Nottinghamshire County Council

Nottingham City Council

MINUTES

EAST MIDLANDS AMBULANCE SERVICE (EMAS) CHANGE PROGRAMME SUB COMMITTEE
29 November 2012 at 10.00am

City Councillor G Klein (Chair)
County Councillor M Shepherd (Vice-Chair)
City Councillor C Jones
District Councillor T Roberts (Newark & Sherwood)
County Councillor S Wallace
County Councillor C Winterton
A County Councillor B Wombwell

Also In Attendance

County Councillor Alan Rhodes

Tracey Adams – Assistant Director – Operations, East Midlands Ambulance Service
Richard Henderson – Assistant Director – Operations (Notts), East Midlands Ambulance Service
Mark Ward – Unison
Anne Berry – GMB
David Seaton – Paramedic, East Midlands Ambulance Service
Carolyn White – Sherwood Forest Hospital Trust
Tom Turner – Nottinghamshire County LINKs
Barbara Venes - Nottingham City LINks
Martin Gately - Nottinghamshire County Council
Noel McMenamin – Nottingham City Council
Sara Allmond – Nottinghamshire County Council

APOLOGIES FOR ABSENCE

There were no apologies for absence

MEMBERSHIP OF SUB COMMITTEE

The Membership of the sub committee as listed above was noted.

CHAIR OF THE SUB COMMITTEE

It was agreed to appoint Councillor Klein as Chair of the Sub Committee

DECLARATIONS OF INTERESTS

None

EAST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST CONSULTATION – CHANGE PROGRAMME JOINT REVIEW

Tracey Adams informed Members that she was seconded to East Midlands Ambulance Service (EMAS) from West Midlands Ambulance Service (WMAS) who had started a similar change programme 18 months ago. WMAS would have 11 hubs and 131 ambulance posts. Five hubs were currently live and the remaining six would be live by the end of the financial year, meaning that WMAS were working to much shorter timescales than EMAS. The WMAS hubs would house the main fleet and was where most staff would report to. There were two types of ambulance posts – Reporting Posts where staff turned up for duty and collected the vehicle from there. These posts were at sites such as fire stations. The other type of ambulance posts were standby points with all required facilities. The location of the standby points were linked into local health delivery.

WMAS had a different operating model between rural and urban areas. In Herefordshire, staff would have had a 30 mile round trip to report on at a hub, so the reporting posts were developed to allow staff to report on locally. Crews were ring fenced to an area on a car basis. Initially there was resistance to the changes and concern that it would have a detrimental effect on the service, but this has completely turned around since April 2011 and WMAS has gone from being one of the worst performing rural services to the highest performing.

The model for WMAS was developed based on a model which had been successfully in use in Staffordshire since 1995. WMAS tried to implement this model into cities, but it did not work, so the city model was changed. The majority of staff within a city are able to report to a hub, so there are now mostly only standby posts.

In response to questions, Tracey Adams provided the following information:-

- Equipping the vehicles properly was part of the model. At the start of each shift each ambulance would be stocked with enough supplies to last for the whole shift. In WMAS, as cars were not able to hold as much stock, there were designated locations holding minimum stock to enable the cars to restock during the shift when required. Other options could be considered such as holding stock at hospitals or having drivers who deliver items out to smaller sites as required, but generally this would not be required as the vehicle would have enough supplies for the whole shift.
- In stocking a vehicle, WMAS used sealed packs which were packed and checked and only sealed once all equipment was included and had been checked and signed off by the crew. There was a governance process in place regarding the checking and signing off of equipment.
- Finding the right locations for the standby points was important as the vehicles needed to be able to access appropriate services. A hospital could be a good location for this. There was likely to be only 1 vehicle at a standby point at any one time meaning that they would not take up too much car parking from visitors.
- Some staff at WMAS did have to travel further to work than they used to, but they were given the opportunity to move to a nearer area if they wished to.
- WMAS had an aging estate with some surplus space. The facilities were not fit for purpose.

- Following each area being rolled out, a six month review was carried out to identify benefits and any issues. A further 12 month review would also be carried out. The review reports were presented to the Board. The report on Herefordshire implementation and a city implementation would be requested for the Sub Committee, including information on the number of vehicles in the areas before and after the change programme was implemented.
- There had been improvements in all areas where the changes had been implemented. For example Hereford performance on A8 was under the 75% target at between 70% and 72%, in the last three months, performance has been 79%, 80.1% and 81.9%.
- WMAS did not carry out a formal consultation on the whole programme, they consulted locally as the programme was rolled out. There was union resistance and staff disputes and it was difficult to get to an agreement. But the views of the staff had since turned around completely. There was flexibility on how the change programme was implemented locally and the programme was sold on the benefits it would have to patients.

