

DYNAMIC DEPLOYMENT QUESTION AND ANSWER

VERSION 2

NOVEMBER 19, 2008

Introduction

For ease of both reading and addressing the issues raised during the consultation period of the dynamic deployment policy consultation period, issues have been grouped into functional areas. Minor editing has taken place to remove introductions and conclusions from the comments presented to allow the direct issues to be articulated. Rest assured that every question or point raised has been commented on.

National targets

Question 1: Surely as a Trust we should be saying to the Government that we are not prepared to implement this – it is a step backwards.

Answer 1. The Trust is continuing to work with other services across the country to progress the development of clinical targets and measurement by patient outcome. Call connect is a national requirement that Trusts are currently required to adhere to. The Trust is constantly trying to improve the efficiency and effectiveness of the service in all areas, but particularly in responding to patients.

Deployment plans

Q2: You do state that Essex and B&H have not being been doing dynamic cover, but East Anglia have. So far as I'm aware, prior to us all being taken over by East Anglian. Essex and B&H was doing much better with response times than East Anglian. Surely there should be a lesson there.

A2: There are various cover agreements in all previous trusts and have been for some time. This is an attempt to pilot a harmonised approach which contains different options for all three areas from their current arrangements. However, it maintains certain elements from current practices which have and are working well, therefore not all aspects of the SOG will be used in all areas. The main issue in NSC is its rurality and lack of resources (which has been identified by successive ORH reports and is being addressed through ongoing recruitment).

Q3: This idea of dynamics may sound a good but one has to realise that there are humans involved and although some in the trust believe you can work 24hrs a day with little untoward effect upon them this is a myth.

A3: The group is aware of the human factors that are impacted by introducing this SOG. Therefore part of the SOG is to allow deployment in a managed way which hopefully balances the provision of cover with the needs and safety of staff, for example to limit the places, time and duration of standbys, carry out risk assessments, analysis of feedback both from Lightfoot and staff etc.

Q4: As for the dynamic deployment of resources, the initial demand statistics are taken from HEOC generated 999 calls, as we know are not accurate to say the least. How many of these patients are actually conveyed? A more accurate system would

be to look at the PRFs-EPRFs and see what the true outcome was of these so called Cat As!! It's not rocket science....is it?

A4: We basically agree with the sentiment of this question, however until we have a totally robust and foolproof evidence based system in place we cannot change current practice, which is based on CAD input using MPDS/ProQA (which is an internationally recognised system). Nationally, there may or may not be a move in the future to a system of clinical outcome targets rather than just response times.

Last 30 minutes of the shift

Q5: I am concerned about the potential of standby up to the last 30minutes of shift. I appreciate the caveat in 6.5/7.5/9.6 that the crew should be back before 15minutes if the shift end but fear that only the previous paragraph will be read. I can only speak of postings in Ipswich but towards the end of shift it will usually take >15minutes due to traffic flow to get to a response post, meaning that no sooner have you got there it will be time to turn around and go back. I appreciated this as an extreme example but I fear that the trust will open itself up to a lot more incidental overtime incurred by late jobs. I realise that there is a responsibility to cover a post if a call is predicted in that area but I feel that using a vehicle so close to its end time is not the answer.

A5: In response to your concern we have 'bolded' the relevant parts of the SOG to highlight the caveats in 6.5/7.5/9.6 so that they shouldn't get missed. It is hoped that the correct use of these sections will not incur incidental overtime and that locally, travel times between base and various standby locations will be agreed and understood. This is one of the issues that will be monitored via the Local Partnership Forums (LPF).

Health and Safety

Q6: The main issue though is safety of crews, the public will always hassle crews if they are visible. Cabs are also extremely uncomfortable to sit in for hours; I believe there is a health and safety issue here.

A6: The pilot has a time limit of 45 minutes. Any 'negative' interaction between public and crew that is perceived to be a risk to their personal health & safety needs to be reported using the appropriate method and acted upon. During the risk assessment process, when identifying potential sites, consideration must be given if it is deemed to be a potential 'hassle zone'.

