PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

# www.patientsforumlas.net

Minutes of the Meeting held at
Cambridge House, Camberwell Road, SE5
Monday April 16th 2012
5.30pm-7.30pm

| **1) Attendance : Forum Members** |
|---|
| Angela Cross-Durrant (Healthwatch Kingston) |
| Barry Silverman – Southwark |
| Brian Hennessey - Merton |
| Felicia Boshorin – Southwark |
| Franca Uboyagu - Southwark |
| C. Gustaffe (Southwark) |
| G. Bertrand (Newham LINK/Forum member) |
| Gary Orriss (Wandsworth) |
| Inez Taylor - Southwark |
| John Larkin - Barnet - Company Secretary |
| Lynne Strother (Forum Vice Chair and Richmond LINk) |
| Malcolm Alexander (Forum Vice Chair and Hackney LINk) |
| Margaret Falodi-Musa - Southwark |
| Mark Mitten – Lewisham |
| Martin Saunders – Southwark |
| Nicholas Pizey - Merton |
| Norma Lawrence- Southwark Carers |
| Pat Duke – Southwark |
| Ray Warburton – Lewisham |
| Rebecca Bakare - Southwark |
| Sally Lynes - Southwark |
| **Attendance : LAS and Commissioning** |
| Neil Kennett-Brown – Head of LAS Commissioning |
| **2) Apologies** |

Alan Wheatley - Camden
Alhajie Alhussaine - Lambeth
Anthony John - Tower Hamlets
Carl Curtis – Southwark
Clarissa Rocke-Caton -Hackney
David Payne - Southwark
Florence Odeke – Lambeth
Harbhajan Singh - Bexley LINK

Joseph Healy – Chair – Southwark
Janet Marriott - Richmond/Hounslow
John Bell - Bexley LINk
Kathy West - Southwark
Kay Winn-Cannon - Waltham Forest
Louisa Roberts - Tower Hamlets
Margaret Vander, PPI Manager, LAS
Michael English - Lambeth LINk
Natalie Teich - Islington
Rashid Leher – Kingston
Robin Kenworthy - Kent
Robin Standing - Enfield
Sister Josephine – Vice Chair – Croydon
Vishi Harihara - Camden/Barnet

**BSL Interpreters**

Two BSL interpreters

**3.0 Minutes**

**3.1 Minutes of the meeting held March 12th 2012 were agreed a correct record.**

**4.0 Action Points and Matters Arising**

**4.1 HEARING LOOP AT LAS HEADQUARTERS**

Noted that this matter has been raised with the Chair of the LAS, Richard Hunt who has agreed to take action. Janice Markey, Equality & Inclusion Manager, has also taken the issue up with Martin Nelhams, the Head of LAS Estates. Together they will ensure that an induction loop is obtained. It is likely that this will be a portable one for use in any of the meeting rooms in the building, and will be held at Reception.

**4.2 FUTURE OF THE LAS – A STRATEGIC REVIEW**

Noted that the London Assembly Health and Public Services Committee had published its report on the LAS on February 29th 2012. The report and response are available at.

- Access a copy of the report - http://tinyurl.com/bpsal8j
- LAS response to the report - http://tinyurl.com/7wnkb7m

The LAS Commissioners response has been requested from Neil Kennett-Brown.

**Agreed to Forum will comment on the three report.**

## 4.3 COMMITMENT OF THE LAS BOARD TO PUBLIC INVOLVEMENT

- Noted that Joseph Healy, Lynne Strother and Malcolm Alexander had met with Richard Hunt, Chair of the LAS on March 26th. **The agreed report on the meeting is attached.**

## 4.4 EMERGENCY CARE AT THE OLYMPICS

Noted that Lynn Sugg's slides are available on request together with details of the GMC protocol for temporary registration of doctors for the Olympics. Noted that the GMC had confirmed that Team doctors are receive temporary registration. Other high level information is available at: http://www.gmc-uk.org/doctors/registration_applications/olympics.asp.

