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PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

# Minutes of the Meeting held at LAS Headquarters Monday November 12th 2012 5.30pm-7.30pm

| **1.0 Attendance : Forum Members** |
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| Alhajie Alhussaine – Lambeth<br>Angela Cross-Durrant (Vice Chair and Healthwatch Kingston)<br>Arthur Brill – Camden<br>C. Gustaffe – Southwark<br>Chris Naylor – Hounslow<br>Clarissa Rocke-Caton –Hackney<br>David Payne - Southwark<br>G. Bertrand - Newham<br>George Shaw - Barnet<br>Harbhajan Singh - Bexley<br>Janet Marriott - Richmond/Hounslow<br>John Larkin - Barnet<br>Kay Winn-Cannon - Waltham Forest<br>Louisa Roberts - Tower Hamlets2<br>Lynn Strother (Richmond LINk)<br>Malcolm Alexander (Chair)<br>Mark Mitten – Lewisham<br>Michael English - Lambeth LINk<br>Patrick Ojeer- Chief Executive, Sickle Cell Society<br>Robin Kenworthy - Kent<br>Sister Josephine – Vice Chair – Croydon |
| **LAS** |
| NIL |
| **Guest Speaker** |
| Michael Parker, Chair, Croydon University Hospital<br>Richard Parker, Director of Operations, Croydon University Hospital<br>Neil Kennett-Brown – Commissioner of the LAS for North West London PCT |
| **BSL Interpreters**<br>Michelle Wood (Registered Sign Language Interpreter)<br>Rob (Registered Sign Language Interpreter)<br>**Apologies**<br>Alan Wheatley - Camden |

Angela Harris - Bromley
Anthony John - Tower Hamlets
Barry Silverman – Southwark
Carl Curtis – Southwark
Florence Odeke – Lambeth
Inez Taylor – Southwark
John Bell – Bexley
Joseph Healy – Southwark
Kathy West - Southwark
Maria Nash - Barnet
Natalie Teich – Islington
Pat Duke - Southwark
Saffina Zafar – Southwark
Val Fulcher – Lewisham LINk - Chair
Vishi Harihara - Camden/Barnet
Wendy Mead – City of London

**2.0 MINUTES**

2.1 Minutes of the meeting held October 8th 2012 were agreed a correct record.

**3.0 MATTERS ARISING**

3.1 NEW LAS CHIEF EXECUTIVE

Ann Radmore has been appointed to be the new Chief Executive and will begin work in January. She has agreed to attend the January 2013 Patients Forum meeting.

3.2 PATIENT CASES PRESENTED TO THE LAS BOARD AND THE FORUM'S QUESTIONS TO THE BOARD

Richard Hunt, Chair of the LAS Board, has agreed to provide evidence, where appropriate that patient's stories presented to the Trust Board have demonstrably outcomes in terms of improved services for patients. Richard Hunt has responded as follows:

> "I will be asking Steve Lennox to provide a six monthly review of the patient's stories, together with any follow up action requested by the Board".
>
> "We will ensure that responses to Patients Forum questions are clearly identified in the minutes. We have looked back at the last few meetings and I enclose some extracts from the minutes of those meetings which do identify the question raised by the Patients' Forum and the minuted response. However, in order to reinforce this, I will ensure that in the review of minutes at the meetings and any matters arising, that the response to questions both from the Patients Forum and more generally to the public, are specifically highlighted."
>
> ATTACHMENT

3.3 INFLUENCE OF THE LAS ON LOCAL AUTHORITY PLANNING

All Ambulance Operation Managers (AOMs) asked what influence they feel they have on local issue, e.g. redesign of road, road humps and strategic changes in health provision. **None have replied.**

> "Do you feel the LAS is sufficiently included in local decision making, about such issues as the development of local health services, traffic calming measures and major road works that might affect the performance of the LAS."

3.4 ACCESS TO ESTATES FOR LAS CREW

London Councils have twice been asked to take action to ensure that estates entrances and exits and building names are properly signposted. The issue will be raised with John O'Brien, Chief Executive of London Councils and Chief Executives of all London boroughs.

