



# Rutland County Council

Catmose Oakham Rutland LE15 6HP.

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE** held in the Council Chamber, Catmose on Thursday, 20th February, 2020 at 7.00 pm

**PRESENT:** Mr J Dale (Chairman)  
Mr P Ainsley  
Mr A Brown  
Mr W Cross  
Mrs S Harvey  
Mrs R Powell  
Mrs K Payne

**OFFICERS PRESENT:** John Morley Deputy Director – Adult Services  
Joanna Morley Governance Officer

**IN ATTENDANCE:** Mr A Walters Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning & Community Safety  
Miss G Waller Councillor  
Tamsin Hooton Director of Service Redesign and Integration at West Leicestershire CCG  
Rachel Dewar Head of Community Health Services  
Lee Brentnall Ambulance Operations Manager for Communications, Engagement and Safeguarding

## **575 APOLOGIES**

Apologies were received from Councillor Fox. Councillor Payne attended the meeting on her behalf.

## **576 RECORD OF MEETING**

The minutes of the meetings and special meetings of the Adults and Health Scrutiny Committee held on 19 September 2019, 7 November 2019 and 29 January 2020, copies of which had been previously circulated, were confirmed.

## **577 DECLARATIONS OF INTEREST**

Councillor Harvey declared an interest in item 8 on the agenda as she had a close family member who received district nursing services.

## **578 PETITIONS, DEPUTATIONS AND QUESTIONS**

A deputation relating to item 9 on the agenda, the East Midlands Ambulance Service, had been received from the very Reverend Christopher Armstrong, Priest-in-charge, The Welland-Fosse Benefice.

The Chair requested that the deputation be delayed so that it could be read out just before agenda item 9 and addressed directly to Mr Bentnall, the representative from the East Midlands Ambulance Service. The Committee were in agreement.

## **579 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice had been received from Members.

## **580 NOTICES OF MOTION FROM MEMBERS**

No notices of motion had been received from Members.

## **581 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION**

No matter had been referred to the Committee for a decision in relation to a call-in of a decision in accordance with procedure Rule 206.

## **582 DISTRICT NURSING SERVICES**

A presentation (appended to the minutes) on District Nursing Services was given by Rachel Dewar, Head of Community Health Services and Tamsin Hooton, Director of Service Redesign and Integration at West Leicestershire CCG.

During discussion the following points were noted:

- Following a system wide redesign, Community Health Services had been organised into three areas; the Integrated Neighbourhood Team, Home First, and Community Bed Based Care, all of which linked with each other and through a Locality Decision Unit.
- Community bed based care was strictly for patients who required 24 hour nursing care. Below that level of care was the home first pathway which offered intensive short term care for up to six weeks with integrated health and social care support.
- The Integrated Neighbourhood Team, which included the District Nurses, worked alongside staff from social care and GP Practices to offer better continuity of care for patients in the community.
- Rutland and Leicestershire were one of the accelerated sites of the Ageing Well Programme looking at different models to optimise care, including how patients accessed care, how care was dispatched and ensuring rapid reablement services for patients within 48 hours of leaving hospital.
- There were 25 primary care networks across Leicester, Leicestershire and Rutland (LLR) and the 8 community hubs that sat above these each managed between 3 and 5 of these networks.

- The East North Hub was based at Melton Hospital but had a satellite base at Rutland Memorial Hospital.
- Although the Primary Care Networks (PCN) were consolidated into hubs they were still close enough to give a timely response whilst at the same time maximizing the effectiveness of resource.
- Clinics operated locally in Rutland at the Rutland Memorial Hospital.
- The new structure only came into place on 1 December 2019 so it was still very early days in which to assess the impact of the changes. However, although there was only 1 full month of hospital data it did show that there had been a dip in admissions which was very encouraging.
- A workshop would soon be taking place to encourage further interfacing between the Community Health services team and the Rutland Care team.
- The redesign was about giving the right care in the right setting, looking after people where they needed to be, and reducing hospital admissions.
- Longer term needs would still be looked after by district nurse services but as there were now more staff, patients would continue to receive care from the same team they had been used to.
- Councillor Powell asked what difference the reorganisation would make for the patient and how the outcomes were going to be measured.
- As care would now be organised collectively and jointly throughout their care needs journey, patients could be confident that they were receiving the best care and that they would be getting a quicker response time.
- The improved service could now provide 7 day therapy and allowed for more patient contact. Waiting times were shorter and this had been evidenced to improve recovery.
- Readmissions were now being measured to check the effectiveness and quality of community care. From April, in a further attempt to prevent readmissions, more capacity would be put into the service so that there could be a 2 hour response time. GP practices would also be responsive to a situation and liaise more with Community Services.
- In partnership with Healthwatch, work would be starting on measuring patients' experience of integrated care.
- A further report would be brought back to the Committee later in the year to review the outcomes of the new system.
- Councillor Harvey asked whether patients could receive an am or pm slot rather than having to wait all day and not being able to call until after the 7pm deadline if the nurse had not turned up. Ms Dewar clarified that no-one needed to wait until 7pm and could call the single point of access at any time to get an update.
- The Service had struggled with missed visits because of capacity issues. LPT had been the first to use an IT system that allowed the care plans of patients to be read which meant that coordinators could understand the nurse skill set required and the availability of staff. This had reduced record keeping and travel time, increased patient contact time and almost eliminated missed visits.
- Although there had been significant improvements in reliability the service was not at the point where it could give patients a specified time slot, unless it was for a clinical need. Different types of software were being trialled to see if an enhanced service could be provided, for example, a text to say that you were the next visit.
- Most patients were house bound but for those who were not, an increased number of clinic times would be offered in order to give more freedom to patients.
- If it was detected that something was not quite working, staff would come together to discuss it and address it. Local staff in the local hubs had input into the service delivery.

