



## INTEGRATED BUSINESS PLAN 2010/11-2014/15

### Appendix 4 Integrating care and transport: Foundation Trust public consultation response

#### BACKGROUND

1. Name of Applicant	North East Ambulance Service NHS Trust
2. Area served by Trust	<p>The North East Ambulance Service (NEAS) NHS Trust was formed in July 2006 and provides 999 and ambulance care and transport services to the North East of England. The Trust covers an area of approximately 3,200 square miles serving a population of 2.6 million people in Northumberland, Tyne &amp; Wear, County Durham and Darlington and Teesside. The Trust's services include pre-hospital emergency care; patient transport services for planned appointments; emergency planning and response in the event of a major incident; and medical cover and training services to public events and organisations throughout the North East region.</p>
3. Contact details of person responsible for the public consultation	<p>Mark Cotton Assistant Director of Communications &amp; Engagement</p> <p>Tel: 0191 430 2006 <a href="mailto:mark.cotton@neas.nhs.uk">mark.cotton@neas.nhs.uk</a></p>

#### ABOUT THE PUBLIC CONSULTATION

4. Dates of public consultation	<b>Started:</b> Friday 5 <sup>th</sup> June 2009	<b>Finished:</b> Friday 28 <sup>th</sup> August 2009
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5. Which media were used for the public consultation document?

- Full consultation document in hard copy
- Summary consultation document in hard copy
- Web-based consultation documents
- DVD audio-video presentations
- <http://twitter.com/NEAmbulance>
- <http://www.youtube.com>
- The consultation document stated that it could be made available in other formats. One talking book; one large print and two Braille versions were produced. No requests were made for the document to be produced in a language other than English.
- BBC TV Breakfast News; The Journal; Newcastle Evening Chronicle; Northern Echo; Teesside Evening Gazette; South Shields Gazette; Hexham Courant; Berwick Advertiser; Northumberland Gazette; Whitley Bay Guardian; BBC Local Radio; Durham FM; Newcastle FAST FM

### **5.1 Consultation process**

#### 5.1.1 Engagement and planning

Discussions on the Trust's vision; foundation trust application; governance proposals; consultation plan and membership strategy were held with a number of stakeholders as part of the planning and preparation for the statutory consultation.

This included sharing a number of ideas on the structure of the "member constituencies" and size of council of governors; membership numbers and minimum age of members. These discussions were sometimes formal and, on other occasions, very informal; but they all helped to shape and plan the consultation exercise. They included:

- Ambulance LINK forum, consisting representatives from all 12 LINKs in the service area at meetings on 3<sup>rd</sup> December 2008; 9<sup>th</sup> February 2009; and 6<sup>th</sup> April 2009. Further presentations were made to Stockton LINK on 2<sup>nd</sup> March 2009. In addition, a number of informal discussions were held with LINK members at a North East OSC regional seminar on 11<sup>th</sup> December 2008; County Durham LINK workshop on 20<sup>th</sup> October 2008; and the Northumberland LINK liaison committee on 4<sup>th</sup> June 2009.
- Local authority OSCs received presentations and took part in discussions involving the proposed foundation trust application. These included:

- County Durham OSC on 11<sup>th</sup> September 2008 and 31<sup>st</sup> October 2008
- Stockton OSC on 26<sup>th</sup> September 2008.
- Sunderland OSC on 3<sup>rd</sup> December 2008.
- Darlington OSC on 21<sup>st</sup> October 2008 and 9<sup>th</sup> December 2008.
- North Tyneside OSC on 23<sup>rd</sup> September 2008
- Newcastle OSC on 27<sup>th</sup> October 2008.
- Northumberland OSC on 14<sup>th</sup> November 2008 and 23<sup>rd</sup> February 2009
- Tees Valley Health Scrutiny joint committee on 30<sup>th</sup> January 2009; 23<sup>rd</sup> February 2009; and 20<sup>th</sup> April 2009.

Discussions and involvement in the planning of the consultation were also held with a number of other stakeholders including:

- Gateshead Voluntary Organisation Council on 13<sup>th</sup> November 2008.
- Haltwhistle Town Council on 1<sup>st</sup> December 2008
- Gateshead Community Network on 24<sup>th</sup> February 2009 and the North East Youth Forum on 1<sup>st</sup> May 2009
- A series of focus groups for pupils aged 12-16 at All Saints College in West Denton, Newcastle between 17<sup>th</sup> March and 28<sup>th</sup> April 2009.
- Newcastle ward co-ordinators meeting on 2<sup>nd</sup> February 2009.
- NHS North East non-executive directors development group and;
- Gateshead diversity forum on 11<sup>th</sup> March 2009

#### 5.1.2 Key Audiences

There is an extensive list of consultees which includes all North East England NHS organisations, Local Medical Councils and individual GPs, local authorities, Local Strategic Partnerships, community and voluntary organisations, Local Involvement Networks, MPs; regional organisations including Government Office North East, One NorthEast, Regional Assembly and Health Protection Agency; police, fire and maritime coastguard agencies, voluntary agencies including St John Ambulance, British Red Cross and Great North Air Ambulance; patient bodies such as PALS and ICAS; universities; industrial, manufacturing and business organisations including COMAH sites and the media.

Nearly 4,000 full consultation documents and 20,000 summary consultation documents were distributed across the North East Ambulance Service Trust area. A copy was sent to:

- Every employee of NEAS.
- Businesses in the North East, parish councils; chairs and chief executives of the other ten English ambulance services; all six North East Local Medical Committee's and COMAH sites in the North East.
- The five universities in the region.
- The chief executives; chairman and council leaders of the 12 unitary authorities in the North East
- The voluntary ambulance agencies – British Red Cross, St John Ambulance and Great North Air Ambulance
- The chief officers and chief constables of the region's four fire and rescue services and three police forces; British Transport Police; Maritime and Coastguard Agency.
- The chairs, chief executives and communications leads for the region's acute and mental health trusts.
- The chairs, chief executives and communications leads for the region's primary care trusts.
- The region's MPs
- Each one of the region's elected councillors and mayors.
- 4,120 summary documents were sent to all 412 GP practices in the North East of England.
- Local libraries
- Each of the 12 Local Involvement Networks and 12 overview & scrutiny committees in the North East.

## 5.2 Presentation at public meetings

Date		Venue	Attendees
7 <sup>th</sup> July, 6pm	Public Meeting	Sunderland Marriott Hotel, Queens Parade, Sunderland	0
8 <sup>th</sup> July, 2pm	Public Meeting	Bethany Christian Centre, Houghton-le-Spring, County Durham	12
9 <sup>th</sup> July, 6pm	Public Meeting	Dolphin Centre, Horsemarket, Darlington	1
16 <sup>th</sup> July, 6pm	Public Meeting	Middlesbrough Training and Learning Centre, Cargo Fleet Lane, Middlesbrough	4
21 <sup>st</sup> July, 6pm	Public Meeting	Durham County Cricket Club, County Ground, Riverside, Chester-le-Street, County Durham	5

30 <sup>th</sup> July, 6pm	Public Meeting	The Jersey Country Hotel, Barnard Castle, County Durham	9
4 <sup>th</sup> August, 10am	Public Meeting	St James Community Centre, Well Way, Morpeth, Northumberland	0
4 <sup>th</sup> August, 6pm	Public Meeting	Swan Parsons Room, Barras Bridge, Newcastle Civic Centre.	5
6 <sup>th</sup> August, 6pm	Public Meeting	Whitbread Room, The Old Brewery, Castle Eden, County Durham	0
12 <sup>th</sup> August, 1.30pm	Public Meeting	Alnwick Community Development Trust, Fenkle St, Alnwick, Northumberland	0
18 <sup>th</sup> August, 10am	Public Meeting	The Torch Centre, Corbridge Road, Northumberland	2
26 <sup>th</sup> August, 2pm	Public Meeting	Briardale Centre, Briardale Rd, Blyth, Northumberland	0
27 <sup>th</sup> August, 11am	Public Meeting	The William Elder Building, Castlegate, Berwick upon Tweed, Northumberland	2

