

F18764

1) How many front line staff do the trust currently employ, as full time equivalents, broken down into the following roles? i) Emergency Care Assistant (ECA) ii) Trainee Emergency Medical Technician (Trainee EMT) iii) Qualified Emergency Medical Technician (EMT) iv) Student Ambulance Paramedic (SAP) v) Qualified Student Ambulance Paramedic (QSAP) vi) Paramedic vii) Specialist Paramedic (ECP or CCP)

A&E Staff as at 30 Nov 2014	Finance adjusted staff in post as at 30-11-12 WTE
ECP	84.56
Paramedic (inc Supervisors)	1053.21
SAP (inc QSAPS)	466.63
Technicians	310.28
ECA	423.93
Total	2338.61

NOTE: The Trust does not have a grade of Trainee EMT

Air Operations as at 30 Nov 2014	Finance adjusted staff in post as at 30-11-12 WTE
CCP	17.00

2) How many new staff do the trust plan to recruit in the 2014/15 financial year, broken down into the following roles? i) Emergency Care Assistant ii) Trainee Emergency Medical Technician iii) Qualified Emergency Medical Technician iv) Student Ambulance Paramedic v) Qualified Student Ambulance Paramedic vi) Paramedic vii) Specialist Paramedic (ECP or CCP)

Recruitment Targets for 2014/15:

SAPs: 400

Direct Entry Paramedics: 50

Direct Entry Technicians: 20

3) How many new staff do the trust plan to recruit in the 2015/16 financial year, broken down into the following roles? i) Emergency Care Assistant ii) Trainee Emergency Medical Technician iii) Qualified Emergency Medical Technician iv) Student Ambulance Paramedic v) Qualified Student Ambulance Paramedic vi) Paramedic vii) Specialist Paramedic (ECP or CCP)

Recruitment Targets for 2015/16:

SAPs: 400 are currently being planned subject to support and funding from our commissioners

Direct Entry Paramedics: TBC

Direct Entry Technicians: TBC

No confirmed target for these other categories currently, but the trust is continuing current recruit drive.

4) In respect of the Student Ambulance Paramedic role, it is my understanding that each student is required to pay £4500 towards their training, split into 30x £150 payments throughout each month of their training course. Can you confirm

i) that the sum stated is correct - the sum is correct

ii) whether these payments are deducted before or after income tax & national insurance deductions - the £150 is deducted from net pay

iii) whether the trust has applied for funding from Health Education England (HEE) in respect of these charges, and if so, the full outcome of said application * - the Trust hasn't applied for funding in the terms of a financial settlement, it has worked with HEE in respect of getting the programme commissioned.

iv) are there any circumstances in which the trust envisages it may be in a position to refund such charges, e.g. course withdrawal, failure to achieve required standards, dismissal or resignation, receipt of further funding etc? - this position is currently unclear although we are hoping to have some details shortly

*** = Please provide a copy of the full application to HEE and a full copy of the HEE decision outcome notification, if applicable.**

5) In respect of the Student Ambulance Paramedic role, it is my understanding that for the first 12 months of their development they are not autonomously qualified and must work solely with a qualified clinician who is either an Emergency Medical Technician, Paramedic or Specialist Paramedic, in keeping with current situation regarding the operational deployment of ECAs and Trainee EMTs. Please can you confirm

i) that this is true or false – in terms of the practice hours counting towards the completion of year 1/the award then this statement is correct. They can provide a response with another Student Paramedic or Emergency Care Assistant /Health Care Referral Team but their scope of practice is then adjusted accordingly.

ii) the number of occasions that a SAP, ECA or Trainee EMT has been deployed to an incident on their own on a double staffed ambulance (DSA) **

iii) the number of occasions that a SAP, ECA or Trainee EMT has been deployed to an incident on their own on a rapid response vehicle (RRV) **

iv) the number of occasions that a SAP, ECA or Trainee EMT has been deployed to an incident whilst working with another SAP, ECA or Trainee EMT **

Crew skill mix is reviewed on a live daily basis by the senior operational teams. The Trust does not roster unqualified staff onto Rapid Response Vehicles in any circumstances as this is considered unsuitable, nor do we routinely roster them alone on Ambulances for deployment to incidents. Any reported lone working unqualified staff are dealt with on a live basis by the operational managers to pair them with other staff or find suitable duties for them. We will always prioritise the safety of our staff and the safe response to our patients. All of our staff are trained to provide care within their clinical scope of practice and may at times be required to respond alone to give life saving treatment, for example when one part of a double staff crew reports sick for duty at short notice, if they are the nearest responding unit.

