

# PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

## MINUTES OF THE PATIENTS FORUM MEETING – MONDAY, FEBRUARY 13<sup>th</sup> 2017 ATTENDANCE: FORUM MEMBERS

Adrian Dodd – Waltham Forest – Healthwatch  
Angela Cross-Durrant – Kingston – Vice Chair  
Arif Mehmood – Newham  
Arthur Muwonge - Croydon  
Audrey Lucas – Enfield – Healthwatch – Executive Committee  
Barry Hills – Kent  
Catherine Gustaffe – Southwark  
Christine Kenworthy – Kent  
Colin Hill – Berkshire  
David Payne – Southwark  
Dov Gerber – Barnet  
Erin Cowhig Croft - Merton Healthwatch  
Florian Breitenbach - Lewisham  
Garner Bertrand - Newham  
Graham Mandelli – Lewisham  
Inez Taylor – Southwark  
Janet Marriott – Richmond  
John Larkin- Company Secretary  
Joseph Healy – Forum President  
Kathy West – Southwark – Executive Committee  
Lynn Strother – City of London Healthwatch  
Malcolm Alexander – Chair, Patients' Forum  
Mike Roberts – Rushmoor, Hampshire – Healthwatch  
Natalie Teich – Healthwatch – Islington  
Rashid Ali Laher – Healthwatch Kingston  
Robin Kenworthy – Kent  
Sean Hamilton - Greenwich  
Vic Hamilton - Greenwich

**LAS Speaker** - Trisha Bain, Chief Quality Officer, LAS  
**LAS Colleague** - Briony Sloper, Deputy Chief Quality Officer, LAS  
**LAS Commissioner's Representative** – Sharon Afful

## **APOLOGIES**

Alex Ankrah – Cabinet Office  
Anthony John – Tower Hamlets  
Barry Silverman – Tower Hamlets  
Graeme Crawford – Ealing – Healthwatch  
James Guest – Ealing Healthwatch  
Joss Bell – Socialist Health Association  
Louisa Roberts – Tower Hamlets  
Margaret Luce – Head of Patient & Public Involvement and Public Education  
Maria Nash - Barnet  
Michael English – Healthwatch Lambeth  
Pat Duke – Southwark  
Sally Easterbrook – African Advocacy Foundation  
Sister Josephine Udine – Croydon - Vice Chair  
Tom Yelland– Kingston and Red Cross  
Wendy Mead – City of London Corporation

**1.0 Minutes of January 9<sup>th</sup>2017** were agreed a correct record.

## **2.0 Matters Arising**

- 2.1** STP Impact on Urgent and Emergency Care – Data is being collected from each London CCG about the impact of cuts on the quality of services and evidence of and Equality Impact Assessment. Questions to CCGs attached. Agreed to send CCGs the Forum's strategy and priorities for 2017.
- 2.2** Outage – January 1<sup>st</sup> – Repeated requests answers to the Forum's questions have received no response from the LAS CE. Offer from LAS to observe investigation has been reneged on.
- 2.3** Kathy West drew attention to plans for outages to be used to test the LAS Command Point system.
- 2.4** Noted that the LAS CE is in post till a new CE is appointed in the next few months and appears to have a 'fire-fighting' role during the period of the CQC inspection. Trisha Bain agreed to raise with him, the lack of communication with the Forum despite promised to the contrary, i.e. that he would liaise effectively with the Forum and the public.

- 2.5** Defibrillators – Letter sent to Boots UK distributed regarding installation of defibs to all of their chemists. Boots refusing to install defibs unless paid for by other agencies. Agreed to continue campaign and contact MPs. Robin Kenworthy provided details of parliamentary Bill to require installation. Contact CQC re inspections of Boots re People should be cared for in safe and accessible surroundings that support their health and welfare (outcome 10)
- 2.6** CQC Inspection is continuing. Forum asked to provide six months collection of meetings minutes. Request made to CQC to attend the Summit when review is complete. Forum has provided a detailed report to the CQC on LAS progress since 2015.
- 2.7** Ambulance queuing: Noted publication of report by the Patients Association and Royal College of Emergency Medicine – “Time to Act – Urgent Care and A&E: the patient perspective [www.patients-association.org.uk/wp-content/uploads/2015/06/rcem-pa-report-time-to-act.pdf](http://www.patients-association.org.uk/wp-content/uploads/2015/06/rcem-pa-report-time-to-act.pdf)
- 2.8** LAS Clinical Strategy –noted the Forum has contributed to the development of the strategy, which has now been published. [www.patientsforumlas.net/uploads/6/6/0/6/6606397/lasclinicalstrategyv1.1.pdf](http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/lasclinicalstrategyv1.1.pdf). Agreed to distribute to all members and to work with the LAS on implementation of the strategy.

