**MINUTES of the PATIENTS’ FORUM**

**MONDAY JUNE 12th 2018**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Anton Manickan -

Audrey Lucas – Enfield- Executive Committee

Beulah Mary East – Hillingdon

Catherine Gustaffe – Southwark

David Payne – Southwark

Elaina Arkeooll – Hammersmith and Fulham

Graeme Crawford – Ealing

Inez Taylor – Southwark

James Guest – Ealing

Jan Duke – Southwark

Jan Marriott - Richmond

Joseph Healy – Southwark – President of the Forum

Kemi Bakare – Haringey

Kerri Ireson – Romford

Kylie Crawley – Southwark

Malcolm Alexander – Chair, Patients’ Forum - Hackney

Mary Leung – Harrow

Mike Roberts - Hampshire

Natalie Teich – Islington

Philip Ward – Hammersmith and Fulham

Rashid Ali Laher – Healthwatch Kingston

Shadi Al Fakih – Southwark

Sister Josephine Udine – Chislehurst- Vice Chair

Vishy Harihara – Barnet

**SPEAKER: ROGER KLINE – RESEARCH FELLOW, MIDDLESEX UNIVERSITY**

**LONDON AMBULANCE SERVICE:**

Melissa Berry – Head of Equality and Inclusion

Agatha Nortley-Meshe - Deputy Medical Director

Ginika Achokwu - Lead for Children’s Safeguarding

Samad Billoo – Allocator – Emergency Operations Centre

**COMMISSIONER’S REPRESENTATIVE: Nil**

**APOLOGIES**

Adrian Dodd – Waltham Forest – Healthwatch

Alexis Smith - Bromley

Angela Cross-Durrant – Kingston – Vice Chair

Anthony John – Tower Hamlets

Arif Mehmood – Newham

Arthur Muwonge – Croydon

Barry Hills – Kent

Colin Hill – Berkshire

Courtney Grant - Bromley

Dhanesh Sharma – Bexley

Garner Bertrand - Newham

John Larkin- Company Secretary - Barnet

Jos Bell – Socialist Health Association

Louisa Roberts – Tower Hamlets

Lynn Strother – City of London Healthwatch – Executive Committee

Michael English - Lambeth

Polly Healy – Kingston

Robin Kenworthy – Kent

Sean Hamilton - Greenwich

Simon Mott – Tooting

Tom O’Sullivan – Bromley

Vic Hamilton – Greenwich

Wendy Mead – City of London

Zafar Sardar – LAS – Emergency Operations Centre

**1.0 Minutes of the meeting held June 11th 2018 were agreed a correct record**

**2.0 Matters Arising:**

2.1 The 22 Members who participated in CPR training were thanked for their participation and presented with Certificates.

2.2 James Guest asked whether data was now available to demonstrate whether there were any disparities in the performance of the LAS across London boroughs. He also asked if the CQC had been informed of the refusal of the LAS to provide Board papers in advance of meetings to the Forum. Thirdly James asked whether in the opinion of the Forum that the London Assembly review of the LAS was open and accountable.

MA replied that borough based performance data was now available for both the handover of patients to A&E, and the response to patients under the ARP Category system. Regarding the supply of Board papers, Malcolm said that the Board continued to refuse to provide papers in hard copy in advance of their meeting and that this had been taken up with Directors of Quality and Strategy but without any result. **The matter would be raised with the CQC and NHS Improvement.**

The Forum submitted a report to the London Assembly and invited to raise issues at a public forum in City Hall during a meeting of the Health Committee. The LAS would be called to respond to issues raised by the Health Committee at its October meeting.

**2.3 Access to Prisons and Immigration Removal Centre for Emergency Calls**

Noted that data was not available which recorded the time taken from arrival to patient contact. Data is only collected by the LAS if a complaint is made. **Agreed to raise this matter with Diane Abbott MP and Medical Justice (a charity assisting people detained in immigration removal centres). Also check how lack of accurate data reflects on ARP performance data.**

**2.4 Defibrillators in the Voluntary Sector**

Agreed to take further action to persuade a sector of the Lambeth voluntary sector at 336 Brixton Road to install a defibrillator. Management of the sector had so far refused to install. **Agreed** to produce a newsletter on this issue and write to the centre manager.