For example, a site next to a nightclub may be perfectly fine to use during the day and/or early evening but not when clubbers are leaving.

Q7: Have the required risk assessments been carried out? Now if a full assessment has not been carried out and made available to the staff to prove an assessment has been made, where is the credibility of the employer?!

A7: In relation to the 45 minute standby time, this is supported by the Trust's Occupational Health Department. However, we would stress that if staff have any individual health concerns or health-related issues which need to be taken into account to ensure their ongoing well-being, then we would encourage them to speak to their line manager so that we might seek individual advice from Occupational Health.

In regards to site specific risk assessments, these will be carried out as per SOG but have only started as it was introduced. This will continue to be an ongoing process with local managers and staff working closely together. The completed assessments

will be compiled and be available on stations and/or East24. They will also form part of the ongoing monitoring by LPFs.

Q8: My final point goes back to the issue of safety, as someone who has been the victim of an attack whilst on the FRV, I am concerned that we would be roadside till the early hours of the morning. I tested out what it would be like on a few night shifts, and remained roadside off my own back until 2am. Whilst the time was non-eventful there were several small groups of people roaming around, and whilst I personally didn't feel threatened by them, it is worrying to think that we would be sat there on our own for such a length of time at a time when intoxicated groups roam the streets on their way home. Unfortunately in this day and age it would be fair to say that anything could happen.

A8: Regarding site specific risk assessments, these will be carried out as per SOG but have only started as it was introduced. This will continue to be an ongoing process with local managers and staff working closely together. The completed assessments will be compiled and be available on stations and/or East24. They will also form part of the ongoing monitoring by LPFs.

During the risk assessment process when identifying potential sites, consideration must be given if it is deemed to be a potential 'hassle zone'.

Q9: The instruction is to mobilise immediately and then call when risk assessment has been done. If this is not the first time you have been tasked with that area a second risk assessment will surely achieve the same result. I realise that the lone worker policy could be twisted by some staff not wanting to go to dynamic posts but ultimately they are the person who will be in the environment and it is *their* safety they are assessing. Generally (I would like to think) that the staff tasked to go to respond will know the area and be aware of the problem before going and surely this should be respected?

A9: Site specific risk assessments will be carried out as per the SOG. Staff and managers from the relevant locality will be involved in site selection and the LPFs in monitoring them. The completed assessments will be compiled and be available on stations and/or East24. Any potential H&S issues need to be reported. On arrival at site, each member of staff should do a dynamic risk assessment as with any other job.

Q10: I know I have only raised the one solution for this problem, but I do feel that our safety is not being considered with this dynamic deployment. As I mentioned earlier, if EEAS can guarantee my safety whilst I am roadside at night, then I will gladly do so, however if this can not be guaranteed, I feel that the policy needs to be looked at again prior to going live next month.

A10: Please see the answers to questions 7, 8, 9 above.

Q11: The impression is that we will be asked to sit at the roadside waiting for calls, whenever "the computer says so" regardless of the time of day (or night) and the weather conditions.

A11: Lightfoot operate a dynamic drive zone concept, and to enable the Trust to be flexible to meet the changing patterns of demand the LSPF will be responsible for ensuring that points are fit for purpose based on local knowledge rather than a central decision. While Dynamic Activation Points (DAPs) are being trialled every effort will be made to provide a P&T facility, but again this will be owned and monitored by the LSPF.

The Dynamic Deployment SOG clearly states the minimum requirements for a DAP. To enable the Trust to meet the requirements of the SOG, it may be necessary, during the pilot scheme, to position vehicles at sites that do not comply fully with the requirements outlined in Section 9 of the SOG. In these circumstances, especially where there are no facilities (e.g. Toilet and drink making), sites should only be used when safe to do so.

Q12: Surely this cannot be good for staff, even if it is only for 45 minutes. We get precious little time for refreshment as it is on some shifts; it does not take much to keep some of us happy, a cup of hot tea and a few minutes in a comfortable chair is not a lot to ask, I don't think.

