**MINUTES of the PATIENTS’ FORUM MONDAY** **MAY 14th 2018**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest – Healthwatch

Angela Cross-Durrant – Kingston – Vice Chair

Anthony John – Tower Hamlets

Arthur Muwonge – Croydon

Beulah Mary East – Hillingdon

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

Dhanesh Sharma - Bexley

Inez Taylor - Southwark

James Guest – Ealing

Jan Duke – Southwark

Jan Marriott - Richmond

John Larkin- Company Secretary

Jos Bell – Socialist Health Association

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum

Mary Leung – Harrow

Natalie Teich – Islington

Philip Ward – Hammersmith and Fulham

Rashid Ali Laher – Healthwatch Kingston

Sean Hamilton - Greenwich

Simon Mott - Tooting

Vic Hamilton – Greenwich

**SPEAKER: Pauline Cranmer –**

Deputy Director of Operations – Control Services

**COMMISSIONERS REPRESENTATIVES: Nil**

**LONDON AMBULANCE SERVICE: Emergency Operations Centre**

Samad Billoo - Allocator

Zafar Sardar

Alex Ewings

Craig Marman

**APOLOGIES**

Alexis Smith - Bromley

Arif Mehmood – Newham

Audrey Lucas – Enfield- Executive Committee

Barry Hills – Kent

David Payne – Southwark

Garner Bertrand - Newham

Graeme Crawford – Ealing

Joseph Healy – Southwark – President of the Forum

Kylie Crawley – Southwark

Louisa Roberts – Tower Hamlets

Michael English - Lambeth

Mike Roberts - Hampshire

Robin Kenworthy – Kent

Sister Josephine Udine – Croydon- Vice Chair

Tom O’Sullivan – Bromley

**1.0 Minutes of the meeting held April 9th 2018 were agreed a correct record**

1.1 Matters Arising: **Also see Action Log.**

**1.2 London Assembly Review of the LAS**

Joss Bell and James Guest reported on the forthcoming meeting with Dr Onkar Sahota, Chair of the London Assembly Health Committee. The meeting took place on May 17th at City Hall. The Forum has been invited to submit a report on the LAS, which will include a review of the current major problem of ambulance queuing outside London hospitals. Joss and James confirmed that data will be provided to the Health Committee on handover delays and the impact of winter pressures during 2017-18. Data will also be requested about blue light handover delays, which is the most urgent category. The so called “fit to sit” approach which has been adopted by some A&Es will also be challenged as it appears to be a way of transferring patients from trolleys to chairs and consequently increasing the crowding in A&E instead of ensuring that there are sufficient beds in the hospital, adequate capacity and adequate discharge arrangements to free up beds.

**1.3 Mental Health Units (Use of Force) Bill**

Joss reported Steve Reed’s private members Bill: Mental Health Units (Use of Force) Bill 2017-19. It will be considered at [Report Stage](https://www.parliament.uk/site-information/glossary/report-stage/) and [Third Reading](https://www.parliament.uk/site-information/glossary/third-reading/) on Friday 15 June 2018. The Bill makes provision for the oversight and management and appropriate use of force in relation to people in mental health units and similar institutions. It makes provision for the use of body cameras by police officers in the course of their duties in relation to people in mental health units and during detention. It was agreed to hold a meeting on mental health crisis care, and invite Steve Reed, mental health charities, service users and the mental health lead for the metropolitan police. The status of the Maudsley-LAS video on mental health care needs to be reviewed because of its promotion of poor practice. Rashid Ali asked also for reflection of the practices within police stations in relation to people with mental health problems.

**2.0 Executive Committee Report**

**2.1 Videoing/Streaming meetings of the Forum and LAS**

MA reported that a colleague has agreed to video Forum meetings so that they can be made available on the website. Several members spoke against the proposal and it was agreed not to proceed.

