



Northumberland County Council

Debra Stephen, Deputy Director of Quality
and Safety

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Your ref:

Our ref: MDB/OSC/QA/19/3

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Date: 7 May 2019

Dear Ms Stephen

NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST ANNUAL PLAN AND QUALITY ACCOUNT 2018/19

Statement from Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee

The Health and Wellbeing Overview and Scrutiny Committee welcomes the opportunity to submit a commentary for inclusion in your Annual Plan and Quality Account for 2018/19 as presented to the committee in draft, and about our ongoing engagement with the Trust over the past year. We have continued to receive information from the Trust, with participation of Trust personnel at many of our committee's bimonthly meetings. Members of the committee have also engaged including consideration at their meetings including presentations about ambulance and hospital interface.

At our 26 March 2019 meeting we received a presentation on your draft Quality Account for 2018/19 and your priorities for 2019/20. At that meeting we also received a presentation from Northumberland, Tyne and Wear NHS Foundation Trust on their account. Before this we also received presentations from Northumbria Healthcare NHS Foundation Trust and Newcastle upon Tyne Hospitals NHS Foundation Trust about their Quality Accounts at our previous meeting on 5 March 2019. We believe that considering all four Trusts' Quality Accounts in the same month provides a good joined up picture of the many NHS services in Northumberland. Members responded favourably to the information you presented, with reference to the highly valued staff and clinical support provided.

Following your presentation of the draft Annual Quality Account 2018/19 and future priorities for 2019/20, a copy of the full extract from the minutes of the OSC's meeting are appended to this letter for your information to form part of our response to your presentation. From the detail

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presented in these minutes, I would like to highlight some key comments from the committee and additionally what further information has been requested or actions recommended:

- members noted that the Trust could choose priorities, as ambulance targets were already mandated. Members acknowledged that a number of updates on your targets have been provided in recent years, and we welcome that officers will be attending the OSC's meeting in June 2019 to provide a further update
- members request that you look into the possibility of alternative response teams in Northumberland; they could be of benefit given the county's high number of isolated small communities
- members would appreciate the provision of details about the locations of Community Public Access Defibrillators (CPADs) across Northumberland as this could be provided by postcode
- the committee would welcome your recruitment targets being achieved by summer 2019; an update on this in due course would be appreciated
- members also expressed strong concern about national communications issued about not treating strokes necessarily as emergencies and how this is misleading as the usual advice is to act fast in the event of somebody suffering a stroke. Members welcomed your support in organising a letter to NHS England expressing concern about this issue.

From the information you have provided to the committee over the past year, including the presentation about your draft 2018/19 Quality Account, we believe the information provided is a fair and accurate representation of the services provided by the Trust and reflects the priorities of the community.

Members also support your priorities for improvement planned for 2019/20, but also request that you note and consider the various points that they have raised in relation to your work going forward, as detailed above. If possible it would be appreciated if some of the additional information requested could be provided. Members will continue to keep monitoring ambulance performance levels and will welcome receiving any further updates from you.

We acknowledge that the service has been challenged with meeting the national response times due to increased demand, staffing pressures, increased travel times and waits, but would strongly stress that the service addresses these challenges through what means you can given the need to meet the needs of our communities in light of the size and sparsely populated nature of Northumberland.

We also would be very grateful if I could get in contact with you again soon to discuss possible agenda items for the Health and Wellbeing Overview and Scrutiny Committee to consider about the Trust's services during the next council year from 1 May 2019 onwards.

We would also appreciate if we could diarise when you will attend to give next year's equivalent Quality Account and future priorities presentation. I would be very grateful if you could confirm whether the OSC's meeting on Tuesday 31 March 2020 (beginning at 1.00pm) would be suitable please?

If I can be of any further assistance about the committee's response, please do not hesitate to contact me.

Yours sincerely,

Mike Bird
Senior Democratic Services Officer
Democratic Services

On behalf of Councillor Jeff Watson
Chair, Northumberland County Council Health and Wellbeing Overview and Scrutiny
Committee

APPENDIX

North East Ambulance Service NHS Foundation Trust Quality Priorities 2018/19 Update and 2019/20 Proposals

A presentation was provided by Debra Stephen, Deputy Director of Quality and Safety of the North East Ambulance Service. (Copy of presentation enclosed with the official minutes of the meeting.) Key headlines and details of the presentation included:

2018/19 Priorities Update:

- Priority 1 - Early recognition of treatment of sepsis: activities included staff training, details of tools used by the Trust, compliance with national early warning scores, sepsis audit results
- Priority 2 - Cardiac arrest: improving survival rates, the availability and use of Community Public Access Defibrillators (CPADs), the rates for the return of spontaneous circulation, improving response to patients over 65 years of age with non-injury falls, the falls pilot at North Tyneside, Community First Responders
- Priority 3 - Falls: to lead an event with key stakeholders to look at how to develop a regional approach to patients over 65 who fell without obvious injury to improve patient experience
- Priority 4 - Mental health: introducing a three year mental health education programme, a mental health strategy and mental health screening tool.

