



MINUTES of FORUM HELD MONDAY SEPTEMBER 11th 2017

ATTENDANCE: FORUM MEMBERS AND ASSOCIATES

Adrian Dodd – Waltham Forest – Healthwatch
Audrey Lucas – Enfield- Executive Committee
Beulah Mary East - Hillingdon
Angela Cross-Durrant – Kingston – Vice Chair
Arthur Muwonge – Croydon
Barry Hills – Kent
Catherine Gustaffe – Southwark
Colin Hill – Berkshire
Dhanesh Sharma
Graeme Crawford – Ealing
James Guest – Ealing
Jan Marriott - Richmond
John Larkin- Company Secretary
Joseph Healy – Southwark - Forum President
Lynn Strother – City of London Healthwatch – Executive Committee
Malcolm Alexander – Chair, Patients' Forum
Mary Leung – Harrow
Natalie Teich – Healthwatch –Islington
Rashid Ali Laher – Healthwatch Kingston
Sister Josephine Udine – Croydon- Vice Chair

SPEAKERS:

Patricia Grealish -
Melissa Berry –

London Ambulance Service:

Samad Billoo – LAS - EOC

Commissioner's Representatives:

LAS Commissioning Team - Nil

APOLOGIES

Arif Mehmood - Newham
Christine Kenworthy– Kent
David Payne – Southwark
Inez Taylor - Southwark
Jan Duke - Southwark
Jos Bell – Socialist Health Association
Kathy West – Southwark
Michael English - Lambeth
Mike Roberts - Hampshire
Philip Ward – Hammersmith and Fulham
Robin Kenworthy – Kent
Sean Hamilton – Greenwich
Vic Hamilton – Greenwich

1.0 Minutes of the meeting held July 10th 2017 were agreed a correct record except 8.26 amend to read: Angela Cross-Durrant said that the Health and Social Care Act had done little to improve effective co-operation between health and social care.

2.0 Matter arising

2.1 For matters arising see ACTION LOG which is attached.

3.0 Elections to the Forum

3.1 Noted that following elections to the Forum that the members have taken up the following positions:

Chair: Malcolm Alexander

Vice Chair: Sister Josephine Udine

Vice Chair: Angela Cross-Durrant

EC Members: Audrey Lucas, Lynn Strother, Beulah East, Adrian Dodd.

4.0 Complaints Charter

4.1 Noted that the Complaints Charter has been revised and will be the subject of further discussion with head of complaints – Gary Bassett and Chief Quality Officer, Trisha Bain.

5.0 Forum's London Defibrillator Campaign

5.1 FOI requests – Responses are currently being received from local council and a report will be given to the October meeting of the Forum.

5.2 Graeme Crawford raised the issue of location of defibs with police and fire brigade. It was confirmed that fire engines carry defibs and that they have been installed in over 600 police cars.

5.3 Boots UK are refusing to install defibrillators despite the Forum's campaign. The campaign led to Boots agreeing to install defibs on the outside of their building providing the community pays.

6.0 Deep Dives – Auditing LAS Care and Treatment

6.1 Noted that that Commissioners of the LAS carry out detailed studies of LAS care and treatment. Agreed to obtain copies of these reports for 206/7.

7.0 Mental Health Meeting with the London Health Partnership (LHP)

7.1 Members reported very positively on this meeting which focused on the needs of patients with acute mental health problems.

7.2 It was noted that places of safety and A&E departments were often inadequate for patients in crisis, especially for those sectioned under the Mental Health Act. Financial resources were also inadequate to achieve the duty of 'parity of esteem' for patients in a mental health crisis.

7.3 It was agreed to visit local places of safety to assess the quality of the facilities and services.

7.4 It was noted that one of the participants in the meeting with the LHP was helping to redesign the Maudsley place of safety.

