**MINUTES of the PATIENTS’ FORUM**

**MONDAY APRIL 8th 2019**

**London Fire Brigade Meeting Room**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest– Executive Committee Member

Barry Hills – Kent

Graeme Crawford – Ealing

Graham Mandelli - Lewisham

Jan Marriott – Richmond

John Larkin- Company Secretary – Barnet

Jos Bell – Brockley (Socialist Health Association)

Lynn Strother – City of London Healthwatch – Executive Committee Member

Malcolm Alexander – Chair, Patients’ Forum – Hackney

Mary Leung – Harrow

Rashid Ali Laher – Healthwatch Kingston

Sister Josephine Udine – Chislehurst - Vice Chair

Tom Sullivan - Penge

**SPEAKERS:**

Trisha Bain and Kaajal Chotai

LONDON AMBULANCE SERVICE:

Melissa Berry – Equality Consultant – LAS

Kaajal Chotai – Deputy Director of Quality, Governance and Assurance

Trisha Bain – Chief Quality Officer

Camilla Wick – Infection Control

**APOLOGIES:**

Angela Cross-Durrant – Kingston – Vice Chair

Archie Drake – Hackney

Arthur Muwonge – Croydon

Audrey Lucas – Enfield – Executive Committee Member

Beulah Mary East – Hillingdon - Executive Committee Member

Carl Curtis – Lewisham

Carol Bassi – Tower Hamlets

Catherine Gustaffe – Southwark

Charlotte Mitchell – Mind – Southwark

Cllr Dora Dixon-Fyle – Southwark

Colin Hill – Berkshire

David Payne – Southwark

Elaina Arkeooll – Hammersmith and Fulham

Inez Taylor – Southwark

James Guest – Ealing

Joseph Healy – Southwark – President of the Forum

Louisa Roberts – Tower Hamlets -

Mike Roberts - Hampshire

Natalie Teich – Islington - Forum representative to CARU

Philip Ward - Hammersmith

Sean Hamilton - Greenwich

Vic Hamilton – Greenwich

Wendy Mead – City of London

1. **MINUTES** of meeting held MARCH 11th 2019 were agreed a correct record.

**2.0 MATTERS ARISING**

**2.1 Forum Priorities for 2019 –** An update on progress will be provided for the May 2019 meeting.

**2.2 The EC minutes were received.**

**2.3 Commissioning the LAS for 2019-20**

Noted that the LAS and CCGs are currently in dispute in relation to the funding of Category 2 calls and the Pioneer services described in the LAS strategy. See BAF Risk 55 (attached). The Forum has discussed this matter with the Commissioners who reported that the LAS was required to submit business cases for each of their Pioneer services and that the LAS is considered to be well funded compared to other ambulance services.

**2.4 Elections to the Forum**

Nominations will be sought shortly from members for the positions of Chair, Vice Chairs and EC members. An election will follow and it is expected to finalise the results by the June 2019 meeting of the Forum.

**2.5 CPR and Defibrillator Training**

Members will be invited for annual training on June 10th 2019.

**2.6 111 and EOC Visits**

These will continue until May and then move to North East London in June. The first report on our visits will be submitted to the June meeting of the Forum. Members have been very well received by staff in both 111 and EOC and managers have been very supportive.

**2.7 Co-Production Charter**

The Charter was developed by Hackney Healthwatch and has been redesigned for use by the LAS and Patients’ Forum. The Charter has been shared with NHS Improvement and discussed with Heather Lawrence, the Chair of the LAS. It will be discussed with the LAS PPI Committee and shared with the Association of Ambulance Chief Executives (AACE) and Healthwatch England.

**2.8 Brexit – Response from Professor Keith Willett**

Noted that Professor Willett does not believe that Brexit will have a negative impact on ambulance handover delays at London’s hospitals. Agreed to continue to monitor this situation closely.

**2.9 Quality Account Response for 2019-2020**

The Forum’s response has been sent to Trisha Bain together with a list of Forum achievements. This will be published in June 2019.

1. **Trisha Bain and Kaajal Chotai were welcomed to the meeting to discuss**

**the 2019-2020 LAS Quality Account.**

3.1The Forum’s contribution to the Quality Account is attached, as well as examples of the Forum’s achievements in collaboration with the LAS.

3.2 Trisha opened her presentation (attached) with a description of the effective working relationship between the LAS and the Forum. She said that the LAS derives a lot of benefit from working with the Forum and wants that collaborative relationship to continue.

3.3 Referring to the draft Co-Production Charter prepared by the Forum, Trisha said that had been subject to discussion with the Chair of the LAS and would be discussed with the Board of the LAS.

