

# minutes



Meeting EAST MIDLANDS AMBULANCE SERVICE SELECT COMMITTEE

Date Monday 14<sup>th</sup> May 2007 (commencing at 10.30 am)

## Membership

Persons absent are marked with 'A'

## COUNCILLORS

Councillor Edward Llewellyn-Jones (Chair)

A	John Allin	Ellie Lodziak
	Kenneth Bullivant	Sue Saddington
	Mrs Kay Cutts	Parry Tsimbiridis
A	Andy Freeman	Brian Wombwell

## Co-opted Members:-

A Councillor Barry Fippard – Chair of Health Scrutiny Committee at Lincolnshire County Council  
A Mr John Rose – Lincolnshire County Council Public & Patient Information Forum

## ALSO IN ATTENDANCE

Mr Paul Glazebrook – Lincolnshire County Council Health Scrutiny Lead Officer  
Tina Welford – Healthcare Commission  
Ahmed Belim )  
Chris Boyce ) East Midlands Ambulance Service  
Karen Lawrence )  
Mary McNulty )  
Robert Walker )

## MINUTES

The Minutes of the last meeting held on 19<sup>th</sup> March 2007, having been circulated, were agreed and signed as a correct record.

## APOLOGIES FOR ABSENCE

Apologies for absence were received for Councillors John Allin, Barry Fippard and Andy Freeman.

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

Councillor Sue Saddington declared a personal interest in the items on the agenda as her husband was a voluntary driver for the ambulance service.

## **HEALTHCARE COMMISSION – PRESENTATION**

Tina Welford from the Healthcare Commission gave an oral presentation to the Select Committee. She indicated that the star rating was a self declaration by the Ambulance Service against the standards and national targets. The Healthcare Commission looked at whether these were fully met and then graded services excellent, good, fair etc. She gave details of the Ambulance Services' performance and indicated that they had failed on one target and underachieved on three. She reported that the service was compliant on all the performance indicators except C12 on research and development. As a result an action plan was required which the Ambulance Service had provided. The service had now declared that they were compliant with C12.

Councillor Lodziak asked how rural and urban was defined. Tina Welford explained that this was based on geographical information from the Department of Health and had to take account of the whole of the area. Councillor Sue Saddington asked who set the targets and wondered whether they were set too high. Tina Welford explained that the Department of Health set the targets. She added that there may be a debate if they were too high but that was outside the remit of the Healthcare Commission. In response to a question from Councillor Mrs Cutts, Tina Welford explained that the time for thrombolysis was measured from when the call was received to the patient receiving professional help, for example from a GP, ambulance, NHS Direct. She indicated that  $\frac{2}{3}$ rds of ambulance services nationally had failed this target. She commented that last year perhaps not enough staff were trained and calls were not recorded properly. An action plan was expected. She indicated that the Healthcare Commission monitored performance as did the Strategic Health Authority.

In response to a question from Councillor Edward Llewellyn-Jones, Tina Welford stated that this year they would be looking to see whether there had been improvements. She pointed out that the Strategic Health Authority was responsible for performance management and they received reports from them. She noted that the East Midlands Ambulance Service had merged and they would want assurances that since July that the service provided had been maintained and that there had not been any deterioration of services. As a result of the merger, it would be difficult to compare last year with this year. She pointed out that there would be new additional targets this year. In response to Councillor Bullivant, Tina Welford explained that the targets were set by the Department of Health and the task of the Healthcare Commission was to monitor the service against the targets. In response to a question from Councillor Mrs Cutts, Tina Welford indicated that the Healthcare Commission would look at the Ambulance Services who had merged and look at their pre-merger service. She added that it was not up to the Healthcare Commission to judge if the mergers had been a success but the Strategic Health Authority would have an opinion on this. She added that to her knowledge that there was no mechanism to de-merge the service.

In response to a question from Councillor Edward Llewellyn-Jones, Tina Welford stated that there were meetings between the Healthcare Commission and the Strategic Health Authority on a quarterly basis, and more frequent meetings if necessary if concerns arose. She indicated that there were concordant risk meetings where partners were present but that this did not include the East Midlands Ambulance Service. She pointed out that she met with the Chief Executive of the Ambulance Service twice a year. Councillor Edward Llewellyn-Jones commented that the dialogue seemed fragmented and that nobody seemed to be taking an overall view. He expressed concern that the Committee did not appear to be getting an overall picture from the Healthcare Commission which was the principal monitoring group. He asked how the function of the Healthcare Commission differed from the Strategic Health Authority. Tina Welford explained that the concordat included 15 different partners including the Audit Commission and the Strategic Health Authority. The Strategic Health Authority was charged with performance monitoring. She added that the lead Primary Care Trust Commissioning body may also be present. She agreed there may be an issue about fragmentation and that the Strategic Health Authority would need to feed into this. Councillor Sue Saddington commented that the organisations seemed disjointed and wondered who made the decision among all these different organisations.

