

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Minutes of the meeting held on WEDNESDAY DEC 16th 2015

ATTENDANCE: Forum Members

Alena Pankhurst - Richmond
Angela Cross-Durrant –Kingston - **Vice Chair**
Arif Mehmood– Newham
Audrey Lucas - Enfield
Barry Hills
Barry Silverman – Southwark
Carl Curtis –Southwark
Caroline Ferguson - Southwark
Christine Kenworthy – Kent
Chris Willson – City of London
Clover Clow - Havering
Graeme Crawford – Healthwatch Ealing
Graham Mandelli - Lewisham
Harbhajan Singh – Elderly Watch, Bexley and Greenwich
Helen Ogunmuyiwa - Southwark
Inez Taylor – Southwark
John Larkin – Barnet – **Company Secretary**
Joseph Healy – Southwark - Forum President
Kathy West – Southwark
Louisa Roberts - Tower Hamlets
Lucas Hawkes-Frost
Lynn Strother – City of London HW and Forum Executive Committee
Malcolm Alexander – **Forum Chair** and Healthwatch Hackney
Maurice Hoffman - Brent
Michael English – Healthwatch Lambeth
Natalie Teich – Healthwatch Islington
Nigel Maxwell-Smith – Berkshire
Pat Duke – Southwark
Rashid Ali Laher – Kingston Healthwatch
Richard Rees - Southwark
Robin Kenworthy – Kent
Sara Carnaby– Wandsworth
Satish Desai – Selsdon Park Medical Practice - Croydon

Sister Josephine – Croydon – **Vice Chair**
Solomon Agutu – Croydon, Head of Democratic Services & Scrutiny
Tom Sullivan
Tom Yelland - Kingston

LAS REPRESENTATIVE & SPEAKER:
Zoe Packman, Director of Nursing and Quality

APOLOGIES:

Alhajie Alhussaine – Lambeth
Anthony John – Tower Hamlets
Catherine Gustaffe - Southwark
Edith Okparaocha – Southwark
Harbans Chahal – Redbridge
Janet Marriott – Richmond/Hounslow
Kay Winn-Cannon – Healthwatch Waltham Forest
Margaret Luce - Head of Patient & Public Involvement
Mike Roberts – Hampshire Healthwatch

1.0 MINUTES OF THE MEETING HELD OCTOBER 14TH 2015

1.1 Minutes were agreed a correct record, except: para 3.2. Should say that 80% of those with sickle cell disorders in the England, live in London.

2.0 MATTERS ARISING

2.1 **Defibrillators:** Robin Kenworthy reported that in Kent, schools were actively installing defibs with the support of 'parent teacher associations'. Training for school children in use of defibs and CPR is also being encouraged. Robin said that currently VAT is charged on defibs and he suggested a campaign to stop the charge of VAT. He also reported that funding is available for defibs from the government via the British Heart Foundation.

2.1 Tom Yelland reported that he works for Sainsburys (which refuses to install defibs) and had raised the issue about installation in stores with them.

2.2 Barry Silverman suggested raising the issues of installation of defibs in the community with Dr Marc Rowland, Co-Chair of the Primary Care Transformation Board

2.3 **Ambulance Queues Outside A&E.** Noted that hundreds of hours of clinical care were being lost every month because ambulances are queuing outside of many London hospitals. Noted that Northwick Park was the worst offender in

London for ambulance queuing. Agreed that members would write to Professor Willetts to complain about the impact of ambulance queuing on the effectiveness of the ambulance service (letter attached). Fourteen members agreed to write (response attached).

ACTION: Executive Committee to plan campaign to eradicate ambulance queuing in 2016 and include: close monitoring of ambulance waits; an action plan; advise candidates who stand for London Mayor: formal letters to Boards of relevant acute Trusts; publication of queuing figures.

KEY ISSUE	DETAILS	ACTION
2.4- SICKLE CELL KEY PROBLEMS	<ul style="list-style-type: none"> -Time taken for ambulance to respond to a 999 call -Ensuring a reasonable waiting time for a person in significant pain -Improving pain management -Being treated as if you don't need pain control -Taken to the wrong hospital - not where you are usually treated -Being taken to a hospital well outside your area 	<p>These issues have been highlighted with Fenella Wrigley, Medical Director and with Elizabeth Ogunoye, Director of Quality and Nursing.</p> <p>The Commissioners have agreed to prioritise this issue.</p> <p>Arrange meeting between commissioners, SCS and Forum.</p>
Sickle cell STAFF TRAINING	Develop opportunities for people with SC to participate in staff training.	Raise with Margaret Luce, public involvement lead.
Sickle cell CARE PLANS	Promoting the use of SC passports or agreed care plans to improve clinical care. National Haemoglobinopathy Register could be used to assess quality of services and develop a system of providing care plans to those on the register.	<p>Discuss with SCS and Dr Anne Yardumian, Chair, UK FORUM ON HEAMOGLOBIN DISORDERS:</p> <hr/> <p>Meeting held with Jennifer Ogbata to discuss care plan pilot.</p>
Sickle cell PATIENT	Produce podcast using the experience of those who suffer sickle cell crises as a	Discuss with training section of the LAS