- The service was informed of any Rutland residents that went to Peterborough hospital and needed care on discharge.
- The redesign of mycare would improve the communication between the hospital and the families of patients receiving end of life care.

### **583 EAST MIDLANDS AMBULANCE SERVICE**

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Before the presentation on the East Midlands Ambulance Service, Reverend Christopher Armstrong read out his deputation (appended to the minutes) to the Committee.

In response to a question from Councillor Waller, Reverend Armstrong confirmed that the people who had suffered falls and experienced long wait times were very elderly, with some in their nineties.

The Chairman gave Mr Brentnall an opportunity to respond to the deputation at this point in time and Mr Brentnall asked Reverend Armstrong to accept his apologies that he had not received a reply to his original letter to the Chief Executive. The rest of the points that had been made in the deputation would be addressed in the presentation.

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Following the deputation a presentation on the East Midlands Ambulance Service (appended to the minutes) was delivered by Lee Brentnall, Ambulance Operations Manager for Communications, Engagement and Safeguarding.

During discussions the following points were noted:

- Category 4 calls were less urgent and were often referred on to other providers such as GPs and Pharmacists. These calls related to those who had illnesses such as diarrhea or vomiting, or who had urine infections.
- In the future there would be greater collaboration with the Community Health team as, if they could now guarantee a service within two hours for certain conditions, it would avoid the need to take patients to hospital.
- 130 additional staff had been recruited across a two year period which enabled more ambulances than ever before to be out on the roads. Despite this, targets could still not be met because of handover performance and the amount of time lost waiting outside a hospital.
- Although delays in handover was a national problem, it was exacerbated in Rutland because it was surrounded by some of the worst performing hospitals in the country. This was an NHS problem that needed to be tackled by working together more closely.
- Of the 999 calls received, only 50% were taken to hospital. The rest were given urgent appointments or sometimes, after arrival on the scene and assessment, did not end up going to hospital at all. The workforce were skillful in their assessments and were able to leave more people, safely, in their own homes.
- Ambulance staff arrived at hospital right up to the end of their shifts. If they then had to wait 4 hours to drop off their patient their working day was greatly extended. This had a knock on effect because the working time directive meant staff had to have an 11 hour break which resulted in the service being understaffed the next day. Winter 2019/20 had been the worst ever for delays.

- A 'pod' facility which held up to 10 patients had been put in place as a temporary winter pressures measure which meant that ambulances could offload and get back on the road. However there was very strict guidance on when this measure could be deployed.
- Rutland army and community responders attended 4000 emergency calls across Leicester, Leicestershire and Rutland (LLR) but none of these influenced the performance targets.
- If a patient faced a wait of an hour or more for an ambulance, nurses would call them every 20 minutes to give advice and reassurance, and if symptoms had changed, would escalate the call.
- GP Connect allowed paramedics to access GP records so that they could see the patient's last 5 interactions and therefore make more informed judgements.
- EMAS was organising a community engagement event with Healthwatch in Rutland.
- Broken limbs could fall into either a category 2 or 3 call. The call taker would go through a set of questions and the computer would then generate a code which related to one of these categories. This accredited system was regularly reviewed to check that the codes consistently correctly matched the categories. Dispatchers were able to escalate the calls if there were other external factors to consider but if there were already a high volume of category 1 and 2 calls then it became very difficult to do so.
- CQC had given the service an overall good rating because of the improvement journey they had taken over the past 2 years. The service had been rated outstanding for the care it delivered.
- The details for the EMAS Patient and Advice Liaison Service would be shared with the Committee and Reverend Armstrong.
- EMAS had recently gone out to commission 'heat maps' of the areas they covered. These maps would highlight any areas where there were a particular concentration of calls and where the wait times were longest.
- Rapid response teams tended to be kept in their own geographical area but the crews manning them could come from further afield if private providers had been used.
- Although Councillors had been told some time ago that the reconfiguration of the Leicester hospitals would alleviate the problem of drop off times this had not been the case.
- Councillor Waller felt that age should be an important factor when determining the call category as it was not acceptable to have residents who were in their eighties and nineties waiting for four hours.

