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**MINUTES - PATIENTS’ FORUM - FEBRUARY 12th 2018**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest – Healthwatch

Alexis Smith – Bromley

Arif Mehmood – Newham

Arthur Muwonge – Croydon

Barry Hills – Kent

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

David Payne – Southwark

Dhanesh Sharma

Dov Gerber – Barnet

Garner Bertrand - Newham

Graeme Crawford – Ealing (Acton)

Inez Taylor – Southwark

Jan Duke – Southwark

Jan Marriott – Richmond

Kylie Crawley – Southwark

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum

Natalie Teich – Healthwatch –Islington

Philip de Bruyn – Brent CCG

Philip Ward – Hammersmith and Fulham

Sean Hamilton – Greenwich

Shivakuru Selvathurai

Simon Mott - Tooting

Sister Josephine Udine – Croydon- Vice Chair

Vic. Hamilton - Greenwich

**FROM THE: CARE QUALITY COMMISSION** - Stella Franklin and Jane Brown

**LAS STAFF:** Samad Billoo and Zafar Sardar - Emergency Operations Centre

**LAS COMMISSIONERS:** Sharon Afful – Project Officer

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**APOLOGIES**

Angela Cross-Durrant – Kingston – Vice Chair

Audrey Lucas – Enfield- Executive Committee

Beulah Mary East – Hillingdon

Christine Kenworthy– Kent

James Guest – Ealing

John Larkin- Company Secretary

Joseph Healy – Southwark – President of the Forum

Louisa Roberts – Tower Hamlets

Mary Leung – Harrow

Michael English – Lambeth

Mike Roberts - Hampshire

Rashid Ali Laher – Healthwatch Kingston

Robin Kenworthy – Kent

1. **MINUTES OF MEETNG HELD: January**
2. **8th 2018 were agreed a correct record**
   1. Matter arising - See ACTION LOG which is attached for a complete lists of

matters arising.

**2.0 Jane Brown and Stella Franklin from the CQC were welcomed to the meeting.**

**3.0 CPR/DEFIBRILLATOR TRAINING**

3.1 Noted that 19 members had applied for training. Two dates have been agreed with the LAS: Monday June 11th and July 9th. Members being asked which date they would prefer.

**4.0 LAS ACADEMY**

4.1 Noted that a role description has been written jointly by the Academy and Forum to describe the involvement of Forum members in the mock patients acting roles. This collaboration is intended to assist with the selection and training of students for the LAS Academy.

**5.0 EMERGENCY OPERATIONS CENTRE REPORT**

5.1 The final draft report was received. This followed observation shifts by 9 Forum members at the EOCs in Waterloo and Bow. The Forum has written to Pauline Cranmer regarding implementation of the Forum's recommendations. (Pauline is the Deputy Director of Operations – Control Services).

5.2 Prison Services and Immigration Removal Centres: noted that in some cases it can take up to an hour for an ambulance to get from the entrance of a prison into the prisoner needing emergency care, e.g. at Wormwood Scrubs prison. It is expected that a prison nurse would be looking after the patient, but more information is required. Agreed to request data on LAS performance in relation to prisons and IRCs. The Forum has a copy of the Memorandum of Understanding (MoU) between the LAS and prison service. The LAS has told the Forum that the MOU equally applies to the IRCs.

See letter from Sarah Wollastan, Chair of the Health and Social Care parliamentary committee (31/1/18) www.parliament.uk/documents/commons-committees/Health/Correspondence/2017-19/Letter-from-Secretary-of-State-Health-to-Chair-Healthcare-Services-in-prison-Q147-31-01-18.pdf

**6.0 MOCK CQC VISITS**

6.1 Following participation in the Mock CQC Inspection by Forum members, we have now received a report giving a description of the main areas of concern and the action being taken to address these problems.

**7.0 CARE QUALITY COMMISSION -** Stella Franklin and Jane Brown

7.1 The LAS are about to be inspected by the CQC to assess whether it should be brought out of Special Measures. There will be a detailed inspection of all LAS services, followed by a well-led inspection to see if the new Chief Executive and his team are demonstrating adequate and appropriate leadership of the organisation. Staff have been asked to submit information relating to their experience of the LAS, and the CQC wants to hear about the experiences of service users through the Patients' Forum. The LAS is currently providing a great deal of detailed information to the CQC about its governance.

7.2 Malcolm Alexander reported that the Forum is currently compiling a document giving details of the experiences of members and this would be presented to the CQC on February 22nd when the EC meets Jane Brown and Anne Hinds-Murray.

7.3 Jan Marriot asked how the CQC let staff and the public know about their inspection and how they can be assured of confidentiality.

**Response:** All staff have been notified about the inspection and they have been invited to speak directly to the CQC or submit information in other ways. Confidentiality is guaranteed, names of staff are not used in the report, and the only exception would be a safeguarding issue, which the CQC must act on. There is an emphasis on gathering information from front line staff and those in the Emergency Operations Centre. Jane said that staff are vocal and that a great deal of feedback is received.

