

NHS

East of England
Ambulance Service
NHS Trust



EEAST Annual Quality Account

2021/22

Foreword and statement on quality from the Board

Patients are at the core of what we do here at the East of England Ambulance Service NHS Trust (EEAST). We Provide help and support when people face some of their most difficult and challenging situations. Our crews deliver safe high quality patient care when an incident requires an urgent emergency response.

We are one team here at EEAST and our Quality Account for 2021/22 shows the journey we are on as an organisation. My goal is for EEAST to develop a culture of continuous improvement and to move forwards with a new strategy.

The strategy will map out the Trust's path to a stronger future by focusing on these key areas:

- **Supporting** our people and their wellbeing – making EEAST a great place to work
- **Training** and education – developing our people
- **Responsiveness** for patients – doing the best we can, as efficiently as we can
- **Operational** infrastructure to maximise patient flow – strengthening our service
- **New and improving** – modernising services for effectiveness and efficiency
- **Governance and communications** – keeping everyone better up to date with what's happening
- **Experience** of our patients' and staff – ensuring better outcomes for patients
- **Relationships** internally and with key partners – building our service through partnership

If we can be successful in focusing clearly on these vital areas here at EEAST then patients will benefit through a renewed and improved ambulance service across our six counties in the east of England.

There are wider factors within the health system that are continuing to affect the experience of our patients. We are still experiencing significant impact from COVID cases, increasing demand and system pressure. We are working closely with system partners to ensure that the risk to our patients is shared with the wider health community.

Our employees have worked exceptionally hard to increase the number of Patient Facing Staff Hours available to our communities to meet the increasing demand and pressure. The Trust has been significantly impacted by delays at hospitals when handing over our patients. We have introduced measures to make sure our patients remain safe while increasing the speed of admission upon arrival at the hospital. Ambulances are then able to return to emergency response on the frontline quicker due to the faster admissions process at hospitals.

Another area of continuing focus for the Trust is processes to mitigate the risk to our patients and our employees from these challenges with robust frameworks and planning. An independent review of our governance framework has been completed and areas of improvement have been identified for action.

We recognise how difficult the pandemic has been for our people and we have funded six welfare wagons. These are staffed by volunteers and provide refreshments at our hospitals when our staff are queued waiting to handover patients. We are working to make the offering more holistic in terms of well being, for the coming months. The project has been really well received and has provided relief during some very difficult shifts for our crews. We have established the end of shift trial as business as usual and are getting more of our staff home on time. Consideration is now being given as to how we make sure that hospital delays and system pressure do not impact on our ability to achieve this.

During the pandemic we have developed a number of new initiatives to increase the resources available to patients. We are progressing with Non Clinical Drivers and co responding projects with the Fire Service to improve our responsiveness. We continue to benefit from a large team of volunteers who willingly give up their free time to help our patients. We are extremely grateful for all their work.

We have recruited an additional 100 plus call handlers in response to an increasing number of calls. An adapted training programme has been developed to ensure we have the staff on boarded and our call pick up performance improves. In recognition of the increasing pressures within the system we have increased the specialist practitioner clinicians within the control rooms. Their experience can provide support to our frontline clinicians and assist in signposting our patients to the most appropriate care pathways.

The Trust has established an 80% reduction in legacy casework over the last 12 months and is recruiting an Employee Relations team to deal with the new cases. We recognise the importance of ensuring that our staff feel able to raise concerns and that when they do these are dealt with fairly and within an appropriate timeframe.

As part of our work to improve the culture of the organisation we have launched a Freedom to Speak Up (FTSU) ambassador programme and increased the capacity within the FTSU team. We have also initiated a review of our workforce capacity to ensure that we have the appropriate people in place to provide a responsive service to our communities.

Much has been achieved in the last 12 months during what has been an extremely challenging year for the whole of the wider health environment but we recognise that much more is required as we focus on moving out of Special Measures. I have received a really warm welcome to team EEAST and I am proud of the outstanding care our teams have provided despite the difficulties. I am really looking forward to the challenges ahead and working with our excellent teams to achieve more for our people and patients.

Together we can build a stronger EEAST.

Tom Abell
Chief Executive Officer

Contents

PART ONE

Foreword and statement on quality from the Board
Introducing the East of England Service NHS Trust (EEAST) quality account
What is a quality account and what does it mean to EEAST and the public we serve
Our current quality position
Care Quality Commission
Department of Health quality indicators
NHS number and General Medical Practice Code validity
Clinical coding error rate
Data Security Protection Toolkit
Statement of accountability: Chief Executive Officer, Tom Abell

PART TWO

How have we prioritised our quality improvement initiatives
Patient 1 Patient safety
Priority 2 Clinical effectiveness
Priority 3 Patient experience

Page	PART THREE – Review of 2021/22	Page
2	Performance of the Trust against mandated quality metrics	22
6	Clinical audit	39
8	Participation in research	44
9	Patient safety incidents	45
11	Serious incidents	46
12	What went wrong and what we did	47
13	Duty of Candour	48
13	National patient safety alerts	49
14	You said, we did	50
15	Patient experience and feedback	52
	Patient and public involvement	57
	Raising concerns and Freedom to Speak Up	60
16	Results from the NHS staff survey	63
17	Commissioning for Quality and Innovation (CQUIN)	65
18	Quality Governance Committee Assurance	66
20	Statements from stakeholders	67
	Glossary	83

Welcome to the East of England Ambulance Service NHS Trust Quality Account for 2021/22. This document has been approved by the Trust Board and is an accurate account of the level of quality of service provided to patients. In developing this Quality Account, we have set out a summary of achievements for 2021/22 and goals for 2022/23 as mandated within the regulatory guidance.

Improving quality is an overarching priority of the Trust and this report lays out plans for developing future services to improve the quality and safety of patient care and patient outcomes.

In order to help do this, the Quality Account is based on data from a range of sources. Due to the continued impact of the COVID-19 pandemic throughout the year and our focus on delivering a safe service to patients, the majority of priorities were not completed, therefore many of these will continue in 2022/23.

Further information about us and our achievements can be found in our Annual Report.

Assurance for quality and safety is given to the Trust Board by the Quality Governance Committee which is in turn informed by our Compliance and Risk Group. Underpinning the Compliance and Risk Group are a number of groups which cover the multiple aspects of our service including; risk management, patient safety, medicines management, safeguarding, infection prevention and control, medical devices and patient experience.

Information on all groups and how other factors contribute to this such as Healthwatch, internal audit and regulatory inspections can be found on page 66.

Contributions to this document

All clinical commissioning groups including Ipswich and East Suffolk Clinical Commissioning Group (CCG) (the lead commissioner), HealthWatch groups and the region's health overview and scrutiny committees (HOSCs) have been asked to provide a commentary on the provision of our quality and care to include within this document and can be found on from page 67.

Where can you get hold of this document?

This Quality Account is available on the Trust website at <https://www.eastamb.nhs.uk/>

or write to:

East of England Ambulance Service NHS Trust Headquarters,
Whiting Way,
Melbourn,
Cambridgeshire
SG8 6EN
Tel: 0845 601 3733

If you require this document in another format or language, please contact our Patient Advice Liaison Service (PALS) on 0800 028 3382 or by emailing feedback@eastamb.nhs.uk

Part One

Introducing the East of England Ambulance Service NHS Trust Quality Account and Improvements

Our Trust provides emergency and urgent care services throughout Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

During 2021/22 we also provided non-emergency patient transport services for patients needing non-emergency transport to and from hospital, treatment centres and other similar facilities within Cambridgeshire, parts of Essex, Bedfordshire and Hertfordshire.

We cover an area of approximately 7,500 square miles with a resident population of around 6.2 million people.

We employ more than 4,000 staff operating from over 120 sites and are supported by more than 800 dedicated volunteers working in a variety of roles including: Community First Responders; volunteer car drivers; BASICS doctors; chaplains and our community engagement group.

The Trust Headquarters is in Melbourn, Cambridgeshire and there are ambulance operations centres (AOC) at each of the three locality offices in Bedford, Chelmsford and Norwich which receive over 1 million emergency calls from across the region each year as well as calls for patients booking non-emergency transport.



The east of England is made up of both urban and rural areas with a diverse population. As well as a resident population of about six million people, several thousand more tourists enjoy visiting our area in peak seasons each year. Our area also contains several airports including London-Luton and London-Stansted as well as major transport routes which increase the number of people in our region on a daily basis.

We have four areas of service provision:

Response to 999 calls as an emergency and urgent care service

In 2021/22, our ambulance operations centre (AOC) received 1,456,689 emergency contacts from the public – an increase of 28.1% when compared to the previous year.

On average, over 2,850 emergency 999 calls came into the ambulance service every day.

Call handlers record information about the nature of the patient's illness or injury using sophisticated software to make sure they get the right kind of medical help. This is known as triaging, and allows us to ensure that the most seriously ill patients can be prioritised and get the fastest and most appropriate response.

Once this key information is established, the response will be selected from a range of care providers including a single clinician in a fast response car, a double staffed emergency ambulance dispatched on blue lights, or a clinical assessment conducted over the phone by an appropriate clinician for patients with conditions that do not require a face-to-face response.

This response would include advice over the phone from a paramedic/nurse/social worker or a referral to their GP, pharmacist or walk-in centre.

Scheduled Care Service – Patient Transport Service

We provide a non-emergency Scheduled Care Service, more commonly known as the Patient Transport Service (PTS) to and from home to outpatient appointments at hospitals or other care centres around the region to help people who need assistance because of their medical condition or age. In 2021/22 we transported 68,294 individual patients and 44,824 patient escorts. Some of these patients travelled more than once, and in total, we delivered 522,654 journeys.

Special and partnership operations

The Trust operates two hazardous area response teams (HART) and has a resilience and emergency planning department who work closely with critical care charities and community volunteers to respond to a variety of emergency situations.

Commercial services

We operate a number of services which generate income for the Trust. These include first-aid training, medical cover for events and festivals, medical repatriation and the provision of management services to both the public and private sector through our National Performance Advisory Group.

We also provide a contact centre which takes around 800,000 calls a year for more than 70 different contracts including the Patient Transport Eligibility and Booking Service for EEAST.

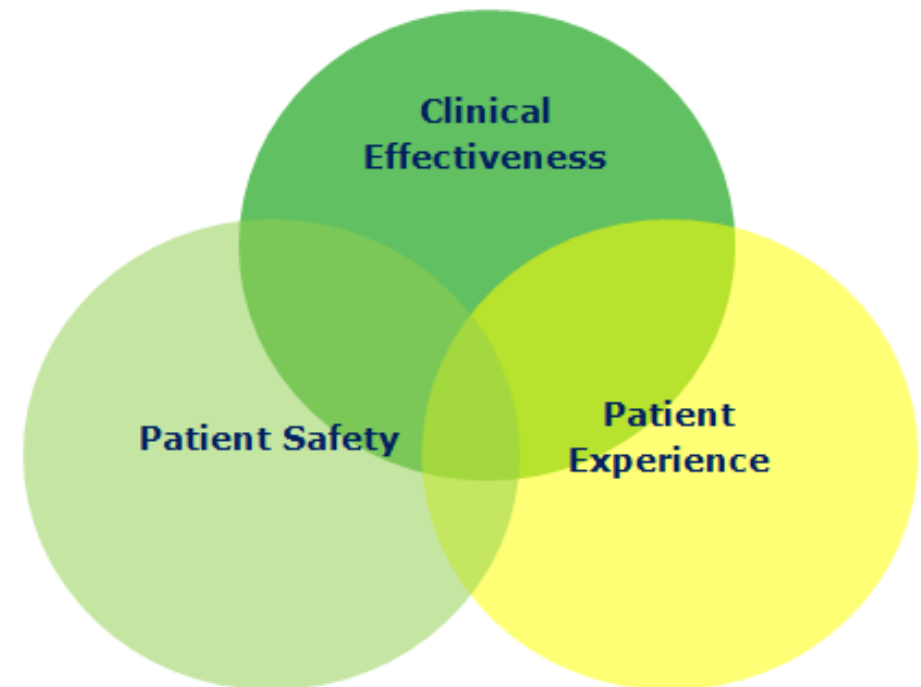
What is a Quality Account and what does it mean to EEAST and the people we serve?

A Quality Account is a mandatory report about the quality of services an NHS healthcare trust provides and is required to be completed in line with the Health and Social Care Act 2012.

Quality reports and accounts are set against the framework of three overlapping key themes, patient safety, clinical effectiveness and patient experience, which can be used to define quality of care.

The content is defined by NHS England and includes outcome results against specific indicators under five headings:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm



Our current quality position

Like last year, I wanted to take a moment to remember all our colleagues in the NHS and those in the wider communities that have been affected by COVID-19 Pandemic. After two years and counting the impact and pressures on our people and the NHS continues and is likely to be long lasting. I am humbled to see how the quality of health care and the continued response of our Trust; its staff and volunteers and the wider health and care community has enabled us to continue delivering our services to patients during this challenging time.

Over the past 12 months the Trust has had the ambition to continue to improve on previous years, by focusing on enhancing the quality of life for all, with the aim to improve our patients' experiences of care they receive and support their recovery from ill health or injury, in a safe and supportive environment. Whilst this has been a challenge during the pandemic and remains now, I am confident that the Trust and its staff and volunteers are committed to delivering this ambition whilst dealing with the pressures the NHS are currently experiencing which is affecting direct patient care.

At the time of my writing my statement, the Trust is currently being inspected around its core services. The last core inspection rating provided was Requires Improvement overall and inadequate for 'Well Led.' Since the previous inspection, the Trust understands the reasons for the rating and are collaborating hard with our staff, commissioners and regulators to ensure that the CQC and NHS England/Improvement's improvement notices and action plans are met.

Further information can be found within the Quality Account on page 11.

I am encouraged to see that upon review of our progress against this year's priorities, the Trust has again for the second year exceeded the national ambulance average quality indicators for heart attack, stroke, and cardiac arrest survival to discharge (Utstein comparator). In addition, the ambulance care quality bundles for chest pain, stroke and sepsis have seen an improvement in timeliness and response to the most critical patients which evidences our focus on providing the best care to our patients.

An area, that still requires more focus is fully adopting and embedding the Learning from Deaths within the Ambulance Services recommendations from the National Quality Board. The Trust has continued to meet the timeframes around implementation and have now begun to link further work around the emerging Patient safety Incident Reporting Framework (PSIRF) which also launches this year.

Due to the pressures around COVID and the ability to utilise all clinicians effectively to meet the demands placed on the Trust, the decision was taken to pause the launch of the new Urgent and Emergency Care Strategy. The strategy is closely linked to the work underway with the national urgent and emergency care work and the work of the Integrated Care Systems to reduce conveyance to ensure patients have the best care in the right place. It is hoped that this will be fully launched during the coming year.

However, work on the clinical strategic principles on 1) providing individualised safe and effective patient care to improve outcomes, 2) deliver innovative evidence-based practice through quality improvements methodology and 3) supporting and developing our staff and volunteers; are evidenced wherever possible within the quality account.

The safeguarding team capacity has continued to grow and as a result the management and level of referrals being made has not reduced but the quality referrals has increased with positive feedback from Local Authorities and other partners. This has been achieved by the permanency of the Social Worker Speciality within the team. Building on the success of the expansion of the team, it has been great to see the Trust develop and introduce a suite of Safeguarding multi agency training working in partnership with regional Police Forces that has been adopted by Association of Ambulance Chief Executives (AACE) and NHS England/Improvement with endorsement from the College of Paramedics and the CQC.

Building on the Trust reorganisation of integrated governance and linkage to the Trust Annual report, I remain confident that with the adopting of the 'making data count' methodology and continued development of the Integrated Board report, the Board, Commissioners and Regulators will have greater assurance on the quality of EEAST's clinical care.

Finally, I do not underestimate the size of the task ahead of me and there is much work still to do but, closing all but a few the CQC and NHS England/Improvement improvement plans and transitioning to how we secure and embed these changes will assist the Trust in cementing there is an improved and sustained culture of continuous quality improvement, along with developing a respected and honest learning organisation, one that people are proud and happy to work for most importantly provide the best quality of care to our patients.



Melissa Dowdeswell
Director of Nursing, Quality
& Improvement

Care Quality Commission

The Care Quality Commission (CQC), England's independent regulator of health and social care ensures fundamental standards of quality and safety are met and sets out what good and outstanding care looks like. Then, through inspections, ratings and published reports, it encourages care services to meet those standards. The CQC inspect organisations through five Key Lines of Enquiry (KLoE) to determine whether:







- ❖ we are safe.
- ❖ we are effective.
- ❖ we are caring.
- ❖ we are responsive to people's needs.
- ❖ we are well led.

In June 2020, the CQC undertook a focused inspection. As their concerns were related to specific risks, they did not inspect any core services or all of the key lines of enquiry which means that the previous ratings issued following a full inspection in 2019 remained in place.

Well-Led, the focus of the inspection, was deemed to still be 'Inadequate' and on the basis of the inspection, EEAST was issued with three improvement requirement notices and six 'must dos' relating to five areas of concern; recruitment, use of independent ambulance providers, handling of complaints, safeguarding processes and the culture of the organisation. The full report can be found at <http://cqc.org.uk/provider/RYC>.

Following this focused inspection, the Trust identified 174 actions to address the issues, which were focused under the following twelve themes;

1. Safeguarding
2. Allegations against staff
3. Disclosure and Barring Service (DBS) renewals
4. Pre-employment check compliance
5. Concerns, grievances, disciplinaries
6. Human Resources (HR) governance
7. Private Ambulance Service (PAS) provider governance
8. Protection from poor behaviours
9. Actions taken against bad actors
10. Triangulation of external advice
11. Improvement oversight
12. NHSI support plan improvements

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

To date 159/174 actions have been completed, of the remaining fifteen, five relate to longer term projects such as cultural change and changes within our reporting system Datix to ensure more robust triangulation of themes between incidents and patient experience.

At the time of compiling this report, the Trust is currently being inspected around its core services which began with initial visits to some of our emergency operations centres and ambulance stations on 11th April and we are currently pulling together a wealth of information at their request. A focused 'Well-Led' inspection will also take place on the 4th and 5th May 2022, with a full report of both being published after this date

Department of Health Core Quality Indicators

All NHS organisations are required to report against a set of Core Quality Indicators (CQIs) relevant to their type of organisation. For ambulance trusts, both performance and clinical indicators are set as well as indicators relating to patient safety and experience.

Where information is publicly available, organisations are also required to demonstrate their performance against other ambulance services within the year.

AMBULANCE RESPONSE TIMES (CATEGORIES 1 - 4)		
C1	Immediately life-threatening injuries and illnesses.	7 minutes mean response time
		15 minutes 90 th centile response time
C1T	Immediately life-threatening injuries and illnesses where the patient is transported to hospital	7 minutes mean response time
		15 minutes 90 th centile response time
C2	Emergency	18 minutes mean response time
		40 minutes 90 th centile response time
C3	Urgent calls and in some instances where patients may be treated in situ (e.g., their own home) or referred to a different pathway of care.	120 minutes 90 th centile response time
		120 minutes 90 th centile response time
C4	Less urgent. In some instances, patients may be given advice over the phone or referred to another service such as a GP or pharmacist.	180 minutes 90 th centile response time

AMBULANCE CLINICAL OUTCOMES: ACUTE ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) AND STROKE
<p>Patients who undergo a pre-hospital assessment for STEMI (heart attack) or stroke, diagnosed at the earliest opportunity and given specifically tailored care.</p> <p>The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period</p>
<p>The percentage of patients who when assessed face to face, were diagnosed as having a stroke during the reporting period.</p>
<p>An appropriate care bundle is a package of clinical interventions such as oxygen therapy and the giving of relevant drugs that are known to benefit patients' clinical outcomes.</p>

NHS Number and General Medical Practice code validity

Ambulance trusts are excluded from this requirement therefore no records were submitted during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

NHS clinical coding error rate

As an ambulance service, EEAST was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Data quality

During the last financial year significant investment in people and technology have been made in the Digital Directorate focussing on the quality of our data and robust data delivery to reporting processes. The organisation has continued under the principles set out in the Trust's five-year digital strategy to have a single version of the truth. The Trust's data is securely held in our private "data lake" hosted in a secure NHS Cloud environment.

The core systems data including Global Rostering System (GRS), Computer Aided Dispatch (CAD) system and electronic Patient Care Record (ePCR) are currently in the data lake with telephony and other systems being migrated in 2022/23. All data is validated against policies and procedures using advanced data quality tools and any differences, are flagged, and captured for investigation and or remediation

The analysts in the team work closely with the other directorates to provide support in the creation of standard management reports for the single version of the truth.

Providing advanced data visualisation in line with industry best practice and following the NHS practices of making data count.

Further tools have been enabled to support self-service to gain access to secure data sets. The Trust Integrated Performance Report (IPR) went live in the new formats during the year.

The Trust has a number of processes in place to ensure that data included within the Quality Account is accurate and provides a balanced view. These include:

- clinical data and outcomes
 - Checked and verified by the Clinical Audit Manager prior to submission to the national audit programmes
 - Monthly checks of the Department of Health statistical reports to ensure latest comparative data is included
 - Assurance through internal governance processes to Board Level via the Integrated Board Report
- Data Security Protection Toolkit
 - Assurance provided through Information Governance Group to Trust Board via the Audit Committee
- regular scrutiny of processes and information through:
 - Quality Governance Committee
 - Clinical Commissioning Groups contracting requirements
 - Data Quality Committee.

Data security protection toolkit

Data Security Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The DSPT also provides the Trust with a means of reporting data breaches and data security incidents.

Following the delayed national submissions in years 2019-20 and 2020-21 due to the ongoing pandemic, the 2021-22 assessment submissions continue to have the deadlines of February 2022 for the baseline submission and June 2022 for the final submission.

The Trust submitted the baseline assessment on the 25 February 2022 where 83 of the mandatory evidence items met. The Information Governance team hold frequent meetings which concentrate on gaps where evidence is needed to complete a mandatory item.

