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**MINUTES of FORUM HELD MONDAY, JUNE 12th 2017**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Alexandra Ankrah – Department of Media, Culture and Sport – Q Volunteering

Angela Cross-Durrant – Kingston – Vice Chair

Arthur Muwonge – Croydon

Barry Hills – Kent

Catherine Gustaffe – Southwark

David Payne – Southwark

Dov Gerber - Barnet

Garner Bertrand – Newham

Graeme Crawford – Ealing

Inez Taylor - Southwark

James Guest – Ealing

Jan Marriott - Richmond

John Larkin- Company Secretary

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum

Michael English - Lambeth

Mike Roberts - Hampshire

Natalie Teich – Healthwatch –Islington

Philip Ward – Hammersmith and Fulham

Rashid Ali Laher – Healthwatch Kingston

Sean Hamilton – Greenwich

Sister Josephine Udine – Croydon- Vice Chair

Vic Hamilton – Greenwich

**SPEAKERS:**

**Heather Lawrence – Chair of the LAS**

**Trisha Bain – Chief Quality Officer, LAS**

**London Ambulance Service:**

Samad Billoo – LAS - EOC

**Commissioner’s Representatives:**

Sharon Afful, LAS Commissioning Team - Project Officer LASCt

**APOLOGIES**

Adrian Dodd – Waltham Forest – Healthwatch

Arif Mehmood - Newham

Audrey Lucas – Enfield- Executive Committee

Beulah Mary East - Hillingdon

Christine Kenworthy– Kent

Colin Hill – Berkshire

Jan Duke - Southwark

Jos Bell – Socialist Health Association

Joseph Healy – Southwark - Forum President

Kasum Joshi – Healthwatch Hounslow

Kathy West – Southwark – Executive Committee

Mary Leung – Harrow

Robin Kenworthy - Kent

1. **Minutes of the meeting held June 12th 2017 were agreed a correct record.**
2. **Matter arising**

2.1 For matters arising see ACTION LOG which is attached.

1. **Elections to the Forum**
   1. Members were invited to apply to join the EC and to stand for the position of Chair and Vice Chair. Each member was sent information about the elections on July 4th and nominations due by August 4th 2017
2. **Complaints Charter**
   1. A Complaints Charter being developed in Hackney was offered to the LAS as a potential signatory. Discussions continue on appropriate wording and presentation.
3. **Sickle Cell article and patient report**
   1. Following discussions between the LAS, Sickle Cell Society and the Forum an article has been produced for LAS and Sickle Cell Society websites, to let people with sickle cell know what services are available should they suffer a crisis. See:

www.sicklecellsociety.org/london-ambulance-service-care-for-sickle-cell-patients/

1. **Forum’s London Defibrillator Campaign and Saving Lives Award Ceremony**
   1. The Forum has written to all local authorities and Councillors in London

asking them to install defibrillators in local schools and colleges and to support the training of school children, students, Councillors and council staff in CPR. The Councils were also asked to contact their local Boots asking them to install defibrillators.

* 1. Sister Josephine and Malcolm Alexander attended the Saving Lives Award

Ceremony at Lambeth Palace.

1. **CQC Report and the CQC Summit 29th June**

7.1Noted that the Forum was represented at the CQC Summit and

participated in the discussions about what the LAS needs to do to get out of ‘special measures’. The Forum was spoken highly of at the Summit.

1. **TRISHA BAIN – CHIEF QUALITY OFFICER for the LAS**

**CQC REPORT ON THE LAS**

* 1. Trisha said that the CQC had decided to keep the LAS in Special Measures, but had rated the care provided by the LAS as outstanding. She said that the CQC wanted to be sure about the new leadership being effective and wanted more evidence about the safety of care provided by the LAS. Trisha said it is essential that performance is maintained and that mandatory and statutory training of all staff continues to be a high priority, and completion of training is recorded.
  2. The recording of incidents is improving through the datix system and this enables all front line staff to record any incident and send it on line to HQ. Trish said that new incidents are then examined daily and data from incidents from all sources is combined for integrated analysis reports. She added that the time to investigate incidents is down from 60 days to 40 days.
  3. Another aspect of quality control was the introduction of ‘deep dives’ which are analytical reviews of services, e.g. the handover of patients to hospitals and other care providers. Trisha said that the key issue relating to all investigations, was what staff and the organisation learnt from incidents.
  4. Regarding improving infection control, two new staff and a part-time microbiologist have been recruited to the team. In addition, 29 infection control champions have been appointed. The Make Ready – system for ensuring that ambulances have the equipment they need – has also been substantially improved through the introduction of 14 hubs, enabling staff to spend more time with patients and less time preparing ambulances for the road.
  5. Staff recruitment has also improved with the employment of 151 front line staff since February 2017.
  6. Medicines management, which was the cause of concern for the CQC is now subject to considerable improvements in security and control.
  7. Access to effective IT technology to enable access to patient medical history, will be available by the end of 2017 as hand held devices, and these should allow considerable improvements in communications between paramedics and other health care professionals.
  8. Trisha said that Cat A (8 minutes/75%) performance was currently 71.9% against a national target of 75%. She said that a new trial project called ‘tethering’ would require ambulances to stay within base area, except when required to respond to Cat A1 – life threatened – calls. This trial would run for 3 months. Pilots are also being developed to reduce the risk to patients when paramedic staff numbers reduce at handovers between shifts.
  9. Mental health care is a priority for the LAS and has been substantially improved by increasing the cohort of mental health nurses in the emergency operations centres from 3-6 (wte).
  10. Problems with delays in the shocking of 20 patients with VF (ventricle fibrillation) have been identified, investigated, corrected and a report completed and submitted to the LAS Commissioners. An automated system of shocking patients has also been introduced.
  11. Other develops described by Trisha included pan-London pathways for specific patient groups, e.g. fallers, patients with mental health needs, urgent care referrals and end of life care. The LAS will also ensure that consistent pan-London ‘Alternative Care Pathways’ exist.
  12. Patient stories are now regularly being presented to the Board of the LAS. A recent tragic maternity case was presented to the Board at a private meeting at the request of the patient. The procedure for presenting patients stories to the Board is currently being reviewed.
  13. Trisha said that the current complaints process needed to be improved and discussions were currently taking places with the complaints team and Briony Sloper, to bring about the required improvements. She said that out of 240 reported incidents only 4 were identified as Serious Incidents.

