

**MINUTES OF THE PATIENTS FORUM MEETING –**

**MONDAY, MARCH 13th 2017**

**ATTENDANCE: FORUM MEMBERS**

Adrian Dodd – Waltham Forest – Healthwatch

Angela Cross-Durrant – Kingston – Vice Chair

Arif Mehmood – Newham

Audrey Lucas – Enfield – Healthwatch – Executive Committee

Barry Hills – Kent

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

David Payne – Southwark

Dov Gerber – Barnet

Garner Bertrand – Newham

Gill Tillett - Newham

Graham Mandelli – Lewisham

Inez Taylor – Southwark

Jan Duke – Southwark – West Walworth

Janet Marriott – Richmond

John Larkin- Company Secretary

Kathy West – Southwark – Executive Committee

Lynn Strother – City of London Healthwatch

Malcolm Alexander – Chair, Patients’ Forum

Michael English – Healthwatch Lambeth

Mike Roberts – Rushmoor, Hampshire – Healthwatch

Natalie Teich – Healthwatch –Islington

Philip Ward – Hammersmith and Fulham

Rashid Ali Laher – Healthwatch Kingston

Val Shaw - Barking

**LAS Speakers –** Melissa Berry, Race Equality Lead and Mark Hirst, Director of HR

**LAS Staff** - Samad Billoo and Zafar Sardar - EOC

**LAS Commissioner’s Representative –** Sharon Afful, Project Officer LAS Commissioning Team and Dr Sarina Saiger, Assistant Director, Quality and Safety LAS Commissioners.

**APOLOGIES**

Anthony John – Tower Hamlets

Arthur Muwonge - Croydon

Barry Silverman – Tower Hamlets

Briony Sloper – Deputy Quality Officer - LAS

Christine Kenworthy – Kent

Graeme Crawford – Ealing – Healthwatch

James Guest – Ealing Healthwatch

Joseph Healy – Forum President

Joss Bell – Socialist Health Association

Louisa Roberts – Tower Hamlets

Margaret Luce – Head of Patient & Public Involvement and Public Education

Maria Nash - Barnet

Robin Kenworthy – Kent

Sean Hamilton – Greenwich

Sister Josephine Udine – Croydon - Vice Chair

Tom Yelland– Kingston and Red Cross

Trisha Bain – Chief Quality Officer - LAS

Vic Hamilton – Greenwich

Wendy Mead – City of London Corporation

1. **Membership**

1.1 The Chair reminded the meeting of the importance of joining the Forum to

 support its work.

1. **Minutes of February 13th 2017** were agreed a correct record.

2.1 Matters Arising

**2.2 Slides from Trisha Bain’s** (Chief Quality Officer) presentation to the Forum

 are on the website. A list of priorities for service development being

 discussed with Trisha Bain was presented to the meeting.

 [www.patientsforumlas.net/upcoming-meeting-papers.html](http://www.patientsforumlas.net/upcoming-meeting-papers.html)

**2.3 LAS Outage –** MA has met the Chief Executive of the LAS and a report was

 presented to the Forum. There have been 7 unplanned outages over the past

 year and these are listed in the report. The reasons for the outage are now

 understood, but will not be released until the end of May. A report was

 submitted to the Forum meeting.

**2.4 Clinical Strategy** - Noted this had been agreed by the LAS Trust Board but

 Now needs an implementation plan and an agreement with CCG to ensure

 local implementation across London.

**2.5 Transfer of patients from LAS to Emergency Departments –** noted there

 continued to be unacceptable delays in transferring patients to hospital A&E.

 The LAS and commissioners continue to be focused on this issue and have

 daily calls to discuss solutions. The impact on patients is now being

 considered and there has been a request by a coroner to provide evidence

 that risk to patients of waiting in an ambulance queue will be mitigated to

 prevent future deaths. It we emphasized that a whole system approach is

 needed to solve the problem of patient waiting in ambulance queues and

 ambulances, consequently being unable to respond to emergencies.

**In the week March 6 to March 12th 2017, 523 hours were wasted queuing outside A&E.**

**The worst were:**

**King’s College Hospital: 33 hours,**

**North Middlesex: 32 hours**

**St Thomas’: 32 hours**

**2.4 Boots Pharmacy–Refuse to install defibrillators unless community pays.** Agreed to check whether Boots were making sufficient profit to install defibs in all their UK stores.

