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Minutes of the Meeting held at  
LAS Headquarters  
Monday July 9th 2012  
5.30pm-7.30pm

## **1) Attendance : Forum Members**

Alison Buick - Wandsworth  
Angela Cross-Durrant (Healthwatch Kingston)  
Angela Harris - Bromley  
C. Gustaffe - Southwark  
Gary Orriss Wandsworth  
Harbhajan Singh - Bexley  
Ike Oze - Hackney  
Janet Marriott - Richmond/Hounslow  
John Larkin - Barnet  
Joseph Healy – Chair – Southwark  
Kathy West - Southwark  
Kay Winn-Cannon - Waltham Forest  
Louisa Roberts - Tower Hamlets  
Lynne Strother (Forum Vice Chair and Richmond LINK)  
Malcolm Alexander (Forum Vice Chair and Hackney LINK)  
Michael English - Lambeth LINK  
Natalie Teich - Islington  
Robin Kenworthy - Kent  
Robin Standing – Enfield  
Sister Josephine – Vice Chair – Croydon

## **LAS and Commissoners**

Neil Kennett-Brown – Commissioner of the LAS for North West London PCT  
Margaret Vander, PPI Manager, LAS  
Carmel Dobson-Brown – Assistant Director, Corporate Services  
Tony Crabtree - Assistant Director, Employee Support Services  
Shirley Rush – FT Membership Manager  
Lauren Sinclair – Legal and governance

## **Guest Speaker**

Charley Goddard – HR Manager, Staff Engagement

## **BSL Interpreters**

Leo Freeman  
Michelle Wood

## **Apologies**

Alan Wheatley - Camden  
Alhajie Alhussaine – Lambeth

Anthony John - Tower Hamlets  
Barry Silverman – Southwark  
Bridget Stephanou - Croydon  
Carl Curtis – Southwark  
Clarissa Roche-Caton –Hackney  
David Payne - Southwark  
Florence Odeke – Lambeth  
G. Bertrand - Newham  
Inez Taylor – Southwark  
John Bell - Bexley LINK  
Maria Nash - Barnet  
Mark Mitten – Lewisham  
Rashid Leher – Kingston  
Saffina Zafar - Southwark  
Val Fulcher – Lewisham LINK - Chair  
Vishi Harihara - Camden/Barnet  
Wendy Mead – City of London

## **2.0 MINUTES**

2.1 Minutes of the meeting held June 11<sup>th</sup> 2012 were agreed a correct record.

## **3.0 ACTION POINTS AND MATTERS ARISING**

### **3.1 FUTURE OF THE LAS – GLA STRATEGIC REVIEW**

Attempts are being made to organise a Forum meeting to look at outcome of London Assembly Strategic Review of the LAS. The London Assembly have written to the Forum and are not willing at this time to discuss the Review.

### **3.2 RATE OUR SERVICE**

The LAS is considering the means of enabling patients to assess the quality and effectiveness of LAS care. Angela Cross-Durrant and Margaret Vander have met to discuss this issue.

### **3.3 Cat A RESPONSE IN EAST LONDON**

A meeting has been arranged with Martin Flaherty and Katy Millard, LAS Asst Director of Operations (East) for August 9<sup>th</sup> to discuss problems with meeting targets in east London.

### **3.4 COMMITMENT OF THE LAS BOARD TO PUBLIC INVOLVEMENT**

Richard Hunt has been invited to the Forum meeting to be held on September 3<sup>rd</sup> 2012

### **3.5 HOSPITAL TURNAROUND TIMES AND PERFORMANCE**

- ☐ The issue of turnaround times in London has been raised with the CQC but they informed the forum that that had not investigated this situation in London. A further inquiry to Phil Eadie at CQC has been made in respect of Croydon University Hospital (Mayday).
- ☐ There was a huge rise across London in May and June in the number of Cat A calls.

### 3.6 INTRODUCTION OF 111

- ☐ Meeting has taken place with Sue Watkins to explore the relationship between the Ill services and the LAS. The relationships are developing well and a report will be produced for the Forum.
- ☐ There are three 111 pilots in London (Hillingdon, Croydon and Inner North West London).
- ☐ **If a patient is referred to the LAS from the Ill service, the LAS are contractually barred from re-triaging patients – i.e. they have to accept whatever the 111 assessment says.**

### 3.7 USE OF CAGE AMBULANCES TO TRANSPORT PATIENTS WHO HAVE BEEN SECTIONED – FOIs to MH TRUSTS

- ☐ Analyse data from mental health Trusts and the LAS in progress.

