

**London Ambulance Service NHS Trust**  
**A&E Sub Committee**  
**26<sup>th</sup> July 2006, 1400-1600**  
**Conference Room**

**MINUTES**

<b>Chair:</b> Eddie Brand	Staff Side Chair	Romford
<b>Present:</b> Russell Smith	Deputy Director Operations	HQ
Steve Sale	ACAO	HQ
Ian Todd	ADO – Urgent Care Service	HQ
Peter Hanell	Staff Side Rep (NW)	Kenton
Mark Lione	Staff Side Rep (EC)	City & Hackney
Gary Edwards	Staff Side Rep (W)	Isleworth
Joe Easterbrook	Staff Side Rep (EOC)	HQ
David Lamey	Staff Side Rep (SW)	Croydon
Mick Butler	Staff Side Rep (SE)	Barnehurst
Barry Bowyer	Staff Side Rep (C)	Rotherhithe
<b>In Attendance:</b> Scott Velleman (Minutes)	ASSD Manager	HQ
Matthew Heselden (Observer)	Acting PA to Russell Smith	HQ

**Action**

**22/06** **Apologies**  
Ann Ball  
John O’Grady  
Andy Zucconi  
Julie Cook  
Jez Walters

**23/06** **Previous Minutes – 11/05/2006**  
Agreed

**24/06** **Matters Arising**

24.01 Transfer Register Paper Copy (13/04)

SS reported that JO’G has sent an example document to EB for agreement.

EB acknowledged this stating that he was collating comments and then would like the document published on The Pulse. He asked SV to remove this as a matter arising.

**SV**

24.02 Drug Packs & Overtime (03.04)

SS said that this matter is being dealt with at the Joint Secretaries.

24.03 EMT1&2 First Responding (30.04)

EB reported that there has not had a meeting with Fiona Moore yet.

SS replied that he had received some potential dates from Fiona’s PA which he could arrange with EB outside of the meeting.

IT confirmed that following discussions with Fionna Moore EMT1s and 2s are both trained in resuscitation and defibrillation and can therefore be expected to act in a first response capacity with backup coming from the nearest EMT3 or above.

PH reminded the group that the Service deems it clinically inappropriate for two EMT2s to be crewed together and raised concerns about the vulnerability of EMT1s and 2s should something go wrong with the call they would respond to.

IT responded that in a first response situation where basic life support would need to be given, there is very little that a technician could do to make the situation worse and therefore if anything did go wrong it would be a matter for training and development, not disciplinary action. IT continued that he could produce documentation for staff side detailing which types of calls EMT1s and 2s can and can't be sent to.

**IT**

PH agreed with the suggestion of SS from the last A&E Sub Committee for a robust protocol to be written in partnership with staff side.

#### 24.04 Televisions on MDT's (04/06)

RS reported that testing has now been completed and the software is just receiving some upgrades. Installation will begin in August.

EB asked SV to keep this on the agenda to monitor progress.

**SV**

#### 24.05 New Relief Rota (05/06)

EB met with JO'G. He intends to set up a working group in late August.

**EB**

#### 24.06 PDR Interviews – Staff Side Response (12/06)

EB stated that staff side require a member of staff to see a manager at least once a year, but are happy to accept a team leader managing the PDR process routinely.

SS asked for clarification as to the scope of Team Leaders involvement which EB provided. SS with staff side's agreement then undertook to develop a training programme for Team Leaders.

#### 24.07 PSU Review – Executive Summary (14/06)

SS stated that due to Ralph Morris' absence he has been unable to progress this matter, however the document should be available by the next A&E Sub Committee and SS agreed to send EB an advance copy as soon as possible.

**SS**

#### 24.08 Urgent Care Service (UCS) (16/06)

Following an action from the last meeting IT has now joined the group.

IT agreed with GE's comments from the last meeting regarding low manning levels for UCS. He explained that there is currently 50% staff establishment and that the LAS is advertising for more staff. Additionally, as a trial Bromley PTS staff are being given extra training to give them the skill set of an EMT1.

GE expressed his opinion that younger staff would nearly always want to progress onto the

#### 24.08 Urgent Care Service (UCS) (16/06) (continued)

EMT2 position and that older staff would be better suited as this would form a wind down role towards the end of their career.

IT explained that it appears that White Work is not providing the step down it once did due to the increased levels of manual lifting currently required. With the impending introduction in October of the Age Discrimination Act, White Work will need to be rebadged. IT proposed to open dedicated posts within UCS for A&E staff with circumstances (such as medical conditions) that required a step down from A&E work.