The Trust has looked into the figures requested, and unfortunately has concluded that to provide you with this information would require a significant manual audit of 1,000s of staff records and cross referenced with 1,000s of incidents. The Trust has calculated that this would take longer than eighteen hours and therefore would exceed the appropriate limit as defined by the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004 and as such we are unable to answer this part of your request.

v) the number of adverse incidents raised relating to the deployment of unqualified clinicians either solo or alongside another unqualified clinician ** - one case relating to the deployment of an ECA/EMT crew to an incident which needed a paramedic

vi) the trust's position on which member of staff acts as the senior clinician responsible for decision making when the DSA crew consists of a mixture of either SAP, ECA or Trainee EMT. The responsibility rests with all staff to deliver care to their scope of practice, training and competency. A qualified member of staff is expected to ensure care is provided to an appropriate level. For paramedics there is more of a focus on assuring care is delivered appropriately. The phrases of guidance, coaching and supervision are used in qualified staff job description as appropriate.

Please note that a student paramedic, ECA/HCRT or trainee EMT can be deployed as a solo responder if they are supporting a paramedic/ambulance crew already on scene or if they

are closest to a patient who is in a life critical condition and so they will be deployed as a first response and will act to the guidelines of a community first responder being able to give basic life support. Such occasions can arise where a member of staff attends work but their crew is unable to attend work on the day, for example if they are unwell. The Trust will look to rearrange crews to have the right staffing mix, but there are circumstances where a 999 call to a patient in a life threatening condition can come in first.

**** = Please only provide data from July 2014 onwards, except where such data is not yet available, in which case please substitute July 2014 with July 2011. If to retrieve this data would exceed 18 hours, please recover data for 30/11/2014 only. If no such data is recorded, please indicate whether the trust intends to start monitoring these figures going forward in order to spot trends that may affect patient safety.**

6) In respect of the deployment of unqualified clinicians, please can you clarify the scope of practice of the following groups of staff, in terms of clinical interventions and administration of medications when working solo or alongside another unqualified clinician. Please refer only to interventions/medication administration, that the unqualified clinician can perform autonomously without having to request permission from the control room or on-call medical advisor. i) SAP ii) ECA iii) Trainee EMT

The interventions for these groups in broad terms are the same. The difference comes in terms of ability to identify when and why, freedom to act to undertake and training in terms how they fit into care (covering scope of practice). Independent interventions and medications are the main differences which support the stage of development or qualification achieved. This will address depth of knowledge, skills and professional issues. For student paramedics there is an additional guidance document which is awaiting formal sign off. This bridges between student and qualified technician (cover ECA to EMT). It also covers medication in emergency situations.

7) Please clarify whether SAPs, ECAs or Trainee EMTs are contractually obliged by trust policy and guidelines to respond to emergency calls where they are likely to be the first emergency resource on scene, particularly in the following circumstances.

All staff have a duty to respond to life threatening calls, particularly to those patients in cardiac arrest, and this may mean these staff arrive first on scene but they will be backed up by a more senior clinician as soon as possible. These staff are trained to perform basic life support and can utilise an Automated External Defibrillator (AED) so would be sent in much the same way as a Community First Responder.

i) when requested to respond single manned on a DSA – As above

ii) when requested to respond single manned on a RRV - they should not be planned on an RRV although this action exists for consideration in REAP.

iii) when requested to respond alongside another unqualified clinician in either a DSA or RRV *.** This will be covered in the revised resource allocation – based on an intermediate tier ECA vehicle responding to emergency calls in line with codes as a community first responder.

iv) please clarify what the trust's position would likely be in respect of an unqualified clinician refusing to respond as the first person on scene to an emergency call unless working with a qualified clinician, if they felt to do so would be detrimental to patient safety and/or their own development, due to a lack of knowledge, experience or skill.

