

COUNCILLORS

Mrs. Sue Saddington (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr - **Apologies**
David Martin

John 'Maggie' McGrath - **Apologies**
Nigel Turner
Michelle Welsh - **Apologies**
John Wilmott

SUBSTITUTE MEMBERS

Councillor Anne Callaghan BEM for Councillor John 'Maggie' McGrath
Councillor Kate Foale for Councillor Michelle Welsh
Councillor Tom Hollis for Councillor Steve Carr

OTHER COUNCILLORS IN ATTENDANCE

Councillor Sam Smith

OFFICERS

Martin Elliott - Senior Scrutiny Officer
Irene Kakoullis - Group Manager - Early Childhood Services
Noel McMenamin - Democratic Services Officer

ALSO IN ATTENDANCE

Rachael Bailey	-	East Midlands Ambulance Service
Sarah Collis	-	Nottingham and Nottinghamshire Healthwatch
Greg Cox	-	East Midlands Ambulance Service
Bill Kelly	-	East Midlands Ambulance Service
Annette McKenzie	-	East Midlands Ambulance Service
Kim Simms	-	Nottingham Trent University
Gemma Whysall	-	Nottingham and Nottinghamshire ICB

1 MINUTES OF THE LAST MEETING HELD ON 17 OCTOBER 2023

The minutes of the last meeting held on 17 October 2023, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Steve Carr (other reasons)
Councillor John 'Maggie' McGrath (medical/illness)
Councillor Michelle Welsh (other reasons)

3 DECLARATIONS OF INTEREST

Councillor Mrs Saddington declared a personal interest in agenda item 4 (East Midlands Ambulance Service Performance and Winter Planning), in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Callaghan BEM declared a personal interest in agenda item agenda item 5 (Possible topic for scrutiny - School readiness), in that a family member worked at Oak Tree Lane Primary School, which did not preclude her from speaking or voting.

Councillor Eddy declared a personal interest in agenda item agenda item 4 (East Midlands Ambulance Service Performance and Winter Planning), in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Hollis declared a personal interest in agenda item 4 (East Midlands Ambulance Service Performance and Winter Planning), in that he had two family members who worked for local NHS Trusts and a family member in receipt of an NHS Pension, which did not preclude him from speaking or voting.

4 EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE AND WINTER PLANNING

Greg Cox – Divisional Director, Annette McKenzie – Head of Operations – Nottinghamshire South, Bill Kelly - Head of Operations – Nottinghamshire North, and Rachael Bailey from the East Midlands Ambulance Service, and Gemma Whysall - System Delivery Director for Urgent & Emergency Care at the Nottingham and Nottinghamshire ICB attended the meeting to provide a briefing on the performance of the East Midlands Ambulance Service. It was noted that Health Scrutiny Committee received an annual briefing on the work of the East Midlands Ambulance Service (EMAS), particularly in relation to performance issues.

Greg Cox and Bill Kelly provided a presentation to the meeting. A **summary** of the presentation is detailed below.

- Performance data for Category 1 and Category 2 calls.
- Performance data for ambulance turnaround times.
- How the actual times taken for an ambulance to reach an emergency were consistent across Nottinghamshire.

- Winter preparation activity, including maximising the use of resources, staff welfare, demand management and working with partners.
- The activity that was taking place to maximise resourcing, including the phased introduction of extra staffing resource that had been made possible by the receipt of additional funding and the activity that was being carried out to develop and maximise efficiencies around on scene and handover times.
- The activity that was being carried out around demand management for the service, including:
 - the introduction of NHS Pathways which was a clinical tool used for assessing, triaging, and directing the public to urgent and emergency care services.
 - reducing the number of conveyances to Emergency Departments through the “Right Place, First Time” approach.
 - the effective utilisation of Specialist Paramedics.
 - the introduction of a Hospital Advice Liaison Officer in Emergency Departments.
- How effective and coordinated collaboration with system partners across Nottinghamshire was key to managing demand and winter pressures. The main areas of focus with delivery partners that would support the work of EMAS and effective service delivery were:
 - utilising service pathways to transfer more calls from EMAS call centres to the community providers.
 - developing different service access pathways as alternatives to patients coming to Emergency Departments and ensuring ambulance crews have the skills and knowledge to safely leave patients at home.
 - the use of the Urgent Care Coordination Hub.
 - the use of the Bassetlaw Primary Care Hubs.
- The work that was being carried out and the procedures that were in place to support staff welfare and reduce levels of staff sickness absence, including a high take up of flu vaccination amongst staff (89.4% of staff in 2022), flexible working plans being available for staff and staff welfare support vehicles located at Emergency Departments. Work was also being carried out to understand the causes of staff absence so that further activity could be put in place to develop more solutions.