### 3.8 FORUM FUNDING

- ☐ All Forum members have been asked for their membership fee.
- ☐ Write to the LAS and Commissioners to thank them for their continuing support for the work of the Forum

### 3.9 PATIENTS SAFETY IN UK AMBULANCES PROJECT

Malcolm reported on the meeting he had attended in Warwick University.

### 3.10 IMPACT OF 12HR SHIFTS ON STAFF AND PATIENT CARE

- Detailed information received from Ann Ball, Deputy Director of Human Resources LAS will be analysed by Forum members. Action Kathy West and Barry Silverman
- Raise issue with the LAS Trade Unions

### **3.11 LAS OLDER PERSON'S STRATEGY**

Noted that the LAS no longer has an Older Person's Strategy and all work to promote equal opportunity, combat discrimination and promote good relations with older people, is now included in the LAS Equality and Inclusion Strategy, which was updated in 2010 in line with the Equality Act 2010. The LAS will update the strategy in 2013 at the end of its three-year term. The LAS could not identify any live workstreams in relation to older people. The following issues will be explored with the LAS:

- Effectiveness of services provided by the LAS for people who are terminally ill and how they get information about the wishes of people who are dying?
- Ascertain if Living Wills contain information about culture and religious customs the person want adhered to?
- Ascertain whether LAS have an 'end of life' policy, good practice guides and do they do service audits?
- Does the LAS work with GPs to coordinate access to data re care plans?

### **3.12 LAS CARE FOR PEOPLE WHO HAVE FALLS**

Emma Williams, the LAS Service Development & Policy Manager has replied to questions from the LAS on the care of patients who have falls. The biggest change in the LAS approach is that people who have falls are now only referred to their own GPs. From

10<sup>th</sup> May 2011, a Referral Support Team went live in LAS run by the EBS (Emergency Bed Service). This new service has created a central single-point-of-access for all LAS staff to refer non-conveyed elderly fallers for ongoing support via their own GPs. The decision to refer to the GP rather than another community team was made by a multi-disciplinary team and the outcome of the discussion was influenced by a number of factors including the wide disparity of falls-type services across London, and the increasing engagement of GPs within community service support and commissioning. A training package covering both the process of aging as well as causes of falls in the elderly has been developed and its rollout across all 3 sectors of the LAS commenced in the winter of 2010-11 and was delivered at a local level by Complex training officers.

In the autumn of 2011, a survey of 100 GPs who had received more than 2 referrals was completed about the process of the referral and the consideration of direct referrals to falls/other local community teams. The main results were:

- 85% of the GPs surveyed felt that the referral process was either useful or very useful
- 60% of GPs responded that they would not want the LAS to do direct referrals to falls teams

Discussion with GPs, and results of the survey both indicated that GPs want to be involved in decisions relating to onward referrals for elderly fallers. It has been stipulated that if a community service wishes to receive direct referrals for this patient group, then the GP lead of the CCG needs to confirm that, on behalf of all GPs within that area. This instruction has been passed back to approximately 6 community rapid response/inter-mediate care teams, but none of them have come back with the confirmation. If such confirmation is achieved, when the crew passes the patient's details to the Referral Support Team, they will in-turn will pass them onto the community team as opposed to the GP. LAS have said to a number of community services who are interested in having direct referrals that if they can demonstrate CCG GP engagement with this decision, LAS are happy to support it, however to date, none have come back with such confirmation.

### **3.13 CARE FOR PEOPLE WITH DEMENTIA**

The LAS Mental Health Committee has recognised that a great deal of work has to be done to provide adequate services for people with dementia. The LAS priorities are to:

- Contribute to the early recognition of dementia (National Dementia Strategy)
- Reduce distress caused by hospital inappropriate admission
- Audit compliance by the LAS with current legislation and policy

Action:

- MA to pursue issue through the Mental Health Committee and with Alzheimers UK.
- Hold meeting on the capacity of the LAS to provide appropriate care for people with dementia. Organise with the LAS and Alzheimers UK.