**2.5 Complaints Audit**

a) The Chair of the LAS, Heather Lawrence has invited the Forum to review redacted complaints with her on August 30th.

b) Noted that a process is being developed for the external audit of complaints by the Forum, but this has dragged on for a considerable time. Angela has produced methodology for the LAS and Forum to follow to produce a well balanced audit approach with good governance. The approach has been accepted by the Trisha Bain, Chief Quality Officer for the LAS, but no progress made with implementation.

c) Elaina Arkeooll described a model of good practice on the site of the housing ombudsman for the investigations of complaints.

d) Kemi Bakare spoke about the complaint she submitted to the LAS, for which she received a very positive response, followed by a meeting with Briony Sloper and MA at the North Middlesex Hospital. She said that a follow up meeting will take place with Briony and her sickle cell group. She hoped this would lead to further improvements in the service provided to people suffering a sickle cell crisis.

**Action: Copy methodology to members.**

**2.6 Flu Vaccination of LAS Staff**

Members expressed concern that the percentage of staff receiving flu vaccinations had decreased in 2017/18 from 65% to 55%. It is believed that this drop in acceptance of the vaccine is due to publicity claiming that the vaccine was not effective. The Forum has written to Public Health England (PHE) and the Health Care Professions Council (HCPC) asking for details of the action they are taking to protect staff and patients from the risk of flu. PHE said they were not aware of negative attitudes towards the 2017/18 flu vaccine (see below and attached):

 **What has PHE done to challenge the widespread disappointment amongst NHS staff with last winter's flu vaccine? (I have heard PHE severely criticised for undermining the credibility of the 2017/18 vaccine).**

We are not aware of the criticism being referred to here, so cannot comment directly on this. As NHS trusts are responsible for providing the vaccine to their staff, they are best placed to promote and address specific concerns from healthcare staff. However, at a national level PHE works in partnership with the NHS to promote the benefits of vaccination through various routes including social media, and provides resources and guidance to NHS trusts to increase uptake. Each season NHS Employers run a national ‘Flu Fighter’ campaign, and PHE runs national promotional campaign linked to the ‘Stay Well This Winter’ campaign.

 The HCPC replied to the Forum as follows: “You have specifically referenced the low level of vaccination against influenza amongst paramedics and registrants’ responsibilities under the Standards of conduct, performance and ethics (SCPE).

We believe it is important to raise awareness of these issues across all of the 16 professions we regulate. Last year, we issued communications to all our registrants encouraging them to consider getting a flu jab to protect themselves and their service users from infection. In this communication we referenced the importance of identifying and minimising risk to service users and their responsibilities set out in the SCPE”.

**Action: Obtain comparative data from UK ambulance services on vaccination rates. Ask the Association of Ambulance Chief Executives (AACE) if they have data.**

**2.7 Patient Specific Protocols – PSPs**

The LAS has agreed to produce information for patients who wish to initiate a PSP with their GP, which would be available to the 999 and 111 service.

**3.0 DIVERSITY AND LEADERSHIP IN THE NHS IS NOT AN OPTIONAL EXTRA” ROGER KLINE, RESEARCH FELLOW, MIDDLESEX UNIVERSITY**

**3.1 Roger Kline** is a specialist in the WRES (Workplace Race Equality Standard) and published: The “snowy white peaks” of the NHS. https://www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf

**3.2 Valuing Diversity**

Roger spoke about the discrimination which is evident in the NHS, e.g. the larger number of BME doctors and nurses who are referred to their governing bodies, e.g. GMC/NMC, compared to their white counterparts. He discussed the need in the LAS for a ‘talent management strategy’ that would ensure that diversity is valued, that staff of all genders and were treated equally, that staff with disabilities were valued and adjustments made to ensure that they could function equally to other staff.

**3.3 Recruitment**

Roger said that LAS progress in recruiting staff from BME groups was poor compared to the police and fire brigade. He said that the MPS had increased the number of BME heritage staff by 13.5% in recent years, whereas in the LAS the percentage of BME staff on the front line had slightly decreased. He said these issues had been raised many times by the Patients Forum since 2004.

Melissa agreed that progress had been slow, but that the recruitment of BME staff was now a priority and is firmly on the agenda. She said that considerable progress was being made with implementation of WRES but the process is slow.

Roger said that he had attended a Board meeting of the LAS to discuss these issues and agreed that the LAS was determined to bring about change , but also noted that turnover for BME staff was high and that the LAS needs to focus on keeping and valuing the people who are recruited.

Referring to the recent history of the LAS, Roger said that before the CQC had put the LAS in special measures, that a bullying culture was widespread, which LAS leadership had taken steps to remove. It is now important to ensure that the culture does not return to the ‘pre-special measures’ situation, in which opportunities for progress by BME staff and those with disabilities was severely hampered.

Referring to problems with recruitment, Roger said that conscious and unconscious bias can lead to recruiters employing people who are more like themselves and this relates not only issues around ethnicity, but also social class, gender and other protected characteristics.

