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ACTION POINTS

From Meeting held at LAS Headquarters Tuesday May 15th 2012

4.1 HEARING LOOP AT LAS HEADQUARTERS

Action: write to Margaret Vander to thanks her providing hearing loop.

4.2 FUTURE OF THE LAS – GLA STRATEGIC REVIEW

Obtain copy of Commissioners Response to the review and hold public Forum meeting on outcome of review.

4.3 COMMITMENT OF THE LAS BOARD TO PUBLIC INVOLVEMENT

Agreed to invite Richard Hunt to meeting of the Forum in September 2012

4.4 MENTAL HEALTH - SUICIDAL PATIENTS

- Seek meeting with Kuda Dimbi, LAS Clinical Advisor for Mental Health to follow up issues re care of suicidal patients.
- Brief Mind on LAS policies re mental health.

4.5 MENTAL HEALTH – DELAYS

4.5.1 Meet with Neil Kennett-Brown to discuss the impact of long delays – 'sometimes of several hours' – in ambulance crews being able to find a 'place of safety' for a person with severe mental health problems.

4.5.2 Gather data on delays in admitting patients with severe mental illness to London A&E departments and Places of Safety.

4.5.3 Seek breakdown of the following data in relation to patients with a mental health crisis and in particular how many patients with a mental health diagnosis could not be discharged to A&E clinical care within one hour.

- Monthly arrival to patient handover performance against KPIs (cluster)
- Monthly Patient Arrival to Handover Ranked Performance (KP11)
- Monthly Arrival to Patient Handover Performance (Pan London summary)

4.6 COMMAND POINT

Invite Peter Suter, David Whitmore and Neil Kennett-Brown to a
future meeting of the Forum to discuss the impact of Command Point on:

- the response and capacity of the LAS
- increased capacity in relation to supply of critical information, e.g. alternative care plans
- incidents and events consequent upon the implementation of CP.

4.7 RATE OUR SERVICE

Arrange meeting between Kingston LINk and Margaret Vander to brief them on ‘Rate our Service’.

4.8 HOSPITAL TURNAROUND TIMES AND PERFORMANCE

4.8.1 Obtain data from commissioners since March 2012: :

Monthly arrival to patient handover performance against KPIs (cluster) Monthly Patient Arrival to Handover Ranked Performance (KP11) Monthly Arrival to Patient Handover Performance (Pan London summary)

4.8.2 Ask CQC if they had investigated turnaround times in London and whether any improvement notices had been issued to hospitals in breach. Bev.Gray@cqc.org.uk, Phil.Eadie@cqc.org.uk,

4.8.3 Share handover performance data with all London LINks

4.9 INTRODUCTION OF 111

4.9.1 Meeting with Sue Watkins, LAS Operations Manager to update the Forum on possible delays in response to Cat A calls as a result of the introduction of 111**.** Forum is concerned that sub-optimal, poorly governed 111 services might delay calls to the LAS for a Cat A response. The Forum asked if the LAS is working with 111 suppliers to ensure they are responding appropriately and whether IT systems are interlocked.

4.9.2 Ask Barry Silverman and Vishy Harihara if they have information on this issue.

4.9.3 Agreed to explore how people will register special needs with the 111 system.

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

Analyse data from FOIs.

1) During the period April 1st 2009 to March 31st 2012, on how many occasions has your hospital arranged for a patient to be transported to another unit or hospital in a secure cell (cage) ambulance or other vehicle of this type?

2) In each occasion during April 1st 2009 to March 31st 2012 when a patient was transported using a secure cell (cage) ambulance, was the patient on a Section of the Mental Health Act?

3) In each occasion during April 1st 2009 to March 31st 2012 when a patient was transported using a secure cell (cage) ambulance, where was the patient transported to?

4) What are your criteria for using secure cell (cage) ambulances?