8.0 Cat C Responses by the LAS – Revision of the target

8.1 Noted that Malcolm had held a meeting with Dr Johal and Elizabeth Ogunoye concerning the downgrading of the Cat C target, but had been unable to get any explanation. The longer waiting times for patients are now embedded in the contract between the LAS and CCG commissioners.

9.0 PATRICIA GREALISH - Director of People and Organisational Development and MELISSA BERRY – Race Equality Lead for the LAS.

RACE EQUALITY IN THE LAS

9.1 Patricia said she had taken up her role as Director of People and Organisational Development in June 2017 and described her private sector background in education, defence, security, engineering and the RAF. She said the challenges have been similar whichever industry she has worked in and that a commercial focus and accounting for every penny are amongst her priorities.

She said that she was happy to answer all the questions submitted by Forum members either during or after the Forum meeting (attached).

Patricia described one her main role as making the LAS assessable to all people from all backgrounds and skill sets and explained that in relation to

promoting diversity in the organisation, that Melissa Berry played a key role, but was only with the organisation for another year. Melissa led on race equality and the WRES (workplace race equality standard). Patricia said that Melissa had led a great deal of successful work in the LAS but there was a great deal more to do. Included in the successes was the award of £300,000 from the Health Education Council. Patricia said that the Chief Executive, Garrett Emmerson was very committed to equality and diversity.

Active recruitment is now taking place in local community and this includes demonstrating the range of work opportunities available in the LAS. Referring to the current workforce, Patricia said that 7% of paramedics were from a BME heritage and that retention of BME staff in the LAS is a challenge.

Regarding the techniques being used to recruit staff, Patricia said that that Spotify, local advertising and street teams are being used and that particular demographics are being used to target groups that are underrepresented in the LAS.

9.2 Angela Cross-Durrant asked if the LAS is attending careers events. She said that some colleges had huge numbers of students and a very diverse student population. She offered to send a list of all London colleges to Patricia. Melissa Berry replied that she agreed with that approach but, this was not the right time of year for such an initiative. A recruitment campaign in Westfield produced 350-400 expressions of interest and 250 applications and of these 13% were from a BME heritage.

9.3 Patricia said that there are many indicators of inequality in the organisation and included an excess of disciplinary cases against BME staff and low numbers of BME staff in senior grades, senior management and in the governance of the organisation. In order to analyse the impact of inequality on the LAS, Patricia said much higher quality data is required. Progress has been made, e.g. the national staff data set called the ESR was poorly recorded in the LAS and contained inadequate data – this has now substantially improved.

9.4 The annual staff survey is a very important way of determining if the organisation is changing. Patricia said that the current data is now one year old and show gradual improvement of the past three years. The new staff survey is about to be launched and will contain key questions about harassment and bullying and equality of opportunity. She said that a major issue going forward is the collection of the right data, gathering intelligence and collecting good personal data. The new People and Organisational Development Strategy will focus on the LAS being a learning organisation; inclusion being paramount and the creation of an appropriate culture that puts patients at the centre of the organisation.