## **584 CORPORATE PLAN**

Officers and the Portfolio Holder were asked to identify areas of the Corporate Plan for future input by the Adults and Health Scrutiny Committee.

During discussion with the Committee the following points were noted:

- Councillor Walters, Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning & Community Safety asked the Committee for input into the refresh of the Safer Rutland Partnership Plan. This had been due to go out for public consultation but because of the upcoming Police and Crime Commissioner election in May and the restrictions of Purdah, this element would be delayed.

- Health care provision across the county, including for the proposed new developments at St George's Barracks and Stamford North, was another area proposed for the new municipal year's scrutiny work plan.
- John Morley, Deputy Director for People asked whether any issues that the Committee wished to discuss further be emailed to him to help inform future agenda setting meetings.

#### **585 REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN**

Items for the work plan had been discussed under the Corporate Plan agenda item and therefore no further discussion was had.

#### **586 ANY OTHER URGENT BUSINESS**

No items of urgent business had been previously notified to the Chairman.

#### **587 DATE AND PREVIEW OF NEXT MEETING**

The next meeting of the Adults and Health Scrutiny Committee would be held on Thursday 16 April 2020 at 7pm.

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Chairman closed the meeting at 21.07

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**The future look of Community Health Services**



**Locality Decision Units**  
 Health and care teams working together to decide on the right personalised care of patients together with patients and their family carers.

**Hospital Discharge Teams**



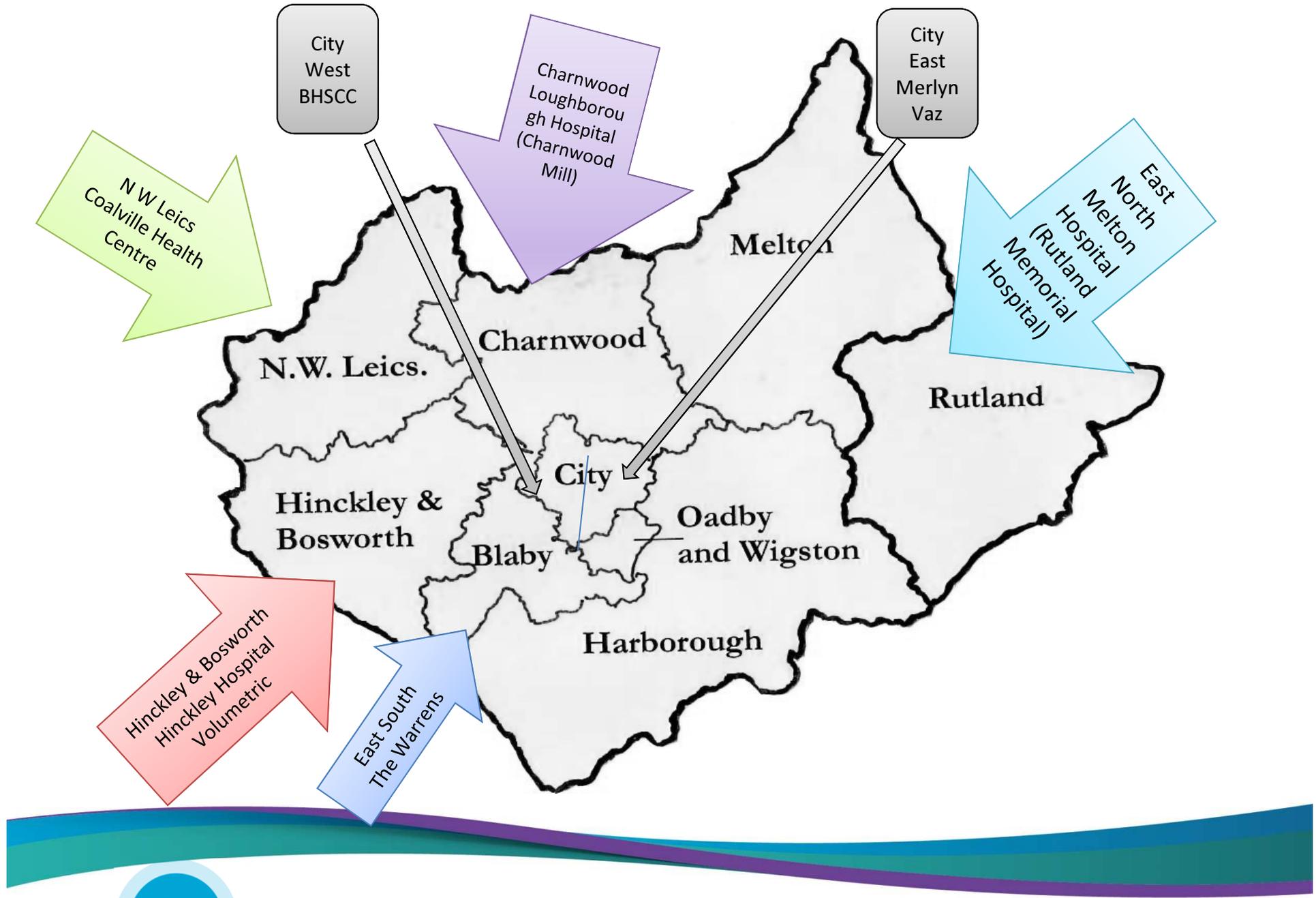
- Manage the majority of care of patients in the community.
- Community nursing would work in the team alongside staff from social care and primary care neighbourhoods (groups of GP practices with between 30,000 – 50,000 patients).



