



JOINT EMAS TASK GROUP MEETING
Thursday 27th September 2012
2pm – 4pm

Meeting Notes/Actions from the meeting held on Thursday 27th September 2012, The Peepul Centre, Orchardson Avenue, Leicester, LE4 6DP

Present:

Mike Pepperman (MP)	-	Chair – Leicester/Leicestershire LINK Member
Pamela Bird (PB)	-	Leicestershire LINK Member
Dennis Bown (DRB)	-	Leicestershire LINK Member
Anthony Buck (AB)	-	Open + Leicestershire LINK
Jenny Darlow (JD)	-	Leicestershire LINK (Host)
Brian Drury (BD)	-	Arriva Transport Solutions
Kelvin Johnson (KJ)	-	People's Forum
Gulnaz Katchi (GK)	-	East Midlands Ambulance Service
Terry Kirby (TK)	-	Leicester/Leicestershire LINK Member
Rajinder Nagra (RN)	-	Leicestershire LINK Member
John Peachey (JP)	-	Leicestershire LINK Member
Richard Smith (RS)	-	Leicestershire LINK Member
Ian Staples (IS)	-	Leicestershire LINK Member
Karlie Thompson (KT)	-	East Midlands Ambulance Service
Steve Watt (SW)	-	Arriva Transport Solutions
Ray Wenden (RW)	-	Leicestershire LINK

Apologies:

Brenda and Chalky White (BW)	-	Rutland LINK
Eric Charlesworth (EC)	-	Leicester/Leicestershire LINK
Mike Frisby (MF)	-	Rutland LINK
David Gorrod (DG)	-	Leicester/Leicestershire LINK Member
Gillian Jillett (GJ)	-	Leicester LINK Host Administrator
Terry Knight (TKn)	-	Leicester LINK Member

Actions

<p>1. Welcome and apologies</p> <p>MP welcomed everyone and thanked IS for offering to step in as chair if needed. MP apologised for having not been too active lately for personal reasons but is back on board now. Apologies were given as above.</p> <p>2. Acceptance of the minutes of the meeting held on 9th January (previously circulated)</p> <p>The minutes were agreed as an accurate record of the previous meeting held on 15th February 2012.</p>	
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3. Matters arising from the minutes not already included in this Agenda

- **TK to pursue who is responsible for producing the timetables for the hospital hopper and ask that it is updated and is published on bus stops.**

TK informed the group that both sides are blaming each other saying that the responsibility rests with the other.

Also the City and County Councils will not consider changing the Park & Ride Schedule and multi operator ticketing, which would bring the costs down is not accepted on the Park & Ride scheme.

TK is bringing the matter up with Sir Peter Soulsby

Sir Peter Soulsby will be speaking at the Leicester Mercury Panel so MP will speak to him there.

RS suggested that a letter regarding changing the routes is sent to the Overview and Scrutiny Committee.

TK / MP

4. Presentation – Arriva Transport Solutions on Non Emergency Patient Transport Service

Brian Drury (Programme Director) and Steve Watt (Performance Improvement Director) from Arriva Transport Solutions (ATS) came to talk about the first 3 months of their contract to provide Non Emergency Patient Transport Services across Leicester, Leicestershire & Rutland.

- Arriva Transport Solutions is a local team, based at the Meridian Business Park in Leicester. It was formed out of Arriva and Ambuline Ltd. As part of the bid Arriva bought Ambuline Ltd who have a lot of clinical and non emergency patient transport experience and share the same ethos and goals.
- ATS employ 300 staff across Leicestershire, Rutland and Nottinghamshire. Many have now been TUPE'd from EMAS or recruited and have received appropriate training.
- ATS have 2 control centres 1 in Leicester and 1 in Nottingham The booking system they use is the same one that was used by EMAS which is good for the staff who have TUPE'd over. It has still taken some time to migrate the data over.
- They have 120 ambulances and cars
- They have 7 ambulance stations across the region. There are 3 in Leicestershire based at Loughborough, Thurmaston and Whetstone and there are 4 in Nottinghamshire.
- The period from getting the contract to the first day of operation was less than 70 days.
- During the first week of operation 8,000 patient journeys were delivered across the region.