### 5.3 Presentation at other meetings

Date	Meeting	Venue	Attendees
8 <sup>th</sup> June, 11am	Ambulance regional LINK forum	Abbey Suite, Beaumont Hotel, Beaumont Street, Hexham, Northumberland	21
9 <sup>th</sup> June, 6pm	West area committee	Beaumont Hotel, Hexham, Northumberland	28
9 <sup>th</sup> June, 6.30pm	Viewpoint focus group	Whickham Room, Gateshead Civic Centre	8
11 <sup>th</sup> June, 12.30pm	Viewpoint focus group	Blaydon Room, Gateshead Civic Centre	25
15 <sup>th</sup> June, 5.30pm	Stockton Council member's	Education Centre, Norton	23

		seminar		
	16 <sup>th</sup> June, 6.15pm	North Shields Area forum	St Columba's United Reform Church, Northumberland Square, North Shields	10
	16 <sup>th</sup> June, 7.15pm	Wingrove Ward committee	Apostolic Church, Spital Tongues, Newcastle	32
	17 <sup>th</sup> June, 6.15pm	Wallsend Area Forum	Wallsend Town Hall, High Street East, Wallsend	19
	18 <sup>th</sup> June, 10am	Hartlepool LINK	Hartlepool Maritime Museum	13
	22 <sup>nd</sup> June, 10am	Tees Valley Health Scrutiny Joint Committee	Town Hall, Middlesbrough,	
	23 <sup>rd</sup> June, 6pm	Western area partnership	Eaglescliffe Youth Club, Urray Nook Road, Eaglescliffe.	19
	24 <sup>th</sup> June, 10am	Adults, Well Being and Health OSC	County Hall, Durham	27
	25 <sup>th</sup> June, 2pm	Stockton Central Area forum	Education Centre, Junction Road, Norton	26
	30 <sup>th</sup> June, 9.30am	Stockton Eastern Area forum	Five Lamps Organisation, Eldon Street, Thornaby	7
	2 <sup>nd</sup> July, 1pm	Care and Wellbeing OSC committee	County Hall, Morpeth	16
	2 <sup>nd</sup> July, 6pm	Denton Ward committee	West Denton Community Association, Hillhead Road, Newcastle	27
	6 <sup>th</sup> July, 6pm	Billingham Area forum	New Life Family Centre, Low Grange Avenue, Billingham	24
	7 <sup>th</sup> July, 5pm	Stockton Renaissance Area committee	Castlegate Quay Watersports Centre, Moat Street, Stockton.	38
	8 <sup>th</sup> July, 6pm	Northumberland south	Choppington Social Welfare Centre,	57

	east Area committee	Fernley Drive, Choppington	
9 <sup>th</sup> July, 6.30pm	Westerhope ward committee	Westerhope Community Association, Hillhead Road, Newcastle	22
16 <sup>th</sup> July, 10am	South Shields community area forum	Jarrow Town Hall, Grange Road, Jarrow	34
20 <sup>th</sup> July, 4.30pm	Teesside councillors meeting	Middlesbrough town hall	17
20 <sup>th</sup> July, 7pm	Dene ward committee	Disability North, Dene Centre, Castle Farm Rd, Newcastle	25
22 <sup>nd</sup> July, 6pm	Hartlepool North area consultative forum	West View Community Centre, Miers Avenue	30
23 <sup>rd</sup> July, 6pm	Hartlepool Central area consultative forum	Council Chamber, Civic Centre	28
28 <sup>th</sup> July, 10am	Full council of Redcar & Cleveland Council	Eston Town Hall	12
29 <sup>th</sup> July, 10am	South Shields community area forum	All Saints Community Association, Stanley Street, South Shields	24
3 <sup>rd</sup> August, 10.15am	Gold panel focus group	Havelock Street Centre, Katherine Street, Darlington	20
5 <sup>th</sup> August, 6.15pm	Redcar area committee	Park Court Community Centre, Dormanstown	28
7 <sup>th</sup> August, 2pm	Hartlepool South area consultative forum	Owton Rossmere Resource Centre, Wynyard Road, Hartlepool	19
12 <sup>th</sup> August, 6.20pm	East Cleveland area committee	St Germain's Grange, Vicarage Drive, Marske	24
17 <sup>th</sup> August, 12.30pm	Hexham Rotary	Beaumont Hotel, Hexham,	25

	Club	Northumberland,	
18 <sup>th</sup> August, 6.20pm	Greater Easton area committee	Nunthorpe Youth & Community Centre, Guisborough Road, Nunthorpe.	23
19 <sup>th</sup> August, 6pm	Planning and Transport committee	Morpeth Town Council, Storey Park Community Centre, Morpeth.	7
19 <sup>th</sup> August, 6.20pm	Kilton area committee	Brotton Methodist Church Centre, High Street.	10
25 <sup>th</sup> August, 9.30am	Durham Links	Pioneering Centre, Cobblers Hall, Burn Lane, Newton Aycliffe, Durham	22
25 <sup>th</sup> August, 6.20pm	Guisborough area committee	Boosbeck Community Centre, Fenton Street, Boosbeck.	33
1 <sup>st</sup> September, 1pm	North Tees Hospital users group	North Tees Hospital ( <i>meeting re-arranged from 3<sup>rd</sup> August 2009</i> )	9

#### 5.4 Presentation at public events

Date	Meeting	Venue	Attendees
4 <sup>th</sup> June	Public event	Swallowwell Ambulance Open Day, Gateshead	87
6 <sup>th</sup> – 7 <sup>th</sup> June	Public event	Corbridge Annual Steam Rally, Northumberland	294
7 <sup>th</sup> June	Public event	Hurworth Community Open Day, Darlington	48
11 <sup>th</sup> June	Public event	Durham Miners Gala	171
13 <sup>th</sup> June	Public event	Gateshead Community Open Day	170
18 <sup>th</sup> June	Public event	The Pink Picnic, Newcastle	375
27 <sup>th</sup> June	Public event	Preston Hall Fire Engine Rally,	229



		Stockton	
24 <sup>th</sup> – 25 <sup>th</sup> July	Public event	Sunderland Air Show	507
30 <sup>th</sup> July – 2 <sup>nd</sup> Aug	Public event	Stockton Festival	230
29 <sup>th</sup> August	Public event	Bellingham Show, Northumberland	67
29 <sup>th</sup> August	Public event	Great Aycliffe Show, Durham	18
30 <sup>th</sup> August	Public event	Dyke Neuk Show, Northumberland	77
31 <sup>st</sup> August	Public event	Glendale Agricultural Show, Northumberland	76
5 <sup>th</sup> – 7 <sup>th</sup> September	Public event	Wolsingham Agricultural Show, County Durham	382

### 5.5 Presentation for NEAS staff

Date	Meeting	Venue	Attendees
10 <sup>th</sup> June, 10am	A&E North of Tyne	Fulbeck Grange, Morpeth	1
10 <sup>th</sup> June, 3pm	Statutory and Mandatory training	Bernicia House	13
12 <sup>th</sup> June, 3pm	Statutory and Mandatory training	Education Centre, Norton	8
16 <sup>th</sup> June, 6pm	A&E Control	Bernicia House	1
17 <sup>th</sup> June, 3pm	Statutory and Mandatory training	Bernicia House	8
19 <sup>th</sup> June, 3pm	Statutory and Mandatory training	Bernicia House	12
23 <sup>rd</sup> June, 10am	South of Tyne A&E	Sea Hotel, South Shields	1
24 <sup>th</sup> June, 3pm	PTS Training	Earls House, Durham	11
29 <sup>th</sup> June, 12pm	HQ Support Services	Bernicia House	2