A12: The availability of drink is one of the requirements of the DAPs. These requirements are a minimum and some of these points may have higher levels of facilities. In the future it is the intention to source more response posts with the approved level of facilities. As far as the 45 minutes standby time is concerned, advice was sought from the Trust's Occupational Health Department and support given for the 45 minutes.

Managing Demand

Q13: Say no to people, why does a 20-year-old with a sore finger get sent a resource? It happens!

A13: We agree. Work is ongoing externally by working with the wider NHS and public awareness campaigns both to educate the public about appropriate access to health care and the range of alternatives available. Also ongoing work internally about improving our responsiveness to the varying needs of people using the 999 system (clinical advice lines, Psiam desks, OOH etc)

Q14: From where I stand, the greatest enemy the Trust has is an ever spiralling demand. Much of this is inappropriate and unnecessary, the public are using 999 as a general health enquiry number.

A14: Again we basically agree, please see the answer to question 15 above. We will try to press for more public awareness work.

Q15: Improvements in performance could be improved drastically if call takers were allowed to take the time to realise the many alpha calls we respond to, are not severe respiratory distress, but in fact people who are breathing rapidly or deeply because they have a bad back, shut their finger in a drawer, etc, all that most crews experience on a regular basis. This alone would save the trust a fortune, you don't need more responses, just a better way of deployment.

A15: The AMPDS system we utilise is a protocol driven software tool where the call handlers cannot question the integrity of the caller. As the system was devised for use by non clinically qualified staff and treats each and every case the same if the responses to the questions are identical, the call takers must accept what the patient is stating or describing and enter this into the system. Once you try to interpret what people are saying, the system weakens and any clinician will tell you trying to telephone triage is like a face to face assessment without the use of sight or touch. The system is not ideal, but it is the best available on the market at present which is internationally accredited and supported by the Department of Health.

Q16: We are being expected to achieve responses to life threatening calls that simply do not exist. If calls could be more effectively triaged, demand could be cut significantly. This would possibly negate the need for even more facilities, plans and resources. It seems that we are chasing an accelerating target that we have no hope of catching.

A16: Please see answer to Q15 above.

10 Minute Prep Time / VDI

Q17: Dynamic Deployment operates seven days a week. Resources are expected to be ready to be deployed 10 minutes after the on-duty time of the shift or return of the vehicle under normal circumstances. - Surely, as an ECP, I am not expected to carry out a check of the vehicle (tyres, lights, oil, water etc) and a check of the response equipment (para drugs, defib, O2 etc) and the ECP equipment (wound care, ECP drugs, diagnostic equipment etc) in 10 minutes!! That is quite simply not possible. I sincerely suggest that this is changed prior to the launch of the pilot.

A17: See Q24 below.

Q18: 10 minutes is not long enough to carry out a vehicle inspection and put personal kit on board. Crews must be given appropriate time to check that the vehicle is suitably stocked and fit for the shift. This includes engine oil etc. This time frame is totally unrealistic and I would suggest 20 minutes would be more likely.

A18: See Q24 below.

Q19: Find the proposal of ten minutes after shift commencement to be mobile to deployment position totally inadequate. Could I please point out that as the majority of the Trust does not have a 'make ready' system, then ten minutes to fully stock, check, maintain and wash the vehicle is somewhat totally unachievable without leaving staff, public, patients and the trust at risk.

A19: See Q24 below.

Q20: In all honesty, it takes me approximately 20 -25 minutes to fully check my vehicle (you can add ten minutes if I need to restock morphine) have it washed and stocked and ready for a shift 'off station', I work on an FRV! I would like to highlight that even pre-check completion we are still deployed as a resource to AS1 calls if necessary.

I cannot see how I can fulfil all of the necessary checks within ten minutes and be mobile to area, without missing something and compromising safety. If however that somebody can do all of the above within ten minutes, could you please send them to train me!

A20: See Q24 below.