EXPERIENCE	training tool for staff.	
Sickle cell COMPLAINTS	LAS seeks to be open and transparent and welcomes complaints	Raise issue with the Patient Experience Department
Sickle cell SC WORKING GROUP	Establish SCS – LAS working group to optimise clinical practice and challenge the causes of stigma experienced by people with SC.	SCS and LAS to discuss and develop.
2.4- PATIENTS WITH LEARNING DISABILITIES	Members requested details of care provided by LAS to people with learning disabilities. PF to discuss with Zoe Packman, Dir of Quality and Nursing	Elizabeth Ogunoye asked to consider LAS CQUIN for improved care to patients with learning disabilities. Discussed with Zoe Packman who is very interested in focussing on this patient group.
2.5- STAFF SURVEY EQUALITY AND INCLUSION FAITH SUPPORT FOR STAFF	Tony Crabtree from HR asked for details of outcomes following action by the LAS to tackle the issues raised by staff. Also meet to discuss equality and inclusion, and faith support for staff	Meeting date proposed: January 22 nd .
2.6- COMPLAINTS	Elizabeth Ogunoye reported that a 'deep dive' into complaints is taking place and the results will be presented to the Clinical Quality Review Group. 2) Could LAS produce more information about how to make complaints when patients have had poor care?	Update requested from Gary Bassett and Elizabeth Ogunoye. Report awaited. 2) Raise need for publicity about making complaints to be produced with Zoe Packman, Director of Quality and Nursing. 3) Produced Forum leaflet for distribution to service users. Place on website
2.7- MEMBERS SURVEY	Natalie Teich has analysed results.	Response prepared of members proposals and will be presented to December Forum by Natalie. Completed.
2.8- LAS	Forum requested details of service improvements	Stuart Ide asked for update re: Review of progress at the end

PERFORMANCE – CQUINS (Commissioning for quality and innovation)	consequent upon the implementation of CQUINS, i.e. so that we can see how patient care is improving.	of Q3 (Oct-Dec), when the CQUINS have been operational. Discuss new CQUINS for 2016-7 at Dec meeting. Forum proposals include sickle cell care and care of people with learning disabilities.
2.9– FAITH ADVISER	Recommend that Harbhajan Singh be invited to become a lay faith adviser on the LAS Equality and Inclusion Committee.	Awaiting response from LAS and Harbhajan.
2.10 – FORUM MEETING 2015	Invite Dr Onkar Sahota, Chair of London Assembly Health Committee to December meeting at City Hall.	Dr Onkar Sahota, London Assembly, has agreed to speak at February 8 th 2016 meeting at LAS
2.11 – BARIATRIC CARE	Does LAS have adequate and appropriate ambulances in the fleet to provide the right care for bariatric patients? Is there specific and sufficient training re care and treatment of bariatric patients?	Zoe Packman asked to review complaint about bariatric care. Forum to seek more information about care provided from patients who have used service. Issue highlighted in the CQC report.
2.13 – DEFIBRILLATORS	Forum meeting with Mayor of Southwark and Southwark Diocese of the Catholic Church.	a) Update requested from Dora Dixon Fyle and the Southwark Diocese. b) Agreed to raise issue about VAT on defibs. d) Good Sam App being introduced to enable lay people and ambulances to respond better to cardiac arrest. e) Promote defibs and training in local schools.
2.14 – EQUALITY AND INCLUSION COMMITTEE-LAS	Kathy reported on the continuing failure of the Committee to consider the needs of people included within the scope of most protected categories of the	Resolution put to December Forum meeting. Attached.

	Equalities Act. Kathy and Malcolm would prepare a report on the failure of the LAS to address equality and inclusion issues. Questions were put to July LAS Board meeting.	
2.15 – EQUALITY AND INCLUSION PROMOTING PARAMEDIC CAREERS TO YOUNG PEOPLE	Agreed it is essential for the LAS to promote careers in the LAS through active strategic engagement with six- forms in schools.	Raised with Fionna Moore and Elizabeth Ogunoye. Raise with Margaret Luce and Tony Crabtree.
2.16 – HANDOVER WAITS AT A&E	a) Seek meeting with NHS England to discuss action to stop unacceptable waits. b) FOIs to all trust and CCGs with one hour plus waits requesting a copy of their Serious Incidents investigations into these waits. Request sent to Northwick Park.	a) Letter sent to Prof Keith Willett, NHS England, re long wait for patients in ambulances outside A&E departments. Response to Forum’s FOI to Northwick Park Hospital received and information being analysed before further action.