	7 <sup>th</sup> July, 10am	A&E Durham	Earls House, Durham	0
	8 <sup>th</sup> July, 2pm	Fleet	Pallion, Sunderland	30
	13 <sup>th</sup> July, 10am	HQ Support Services	Bernicia House	12
	15 <sup>th</sup> July, 10am	PTS Durham	Earls House, Durham	3
	15 <sup>th</sup> July, 3pm	Statutory and Mandatory training	Bernicia House	6
	22 <sup>nd</sup> July, 10am	PTS North of Tyne	Fulbeck Grange, Morpeth	0
	27 <sup>th</sup> July, 10am	PTS Control	Bernicia House	16
	30 <sup>th</sup> July, 6pm	South of Tyne PTS	National Glass Centre, Sunderland	3
	4 <sup>th</sup> Aug, 10am	A&E Teesside	Hartlepool Maritime Museum	0
	5 <sup>th</sup> Aug, 3pm	Statutory and Mandatory training	Fulbeck Grange, Morpeth	13
	7 <sup>th</sup> Aug, 3pm	Statutory and Mandatory training	Bernicia House	9
	11 <sup>th</sup> Aug, 6pm	Teesside PTS	Middlesbrough Training and Learning Centre, Cargo Fleet Lane, Middlesbrough	2
	13 <sup>th</sup> Aug, 1pm	Fleet	Stockton Ambulance Station	6
	21 <sup>st</sup> Aug, 10am	Fulbeck Staff	Fulbeck Grange, Morpeth	7

6. Number of formal responses received	<b>Format</b>	<b>Number</b>
	Hardcopy, using proforma	129
	Others in hardcopy - letters	19
	On website	0
	By e-mail	1
	By telephone	1002, including telephone survey
	By fax	0
	By text	0
	Verbally at public meetings	1,026 attendees at formal Trust presentations

7. Was the pattern of responses to the public consultation in line with the demography and geography of the area? Were there any areas or groups that were not adequately represented in the responses received? Provide explanations where necessary, and details of trust action plans to target under-represented areas.

The Trust plan was to attend as many community and resident meetings as possible organised by local authorities and patient groups. Where we were not able to give a presentation at these meetings – Sunderland, County Durham and Darlington – we used local council and LINK networks to publicise public meetings hosted by NEAS. These meetings, listed above in detail, are represented by geographical spread in this table:

	Public meetings	Other meetings	Public Events
<b>Northumberland</b>	5	6	4
<b>Newcastle</b>	1	3	1
<b>North Tyneside</b>	0	2	0
<b>Gateshead</b>	0	2	2
<b>South Tyneside</b>	0	2	0
<b>Sunderland</b>	2	0	1
<b>County Durham</b>	3	2	3
<b>Darlington</b>	1	1	1
<b>Hartlepool</b>	0	4	0
<b>Stockton</b>	0	7	2
<b>Middlesbrough</b>	1	2	0
<b>Redcar &amp; Cleveland</b>	0	6	0

In addition, the Adults Well-being and Health Scrutiny Committee for Northumberland requested additional public meetings across the county and a further five were held during August 2009.

Attendances at public meetings organised by NEAS was poor, despite considerable effort in publicity through local media, local authority networks (such as direct contact with councillors and publicity through newsletters); Local Involvement Networks and members'

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newsletters at other NHS Foundation Trusts. One explanation for this may be due to another formal consultation being carried out at the same time by the North of Tyne PCT cluster and Northumbria Healthcare Foundation Trust on hospital reconfigurations across Northumberland. Ambulance issues on transport and response rates were raised by attendees at many of these meetings prior to NEAS arranging additional public presentations.

Formal responses received by the Trust were evenly spread across its geographic area. The lowest number of responses came from Sunderland and East Durham, although the recruitment of Foundation Trust members was very high in Sunderland. A total of 507 people received a copy of the summary consultation document and signed up to become FT members at the Sunderland Air Show. A total of 110 members have also been recruited in East Durham; mainly from Easington, which is one of the most deprived wards in England.

The Trust received more formal responses to its consultation from men than women. However, more women than men have currently signed up to become foundation trust members. Efforts were made after the consultation by The Campaign Company, commissioned by NEAS to assist in recruiting members, to increase the number of men in the foundation trust membership.

The second most number of meetings and events held by the Trust over the period of the consultation was in the borough of Stockton-on-Tees. However, this area has the lowest number of foundation trust members across the service area to date. Efforts were made after the consultation by The Campaign Company to increase the number of foundation trust members in this borough.

Recruitment of Foundation Trust members started at the same time as the public consultation. The Trust had recruited 2,653 public members by the end of the consultation period. The membership profile by October 2009 for 4,673 members who had been uploaded on to the Trust's database:

<b>Age</b>	
0-16	282
17-21	390
22+	3,698
Not declared	303
<b>Ethnicity</b>	
White	4,603
BME	135
<b>Gender</b>	
Male	1,875
Female	2,791
Not declared	7
<b>Socio-economic groupings</b>	
ABC1	2,192
C2	1,522
D	208

<b>Constituency membership</b>	
North of Tyne	1,229
South of Tyne	1,167
Durham	1,473
Teesside	805

The Trust received the lowest number of responses during the consultation from children and Black and Ethnic Minority populations. NEAS is already engaged in developing closer links with both groups and the membership

strategy for the foundation trust will move forward in targeting these more under-represented groups.

## ABOUT THE COMMENTS

8. Please list responses received from major stakeholders (individuals and organisations) and their general view – include local MPs, local authorities, local NHS organisations, professional and staff representative bodies etc., local commercial organisations, national and local voluntary organisations, etc.

<b>Name</b>	<b>Broadly in favour</b>	<b>Broadly neutral</b>	<b>Broadly opposed</b>	<b>Main issue raised</b>
Brian Hesler, Chief Officer, Northumberland Fire & Rescue	√			Supported one governor from North East Regional Resilience Forum to represent police and fire brigades.
South Tyneside NHS FT	√			
Tees Esk and Wear Valley NHS FT	√			Acute Trust appointed governor to be represented by Northumbria Healthcare; Mental Health appointed governor to be represented by Tees Esk and Wear Valley.
Middlesbrough PCT and Redcar & Cleveland PCT	√			Support is subject to Cat A response times being met in both PCT areas from January 2010 onwards.
Hartlepool PCT and Stockton TPCT	√			<ul style="list-style-type: none"> <li>Each administrative area on Teesside should have a minimum of one public governor</li> <li>Support members as young as 12, but not with voting rights.</li> <li>Wish to see NEAS' commitment to provide care closer to home more explicitly articulated in vision and priorities.</li> </ul>

