints was shared with staff.
- Leaders and managers were knowledgeable, visible and approachable and staff told us they felt valued and supported.
- There were clear vision and values which were reflected in a strategy which had been developed with staff and public involvement.
- There was a culture of openness and honesty enhanced by whistle blowing policies and freedom to speak up guardian.
- There was good governance of the service including risk and information management. Recruitment practices followed best practice, risks were identified with mitigating actions and information was managed according to Data Protection rules.
- The trust had engaged with staff, patients and the public in several ways to gather views and comments on the service.
- A high priority had been given learning, improvement and innovation and the trust proactively shared best practice with other NHS services and organisations.

However:

- Assessment systems did not incorporate up to date risk assessments for mental health or sepsis.

# Emergency operations centre

- Medicines governance group terms of reference did not include reference to medicines advice given by EOC staff.
- Outcome data was not collected for mental health patients.
- Some staff had not attended Mental Capacity Act training or mental health awareness training.
- Some staff were unaware of the on call clinical support arrangements.
- Staff at the Lincoln EOC left their work stations without locking their screens.
- EMAS Promotional material was not available in other languages.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when giving advice on medicine.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Assessment systems did not incorporate up to date risk assessments for mental health or sepsis.
- Medicines governance group terms of reference did not include reference to medicines advice given by EOC staff.

## Is the service effective?

**Good** ● ↑

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

# Emergency operations centre

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Calls were monitored for effectiveness and to improve the service.
- Staff assessed patients to see if they were in pain.
- Response times, time to answer calls, were generally better than the England average.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Outcome data was not collected for mental health patients.
- Some staff were unaware of the on call clinical support arrangements.
- Some staff had not attended Mental Capacity Act training or mental health awareness training.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.

# Emergency operations centre

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good   

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Staff at the Lincoln EOC left their work stations without locking their screens.
- EMAS promotional material was not available in other languages.

## Outstanding practice

We found two areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

We found seven areas for improvement. See areas for improvement section above.

# Patient transport services

Good 

## Key facts and figures

The trust's patient transport services (PTS) currently provides patient transport for patients that are registered with a Derbyshire GP but may include transport to locations outside of Derbyshire. The trust provides patient transport service from 15 locations, 12 of them ambulance stations. The other locations are Heanor Fire Station, Long Eaton Fire Service Building and Royal Derby Hospital.

The trust has contracts with three independent providers of patient transport services:

The service conveys adults and a small number of children to and from hospital appointments such as renal dialysis or to GP clinics.

The inspection was announced at short notice to ensure that everyone we needed to talk to was available. This was the first inspection of this service since it began.

During our inspection:

- We visited ambulance stations at Raynesway in Derby, Ripley, Ilkeston, Alfreton, Chesterfield, Heath and Heanor and the acute hospital trust at Royal Derby Hospital.
- We spoke with eight patients.
- We spoke with 13 staff members and 11 managers of various grades.

## Summary of this service

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right transport and care. Staff were up to date with their mandatory and safeguarding training.
- Staff were patient focused. They completed and updated individual risk assessments and planned journeys to mitigate risks. Staff considered patients physical mental and social needs to ensure that their journey was comfortable and safe. Control centre staff and transport crews asked patients and relatives the right questions to ensure that patients were kept comfortable and safe and took action to assure themselves of the safety of patients who were unexpectedly not at home for pick up
- The incident reporting system was well understood. Incidents were investigated and the service learned from them. The service learned from complaints.
- The service provided reflected the needs of the population served and they ensured flexibility, choice and continuity of care. It provided for a range of individual patient needs and disabilities.
- Most people generally had timely access to transport and the service took action to resolve issues where this was not the case.

# Patient transport services

- The service had a clear vision and reflected the trust's values. They had an action plan to improve performance against key performance indicators, and clear governance arrangements to ensure that performance and quality issues were addressed. The service invited feedback from patients and staff and used this to benefit patients.

## Is the service safe?

**Good** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- The service was fully staffed. It had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right transport and care. Sufficient staff were available to cover shifts in case of sickness or holiday.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Training was appropriate to patient transport control centre and transport crewing roles, and records showed that uptake was good.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff knew what to report and how to report it. When things went wrong, staff apologised and gave patients honest information and suitable support
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary, and planned transport arrangements to mitigate risks. This was supported by a range of protocols.
- Ambulances, cars and ambulance stations were well equipped and properly maintained. There were premises and equipment check and audits and vehicles and equipment were regularly serviced. The service-controlled infection risk well. Vehicles and equipment used for patients were visibly clean.
- Staff kept detailed records of patients' journeys. Records were clear, up-to-date and easily available to all staff providing care.