### **3.14 MENTAL HEALTH CARE**

Noted that a report would be available shortly on the effectiveness of the CQIUIIN on the care of people with mental health problems by the LAS. This required the LAS to development the effectiveness of care for this group patients and resulted in additional income for the LAS.

Neil Kennett Brown informed the Forum that:

- a. a) LAS responses vary with the needs of the patient and can be Cat A1 (8 minutes), A2 (19 minutes) or Cat C (up to an hour). Delays in responding within appropriate time/targets are investigated by the commissioners.
- b. b) Geraldine Strathdee, on behalf of NHS London, is investigating problems with access to Places of Safety for patients detained under s135 and s136 of the Mental Health Act. She is looking at capacity pan-London.
- c. c) Neil Kennett Brown is collecting data on a daily basis on handover delays, including delays affecting patients with mental health problems and will report back to the Forum on significant issues.

Members were concerned about the following issues:

- Patients with mental health problems taken by ambulance to A&E and unlawfully turned away because of post-code issues, i.e. some A&E departments believe they have the right to accept patients from only certain postcodes.
- Bed availability in London for patients with acute mental health problems

Under the Mental Health Act 1983, Section 136 gives police officers the power to remove an apparently mentally disordered person who is in a public place and is apparently a danger to himself or to other people, to a "place of safety" where they may be assessed. Places of safety should be hospitals, other medical facilities, residential care homes or the home of a relative or friend of the person; police stations should only be used as a "place of safety" as a last resort.

### **3.15 INFECTION CONTROL**

- In response to questions by the Forum about the level of risk to patients being infected by staff who have not been vaccinated against flu and/or hepatitis, Tony Crabtree said that some staff from the new intake are not adequately vaccinated. Staff who were found not to have been vaccinated have been stood down from their duties until vaccinated. All staff on the front-line are now being checked to ensure their vaccinations are appropriate and up to date.

### **3.16 COMMUNITY RESPONDERS**

- Noted that Chris Hartley-Sharpe is working with colleagues in Tower Hamlets to build up a team of community responders.

## **17. 3.17 COMPLAINTS AND STAFFING ISSUES**

- Agreed to request information on numbers of staff on the frontline who have not completed their training to be paramedics.

## **4.0 CHAIRS REPORT**

1. **4.1** Joseph Healy reported that he and Lynne Strother had visited the Emergency Bed Service (EBS) at the LAS (report with the papers). The Forum had submitted its contribution to the LAS Quality Accounts. Joseph said that he had asked Margaret Vander to advertise Forum meetings to the Foundation Trust membership, and provide a response to the Forum's Quality Account statement. He had also invited Peter Bradley to attend the Forum meeting on September 3<sup>rd</sup> before he leaves his post and invited the Chair Richard Hunt to the Forum to talk about the future prospects for the LAS. Joseph said that work was in hand to produce the Annual Report, run the annual election and organise the AGM which will be held after the main meeting on September 3<sup>rd</sup>.

### **1. 5.0 ANNUAL REPORT, AGM AND ANNUAL ACCOUNTS**

1. 5.1 Noted that the Forum's AGM will be held on September 3<sup>rd</sup> 2012 and the Annual Report and Accounts would be presented to that meeting. The annual elections for officers will be organised prior to the AGM.

### **1. 6.0 FOUNDATION TRUST MEMBERSHIP**

1. 6.1 Shirley Rush reported that the Trust now has 6500 members
2. 6.2 There is an active on-line group of FT members
3. 6.3 Shopping centres are being used to recruit new members
4. 6.4 18% of members say they want to be involved more
5. 6.5 Survey are being used to find what sort of activities members want to engage in
6. 6.6 Profiling of members will take place to understand more about their interests
7. 6.7 There will be training and induction for FT governors
8. 6.8 Planning is going ahead for a 'shadow board'. Carmel Dobson-Brown confirmed that the constitution allows the LAS is set up a 'shadow board' until the LAS has received its authorisation to run the election.
9. 6.9 Sister Josephine reported that had attended a KPMG meeting on governance of the LAS but had received no report. This has been requested.
10. 6.10 Robin Kenworthy criticised the huge out of London constituency

as not being viable. In reply Shirley Rush said that the model used was the only one that appeared workable and was the model chosen through the consultation

11. 6.11 Malcolm Alexander asked if there could be local hustings before the election to which Shirley replied that this would be acceptable prior to the nominations being submitted
12. 6.12 Angela Cross-Durant asked whether it was a conflict of interests for the Chair the Board to also be the Chair of the Governors. It was agreed this was the case, but was allowed by the legal framework.