### **EAST MIDLANDS AMBULANCE SERVICE NHS TRUST**

A presentation was given by Chris Boyce and Ahmed Belim from the East Midlands Service. It was explained that the new East Midlands Ambulance Service NHS Trust was formed on 1<sup>st</sup> July 2006 and was formed from the former East Midlands Ambulance Service, the Lincolnshire Ambulance Service and Northamptonshire which was part of the Two Shires Ambulance Service. The reasons why the former East Midlands Ambulance Service had been scored as “weak” for the quality of service was due to non-compliance of C12 research and development. In addition, they have failed category B response target of 95% but they emphasised that they had not been commissioned to do this. Their actual achievement was 79%. It was explained that the Primary Care Trusts had not provided enough funds to achieve this target so they had set a lower target. Thrombolysis targets had been underachieved due to systems issues. There had also been non-achievement of performance indicators on infection control. The service had a plan but had not met the specifications. These related to the annual health checks for 2005/06.

The new East Midlands Ambulance Service had worked hard to improve its rating in 2006/07. They were now compliant in research and development utilising the former Lincolnshire model of good practice. Category B overall response had improved to 91.32%. With regard to the thrombolysis targets they had worked in partnership with all East Midlands hospitals to ensure accurate data collection and had achieved a 10% increase in people who received thrombolysis within 60 minutes of calling for professional help. Healthcare acquired infection was now included in the infection control annual report for 2006/07 and an action plan has been produced and was being performance managed against the hygiene code. Details were given of the Category B response times which showed they had not dropped when the new organisation had been established. They were one of the top performing Trusts in the country.

Details were given of the divisional structure of the ambulance service and the strategic objectives for 2007/08. Specific details of the objectives for

Nottinghamshire and Lincolnshire for 2007/08 were outlined together with details of patient and public involvement in both counties. It was explained that in addition to ambulance stations the service had dynamic standby points.

It was pointed out that the Ambulance Service had now made a submission which indicated that they were compliant in all areas. It was stated that demand rose 5% each year which they had to meet with no increase in funding. It was explained that each division had a locality structure.

In response to a question from Councillor Edward Llewellyn-Jones, Chris Boyce explained that the East Midlands Ambulance Service was classified as a rural area. Tina Welford explained that Category A was 8 minutes whether it was urban or rural. She pointed out that Category B – non life threatening had a split with the target for urban areas 14 minutes and 19 for rural areas. Councillor Edward Llewellyn-Jones commented that the whole of the area covered by East Midlands Ambulance Service was classed as rural and therefore the time target was longer. He asked whether Nottingham City was also classed as rural. Ahmed Belim explained that the whole of the area, including the City, was classed as rural. Councillor Edward Llewellyn-Jones commented that this meant that the cities did not have an urban target which they perhaps they were entitled to. Tina Welford pointed out that this year the urban/rural split would go and that the Government had decided that the Category B target would be 19 minutes.

In response to a question from Councillor Mrs Cutts, Ahmed Belim explained that there was a divisional structure for each county and that Nottinghamshire's was based at Beechdale Road. The Emergency Planning Officers were based at Derby and the Communication Managers were shared. He explained that the synergy from putting the services together came when managers came together. He explained that the divisions were autonomous business units but they were not working in isolation. Robert Walker explained that people had indicated through the consultation process that they wanted clear evidence of local thinking. He reported that each division kept local statistics and the challenge was that everyone met the level of the best. If there was a weakness in a division this was picked up at headquarters and they could identify if there were problems.

## **VISITS AND WORK PROGRAMME**

It was felt that there was a need for the Select Committee to hear from the Strategic Health Authority, the Department of Health and the Primary Care Trust. The Chair commented that there may be a need to extend the timescales of the review.

With regard to the visits, Councillor Edward Llewellyn-Jones felt there was a need for the Select Committee to split into smaller groups so that they could fact find. Councillor Wombwell thought that it would be useful to visit an ambulance station and talk to the staff.

It was agreed:-

- (1) That a series of visits be made to the Ambulance Control Centre, Ambulance Stations and with paramedics/ambulances.

(2) That the Strategic Health Authority be requested to attend the July meeting.

The meeting closed at 12.30 pm.

## **CHAIR**

Ref. EMAS.minutes. 14 MAY 2007