

<b>Meeting Title</b>	<b>EMAS Locality Meeting Leicester, Leicestershire, Rutland</b>	<b>Date</b>	24 <sup>th</sup> October 2012
		<b>Time</b>	13:00-14:30
<b>Chair</b>	Alison Hassell	<b>Location</b>	EMAS, The Rosings, Narborough

Attendees		
Alison Hassell (AH) Alison Parker (AP) Karlie Thompson (KT) Louise De Groot (LDG) - <b>Apols</b> Peter Mason (PM) Mick Jones (MJ) Michael Whitworth (MW) Rachana Vyas (RV) - <b>Apols</b> Amita Chudasama (AC) - <b>Apols</b> Peter Howe (PH) - <b>Apols</b> Jeanette Halborg – <b>Apols</b>	Associate Director Acute Contracts and Provider Performance Quality Contracting Manager Assistant Director of Operations Clinical Quality Manager – Leicestershire & Rutland Business Change Manager Service Delivery Manager Project Manager Transformational Change Manager – Unscheduled Care Planning & Delivery Manager Head of Commissioning East Midlands Ambulance Service Service Manager for Acute Services	NHS LLR NHS LLR EMAS EMAS EMAS EMAS NHS LLR NHS LLR NHS LLR EMPACT UHL

	Item	
<b>1</b>	<b>Apologies &amp; Introductions</b>  Apologies were noted. The meeting stated the importance of University Hospitals of Leicester (UHL) at the meeting.	
<b>2</b>	<b>Minutes of the Previous Meeting Held on 27 July 2012 &amp; Matters Arising</b>  The minutes of the previous meeting were agreed as an accurate record.  There were no matters arising.	
<b>3</b>	<b>Review of Performance</b>  <b>Papers B and D were tabled for discussion.</b>  <u>Performance</u>  <u>CAT A8 Calls – 8 Mins</u> Mick Jones reported that for September 2012, Leicester, Leicestershire and Rutland (LLR) Division achieved 78% compliance for category A8 calls.  <u>CAT A19 Calls - 19 Mins</u> Mick Jones reported that for September 2012, LLR Division achieved 96.35% compliance for category A19 calls.  Mick Jones confirmed for the year so far, LLR Division has achieved 79.13% for A8 calls and 96.35% for A19 calls. If LLR achieve performance targets in October 2012, it will be twelve months of achieving A8 targets. There has been an increase in activity in the beginning of October 2012 but the division are confident performance targets will be achieved.	

	<p>Document B was discussed, it was noted that A19 compliance decreased in the county in September 2012. It was queried whether there would be any issues in the county areas during the winter. Mick Jones stated that the dip in county A19 compliance in September 2012 was due to the sheer volume of calls LLR Division experienced. Resource levels still remain the same, with staggered shift times.</p> <p>There are a high number of patients transferred to Emergency Department (ED) without a General Practitioner (GP) treating or assessing. Alison Hassell stated that data needs to be collated for this, then this could be presented to GPs and discussed. Alison Parker confirmed that Primary Care Trust (PCT) have monthly engagement meetings where the number of admissions are looked at. Alison Parker stated that she could speak with Sharon Rose employed by PCT to look into obtaining this data.</p> <p>In LLR Division, generally, call volume is low. The 'Hear and Treat' aspect of EMAS is improving the ensure patients who do not require hospital admittance still receive the correct treatment and referrals. This improvement is due to having clinicians supporting our call takers and also due to Mick Jones' continual contact with our Emergency Operations Centre (EOC).</p> <p>Year to date, £205,000 plus has been funded. Money has been used for overtime funds and for the winter.</p> <p>LLR Division establishment stands at 353. The division is recruiting new Emergency Care Assistants (ECAs) to fill vacancies. There will be 18 new ECAs by March 2013. Process Evolution have proposed a new rota for LLR Division, to fit in with the new consultation, which is designed to include more Emergency Care Practitioners (ECPs).</p> <p><u>Leicester Royal Infirmary (LRI) Delayed Handover Analysis</u> Pre-turnaround and post-turnaround times are improving. At times of high demand, a Paramedic Team Leader is deployed to the LRI to assist with turnaround. LLR Division are producing Key Performance Indicator (KPI) letters to operational staff that display averages of staff's individual post-turnaround and mobilisation times per quarter. These letters are showing an effect on post-turnaround and mobilisation times throughout the division. The rapid triage point at LRI is also helping to speed crews into the hospital. The location of the triage point is not ideal as it is based at the front of LRI.</p> <p><u>UHL Turnaround Times</u> Alison Hassell informed the meeting that there will be a penalty, implemented by Strategic Health Authority (SHA), if turnaround times average over 15 minutes.</p> <p>Plans will be put in place soon to fund the HALO support function. There are currently the same amount of delays with turnaround at Glenfield Hospital as there are at ED. Mick Jones stated that LLR Division are looking into having a form of direct access to Glenfield Hospital to take on whatever patients they can to free up other hospitals.</p> <p>LLR Division are currently using toughbooks to report patient information. There will be an update at the next meeting about toughbooks.</p>	
4	<p><b>Contract Issues</b></p> <p>James Gray, EMAS Medical Director, has been in contact with Alison Parker about the quarter three CQUINS. There are a few discrepancies about quarter three CQUINS; Karlie Thompson stated that baseline figures need to be looked at and agreed. Pete Mason will contact Alison Parker to confirm these figures.</p> <p>GPs are currently looking into what CQUINS they want for the new financial year.</p>	P