7.4 Sister Josephine asked how the CQC helps the LAS to improve.

**Response:** The responsibility of the CQC is to engage with staff and service users. The CQC can challenge the LAS but can't tell the LAS how to act. It is an ongoing process.

7.5 The following issues were raised by members:

7.6 **Bariatric Care** – the CQC raised this issue with the LAS when it was first put into special measures. A plan has now been agreed by the LAS, but funding has still not been agreed by the LAS Executive team. The Forum has raised this issue with the LAS many times but progress is very slow. The Forum has also asked for access to patients receiving bariatric care to find out about their experiences.

7.7 **Recruitment –** Sister Josephine said that recruitment to the LAS is still a major problem and that only 4.5% of front line staff are from a BME heritage. She said that this problem has not been resolved despite campaigning by the Forum on this issue over the past five years, and the Forum's long term study of race equality in the LAS.

**Response:** Stella said that the CQC will examine the LAS's progress with the WRES (Workforce Race Equality Scheme) and that race equality was high on the CQCs agenda.

**7.8 Access to LAS facilities for staff –** Samad Billoo expressed concern that some parts of the LAS estate are not accessible to disabled staff.

**7.9 Patient Feedback -** Jan said the LAS collects feedback from patients who have used their services and most appreciate the care provided by front line staff. Jane asked how this feedback is collected?

**7.10 Insight Project –** Malcolm described this excellent project, which sought to collect the views of people with COPD (Lewisham Breatheasy Group), sickle cell disorders (Merton Sickle Cell and Thalassaemia Group) and personality disorders (Oxleas Trust ResearchNet Peer Support Group) and use their experiences to improve the quality of services.

www.patientpublicinvolvement.com/news/real-people-real-lives-sharing-insights-at-london-ambulance-service/

**7.11 Stroke** - The Forum has been endeavouring to work more closely with the LAS on the development of stroke services and to increase recognition of the importance of aphasia. A member of the Forum who is an ‘expert by experience’ has been trying to meet the LAS to discuss this issue but some resistance has been experienced.

**7.11 Staff morale –** Lynn Strother expressed concern about staff becoming demoralised by the very difficult and sometimes traumatic work that they do. She said that the trauma can be very damaging to the mental health of staff. Lynn said that staff sometimes do not feel valued and that this is related to the variability of the quality of middle management. Lynn added that the safety of services provided by the LAS can be a problem, because of delays in response to patients and said that communications to staff and patients needs to improve. Lynn asked if feedback is provided to staff following the inspection?

**7.12 Stella confirmed** that feedback is given to staff and added that the process of the inspection would be as follows:

a) Inspection of core services – first part – 10 days.

b) Well-led inspection.

c) Quality assurance process

Stella said that it is up to the LAS if they want to share the CQC reports produced after the inspection. She said that a report is produced on each domain and a summary is also produced to provide easier access to their findings. Detailed reports are published after the inspection and a Summit held to bring the LAS, stakeholders and the CQC together to receive the final outcome of the inspection.

**7.13 Ambulance queuing –** Sister Josephine drew attention to the grave problem of ambulance queuing and the handing over of patients to A&E departments. She said this was causing harm to patients waiting for A&E care and to sick patients lying in the road or on their floor at home, after an accident or incident. Sister Josephine pointed out that the LAS already runs the 111 service for SE London, which is running well and has recently acquired the 111 service for NE London. She added that it is essential that patients are listened to by the LAS and that action is taken in response to their feedback.

**7.14 Mock CQC Inspection –** Natalie Teich described her participation in mock inspections and her concern that the visits to stations were taking place, when the stations had very few staff available to talk to. She expressed surprise that it had been so difficult for the Forum to get feedback after the inspections; especially so many members had given their time so freely.

**7.15 LAS Strategy –** Concern was expressed at the delay in getting a response to the Forum's contribution to the LAS Strategic Intent, and the lack of a financial case in the strategy document. The Forum is concerned that there is to be no consultation on the draft strategy, which is intended to lead to five years of development in the LAS.

**7.16 Volunteering for the LAS –** Samad drew attention to the lack of experience in the LAS to the managing of external volunteers. He said that some LAS managers are not good at managing staff and that there is a need for culture and attitude to change amongst some managers. Sister Josephine agreed that the LAS does not have the skills to manage community volunteers and drew attention to the loss of £50,000 from the DDMCS grant that was intended for volunteering projects with BME communities. (DDMCS=Department of Digital, Media, Culture and Sport).

**7.17 Quality Oversight Group** – Malcolm reported that work with the QOG was going well. The Forum has been allocated a place on the agenda and presents to the Group on issues where there is collaboration between the Forum and LAS. He also pointed to the excellent work between the Forum and the LAS Academy aimed at ensuring that staff being trained in the Academy have a good understanding of the importance of PPI.

**7.18 Complaints Charter –** this document was written by the Forum, agreed with the LAS board and is being edited to make it consistent with the NHSE Accessible Information Standard.