4.11 DEMENTIA CARE

LAS programme for the care of patients with dementia

Objective	Current State	Action	Imp' Lead	Operational Lead and involved individuals	Date of Completion	Current Risk	Measure of Success
6.1 Contribute to the early recognition of dementia (National Dementia Strategy)	No specific objective for ambulance staff to acknowledge early signs of dementia	6.1a Raise awareness and improve the knowledge through training and ~~medical bulletins~~ Clinical Updates	Fionna Moore	Dave Whitmore	April 2012		Communication to GP

	GP not routinely informed	6.1b Inform GP (with patient consent)		Linked to Action 5.1	April 2012		Communication to GP
6.2 Reduce distress and prolonged care pathways caused by hospital admission		6.2a Ensure all patients have alternatives to conveyance considered (delivered through education)		? Gill Heuchan	June 2011		Patient report Forms and ACP measures
6.3 Audit consent within the service to measure adherence to current legislation and policy	Consent practice not audited across the Trust. Therefore, practice unknown	6.3a Undertake clinical/observation al audit		Steve Lennox	October 2011		Aware of compliance with policy

4.12 FORUM FUNDING

Urgently request payment from each Forum member

Write to the LAS and Commissioners to thank them for their continuing support for the work of the Forum

5.0 PATIENTS SAFETY IN UK AMBULANCES PROJECT

5.5 Agreed that the Forum would maintain contact with the research through Malcolm Alexander

7.0 LAS FOUNDATION TRUST

7.5 Forum's LAS FT Manifesto – agreed this needed to be reviewed prior to the forthcoming elections for Governors.

7.6 COMMUNITY RESPONDERS

Tower Hamlets – noted that work needed to done to improve support from communities in Tower Hamlets as there had been a very disappointing response to the campaign to recruit community responders there.

8.0 LAS PPI COMMITTEE

PPI Strategy – Noted that this was currently being reviewed. Members agreed to comment on the Strategy.

9.0 IMPACT OF 12HR SHIFTS ON STAFF AND PATIENT CARE

Noted that the following information had been requested from the LAS:

1) What, if any, are the parameters for each individual's work during, say, a month? (and/or the typical EWTD reference period of 17 weeks)? I know there are a number of individual shift patterns - one called relief, which students are often put on, which requires them to go when and where needed. Another is a family friendly shift and another is when staff are on a 'line'. What are the range of shift patterns used and parameters used for scheduling each?

2) What is the bottom line when scheduling each type of shift pattern?
What are the maximum hours and limits over a month and/or over the reference period of total working hours, night shift hours, numbers and frequency of night shifts? Are there required patterns of rotation to correspond with health advice, can they be in any sequence or are there criteria and limits within a time period and if so what are the basic guidelines?

3) I believe that overtime is nearly always available at the moment and that staff receive texts, sometimes at short notice asking if they can do overtime –staff sometimes tell me they can get as much overtime as they want. How do you ensure that staff are not being asked (or accepting) to do too much? How is this monitored and adjusted to correlate with ordinary, planned shifts? How (in general) do you check, consider, monitor, enforce maximum working times in respect of health and safety - of staff and safety of patients in a time when overtime is needed by the organisations to achieve it goals?

4) It would be useful to get a comparison of scheduled rota time, in a time period vs actual time. If for example a difficult case is allocated near the end of a shift, and the staff need to work an additional hour or two, is this counted alongside other hours in relation to the EWTD? If the person is working a 7 am-7 pm shift, works extended time and then works another 12 hour shift straight afterwards, how does the LAS

exercise its ‘duty of care’ towards the person (and the patient). Does anyone check the actual time worked vs the scheduled time, plus overtime and consider the health implications?

5) Many staff live well outside central London and work in inner-London ambulance stations. Journey time to work can be quite long and this may well become very much worse during the Olympics. How will you ensure that staff are not working 12 hours shift plus many hours at either end resulting is exhaustion, negative impact of work-life balance and possible harm to patients?

6) Is there an ‘official’ LAS view on these issues and do you know how other ambulances services relate operate? Are there LAS policies relating to ‘quality/safety/health’ in this area?

7) Has there been any qualitative research with (LAS) staff in relation to their own views on shift work and its impact on them and their patients?

9.1 Agreed to discuss this issue with the LAS Trade Unions

10.0 CAT A PERFORMANCE

10.1 East London’s Cat A performance had been poor in March 2012 (ave 71%). Members expressed concern in view of this being the area closest to the Olympic stadium. Agreed to seek more information about the reasons for poor performance from Margaret Vander.

End

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