				<ul style="list-style-type: none"> <li>• A robust and transparent appeals process is needed if vexatious individuals are to be excluded.</li> </ul>
Gateshead & South Tyneside Local Medical Committee		√		<ul style="list-style-type: none"> <li>• Services need to be maintained at no extra cost to health market.</li> <li>• Seeking assurances that paramedics' autonomy in terms of the decision to take people to hospital is maintained and that there will be no increase in amount of work returned to primary care organisations.</li> <li>• As more care is moved into the community, it is essential that ambulances take patients to non-NHS addresses to reflect the move of services from hospitals and other establishments.</li> </ul>
NHS North of Tyne	√			<ul style="list-style-type: none"> <li>• Appreciated NEAS' response to hold further public meetings in Northumberland</li> <li>• Looks forward to continuing work to improve rural response times in Northumberland.</li> <li>• Recommends that proposed governorship represents diversity of both rural and urban areas in North East</li> <li>• As lead commissioner for NEAS, the Board has ensured that all commissioners in North East have been updated on FT proposals and have had an opportunity to comment on behalf of their populations.</li> </ul>
Northumberland, Tyne and Wear NHS Trust	√			<ul style="list-style-type: none"> <li>• Consultation document was clear and easy to read</li> <li>• Concerned that current Council of Governors could exclude rural communities;</li> </ul>

				or else leave them under-represented.
South Tyneside Council	√			
Durham County Council	√			<ul style="list-style-type: none"> <li>• Concerned about how emergencies will be responded to when services at Bishop Auckland will only deal with minor injuries. Rural response times also remain a concern.</li> <li>• Concern over transport interface between hospital and intermediate care.</li> <li>• Support membership for children as young as 12, but caution that appropriate methods of engagement and existing structures are utilised, such as Local Children's Boards.</li> </ul>
Barnard Castle Town Council	√			<ul style="list-style-type: none"> <li>• Consideration must be given to rural areas being adequately represented in FT membership; Council of Governors and Board of Directors.</li> <li>• FT must work closely with communities and take their views seriously</li> <li>• Remuneration of Board should be reasonable and made without compromising services.</li> </ul>
Frank Cook, MP for Stockton North			√	<ul style="list-style-type: none"> <li>• NHS is bedevilled by continuing and unceasing organisational change which absorbs scarce resources to no good purpose.</li> </ul>
Linda Arkley, Elected Mayor of North Tyneside	√			<ul style="list-style-type: none"> <li>• Supports vision and priorities</li> <li>• Patient safety and quality are key priorities as well as meeting performance targets.</li> <li>• Supports arrangements for membership and governors.</li> </ul>

				<ul style="list-style-type: none"> <li>• Asked NEAS to explore idea of dedicated lead on protection of vulnerable adults for the North of Tyne area.</li> <li>• Welcomed continued involvement in completing a code of practice and protocol for conveyance of patients detained under Mental Health Act.</li> <li>• Looked forward to establish systems between NEAS and council's own Adult Social Care Service to prevent hospital admissions and reduce ambulance calls.</li> </ul>
Councillor Liz Langfield, Executive Member for adult care and health, Newcastle City Council	√			<ul style="list-style-type: none"> <li>• Supports membership at 12 and suggests the council's existing infrastructure and systems for youth engagement are used.</li> <li>• Effective community consultation is stressed to ensure residents have a say in the future FT structure.</li> <li>• Waiting times for non-emergency ambulances need to be addressed.</li> <li>• Wanted to know of future NEAS plans to broaden its role and how these would fit with the Council's own strategic plans – in particular around transport.</li> </ul>

9. Apart from those listed in 8 (above), how many other responses were received in total?	341
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## 9 (a) Was there an OSC review process?

A Joint Health Overview & Scrutiny Committee for North East England was formed to consider the NEAS consultation and application for Foundation Trust status. In addition, comments were also received from

- Tees Valley Health Scrutiny Joint Committee (composed of representatives from Darlington Borough Council, Hartlepool Borough Council, Middlesbrough Council, Redcar and Cleveland Borough Council and Stockton-on-Tees Borough Council)
- Care and Well-being Scrutiny Committee, Northumberland County Council
- Adult Health and Well-being Scrutiny Committee, Durham County Council

### **Joint Health Overview & Scrutiny Committee for North East England**

The joint committee was composed of representatives from Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle City Council, Northumberland County Council, North Tyneside Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council.

The Committee was broadly neutral in its response and recommended that:

- The administrative costs of servicing a membership of 10,000 should be kept to a minimum. Ten thousand seemed an ambitious target, but it was noted that there was an expectation for ambulance trusts to recruit a credible and representative membership.
- NEAS should consider whether elections for governors should be based on the areas served by particular Local Involvement Networks (LINKs), to allow better integration with other methods of public and patient involvement.
- Allowing only one appointed governor from twelve local authorities would not adequately reflect the range of different priorities, interests and experience across the region. The committee recommends a larger number, preferably one per local authority.
- If looking to engage with members as young as 12 years old, NEAS should make use of the expertise of Children's Trusts - and all other existing youth engagement structures in the region - to support and engage young people in ways comfortable and accessible to them. NEAS should also consider different methods of engagement, such as establishing focus groups for existing young service-users e.g. on dialysis, who could provide first-hand experience of the ambulance and/or patient transport services.
- Board meetings should continue to be held in public. The Committee asked NEAS to consider ways in which meetings could be made as accessible as possible to the public, including being held at different venues around the region.
- Rules for the exclusion of "vexatious" individuals were necessary, but it was important that they should be applied carefully, for example to avoid exclusion of people with mental health problems.

- There should be a freeze in remuneration of directors and non-executive directors (including the chair) for 12 months, to allow the council of governors' time to become familiar with roles and responsibilities in the Foundation Trust before having to make decisions about remuneration.
- The priority for reinvesting surpluses earned by the Foundation Trust should be front-line services for patients. The Committee noted that, despite uncertainties over future NHS funding, NEAS's application to the Department was required to show realistic prospects of surpluses even under the worst case specified.

The Committee also recommends that the following should be priorities for the NEAS and should continue to be so under the Foundation Trust:

- Consistency of services and response times across the region. This should apply to all services, not just to urgent transport.
- Consideration of how best to integrate services with the air ambulance.
- Improving links and co-ordination with other providers of patient transport.

### **Tees Valley Health Scrutiny Joint Committee**

The committee was broadly neutral in its response and asked that the Trust Board consider the following points:

- The Joint Scrutiny Committee notes that NEAS has proposed seven appointed governors, with one coming from local government. There are twelve local authorities in the NEAS area of responsibility, each having their own character. Further, within the region, those twelve local authorities form a number of sub regions, with the Tees Valley being one of those sub regions. As such, The Joint Scrutiny Committee does not feel that one seat to represent those 12 local authorities is sufficient and would urge NEAS to give further thought to how those local authorities could be better represented. The Joint Scrutiny Committee is clear in its view that one seat will not allow meaningful engagement from all of the region's local authorities.
- The Joint Scrutiny Committee is also interested in the topic of surpluses and the ability for Foundation Trust's to keep them. With a tighter financial climate in the NHS from 2011, the Joint Scrutiny Committee would question whether surpluses would be achievable. Still, assuming that a surplus is achievable, the Joint Scrutiny Committee would be interested to hear about the sorts of things in which a surplus could be invested. Further, the Joint Scrutiny Committee would be interested in hearing NEAS' thoughts on the process it would go through to involve partners about the level of surpluses and the decision making process about where those surpluses are spent.
- The Joint Scrutiny Committee would also be interested to hear more information, when available, as to how NEAS will seek to engage with the communities it serves and particularly young people. On this point, the Joint Scrutiny Committee would urge NEAS to seek the advice of local authorities and Elected Members,

who have extensive experience in engaging communities and developing services according to the views expressed. On the topic of public engagement, the Joint Scrutiny Committee notes that the targeted 10,000 public members would be less than 0.5% of the area's population, but is conscious that there are a number of difficulties in securing a large number of Members. The Joint Scrutiny Committee would also be interested in establishing the likely cost of servicing a membership base of 10,000.

