

**MINUTES OF THE PATIENTS FORUM MEETING –**

**MONDAY, APRIL 10th 2017**

**ATTENDANCE: FORUM MEMBERS**

Adrian Dodd – Waltham Forest – Healthwatch

Angela Cross-Durrant – Kingston – Vice Chair

Arthur Muwonge - Croydon

Barry Hills – Kent

Catherine Gustaffe – Southwark

David Payne – Southwark

Garner Bertrand – Newham

James Guest – Ealing Healthwatch

John Larkin- Company Secretary

Kathy West – Southwark – Executive Committee

Lynn Strother – City of London Healthwatch – Executive Committee

Mary Leung - Harrow

Munir Malik - Bexley

Natalie Teich – Healthwatch –Islington

Philip Ward – Hammersmith and Fulham

Rashid Ali Laher – Healthwatch Kingston

Sean Hamilton – Greenwich

Tom Sullivan – Bromley

Vic Hamilton - Greenwich

**LAS Speaker–Paul Woodrow, Director of Operations, LAS**

**LAS Staff** - Samad Billoo, Zafar Sardar and Heidi Maidment - EOC

**LAS Commissioner’s Representative –**Sharon Afful, LAS Commissioning Team

**APOLOGIES**

Arif Mehmood - Newham

Colin Hill – Berkshire

Dr Singh -

Inez Taylor - Southwark

Joseph Healy – Forum President

Malcolm Alexander – Chair, Patients’ Forum

Sister Josephine Udine – Croydon, Vice Chair

1. **Introduction**The Vice Chair explained that the Chair was unwell and would not be attending and so she would chair this meeting.
2. **Minutes of March 13th2017** were agreed a correct record.
3. **Matters arising**
   1. Noted that hard copies of the presentation by Mark Hirst and Melissa Berry from the April meeting on Equality and Diversity are contained in today’s papers.
   2. Boots Pharmacy continues to refuse to install defibrillators. The Defibrillator Availability Bill returned to the house for the second reading on 24 February 2017
   3. Emergency Operations Centre (EOC) Visits – members were reminded to take the requisite, signed form with them when they visit. (See further Agenda Item later.)
   4. Bariatric Care – no further report. Members with special interested in this work to send in comments on the LAS bariatric care team’s draft document for service development
   5. The complaints leaflet is not straightforward and it takes concerted effort for complainants to discover that it takes seven weeks for complaints to be dealt with. This was discussed at the meeting with Briony Sloper – see below.

**4.0 Action Log**

See separate document

1. **Impact of STP cuts on LAS funding**

Item postponed to next meeting as to date responses to FOI to CCGs and STPs

not available for this meeting. James pointed out that the STPs in NW London

seemed to be ahead of the rest. So far, few areas have a fully worked-out

strategy.

1. **Defibrillator (Availability) Bill had second reading**

Members’ attention was drawn to the speech delivered by Maria Caulfield (Lewes) (Con). Members asked that the defibrillator leaflets be distributed among the Forum so that the campaign could be more widely disseminated. **Action: MA to distribute the leaflets**

1. **LAS PPI and Public Education update** Members noted the leaflet and that careers in the LAS was listed as one

of the many events held. Appreciation was recorded for LAS staff who attend

the PPI and Public Education events, often in their own time.

**8.0 Performance against targets - (A&E WAITS OVER 15 MINUTES)**

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| **-In the week 27 March to 2 April, 1080 hours were lost queuing outside A&E**  **The worst losses were at:**  **BARNET – 115 hours**  **NORTHWICK PARK 98 hours**  **ROYAL FREE 88 hours**  **The potential harm to patients waiting for an ambulance was considerable.** |

**9.0 Clinical Handover Pilot**

A new clinical handover procedure and attendant draft documentation is being piloted to ensure that the LAS has documented the arrival observations taken by staff and at the point of transfer to the acute provider (ED), together with a second set of observations. The aim is to achieve an understanding of actual deterioration as well as to detect early signs of deteriorations to enable appropriate responses to patients. The resultant documents will also provide a guide for the use of National Early Warning Score at the point of transfer. The pilot will run for three months once the LAS has ratified the documentation and confirmed the proposed acute care provider (ED).

**10.0 Presentation by Paul Woodrow, LAS Director of Operations:**

**LAS Delivering Safe, Effective Emergency and Urgent Care in**

**London *[See hard copies of presentation attached****.]*

Paul explained that the LAS could not achieve the national call answering standard of 95%. But by April the ‘call answering performance’ had picked up.

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| --- | --- | --- |
| **Performance standard** | **% Target** | **% Actual** |
| **Call Answering 5 secs** | **95.0%** | **95.4% (+0.4%)** |
| **Category A** | **67.6%** | **66.4% (-1.2%)** |
| **Red 1** | **71.1%** | **69.2% (-1.9%)** |
| **Red 2** | **67.5%** | **66.3% (-1.2%)** |
| **A19 *(set by Commissioner)*** | **93.0%** | **93.5% (+0.5%)** |

Paul described strong year end performance against the Cat A, Red l and Red 2 targets.

* During March, 73.47% of Category A patients were reached in eight minutes compared with 58.24% in March 2016 and this was above agreed month end targets agreed with commissioners.
* During March Red 1 Performance achieved 74.9% in eight minutes compared with 66.3% in March 2016
* During March, Red 2 Performance achieved 73.4% in eight minutes compared with 58.0% in March 2016

He explained that all ambulance services had suffered over the last year, but of seven services being monitored by the same system, the YTD performance for the LAS was second for Red 1 and Red 2, but behind South Central AS, which had first place for both Red 1 and 2. Paul explained that usually the busiest month for the LAS for Cat A calls is December, but this time activity was higher during January 2017.

