**Patient & Public Involvement Committee**

**Tuesday 26th January 2016, 14.30 p.m. – 16.30 p.m.**

**Pocock Street meeting room**

**Present:** Sandra Adams, Director of Corporate Affairs (SA)

Malcolm Alexander, LAS Patients’ Forum (MA)

Dan Curtis, LAS Commissioning Team (DC)

Frances Field, Risk and Audit Manager (FF)

Stuart Ide, LAS Commissioning Team (SI)

Ruth Lewis, PPI and Public Education Co-ordinator (RL)

Margaret Luce, Head of PPI and Public Education (Chair) (ML)

Lauren Murphy, PPI and Public Education Co-ordinator (LM)

Briony Sloper, Deputy Director of Nursing and Quality (BS)

Sue Watkins, Head of Quality Assurance (Control Services) (SW)

**Apologies:** Gary Bassett, Head of Patient Experiences

Nic Daw, Head of PTS - Modernisation & Performance

Chris Hartley-Sharpe, Head of First Responders

Janice Markey, Equality and Inclusion Manager

Peter Nicholson, Head of Governance & Assurance

Zoe Packman, Director of Nursing and Quality

**1. Minutes of the last meeting and matters arising**

1.1 MA has obtained a large amount of data about handover delays at Northwick Park and is in the process of analysing it for a report. **Action: MA** to share his report once complete.

1.2 Chris Hartley-Sharpe sent MA information for his meeting with the Mayor of Southwark, as agreed. The Catholic Church in Southwark is now considering placing AEDs at their sites.

1.3 MA is waiting for Dr Sahota to give him a date for a meeting at City Hall, but he is currently away. **Action: MA** to let ML/RL know when the meeting is being held at City Hall, so they can cancel the conference room and refreshments.

1.4 Previously Chris Hartley-Sharpe mentioned that City Hall does not have an AED on site and agreed to circulate information about the background reasons for this. **Action: CHS**.

1.5 Previously Chris Hartley-Sharpe spoke about co-responding with the LFB in Merton for four months from end January 2016. **Action: CHS and SW** to discuss EOC planning.

1.6 LM & RL are currently updating the new version of the Pulse (LAS Intranet) to advertise forthcoming public education events.

1.7 LM & RL send thank you letters and feedback to staff that have attended events, copying in their managers. **Action: SW** to send RL up to date OCM list.

1.8 RL has asked Communications to advertise the FFT to staff via the Pulse.

1.9 ML will try again to speak to Daryl Mohammed about the patient navigators to see if he has any experience of working with them. **Action: ML**

1.10 External website needs updating with missing minutes from the Board meeting and changes to Board meeting dates. **Action: BS** to discuss with Zoe/committee secretary.

1.11 RL and LM have started sending Peter Nicholson a quarterly update of PPI and public education activity for the Learning from Experience report.

1.12 ML spoke to Peter Nicholson about recording public education activity in Datix, and he agreed to look into this as part of the Datix Web upgrade. However, it may not be worth doing if it will duplicate work. **Action: ML** to follow up with Peter.

1.13 ML has submitted a new risk around the low number of FFT responses, as discussed at the last meeting, but FF suggested this be managed locally as the risk rating was fairly low.

1.14 ML drafted a new risk around losing FT members as a result of lack of engagement, and Peter Nicholson is now the ‘owner’ of this risk. RL and LM met with Peter Nicholson and Nathan Coleman to discuss joint working to involve FT members in future events and activities.

1.15 JM to send MA the Equality and Inclusion Action Plan once completed. **Action: JM**

**2.** **Terms of Reference**

2.1 The amendments to the Terms of Reference suggested last time have all been made, and the document was brought back to the committee for approval / further discussion.

2.2 ML reported that Zoe Packman has said committees should no longer be chaired by the “subject matter expert”. It may be more appropriate for the committee to be chaired by someone else, e.g. Zoe or BS. **Action: BS / ML** to discuss with Zoe**.**

2.3 It was noted that Brian Craggs has now retired and there was a question whether a representative from Education & Development was still needed. It was agreed that they could be invited on an ad-hoc basis. **Action: ML** to amend the ToRs to reflect this.

2.4 It was suggested that the Stakeholder Engagement Managers should be approached to nominate a representative for the committee, and also the Community Involvement Officers now that Andy Maxted has left the Trust. **Action: ML** to e-mail SEMs and CIOs.

2.5 Charlie Frampton was the nominated HR representative but is currently on an external secondment. **Action: ML** to ask Paul Beal (Director of HR) if he would like to nominate another member of the team, as there is a clear link between staff engagement/staff retention and public engagement.