- 9.5 Working with staff to create equality and diversity will require effective BME, LGBT and other networks of staff whose voice is needed to transform the organisation and strong leadership.
- 9.6 Samad Billoo asked how the LAS will demonstrate that it has achieved equality? Patricia replied that the key indicators would include the visibility of diversity amongst staff in all parts of the organisation, senior staff being held to account for diversity, perhaps a healthy workplace charter and evidence that a diverse workforce is experiencing equity in the workplace.
- 9.7 Melissa said that achieving the requirement of the Workforce Race Equality Standard (WRES) was paramount and added that a Solutions Event would be held at the end of October and an action plan produced.
- 9.8 Sister Josephine said that the dignity of the person was at the core of equality and that a value system was needed in the organisation that saw people as people and enabled all staff to feel valued and progress in the organisation. Patricia responded that in some ways the workplace is like a family and the LAS must work hard to listen to people and to find how they like to be treated.
- 9.9 Audrey Lucas expressed concern about the low number of BME staff who are front line paramedics (7%). She said that the people out there providing care to patients should reflect the people they are caring for.
- 9.10 Patricia acknowledged the low level of BME paramedics in the LAS, but suggested that this was due to the small paramedic pool in the UK and the paramedic profession now being mostly degree entry. This issue is partly being tackled through the use of Health Education England funds to upgrade Emergency Ambulance Crew and Emergency Ambulance Technicians. 12 staff in this group are studying to be a paramedic at St George's Medical School.
- 9.11 Beulah East said that the LAS needs to have BME staff in senior posts including the top of the managerial structure. Angela Cross-Durrant added that BME role models are needed at appropriate managerial levels and acknowledged that it will take time to 'turn the juggernaut'. She asked what information has been produced through exit interviews with staff.
- 9.12 Malcolm asked Patricia what the LAS will do about the bullying culture that exists in some parts of the LAS and the possible impact that this can have on BME staff and the turnover of BME staff.
- 9.13 Patricia suggested that the organisation needed to develop a 'golden thread' of inclusion. She said that this requires a significant process of education of all staff – not just managers. She said it requires additional

funding and for management behaviour to be 'set right', i.e. the development of essential management skills which include dignity and respect and awareness of the harm caused by too much stress and pressure on front line staff.

- 9.14 Jan Marriott said that the LAS must keep its 'foot on the peddle' to make sure that BME staff are encouraged and supported to gain paramedic qualification through the LAS Academy.
- 9.15 Samad Billoo who has worked for the LAS for 20 years said that valuable work is now being done in the LAS, but a better structure is needed to create a genuinely diverse workforce. He said it is essential to deliver effective equality training in the LAS and that diversity must develop in every section and level of the LAS. He said the biggest issue is ensuring that the LAS has effective, well trained managers, who value staff and value diversity in all staff groups. Samad added that there must be a willingness in the LAS to deal with the long term problems of bullying, harassment and racism and promote equality and diversity across the LAS.
- 9.16 Rashid Ali said that the armed forces recruit from **across** the Commonwealth and asked why the LAS can't do the same? He asked if a directory could be produced showing that kind of jobs are available in the LAS and who to contact to get more information. He suggested this would be good for recruitment in schools, colleges and in the voluntary sector.
- 9.17 Patricia suggested that there was a weakness in an organisation where staff are unwilling to be open say how they feel about working conditions. She agreed it is essential to reintroduce exit interviews to find why staff are leaving and what suggestions they have to improve working conditions.
- 9.17 Graeme Crawford asked what was being done to support applications to get the right training and support to join the LAS, and to develop values and attitudes what are essential to building a new and more positive culture within the LAS. He asked what the target for the recruitment of BME staff is?
- 9.18 Angela Cross-Durrant asked about the use of apprenticeships and suggested that these would be good for both young applicants and for older people having a mid career change. She asked if money could be obtained for this purpose. Patricia and Melissa agreed with this approach, but thought it would take some time to establish such a scheme.
- 9.19 James Guest said he had worked as a lecturer in Further Education colleges for some years and agreed with the proposal to establish

apprenticeships starting with young people age 16. He thought that some ambulance stations could be used as training centres.

9.20 Patricia Grealish and Melissa Berry were thanked for their excellent presentation.

10.00 AMBULANCE QUEUES

10.1 Malcolm reported on the continuing problem of hundreds of patients having to queue in ambulance to get into A&E departments, causing a delay in their treatment and massively reducing the capacity of the LAS to respond to emergencies. He said that the Mayor for London Sidiq Khan had been asked to intervene, meet with the Forum and hold a joint public meeting. The Mayor had responded, but had not agreed to a meeting.

10.2 Angela suggested that the main problem was that some hospitals do not perform well because of poor planning and scheduling and is aware that this is a problem which Paul Woodrow is focussed on.