# Boots' US owner posts large jump in quarterly profits

**Chemist chain posts net earnings of $1bn in three months to end of August**

www.theguardian.com/us-news/2016/oct/20/boots-us-owner-posts-large-jump-in-quarterly-profitsAugust – up sharply from $26m a year earlier

 **Noted that the Defibrillator Availability Bill** was returning to the House of

 Commons on March 24th 2017. Forum members were asked to contact their

 MPs to get support for the Bill.

**2.5 Emergency Operations Centre Visits**

 Members were invited to participate in visits to the EOC in April and May.

**2.6 Bariatric Care**

 Noted that the bariatric care team have sent the Forum a draft document for

 service development. This has been sent to members with a special interest in

 this work for comment.

**2.7 Strategic Transformation Partnerships STPs**

 The Forum has sought information from the STPs on their approach to

 urgent and emergency care. The responses have been extremely poor for

 the most part. North Central and North East have offered meetings to discuss

 the issues of concern to the Forum. No evidence has been provided by the

 STPs of equality impact assessments.

**2.8 Defibrillator (Availability) Bill 2017**

 **The Bill returns to the House of Commons on March 24th. Members were**

 **asked to contact their MPs urgently to seek their support for the Bill.**

**3.0 MARK HIRST AND MELISSA BERRY - ANNUAL STAFF SURVEY**

3.1 Mark has been interim HR director for the LAS since May 2016 and Melissa

 Berry the race equality lead since July 2016.

3.2 Mark described the objectives of the annual Staff Survey and said that the LAS

 employs 4893 staff who are eligible to participate in the survey and that out of

 these 1500 are front line clinical staff and 400 work in the Emergency Operations

 Centre. The number of returns from staff was 2063 – equivalent to 42.2% of the

 eligible workforce. The survey is anonymous.

3.3 Val Shaw asked why such a low percentage of staff fill in the survey. Mark

 replied that 42% was a good response compared to other ambulance trusts and

 that the aim for 2017 is a 50% response. He added that staff are more likely to

 complete the survey if they believe there will be an outcome of benefit to staff.

3.3 Of the 88 questions in the survey, responses to 67 showed a significant

 improvement in staff views about the LAS and the areas identified showing

 the greatest improvements were as follows:

* Number of appraisals and fair career progression
* Line manager support and team working
* Use of patient feedback
* Error reporting
* Training
* Advocacy

3.4 The response by staff to a question on LAS support for career progression,

 showed that 72% of respondents felt that the LAS acted fairly towards them.

 (an increase of 12% over last year.

3.5 The need to ensure that staff found the LAS a good place to work and that

 consequently the staff were engaged and wanted to remain in employment with

 the LAS was highlighted. It was noted that this also had an impact on staff

 retention, their health and how long they lived.

3.6 Over 60% of staff felt that their manager takes a positive interest in their health

 and wellbeing and provides adequate support at work. There have been

 significant improvements since the previous survey in the support of managers

 for staff. Mark said that his team will drill down into the data to gather specific

 information about how well female staff and BME staff are benefitting from

 better managerial support. An action plan is being developed for 2017/8 to

 ensure that improvement is embedded as objectives of the organisations.

3.7 Samit Shah who work in the Emergency Operations Centre, told the meeting

 that the LAS is changing for the better and that he has faith in the leaderships

 commitment to change. He said that staff have more confidence that the LAS

 will respond positively to their criticisms and proposals for improvement.

 However, only 22% of staff reported good communications with senior

 management (best in England was 28%).

3.8 Appraisals and training were rated highly with 78% of staff reporting having

 had an appraisal over the past year ( increase of 40%) and 80% feeling very

 positive about the value of staff training. But only 42% of staff would

 recommend the LAS as a place to work.

3.9 Regarding the value of patient feedback, 59% of staff felt the LAS acted on

 concerns raised by patients but only 35% felt that patient feedback was used to

 make informed decision regard the services provided by the LAS in their area.

3.10 On the reporting of errors Mark said that staff were now more confident about

 this with 80% saying the organisation encourages the reporting of errors and

 50% feeling that the LAS takes action when errors are reported.