- Integrated Health & Social Care Crisis Response and Reablement Services
- Deliver intensive, short term care for up to six weeks.
- Health and social care services will assess need and deliver co-ordinated packages of care.



- Delivered:**
- in community hospitals for patients requiring medical rehabilitation needing significant 24/7 nursing care and on-site therapies.
  - in reablement beds for patients with lower medical needs requiring reablement and a degree of 24/7 support.



# East North ILT hub

Melton & Syston ILT

Rutland ILT

Hub base Melton Hospital Satellite bases Rutland Memorial Hospital Syston Health Centre

3 x neighbourhood Core Community Nursing teams  
Community Therapy Hub Team

Rapid Response & Home First Nursing & Therapy Pathways

Core Community Nursing & Therapy & non Home first Rapid  
Response Triage

Clinical Hub Planner  
(Responsible for Daily Board round for Integrated Home First)

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# East North Hub

## 3 Neighbourhood teams

\*Stackyard

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Oakham Medical Practice

Uppingham Medical Practice

Empingham Medical practice

Market Overton Surgery

RUTLAND PCN  
Approx. 40,000  
Population

Latham House  
medical practice

Long Clawson  
Surgery

SLAM PCN (EAST AND WEST HUBS)  
Approx. 69,500 Population

Jubilee medical  
practice

The county Practice

## East Midlands Ambulance Service

RCC Adults and Health Scrutiny Committee Deputation, 20 February 2020.

1. I am grateful to you for this opportunity of sharing my concerns. I represent a rural community in Rutland of approx. 2000 people in 5 small parishes. Many are elderly.
2. My concern tonight is the ambulance response times which we are experiencing and about which I wrote to Richard Henderson in October 2019. I received no response so I sent a reminder in January. Again no response.
3. I have scrutinized the EMAS website to find out target response times and they are very impressive even for the rural area which are my concern: under 12 minutes compared to a national target of 8 minutes, according to the BBC report in 2018.
4. My concern tonight is to share with you some of the horror stories of ambulance response times which circulate in the rural areas. These are some of the incidents with which I have been directly involved:
  - a) An elderly woman fell in Peterborough Shopping Mall on November 5<sup>th</sup> 2018. The ambulance took 2 hours to arrive;
  - b) A retired priest fell on his doorstep on Saturday 29 June 2019 in the early evening, breaking a hip. The ambulance took 4 hours to arrive;
  - c) On Bank Holiday Monday, 26 August 2019 a woman fell at home in the early morning, breaking her hip. The ambulance response time was 4 ½ hours;
  - d) On Sunday 22 December 2019 a retired judge fell at home in the early morning. The ambulance took 4 hours to arrive.
5. Now these are clearly extreme examples according to your statistics but they do not give confidence to those who live in our rural areas. I don't wish to carp but rather to add to your concern to improve the service, especially in the rural areas.
6. Having been a geographer, I looked at the distribution of ambulance stations. There are none in Rutland. For obvious reasons they are located in areas of high density but statisticians will tell us that the rural areas have their own complications. If you had the funds, a station in Peterborough would make sense. Oakham would be even better. Failing that, I understand that some emergency services have hovering crews in 'blind spots'. Would this be an option?
7. I understand that resources are critical in improving your performance and supporting heroic paramedics. I hope my concerns can contribute to your case and that secondly, you can give the people whom I represent some comfort in their concerns.

The Very Rev'd Christopher Armstrong.

Priest-in-Charge, the Welland-Fosse Benefice.

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# Adults and Health Scrutiny Committee.

