

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

www.patientsforumlas.net

Minutes of the Meeting held at
LAS Headquarters
Tuesday May 15th 2012
5.30pm-7.30pm

1) Attendance : Forum Members

Alhajie Alhussaine - Lambeth
Angela Cross-Durrant (Healthwatch Kingston)
Barry Silverman – Southwark
C. Gustaffe - Southwark
Clarissa Rocke-Caton –Hackney
David Payne - Southwark
G. Bertrand (Newham LINK/Forum member)
Gary Orriss (Wandsworth)
Inez Taylor - Southwark
Joseph Healy – Chair – Southwark
Kathy West - Southwark
Kay Winn-Cannon - Waltham Forest
Malcolm Alexander (Forum Vice Chair and Hackney LINK)
Maria Nash - Barnet
Michael English - Lambeth LINK
Natalie Teich - Islington
Robin Kenworthy - Kent
Saffina Zafar - Southwark
Sister Josephine – Vice Chair – Croydon
Vishi Harihara - Camden/Barnet

LAS Attendance and Presentation

Beverly Bryant, LAS Public Education and PPI

Guest Speaker

Mike Smyth - Clinical Instructor with West Midlands Ambulance Service)

Medical Services

David Harris

BSL Interpreters

Maria Munro

Richard Law

Apologies

Neil Kennett-Brown – Head of LAS Commissioning

Alan Wheatley - Camden

Anthony John - Tower Hamlets

Bridget Stephanou - Croydon
Carl Curtis – Southwark
Florence Odeke – Lambeth
Harbhajan Singh - Bexley LINK
Janet Marriott - Richmond/Hounslow
John Bell - Bexley LINK
Louisa Roberts - Tower Hamlets
Lynne Strother (Forum Vice Chair and Richmond LINK)
Margaret Vander, PPI Manager, LAS
Mark Mitten – Lewisham
Michael English - Lambeth LINK
Rashid Leher – Kingston
Robin Standing - Enfield

3.0 MINUTES

3.1 Minutes of the meeting held April 16th 2012 were agreed a correct record.

4.0 ACTION POINTS AND MATTERS ARISING

4.1 HEARING LOOP AT LAS HEADQUARTERS

Noted that the Hearing Loop had been provided.

Action: write to Margaret Vander to thanks her for arranging this.

4.2 FUTURE OF THE LAS – GLA STRATEGIC REVIEW

Noted that the response of the LAS Commissioners to the Strategic Review of the LAS had been requested from Neil Kennett-Brown on two occasions. **Agreed to Respond to the Review after receipt of the Commissioners Response.**

4.3 COMMITMENT OF THE LAS BOARD TO PUBLIC INVOLVEMENT

A report on the meeting with Richard Hunt was noted. Agreed to invite Richard Hunt to meeting of the Forum in September 2012

4.4 MENTAL HEALTH - SUICIDAL PATIENTS

Agreed to seek meeting with Kuda Dimbi, LAS Clinical Advisor for Mental Health to follow up issues re care of suicidal patients. Brief Mind on outcome of this meeting.

4.5 MENTAL HEALTH – DELAYS

4.5.1 Agreed to meet with Neil Kennett-Brown to discuss the impact of long delays – sometimes of several hours – in ambulance crews being able to find a ‘place of safety’ for a person with severe mental health problems.

4.5.2 Agreed to gather data on delays in admitting patients with severe mental illness to London A&E departments and Places of Safety.

4.5.3 Seek breakdown of the following data in relation to patients with a mental health crisis and in particular how many patients with a mental health diagnosis could not be discharged to A&E clinical care within one hour.

- 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)

4.6 COMMAND POINT

Agreed to invite Peter Suter, David Whitmore and Neil Kennett-Brown to a future meeting of the Forum to discuss the impact of Command Point on:

- the response and capacity of the LAS
- increased capacity in relation to supply of critical information, e.g. alternative care plans
- incidents and events consequent upon the implementation of CP.

4.7 COORDINATE MY CARE – ADVANCED CARE PLANS

Angela informed members that Coordinate My Care is a clinical service run by the Royal Marsden which is underpinned by an IT system that coordinates care for patients with cancer, provides patients with a choice of needs led services and aims to improve the quality of life of patients with cancer.

