

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 05.11.2025****[INTRODUCTION AND OVERVIEW OF SERVICE - East Midlands Ambulance Service]****REPORT OF THE EMAS DIVISIONAL DIRECTOR FOR LLR****Purpose of report**

1. The purpose of this report is to present an overview of East Midlands Ambulance Service (EMAS) and its provision within Leicester, Leicestershire and Rutland (LLR). This document will provide information in relation to how Ambulance Services, as a part of the NHS are commissioned, how it delivers care to patients, and how it is monitored and the performance expected to be delivered. It will also share the current challenges and expected future model of care. The purpose of this report is to ensure that the Committee understand the service to enable them to be able to both support and ask questions

Background

2. There are ten NHS Ambulance Trusts within England, each covering a geographical region and they are individually commissioned by single Integrated Care Boards (ICB), on behalf of, and collaboratively with other ICBs within that region. Under the current ICB arrangements the commissioning ICB for EMAS is Joined Up Care Derbyshire (JUCD).

East Midlands Ambulance Service from a response perspective operates as 5 localised Divisions; Derbyshire, LLR, Lincolnshire, Northamptonshire and Nottinghamshire. These Divisions each have their own operational leadership structure, working alongside centralised corporate teams, to ensure standardisation across core activities but enabling local variation, where necessary to support localised population needs and health system partners.

Regionally EMAS has 2 Emergency Operation Centres (call taking and clinical assessment function) and these are based in Nottingham (EMAS Trust Headquarters) and Lincoln and support all 5 Divisions. EMAS operates Non-Emergency Patient Transport Services across Lincolnshire, Derbyshire and Northamptonshire. This provision is contracted by the ICB from a different provider in LLR and Nottinghamshire. Each ambulance service also hosts at least one HART base (Hazardous Area Response Team), this is classed as a National Asset and for EMAS is based in Mansfield. HART support the whole of the East Midlands and provide mutual aid across the Country as needed. They provide specialist skills, often in more challenging environments such as water rescue, emergencies at a height as examples. EMAS also utilises the support of 2 private ambulance providers who support in the

delivery of the service across the region, working alongside the substantive workforce following EMAS procedures and clinical guidelines.

Call answering and response times

Call response times are set nationally and are captured as a mean to assess performance.

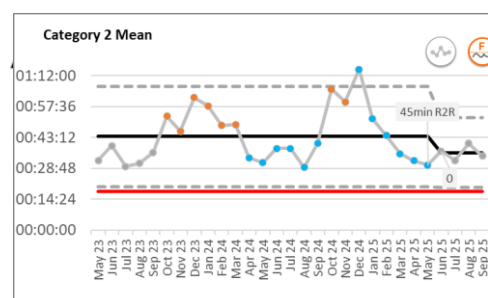


The [NHS England Ambulance Quality Indicators Data](#) is published monthly by NHS England and can be accessed via their website. The dataset includes the mean and 90th centile ambulance response times for a given month. The response times are reported in hours, minutes, and seconds by:

- Ambulance response category
- For England overall
- For the English regions
- For the separate NHS Ambulance services of England

The table below demonstrates the LLR performance since April 2025, for all incident categories, with Category 2 response being the key area of national focus and where the National drive for improvement is being directed. The graph demonstrates the LLR Category 2 mean performance since May 2023.

	Apr-25	May-25	June- 25	July-25	Aug-25	Sept-25
C1 mean	00:08:05	00:07:41	00:08:21	00:08:15	00:08:46	00:08:15
C2 mean	00:32:22	00:30:26	00:36:57	00:32:34	00:40:28	00:34:30
C1 90th	00:13:43	00:13:05	00:14:24	00:14:30	00:15:43	00:14:23
C2 90th	01:05:24	01:00:24	01:15:13	01:04:25	01:23:05	01:11:14
C3 90th	04:45:21	03:48:37	05:51:06	04:42:48	05:51:58	06:28:02
C4 90th	03:32:30	03:53:53	03:23:34	05:13:34	05:06:36	06:46:02



Within EMAS, and particularly within LLR, category 3,4 and 5 activity does not always require a double crewed ambulance to respond and convey a patient to hospital, particularly

the Emergency Department. Most of these patients can either be treated in their own home or referred to a significant number of local services that are able to address their needs.

