**PATIENT SAFETY COMMITTEE**

16/5/18

1. **Patient Specific Protocols** – see policy and letter to Trisha Bain in June Forum papers.
2. **Prisons**- access to prisoners who need emergency care. Delays at the prison gate. This also applies to Immigration Removal Centres (IRC).There is an MOU which we need to closely examine. We have asked for data from LAS Business Intelligence, but they only analyse data when there has been a complaint. Issue of access to data has been raised with Athar Khan at the LAS. Access issue will be raised with Home Secretary and NHS England who commission the health services in prisons and IRCs.
3. **Safeguarding in Prisons –** the LAS MoU may need updating in relation to the provision of adequate safeguarding. It is not clear if the MoU is relevant to IRCs. I asked and was told that it is problematic because they are run by private companies.
4. **Serious Incidents –** the EOC appears to have a high level of SIs but it is claimed that this is due to the shortage of vehicles to dispatch to patients.
5. **Chest pain** – there is to be a review of how effective the LAS is at responding appropriately to patients with chest pain (? CARU).
6. **Sign Up to Safety –** a review is planned to ensure that the LAS is fully complying with the requirements of SU2S – led by Trisha Bain.
7. **Human Factor Development Programme –** this programme is being led by Trisha and Briony.
8. **Interaction between EOC and Frontline staff –** can negatively impact on patient care.
9. **Patient Report Forum PRF –** this will soon become the ePatient Care Record and accessed via the IPAD which all staff will have. Summary care records will also be available for most patients. Currently, summary care records are available to the Clinical Hub and EOC staff through the Adastra system (although it is not working well. Adastra will eventually connect with 111 service in north east London and south east London. This issue of patient consent needs to be investigated because some AS just ask patients to sign the IPAD but don’t show them the data written about them. Access to CmC will also be through the IPADs.
10. **Adastria –** was introduced in early May and has been described as a “nightmare”. Teething problems with new software? It is slowing down Hear and Treat. 80% of EOC staff are trained on Adastra.
11. **Paramedics and births** – I suggested that staff should get access to women (with consent) who are having normal births because paramedics rarely see normal births. This was agreed.
12. **Area risks –**

* there is a risk that handover delays will cause harm to patients.
* Kensington and Chelsea – road works
* St Mary’s – new build and development road blockages

1. **Oramorph misuse –** new system has reduced risks. There is a reduction incidence of unaccounted for controlled drugs.
2. **Quality Audit requests –** there is a large number of outstanding requests because QA staff are being transferred call responding because of staff shortages. This is delaying complaints investigations.There are also many less experiences new staff in EOC.
3. **Letters of apology regard serious incidents –** LAS has to make sure that actions promised in the letters of apology are actually carried out.

Malcolm Alexander

Chair

Patients’ Forum for the LAS