(Note there will be an event at the Royal Marsden re Coordinate My Care aimed at end-of-life care staff, commissioners, GPs, social services, hospice staff, nursing home staff and voluntary organisations. Thursday 26 July 2012 from 08:30 - 17:00)

Angela also informed the meeting about 'Rate our Service', which is being used by Kingston LINK to gather large numbers of patient's comments about the quality of care in the area. She suggested this could be used by the LAS to gather information about service quality and issues that could improve the quality of LAS services.

Action: arrange meeting between Kingston LINK and Margaret Vander to brief them on 'Rate our Service'.

4.8 HOSPITAL TURNAROUND TIMES AND PERFORMANCE

4.8.1 Noted that data had been received from the LAS on turnaround times, but the commissioners had not provided the following data since March 2012: :

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| 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) |
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4.8.2 Agreed to ask CQC if they had investigated turnaround times in London and whether any improvement notices had been issued to hospitals in breach.

4.8.3 Agreed to share handover performance data with all London LINKs

4.9 INTRODUCTION OF 111

4.9.1 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 111 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.

4.9.2 Noted that Barry Silverman and Vishy Harihara were sitting on committees concerned with implementation of III and agreed to raise this issue with them.

4.9.3 Agreed to explore how people will register special needs with the 111 system.

4.10 USE OF CAGE AMBULANCES TO TRANSPORT PATIENTS WHO HAVE BEEN SECTIONED

Noted that responses to the Forum's FOI to London mental health trusts were awaited:

- 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?

4.11 DEMENTIA CARE

Agreed to ask the LAS for details of their current work on dementia

4.12 FORUM FUNDING

- Noted that some members were behind in the payment of their annual subs.
- Agreed to urgently request payment from each member
- Noted that the LAS and Commissioners fund the Forum in the following ways:

LAS: Use of their meeting rooms, refreshments, photocopying and staff time.

Commissioners: Payment for BSL interpreters, use of meeting room and photocopying

- Agreed to write to the LAS and Commissioners to thank them for their continuing support for the work of the Forum

5.0 PATIENTS SAFETY IN UK AMBULANCES PROJECT

5.1 Mike Smyth, Clinical Instructor with West Midlands Ambulance Service) addressed 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.

5.2 Mike said that the research team was led by Professor Matthew Cooke, was carrying out a systematic review of the literature on patient safety in relation to ambulance services. Advice would be sought from experts on patients' safety in relation to ambulance services and gaps in the evidence base would be identified. Where there are significant gaps in the evidence base, proposals would be put forward to carry out research to gain additional evidence about the potential effect on patient safety. A prioritisation exercise would be carried out to select area for future study and this would include a Delphi study and it was hoped this work would contribute to the development of future policy and research. Research would also be carried out in collaboration with other partners providing emergency services where this was appropriate. Mike said that interviews had been carried out with Dr Fionna Moore the Medical Director of the LAS and Carmel Dobson-Brown who leads for the LAS on risk. He said that a pilot survey was being developed for all ambulance services to identify key issues. The Delphi would help determine how well each service was doing in comparison with others.

5.3 Mike asked members which issues they would prioritise regarding the safety of patients using ambulance services and members also filled in questionnaires relating to their prioritization of patient safety issues.

5.4 Some of the patient safety issues raised by members:

- Appropriate care for people with disabilities
- Care for patient who are severely autistic
- Ensuring that heavy patients receive appropriate care and appropriate equipment is used.
- Patients with a mental health crisis receiving effective care that does not stigmatise them and does not traumatize them
- Providing appropriate care for patients with Sickle Cell Disease to prevent their crisis from becoming fatal
- Research into the impact of 12 hours shifts on patient safety
- Road bumps causing harm to patients during their care in a moving ambulance
- Risk of infection from reused blankets and other aspects of infection control

5.5 Agreed that the Forum would maintain contact with Mike and the research team and he was thanked for taking time to describe the research and to hear

the views of members.