2.6 It was agreed that FF should be added (Risk and Audit Manager), as reviewing the risk register is a standing item on the agenda. **Action: ML** to amend the ToRs.

**3.** **Patients’ Forum update**

3.1 MA reported that advertising Patients’ Forum meetings to Foundation Trust members had generated a lot of interest and increased attendance at their meetings.

3.2 The meeting on sickle cell was very well attended. Fenella Wrigley gave a presentation and was very open and honest, and MA felt it was a very successful meeting. Other Patients’ Forum meetings covering our CQC inspection and sepsis were also very well attended.

3.3 David Fletcher, the LAS Darzi Fellow, will be talking at the next meeting on 8th February, and Kuda Dimbi will be talking at a future meeting about developments in mental health.

3.4 MA has written to Professor Willett regarding ambulances queuing at Northwick Park. He replied that this fell under Andy Mitchell’s remit (NHS England – London), so MA has invited him to a future meeting.

3.5 MA had attended a meeting with Professor Benga about the changes to dispatch in ambulance services, and reported that this was a very open discussion.

3.6 MA gave an interview earlier today outside LAS HQ for a Dispatches documentary, which will be aired some time next month.

3.7 MA asked about arranging observation shifts for some of the Patients’ Forum members and suggested offering them training prior to their planned ride-outs. BS and ML said the information observers need is all in the paperwork they complete, but supported the idea of giving them a briefing beforehand. MA will identify members who wish to do a ride-out, then will contact ML to make arrangements. **Action: MA.**

**4. Head of PPI and Public Education update**

4.1 The findings of the mental health focus groups have been presented to the mental health committee and will be presented to the Trust Board next week. ML and Kuda Dimbi have used the information to make recommendations to be included in the MH action plan.

4.2 The dementia focus groups have also been completed. The facilitator (Jessie Cunnett) is currently writing her report and will present it to the mental health committee in March.

4.3 LM and Patients’ Forum representative Jan Marriott attended a recruitment day for the new LAS Academy for the Paramedic Programme and gave feedback about the process.

4.4 Two patient surveys are being planned for Clinical Hub patients (led by Kirstie Smith in EOC) and patients who have been sent Taxis (led by ML). The preparation has been done and we are now waiting for a list of patients who have given consent to take part in the surveys.

4.5 The Quality Improvement Plan arising from the CQC inspection has been submitted to the TDA. ML has suggested some ways in which patients could be involved, e.g. accessibility of information about how to make a complaint, and inviting feedback from PTS patients.  
  
There was some discussion about how to elicit feedback from patients about the complaints process and also more generally, e.g. from bystanders making 999 calls. BS explained that cards are being designed for crews to give out to patients who want to make a complaint. MA suggested every patient should be given a card. ML was concerned that more information would need to then be added, and it could become very complicated.

SI said that the onus is currently on the patient to find out about how to make a complaint, and suggested that a shared NHS “clearing house” may be the way forward. We weren’t sure how this would fit with the legislation and guidance. DC suggested a texting service and there was some discussion about how that might work in practice. ML said that any ideas need to be discussed with Gary Bassett and his team.

SA suggested this could be a topic for a future Patient Representative Reference Group. The group also talked about what we would want to find out from patients, and what we would do with the findings. We know that staff attitude and delays account for a large percentage of our complaints, and that has been the case for many years. ML prefers focusing on targeted feedback which leads to clear improvements, such as the mental health focus groups. **Action**: BS to discuss with Gary Bassett.

4.6 The Patient Representative Reference Group planned for 9th Feb has been postponed until April due to low uptake.

4.7 A survey for students to give feedback about their training is planned, but on hold awaiting changes in the management structure.

4.8 ML provided information and suggestions about how to engage patients to the Contracts team, in preparation for any forthcoming LAS bids for 111 contracts.

**5. PPI and Public Education activity report**

5.1 Total number of events recorded on 2015 database since January:

* 874 events requested
* 597 attended
* 68% attendance rate

5.2 Staff database:

* 1016 staff interested in public engagement
* 276 staff actively involved since January 2015

5.3 Breakdown of types of events:

189 BLS and cardiac awareness

123 No speciality

75 People who help us/Jobs on the move/Superheroes

45 Careers

11 JCS

46 Knife crime awareness

22 PPI

31 First aid badges (Brownies, Cubs etc.)

14 Road safety initiatives

12 Mental health

7 Deaf awareness

5 Older people

8 Learning disability

5.4 BS stated that an annual summary was due for the Quality Account. **Action: LM/RL** to send summary of PPI and public education activity over past year to BS.

