

## DYNAMIC DEPLOYMENT QUESTION AND ANSWER

### VERSION 3

DECEMBER 2, 2008

**Q34:** I know you will be looking for feed back from staff particular road staff I hope. A similar scheme was trialled in London were I worked for number of years, I know that the inner city is different to rural but it was noticed that crew moral improved when they had their say. It also was noticed that response was better from off station .I understand the real problem is that this is government money driven, but lets be realistic cars alone are not the answer? You must put more ambulances on in the city and create more rotas, the average of 3 vehicles in the city (Norwich) for 750,000 is not enough, and county crews are being drawn in at the expense of missing calls in rural location.

**A34:** Thank you for your comments on the London trial. One of the main ideas behind running this pilot is to engage fully with staff, obtain feedback in both setting up the dynamic standby points and then the operation of them as well as all the other aspects of the SOG. We agree that cars on their own will not be the answer and as to the level of resources available this will depend mainly on identified demand and appropriate targeted funding from commissioners.

**Q35:** Can the Trust confirm that with the introduction of the Dynamic Deployment Pilot Scheme and the provision of facilities for staff - that this will now mean an end to the deployment of RRV's (particularly in the Essex locality) to roadside "hotspots" that have absolutely no facilities and where the singleton is forced to sit in the RRV for hours on end?

I have read the draft SOG and Q&A in depth, therefore I only request a simple Yes or No answer - From the commencement of the pilot, will RRV staff have the right to refuse to have to deploy to a roadside "hotspot" with no facilities when instructed to do so?

**A35:** There is no 'yes or no' answer to this question at the moment. While in the early days of the pilot, and while possible dynamic standby points are being trialled, we acknowledge that these may not **fully** meet the criteria within section 9 of the SOG. However, with the introduction of the pilot, time at these points is restricted to 45 minutes and we would hope that working in partnership local crews and managers can identify sites that at least comply with some of the criteria, if not all, for use while fully compliant sites are sought.

It is vitally important that once sites have been agreed and risk assessed for use under this pilot that these are published and available to staff.

**Q36:** I've just been reading through your Q&A regarding cover. Leaving aside the fact that this will be universally unpopular, there are a couple of points I should like to raise. Firstly, your doctor who suggested that 90 minutes might be appropriate. I take it that's a man who can duck in a hedge should the need arise. You should take into account the time to get to these points and also the fact that we might be going to cover point after a visit to a hospital which could be up to an hour travelling. Also take into account that the cover point wont be once a shift, it will be repeated over and over. Regarding your comments about environmental impact being secondary to patient need, that's all very fine, but are you considering the crew sitting in a relatively cramped environment. In sweltering heat in summer and subject to

constant engine noise and vibration in winter. Presumably if the aircon or saloon heater is not working, we will not be going to standby points.

There is of course another point here. You do state that Essex and B+H have not been doing dynamic cover, but East Anglian have. So far as I'm aware, prior to us all being taken over by East Anglian. Essex and B+H were doing much better with response times than East Anglian. Surely there should be a lesson there. As with other things, it does seem that whether a policy/practice is better or worse doesn't really matter. If Anglian does it, then we all have to fall in line. Shouldn't we be following the best ideas? I could be wrong there, but that is an impression gained by many of our staff.

**A36:** We believe that we have already covered your points in our answers to Q2, Q6 and Q7 in Q&A number 2.

**Q37:** I must take this opportunity to express my grave concerns. Not alone for this once again attempt to 'improve' response times, but for general staff welfare (operational front line), in this issue as a whole. Who as always, are at the receiving end of these relentless demands, However detrimental, whatever the cost or consequence.

When, oh when, will somebody look beyond the reams of boxes to be ticked, the heels to be licked of whoever says 'jump', and consider the dangerous levels of pressure being forced upon us.

**A37:** The Trust tries to maintain a balance between meeting its obligations to the public, meeting nationally set targets and managing the workloads and working conditions of its staff. At times we realise that for staff it doesn't always seem that way and that, particularly at the moment, workloads are high in trying to meet these targets. The Trust is already into a recruitment drive to employ more operational staff in those areas where it has been identified that extra staff are required.

**Q38:** The unbelievable, utterly ridiculous, (and more significantly 'fruitless'), practice of sending a single person (or crew) to a job without any details is endangering lives. I wonder the view of the public were they aware of this extremely dangerous course of action. A whole host of stressful distractions, before we even think about the awaiting scene of attendance.

Away we go, all 'guns-a-blazing', without even so much as a town for direction.

Once en-route, you will be updated (if you're lucky), requiring the pressing of numerous buttons on the keypad to acknowledge its screaming instruction.