Agreed to write to the Chair of the LAS requesting that LAS Board meetings are in future videoed and placed in the public arena. Noted that South East Coast Ambulance Service audio record their meetings and place them on their website: [www.secamb.nhs.uk/about\_us/board\_meeting\_dates\_and\_papers/meeting\_recordings.aspx](http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers/meeting_recordings.aspx)

**2.2 CQC Report on the LAS**: Noted that the report from the CQC was imminent and that it was expected that the LAS would be removed from Special Measures by NHS Improvement. Noted that the CQC inspectors had agreed to attend a Forum meeting to feed back.

**2.3 LAS Strategy:** The LAS strategy was agreed by the LAS Board on April 24thwithout any public consultation and with a single engagement meeting attended by 12 people (including 3 members of the Forum) in December. The Forum produced a detailed report on the Strategy but was unable to get any response from the LAS until the LAS Board had agreed the Strategy. The Forum is participating in the selection of staff who will assist in the development of end of life care services and maternity services – two of the Strategy priorities.

**2.4 Quality Account**: The Forum has submitted its review of the 2017-18 Quality Account. Trisha Bain suggested a number of areas where the response could be updated. This is not usual practice but the additional information benefitted the Forum’s response.

**3.0 PAULINE CRANMER - Deputy Director of Operations – Control Services**

3.1 Pauline was welcomed to the meeting and her slides are attached. Key points are shown below.

3.2 PC has worked for the LAS since 1994 (in the North West and East London sectors, and in the EOC since 2016.

3.3 She said it is a priority for the management of the EOC to learn from the experiences of staff, especially following a major incidents, e.g. the January 1st 2017 Outage (serious incident), the attack on London Bridge and the Grenfell fire.

3.4 The process of learning from SIs is synonymous with gathering learning from patients’ experiences, and it is the intention of EOC to use this approach to introduce changes in practice that enhance patient care and ensure that the right resources go to the right areas of service development. SI = serious incident

3.5 Staff turnover is high – during 2017-18, 83 staff left (but this is lower than previous years). In 2017, the EOC was reviewed by ORH and amongst their findings was the need for 73 new staff. ORH is: Operation Research in Health (consultancy)

**Data at April 30th 2018**

**EOC establishment = 502**

**In post = 468**

**Vacancies = 34 (6.8%)**

**Turnover rate has increased from 17.6% to 18.9%**

3.6 Focussing on the reasons why people leave the EOC, PC said that the cost of living, banding problems and poor career pathways, were amongst the reasons for staff leaving.

3.7 Pauline described the impact of ARP, which had been introduced in November 2017. She said that ARP will lead to changes in the types of vehicles used by the LAS and enable the service to respond with the most appropriate resources to patients. She said there were no more “hidden patients”, i.e. patients who got a rapid vehicle response, but a delayed or inadequate clinical response. All patients now get a good quality response (but it may take up to 2-3 hours). ARP=ambulance response programme.

3.8 The needs of staff who have been traumatised as a result of the effect of multiple experiences of trauma are a high priority for Control Services (EOC). The support ranges from LINC workers, support and therapy provided by TRIM (Trauma Risk Management) and other forms of more advanced counselling. Other techniques include the use of bean bags in rest rooms, quiet rooms, physiotherapy to improve posture, and support for staff to better relax during breaks. (There is also The Retreat, a residential centre for staff suffering from trauma or in crisis).

3.9 Many changes have been made to the operation and culture of the EOC and feedback from staff to changes has been very positive. Recognising the great work of staff is a priority and that recognition includes giving ‘stork badge’ to staff who have helped to deliver babies.

3.10 Wall of Life: This idea has been developed to recognise outstanding work of staff, e.g. an emergency medical despatcher who assisted with return of spontaneous of circulation and the patient returned home after hospital care.

**3.11 Pressure on the EOC and A&E.** Pauline described the role of Intelligent Conveyancing (IC) as a means of moving patients in ambulances from hospitals under the greatest pressure, to the next nearest A&E under less pressure (2016 NHSE Review). The average number of calls to EOC each day in January 2018 was 4,400, but on March 5th the call volume was 5,900. The lowest call volume so far in 2018 was on April 2nd when 3663 calls were received.