**3.4 Dynamic Change**

Roger drew attention to research carried out by Mary Dixon Woods of the Health Foundation, which showed that when staff are treated well that patient satisfaction improves as does the whole working environment. Roger also mentioned the work of James Nasroo who had demonstrated the harmful effect of discrimination on health and patient safety. In this context he referred to the problem of BME staff being victimised if they raise issues of concern, i.e. instead of being thanked they may suffer harm. Michael West of the King’s Fund has also researched this area showing how compassionate leadership can stimulate innovation in health care, whereas a disciplinary environment can impact negatively on patient experience and can be harmful to staff welfare. Roger said that staff who are bullied perform less well, have less functional teams and won’t raise issues of concerns.

**3.5 Benefits of Inclusion**

He drew attention to some of the positive outcomes as a result of changes to the demography of the workplace. This can lead to greater inclusion, a more welcoming environment and greater respect for all staff members. Research has also shown that inclusion is good for creativity and innovation, and that gender balance in the leadership of work environments leads to fewer excesses of behaviour, sometimes experienced in male led organisations. He added that where staff look like the people who lead them, that they function better, outcomes of care are better and care if provided more safely.

**3.6 Resistance to Change**

He then asked why, in view of the evidence that diversity and inclusion is good for organisations, some are slow to act to address these issues. Roger suggested that organisations often deny problems relating to lack of inclusion and diversity and avoid the associated awkward and embarrassing data which evidences their failure. There may also be a tendency for some white manager to avoid raising issues of concern with BME staff, which he described as ‘protective hesitancy’. Consequently BME staff may feel it unsafe to raise issues.

**3.7 Training**

Roger said that tackling discriminatory attitudes does not seem to be dealt with successfully though training alone. Raising issues of discrimination may harm the people who raise them and BME staff are, in many organisations disproportionately disciplined, i.e. they tend to be disciplined rather than being invited to participate in a learning conversation. Roger added that relying on compliance with the Equality Act will not solve problem of discrimination, whereas targeted conversations about the impact of and harm caused by discrimination is a powerful lever for change in practice and culture. He added that the LAS is unlikely to significantly change until the Board better represents the communities it serves.

In conclusion, Roger said that it is essential to gather ‘soft intelligence’ data, carry out effective exit surveys and act on the findings. He said it is essential not to wait for staff to leave but to act so that they don’t want to leave. He said that accountability is fundamental – the LAS Board must lead and the workforce will follow its lead.

The Annual Staff Survey demonstrates the scale of the challenge faced by the LAS, but BME staff are now more positive about working in the NHS than other staff despite discrimination. Evidence of career progression for BME staff in ambulance services is one of the poorest in the NHS.

**3.9 Melissa** described work carried out in the LAS following the grant of £500,000 from the Health Education England. This included ring-fencing places in training for BME recruits, but this had led to some white staff feeling excluded, because there are no additional resources for them, e.g. some white staff felt it was unlikely they would be appointed or promoted because BME staff were being given additional opportunities. She said that the LAS faces real challenges in relation to inclusion and diversity but should be reaping the benefits of London’s changing demography. She said a lot of effort was going in to recruit staff and change the culture and operation of the LAS in relation to diversity and inclusion.

**3.10 Elaina Arkeooll** asked whether BME women were more subject to discrimination that white women in the NHS?

A: Data to be sought on this issue and provided at future meeting. See findings of the 2017 national NHS Staff Survey.

**3.11 Audrey Lucas** said that when it comes to issues of race that organisations seem to struggle to deal with discrimination.

A: Roger agreed that race appears to be the issue that some organisations find most challenging and difficult to deal with. He added that organisations that do address issues of race discrimination, create an environment that also benefits people with other protected characteristics. He said that research shows it is necessary to be more interventionist to tackle race discrimination e.g. to use KPIs to monitor progress. Roger said there should be no difference in access to all roles for white and BME staff if the organisations is operating fairly – this includes a fair short-listing process for the initial selection of staff for interview.

Other issues identified were the outcome of staff appraisals to lead to better training and support for staff and for exit interviews to be carried out in a way that staff feel will be useful in improving the workplace and dealing with discrimination. At the moment staff may feel that honesty at exit interview may adversely affect their careers.

**3.12 Mike Roberts** said that the situation in the South East Coast Ambulance service is very similar to that at the LAS and is appalled at the slow rate of progress. He said that a strategy is needed to promote best practice in all ambulance services and that AS board must embrace this strategy for positive action and best practice to deal with race inequality. He said that if the Board fail to address the issue, the Forum should challenge them by going to the bodies that monitor them, e.g. the CQC, NHS Improvement and the Commission for Human Rights and Equality.