## **1. 7.0 DEVELOPMENT OF THE PATIENTS FORUM**

1. 7.1 Harbhajan Singh from Bexley LINK proposed that the Forum substantially increases its membership and offered support for a recruitment drive. Agreed that Malcolm and Harbhajan would meet to discuss.

## **1. 8.0 THE ANNUAL STAFF SURVEY – 2011 - CHARLEY GODDARD**

**8.1** Charley introduced the staff survey results. She said there were 140 questions, the overall response rate was only 39.5% (front line staff 36%) and other Directorate results as follows:

<b>Directorate</b>	<b>Response Rate</b>
Corporate Services	91.7%
Medical Directorate	87.5%
Chief Executive (Comms)	87.5%
IM&T	85.9%
Finance	76%
HR & OD	71.2%
A&E Operations	36%
Patient Transport Service	26%

Charley said that analysis of the results (compared to the previous year) showed that

- 65% of staff agree or strongly agree that they are proud to work for the LAS (down 3%). 16% disagree (up 4%)
- 63% agree or strongly agree that they would be happy with the standard of care provided to a friend or relative who needed treatment (down 5%). 13% disagree (up 3%)
- 83% agree or strongly agree that they are happy with the standard of care they personally provide (down 4%). 6% disagree (up 2%)

- ☐ 35% would not recommend the Trust as a place to work (up 9%)

Referring to training received by staff:

- ☐ 72% took part in e-learning, (up 60% on 2010)
- ☐ 80% had training in handling confidential information (up 25%)
- ☐ 33% had computer skills training, (up 5%)
- ☐ 72% had major incident training (up 5%)

In response to questions about the effectiveness and organisation of the working environment staff gave the following response:

- • 54% said there are not enough staff (up 15%)
- • 47% said there are no opportunities for career progression (up 11%)
- • 52% are dissatisfied with their pay (up 9%)
- • **67% say communication between senior managers and staff is not effective (up 9%)**
- • 65% say senior managers do not try to involve staff in important decisions (up 9%)
- • 63% say different parts of the Trust do not communicate (up 5%)
- • 58% left their PDR (personal development and review) feeling their work is not valued (up 1%)
- • 58% not consulted about changes that affect their work (up 5%)
- • **57% dissatisfied with the extent Trust values their work (up 9%)**

2. 8.2 Members raised the following issues:

Kathy West – the response rate is very low, especially for front line staff. What can be done to make the annual survey more relevant?

Response: Other survey methods will be tried including shorter surveys and other means of hearing from staff.

Kathy West – What will be done about the reports of bullying, not feeling valued and not being willing to raise issues in front of the Chief Executive (Peter Bradley) when he and the Medical Director visits ambulance stations. What will be done to enhance 1:1 supervision and appraisals for staff?

Response: The LAS acknowledges these problems but also recognises the huge contribution that staff make to improving cardiac and stroke care and reducing mortality from heart attacks.

Angela Cross-Durrant asked whether staff have been asked about the issues, which are most relevant to them and whether the LAS can insert its own questions into the survey

Response: It is a Department of Health survey. The LAS can insert its own questions but these are put at the very end of the long survey.

Janet Marriott asked whether staff believed they were listened to and whether perceptions of not being listened to affected the response rate to the survey.

Response: The LAS acknowledges the value of feeding back to staff to assuring them that their views are valued.