3.4 Trisha said that the LAS is now preparing for the next CQC inspection and that the aspiration of the LAS is to achieve a rating of ‘excellent’. She then went through the LAS Quality Priorities and drew attention to the development of the complaints team, which now has 8 members of staff. In future the team will be supported by the Quality and Medical Directorates, who will work with the complaints team one day each week to provide additional expertise in relation to more complex complaints.

3.5 Jan Marriott asked how the Complaints Team reflects on the complexity of complaints and asked what approach is used to explain to complainants why investigations sometimes take much longer than expected. Jan said that the reputation of the LAS is much affected by delay in responding to complaints.

3.6 Kajaal replied that the team endeavours to respond to all complaints within 35 working days. Trisha added that allocating additional expert staff to the complaints team will assist the process and improve turnaround times. Additional key areas of learning will also be generated by this enhanced process of investigation.

3.7 Jos Bell expressed concern about her personal experience of delays in the complaints process, after she had received poor care from a front line ambulance crew. She also asked how the LAS deals with complaints submitted by phone and whether a draft statement is returned to the complainant to confirm accuracy.

3.8 Kajaal said that calls are logged and a letter sent to complainants which summarises their complaint. The complaints team then keeps in touch with the complainant throughout the investigation process.

3.9 Tom Sullivan suggested that the LAS should record calls from complainants and copy the transcript and tape to the complainant to ensure accuracy. He said that this approach would give confidence to the complainant that all of the issue they have raised will be fully investigated.

3.10 Jos said that she felt she had to take the initiative to find out what was happening during the investigation of her complaint. She emphasized the need for consistency in responding to complaints. Jos suggested that the performance of the complainants department should be set against specific quality standards, and all complaints treated equally. She said she submitted her complaint because she does not want other patients to experience what she went through. It was agreed that Jos and Kaajal would meet to discuss her experience of LAS care. Jos also offered to set up a working group to examine the ways that complaints are investigated and to propose ways of improving the service.

3.11 Jan said that complainants expect certain outcomes to be met, but the priority should be to improve service quality. She said that some complaints can be resolved through discussion, but serious complaints must be dealt with in a way that gives satisfaction to the complainant. She said that the person’s expectation of the LAS must be met as far as possible, and the LAS must demonstrate how important successful resolution is to them t

3.12 Lynn Strother asked how themes from complaints are developed into opportunities for learning?

3.13 Kaajal explained that the Datix system is used to process data about complaints and that this enables the triangulation of data and learning across the organisation.

3.14 Adrian Dodd asked for access to thematic reports about complaints showing both incident type and frequency of each type of incident. Kaajal confirmed that the data is contained in the Quality Report that goes to Board and the CCG (CQRG) which Trisha will make available to the Forum.

3.15 Trisha referred to the current LAS priorities for 2019/20 (attached) which highlight the following areas:

Quality Improvement Priorities for 2019/2020

List



As examples Trisha described the LAS’s work on Medicines Management:

This follows the Gosport disaster/deaths (456 died due to overdoes of opioids and 200 were probably given drugs without medical justification during the period 1987-2001. The LAS has employed a pharmacist and is closely examining serious incidents involving drugs use. The duty of candour in relation to drug errors is also being strengthened. Kaajal added that the LAS has a 'learning from serious incidents' group.

3.16 Tom Sullivan asked whether all station/hubs were now checked and monitored for drug security and whether the misuse of drugs has consequently reduced. He also asked how the system can work effectively if two signatures are required to take out drugs from a hub, but sometimes only one person is present on a station hub.

3.17 Trisha replied that the LAS is now more actively picking up breaches of regulations during regular audits of the drugs held on stations. She acknowledged the problem created by the need for two signatures and added that the new system assures that a single signature is fully validated. In the next phase of medical management, drugs bags will be introduced, which are sealed. The new national modular bag will be placed on vehicles by the Make Ready Teams.

3.18 Trisha next described the frequency of muscular-skeletal injuries amongst front line staff. To support staff find resolution this type of problem, new OT and physiotherapy providers will be contracted and new equipment provided which is better designed, e.g. lifting chairs. There is also a new head of Health and Safety (Edmund Jacobs) who will examine these issues in more detail and offer new solutions.

3.19 In relation to mental health care, Trisha said that the new mental health car has been running for a few months and is undergoing a 3 months evaluation. It is situated in south east London and is working SLAM and Oxleas mental health trusts. This is working well and has resulted in patients in a mental health crisis being much less likely to be taken to A&E, if they have been seen by the LAS paramedic/mental health nurse team. (Copy of evaluation requested from Carly Lynch).