Then, the sat nav will kick in, (once again if you're lucky!) Further voice instruction.

You will now very likely have to alter your direction of travel, causing absolute mayhem in the traffic (which has already moved to accommodate you).

By now the phone should be ringing to check you have details, and inform you if you are going to be graced with any 'back-up'.

Should you dare to pull over whilst you respond to any of these orders, you will be questioned as to why your delay, and reason for stopping.

Has 'ANYONE', actually noticed we are attempting to drive an emergency vehicle whilst all this is going on???

BLUE LIGHTS - SIRENS!!!!

.... 'CONCENTRATION', where in the scheme of these instructions has this entered anyone's consideration!

I have been in this job for almost 21 years. The first and foremost instruction I have been taught throughout my employment has constantly been 'DANGERS and HAZARDS!!'.

What sad times we have arrived at, is there not a point which somebody will reach, and have the courage of their convictions to take responsibility for the obvious?

We are not a production line, this is a unique profession, being carried out by caring human beings.

Are all those concerned with these so called ideas of 'progress' so afraid of their own shadow, they are willing to forego the most fundamental basics of health and safety. I have barely touched on my thoughts of yet more 'fantastic' plans of 'dynamic deployment'!

Over the years I have seen extremely improved patient care, and clinical skills. This task of shifting numbers and pieces of paper to the absolute risk of lives is not one of beneficial achievement.

As I am sure, my unwelcome opinion will count for nothing, and I expect will be filed accordingly to the 'shredder', but there you have it.

Is patient care really the utmost concern here? ...I don't think so!

People can only be pushed so far, and, as we have witnessed in the past, time will tell!

**A38:** We have tried to answer your comments around workload and do note all of your observations surrounding life in the front of a vehicle en route, especially as a singleton. The need to constantly improve the communications between HEOC and road staff, both in method and content, is paramount not only to crew safety but also in achieving response time targets.

Whilst this is not specifically regarding dynamic deployment we wanted to acknowledge the points you raised and to allow them to be read by a wider audience rather than confine them to the shredder!

**Q39:** I have 2 concerns after reading the draft deployment plan on the trust intranet; 1st, Expecting crews to mobilise after only 10 mins without introducing a full 'make ready' system is going add more pressure at the beginning of shift. For example, on 2 of my last 4 shifts I have been allocated an ambulance missing major pieces of equipment:-a defib/monitor, spinal board, c collar, O2 cylinders, etc. This leaves me to dash about finding equipment as well as checking engine, lights, tyres, consumables, drugs & other equipment. Then the ambulance may require cleaning inside & out, this can take up to 45 minutes from signing on some days! 2nd, I am concerned about 'dynamic activation points' operating until 0200hrs, I feel this is too late. In urban areas with people leaving pubs/clubs/restaurants in a drunken state, the parked ambulance could become a target for abuse, etc leaving crews in unpleasant/dangerous situations. I feel midnight would be late enough to be parked up in the street.

**A39:** We believe that we have already covered your points in our answers to Q6 and, Q24 in Q&A number 2.

**Q40:** The Bedford HEOC upgrade has been estimated to cost £600,000 and is still rising. Has a substantial 'Pot' of money been set aside to upgrade existing Stand-By Posts, to fund new ones or to even furnish them? We, as operational staff, have been told time and time again since the merge that no funding is available to rent/buy new property for stand by posts or to even furnish or upgrade existing ones.

**A40:** Section 5.2 of the pilot document gives such a commitment... *'It is recognised that some current sites do not meet the new standard of site criteria as outlined in this document and its supporting appendices. It is the intention of the Trust to bring every existing site up to this new standard where this is practically possible'*

**Q41:** I'm writing to inform you of my opinions.

I have worked as an EMP for 29 years and have done this twice before, each time it hasn't worked. I feel strongly enough to say that I will not be sitting a lay-by again.

We are already at breaking point, and I feel that the very few times we are not running around the county  
We should have some time to relax in comfort not be sitting in a lay-by in cramped conditions.  
There is plenty of clinical evidence to suggest that people who spend long times driving, in cramped conditions have an increased risk of long term back problems, And DVTS.  
I would like to see the OH report on the deployment plan (If they where ever consulted)  
Also I would like to see the risk assessment report on each site you wish to us.

**A41:** We believe that we have already covered your points in our answers to Q7, Q8, Q26 and Q29 in Q&A number 2.

**Q42:** Re section 5.8 Approved Site List – this is not located on insite in the section that is stated in this section. Is outstanding or hiding elsewhere?

**A42:** These are now starting to appear on east 24

**Q43:** Re sections 4/6.5 & 7.4/7.5 & 9.5/9.6

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.