Mark Ward, Unison spoke to Members of the concerns that Unison had regarding the proposals. Unsion were not against making improvements to the service, but there was concern regarding the number of hubs being proposed, including the fact that there was no hub north of Mansfield, only standby points. Usually it was only cars that could meet the attendance targets, but what about if an ambulance was needed? There was concern that a vehicle would be sent to a call which did not have the right equipment to deal with the incident to ensure attendance targets were met. There was also concern regarding equipping the vehicles as it would be the ambulance crew who would be accountable if they did not have the equipment they should have. In relation to travelling to a hub to report on and off, for the 12 hour shifts, which could end up running to 14 hours if the crew were dealing with an incident, the crew might have to travel 40 minutes to then get back to the hub at the end of the shift, and then travel home. The 11 hour working directive would also have an impact here.

Concern was also raised regarding the fines the ambulance service received if it did not hit targets, and that funding was not being provided to enable service improvements.

David Seaton informed Members that he had been a paramedic for 28 years and worked in the National Health Service (NHS) for 34 years. There had been many occasions where he had been assured that equipment was on the vehicle before starting a shift, only to find it missing. Morale was as low as it could be and things were very bad on the roads. Ambulance crews wanted to be asked their views on any proposals as they knew whether or not things would work. He felt hubs were a good idea, but there were not going to be enough of them. In reality, standby points were not currently used, as the vehicles went straight from one call to the next, meaning that they would be a waste of money if established. Currently he could start a shift and there would be no vehicle, meaning he would have to go to Alfreton, where fleet maintenance was carried out and spare vehicles kept, to pick a vehicle up before being able to start taking calls. The proposal of spare vehicles being kept and maintained at the hubs was positive as long as there were enough skill mechanics in each hub to carry out the work. He also had concerns regarding the number of incidents that ambulance crews were currently being sent to incorrectly as priority calls, which were coming via the 111 and NHS Direct services.

Richard Henderson – EMAS informed Members that the performance targets for all ambulance services were A8 – 75%, meaning 25% did not arrive within eight minutes. 95% must arrive within 19 minutes (A19), for life threatening calls. If these targets were not achieved than there was a financial penalty of approximately £2.6 million per missed target. This came at the same time as cost pressures with the service having to reduce its budget by £5m per year. There was a 5% increase in emergency calls each year with a 6.5% increase this year so far. 111 were passing through a higher number of calls than expected. There was a service level agreement of an 8% pass through rate, however this was currently higher.

EMAS had inefficiencies such as having vehicles in the wrong place and not making good use of paramedic's time. It was intended that the change programme would address these inefficiencies which would improve the service to patients. It was important to get the governance arrangements correct and in place first.

In relation to the 111 and NHS direct calls, an internationally recognised computer system was used which gave automated responses meaning operators could not go off script. All "red" calls (critical) were referred to the Clinical Assistance Unit made up of doctors and nurses who were able to ask further questions.

The proposals for rural areas would be scrutinised again after the consultation process had ended and EMAS would work with staff and the local community to get the best fit for both. EMAS did need to change how it worked, and it would listen to the feedback and adapt the plans taking into account of the consultation responses.

The hubs and standby points were worked out across the region, not just by county and the vehicles were not limited by the county boundaries. There were also reciprocal arrangements with other ambulance services such as South Yorkshire.

There was the possibility that a hybrid post could be create at Newark which was more than a standby point, but did not have as many facilities as a hub. All these proposals would be considered following the end of the consultation period.

The ambulance crews all did a fantastic job and there was no slack in the system. This was why changes to the system were needed to keep up with demand.

Anne Berry, GMB informed Members that she was a paramedic based in Lincolnshire and had been for eight years. As a GMB staff representative she represented staffing Nottinghamshire and Lincolnshire. GMB had been invited to meeting early in the process and had been advised that there would be 33 hubs. We saw the logic of the proposals and felt it was a reasonable business plan, although they were aware that some staff would be upset by the proposals. However, when the draft proposal came out the number of proposed hubs had dropped to 13, which raised concerns for GMB. GMB felt that this was too drastic a reduction and would not enable a safe service to be provided. When we asked how a safe service would be provided with this number of hubs, we were not given an answer. We asked for the evidence that the proposals were based on so we could assess whether it was an appropriate proposal and whilst we received some answers, we did not receive all the evidence we had asked for. Therefore GMB was forced to give a vote of no confidence as they did not have the evidence needed to be able to determine whether this was a good proposal. Claims were made by EMAS regarding the outcomes that would be achieved, such as reducing the carbon footprint, however, GMB did not think this would be the case and

that it could actually increase. The time of 30 minutes taken to check vehicles at the beginning and the end of each shift appears to have only been anecdotal evidence, rather than based on fact. There was also no evidence that rural areas would receive a good service and no evidence that EMAS would ring fence vehicles to specific areas within the consultation document. Some staff live 50 miles from the nearest hub. WMAS learnt that there was a need for local booking on in rural areas, why has EMAS not included this in the proposals? Staff who live and work in the same area, may have to travel a distance to get to the hub only to have to then drive back again to get home.