3.20 Sister Josephine asked if the LAS were involved in any preventative work in relation to the mental health of young people. Trisha replied that the LAS were not involved in preventative mental health care, but that Oxleas and the South London and Maudsley Mental Health Trust (SLAM) would be. Note: Safeguarding referrals might be considered a form of preventative mental health care for some young people.

3.21 Trisha said that the ‘hear and treat’ process used by the LAS was often not appropriate for people in a mental health crisis, but the LAS now has 15 mental health nurses, who cover shifts from 11am to 11pm at either Bow or Waterloo EOCs. She agreed however that resources’ for people with mental health problems were limited.

3.22 Rashid Ali asked what progress has been made regarding the Volunteer Strategy that was led by the Medical Director.

3.23 Trisha said that at the moment the LAS is developing a five year ‘patient and public involvement’ strategy.

3.22 Sister Josephine asked for more information about delivery of the LAS Strategy and whether more public involvement was envisaged.

3.23 Trisha thanked members for their contribution and expressed her wish for continuation of the successful collaboration between the LAS and Patients’ Forum. She said that the final Quality Account document would be presented to the May 28th

LAS Board meeting.

**4.0 Equality Committee**

The report on the Equality Committee was received.

Noted that the London Assembly were using the wrong data in relation to the percentage of paramedic staff from a BME heritage. The Actual figure is 6% of the front line paramedic workforce (down from 7%), whereas the London Assembly believed it was 15%. Melissa explained that the 15% figure related to the whole of the LAS and added that despite the lower figure being accurate that the LAS was still performing better in this respect than all other ambulance services in England. .

**5.0 Patient Specific Information**

This document agreed with the LAS, has been widely distributed and is on the Forum website ([www.patientsforumlas.net](http://www.patientsforumlas.net)). The document may need further updating as Connect my Care becomes the main system being used in London, to ensure that patient’ needs are fully recognised by the LAS and transmitted to front line staff for use during clinical care.

**6.0 Providing Emergency Care in Prisons**

The Forum’s attempt to get data on the time taken for ambulances to pass from the front gates of prisons to patient contact has failed using the Freedom of Information Act. The Forum has therefore written to the Home Secretary and the Prison’s Minister to obtain the data. It was noted that the LAS is called only for very serious cases, because prisons have nurses on site, and access to doctors.

6.1 Jan suggested obtaining a copy of Home Office guidelines on access to prisons and described the problem of sections of prisons being shut down, because of risks of harm to visitors, especially in older prisons. She also pointed out that paramedics carry drugs which may be sought by prisoners.

6.2 The LAS does not routinely collect this data, but the Forum has requested a three month project to collect data using a combination of PRF (patient report form) information, which front line staff routinely fill out, and additional requests to staff to send in information on time of patient contact.

**7.0 End of Life Care**

Lynn asked for the issue of end of life care in prisons to be highlighted, especially in relation to the prisoner’s ethnicity and faith. She suggested that paramedics may need additional training to deal successfully with these issues and agreed that the matter would be raised at the LAS End of Life Care group either by her or Angela.

**8.0 Data on Ethnicity of Complainants**

Obtaining data on ethnicity and other protected characteristics has been difficult in the past. Members pointed out that staff in the 111 centre obtained this data without difficulty. Kaajal reported that progress has been made, training given and that a set of data should be available in the near future.

**9.0 THE MEETING FINISHED AT 7.30pm**

**CEM statement on four-hour target speculation**

**16 January 2019  
  
The Royal College of Emergency Medicine (RCEM) notes the recent media speculation with regards to the proposed dismantling of the four-hour Emergency Care Standard (ECS) based upon the comments**[**made by Mr Simon Stevens and others**](https://www.telegraph.co.uk/news/2019/01/07/four-hour-ae-waiting-time-target-should-scrapped-indicates-nhs/)**.**  
Dr Taj Hassan, RCEM President, said: “The College has not been consulted at any stage on this issue since 2017. As the expert academic body on the standards of safety and clinical care delivered in Emergency Departments (EDs) this is surprising and of serious concern.  
  
“The four-hour ECS has been a resilient, sophisticated and very successful overall marker of a hospital's emergency care system performance for the last 15 years. Sadly, the past five or six years has seen a steady deterioration in system performance due to under investment in acute hospital bed capacity, cuts in social care funding and understaffing in EDs. This has resulted in a significant increase in the number of crowded EDs which scientific evidence clearly shows is linked to increased mortality and morbidity for patients. It also results in secondary attritional harm to staff having to work in such environments which further compromises patient care.”  
  
The College has consistently advocated that the best way to improve safety and clinical care in our EDs is to address the systemic issues of under investment and plan well for the future. We have also supported the addition of other quality indicators that complement the four-hour standard and will help to measure safety and quality of clinical care.   
  