The Chairman noted that whilst the performance around on time that it took an ambulance to reach category one emergencies was excellent, asked why the performance around reaching category two calls was not quite as good. Greg Cox advised that due to the life threatening nature of category one calls and the extreme urgency of getting an ambulance out in response to these calls, some ambulances were reserved to solely deal with these calls. It was also noted that for category one calls ambulances could also be diverted from attending category three calls.

Hospitals could also release ambulances where crews were waiting for their patients to be admitted so that they could attend category one calls. Greg Cox advised that whilst category two calls were also very serious, it was not possible to provide any additional resource to these incidents, as such it was more challenging to consistently meet performance targets for responding to category two calls.

In the discussion that followed, members raised the following points and questions.

- That EMAS staff were dedicated to providing a high level of service to Nottinghamshire residents.
- What specific planning activity was taking place to mitigate for the anticipated increased demand for ambulances during November and December?
- How many staff worked for EMAS in Nottinghamshire?
- Members asked for further information on the welfare challenges that were being faced by EMAS staff and on the work that was being carried out to support staff.
- Given the challenges of meeting target response times for category two calls, could residents be confident of an ambulance being able to reach them in a timely manner for what were still very serious incidents? Members asked whether in some situations if residents were able to get to hospital by other means whether this was preferable to calling for and waiting for an ambulance.
- Members agreed that the Nottingham and Nottinghamshire ICB presented a significant opportunity for more joined up activity to be carried out across health services that would have a positive impact on the level of service delivered by EMAS across Nottinghamshire.
- How the “enhanced Winter cell” would work to alleviate pressure over the Winter period.

In the response to the points raised, Greg Cox, Bill Kelly and Gemma Whysall advised:

- Work continued with hospitals to further reduce ambulance turnaround times. It was noted that whilst hospitals were very good in getting patients off ambulances, challenges still remained in getting patients admitted and ambulance crews released to go and deal with their next job. One solution that was being developed was looking at how one ambulance crew could look after two patients who were waiting in hospital buildings to be admitted and how this would then release the other crew to go and deal with another job.
- Whilst the Winter period provided additional pressure on EMAS, the ambulance service was under constant pressure. Members were assured

that significant planning had taken place in order to ensure that the resources that were available to EMAS would be used in the most effective way possible to deal with Winter pressures.

- That the pressures being felt across the entire health and social care system impacted on EMAS performance. It was noted that patient flow through hospitals, particularly on how quickly patients who were fit to be discharged had a significant impact on ambulance turnaround times. Many issues that impacted on EMAS performance were unfortunately outside of EMAS's control. Improving patient flow through hospitals was an area of priority activity for the ICB.
- Staff welfare was a key priority for EMAS. Mental health support was available for staff and work was being carried out to gain further understanding of the mental health pressures and needs of staff in order to develop further support. It was noted that where possible flexible working was available for staff to support staff wellbeing.
- There were approximately 550 staff working for EMAS in Nottinghamshire with between 55 and 60 ambulances being on duty at any one time. This level of resource was able to meet service demands.
- 999 calls in Nottinghamshire were answered swiftly and EMAS staff in control rooms were able to offer vital, and often lifesaving support to callers whilst an ambulance was being despatched. As such residents should always call for ambulance in an emergency. Members were assured that EMAS was working with hospitals to reduce ambulance turnaround times as much as possible.
- The "enhanced Winter cell" aimed to provide additional and enhanced options for dealing with service demand over the Winter period. Additional options that it could provide could be using a different Emergency Department to the most local one if this would provide a better service to the patient or by using other health care options if they offered a solution for an individual patient and their needs.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch welcomed the focus that EMAS was placing on staff welfare. Sarah Collis advised the increasing number of concerns being raised by patients with regard to ambulance wait time times for patients being taken to QMC and asked for further information on how specialist paramedics were used to deliver services. Greg Cox agreed that wait times across Nottinghamshire and in particular in relation to QMC were of concern but reaffirmed that many of the factors that impacted these wait times were not in the control of EMAS. It was noted that specialist paramedics travelled in cars and were dispatched to calls to offer additional specialist support to an ambulance crew. This process provided both additional support for an ambulance crew and also meant that where additional support was required this resource could be used rather than sending a second ambulance and crew to the same incident.

