**MINUTES of the PATIENTS’ FORUM**

**MONDAY** **JUNE 12th 2018**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Angela Cross-Durrant – Kingston – Vice Chair

Anthony John – Tower Hamlets

Arthur Muwonge – Croydon

Barry Hills – Kent

Beulah Mary East – Hillingdon

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

Courtney Grant - Bromley

David Payne – Southwark

Dhanesh Sharma – Bexley

Elaine Arkell – Hammersmith and Fulham

Graeme Crawford – Ealing

Inez Taylor - Southwark

Jan Marriott - Richmond

John Larkin- Company Secretary - Barnet

Joseph Healy – Southwark – President of the Forum

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum - Hackney

Mary Leung – Harrow

Mike Roberts - Hampshire

Natalie Teich – Islington

Philip Ward – Hammersmith and Fulham

Polly Healy – Kingston

Rashid Ali Laher – Healthwatch Kingston

Sister Josephine Udine – Croydon- Vice Chair

25+4

**SPEAKER: Trisha Bain, Chief Quality Officer**

**COMMISSIONER’S REPRESENTATIVE:** Elizabeth Ogunoye, Commissioner: LAS, Philip de Bruyn, BHH, CCG.

**LONDON AMBULANCE SERVICE:** Stuart Crichton, Assistant Director of Operational Transformation; Melissa Berry, WRES Lead (Workplace Race Equality).

**APOLOGIES**

Adrian Dodd – Waltham Forest – Healthwatch

Alexis Smith - Bromley

Arif Mehmood – Newham

Audrey Lucas – Enfield- Executive Committee

Garner Bertrand - Newham

James Guest – Ealing

Jan Duke – Southwark

Jos Bell – Socialist Health Association

Kylie Crawley – Southwark

Louisa Roberts – Tower Hamlets

Michael English - Lambeth

Robin Kenworthy – Kent

Samad Billoo – Allocator – Emergency Operations Centre

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 May 14th 2018 were agreed a correct record**

**2.0 Matters Arising:**

**2.1 Fit to Sit policy for A&E**: NHS Improvement policy to free up ambulance trolleys. The explanation from NHSI: **Are your patients fit to sit?: “**We're backing #Fit2Sit campaign, which encourages frontline health staff and paramedics to end patients lying down on trolleys if they are **well enough to sit or stand**. https://improvement.nhs.uk/resources/are-your-patients-fit-sit/

**2.2 CPR Training**: Noted that 28 members were receiving training for CPR and use of defibrillators. LAS team is providing training. Agreed to send a message of thanks to the LAS for their excellent support for member’s training in CPR.

**2.3 Live Streaming of LAS Board meetings:** Trisha agreed to consider this issue and then discuss with the Forum. Matter also raised with Heather Lawrence, Chair.

**2.4 Installation of Defibrillators at 336 Brixton Road:** Noted that the manager of this centre for the voluntary sector and conference centre is unwilling to install defibs, despite a visit to the Centre by the LAS and Forum.Joseph agreed to provide emails of voluntary sector organisations on site and Malcolm will write to them explaining the case for saving lives following a cardiac arrest.

**2.5 Twitter Account:** noted that the Forum has let up a Twitter account. @Forumlas.

**2.6 Quality Account:** Noted that the Forum has submitted its response to the QA and this has been published. It will be placed on the LAS website at the end of June.

**2.7 London Assembly:** Noted that the London Assembly will review the LAS starting at their meeting on July 17th. All Forum members are welcome to attend.

**2.8 Memorandum of Understanding with the LAS**: Noted that the Forum had submitted a draft MoU to the LAS to provide better governance of the Forum:LAS relationship. A response is awaited from the LAS.