The Trust has currently completed 83 of the 110 mandatory evidence items, with 18 out of 38 assertions confirmed and are working towards completing the final standards by the 30 June submission. Progress against these outstanding areas will be monitored through our Information Governance Group and assurance provided to the Trust Board through our Audit Committee. The Trust will strive to meet all the mandatory items to be assessed as Standards Met.

The Trust’s internal audit is currently being undertaken with the report to be received before the final submission in June.



1

Statement of Accountability



As Accountable Officer and Chief Executive of the Trust, I have responsibility for maintaining the performance and standards achieved within our services, and to support an environment of continuous quality improvement.

This is the 14th Quality Account produced by the East of England Ambulance Service NHS Trust, in line with the requirements of the Health and Social Care Act 2012. The Quality Account contains details mandated by the regulations alongside the measures that the Trust, in association with our NHS and public partners, has decided will best demonstrate the work that has been done to maintain and improve the standard and quality of care we provide to our communities.

This account sets out the work that has been undertaken this year to improve the quality of care to patients; however, there is clearly more work to be done to ensure all patients have a positive experience and the standard of care that we want who use our services.

As Accountable Officer, it is also my responsibility to ensure both the quality and accuracy of the data within this Quality Account and to confirm that it presents a balanced picture of the Trust's performance. Therefore, to the best of my knowledge the information contained within this Quality Account for the East of England Ambulance Service NHS Trust is a true and accurate record.

Tom Abell
Chief Executive Officer

PART 2

How we have prioritised our quality improvement initiatives

The Quality Account for 2022/23 will continue to focus on the core priorities which match the mandatory indicators for ambulance trusts set by the Department of Health and Social Care (DHSC) as outlined in Part 1 as well as local priorities to improve the quality of care delivered by our staff.

Due to the impact that the continuing Covid pandemic had during 2021/22 and our focus on prioritising our response to patients, some priorities set for the year were unable to be met.

Therefore, we have decided to continue with these priorities to enable us to complete the associated planned actions - some of which align to the NHS Long Term Plan and our own Corporate Strategy.



Priority One Patient safety

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
Embedding the Learning from Deaths programme.	To improve the quality of care delivered to service users, both when things go well and when things could have been done differently.	The use of reviewing real cases to learning from and improve care delivery.	A robust review process in place to ensure improvements in the delivery of care and a reduction in harm to patients.
Complete the development of and start to embed the Patient Safety Incident Response Framework into the organisation.	To further improve our ability to learn from incidents, utilising a new methodology. Implement principles of the Patient Safety Incident Response Framework into the organisation. As per the Learning from Deaths priority, this has been delayed due to the ongoing pandemic.	All aspects of our service, including the care delivered to our services users, our ability to respond quickly, as well as corporate functions.	The Trust's ability to be able to deliver serious incident investigations under the new framework. Reduction of current trends of incidents.
Ensure that appropriate safe decision making is applied for patients who are left at home following assessment and treatment.	Although work commenced on this priority commenced in 2021/22, this will be continued in 2022/23 to ensure that safe discharges on scene are implemented for patients who are not conveyed to hospital following assessment and treatment by our staff.	A reduction in the number of reported incidents and occurrence of negative patient feedback for patients who are not transported to hospital.	Embedding of the 'non-conveyance' monthly audit to review appropriateness of clinicians' decisions to leave patients at home. A reduction in conveyance and an improved patient experience and outcome.
Learning from incidents and patient experience to improve the safety and quality of care patients receive.	Although robust systems are in place for both safety and feedback, we have identified that there is a need to connect the two to provide a greater impact.	Lessons are learned and fully embedded within the organisation to improve the safety of delivery of care and an improved patient experience.	Fully joined up learning from the triangulation of data from both patient safety incidents and patient experience through feedback
How we will monitor progress: Monthly Board reports detailing Learning from Deaths data and through the Patient Safety and Experience Group with progress reported bi-monthly to the Quality Governance Committee			
Responsible Lead: Melissa Dowdeswell, Director of Nursing, Quality and Improvement			
Date of completion: 31 March, 2023			

Priority Two Clinical effectiveness

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
Implementation of clinical supervision.	<p>Placing the patient at the centre of our organisation also means we need to focus on the clinician to enable them to care for others safely and effectively.</p> <p>The Trust recognises that there are gaps within the provision of clinical supervision with sometimes undefined processes.</p>	<p>It is vital that staff caring for patients have the knowledge and skills they need to do their job effectively.</p> <p>The development of and support to staff.</p>	<p>An established model of clinical supervision which includes feedback from staff.</p> <p>Clear guidance that details the expectations of the learner and the organisation</p> <p>Increased opportunities for staff to achieve their full potential whilst meeting the organisation need to deliver individualised patient care.</p>
Take the learning from the extended period of managing Covid 19 and create an Urgent and Emergency Care strategy that ensure the Trust meets both the needs of the newly forming six ICS in the region and also the national priorities agreed within the ambulance services nationally	To ensure we meet the needs of both the six ICS's in the region but at the same time support our urgent and emergency care direction as a Trust.	<p>The strategy will reinforce putting the patient and clinician at the heart of the organisation through three core aims.</p> <p>The strategy will provide a direction on how we will deliver patient centred care to all the people that contact us as a Trust ensuring their management meets their needs as well as those of their presenting condition safely.</p>	Published Urgent and Emergency Care Strategy and completion/monitoring of year 1 metrics.
How we will monitor progress: Reported bi-monthly to the Quality Governance Committee via the Clinical Best Practice Group			
Responsible Lead: Melissa Dowdeswell, Director of Nursing, Quality and Improvement			
Date of completion: 31 March, 2023			

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
Publication of our Public Health Strategy in collaboration with Public Health England	<p>Following the launch of a joint consensus statement describing the intent of all NHS ambulance trusts, together with partner agencies, to increase collaboration to support improved health and wellbeing among the most vulnerable people in society (2017), we are working with Public Health England (PHE) to produce a Public Health Strategy as part of our commitment.</p> <p>A considerable amount of work was undertaken on a collaborative strategy with PHE over the last two years and the service worked closely with them regarding coronavirus data.</p>	Using their data more will enable us to have a better understanding of our resident population and their health needs. This, in turn, will enable us to work with partnership agencies to implement the plans held within our Clinical Strategy and those defined within The NHS Long Term Plan.	<p>Re-launch Make Every Contact Count.</p> <p>Workforce wellbeing – build on the existing platform.</p> <p>Develop robust model for data capture and evaluation to inform PHE outcome measures. This is in development with the work that EEAST are undertaking in collaboration with the Integrated Care System organisations to monitor quality metrics across the East of England.</p>
Continuation of an enhanced clinical audit programme to cover a wider range and number of audits.	<p>Clinical audit enables evaluation of clinical care provided to service users to identify any changes needed to improve the quality of care and provides assurance that the care delivered was aligned with evidence-based guidelines and directives.</p> <p>As an organisation committed to provide high standards of safe and effective clinical care, it is vital that clinical audit is undertaken in addition to nationally mandated audits.</p>	Demonstrate and evidence improvements as a result of audits.	<p>Clinical audit plan which takes into account a number of drivers, including patient feedback, themes from incidents and serious incidents, NICE guidance, NHS Long Term Plan, national mandated audits.</p> <p>Improvements in the quality of care identified through clinical audit.</p>
Work with particular patients and their carers in the design specification of the new PTS vehicle	Due to limited progress in involving vulnerable dementia patients and their carers during the pandemic, we will aim to progress this in the coming year.	Improved patient experience whilst being transported by PTS.	<p>Focus group</p> <p>Link with the Trust's clinical lead re learning from dementia patient involvement in the design of the emergency vehicle.</p> <p>Work with the RNIB to ensure their contribution is included.</p>
How we will monitor progress: Reported bi-monthly to the Quality Governance Committee via the Clinical Best Practice Group			
Responsible Lead: Melissa Dowdeswell, Director of Nursing, Quality and Improvement			
Date of completion: 31 March, 2023			

Priority Three Patient Experience

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
Obtain feedback from more difficult to hear groups of patients such as those with learning disabilities, dementia, younger people and those from black, Asian and minority ethnic patients.	<p>We recognise that historically some patients who use both our emergency and patient transport services do not participate in our survey feedback process.</p> <p>These hard-to-reach groups have historically lacked a voice in shaping and developing our services.</p>	<p>Valuable feedback from more difficult to reach groups on their care and experience.</p> <p>The gathering of information and feedback that may need to be undertaken in a different format.</p>	<p>Bespoke user-friendly survey forms for patients to provide valuable feedback on their care and experience that conform with the Accessible Information Standards.</p> <p>Identification and removal of barriers to enable a more inclusive feedback process from all patient groups.</p>
Improving experience and quality of care for people with learning disabilities/autism	<p>Although our Learning Disabilities and Autism Strategy was released on 01 April 2020, this coincided with the start of the COVID-19 pandemic. The impact of this was the inability to engage with patient and carer groups due to the strict national lockdowns that were in place and the vulnerability of this patient group.</p> <p>Re-launch of the strategy to provide us with a better understanding of their needs to provide a more responsive and effective service.</p>	<p>High quality of care and experience when being treated and/or transported by EEAST.</p> <p>Provide a safe and inclusive forum in which patients and their families can raise concerns and provide views on what their needs are.</p>	<p>Appointment of a Learning Disability and Autism lead for the Trust.</p> <p>A series of engagement events and development of partnerships with health and/or social care providers.</p> <p>Identification of a suitable training resource for clinicians and AOC staff.</p>
Fully embed the Patient and Public Involvement Strategy	We acknowledge that views of patients and their advocates is essential in improving experience and shaping our future to meet their needs.	Rebuild our network of contacts across the region to make sure that communication between us and our patients is effective.	Community Engagement Group will be working on identified pieces of work with the Trust and active engagement at community events
How we will monitor progress: Progress reported bi-monthly to the Quality Governance Committee and through the Patient Safety and Experience Group			
Responsible Lead: Melissa Dowdeswell, Director of Nursing, Quality and Improvement			
Date of completion: 31 March, 2023			

PART 3

Progress on the quality account priorities 2021/22

The following section provides feedback and evidence on the progress of last year's work on our key quality priorities and our performance.

The content is defined by NHS England and includes outcome results against specific indicators under five headings:

- 1. Preventing people from dying prematurely**
- 2. Enhancing quality of life for people with long-term conditions**
- 3. Helping people to recover from episodes of ill-health or following injury**
- 4. Ensuring that people have a positive experience of care**
- 5. Treating and caring for people in a safe environment and protecting them from avoidable harm**

Except for the time standards to our calls, no thresholds are set by the Department of Health for the Ambulance Clinical Quality Indicators.

Performance of the Trust against quality metrics

Response Times

Ambulance services are monitored against response times for a Category 1 – 4 system (determined by clinical condition/emergency), with varying response times for each category. The table below summarises the Trust’s performance against the national response time standards for 2021/22.

Published further information for all ambulance services can be found here: www.england.nhs.uk/statistics and more detailed information relating to EEAST can be found within our Annual Report.

Category	Definition	National standard	Average EEAST Performance 2021/22 (hh:mm:ss)
C1	Immediately life-threatening injuries and illnesses.	7 minutes mean response time	00:09:49
		15 minutes 90 th centile response time	00:18:22
C1T	Immediately life-threatening injuries and illnesses where the patient is transported to hospital	7 minutes mean response time	00:12:21
		15 minutes 90 th centile response time	00:22:21
C2	Emergency	18 minutes mean response time	00:45:42
		40 minutes 90 th centile response time	01:40:14
C3	Urgent calls and in some instances where patients may be treated in-situ (e.g., their own home) or referred to a different pathway of care	120 minutes (2 hours) 90 th centile response time	05:48:25
C4	Less urgent. In some instances, patients may be given advice over the phone or referred to another service such as a GP or pharmacist.	180 minutes (3 hours) 90 th centile response time	07:04:35

In 2021/22 there has been an expectation that we will improve our performance to reach national standards, through improvements made in a number of areas – most notably recruitment and growth of the clinical workforce. Realistically this has not been recognised and this is due to factors relating to abstraction and how the pandemic impacted on the service provisions that had been made. Predicting the demand levels and therefore requirement to fill these expectations was challenging due to the continuous changes we saw in the effect of COVID19 on the service.

In order to support progression towards delivery of performance indicators, we have in place targets for the levels of ambulance cover the Trust provided. Known as patient facing staff hours, levels were set each quarter for us to meet, to ensure that while performance times may not reach national standards, the levels of ambulance cover provided would meet an agreed level. Delivery of these hours has been dependent on a range of factors including recruitment, absences (such as staff members on a clinical training programme being unavailable to provide ambulance cover due to being in training), levels of overtime and the availability of private ambulance service provision. These targets were not met in year despite the extensive efforts to achieve them. The Trusts efforts remain focused on this area, via our workforce plan, skill mix analysis and the approach to retaining the incoming workforce.



The increased demand on our services and the handover delays experienced at hospitals within the year has also contributed to the delays seen in attending our patients. To improve our performance, we have worked hard with our system partners and implemented a number of actions such as, co-horting of patients at hospitals to release ambulance clinicians back into the community, close monitoring of patients waiting for an ambulance to ensure prioritisation as required, daily strategic and system calls, including members of the clinical quality directorate, to ensure patient safety remains a focus and placement of additional clinicians, including GPs, within our call centres to assist with triaging and signposting patients to other services where appropriate.

Heart attack care

Heart disease continues to be one of the UK's leading causes of death and is the most common cause of premature death, responsible for around 63,000 deaths in the UK each year.

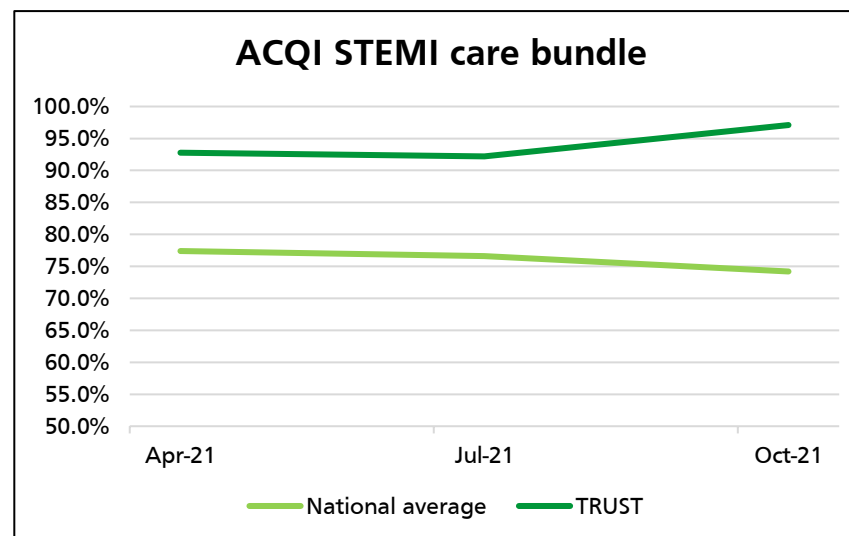
More than 100,000 hospital admissions each year are due to heart attacks. Because of the life-threatening risk with a heart attack, providing patients with a pre-hospital assessment for a STEMI and administering an appropriate care bundle means a significant improvement on patient outcomes, thereby supporting the NHS to reduce the number of patients dying prematurely and to help people to recover from episodes of ill-health or following injury.

STEMI care bundle

The mandatory quality indicator for ambulance services relating to this topic is the provision of an appropriate care bundle; recording of two pain scores, giving aspirin to break down the clot, giving glyceryl trinitrate (GTN) to dilate the coronary arteries and providing pain relief. The patient care record is audited against all of these criteria and deemed to be either compliant or non-compliant.

The data is reported on quarterly within the year and the table below shows our result against the national average and the best and worst scores achieved by ambulance services within England.

To provide a robust comparison, the table shows our achievement against the average and upper and lower compliance levels for ambulance trusts that have been published to date (April - November 2021). The graph demonstrates our performance against the national average for each quarter (April - November 2021), both demonstrating that the Trust is well above the national average for each quarter within the year.



Heart attack care	National data – April - November 2021			
	National average	Upper	Lower	EEAST
STEMI Care Bundle	76.8%	94.0%	61.5%	94.0%

EEAST was the highest performing trust for this care bundle

April - November 2021

17.2% above the national average

Patients conveyed to a Primary Percutaneous Coronary Intervention (PPCI) Centre

Although the time it takes to transport a STEMI patient to a specialist Primary Percutaneous Coronary Intervention (PPCI) treatment centre is not a quality metric for the Quality Account, we report our achievement on a month-by-month basis to both NHSE/I and our commissioners. This ACQI contains two joint indicators for ambulance trusts and these centres both of which are measured in hours and minutes.

The table below shows our result against the national average and the upper and lower levels achieved by ambulance services within England for data published to date (April - November 2021). It should be noted that the lower score is the best performing score within these outcomes.

Heart attack care	Latest data available April - November 2021 hh:mm			
	National average	Upper	Lower	EEAST Performance
Mean average time from call to catheter insertion for angiography *	02:26	03:26	02:15	02:19
90th centile time from call to catheter insertion for angiography *	03:27	04:17	03:06	03:18

* It should be noted that this outcome is based on 'unvalidated, preliminary data from the Myocardial Ischaemia National Audit Project (MINAP)'. Also, as hospitals do not have a deadline period for submitting their data to MINAP, outcome results will change throughout the year.

EEAST is performing better than the national average for both of these indicators

Next steps: Following the success seen in the improvement of call to hospital for stroke patients following a monthly review and feedback process for the time spent on scene, from April 2022, the clinical audit department will be collating this data on a quarterly basis for STEMI patients, this information will be disseminated to all operational teams with the purpose of reducing this time and improving our overall call to PPCI centres.

Stroke care

Stroke is a type of cerebrovascular disease, which is one of the leading causes of death in the UK accounting for approximately 75% of deaths from cerebrovascular diseases.

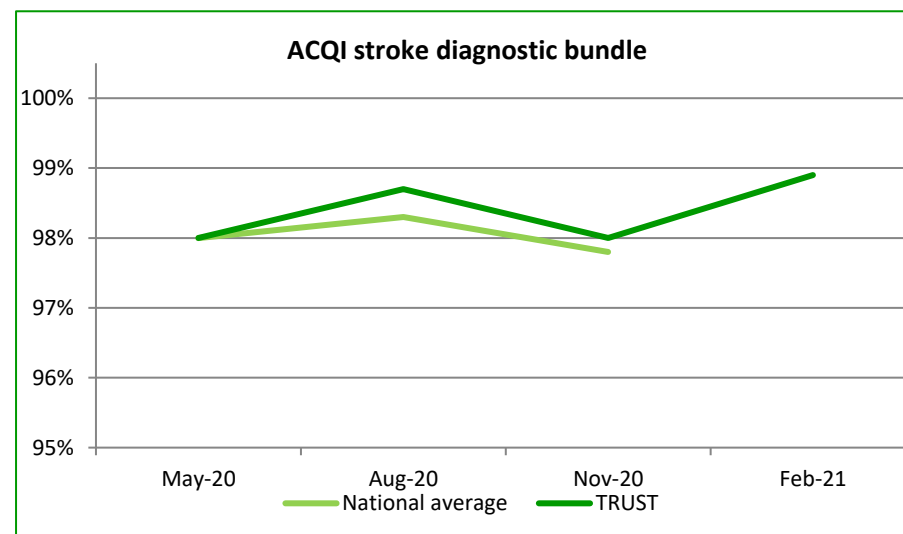
Face-arms-speech-time (FAST), is a simple test to help people recognise the signs of stroke and understand the importance of emergency treatment. The faster a stroke patient receives treatment (the care bundle), the better the chances are of surviving and reducing long-term disability.

Stroke diagnosis bundle

This quality metric relates to the percentage of suspected stroke patients (assessed face to face) who receive an appropriate assessment; recording of blood pressure (BP), FAST test and blood sugar levels (BM) the outcomes of which can be used to diagnose a possible stroke. As for heart attacks, the patient care record is audited against *all* of these criteria and must meet them all for the overall bundle to be compliant.

The table below shows our result against the national average and the upper and lower levels achieved by ambulance services within England for data published to date (April – November 2021).

Stroke care	National data – April - November 2021			
	National average	Highest score	Lowest score	EEAST
Stroke Diagnostic Bundle	97.9%	99.4%	94.4%	99.1%



EEAST is the second highest performing trust for this bundle

April - November 2021

Next steps: NHSE&I have advised that this ACQI will be removed during 2022/23 due to the high level of performance across all ambulance trusts.

Stroke Timeliness

Patients who are cared for in a defined stroke unit with organised stroke services are more likely to survive, have fewer complications, and return home and regain independence quicker than patients on a general medical ward.

Although the time it takes to convey a stroke patient to hospital is not a quality metric for the Quality Account, we report our achievement on a month-by-month basis to both NHSE&I and our commissioners. Our performance is assessed monthly against three indicators for this ACQI: the mean average, median and 90th centile times from call to hospital arrival.

The table below shows our result against the national average and the upper and lower levels achieved by ambulance services within England for data published to date (April – November 2021). The Lower level relates to the best performing trust for this outcome.

In April 2019 we began a comprehensive monthly audit of all stroke times providing all operational teams with their average times for: response; time spent on scene; journey to hospital, and overall cycle time with a continuous focus on the time spent on scene in these cases with a drive to reduce this to ten minutes. Although an ambitious target and not one that we will be able to meet for all patients due to other factors such as difficult extrication from the premises, the Trust saw an improvement and is currently performing better than the national average. Due to the improvements seen, the audit was suspended from 01 October 2021 with a plan to review March data in early spring to see if there has been any reduction in performance since the audit stopped.

It should be noted that not all strokes are identified at the time of call due to the information provided to the call taker, or the patient may deteriorate before or after the crew arrive.