**PRESENTATION TO DR FIONNA MOORE**

**A PRESENTATION WAS MADE TO DR MOORE TO THANK HER FOR THE OUTSTANDING CONTRIBUTION SHE HAS MADE TO THE LAS OVER A PERIOD OF 20 YEARS. THE WORDING OF THE DOCUMENT CAN BE SEEN BELOW AND A PHOTOGRAPH ON THE FORUM WEBSITE.**

**<http://www.patientsforumlas.net/index.html>**

**3.0 Trisha Bain – Chief Quality Officer**

3.1 Slides will be distributed to members.

3.2 Trisha said that her role was to ensure a much greater focus on service Quality for LAS patients. She said that in the past finance had been a paramount focus for the LAS, but it is important for there to be an equal focus on quality and safety of care. She said that quality is everybody’s business and that this included an important role for patients and a recognition of the role of ‘human factors’ (capacity and requirements of staff). She referred to the leading work of Don Bewick

and his famous statement that “culture eats strategy for breakfast”.

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/226703/Berwick\\_Report.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf)

- 3.3 Referring to some of the other developments in quality improvement Trisha described the work of Nick Black who promotes the concept of high quality care that is safe, effective, humane, and equitable, whilst recognising that these dimensions are not always achievable. But a focus on education, regulation, and incentives can help to achieve the four goals, providing the people whose behaviour needs to change want to participate, i.e. not through bullying or force. Appropriate training of staff at all levels of the organisation is therefore essential.
- 3.4 Trisha said that the debate about quality also needed a more scientific basis and that the LAS needed to be a system leader in London on quality and safety issues.
- 3.5 Referring to the investigation of Serious Incidents (Sis) Trisha said that training of those doing the investigations was essential and that the investigations must be expanded to ensure SI, complaints, claims and inquest data is seen as a shared source of data on areas for service improvement and that every part of the LAS is supported and has the necessary resources to carry out effective investigations that lead to service improvements. This approach requires united leadership between the medical director, other clinicians and the leadership of the Trust (a quality triumvirate).
- 3.6 Referring to the LAS Quality Strategy recently approved by the Board, Trisha said that an implementation plan is needed. She said that lay/patients involvement in key committees where implementation is being led would be a great advantage to the LAS.
- 3.7 Trisha said that safety and quality in the LAS need to be integrated and consideration given to the development of a Safety Department
- 3.8 In reply to a question about the bringing together of key issues from complaints, serious incidents and implementing the statutory Duty of Candour, Trisha replied that a collaborative methodology is required which could include learning sets which could include both front line staff and patients and the public. She said the will to succeed must be built, capability needs to be improved and goals aligned.

[www.england.nhs.uk/wp-content/uploads/2015/01/clincl-rec-ambIncs.pdf](http://www.england.nhs.uk/wp-content/uploads/2015/01/clincl-rec-ambIncs.pdf)