**2.9 Forum Priorities:** Agreed to hold a meeting without a speaker during 2018 to agree future Forum priorities.

**3.0 LAS – “OUT OF SPECIAL MEASURES”**

**3.1 ELIZABETH OGUNOYE, COMMISSIONER FOR THE LAS**

3.2 Elizabeth said that the journey since 2018 when the LAS was put into special measures has been tough. One of the key outcomes has been the developing relationship and strong bonds between the LAS and the CQRG (Clinical Quality Review Group). The CQRG is led and chaired by Dr Johal, who represents all of London’s CCGs. Elizabeth said that the CQRG had assisted the LAS with the development of an action plan to help get them out of Special Measures, and obtained the support of London’s CCGs to achieve this goal. She said that the collaboration had been very successful, had enabled the LAS to implement their improvement plan, and that the LAS are now heading towards being an outstanding organisation.

3.3 Sister Josephine asked what impact the STPs are having on the development of LAS and CQRG. Elizabeth said that working with 32 CCG had been very difficult and that being able to work with 5 STPs instead had been positive and that the relationship is going well.

3.4 Graeme Crawford asked what influence STP had and added that they have no statutory status and therefore were informal and had a dubious status. Elizabeth replied that STPs had a national mandate to operate on behalf of NHS England and had an Accountable Officer – Mark Easton - mark.easton5@nhs.net.

3.5 Mike Roberts said that the role of STPs was very unclear to most people and that they don’t appear to be accountable to anyone. He asked how STPs would help to ensure that the LAS has the resources and staff that it needs?

3.6 – Response received after the meeting from Elizabeth:

“The 5 STPs are accountable to NHS England (London Region).  There is a London Forum where the STPs come together to discuss LAS matters – it is called the LAS Strategic Commissioning Board (SCB) and chaired by the Lead Commissioner Accountable Officer (Mark Easton). The LAS executive team is also part of this board”.

**3.6 TRISHA BAIN, CHIEF QUALITY OFFICER - LAS**

3.7 Slides are attached.

3.8 Trisha said that there have been many changes to the leadership of the LAS, which has had a major impact on its development. These changes have happened over a period when London has experienced many major incidents including London Bridge, Westminster Bridge, Finsbury Park and Grenfell, all of which have had a significant impact on the operational team and front line staff.

3.9 Referring to the CQC inspections, she said that the LAS had been rated inadequate in 2015:

**Overall rating for the LAS in 2015 - Inadequate**

* **Emergency and urgent care services - Inadequate**
* **Patient transport services (PTS) - Requires improvement**
* **Emergency operations centre - Requires improvement**
* **Resilience planning - Inadequate**

She said that since that time the key objective of the LAS was to get out of Special Measure and transform services for patients. In relation to this objective, the LAS has been well supported by Commissioners, i.e. Elizabeth Ogunoye and her team. She said there were major problems to deal with, e.g. in relation to medicines management and the ‘make ready scheme’. Solutions have been found to all of the major problems, e.g. a pharmacist has been appointed to ensure that drugs are subject to effective use, management and governance (currently on maternity leave).

3.10 Trisha said that in 2017 the overall rating was**: Requires improvement.**

**Emergency and urgent care services - Requires improvement**

**Emergency operations centre - Requires improvement**

**Resilience planning - Good**

**The generic findings were:**

* [Safe](https://www.cqc.org.uk/location/RRU01/inspection-summary#safe)- Requires improvement
* [Effective](https://www.cqc.org.uk/location/RRU01/inspection-summary#effective)- Good
* [Caring](https://www.cqc.org.uk/location/RRU01/inspection-summary#caring)- Outstanding
* [Responsive](https://www.cqc.org.uk/location/RRU01/inspection-summary#responsive)- Good
* [Well-led](https://www.cqc.org.uk/location/RRU01/inspection-summary#wellLed)- Requires improvement

**3.11 TB thanked Forum member for their active participation in two Mock CQC inspections, which had helped the LAS to obtain greater insight into its internal systemic weaknesses.**

3.12 In relation to the reasons that led the LAS to get into Special Measures, Trisha said that there was poor governance and the leadership did not appear to know what was wrong with the organisation. She said that the Staff Survey provided essential information that was not heeded. In addition the LAS:

* was stuck in the mode of silo working
* had insufficient integration of the work of different departments
* had inconsistencies across management teams
* had poor Quality Audit,
* duplicated effort between teams
* services varied too much in different parts of London and
* had poor staff development

3.13 Trisha said that in the past, LAS managers were not focussed on carrying out long term assessments in relation to CQC standards. In the new system, the Quality Oversight Group (QOG) takes control, not the CQC. She said that the Forum has a seat on the Clinical Oversight Group and on other quality committees.