5.6 Malcolm Alexander agreed to maintain contact with the research team.

6.0 THE CHAIR'S REPORT

6.1 This was received.

7.0 BEVERLEY BRYANT- LAS REPORT ON PPI IN THE LAS

- 7.1 Beverley reported that 656 members of staff had offered to participate in LAS public education activities and 421 events had been held including sessions of basic life support and knife crime. The work on knife crime was described as particularly successful and having considerable impact.
- 7.2 Other activities have included staff from the Bromley Complex attending a Drink Drive Campaign at the Civic Centre in Bromley and a talk to 50-60 attendees to raise awareness re responsible drinking over the Christmas period. Staff have also attended the London Bike Show during the delivery of the first aid presentations to general public. Sessions have also been presented to Westminster College regarding the danger of carrying knives. Groups of Norwegian students also visited the LAS in February and April. Staff also met the Barnet Epilepsy Action Group and the Hasmorean High School.
- 7.3 Membership events took place on February 21st and March 1st.
- Tues 21st February - protecting the vulnerable led by Steve Lennox about how LAS are help to protect the most vulnerable patients including children, adults, people with learning disabilities and work on terrorism prevention. More than 80 people registered to attend.
 - Thurs 1 March – equality delivery system (EDS), hosted by Caron Hitchen with a presentation by Janice Markey. Members were given an overview of what the EDS is, the four goals to be achieved by all NHS trusts and an outline the LAS's proposed objectives for meeting those goals.
- 7.4 Foundation Trust membership – Shirley Rush has reported that membership is growing well and there is a shortage of younger members which needs be addressed.
- 7.5 Forum's LAS FT Manifesto – agreed this needed to be reviewed prior to the forthcoming elections for Governors.
- 7.6 Tower Hamlets – noted that work needed to done to improve support from communities in Tower Hamlets as there had been a very disappointing response to the campaign to recruit community responders there.

8.0 LAS PPI COMMITTEE

- 8.1 Joseph Healy reported on the meeting and presented a written report.
- 8.2 PPI Strategy – Noted that this was currently being reviewed. Members agreed to comment on the Strategy.

9.0 IMPACT OF 12HR SHIFTS ON STAFF AND PATIENT CARE

9.1 Noted that the following information had been requested from the LAS:

1) What, if any, are the parameters for each individual's work during, say, a month? (and/or the typical EWTD reference period of 17 weeks)? I know there are a number of individual shift patterns - one called relief, which students are often put on, which requires them to go when and where needed. Another is a family friendly shift and another is when staff are on a 'line'. What are the range of shift patterns used and parameters used for scheduling each?

2) What is the bottom line when scheduling each type of shift pattern? What are the maximum hours and limits over a month and/or over the reference period of total working hours, night shift hours, numbers and frequency of night shifts? Are there required patterns of rotation to correspond with health advice, can they be in any sequence or are there criteria and limits within a time period and if so what are the basic guidelines?

3) I believe that overtime is nearly always available at the moment and that staff receive texts, sometimes at short notice asking if they can do overtime –staff sometimes tell me they can get as much overtime as they want. How do you ensure that staff are not being asked (or accepting) to do too much? How is this monitored and adjusted to correlate with ordinary, planned shifts? How (in general) do you check, consider, monitor, enforce maximum working times in respect of health and safety - of staff and safety of patients in a time when overtime is needed by the organisations to achieve its goals?

4) It would be useful to get a comparison of scheduled rota time, in a time period vs actual time. If for example a difficult case is allocated near the end of a shift, and the staff need to work an additional hour or two, is this counted alongside other hours in relation to the EWTD? If the person is working a 7 am-7 pm shift, works extended time and then works another 12 hour shift straight afterwards, how does the LAS exercise its 'duty of care' towards the person (and the patient). Does anyone check the actual time worked vs the scheduled time, plus overtime and consider the health implications?

5) Many staff live well outside central London and work in inner-London ambulance stations. Journey time to work can be quite long and this may well become very much worse during the Olympics. How will you ensure that staff are not working 12 hours shift plus many hours at either end resulting in exhaustion, negative impact of work-life balance and possible harm to patients?

6) Is there an 'official' LAS view on these issues and do you know how other ambulances services relate operate? Are there LAS policies relating to 'quality/safety/health' in this area?

7) Has there been any qualitative research with (LAS) staff in relation to their own views on shift work and its impact on them and their patients?

9.2 Agreed to discuss this issue with the LAS Trade Unions

10.0 CAT A PERFORMANCE

10.1 Noted that east London's Cat A performance had been poor in March 2012 (ave 71%). Members expressed concern in view of this being the area closest to the Olympic stadium. Agreed to seek more information about the reasons for poor performance from Margaret Vander.

11.0 The meeting closed at 7.30pm

DELPHI STUDY

The Delphi method is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. In the standard version, the experts answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymous summary of the experts' forecasts from the previous round as well as the reasons they provided for their judgments. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of their panel. It is believed that during this process the range of the answers will decrease and the group will converge towards the "correct" answer. Finally, the process is stopped after a pre-defined stop criterion (e.g. number of rounds, achievement of consensus, stability of results) and the mean or median scores of the final rounds determine the results.