

## **Minutes of the Healthy Staffordshire Select Committee Meeting held on 23 July 2018**

Present: Johnny McMahon (Chairman)

### **Attendance**

Janet Eagland  
Ann Edgeller  
Phil Hewitt  
Alan Johnson  
Alastair Little

Jeremy Pert  
Bernard Peters  
Carolyn Trowbridge  
Ross Ward

**Apologies:** Charlotte Atkins, Janet Johnson, Dave Jones, Paul Northcott, Kath Perry, Ian Wilkes and Victoria Wilson

### **PART ONE**

#### **21. Declarations of Interest**

The Chairman declared an interest in this item as a relative was training to be a Paramedic with the West Midlands Ambulance Service. He remained in the room and took part in the discussion.

#### **22. West Midlands Ambulance Service NHS Foundation Trust Self Assessment Report (30 minutes)**

Anthony Marsh, Chief Executive Officer (CEO) and Mark Docherty, Director of Clinical Commissioning and Service Development (DCCSD) attended the meeting to represent the West Midlands Ambulance Service (WMAS).

The CEO gave a presentation covering the main issues facing the service and the performance both for the West Midlands region and specifically for Staffordshire. The Trusts Vision, Strategic Objectives, Priorities and Values were outlined. The Trust was the top performing ambulance service in the country and had the second lowest cost base. The Trust was running at 100% staffing levels with no agency staff employed. The WMAS was the only ambulance service in the country to be rated 'Outstanding' and in a report due to be published by Lord Carter later that week, they were the most productive service nationally.

The CEO informed the Select Committee that there were no vacancies for Paramedics and the Trust had the lowest level of staff sickness in the county. The Trust was training 300 paramedics this year and 100% of the ambulances were manned with a Paramedic. Training was important to the Trust and where staff missed sessions due to long term sickness or maternity leave, this was always rescheduled on their return.

The Trust continues to prepare for major incidents such as those seen at the Manchester arena or in Salisbury, but also more regional activity such as winter planning and the Community Defib Vanguard (discussed later in the meeting).

The Trust had exceeded all the national targets with the exception of one which was missed by 8 seconds.

The new Electronic Patient Record system was described and the link and transfer of data between the ambulance service and hospitals explained. The data collected by the paramedics can be sent to hospitals/treatment centres before patients arrive which ensured quicker and more efficient information sharing and diagnosis.

### **23. Questions from the public (30 minutes)**

None

### **24. Questions from Health Scrutiny Committee Members (45 minutes)**

A Member asked if a fathers training was rearranged/considered if they were on paternity leave in the same way as a woman's was if on maternity. The CEO explained that the training of all staff was a priority and would be rescheduled in the same way as those who had been on longer term sick leave.

The question of personal risk was highlighted and the Trust was asked what was done to ensure staff remained safe and well. The CEO explained that the job by its very nature was high risk, for example, patients fall or need to be carried which can put staff at risk of personal injury. However, the Trust carried out refresher training course on how to use equipment properly and have also recently invested in bariatric supports to provide additional lifting support to staff. This of course helped both staff and patient.

A question was asked on support given to staff who suffer either verbal or physical abuse whilst carrying out their jobs. The CEO was clear that he would not tolerate abuse of any kind to staff and worked with the police to prosecute anyone who wilfully abused staff. Recently a number of custodial sentences had been secured but in the CEO opinion these were not enough or for long enough sentencing periods. There was a Government Bill going through Parliament which aims at protecting emergency service staff further. Staff were also offered a range of support from training on how to deal with violence or aggression, to support and counselling if they were involved in incidents which could leave them with Mental Health issues. The Trust was due to take part in a pilot involving body cameras. It was hoped that this would firstly act as a deterrent and decrease the number of incidence but also increase the evidence which would lead to a higher number of successful prosecutions. Following a separate question on midwifery training, the CEO informed Members that all Paramedics were trained and regularly updated in midwifery and also had support from emergency doctors on call and specialist control centre staff.