This would be managed dynamically but the safeguards are built to ensure that, with the information known, that resource allocations and deployment are utilised appropriately. With any call the basis of deployment if not qualified is within the knowledge and skills gained/assessed.

***** = Please provide, should they exist, a copy of current guidelines in relation to the deployment of solo or double crewed SAPs, ECAs or Trainee EMTs.**

8) In previous SAP programmes, the trust has designated SAPs with 12 months experience and a completed portfolio as QSAPs, who are then deployed as a qualified clinician with the EMT scope of practice, both on RRVs and on DSAs, alongside unqualified clinicians as a front line emergency crew. Please confirm whether or not the trust plans to continue with this system from April 2015 onwards for the current SAP programme, and if not, please confirm how SAPs from the current programme will be deployed once they have achieved the full IHCD EMT award after 12 months. They will be considered as a qualified technician and can be deployed as such including working with students.

9) For SAPs to gain registration as a Paramedic, they will be required to achieve a DipHE or FdSc award appropriately validated by the HCPC. Please provide details of
i) which university(s) have been selected to deliver the course - Anglia Ruskin and University of East Anglia

ii) length of the course - 12 months based on academic 40 weeks (approx.)

iii) method of delivery e.g. distance learning, face-to-face - blended delivery of face to face, self-directed and guided learning

iv) expected date of first intake - July 2015

v) expected cost to the trust - unclear due to tendering arrangements – there are also abstraction and travel costs to be finalised.

vi) expected duration of stand down from shifts per student per course (in hours) - this has not been finalised

vii) date of HCPC validation or date of submission to HCPC for validation - documentation to HCPC by the end Jan 2015 with visits scheduled for March 2015

10) If the trust is unable to respond in full to Q9, please confirm the following.

i) date that the contract for SAP higher education element was put out to tender to prospective universities – this process was managed through HEE using a procurement hub.

ii) deadline for bids to be received by the trust - this process was managed through HEE using a procurement hub.

iii) the number of universities still in negotiations with the trust regarding the current SAP programme – we are unclear of whether this is the programme through the UEA or the current development.

iv) the expected conclusion date for current negotiations – we are unclear of whether this is the programme through the UEA or the current development. For the new pathway this is ongoing through approval into ongoing programme and contracting management.

v) explanations for any delays in the tendering process - there is no delay outside of the planned timeframe.

vi) details of any due diligence safeguards put in place in the event of an unsuccessful or delayed ending to current negotiations, given the well-publicised delays in the HE element of the trust's previous SAP programme, which was strongly criticised in Dr Marsh's report into the trust last year. The planning of cohorts is based on the ability to ensure the numbers of students, programme design, course duration and completion meet this timescale.

vii) please confirm the latest date which the trust anticipates it would need to enrol its first few cohorts of current SAPs in a HE programme to avoid delaying the entire programme beyond the expected 30 month time scale. July 2015.

11) Please provide comprehensive details regarding the training package to be offered to i) Senior EMTs ii) Senior Paramedics (Mentor) iii) Senior Paramedics (Clinical)

These are currently being designed in full with the exception of the mentor role. The mentor pathway is commissioned through Universities and is a module delivered at level 5/6 with academic credits. The clinical programme is based on 4 weeks patient assessment and decision making. The EMT is being worked upon. Mentoring is being delivered currently and other pathways are being looked for delivery commencing in 2015-16 financial year.

12) Please provide details of any internal training (including place numbers, eligibility and course start dates) the trust intends to provide to enable current Paramedics to develop and progress towards Specialist Paramedic (ECP or CCP) roles.

There are currently no plans at present.