- Relating to Membership and the engagement of young people, the Joint Scrutiny Committee feels that the minimum age for Membership being set at 12 years is too young and would suggest that 16 years is more appropriate. Perhaps if there are cohorts of young people under 16 years who are regular users of your transport services, say for accessing dialysis services, working groups could be established to gather their views.
- The Joint Scrutiny Committee is clear that if a NEAS Foundation Trust is going to be relevant and an engaging service for all parts of the North East, it would be desirable that meetings are held around the region, providing people with the opportunity to attend should they so wish. Connected to this, the Joint Scrutiny Committee is aware of a number of Trusts becoming Foundation Trusts and moving to holding the vast majority of Board meetings in private. The Joint Scrutiny Committee would urge NEAS, should it obtain Foundation Trust status, to keep its Board meetings in public, as greater public engagement, accountability and transparency are fundamental to the very ethos of Foundation Trusts.

### **Care and Well-being Scrutiny Committee, Northumberland County Council**

The committee was broadly in favour in its response and asked that the Trust Board consider the following points:

- Members welcomed the financial independence of Foundation Trust status which would enable the Trust to use residues to develop new ways of working.
- Members raised concerns at the level of membership, commenting that this was likely to be highly expensive (manpower, postage etc).
- The Committee expressed concern regarding the proposal to recruit members as young as 12 years of age, with limited life experience, and suggested an age limit of 16 would be more appropriate.
- Members were reassured that the service regulator would be looking to ensure that membership of the Trust represented the mix and richness of the different populations in the North East.
- Regarding public meetings, it was noted that the Trust had attended existing forums and meetings arranged throughout the North East and had hosted some meetings in other areas. The Committee suggested that service requirements in Northumberland were not the same as other areas of the North East and the Trust should be more pro-active and arrange meetings in those areas where no other meeting had been held to date. Members agreed to suggest such areas to the Trust.
- Response times, particularly in rural areas were still causing concern and, whilst recognising that the Ambulance Working Group had been re-established to

improve the situation, the Committee asked that they be kept regularly informed of progress.

### **Adult Health and Well-being Scrutiny Committee, Durham County Council**

The committee was broadly neutral in its response and asked that the Trust Board consider the following points:

#### Governance

- Members were concerned at the magnitude of costs of developing and servicing, including training and development, a membership of 10,000 over the next three years, and urged that these costs should be minimised.
- Members would wish to see any surpluses generated by the Foundation Trust re-invested in front-line services.
- Concerns were expressed that Membership of the Foundation Trust should attempt to avoid single interest agenda's. The Foundation Trust should seek opportunities to engage users and carers and hard to reach communities, recognising equality and diversity issues (note the reference to young people below), it is recognised that a filter/appeals system would be required to deal with potential conflicts of interest.
- Members requested that Board meetings should continue to be held in public at a range of venues across the region.
- Members were keen to support NEAS proposals for Membership to be open to those aged over 12 years and suggested that consideration should be given to methods that are used to engage with young people, as well as the structures that could be utilised such as Local Children's Boards, and in Durham, Investors in Children.
- Members would wish to see a freeze for twelve months on the level of remuneration for Directors and Non Executive Directors of the Foundation Trust.
- The geographical split of public governors on the Boards should be aligned to Local Involvement Network areas across the region.
- NEAS proposals are for only one local authority representative on the Board of Governors. In Durham, we suggest that discussions are taken forward with the Association of North East Councils on this matter, and also that examples of other models for local authority membership are considered such as Tees Esk and Wear Valley Mental Health Foundation Trust.
- In Durham, the overview and scrutiny function looks forward to continuing to provide challenge to all Foundation Trusts covering Durham and to a positive relationship to that end.

#### Service delivery

- Consideration should be given by NEAS to adopting the Air Ambulance Service to ensure its services in future.
- Ambulance response times in rural areas continues to be a concern and Members would wish to see this improve and will continue to monitor the situation.

10. Excluding those recorded at 8 (above), how many responses were:

<b>Broadly in favour</b>	<b>Broadly neutral</b>	<b>Broadly opposed</b>
168	139	34

## TRUST RESPONSE

11. Does the trust have any comments about the general tone of responses received? For example, were those opposing the proposals expressing fundamental objections or picking up minor (possibly technical) issues?

In the majority of responses, there was constructive engagement and open, robust debate over the Trust proposals. Most of the responses were broadly in favour or broadly neutral with constructive comment or alternative suggestions being made.

Where the Trust received responses opposed to its proposals, these tended to be fundamental objections. In these cases, respondents felt that the NHS should be run as a welfare organisation and not as business. Some expressed concerns that the NHS was in a continual state of change and others believed that foundation status would lead to privatisation of the NHS.

12. What were the main topics that attracted critical comment and what was the trust's response?

<b>Critical comment (source)</b>	<b>Trust response</b>
<p><b>Membership:</b> It was felt that 10,000 members recruited over three years was too large for the Trust to engage with meaningfully. There was also a concern that the cost of communicating with a large membership would draw resources away from front-line patient care.</p> <p>One comment received from Durham County Council expressed concern that the Trust may become more risk averse if it needed to court the opinion of a public membership and governors in the future. This was seen as potentially holding back an organisation which is viewed as being innovative and pioneering in the developments of patient care and transport. (Public consultation; councillors)</p>	<p>We require a membership that is both “credible” and “representative” of the population we serve in the North East. There is no specific guidance on how many members we should have. So, our aim has been to initially recruit a number which represents 1% of the total number of patients we managed in the last financial year. Overall, our intention is to ensure that we have a meaningful involvement with our members.</p>

<p>Minimum age for membership: At most public meetings, attendees felt that 12 was too young for membership. At this age, it was believed that they would not have the mental capacity to properly understand the issues that they would be asked to comment upon. Most suggested 16 and a large minority said the minimum age should be 18. (Public consultation)</p>	<p>The Board felt it was important to include young people and to empower them as citizens in the development of an important public service. It was felt that the young people who are treated by the ambulance service have a voice in the organisation. But also, that this experience will give young people an insight into their responsibilities as actively engaged citizens when they come of age.</p>
<p>Constituency boundaries: A few comments received suggested that the constituency boundaries for public membership should match the boundaries of Local Involvement Networks to ensure that FT membership and engagement fitted better into the existing infrastructures for local authority and NHS patient and public involvement. (LINKs; Local Authorities)</p>	<p>The constituencies match the Trust's current operational divisions. It also matches the PCT clusters which commission ambulance services – thereby making performance reporting and accountability easily accessible and available.</p>
<p>Appointed governors: A comment was made that there should be more than one appointed governor for the voluntary sector as this was a large and often over-looked sector and too varied for one person to have a full working knowledge of the issues faced by voluntary organisations. (LINKs) Another comment was made that the Voluntary Organisations Network North East (VONNE) should be appointed the governor for this sector. (Public consultation).</p> <p>It was suggested that the one governor for local government interests should be replaced with 12 appointed governors – one for each local authority area. (Councillors). Another suggestion was that the Association of North East Councils should be approached to represent local government interest on the Council. (Durham County Council).</p>	<p>All these views will be considered by the Board. However, we must ensure that there is a majority of elected governors to appointees on the Council and we are mindful of not creating a council which is too large and unwieldy to take decisions.</p>
<p>Public governors: There should be positions on the council to represent the interests of rural</p>	<p>All these views will be considered by the Board. The number of governor on FT councils ranged from just over 20 to 60+.</p>