3.5 QUALITY ACCOUNTS

Noted the Forum had met Steve Lennox, Director of Health Promotion & Quality to discuss the LAS response to the Forum's recommendations for 2011-2012. Some progress made a report will be made available to Forum members. The Forum has also sought advice from the DH on this issue.
To see Forum recommendations go to: http://tinyurl.com/ablxyr7
Noted the Forum also discussed contact between the LAS and Sickle Cell Society.

Patrick Ojeer, Acting Chief Executive of the Sickle Cell Society reported that he had met Steve Lennox to discuss priorities in the care of people with sickle cell disease at a workshop held January 2011, but nothing had been heard since from either Steve or from Medical Director Dr. Fionna Moore on this issue. Following the workshop Steve Lennox wrote as follows:

> " I will be writing up my notes at the end of the fieldwork (approximately 3 weeks). We will stay in touch and I hope I can pass the learning from the recent incident to you once completed."
>
> The following priorities were identified;

1) Minimise delays in time
2) Pain relief
3) Right hospital (or an explanation as to why this is not possible)
4) Up skilling the staff
5) Involving members with training

3.6 DIVERSITY AND INCLUSION – PARAMEDICS IN THE LAS

Liz Delauney the NHS London Equality and Diversity Lead has been provided with data (below) for the years 2004-2011 and asked what advice NHS London had given to the LAS

The percentage of paramedics whose ethnicity is described by the LAS as BME has grown minimally as follows between 2004-2012:

2004/5 3.54%
2005/6 3.13%
2006/7 3.31%
2007/8 3.83%
2008/9 3.52%
2009/10 3.71%
2010/11 4.00%
2011/12 4.62%

Agreed to raise this issue with the LAS Trust Board, the CHRE, NHS London and to discuss in the context of the UKIED (United Kingdom Investors in Equality and Diversity).

3.7 HIGH RISK REGISTER - LAS

Noted that there are several hundred addresses on the LAS 'High Risk Register'. These are addresses where there have been incidents in the past and LAS crew were not required to enter these premises to provide emergency care unless accompanied by police. Following a change of procedure, front line staff now enter people's homes after a dynamic risk assessment and only call police if there is a risk of violence.
**See appendix 1 below.**

3.8 ATTEMPTED CLOSURE OF LEWISHAM A&E

Noted that the following questions had been put to Martin Flaherty twice but received no response. Agreed to raise the issues with the LAS Trust Board.

The plan is to downgrade Lewisham A+E so that it no longer takes blue lights. It will become an urgent care centre.

- Have you modelled where flows would then go?

The Trust Special Administrator (TSA) seems to think they would be diverted to Woolwich, which might be upgraded. We think flows will go west to KCH.

- What view have you come to and what is the evidence?
- Also, the TSA says that the extra journey time is likely to be 6-9 mins. Is that the case and if so what would the clinical impact be in terms of increased mortality and morbidity?
- Woolwich and KCH A&Es are full to bursting now. Would they be able to cope with the (probably more than) diverted patients flow of 20% +

**Agreed also to:**

- Collect LAS modelling data regarding the impact on emergency care of closing A&E departments, e.g. Chase Farm
- Gather data on the impact of closing the Chase Farm maternity service on the care provided at Barnet and North Middlesex Hospitals
- Visit Friern Barnet ambulance station to gather front line information on the impact of the Chase Farm closure
- Consult with Dr Brian Fisher, Lewisham LINk on the proposals to close Lewisham A&E and evidence that potential impact on patient care and patient safety has been researched in detail.

**3.9 GAPS BETWEEN SHIFTS**

Noted that a new rest break agreement had been signed with the Unions which provides additional cash for staff if they miss their break. Agreed obtain more information about the agreement. Arthur Brill also agreed to provide details of the response he had received from the LAS in reply to a complaint about the impact of gaps between shifts on a 90 year old woman.