10.3 Samad Billoo said that from the EOC position, ambulances are stuck at hospitals, patients are waiting for an emergency response and patients sometimes regarded as lower priority, may have critical conditions that need a rapid response. He described waits of between 7 and 13 hours for some patients.

10.4 Graeme Crawford said that the planned closure of west London A&Es by the CCGs and STPs would create a much worse situation for patients in west London and put lives at risk.

10.5 It was agreed to:

- Compile a data set of local information on breaches
- Ask Assembly Members for their support and to refer to the Mayor's Health and Wellbeing duty.
and raise the issue with:
- Local Healthwatch
- AGMs of London's CCGs
- GLA Health Committee
- London Councils (pan London representative body)
- Overview and Scrutiny Committee of most affected boroughs and with joint OSCs
- Jeremy Hunt

Mayor says leading a healthy life should not be a luxury

23 August 2017

Sadiq Khan publishes 'Better Health for all Londoners' - aiming to tackle city's inequalities and improve the health of everyone living in the capital

Health inequalities in London are the worst in the UK

New health inequality map shows women in Tower Hamlets can expect to live for 30 years in ill health, compared to under 12 years for men in Enfield

By focusing on reducing inequality, London can become a healthier city, as well as a happier, more prosperous and fairer one

The Mayor, Sadiq Khan, today condemned the stark disparity in the number of years that Londoners in different boroughs can expect to live in ill health as he published his Health Inequality Strategy.

10.0 REVIEWING LAS COMPLAINTS

10.1 Noted that the Forum had agreed to review LAS complaints, but that after the first visit to gain knowledge of the IT system used for complaints handling, that we have been denied further access. There was considerable concern about the short notice given to cancel the arrangements to carry out further visits to the complaints department. (Learning from Experience).

10.2 The LAS now required the Forum to enter into an Information Sharing Agreement (confidentiality) but this agreement is taking a long time to process (since August).

10.3 Angela proposed and it was agreed that in the interim that the following approach is taken:

"Given the issue of confidentiality, would it be possible for printed, anonymised, versions of sample complaints to be produced for evaluation of the process? This kind of sampling is pretty commonly used by organisations keen on quality assurance, and to evaluate the effectiveness of systems, including complaints systems".

"Could we see two anonymised cases managed by Patient Experiences, which have been upheld, and two not upheld, be provided - from beginning to end? The same for Legal Services, governance and compliance and safety and risk".

"Then three others at random, all again from beginning to end. Plus three not yet 'triaged'".

10.4 Meetings with complainants are being arranged with Briony Sloper to

resolve issues and improve responses to patients. One successful meeting has so far taken place.

11.0 EQUALITY AND INCLUSION IN THE LAS

11.1 Noted that the Equality and Inclusion Committee had not met for a long term, but the Forum has been informally advised that meetings will take place on October 9th and December 6th. Members emphasized that it is essential that the Committee and LAS must be inclusive of all protected characteristics.

12.0 FORUM AGM

12.1 The AGM will be held at the November 13th meeting.

12.2 Annual Report: <http://tinyurl.com/ya4p3pwc>

13.0 AMBULANCE RESPONSE PROGRAMME

13.1 Noted that this programme will change all ambulance targets. It has been trialled by a number of ambulance trusts and research carried out by Sheffield University.

13.2 ARP is intended to get better responses to the most gravely ill patients, e.g. stroke and cardiac arrest, but may produce a worse response for less seriously ill patients. A meeting has taken place with Dr Fenella Wrigley on this issue.

13.3 Agreed to invite a speaker on ARP to a future Forum meeting.

14.0 WITHDRAWAL OF PERFORMANCE DATA FROM THE FORUM

14.1 Noted that the CCG commissioners have stopped sending data to the Forum. This data has been sent to the Forum for five years, but stopped after the Forum publicised the data to the Mayor, local authorities and the Evening Standard.