In the subsequent discussion, members raised the following additional points and questions.

- Had the situation regarding patient flows, especially at QMC improved over the past year?
- Were the pressures that were faced and the challenges in relation to performance experienced by EMAS in December 2022 expected to recur in December 2023?

In the response to the points raised, Greg Cox and Gemma Whysall advised:

- The situation regarding patient flow at QMC was challenging but work was continuing to improve the situation. The situation at Bassetlaw Hospital had improved, but due to its size, small changes to circumstances could create a significant impact which then impacted on ambulance turnaround times. It was noted that Kings Mill Hospital performed well with regard to patient flow and related turnaround times and was seen as a leader in managing this regionally.
- The decline in performance of EMAS that had been seen during December 2022 had been due to pressures being felt across the health service, and whilst all possible action had been taken by EMAS to mitigate the impact there was a limit to what could be delivered due to the causes of the pressure being out of EMAS control.
- The introduction of new processes around discharges that had recently been introduced across Nottinghamshire hospitals were already starting to make a positive impact on patient flows. Further changes and improvement to patient pathways would also support further improvements in patient flow.

The Chairman thanked Rachael Bailey, Greg Cox, Bill Kelly, Annette McKenzie, and Gemma Whysall for attending the meeting and answering member questions.

RESOLVED 2023/20

- 1) That the report be noted.
- 2) That a further progress report on the performance of the East Midlands Ambulance Service be brought to the September 2024 meeting of the Health Scrutiny Committee.

7 POSSIBLE TOPIC FOR SCRUTINY - SCHOOL READINESS

Kim Simms, Head of Widening Access, and Community Engagement at Nottingham Trent University attended the meeting to make a presentation on a project that had been carried out by Nottingham Trent University with Oak Tree Primary School, Mansfield around improving children's school readiness. Councillor Sam Smith, Chairman of the Children and Families Select Committee

was also in attendance for this item. The presentation provided information on the work that had been carried out and how this work had focussed on collaboration between the school, families, and delivery partners with a focus on a common agenda that would then improve outcomes for children.

Members of the committee welcomed the work that had been carried out with Oak Tree Primary School and were in agreement that ensuring that as many children as possible started school ready to learn and engage in school life was essential in order to support their ongoing learning, development and life chances.

Members of the committee agreed that it would be beneficial for a detailed scrutiny task and finish review to be carried out to examine how families across Nottinghamshire were being supported to ensure that as many children as possible were school ready. Members of the committee agreed that due to the cross-cutting nature of the issue, that a joint scrutiny task and finish review on School Readiness should be carried out with the Children and Families Select Committee.

The Chairman thanked Kim Simms for attending the meeting and answering member questions.

RESOLVED 2023/22

- 1) That members of the Health Scrutiny Committee and the Children and Families Select Committee carry a joint scrutiny task and finish review on School Readiness.
- 2) The Chairman and Vice-Chairman, the Chairman and Vice-Chairman of the Children and Families Select Committee, in consultation with officers create a scope that will determine the work of the task and finish working group.

8 WORK PROGRAMME

The Committee considered its Work Programme.

RESOLVED 2023/23

- 1) That the Work Programme be noted.
- 2) That an item on Childrens Mental Health be considered at the February 2024 meeting of the Health Scrutiny Committee.

The meeting closed at 1:02pm

CHAIRMAN