However:

- Processes to monitor stock usage within ambulance stations were inconsistent. Staff completed a record listing what they had taken at one ambulance station but elsewhere arrangements were more informal.

## Is the service effective?

**Requires improvement** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as requires improvement because:

- Performance on response times was variable and some patient outcomes were not satisfactory. Some patients had long waits for transport. Performance across a range of arrival and departure measures did not meet targets. The service was working through improvement plan actions to resolve issues and improve patient outcomes.

# Patient transport services

However:

- The service provided transport based on local and national guidance. Staff considered patients physical mental and social needs to ensure that their journey was comfortable and safe. They worked to ensure that eligibility criteria were communicated effectively.
- Leaders monitored the effectiveness of care and transport. They recognised problems with some response times and had started processes to improve performance.
- Staff from different disciplines worked together as a team to benefit patients. The service worked well with other providers of healthcare to help with patient flow, for example attending bed meetings, and to ensure that transport was accessible to patients who really needed it.
- Staff were competent and skilled for their roles. New joiners had a comprehensive induction course and probation period. All staff had annual appraisals.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

## Is the service caring?

**Good** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity and supported their individual needs. Feedback from patients confirmed this. A 2018 patient survey showed that 94% of patients believed that their privacy and dignity was protected
- The service learned from analysing its patient care. Staff addressed individual patient problems to improve their experience of transport
- Staff understood the impact that a person's care during the journey and their treatment had on their wellbeing. They took action to assure themselves of the safety of patients who were unexpectedly not at home for pick up
- Staff involved patients and those close to them in decisions about their care during transport. Control centre operator spoke to patients and relatives about needs during transport to ensure they were comfortable. Vehicles took relatives or carers with patients where this was possible or needed by the patient
- Vehicle crews were clear about their role in supporting patients who were dying during their journey. They knew what to do to support distressed or bereaved relatives.

## Is the service responsive?

**Good** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- The service provided reflected the needs of the population served and they ensured flexibility, choice and continuity of care. Service capacity was planned to cope with differing levels and nature of demand in different localities

# Patient transport services

- The service was accessible to all and took account of people's individual needs. It identified and met the information and communication needs of people with a disability or sensory loss. Reasonable adjustments were made so that people with a disability could access and use services on an equal basis to others.
- Transport was co-ordinated to be accessible and responsive to people with complex needs or chronic conditions. The service provided continuity of staff for regular patients where possible
- Leaders took action when they identified service failures for vulnerable groups of patients. We saw how some mental health patients were arriving too late because of unrealistic journey arrangements and how managers addressed this
- Most people generally had timely access to transport and the service took action to resolve issues where this was not the case. Appointment systems were easy to use and supported people to access appointments
- Call handlers responded in a timely way. The service measured their KPI for patient call answering within 90 seconds and 3% or less of calls were abandoned
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Complaints were reviewed on a monthly basis at Quality and Performance meetings

However:

- The service was not yet meeting all target times for transport arrivals and departures and when we inspected the improvement plan had not yet been completely implemented.
- The service was not compliant with the Accessible Information Standard

## Is the service well-led?

**Good** 

This was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. The management team had restructured to provide more capacity for performance analysis and improvement
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust and the PTS service had a clear vision and a set of values, with quality and sustainability as the top priorities. Progress against key plans, such as the KPI implementation plan, was regularly monitored and reviewed
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff confirmed this was the case and told us that their managers were supportive and helpful. Managers were interested in promoting staff wellbeing. Staff felt proud of the organisation and keen to do their best for patients.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Structures, processes and systems of accountability were effective and action-orientated
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service maintained positive and transparent communications with partners and commissioners about performance. There were comprehensive assurance systems in place within the service and in communicating performance to trust leadership

# Patient transport services

- Patient and staff engagement were used to improve services. The service had a new staff voice meeting which was effective
- The service had some technical innovations such as bariatric stretchers

However:

- The service was continuing to resolve data quality issues when we visited, which made performance information less reliable
- The service did not use standardised improvement tools or methods. We did not see any evidence of matrix or project working to involve staff at all levels in service development

## Outstanding practice

We found one area of outstanding practice. See areas of outstanding practice section above.