<https://improvement.nhs.uk/uploads/documents/serious-incidnt-framwrk.pdf>

* 1. Regarding the health needs of staff, Trisha said that there is a strong focus on supporting staff with mental health problems, e.g. when staff are traumatised following major incidents. The LAS has also launched the ‘RU OK?’ campaign to encourage staff to seek support and care for each other, and to provide specific support to staff involved in recent major incidents. The LAS has also launched the third year of Mind’s mental health programme to support the emergency services. A new occupational health service to support the health and well-being of all staff has been procured.
  2. Trisha said that the LAS is committed to ensuring that the workforce is truly representative of the community they serve, and in addition there will be an increasing in recruitment programme across all London boroughs. Trisha said that the LAS will also assist people from BME communities with the completion of their application forms if this is required. The LAS has held a workshop with over 50 people from the Trust to refresh the Workforce Race Equality Standard (WRES) Action Plan 2017/18, as well as listening events with the Chair with over 50 staff to understand the BME experience within the LAS.
  3. In relation to the long history of bullying and harassment in the LAS, Trisha said that the latest staff survey showed a significant improvement in the assessment by staff of the frequency of bullying and harassment.
  4. Trisha finished her presentation with assurances that the LAS will continue to build a culture of putting ‘Patients First’ by increasing the involvement of patients in the development of services and using patient experience data to inform core skills training and service developments.

**Question to Trisha Bain**

* 1. Jan Marriott emphasized the need for uninterrupted, protected time for

staff training. Trisha agreed that this is a priority.

* 1. Michael English asked how the LAS is doing compared to the capitals

of other comparable countries? Trisha replied that there are no international comparisons, but comparisons are made between all UK services and this data is in the public arena. She said that the LAS is the only AS in special measures and that it is important for the future development and sustainability of the LAS to recruit the right people and to be inclusive.

* 1. Alex Ankrah said that a focus on recruitment and diversity is essential .and this included the recruitment and retention of volunteers. She said that listening to the experience of BME staff was of great importance and that progression in the organisation must be ensured. She asked why, when London was so diverse that it had LAS had failed in this regard. She suggested that the LAS needed to be more attractive to people of a BME heritage and that more work was needed to ascertain why BME staff did not choose the LAS as a career.
  2. Trisha agreed with the points made by Alex and added that the LAS has had a culture of harassment and bullying and in this respect was in the past not a well managed organisation.
  3. Samad Billoo said the LAS has changed for the better since he joined almost 20 years ago. With regard to claims of bias, he said that he felt that he had been treated differently from other staff in the past. Samad said there had been a culture of bullying, but this was partly because of the pressures on the LAS to perform and respond to so many demands. With respect to recruitment, he said this had been from a very narrow band of society and that the historic model had been to recruit from specific communities and train those people to operate on the front line. He said that model is returning, but that recruitment must be from wide diverse communities, not the former narrow sections. He added that the LAS was very short of human resources and gave an example of it could at times take 20 minute response to a stabbing or a fitting patient at peak times in the morning. He said changes needed to be made to prevent this poor response becoming the norm.

