

**London Ambulance Service NHS Trust  
A&E Sub Committee  
20<sup>th</sup> September 2007, 1400-1700  
Conference Room, LAS HQ**

**MINUTES**

<b>Russell Smith (Chair)</b>	<b>Deputy Director Operations</b>	<b>HQ</b>
<b>Eddie Brand</b>	<b>Staff Side Chair</b>	<b>Romford</b>
<b>Mick Butler</b>	<b>Staff Side Representative</b>	<b>Barnehurst</b>
<b>Gareth Hughes</b>	<b>AOM (Resourcing)</b>	<b>Croydon</b>
<b>Gary Edwards</b>	<b>Staff Side Representative</b>	<b>Isleworth</b>
<b>Steve Sale</b>	<b>Head of Workforce Modernisation</b>	<b>HQ</b>
<b>Greg Masters</b>	<b>Senior HR Manager</b>	<b>HQ</b>
<b>Mark Lione</b>	<b>Staff Side Representative</b>	<b>Homerton</b>
<b>Tim Stephens</b>	<b>Staff Side Representative</b>	<b>Oval</b>
<b>David Lamey</b>	<b>Staff Side Representative</b>	<b>Croydon</b>
<b>Rob Matthews</b>	<b>Staff Side Representative</b>	<b>Mill Hill</b>
<b>Peter Horne</b>	<b>ADO – West</b>	<b>Hanwell</b>

**In Attendance**

<b>John Hopson</b>	<b>ADO – Control Services</b>	<b>HQ</b>
<b>Scott Velleman (Minutes)</b>	<b>ASSD Manager</b>	<b>HQ</b>

*JH reported that Joe Easterbrook is standing down as a union representative.  
RS and EB recognised Joe's contributions on behalf of the committee and thanked him for his work over the years.*

**51/07 Apologies**

Julie Cook  
Paul Woodrow  
Pete Hannell  
Barry Bowyer

**52/07 Previous Minutes – 13/07/07**

The previous minutes were initially agreed, however during the discussions of item 53.03 staff side then retracted their agreement to the wording of item 46/07 "B Reliefs Coming off the Rota After 18 Months" from the previous minutes.

**53/07 Matters Arising**

**53.01 Cleaning Impounded Vehicles (13/07)**

RS reported that Paul Webster has instructed EOC staff to allow crews to stand down in order to clean vehicles when they are returned from police impoundment. However, LSS (formerly LRS) have confirmed that they will take this duty on by specially training a small team of staff.

53.02 EMT1s Going onto EMT2 Bridging Courses (28/07)

RS stated that courses have been booked for next year and letters are still in the process of being written for the relevant staff.

EB asked for the timescale of when the EMT1s should receive their letters.

GH said that he would pass the information to SV to distribute to staff side colleagues.

**GH**

53.03 B Reliefs (46/07)

RS stated that he had met with EB and other staff side colleagues earlier in the week. Unfortunately the meeting reached an impasse and the issue will need to go forward to the Staff Council for resolution.

EB tabled his concerns that at the previous meeting RS had agreed to honour the agreement that B Reliefs should come off the rota after 18 months but that this was not reflected in the minutes.

RS recognised that he did make that commitment and that he is disappointed that this commitment is not compatible with the LAS' current business needs, however he was confident that with further work a solution could be found that would suit all parties.

MB replied that following the meeting in July he had told his affected members that they would be taken off the B Relief rota after 18 months and wanted it recognised that RS had reversed his position since the last meeting.

RS clarified that he is still committed to taking staff off the B Relief rota after 18 months, however he had to have something else to put them onto because transferring these staff onto the A rota would cause a serious adverse impact on weekend performance which would affect patient care. He added that if one weekend day were to be added to each core rota, the B Relief rota could be deleted entirely.

GE felt concerned that affected staff would start leaving the service due to the negative influence on their family lives.

SS suggested that an urgent meeting of the Joint Secretaries could be arranged with RS present to discuss this issue.

GM said he understood everyone's position; however management and staff side had a joint responsibility to solve this issue.