14.2 The CCG has told the Forum that the data is un-validated and has, therefore, been withdrawn.

14.3 The data is to 200 colleagues across London CCGs and is not marked as un-validated or confidential.

14.4 Agreed to raise this issue with Elizabeth Ogunoye the lead commissioner for the LAS.

15.0 FORUM COMMUNICATIONS

- 15.1 The Forum agreed to set up a Twitter account and this process will be led by Forum president Joseph Healy.

16.0 Q VOLUNTEERING

- 16.1 Sister Josephine reported on her concerns regarding the development of the Q Volunteering project, which was designed to encourage the participation of BME volunteers in the work of the LAS. She explained that the Cabinet Office had given £100,000 to the LAS in response to a bid from the LAS BME Forum. Half of that money has been used to commission the Royal Voluntary Service to recruit BME volunteers in the community. As a result of concern about the development of the project by the Cabinet Office and national BME Forum, some or all of the money may be returned to the Cabinet Office.
- 16.2 Agreed to seek a meeting with Briony Sloper, who leads on the project for the LAS to get an update and to see if the Forum can support the development of the project. Sister Josephine agreed also to maintain contact with the Cabinet Office on this issue.

17.0 COMMAND POINT IT SYSTEM BREAKDOWN – JANUARY 1ST

- 17.1 Noted that a large number of recommendations had been made following the investigation, but Ross Fullerton, the Chief Information Officer is unwilling to advise the Forum of the outcome of the recommendations until the next LAS Board meetings.
- 17.2 Noted that an inquest will take place on September 19th regarding a death which happened during the January 1st Outage. The Forum has been in touch with the family.

18.0 THE FOLLOWING REPORTS WERE RECEIVED BY THE FORUM

- 18.1 Meeting with Elizabeth Ogunoye – August 8th
18.2 Diabetes care development – LAS and Diabetes UK – August 10th
18.3 Meeting with Dr Johal and Elizabeth Ogunoye – August 15th
18.4 Bariatric Care – 2016/7
18.5 LAS Performance by CCG area – July 2017
18.6 Handover Waits
18.7 Daily Handover Breaches – July 2017 - sample

18.0 The meeting finished at 7.30pm

RACE EQUALITY IN THE LAS – PATRICIA GREALISH

MEMBERS QUESTIONS FOR PATRICIA GREALISH, Director of

People and Organisational Development - SEPTEMBER 11th 2017

Dear Patricia, some of the issues raised by members at the Sept 11th Meeting.

- 1) Successfully attracting BME heritage staff for enduring periods of time.
- 2) Asking all staff to report racist behaviour and language.
- 3) Does the LAS have the right culture to successfully attract minority ethnic staff and keep them?
- 4) Have all middle managers been trained in equality and diversity and do they understand their legal duties and responsibilities in that respect?
- 5) Why doesn't the Equality and Diversity Committee meet anymore? We agreed with Board members that there should be 6 meetings a year - 3 about patients and 3 about staff. Now there is nothing.
- 6) Have middle management staff been required to develop a whole system approach and trained to deliver modern staff management?
- 7) Is there any evidence of the influence of Masonic Lodges on the LAS?
- 8) Why is there so much variation in management style and culture in different areas of the LAS?
- 9) What evidence is there of a substantial reduction in serious bullying and racism?
- 10) What data does the LAS maintain on protected characteristics?
- 12) Are Stonewall criteria used to measure progress with all protected characteristics or only LGBT?
- 13) Does the LAS agree that the whole organisation needs to be focused on equality and diversity for all patients and all staff?
- 14) A whole system of protection and positive development needs to be put in place for people with protected characteristics.
- 15) Staff turnover is far too high - the average length of time someone stays is 5 years. Why is that?
- 16) Bullying is still not dealt with properly - the context needs to be considered and not just mediation as an option, which seems to be the only thing available?

17) Why do so many front line staff want to leave as soon as they can gain the necessary training?

18) Encouraging more ethnic minority staff to join and stay needs major changes of structure and practice for the whole organisation. What are you doing to build that into the organisation?