

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

MINUTES OF MEETING: Monday – JUNE 9th 2014 CONFERENCE ROOM, LONDON AMBULANCE SERVICE

1.0 ATTENDENCE : Forum Members and Visitors
Angela Cross-Durrant – Vice Chair - Kingston Barry Silverman – Southwark Catherine Gustaffe – Southwark Clarissa Roche-Caton – Hackney Inez Taylor – Southwark Janet Marriott - Richmond/Hounslow John Larkin - Company Secretary Kathy West – Southwark Kay Winn-Cannon - Waltham Forest Leslie Robertson – Merton Louisa Roberts - Tower Hamlets Lyne Strother – Richmond Malcolm Alexander – Chair - Hackney Martin Saunders – Southwark Michael English – Lambeth Robin Kenworthy – Kent
GUEST SPEAKERS MICHAEL GUTHRIE, Director of Policy and Standards, HCPC JOHN DONAGHY, Council Member of the HCPC and lecturer in paramedic studies EDWARD TYNAN, Policy Officer, HCPC
LAS – PATRICK BILLUPS
LAS COMMISSIONER: MARK DOCHERTY
APOLOGIES Alhajie Alhussaine – Lambeth Andrew John - Tower Hamlets David Burbidge – Tower Hamlets David Payne – Southwark Joseph Healy – Southwark Margaret Luce- LAS Public Involvement Manager Maria Nash – Barnet Natalie Teich – Islington Pat Duke – Southwark Rashid Ali Laher - Kingston Sister Josephine – Vice Chair – Croydon Val Fulcher – Lewisham Vichy Harihara – Barnet

2.0 MINUTES OF MEETING HELD MAY 12th 2014

Minutes of the meeting held MAY 12th were agreed a correct record.

3.0 MATTERS ARISING AND ACTION LOG

Malcolm Alexander thanked Margaret Luce, Ruth Haines and Beverley Bryant for providing photocopies for the Forum documents for the Forum meeting, and for providing the room and refreshments for the meeting.

3.1 DEMENTIA CHAMPIONS

Steve Lennox said that the LAS is planning to incorporate dementia work in their mental health plan for 2014/5, but had struggled in the past to identify areas for improvement. He said that MH training is reflected in the CQUIN (additional payments for improved services) although it is not specific in relation to dementia care. SL said that Kuda is keen to appoint some dementia champions and has some people lined up for the role. The mental health action plan is awaiting approval.

Agreed to discuss progress with Kudakwashe Dimbi, the LAS Clinical Adviser for mental health.

http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a3-dementia_champions_-_las_-_steve_lennox_-_april_30_-_20140001_copy.pdf

3.2 CAGED AMBULANCES

MA reported that Robert McFarland, Chair of the LAS Quality Committee had written to the Forum stating the QC felt reassured that patients with serious mental health problems are being transported in vehicles which preserves their dignity and comfort and avoids the stigma of being in a police "cage" while still ensuring that the transfer is secure and safe for patient and staff. He said that these transfers are planned and are never used for emergency transfers. He added that for emergency transfers ambulances are used, sometimes with police assistance. If a patient is violent they are transported in a police vehicle.

Agreed to request sight and access to vehicles used for the transport of mental health patients (discuss with head of PTS).

http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a4-caged_ambulances-april_30_-_2014--quality0001_copy.pdf

3.3 DEFIBRILLATORS

3.4 Agreed to contact CCG to enquire about the roll out of defibrillators to all GP surgeries in London.

3.5 Contact made with all Local Pharmaceutical Committees in London asking them to encourage pharmacists to install defibrillators and train staff in their use.

3.6 Robin Kenworthy asked what arrangements were being made about insurance cover for people who operate defibrillators.

3.7 Lynn Strother agreed to raise the issue of extending the range of access to defibrillators with the General Pharmaceutical Council.

