

## Questions to Board in Public

### Date of Board meeting in Public

Thursday 8 April 2021

The following questions have been submitted to the Board. Details of the questions together with the Trust response are shown below and an official response will be provided to the originator of the question and all copies on Friday 9 April 2021.

Question to the Board	Trust Response
<p>I would like to ask a few questions surrounding the Ambulance Service Strategy 2021-2026 published in this months Trust Board Papers.</p> <p>Question 1: The strategy lays out an ambitious and commendable vision, which if successfully implemented will undoubtedly deliver huge benefits in patient care whilst enabling savings to be made elsewhere within the Trust. Effectively bringing A&amp;E to the patient, rather than taking the patient to A&amp;E requires enhanced capabilities, training and resources, all of which necessitating significant investment before any longer term savings can be realised elsewhere. Does the Trust have the necessary funding to make such an investment?</p> <p>Question 2: Our NHS faces continuous financial challenges and there is huge pressure not to see reforms derailed. In such circumstances there can be the tendency to turn a blind eye to any problems or issues that might threaten progress. Any system that seeks to introduce radical change needs to be embedded within a culture of continuous evaluation so potential issues can be rapidly identified and addressed. What systems does the Trust have in place to evaluate the monitor the Ambulance Service Strategy?</p> <p>Question 3: The Ambulance Service Strategy will be partially dependent upon other agencies and service providers, and can only be as successful as its weakest link. What systems are in place to mitigate for these vulnerabilities. With service providers and partners falling outside the Trusts control how does the Trust propose guaranteeing a consistently high pattern of holistic care is provided for patients throughout their medical journey?</p> <p>Question 4: The pandemic has/is creating a different profile of patient need, with an expected increase in mental health cases. These ailments do not fall comfortably into a quick 'medicate and go' category. With the likelihood of ambulance service practitioners having to increasingly responding to such demand, what additional support will be in place to assist and provide patient care at point of need?</p> <p>Question 5: In addition to the issue raised in question 4, ambulance service practitioners in this new expansive role are likely to find themselves spending more time with patients. What plans does the Trust have to expand the number of these more highly qualified specialist paramedics within the islands ambulance service, to ensure as more and more responsibility falls upon the ambulance service to keep patients out of hospital that the service is resilient and can comfortably meet evolving service demand?</p>	<p>Question 1 - The Trust has committed to additional funding this year to support the resourcing of frontline operational response. There is a significant recruitment programme now underway.</p> <p>Question 2 - The Ambulance governance processes ensure that the delivery of this strategy is monitored through the Divisional Board, then onto the Quality and Performance Committee of the Board and finally through to the Trust Board using our Integrated Performance Review process.</p> <p>Question3 - We have a robust audit process to review and monitor the quality of care our patients receive throughout their medical journey. During the pandemic, the Ambulance Service has worked collaboratively with multiple agencies including private providers and St John's. The staff have a service induction, refresher training as needed, and are integrated with our team. Another example of ensuring the appropriate standards of care are met would be the nationally recognised accredited training package each community first responder undertakes before they qualify.</p> <p>Question 4 - The pandemic has been associated with an increased demand on mental health services, and the Trust has recognised these changing needs. In response, a number of measures have been put in place to open up access to help for people in mental health crisis, and to reduce the need for people to rely on ambulance deployments in response to mental health crises. Examples of these include:</p> <ul style="list-style-type: none"> <li>• 111 mental health service – people in crisis can access specialist mental health support via 111, and this service has been effective in reducing ambulance deployments for mental health patients.</li> <li>• Integrated Mental Health Hub – this service was opened at the start of the pandemic, and will be sustained as part of the long term model for mental health services. It provides 24/7 mental health crisis services, including a third sector delivered Safe Haven, which operates 5-10pm weekdays, and 9am-10pm weekends and bank holiday service for people in mental health crisis who can drop in, or access support via the telephone or internet. This provides a safe and more appropriate alternative to the Emergency Department.</li> <li>• Mental Health liaison service provided in the Emergency Department. If people do require transport to ED by ambulance, for example if there are physical and mental health concerns, then they will be assessed by the specialist mental health liaison service. This service has expanded over the past 6 months, and is now able to offer extended hours.</li> <li>• A recruitment programme for the Ambulance Service is underway (see question 1).</li> </ul> <p>Question 5 - The Trust has already increased its specialist paramedics by 15% in the last year. In the Ambulance strategy the Trust is considering different roles in the future including specialist paramedics within the 111 service. We will be working with our commissioners around central funding which will become available to communities to support advanced practitioners such as specialist paramedics.</p>

