Health Scrutiny Committee for Lincolnshire Statement on the *Quality Account* for 2025/26 of the East Midland Ambulance Service NHS Trust

Introduction

The Health Scrutiny Committee for Lincolnshire is the statutory body through which elected local government councillors scrutinise the work of relevant NHS bodies and other responsible organisations in relation to the delivery of healthcare services and health outcomes in the county, and is pleased to act as a *critical friend* in reviewing the draft East Midlands Ambulance Service NHS Trust (EMAS) *Quality Account* for 2025/26. The Committee welcomes the continued inclusion of performance data, quality improvement (QI), patient safety, and service development information across the Trust, including the Lincolnshire Division and notes the significant operational pressures described in the account, alongside evidence of improved response performance, growth in the Clinical Hub, expansion of Hear and Treat, and continued investment in fleet, workforce support and innovation.

Quality Improvements 2025/26

The Committee welcomes progress against 2025/26 quality priorities, particularly the move towards a more structured organisation-wide approach to quality assurance. The embedded CQC Self-Assessment Tool, stronger engagement with staff through coaching and leadership visits, and alignment with national best practice frameworks appear to have improved transparency, consistency, regulatory readiness, while also reinforcing a culture where quality and safety are part of everyday practice.

The Committee also welcomes the continued development of the Quality Improvement Hub and the steps being taken to strengthen improvement capability across the Trust and further notes the increasing emphasis on patient voice and lived experience which suggests the Trust is making progress in placing patient and family experience at the heart of service improvement.

However, the Committee considers that the local services section does not consistently demonstrate how individual divisions performed against the Trust's priorities or allow meaningful comparison between counties. Greater use of comparative data, including information reflecting Lincolnshire's rurality and system pressures, would strengthen transparency and local accountability. The Committee also notes that some narrative statements are not sufficiently supported by evidence or clearly linked to supporting appendices, making it difficult to trace claims back to data.

The committee notes that the draft makes no reference to the use of private ambulance providers and believes it would add clarity if the draft made reference to how Trust initiatives apply to private ambulance crews.

While the account highlights improvements in response times, the Committee notes that EMAS recorded the slowest Category 2 response times in England during December 2025 and

March 2026, with Category 1T performance also among the slowest nationally[1]. The Committee therefore suggests that future accounts provide a more balanced reflection of both achievements and ongoing challenges, with these issues more explicitly addressed in the 2026/27 priorities.

Priorities for Improvement 2026/27

The Committee welcomes the Trust's proposed priorities, addressing patient safety, clinical effectiveness, and workforce capability with strengths identified including clear focus on reducing avoidable harm from delays (Priority 1) and improving communication to improve person-centred care (Priority 2).

It is noted that Priority 3 lacks specificity pending Clinical Strategy finalisation; the Committee recommends interim targets or clearer milestones. Priority 4 builds logically on 2025/26 progress.

The Committee supports the intention to "*reset and reliably embed the fundamentals of care*" through the EMAS Professional Standards and Accreditation Framework (Priority 5) but considers that this priority requires further explanation. The word "*reset*" risks a negative connotation, which seems difficult to reconcile with the positive narrative elsewhere in the *Quality Account*. A clearer explanation of the issue being addressed, and how progress will be measured, would strengthen the credibility of this priority.

The Committee welcomes structuring Local Services around CQC domains, providing a recognised framework aligned with regulatory expectations but recommends explicitly mapping each priority to its domain and defining success metrics. It also is recommended a clearer alignment of priorities with the Trust Strategy 2023–2028, plus a transparent progression from 2025/26 achievements/gaps to 2026/27.

Divisional Information

The Committee welcomes the continued inclusion of information on each division and accepts that working with various acute trusts and integrated care boards across the region represents a challenge for the Trust. The Committee suggests the local services section would be strengthened by clearly showing each division's performance against 2025/26 priorities using consistent measures across counties. This would better demonstrate genuine improvement and address Lincolnshire-specific factors such as rurality. The Committee also recommends stronger evidential links to statistical data throughout, reducing subjective narrative and enhancing transparency.

Non-Emergency Patient Transport Service

The Committee welcomes EMAS's NEPTS provision since July 2023, noting workforce innovation, leadership development, 39% flexible working, 97% FTSU training, improved patient engagement and satisfaction (86%), redesigned safeguarding, and strong training

[1] NHS England, Ambulance Quality Indicators Data 2025-26

compliance. The Committee suggests that the document clarifies EMAS's NEPTS coverage across regional ICBs.

Emergency Operations Centre

The Committee welcomes EOC developments managing 959,661 calls through increased staffing (273 EMAs), >85% audit compliance, 97% Essential Education completion, GoodSAM video triage expansion (400-1,500 cases), 13 compliments, 600+ Excellence Awards, and Bamboo resilience support.

Compliments and Complaints

The Committee feels that reference to compliments and complaints, would benefi5t from introducing actual divisional numbers to date in the final version.

Serious Incident and Patient Safety Incident Investigations

The Committee welcomes EMAS's patient safety commitment, evident in 2025/26 priority evaluations, Patient Safety Incident Response Plan implementation, 2026/27 priorities, research investment (Appendix 5), and reporting on investigations are all showing a maturing safety culture and learning from themes like violence/aggression, handover delays, and response pressures. The Committee believes that the final version should reflect Lincolnshire-specific incident details and year-on-year comparisons in the for effective local scrutiny.

Time Allowed for Stakeholders

The draft Quality Account was issued on 10 April 2026. However, the Committee was notified on 28 April 2026. An extension to 14th April was offered as a result of this. The Committee would like to be reassured that sufficient time is given to stakeholders to prepare statements in future years.

Engagement with the Committee

Since 2024, Trust representatives attended five Committee meetings, presenting six NEPTS/service performance papers (latest April 2026). The Committee welcomes this engagement and anticipates continuation in 2026/27.

Conclusion

The Committee's overriding view is the draft Quality Account demonstrates real effort and some clear progress against 2025/26 priorities, but it could be strengthened by evidence, clearer benchmarking and a clearer link between performance and 2026/27 priorities. The Committee also feels that the account would benefit from Lincolnshire-specific data. The Committee thanks EMAS staff for their efforts and recognises the challenges they continue to face in delivering a safe, innovative and person-centred service.