



ALTERNATIVE RESPONSE STEERING GROUP
Tuesday 25 July 2006 at 1000 hours
Conference Room, East Area HQ, Ilford

Present:

Richard Webber (Chair), Mark Sommerville, Steve Colhoun (AOM Group), Cathy Rideout (East FRU Steering Group), Ian Lee (Health & Safety), Paul Tattam (Urgent Care), David Rock (ECP), Alan Muncey (EOC), Alan Payne (VEWG), Martin McTigue (DSO Group), Tony Buckler (MI)

NOTES

1. Apologies for Absence (RW)

Dave Smith.

2. Introductions (RW)

- Members introduced themselves.

3. Group Objectives

- AP provided background to the group which had originally met as an FRU Steering Group reporting to VEWG looking at:
 - the acquisition of vehicles
 - equipment and inventories and
 - development of a single responder handbook.
- Agreed each area needs an FRU Group and a lead representative should attend this meeting. **A copy of the notes will be sent to each area.** **SH**
- Agreed this group (ARSG) is a decision making group for anything non ambulance based.
- Agreed ARSG will report back to VEWG.
- **RW to draft Terms of Reference.** **RW**
- Agreed ARSG can set up trials that involve vehicles.

4. Group Composition

- Agreed that there should also be a member from Training, Fleet, Medical and PTS. Noted that PTS is part of VEWG. **RW to contact relevant people, with possible suggestions of nominees, once Terms of Reference have been drafted.** **RW**
- Confirmed that member representation is as shown in brackets in the 'present' list above.
- Agreed others would be invited to attend when a specific agenda item required it eg Cycle Response Unit, HEMS etc

5. Frequency of Meetings

- Initially the group will meet bimonthly with the aim at reducing frequency to quarterly.

6. Feedback from VEWG (AP)

a. Cleanliness of FRUs & ECP Vehicles

- VEWG had raised this issue. An indepth discussion followed and made the following points:
 - There are H&S risks in transporting patients especially for single responders
 - Must decide either to ban transportation or admit it is happening and recommend clear guidelines on
 - patient safety
 - patient restraint and
 - cleanliness trials
 - Risk Assessment for FRUs needs to be reviewed
 - Agreed cleaning of vehicles should be from corporate budget not complex budget
 - We should try different approaches for deep cleaning vehicles in different stations to see what works best and then have a pan London scheme
 - The Single Responder Handbook acknowledges transportation of patients happens and gives important guidelines to improve safety and recognises it is down to the individual operator to judge the circumstances of a situation
 - Agreed actions:
 - **AB to provide data on number of FRU patient transfers AB between now and the next meeting**
 - **DR to also provide log on numbers, reasons for the transfer, DR category of call and age of patient for the same period**
 - **CR to have the FRU group meeting on 26 July progress a CR trial at one of the complexes re deep cleaning of vehicles.**
 - Also noted that sponsorship for children's seats is worth examining
 - Logistics of proposed trials need to be agreed by VEWG
 - Noted that patient illness resulting from infection from a vehicle could easily result in extremely adverse publicity for LAS.

b. Fleet numbers

- VEWG noted that FRU operators were consulted prior to the recent order of more Safiras, part of our distribution agreement with Vauxhall.
- A discussion on fleet issues raised the following:
 - **Agreed that operators should be canvassed re vehicle make preference** but this should be done in relation to the next review of fleet numbers/makes as noted that the effect of decisions from this group would have impact on changes to be introduced in 3-5 years, rather than immediately
 - Noted that the 59 new vehicles on order should have leather seats, seat covers and rubber matting rather than carpeting in order to avoid some of the current infection control issues
 - **Agreed there needs to be consistency in the layout of the back of vehicles**

- **Agreed that the next FRU group would provide feedback on preference re racking arrangement and dog guards.** Staff to be consulted but need to recognise that what is decided has to be for all vehicles even though it will not equate to everyone's view. Noted that ECPs have already agreed one rack. **CR**

7. Procurement of RRUs

- Covered in item 6 above.

8. Inventory List for RRUs

- Noted that the inventory list (copy filed with minutes) does not include blankets. **FRU group to review the list at their next meeting and advise RW of any amendments. The list is to become an integral part of the Make Ready agreement.** **CR**
- Noted that Newham is currently looking at reducing excessive equipment carried on some FRUs.
- DR provided a copy of the **agreed standard list of equipment used by ECPs. DR to take this to VEWG and advise that this group is in the process of finalising a similar list for FRUs.** **DR**
- Discussion on terminology – FRUs, early responders etc – concluded that **vehicles should have generic LAS graphics** rather than individual vehicle function to avoid need for renewal when use changes.
- **Agreed that consistency in equipment for each type of vehicle (FRU, ECP, DSO etc), as well as cleaning is essential for efficiency.**
- Noted that a decision on racking (see item 7 above) cannot be made until dimensions of bags are known.
- CR suggested Whipps Cross looks at using 12 lead instead of pro paq. This would be on the next meeting's agenda.