Stroke care	National data – April – November 2021 hh:mm			
	National average	Upper	Lower	EEAST
Mean average time from call to hospital arrival	01:39	01:53	01:29	01:38
Median time from call to hospital arrival	01:23	01:39	01:14	01:24
90th centile time from call to hospital arrival	02:37	03:26	02:15	02:33

EEAST is performing better than the national average for all stroke timeliness indicators for the period April – November 2021

Next steps: Undertake a review of March ‘time spent on scene’ data in early spring to determine whether there has been any reduction in this improved target.

Cardiac arrest care

A cardiac arrest occurs when the heart suddenly stops pumping blood around the body. Someone who is having a cardiac arrest will suddenly lose consciousness and will stop breathing or stop breathing normally. Unless immediately treated by cardio-pulmonary resuscitation (CPR) and early defibrillation, this always leads to death within minutes. It is, however, possible to survive and recover from a cardiac arrest if you get the right treatment quickly.

Around two-thirds of cardiac arrests outside of hospital happen in the home, but nearly half of those that occur in public are witnessed by bystanders. With each minute that passes in cardiac arrest before defibrillation, chances of survival are reduced by about 10%.

This year we set out to improve the Trust's outcomes from cardiac arrest and work towards an increase in Return of Spontaneous Circulation (ROSC) and 'survival to discharge' figures. However, it should be noted that the number of cardiac arrests we attended throughout the year continued to show increased numbers - an indicator of the ongoing impact of the COVID-19 pandemic.

Although the indicators displayed in the table below are not quality metrics for the Quality Account, we report our achievement on a month-by-month basis to both NHS England and our commissioners, the exception being the post-ROSC care bundle which is a quarterly requirement.

The post-ROSC care bundle contains six components, the recording and administration of: 12 lead ECG; blood glucose; end tidal CO₂; oxygen; systolic blood pressure, and saline fluids for all patients who achieve a ROSC on scene which continues to hospital. Patients who had suffered a traumatic cardiac arrest, were successfully resuscitated before the arrival of ambulance staff or were aged less than 18 years are not included.

The table below shows our result against the national average and the upper and lower levels achieved by ambulance services within England for data published to date (April – November 2021).

Cardiac arrest care	National data – April – November 2021			
	National average	Upper	Lower	EEAST
Return of Spontaneous Circulation (pulse) at hospital– All patients	25.4%	30.3%	20.7%	23.8%
Return of Spontaneous Circulation (pulse) at hospital – Utstein patients	44.9%	59.9%	25.0%	47.5%
Survival to Discharge – All patients	9.2%	11.3%	7.1%	8.5%
Survival to discharge – Utstein patients	26.5%	38.8%	22.0%	27.0%
Post-ROSC care bundle	76.9%	93.8%	60.5%	93.5%

Although EEAST is performing below the national average for ROSC and Survival to Discharge (All patients), for Utstein patients it is the third highest performing trust.

It is also the second highest performing trust for the Post-ROSC care bundle and 16.6% better than the national average

The following provides information on achievements against local priorities set for 2021/22

Priority One: Patient Safety

Developing a learning from deaths programme to benefit patients.

Our aim within the year was to further develop the Learning from deaths programme through a number of actions including;

1. Finalise standard operating procedure to identify cases that meet the learning from deaths criteria.
2. Finalise training for Trust clinicians to begin undertaking SJRs.
3. Deliver training to Trust clinicians.
4. Design learning and feedback mechanisms to fully embed the learning from deaths programme.

Due to operational system pressures and the need to focus on contractual and statutory duties, the programme has not progressed as far as initially planned in the 2021/22 financial year and not all actions have been completed however, the Trust now has a robust identification system in place, to ensure that patients who meet the inclusion criteria are known and a dashboard is set up which is monitored through the Trust's Patient Safety and Experience Group.

The next step is to train a group of clinicians to undertake the structured judgement review process and embed the learning identified. The Trust has recruited a Safety Improvement Specialist to lead on the improvement work who works closely with the Patient Experience Improvement Lead to ensure triangulation of themes is identified and actions are set for improvements to be made.

This important piece of work will continue in 2022/23 as a priority.

Development and Implementation of the Patient Safety Incident Response Framework.

Our priority for 2021/22 was to complete the development of and start to embed the Patient Safety Incident Response Framework (PSIRF) into the organisation to enable us to improve our ability to learn from incidents using the methodology principles of the Framework.

This piece of work, led by the NHS and not specific to EEAST, was also affected by the ongoing pandemic and the NHS has not been able to progress migration to the PSIRF as planned in the 2021/22 financial year. The early adopter sites have now evaluated the new framework for investigating when things don't go to plan and EEAST has worked with local and national partners to have a plan in place for when the full migration occurs (expected June 2022). Patient safety specialists are also in post in order to progress this work at pace once the final documents are received and this will continue to be a priority within 2022/23.

Non-Conveyed Patients

Following a rise in the number of incidents reported by staff and other health care providers seen during 2020/21 for patients who were not conveyed to hospital following assessment and treatment by our staff, and a commitment to treat more patients in the community, a priority was set to ensure that appropriate safe decision making was applied for these patients.

This included the introduction of a non-conveyance care bundle which was designed to improve the safety of patients who are discharged from EEAST's care to another part of the healthcare system and provides staff with a standard of care to deliver to patients, the indicators of which are listed below.

1. Establishing the reason for contacting EEAST
2. Undertake at least one set of observations, including an ECG if appropriate
3. Use of a risk stratification tool, such as NEWS2
4. Shared decision making with another Health Care Professional (HCP)
5. Adequate safety netting documented
6. Adequate worsening advice given
7. Detailed documentation of all of the above

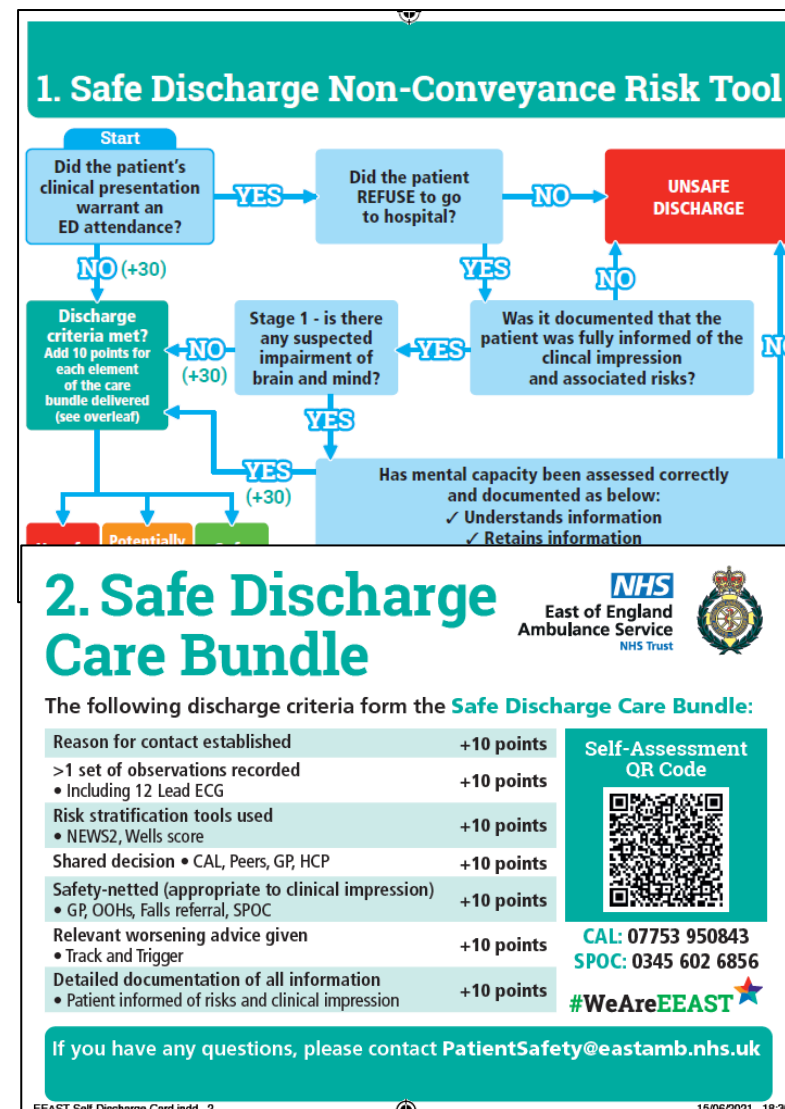
We also developed an electronic auditing tool to sit alongside the care bundle which allows for continuous monitoring of its use and to identify focused areas of improvement to further improve the safety and experience of patients not needing hospital treatment.

The number of SIs relating to patients left at home for 2021/22 was 17 compared to 18 in the previous year, and the Trust is committed to great improvements in these cases.

This audit is in its infancy and to date 280 audits have been completed of which 52% were fully compliant. Indicators of lower levels of compliance identified for improvement relate to the documentation of the use of a risk stratification tool such as NEWS2, shared decision making with another Health Care Professional (HCP) and documentation of adequate safety netting.

Next steps:

In 2022/23 we will undertake a series of focus groups to understand staff perception of the tool, what can be done to improve the safety of discharges, and to set the appropriate actions. Safety engagement events have also now started with one of the main points on the agenda being to ask about the use of the non-conveyance care bundle.



Priority Two: Clinical effectiveness

Implementation of clinical supervision

As an organisation, we are committed to placing the patient at the centre. This also means we need to focus on our clinicians to enable them to care for others safely and effectively.

Our plan is to commit to clinical supervision in our patient-facing workforce. Clinical supervision is a formal provision, by approved supervisors, in a relationship-based education and training system that is work- focused and which manages, supports, develops and evaluates the work.

The objectives of which are:

- To embed a culture that values and achieves effective clinical supervision.
- To ensure clinical supervision is educational and supportive, enabling professional development and growth.
- To ensure clinical supervision is available to all patient- facing-staff.
- To establish a system of clinical supervision that is inclusive, accessible, flexible, built on trust and meets the needs of supervisees.
- To create a shared understanding of the purpose of clinical supervision.
- -To ensure that our patient facing workforce are competent and skilled in the role they undertake.

Clinical supervision will be undertaken by members of staff who have completed their consolidation phase of clinical practice, are experienced as a Practice Educator (PEd) and who have undertaken further training in supervision of the wider workforce, including those not on a learner journey.

Clinical supervision is an ongoing process and as a minimum each patient-facing member of staff should have at least eight hours protected time to undertake supervision each year, over at least two periods of supervision.

Core emergency operations staff will be allocated to a practice supervision group. Where not working on a Mentorship and Support Vehicle Team (MST), each clinical supervisor will provide supervision to a group of approximately 20 staff. For other specialist groups, which will be provided on a sector basis.

In 2021/22 we began to build on the work that we had started in the previous year, unfortunately this was limited due to the ongoing COVID-19 pandemic and the impact this had on the organisation. However, we did complete some actions including;

- Approval and publication of our Clinical Supervision Policy
- Development and agreement of the role and associated job and person specification.
- Initial round of the posts being advertised within two sectors of which we received more than 25 applications.

Next steps:

The high importance of this plan is recognised within the organisation with a commitment to continue this going forward, therefore this will continue as a priority for 2022/23.

Mobile Stroke Unit – trial within Norwich and Ipswich areas

Since the publication of the last years Quality Account the Trust has continued to operate the Mobile Stroke Unit (MSU) within our East Suffolk Locality. After the initial feasibility trial that was discussed in the last Quality Account the Trust has submitted and received ethical approval from the Health Research Authority to undertake a clinical trial of the mobile stroke unit concept. This is a randomised control trial where patients are allocated to the MSU arm of the trial when it is available on randomly allocated weekly blocks. Recruitment to this trial commenced in March 2021 and aims to recruit over 800 patients. Recruitment is due to continue throughout 2022 and into 2023. This is the first and only trial of its kind in the United Kingdom.

The MSU, since it has been with EEAST has assessed and managed hundreds of patients, in doing delivering the highest quality of care alongside interventions normally only delivered in a hospital setting. The team responsible for the MSU have published one paper in a scientific journal, 'Mobile Stroke Unit in the UK Healthcare System: Avoidance of unnecessary accident and emergency admissions' which was an initial feasibility study and a second paper is currently undergoing peer review for publication. As recruitment to the randomised control trial is still underway there is no data currently available to present beyond what has been published via open source. However, the trial team are keen to engage with anyone who is interested and can be contacted through EEAST by emailing Qualityaccount@eastamb.nhs.uk

Launch of the Trust's Clinical Strategy

With the extended period of Covid 19 as well as development of the new ICS Boards the Trust has been working in collaborative approach on its Urgent and Emergency Care Strategy. This document will incorporate the clinical priorities as well so will provide a single integrated direction for the Trust in how it will deliver high quality, safe and effective clinical care.

At the core of the strategy will be the need to work in collaboration with all providers to ensure the patient receives the appropriate care for their presenting condition. This could include a single 999/111 call system where patients are sign posted and managed by the appropriate part of the healthcare system. Over the last year several pieces of work have been occurring across the region which will influence the work and the direction of the strategy. The Trust will launch this integrated strategy over the forthcoming year and this will remain a priority for 2022/23.

Produce a Public Health Strategy in collaboration with Public Health England

EEAST has continued to work in collaboration with the public health network, Association of Ambulance Chief Executives (AACE) and NHSE in establishing the role that ambulance services will play in the system wide approach to tackling public health issues and will ensure that public health is embedded within the trusts urgent and emergency care strategy.

The role of the ambulance service as part of the public health strategy is still in an evolution stage with the continuation of identification and data gathering and EEAST continues to work closely with a designated Public Health (PH) registrar from Public Health England (PHE) to develop and align the developing strategy with the wider system goals and priorities.

The COVID-19 pandemic has sadly continued to put a hold on the timelines, primarily due to workforce priorities and capacity, but also the implications the pandemic would have on our approach to public health. It was felt that a revised deadline would be better to allow time to reflect, adapt and integrate the learning found from the COVID-19 pandemic into the PH strategy and as such, this will be an ongoing priority into 2021/22.

Enhancement of our Annual Clinical Audit Plan

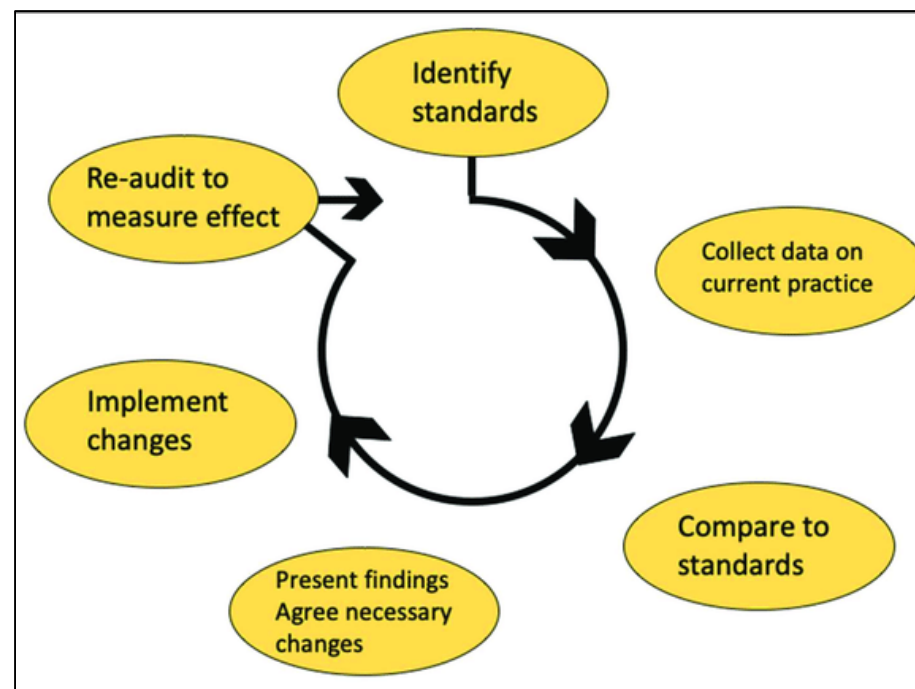
Clinical audit is a crucial part of the Trust's strategy to improve health care to service users. The evaluation of clinical performance against standards or through comparative analysis, with the aim of informing the management of services, is an essential component of modern healthcare provision. It forms part of the Trust's clinical governance arrangements helping to ensure safe and effective clinical practices.

Unfortunately, the increased volume of cases for cardiac arrests, stroke and STEMI patients within the mandated national audits and the increase in records completed on paper whilst the Trust moved to a new ePCR platform, greatly impacted our own availability to undertake any local defined audits within 2020/21. To ensure that a focus was in place to complete this important annual piece of work, a priority was set within last year's Quality Account.

In line with our aim, the revised plan considered several drivers including patient feedback, themes from incidents and serious incidents, NICE guidance, NHS Long Term Plan as well as the nationally mandated audits as directed by NHSE&I through the ACQI programme.

Our Clinical Audit Policy was also updated to ensure it aligned to the latest best practice advocated by the Healthcare Quality Improvement Partnership (HQIP).

Despite our best endeavours, the ongoing pandemic meant that not all audit topics defined within the plan were completed, however this was significant progress on the previous two years when only the ACQI topics had PCR submission audit were undertaken.



Next steps:

A proposal was made to our Quality Governance Committee that the plan for 2021/22 is repeated in 2022/23 which will enable all topics to be completed. Those that were not completed during the year will be prioritised, although it should be noted that for audits relating to mental health patients, this will be moving to a national audit and the Trust is still waiting for notification as to when this will begin.

The Trust will also be celebrating Clinical Audit Awareness Week in June, a national campaign hosted by HQIP to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare.

For information relating to audit outcomes, please see the clinical audit section on page 38 of this report.

Priority Three: Patient Experience

Within this priority, in 2021/22 we attempted to continue with the three main objectives set in 2019/20 in relation to improving the experience and quality of care for people with learning disabilities and obtaining feedback from these patients and other harder to reach groups, such as younger people or patients with dementia, however our planned engagement events, including that related to our Learning Disability and Autism Strategy, were cancelled in response to government's social restrictions.

Despite our aspirations in the delivery of this strategy, we were thwarted by the global pandemic and its impact on both our service and our patients.

Part of our year 1 milestones were to host a number of events at which patients and their carers could participate, however due to the nationally invoked actions and legislation severely restricting engagement, these events had to be postponed which has impacted on the construction of feedback processes for this patient group.

Next steps:

During the next few months we will be re-invigorating and re-launching the strategy, contacting patients' representatives and advocacy groups and working with the patient experience team to engage with other groups and system partners to support us in achieving the strategic aims which are to;

1. Deliver compassionate person-centred care and recognise the uniqueness of all those living with a learning disability, autism or both.
2. Develop a skilled and effective workforce able to champion compassionate person-centred care.
3. Develop the 'Easyread' option within all Trust communications workstreams and patient care documentation.
4. Seek and action feedback from people living with a learning disability, autism or both and their carers to improve the quality of service we provide.
5. Develop internal systems that allow the patient living with a learning disability, autism or both to be placed at the centre of joint care planning whilst ensuring that their rights are protected and respected in all aspects of Trust business.
6. Develop effective partnerships with local agencies (health, social care, third sector) to improve care and outcomes.

Experiences of emergency services patients with learning disabilities

As previously stated, the planned focus groups for these patients were not able to take place in 2021/22 due to the COVID-19 restrictions and we were reluctant to develop a bespoke survey form without this valuable feedback.

However we reviewed the equality and diversity monitoring questions within the emergency service/emergency clinical assessment triage responses and determined the following.

- 84.6% rated the service received from EEAST as 'good' or 'very good.' Over three quarters of respondents (76.9%) rated the 999 call handling as 'good' or 'very good,' and 72.7% of respondents were satisfied with the length of wait for an emergency response. Ambulance service staff were mostly rated as 'good' or 'excellent' (84.6%), with all respondents advising that they were treated with dignity and respect to at least 'some extent.' Overall, 90.9% of respondents understood the explanation of their treatment and care and felt involved to at least 'some extent' (91.7%) in the decisions made regarding their care. The majority of additional comments received were positive in relation to the service and staff, however, the main area of dissatisfaction was in relation to staff attitude.
- The co-produced Patient and Public Involvement (PPI) Strategy was led by patients, the public and stakeholders, including Experts by Experience who have a lived experience of a learning disability. The strategy will ensure that the key domains as identified by our patients and public directly lead the direction for patient engagement and involvement, for the patient voice to be heard and to directly influence service improvement and service delivery. An easy read version of this strategy (produced by ACE Anglia) is now available on the Trust's public website.

Next steps:

- During 2022/23, the patient experience department has begun to work with external providers to improve accessibility to the complaints process, patient surveys have been reviewed to become more streamlined and user friendly, with patient survey reports now published on the Trust website using the accessible template format. The continuous surveys are available online and can be completed using the ReachDeck Toolbar Everything function, with alternative survey formats also available as options (e.g., large print, Braille or in a different language).
- The Trust has recently been in liaison with the Norfolk and Norwich SEND Association in relation to the co-production of an easy read survey, which is planned to take place during 2022/23. The Patient Survey Programme for 2022/23 also includes a planned survey project in relation to patients with a learning disability who have contacted our emergency service. Due to the pandemic, the digital platform has been used as the main method for patient engagement and involvement. This has been of great value, particularly during the pandemic, however, going forward face to face engagement, where possible, may allow for a more inclusive input from patients and carers where verbal communication is not necessary the primary communication tool.



Dementia

The Patient Survey Team has worked closely with the Clinical Lead in relation to the Trust's Dementia Strategy. Two Dementia survey projects have taken place over the past few years, however, a specific survey for our social care partners and their experiences following contact with the Trust had not previously been undertaken.

The Trust is always keen to engage with social care partners and identified an opportunity to engage with care home staff, given that many patients with Dementia in care settings had been isolated from their family members during the COVID-19 pandemic. During 2021/22, a pilot survey for care home staff was designed and posted to 32 Norse Care Homes within the Norfolk and Suffolk area, inviting staff to provide feedback on their experiences. The survey project was also discussed and shared with the Registered Care Home Managers Network.

Next steps:

Despite the signposting, only a small number of survey responses were received. Given the current pressures due to the pandemic (for EEAST and our social care partners), this survey project has been postponed to 2023/24.