3.8 Richard Hunt had reported to the Forum that an LAS project called Shockingly Easy had been set up to promote the distribution of defibrillators and training to wider number of shops, pharmacists, GPs etc.
See: <http://tinyurl.com/oxnysg6>

3.9	MENTAL HEALTH CARE - LAS	<p>Forum has emphasized to LAS MH Committee the need for effective training for all front line staff in mental health diagnosis and care.</p> <p>-Evidence requested that e-learning packages are effective.</p> <p>-Information requested on the extent of 'mental capacity training</p>	<p>Minutes awaited from LAS MH committee for formal response. Kuda has already given detailed response.</p>
3.10	Cat C PERFORMANCE	<p>Concern raised about compliance with contractual Category C targets:</p> <p>C1 – Reached patient within 20 minutes – 72.88%</p> <p>C2 – Reached patient within 30 minutes – 66.88%</p> <p>TARGET: C1 – 90% within 20 minutes, 99% in 45 minutes (from Clock Start)</p> <p>TARGET: C2 – 90% within 30 minutes, 99%</p>	<p>Forum's concern included in response to LAS Strategy document and forms part of response to the LAS Quality Account.</p> <p>Issue with LAS Commissioners and also raised with City and Hackney Urgent Care Board.</p> <p>Also to be raised in other Urgent Care Boards across London. Contact details to be obtained from Simon Wheldon: sweldon@nhs.net</p>

		in 60 minutes (from Clock Start)	
3.11	LONDON'S 111 SERVICE	<p>-National launch of 111 service. Request to Niall Mc Dermott for information about launch. Follow up awaited from 111 leads at NHSE.</p> <p>Performance of Beckenham and Southall 111 services to be compared. Leslie and Malcolm to compare data.</p> <p>Invite Dr Sam Shah to speak at December 8th meeting of development of 111 service in London</p>	<p>"Will forward your email to colleagues who are and ask them to respond to you direct. Happy to help if no reply by (23 May)". Niall McDermott, Programme Manager: Urgent and Emergency Care Review, NHS England.</p> <p>Visit to be arranged to Beckenham to learn about progress since last visit.</p> <p>Barry Silverman to invite Dr Sam Shah to December meeting</p>
3.12	HANDOVER DATA–TRANSFER OF PATIENTS FROM AMBULANCE TO A&E – JOINT MONITORING	<p>Send monthly handover data from the LAS commissioners to each Local Healthwatch in London so that they can take up any issues locally.</p> <p>Participate in joint visit to London's A&E departments to observe the process of patient handover from the LAS to the A&E clinicians.</p>	<p>In progress</p> <p>Final reports and recommendations awaited from Mark Docherty</p>
3.13	LONDON'S COMMISSIONERS – 7 GROUPS	<ul style="list-style-type: none"> Request contact details from Mark Docherty. 	HAPIA directory in progress re London commissioners
3.14	JANE CHALMERS - ANNUAL STAFF SURVEY -	<p>Enquire from the Metropolitan Police whether they had developed strategies to promote recruitment within London. Invite a recruitment lead from the MPS to a Forum meeting.</p> <p>Ask LAS if they recruited through job centres.</p>	<p>Contact made with Robin Wilkinson, Director of Human Resources, Metropolitan Police. Phone to get more information.</p> <p>Information awaited from Tony Crabtree, HR, LAS</p> <p>1) How many Paramedics and A&E Support workers are you currently recruiting 2) Where are you advertising</p>