**3.13 Eng-Choo** said we know what works in the NHS and that it is essential to keep focussed and to be persistent to achieve the necessary changes in attitudes and culture. She said that not so long ago women were excluded from leadership positions in the LAS, but that has totally changed now. The same changes can take place in relation to racial diversity. She added that achieving greater diversity is both a top down and bottom up process.

**3.14 Agatha Nortley-Meshe**- Deputy Medical Director–LAS, said that she Chairs the LAS BME Forum. Agatha said that a co-production plan, with clear priorities is needed if the LAS is to substantially change in relation to racial diversity and inclusion. She said that clear policies are needed to promote significant change in the organisation. She added that the Forum has been challenging the LAS Board for a long time on this. What is needed now is cultural change, recognition of what people feel at ground level and better engagement with all staff. She said that an improved workplace for BME staff will lead to an improved workplace for all staff.

**3.15 Joseph Healy** said that a major problem was that staff were recruited from Australia, who are white, instead of from London which is one of the most diverse cities in the world. He added that instead of a workforce that remains with the LAS over many years, the Australian workers tend to work on short 2 year contracts and then move on. He said that effective recruitment in London is paramount. He added that it is essential that the LAS has a recruitment strategy and policy that is focussed on recruitment from London.

**3.16 Melissa Berry** said that the grant of £500,000 from the HEE provides a major opportunity for recruitment from BME communities, and from within the LAS for those who wish to study for a paramedic degree. There are also opportunities for BME recruits though the new apprenticeship scheme, but this process takes some time.

**3.17 Roger Kline** said the universities should to be told that recruitment to their paramedic courses needs to be inclusive and diverse. Universities are publicly funded and they need to take a strategic approach to ensuring that students on their paramedic courses are from a diverse range of BME background. He added that the ambulance sector should be putting pressure on universities to ensure this happens. The ambulance services must ensure that BME staff are welcomed into their organisations, are valued and take steps to encourage their retention.

**3.18 James Guest** referring to staff survey said that many staff are reluctant to fill it out and feel that they have no impact on the way the organisation operates. He said it is essential that staff are confident that what they contribute to staff surveys, is anonymised and similarly that exit interviews can be completed without fear of retribution.

**3.19 Sister Josephine** said that the LAS needed to treat people as equal human beings and that recruitment processes should treat people equally. She said it is essential that people are not patronised and that people are recruited because they are right for the job.

**3.20 Melissa** agreed and said that BME staff have not been treated equally and that positive action is needed.

**3.21 Agatha** said that ‘unconscious bias’ training is required to deal with discrimination and that training is also required to ensure that those who recruit and manage staff do so fairly and in a way that values staff. She said that it is time for diversity and inclusion to become a major priority and embedded in the culture of the LAS.

**3.22 Audrey** said that the LAS and universities will not change unless significant pressure is put on them.

**3.23 Roger Kline** said that the LAS needs targets showing their goals (number of recruits for each year) in relation to the recruitment of BME staff, to demonstrate that the LAS is committed to match the diversity of its workforce with the diversity of London’s population. He said the LAS Board must be held to account on their performance in relation to inclusion and racial diversity.

**3.24 Roger was thanked for his excellent presentation.**

**Action: Arrange meeting with Melissa to follow up on E&I issues.**

**4.0 PROJECT A (Ambulance)**

Noted that Sister Josephine, James Guest and Malcolm Alexander attended the Project A workshop run by NHSE. It was set up to hear the views of front line staff on their ideas for service improvements in ASs. It was attended by 280 people. The event was led by Helen Bevan.

**5.0 EMERGENCY OPERATIONS CENTRE**

a) Patricia Grealish confirmed that banner are being prepared for both Bow and Waterloo to promote the recruitment of EOC staff.

b) The Forum has written to Pauline Cranmer to organise Forum members’ monitoring visits to the EOCs at Waterloo and Bow. Members were asked to sign in if they wished to participate.

**6.0 LAS ACADEMY**

Members were invited to participate as volunteers in the assessment of staff in training at the LAS Academy.

**7.0 NEXT MEETING: September 10th on Urgent and Emergency care for homeless people in London. Invite Samad Billoo to speak.**

**8.0 Meeting closed at 7.30pm.**

**225 (1) Duties of services-providers to allow entry by local involvement networks.**

**The Secretary of State shall by regulations make provision for the purpose of imposing, on a services-provider, a duty to allow authorised representatives to enter and view, and observe the carrying-on of activities on, premises owned or controlled by the services-provider.**