*Staff side then announced that they needed some time out of the meeting to consider this issue before continuing. They returned to the room after a 15 minute recess.*

EB stated that he had taken further advice and that staff side could not now agree to item 46/07 from the previous minutes. Staff side agreed for the matter to go to

53.03 B Reliefs (46/07) (continued)

the Joint Secretaries but would have to lodge a dispute. EB said that it was difficult to keep faith with the A&E Sub Committee if the agreements that are made are changed within a month.

RS responded that he was very sorry that staff side felt this way; however as Deputy Director for Operations he had a responsibility to provide a good service to the patients of London.

**54/07 New Front End Model (Standing Item)**

RS gave brief updates on the various projects affecting the new front end model.

Additional Complex Response

This is now in full swing and working well.

Referral Pathways

Some pathways are already in place. Kathy Jones and her team are hoping to increase the number next year.

Managing Frequent Callers

This is being handled by the PALS team. They have been given additional resources to tackle the problem.

Community/First Responders

There are currently two schemes in the process of being set up – Haringey and Biggin Hill. Both schemes are looking to recruit responders from members of the public.

Auto Data Reporting

This project is aimed at correcting performance data by automatically capturing a location signal when crews forget to push the MDT button denoting them as ‘on scene’, and at several other times during the job cycle.

Management Restructure in Control Services

The first two tiers of the restructure have now been completed. Further consultation with staff side will be undertaken once a replacement for Joe Easterbrook has been elected.

Paperless Control

Currently if CTAK crashes there is a paper-based back up system for control staff to fall back on. IM&T are working to create electronic solutions that will be more efficient and cost-effective.

Re-engineering Call Taking

Call taking performance in EOC has been excellent, due in part to having additional trained staff to utilise, and implementing the rest break policy. There is further work to do based around individual performance monitoring.

Increasing Urgent Care Workload

Work is continuing to increase the number of trained CTA staff to 70 by March 2008. The process is being speeded up by staff being asked to write an expression of interest rather than completing a full application form. Additionally there is still a target for Urgent Care to take on 60% of suitable green journeys.

**55/07 Rest Breaks (Standing Item)**

SS reported that he met briefly with EB, Eric Roberts and Tony Crabtree. They will meet again very shortly to clarify a couple of points before holding a larger meeting of the Review Group.

**56/07 Overtime Sub Group (Standing Item)**

GH gave his apologies as he had to cancel the last meeting. He will be arranging another one imminently.

**57/07 Resource Centre Review**

GH told the group that he has submitted his discussion paper to RS and has circulated it to relevant parties for comments to be received by 30/09/07. Following receipt of the comments a formal consultation paper will be written. Meanwhile over the next two weeks GH will revisit each of the resource centres to informally discuss all of the points up for consideration.

**58/07 MRU/CRU Policy**

RS stated that there is a proposal to considerably expand by January 2008 the MRU to eight permanent motorcycles, and the CRU to seven permanent cycles. Staff seconded to posts in CRU will be back filled.

**59/07 ECA Phones**

RS reported that there seems to be a big problem with ECA phones. IM&T requested that all staff turn on their ECA phones during a three week period to receive updated information from Vodafone. Only 26% of phones were switched on.

This presents a problem as running ECA phones is very expensive. Long term the issue will be solved by digital radios being issued. However, until then staff need to have a means of communication in emergency situations. The updates will be launched again in October. RS said that Team Leaders will be asked to approach staff that do not have their ECA phone switched on during this period, as the phone is an important resource and it is critical that they are updated with the correct numbers and utilised.

RS said that he is looking for support from the committee as to what line the Service takes with people the do not turn their ECA phone on to receive the required update. He suggested that any phone not switched on during the additional update period in October be disabled so that the Service is not paying

**ECA Phones (continued)**

for an unused resource.

ML suggested that there are quite a lot of phones that do not work properly, e.g. they can't be charged.

RS responded that IM&T have reported that they are changing approximately 8 phones per week. Far less than the amount of phones that was not switched on for the update period. He requested that staff side encourage their members to switch their phones on to receive the updates.

Staff side agreed.