## Areas for improvement

We found three areas for improvement. See areas for improvement section above.

# Resilience

Good 

## Key facts and figures

The resilience core service is responsible for planning and implementing the service's response to internal and external incidents and providing specialist resources.

This core service delivers the major incident planning to deal with large scale or long running incidents as well as to protect the delivery of the service from internal events such as loss of buildings or external events such as large-scale staff sickness.

It has the responsibility for providing a Hazard Area Response Team (HART) against the National Ambulance Resilience Unit (NARU) specification to provide specialist skills and equipment. HART paramedics can, for example, use breathing apparatus, work at height and in collapsed buildings and with other emergency services to bring treatment to patients.

The resilience function also manages the deployment of paramedics who are specially trained to treat casualties in situations where firearms, chemicals, radiation or biological hazards may be present.

Our inspection was announced (staff knew we were coming) so that necessary arrangements could be made to accommodate our inspection.

During our inspection:

- We visited the HART base at Mansfield, the Emergency Operations Centre (EOC) at Nottingham and ambulance stations in Mansfield, Narborough, Kingsmill and Ilkeston.
- We spoke to 24 members of staff.
- Because of the low level and nature of HART calls we only spoke to and observed care given to 1 patient.

## Summary of this service

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- The service had the right number of properly trained staff who were available to be deployed when they were needed. Patients were protected from avoidable harm and abuse. There were suitable premises and equipment which was kept clean and well maintained. There were good infection prevention and control measures including for the most serious threats. Good records were kept of patient's care and treatment. There was good practice in dealing with medicines. Safety incidents were managed properly and the service learnt from them. However, we found concerns with the temperature at which medicines were stored, lack of paper forms on some ambulances and availability of major incident pocket books and smart cards.
- Patients had good outcomes because they received good care that adhered to national guidelines and staff were competent. Patients' condition including pain was monitored and responded to appropriately. Response times met national standards and teamwork with other agencies was very good. Staff understood the Mental capacity Act 2005, the Mental Health Act 1983 and applied there training properly.
- While we were not able to observe care being given we found nothing that gave rise to any concerns.

# Resilience

- The trust assessed local risks well alongside other emergency services and statutory agencies and had plans in place to deal with them. The trust prioritised the availability of the HART team and so they were available when people needed them. Complaints systems were in place and promoted as best they could be although patients rarely used them.
- Leaders were knowledgeable and skilled and there was a positive culture across all the EPRR function. The trust had a vision as to the future of the EPRR function and had good plans to get there. There was a strong governance framework that together with rich information systems allowed good audit and risk assessment. The trust worked to engage with other staff outside of the EPRR function and with the public.

## Is the service safe?

**Good** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service mostly had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Good** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

# Resilience

- The service was compliant with NARU and NHS service specification performance and training standards
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Response times were as required by national commissioners meaning people could rely on specialist skills and resources being available.
- The service made sure staff were competent for their roles. However, managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care

## Is the service caring?

We inspected but did not rate “caring” as we were unable to collate sufficient evidence.

- We attended one call out with a solo paramedic during our inspection period, for a category one call but we were not able to attend any HART calls. The paramedic was professional, caring, understanding and compassionate to both the patient and their family.
- Throughout our inspection the team demonstrated their commitment for caring for patients, demonstrated a caring attitude and described how they would treat patients with dignity, respect and provide compassionate care.

## Is the service responsive?

**Good** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could benefit from the service when they needed it.

## Is the service well-led?

**Good** ●

This is was our first inspection of the service where ratings were awarded so we cannot compare ratings with previous inspections. We rated it as good because:

# Resilience

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

We found two areas of outstanding practice. See outstanding section above.

## Areas for improvement

We found four areas for improvement. See areas for improvement section above.

# Our inspection team

Simon Brown, Inspection Manager led this inspection. Carolyn Jenkinson, Head of Hospital Inspection supported well-led. An executive reviewer, Sheila Samuels, Non-Executive Director, supported our inspection of well-led for the trust overall.

The team included 12 [further] inspectors (two of which were Mental Health inspectors, one further inspection manager, two assistant inspectors, one planner and a member of the business support team, one executive reviewer and 11 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.