- 3.9 Angela Cross-Durrant asked how front line staff would be engaged more fully in the development of the quality and safety agenda? Trisha replied that it is essential for front line staff to be fully engaged and that she is carrying out weekly visits to meet front line staff and discuss the quality development programme with them.
- 3.10 Kathy West asked how the inclusion and diversity work would continue if as planned, Melissa Berry left the LAS on March 31. Secondly, she asked how the quality of care was affected by pressure on staff to attend work when they are sick with colds and flu when they might potentially infect patients? Trisha said that a culture is needed which is responsive to staff and that bullying or harassment from managers or colleagues must be made completely unacceptable. She said that the Annual Staff survey showed real positive movement amongst front line staff and the leadership programme aims to link the top to bottom of the organisation. She hoped that Melissa's contract would be extended so that she can carry on with the development of the Workforce Race Equality Standard work. She agreed to report back on this issue.
- 3.11 Briony Sloper said that the culture which penalizes staff for being sick has changed. She said that instead supportive conversations should take place to resolve the situation. Staff should not be 'told off'.
- 3.12 Robin Kenworthy asked how the LAS was working with A&E departments to deal with the problem of patients spending long periods of time in ambulances or on trolleys in A&E potentially causing harm and distress? Briony replied that creative responses are needed and that the LAS is meeting with NHS Trusts to resolve this problem and they are daily phone conference including the LAS to find rapid solutions to queuing problems. Visits are also taking place to A&E departments e.g. Northwick Park and there is a special focus on pressure sores and dehydration. She said effective clinical pathways are needed not blame and that the LAS is also working with STPs to achieve the desired changes. She added that North East London STPs are have adopted changes in attitude and approach as a result of the LAS approach.
- 3.13 Angela asked what training managers get to ensure they properly support front line staff? Trisha replied that a great deal of work had been done but that external resources will be needed to ensure that human factors are fully taken into account in front line management.

- 3.14 Mike Roberts asked how the outcomes of quality standards will be measured? He said that local government has been crucified, there is no more money in the budget and it is expected that the Chancellor's March budget will yield no more money. Trisha replied that this will require closer work with A&E departments, GPs who work in casualty and local government. She added that the biggest issue is that social care has not got adequate resources and is unlikely to improve and this will have an effect on the LAS ability to discharge patients at A&E.
- 3.15 Rashid Ali said that the Forum wanted to work with the Trisha Bain and her colleagues as a stakeholder.
- 3.16 Malcolm asked what steps were being taken to ensure that the LAS learns from serious incidents and complaints. Briony replied that Family Liaison Officers assist families when a patient or relative has suffered serious harm or when a death has occurred. Feedback is also sought from patients who make complaints but there is little response to requests for feedback. People who have experienced serious events are also invited to meet the LAS Board to share their experience and hopefully to receive feedback from the Board on consequent changes and improvements to services. Briony added that in relation to complaints and serious incidents that the LAS systematically attempts to learn lessons and seek closure.
- 3.17 Dov Gerber asked if data is available demonstrating that complaints have been upheld, what the outcomes and results were and what evidence there is that complaints are taken seriously. Briony replied that complaints are registered as upheld or not-upheld and this data is provided to NHS Digital (Health and Social Care Information Centre is now called). The LAS responds to all complaints usually within 35 days, but does not advise the person complaining that the complaint has been upheld (or not). She added that the LAS is now much less defensive than previously. Dov proposed that in future and upheld complaint should begin with a statement to that effect.  
<http://content.digital.nhs.uk/catalogue/PUB20940/data-writ-comp-nhs-2015-2016-Q4-rep.pdf> (NHS Digital data on ambulance services).
- 3.18 Angela proposed an assessment of the language used in response to complaints and whether the current approach suggests a particular attitude towards complainants. She added that in her experience of

dealing with complaints that the language used can have a significant impact on the response of the complainant.

- 3.19 Audrey Lucas said that it is essential that learning from complaints can be demonstrated and that this is visible to the complainant.
- 3.20 Trisha Bain agreed that it is important to examine how the LAS responds to complaints and that learning from them is essential. She added that resolving issues quickly is essential.
- 3.21 Mike Roberts asked how the LAS learns from other ambulance services, e.g. South East Coast AS? Trisha agreed that learning from other AS would be a very positive approach.
- 3.22 Kathy West suggested that the LAS website could be massively improved. She said language and typeface needs to be more accessible on the complaints section and it is difficult for people with disabilities to access the service. E.g. help for people with learning disabilities is through the section for people who speak other languages.

[www.londonambulance.nhs.uk/talking\\_with\\_us/enquiries,\\_feedback\\_and\\_compla.aspx](http://www.londonambulance.nhs.uk/talking_with_us/enquiries,_feedback_and_compla.aspx)

- 3.23 Jan Marriott proposed use of video's which tell patients stories in their own words. She said that this approach is transformative and much better than written reports.