2. 8.3 Neil Kennett-Brown said that LAS Commissioners have taken a lot of interest in issues raised in the staff survey and believes that significant culture change is needed to move away from a command and control culture, to a more relaxed and empowering culture in which staff can make more local decisions. Neil said that CQUINS, which enables Commissioner' to stimulate service development, could help this process.
2. 8.4 Tony Crabtree said that the LAS believes it is important to benchmark against NHS values and agreed that it is important to enable front line staff to have 1:1 meetings with their managers. He said it is essential to spread good practice and to demonstrate change.
2. 8.5 Tony Crabtree and Charley Goddard asked for further comment to be sent to them.
2. 8.6 Charley Goddard was thanked for her presentation (attached).

## **1. 9.0 LAS Committee Reports**

### **9.1 Visit to Emergency Beds Service**

Lynne Strother reported on a visit to the Emergency Bed Service (EBS) on 19<sup>th</sup> June 2012. She said the service runs 24 hour service, 7 days per week and employs 25 staff who work a shift system 8-8 with 3 personnel on at night. She said that the service locates emergency beds for GPs, arranges admission and sends an ambulance. The EBS also locates ICU (intensive care unit) beds for adults and children. It also supports the neo-natal service

at the Royal London Hospital and the Medical Alert out of hours calls for Southwark, Newham and Lewisham. Lynne said that EBS staff ring all hospitals in London 3 or 4 times per day for information on the bed state and A & E access. This information is placed on a database which is always up to date (within 2 hours). Other functions include collecting and providing information about stroke beds and beds for major incidents. The EBS also provides support for safeguarding referrals, referrals to GPs when a patient has suffered a fall, and plans to develop a diabetes referral service. A full written report is available.

## **9.2 Infection Prevention and Control Committee - 31 May 2012**

Kathy West reported that:

- MMR Vaccine is available for all staff.
- An incident which may become a serious incident occurred the previous week when it was discovered a student in training had not been vaccinated against Hepatitis B and dealt with a patient who was a carrier. A number of issues were identified for active or urgent enquiry, through the vaccination records of students/other staff; training; screening of staff; risk registers.
- Noted nothing should be worn below elbows, including bracelets. watches. Hand hygiene compliance to be further addressed after Olympics – improvements needed.
- Infection, Prevention and Control Trust Action Plan Dec. 2010 – reviewed Dec. 2012 – chart circulated. A number of areas had made good progress and other areas of risk remain. It will be difficult to make substantial progress until the Autumn as staff are fully exercised by Olympic responsibilities.
- ☐ Linen and blankets – logistic issues being considered. Proposed Options for the best provision of blankets – this was circulated. Agreed linen should be included.
- ☐ Cleaning arrangements – appointment of a vehicle contractor in progress; new stations contract; some stations were in poor condition and are being brought up to a standard.
- A booklet titled Infection Prevention and Control Training Workbook had been produced to be used training outside paramedic and ambulance staff prior to the Olympics as LAS will be supervising organization. All external staff will receive this training. Some 5000 copies will be produced, and a funder has been identified.

A full written report was submitted to the Forum.

**1. 10.0 Patient Experience**

1. 10.1 Neil Kennett Brown report that Commissioners were now able to identify the longest delays – when, where and why and this data is being looked at by the Clinical Governance Committee. Other issues being examined included access to translation and language services during clinical care and delays for bariatric patients requiring emergency care. Neil said that this service development would be supported by a CQUIN (additional funds for successful service development).
1. 10.2 Neil said that other areas of concern for Commissioners were improving core skills training, improving the effectiveness of infection control and auditing the effectiveness of urgent and emergency care. He said it was likely that the direction of travel would change in some ways following the departure of the Peter Bradley from the LAS.
1. 10.3 Neil said that he would welcome the Forum's proposals for commissioning of services for 2013-2014 and thanked the Forum for its excellent response to the LAS Quality Account.
1. 10.4 Joseph Healy said that the Forum had still received no response to its contribution to the LAS Quality Account and that the LAS did not appear to understand its duty in this respect. He said that the care of patients with sickle cell continued to be a priority for the Forum as well promoting the development of seamless care between the LAS and other parts of the LAS.

**1. 11.0 Membership of the Patient's Forum**

1. 11.1 John Larkin, the Company Secretary, reminded members to renew their subs if they had not already done so, and that the AGM would be held at 7.30pm on September 3<sup>rd</sup>. He said that nominations were being sought for the positions of Chair and Vice Chairs.

**1. 12.0 The Meeting closed at 7.30pm**