There was some discussion around whether staff are happy to go on to White Work or not.

IT stated his intention to put together a working group to look at the composition of the UCS staff.

**IT**

#### 24.09 Police Statements – Stand Down (18/06)

SS told the group he had reminded AOMs of the importance of allowing staff to give witness statements. Common sense should prevail in these situations when balancing operational demands with the requirements of the Metropolitan Police.

#### 24.10 New Drugs and EMT3s (20/06)

SS said that he had spoken to MF and Mark Whitbread about communications around new drugs. He felt that there is no quick answer to this issue but is aware that the EMT3 role is currently under review. SS suggested that the matter may be resolved outside of the meeting with a report given at a later A&E Sub Committee.

EB agreed.

### **25/06 First Responders**

GE distributed a report and further information on the First Response charity set up by Scott Bateman in 1998.

RS discussed the background to the charity and told the group he wanted to see if there was any desire for the use of this type of organisation.

GE described his recent visit to Bath and Bristol to research the First Response charity.

IT gave a personal opinion that this type of scheme is good as a pilot. He continued that these schemes don't hinder performance and can help if well implemented.

RS stated that calculations show it would cost approximately £45k to set a small scheme up and therefore would be affordable.

EB felt that the community response scheme is far better.

RS said that the schemes could be complimentary but summarised that group did not seem too enthused with the idea of First Response.

### **26/06 Home Responding**

RS explained that a member of staff had recently asked if they could take an FRU vehicle

home at evenings and weekends and would respond to calls during evenings and weekends if required. RS continued that management had discussed the idea and felt that there could be some merit to it.

The group discussed the mechanics of how this could work.

SS stated that there seemed to be little disagreement to the idea in principle and that a working group should be set up to discuss how home responding could work at a deeper level.

RS agreed to implement the working group.

**RS**

**27/06 Shift Changeover Times**

RS discussed how shift changeover times seem to cause a large drop in performance. He stated that he understood why this happens but needs to come up with a way to solve it. He asked the group how they felt about staggering changeover times.

SS said that the issue was a long standing one and would be best solved locally.

EB cautioned that crews would not be happy if this meant losing unsocial hours payments.

SS suggested that each AOM examine the issue locally with their Performance Improvement Manager. This would enable the Service to gauge the financial implications overall.

RS asked staff side to brief their local reps that RS will be speaking to their local managers about this subject.

**Staff  
Side**

**28/06 Standby**

RS acknowledged that the issue of Standby is causing problems. He proposed to set up a working group to see how these difficulties can be addressed.

**RS**

EB Agreed.

**29/06 Staffing Shifts During the Week**

RS explained that despite spending large amounts on overtime there was not a corresponding improvement in performance. He said that this suggested that the overtime was not being spent in the right areas and felt that it would be better to concentrate overtime on weekends for now as this was the time when manning levels suffered the most.

JE suggested it would also be a good idea encourage managers to lead by example and take more road shifts at the weekend.

BB also reminded the group that staff that worked predominantly at weekends would lose many possibilities for overtime.

RS acknowledged these views and cautioned the group that the Service expected to be fully manned by November and therefore opportunities to earn overtime would dramatically decrease for most staff.

**30/06 White Work – Numbers and Overall Picture**

*This item was covered earlier in item 24.03 above.*

**31/06 Charity First Responder Scheme**

*This was a duplicate on the agenda and was covered above in item 25/06*

**32/06 ECPs and EMTs**

ML raised concerns that the most recent recruitment advert for ECPs discriminated against EMTs as it asked for evidence of higher education from EMTs but not Paramedics.

RS and SS both explained that this was because the ECP course was highly demanding and that ECPs required a high level of theoretical knowledge. EMT training is very practically based, whereas Paramedics have to take on a greater degree of theoretical learning.

Management want to support EMTs getting onto the course and therefore need to see that candidates can handle a high degree of theoretical learning.

**33/06 Congestion Charge and Rota Changes**

BB stated that Westminster have asked to change their rota to alleviate congestion charge costs.

RS replied that it was a good idea which he supported in principle.

BB also stated that he would like to see the Service meet the full costs of the congestion charge for affected staff members.

RS stated that he was not part of the working group discussing this but advised the meeting that the LAS was the only NHS Trust assisting staff with paying the charge.

**34/06 Any Other Business**

CTA – EMT4s Only

EB stated that he had been told only EMT4s were allowed to do Clinical Telephone Advice work.

SS replied that the CTA role is under review and EB should contact IT outside of the meeting.

**Date of next meeting: Thursday 14<sup>th</sup> September 2006  
1400-1600, Conference room, HQ**