Young patients

During 2021/22, a pilot young patient mental health Instagram survey was designed in collaboration with Experts by Experience from the Youth in Mind Group. Trust patient surveys are regularly signposted via social media; however, Instagram had not previously been used a method for obtaining patient feedback method.

The survey went live on the Trust's Instagram stories in January 2022 and received 1,825 views, highlighting the need to trail new methods to ensure the feedback is received across different patient groups.

Overall, 73 respondents had previously contacted 999 in relation to a mental health crisis. 27 respondents (22.9%) advised that a mental health service had been accessed prior to the call, however, 91 respondents (77.1%) had either not accessed a mental health service (52.5%) or had not been aware as to what mental health services were available (24.6%).

Positively, overall satisfaction and the attitude of ambulance service staff were rated as 'good' or 'excellent' on average on the sliding scale, with positive comments also received to this regard. 81 respondents (69.8%) felt that that the call handler listened and understood their needs at the time of their 999 call, however, 35 respondents (30.2%) did not feel that their needs were understood or that they were listened to.

The results of this survey have been discussed with the Trust's mental health team and Experts by Experience.

Next steps:

Further call handling engagement sessions are planned for 2022/23 and communications will also be publicised in relation to the call handling process and what a patient should expect if they need to call 999. The Instagram survey has been included on the Trust's social media plan for 2022/23. The continuation of this survey will ensure the patient voice is heard to highlight areas of good practice but to also identify areas for learning and service improvement.

Experiences of emergency services patients who are of an ethnic minority group

During 2021/22, 38 respondents who completed the ES/ECAT equality and diversity monitoring section of the survey advised that they were of an ethnic minority group. Of these respondents, 86.8% rated the service received from EEAST as 'good' or 'very good.' 82.9% of the respondents were satisfied with the handling of their emergency call, and 70.3% rated the length of wait for an emergency response as 'good' or 'very good.' However, 21.6% of the respondents rated the length of wait as 'poor' or 'very poor.'

Ambulance service staff were generally rated highly as 'good' or 'excellent' (94.1%), with the same proportion of respondents recalling that they were treated with dignity and respect. Overall, 94.1% of respondents understood the explanation of their treatment and care, with all respondents advising that they felt involved to at least 'some extent' in decisions made regarding their care.

A number of additional comments were received, which were mostly positive and highlighted the professionalism, kindness and care provided by staff. The main theme to arise from the additional comments was in relation to ambulance delays/non-attendance, followed by staff attitude.

Next steps:

The demographical information received through surveys will continue to be monitored alongside the patient experience feedback received.

Over the past year, a Patient and Public Involvement (PPI) Strategy has been co-produced with members of the public, patients and stakeholders. This was the first entirely co-produced strategy undertaken by the Trust, and was led by patients, the public and stakeholders through a series of 16 co-production workshops, with 70 attendances by patients, community representatives, volunteers and patient groups, which included patients of an ethnic minority and those in harder to reach groups. This strategy will provide clear direction in relation to patient and public engagement and involvement over the next three years and ensure the patient voice is heard across different patient groups.

New Patient Transport Service Vehicle Specification

In last year's document we set out a priority to involve dementia patients and their carers in the new PTS vehicle specification for future procurement, unfortunately we have not progressed the level of engagement that had originally been planned due to the restrictions of the pandemic and to protect these groups of vulnerable patients.

However now that restrictions have lifted, some actions have already taken place, this includes; liaising with the North East Ambulance Service NHS Trust, who undertook a similar project during 2019, to learn from their processes, discussions with a care home in Bedfordshire who are keen to support this work and links with carers in Cambridgeshire are also being explored.

We have been in liaison with North East Ambulance Service NHS Trust, who have already undertaken a similar project during 2019, and we will be replicating the processes they developed. Now that COVID requirements have reduced, we are in discussion with a Care Home in Bedfordshire who are keen to support this work. Links with other carers in Cambridgeshire are also being explored.

We have also worked with staff and union representatives from across the organisation, to harness the expertise of a large staff group.

There has been good engagement, and a range of ideas have been explored. Small adaptations can be made, particularly to colour schemes, to enhance the environment for patients. Whilst dark colours offer a contrast, some patients have difficulties with dark areas. We are looking at the colour schemes for seats and grab rails.

The length of grab rails is also under review. The next phase of the project will ensure engagement with patient and carer representatives to formulate these ideas further.

Alongside this work, the NHS Executive have produced a national vehicle specification, which includes elements of dementia friendly design. This states that flooring should be matte rather than shiny, and steps should have a contrasting step along the front edge. These elements are already included in the most recent fleet specification.



Next steps:

A number of steps have been planned to build on the work undertaken as outlined above, these include;

Working with the Trust's clinical lead who holds the dementia portfolio to harness useful information gathered during the specification design of our emergency vehicles.

Inviting and working with the Royal National Institute for the Blind (RNIB) to gain essential understanding on things to consider for the design

To continue this as a priority for 2022/23.

Clinical Audit

Clinical audit is a crucial part of the Trust's strategy to improve health care to service users. The evaluation of clinical performance against standards or through comparative analysis, with the aim of informing the management of services, is an essential component of modern healthcare provision. It forms part of the Trust's clinical governance arrangements helping to ensure safe and effective clinical practices.

During 2021/22, EEAST participated in 100% of all required national audits which for ambulances are those defined within the Ambulance Clinical Quality Indicator (ACQI) programme, three of which: stroke; cardiac arrest and STEMI were included earlier in this section. It also fully participated in the National epidemiology and Outcome from out-of-Hospital Cardiac Arrest (OHCA) registry study undertaken by the University of Warwick and is included as an audit within the Healthcare Quality Improvement Partnership (HQIP) annual programme (of which the latest publication can be found at <https://warwick.ac.uk/fac/sci/med/research/ctu/trials/ohcao>; <https://aace.org.uk/wp-content/uploads/2018/05/Out-of-Hospital-Cardiac-Arrest-Outcomes-OHCAO-Registry-57904-CTU-Report-final.pdf>). The fourth ACQI relates to Sepsis, a description of which is provided below along with EEAST's performance compared against the national average and upper and lower scores.

Recognition and treatment of sepsis and neutropenic sepsis

Although recognition of sepsis by our staff has a high compliance rate, we were seeking to continue to achieve a sustained high level of recognition and appropriate treatment for sepsis patients, recognising that early recognition, timely interventions and transportation to hospital is a key factor for the patient's outcome.

The care bundle is made up of four indicators which all have to be met to be compliant:

1. Recording of patient observations (breathing rate, level of consciousness and blood pressure)
2. Administration of oxygen
3. Administration of fluids
4. Pre-alert provided to the receiving hospital.

The table below demonstrates our performance for the care bundle against national data published to date (April – November 2021).

Sepsis care	National data – April – November 2021			
	National average	Highest score	Lowest score	EEAST
Sepsis care bundle	81.6%	90.5%	61.7%	84.5%

Next steps: NHSE&I have advised that this ACQI will be removed during 2022/23 due to the high level of performance across all ambulance trusts, however EEAST will include this topic within the plan for early 2023/24 to ensure that the good progress made has not deteriorated.

Local Audits 2021/22

The following information relates to all local clinical audit topics undertaken in 2021/22.

Asthma Re-Audit A re-audit of compliance with the asthma care bundle (historic National Clinical Performance Indicator) was undertaken in September 2021 to provide an overview of current performance and to establish as to whether an improvement was seen when compared to the previous audit undertaken in December 2019.

Data inclusion criteria: Asthma recorded as Chief Complaint on the patient care record for patients 18 years and over			
Care Bundle Compliance Target	>85%		
Indicators	December 2019	September 2021	Change in compliance
A1 Respiratory rate recorded	100.0%	100.0%	No change
A2 PEFR recorded (before treatment)	85.7%	88.8%	+ 3.2%
A3 SpO2 recorded (before treatment)	98.3%	100.0%	+ 1.7%
A4 Beta-2 agonist given	100.0%	100.0%	No change
Overall Care Bundle A1+A2+A3+A4	78.3%	88.8%	+ 9.9%

Although an improvement was seen overall, it is still apparent that staff are not documenting a peak flow prior to any treatment. It is probable that these patients were not able to provide this due to the severity of their breathing difficulties, however it is important for clinicians to document this on the patient care record to demonstrate that they have considered this as part of their clinical assessment and treatment.

Results have been discussed within the Clinical Best Practice Group and Quality Governance Committee in line with our governance framework and posters and a full copy of the report have been sent to all operational areas.

Next steps:

Re-audit in 2022/23 following feedback to staff and highlight of good practice by the Trust's clinical leads.

Falls in Older people

A re-audit of compliance with the falls in older people care bundle (historic National Clinical Performance Indicator) was undertaken in November 2021 to provide an overview of current performance and to establish as to whether an improvement was seen when compared to the previous audit undertaken in December 2019.

Data inclusion criteria: 65 years and above who had fallen in the pre-hospital environment and were not conveyed.			
Care Bundle Compliance Target	>85%		
Indicators	December 2019	November 2021	Change in compliance
E1 Primary observations recorded	98.3%	85.3%	- 13.0%
E2 Recorded assessment of the cause of the fall	100.0%	100.0%	No change
E3 Recent history of falls documented	93.3%	41.3%	- 52.0%
E4 12 Lead ECG assessment	60.0%	51.3%	- 8.7%
E5 Recorded assessment of mobility	98.3%	88.0%	-10.3%
E6 Direct referral to an appropriate health professional	78.3%	97.7%	+ 19.4%
Overall Care Bundle E1+E2+E3+E4+E5+E6	56.7%	29.7%	- 27.0%

Disappointingly this re-audit showed a huge decrease in compliance with 4/6 of the indicators and a reduction of 27% for the overall care bundle. This also links in with reported patient safety incidents, including serious incidents, relating to deterioration of patients who are left at home where a full assessment was not completed. Following the audit, posters were sent to all operational teams and an aide memoire was produced for staff as part of the lessons learned from associated serious incidents.

Next steps:

Re-audit in 2022/23 following feedback to staff and highlight of good practice by the Trust's clinical leads.

Pain Management – Pilot Audit

The main purposes of the pilot audit were;

- to determine how data can be retrieved as the Trust moves over to ePCR fully,
- to identify improvements in the retrieval of data
- to provide a preliminary overview of pain management.

This was the first time that an attempt was made to undertake clinical audit using data extracted from the 'data lake' and proved to be a huge learning curve. Although some data was able to be analysed, this was very minimal and combined with the fact that only approximately 50% of records are completed electronically, did not provide enough evidence as to the Trust's position in the management of pain or administration of pain relief.

Using the learning from the pilot audit, it is very clear that we need to be very specific when requesting data to be extracted by the IMT team. The use of ePCR data is very much in its infancy and discussions are already in place to improve the process and that the most effective way until the improvements are made would be to use the data to identify the records needed for each audit data. However this will mean that data input will be a manual process until these are in place.

Next steps:

Re-audit in 2022/23 using the lessons learned from the pilot audit to ensure full data capture.

Submission of patient care records (PCRs)

A standard audit within the annual clinical audit plan, this reviews as to whether a patient care record can be located for every face-to-face patient contact within the specified audit period (1400-2200; 10 November 2021), how many of the records were completed electronically and for paper records, whether they met the 14-day submission standard as defined within our Patient Care Record Policy.

The overall compliance for the audit period (10 November 2021) was 90.1% a decrease of 4.6% when compared to the previous audit (October 2020: 95.8%). Only 228/322 paper records (70.8%) arrived in line with the 14-day standard which although an improvement of 29.3% on the previous audit, causes the Trust ongoing difficulties in locating paperwork in a timely fashion to aid investigations and to respond to external requests for information including those required for HM Coroner purposes.

In total, 56.2% of records were completed electronically, an increase of 3.3% when compared to the previous audit (Nov-19: 52.9%).

Following discussion at the Clinical Best Practice Group, posters and a copy of the full report which included a breakdown for each sector were distributed to all operational teams.

Next steps: Re-audit in 2022/23

Administration of Tranexamic Acid - pilot

Tranexamic acid is a medication used to treat or prevent excessive blood loss from conditions such as major trauma and heavy bleeding after having a baby.

Although we have been using this medicine for some time, to date, we had not completed an audit on its use. An audit period of three months (01 December 2021 – 28 February 2022) was selected and data from ePCR was used to identify records where tranexamic acid had been administered.

The number of records identified totalled 126; 83 of which were major trauma, including head injury and 15 related to obstetrics/gynaecology. A further 28 cases related to other causes such as heavy bleeding after surgery, severe nose bleeds and deliberate self-harm lacerations.

With the exception of the documentation of two pain scores, all indicators achieved above the set target.

Next steps: Feedback to staff via posters with a re-audit planned in 2022/23 to determine whether there has been any improvement.

Indicator – target 95%	Compliance %
Documentation of two sets of observations	96.8%
Documentation of estimated blood loss	96.0%
Documentation of two pain scores	90.5%
Administration of pain relief (where required)	100.0%
Documentation of any other medications indicated eg fluids, oxygen, anti-sickness	98.4%

Head Injury - pilot

Due to the ongoing capacity issues caused by the pandemic, records identified as the patient having a head injury as the main cause of their injury within the tranexamic acid audit were only included within this audit which did result in limited data, however the information contained in the table shows that these patients received optimal care for their head injury.

Next steps: Although this audit achieved 100% compliance for all indicators, we have acknowledged that it related to a very small number of patients and will complete a more in-depth audit within 2022/23.

Indicator – target >95%	Compliance %
Documentation of two sets of observations	100.0%
Documentation of consciousness level (AVPU)	100.0%
Documentation of Glasgow Coma Score (GSC)	100.0%
Documentation of pupil assessment	100.0%
Documentation of pupil size	100.0%
Administration of oxygen	100.0%
Documentation of pre-alert to receiving hospital	100.0%

Trauma

Major trauma is any injury that has the potential to cause prolonged disability or death. There are many causes of major trauma, including falls, motor vehicle collisions, stabbing wounds and gunshot wounds.

Due to the extremely complex nature of these cases, it can be difficult to determine very detailed indicators. Medical teams are often asked to attend and assist with treatment as they are able to undertake much more advanced skills and treatment, which can take time to correlate the information they have provided within their paperwork with treatment delivered by our own staff. Therefore within this audit we decided to keep it simple and looked at factors such as the recording of observations, blood loss, type of pain relief and any other medicines that were administered.

As per the head injury audit, records identified as the patient having multiple traumatic injuries within the tranexamic acid audit were only included within this audit and a total of 53 records were identified and EEAST staff were supported by medical teams in 41 of these cases (77.4%).

Other medicines administered included; anti-emetics (anti-sickness), fluids, antibiotics, fentanyl, ketamine and plasma.

Indicator – target > 95%	Compliance %
Documentation of two sets of observation	96.2%
Documentation of estimated blood loss	100.0%
Documentation of two pain scores	90.6%
Administration of pain relief (where required)	94.3%

Next steps:

A more in depth detailed audit is hoped to be undertaken IN 2022/23 in conjunction with the Trauma Audit & Research Network (TARN) through our clinical lead with responsibility for trauma.

Participation in research

Clinical research is an important function within the NHS, bringing benefits to patients, clinicians, and NHS trusts. High quality research activity provides evidence for new ways of delivering care, as well as preventing, diagnosing, and treating conditions. Many patients want to take part in research, the findings result in better treatment for patients, involvement in research helps clinicians to understand evidence and use this in their clinical practice, and research-active trusts tend to attract more forward-looking clinical staff.

The EEAST Research Support Service (RSS) works with academic and other health and social care partners to develop, support, and promote research as a core part of service provision. RSS has worked consistently hard to ensure that patients and staff have every opportunity to participate safely in relevant pre-hospital ambulance research.

During 2021/22 EEAST recruited more than 2,250 participants (patients and Trust staff) into 7 high quality research studies approved by a Research Ethics Committee, all of which were National Institute for Health Research (NIHR) Portfolio pieces of work, and 2 were EEAST sponsored studies as follows:

- STRategies to manage Emergency ambulance Telephone Callers with sustained High needs - an Evaluation using linked Data (STRETCHED) n=8. [STRETCHED \(primecentre.wales\)](https://www.primecentre.wales)
- What TRIage model is safest and most effective for the Management of 999 callers with suspected Covid-19 – a linked outcome study (TRIM) n=6.
- A qualitative study exploring the experiences of research paramedics working in the UK, n=3.
- AHP perceptions of research in the NHS: A national survey, n=11.
- Use of blood ketone meters to improve ambulance hyperglycaemia care (KARMA2 – EEAST sponsored) n=203.
- Enhancing rates of telephone assisted CPR, n=5.
- A mixed-methods study of female ambulance staff experiences of the menopause transition (CESSATION – EEAST sponsored) n=2,047.

In addition, RSS continued to support appropriate Urgent Public Health research studies related to the COVID-19 pandemic as a Participant Identification Centre. EEAST also hosted 3 smaller-scale student level projects being undertaken by Trust staff and external parties.

EEAST has built an excellent reputation for successful delivery of high-quality research. Such continued participation in clinical research has demonstrated the Trust's on-going commitment to improving the quality of care offered and contributing to wider health improvement.

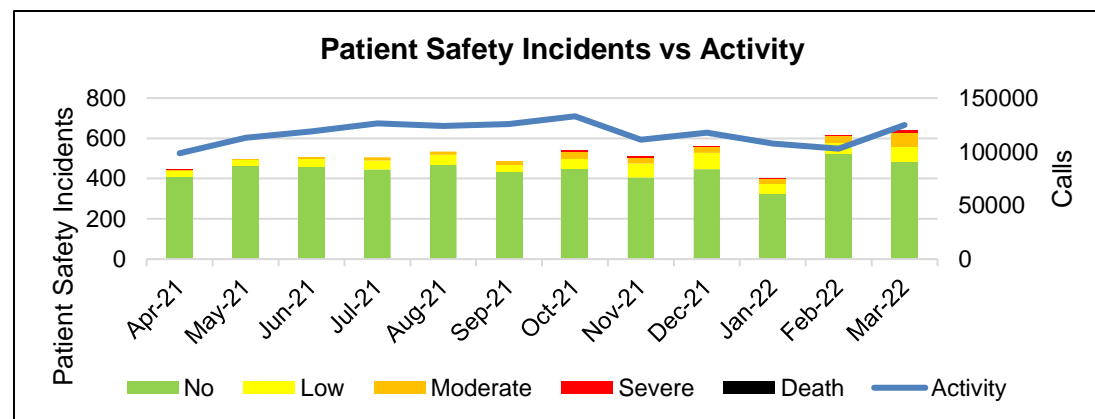
Patient Safety Incidents

A patient safety incident is defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care. This includes:

- incidents that caused no harm or minimal harm
- incidents with a more serious outcome
- prevented patient safety incidents (known as 'near misses').

The number of incidents reported during 2012/22 remained high, however most patient safety incidents resulted in no harm to the patient demonstrating that the Trust has a good culture in regard to reporting incidents, not only when harm has been caused, but also to alert to the Trust that a near miss has occurred to ensure proactive steps can be taken to reduce the risk going forwards.

The chart on the right shows the number of patient safety incidents reported versus our activity during the year.



All NHS organisations have a responsibility to report any safety incidents relating to patients through the National Reporting and Learning Service (NRLS).

The table below shows the **latest published data** of the number of incidents reported by EEAST vs the national average and the highest and lowest ambulance trust scores.

Indicator	February 2021 to January 2022 - latest comparable data published			
	EEAST	National average	Highest ambulance trust count	Lowest ambulance trust count
Number of reported patient safety incidents that resulted in severe harm or death	21	55	65	5
Number of patient safety incidents reported within the Trust	1,577	2,356	9,273	530
Percentage severe harm or death incidents of total	1.3%	2.3%	12.26%	0.17%

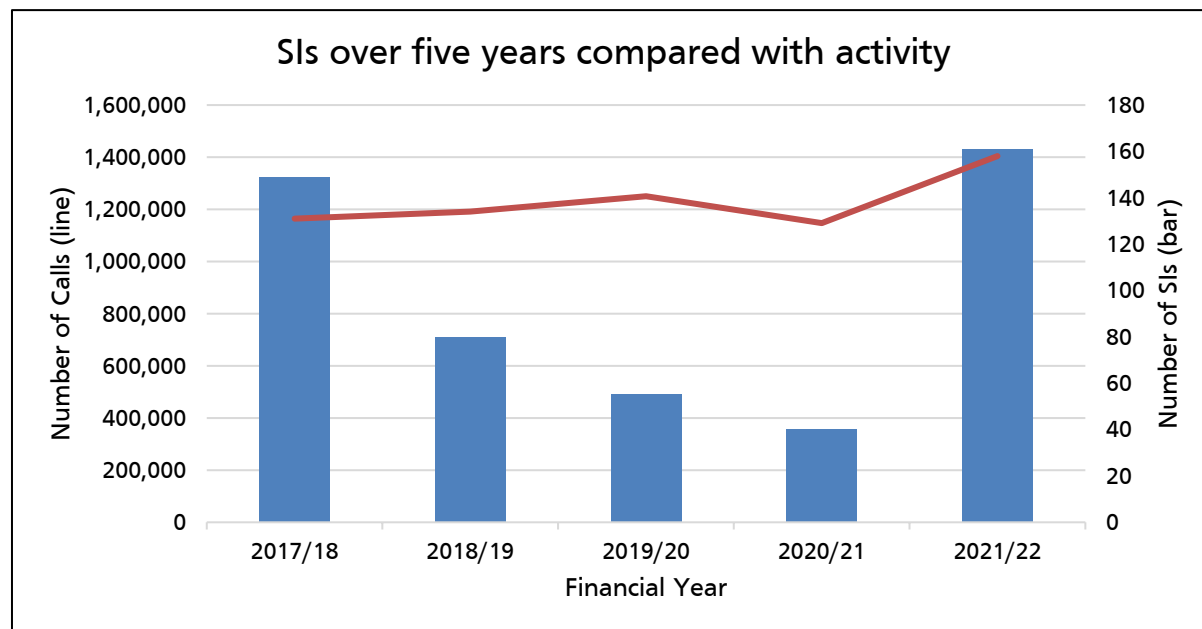
NB. High and low data does not always relate to the same organisation.

