

Paper 4

**East Midlands Ambulance Service Draft Quality Account 2021-2022
Statement from Healthwatch Rutland**

First and foremost, Healthwatch Rutland thanks all the dedicated staff at EMAS for keeping our ambulance services going through yet another very difficult pandemic year in which all parts of the NHS have been under extreme pressure. We also note, with great satisfaction, that EMAS values the efforts of staff, the difficulties they continue to face and the need to be very aware of and proactive towards staff welfare needs.


We also welcome the organisation's learning culture, listening to experiences, patients' stories and complaints, taking note of the wealth of data, and encouraging research.

However, we find that the statistics concerning public satisfaction rates (appendix 1) and workforce education and development (appendix 2,) present a mixed picture with many aspects showing a deteriorating position. As we learn to 'live with COVID-19' we hope to see improvements in these measures over the coming year.

We note and welcome the fact that the 'Patient Voice' programme is to be further developed. We would value this being extended to a group covering Rutland where health inequalities due to rurality risk being overlooked by commissioners and providers of care. Rutland is a county where response times, even for category 1 emergencies, are very often slower than the rest of the Leicester, Leicestershire, and Rutland (LLR) area.

There is one specific theme which pervades the report - delayed handovers to Emergency Departments (ED). We know from regular contact with EMAS that the Leicester Royal Infirmary ED is most frequently used by patients within LLR and handover delays here are often the often the worst across the EMAS area at busy times. Healthwatch Rutland is aware that local commissioners and providers recognise that a system level response is required to improve patient flows. Despite significant efforts and EMAS success in safely treating patients at home rather than conveying to ED, we are concerned that handover delays continue, leading to increased risk of patient harm and poor patient experience.

We hope that the intense pressures of the last two years will be lessened over the forthcoming year and that cross-system transformation work in LLR will make significant inroads into improving patient flows. This should then enable EMAS to focus on its own efficiencies and improvement priorities to offer high quality, safe emergency services and patient experience.



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