* 1. Sister Josephine said that the Forum had been raising issues about diversity in the LAS for many years and still there was no significant change in the diversity of LAS staff. She said that the attempt to recruit volunteers from BME groups was being done in the wrong way, just as staff recruitment had been done in the wrong way and was not getting though to BME communities, despite the diversity of London.
  2. James Guest asked whether the ‘tethering trial’ could potentially put patients at risk because ambulance queuing would not allow the release of vehicles in some areas, causing even longer delays for patients? He said that demand is clearly rising, but a 2% reduction in demand is sought and that should EDs close in west London, that ambulance would have to travel even greater distance, for example to Northwick Park, Hillingdon and West Middlesex Hospitals.
  3. Malcolm Alexander said that it is agreed that some people do not need ambulance to take them to hospital and that alternative, home based services would possibly be a better option, but access to and governance of these services was poor and they may not therefore be a safe and clinically appropriate alternative to EDs.
  4. Angela Cross-Durrant said that the Health and Social Care Act had done great harm to effective collaboration between health and social care services, and to the provision of the right care, right service in right place, to effectively service the best interests of patients. She added that it is too easy for patients’ needs to slip through the gaps.
  5. Joseph Healy said he doubted that the new policy on shift changes, rest breaks would work from his experience of visiting ambulance stations.
  6. Samad Billoo agreed and said that the rest break policy in the EOC was not working well, and that due to active deployment of ambulances that the functioning of a rest break policy very difficult. He said it could only really work in a traditionally managed ambulance station.
  7. Dave Payne asked for assurances that the trade unions had been fully involved in the new rest break policy, and asked for assurance that use of volunteers would not undermine the workforce or lead to lower standards. He also asked if closing ambulance stations would put increased pressure on staff.
  8. Trisha replied that volunteers were not taking away jobs. Their roles were to act quickly to resuscitate patients who have had a cardiac arrest and other similar patient focussed roles. She said that the Estates Strategy which would propose changes to ambulance stations was awaited.
  9. Heather Lawrence, said that the LAS was now better at listening to staff and the Board would take action, if relevant, on matters raised by staff. She said the Board is responsible for ensuring that London gets the very best care. She added that trained volunteers could be navigators, i.e. help others to know how best to use the NHS. She said that the Trade Unions were on board with the developing rest break policy.
  10. Samad Billoo added that in addition to working for the LAS for 20 years, he has been a volunteer for 4 years as an emergency responder.
  11. Trisha Bain and Heather Lawrence were thanked for their excellent contributions to the Forum meeting and for continuing support for the Forum.

1. **DOWNGRADING OF THE CATEGORY C TARGET**

**9.1** No explanation was given for the downgrading of Category C targets which occurred in September 2016 and has been incorporated into the LAS-CCG contract.

Cat C1 – Pre September 2016 – 20 minutes/90%

Cat C1 – From September 2016 – 45 minutes/>50%

Cat C2 – Pre September 2016 – 30 minutes/90%

Cat C2 – From September 2016 – 60 minutes/>50%

9.2 Sharon Afful reported that this matter is being investigated.

**10.00 CONCERN ABOUT THE IMPACT OF STPs on EMERGENCY CARE**

10.1 Members expressed great concern about STP plans for London’s NHS

and it was agreed to invite the STPs and the Mayor to meet with the Forum

at a public meeting. It was also agreed that it is essential that the LAS shows

leadership at STP meetings in relation to the development of urgent and

emergency care in London.

10.2 It was noted Local Healthwatch was often at meetings of STPs but it

was unclear how much influence they had on STP plans.

**11.00 LEARNING FROM STAFF**

11.1 Members suggested that a feedback group was needed so that all

staff could feedback their ideas and concerns to the LAS, to promote

service development and receive feedback on how their ideas have changed

services.

**12.00 Q VOLUNTEERING**

12.1 Alex Ankrah said that the Q volunteering Project is a national programme of work, overseen by the Cabinet Office, which actively seeks to include and involve people from groups and communities, that have historically remained under-represented in other volunteer programmes. She said that there is a specific focus this year on supporting volunteering programmes within ambulance services and that the National Ambulance BME Forum submitted a bid for £100,000 which was successful to develop volunteering programmes for a six month period. One of the main focuses of the work is intended to be on self care and a key objective would be for the LAS as the first project, to share its expertise with the rest of England.

12.2 The LAS accepted the funding based on delivery of two elements which should have been focussed on maintaining a focus on inclusion of BME communities:

* Improved governance, training and targeted recruitment of community first responders
* Working with recognised third sector partner(s) to support vulnerable and hard to reach patient groups

12.3 Alex said that every ambulance service has been invited to apply for project funding and that a new £80m programme is being developed and that some of this money will be focused on the 10,000 people at risk of harm due to cold weather, inadequate heating systems and other issues that could harm vulnerable people.

**13.00 JANUARY 1st OUTAGE**

13.1 Noted that the inquiry into the Outage was complete and that the Forum

has received 3 reports from the LAS on the clinical impact, IT investigation

and a more general publicly facing report.

13.2 Malcolm said that it was unclear why governance of the Command Point

system had failed, or why the LAS needed to recruit 40 new staff to ensure

that further outages are prevented.

13.3 Members asked why the system is being maintained by a USA military IT

supplier called Northrop Grumman and why there isn’t a common system for

all ambulance service in the UK.

[**http://newatlas.com/darpa-northrop-grumman-tern/40909/**](http://newatlas.com/darpa-northrop-grumman-tern/40909/)

**14.00 REPORTS RECIEVED**

14.1 The following reports were received by the Forum:

* Meeting with Trisha Bain – June 2nd
* Meeting with Elizabeth Ogunoye – July 3rd
* LAS Board – June 27th - Questions to the Board and Jan 1st Outage
* Infection Prevention and Control – June 22nd

**15.0 The meeting finished at 7.30pm**