2.17 Equality and Diversity: Agreed that it is essential for the LAS to promote careers in the LAS through active strategic engagement with six-forms in schools. Raise with Margaret Luce and Tony Crabtree.

3.0 THE CQC REPORT - December 2015

3.1 Zoe introduced her report on the CQC inspection of the LAS. She said the inspection took place on: 1–5 and 17-18 June 2015 and unannounced on: 12, 17, 19 June. The CQC visit was a planned comprehensive inspection using their new methodology, designed to assess the provision of LAS emergency and urgent care (EUC) services provide by 1.4 million vehicle responses in 2014-15. Zoe said the EOC received 1.9 million 999 calls (average 5193 per day) 2014-15 and also provided patient transport services (approx. 115, 500 patient journeys 2014-15).

3.2 The CQC inspection was based on the following principles:

Safe: Are people protected from abuse and avoidable harm?

Effective: People's care and treatment must achieve good outcomes and promote a good quality of life, and is it evidence-based where possible

Caring: Staff involve and treat people with compassion, kindness, dignity and respect

Responsive: Services organised so that they meet people's needs

Well-led: Leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture

3.3 The CQC identified the following areas of good practice:

- Staff were caring and compassionate often in very difficult and distressing circumstances.
- The trust's intelligence conveyancing system to help prevent overload of ambulances at any particular hospital emergency department.
- Good levels of clinical advice provided to frontline staff from the trust's clinical hub.
- The percentage of cardiac patients receiving primary angioplasty was 95.8% against an England average of 80.7%.
- Good multi-disciplinary working with other providers at trust and frontline staff levels

3.4 Safety was not adequate in the following areas of service:

- Limited monitoring of safety performance. Under-reporting of incidents. Little evidence of learning from incidents or actions taken to improve safety.
- Shortage of paramedics which inhibited capacity to respond to calls.
- Levels of mandatory training were inconsistent. Training was affected by operational pressures.
- Equipment and vehicle checks were not always regularly carried out.
- No systems, checks or regular audits in place to ensure medicines removed from paramedic or general drug packs had been administered to patients.
- Serious concerns about how trust had been fulfilling responsibilities to deliver HART service to NARU spec, because of insufficient paramedics

3.5 How Effective is the LAS services?

- The LAS is ready to handle major disasters
- Response times for Red 1 and Red 2 Cat A calls was one of worst in country.
- LAS performed best in England for EOC call abandonment.
- EOC performed better than all ambulance trusts in time taken to answer calls.

- Proportion of emergency calls resolved by telephone advice best in England.
- LAS followed both National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical practice guidelines.
- LAS had effective relationships with acute emergency departments.

3.6 How Responsive?

- The LAS is dealing with an increasing number of emergency calls and action was being taken on long waiting times for ambulances.
- The service had limited specialist vehicles for obese or bariatric patients. New vehicles were being introduced.
- The call handling system allowed alerts to be recorded for frequent callers, patients with complex needs, and learning disabilities. But it was not effective and did not allow access to important information promptly.
- Limited opportunities for learning from complaints to improve the quality of the service in response.
- Very active Patients' Forum which regularly communicated concerns to Trust.

3.7 Is the LAS Well Led?

- Most ambulance staff were not clear about what the vision and strategy of the LAS is and are not engaged with it.
- There was no long term strategy for the EOC. The restructure of the EOC had not been managed well.
- There was a recognised issue with bullying and harassment and a perception of discrimination. An external report into bullying and harassment produced in November 2014 was only presented to the board in June 2015.
- Inconsistent oversight within emergency and urgent care and PTS management. (Patient Transport Service)
- Risks were not managed well and risk registers were not kept up to date.

EOC=EMERGENCY OPERATIONS CENTRE

3.8 Progress

- All risk registers updated
- Local risk registers updated
- HART and EOC risk registers reviewed and updated
- Ops restructure completed – will support local delivery
- Risk management awareness training in progress
- Additional 167 frontline staff responding to incidents
- Further 200 in training and supervision
- 175 more staff to join by end of Q3

- All frontline staff turnover has decreased from 15.1% in April 2015 to 13.6% in October 2015
- Frontline sickness is 6.5% compared to 6.9% at the same point last year
- 5,000 more patient facing vehicle hours per week than last year

3.9 LAS – Patients’ Forum Collaboration

- Support the Trust as a ‘critical friend’ on committees
- Support the Trust as lay members of a mock CQC inspection team
- Support the Quality Improvement Plan by aligning the Patient Forum work streams to the Quality Improvement Plan objectives and themes

3.10 Zoe’s Packman’s slides are attached.

3.11 QUESTIONS FROM MEMBERS – ANSWERS FROM ZOE PACKMAN

THIS IS WORK IN PROGRESS. ZOE WILL PROVIDE MORE DETAILED ANSWERS

Q: Harbijhan Singh asked for evidence that the LAS will take adequate steps to implement the changes the CQC have required

A: Zoe replied that the LAS were committed to change and will report monthly in the public domain on progress and provide information on website.