			<p>jobs?</p> <p>3) Do you recruit A&E Support Workers through job centres?</p> <p>4) Do you target universities and schools for recruitment?</p>
3.15	SHIFT WORK	Robin K reported that South East Coast Ambulance service had shortened shifts, introduced greater flexibility and included meal breaks into shift patterns.	RK to provide more information and Forum to discuss with LAS
3.16	CQSEC REPORT	<ul style="list-style-type: none"> Request information on quality audit of calls to the LAS. 	<ul style="list-style-type: none"> Information requested from Sue Watkins, AOM, LAS. Will discuss with Lynn Sugg and Sue Watkins, AOMs
3.17	KING'S COLLEGE HOSPITAL RE MENTAL HEALTH CARE	<ul style="list-style-type: none"> Highlight importance of de-escalation training for front line staff in A&E Inquire whether security guards were being used appropriately in relation to distressed patients in King's wards. Discuss with King's carrying out a survey of mental health patients who had received care in the A&E Monitor development of King's A&E MH service Consider how other A&E mental health service could be monitored. 	<p>Jessica Bush at King's contacted re patient survey and very happy to collaborate with Forum.</p> <p>Jubilee Wing of Kings subject to PFI restrictions which may be causing delay in moving clinic to make way for new access to casualty.</p> <p>Discussed with Briony Sloper, manager of King's A&E. Letter received from Nick Dawe, Chief Operating Officer of the Maudsley offering to address the Forum on progress with development of MH facilities at King's – Maudsley. MA to follow up letter and if necessary arrange meeting.</p>
3.18	MAJOR LAS SYSTEM BREAKDOWN OVER XMAS		Response awaited re outcome of Serious Incident report from Jason Killens and LAS Board.
3.19	CQC Visit to the LAS Asked CQC Inspector for explanation of areas of their report that are not consistent with performance and staffing. Asked CQC for		Raised issue with James Titcombe, National Advisor on Patient Safety, Culture & Quality, CQC. Meeting to be

	response to the Forum's CQC focussed report. No reply from Inspector to two requests.	arranged with Regional Director of CQC.
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4.0 OUTCOME OF HCPC CONSULTATION ON REVISED PROFESSION-SPECIFIC STANDARDS OF PROFICIENCY FOR PARAMEDICS

4.1 The Chair welcomed colleagues from the HCPC to the meeting:

- MICHAEL GUTHRIE, Director of Policy and Standards, HCPC
- JOHN DONAGHY, Council Member HCPC lecturer in paramedic studies
- EDWARD TYNAN, Policy Officer, HCPC

The Forum responded to the HCPC consultation and wishes to continue the dialogue with the HCPC concerning the professional standard of proficiency for paramedics.

http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a5-paramedic_profession_consultation-january_31_-_2014-response-ma_copy.pdf

4.2 Members raised the following questions:

Qu 1: Angela Cross-Durrant asked about the changes that respondents to the consultation wanted? – see below.

Qu 2: Lynn Strother asked how many paramedics are registered and how many people responded? – see below.

Qu 3: Kathy West asked how the HCPC ensure that good practice is implemented?

Qu 4: Kay Winn-Cannon asked how the use of social media would add value and how the HCPC will ensure that patients rights are not breached?

- A) Assurances were given that professional standards would ensure that patient confidentiality would not be breached.

Qu 5: Robin asked about the scope of HCPC regulation?

- A) HCPC regulate practitioners, not service providers and HCPC departments are generic not profession specific. The scope of practice may change over time and through the career of the practitioner, and practitioners sign a declaration that they will always meet standards. The HCPC have to make sure processes are effective, including the involvement of lay people in Fitness to Practise Panels

<http://www.hpc-uk.org/aboutus/partners/panelmembers/>

Qu 6: Angela asked what action the LAS is taking about the allegations of misconduct concerning paramedic exams?

- A) There is an LAS internal investigation and the matter will be referred if necessary to the HCPC Director of Fitness to Practise, Kelly Holder.

Qu 7: Barry Silverman asked under what conditions registration might be refused?

- A) Includes character, health, appropriate management of health conditions, disabilities, competence in managing professional duties. There is no prescribed list. Departure from reasonable conditions of registration can result in sanctions or removal from the register.

Qu 8: Malcolm asked if the HCPC have a policy to regulate A&E support workers and technicians?