	<p>Alison Parker informed the meeting she had met with Empact; quarterly assurance meetings are taking place but it is not clear what is happening or what improvements are happening. Empact need to provide local information externally; Alison Parker stated she wanted to look at meeting with Empact about this before Christmas.</p> <p>The KPIs that are reported at the Performance Management Committee (PMC) cover a variety of areas, but not clinical aspects. Karlie Thompson suggested Louise De Groot, Clinical Quality Manager, produce some work to include this into the KPI for PMC. Alison Parker asked that a local quality meeting should be arranged to obtain clinical information from EMAS. Pete Mason proposed that Louise De Groot attend the next Locality meeting to discuss CQUINS.</p> <p>There are concerns about the effectiveness of NHS Pathways. This CQUIN will be removed; plans need to be put in place to replace a removed CQUIN as soon as possible - local CQUINS can be suggested.</p> <p>Pete Mason discussed a local proposal for MIs. UHL are happy to go ahead with a pilot for a piece of equipment that checks blood samples for a specific type of protein. This will help with referring to the appropriate hospital to treat these patients. There is still a lot of background work to take place, but a trial could be put in place by January 2013 if all parties agree. The funding for the trial would be used to purchase the equipment. Finding research funding is currently an issue, therefore, EMAS want to see if the company who produce the kit in Germany will provide enough equipment for the trial for free. Then if the trial is a success this will open a world-wide market to the company in Germany.</p>	
<b>5</b>	<p><b>Planning &amp; Delivery Issues</b></p> <p>There has been a meeting with Empact to put in a certain protocol to clarify whether A&amp;E or Patient Transport Services (PTS) cover intercity transfer. A document referring to this was looked at the meeting, Mick Jones and Karlie Thompson stated that had not yet seen this document.</p> <p>To reduce Doctor's urgent conveyance rates an ECP model is being collated. This will reduce the flow of Doctor's urgents into emergency performance figures. The ECP model will take four months to put together.</p> <p>LLR Division are looking into different ways to prepare for the winter with such support systems as POLAMB, bicycles and mobile treatment centre. Karlie Thompson explained that LLR Division require more money to fund overtime, doctor's urgents and pathways.</p> <p>EMAS have engaged with Process Evolution to create a new model for locality hubs and Community Deployment Posts (CPDs) in replacement of EMAS' current ambulance stations. £2,570,000 will be required to achieve the proposal set by Process Evolution. It was queried what is being done locally with this money. Karlie Thompson stated that she would need to obtain figures and then report back on this. LLR Division need to ensure that the new proposal will help deliver in the city and county areas. This is also being looked at locally at the moment; prior to the new estates restructure being put in place.</p>	
<b>6</b>	<p><b>Any Other Business</b></p> <p>There was no further business.</p>	
<b>7</b>	<p><b>Date &amp; Time of Next Meeting</b></p> <p>The date of the next meeting is 28 November 2012.</p>	