A Member of the Committee asked about the Trusts financial position and what financial risks were envisaged which may jeopardise the Trusts success. The CEO responded to explain that finance was a challenge but each year the Trust managed to exceed their targets. Over the past few years they had saved circa £50m.

A question was asked regarding Dementia patients and if the Ambulance staff knew in advance that this is what they would be encountering. This was followed by a question on the challenges that different age groups brought and how were staff equipped to deal with them. The CEO explained that it was a challenging demographic population but the Trust was endeavouring to change its services to meet local needs. It constantly reviewed its training needs and had increased the level of mandatory dementia training.

There was a question on dementia services and whether the Trust had signed up to the George Herbert protocol which the police used. In response, the DCCSD informed the Committee that the Trust didn't as yet use the protocol but the demographic was changing and they would be looking at anything that would enhance quality services. They always tried to look at the journey through the service and how to make it better.

A Member asked what the criteria were for deploying Defib and they were concerned that the Trust wasn't aware of the location of all of them. The CEO explained that the Trust was aware of all the Defibs which had been placed by the ambulance service, however, most of the ones located in factories or shops were not on a national data base and it was the aim of the Community Defib Vanguard project to get them all registered, ideally with a GPS location, their age and battery life being recorded. With regard to the criteria that should be met, Members were encouraged to discuss this with the Trusts link officer but generally in public places that has access 24/7.

A question was raised on the availability of electronic records and first responders. The Committee was informed that first responders were not a replacement for an ambulance but were there to fill the gap whilst the ambulance was on route. Currently the ambulance would have access to the electronic data but a pilot was underway in Burnwood to trial how the equipment would work.

The Chairman commented that the leadership team was obviously very strong and asked how they got there and what could they teach others? In response, the CEO explained that he thought that there was a strong sense of what needed to be done within the Trust, a clear direction and a resilience and desire to see things through. The senior management team had also been with the Trust for a number of years and this added resilience and commitment from the top. Also the Trust was not complacent and was constantly trying new things and planning for the unexpected as well as the predictable events such as winter pressures. The DCCSD felt that the difference with the WMAS was the forensic detail that went into all decisions. He explained that if the smallest thing went wrong such as a 0.2second increase in the answering of calls time, it would be addressed as soon as possible, nothing was left to drift or worsen. He also explained that the relationship with the Strategic Transformation Partnership (STP) had improved and all partners were working together to learn lessons and good practice.

Leading on from this question, the Chairman asked how the Trust were planning for winter pressures and how they were vaccinating their staff. The CEO explained that they were planning for the predictable rise in demand around Christmas and the New Year period and the inevitable pressures of winter which tended to be during January and February. Training was planned leaving busy months free so that all staff were on duty and ready to respond. There would also be an extra 200 fully trained permanent front line employees available from the middle of December. The Trust also had a

target of 75% flu vaccinated staff. In 2017 they reached 77% and would ideally like to reach 80%.

The Chairman questioned patient survival rates particularly now that electronic data was in place to monitor the flow of the patient. He asked about not only the patients who survive but also those who were neurologically intact and survive so have a better quality of life. The DCCSD informed the Committee that it was now possible to track a patient's survival (a), into hospital, (b) from hospital to discharge and (c), 30 days post discharge.

A Member asked what support was available for staff who had endured stress or trauma in the work place and also what ethical guidelines had been followed given data and technological advances. The CEO responded to say that all staff had access to a full range of support from training to expert advisors and counsellors. With regard to the technology advances, he informed the Committee that the developments had been ethically approved and the National Royal College had helped with recommendations on recent pilots.

The Chairman requested more information on the Manchester bombing Hazardous Area Response Team (HART). The CEO explained that he leads the national ambulance resilience unit which is part of HART. There were 42 specialist trained paramedics in 2 teams. A decision had been made to increase this by 12 in order to deal with a number of different specific situations such as high altitude events, underground events or bombings etc. In addition, there would be 100's of front facing staff trained to deal with on the ground issues which they were called upon to support, such as war zone training and decontamination.

## **25. Summary and way forward (5 minutes)**

The Chairman thanked the Trust for attending the meeting and congratulated them for leading such a highly efficient and well performing organisation.

**Chairman**