- A) There is a proposal for a negative registration scheme for adult social care workers in England, which if implemented may be extended to A&E support workers and technicians. Further details on these proposals can be found: www.hcpc-uk.org/aboutregistration/aspirantgroups/adultsocialcareworkersinengland/ The proposals were referred to in the response to the House of Commons Select Committee report 2014. www.hcpc-uk.org/mediaandevents/statements/healthselect2014/

Qu 9: Who determines the professional standard required of A&E support workers and technicians, i.e. those not registered with the HCPC?

- A) The employer, e.g. the LAS.

Qu 10: Kathy asked who had the right to raise issues with the HCPC and give evidence in Fitness to Practise hearing?

- A) Service users, patients, self-reporting, colleagues, police officers anyone with a concern.

Qu 11: What are the fees paid by registered professionals?

- A) The registration fee for the two year registration cycle is **£160** (£80 per year). The Government plans to introduce legislation which will require HCPC registrants to have appropriate professional indemnity arrangements in place as a condition of their registration, will not now happen until at least July 2014. Once in place, and when the relevant changes to the HCPC rules have been made, the HCPC will start asking registrants to confirm that they meet the requirement by making a declaration each time they renew their registration.

4.3 The following key points were made during the presentations:

- a) The HCPC is the independent UK statutory regulator set up to protect the public. A Register is maintained of 16 health and care professionals who meet HCPC standards for their training, professional skills, behaviour and health. The HCPC has a completely separate role from professional bodies and trade unions

- b) The consultation (October to January 2014) was intended to look at the next steps for revised standards of proficiency for paramedics and to review of standards of conduct, performance and ethics. Key issues examined included:
- Threshold standards for entry to Register
 - Approval education and training programmes
 - Promoting safe and effective practice
 - Generic and profession-specific requirements
 - Appropriate expectations, skills and knowledge
 - There were 142 responses - 116 (82%) from individuals and 26 (18%) from organisations
- c) The HCPC is informed in its paramedic work by the College of Paramedics. There are 20,000 paramedics in the UK.
- d) Standards of proficiency for all 16 professions are regularly reviewed to:
- reflect current practice or changes in the scope of practice of each profession;
 - update language where needed to ensure it is relevant to the practice of each profession and to reflect current terminology;
 - clarify intentions of existing standards and correct omissions and duplication
- e) The following tests were considered in deciding whether HCPC should make suggested changes or amendments:
- Is the standard necessary for safe and effective practice?
 - Is the standard set at the threshold level for entry to the Register?
 - Does the standard reflect existing requirements for paramedics on entry into the profession?
 - Does the standard reflect existing education and training?
 - Is the standard written in a broad and flexible way so that it can apply to the different environments in which paramedics might practise or the different groups that they might work with?
- f) Changes to the standards as a result of consultation
- Use of profession-specific terminology in the standards
 - Acknowledgement of the unpredictable situations, cases and environments paramedics work in.
 - Emphasis on knowledge, expertise, review and reflection to improve patient care and outcomes
 - Enhancing 'scope' of operational relationships between paramedics and other health and care professionals
- g) Next steps for revised standards of proficiency for paramedics
- July 2nd 2014 HCPC meeting scheduled to approve proposed standards.
 - September 2014 revised standards to be published
 - Revised standards phased in with education providers over coming years
 - Ethical expectations and a framework for ethical decision making to be set for all registrants
 - <https://www.hpc-uk.org/assets/documents/10004704Enc06-Resultsofprofessionspecificstandardsproficiencyconsultationforparamedics.pdf>

- h) Review of the standards of conduct, performance and ethics
 - Phase one: research, workshops and events with a range of stakeholders
 - Phase two: professional liaison group
 - Phase three: a public consultation
 - Revised standards published in January 2016

- i) Themes to be considered. In review
 - Collaborative approach to care
 - Accessibility of standards
 - Reporting to concerns
 - Duty of candour
 - Leadership and managerial responsibility
 - Inter-professional working
 - Professional conduct
 - Infection and risk control

- j) Interactions with the public?
 - The HCPC have a Professional Liaison Group which is 50% lay.
 - There are user groups to develop specific standards, e.g. learning difficulties, cancer.
 - Focus on accessibility of language used by the HCPC to communicate with the public.