**3.24 Trisha Bain was thanked for her excellent presentation and agreed to send her slides to Malcolm**

**4.0 MEMBERS REPORTS**

- 4.1 Mental health committee report from the Forum representative Kathy West was received.

- 4.2 Cat C target revision.** Noted that the LAS had changed its Cat C target, which gave the appearance that compliance was much higher than it was in practice. Matter raised with the LAS, who responded that the change was due to increased pressure on the service. The matter was raised with the Commissioners who were unaware of the change and requested confirmation data from the Forum which has been provided.

- 4.3 Members questioned how long patients waited for a Cat A response, where the ambulance arrived after 19 minutes (the tail) and what the clinical outcome was for patients who experience delay due to an extended waiting time. Members also asked how Cat A targets are defined in relation to responses where a member of the public uses a defibrillator before the LAS arrives and in cases where community responders arrive before the LAS.
- 4.3 **Equality and diversity in the LAS.** A meeting has been requested with Melissa Berry and Mark Hirst regarding progress with E&D in the LAS and a response is awaited.
- 4.4 **Sickle Cell – improving care.** Noted that joint work between the LAS and people with sickle cell is continuing and that two focus groups have been held with the Merton Sickle Cell Group.
- 4.5 **Questions to the Board – January 31<sup>st</sup> 2017 –** A response to the Forum’s questions are awaited. Noted that Question 4 regarding the outage had been removed before the questions were submitted to the Board. Agreed to arrange a meeting with the Chair of the LAS Board, Heather Lawrence.
- 4.6 **Priorities for diabetic care –** Noted that a meeting has taken place between the LAS, Diabetes UK and the Forum. A report will be produced and further discussion to implement the recommendations from people who have type one diabetes.
- 4.7 **Meeting with Elizabeth Ogunoye.** The report was noted.
- 5.0 **The meeting finished at 7.30pm**





*Dr*

*Fionna Moore*

*The Patients' Forum*

*expresses its deepest*

*appreciation to*

*Dr Fionna Moore* for her

*great contribution as*

*Chief Executive, former*

*Medical Director and*

*adviser to the London  
Ambulance Service for  
over 20 years.*

*We value the way in which  
Dr Moore, in a highly  
professional way, has*

*collaborated with and  
empowered the Patients' Forum  
to be the LAS's critical  
friend on behalf of service  
users. She has listened to and  
responded positively to patients'  
and families' concerns brought*

to the LAS's attention by the  
Forum.

We applaud the way Dr  
Moore has always striven to  
be open, honest, creative and  
realistic, in the way in which  
she has responded to our

*concerns regarding urgent and  
emergency care.*

*Members of the **Forum** thank  
**Dr Moore** for the many  
timely and influential  
interventions she has made to*

*ensure the Forum's messages are heard and acted upon.*

*We express **special thanks** for her most effective support for the Forum's defibrillator campaign and our campaigns regarding the care of patients*

*with sickle cell disorders,  
people requiring mental health  
care, those with dementia and  
others who have the need for  
end of life care.*

*The **Forum** recognises and  
appreciates the time she has*



*given to meet Forum members,  
to address Forum meetings, and  
to respond to questions and  
requests from the Forum.*

*Dr Fionna Moore has  
always commanded the Forum's  
greatest respect.*

*We wish her the very best for  
the future and hope that she  
will play a continuing role in  
the development of urgent and  
emergency care services for  
London.*

*Presented this 13<sup>th</sup> Day of  
February, 2017*

*Signed on behalf of the Forum  
by:*

*Forum President – Dr Joseph  
Healy,*

*Chair – Malcolm*

*Alexander,*

*Vice Chair – Sister Josephine*

*Udie,*

*Vice Chair – Angela Cross –*

*Durrant,*

*Executive Committee – Audrey*

*Lucas*

*Executive Committee - Kathy*

*West*

*Executive Committee - Lynn*

*Strother*

*Company Secretary - John*

*Larkin*