3.14 In the new system TB said good practice is shared, evidence of good practice is easily available. There is also a stronger clinical governance framework and effective reporting incident systems for every ambulance station and staff group. To ensure this is happening, the quality assurance team visits all stations.

3.15 To ensure that high level actions are implemented there are daily meetings of Directors, and Executive Directors provide leadership and assurance of good governance.

3.16 As a result of these actions, the LAS is now out of Special Measures. There are still issues to resolve in relation to staffing, call-handling, safety and being well led. She said that the aspiration of the LAS was to be outstanding areas of CQC compliance. The CQC report published on May 25th give the LAS the following ratings:

* Overall rating for the LAS = Good
* Are services safe? Good
* Are services effective? Good
* Are services caring? Outstanding
* Are services responsive? Good
* Are services well-led? Good

 <https://tinyurl.com/yd3x7h29>

3.17 TB said that to move forward the LAS are further developing “pioneer” services (maternity, patients who fall, urgent care, end of life and mental health care). The LAS is also maintaining staff engagement and are aware that there is much more to do, including continuing with the road shows across London, which are meant to brief staff on recent development and aspirations. Developing consistent leadership is also a priority. There is also a need for a better quality improvement methodology and a significant enhancement in digital technology.

3.18 The LAS is also working closely with STPs and has allocated an Executive to link with each of the five STPs.

**QUESTIONS TO TRISHA BAIN**

3.19 Sister Josephine, asked Trisha to confirm that the LAS was entirely focussed on the centrality of patient care and the needs of patients.

A: Trisha said that this is the absolute focus of the LAS. She said that patient engagement, patient involvement and working in a way which aligns patient need with service provision is a major objective of the LAS.

3.20 Mike Roberts said that greater transparency was needed so that the Forum, patients and the public could have greater knowledge, insight and engagement with ambulance services. He said that that fact that the LAS had gone into special measures, and the current very challenging situation in SECAMB, illustrates the need for greater public input and influence in ambulance services. He said that listening to the public was of critical importance.

3.21 Angela Cross-Durrant highlighted the problems in the Emergency Operations Centre (EOC), where staff are more diverse, but on low wages. She said there were major staffing problem in the EOC, which despite the actions of the leadership of the EOC, Patricia Grealish and Melissa Berry, were still unresolved. She added that the progress made to get the LAS out of special measures had only been possible because the right people were now in the right jobs. She asked if there had been a big increase in administrative staff?

A: Trisha replied that there had been a large increase in the administration budget of £450,000 and that this had included staff for serious incident investigations and IT (e.g. the IT administration of the EOC computer system). But in addition, staff groups that were not needed have been cut.

3.22 Sister Josephine asked whether the increased funding on serious incident investigation was due to a significant increase in the number of incidents?

A: The number of incidents had been at a high level, but the numbers have come down and investigations are usually completed within the 60 days deadline.

3.23 Joseph Healy said that participation of the Forum in the mock CQC inspections had been a very important as a way of establishing a key role for patients and the public in quality assurance of the LAS. He asked in what other ways patients and the public influence the work of the LAS.

A: The Forum has a place on most quality committees and patients participate in every quality improvement programme. The Forum has also been active in supporting the development of end of life care and maternity care services.

3.24 Jan Marriott said the LAS has done a massive job to get out of special measures. She said that staff were now more involved, but training needs to be further improved, because the more staff know the more they can help patients and improve the LAS overall.

A: TB agreed that improving access to the right kind of training was essential. She said it was recognised that e-learning is not always the best way for staff to learn and some of the e-learning modules had been converted to face to face training. TB said that NHS Elect supports some of the learning activities ([www.nhselect.nhs.uk/What-we-do](http://www.nhselect.nhs.uk/What-we-do)). She said that if staff are involved in organisational development, then the organisation improves substantially.