Serious Incidents

The Trust saw a 400% increase in serious incidents declared in the 2021/22 financial year compared with the previous year. This was due to a huge increase in operational pressure in the health and social care system, leading to increased response times to our patients. The Trust developed an action plan to improve all elements which contributed to response delays within its control. A key aspect of the action plan was to continue the close working relationship between EEAST and its system partners. One product of this collaborative approach was the development of a framework for each local system to investigate incidents together where treatment delays have caused harm, allowing for an end-to-end review of a patient's care.

The key themes of serious incident, with a comparison to the two previous years, are contained within the table below.

	2019/20	2020/21	2021/22
Delay	13	9	114
ECAT / AOC	8	1	8
Patient injury	4	7	8
Clinical treatment	9	5	11
Non-conveyance	13	18	17
Equipment failure	1	0	1
Other	3	0	2
Total	51	40	161



With the commitments to treat more patients in the community, an important piece of learning from a thematic review of non-conveyance serious incidents, was the introduction of a non-conveyance care bundle. This is designed to improve the safety of patients who are discharged from EEAST's care to another part of the healthcare system. It provides staff with a standard of care to deliver to patients where previously there was none. The organisation developed an electronic auditing tool to sit alongside the care bundle which will allow continuous monitoring of its use and identify focused areas of improvement to further improve the safety and experience of patients not needing hospital treatment.

What went wrong and what we did

It remains important to us to act in a timely manner when something goes wrong. This part of the report shows the response we made in acting on some of these things and what we did about them following the reporting of an incident.

1	<p>WHAT WENT WRONG</p> <p>An increase in the number of delayed responses leading to patient harm was detected</p>	<p>WHAT WE DID</p> <p>All relevant internal stakeholders built an organisational action plan to address the issue within EEAST's control.</p> <p>Worked with system partners to develop a framework to investigate delays as a healthcare system.</p>	<p>WHAT THIS MEANS</p> <p>Changes were made to shifts patterns, to ensure adequate clinical staffing was available at the appropriate times. Developed a trajectory for the recruitment of call handlers and started this recruitment</p>
2	<p>WHAT WENT WRONG</p> <p>Several crews did not approach their patient due to there being a safety risk associated with them. This was identified to be due to a lack of training about dynamic risk assessment.</p>	<p>WHAT WE DID</p> <p>Developed and approved a training programme to improve staff's knowledge and understanding of dynamic risk assessment to be rolled out from May 2022.</p>	<p>WHAT THIS MEANS</p> <p>Staff will feel more confident when approaching a patient with staff safety risks associated. They will be able to respond dynamically to a changing situation.</p>
3	<p>WHAT WENT WRONG</p> <p>Several investigations highlighted that there were human factor elements associated with root causes. This means human behaviours, decision making and the conditions which affect human performance are central issues within our investigations.</p>	<p>WHAT WE DID</p> <p>Procured a suite of books which are available to our clinicians when they complete their mandatory training. Most have elements of human factors content. Committed to producing a suite of roller displays, focused on human factor considerations in healthcare. Provided online training to some clinicians about bias and latent conditions.</p>	<p>WHAT THIS MEANS</p> <p>Staff will be more aware of the factors which impact on their performance. With awareness, they can consciously amend their behaviours, think more analytically, and make safer decisions.</p>

Duty of Candour

NHS providers have a statutory duty to inform and involve patients and their families in investigations where there has been severe harm under Regulation 20 of the Health and Social Care Act. In line with our policy, Duty of Candour (DoC) is overseen by the Patient Safety team and is attempted to be discharged for every serious incident, regardless of the level of harm caused. Further relevant cases are identified through a daily review of incidents reported. Contact is made with the patient, or a nominated representative, via telephone in the first instance. Following the primary telephone call, the conversation is summarised in a letter.

The content of our primary Duty of Candour conversations include:

- An introduction
- An explanation of the incident identified
- A sincere apology from us and condolences if the patient has sadly died
- An explanation of the investigation process
- An opportunity for the patient or nominated representative to ask any questions which they would like to be answered in the investigation
- Establishment of preferred methods and frequency of involvement and communication throughout and after the investigation period.

There are often instances when it takes us longer to identify the individual most appropriate to discharge the Duty of Candour to. This is due to us not always having full patient or next of kin information. Our approaches to finding out this information include:

- Communication with GPs
- Liaising with the patient safety specialists at the admitting hospital
- Close working relationships with Her Majesty's Coroners.

Regulation 20 of the Health and Social Care acts requires the Duty of Candour to be discharged as soon as is reasonably practicable but always within 10 working days.

Analysis of our data demonstrates the following compliance with Duty of Candour for 2012/22 for serious incidents compared to the previous two years.

	2019/20	2020/21	2021/22
Number of cases initially requiring Duty of Candour	51	40	161
Duty of Candour discharged	50*	35*	161
Average timeframe for DoC to occur (working days)	4.4	2.0	4.5
Average timeframe for letter follow-up (working days)	1.2	2.6	1.7

* For cases in previous years where Duty of Candour was not discharged, this is due to not being able to identify or make contact with next of kin despite best efforts to do so.

A further 67 staff received training relating to the organisational Duty of Candour as well as their professional Duty.

National Patient Safety Alerts

In 2019/20, NHSE&I introduced National Patient Safety Alerts (NPSA) issued by the national patient safety team as part of the new NHS Patient Safety Strategy. These alerts are communicated via several channels, including through the Central Alerting System.

Patient safety issues that require national action are identified predominantly through incidents reported by providers to the National Reporting and Learning System. When these issues are identified, work is undertaken with frontline staff, patients, professional bodies, and partner organisations to decide if there is a large enough risk to issue a NPSA, which in turn sets out actions that healthcare organisations must take to reduce the risk.

These alerts must be acknowledged and, where appropriate, actions taken.

The Trust has agreed a new and more robust way of monitoring compliance with national alerts in line with the recommendations set out in our Patient Safety Strategy and this year we responded to three relevant National Patient Safety Alerts:

May 2021 – published an article to all staff advising of the danger of ingesting ‘super strong’ magnets.

June 2021 – included an article in the safety newsletter relating to the importance of differentiating between medical air and oxygen delivery in acute hospitals.

August 2021 – immediate safety alert released due to intelligence received about high-strength recreational opiates circulating within the EEAST region.

All other safety alerts released were reviewed and deemed not relevant to EEAST or the ambulance sector.



You said, we did

As a Trust we recognise the importance of learning when things have not gone as well as we would have liked. Through feedback received from our patients, carers and relatives we have an opportunity to put things right and to prevent future recurrences. All our teams at EEAST are passionate about improving the services that we provide to our patients and the public.

The following case studies demonstrate some of the learning that has been taken forwards by the Trust over the last year

1	<p>YOU SAID</p> <p>We received a complaint regarding why the caller was not directed to the nearest defibrillator when it was required.</p>	<p>WHAT WE DID</p> <p>During the investigation, it was identified that the closest defibrillator has been booked offline for an extended period and was appearing as not available for use.</p> <p>The defibrillator process of alerting the custodian when it has been used and inputting the key word when it has been returned had not been followed. Feedback was shared with all Call Handlers regarding the importance of the procedure being followed in full.</p> <p>In addition, following this incident the Trust implemented an automated function, sending a message to the custodian if a defibrillator is used. They can also inform electronically once it is returned and ready for use again.</p>	<p>WHAT THIS MEANS</p> <p>The Trust has an up-to-date record of whether defibrillators are ready for use in an emergency which will save time in accessing the devices and crucially help save lives.</p>
2	<p>You said</p> <p>We received a complaint following the attendance to a patient who had previously had a stroke and was paralysed on one side of their body.</p>	<p>We did</p> <p>This case was reviewed by the Patient Safety Team and did not meet the national criteria for what is classed as a Serious Incident. This investigation followed the Ambi process to ensure a more in-depth investigation and to gain learning.</p>	<p>What this means</p> <p>A Patient Safety Alert to all staff in the Trust has been sent. This identifies the importance of using the NEWS2 scoring process and the impact this has on decision making for patients.</p>

3

You said

We received a complaint from the husband of a patient in regards to the Trust taking 90 minutes to attend to her following a serious fall.

This complaint was also reviewed by the Parliamentary and Health Service Ombudsman.

We did

From the investigation that took place it was highlighted that there were four calls received in relation to the incident. One error was identified on the second call where the incorrect protocol was selected, this was further reviewed to not affect the categorisation (outcome) of the call.

During the Parliamentary and Health Service Ombudsman investigation it was established that there was an error with the Advanced Medical Priority Dispatch System (AMPDS) protocols. This is the system that is used nationally to triage 999 calls for an ambulance response.

Protocol 17 (used for falls) should have prompted the call taker to ask which part of the body was injured, and follow up questions, including if the patient was having any trouble breathing. The version of the protocol on the main system (called ProQA) did not do that even though the prompt is included on a 'card copy' version, which is available as a backup.

What this means

Although there were no specific failings, this complaint identified that the Trust had to rely on the AMPDS system. The problem was with the system itself rather than anything the call handlers or Trust did. Because of the learning from this complaint this issue will share learning on a worldwide scale.

The Parliamentary and Health Service Ombudsman have raised this issue with the International Academy of Emergency Medical Dispatch, the company that created and manages the system worldwide. It will include a fix in its next global update, which will be completed in July. The Ombudsman have also raised this with NHS England and Improvement to cascade the issue to all the ambulance services in England.

Patient experience and feedback

Although not mandated to report on patient experience, as a Trust we feel that it is really important to tell people how we are continually improving our services as a result of our patient's experiences. Patients are at the heart of everything we do, and we understand the importance of learning from their voices. The following pages provide information on what our patients and their families have told us through complaints, concerns, compliments and surveys, what steps we have taken to improve and how we intend to improve further in the future.

The Patient Experience Team co-ordinate all complaints, concerns, compliments and comments for the Trust, in line with the NHS Complaints Regulations 2009 and local policy. All feedback, both positive and negative, is managed by the department and enquirers. Communication with patients or their families is maintained throughout the process and they are informed of the outcome of their feedback.

Compliments

Compliments always far outweigh the number of complaints received, and in 2021/22, 2,558 compliments were received regarding the service. - an average of 213 a month..

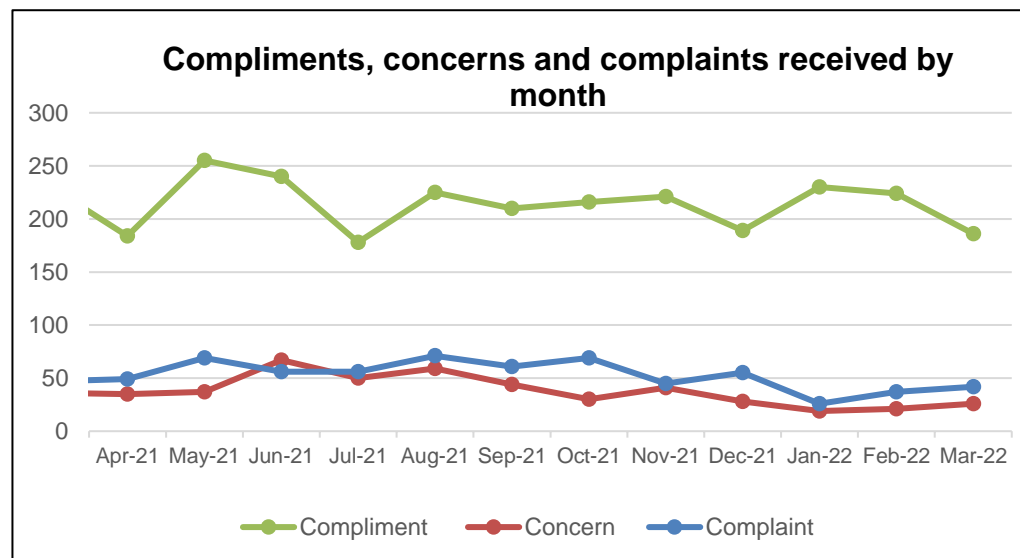
Compliments are reported to the Trust Board and also emailed to the individual staff members with the local management teams copied in so that they can be acknowledged and recorded on the staff members' personnel file.

Complaints

As a Trust we closely monitor the volume of complaints coming through, seeking any trends and themes to support service improvement and early intervention.

Although complaints and concerns account for less than 1% of the contacts we have with patients, throughout 2021-2022 we have seen clear themes through the complaints and concerns received by members of the public and their representatives. This has had a focus on delays in sending an ambulance and times when we have asked patients to make their own way to hospital. This has been as a result of escalatory measures put into place by the Trust during sustained extreme pressures in the wider system. The Trust has developed a clear action plan and has been working with our system partners across the region to support patients safely.

Following the release of our fully revised Complaints and Compliments Policy at the end of 2020/21, consent is now requested and must be received before the investigation can be started. Once consent has been received, this allows our investigators to telephone the complainant/patient to discuss their concerns openly without the worry of breaching data protection regulations.



Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) is in place to support patients, their relatives or carers to comment on services, give compliments or raise a concern. They are able to support with signposting of the public to the correct department and are able to do this via the phone, email or in writing.

The Trust PALS team aim to deal with all comments received with similar standards of responsiveness and thoroughness as put into place for formal complaints.

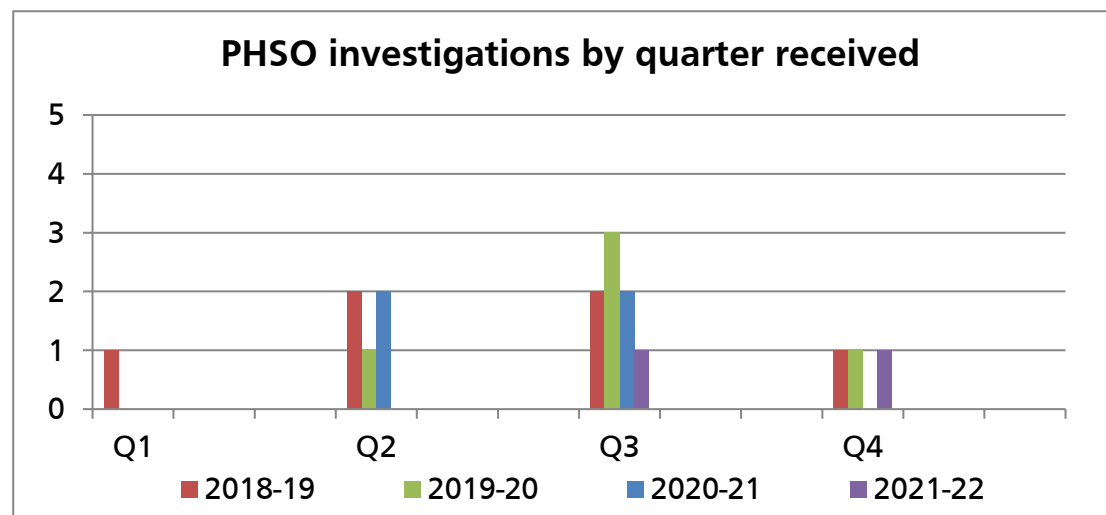
A concern can be described as negative feedback which has not been, or is not required to be, dealt with as a formal complaint. It does not necessarily require a written response and can be resolved verbally if appropriate.

The PALS team support patients or relatives where an item of property has been lost in transit. They liaise with the local teams to ensure a quick turnaround where possible to reunite patients with their items.

Parliamentary and Health Service Ombudsman (PHSO)

Although most complaints are successfully resolved through the Trust's complaints process, complainants are able to refer their complaint to the Parliamentary and Health Services Ombudsman (PHSO) if they feel their complaint has not been resolved and the Trust has exhausted all avenues of resolution. This provides complainants with an impartial, independent review of their complaint and gives clear guidance to the Trust on how to improve our investigations and responses.

In 2021/22 the Trust received two referrals to PHSO compared to four referrals the previous year. Both referrals received in 2021/2022 are at the initial investigation stage due to delays with Ombudsman investigations.



Patient surveys

The annual patient survey programme includes continuous surveys for Emergency Service (ES)/Emergency Clinical Advice and Triage Service (ECAT) and the Patient Transport Service (PTS), along with planned survey projects in line with the Trust's priorities and strategies. Planned survey projects are designed in collaboration with the service/clinical leads and/or co-produced with Experts by Experience to ensure the patient voice is heard across different patient groups.

The continuous patient surveys are available on the Trust's public website, allowing patients to provide valuable feedback at any time. Listening to patient feedback enables the Trust to identify what is working well but also highlights areas for learning and potential service improvement. The online patient surveys are signposted using a range of methods, including the Trust's social media channels, patient information cards (which include a QR code and link to the survey) and invitation to feedback letters, which are posted to random samples of ES and PTS patients each month.

Patient comments are actively encouraged, with all qualitative feedback included within the analysis, thematic review and reporting process. Patient comments received are overwhelmingly positive about the staff and services provided and highlight areas of good practice, but also areas for potential service improvement. The feedback received through surveys is continually monitored and triangulated with the themes identified through complaints, patient engagement and patient safety to ensure appropriate governance and learning.

Patient survey reports are available on the Trust's public website at:

<https://www.eastamb.nhs.uk/about-us/patient-survey-results.htm>

All patient surveys include the national Friends and Family Test (FFT) question, 'Overall, how was your experience of our service?' as standard good practice. The FFT is a method of calculating the overall satisfaction of the patient and is used as a benchmark across the Trust. The FFT result is calculated by dividing the proportion of 'very good' and 'good' responses (numerator), by the overall number of responses (denominator). The FFT is a national directive, and the Trust is required to provide all PTS patients with the opportunity to respond to the FFT question, with these results reported to NHS England each month.

The table below includes the rolling overall satisfaction results for ES/ECAT and PTS:

Trust Patient Experience Results: April 2021 to March 2022	Overall Satisfaction (Friends and Family Test)	
	Number of patients	Overall Satisfaction
Emergency Services / Emergency Clinical Advice and Triage Service	993/1095	90.7%
Patient Transport Service	629/677	92.9%
All Services	1622/1772	91.5%

Since April, 1,772 patients have responded to the overall satisfaction question. 91.5% of these patients have rated their experience as 'good' or 'very good.' Patient feedback has continued to be overwhelmingly positive, highlighting the professionalism, kindness, and care delivered by staff and demonstrating that patients are treated with dignity, respect, privacy, and compassion.

Safeguarding

A survey was designed to obtain feedback from patients who had consented to a safeguarding referral (e.g., mental health services, falls team or GP for additional support).

Overall satisfaction of 88.0%, with 68.2% of patients included to at least 'some extent' in the referral discussions undertaken. 68.8% of the patients went on to receive additional support.

The patient comments received were mostly positive, although staff attitude/explanation of care were identified as areas for improvement.

Maternity

A survey was designed to obtain feedback from patients who had called 999 due to a maternity related concern, linking in with the World Patient Safety Day global campaign theme of 'Safe Maternal and Newborn Care' and maternity masterclasses delivered by the Trust.

Overall satisfaction of 94.7%, with patients generally satisfied with all aspects of care. Positively, ambulance service staff were rated by patients as 'good' or 'excellent.'

Confidence/training of ambulance service staff when attending maternity patients was identified as an area for potential improvement.

Mental health

A survey was co-produced with the SUN Network Experts by Experience to obtain feedback from patients who had called 999 when experiencing a mental health crisis. The survey ran alongside the call handler engagement sessions undertaken by the mental health team and Experts by Experience.

A number of positive comments were received in relation to the service and staff, but the overall satisfaction levels (76.5%) were lower than expected, with 26.7% of patients rating the handling of their emergency call as 'poor' or 'very poor.' This will support future developments in the service.

Young patient mental health

A pilot Instagram survey was designed in collaboration with the Youth in Mind group, and received 1,825 views in 24 hours, highlighting the benefit of using social media as a feedback mechanism.

Overall satisfaction and staff were rated between 'good' and 'excellent.'

30.2% of patients did not feel that they were listened to, or that their needs were understood when they had called 999 during a mental health crisis. This will support future improvements in training and development.

Easy Read

During 2021, the patient surveys were reviewed to become more user friendly. The continuous surveys are now available online and in different formats, including ReachDeck Toolbar Everything.

The Trust has been in liaison with Norfolk and Norwich SEND Association in relation to patient engagement and the co-production of an easy read survey with Experts by Experience during 2022/23.

The patient feedback received for all of these projects has been shared and discussed to ensure learning going forward. The safeguarding, maternity and mental health survey projects will be included on the 2022/23 survey programme.

Next steps

The Trust is committed to developing its patient experience and engagement activity and continually explores new methods to obtain feedback and to hear the experience of patients. The co-produced Patient and Public Involvement (PPI) Strategy was led by our patients, the public, stakeholders, and experts by experience and will directly feed into the Patient Experience department workstreams to ensure the patient voice directly influences improvements and service delivery. The success of the co-produced strategy has emphasised the value of co-production, with further co-produced patient experience projects planned for 2022/23. An overview of this piece of work is provided on the next page.

The 2022/23 patient survey programme will include the continuous patient experience surveys and a number of planned patient survey projects, ensuring incorporation of the Trust priorities and the PPI strategic objectives. Overall satisfaction levels will continue to be included as part of the Trust's dashboard, with the monthly PTS Friends and Family Test figures reported to NHS England.

Emergency services/ECAT and Patient Transport Services

- ❖ The ES/ECAT and PTS surveys will continue as online surveys, enabling patients to feedback at any time. The option of paper or telephone surveys will remain available, along with alternative survey formats as required.
- ❖ Random samples of ES and PTS patients will continue to be collated each month, with these patients sent an invitation to feedback letter (with a QR code and link to the survey). The surveys will also continue to be promoted via patient information cards and the Trust's social media channels.
- ❖ Survey results will continue to be monitored as part of the Trust's quality reporting and included within the Trust's dashboard.
- ❖ Patient feedback received through surveys will continue to be triangulated with other sources of patient experience, with survey results analysed and collated into report form.