## 4.5 SUICIDAL PATIENTS

Noted that a copy of the LAS protocol for responding to patients or callers with respect to attempted suicide has been provided by Kuda Dimbi, the LAS Clinical Advisor for Mental Health and reads as follows:

**LAS procedure for callers who initially present with suicidal Intent**

· "In the event that an EMD (Emergency Medical Dispatcher) receives a call from a patient presenting with suicidal intent, the call MUST be triaged using the appropriate protocol and completed. In this way a resource will be assigned to ensure that the patient receives appropriate care.

· Even if a patient informs the EMD that an ambulance is not required the call must still be triaged and completed. These patients should be considered a potential risk to themselves having considered suicide an option and making a call to an emergency service. The LAS has a duty of care to ensure that these patients receive help via the appropriate care pathway. In addition, during the call, EMDs should attempt to obtain the details of the callers GP and/or Next of Kin.

· Crews dispatched to scene should carry out an appropriate search and attempt to locate the patient, checking with neighbours etc. In the event of the crews being unable to locate the patient they should be stood down and advised to complete a 'notification of high risk form'. The OCM should also be advised of the notice and they will request the Clinical Support Desk to listen to the call from the patient and liaise with the on call Medical Directorate for the next steps. CSD will then complete a welfare report and forward to the patient's GP

## 4.6 ABUSIVE BEHAVIOUR

Noted that information was requested from Gary Bassett, Head of Patient Experience at the LAS on the analysis of abusive/aggressive behaviour in relation to the point on a paramedics/technicians 12 hour shift that the incident occurred. Gary reported that there has not been any systemic analysis into such potential relationships, although his department has looked at previous shift

events and other possibly relevant factors (for operational shift changeover, whether a meal break has been achieved, the training opportunities afforded those staff who only work nights, etc) in particular cases. Gary also reported that a profile analysis had been proposed to consider the impact of working patterns and is now trying to develop this with CARU (the research arm of the LAS).
GB added that complaints about staff being intimidating or aggressive sometimes occur where the staff have deemed it appropriate to be assertive, for example to persuade a patient to control their breathing in the event of an anxiety attack.

### 4.7 PATIENTS SAFETY IN UK AMBULANCES PROJECT

Noted that Mike Smyth, Clinical Instructor with West Midlands Ambulance Service) will address the May meeting of the LAS patients' forum and that details of the project can be seen on:
http://www.netscc.ac.uk/hsdr/files/project/SDO_PRO_10-1008-12_V02.pdf

### 4.8 COMMAND POINT

Noted that CommandPoint, the new 999 computer system was introduced on Wednesday 28 March with a plan to keep it live permanently. The decision to go ahead was taken after successful live tests with CommandPoint on three separate occasions over the last few weeks. 999 calls were closely monitored to ensure seriously ill and injured patients continue to receive a fast response. A briefing on CommandPoint dated April 10th 2012 from Angie Patton had stated:

> "We've been operating on CommandPoint successfully for almost two weeks now. Certainly during the first week, demand on the service was very high, and staff are still getting used to the system. However, our response times to Category A patients have been better than we expected as have our call answering times. And to date, there have been no clinical issues identified."

### 4.9 HOSPITAL TURNAROUND TIMES AND PERFORMANCE

Noted that Neil Kennett Brown, LAS commissioner, has provided the following information which will be available to members at the next meeting.

- 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)

Neil reported that data is now provided by all London acute trusts on a daily basis via an on-line portal. There are currently six trusts with major problems with turnaround times, but there is a 25% improvement in performance overall. The issue has been discussed with the SHA at a meeting attended by Ruth Carnal, the Chief Executive.

Problem trusts: King's, Lewisham, Barnet/Chase Farm, Northwick Park, South London Healthcare and Barking, Hovering and Red bridge University Hospitals.

Whipp's Cross which was poorly performing has now recovered its performance. Where turnaround times are in excess of one hour a serious incident is declared and data sent to NHS London and there are penalties for the Trust.

## 4.10 INTRODUCTION OF 111

**Noted that Sue Watkins, LAS Operations Manager will update the Forum on possible delays in response to Cat A calls as a result of the introduction of 111.** The Forum was concerned that sub-optimal, poorly governed 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.