20 February 2020

**NHS**

East Midlands  
Ambulance Service

NHS Trust



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# THE BIG 3

**RESPOND** **DEVELOP** **COLLABORATE**

Lee Brentnall Ambulance Operations Manager

NLLR for Communication, Engagement and Safeguarding

Respond | Develop | Collaborate

# The Chair has requested that East Midlands Ambulance Service deliver a presentation to the Committee addressing the following issues

- Prioritisations of calls.
  - Waiting and Hospital handover times.
  - An overview of the impact of the improvements you have already made to address these issues.
  - ➤ Any risks and issues you foresee in maintaining performance.
- 
- The Very Revd. Christopher Armstrong. Priest-in-Charge, The Welland-Fosse Benefice.

# Prioritisation of calls

## Ambulance Response Programme

### Category 1 – life-threatening calls

This category relates to calls such as a patient in cardiac arrest or one suffering a severe allergic reaction. The target to respond to such calls is in an average (mean) time of **7 minutes** and at least 9 out of 10 times (90th percentile) within **15 minutes**.

## Category 2 – emergency calls

This category relates to calls such as for patients who have suffered a suspected stroke, are fitting or have sustained serious burns. The target to respond to such calls is in an average (mean) time of **18 minutes** and at least 9 out of 10 times (90th percentile) within **40 minutes**.

## Category 3 – urgent calls

This category relates to calls such as for patients who are in the late stages of labour, have non-serious burns or are feeling unwell with a pre-existing condition, such as diabetes. The target to respond to such calls is at least 9 out of 10 times (90th percentile) **within 2 hours**. Patients may be able to be treated by ambulance staff in their own home.

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## Category 4 – less urgent calls

This category relates to calls such as for patients who may have illnesses such as diarrhoea and vomiting, or urine infections. The target to respond to such calls is at least 9 out of 10 times (90th percentile) **within 3 hours**. Patients may be able to be given advice over the phone from ambulance nurses or paramedics, or be referred to other providers such as a GP or Pharmacist.

# Ambulance Response Times

## January Performance LLR

- Best overall performing month since September 2019
- *Achieved 1 of the 6 standards – CAT 1 90TH*
- *Performance improvement across all standards on the previous month, as identified below:*

CATEGORY 1		CATEGORY 2		CATEGORY 3		CATEGORY 4	
MEAN	90TH%	MEAN	90TH %	MEAN	90TH%	MEAN	90TH%
00:07:25	00:13:29	00:31:38	01:04:10	01:29:51	03:41:20	01:38:16	03:59:47

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7mins    15mins    20mins    40mins    within 2hours    within 3 hours

## Activity

- *Daily average responded activity was 392 against a plan of 410*

# Resourcing

- *Strongest overall output of the last 12 months*
- *DCA output includes – 25,939 EMAS DCA, 1,558 UCA and 4,777 PAS*
- *Year on year January 2020 constituted an 18% increase in EMAS DCA, 12% increase in overall actual hours and this was done with a 7% decrease in overtime output on January 2019*

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Required Hours	Actual Hours	% Fill
32154	36205	112.60%

- *January continued to reflect a positive trend in increasing EMAS DCA output since September 2019 and not secondary to overtime output, as identified below*
- *September to January comparison identifies an 25% increase in EMAS DCA output with an associated 0.5% reduction in overtime output*

# ***Hospital Handover Performance***

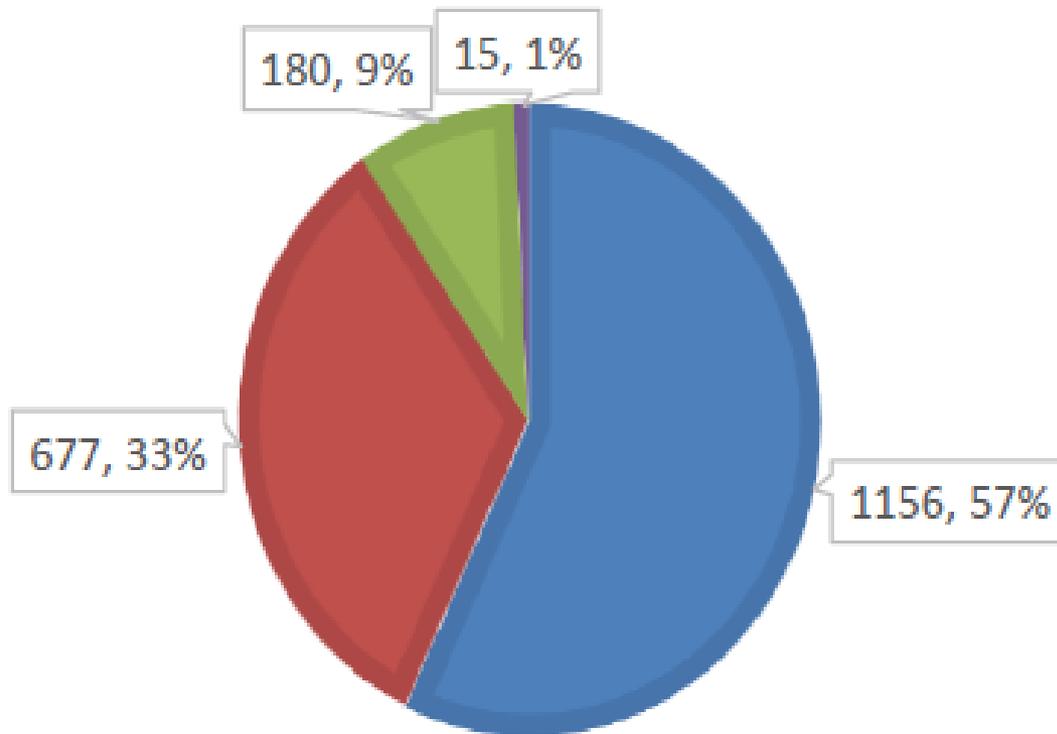
- *Pre-handover performance remained a significant challenge during January*
- *Total loss of 3,848 pre-handover hours on 6,213 Handovers*
- *Year on year this equated to a 95% increase in lost hours and a 3% increase in inflow*
- *Notably, year on year there has been a significant increase in Handovers greater than 2 hours:*