Planned survey projects

- ❖ A number of bespoke, planned survey projects will be undertaken during 2022/23, including projects in relation to: young patients, mental health, learning disabilities, maternity care, safeguarding and intelligent conveyance.
- ❖ During 2022/23, there will be a focus on accessibility to ensure the patient voice can be heard across patient groups, with a co-produced easy read survey planned as a priority.
- ❖ The Birmingham Community Healthcare Call handling survey will continue to monitor patient satisfaction in relation to the call handling service provided by the CallEEAST.
- ❖ Following the implementation of the revised Complaints Policy, a complaint handling survey is planned to measure patient satisfaction in relation to the Trust's complaints handling process.

Patient and Public Involvement

Patient and Public Involvement Strategy

Although this is not required to be reported on with our Quality Account, we feel that it is really important to tell people how we have engaged with our patients and their representatives.

During the last year Patient and Public Involvement has seen the coproduction of the Patient and Public Involvement strategy. This has been the first entirely co-produced strategy by the trust. It went beyond consulting with our patients, being led by them, their views and their needs.

With support from our Healthwatch partners, the Strategy was developed through a series of 16 co-production workshops, with 70 attendances by patients, community representative, volunteers and specialist groups. It concluded with strategy writing workshops, ensuring that the language used was that of our patients. Co-production sessions were as inclusive as possible, and sessions were offered at a variety of times with both open forums and specialist groups.

We held 16 sessions with 70 attendances by the public, some feedback we received was:

"All the meetings I attended were of a manageable size where everyone had an opportunity to have a say and not have to fight for a voice. Meetings were really very well run and we (I at least) felt our opinions were being taken seriously and decisions changed according to the way the meetings progressed. This was most definitely not a tick box exercise, and the organisation is to be commended for being genuine. It meant that I have confidence that if ever I were asked again for PPI I would have an enthusiasm to do so."

Community Engagement Group (CEG)

EEAST Community Engagement Group extends the reach of the patient and public involvement team. Working with this group of volunteers enables us to link in with representatives of communities and those with an interest in the service from across the region.

Members regularly share their views on the service as critical friends, suggesting ways the service could be improved for patients and the public. The development of the PPI strategy has given the CEG an opportunity to develop the ways in which members engage with the Trust and their communities. The group have set an ambitious workplan focussing on portfolio areas of special interest to best utilise the expertise of our volunteers and ensure the group are best placed to support the delivery of the strategy.

Engagement Activities

Face-to-face engagement events provide an opportunity to speak with the public about the service and the gain their feedback. This gives us an opportunity to hear from people who may not usually have contacted EEAST. Most engagement this year has been virtual with opportunities for face-to-face engagement remaining low. As a Trust we are mindful of the current covid situation, we understand the importance of physical presence at events with our communities.

Engagement with schools and community groups has been challenged during the pandemic. These visits give EEAST the opportunity to talk to children about the correct use of the service, offer some first aid and CPR training and show children the equipment we use.

EEAST staff have taken part in almost 200 engagement activities with patients, representative groups, and the communities we serve.

Patient and Family Stories

Our discovery interviews with patients supplement our other feedback channels as a Trust. These interviews give patients the opportunity to share their story in their own words on video. These are shown at the Trust public board meetings and discussed by the Board. Discovery interviews are also used for training, handling complaints, serious incidents, and as part of the staff induction programme. Patient stories are a powerful learning tool for hearing the patient voice directly from them. This year we have completed 15 virtual interviews and four face-to-face interviews. The team have been developing ways to share interviews with staff including the use of social media, podcasts and the Trust Need to Know articles.

Links with HealthWatch and Patient Representative Groups

The PPI team and our Community Engagement Group volunteers regularly attend Healthwatch meetings and other meetings of patient representative groups including the Citizen's senate and Patient Participation Groups. We hope to increase our representation at these meetings over the coming year with support from our volunteers.

This will help extend the reach of the Trust and Patient and Public Involvement to engage widely. We have welcomed support and training on coproduction from Healthwatch Suffolk who have been key in coproduction of the strategy.

Further Service Improvements

Development of links between Patient Experience and patient safety

This year has seen the introduction of the Patient Safety Improvement Specialist and Patient Experience Improvement Manager. These roles sit between Patient Experience and Patient Safety with a focus on developing pathways of learning from both Complaints and Serious Incidents.

The triangulation of data across the Patient Experience, Patient Safety and Patient and Public Involvement Teams has started with the development of exciting new pathways of joint working across teams.

Processes are being developed to centralise the actions set through both Patient Experience and the Serious Incidents. The aim is to make sure that more achievable and measurable actions are set across the departments which can be reviewed to ascertain how effective they were.

This important piece of work has been set as a Quality Account priority for 2022/23.

Comments received through surveys during 2021/22:

Your drivers are always helpful, courteous, and friendly. (PTS)

Amazing. Great support from the call handler right through to arriving at hospital. Very quick response from all ambulances required. (ES)



The call handler was calm, kind and listened well. They explained the process clearly and made me feel reassured. The paramedics who attended were wonderful. Again - very calm and patient, explaining things clearly. (ES)

The paramedics were superb, empathetic. Professional and comforting. (ES)

Raising concerns and Freedom to Speak Up

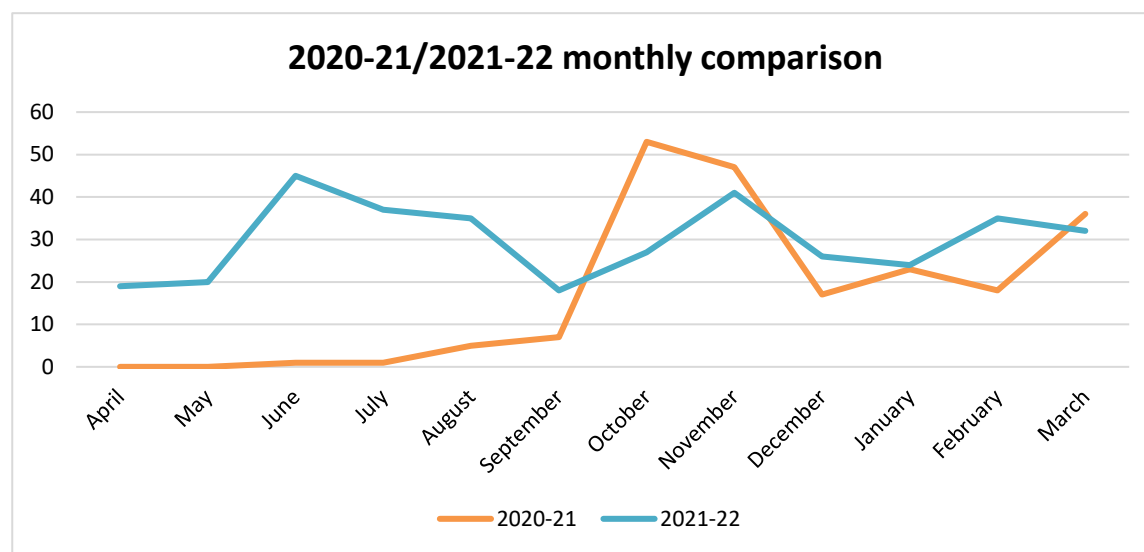
Following a review of the Trust's Freedom to Speak Up (FTSU) process conducted by NHS England and NHS Improvement's advocacy and learning team, a Raising Concerns: Freedom to Speak Up (FTSU) Policy, Strategy and associated action plan was adopted by the Trust in November 2021. The policy focuses on providing staff with the assurance that they can speak up in confidence and that they will be genuinely thanked and listened to. It also provides clear responsibilities for all staff to speak up and for managers to listen and respond to their concerns without judgement or bias, with an easy-to-follow flow chart for all staff. The action plan details the six key areas to support the development and embedding of FTSU to all aspects of the Trust over the next 2 years:

- Full Executive support and backing of FTSU
- Increase Guardian capacity and resource via FTSU ambassadors
- Full utilisation of the Raising Concerns Forum and development of Board reporting
- FTSU communication and engagement plan to reach all staff
- Management training in FTSU
- Create future FTSU Vision and Strategy

The initial focus was to increase the capacity of the team to effectively respond to staff concerns. Due to the rising level of contacts, the Trust employed an experienced part time FTSU Guardian for the year to support the substantive post. A full time permanent FTSU advisor was also recruited to support with the administration, communication, and the recruitment of the FTSU Ambassadors, of which we now have ten from the initial recruitment round.

Concerns data, themes and patterns

This year has seen the Freedom to Speak up team actively supporting staff to raise their concerns. 359 staff raised a concern with the Freedom to Speak Up (FTSU) team from April 2021 to March 2022 - an increase of over 72%, from the previous year. This provides assurance that staff are more aware of the FTSU team, how to raise a concern and the Trusts commitment to embedding a culture of trust openness and transparency.



The average number of new concerns/cases raised each month in this financial year was 30, in comparison to 17 for the same period the previous year with peaks and troughs in numbers correlating with heightened FTSU engagement visits to stations and offices and for October, National Freedom to Speak up month, which was promoted by the team.

Staff have been confident to raise a variety of concerns via the FTSU team, the main theme of which was the application of some of the Trust's systems and processes. These cases include elements of policies and processes which may not be consistently followed, regular examples include recruitment processes, policy timeframes, local decision making, staffing levels and pay and re-deployment.

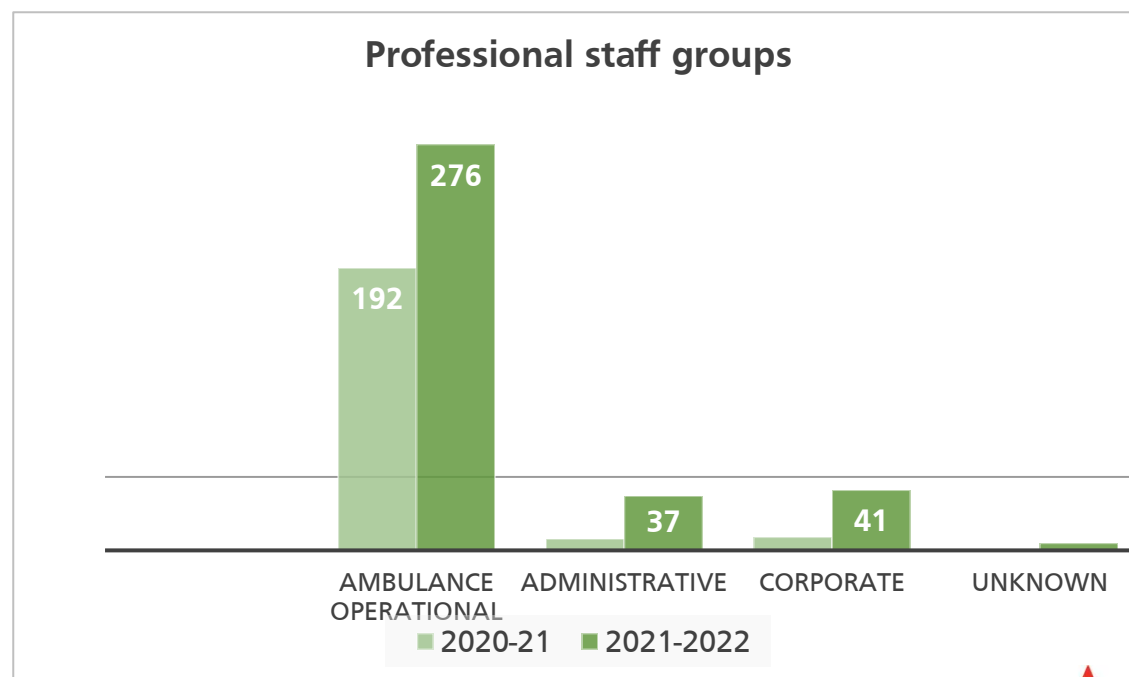
The second highest theme of concerns raised was for bullying and harassment and the associated behaviours which is consistent with feedback from the variety of staff surveys which are completed both nationally and locally. We have continued to see a high demand in the FTSU service, particularly with the reported behaviours of peers and managers as we continue to experience a higher demand for our services.

There has been a noticeable increase throughout the year of concerns which staff raise regarding a senior or middle manager and again is seen as a positive increase, in that staff are feeling more empowered to speak up about issues they would not previously have dared raise. This year has also seen a rise in the number of managers raising concerns which is a positive reflection of the engagement undertaken and supports the view that speaking up is becoming normal practice at all levels of within the Trust.

There has been a proportionate rise in the concerns raised by staffing level. Although non managers remain the most common reporters, this year has seen a rise in the number of managers raising concerns which is a positive reflection of the engagement undertaken and supports the view that speaking up is becoming normal practice at all levels of within the Trust.

It is always anticipated that concerns will predominantly come from frontline operational staff however within this year there has been a significant rise in concerns raised from staff within the corporate and administrative areas of the Trust, again acknowledging that the speak up, speak out message is being heard and understood.

The station and base engagement sessions undertaken focus on every staffing group at the location, providing the opportunity to listen to all staff, provide general but anonymised feedback to service areas and further embed the principles of speaking up being everyone's responsibility.



Empowering staff to speak up in a safe and confidential environment is the primary aspiration of the FTSU programme and publication of data is undertaken in an unidentifiable way to protect individual staff members and teams within the Trust

Partnership working

The FTSU team has also undertaken extensive work with other departments within the year including, bi-weekly meeting with HR Managers to support expedition of FTSU cases with staff consent., co-presenting of the Early intervention Conversations Training with Mediation, providing a staff perspective in ER case reviews, development and engagement with the staff diversity networks to encourage and support staff from marginalised groups to speak up and extensive engagement and development work with teams to identify staff issues, with the aim of supporting early resolutions.

Next steps:

This important piece of work is ongoing and a number of priorities are in place for 2022/23 including;

- A review of the FTSU Strategy and Policy in line with the National Guardian's Office (NGO) policy publication and any subsequent service inspections.
- Evidence learning and progression using case studies, lived experiences documented and feedback from staff.
- Complete training and embedding of FTSU ambassadors collaboratively with champions and ambassador leads across the Trust.
- Increase the number of opportunities for staff to engage with FTSU via planned engagement visits and ambassador led engagement and involvement.
- Continue to ensure the themes, patterns and gaps identified via FTSU cases is addressed through the Raising Concerns Forum and subsequent forums which address the culture within the organisation.
- Reviewing and embedding the inclusion of speaking up in all Trust inductions.
- The embedding of the National Guardians Office and e-Learning for Healthcare (e-LfH) online training offer: Follow up for the Trust Board and senior leaders, Listen Up for all Managers and Speak Up for all staff.
- Targeted engagement, recruitment of ambassadors and relationship building targeted to service areas based on data from the National Staff survey, internal pulse surveys and the sexual harassment and bullying survey.
- Completion of the NGO Board self-assessment on FTSU as part of the Board FTSU Development session.

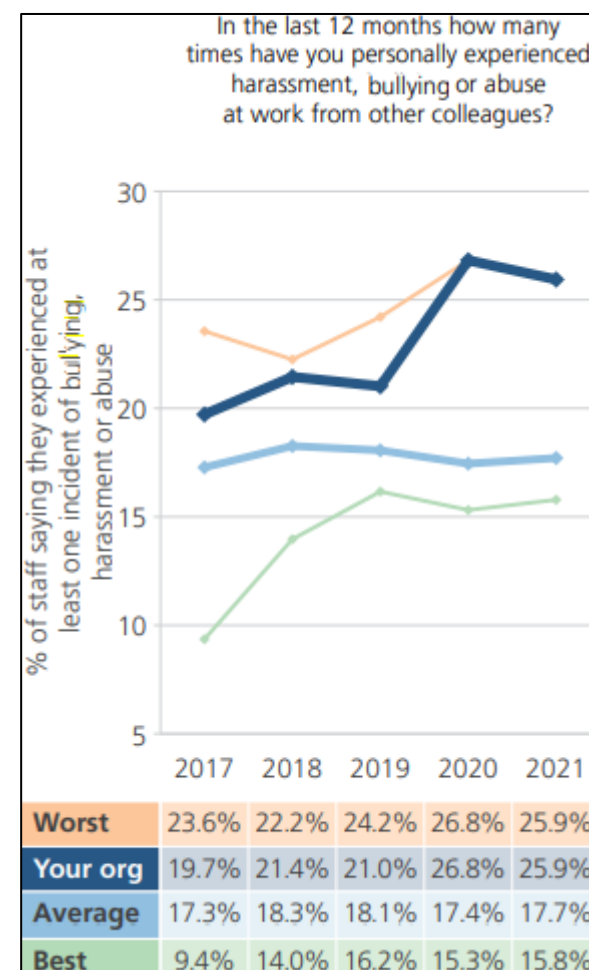
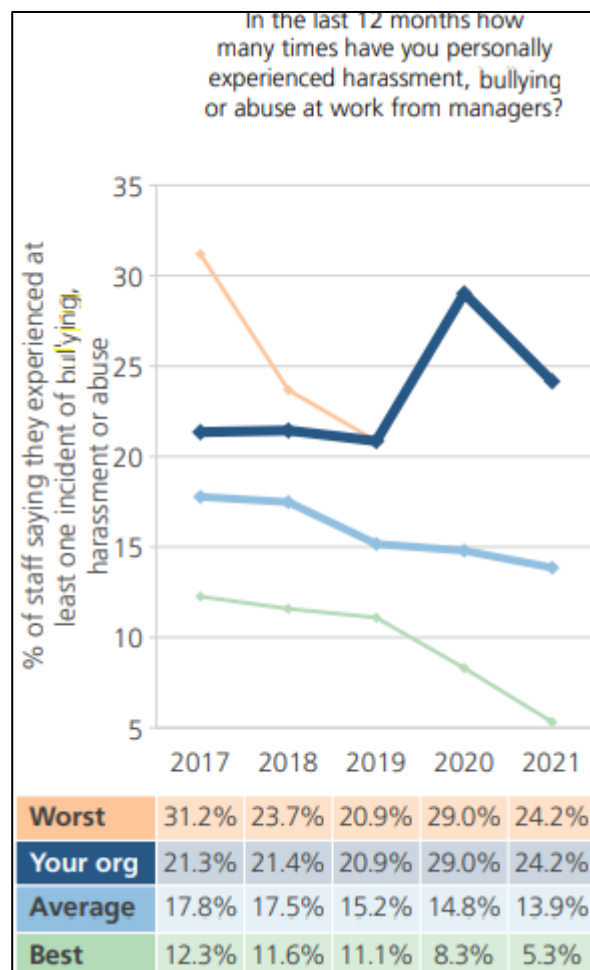
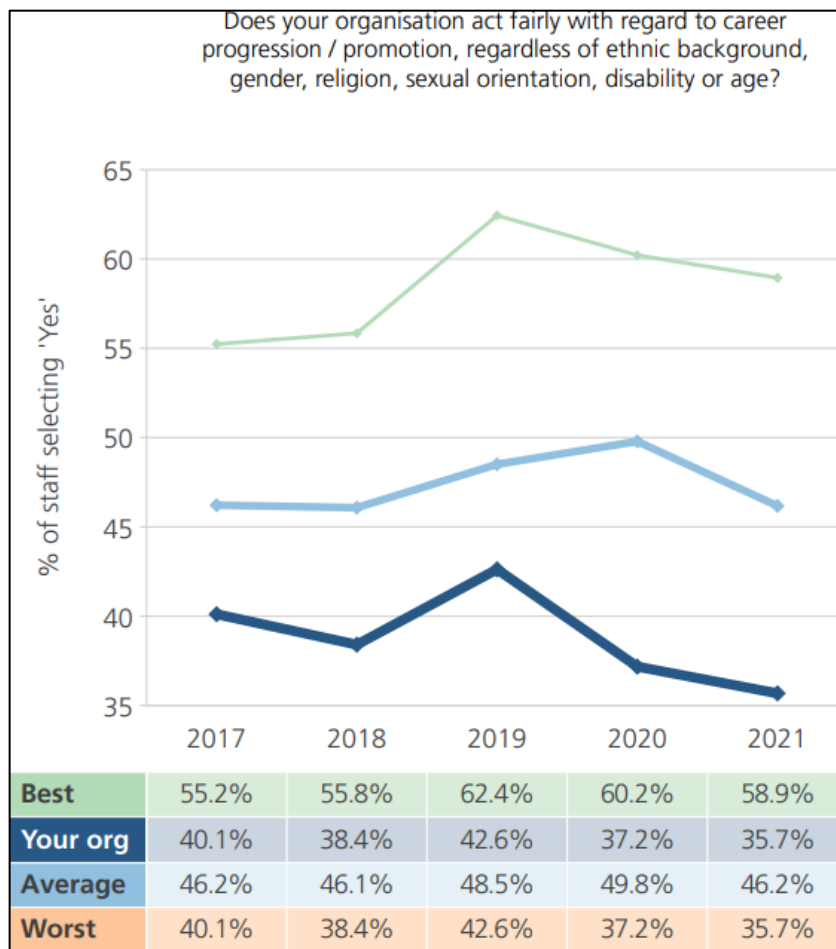
Freedom to Speak Up breaking down cultural barriers

Supporting and empowering staff to speak up in a safe and confidential environment

Results from the NHS Staff Survey question

The National Staff Survey captures the responses of NHS Staff to a range of questions annually. The Trust, like all other NHS organisations, participates in the staff survey and uses the responses to benchmark performance over time and against similar organisations.

Since 2018/19 Trusts have been required to include information regarding their performance against two indicators within the staff survey in their Quality Accounts regarding equal opportunities for career progression or promotion and harassment, bullying or abuse from other staff.



We still have the lowest scores among ambulance Trusts, which is disappointing, but understandable given the challenges we face and the work we know we still have to do. However, the survey does identify some important improvements that have been made:

- Fewer of our people are experiencing bullying from managers or feeling under pressure from their manager to come into work when they are unwell
- A greater number of our people also feel safe to report unsafe clinical practice indicating we are creating a culture which is becoming more open and which can learn from mistakes when they happen. That sense of increased safety is also reflected in the fact that fewer people also experienced violence from service users

These numbers still need to improve further but they are providing us with the confidence that we are able to make a difference to the experience of our staff and volunteers.