9. Implantable Cardioverter Defibrillators – Ring Magnets

- VEWG felt that this group should make the decision on using this equipment but ARSG felt the decision had to be made by the medical directorate. **AP to report back to VEWG on 30 August** as it was felt that a patient needing this equipment would be in an ambulance and therefore this should be ambulance standard equipment not FRUs especially as a ECG reading with a 12 lead must be conducted prior to use. **AP**

10. AOB

a. Single Responder Patient Record Handover Form (RW)

- This has been designed to replace the PRF; PRF to be used only for non conveyed patients and in cardiac arrests.
- RW to fund the form.
- **CR, through FRU group, is leading a trial at the beginning of August in Whipps Cross and City and Hackney.** This is then to be extended to a larger trial and then consideration given to it being introduced service wide. **CR**
- Noted that **ECP** uses a PRF and a **free sheet**. However, it appears that the latter **cannot be scanned. AB to check this.** **AB**
- ECP to be looked at in more depth after the FRU trial. **CR to keep DR advised of developments.** **CR**

- b. Driver Training (IL)**
- Noted that the 5 days' driver training is not always taking place due to cars being taken out of training to cover work pressures.
 - **Consensus of previous meetings is that the training must take place.**
 - Agreed that ARSG will back the use of external training providers eg Met Police. **CR to contact the lead of the Driving Group to ask for their recommendations.** CR
 - Noted that no driver training is given to ECPs even though a course exists. This is not acceptable.
- c. MABO Training for First Responders (IL)**
- This was recognised as a priority for single responding staff and should be part of core basic training since many become single responders.
 - **FRU groups need to be aware of who has been trained.** CR
- d. Risk Assessment (IL)**
- Agreed Risk Assessment for FRUs needs to be reviewed. Discussion took place about inviting John Selby to be a member of ARSG.
- e. Familiarisation Pack**
- **IL and CR to look at reviewing the section relevant for cars and report back to next meeting.** IL
CR
- f. Communication (IL)**
- CR advised that she had taken up the problems with current hand portables and established that they can be overhauled.
 - Noted that the first consignment of new digital radios are for emergency planning. Digital radios not expected to be available to all until 2008.
 - Noted that a priority phone on OCU desk is not necessary as phone rings in several places. Discussion on use of ECA panic button.
- g. Vehicles at Home**
- RW advised that there is currently some discussion on managers taking vehicles home to be on call but this at a very preliminary level.
- h. Alternative Response – definition (SC)**
- Agreed that other response units such as those for special events and circumstances come under the remit of the group but our first priority has to be getting FRUs and ECPs, which make up 90% of alternative response, right.
- i. DSO Vehicles (AP)**
- Noted that Zafiras are not big enough for DSO cars and that Fleet, with DSO group approval, is looking at a new model of Mercedes. ARSG has no problem with this but is aware that there have been problems with previous models of Mercedes.
- j. Satellite Phones (AP)**
- Agreed that the issue and allocation of **trial satellite and digital phones for any vehicles must be monitored/registered.**

k Accident Damage (AP)

- Noted that funding has been secured for 25 IDRs for trial in the West for FRUs. Noted that Staff Side has agreed to their introduction and use on the understanding that they are used for information in accident/incidents and not as a tool for monitoring performance. **Eddie IL Brand should formally sign off this.**
- Noted that IDR information could also help re speed cameras as they will provide driver information. Noted that LAS does not have a driver changeover record on vehicles.
- The £5million of accident damage is being reviewed.

l. Vehicles Off Road (PT)

- Agreed guidelines of what constitutes taking a vehicle off road are needed. Could be part of Single Responder Handbook (see items 3 & 6a above).

11. Date of Next Meeting & Items for the Agenda

The date for the next meeting was agreed as Tuesday 26 September from 1000 to 1200 in the Conference Room at Ilford. Items arising from this meeting for the agenda are:

- FRU patient transfers
- Agreed Equipment List for FRUs
- Back of Vehicles – Racking arrangement
- 12 Lead v Pro Paq
- Familiarisation Pack (IL & CR)