



London Ambulance Service

NHS Trust

London Ambulance Service NHS Trust

Headquarters
220 Waterloo Road
London
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Mr Eric Roberts
Trade Union Side Secretary to the Staff Council
Unison Branch Secretary

6th June 2013

Dear Eric

A Time for Change

Thank you for your letter of 10 May on behalf of Unison, which gives your initial response to the Trust's plans for modernisation and changes to the way in which we deliver our services to the public of London.

These plans were set out in the document "A Time for Change" which was issued to the Trade Unions and to all operational staff at the end of April, with initial feedback sought from unions and from individual staff over the period to 24 May. As you know from subsequent discussions, I am committed to continuing to discuss the plans with you through the formal jointly agreed consultative arrangements, and I am aware that the detail of how some of those discussions will be managed is being considered between you and Tony Crabtree, and via the Joint Secretaries Group. We also have a special meeting of the Staff Council which has been arranged for 11 June.

I have now had the opportunity to reflect on Unison's initial response as set out in your letter. In responding, it is perhaps helpful to follow the same approach as you set out in your letter in terms of headings and concerns that you have raised.

Partnership

I have said to you and the staff council a number of times that I am absolutely committed to working with the Trade Unions in taking forward the changes that are required to improve patient care and for the wellbeing of our staff. We have obtained a significant, probably unique, level of investment to support this, but with investment comes a clear expectation and recognition that we must change the

way that we deliver our service. It is not just about money. By working together, in partnership and building upon the strengths of past partnership arrangements within the Trust I am confident that we can, together, achieve the changes that are necessary. The NHS and commissioners are looking to see that we can together make these difficult changes in a mature way and take advantage of the fact that they have given us an exceptional level of investment.

I am sorry that you feel that the plans were in some way kept from you. We spoke about the key areas that would be addressed when I first attended the Staff Council in February. Whilst the absolute detail of the final document was not available at that time, and indeed was only finalised shortly before Tony shared it with you after our telephone meeting whilst you were away at Conference, I do not believe that the information shared with you would have included anything new.

In terms of the arrangements to share the documents and for the subsequent publication and launch in late April, Caron Hitchen and Tony Crabtree discussed and out-lined this with you and Eddie Brand, as Staff Side Secretary and Chair, at the Joint Secretaries meeting on 11 April. As I have indicated, the final documents were not available at that time, but Caron and Tony explained and out-lined the process for sharing these with you, with managers and with staff. Whilst noting your comments about when you were actually able to properly view the documents, these were made available, in electronic form, to the Unions before being shared more widely with our staff. We had also arranged that the Staff Council should meet on Friday 26 April specifically to take you through the detail of the plans.

That was the beginning of the process. As I have said, I am committed to working in partnership with the Trade Unions, whilst also speaking to staff directly and inviting them to let me know their thoughts and views directly. Please be assured once again, however, that my intention remains that we take this forward via the formal channel of the Staff Council.

ORH

Given that we have undertaken to spend a large part of the time available to us at the special meeting of the Staff Council on 11 June I do not propose to respond here to the detail of your comments about ORH. At our meeting on 14 May I gave you my commitment that we would go through the report and recommendations with a view to helping you better understand the approach undertaken and the basis for the recommendations that have been made. I know that the Staff Council has been kept aware that the capacity review was underway, and some of the assumptions (for instance about rest break allocation rates) that the company had been asked to include in its work and modelling, but accept that there has been little detailed discussion. In part this was caused by the delay in delivering what was, you will appreciate, a jointly commissioned report, but I welcome the opportunity to discuss this in more detail when we meet next week.

Rosters

As you say, there is an existing roster review framework, and this has been shared with the company that is assisting us with roster design. This will be undertaken locally, at station/complex level and with the involvement of local managers, staff and representatives.

A&E Support Staff

In order to improve patient care to all of our patients, we must move to a model of service delivery that is led by registered healthcare professionals. In our case that means planning to achieve a Paramedic on every vehicle, as well as Paramedics ultimately acting as first responders.

To achieve this, we will need to have Paramedics assisted by appropriately trained A&E Support workers in the future. This is not about “de-skilling” the EMT role. That is a post and grade that is already “closed” in this Trust, and there has been no recruitment of EMTs for some years. That process must continue, but I have reiterated the commitment to existing EMTs regarding current scope of practice and arrangements. In addition, opportunities will be explored and developed with a view to supporting EMTs who now wish to progress to Paramedic status to be able to be considered actively for this role, and encouraged to come forward for this development.

This is a transition, and the plans set out that the aim is to achieve a Paramedic-led service by 2015. We must, however, work together to implement such arrangements. It is this Trusts view that this is an expectation of the Francis Report, with which all healthcare organisations will need to comply and have a clear plan to achieve.