## ***December 2019***

- *10,000 hrs in additional Double Crewed Ambulance and 9,500 lost in Hospital handovers.*

# JANUARY 2019 PRE-HANDOVER BREAKDOWN

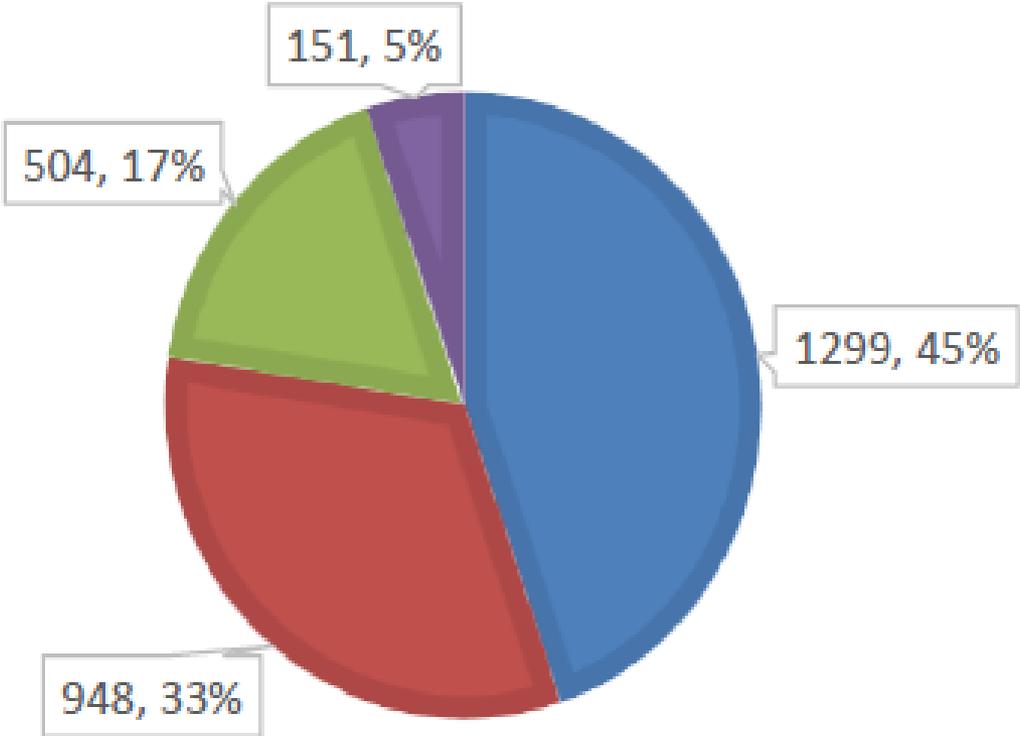
■ 30 to 59 ■ 1 to 2 ■ 2 to 4 ■ 4 to 6+



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# JANUARY 2020 PRE-HANDOVER BREAKDOWN

■ 30 to 59 ■ 1 to 2 ■ 2 to 4 ■ 4 to 6+



# Post Hospital Handovers

- *Year on year this demonstrates –*
- *12% increase in handovers between 30 to 59 minutes*
- *40% increase in handovers between 1 to 2 hours*
- *24*
- *Significantly, there has been a 180% increase in handovers between 2 to 4 hours*
- *907% increase in handovers greater than 4 hours*

