

**Minutes of the meeting held on**

**WEDNESDAY MAY 13th 5.30-7.30 PM**

**ATTENDANCE: Forum Members**

Angela Cross-Durrant –Kingston - Vice Chair

Audrey Lucas – Healthwatch Enfield

Carl Curtis –Southwark

Catherine Gustaffe - Southwark

Christine Kenworthy - Kent

Cllr Dora Dixon-Fyle – Mayor of Southwark

Colin Hill – Berkshire

Dave Payne - Southwark

Harbhajan Singh – Elderly Watch, Bexley and Greenwich

Hiliwona Soloman – Healthwatch Wandsworth

Inez Taylor - Southwark

Janet Marriott – Richmond/Hounslow

John Larkin - Barnet

Joseph Healy – Southwark. Forum President

Kathy West – Southwark

Kay Winn-Cannon – Healthwatch Waltham Forest

Leslie Robertson –Merton

Malcolm Alexander – Chair – Healthwatch Hackney

Michael English – Healthwatch Lambeth

Natalie Teich – Healthwatch Islington

Pat Duke –Southwark

Robin Kenworthy - Kent

Sister Josephine – Croydon – Vice Chair

**CQC GUESTS:**

Roger James, Inspection Manager- London Team 5, Hospital’s Inspection Directorate

Robert Throw, CQC Inspector, London Team 5, Hospital’s Inspection Directorate

**LONDON AMBULANCE SERVICE:**

Zoe Packman – Director of Quality and Nursing

Peter Fisher – Paramedic

Margaret Luce - Head of Patient & Public Involvement and Public Education |

**COMMISSIONER:**

David Whale

**APOLOGIES:**

Alhajie Alhussaine – Lambeth

Anthony John - Tower Hamlets

Arthur Muwonge – Croydon

Barry Silverman – Southwark

Linda Doyle – Enfield HealthWatch

Louisa Roberts - Tower Hamlets

Lynn Strother – City of London

Rashid Laher – Kingston

Vishi Harihara - Camden/Barnet

1. **MINUTES OF THE MEETING HELD APRIL 15th 2015**
   1. Minutes were agreed a correct record.
2. **MATTERS ARISING**

**2.1 SERVICE USER INVOLVEMENT IN PARAMEDIC EDUCATION**

Noted that members had been sent forms for offers of assistance to Vince Clarke, to be involved in training and development for staff who want to become HCPC registered paramedics. Electronic version of form located at: <http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/screen_shot_2015->

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* 1. **COMMISSIONER’S CQUINS FOR THE LAS**

Noted that the Commissioners were due to hold a service planning meeting with the LAS in May to discuss the new performance framework for both the quality schedule and CQUINs. An update from Katy Neal is awaited. Katy has also been asked if the Forum can attend the joint Commissioner:LAS Clinical Quality meetings.

**2.3 FALLS TEAMS**

Following an inquiry to the LAS (Alan Hay) it was reported that the LAS “are currently referring directly into either borough falls teams or ‘single point of access’ teams who forward on, in Wandsworth, Kingston and Richmond, Merton and Sutton, and Enfield”. The LAS are also in discussion with colleagues in Barking and Dagenham, Havering, Redbridge, Lewisham and Lambeth and there evidence of a significant increase in referrals from front line staff to falls teams in these boroughs.

* 1. **EQUALITY AND DIVERSITY**

Noted that Malcolm is preparing a report on diversity issues amongst paramedics in the LAS and would also contact Roger Kline re the new Workforce Race Equality Standard (NHSE).

