**MINUTES of FORUM HELD DECEMBER 11th 2017**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest – Healthwatch

Alexis Smith - Bromley

Angela Cross-Durrant – Kingston – Vice Chair

Anton Manickam - Lambeth

Barry Hills – Kent

Catherine Gustaffe – Southwark

David Payne – Southwark

Inez Taylor - Southwark

James Guest – Ealing

James Bachman - Battersea

John Larkin- Company Secretary

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum

Mike Roberts - Hampshire

Philip Ward – Hammersmith and Fulham

Sister Josephine Udine – Croydon- Vice Chair

Tom Sullivan - Penge

**Note: a major incident at Waterloo Station led to a large number of apologies.**

**APOLOGIES**

Arif Mehmood - Newham

Arthur Muwonge – Croydon

Audrey Lucas – Enfield- Executive Committee

Beulah Mary East – Hillingdon

Christine Kenworthy– Kent

Colin Hill – Berkshire

Garner Bertrand - Newham

Jan Duke - Southwark

Jan Marriott - Richmond

Joseph Healy – Southwark – President of the Forum

Louisa Roberts – Tower Hamlets

Mary Leung -

Michael English - Lambeth

Natalie Teich – Healthwatch –Islington

Rashid Ali Laher – Healthwatch Kingston

Robin Kenworthy – Kent

1. **Minutes of meeting held November 13th 2017 were agreed a correct record**

1.1 Matter arising

1.2 See ACTION LOG which is attached.

1. **Mock CQC Visits**

2.1 Nine Forum members participated in the Mock CQC visits on November 29/30th 2017. Each person was paired with a representative of NHS bodies other than the LAS and visited a range of LAS facilities and services across London. Following the visits, each team returned to the LAS conference room and reported back on their finding. The Forum also collected highlights from each member who participated and these notes were submitted to Trisha Bain, the LAS Chief Quality Officer. The Forum has requested a detailed report on the findings of each team from the LAS. Recommendations will be submitted to the next meeting of the Forum.

2.2 Some of the key points made were as follows:

* Pressure on staff who are sick from managers wanting to know when they will return to work.
* Control of pharmacy is improving but there are still problems to be addressed in relation to security. A pharmacist has been appointed.
* Staff want to see the LAS meeting its promises to staff about service improvement and better relations with staff.
* Leadership: Staff feel that there is a disconnect between what management thinks, they also feel they are working in isolation.
* LAS are still using Patient Report Forum version "LA 4", which contains the text under speech component of the FAST section which the LAS promised the Mayor of London would be amended.
* Environmental security at the Bow LAS site.
* Delays in repairing defective vehicles; there were two crews off the road whilst their vehicles were in the Workshop. One vehicle had been reported defective a few days earlier but had been left in

service until it could be taken to Workshop.

2.3 Agreed that a more strategic approach was needed to future visiting and

ride-outs.

1. **LAS Strategy**

3.1 Noted an LAS PPI meeting on the strategy was held on December 7th and the Forum will meet the LAS for further discussions on the strategy on December 19th Attendance at the Strategy meeting had been poor and this was probably due to running it at 9am on a Thursday morning. Members commented that the meeting was not very helpful as a means of influencing the developing strategy and that the Strategic Intent document was rather unclear and confusing. It was suggested that the document needed to dovetail strategy to an operational plan and to the pan-London urgent and emergency care systems. A time frame was needed as well as costings. It was noted and Agreed that while the 111 and 999 systems in south east London are coordinated (both run by the LAS), that this is not the case in other parts of London where 111 services are run by private contractors.

**Agreed that a draft response would be prepared by the Forum in time for the meeting to be held on December 19th with the LAS strategy team.**

1. **ARP – Ambulance Response Programme**

4.1 Noted that as a result of the withdrawal of all performance data from the Forum by both the LAS and the CCG it is now impossible to know whether the LAS is performing better or worse since the introduction of ARP. The new ambulance response targets have normalized a massive deterioration in response time – from 20 minutes to 120 minutes and 30 minutes to 180 minutes.

**ACTION: Raise issue as a formal complaint to the LAS and CCG.**

1. **Defibrillators**

5.1 Continuing engagement with the Vice President of Books UK has failed to obtain their agreement to install defibrillators, despite their regular claims that they are moving towards a solution to this issue. Agreed to continue the campaign using a different approach. It was also agreed to ask Chris Hartley-Sharpe if defibs should be installed in ambulance stations.

1. **Complaints Charter**

6.1 Agreed to ensure that the Charter was published in the NHSE Accessible Information Standard format and then to ask the LAS to distribute to their 5000 members.

6.2 It was also agreed to ask for the 35 working days (seven weeks) period for the investigation of complaints to be reduced to 30 days (six weeks).