# The Big 3 Respond, Develop and Collaborate

- **Big 3 – Respond:** We will respond to patient needs in the most appropriate way (Non-Conveyance, Recruitment, Staffing, Fleet, Equipment)
- We will make full use of the care pathways available, safely treating patients at home, driving our non-conveyance to hospital
- <sup>25</sup> We will recruit and retain the right number of front-line staff with the right skill-mix to deliver high quality services to patients and meet the standards expected of us, in line with our clinical operating model
- We will ensure we operate a modern fleet with the right number, type and age of vehicles to meet the needs of our clinical operating model
- We will ensure we have the right equipment, ambulances and staff to meet patient demands and needs

- **Big 3 - Develop:** We will develop our organisation to become outstanding for patients and staff (Patient Care & Quality, Career Development, Staff Support, Estate Development, ASI and ACQI improvement, CQC and Finance)
- We will continually strive to improve our reported levels of patient satisfaction
- We will continue to develop an organisation that staff and volunteers are proud to work for
- We will ensure our workforce is healthy, engaged, supported and satisfied and that they demonstrate our EMAS values
- <sup>26</sup>We will develop our career frameworks and opportunities for both clinical and non-clinical staff across the organisation
- We will realise benefits from operating a modern and sustainable estate
- We will strive to consistently deliver the Ambulance System Indicators and Ambulance Care Quality Indicators
- We will strive to achieve a CQC rating of 'outstanding' and will consistently meet our financial targets

## **Big 3 – Collaborate:**

- *We will collaborate with partners and other organisations to reduce healthcare demand and improve wider healthcare (Innovation in Healthcare, Right Healthcare for Patients, Working with 111, Mental Health support, Public Education, Working in Partnership with STPs/ICSs)*
- We will lead and contribute to improvements for patients within the East Midlands, working with partner organisations to deliver innovative healthcare
- We will support local communities to access the most appropriate urgent and emergency care for their needs
- We will work with partner organisations to develop our approach to supporting Mental Health
- We will work closely with our partners in 111 to deliver seamless, most appropriate healthcare to patients
- We will continue to focus on public education on the use of 999 services

## Hidden Performance

- Clinical Assessment Team
- Community First Responder's
- Rutland Army Responders (now called East Midlands Army Responders)

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# Healthwatch Rutland Reports

Healthwatch Rutland

January 2020

Category	Response	Mean	Target (50th)	50th Centile	Target (90th)	90th Centile
Category 1 29	34	00:11:06	00:07:00	00:08:14	00:15:00	00:15:44
Category 2	222	00:36:32	00:18:00	00:29:49	00:40:00	01:08:14
Category 3	74	01:38:32		01:04:36	02:00:00	03:46:05
Category 4	4	01:30:30		01:18:27	03:00:00	02:32:17

# Workforce

- Australian recruitment continues with that joined LLR 15 in total
- 30 new Australian Paramedic applications, Course planned provisionally for July 2020
- Paramedic Course Oct 2020 LLR (15 place course).
- 56 Graduating Paramedics invited for assessment (graduate this year)
- <sup>30</sup> Technician to Paramedic, two courses March / June at U of N, recruitment all completed.

# Technology

- GP connect
- Service Finder

The Very Revd. Christopher Armstrong. Priest-in-Charge,  
The Welland-Fosse Benefice.

## **Actions**

- Checking with our PALS team if the 2 letters have/was received
- <sub>3</sub> 1 of the cases relate to East of England Ambulance Service NHS Trust
- 3 cases do not have locations, dates and times
- We have an Ambulance Station at Oakham and a SSP in Melton
- We don't look after Peterborough that's EEAS
- I will arrange to meet The Very Revd Armstrong and invite him to the community event we are planning in Rutland along side Healthwatch.

# Healthwatch Survey late 2019

Submitted by Anonymous (not verified)

Thu, 10/17/2019 - 20:26

Date of your need for an ambulance? April to July 2019

Where in Rutland do you live? Oakham

Do you recall how long it took for an ambulance to reach you after the initial call was made?

Very quickly

Tell us more about your experience

My father was ill from April until he passed away in July. He was in and out of hospital with chest/urine infections and because of his antibiotic treatment he had recurrent C-Diff. EMAS were always called. They were always prompt and very kind, sympathetic and professional every time they attended.

Submitted by Anonymous (not verified)

Fri, 10/18/2019 - 13:13

Date of your need for an ambulance? Dec. 31 st

Where in Rutland do you live? Braunston

Do you recall how long it took for an ambulance to reach you after the initial call was made?