Many of these patients receive an alternative pathway of care when they make their initial phone call. This might be an appointment at an Urgent Treatment, advice and guidance, a recommendation to attend a pharmacist or a referral to urgent community response teams that can support patients to remain at home. When ambulance crews attend a patient, they can also access many of these alternatives to the Emergency Department and thus leave the patient at home, only transferring to hospital those that require that response, because they need a specialist or are very unwell and need emergency interventions. If crews leave a patient at home, they will provide advice as to what the patient needs to do if their condition deteriorates.

As a Trust EMAS are taking several actions to support the improvement of C2 performance. These actions for 25/26 include:

- Increase in the number of call takers within the control centres
- Increase the number of clinicians including Paramedics and Nurses and Mental Health Nurses who form part of the Clinical Assessment Team, to support Hear and Treat decisions and call patients back who are experiencing prolonged waits for an ambulance crew to attend.
- Increase in both “Hear and Treat” and “See and Treat” (by the Clinical Assessment Team supporting non-conveyance).
- All category 3 and 4 calls are clinically validated prior to an ambulance being dispatched ensuring they receive a review by a clinician.
- Introduction of Advanced Practitioners and Critical Care Desk within Call Centre to support advanced clinical decision making.
- Reducing the amount of time crews spend on scene
- Reducing sickness absence to support increased resource available
- Increase the number of double crewed ambulance hours, through recruitment and internal efficiencies. This includes improving turnaround time between patients.

Pre-Handover

The National standard for ambulance services for handing over a patient to the hospital is 15 minutes. Once an ambulance arrives on site at the hospital the responsibility of the patient becomes that of the hospital. This is a current challenge across many hospitals across the country. Each year University Hospitals of Leicester are asked by the ICB and NHS England to set a trajectory of improvement that pre-handover time progresses towards the 15 minute standard. This trajectory was met in July and September 2025. UHL and EMAS are working collaboratively to put in place processes to support this area of required improvement. It is widely recognised that there is a correlation between prolonged pre-handover delays and Category 2 mean. An established process, with associated escalation actions, is in place that supports the clinical review and early identification of potential patient harm as a result of prolonged waits at UHL.

		Pre Handover Trajectories - 2025/26											
		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Plan	Glenfield General Hospital	00:18:19	00:17:39	00:19:04	00:20:23	00:20:52	00:21:56	00:22:19	00:21:11	00:20:38	00:21:21	00:22:00	00:22:00
	Leicester Royal Infirmary	00:45:33	00:33:55	00:40:53	00:38:42	00:36:21	00:45:25	00:45:20	00:50:00	00:45:00	00:55:00	00:35:00	00:30:00
	ICB Level	00:41:08	00:31:14	00:37:04	00:35:44	00:33:37	00:41:27	00:42:13	00:45:03	00:41:52	00:49:20	00:33:22	00:29:21
Actual	Glenfield General Hospital	00:20:24	00:22:13	00:21:46	00:20:02	00:23:31	00:20:17						
	Leicester Royal Infirmary	00:46:18	00:35:39	00:40:18	00:33:49	00:56:26	00:34:09						
	ICB Level	00:42:44	00:34:13	00:37:52	00:32:02	00:51:16	00:33:04						
Variance	Glenfield General Hospital	00:02:05	00:04:34	00:02:42	-00:00:21	00:02:39	-00:01:39						
	Leicester Royal Infirmary	00:00:45	00:01:44	-00:00:35	-00:04:53	00:20:05	-00:11:16						
	ICB Level	00:01:36	00:02:59	00:00:48	-00:03:42	00:17:39	-00:08:23						

UHL and EMAS continue to work together to reduce these delays which ensures crews can respond to patients waiting in the community. This work utilises all system partners in the improvements required for this position, and a reduction in the hours lost by EMAS to prolonged handover delays to be sustained and this is a key priority for the Health Secretary, the ICB, EMAS and the wider system. Hospital handover delays are very closely monitored and scrutinised by the NHS England regional Team, through regular meetings that include sharing of initiatives that have shown improvement in other areas across the Midlands and Nationally.