**2.5 MULTIPLE VEHICLE ATTENDANCE**

Noted that Forum had asked Jason Killens, Director of Operations for information about multiple vehicle attendances. His response was as follows:

“Essentially we plan to send two resources to every Category A call. These now represent about 55% of our total daily call volume. In some cases, red 1's, we plan to send more than 2 resources so that patients in cardiac arrest can benefit from a smooth and effective resuscitation. We were a national outlier until last year with what we call multiple attendance ratio (MAR) with the average being around 1.7 resources being sent to all calls (both category A and C). As a result of work we have done in the last year to focus allocation decisions in control services, refine our automatic dispatch protocols and also to restrict the type of calls solo responders can go to (other than Cat A) we are now much closer to the efficiency target of an average of 1.29. We now range between 1.31 and 1.33 for average MAR across all calls”.

**2.6 THE ROLE OF THE TRUST DEVELOPMENT AUTHORITY [TDA]**

**SEAN OVERETT**

Noted that Sean’s presentation is on the Forum website: http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/presentation\_introductiontda\_april2015 (so).pptx

Regarding questions from Forum Members, Sean agreed to provide answers to questions as soon as the period of electoral purdah is over. He also agreed to return to a Forum meeting to respond to questions in person.

**2.7 QUESTIONS TO LAS BOARD MEMBERS: APRIL 2015**

The following responses to questions put to the LAS Board were noted:

**Handover Waits**

**In view of the 2,204 - 30 minute handover waits, and the 342 one hour handover waits at London’s hospitals in February 2015, what action will the Board take with its strategic partners to substantially reduce these waits for access to A&E, and the harm potentially caused to patient care?**

Jason Killens responded that there were a number of actions the Trust was taking to reduce the hand over waits that are in excess of the 15 minutes – the national target.

• Actions taken against hospitals for breaches;

• Hospitals Liaison Officers working during peak periods to ease the flow

of ambulances;

• Intelligent Conveyance system which had been in operation since

Winter 2014, where the Trust seeks to move appropriate patients

safely around the health system to prevent a backlog;

• Working with emergency departments by forming long term

relationships and seeking to strengthen these and in the event of a

delay occurring, there are interventions from the Commissioning

Support Units (CSUs).

**Equipment**

**Will the Board confirm that front line staff now have sufficient supplies of equipment to assist them with diagnosis and treatment of patients? In relation to area that are currently rated red on the risk register, are specific plans in place to deal with short and long term equipment issues which can impact on patient safety and care and are sufficient resources available to remedy deficiencies?**

Andrew Grimshaw responded that there was considerable focus on this and the Trust had bought a significant amount of equipment over the last months to address areas of stress and was confident that there were sufficient supplies of equipment. Management would ensure this was marshalled to get them to the right place at the right time. The Trust was moving away from flexible fleet to complex based fleet where vehicles are allocated to the complexes. In addition, the Finance and Investment Committee had been monitoring fleet quite closely.

**Annual Staff Survey**

**In view of the results of the Annual Staff Survey, can the Board confirm that is satisfied that every possible action is being taken to ensure that staff are fully supported and trained to provide the highest standard of clinical care?**

• The Annual Staff Survey results appear to have declined since last

year.

• What specific actions will be taken to improve staff training?

confidence and retention.

• Given the growing problems with staff morale and retention, how will

operational management restructuring contribute to positive

improvements in this key area?

The Chairman noted that this had been reviewed comprehensively under the recruitment and workforce update. Excerpts from the minutes: Mark Gammage noted that staff morale was one of the most important issues that the Trust was faced with and that the levels of staff turnover and staff absenteeism rates were indications that staff morale was low. The Retention Strategy pulled together areas of work that were currently underway with new initiatives into one report focussing on eight overarching objectives, which the Board noted.

Each of the objectives highlighted had underpinning actions with dates and one key action to focus on and a named manager responsible for delivery. A summary of the current actions being taken and how success would be measured were highlighted. A comprehensive and fully costed Action Plan would be monitored by the Executive Management Team (EMT). Mark noted that the importance of getting the balance between tackling different issues at the same time and focusing on the key issues to deliver on. Delivering on the key aspects which are fundamental on how the organisation operates was crucial for the Trust.