**Action: Contact Caron Hitchin and LAS TUs**

**4.0 FORUM'S PROGRAMME OF MEETINGS**

- December: Care of people with dementia
- January: New LAS Chief Executive
- February: Emergency care for people with a mental health crisis
- March: Review of equality and diversity in the LAS

**5.0 Problems in A&E – delays in admission, handover, turnaround. WHAT IS TO BE DONE?**

**5.1 Michael Parker, Chair, Croydon University Hospital (CUH)**
**Richard Parker, Director of Operations**

Slides are available – key points follow

- The threat of closure of Lewisham and St Heliers Hospitals could have a significant effect on CUH A&E
- The pressure on CUH A&E is increasing as well as the pressure to drive up quality standards post the Mid-Staffs disasters.
- Radical changes must take place because A&E is the hub of the hospital. There is a huge dependence on A&E and this is of immense importance.
- There has been a significant rise in Cat A emergency cases.
- Ambulance cases are undifferentiated at the front door of A&E, i.e. in terms of work load Cat A and Cat C are more or less the same.
- Average work load was 108 patients per day in A&E, now at bank holidays it goes up to 130 patients and there is a significant rise in admissions.

- The government's pricing mechanism for A&E is of great concern. Payments do not match workload, and workload is rising. Above the contract level, additional patients reduce the amount of money available for other hospital services, i.e. costs are pushed back into the system.
- David Flory, Deputy DH Chief Executive, should be advised to review the pricing mechanism to enable Hospitals to provide services according to need.
- Hospitals with a high number of specialised services generate more income than hospitals serving local populations.
- The NHS belongs to the people. We need it and staff are committed to providing the very best services at CUH.
- Performance at CUH was good until last year when patients numbers started to rise significantly. In 2010-11 there were only 4 black breaches (handover delays of one hour plus).
- In November 2012 there were 34 black breaches.
- More A&E consultants and more acute consultants have been employed in the recent period and the service is improving.
- There is a new acute medical unit which opens on 24/11/2012.
- Services became disorganised in the A&E when urgent care was put out to tender and the contract given to Virgin, whilst the GP out of hours service has gone to Harmoni.
- Virgin struggled to get triage staff. Now the A&E shares space with Virgin.

5.2 Neil Kennett Brown – Director of Commissioning for the LAS
Slide available.

- Neil said that the problem at CUH has been recognised as a major issue since June 2011.
- The issues have been discussed with Ruth Carnall, Chief Executive of NHS London and Simon Weldon, Director of Delivery for the NHS Commissioning Board (London region).
- Black breaches (60+minute delays) result in £1000 fines.
- Over the past year there have been a 70% reduction in black breaches in London.
- Turnaround times across London are:
  80% of patients are transferred from LAS to A&E within 15 minutes
  97% of patients are transferred within 30 minutes.
- Croydon is improving and has an appetite to address the issues that would lead to patients getting more effective care.

5.3 ISSUES RAISED BY MEMBERS

- Sister Josephine said that as a resident of Croydon she knows the community has suffered much pain as a result of the delays at CUH, and there has been much bad press. She said that she hope Michael Parker would work closely with the community to resolve the problems as CUH, as he had to improve services at Kings'.

- Lord Richard said he had paid 3 visits to CUH as a patient. In 2011 the service was rapid, but in 2012 had waited 5 hours and there were 45-50 people waiting.

- Dave Payne asked if patients being taken to hospital by ambulance, have the right to choose not to go to an A&E which has a reputation for long waits, i.e. do patients have the right to choice.

- Neil replied that the LAS receive data every two hours from hospitals about the pressure they are under and will divert ambulances if necessary. Patients do have a right to choose which hospital they go to, if it is a reasonable choice, and providing their medical need is not the greatest priority.

- Members asked what the impact on service delivery would be as a result of the loss of 890 staff by the LAS. Neil said that the staff would not be made redundant, but some vacancies would not be filled.
- George Shaw said that many of the problems described at CUH were due to hacking away at the NHS through cuts to budgets and through privatisation.

- Neil said that his challenge to the NHS as the Commissioner, was for it to operate within budget and to work collaboratively.

- Arthur Brill expressed concern that vast amounts of public money had been wasted on the development of Lewisham A&E which the government now wanted to close.

- Martin Saunders expressed great concern about the care of people with mental health problems when they are in crisis. He said that A&E care was often inappropriate, and added that King's now had a facility for the care of people with mental health problems.