There was concern that there were not enough ambulances to cover all community ambulance posts and that if the vehicles are not ring fenced it could result in a postcode lottery for service.

A rota review had also been carried out as part of the change programme. Night time patient transport capability in Worsop, Retford and Newark had been reduced as a result and was not being increased during the day.

If significant changes are made to the proposals following the consultation, there is then no opportunity to comment on the changes which could result in a programme that staff and local communities did not want.

If option 1 was agreed, then GMB felt that more vehicles would be needed to offset against the longer travelling times. These was no evidence in the pack that additional vehicles would be provided.

If option 2 was agreed then more booking on points would be needed. The WMAS approach seemed a sensible approach, why was this not included in the proposals and why is this possibility only being mentioned now?

The main concern of GMB was to ensure that there was a fair and equitable service for the whole community. GMB felt that 13 hubs would create a postcode lottery. GMB were against the proposal of 13 hubs. The cost of the programme had also not been provided, other than headline figures.

Tracey Adams advised Members that the ring fencing of vehicles in WMAS worked on an elastic band principle, meaning that the vehicle was linked to its base and would be pulled back towards its base after completion of a call.

Richard Henderson advised Members that ring fencing worked well but had limitations, as when a vehicle was on a call all other vehicles not on a call were moved to offset the cover. Ring fencing did not work as well for ambulances as cars. Mr Henderson also gave an assurance that, in his view, the introduction of revised working arrangements in North Nottinghamshire would not lead to increased response times within the conurbation. EMAS were willing to work with GMB to develop a plan that could be agreed on. Some compromise may be needed and it was hoped that the staff would work with them.

Carolyn White, Sherwood Forest Hospital Trust advised Members that there were pressures on the health service as a whole at the moment with an ever increasing demand. The Trust's concern as a receiving centre was to get the patients as quickly as possible, which meant that vehicles needed to be used as efficiently as possible.

Newark area was of concern for the Trust. The Commission had invested additional support for transport between Mansfield and Newark, which had helped and the Trust would be closely watching the changes to ensure that they did not have a detrimental impact.

Tight governance arrangements regarding the stocking of vehicles would be essential and was something hospitals already used.

Richard Henderson advised Members that EMAS had to make savings and were also undertaking a management review. EMAS would reduce the number of managers by £2m allowing this money to be reinvested into frontline services.

Members were offered assurance that the views expressed during the consultation would be taken into account and changes to the proposals would be made.

The Chairman reminded Members that a letter from NUH had also be received for their consideration.

Members were generally in support of the principle of the hub-and-spoke system being introduced by EMAS and during discussions felt that the following recommendations should be put forward:-

- There should be another hub in the north of the County – to cover the Bassetlaw and Newark areas
- There should be proper provision of maintenance resources (I.e. mechanics) once the changes have been implemented across all areas
- EMAS should carefully review all existing arrangements and protocols for cross-boundary working to ensure that the greatest possible benefits are secured for the people in the North of Nottinghamshire
- All issues relating to ambulance stocking governance and accountability should be carefully reviewed – practitioners picking up vehicles should not be held accountable for equipment and medication that is missing
- The facility to transport patients should be available all through the night
- The fines levied against Ambulance Trusts for not meeting targets are unfair and counter to the interests of local people and health service – Members recommend that EMAS campaigns hard to have the regime of fines lifted. In addition, the Chairman of the Joint Health Scrutiny Committee will write to the Secretary of State for Health regarding this issue.

The Sub Committee:-

RESOLVED 2012/001:-

that the following recommendations be put forward to the Joint Health Scrutiny Committee for consideration and approval:-

- **There should be another hub in the north of the County – to cover the Bassetlaw and Newark areas**
- **There should be proper provision of maintenance resources (I.e. mechanics) once the changes have been implemented across all areas**

- **EMAS should carefully review all existing arrangements and protocols for cross-boundary working to ensure that the greatest possible benefits are secured for the people in the North of Nottinghamshire**
- **All issues relating to ambulance stocking governance and accountability should be carefully reviewed – practitioners picking up vehicles should not be held accountable for equipment and medication that is missing**
- **The facility to transport patients should be available all through the night**
- **The fines levied against Ambulance Trusts for not meeting targets are unfair and counter to the interests of local people and health service – Members recommend that EMAS campaigns hard to have the regime of fines lifted. In addition, the Chairman of the Joint Health Scrutiny Committee will write to the Secretary of State for Health regarding this issue.**

The meeting closed at 12.14pm.

Chairman