**See appendix for details of risks and resolution in relation to EOC.**

**3.12 Areas of development.** Integrated Clinical Assessment Tool (ICAT) – this is a developmental portfolio of evidence of a EMDs ability to apply the capabilities expected in clinical practice. It provide and overall assessment of whether the EMD achieves the performance criteria at an appropriate level. Apprenticeships are now being developed. EMD – Emergency Medical Dispatcher

**3.13 999 & 111.** The LAS will in the near future be running both the South East and North East III services and there will be greater integration between 999 and 111 services.

**3.15 Questions from Members**

Q1) Jan Marriott: Is the “Fit to Sit” policy in A&Es improving the triage of patients?

PC) Many methods are being used to improve triage and movement of patients through A&E including ‘alternative care pathways’, streaming in A&E and patients going to the most appropriate treatment centre (urgent or emergency care). An important issue is getting all urgent care centres to provide similar levels of services.

Q2) Angela Cross-Durrant asked if the unsung EOC heroes are now getting the right level of recognition? She also asked what can be done to reduce staff turnover and increase average stay?

PC) Staff are feeling more valued for their outstanding work. She said that EMD1 and EMD2 have higher rates of turnover because their jobs are stressful, banding and remuneration need to be improved and there need to be better career pathways. PC said that staff are younger now, don’t expect to be in one job for life and may seek multiple careers. She said that staff are encouraged to look for opportunities within the LAS for career progression, instead of moving to another job, e.g. in fleet, logistics, research and HR.

Q3) Lynn Strother drew attention to the recommendations in the Forum report that front line staff should spend time in EOC and vica versa. Also that Board members should visit and spend time in both EOCs.

PC) New front line staff do now spend time in EOC. This is important because EOC staff do sometimes get frustrated with their interaction with front line staff. The Chair and Board members do now spend time in EOC and would like to do more.

Q4) Beulah East asked if the support for staff suffering from stress is adequate and easily available?

PC) There is clear and visible signposting to support services and a variety of support and counselling services are available. Providing proactive, on-going support is essential on the ‘road to recovery’ for traumatised staff.

Q5) Mary Leung asked about on-line access to CPD training. She also asked about the benefits of ensuring that staff have fully participated in the CPD training. CPD=Continual Professional Development.

PC) Staff get 20 minute educational breaks. Using these breaks for training is however not prescriptive, as staff can use any free time to consolidate their learning. Too much information was sent out in the past, but now it has been brought together and is sent out on “information Thursdays”. Pauline added that compliance with training is essential and whilst it is expected that staff will read the information they are sent, recording is necessary for the CPD training to achieve good governance of the learning process.

Q6) Malcolm Alexander asked about the extent of therapeutic supervision for staff.

PC) The culture being developed in EOC is attempting to remove the stigma from being traumatised and stressed, because it is not possible to engage with people who are in crisis continually and not experience these symptoms and experiences. She said the important thing is to be proactive, to normalise access to supportive care and support, and when necessary to provide appropriate and adequate counselling.

Q7) Lynn Strother said that people often don’t recognise they need help. She asked what can be done to help deal with this issue.

PC) It is important to ensure face to face interaction if possible, because colleagues may be able to better recognise symptoms of developing trauma. Normalising access to help and ensuring that staff feel it is “OK not to be OK” are important ways of supporting staff.

Q8) Janet Marriott said that colleagues may see problems developing and that is the essence of unity when staff are working together and in teams. When staff are not OK that can affect how they treat patients.

PC) Compassion and care are always essential in treating patients.

Q9) Anthony John commented on the Wall of Life. He said that the wall is great for a staff member who has taken a call and then given advice regarding a patient who has suffered a cardiac arrest or trauma. But, how does it feel for a staff member who has attempted to give the best advice but has failed, the person has died?

PC) Pauline said that if she had that experience it would make her worker harder to save lives. Anthony replied that you can’t work harder to save lives if you work in EOC because staff are already giving their best.

Q10) Anthony John asked why the Bow EOC isn’t better advertised so that local people could see that jobs are available there in the EOC. He said a large poster or banner outside the building could be very successful in recruiting local staff.