- It was agreed to work with the commissioners and CUH to improve services at CUH and to campaign to improve the care of people suffering an acute mental health crisis.

Michael Parker, Richard Parker and Neil Kennett-Brown were thanked for their presentations.

6.0 Commissioning Priorities for 2013-2014

6.1 The Forum Document: Developing LAS Care and Treatment Recommendations for Commissioners was presented to members and to the Director of Commissioning Neil Kennett Brown. (attached)

7.0 Reports received:

7.1

- LAS Committee Reports - Patient and Public Involvement-Sis Josephine
- Infection Prevention and Control – Kathy West
- Mental Health Group – Malcolm Alexander
- Performance of the LAS
- Press Reports – Massive deficits in Croydon NHS – Ann Radmore/Caroline Taylor
- Traffic Calming Policy

The Meeting closed at 7.30pm

APPENDIX ONE

## HIGH RISK REGISTER – NOTE FROM THE LAS – NOVEMBER 2012

The Register is a list of addresses where there has been an incident in which an LAS crew have been physically assaulted, threatened or verbally abused.

One of the consequences of the address being on the register has lead to a small number of LAS crews who would not enter the premises unless the police were present. There have been a couple of cases of Cat A calls (life threatened patients), where crews have waited 'round the corner' until the police arrive to accompany them into the house or flat. This has led to calls being investigated and declared as Serious Incidents.

The register is not person specific, so all residents of an address have the potential to be subjected to the consequences of the address being on the register.

In the past there has been a lack of understanding as to how an entry onto the register was made. There is now in place a clear and robust process which sets out the responsibility for register entry. Following an investigation by the complex management team the Ambulance Operations Manager has the final authority to place the address on the register.

There is a process in action now of writing to all addresses on the register, informing the "occupier" that the house/flat is on the register and inviting the residents to appeal or complain. As this is an address register the letters go to the address, not named residents. Letters will have gone to all addresses on the LAS register by the end of 2012.

So far out of those addresses written to, 8 people have written back, 6 of these addresses have been taken off register and 2 are still being investigated.

Following formal reviews of addresses are ongoing there are currently 474 addresses on the register.

There are circa 700 addresses on the Register from the Metropolitan Police which the LAS has not investigated to confirm they are appropriate. However the LAS is working with the MPS to validate the addresses on the LAS register supplied by the MPS. This work is ongoing and will take sometime to complete. The LAS and Metropolitan Police lists are reciprocated. The police are not subject to the same rules as the LAS and they do not write to the addresses on their register.

Formerly, some public building were on the LAS 'high risk register' (pubs, launderettes) but these have now been removed. Public places are no longer accepted for inclusion on the register.

The LAS Register has four categories:

> *"1" is the most serious type of incident where a member of staff has actually been the subject of physical violence;*
>
> *"2" is where there has been (a) a specific threat of use of a weapon or (b) where there has been verbal abuse with intimidation or (c) where there has been verbal abuse aggravated by being based on the grounds of race, religion or sexual orientation;*
>
> *"3" is where a member of staff has been verbally abused;*
>
> *"4" is where a medical condition was a major factor in the incident*

**The current situation is that:**

Operational staff no longer wait for the police to arrive before entering premises on the register. They carry out a dynamic risk assessment when they arrive and only request police presence if for example, faced with violence or abuse on arrival.

There is a written process explaining how addresses get on the register. A member of front line staff will fill out a form if there has been an allegation of abuse or threatening behaviour, and the form will go to the AOM (Ambulance Operations Manager) who will ensure the complex management team instigates an investigation to enable validation of the proposed register entry.

A paper on the revised provisions of the High Risk Register (now called the **Location Alert Register**) will go the LAS SMG (Senior Management Group) on October 29th 2012 for approval. The paper states that front line ambulance crew will only request 'urgent police assistance' before entering premises where there is evidence of personal risk to them on arrival at the address following a dynamic risk assessment based on all the available information.

Operational staff and Emergency Operations Centre staff are being advised about the

changes to the Risk Register through staff bulletins.

The new system will be externally audited.