Key Performance Indicators

Since going operational in July there has been

- an improvement in performance for inward and return journeys.
- a reduction in the occurrence of re-beds.
- a change in the phone number from the expensive 0845 to the cheaper 0345 number.
- a reduction in the number of journeys provided by taxi. They have an

approved list of companies and will always use taxis where appropriate so that people are not kept waiting.

Performance Improvement Plan

ATS have a performance improvement plan in place which covers

- Technology – the use of Blackberry's
- Vehicles – to keep updating them
- Planning & Scheduling – regular staff training programmes
- Management of complaints – learning from the problems
- Standard of equipment – including maintaining levels of cleanliness
- Engaging with staff – newsletters, seminars etc
- Renal Patients – Leicestershire Pilot of a team dedicated to renal care.

Successes

- ATS has inherited a team of managers from EMAS who are making the transition easier, and Leicestershire & Nottinghamshire help each other when needed.
- There has been a good response to the £6 million investment in vehicles and call centres
- The benefits of the use of technology. The vehicle tracking system shows which vehicles are busy and enables them to move resources around efficiently.
- Front line staff are the most important and there has been a lot of staff engagement including surveys, suggestion boxes, newsletter, training etc.

MP thanked BD and SW and said that we feel reassured that they have come with a positive message that deals with the problems that have arisen.

5. There followed a Q & A session

Q1. What Performance Level are you at at the moment?

A1. Return journeys are better than inward journeys to medical facilities. The service in Nottinghamshire is performing better than Leicestershire, but week by week we are getting better and nearer to the 95% mark of patients arriving up to 60 minutes prior to their appointment time (Renal 30 minutes)

Q2. You've bought Ambuline Limited, what size was the company and what is their experience?

A2. Ambuline Limited ran this type of service for 30 years. Their service in the West Midlands is about the same size as the contract for Leicestershire, Rutland & Nottinghamshire.

Ambuline's expertise is in Training and Clinical Processes. It is a joint operation but there are separate dedicated teams for Leicestershire & Rutland and Nottinghamshire, Renal and certain hospitals but we also aim to keep some flexibility.

Q3. Can you tell us about the making ready of ambulances and especially the cleaning?

A3. Every crew member is responsible for the daily cleanliness of their vehicle. Under our Control & Infection policy each vehicle is deep cleaned every 6 weeks. This is done by dedicated teams. Every week at least 5 spot checks of

vehicles are carried out.

There is a full audit trail of spot checks, cleans and deep cleans.

In addition everything is wiped down after every patient and if the vehicle is soiled it is removed from service immediately to be cleaned and replaced with a new vehicle.

Q4. Where do you operate from?

A4. We have 2 control centres manned by local staff. They are at The Meridian Business Park in Leicestershire and at Ashfield in Nottinghamshire.

Q5. Are the staff who were TUPE'd over from EMAS now paid less than they were previously?

A5. No, TUPE'd staff are protected by contracts

Q6. What happens if staff are not able to work the technology?

A6. Crews have a Blackberry and a paper copy as some Blackberry's have had erratic signal cover. We now have a new app which allows a quicker log-in, has less freezing and enables us to log times, work etc.

Q7. People don't always know how to complain. How do they complain?

A7. We want to receive complaints. We know there have been teething problems and we want to hear about them so that we can find solutions and improve the service. We will look into every complaint and staff will be disciplined if it is needed. We want to build a better team so that patients receive a better service.

Every vehicle should have documentation on how to complain. If you hear of complaints please ask people to contact us.

Q8. Have you any numbers to compare your runs with taxi's and how much the taxi journeys cost?

A8. Between 8 – 10% of journeys are by taxi. It is obviously cheaper for us to use our own vehicles. The difference in cost is paid by us, not by the NHS

Q9. Have you a system in place to record incidents? How easy is it to access and report back?

A9. Our staff are trained to report incidents. An incident form is filled in and sent to Ambuline's facility where it is kept and commissioners are informed. We have to inform commissioners of important incidents.

Q: Is it appropriate to share figures?

A: I'll check if it's okay to share them. There are very few incidents.

Q10. What are your operating hours and are bookings taken on a priority basis?

A10. We operate 24 hours a day, 7 days a week. We do a lot of pre-booked work. We operate a 'book when ready' system for those who have attended an appointment.