**A43:** We believe that we have already covered your points in our answers to Q5 and Q32 in Q&A number 2.

**Q44:** Re section 9/Appendix2

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.

In the absence of partnership working I assume that crew will be sat in the vehicle. Whilst I appreciate the trust has spoken to an in house doctor about this and agreed on 45minutes, has anyone spoken with an expert in the field of ergonomics? Surely these are the people better suited to advising whether the vehicles are suitable to sit in?

Also in the government inquiry to the failing ambulance service many moons ago was there not a health and safety recommendation about roaming standby? I hope to be able to clarify this myself but felt that raising it now was appropriate.

**A44:** We believe that we have already covered your points in our answers to Q26 in Q&A number 2.

**Q45:** Re Temporary Holding Areas

It is understandable that temporary holding areas are required in the instance of a Major Incident/Multi Casualty event and other such episodes. I am concerned by the

first and last examples. These appear to be very loose and whimsical and open to abuse, at the present time I would (cynically) suggest that if this plan was in place Gold would be using unexpected peaks clause every day, or if there was not an unexpected peak they would just claim an unforeseen episode and place crews out under this clause and could keep them there for over 45minutes. I know that this is looking for the worst in the document, and I apologise. I realise that the use of temporary holding areas would be reviewed by staffside etc but this will ultimately be done after the event when morale has been smashed even further.

**A45:** We recognise your concerns but would like to assure you that the Gold on call officer/manager would only make these decisions in extreme circumstances and, of course, you are right that these would be monitored, albeit retrospectively.

**Q46:** Re Q&A Sheet – What if I'm asked to go somewhere I do not consider safe. 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?

I apologise for the long winded nature of this and I am sure that these are points that have been raised before. Though two other questions why has this changed from the original draft where it was going to be mainly utilised for the deployment of RRV/FRV etc. Secondly (and please don't take this as a doubt of any of you on the deployment email address), why is there no one from Gold on the mailing list – surely this document is of great significance to them?

**A46:** While some of your point is covered in our answers to Q7, Q8 and Q9 of Q&A number 2, as stated in the final sentence of our answer to Q9 it is expected that each member of staff should do a dynamic risk assessment on approaching the site on each and every occasion.

**Q47:** Just one point, vehicle preparation time. I note this has been extended to 15 mins (but reduced from the current time of 20 mins). This is still unrealistic; perhaps a senior manager would like to come to a station, for example Cromer at the start of a shift. When the night vehicle returns without O2, fuel etc, then this manager can prep the vehicle in 15 mins (including accessing the morphine store, check engine oil, washer fluid, tyre pressures and consumables). Oh, this would need to also include checking the 12 lead, AED and drugs. For non depot locations, this plan does not allow time for the engine to cool sufficiently to check the oil etc, when are we expected to carry out these checks. We are after all responsible for these, is the trust therefore absolving crews for carrying out these vehicle safety checks?

In the panic to try to achieve response times, the trust is in danger of failing to allow crews to carry out their jobs. In this instance, non-operational staff (Inc managers) are in no position to judge if this timescale is realistic. From many years experience, this timescale is simply 'pie in the sky'. The current 20 min period is still too short on many occasions but I would suggest that this remains in situ. Attempting to cut this time down will achieve no more than resistance from staff and increase the likelihood of vehicles going out in an unsafe state or without essential equipment.

**A47:** Please see our answer to Q24 in Q&A number 2. In addition to this, the intention is that the group reviews feedback received on a monthly basis during the pilot, including any received from LPFs.

**Q48:** These are my thoughts on our esteemed leader's plans:

DYNAMIC ACTIVATION POINT site criteria, compared to the response post criteria these sites seem to be a bit TOO minimal

We can be sent here between the hours of 6am - 2am, within the criteria there is no mention of heating? Which I personally, do not find acceptable.

This is clearly a very basic site with only tea/coffee making facilities, no mention of chairs? No TV/radio either (doesn't have to be Sony).

Will we be guaranteed a private space? Thinking of the Riverside clinic?

**A48:** Please see our answers to Q24 and Q26 in Q&A number 2.

**Q49:** Re section 4.3 what resources will be operating from designated dynamic activation point? I suspect we are not getting the full picture here!

**A49:** The SOG says clearly in section 9.3.....Deployment at Dynamic Activation Points applies to all A&E resources.

**Q50:** We may only REQUEST that control redeploys us after 45 min, I would prefer that if after 45 mins a crew wanted to be moved that this would be guaranteed.

**A50:** We note your concerns but it is the intention of 9.4 that once a request has been made that this will be facilitated... the only reason it is left for crews to request this move is it in certain circumstance at certain points crews may wish to stay longer.

