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Minutes of the Meeting held at

Monday NOVEMBER 12th 2014, 5.30pm-7.30pm

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| **Attendance : Forum Members** |
| Alhajie Alhussaine – Lambeth  Janet Marriott - Richmond/Hounslow  John Larkin- Company Secretary  Joseph Healy – Southwark  Kathy West - Southwark  Kay Winn-Cannon - Waltham Forest  Leslie Robertson – Merton  Malcolm Alexander – Chair – Hackney  Maria Nash – Barnet and carer  Michael English - Lambeth  Rashid Laher – Kingston  Sister Josephine – Vice Chair – Croydon |
| **LAS and Commissioners** |
| LAS Commissioners – David Whale  LAS–Sandra Adams, Lauren Murphy, Frances Field, Diane Halliley, Briony Sloper |
| **NHS Trust Development Authority** |
| Sean Overett |
| **Care Quality Commission** |
| Nazneen Choudhury |
| **Guest Speaker** |
| Robert Throw – CQC Inspector |
| **Apologies** |
| Alan Wheatley - Camden  Angela Cross-Durrant – Vice Chair - Kingston  Anthony John - Tower Hamlets  Barry Silverman – Southwark  C. Gustaffe - Southwark  Clarissa Rocke-Caton –Hackney  David Payne - Southwark  Inez Taylor – Southwark  Louisa Roberts - Tower Hamlets  Lynne Strother - Richmond  Margaret Luce - Head of Patient & Public Involvement and Public Education  Natalie Teich - Islington  Pat Duke - Southwark  Robin Kenworthy - Kent  Val Fulcher – Lewisham  Vishi Harihara - Camden/Barnet |
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**2.0 MINUTES**

2.1 Minutes of the meeting held September 8th 2014 were agreed a correct record.

**3.0 MATTERS ARISING FROM THE MINUTES**

3.1 Defibrillators – Malcolm reported had had a meeting with the LAS and the Local Pharmaceutical Committee in Hackney. A costed package is awaited from the LAS and Malcolm will then present the proposal to the Hackney Health and Wellbeing Board.

3.2 PTS Quality Standards. Noted that the PTS document has been updated and republished. Agreed to distribute to London hospital CEs and service providers.

3.3 Foundation Trust status. Agreed to arrange meeting with Sandra Adams to discuss latest position. Sean Overett explained that his role was to work with the LAS to support their transition to a FT. He said that governance, quality and performance were areas of key interest to the TDA

<http://www.ntda.nhs.uk/wp-content/uploads/2014/10/Paper-B-Chief-Executive-report.pdf>

3.4 Noted that the film Safety in Mind had been launched jointly by the LAS, metropolitan police and the South London and Maudsley Hospital. The film had been launched at the Maudsley – Kathy and Malcolm represented the Forum at the launch. Agreed to show part of the film at a future Forum meeting.

3.5 Noted that the LAS Mental Health Committee meeting had twice been cancelled.

**4.0 Robert Throw – CQC Guest Speaker**

4.1 Robert described the role of the CQC and explained that CQC priorities are to discover if services are:

* Is it safe?
* Is it effective?
* Is it responsive?
* Is it caring?
* Is it well led?

4.2 He said that for people using services:

* CQC engages with people using services and acts on what they tell the CQC
* CQC acts swiftly on safety and quality concerns to ensure action is taken
* CQC provides clear, relevant and authoritative reports that focus on the needs and experiences of people

He added that it is the ambition of the CQC that people should have confidence in

CQC and trust in its independence, expertise and judgement

4.3 Referring to relationship with service providers Robert said that the CQC aims

to be seen as an organisation that is respected as open, professional, expert and

independent and in addition:

* listens, respects honesty and communicates clearly
* is proportionate, consistent and uses fair processes
* shares the providers commitment to improving the services they
* listens to staff working in care services

4.4 Robert said the CQC are developing anew approach to inspection, covering

* Acute hospital services
* Specialist mental health services
* Community health services
* Ambulance services
* Covers NHS and independent providers

He said that all providers will be rated on a four point scale (outstanding; good; requires improvement or inadequate).