I note your comments about this model of service delivery being applied elsewhere in the country. For avoidance of doubt, I have not said that this is necessarily in place everywhere, but it is a model that has been widely introduced. I appreciate that such a change does not come without concerns for staff, and I want to work together with you and the affected staff – which includes Paramedics – to understand and respond to those concerns.

To that end I welcome the survey and report compiled on behalf of A&E Support staff. I know that Steve Sale is in touch with Amanda and Tracey, who co-ordinated the work and that Tony Crabtree has also offered to meet with them.

The training to be offered is designed to support staff in the variations to their existing roles. These are not new jobs – as I have tried to make clear, we are investing in recruiting and training more staff and this is not a redundancy situation. I know that this is an important point for you and me – this is about working with existing staff and increasing staff numbers. I would also reiterate the commitment to undertake a job matching/evaluation process in line with the national arrangements.

Central to this is the need for a clear clinical career structure and pathway. I am absolutely committed to designing and introducing this as an absolute priority. This will need to include clear opportunities for progression from A&E Support through to registered professional status and beyond. This work is a priority within the plans, not least as it will inevitably take some time to achieve full delivery. Tony Crabtree, Fiona Moore and colleagues will be in touch about taking this forward.

Cost Improvement Programme

You have mentioned this, and we have also discussed it, albeit you have not set this out as a specific section in your letter. For the record, I accept that the plans do not address the status of the 5-year Cost

Improvement Programme as set out by Peter Bradley, including in terms of future post reductions. We have agreed that Andrew Grimshaw, Director of Finance, will present on this at the Staff Council next week. Since taking up post I have asked Andrew to look specifically at this area as a priority. Andrew will also be able to discuss the general financial climate in which we operate, including not only the investment that we have received (and which I note that you have welcomed) but also the financial implications and consequences relating to aspects of our performance delivery. This will include the CQUINs that apply this year.

Rest Breaks

I think the detail of your comments, including the reference to national terms and conditions, should be discussed initially when the joint secretaries meet. However, I would reiterate that the key issues include that staff do not currently get breaks as often as they should, and this is simply not sustainable. Staff should get a break, and the ORH modelling was asked to incorporate arrangements whereby the majority of staff were able to access a break on the majority of shifts. It is also the case that the current arrangements, dating back to 2006, do not support staff actually getting a break and that the consequential loss of staff at shift changeover creates a clinical risk. This cannot continue. That said, you and the staff at the road shows and contributing their views and suggestions by other means have made clear their concerns at the proposals for rest breaks that have been published in the plans, and I am sure that there is an opportunity for us to work together to find alternative arrangements.

Annual Leave

Again, I suggest the detail of the plans is discussed via the Joint Secretaries in the first instance with a view to establishing a group or forum to review arrangements. The aim must be to introduce a fair and equitable approach to annual leave that gives staff access to their leave while also achieving a fair distribution which protects cover and, hence, patient care. This must have reference to staff availability.

It is also imperative that we move to a position where carry over of leave is the exception, not the norm. The current/historical position simply creates a financial burden which deprives the Trust of funds that would otherwise be available for investment in staff and patient care.

Active Area Cover

Your comments are noted, but you have not explained or out-lined the particular reasons for Unison's opposition to 24 hour Active Area Cover, so I am unable to comment. Clearly this will be a matter of further discussion.

In offering the responses above, I did not intend to set out the detail of the further discussions that must occur but rather, as promised, to respond to your letter. As I have said, I welcome the commitment to working in Partnership to improve the service we provide to patients and improve the health and well-being of our staff. To that end, whilst no doubt there will be separate discussions on individual topics or issues, it is important to recognize that the plans set out in "A Time for Change" are a package, and that there are significant inter-dependencies. No one change or initiative will deliver the improvements that

we must, together, achieve and the benefits will take some time to deliver and be apparent. That should not deter us from taking this work forward as a priority. Indeed, I believe that our staff expect us to do this, are looking to us to do this, and challenging us to do this.

Further, I believe that by working together with the Trade Unions and with our staff, we can achieve the absolute step change that is vital going forward and that can, in turn, provide a platform for further opportunities to develop the Service and our place within health care.

I look forward to working together with the Trade Unions to achieve this, starting with our special Staff Council meeting on 11 June by which time at the latest I will also be in a position to share with you the initial thoughts and considerations on next steps, in response to the feedback that has been received.

Yours sincerely

A handwritten signature in black ink, appearing to read "Ann Radmore". The signature is fluid and cursive, with a large loop at the end.

Ann Radmore

Chief Executive Officer