

**London Ambulance Service NHS Trust**

**Minutes of the Meeting of the  
STAFF COUNCIL  
Held on 20<sup>th</sup> July 2006  
At 11.00 hours in the Conference Room, HQ**

<b><u>Chair:</u></b>	Eddie Brand – Staff Side Chair	Romford
	Caron Hitchen – Director of Human Resources	HQ
	Martin Flaherty – Director of Operations	HQ
	Tony Crabtree – Head of Employee Services	HQ
	Steve Sale – ACAO	HQ
	Gary Edwards (Unison)	Isleworth
	Dave Lamey (Unison)	Croydon
	Joe Easterbrook (Unison)	EOC, HQ
	Pat Osliff (GMB)	Willesden
	Phil Thompson – Unison Branch Secretary	
	Pete Hannell (Unison)	Kenton
	Bob Buck (Amicus)	Whipps Cross
	Nic Daw – Head of PTS Improvement & Modernisation	Pocock Street
<b>In attendance</b>	Tony Rowe – LAS Olympics Coordinator	Pocock Street
	Scott Velleman (minutes), ASSD Manager	HQ

**ACTION**

**21/06 Apologies for Absence**

Eric Roberts  
Andy Zucconi

**22/06 Olympics Briefing**

TR gave a presentation to the group informing them of issues surrounding the LAS' involvement in the 2012 Olympics.

**23/06 Minutes of the Previous Meeting**

The Minutes from 23<sup>rd</sup> February 2006 were agreed as a true record.

**24/06 Matters Arising**

24.01 Funding Issues (06/06)

CH suggested that this matter be referred to the Joint Secretaries meeting.

EB agreed for Staff Side

24.02 Mileage Allowances (08/06)

*The same action was agreed as the previous item.*

**25/06 Insulin Dependent Diabetics**

PH informed the group that he and Ann Ball had recently attended a conference on the subject arranged by the Metropolitan Police. He has also spoken to various advisory bodies and following this Unison have instructed their solicitors to conduct a case review. PH then asked at what level was the decision taken to exclude type 1 Diabetics from driving; were the Service aware of recent developments in this area with other emergency services; and has there been a review of the LAS' policy.

CH responded that the decision was taken following the advice of Occupational Health. They themselves are reluctant to change their position without further national advice and guidance.

PH asked if Occupational Health could talk to the doctor at the Disability Rights Commission.

CH replied that this was a good idea. She asked SV to keep this matter on the agenda. **SV**

TC stated that he would speak to Dr. Jonathan Spencer at Occupational Health and report back at the next meeting. **TC**

**26/06 Stand-by Agreement**

PH suggested that on the 03/07/06 the provisions of the joint stand-by agreement had not been observed, because it was felt that most staff had been asked to leave their station and stand-by, certainly within the North West Sector.

SS replied that he was the Gold Officer on that day and that the instruction given was to optimise the current agreement. This was necessary to respond to service and performance pressures at the time. Essentially, this meant that the arrangements were rigorously and fully implemented, which perhaps was not the case on an every day basis. Over 1,000 category A calls were received that day.

MF confirmed that the Stand-by arrangements are due for review and that this matter is on the agenda at the next A&E Sub Committee meeting next week. The issue will require a joint working group of management and staff side to produce a good policy. New arrangements might include some form of phased or staged deployment based around performance, as used by other ambulance trusts.

PT asked that as the review progresses can EB and ER be kept informed so that they can pass information to staff side representatives. It was also agreed that senior representatives should be informed if similar actions to those described was considered in the future.

**27/06 Disciplinary Procedure Training**

EB asked if there was any news on a provision of training regarding the new disciplinary procedure.

TC replied that a training course outline had been prepared, to be built into the standard training prospectus. He and Andrew Buchanan were looking to finalise arrangements in the near future and would liaise with staff side.

**28/06 Managing Attendance Policy**

TC told the group that the Irregular Attenders Procedure has been in place for a long time and that a review of absence management procedures had been jointly agreed. A draft policy was being finalised and would be sent to staff side in the near future. It was agreed that this was a priority piece of work that should be taken forward with a view, ideally, to agreeing new arrangements at the next meeting of the Council.

TC

**29/06 HR Policy Update**

TC distributed the new draft Adoption Leave Policy, along with a summary of other HR policy updates. It was agreed that the Adoption Leave policy would be published unless comments were received by the end of the month.