There are other areas where we have seen a reduction in our score, the most important of which are that fewer of our people would recommend the Trust as a place to work and that more of our staff feel that relationships are under strain. We also scored low on people's ability to access training.

We know that we have further work to do to tackle the deep-rooted, long-standing issues which have affected our staff and volunteers and we are moving quickly to accomplish this. Since the survey was conducted in November 2021, we have made progress in a number of areas, this includes:

- A significant reduction in legacy employment relations
- Encouraging people to speak up with a 900% increase in people coming forward due to our 'Speak Up, Speak Out' campaign
- Recruiting a substantive Executive Team which is now complete
- Transferring some 600 trainees to the new training provider Medipro and securing a new training facility at West Suffolk College

- Continuing to invest in staff health and well-being with a new health and wellbeing team, welfare wagons, mental health and 130 TRIM practitioners
- Working with NHS partners on managing demand through cohorting and developing alternative pathways – to help people stay out of hospital
- Making good progress at completing outstanding actions that our regulators have set for us

Next steps:

Our focus now is on building on these initial steps to increasingly make our Trust a better place to work for everyone. We are doing this in a number of ways including:

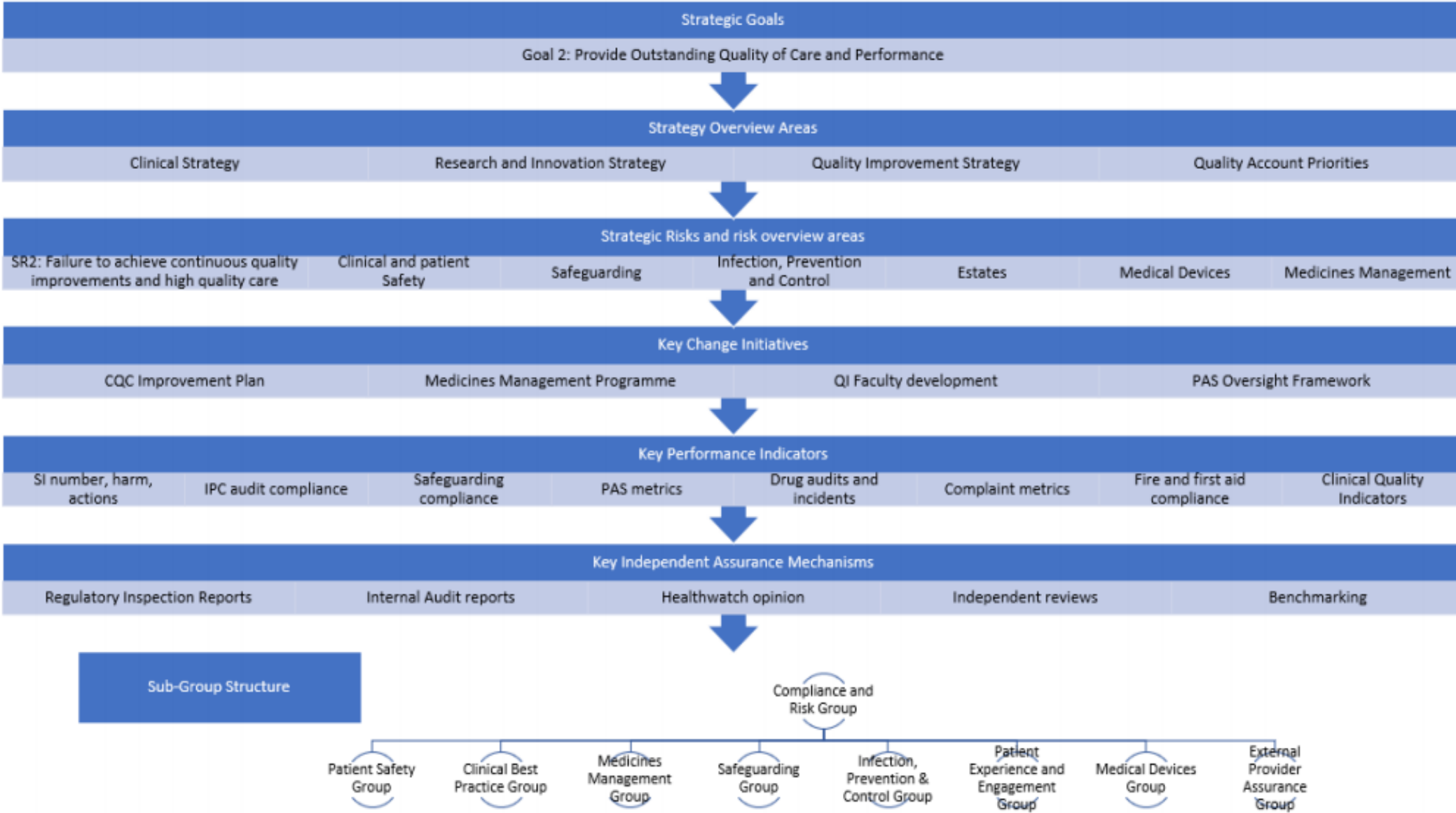
- Finalising our People Strategy and launching a new approach to training and education for our people
- Strengthening our People Services team so we can sustainably manage employee relations cases and begin to tackle the root cause of these cases by creating a team of business partners who will work alongside frontline managers to help resolve issues at work and to speed up our systems and processes
- Commissioning an independent review of race and disability within our Trust so we can get to the core of issues of discrimination and redouble our efforts to be a truly inclusive place to work
- Further developing our approach to health and well-being

As we move forwards, we will be measuring our progress against the 'pillars' of the NHS People Promise, which sets out a vision for everyone who works in the NHS.

Commissioning for Quality and Innovation (CQuIN)

The CQuIN scheme is intended to deliver clinical quality improvements and drive transformational change and will impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved. Our CQuINs are agreed with our commissioners as part of our contract negotiations, however in response to the pandemic, NHSE&I stipulated that the national block contract arrangement agreed for 2020/21 was to be rolled over to 2021/22 and that no CQuIN scheme would be in place for the year. Negotiations relating to the 2022/23 contract are now taking place which includes CQuIN schemes.

Quality Governance Committee Assurance



Statements from the Commissioners, HealthWatch and Overview and Scrutiny Committees

The following section contains statements received from stakeholders following the 30-day consultation period. Some of the feedback received will also be used to formulate next year's Quality Account.

EEAST Annual Quality Account

Date: 18 May 2022

The West Suffolk (WS), Ipswich and East Suffolk (I&ES) and North East Essex (NEE) Commissioning Groups confirm that EEAST have consulted and invited comment regarding the Annual Quality Account for 2021/2022. This has been submitted within the agreed timeframe and the CCGs are satisfied that the Quality Account provides appropriate assurance of the service.

The CCGs have reviewed the Quality Account (and enclose some feedback for your consideration). The information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12 month period.

The WS, I&ES and NEE Commissioning Groups look forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of EEAST to provide a high quality service.



Lisa Nobes
Chief Nursing Officer

Ipswich and East Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group
West Suffolk Clinical Commissioning Group

Healthwatch response to the East of England Ambulance Service NHS Trust Quality Account 2021/2022

Healthwatch Suffolk (HWS), Healthwatch Cambridgeshire & Peterborough (HWCP), Healthwatch Central Bedfordshire (HWCB), Healthwatch Norfolk (HWN) and Healthwatch Luton (HWL) thank the Trust for the opportunity to comment on the Quality Accounts for 2021/22.

The Trust is responsible for well over 6 million people living across 7,500 square miles of largely rural expanses that includes many areas of high deprivation. We therefore fully recognise the challenge faced by this ambulance trust, especially during a period of extreme intensity for the Trust's staff, its clinicians and volunteers.

As local healthwatch, we are naturally also acutely aware of the heightened and at times unmet needs of the public during these past 12 months: 28% more in the way of 999 calls as compared to the previous year is one indicator of these unprecedented pressures. Whilst the pandemic has impacted on the Trust's ability to complete a range of planned programmes of change, we together recognise the efforts made and the results achieved.

It is impossible to fully reflect the feedback of every local healthwatch within a single statement. We have therefore prepared this covering statement and advise the Trust to read as appendices, the separate contributing healthwatch statements, which contain important reflections, commendations and challenges.



Andy Yacoub
Healthwatch Suffolk Chief Executive



Wendy Herber
Healthwatch Suffolk Independent Chair

On behalf of our East of England healthwatch colleagues

9th May 2022

Review of East of England Ambulance Service NHS Trust Quality Account 2021/2

Healthwatch Norfolk welcomed the opportunity to review the draft East of England Ambulance Service NHS Trust (EEAST) Quality Account for 2021-2022. We have a number of general observations: -

- We are pleased to see the statement from the Board and Chief Executive Officer (new in post May 21) reflecting a continued strengthening of leadership around quality of services and improvement, together with the stated goal for EEAST to “develop a culture of continuous improvement” and to move forwards with a new strategy with a focus on key areas, including “Experience of our patients’ and staff – ensuring better outcomes for patients”.
- We note that the Trust is currently being inspected by CQC around its core services and that a focused ‘Well-Led’ inspection is also scheduled to take place shortly, with both reports to be published in due course. In the meantime, it is encouraging to note that 159 of the 174 actions identified by the Trust to address the issues arising from the April 2019 CQC inspection have been completed and we recognise the work taking place across the five areas of concern. Of the remaining 15 actions, we note that five relate to longer term projects including cultural change, which will be significant in the improvement journey.
- We have noted and recognise the ongoing impact of the Covid pandemic on the work of the Trust, both demand and system pressure, and consequential impact on priority improvement areas, many of which are focused on driving performance improvement to reach national standards and, in turn, rely on the recruitment, growth and development of the clinical workforce.
- We recognise the Trust’s ongoing ambition to focus on enhancing the quality of life for all, together with the aim to improve patients’ experiences of care they receive, which is highlighted throughout this Quality Account.

We have some specific observations and they are as follows: -

Part 1

- Note that incident reporting remains high with a 400% increase in serious incidents declared in the 2021/22 financial year compared with the previous year and that this is understood to be due to increases in operational pressure in the health and social care system. Also note, however, that most patient safety incidents resulted in no harm to the patient. Pleased that the Trust continues to foster a good culture in regard to reporting.
- Note that, whilst the Trust has met the timeframes around implementation, the Learning from Deaths within the Ambulance Services recommendations from the National Quality Board is not yet fully adopted and embedded and remains an area of focus.
- Also note the delay (national) with completing the development of the national Patient Safety Incident Response Framework, which aims to improve organisations' ability to learn from incidents. Pleased that EEAST has worked with local and national partners to have a plan in place for when the full migration occurs from June 2022 and that this will continue to be a priority within 2022/23 with patient safety specialists in post ready to progress this work.
- Note that the Trust has agreed a new and more robust way of monitoring compliance with national alerts relating to Patient Safety and has discharged all of its NPSA reporting obligations as required.
- Note the Trust's progress in submitting its baseline assessment for compliance with the Data Security Protection toolkit and that it is working towards completing the final standards by the 30 June submission.
- Note the revised deadline for development of Public Health Strategy, in collaboration with PHE, to allow time to integrate the learning found from the COVID-19 pandemic into the Strategy and reiterate the need to ensure public/patient/carer involvement with this work (pleased to offer a communications conduit if helpful?).

Part 2

- **Progress on Priorities** - Patient Safety, Clinical Effectiveness and Patient Experience.
- Note that, due to the continued impact of the COVID-19 pandemic and the need to focus on delivering a safe service to patients, the majority of priorities were not completed last year and will continue in 2022/23. This is disappointing, although we do not underestimate the difficulties faced. We also note that arrangements are in place to monitor progress over the coming year with regular progress reporting through governance structures.
- Progression on priorities for 2022/23 is outlined with clear statements of what success will look like. Pleased to see the involvement of patients/carers in some key priority improvement areas (eg in the design of the new PTS vehicle and in fully embedding the

Patient & Public Involvement Strategy) and would welcome further opportunities for patients, carers and service users to be involved more generally within the organisation's improvement journey.

- **Response times** – we note that the Trust was only able to meet the national standards for one of the categories (C1 Immediately life-threatening injuries and illnesses) and the reasons outlined in the Quality Account are understood. It is encouraging to note that the targets agreed with commissioners over the winter period were met, demonstrating good understanding of how to progress overall.
- **STEMI care bundle** – pleased to note that EEAST was the highest performing trust for this care bundle (April - November 2021) performing 17.2% above the national average.
- **Stroke diagnosis bundle** – we are also pleased to note that EEAST was the second highest performing trust for this bundle (April - November 2021) and is performing better than the national average for all stroke timeliness indicators for the same period.
- **Non-Conveyance Care** – note the introduction of a non-conveyance care bundle with the aim of improving the safety of patients who are discharged from EEAST's care to another part of the healthcare system. Also note the introduction of an electronic auditing tool to enable further improvement to the safety and experience of patients not needing hospital treatment.
- **Clinical Supervision** – concerned to note that plans to implement revised clinical supervision in the Trust's patient-facing workforce, which was raised as a concern last year, has been further delayed. We understand the challenges faced, and note that some progress has been achieved with the approval of a Clinical Supervision Policy and the associated role development and initial recruitment, but would like to see greater reassurance in the QA about the specific timeline for implementation in the next year.
 - **Clinical Strategy** – concerned to note the further delay of the Trust's Clinical Strategy which had been raised as a concern last year. We understand the challenges faced, including the ongoing covid pandemic together with the significant changes to the health and care landscape with the development of the new ICS structures and the need to work in collaboration (which we fully support), but would like to understand better the timelines for launch of the integrated strategy over the coming year.
- **PH Strategy** – note the decision to put a hold on the timelines, primarily due to workforce priorities and capacity, but also the implications the pandemic would have on our approach to public health. It was felt that a revised deadline would be better to allow time to reflect, adapt and integrate the learning found from the COVID-19 pandemic into the PH strategy and as such, this will be an ongoing priority into 2021/22.

- **Participation in audits** - Note that the Trust participated in all national mandated audits but that, due to the impact of the ongoing covid pandemic, not all audit topics in the Trust's Clinical Audit Plan for 2021/22, were completed, and so the plan will be repeated in 2022/23, with the outstanding topics to be prioritised. Please to note that the Trust participated in the National epidemiology and Outcome from out-of-Hospital Cardiac Arrest registry study undertaken by the University of Warwick (which has been included as an audit within the Healthcare Quality Improvement Partnership annual programme).
- **Participation in research** – pleased to note that the Trust continues to participate in clinical research demonstrating its ongoing commitment to wider health improvement and the contribution this makes to the continuous improvement in patient care.
- **Learning when things go wrong** - the inclusion of a “What went wrong and what we did” section to illustrate how the Trust responds when something is identified is a positive step and helps demonstrate cultural values of openness, transparency and a learning organisation.
- **Patient/Carers/Relatives feedback** - Welcome the inclusion of the “You said, we did” case studies for similar reasons plus helps demonstrate that feedback is taken seriously and, where possible, action is taken to improve.
- **Development of links between Patient Experience and patient safety** This year has seen the introduction of the Patient Safety Improvement Specialist and Patient Experience Improvement Manager. These roles sit between Patient Experience and Patient Safety with a focus on developing pathways of learning from both Complaints and Serious Incidents. The triangulation of data across the Patient Experience, Patient Safety and Patient and Public Involvement Teams has started with the development of exciting new pathways of joint working across teams. Processes are being developed to centralise the actions set through both Patient Experience and the Serious Incidents. The aim is to make sure that more achievable and measurable actions are set across the departments which can be reviewed to ascertain how effective they were. This important piece of work has been set as a Quality Account priority for 2022/23
- **Raising Concerns** – pleased to note the adoption by the Trust of a Raising Concerns: Freedom to Speak Up Policy, Strategy and associated action plan with a focus on providing staff with the assurance that they can speak up in confidence. The significant increase following this in staff actively supported to raise their concerns reflects the Trust's commitment to embedding a culture of trust, openness and transparency. We note that evidencing learning and progression using case studies, lived experiences documented and feedback from staff is one of a series of priorities for the coming year.

To conclude, we considered that the overall presentation of material in the Quality Account is good and generally clear with helpful visuals to convey detailed information/data, plus a comprehensive glossary and other accessible formats available.

Alex Stewart

Chief Executive

Tel: 01953 856029

Mobile: 07437 018620

Email:

Alex.stewart@healthwatchnorfolk.co.uk

Alex.stewart1@nhs.net



Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common, Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440

Registered charity: 1153506

VAT registration number: 358 7866 32

Healthwatch Suffolk (HWS) thank the Trust for the opportunity to comment on the Quality Accounts for 2021/22. We recognise this has been a period of extreme intensity for the Trust's staff, clinicians and volunteers, and as a Healthwatch, we are naturally also acutely aware of the heightened and at times sadly, sometimes unmet needs of the public, during these past 12 months. A 28% increase in 999 calls as compared to the previous year is testament to the pressures faced. Such issues are to be owned by the wider health and care system at large, as it is not solely the responsibility of the ambulance trust.

HWS is the region's local healthwatch representative on the Trust's Quality Governance Committee, and we liaise directly with the Trust's Suffolk based commissioners, and we are also responsible for coordinating regionwide engagement with the Trust. This can of course only take place successfully with the consistent and proactive support of all the other local healthwatch in the east, and a Trust that is open, responsive and engaging.

Co-production is a core value and ethos at HWS and so we are very happy to see several references to such a culture of enhanced engagement throughout the Trust's report. Our observation refers to both the involvement of the public and staff/clinicians in co-production, the latter being key when reading about the need for major culture and leadership changes that have been highlighted by the CQC and whistleblowers.

Co-production training was provided by us through several workshops, and this eventually led to the creation of what is likely to be a unique ambulance trust Patient & Public Involvement Strategy. The Trust refers to this work as having "emphasised the value of co-production".

Another example cited by the Trust is a survey with the Norfolk & Norwich SEND Association. Commitment to planned co-production also includes a Learning Disability survey for 2022-23, projects in relation to young patients, mental health, learning disabilities (and an easy read survey), maternity care, safeguarding and intelligent conveyance. Following the implementation of the revised Complaints Policy, a complaint handling survey is also planned to measure patient satisfaction in relation to the Trust's complaints handling process.

In terms of engagement and priorities for improvement, we welcome the planned appointment of a Learning Disability & Autism lead, followed by a series of engagement events. The Trust also plans to "fully embed the Patient & Public Involvement Strategy" with the help of its Community Engagement Group. With regards to Safety the Trust has appointed a Safety Improvement Specialist, and training of clinicians is planned. The Trust's mobile Stroke Unit (Norwich and Ipswich) Trial Team is seeking interested parties to engage in their project.

Engagement with Care Homes and a pilot survey with staff (Norfolk & Suffolk) regarding Dementia is welcomed, albeit this only generated a small survey return. Advice would be for the Trust to seek support from its local healthwatch in advance of a second attempt.

The Trust recognises the importance of both good practice and areas for learning and improvement. There has also been engagement regarding New Patient Transport Service Vehicle Specifications, and on dementia needs. It is good to note that work with the RNIB is also planned.

Patient Surveys are continuous, with a hyperlink to the numerous reports offered to the reader. Safeguarding, Maternity, Mental Health, and Young People survey reports can be found. These reflect a mixed set of results in terms of levels of satisfaction, but all are set for improvement work.

In terms of staff engagement, critical because of what CQC has highlighted (2020), we note Freedom to Speak staff assurances, and the honesty with which the extremely poor NHS Staff Survey results have been reflected. These are the worst results for Ambulance trusts, and the Trust is not hiding from this. Actions have thankfully been underway for some time now (since CQC 2020 report).

Under a heading of complaints, we note CQC requirements for the Trust, as “must-dos”, to address issues concerning recruitment, use of independent ambulance providers, handling of complaints, safeguarding processes, and the culture of the organisation. Complaints of note, for this period, are on ‘ambulance delays’ and for ‘when the public being asked to make their own way to a hospital’. The Trust refers to a system/regional action plan to address patient safety, and rightly so, as this is not an ambulance service only issue.

The Complaints and Compliments Policy was revised at the end of 2020-21, and future projects (one of four) is a complaint handling survey. The reference to the survey unfortunately does not offer any detail. It is good to note that the Trust’s ‘Discovery Interviews’ with patients are also being used for training, handling complaints, serious incidents, and staff induction.

The Trust is to develop links between Patient Experience and Patient Safety, in order to optimise learning from complaints and Serious Incidents, a Quality Account priority for 2022-23. It's also worthwhile noting that the Trust averages over 200 compliments a month.

We welcome a commitment to improve accessibility to the complaints process, with some elements offered now, such as BrowseAloud and options such as Braille. We would however advise EEAST that the company behind BrowseAloud is now called ReachDeck. The Trust website possibly needs amending and service user re-testing.

There are three case studies related to what were originally complaints, under the heading of "You Said, We Did": One on the readiness of defibrillators, one on patients who are part paralysed (through previous Stroke, in this case), and one on a fall. The latter reached the Ombudsman's attention and according to the Trust has actually led to worldwide learning (a dispatch system issue).

Performance concerning heart related matters, such as STEMI care (highest performing trust), PPCI (above national average) and Stroke Diagnosis Bundle (2nd highest trust) are to be commended. Conversely, ambulance response times for all bar C1 (latterly), Utstein patients (survival to discharge), incidents concerning non-conveyed patients, asthma patients (peak flow recording), serious incidents (400% increase) and falls recording (decrease in ECG completion) will rightly remain under the spotlight due to below average or poor/worrying performance.

There is unfortunately little in the way of the subject of health inequalities in this report, other than what the Trust had gleaned from Equality & Diversity Monitoring data around Learning Disabilities, and a limited amount of feedback from Black and Minority Ethnic communities BME (only 38 returns for the year). With respect to the latter, we would advise the Trust to conduct a bespoke project with key local healthwatch in the region in order to uncover what appears to be a largely hidden issue. It is however encouraging to see the Accessible Information Standard specifically referenced under Priority 3 'Patient experience – work to enable a more inclusive feedback process for all patient groups.'