## 4.11 MANAGEMENT OF PAIN

- Fionna Moore, Medical Director of the LAS, has invited forum members to contribute to a protocol on how to manage people who are in pain.
- **Kathy West will report back to the Forum.**

## 4.12 USE OF CAGE AMBULANCES TO TRANSPORT PATIENTS WHO HAVE BEEN SECTIONED

Noted that the Forum had received information that patients on Sections of the MHA are sometimes transferred using 'cage ambulances'. Information has been requested from King's College Hospital and the following FOI has been sent to all mental health trusts in London. The issue has been raised with Mind the mental health charity.

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?

## 4.13 DETERMINATION OF DEATH

Noted that a request had been put to David Whitmore, adviser to the Medical Director of the LAS about the action to be taken by a paramedic following a death. DW had confirmed that a checklist must be followed and completed every time a member of LAS Staff verifies the fact of death (this is also referred to as recognition of life extinct). This is different from the completion of a Medical Certificate of Cause of Death (MCCD), which essentially can only be completed by a doctor on the GMC Register. (There is also a Neo-Natal Death Certificate, and a Still Birth Death Certificate. A death is reported to the Coroner when:

- after a fatal accident or injury

- following an industrial disease
- during a surgical operation
- before recovery from an anaesthetic
- if the cause of death is unknown
- if the death was violent or unnatural - for example, suicide, accident or drug or alcohol overdose
- if the death was sudden and unexplained - for instance, a sudden infant death (cot death)

In addition to this, if the deceased was not seen by the doctor issuing the medical certificate after he or she died, or during the 14 days before the death, the death must be reported to the coroner. There have often been problems arising if someone moves a body that has been verified as dead. (All bodies in a public place fall under the jurisdiction of HM Coroner. Deaths in a private place / hospital / hospice etc… (with the exception of those scenarios above - do not).

**5.0 The Chair's Report was received.**

**6.0 IS HEALTHWATCH UP TO THE JOB?**

6.1 Malcolm Alexander briefed the Forum on the development of Heathwatch and **his slides are attached.**

**6.2 Methods of reviewing services**. Members reported on work by LINks in Kingston where Rate Our Service is being successfully used to collect patient's comments and opinions, and Southwark where Patient Opinion is used to generate feedback from patients on the South London and Maudsley Trust – King's does not currently participate. Members were also encouraged to join patient participation groups at their GPs surgeries.

**7.0 Review of LAS Governance**

7.1 Noted that Barry Silverman and Sister Josephine had attended a meeting set up by KPMG to involve service users in a review of the governance mechanisms of the LAS in relation to their objective of becoming a Foundation Trust. The session was recorded but no report produced. Noted that the LAS expect to become a FT by January 2013; their previous application having been rejected because of their financial position.

**8.0 Performance – Cat A**

8.1 Noted that the Cat A performance (75% of life threatened patients receive an ambulance service within 8 minutes) was poor in February 2012. Performance should always be above 73% and if performance is below 73% for three months, a recovery plan is instituted. At March 31st 2012 performance was at 76%.

**9.0 Cat C performance targets - non-life threatened patients:**

- C1 - 20 minutes
- C2 - 30 minutes
- C3 Hear and Treat
- C4 Hear and Treat

9.1 The focus of targets is moving towards outcomes. The key areas (dashboard targets) are heart attack survival, stroke survival and recontact rates.

**10.0 End of Life Care**

10.1 Noted that the LAS has published their clinical audit of 'end of life care'. Noted that Angela Cross-Durrant (Healthwatch Kingston) asked for a number of questions about end of life care to be put to the LAS, and MA had submitted these to David Whitmore.

**11.0 LAS Staff Survey**

11.1 Agreed to ask the LAS to speak to the Forum about the staff survey results at a future Forum meeting.

**12.0 Bullying and Harassment**

12.1 Noted that this matter had been subject of an investigation by the Healthcare Commission in 2005. See also: **http://www.employment-studies.co.uk/pdflibrary/mp59.pdf**

**13.0 The meeting closed at 7.30pm**