LLR Operational and Resource Overview

Within LLR division of EMAS there are approximately 500 frontline staff, covering its emergency response 24/7. There are qualified Paramedics and Technicians, as well as unqualified clinical support roles and student Paramedics and Student Technicians on a variety of educational pathways including university programmes and apprenticeships. There are also Community First Responder programmes across the footprint, with committed volunteers also responding alongside frontline teams, as appropriate and providing education to local communities in relation to CPR, and other activities. Rotas are primarily based around service demand and skill mix and incorporate flexible working and development opportunities.

Across the LLR footprint are ambulance stations of varying sizes and functions with the Divisional Headquarters based within Leicestershire Fire and Rescue HQ in Birstall.

Ambulance Stations are currently located in:

- Coalville
- Gorse Hill (Includes fleet workshops and the daily Operational Cell with Clinical and Command Leadership)
- Goodwood
- Hinckley
- Loughborough
- Lutterworth
- Market Harborough
- Narborough (Includes an Education Centre and Remembrance Garden)
- Oakham

Our crews respond in a variety of vehicles, primarily double crewed ambulances (DCAs). EMAS also utilise fast response cars (FRV), these support clinicians getting to our rural areas more easily, and Paramedics with Specialist skills or medicines being able to support larger, more complex or challenging jobs. Many of the FRVs are now electric and LLR are working towards having the first electric powered ambulances in operation for EMAS in

2026. An internal fleet team provide maintenance, cleaning, re-stocking services where possible and many apprenticeships are available within this area of the service offering great job opportunities and qualifications for school leavers.

The Ambulance Service has a key part to play in responding to Major Incidents and committee members keen to understand more would find the recommendations from the Manchester Arena Inquiry useful to be aware of. Not all of these have been moved forward, as many of them carry a budgetary implication, which has not yet been identified. EMAS have made steps to address some of these, as a Trust, as a cost pressure.

Collaboration

The Ambulance Service has a unique position being both a core NHS Health System Partner and also a Blue Light Response Service. EMAS is a key partner in the Local Resilience Forum and is classed as a Category 1 Responder for Emergency Planning and Response.

EMAS work very closely with local Health and Social Care Partners daily, supporting patients to receive the most appropriate care in a timely way, close to home where possible and appropriate.

Conclusions

3. This report is primarily to inform the committee and provide a base level of knowledge to understand the ambulance service, its demands, challenges, responsiveness and the factors that impact these within LLR. This is intended to ensure that appropriate and informed scrutiny can be applied to the service and the wider health system to improve the experience and outcomes for those who require a response. It is not intended to be exhaustive, and the author would welcome the opportunity to speak further with any members of the committee who would like to understand more. There are no specific proposals or approvals being sought at this time.

Background information

Further information in relation to ambulance services from a National perspective can be found using the public websites and links below:

- [AACE: Association of Ambulance Chief Executives](#)
- [NHS England » Ambulance Response Programme](#)
- [Delayed Hospital Handovers: Impact Assessment of Patient Harm - AACE, Nov 2021 - aace.org.uk](#)
- [AACE TAKING STOCK 09.2023. 1.0](#)
- [Manchester Arena Inquiry Volume 2: Emergency Response - GOV.UK](#)

Circulation under the Local Issues Alert Procedure

4. None.

Equality Implications

5. All internal EMAS policies and procedures are subject to an Equality Impact Assessment (EIA).

Human Rights Implications

6. There are no human rights implications arising from the recommendations in this report.

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