**3.16 Pauline Cranmer was thanked for her outstanding presentation.**

**See below: EOC - Second Highest Board Risk – Board Assurance Framework – (BAF)**

**4.0 Stroke Care**

4.1 Noted that Forum member Courtney Grant was now working with Dr Neil Thompson and his team in the development of a video about stroke care.

4.2 James Guest asked if data was available to demonstrate that patients suffering a stroke were always getting an ARP level 2 response, i.e. within 18 minutes.

**5.0 Equality and Diversity Committee**

5.1 Noted that the an Equality and Diversity Committee meeting had been cancelled and that Patricia Grealish was not at the most recent meeting and that the attendance was very low. As minutes had not been available for a previous meeting MA provided notes for the committee that he had taken.

5.2 Beulah East had attended the LAS meeting on the new Diversity Award, which was a proposal presented to the LAS by the Forum and adopted by them. Beulah had helped to select the successful candidate for the award to be presented at the VIP ceremony.

5.3 Disability in the LAS. The Forum has submitted 10 questions to Patricia Grealish regarding the way in which the LAS complies with the Equalities Act in relation to staff with disabilities. A response is awaited.

**6.0 Dementia Care**

6.1 Beulah East asked about the response of the LAS to the needs of patients with dementia, including young people with dementia. She asked how patients and carers have their voices heard in relation to dementia care provided by the LAS. Agreed to refer this matter to the Executive Committee of the Forum.

**7.0 Presentation to Clinical Quality Review Group – Co-Production with LAS**

7.1 The issues raised by Malcolm when he met with the Clinical Quality review group of the CCGs was shared with the Forum.

**Meeting closed at 7.30pm**

**Appendix:**

**EOC - Second Highest Board Risk –**

**Board Assurance Framework - BAF**

BAF Risk 47 - The Trust may be unable to maintain service levels due to insufficient staff in the (EOC). High accumulated risk level =16 High

1. Weekly EOC Recruitment Group meets to discuss and tackle all matters of recruitment and retention.

2. A monthly EOC Board tackles underlying causes of recruitment and retention, with a weekly call update to

ensure progress is being made. This meeting is chaired by the Deputy Director of Operations (Control Services).

3. The existing recruitment process has been discussed and reviewed to ensure that re-entry of candidates is not unreasonably blocked. This will be kept under ongoing review.

4. EOC is currently

undergoing a restructure which will include looking at levels of pay and resolving long outstanding acting up positions.

5. Ongoing review to the process for candidates - 3 month window of change and review to assess

impact.

6. Additional capacity has been provided to carry out assessments and EOC have planned and made available training capacity to take increased number of recruits.

7. Short-listing training and delivery being

provided to support the recruitment function to ensure specialist knowledge in the recruitment team to allow good decisions on passing candidates through the short-listing process.

8. A range of recruitment activities

throughout Q1 will specifically target recruitment to EOC.

9. EMDs have been released to support job fairs to promote the role.

10. EMDs support EOC Training team delivering Open Evenings for potential candidates interested in joining.

11. EOC are participating in the ongoing Talent Review which will look at the end to end process and identify improvements / gaps.

12. ELT task and finish group to bring focus and decision-making to challenges.

13. EOC restructure to commence May 2018, full completion September 2018.

**Resolution:**

**EOC recruitment (Emergency Medical Dispatchers)**

The EOC Recruitment Board continues to consider continuous improvement and has identified a number of initiatives to improve recruitment and retention. Those identified so far include:

* Streamlining of selection process, including reassessing pass rates and

introduction of online assessments.

* Overfilling our training places to allow for any candidate drop outs.
* EMD on line assessment - LAS has started the pilot which will run from 1st May 2018 to 31st July 2018, assessing up to 500 candidates.
* There are currently 42 candidates who are undergoing pre employment checks, 4 of who have been sent a contract. We anticipate a further 18 to be cleared by 1st June 2018.
* Streamlining and improvement of pre-employment checking.
* Introduction of incentives for newly employed EMDs .
* Introduction of a part time roster