<p>communities. It was felt that the proposed structure would leave rural areas under-represented. (Public consultation, North of Tyne PCTs).</p> <p>Residents in Hartlepool felt that the proposed structure left them on the “periphery” of decision making with the likelihood that none of the five elected Teesside governors would come from a borough of less than 100,000 population. It was suggested that there should be public governors for each of the local authority areas on Teesside. (Public consultation; councillors; Tees Cluster PCTs).</p> <p>There were a small minority of comments that the proposed size of the NEAS Council of Governors was too small and that it should be larger. One suggestion was to model the council on arrangements made by Tees Esk and Wear Valley FT. (councillors; TEWV Governor).</p>	<p>The median is in the mid-30’s, which is what NEAS is aiming to achieve. Anything too large, and the council risks becoming a “talking shop” with no decisiveness. Too small, and it risks being unrepresentative of a large geographic area.</p>
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Not related to the Foundation Trust consultation:

<b>Critical comment</b>	<b>Trust response</b>
<p>Rural response times: These still need to be improved and the Trust’s application for foundation trust status should not divert focus or attention away from delivering front-line patient care. (Public consultation; OSC)</p>	<p>It is not our intention to lose our focus in areas such as performance in rural areas. Indeed, as a foundation trust, we would hope to recruit some of our members from rural communities and be answerable to them through more democratic structures which would be in place as an FT.</p>
<p>Air ambulance: The air ambulance should be part of NEAS and be guaranteed NHS funding to continue to operate in the region. This is seen as a vital resource which should not be vulnerable to the fluctuations of charitable donations. (Public consultation; OSC).</p>	<p>We work very closely with the Great North Air Ambulance and they are available to us to respond to 999 calls when appropriate. However, the cost of running this service is phenomenal and the issue of future funding is one which is more appropriate for a national debate rather than left to local commissioning decisions.</p>

<p>NHS integration: At three public meetings, the issue of ambulance transport was raised in conjunction with transfers from midwife-led maternity units to a consultant or discharge from hospital during out-of-hours. (Public consultation)</p>	<p>These decisions are taken by clinicians based in hospital and based upon the medical need of the patient. In the case of maternity transfers, both examples gave details of complications which arose for the mother late at night - leaving the father to follow in a taxi. The Trust explained that there is no room for more than one passenger in the back of an ambulance and that the priority is for paramedics to care for the patient.</p>
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13. What were the main areas attracting support locally? (please indicate in brackets the main source(s) of this support, e.g. patients, staff, general public)

<b>Supportive comment (source)</b>	<b>Trust response</b>
<p>Membership: A minority of verbal responses said that a membership of 10,000 “seemed about right.” This was in line with the membership size of other Foundation Trusts in the area and would not be too large or bureaucratic to maintain. (Public consultation; focus groups).</p>	<p>Comments noted.</p>
<p>Minimum age for membership: The Trust’s proposals for inclusion of people as young as 12 was welcomed. However, the Trust needed to ensure that the appropriate support and resources were available to adequately engage with young people. The existing mechanisms and infrastructure from other organisations should be used, rather the NEAS attempting to establish its own engagement strategies. (Public consultation; PCTs; Durham County Council)</p>	<p>All views would be presented to the Trust Board for consideration at the end of the consultation.</p>
<p>Constituencies: Generally supportive of the constituencies as long as NEAS ensured that the appropriate engagement strategies were in place to ensure local involvement. (Public consultation; focus groups).</p>	<p>All views would be presented to the Trust Board for consideration at the end of the consultation.</p>
<p>Vision and priorities: Where this was commented upon, all the responses were supportive of the Trust’s vision and priorities over the next</p>	<p>Comments noted.</p>



five years. There was specific interest in transport plans, particularly from councillors, and high praise was given to paramedics by all respondents who commented on their personal experiences of a high level of service received.	
Local accountability: Generally supportive to see greater accountability of NHS Trusts. However, respondents also urged the Trust not to forget that other mechanisms for consultation and engagement exist and these should not be neglected in favour of a membership	Comments noted.
Financial freedoms: Generally supportive of the financial freedoms afforded to foundation trusts with assurances that Governors would have an input into how surpluses could be reinvested into patient care.	Comments noted.

14. Specifically, what was the general tenor of responses with regard to:

Membership	<p>Generally supportive. However, most felt that the target of 10,000 public members was too high and too costly to maintain.</p> <p>It was felt that too much power was concentrated with the Chief Executive and Trust Secretary to exclude vexatious individuals. Others commented that a robust and transparent appeals process would be necessary.</p>
Council of Governors	Generally supportive.
Board of Directors	<p>Generally supportive, with the addition of a medical director and executive nurse/midwife welcomed by respondents.</p> <p>However, remuneration of directors was a sensitive issue, particular on Teesside where a recent review of pay for the chair and directors at South Tees NHS FT had led to pay rises which had been criticised in local media.</p> <p>The issue of open or private Board meetings was not formally asked in the consultation, although many respondents stated that Board meetings should remain open to the public; particularly in light of the events at Mid-Staffordshire Hospitals FT.</p>
Elections	No comments received.
Constituencies	Most respondents agreed with the proposed constituencies
Boundaries	Broadly supportive except for Teesside where representatives should be elected from each of the four boroughs and in the rural communities, where it was feared that the current arrangements would lead to an under-representation of rural issues.

Constitution	The proposed constitution states a person may not become a governor if <i>“he is a director or non-executive of the Trust or a director or non-executive director or governor of another foundation trust.”</i> This was challenged by Northumbria Healthcare NHS FT, who proposed its chief executive become the governor for acute trusts on the NEAS Council.
Age limits	Broadly divided between membership at 12 and a higher limit.
Youth representation	Generally welcomed when not tied to membership as young as 12.
Staff representation	Generally welcomed
Vision	Very supportive
Transitional arrangements	Little comment, but those who did were very supportive.
HR Strategy	No comments received.
Communications	<p>Respondents commented that the consultation document was very clear and easy to understand.</p> <p>In contrast, other respondents felt that the colour scheme in the consultation document made the text hard to read for those with sight difficulties. One person commented that the consultation document was “too long and bureaucratic.”</p> <p>The venue for one meeting was criticised as not being accessible for disabled people.</p>
Any novel suggestions received as a result of the consultation	A councillor in Stockton, commenting on the size of the proposed Trust membership, suggested that all local authority councillors become foundation trust members. These councillors would then form a sub-group to the main Council to feed the views of their constituents to public governors. As the councillor commented, residents already turn to their local councillor with complaints for a wide range of issues. It was suggested that this idea would allow for a minimal membership from which governors are elected and help keep down costs on communication and engagement.
Other issues	None.

15. Is there anything else about the public consultation exercise and outcome that you would like to let the Secretary of State or regulator know?

Issue raised	Board decision taken	Rationale
Age limits and youth representation	Minimum age of membership raised to 16. The Trust will continue to engage with younger people and work with others, such as local authorities, to involve and communicate with younger people in a less formal manner. Those who have already joined will continue to receive trust communications, but will be ineligible to vote in Council elections	There was a very strong public feeling to raise the age limit from 12. Most suggested 16 and some even said 18. Those respondents who supported a younger limit did so with a caution that NEAS should use existing infrastructure with other agencies instead of create its own involvement mechanisms.
Open Board meetings	The Board will continue to hold six public Board meetings a year, as it currently does as an NHS Trust.	This was not a formal question in the consultation, but there was a strong message through public meetings that the Foundation Trust Board should not be closed.
Constituencies & boundaries	To remain as stated in the consultation proposal	An alternative suggestion was made that there should be 12 constituencies to match the 12 Local Involvement Networks in the North East. This idea was discussed at the ambulance LINK forum, which supported the creation of four constituencies on the grounds of less cost and bureaucracy. The concern over cost was also made at many public meetings and swayed the Board that its proposal for four public constituencies is the right.

