

14/07/2016

Wellington House
133-155 Waterloo Road
London SE1 8UG

T: 020 3747 0000
E: nhsi.enquiries@nhs.net
W: improvement.nhs.uk

By email

Dear [REDACTED]

Request under the Freedom of Information Act 2000 (the "FOI Act")

I refer to your email of 15 June 2016 in which you requested information under the FOI Act from the NHS Trust Development Authority (NHS TDA). Since 1 April 2016, the NHS TDA and Monitor are operating as an integrated organisation known as NHS Improvement. For the purposes of this decision, NHS Improvement means the NHS TDA.

Your request

You made the following request:

I understand the East of England Ambulance Trust has been given preliminary approval by NHSE and NHS Improvement for its remedial action plan, as per the Ambulance Trusts message to staff on 12th May.

Please can you provide full details of the preliminary approval, a copy of the remedial action plan and all associated documents, with redaction as needed - as a Freedom of Information request.

Decision

NHS Improvement does hold the information you have requested.

NHS Improvement has decided to withhold most of the information that it holds on the basis of the applicability of the exemptions in section 33 (1)(b) and (2) and 43 (2) of the FOI Act as explained in detail below.

A joint letter was issued by NHS Improvement and NHS England, detailing the preliminary approval. I have attached this letter which has been redacted to remove commercially sensitive information, in line with the rationale below.

Section 33 applies to a public authority which has functions in relation to the examination of the economy, efficiency and effectiveness with which other public authorities use their resources in discharging their functions and information held by a public authority if its disclosure would or would be likely to, prejudice the exercise of any of the authority's functions. NHS Improvement is responsible for overseeing NHS trusts and, among other things, for ensuring they comply with their duty to exercise their functions effectively, efficiently and economically.

Documents such as the remedial action plan are submitted to NHS Improvement for the purpose, among other things, of ensuring that the proposed plan involves an appropriate use of resources in its drive to become sustainable. The action plan and associated documents contain confidential and other non-public information in relation to proposals which have yet to be finally agreed. NHS Improvement relies on full and frank provision of information in order to perform its functions effectively. Public disclosure of such information whilst in draft form may lead to trusts being less forthcoming, reducing the quality of the information they provide to the detriment of the effective performance of NHS Improvement's functions.

I am also of the view that to release the documents whilst in draft form is likely to cause commercial prejudice to the trust and the wider NHS, and accordingly I take the view that the information requested is exempt under section 43(2) of the Act.

Please note that NHS trusts are subject to the FOI Act and as such it is open to you to seek information directly from them. They will need to consider whether information can properly be provided by them in response to any such requests within the terms of the FOI Act.

Public interest

I have considered the balance of public interests in respect of the above exemptions. Whilst I do recognise the release of the information could benefit the public's understanding of the decisions affecting the NHS, NHS Improvement has to consider the impact the release of this information, particularly whilst in draft form, will have on the NHS trust, its staff and its local communities. NHS Improvement has also considered the public interest in ensuring that it can perform effectively its functions in relation to the oversight of trusts and how they use their resources. NHS Improvement believes the disclosure of this information would be likely to adversely affect its ability deliver these functions as trusts may well be less forthcoming with information.

Review rights

If you consider that your request for information has not been properly handled or if you are otherwise dissatisfied with the outcome of your request, you can try to resolve this informally with the person who dealt with your request. If you remain dissatisfied, you may seek an internal review within NHS Improvement of the issue or the decision. A senior member of NHS Improvement's staff, who has not previously been involved with your request, will undertake that review.

If you are dissatisfied with the outcome of any internal review, you may complain to the Information Commissioner for a decision on whether your request for information has been dealt with in accordance with the FOI Act.

A request for an internal review should be submitted in writing to FOI Request Reviews, NHS Improvement, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by email to nhsi.foi@nhs.net

Publication

Please note that this letter will shortly be published on our website. This is because information disclosed in accordance with the FOI Act is disclosed to the public at large. We will, of course, remove your personal information (e.g. your name and contact details) from the version of the letter published on our website to protect your personal information from general disclosure.

Yours sincerely,

Jemma

Jemma Griffiths
Corporate Business Unit

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By e-mail

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██████████
Ambulance Lead
Ipswich and East Suffolk CCG

Sandy Brown
Deputy Chief Executive/Director of Nursing
East of England Ambulance Service

13th May 2016

Rob Ashford
Director of Service Delivery
East of England Ambulance Service

Dear Colleagues

Thank you for attending the regional escalation meeting on 4th May 2016 to discuss the continued poor performance in relation to delivery of the Red 1, Red 2, and A19 performance standards.

You outlined the key drivers of your very poor recent performance as trying to address increasing activity and acuity with fewer paramedics which is driven by the reduction in private ambulance capacity and agency staffing; handover delays; student abstraction; and NHTSAQI guidance. You explained that the withdrawal of private ambulance capacity from June 2015 coincided with the beginning of the Red 1 deterioration.

Handover delays are resulting in an average of 150 ambulance shifts lost per week. Action is being taken to introduce the model used in the West Midlands and this is expected to be in place across the East region by the end of May.


Delayed external approval for University Student Paramedic programmes means that paramedics are not becoming available within the original planned timescales. This is impacting on your workforce skill-mix. You advised that you are continuing with the work initiated by Anthony Marsh in relation to training staff. We discussed

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the current qualified staff ratio of 43.5% paramedics; you are aiming to increase this to 60-70%. You are aiming to increase Hear and Treat, currently at 6%, to 11% by March 2017.

You explained that tail breaches are closely monitored and Serious Incidents (SIs) reported and investigated. Approximately 50% of SIs relate to delays.

You explained that the short term key to improving performance is to increase available staff capacity through private ambulance and agency staff. The Trust has gone ahead with its staffing programme at risk and is already putting in extra capacity (staff and vehicles) using PAS and staff via agencies. This is at a rate of approximately 50% of the full programme. We agreed that you will immediately move to 100% of the required programme and you committed to deliver the Red 1 standard from June 2016 with this capacity in place.



In summary, we agreed that underperformance must come to an end. The short term actions presented are agreed and must now be fully implemented in order that the workforce is expanded sufficiently to address the current levels of demand. This must be taken forward at pace. As a result of this action, we expect to see performance improve in June. At the same time, a strong focus must be maintained on patient safety and tail breaches.

We will be in contact to arrange a follow up meeting.

Yours sincerely

Dr. Paul Watson
Regional Director
NHS England (Midlands and East)

Dale Bywater
Executive Regional Managing Director
(Midlands and East)
NHS Improvement

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cc **Andrew Pike, Director of Commissioning Operations, NHS England (East)**
[REDACTED] Portfolio Director, NHS Improvement
Robert Morton, Chief Executive, East of England Ambulance Service