3.11 70% of staff said they would be happy with LAS if a friend or relative needed it

 but only 42% said they would recommend the LAS as a place to work – and

 increase of 13% over the previous year.

3.12 Area for development over the next year, i.e. those with low scores included

 the following :

* Wellbeing (work-related stress, pressure to come to work when sick)
* Bullying & harassment (from patients and staff)
* Violence & discrimination (from patients)
* Motivation at work
* Errors and feedback (number of incidents witnessed and % reported)
	1. Mark said the next step was for the Board of the LAS to agree three corporate

 actions and for three local actions to be agreed by each department/area

 (based on their local results). Audrey emphasized the important of locally

 agreed objectives that staff feel with make a real difference to their working

 environment.

* 1. Angela suggested that smaller more frequent surveys might be useful. Mark

 agreed and suggested quarterly surveys which included questions agreed

 locally.

3.15 Janet asked what impact violence and discrimination has on staff who

 experience this from patients? Melissa responded that staff need training to

 deal with violence and discrimination, but that it was also essential for them to

 report incidents and to have training in unconscious bias to ensure that they

 act fairly towards colleagues and patients.

* 1. Melissa described the work she was doing to promote race equality in the

 LAS. She said that the chair Heather Lawrence had been very supportive,

 and that a great deal of work had been done to support BME staff but that it

 would take many year to ensure the LAS was compliant with the NHS Race

 Equality Standard. She said that BME staff in the LAS tended to be employed

 in the lowest grade jobs, e.g. in the Emergency Operations Centre EOC.

 She supported the idea to have more regular, shorter staff surveys and to

 include question specifically related to BME staff, e.g. relating to harassment

 and abuse from patients and other staff; barriers to promotion and

 inappropriate use of disciplinary action when advice and support would

 achieve a better outcome.

* 1. In addition Melissa described some of the other areas where developments

 were being planned:

* Recruitment campaign for BME staff to become a paramedic through LAS Academy training. This involves using positive action under the Equality Act 2010.
* Supporting and developing BME staff recruitment and inclusion using £500,000 from Health Education England.
* Q Volunteering Project aimed at working with community BME volunteers using funds from the Department of Media, Sport and Culture. ```` `
	1. Mark Hirst and Melissa Berry were thanked for their excellent

 presentations to the Forum.

1. **Access to Patients Records**

4.1 Adrian asked what steps are being taken to enable paramedics to access

 patient records. He said that other health care professionals, e.g. nurses and

 doctors can access patients records but paramedics cannot. He added that the

 LAS have no access to NHS numbers which creates another barrier re access

 to information about patients.

4.2 Dr Sarina Saiger, Assistant Director, Quality and Safety for the LAS

 Commissioners said that this was the ambition of the LAS and commissioners

 and required access to the NHS spine and was supported by the Connecting for

 Health project. She said the LAS Chief Information Officer, Steve Bass was

 working on this project, and that it had also been a component of the 2016/7

 CQUINS. Sarina said that there were heavy costs associated with this project

 which included the cost of licenses. The West Midlands Ambulance Service

 (WMAS) are leading on this project and have achieved connectivity to give

 paramedics access to clinical data and direct access to NHS services. Sarina

 added that money was short because of the £10m costs to fund the upgrading

 of paramedics to band 6.

 Action: Ask Steve Bass, LAS Chief Information Officer for update.

1. **Members Reports**

5.1 Kathy West updated members on the re-development of the Equality and

 Diversity committee. She felt it would be a great struggle to create and effective

 Committee and would be working hard to convince LAS of the need for more

 progress for both staff and patients. She said it was intended to have 6

 meetings each year – 3 focused on patients and 3 focused on staff. She said

 that effective planning with objectives and targets was needed.

5.2 Reports were received on:

* Forum’s meeting with Heather Lawrence, Chair of the LAS
* Joint LAS, Diabetes UK, Forum Project on diabetes type 1
* Questions to the LAS Board and responses.

**5.3 LAS Complaints Leaflet.**

 Comments were received from the Forum on the leaflet with feedback

 suggesting that it was too complicated and needed to be presented in much

 simpler language.

 **Agreed to invited to complaints team and Briony Sloper to discuss the**

 **leaflet at a future Forum meeting.**

 **The meeting finished at 7.30pm**