**60/07 Dynamic Deployment**

RS stated that there is a tendering process going at present for the provision of software. The plan is to install the software in EOC and implement during February 2008. Management will consult on the most appropriate places to locate vehicles within the areas identified by the software.

**61/07 Fast Response Electronic Dispatch of Ambulances (FREDA)**

RS reported plans to introduce FREDA on 14/11/07. The system has worked well for cars. The big difference for crews to note is that they will be dispatched to a call as soon as the address has been received. This means that in some cases crews will be en route before having the details of what they are going to attend. To protect staff, the system is being programmed to instruct crews to stop and wait if they get within 200 yards of the incident before receiving all of the call details.

RM asked if there would be any allowance for allocators to use common sense with FREDA in situations where the software is suggesting an inappropriate response.

PH replied that they can still use human intervention with the software when dispatching cars (FRED), and that the lessons learned will be migrated to using FREDA.

Reporting on other MDT related issues RS stated that all MDTs will have an 'MOT' so that any that do not have the capability to receive television signals are fixed.

Crews will also start to notice count up and count down timers displayed on the MDT when they arrive on scene, and arrive at hospital. This is a more visible display of the data that managers have and is making things more transparent for staff. It is hoped that this will also help to reduce job cycle time.

Staff side felt displaying time on scene would be a clinical aid, however felt that bleeping out the duration at hospital would be antagonistic and unhelpful.

**62/07 Schools & Events Policy**

RS reported that the Service is about to recommence schools and events visits again following the Ladwa case. A new policy has been put in place to ensure staff and the public will be safe.

**63/07 “White Work”**

JH stated that the Service is actively recruiting A&E Support Staff to get them up to their 162 established posts. They will also be setting up hub stations. There will be three in the East, 2 or 3 in the West (depending on uptake), and 2 in the South. Work continues on rostering and vehicle procurement. With all this in mind there is an opportunity for frontline staff to take on alternative duties for those wishing to consider it.

RS pointed out that this should not necessarily be viewed as a step down opportunity as there could be just as much lifting work involved, and that selection for A&E Support could not be decided by age due to legislation.

GE asked if members of staff would retain their terms and conditions.

JH replied that they would, except that their level of unsocial hours payments will be dependent on the rota that they work and therefore may change.

RS added that their role would be based on their capability as opposed to their age or time in the job. The expectation is that these staff would be working as a crew with A&E Support staff, not a double EMT/Paramedic crew. He asked staff side for their views.

EB stated that staff side would be pleased to work with management on this to see the right people moving to A&E Support if they so desired and were suitable.

JH asked EB to distribute his paper to staff side colleagues for consideration.

**EB**

**64/07 CPIS and Paramedic Application**

ML wanted confirmation that paramedic applications wouldn't be accepted if their CPI was less than 95%.

RS stated that he was not aware of this. He agreed to look into the matter and email ML with a reply.

**RS**

**65/07 EMT4 Pay**

RM raised concerns about a few cases where staff had completed their 3 years post-millers assessment but had been held back from moving from EMT3 to 4 and the subsequent pay increase. He asked if the policy had changed.

RS confirmed that the policy had not changed. He was aware of some of the cases alluded to and believed the problem had been caused by CRB checks causing a hold up. As soon as the CRB check is completed satisfactorily the pay increase can go through.

A suggestion was made that the CRB forms be sent to individuals automatically upon them completing 3 years post millers.

**66/07 Christmas Pay**

RM asked if the salary payment due on 27/12/07 would be paid earlier to be in staffs' bank accounts before Christmas.

GM responded that due to the implementation of ESR there is now less flexibility to change pay dates.

GE said that whatever arrangements are made he requested that staff be notified as early as possible.

**67/07 Any Other Business**

Managing Attendance Policy

MB requested that training take place on the Managing Attendance Policy.

GM stated that he would raise this with Andrew Buchanan.

ML stated that he had attended a joint course last week and could therefore confirm that training was taking place.

**Date of Next Meeting:** 22<sup>nd</sup> November 2007  
1400-1700  
Conference Room, HQ