S/S

CH asked SV to make HR Policy Reviews a standing item.

SV

**30/06 Agenda for Change Update (Standing Item)**

CH reported that very few posts were now awaiting banding so the Service is now almost at the end of the assimilation process and has started moving into the review process. Arrears were also being processed as quickly as possible, although this would not be completed in July.

***Other Standing Items Not on the Agenda***

**Fleet Issues**

BB relayed staff concerns that the Acting Head of Operational Support, who has responsibility for Fleet, does not sit on the Senior Management Group (SMG) (as was the case in the past) and that some staff were consequently of the view that this diluted the influence or profile of the Fleet support function.

MF confirmed that he has ultimate managerial responsibility for Fleet, and holds regular meetings with the post-holder. Fleet concerns do get taken to the SMG as appropriate. However, if BB had further concerns MF offered to meet with him outside of the Staff Council.

### **PTS Issues**

ND reported that the Chelsea & Westminster PTS contract was out to tender. This would be the first contract tender PTS has submitted since implementing a new, clearer pricing structure. ND continued that the Bromley contract is working well and that PTS is helping them to streamline the number of journeys undertaken. Finally consideration is being given to a trial of the use of Ambulance Persons in an integration between PTS and the Urgent Operations Centre, and that they would need to consider procedures to facilitate this.

### **31/06 Service Performance**

MF reported that the Trust is currently at just under 74% for the Category A 8 minute target, was achieving the A19 minute target and was failing to achieve both B19 and Urgent targets.

He advised that whilst the key A8 target had been met in April and May a combination of high demand and poor staffing during June and July had significantly impacted on the Trust's overall performance. In addition we have also entered into a period of substantial staff development training with Resuscitation Guidelines training. Paramedic and CPD courses now underway. Team Leaders had been returned to their substantive roles and the Trust was committed to delivering on the major development programme for this year. He advised that it was important therefore to recover the position so that we do not find ourselves in a major recovery situation during the latter part of the year. He added that he believed that management and the trade unions needed to work closely together to resolve a whole host of issues that were impacting on both patient care and performance.

MF then spoke about the particular difficulties being experienced of staffing levels at weekends with only half of the required overtime hours being filled. This would gradually be mitigated as vacancies were being filled and the LAS should be fully staffed by December. He added that there would be a need to reduce overtime significantly once in post staff numbers had increased and anticipated that these restrictions would need to come into place in October.

MF stated that job cycle times had continued to increase and had now risen to circa 68 minutes on average. This should be seen in the context of the total job cycle time being on average 52 minutes some two years ago. He said that this simply must be reduced and that a reduction in ten minutes had the potential to add a further 300 ambulance hours per day which would mean that all staff were working less hard and in turn would improve patient care. MF wanted to begin discussions with staff side on how best to achieve these reductions progressively across the autumn.

Finally MF discussed the need to look at how Urgent calls are dealt with and expressed his belief that substantial improvements could be made in this area by re-engineering the way in which they were handled. He made the point that staff consistently advised that these were often the sickest patients and that they should receive a better service.

GE repeated his suggestion from the previous meeting that older members of staff be allowed to “wind down” by working for the Urgent Care Service.

CH responded that she took GE’s point, however there was some evidence that this would involve a greater amount of heavy lifting etc and may not be suitable. CH stated that there was a need to identify a range of options for older members of staff.

**32/06**     **7 Year Plan**

CH reported that the Service is coming to the final stages of developing its 7 Year Plan. All the demands on the Service in the coming 7 years were being looked at. CH said that work with staff side would start at the Joint Secretaries meeting.

**33/06**     **Electronic Staff Record (ESR)**

CH explained the rationale behind the implementation of ESR to the group. She reported that the ‘go live’ date had been delayed until October.

**34/06**     **Review of Consultative Arrangements**

CH stated that she had held initial talks with ER regarding a review of the consultative arrangements. Any changes would be implemented around the time of the next round of staff side elections. CH also stated that some joint workshops were being considered.

**35/06**     **Any Other Business**

*There were no issues to discuss*

**Date of Next Meeting:**     12<sup>th</sup> October 2006  
   11.00 – 13.30 hours  
   Conference Room, HQ