Indeed, the RCEM has worked collaboratively with the Get It Right First Time (GIRFT) team via its co-Leads Dr Chris Moulton, Vice President of RCEM and Dr Cliff Mann, NHSE, past President of RCEM, to develop a range of complementary system performance indicators to help Trusts focus on improving flow within the hospital.   
  
Dr Chris Moulton said: “In no way were these metrics designed to replace the four-hour target but to work alongside it; providing better granularity and a greater depth of detail. The lack of system flow due to under investment in the acute hospital and community bedbase has been the 'elephant in the room' to address for the last 5-6 years. The GIRFT supplementary metrics are reliant on the target remaining as it is and cannot and must not be used as a way around tackling these issues properly.”  
  
Dr Hassan said: “The College has always sought to work collaboratively and provide its expert advice for the various complex cohorts of patients that are admitted to EDs. Indeed, we have led on and delivered good work that is ongoing in the area of workforce planning for the future in our Emergency Departments. However much of that work will be wasted effort if we now choose to 'move the goal posts' without any evidence review, expert discussion or clear collaborative planning.   
  
“We will continue to provide expert advice on workforce planning, system design and the right matrix of quality indicators with the four-hour ECS at the very heart in order to maintain system performance as part of the implementation of the Long Term Plan. Only by taking this approach and working well together can we improve the quality of care for our patients for the next decade.”

**Royal College of Emergency Medicine urges patients to take action after worst ever 4hr performance figures**

**8 March 2018  
  
The Royal College of Emergency Medicine is calling on patients**[**to write to their Member of Parliament**](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP)**asking for action to address the serious challenges facing Emergency Departments across the country.**  
  
The unprecedented move comes after data released today showed the worst ever four-hour emergency care performance at just 76.9% at major emergency departments. Sitrep data also showed that in February bed occupancy was at 95.1%.  
  
Dr Taj Hassan, President of the Royal College of Emergency Medicine, said: “Unfortunately these figures are not surprising and reflect the acute and detrimental effect insufficient resources are having on our health service; patient care will continue to suffer until this changes.  
  
“Performance that once would have been regarded as utterly unacceptable has now become normal and things are seemingly only getting worse for patients. It’s important to remember that while performance issues are more pronounced during the winter, Emergency Departments are now struggling all year round.   
“Warnings and pleas for adequate resourcing have repeatedly failed to deliver with both patients and staff suffering as a result. We cannot continue in this situation - which is why we are calling on patients to [contact their MP](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) in support of our A&Es and the NHS.  
  
“Let’s be very clear. The current crisis in our Emergency Departments and in the wider NHS is not the fault of patients. It is not because staff aren’t working hard enough, not because of the actions of individual trusts, not because of the weather or norovirus, not purely because of influenza, immigration or inefficiencies and not because performance targets are unfeasible. The current crisis was wholly predictable and is due to a failure to prioritise the need to increase healthcare funding on an urgent basis.  
  
“We need an adequate number of hospital beds, more resources for social care and to fund our staffing strategies that we have previously agreed in order to deliver decent basic dignified care. We would urge our patients to contact their MP to tell them so. We hope that action from patients will ensure that our politicians give the NHS the due care and attention it needs and help them come together to find appropriate long-term solutions for the NHS that are so desperately required.”  
  
Mr Derek Prentice, the College’s lead patient representative and Lay Committee Chair, said: “Yet again patients have had to endure another winter of misery due to inadequate resourcing. Understandably public satisfaction with the health service has fallen. But patients are not blaming individual trusts or staff. They quite rightly understand that this is the fault of our politicians, which is why we are [asking for their help](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) to change the situation.  
  
“While the recent budget allocated extra funds to the health service, it was not what was made very clear would be required and was just about enough to stave off complete collapse. Just about enough should not be good enough. Our patients, staff and the NHS – now in its 70th year – deserve better. We need long term solutions, including more beds and more staff, and we [would encourage patients to ask their MPs for them](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP).  
  
“Ministers and decision makers must stop burying their heads in the sand and face the reality of the situation; overall performance is in decline due to the under-resourcing of health and social care. The data shows the reality, yet facts are being disregarded and the health sector is not being listened to. We hope that they will listen to the public who voted for them.” **Notes to Editors**: Patients and staff are encouraged to contact their Member of Parliament via the College’s website at [www.rcem.ac.uk/MP](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) The College has written to Chief Executives of NHS Trusts asking them to support the ‘Tell Your MP About A&E’ campaign by [displaying this poster](http://www.rcem.ac.uk/docs/Policy/MP%20A+E%20Campaign%20Poster.pdf) in their emergency department.