3.25 Malcolm Alexander said he was concerned that staff in the EOC are so poorly paid and were paid less than staff doing similar jobs in the police and fire services. He said that in view of the outstanding work done by EOC staff, there must be a way of raising their wages without risking the high quality of the service. He also asked about the process needed to ensure that complaints were processed more quickly e.g. 30 working days instead of 35.

A: Trisha said that the problem of low wages was well recognised and she agreed that wages were too low. At this moment the LAS could not solve the problem.

With respect complaints audit, she said there is a quality assessment audit for all complaints being investigated. TB said that the demands on Quality Audit were very high, especially in the EOC and this pulled people away from complaints audit. There will be a process mapping workshop on July 2nd where these issues will be explored in greater detail and this might include better guidance for staff in relation to complaints investigation and audit.

3.26 Rashid Ali suggested there was a dichotomy in the LAS in relation to the way that it encourage volunteering. He said that not much was done to nurture volunteers and wondered why and what can be done?

A: TB said that a key objective of the LAS was to promote volunteering pan London. A volunteering strategy will be developed and there will be volunteer leads. At the moment there is a large group of First Responders across London who attempt to resuscitate patients in cardiac arrest before paramedics arrive. There are also large numbers of staff who volunteer for community faced activities.

3.27 Dave Payne asked if the volunteer strategy had been discussed with the Trade Unions? He said he was very supportive of First Responders.

A: The volunteer strategy has not yet been written, but it will be discussed with the Trade Unions.

3.28 Courtney Grant asked whether the LAS recognise the important role of Human Factors in quality improvement training.

A: Human Factors training is being prioritised. This is quite complex in the LAS because of the spatial organisation of staff, but progress is being made and roles are being clarified. TB said that sometimes staff are so focussed on a patient’s condition that they can miss what patients and their carers are saying and fail to reply appropriately.

3.29 Sister Josephine asked whether in Trisha’s view staff are now feeling more valued?

A: Melissa Berry (LAS Equality Consultant) said that there is now active recruiting for BME staff, but retention is a major problem – about the same number of BME staff join as leave. The LAS is working with communities across London and promoting the LAS as a great place to work.

3.30 Mike Roberts asked why so many BME staff are leaving and whether it was Aparticularly the case with EOC staff.

**3.31 – answer awaited from Melissa Berry, Equality Consultant for the LAS.**

**3.32 Trisha Bain was thanked for her excellent presentation and she agreed to provide the Forum with her slides.**

**4.0 Patient Specific Protocols**

4.1 This procedure was noted and it was agreed to discuss this matter with Trisha Bain

**5.0 Disability in the LAS**

5.1 Response from Patricia Grealish was noted and it was agreed that Joseph Healy and Malcolm will meet with Patricia to discuss this matter further.

**6.0 Diversity Award**

6.1 Noted that Samad Billoo had received the LAS – VIP diversity award. Members congratulated him for his achievement.

**7.0 Memorandum of Understanding and Letter from Heather Lawrence**

7.1 James suggested an amendment to page two, section two, final bullet point: “The LAS will provide performance data to the Patients’ Forum on a regular basis and on request for more detailed information.”

7.2 James suggested that the negative attitude of the Chief Executive towards to Forum was due to his inexperience of public involvement and his need to make a mark. He said that the Forum was of immense importance for the LAS and that each Borough Scrutiny Committee would be interested to know if the LAS were to undermine the work of the Forum.

7.3 Malcolm confirmed that the LAS was subject to s242 of the 2006 NHS Act, which requires the LAS to effectively involve the public in its work.

7.4 It was agreed that careful consideration should be given to Heather’s letter and its implications for the Forum and public involvement in the LAS and democracy.

**8.0 Enfield Healthwatch**

8.1 The complementary letter from Healthwatch Enfield to Enfield CCG regarding the ambulance service was noted and welcomed.

**9.0 The remaining documents were received.**

**10.0 The meeting closed at 7.30pm.**