**Q51:** Re RESPONSE POSTS. Looking at there more ample facilities, I am assuming that they will be standing crews down for a meal break here? If so will crews be entitled to refuse? I have had some meal breaks which have been so late I have had to dispose of food in my lunch bag as I no longer felt it was safe to eat (even with the cold block), Eg smoked mackerel pate (which is very nice), since these episodes I will place some food in Ipswich station fridge as do others on base, what happens on these occasions? Who will be responsible for the care, cleaning & re stocking of these posts?

**A51:** Until any harmonised meal break agreement comes into force then such matters concerning breaks should be as they are under your current agreements. As far as cleaning and restocking these posts this will be as per current arrangements for existing posts and agreed as each new post is signed off. In respect of care this would fall under the estates department as with any other Trust owned property and a matter of agreement for those not owned by the Trust.

**Q52:** In the old 8 minute plan, there appeared to be an effort to spread the workload evenly, including the idea that no one (IE outlying stations) returned to their base stations until the end of the shift. This plan clearly has little regard for crew welfare; the impression is that crews in busy locations I.e. Ipswich are going to be spending more time in response posts & dynamic activation posts, sites with lower facilities than a base station. While the outlying stations will do less work & in down time, have better facilities.

It appears that the hardest working stations are being punished, for being the hardest working!!

**A52:** Within the SOG section 4.4 it states: '*As resources become available they will be assigned to the next appropriate highest priority location or allocated to a call. If one geographical area is significantly busier than its neighbour there will be some*

*transfer of resources to help cover the workload'. There are, as you know, many differences between the day to day to experiences of rural and urban crews.*

**Q53:** I would also point out that when a few crews get together on base, there is morale, laughter, crews have the ability to off load, grump about a bad/ miserable patient, with others who understand, & possibly experience some enjoyment at work. Endless allocation to stand by points will destroy this, increase stress & crews will have no choice but to bring it all home, to someone who doesn't understand, but has to listen to it.

Personally I am further concerned about this, as on occasion I work with people who I do not have much in common, differing personalities, a rant on station on these occasions keeps me sane. Being stuck with that person & less contact with other crews will put me round the twist.

**A53:** The points you make are just some of the issues that the Trust will look at seriously, not only in respect of changing working practices for crews, but also for the increasing numbers of singleton workers.

**54:** Having read fully the proposed, indeed, I believe now operational dynamic deployment activation S O G. I HAVE TO ASK, ARE YOU AWARE THAT IN SOUTH ESSEX THERE ARE NO SITES THAT FULFILL EVEN THE MOST BASIC REQUIREMENTS listed for a dynamic activation point. Indeed all existing hotspots are kerbside and in the full glare of the public at large. Does this policy include Essex? Dispatch certainly do not appear to be implementing it if it does, this may be due to the fact that the only sites that have any facilities would be the existing stations i.e. southend , rayleigh etc.and would therefore mean vehicles should only operate from these locations. Could you clarify this position please, Many thanks

**A54:** Yes this SOG applies to all the trust and please see answers to Q11, Q12 and Q27 in Q&A number 2.

**Q55:** With the impending reintroduction of road side stand-by, can you please clarify the legal position in respect of sitting for protracted periods with the engine running? Rule 123 of the Highway Code says: 'If the vehicle is stationary and likely to remain so for more than a couple of minutes, you should switch off the engine to reduce emissions and oil pollution.

While the key word is 'should', does the trust intend to blatantly ignore this rule in respect of road side stand-by? At silly o'clock in the morning in sub zero temps, I will NOT sit by the side of the road with the engine off. As a professional driver, I will NOT ignore the above rule. Will the trust insist we ignore Rule 123? I am personally responsible for the actions I take as the driver and therefore have to adhere to the rules of the road. Please advise.

**A55:** Highway Code rule **123**, The Driver and the Environment. You **MUST NOT** leave a parked vehicle unattended with the engine running or leave a vehicle engine running unnecessarily while that vehicle is stationary on a public road. Generally, if the vehicle is stationary and is likely to remain so for more than a couple of minutes, you should apply the parking brake and switch off the engine to reduce emissions and noise pollution. However it is permissible to leave the engine running if the vehicle is stationary in traffic or for diagnosing faults.

**[Law CUR regs 98 & 107]**

Regulation 107(2)(a). This states that no person shall cause or permit to be on any road any motor vehicle which is not attended by a person duly licensed to drive it unless the engine is stopped and the parking brake is effectively set. Exemptions to

the requirements of this Regulation as to the stopping of the engine include the engine of which is being used for any Police, Fire or Ambulance purposes.