Paramedic came out within 15 minutes, ambulance followed with in 30 minutes

Tell us more about your experience

Very good, paramedics reacted quickly to an urgent need for my late husband who sadly died 7 hrs. later in the LRI

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Submitted by Anonymous (not verified)

Fri, 10/25/2019 - 12:09

Date of your need for an ambulance? October 2019

Where in Rutland do you live? Oakham

Do you recall how long it took for an ambulance to reach you after the initial call was made?

Just over 2 hours

Tell us more about your experience

2 young people with suicidal thoughts in crisis. Called 999, was told ambulance would arrive within an hour (didn't arrive). After 1 hour called to see what was happening. Was advised that ambulance was on its way but nothing was available. Paramedic in car arrived and was amazing. Said needed a 2 man crew which would be another hour. We took the casualties to hospital with paramedic and line manager approval.

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Submitted by Anonymous (not verified)

Fri, 10/25/2019 - 12:14

Date of your need for an ambulance? May 2019

Where in Rutland do you live? Ryhall

Do you recall how long it took for an ambulance to reach you after the initial call was made?

less than 5 minutes

Tell us more about your experience

Following minor surgery I became increasingly poorly, making no sense & very confused and ill. My father took me to my GP and GP called an ambulance. The GP was fantastic. The ambulance called ahead to hospital and I was immediately admitted when we got there ( I was treated for sepsis).

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Submitted by Anonymous (not verified)

Fri, 10/25/2019 - 12:18

Date of your need for an ambulance? August 2019

Where in Rutland do you live? Langham

Do you recall how long it took for an ambulance to reach you after the initial call was made? 10 minutes

Tell us more about your experience

The paramedics were very reassuring and kind. I found them helpful and polite and I felt safe.

I told them I didn't want to go to hospital so I signed a disclaimer and they advised me to go to my GP which I did.

Submitted by Anonymous (not verified)

Fri, 10/25/2019 - 12:23

Date of your need for an ambulance? January 2019

Where in Rutland do you live? Oakham

Do you recall how long it took for an ambulance to reach you after the initial call was made?

Maybe about 10 minutes

Tell us more about your experience

My husband had seizures whilst at the GP surgery so GP called ambulance. Ambulance arrived to take him to the Air Ambulance point to get him to Nottingham. It was all amazingly quick and I made my own way to Nottingham later

Submitted by Anonymous (not verified)

Fri, 10/25/2019 - 12:37

Date of your need for an ambulance? July and October 2019

Where in Rutland do you live? Oakham

Do you recall how long it took for an ambulance to reach you after the initial call was made?

Tell us more about your experience

1st time in July my mother-in-law was taken to Leicester and ended up staying in hospital for 3 months. The communication both with us and between various staff in hospital was very poor. One day she was told she was going home but then that same day in the afternoon was taken off for emergency surgery. Seemed like their aim was to get her patched up and out.

2nd time, the ambulance took her to Peterborough which was so much better. They took a lot more interest in her situation and rehabilitation that was needed.

Ambulance staff did not ask either time where she would prefer to go – should they? If it happened again she would want to go to Peterborough

Submitted by Anonymous (not verified)

Wed, 10/30/2019 - 17:27

Date of your need for an ambulance? 19 April 2019

Where in Rutland do you live? Market Overton

Do you recall how long it took for an ambulance to reach you after the initial call was made?

Within 45 mins

Tell us more about your experience

My elderly father complained of not feeling well in the local park and then suddenly collapsed, we were unable to revive him quickly. The staff at the park called an ambulance, my father regained consciousness and we were able to take him home by car. The ambulance staff called as soon as we had returned home and asked about the current situation, I was very upset, they reassured me and told me although they did not feel that it was urgent and that they would send an ambulance just as a precaution. The manner in which I was dealt with was sympathetic and professional, at this point I felt reassured and that we were in good hands. The ambulance arrived remarkably quickly. The two ambulance staff that looked after my father were not only totally professional, they were also very personable and had a way of making us all feel at ease. They took the greatest care of my father and dealt with him with such understanding and respect, there was a real human touch, that really makes a difference. Every test the staff performed was clearly explained and gained with the consent of my father. The crew also took the time to reassure the rest of the family. My father was given the appropriate advice in terms of follow up care. I was extremely impressed by the care that my father received, also the time and understanding that we were given as a concerned family. My dealings with the ambulance service on that day were superb from start to finish, I am very grateful and truly reassured to know that such a good service is provided when required.

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Submitted by Anonymous (not verified)

Wed, 07/11/2019 - 14:47

Date of your need for an ambulance? March 2019

Where in Rutland do you live? Donnington (lincs)

Do you recall how long it took for an ambulance to reach you after the initial call was made?

20 mins

Tell us more about your experience

Very positive experience – they were great at putting me at ease ( after a worrying time of pains & symptoms that previously resulted in an operation). I felt reassured and time was taken. Very impressed with service.

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Overall rating for this trust	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Good ●

# Any Questions ?