**Meeting the Mayor of London’s Team – handover waits**

This was held on December 8th and the briefing pack was distributed with Forum papers. A report on the meeting will be available for the January 8th Forum meeting.

**LAS Academy**

The Patient and Public Involvement Panel (PPIP) has met and further approaches to public involvement would be introduced to the Academy students.

**Emergency Operations Centre Report**

A draft report has been produced and is currently with the EOC management team (Pauline Cranmer DDO) who are checking for accuracy.

**1“OPEN HOUSE” YOUR IDEAS AND PROPOSAL FOR THE DEVELOPMENT OF URGENT AND EMERGENCY CARE IN LONDON**

**List of issues raised by members – some of which will be raised with the CQC**

**Prepare as single document.**

**10.1 Alexis Smith – Alcohol and Liver Disease -** proposed a focus on the harm caused by alcohol e.g. liver disease and enormous impact of drunkenness on emergency services. She suggested inviting a speaker from the British Liver Trust to speak at a Forum meeting on the prevention of behaviours that leads to serious harm as a result of excessive use of alcohol (info@britishlivertrust.org.uk, Vanessa Hebditch, Director of Communications & Policy).

**10.2 James Guest – Mental Health Care -** proposed that further work was needed to ensure that people suffering a mental health crisis had access to appropriate care and that there was adequate and appropriate capacity for those requiring crisis care (including patients who have been detained under S136. He said that a patient’s address should not determine the quality of care received and that the service should prevent deterioration, not increase it due to long waits and poor access to appropriate care.

**10.3 Malcolm Alexander** - **Performance** – comparing 2017-8 with previous years - including key questions about the impact of the ARP on performance.

**10.4 Angela Cross-Durrant** raised the following issues:

* Staffing – including the failure to recruit locally and the need to return to Australia each year to recruit at great expense.
* Strategic recruitment campaigns in London aimed at promoting the paramedic career to Six Form Colleges, schools and universities.

Ask Anton Manickam for advice on this issue – he is doing a Masters project on recruitment.

**10.5 James Guest – comparative recruitment -** a report be prepared on recruitment in the LAS including comparison with other ambulance services, e.g. West Midlands and data collected from other ambulance services by FOI. The views of the Association of Ambulance Chief Executives (AACE) should also be sought as well as the view of a number of colleges in London.

**10.6 Sister Josephine – Equality and Diversity –** Sister Josephineproposed thatthe Forum reviews progress with equality, diversity and inclusion, and produces a follow up report (following our 10 year review) to find what progress has been made with recruitment of BME heritage staff by grade, how long BME staff remain with the LAS compared to appropriate comparators, and why so many BME staff leave the organization.An external adviser on equality and diversity should also be invited to speak at a public Forum meeting, e.g. Roger Kline, Research Fellow, Middlesex University, who is an expert in advocacy and professional accountability in relation to equality, especially around race. It was suggested that Yvonne Cogill be invited to a Forum meeting – she is the race equality lead for the CQC and NHS Improvement in London and a senior member of the NHS Leadership Academy.

**10.7 James Guest – Achievement of the Forum –** James suggested a project to look at the outcomes and successes of recommendations made by the Forum.

**10.8 Sister Josephine Udine – Q Volunteering –** Sister Jo proposed that the Forum examines the problems with Q Volunteering and what can be learnt from it, e.g. the barriers to working with BME communities. Noted that the Cabinet Office has congratulated the Forum for its high quality work in support of patients.

**10.9 Relationship between Managers, Senior Managers and Front Line Staff**

It was noted that the North East Ambulance Service received the first stage of the Investors in People (IIP) award which is the international standard for people management, defining what it takes to lead, support and manage people effectively to achieve sustainable results. High performance was noted in the following areas:

Adopting a culture of recognition - Creating autonomy in roles - Enabling collaborative working.

It was proposed that the Forum asks questions of the LAS relating to the process and governance of front line staff moving into management roles, defining what makes a good manager in the LAS, assessing the value of appraisals and asking how the voice of paramedics impacts on middle and senior management.

**10.10 Agreed that the Forum EC would put a proposal together based on the ideas suggested above.**

**11.0 Clinical Effectiveness and Standards Committee–**Sister Jo and Beulah East

11.1 Sister Josephine reported that in relation tostatutory/mandatory training and clinical training requirements that the framework had been agreed and includes other skills to be learned by staff as part of the ‘Essential Requirements’ e.g. Medicine Management and STEMI management which had presented some issues in relation to pain management. In relation to Safeguarding, training requirement were discussed and agreed. It was also noted that one assessment breach had occurred where no 2nd marking had occurred. This involved an external course and several actions had been undertaken to address the breach. Akunna Akpan Business Manager to the Deputy Director of Clinical Education and Standards had been very supportive to Forum members attending this meeting.