5.4 Feedback from events:

* Knife crime talk from John Wright Public Education Officer feedback, Birnham Wood Pupil Referral Unit:

*“Thanks again for today. Could you also send him my apologies for not saying thanks in person, as I had to deal with an unruly child at the end of the day. The talk he gave us was very informative and interesting, and I hope that he has managed to deter some of the children away from carrying knives on them for protection. Once again, please send my thanks, and I hope that in the future he can come back.” (Nicki)*

* Oasis Academy, South Bank – Paul Soffe, Paramedic at Deptford:

*“It was wonderful! The students really enjoyed the session: it was interactive, fun, and engaging. Many, many thanks to Paul for coming and for you to get us in touch.“ (Sadaf Najib)*

* Coleville Primary School - Ryan Parry, James Hadfield and Rachael Searl, Paramedics at Fulham:

*“All paramedics were extremely passionate about their job and their presentations to the children were really engaging and fun. All the children were very excited and many said that they wanted to be a paramedic when they are older. The children had a chance to try on some equipment during the session and they really enjoyed this. The added bonus of activity books and stickers was a real treat for the children. The children definitely have a*

*better understanding of how paramedics can help them. The session was perfect, Thank you very much for taking the time to visit the children at Colville. They really enjoyed meeting the paramedics and learning about how they help us.” (Ellen Lydon)*

**6.** **Foundation Trust update**

6.1 No FT events at present, but FT members are being invited to other events and activities.

**7. Friends and Family Test (FFT)**

7.1 All ambulance services have low response rates. ML is meeting the TDA soon to discuss, but would rather spend any money available on other activities.

7.2 Friends and Family Test figures for **October 2015:**

Total number of FFT responses received = 7

Extremely likely = 7

PTS responses = 5

Number of PTS journeys = 4,484

See & treat responses = 2

Number of see & treat patients = 22,738

Friends and Family Test figures for **November 2015:**

Total number of FFT responses received = 4

Extremely likely = 4

PTS responses = 2

Number of PTS journeys = 4,529

See & treat responses = 2

Number of see & treat patients = 23,456

Friends and Family Test figures for **December 2015:**

Total number of FFT responses received = 5

Extremely likely = 4

Likely = 1

PTS responses = 2

Number of PTS journeys = 3,823

See & treat responses = 3

Number of see & treat patients = 25,758

**8. Urgent & Emergency Behavioural Insight Research**

8.1 ML has sent the group the report on the Urgent & Emergency Behavioural Insight research, exploring why patients attend A&E departments. ML has written a briefing for EMT. There are no real actions for the LAS from this report, as most people self-present to A&E (only 4.5% arrive by ambulance). A surprising conclusion to the research was a view that that the A&E four-hour target should be less well communicated, as it is felt that many people attend knowing they will be seen quickly.

**9. Action Plan 2015-16**

9.1 The action plan is generally on track and was not discussed in detail at the meeting. **Action: ML** to update the plan, to include new activities, and send to DC and SI for information.

**10. Risk register**

10.1 The Friends and Family Test risk has been downgraded, mainly as we have a large number of leaflets left over from the last order.

10.2 FF suggested that the PPI team consult their action plan when looking for any additional risks. **Actions**: **ML** to look for risks when updating action plan, and add this to the next agenda. **FF** will review any new or updated risks.

10.3 No new risks were identified in the meeting, but FF commented that the discussions have given her additional information on existing risks at sector level (e.g. Northwick Park ambulance queuing) and she will update the risk register accordingly. **Action: FF**

**11. Any other business**

11.1 BS told the group that the end of life conference will be taking place tomorrow in North West London, and that there is an interesting agenda for this, including patients speaking about their experiences. There is also a patient representative on the end of life care group.

11.2 BS attended the Blue Light Collaborative event with the LFB and police, to discuss joint response models. BS stressed the importance of involving patients in this.

11.3 BS said that the LAS has taken up the Blue Light Pledge with MIND, to increase awareness of mental health. Information about this is on the Pulse.

11.4 The Mental Health Partnership Board, which includes the police and mental health trusts, had a presentation on street triage, which links with the findings from our focus groups.

11.5 The LAS is collaborating with the police to introduce a QR reader system with key information for patients with dementia and learning disabilities. This could be scanned by the LAS or the police, to provide all the necessary information on that patient. BS also mentioned alternative ways of responding to lower category mental health calls and the possibility of pre-booking NETS.

**12. Date of next meeting**

12.1 Tuesday 26th April, 9.30 a.m. – 11.30 a.m. Pocock Street meeting room