**7.19 Stella and Jane were thanked for attending the meeting and listening to the many issues raised by members of the Forum.**

**8.00 FORMAL COMPLAINT TO BRENT CCG**

8.01 A formal complaint has been made to the CCG (LAS commissioners) regarding the withdrawal of performance data from the Forum. The Brent CCG claims that the data it sends out to all of London’s CCGs is unvalidated, yet the CCGs are not aware of this, and the LAS has told the Forum that the data is validated. Following the Forum’s formal complaint the CCG has agreed to provide data and is doing so, but it is months old and of little use. The Forum is relying on data provided from other sources. Athar Khan at the LAS has agreed to provide regular data sets.

**9.0 EQUALITY AND DIVERSITY COMMITTEE - LAS**

9.1 Report received with positive indicators that the committee is functioning well. A verbal report had been provided at the January meeting. The Committee has considered a letter from the Forum proposing ideas for enhanced recruitment of staff with a BME heritage.

**10.0 END OF LIFE CARE**

10.1 Angela Cross-Durrant was unable to attend and will report to the March meeting. Her report was received.

**11.0 CLINICAL AUDIT AND RESEARCH STEERING GROUP (CARU)**

11.1 Report was received. Natalie Teich who has attends CARU on behalf of the Forum described the outstanding work of CARU and its Steering Group. As an example, she described the three audits of patients with sickle cell disorders. Natalie said that the collaboration with CARU was excellent and very inclusive.

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| Note from CARU document: The Strategy, Process and Application of Clinical Audit in the London Ambulance Service - 4.2 External: A patient representative Specialists in the following areas: |

Emergency Medicine, Cardiac, Obstetrics, Toxicology, Stroke, Trauma, Geriatrics, Mental Health, Academic Health Researcher.

**12.0 CLINICAL EFFECTIVENESS AND STANDARDS GROUP**

12.1 Re-Contact Audit: Malcolm reported that there had been problems with re-contact audits for patient who are “hear and treat”, i.e. are assessed and given advice over the phone, and for patients who receive a service from 111. The LAS recontact audit looks at patients who recontact LAS within 24 hours of initial contact for the same condition.Re-contact audits are used to assess the correct response has been provided and to detect deterioration or death, which may have been caused by an incorrect response. Data for “see and treat” is available and is being assessed proactively. The issue has been escalated as an SI.

12.2 Sepsis: the sepsis pathway is being updated to “NEWS 2” following advice from the Royal College of Physicians. This will require additional training for front line staff.

**13.0 PATIENT EXPERIENCE AND FEEDBACK GROUP**

13.1 Adrian gave a verbal report highlighting:

* Need for improved DBS checking of ‘bank’ staff
* Employment of 3 additional mental health nurses
* Development of a response unit specifically for mental health care with a paramedic and mental health nurse, operating in south east London
* PlanS are developing for a place in the LAS clinical hub for a midwife to give more expert advice to front line staff
* Guidelines are being developed regarding deaths in transit (in an ambulance) and paediatric deaths. Only a doctor can certify a death.
* A full report will be provided for the March 2018 meeting of the Forum.
  1. **QUESTIONS TO THE LAS BOARD - JANUARY 30TH 2018**
  2. **LAS Strategy:** Will the Board ensure that the LAS Draft Strategy is

subject to formal public consultation before the final strategy is agreed by the Board? **RESPONSE**: No public consultation because most of the changes are internal

**14.2 Patient Recontact Audit:** Will the Board ensure that the LAS undertakes regular clinical re-contact audits of Hear and Treat patients and III patients (111 to 999 and 999 to 111)?  **RESPONSE**:When the second call indicates a significant deterioration in condition the case is referred to the Serious Incident Group for review. For 111 managed patients the standard is to review if a patient contacts 111 three times or more in 96 hours and LAS 111 remain compliant with this review. **Noted that the LAS Clinical Effectiveness and Standards group reported that re-contact data had not been reviewed for 111 and Hear and Treat.**

**14.3 AMBULANCE RESPONSE PROGRAMME (ARP):** Is the Board satisfied that the standardisation of 2 and 3 hour waits under the ARP system (rather than 20 or 30 minutes) is not causing harm to patients? **RESPONSE:** Since the introduction of the new ambulance standards in November 2017 there is, for the first time, a 90th centile reporting standard for response rates for all categories of patients which ensures oversight of any long waits for responses. To maintain safety the clinical hub oversees the patients waiting in all categories and monitor for deterioration in condition. **Noted that this response does not answer the Forum’s question.**

**14.4 EOC: What action will the Board take to deal with severe recruitment**

**problems in EOC? RESPONSE:** The risks associated with the Trust’s ability to

recruit into the EOC and the actions in place to mitigate these have been included in

detail in the Trust’s BAF. See attached or page: 126.

www.londonambulance.nhs.uk/wp-content/uploads/2018/02/TRUST-BOARD-PUBLIC-MEETING-30-JANUARY-2018.pdf

1. **PERFORMANCE DATA received:**

15.1 Arrival at hospital to handover data for January 14 to January 21st

15.2 Ambulance Response Programme - Summary

**The meeting finished at 7.30pm**