**12.0 Safeguarding Committee – Adrian Dodd**

12.1 Adrian said that a major concern was that the **Datix incident reporting system** was down and had not been functioning for several days. This meant that reports were incomplete and the data could not be retrieved. Adrian said it seemed incredible that following the failure of the control room system over New Year that no Disaster Recovery plan was in situ with regard to Datix. This is something that needs to be raised at the highest level in order for LAS to continue to have the confidence of other agencies in its ability to function. It may be picked up by the CQC. Adrian also drew attention to Child safeguarding, where the majority of cases have a component of Mental Health with Parental MH being the most prevalent. The last update for notifications of Child Intoxication was in 2014. This has been raised as a concern and is being investigated.

12.2 Adrian said that a second issue of concern was the **photographing of patients** in order to seek expert clinical advice on the patient's presumptive diagnosis or to send to A&E whilst the patient was being transferred there to assist A&E clinicians.

**12.3 Bank Workers –** Adrian said that a review had been carried out and the number of Bank workers reduced substantially. Better governance of training was being introduced for these workers.

**13.00 Forum Publicity**

13.1 Malcolm reported that he had been interviewed by Nick Ferrari from LBC on the issue of ambulance queuing. It has been clear that NHS Improvement is satisfied that patient are safe if being cared for by a paramedic, but does not seem to understand the impact of long waits on the health of vulnerable patients. Currently the LAS is looking at methods of releasing patients by transferring them to seats instead of trolleys – which seems likely to put patients at greater risk and reduce that level of care that they received. Patients are also to red flagged in A&E to identify those who are most in need of care!!

13.2 James highlighted the need to examine NHSI Winter Pressures data and revealed that there is no comparative data with winter 2016.

**13.3 A&E Monitoring –** agreed to discuss with Healthwatch joint approaches to A&E monitoring. Brent, Harrow and Hillingdon will be approached in the first instance and the Enter and View Healthwatch approach will be suggested with team of 3-4 DBS checked members.

**14.0 Road Congestion Delaying Ambulance Response Times**

14.1 The Forum has expressed concern over the delays caused by cycle lanes, congestion and road works. Jill McGregor**,** Director of Performance has responded on behalf of the LAS:

14.2 “In terms of real-time operations, we utilise a routing engine – which sits behind our vehicle dispatch software – to help us predict distance and time between available crews and patients in need, and inform dispatch decisions within the control room.  There has been substantial work internally over the years to make these journey time predictions more accurate. Actual versus predicted travel times between locations across London were analysed from historic data, and as expected, it was discovered that day time travel times were indeed significantly slower than at night.  As such, our routing engine was adjusted to make more accurate predictions based on the likelihood of congestion during daytime hours, helping dispatchers better select the most appropriate vehicle to respond. For operational and tactical planning, when we become aware of significant changes to the transport network (e.g. longer-term road/bridge closures), we include this intelligence in our planning, and adjust forecasts accordingly. Additionally, we are currently working with **academic partners** in understanding the impact of road speeds, and traffic and congestion on dispatching decisions and performance; we are also part of a project which aims to scope out existing data sources across various industries which could potentially be used in future to support the LAS in forecasting with more granular network intelligence. Finally, although it is not currently possible for the LAS to explicitly look at the historic relationship between performance and congestion experienced for individual patient level responses (largely since congestion and travel time data is not readily available in the public domain due to commercial value), we do recognise the impact of such transport and infrastructure effects.  We aspire to include this information in our future modelling and analytics endeavours, and are already linking with partner organisations across London to build up such strategic awareness.”

14.3 It was agreed to obtain more details of the research currently being carried out, to ask the LAS if they are discussing this issue with the GLA or local councils and to ask Assembly members to submit questions on this issue to the Mayor of London.

**15.0 Reports were received as follows:**

**15.1** Equality and Diversity – Beulah East and Audrey Lucas

15.2 Quality Oversight Group – Malcolm Alexander

**15.3 Questions to LAS Board and Sickle Cell Presentation-28/11**

Malcolm described the excellent presentations given by Eula Valentine of the Merton Sickle Cell Group, and Kye Gbangbola of the Sickle Cell Society to the LAS Board.

Eula’s slides are attached and available on the website: www.patientsforumlas.net/upcoming-meeting-papers.html

**16.0 The following documents were received**

* 1. Margaret Luce’s presentation on PPI in the LAS from November 2017
  2. Arrival to handover data – Ambulance queues Nov 2016/7
  3. Ambulance Response Programme performance November 13-26th 2017

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**The meeting finished at 7.30pm**