2019/20 Priorities:

- Cardiac arrest - continue to build on this work
- Frailty - raise awareness with staff and review frailty assessment in the pre-hospital setting
- Mental health - continue with developing the strategy and education programme
- Patient safety - keeping improving through the Just Culture programme
- Care of patients with dementia - continue to improve by implementing their strategy and patient and carer engagement in shaping 'always events'
- End of life care work - continue to improve, look at the dedicated transport service, data and conveyance.

Detailed discussion followed of which the key details of questions from members and answers from Ms Stephen and Mr Cotton were:

- the numbers of defibrillators in communities mentioned were those that the Trust had been advised about, which they logged in their records
- clarification would be provided to committee members by email after the meeting about the number and location of defibrillators in County Hall
- the Trust's advice to private business was to locate defibrillators outside of their buildings to ensure easier access for Trust staff
- regarding why ambulance response times had not been covered in the presentation, especially given that the Trust had given many updates to the committee in the past, members were advised that these were mandated targets. The priorities detailed at this meeting were the ones which the Trust had the

- freedom to choose. The Trust had undertaken modelling into what needed to be done to meet the new standards. The Trust was the only one in the country meeting its C1 targets - visiting the scene on average within seven minutes and achieving 90% for attending within 15 minutes. Rotas were being reviewed and staff continued to be recruited; hopefully the full establishment of staff would be achieved by summer 2019. The Trust needed the share of paramedic to non-paramedic staff to move from the current 50 - 50 split to nearer 60 - 40
- in reference to why national communications had been released that stated that strokes were not considered an emergency, Mr Cotton advised that he had raised these concerns at a national level, and other overview and scrutiny committees had also raised with NHS England, who set the standards. The Chair welcomed that NEAS also shared these concerns, and asked that a letter be sent to NHS England about the committee's view that strokes should be upgraded in their classification. Members were advised that NHS England did advise to act fast when somebody was suffering a stroke, but the ambulance response had to be proportionate, for example a cardiac arrest was more serious. The new standards from 2022 would require the target for a patient was delivered into a specialist stroke unit within 150 minutes, not just the time for the ambulance to arrive at the scene, which focused more on the treatment of the patient as well as the speed of response
 - members were advised that the CCG continued to monitor ambulance response times monthly by the Clinical Management Board, which would raise any concerns with the CCG governing body
 - in connection why the Trust set local sepsis targets if the Trust was judged on national targets, members were advised that this year was the first occasion that local targets had been assessed. Work took place with all acute trusts to identify patients with sepsis. The national early warning score was 7, but the regional threshold was level 5, which also took into account patients' symptoms of confusion. It helped re-alert hospitals and led to a higher level of data as more people were referred
 - a member noted that no alternative response teams were based in Northumberland, but they would have value as Northumberland had many isolated communities. NEAS were happy to look into how this could be organised, and also detailed the investment in Community First Responders
 - noting that some issues had local targets, others would not be appropriate, such as C1 calls
 - following a request for details, the 16 new Community First Responders were trained in basic assessment skills and equipment to help people up off the floor whilst a call was made for further help
 - replying to a question for information about the recruitment of ambulance drivers, training for staff was one of the Trust's priorities. The Trust had improved from a 25% vacancy rate to having one of the lowest in the country. The Trust had missed its recruitment target by six paramedics, but the overall recruitment levels were on track and due to be met by early summer 2019
 - ambulance response times were now measured differently; extra staff were needed to help achieve the required targets. Targets were now categorised from 1 to 4 and were all national standards. Targets could be challenging for rural areas due to the distances involved, but ambulances called to rural areas were also less likely to be diverted to more urgent cases than in urban areas due to the sparser population in rural areas. The CCG had also requested comparable data but it was difficult to provide this yet. The CCG had not however identified

any correlation between the improvement in response times and extra staff resources

- members were advised that the fire service's trialling as first responders had not continued due a national situation regarding a legal challenge from the Fire Brigade Union
- members would welcome the receipt of additional information about the increase in Community Public Access Defibrillators (CPADs) across the county as this could be provided by postcode; details would be circulated after the meeting
- members welcomed efforts made to encourage people to not call 999 when a visit to a pharmacist would suffice
- the volume of repeat hoax callers was low. People who did call regularly were identified and work took place with the police, GPs, mental health and social services to assist. Liaison also took place with the police regarding any abusive callers
- NEAS had been involved in a national project to identify common issues and make improvements. Similar themes had often arisen, and best practice was shared.

A member drew attention to two emergency visits that she had been involved with for a family member recently and thanked NEAS for their timeliness and excellent support on both occasions.

Ms Stephen and Mr Cotton were thanked for their attendance and it was:

RESOLVED that the information be noted and the committee's views on the Quality Account be confirmed in writing to the North East Ambulance NHS Foundation Trust.