**Serious Incidents**

**Will the Board publish the outcome of its Serious Incident investigations and the actions taken as a result of these investigations?**

Sandra Adams responded that these would be published in an open and transparent manner, while care was needed to maintain patient confidentiality. She added that it was agreed at one of the feeder committees of the Quality Governance Committee to reintroduce the report that was in place which had actions, lessons learned, complaints, inquests and risk information to be better informed.

* 1. **PARAMEDIC PRESCRIBING CONSULTATION:**

Members were encouraged to complete the survey online – closing date 22 May 2015. Tim Edwards from the LAS Medical Directorate has agreed to attend a Forum meeting to discuss paramedic prescribing. https://www.engage.england.nhs.uk/consultation/independent-prescribing-paramedics

* 1. **PARAMEDIC RECRUITMENT**

Noted that significant numbers of paramedics were being recruited and most were from Australia and recently qualified. In 2015 about 30 paramedics are leaving each month and between January – March about 200 paramedics had been recruited. Full report on the Forum’s website. It was further noted that many paramedics who are leaving are moving to higher grade (higher salary) jobs in other services including 111 services, hospitals and GP practices.

* 1. **EXECUTIVE COMMITTEE REPORT**

The report was received and it was noted that the Forum needed to focus on increasing attendance at meetings, working more closely with Healthwatch and other community organisations. A speaker from the Croydon BME Forum would be invited to speak at the June meeting to discuss working more closely with BME organisations across London. A survey of members was being carried out to find how they would like to improve the way that the Forum is organised. Natalie Teich agreed to analyse results of the survey.

* 1. **CQC INSPECTION**

3.1 Robert Throw and Roger James were welcomed to the meeting.

3.2 The CQC inspection team explained the process of inspection and the

CQCs new approach to inspecting ambulance services (see:

<http://www.patientsforumlas.net/meeting-papers---2015.html>

They emphasized the importance of listening to service users and using

people’s experiences as evidence for the inspection team.

* 1. Comments and views from members were collected together in the attached report: INFORMATION FOR THE CQC INSPECTION OF THE LAS (June 2015)
  2. **Additional points were made as follows:**

1. Front line staff need more support from senior staff. They often feel very isolated. There mental health needs should be considered in a more supportive way. Peter Fisher commented that “paramedics are now working better with the management of the LAS, things are and have to change”.
2. Spiritual support for staff: Robin commented that the South Coast Ambulance Services used chaplains to support their staff and asked if the LAS would adopt this approach.
3. Access to estates can be very difficult for front line staff because signage is often poor. Noted that the Forum had written to every Council in London on this issue and the matter was now in the hand of the LAS. It was emphasized that staff needed to report access problems, poor signage and other obstacles to rapid deployment.
4. Complaints: Members felt it was essential for the CQC to look at several years data regarding behaviour and attitude complaints, in order to identify themes and repeated incidents. The CQC suggested that a single years data was adequate.
5. Mental health care: Members emphasized that LAS mental health care was improving, but that A&E departments were not suitable for people in a mental health crisis; police cells were still sometimes used; ambulance crew found it difficult to get beds at mental health ‘places of safety’, and that restraint was often used inappropriately, e.g. see the Safety in Mind video.
6. **MEMBERS REPORTS**

4.1 Leslie Robertson presented her report from the excellent mental health Safeguarding Meeting held on April 28th 2015. Carl Curtis also attended the meeting.

4.2 Malcolm Alexander presented his report from the Mental Health Transport Group which had met on March 12th 2015 and was focused on improving transport for people in a mental health crisis.

4.3 Malcolm reported on the LAS VIP award ceremony, where staff were honoured for outstanding service to the LAS.

1. **REPORTS FOR INFORMATION**

5.1The following reports were received:

LAS Performance Data – MARCH 2015 AND Year to Data

Commissioner’s Performance Data – MAY 8th 2015

**The meeting ended at 7.30 pm.**