4.5 In relation to inspections, Robert described the three phases as follows:

* Pre-inspection: Planning inspection  
   Development a datapack  
   Recruitment of inspection team
* Inspection: T3-4 days  
   30-40 team members  
   Listening event, focus groups, interviews
* Post inspection: Report writing  
   Quality control  
   Factual accuracy check  
   Quality Summit to which patients’ reps are invited  
   Publication of CQC report

4.6 The process of inspection of ambulance services will include:

* Receiving and triaging 999 calls
* Receiving and triaging non-life threatening 999 calls and the process of providing appropriate responses, advice and treatment
* Undertaking high dependency and intensive care transfers between hospitals
* Patient transport services
* Response to major incidents
* Provision of 111 services
* Assessment, treatment and care at home
* Air ambulance services

4.7 The CQC inspectors will consider if the ambulance service provides

services that are safe and vehicles clean. Inspectors will assess whether -

* Equipment is safe?
* Ambulances are well maintained?
* Medicines management is safe?
* Safeguarding is effective?
* The ambulance service learns from incidents?
* Staff training is effective in relation to safe practices?
* Ambulance clinicians maintain and update their essential skills?

4.8 Inspectors will look at the effectiveness of ambulance services, e.g. do

paramedics:

* Carry out appropriate assessment?
* Provide correct diagnosis?
* Use evidence-based care pathways?

Are audits of services and treatment carried out and do these include

national comparisons of quality standards (where feasible)?

4.9 Robert said that the other areas of focus for the CQC are:

Is the service caring?

* Are patients treated with dignity, respect and compassion?
* Are families and friends treated with dignity, respect and compassion
* How is feedback from patients and carers gathered?

Is the service responsive to patients’ needs?

* Timely responses
* Appropriate information sharing
* Management of specific groups of patients (e.g. vulnerable; patients with dementia; patients with mental health problems)
* Gathering and responding to complaints

Is the service well-led?

* Vision and strategy?
* Culture?
* Governance arrangements?
* Leadership?
* Learning from good practice
* Integration with other providers

Defining groups with specific needs:

* People with mental health needs
* Children and young people
* People with a long term condition
* Bariatric service users
* End of life care
* Patients who have fallen
* Stroke
* Cardiac arrest

4.10 Robert said that inspection teams will include lay people who are ‘experts by experience and that all members of the team are equal. He said that the CQC has carried out an inspection of the North West Ambulance Service in August and September 2014:

http://www.cqc.org.uk/sites/default/files/new\_reports/AAAB9389.pdf

4.11 Members asked the following questions:

1. Will the CQC consider the impact on patients in ambulances of road humps used to slow traffic? She said there was a risk to patient safety and bumps caused great discomfort for patients. (Maria Nash)

Answer: This matter is beyond the role and scope of the CQC

1. How often are services monitored by the CQC (Kathy West)

Answer: Regularity is based on risk and local need. The poorer the service the more often the CQC will visit.

1. How does the CQC respond to poor staff safety results (Michael English)

Answer: Staff will be offered interviews to discuss their view of the service.

1. How will members of the public know about the visit to the CQC visit to the LAS (Lynn Strother)

Answer: Information will be placed in GP surgeries, distributed through CCGs and provided to Foundation Trust and Healthwatch members.

1. Do the CQC examine data on staff turnover and staff surveys? (Joseph Healy)

Answer: Confidential meetings take place with staff to find out what they feel about the service.

1. Do the CQC carry out unannounced visits (Alhajie Alhussaine)?

Answer: All visits include both announced and unannounced visits.

1. How does CQC recruit lay people to join visits?

Answer: Through public advertising. There is no difficulty in recruiting

team members.

1. Will the Forum members be invited to the pre-meeting before the CQC visit to the LAS? Will the Forum be invited to the Summit after the visit?

Answer: Forum members will be invited to the pre-visit meeting and a

representative invited to the Summit after the meeting.

4.12 Sandra Adams said that LAS staff are always willing and encouraged to speak to CQC inspectors. There are also focus groups and staff are free to speak openly.

4.13 Robert Throw was thanked for his excellent presentation.

5.0 Members Reports

5.1 The reports on the LAS Board meeting and the Clinical Safety, Development and Effectiveness Committee were received.

6.0 Performance data for the LAS and for the handover of patients was received. It was noted that performance against the Category A target was very poor and currently stood at 54% against a target of 75% was the most seriously ill patients.

**The meeting closed at 7pm and was followed by the Forum’s AGM.**