Q21: One of the most time consuming parts of the inside checks is the drug checks, (and with the constantly expanding range of drugs this is taking even longer, and longer still if you need to access the drug store to replenish). Stock checks are vital, and the HPC has previously disciplined SR Paramedics for equipment deficiencies. If a vehicle is deployed with deficiencies in stock or equipment then the knock on potential risk to the patient, crew and !! oss of Trust performance when further resources are required to assist at a routine call is obvious.

A21: See Q24 below.

Q22: 10 minute VDI. The trust has passed on new skills and equipment to its clinicians. The old plan allowed for 15 minutes to VDI before the plan came in. We now have more kit and less time. As an experiment I have timed a VDI just checking the essentials on a vehicle, the break down of which is as follows:

| | | |
|-----------------------------------------------------------------|--|------------|
| Cab Exterior (lights, damage, engine - not tyre and pressures) | | 3mins40sec |
| Response Bag | | 2mins30sec |
| Para Bag | | 2mins |
| 12lead Zoll | | 1min25sec |
| AED | | 15sec |
| Portable Oxygen/Entonox | | 30sec |
| Main Drug Bag >78 exp dates/batch no's to check against book | | 3mins45sec |
| Thrombolysis Bag | | 45sec |

I know this may seem a little anally retentive but I feel it is important to check the facts. This is what I would class as the bare minimum to be checked – this allows for no reporting of problems if found and does not take into account checking restock levels on the ambulance, extrication kit, manual handling kit or gases. All of these factors are important and if checked at the start of the day can build some resilience into the crews ability to do multiple jobs with no restock. This document would be better to recognise the additional time that is required rather than reducing it.

A22: See Q24 below.

Q23: As a paramedic, it is my responsibility to make sure that the vehicle is 'good to go'. Ten minutes is not enough time to get ones own gear, check the kit on the vehicle as well as making sure the vehicle is ok.

A23: See Q24 below.

Q24: The vehicle daily inspections, tyres, oil, water, lights, sirens and 'top up' of the various levels all take a considerable amount of time, and some require two persons to complete them properly. The Trusts fleet is currently getting old, and arguably driving more miles than ever before. The time taken doing the vehicle checks often highlights potentially lethal defects, before they become an issue. Lastly, but by no means least the operational staff are responsible for the cleaning inside and out of the vehicles (I can only speak for Herts). Cleanliness inside improves the patient experience, reduces infection risks and portrays the professional image the trust wishes to portray. Cleanliness outside of the vehicles can be the difference between being seen and not being seen, can therefore have an effect on accident reduction as service vehicles respond to incidents and also allows

a safe but quicker response time. On a dark road in inclement weather it could be ultimately save a life by allowing the vehicle to be conspicuous at the incident.

A24: As a result of the feedback we have changed the times in the SOG. This area will be closely monitored throughout the pilot. If on any given day you believe that your VDI is going to take longer than this it is important to inform HEOC. Where stations have specific issues (e.g. Drugs or store cupboards up two flights of stairs) where it would be a constant struggle to complete within this timescale this should be discussed at the LPF. The cleaning of vehicles is very important, as you say, whether this is done at shift start, prior to shift finish or during the shift and by whom varies by locality and continues to be for local agreement.

Response Post Real Estate

Q25: It is promising to see that we will be afforded comfortable, private and, most importantly, secure areas to go to rather than feeling vulnerable on the street corner. Especially with the nights drawing in!

A25: The SOG allows us to constantly review our use of a range of facilities for which we have set minimum standards. It will allow us to always look for improved sites and/or improved facilities within existing ones. This may also include some seasonal adjustments that may mean certain sites only being used at certain times of the year.

Q26: The inclusion of a facilities list appears tempting in respect of dynamic activation points, refreshments etc. However no mention is made of seating etc, I assume that the trust is hoping to take advantage of partnership working to achieve this? I feel that this should be clarified a little further as we have had bad experiences before with partnership working and a good deal of caution is required when signing up to agreements.

A26: These requirements are a minimum and some of these points may have higher levels of facilities. In the future it is the intention to source more response posts with the approved level of facilities. However it is acknowledged that at a lot of DAPs the only seating available will be the vehicle, hence the time at these points is limited to 45 minutes. As in our answer to Q27 we will constantly review the range of facilities used (this should be done both locally and at the LPFs).