<p>Rural representation</p>	<p>The make-up of the Council of Governors will remain unchanged.</p>	<p>The Trust is committed to encouraging members in rural areas to stand as a Governor and will support the principal of forming a council that is representative and democratic. The unification of local authorities in Northumberland and Durham in April 2009 prevented the Trust from being able to create specific rural constituencies. However, the Trust is committed to continue working with rural communities, LINKs and OSCs once it achieves Foundation status and this will be monitored by the Board through its Patient Involvement and Complaints Committee.</p>
<p>Representation of appointed governors</p>	<p>The appointed governor for voluntary sector should come from VONNE or one of the agencies closely associated with NEAS.</p> <p>The appointed governor for local authorities should come from the Association of North East Councils (ANEC).</p>	<p>The Board is keen to maintain the majority of governors from elected public constituencies. Increasing appointed governors to represent all 12 local authorities was thought to be inequitable. The solution offered during the public consultation to approach ANEC was considered to be practical and proportionate to other interests on the Council of Governors.</p>
<p>Constitution – exclusion of directors/governors from other foundation trusts on NEAS Council</p>	<p>Directors from other Foundation Trusts should be allowed to sit on the NEAS Council of Governors</p>	<p>The exclusion was originally placed to avoid conflicts of interest arising. However, the Board was persuaded of the merits of having senior managers on its Council who could contribute effectively to the business of the Governors.</p>

16. Please provide the contact details for the person who will be available to answer detailed queries on the public consultation and provide copies of any responses required for further scrutiny?

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## STAFF ENGAGEMENT, INVOLVEMENT AND WIDER CULTURE CHANGE

17. How have staff been given ample opportunity to play an active part in the dialogue and deliberations around the NHS foundation trust application? Where has staff dialogue and views influenced the broad HR 'strategy', which in turn supports the service development plans and organisational goals for the trust?

All senior managers in the organisation have been involved in the development of the Trust's service development plans. This has involved workshops with the Board of Directors and presentations on developments which have influenced the Integrated Business Plan.

As part of our strategic development work it was important to engage and involve all staff in shaping the future of the Trust. The opportunity was taken to hold a series of staff workshops throughout May 2009 entitled '*Shaping the Future of the North East Ambulance Service*'. There were ten workshops held in various locations throughout the North East. Workshops were held over a morning with lunch provided. The Service Development Manager facilitated the workshops, supported by the Director and Assistant Director of Operations and the Trust's Communications Officer.

All staff were invited to attend and staff contributions and engagement was excellent at all workshops. Staff talked openly and honestly and it was generally felt that the forums worked well to provide essential communications and for staff to raise any concerns or issues and put ideas forward for our strategy.

As part of the development of the HR Strategy, consultation events were held with the IWL champions group and the Joint Consultative Committee to enable staff to contribute to the content and key principles within the Strategy. The staff communication bulletin "*Pulse*" also included a briefing for staff on the key aspects of the strategy with the opportunity for them to put forward any views or suggestions.

18. How did (and for the future 'how will') the organisation ensure effective staff involvement and participation in shaping cultural change and service development and delivery, and in embracing social partnership in its broadest sense?

During the workshops '*Shaping the Future of the North East Ambulance Service*', staff were asked about how they preferred to engage with management and headquarters employees in the future. Suggestions were made by staff to hold workshops quarterly or bi-annually and all felt that it was important the engagement should always be face to face.

The workshops offered the Trust's management the opportunity to build relationships with staff and gain credibility. To maintain momentum of the engagement that has been started, a log of issues has been circulated to all staff who attended. There are some proposals that have also come out of the workshop that if taken up will provide further opportunities for engagement with staff e.g. NHS Pathways forum, vehicle design group and a Terrafix project group.

The Assistant Director of Operations is leading on the development of the "*Big Idea*" forum, which will form part of the way we engage with staff in the future. This will form part of a compact involving staff in the vision, mission and values of the Trust.

Another area of development in staff engagement will come from the North East Transformation System (NETS). This is based on a management methodology using the Toyota Production System to lead lean management and quality improvement in the organisation. Toyota Production System method has got a long track record of success in adding value to processes and removing waste.

The NETS System will help NEAS to implement an organisational development programme by examining and improving the huge number of processes used in delivering patient care and by ensuring the workforce have the necessary knowledge, skills and behaviours to deliver the strategic vision.

Over the next 18 months the Trust will continue to develop its leaders with the NHS North East vision for the North East Transformation System. Part of the method involves running improvement events which should be linked to the strategic goals of the Trust and are agreed by the Board and Executive Team. These improvement events should be directly linked to efficiency gains and quality improvements needed to support the business needs of the Trust.

The workshops will include both Rapid Process Improvement Workshop's and Kaizan events to develop and deliver measurable gains and add value to strategic aims across the organisation. The Toyota system enables organisations to:

- Always put the customer first.
- Gain commitment from all staff.
- Build safety into every process.
- Strive for high staff satisfaction.
- Reduce waste and increase productivity.

The service improvement agenda has three component parts; the vision, the method and the compact. The compact element involves staff involvement and engagement at all levels.

19. How has the organisation engaged with (and how will it continue to engage with) clinicians in determining the future direction of service provision, and how have the outcomes of such discussions been analysed from a cost / benefit perspective and integrated into the service development plans outlined in the business plan?

The care of our patients is paramount and we are keen to ensure that we deliver the best possible, evidence-based clinical care. In order to ensure that this is the case, the Trust has a well-established clinical infrastructure led by the Director of Clinical Care and Patient Safety. In addition, the Trust Clinical Advisory Group membership includes clinicians from many hospitals across the North East and is chaired by the Trust Clinical Director. Further, the Trust has adopted the national clinical guidelines as recommended by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

The Trust is a member of the National Ambulance Service Clinical Audit Group and as such contributes to the five national clinical audits involving patients suffering from heart attacks, cardiac arrest, asthma, diabetes and stroke. Performance data from each Ambulance Service in England is collated centrally allowing Trusts to benchmark their own performance against other services. This allows Trusts to identify opportunities for improving clinical performance by looking at how better performing Trusts are delivering their services and making changes as appropriate to improve patient care.

Working closely with the Northern Cardiovascular Network, the Trust has been active in the development of a strategy that sees all heart attacks taken to one of two specialist centres in the North East where they receive the most appropriate treatment (Primary Percutaneous Coronary Intervention) as quickly as possible following the onset of the heart attack symptoms.

Speedier access to appropriate care for stroke patients has also been a feature of the work with the Northern Cardiovascular Network and more patients are now being taken directly to specialist stroke centres.

The Trust has introduced clinical team leaders who meet through a regular establishment of Service Improvement Programmes to ensure a clinical leadership in the development of service provision. The cost/ benefit perspective is included in all business cases in the Trust as part of the process for development of services.

20. How is the trust developing / managing new (and existing) relationships with local health organisations and other local networks, social care, good citizenship and social responsibility, and playing a role in the wider community?

There have been significant changes in patient and public involvement over the past two years. The Patient and Public Involvement Forum for the ambulance trust has been replaced with Local Involvement Networks (LINKs). LINKs are made up of individual and

community groups who work together to improve services. Their job is to find out what people like and don't like about local services and then work with the people who plan and run these services to make them better.

There are 12 LINKs within the North East Ambulance Service area, one for each local authority stretching from Northumberland in the north to Redcar & Cleveland in the south. This is an area of more than 3,200 square miles and we have sought to bring the LINKs together through an ambulance forum to discuss services which are generic to everyone in the North East. The forum meets six times a year and has played a significant role in the Trust's foundation status application.