Q: Why hasn’t the Chair resigned in response to the poor CQC? assessment.

A: The Board of the LAS is being open and honest. The Chair is committed to leading the LAS to deal with all problems identified by the CQC.

MA said the Forum would invite the Chair of the LAS, Richard Hunt to address a future meeting of the Forum.

Q: Tom Yelland asked about the prospects for recruiting more students paramedics from London. He said the public had very high regard for the LAS, but paramedics are under very great pressure and stress and asked what the LAS will do about this problem.

Q: Audrey Lucas described London as unique in terms of its communities and cultures. She asked how staff morale can be raised and staff valued more?

Q: Angela Cross-Durrant said that the attitude of the LAS leadership has changed significantly over the past year, in terms of their response to the needs of staff, a significant change of culture and more effective leadership.

Q: Carl Curtis asked how the CQC check that significant progress has been made in response to their recommendations.

A: The CQC will return for spot checks and will produce a further report.

Q: Robin Kenworthy asked about arrangements for mutual aid with SECAMB bearing in mind the sharing of the M25 and Heathrow. He asked if the HART service is now fully staffed and trained and ready for major incidents?

Q: Graeme Crawford asked what the impact of Special Measures on the LAS would be bearing in mind that the LAS and TDA have been working together for some time?

A: The Trust Development Authority (TDA) will continue to work closely with the LAS to substantially improve performance.

Q: Sister Josephine asked to what extent the LAS relies on agency staff?

A: Very few agency staff are used.

Q: Joseph Healy asked how the Unions had responded to the CQC report. He said that paramedic pay was too low and wages in other organisations employing paramedics was much higher. Even ATOS pays paramedics more than the LAS. Housing in London is too expensive for people on paramedic wages. He suggested lobbying for higher pay for frontline staff and getting the support of the London Mayor and Dr Sahota.

Q: Tom Sullivan expressed concern about the cleanliness of ambulances. He said there is a lack of deep cleaning, most ambulances have equipment missing.

Q: Barry Silverman asked if the CQC inspected the 111 service?

A: The LAS 111 service was not inspected.

Q: Pat Duke asked why all staff have to wear uniforms, even if they do not do patient centred work?

A: Staff like wearing uniforms.

Q: Maurice Hoffman proposed that overview and scrutiny committees should have a much greater role in monitoring the LAS. He proposed greater lay involvement in the LAS, upgrading the PPI strategy, providing more support for staff and carrying out mock CQC inspections.

A: This objective is embedded in the work of the PPI Committee led by Margaret Luce.

Q: Kathy West welcomed the CQC report on the equality and diversity in the LAS. She said that the LAS had done outstanding work in relation to LGBT staff, but had virtually ignored staff and patients with other protected characteristics. She said that the LAS now has a real opportunity to serve the needs of all patients and staff, but the Equality and Inclusion Committee was failing to deal with people with most protected characteristics adequately. She said there is also a great need for staff to be trained about equality and inclusion issues. Kathy proposed the attached statement which was seconded by Sister Josephine. After discussion the resolution was accepted by the meeting.

Equality and Inclusion–Statement-Attached

A: Zoe Packman said she agreed with the Resolution. That her colleague Sandra Adams has now taken the Chair of the Equality and Inclusion Committee. She said there is now a BME and a Disability Forum. She said she would support the Forum's position on this issue and asked to be kept updated on any further problems on this issue. **Audrey Lucas asked if the Equality and Inclusion minutes can be placed on the Patients' Forum website.**

3.12 Zoe was thanked for her excellent presentation and agreed to keep the Forum informed of development with the CQC.

4.0 QUESTIONNAIRE FOR PATIENT'S FORUM MEMBERS

- 4.1 Natalie Teich reported on the results of the member's questionnaire (attached). She said members wanted:
- 4.2 Reports from Forum members to be provided in advance of meetings.
- 4.3 Opportunities to attend LAS committee meetings should be increased.
- 4.4 More influence in the planning of meetings and objectives of Forum.
- 4.5 More opportunities to speak at meetings.
- 4.6 The response of the Forum EC is attached and the questionnaire will be sent out again to those who have not commented yet.

5.0 The Meeting Finished at 7.30 pm.