Response Post Location

Q27: To date, there are no standby areas to view on the intranet website for this area. This area has a high density population, to be on standby outside peoples houses with engines running is simply not appropriate, I'm sure most people would complain about the engine noise/radio noise.

A27: Lightfoot (see answer to Q14) has recently produced the maps for NSC which will be published, and have previously mapped Essex. The work for B&H will be done shortly. From this work local managers/staff/HEOC will start to identify appropriate sites in line with this SOG. As these are identified/agreed/risk assessed etc they will, as required, be published both locally and/or on East24. As part of the site selection process any possible effect on local residents will be considered.

Q28: Approved Site List – this is not located on insite in the section that is stated in this section. Is outstanding or hiding elsewhere?

A28: Please see the answer to Q27.

Q29: Thirdly, I know work has already started on finding these locations and that the document mentions about some places not having full facilities, but at launch what will happen to the current 'Lightfoot' locations as these do not just lack some facilities but are actually devoid of them! They are kerbside locations. Will these be treated as Temporary Holding Areas?

A29: It is not the intention of this pilot to use kerbside locations. During the pilot the trialling may, as it says, use sites that are not **fully** compliant but the expectation is that they will at least have some of the requirements and are suitable to use. Temporary holding areas may indeed be anywhere that is deemed safe by the crew but only to be used in extreme circumstances as described within with the SOG.

Q30: The Dynamic Activation Point criteria make no mention of it being an exclusive area for use of staff. Please don't tell me that public areas such as café's etc are being considered.

A30: It is possible that public areas may well be used if they are suitably risk assessed and agreed between local management and staff.

Q31: We have 4 dynamic deployment posts

1. Dersingham Fire Station = has toilet facilities 24 hours,? Tea & coffee facilities
 2. Wells = apparently this is a roaming standby so there are no toilets (other than Public) and tea & coffee facilities
 3. Pullover = Little chef has toilets & free tea & coffee facilities from 6am till 10pm after that we use the garage which has toilet facilities but we then have to pay if we want a drink.
 4. Outwell = has toilet and tea & coffee facilities from 8.30 till 6pm nothing after.
- According to the draft copy all dynamic response posts should have tea & coffee facilities and toilets???? Whereas the old deployment plan (2001) stated we only needed toilets.

A31: The SOG recognises that currently there are various differing sites currently in use throughout the trust and seeks to harmonise the minimum standards for their continued use. Agreement needs to be reached locally in line with the requirements of the SOG to agree, risk assess and sign off sites and this will include the hours of use depending on when facilities are available.

Q32: Also West Norfolk is a rural area and I have been questioned how are we being allowed to be put at response posts up to 30 minutes before our finish times whereas it takes most of us 30 minutes + to get back to our stations before we finish???

A32: In response to your concern we have 'bolded' the relevant parts of the SOG to highlight the caveats in 6.5/7.5/9.6 so that they shouldn't get missed. It is hoped that the correct use of these sections will allow a timely return to base that would allow staff to finish on time and not incur incidental overtime (calls withstanding of course!). Locally, travel times between Base and various standby places will be agreed and understood. This is one of the issues that should be monitored via the Local Partnership Forums (LPF).

Q33: I have been informed that the Radlett FRV will no longer be getting a flat/property to standby at which would enable a 24hr standby point in the local area. I also appreciate that such a proposal would be costly, especially in the Radlett area as it is a "high cost" area. This will mean that from the 10th / 17th November we will

be expected to sit in our vehicle at the roadside until 0200hrs (at 45 minute intervals). Can the trust guarantee mine and my colleague's safety whilst we are doing this?

A33: The agreement for appropriate sites should be between local staff and managers in line with the SOG. However, we would not expect to withdraw this with no alternative other than roadside as we do not consider this to be appropriate. The reason why sites will be risk assessed is to mitigate the risk to H&S. Any 'negative' interaction between public and crew that is perceived to be a risk to their personal Health & Safety needs to be reported using the appropriate method and acted upon.