In addition to working with the LINKs, we have continued to meet with groups and representatives of some of the most rural areas within the Trust in Northumberland and County Durham. In partnership with the Primary Care Trust's for both areas, we have held regular community meetings to oversee the implementation of our services. We have also worked with the Overview & Scrutiny Committee in Northumberland to look at improving our services across the county in partnership with the Fire & Rescue Service.

Following on from a major consultation on the development of our 999 control and contact centres in 2007/08, we carried out focus groups in the early part of the year to address the concerns raised over local knowledge. The Trust has listened to the views of patients in other services as well, in particular those who have used our Patient Transport Services throughout 2008/09.

We have also continued to develop relationships with the local authority Overview and Scrutiny Committees (OSC) that cover the NEAS area and hold all NHS Trusts to account for the services provided. We are grateful for the time and effort that all these organisations have taken to listen to and feedback comments on the work and services of the NEAS.

The ambulance service is also heavily engaged in listening and talking to stakeholders and communities about its services. This is not just about fulfilling a duty or ticking boxes, it is about understanding and valuing the benefits and positive outcomes of involving patients, stakeholders and the public in the planning and development of health services.

Our staff visit schools, clubs, fetes, organisations, events and career road shows across the region helping to educate the public about accident prevention, the work of an emergency service as well as promoting the North East Ambulance Service as a potential employer. Some of these events, such as the Reduction of Accident at Play initiative in South Tyneside, have involved thousands of children.

When staff attend community visits targeted at children, a high priority is given to accident prevention. Knowing how to avoid accidents and what to do in the event of an accident are things that cannot be learned too early in life. Safety workshops are held regularly and are staffed by paramedics, Urgent Care Assistants, Control Room and Patient Transport Service staff. The aim is to teach children from as young as three years what they can do if an emergency should occur. Different scenarios are given, from how to deal with a cut finger to what to do in the case of a heart attack.



Other initiatives included the Sure Start Baby programme where our paramedics give advice on dealing with choking, apnea and baby cardiac arrests. We have also worked closely with Cleveland Fire Brigade talking to teenagers on aspects of road safety which involved well over 4,000 people in the last year.

Our customer care team has contributed to events that help promote the support that is available for people who fall and need the help of the ambulance service and social care teams.

These visits give the Trust further opportunity to familiarise people within our community with ambulance equipment and staff. Anyone who has seen the equipment used inside an ambulance and can recognise the uniforms of those sent to help them will be less traumatized if they ever need to travel by ambulance themselves. This is borne out in research undertaken by County Durham LINk on young people's perception of healthcare.

We are involved in discussions with others to look at a combined effort to improve services across the whole of Northumberland and Durham, as two of our most rural areas. Schemes such as co-responding agreements with the fire and rescue service and first response initiatives with other health providers, like nursing teams, are being talked about now. In the past 12 months, the Trust has recruited two additional staff to promote and maintain the voluntary community first responder schemes across the region.

For example, in the case of cardiac arrest, every second counts in restoring the patient to health and often the minutes before the arrival of an ambulance after a 999 call can be vital. This concept initiated community first responder schemes, where volunteers with basic first aid are also trained in the use of the automated defibrillators. They are able to attend in the minutes before paramedics arrive and begin life saving treatment immediately.

There are some really successful schemes across the North East, run by volunteers and other agencies, who are driven to make a difference and help in the communities where they live and work. These schemes were first launched by the then Prime Minister Tony Blair in Trimdon, County Durham, and have since spread across the UK. A community first responder scheme is not a replacement for the ambulance service, but supplementary to our service. We regard them as a very important resource, not only in the life-saving, but also in the spirit which involves people in helping in their own communities.

21. What is the degree of 'integration' of first-rate HR practice in all the main functions of the organisation (operational, strategic and clinical) – with a view to demonstrating that good HR practice and thinking is present in the wider organisation and not only in the specialist HR function itself.

The Trust is committed to the application of best practice HR policies and procedures and applies all good practice guidance disseminated from NHS Employers. This includes issues such as the Employment Check requirements, Professional Registration Obligations and best practice in ensuring Health & Wellbeing (e.g. recommendations of the recent Boorman Review).

As all aspects of staff management are delegated to managers. They receive training and updates on recruitment and selection, attendance management, appraisal, investigation training, disciplinary and grievance matters. A management development programme has been developed which is ILM-accredited for middle managers and supervisors within the Trust, which includes a staff management and development module.

Monthly meetings are held with all senior managers responsible for staff with a designated HR Advisor. This ensures that any issues they may have are discussed and resolved and also provides a route to enable HR to provide regular updates on national and legal developments.

The Trust has in place a Policy Review Group which is a sub group of the Joint Consultative Council and there is representation on this group from all directorates within the Trust to enable them to contribute to policy development and then to be involved in its implementation at local level.

The local questions element of the local staff survey is used by the Trust as a way of ensuring that HR policies and practices are being applied consistently across the organisation and this supplements the monthly HR review meetings that take place.

The Executive Team receive monthly HR updates from the Head of HR which provides them with staff turnover, staff absence, recruitment, disciplinary and grievance and appraisal information. Any issues highlighted by this are then taken forward by the relevant Director to action and address.

This year, the different training needs of staff on Equality, Diversity and Human Rights were analysed and various courses developed, planned and tailored for staff groups across the organisation. Following on from previous training sessions on Race, Disability and Gender that the Trust Board have received, a bespoke Board seminar on Equality, Diversity and Human Rights was delivered in February 2009 outlining the Board's responsibilities in this area.

A new Equality, Diversity and Human Rights Training Course specifically aimed at managers was also developed, to ensure managers across the Trust have an understanding of the relevant legislation, policies and procedures, and good practice. The course was mandatory for all managers to attend, and all Senior and other managers have attended the course this year. A new interactive Equality, Diversity and Human Rights Induction module was also designed, which is delivered to all new starters. Modules for all staff on Equality, Diversity & Human Rights, and Dignity at Work, were developed and are included in the Statutory & Mandatory training day and workbook which all staff must attend and complete.

The Trust's Dignity at Work Policy promotes the respectful treatment of staff across the organisation and the protection of our employees from bullying and harassment at work. As part of our policy, we provide additional support services. The Dignity at Work Officers provide confidential, impartial support for staff who feel they are being bullied or harassed, and a mediation service was also established to promote informal resolution of bullying and harassment issues. Staff undertaking both roles have been drawn from different directorates and job roles across the organisation, and completed bespoke training programmes to provide them with the necessary skills for their roles.

22. How has the organisation demonstrated its commitment to unlocking the potential of all staff and enabling all staff to progress their skills and careers through lifelong learning and development?

The Trusts workforce development department has delivered a continuous commitment to supporting and developing staff. The Trust signed up to the “Skills Pledge” which is a public commitment to develop staff to achieve and reach potential. We are also going to achieve “matrix accreditation” towards the end of 2009 which is a quality mark for delivery of information, advice and guidance to all staff to support their needs to reach their potential. The quality mark ensures a robust system for providing staff with access to development and advice about career progression.

The organisation is committed to developing its staff and increasing access to education across all areas of the Trust. Developing staff ensures business continuity and succession planning. Organisations do not think, act or make decisions, people do and ensuring that staff have the skills to perform their role successfully is a key aim of the education development strategy.

The trust has developed a robust leadership development programme to begin with culture change across the organisation and is committed to increasing leadership and developing managers to meet the business needs of the organisation. This development programme includes ILM accredited programmes for team leaders and managers and also a robust board and senior manager development and coaching programme.

The department has developed an NVQ framework and apprenticeship programme across the Trust to encourage younger people into the Trust and also develop staff giving them qualifications for life.

We have also developed HE and FE programmes and short courses to meet individual needs linked to KSF performance reviews and staff personal development plans.