9/12/16 – 1895 Cat A calls

11/12/16 – 1731

2/1/17 – 1771

2/4/17 - 1573

In some weeks this represents Cat A calls at 20% above what the LAS is funded for.

Achievements reported by Paul included:

* 80% of operational frontline staff received a Personal Development Review (PDR) versus 8% in 15/16.
* Over 90% of operational staff completed CSR modules 1,2&3 during 16/17.
* NHS111 service in SE London was rated as good by CQC in all domains, and that the LAS 111 had a low transfer rate of patients to ambulance for transfer to hospital..
* Improved results from last year’s staff survey, though he acknowledged there is still some way to go.

CSR is the three times yearly training update for all staff.

Paul then addressed some points he had been sent prior to the meeting:

**Problems achieving Cat A target and the impact of ambulance queues on other**

**patients waiting for paramedics.**

He explained that much work had been done to examine what caused the longest delays in ten hospitals, where delays had been longest, and the impact on performance against targets Having analysed the process, it became clear that some A&E departments do not have adequate resource plans for surges in demand, which leads to ambulances waiting excessively long to admit patients and not being able to reach other patients in need of emergency care.

The LAS give demand forecast data to the Commissioner and to A&E departments, but some hospitals do not use the data for raised demand planning. He stated that the LAS will not tolerate these delays and the responsibility for ‘staffing up’ when demand surges lies with the hospitals. After 15 minutes the responsibility for the care of patients brought to A&E is transferred to the hospitals. He emphasised the clinical risk resulting from this queuing and the consequent overcrowding, which potentially puts lives at risk for those waiting for emergency ambulances (because the ambulances are trapped, waiting in A&E queues).

**Reasons for continuing rise in demand and possible difference between demand and need.**

The winter weather has had its usual impact, but the LAS is looking closely at the sources of greatest demand for ambulance services: Care Homes, Healthcare Professionals, and the Police. The LAS is also looking at reducing 111 transfers to dispositions by ambulance. Over a year, there were 1,165,872 incidents/calls from these sources and the LAS is planning to reduce demand across these categories by 58,294, i.e. by 5% in 17/18. In addition, there is work ongoing nationally to look at the categories of calls,and which calls come from which categories.

**Impact of decrease in JCT on interactions in ED**

LAS is aiming to reduce this by 7 mins, but can work only on the parts under LAS control. Also aiming to reduce multiple attendance on scene, to send only what is needed to each incident.

**End of shift performance problems**

Plans are in hand to implement new rest break and end of shift arrangements. There is a pilot under way in SW London, which will be evaluated at the end of April. Paul also reported that the LAS will be looking at rosters and wants staff to see one or two more patients per day and to make late finishes the exception rather than the rule. This should be achieved with better end of shift and rest break agreements.

**Staff attending refresher training**

In 2016/7 80% of staff have had a PDR, compared with only 8% the previous year. Over 92% have completed all three 8 hour CSR sessions (Core Skills Refreshers), which is at a higher level than other ambulance services. There are now individual learning accounts for every member of staff. Overall, Paul emphasized the fact that the LAS has to reduce demand and that telling the public not to call 999 unnecessarily does not work.

Natalie asked about the impact on performance of the many Australian recruits who will eventually wish to return home, intimating that relying on Australians was not the answer to long-term recruitment. Paul replied that to help mitigate this, there is to be a review of the workings of the LAS Training Academy to ensure more in-house applicants progress to higher skills and bands. This includes encouraging more staff from a BME heritage to train in-house through the Academy. New recruits will be situated in dedicated placement centres for about three months, and there should be five centres by September 2017. In the interim, because training takes several years, the LAS will have to seek experienced paramedics from outside the UK.

Lynn reported that the Mayor’s emission charge is to be applied to ambulance and other emergency services, and that it came as a surprise to Commissioners. She asked if Paul was aware of the Mayor’s plans for the services? He said he was and that perhaps such services might be given time to gradually replace old vehicles with more efficient engines. The LAS was in conversation with the Mayor about this.

David asked whether patients could ask either to be taken to a specific hospital or not to be taken to specific hospitals if, for example, someone had suffered a stroke or heart attack. Paul explained that there are specific pathways for such eventualities and that the ambulance would take such patients to the nearest hospital that has the expertise and facilities for the medical emergency.

**The Forum Members thanked Paul for a highly informative presentation and he had to leave for another meeting.**

**11.0 Members Reports**

Meeting with Trisha Bain and Briony Sloper – Kathy reported a wide-ranging discussion. Of note is a new Quality Oversight Group, which will oversee all quality committees in the LAS. The Forum will have a seat on this new committee, receive minutes and if members have any issues/concerns, the Forum can bring these to the attention of this Group. Responses to complaints are being reviewed. (See report attached.)

Meeting with Commissioner, Elizabeth Ogunoye – See report attached. Lynn had asked whether the Commissioners thought the LAS would be exempt from the new air quality charges, and though the Commissioner thought they might be, it has transpired that emergency services currently are not exempt. (See Paul Woodrow’s response above.)

Community First Responders – deferred. Sister Josephine unable to attend. (See report attached.)

EOC Visits by Members - Members had not realized that they could specify the number of hours for their visit and were encouraged to contact the EOC to change the timings if they wished. Some members said they had not received the questions and pro-forma for the visits. Malcolm to re-circulate.

Equality and Diversity in the LAS – Received.

Working with the LAS Academy – postponed to next meeting

LAS Board: Responses – to follow.

**12.0 Hospital Conveyance Breaches – February 2017 – Pan London**

Members noted the very poor performance of Princess Royal, Farnborough Hospital and Northwick Park Hospital.

**The meeting ended at 7.30pm**