We could not find any references to the Trust's Covid Vaccination programme, important because of the safety of staff, and patients alike.



Andy Yacoub



Wendy Herber



Healthwatch Luton deem the Quality Account by EEAST to be reflective of the feedback that Healthwatch Luton have received over the last year.

In particular focus on the Priority 3: Patient Feedback area, we acknowledge and appreciate the involvement and inclusion of Healthwatch across the East of England, and the patient views and voice being integrated into EEAST's progress.

It is clear from this Quality Account that the provider is working toward a learning culture and developing from the CQC inspection. Healthwatch Luton feel a responsive and reactive attitude toward feedback provided, and value the developing relationships within the organisation and the Healthwatch network.

The priorities for improvement outlined in the Quality Account are challenging but will drive measured improvement in the service provision. Healthwatch Luton would like to acknowledge the difficult few years EEAST has faced during the pandemic, and acknowledge the steps they are taking during a difficult time to address concerns which have been transparently acknowledged and highlighted.

Healthwatch Luton receive feedback on EEAST but over the year and it has been mainly positive, including

"Ambulance service have been amazing, called for my parent and the staff were quick and caring"

"We should all praise and be grateful for all the workers in our hospital and ambulance service for all they have done over last few years."

Healthwatch Luton have received minimal negative feedback over the last year on EEAST, and we feel this has been a reflection of the management and priority focus areas outlined in this Quality Account.

We will continue to support their developments and hope more local engagement and feedback measures are developed to support the culture moving toward developing patient feedback into their operational progress.

Lucy Nicholson, Chief Executive

Healthwatch Luton

On Behalf of the Board of Director at Healthwatch Luton



EEAST Quality Account 21-22 Review

This detailed report clearly reflects how the Trust was operating, in what were the most testing of conditions (during the pandemic), and how it is responding to previous inspections and advice. For the lay-man the document is not an easy read and could perhaps benefit from a shorter Executive Summary, but it is appreciated that, under its legal obligations, there is a lot of information that the Trust needs to supply to the public.

The Trust has been honest and open in facing up to criticism - and we note the staff survey results (which are a concern) but equally has been able to point out areas where the Trust performs well,

for example in relation to dealing with heart attacks and strokes. The Trust covers a vast geographical area, and this covers much open countryside and some areas of true deprivation. Its work crosses many ICS's and it is recognised that each of these entities will be placing differing demands on EEAST in the future.

It would have been helpful to Healthwatch Central Bedfordshire to see some localised information – for context. All the figures/data and graphics relate to the overall performance of the Trust. As a local Healthwatch we would seek some reassurances around local performance and ask that in future such data might be added.

That said, we recognise the outstanding work that our ambulance service has carried out in truly testing times and pass on our thanks to all who were engaged in managing the response to the pandemic, and dealing with the 'ordinary' and extra-ordinary.

Healthwatch Central Bedfordshire
Capability House, Wrest Park, Silsoe
Bedfordshire, MK45 4HR
T: 0300 303 8554

[E: info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)
www.healthwatch-centralbedfordshire.org.uk

Registered Charity No: 1154627

Registered Company No: 08399922



Healthwatch Cambridgeshire and Peterborough welcome the opportunity to review the draft East of England Ambulance Service NHS Trust (EEAST) Quality Account for 2021-2022. We continue to enjoy a positive relationship with the Trust, in general liaising with Healthwatch Suffolk who work in a co-ordinated way with other local Healthwatch across the area covered by EEAST.

We recognise that this has been another challenging year for the Trust in line with challenges experienced in the wider health and care environment, also that the pressures created by the pandemic has had a continued impact on progress in priority areas. We also recognise that the Trust have been honest and open in acknowledging areas of concern.

Healthwatch Cambridgeshire and Peterborough are pleased to hear of the work being carried out to bring about overall improvement in the culture of the Trust. Feedback provided on the staff survey, whilst concerning, shows the trust is willing to acknowledge areas in need of improvement. We welcome the launch of the Freedom to Speak Up Ambassador Programme, also to hear of the increased capacity within the FTSU Team.

We acknowledge the progress made against actions raised following the previous CQC inspection, with 159/174 actions having been completed to date. We look forward to hearing outcomes of the recent inspection of Core services, also the focused Well-Led inspection due to take place shortly.

Feedback to Healthwatch about the Trust's services in our area includes positive comments around care received with people being treated professionally and with compassion. There are however issues around response times which will have been further impacted due to the pandemic. We continue to hear of concerns around the provision of non-emergency patient transport.

We have found the Trust to be responsive to concerns raised and intelligence shared during 2021/2022. We have also welcomed the opportunity to be involved in engagement meetings between EEAST and local Healthwatch and continued input and attendance at our Health and Care Forums.

Caroline Tyrrell-Jones
Healthwatch Cambridgeshire and Peterborough

EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST
QUALITY ACCOUNT 2021/2022
STATEMENT BY PETERBOROUGH ADULTS AND HEALTH SCRUTINY COMMITTEE

The Adult and Health Scrutiny Committee has welcomed the opportunity to comment on the Annual Quality Account 2021/2022 for the East of England Ambulance Service NHS Trust (EEAST).

Marcus Bailey, the Chief Operating Officer attended a meeting of the Adults and Health Scrutiny Committee in November 2021 to report on the Progress of the CQC Inspection target and Overview of the performance of the service within the Peterborough Area. The Committee received a detailed report and were able to challenge and question the Chief Operating Officer.

The Committee acknowledge that this year has been extremely challenging, especially for frontline staff to deal with, but they rose to the occasion, delivered the care, and changed their working conditions when necessary.

As a Scrutiny Committee we note with interest that the Trust are currently undergoing a focused 'Well-Led' inspection by the CQC and we are hopeful for all concerned, that there is a significant improvement from the overall "requires improvement" and "inadequate" for 'Well Led'. Having addressed 159 of 174 arising actions, it is clear the Trust is working hard towards improvement, which is great to see.

We are encouraged and pleased to see that through the priority objectives, the Trust is focussing more heavily on obtaining feedback from those with learning disabilities, dementia, younger people and those from smaller ethnic backgrounds.

Likewise, we would hope to see a greater drive around the care for those with Learning Disabilities and Autism, in line with the Learning Disabilities and Autism Strategy now that you are more able to interact post severe Covid restrictions.

The Trusts performance for delivery of the STEMI Care Bundle for heart attacks, was great to see, achieving 17.2% above the national average which was a fantastic result in an area which is still one of the biggest causes of premature mortality.

The Trust has continued to focus on their core provisions and required improvements, despite the increased activity caused by the pandemic.

Progress against priorities has been difficult to achieve, and it is disappointing to see categories C3 and C4 have not met the national standard. Although some goals have been met it is understandable why others have not. It will be good to see progress after the next 12-month period on greater patient facing hours as this year should be more balanced.

It is good to see the recruitment of another 100 plus call handlers, however the Scrutiny Committee were advised that 200 paramedics were to be trained but there is nothing in the report to say how many have been trained or are in training.

There is still a need to improve performance with the high number of staff concerns and there is more that must be done to make a safer working environment for staff.

Throughout the report the Trust have made progress and improvements, despite the pressures of the Covid-19 pandemic and the Adults and Health Scrutiny Committee would like

to say well done and congratulate everyone on achieving these. A big thank you to all of the staff who have worked extremely hard under difficult circumstances.

As a stakeholder the Adults and Health Scrutiny Committee are committed to providing feedback and working closely with EEAST over the coming year to deliver their objectives and improve the experience and quality of care for all our residents.

Cllr Elsey, Chair, Adults and Health Scrutiny Committee

Cllr Rush, Vice Chair, Adults and Health Scrutiny Committee

20 May 2022



**EAST of ENGLAND AMBULANCE TRUST SERVICE
QUALITY ACCOUNT 2020/21**

**STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL ADULTS & HEALTH
COMMITTEE**

The Adults & Health Committee, in its Health Scrutiny function, have received the Quality Account 2020-21 from EEAST. The committee recognises the achievements made by the trust given the impact that the Covid-19 pandemic has had on all NHS Trusts.

The committee requested attendance from the Trust at a public, health scrutiny meeting on the 9th December 2021. The meeting focused on the trust's response to the September 2020 CQC inspection, termination of the apprenticeship offer, performance, pressures on the service from the impact of the pandemic and winter preparations. The committee requested attendance from the Trust at a future meeting.

[Adults & Health Committee Mins 09-12-21](#)

The committee is pleased to note that the Quality Account addresses the Trusts progress on the CQC improvement requirements following an inadequate inspection rating on the "Well-led" domain. The committee heard from representatives from the Trust in December that the service was actively looking to change the workplace culture to prevent discrimination.

Members are keen to follow up with the Trust the outcomes of the CQC “Well-led” inspection that has been undertaken in early May 2022.

‘Norfolk Health Overview and Scrutiny Committee has decided not to comment on any of the Norfolk provider Trusts’ Quality Accounts and would like to stress this should in no way be taken as a negative comment. The Committee has taken the view that it is appropriate for Healthwatch Norfolk to consider the Quality Accounts and comment accordingly.’

Suffolk Health Scrutiny Committee

As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Accounts for 2021-22. This should in no way be taken as a negative response. The Committee acknowledges the significant ongoing pressures faced by NHS providers as a result of the Covid-19 pandemic and wishes to place on record our thanks for everything being done to maintain NHS services for the people of Suffolk in the most challenging of times.

County Councillor Jessica Fleming

Chairman of the Suffolk Health Scrutiny Committee

Term	Acronym	Definition
Accident and emergency	A&E	A medical treatment facility specialising in acute care of patients who present without prior appointment, either by their own means or by ambulance. The emergency department is usually found in a hospital or other primary care centre.
ACE Anglia		A user-led advocacy organisation and registered charity working with people with learning disabilities across Suffolk.
Alert, Voice, Pain, Unresponsive	AVPU	A system to measure and record a patient's level of consciousness.
Ambulance (clinical) quality indicators	ACQIs	A set of national measures to benchmark clinical quality against eleven indicators to improve quality and safety of patient care.
Ambulance operations centre	AOC	Control centre for managing call receipt, triage and dispatch functions.
Association of Ambulance Chief Executives	AACE	A central organisation that supports, coordinates and implements nationally agreed policy.
Blood pressure	BP	The pressure exerted by circulating blood upon the walls of blood vessels. One of the principal vital signs.
British Association for Immediate Care	BASICS	A charitable organisation who works in partnership with EEAST
Cardiopulmonary resuscitation	CPR	An emergency procedure, performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest.
Care Quality Commission	CQC	The independent watchdog for healthcare in England. It assesses and reports on the quality and safety of services provided by the NHS and the independent healthcare sector, and works to improve services for patients and the public.
Category 1	Cat 1	National response time standard for 999 immediately life-threatening injuries and illnesses.
Category 1T	Cat 1T	National response time standard for 999 immediately life-threatening injuries and illnesses where the patient is transported.
Category 2	Cat 2	National response time standard for 999 emergency calls.
Category 3	Cat 3	National response time standard for urgent calls and in some instances where patients may be treated in-situ (e.g., their own home) or referred to a different pathway of care.
Category 4	Cat 4T	National response time standard for less urgent calls. In some instances, patients may be given advice over the phone or referred to another service such as a GP or pharmacist.
Chief Executive Officer	CEO	The position of the most senior officer, executive, or administrator in charge of managing an organisation.
Clinical Audit		A process for measuring the level of care given against a set of standards to drive improvement.

Term	Acronym	Definition
Clinical Best Practice Group	CBPG	A group within EEAST that has responsibility for identifying and monitoring best clinical practice.
Clinical commissioning group	CCG	NHS organisations set up as a result of the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
College of Paramedics		The recognised professional body for all paramedics in the UK, whose role is to promote and develop the paramedic profession across England, Scotland, Wales and Northern Ireland.
Commissioning		The processes which local authorities and clinical commissioning groups undertake to make sure that services funded by them meet the needs of the patient.
Commissioning for Quality and Innovation programme	CQIN	The incorporation of quality metrics within quality and innovation three-year contracts. Full reimbursement of activity is made upon delivery of quality initiatives.
Community Engagement Group	CEG	A group within EEAST in place to ensure that views of patients and their representatives can be used to improve our services.
Community first responders	CFR	Teams of volunteers who are trained by the ambulance service to a nationally recognised level and provide lifesaving treatment to people in their communities.
Compassionate Conversation		EEAST's appraisal process for staff
Computer Aided Dispatch	CAD	Computer software used to record all patient system calls and patient activity.
Data Protection Act	DPA	United Kingdom Act of Parliament which updates data protection laws in the UK.
Data Security Protection Toolkit	DSPT	An online system which allows NHS organisations and partners to assess themselves against NHS Digital information standards.
Department of Health and Social Care	DHSC	A department of the Government with responsibility for government policy for health and social care matters and for the NHS in England along with a few elements of the same matters which are not otherwise devolved to the Scottish, Welsh or Northern Irish governments.
Disclosure Log		Summary of information that a public organisation has released following a request made under the Freedom of Information Act.
Duty of Candour	DoC	Regulation 20 of the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014 to ensure that providers are open and transparent with people who use services or their representatives.
East of England Ambulance Service NHS Trust	EEAST	Ambulance service which operates in the East of England.
Easyread		An accessible format which can be used by people with learning difficulties.
Electrocardiography	ECG	An ECG is a test used to measure the electrical activity of the heart.
Electronic patient care record	ePCR	A patient care record which is in electronic format.
Face arm speech time	FAST	A simple test to help people recognise the signs of stroke and understand the importance of emergency treatment

Term	Acronym	Definition
Freedom to Speak Up	FTSU	A national initiative to apply measures to enable staff to speak out about patient safety and other concerns confidentially or anonymously.
General practitioner	GP	A medical practitioner who treats acute and chronic illnesses and provides preventive care and health education to patients.
Glasgow Coma Scale	GCS	A clinical scale used to reliably measure a person's level of consciousness.
Global Rostering System	GRS	An electronic system that EEAST uses to plan resources.
Glyceryl trinitrate	GTN	Drug for heart disease patients to dilate the blood vessels. Delivered as a spray or in tablet form.
Hazardous Area Response Team	HART	Specialist ambulance unit that provides medical care to patients in hazardous or 'hot' environments. They utilise special vehicles and equipment.
Health and Care Professions Council	HCPC	Regulatory body for state registered paramedics
Health and Social Care Act	HSCA	An Act of the Parliament of the United Kingdom. It provides for the most extensive reorganisation of the structure of the National Health Service in England to date. It removed responsibility for the health of citizens from the Secretary of State for Health, which the post had carried since the inception of the NHS in 1948.
Health overview and scrutiny committee	HOSC	Provides external assessment of any NHS consultation process giving local assurance that the business cases for any future NHS developments are robust.
Healthcare Quality Improvement Partnership	HQIP	An independent organisation to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement.
Healthwatch		An independent national body with the power to monitor the NHS and to refer patients' concerns to a wide range of authorities. It represents the interests of patients as consumers, strategic commissioning, pursues and refers patient complaints and contributes to national public debate on the NHS.
Hear and treat		Over-the-telephone advice that callers who do not have serious or life-threatening conditions receive from an ambulance service after calling 999.
Information Governance Group	IGG	A group within EEAST in place to ensure that all information systems and processes comply with the Data Protection Act.
Integrated Care System	ICS	Partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
Integrated Performance Report	IPR	Dashboard used within EEAST that provides information against set key metrics.
Key Line of Enquiry	KLOE	Five key questions, which CQC inspectors use to help establish whether a service is providing the high standard of care expected of them.

Term	Acronym	Definition
Key performance indicator	KPI	Clear, comparative gauge for CCGs, boards, local authorities, patients and the public to monitor about the quality of health services commissioned by CCGs and the associated health outcomes.
Learning from Deaths	LfD	National guidance for NHS trusts on working with bereaved families and carers. It advises trusts on how they should support, communicate and engage with families following a death of someone in their care.
Local authority		An organisation that is officially responsible for all the public services and facilities in a particular area.
Metrics		Set of ways of quantitatively and periodically measuring performance.
Mobile Stroke Unit	MSU	An ambulance equipped with a scanner and other diagnostic tools to enable the rapid diagnosis and treatment of a stroke prior to taking the patient to hospital.
Myocardial infarction	MI	Clinical term for a heart attack.
National Early Warning Score	NEWS2	A simple aggregate scoring system in which a score is allocated to physiological measurements.
National Guardian's Office	NGO	The organisation who works to make speaking up become business as usual to effect cultural change in the NHS.
National Health Service	NHS	The publicly funded healthcare system of England. It is the largest and the oldest single-payer healthcare system in the world.
National Institute for Health and Care Excellence	NICE	A professional body that provides national guidance and advice to improve health and social care.
National Institute for Health Research	NIHR	Organisation that funds health and care research in the United Kingdom.
National Patient Safety Alert	NPSA	Issued by NHS Improvement to rapidly warn the healthcare system of risks
National Reporting and Learning Service	NRLS	A central database of patient safety incident reports.
National staff survey		A way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution.
NHS Digital	NHSD	The national information and technology partner to the health and care system.
NHS England and NHS Improvement	NHSE&I	The lead body for the National Health Service in England.
NHS Long-Term Plan		A 10-year plan published by the NHS which provides its commitment to improve the health, levels of care and outcomes those living in the UK and how it will achieve these improvements.
Outcome from out-of-Hospital-Cardiac Arrest	OHCA	A prospective study, collecting information on all out-of-hospital cardiac arrests in the UK.
Oxygen saturation	SpO2	Term referring to the fraction of oxygen within the haemoglobin levels. A normal level would range between 95-97%.

Term	Acronym	Definition
Pandemic		A disease that exists in almost all of an area or in almost all of a group of people.
Paramedic		A registered healthcare professional, working predominantly in the pre-hospital and out-of-hospital environment.
Parliamentary and Health Service Ombudsman	PHSO	A legal organisation who make final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other UK public organisations.
Patient Advice and Liaisons Service	PALS	PALS queries are processed by the Patient Services team who are the first point of contact for enquiries from the public or other healthcare organisations.
Patient care record	PCR	All NHS providers are required to record the care given to a patient on a patient care record.
Patient Facing Staff Hours	PFSH	A term used to describe resources available for patient care.
Patient Safety and Experience Group	PSEG	A group within EEAST in place to ensure that incidents and patient feedback are used to reduce risks and improve our services and patients' experiences.
Patient safety incident	PSI	Any unintended or unexpected incident which could have (or did) lead to harm for one or more patients receiving NHS care.
Patient Safety Incident Response Framework	PSIRF	An NHS process to further improve patient safety.
Patient transport service	PTS	Provides transport to and from premises providing NHS healthcare and between NHS healthcare providers. This is also known as scheduled transport or non-emergency service.
Payment by results		The payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.
Primary care		Out-of-hospital health services that play a central role in the local community.
Primary percutaneous coronary intervention	PPCI	Commonly known as coronary angioplasty or simply angioplasty, is a therapeutic procedure to treat the narrowed coronary arteries of the heart found in coronary heart disease.
Public Health England	PHE	An executive agency of the Department of Health and Social Care that exists to protect and improve the nation's health and wellbeing.
Quality Governance Committee	QGC	An EEAST committee which has authority from the Trust Board to be assured that progress is being made on the assurance processes for clinical effectiveness, patient safety and patient experience.
Quarter 1 (2,3,4)	Q1 (2,3,4)	Financial year (1st April – 31st March) quarter indicator.
Quick Response (code)	QR (code)	A type of barcode that contains a matrix of dots that can be scanned using a QR scanner or a smartphone with built-in camera.
Research Ethics Committee	REC	Responsible for the ethical conduct of research studies designed to increase understanding of workplace factors that contribute to ill-health and workplace accidents.
Return of spontaneous circulation	ROSC	The resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.

Term	Acronym	Definition
Royal National Institute of Blind People	RNIB	One of the UK's leading sight loss charities and the largest community of blind and partially sighted people.
Scheduled transport service	STS	A non-emergency service provided to patients who are unable to convey themselves for outpatients' appointments. This is also sometimes known as Patient Transport Service or non-emergency service.
See and treat		Patients who are treated at home by ambulance staff and do not require taking to a hospital or other care centre
Sepsis		A life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly
Serious Incident	SI	An event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public.
Service user		Anyone who uses, requests, applies for or benefits from health or local authority services.
Single Point of Contact	SPoC	A department within EEAST that manages clinician's incident concerns and referrals through to the appropriate agency
Social Worker		A registered professional who supports adults, children, families and communities to improve their lives.
Special Educational Need and/or Disability	SEND	A term used if a child or young person has a significantly greater difficulty in learning than the majority of others of the same age or has a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions
Stakeholders		Anyone with an interest in the way services are delivered including service users, carers, patients, service providers, staff, health professionals and partner organisations, councils and other community or voluntary groups.
Standard Operating Procedure	SOP	EEAST term for a process for staff to follow
ST-elevation myocardial infarction	STEMI	A heart attack recognised by characteristics on an ECG.
STEMI care bundle		A set of interventions that when used together significantly improve patient outcomes for a heart attack.
Strategy		A plan of action designed to achieve a long-term or overall aim.
Stroke	TIA	A stroke happens when the blood supply to the brain is disturbed.
Stroke diagnostic bundle	SCB	A set of assessments that when applied provide information indicating as to whether a stroke has occurred.

Term	Acronym	Definition
Summary Care Record	SCR	An electronic record of important patient information, created from GP medical records which can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.
Tranexamic Acid	TXA	A medication used to treat or prevent excessive blood loss.
United Kingdom	UK	The United Kingdom is the official name for the country consisting of Great Britain and Northern Ireland.
Utstein		The Utstein Style is a set of guidelines for uniform reporting of cardiac arrest. The Utstein Style was first proposed for emergency medical services in 1991.

-  www.eastamb.nhs.uk
-  /EastEnglandAmbulance
-  @EastEnglandAmb