Q11. With regard to re-bedding do you have a single point of contact and a satisfactory interface with NHS staff?

A11. Each manager reports re-beds and what caused it. We have had 2 or 3 in the last 4 weeks. The figures are getting better.

Q12. Are you happy with the service from the hospital?

A12. We have 2 managers based in Leicester who make 3 phone calls a day regarding bed- management so that we are aware of the current situation. We also have regular bed management meetings with the hospitals. We are monitoring those cases where patients are not ready when we arrive and discussing this with the hospitals.

**Q13. What relationship do you have with hospitals outside of the area?
E.g. George Eliot Hospital in Nuneaton.**

A13. The majority of our work and time is spent with the Leicester Hospitals but we do have procedures in place to work with other service providers.

Q14. Do you use agency staff for admin?

A14. We do use agency staff on long term contracts so they are more like employees. It is expensive but we cover the cost. We and the commissioners have been surprised by the number of calls we have received in the first few weeks.

Q15. Who is authorised to use the service? How do you check people are genuine patients?

A15 We use the CLERIC System set by commissioners that has a GP tick box and gives date of birth. People using it for a free ride could happen.

Q16. Why are you not using volunteer drivers anymore?

A16. We want people to work for us so we can train and manage them. We would welcome applications from volunteers who would like to come and work for us.

BD and SW also wanted to emphasise that if we have details of individuals experiencing problems then can you please let JD know and she will pass them personally on to BD.

MP thanked BD and SW for answering our questions so thoroughly.
MP suggested that it would be useful for the EMAS Task Group to receive monthly (ball park) figures so that we can see the improvements that are being made and to suggest ways that we can work with ATS where problems persist.
BD agreed to check if this was okay.

6. Presentation by Karlie Thompson, Assistant Director of Operations, EMAS

Prior to the EMAS Task Groups Consultation Event on the Future of Ambulance Stations to be held in October, Karlie Thompson (KT) gave us a short overview of the EMAS proposals and consultation process.

'Being the Best' is the EMAS review of its services across the region. There are currently 5 divisions with proposals that this will change and Leicester, Leicestershire & Rutland will merge with Northamptonshire. There is no public involvement in this as this is an internal restructuring issue.

The public EMAS Consultation is taking place between 17th September 2012 and 17th December 2012. EMAS are consulting with members of the public about their Estates Strategy Proposals. Specifically they are consulting over their proposal to close 66 Ambulance Stations across the region and replace

them with 13 Super Stations and 131 Community Posts.
The Super Stations will be where crews start their shift, where ambulances are deep cleaned and made ready and where education and training take place. The proposed 2 in the LLR division may be located at Gorse Hill and Loughborough, but this decision has not yet been made.
The 131 Community Posts will be more substantial than the stand-by locations used at present and they may be locations used in partnership with other public services such as the police or fire service.
With many ambulances being constantly out on jobs the existing buildings stand empty for a lot of the time. These proposals will reduce costs as overheads will be shared with community partners. The £35 million raised from selling the existing buildings will be used to establish the proposed new estate structure.

Leicester, Leicestershire & Rutland have the best performance targets and EMAS believes that these proposals will strengthen this.

The timescale for the review is as follows

Consultation – September - December 2012

Response written and taken to the EMAS Board – January 2013

A 5 year programme devised – following the EMAS Board meeting.

Q1. Community Ambulance Posts – Will EMAS and St John’s Ambulance Service be sharing?

A1. Partnership working is vital, so yes. 3 St John’s crews per day work with us.

Q2. Will you still use Community First Responders?

A2. Yes. We are looking at ways to make this service bigger. We are looking for innovative ways of using and developing them.

Q3. Are the proposed locations for the Super Stations not too close to one another?

A3. Gorse Hill and Loughborough are possible sites and there is concern that they may be too close especially if crews have to start and finish at them. We are looking at how it might work.

MP thanked KT for attending and giving us summary of what is being proposed.

KT will be giving a full presentation at the EMAS Task Group event in October.

7. Any Other Business

MP asked everyone to attend the Consultation event on the Future of Ambulance Stations at The Peepul Centre on October 24th so that we can formulate an EMAS Task Group response.

8. Next Meeting: TBC but same venue.

MP closed the meeting