4.4 THANK YOU TO SPEAKERS

Michael Guthrie, John Donaghy and Edward Tynan were thanked for their excellent presentations and contribution to the meeting. It was agreed to invite them back early in 2015 to discuss the review of standards of conduct, performance and ethics

5.0 QUALITY ACCOUNT FOR THE LONDON AMBULANCE SERVICE

5.1 Members agreed the Forum's contribution to the QA with the following amendments:

5.2 Coordinate my Care: Important to emphasise that Coordinate my Care is led by the Royal Marsden, not the LAS. In addition it was noted that take up varies across boroughs, e.g. there is a significant difference between use of the service in Sutton and Lambeth/Southwark.

We RECOMMEND that the LAS works closely with the Royal Marsden Hospital and CCGs to enable a far greater number of people to access appropriate care through CoOrdinate My Care (CmC). The LAS in collaboration with the Royal Marsden and CCGs should publish examples of good practice in 'end of life care' for front line staff, together with evidence of outcomes showing the effectiveness of appropriate and compassionate care for these patients.

6.0 PUBLIC INVOLVEMENT STRATEGY

6.1 Noted that the LAS had held an excellent public involvement strategy meeting.

6.2 Agreed to seek details of the next stage of the strategy development.

6.3 Agreed to encourage Trust Board members to interact much more with the public and service users. Agreed to seek advice from Bob McFarland on the best approach.

6.4 Agreed that it is in the best interests of Board Members to get more involved with those they formally represent. See: Cabinet Office Code of Conduct for Board Members

Accountability

You are accountable for your decisions and actions to the public and must submit yourself to whatever scrutiny is appropriate for your office.

5.2 You should deal with the public and their affairs fairly, efficiently, promptly, effectively and sensitively, to the best of your ability. You must not act in a way that unjustifiably favours or discriminates against particular individuals or interests.

<http://www.bl.uk/aboutus/governance/blboard/BoardCodeofPractice2011.pdf>

7.0 CQSEC Report – Angela Cross-Durrant

7.1 Report received. Noted that a new policy was to be published by NHS England or dealing with Serious Incidents with new time scales. The new policy is expected to be more specific about learning from SIs.

7.2 Noted that CQSEC was changing its name and method of operation. In future there will be three committees, one meeting each quarter. The Forum had been invited to attend each of the three committees.

7.3 A Coroner had recommended to the LAS that additional advice and training needs to be provided regarding intubation.

8.0 LAS BOARD MEETING – JUNE 3

8.1 Noted that Sister Josephine had represented the Forum. Questions to the Board were noted.

9.0 EQUALITY AND DIVERSITY CONSULTATION

9.1 Kathy reported that she was unaware of the Consultation despite being a member of the LAS Equality Committee.

9.2 Noted there had been virtually no publicity of the consultation and the Forum had not been formally advised that it had been published.

9.3 Agreed there was no time to respond to the consultation and to ask Janice Markey to extend the response beyond June 13th 2014.

10.0 PATIENTS HANDOVER STUDY

10.1 Member's participation in the study led by LAS commissioners was noted. Final reports are awaited from Mark Docherty.

10.1 Noted that there were considerable delays at some hospitals reported in April statistics from the Commissioners, e.g. one hour wait +

Queen Elizabeth Hospital – 97 patients

Princess Royal Hospital – 33 patients

Hillingdon Hospital – 7 patients

11.0 INFECTION CONTROL

11.1 Noted that there continues to be a disparity between actual and reported cleansing of hands by paramedics before and after providing patient care.

12.0 THE MEETING FINISHED AT 7.30 PM