



Improvement

Newburn Riverside
Newcastle upon Tyne
NE15 8NY

3 October 2018

Email address – rob.robertson@nhs.net

Telephone Number – 0300 123 2229

Yvonne Ormston
Chief Executive
North East Ambulance Service NHS Foundation Trust
Bernicia House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

Dear Yvonne,

Outcome of the Quarterly Review Meeting (QRM) held on 1 October 2018

I am writing to confirm the outcome of the QRM held on 1 October 2018. As you are aware, the purpose of the QRM is to enable us to jointly review the current progress of the Trust in terms of quality, performance, finance and other key issues, discuss the key challenges it is currently facing and how these are being addressed and consider what additional support may be required. As ever, I am grateful to you and the team for the open and transparent manner in which this conversation was held.

SOF Segmentation

North East Ambulance Services NHS Foundation Trust remains categorised in Segment 2 of the Single Oversight Framework, largely because the Trust is currently not achieving the core ambulance performance standards. Whilst this remains a relatively good position, we will continue to work with the Trust, in the short term to maintain the Segment 2 position and, in the longer term, to move towards Segment 1 as the new ARP standards are delivered.

We discussed your concerns around how the SOF segmentation might be affected when ARP standards are monitored as part of the single oversight framework and I outlined the flexibility available when assessing progress.

Quality of Care

The Trust gave an overview of complaints / Serious Incidents (SI) reported, with a focus on performance, themes and trends. The Trust has 23 open cases and has declared 11 SI's in 18/19 to date.

We discussed delays in the reporting of SI's including concerns about how quickly these are flagged by Trusts. You highlighted that SI's are picked up from a variety of internal and external sources, including from GP practices and other Trusts, which introduced a delay in receipt. We suggested that reasons for the delays are noted in the narrative to help our understanding. We also agreed to look at timescales for CCG sign off for the serious incidences as in many cases this is taking more than 20 days. Yvonne Evans will be following this up and will provide feedback at the next meeting.

One of the emerging themes coming from SI's and complaints is around newly qualified paramedics and decision-making skills, and the Trust is carrying out an RPIW on this as well as highlighting this nationally to investigate if this is a common emerging issue. Quality of care remains the most significant cause for complaint.

You took us through the 4 Year ARP standard implementation plan and described how this links to the Trust workforce plan. This will be underpinned by a review of rostering and how this maps to demand and capacity. You advised that the contract variation will not be signed off by the CCG's until the demand management elements of the plan are agreed.

We discussed workforce issues and the Trust reported that sickness levels were on track to achieve a 5% level by the end of the year, with posts filled also on track to achieve 95%. The current vacancy rate is around 6% for paramedics. It was encouraging to hear about the work you have been doing around safe staffing from a skill mix perspective (rather than activity versus vehicles) in collaboration with Newcastle University.

We discussed the financial pressure from the Agenda for Change pay deal which has not been funded. In addition, there is a pressure from subsidiary staff although the assumption in the forecast position is that this will be neutralised.

The Trust also discussed its quality improvement approach across the Trust, including how staff and partners are being engaged. A new quality improvement manager has been in post since July 2018 and it was encouraging to hear of the work that is being undertaken across the organisation. In addition the Trust is part of Project A which has been initiated by Simon Stevens to focus on improvements around ambulance services, and final ideas for this will be launched on 10th October 2018.

You took us through the 2018/19 trust flu campaign for which there will be an increased emphasis on protecting patients and peer vaccination, with a target of vaccinating 75% of frontline staff. We will be interested in monitoring progress.

You also advised that the Trust has completed a Freedom to Speak Up self-assessment which has gone to board, with an action plan developed to close the gaps identified.

The Trust explained current work being undertaken around Just Culture and we agreed to offer a contact from Liverpool's Women's Trust (which is doing some good work in this area) to offer some advice. You told us that a Bullying and Harassment Working Group has also been set up to address very early issues and consider areas for improvement.

Finally, you reported that the Trust had had an unannounced CQC inspection on 18th September at which both NHS 111 services and the emergency Operations Centre were inspected. There will be an announced Well led inspection on 16-18th October 2018.

Finance and Use of Resources

The Trust is forecasting to achieve its 2018/19 control total but highlighted a number of risks to the year-end position which are currently expected to be managed. We discussed the launch of the new NHS 111 contract and you explained that, to enable this service to go live, use of a number of agency staff had been planned as staff numbers to TUPE across from Vocare were uncertain.

CIP is currently ahead of plan but you identified an element of risk for the remainder of the year, particularly as the plan phasing is slightly back ended.

Overall, whilst the Trust is currently slightly behind its capital plan, you expect expenditure to pick up during Q3 and forecast to be on plan at the year end.

Operational Performance

The Trust gave a comprehensive overview of performance for the first half of the year and it was pleasing to see standards being met for Category 1 and 2 999 calls, although your concerns around maintaining this were noted. Whilst performance for Category 3 and 4 calls is currently not meeting the standard, we noted that the Trust is not an outlier in this respect when compared to peers. The Trust outlined strong 999 and 111 call handling performance during Quarter 1 & 2, but again you highlighted that this is unlikely to be sustained throughout the winter period.

The Winter plan has been approved by board, and the organisation is currently undertaking detailed planning, including scenario planning last year's activity versus staff in post to identify gaps that need to be addressed. The Trust is continuing to actively contribute to the Local A&E Delivery Boards.

Strategic Change

The Carter report on Ambulance productivity was discussed. Overall, there were no surprises for the Trust as staff sickness had already been identified as an issue and we discussed the predominantly positive indices around measures in the report such as costs per head of population, and staff motivation. We agreed that it would be useful to go through this in more detail at our next QRM.

You confirmed that the Trust remains fully engaged with the Integrated care system work in the region including key workstreams. We discussed how reconfigurations in the region are impacting on Trust performance, and the need to ensure that the service and financial impact on the Trust is taken account of when changes are being planned to avoid unmitigated financial and other pressures.

Additional items

Our next QRM will be held on 3 January 2019 at 10:30am. In the meantime, we will continue to work with you and the team to monitor your progress against the agreed actions and overall operational performance.

If you would like to discuss the contents of this letter further, please contact Laura Payne on either laura.payne9@nhs.net or 07519 070195.

Yours sincerely,

Handwritten signature of Tony Baldasera, consisting of the initials 'A J B' followed by a horizontal line.

Tony Baldasera
Director of Improvement and Delivery (Cumbria and North East)
NHS Improvement