



Action Log from meeting held Monday November 12th 2012

1) NEW LAS CHIEF EXECUTIVE

Ann Radmore has been appointed to be the new Chief Executive and will begin work in January. She has agreed to attend the January 2013 Patients Forum meeting.

2) PATIENT CASES PRESENTED TO THE LAS BOARD AND THE FORUM'S QUESTIONS TO THE BOARD - ATTACHED TO MINUTES

Richard Hunt, Chair of the LAS Board, has agreed to provide evidence, where appropriate that patient's stories presented to the Trust Board have demonstrably outcomes in terms of improved services for patients. Richard Hunt has responded as follows:

"I will be asking Steve Lennox to provide a six monthly review of the patient's stories, together with any follow up action requested by the Board". "We will ensure that responses to Patients Forum questions are clearly identified in the minutes. We have looked back at the last few meetings and I enclose some extracts from the minutes of those meetings which do identify the question raised by the Patients' Forum and the minuted response. However, in order to reinforce this, I will ensure that in the review of minutes at the meetings and any matters arising, that the response to questions both from the Patients Forum and more generally to the public, are specifically highlighted."

3) ACCESS TO ESTATES FOR LAS CREW

London Councils have twice been asked to take action to ensure that estates entrances and exits and building names are properly signposted. The issue will be raised with John O'Brien, Chief Executive of London Councils and Chief Executives of all London boroughs.

4) SICKLE CELL DISEASE

Forum had met Steve Lennox, Director of Health Promotion & Quality to discuss the LAS response to the Forum's recommendations for 2011-2012. Some progress made a report will be made available to Forum members. The Forum has also sought advice from the DH on this issue. To see Forum recommendations go to: <http://tinyurl.com/ablxyr7>

Noted the Forum also discussed contact between the LAS and Sickle Cell Society.

Patrick Ojeer, Acting Chief Executive of the Sickle Cell Society reported that he had met Steve Lennox to discuss priorities in the care of people with sickle cell disease at a workshop held January 2011, but nothing had been heard since from either Steve or from Medical Director Dr. Fionna Moore on this issue. Following the workshop Steve Lennox wrote as follows:

“ I will be writing up my notes at the end of the fieldwork (approximately 3 weeks). We will stay in touch and I hope I can pass the learning from the recent incident to you once completed.”

The following priorities were identified;

- A) Minimise delays in time
- B) Pain relief
- C) Right hospital (or an explanation as to why this is not possible)
- D) Up skilling the staff
- E) Involving members with training

STEVE LENNOX HAS BEEN ASKED TO UPDATE THE FORUM

5) DIVERSITY AND INCLUSION – PARAMEDICS IN THE LAS

Liz Delauney the NHS London Equality and Diversity Lead has been provided with data (below) for the years 2004-2011 and asked what advice NHS London had given to the LAS

The percentage of paramedics whose ethnicity is described by the LAS as BME has grown minimally as follows between 2004-2012:

2004/5 3.54%

2005/6 3.13%

2006/7 3.31%

2007/8 3.83%

2008/9 3.52%

2009/10 3.71%

2010/11 4.00%

2011/12 4.62%

Agreed to raise this issue with the LAS Trust Board, the CHRE, NHS London and to discuss in the context of the UKIED (United Kingdom Investors in Equality and Diversity).

6) ATTEMPTED CLOSURE OF LEWISHAM A&E

The following questions had been put to Martin Flaherty twice but received no response. Agreed to raise the issues with the LAS Trust Board.

The plan is to downgrade Lewisham A+E so that it no longer takes blue lights. It will become an urgent care centre.

- Have you modelled where flows would then go?

The Trust Special Administrator (TSA) seems to think they would be diverted to Woolwich, which might be upgraded. We think flows will go west to KCH.

- What view have you come to and what is the evidence?
- Also, the TSA says that the extra journey time is likely to be 6-9 mins. Is that the case and if so what would the clinical impact be in terms of increased mortality and morbidity?
- Woolwich and KCH A&Es are full to bursting now. Would they be able to cope with the (probably more than) diverted patients flow of 20% +

Agreed also to:

- Collect LAS modelling data regarding the impact on emergency care of closing A&E departments, e.g. Chase Farm
- Gather data on the impact of closing the Chase Farm maternity service on the care provided at Barnet and North Middlesex Hospitals
- Visit Friern Barnet ambulance station to gather front line information on the impact of the Chase Farm closure
- Consult with Dr Brian Fisher, Lewisham LINK on the proposals to close Lewisham A&E and evidence that potential impact on patient care and patient safety has been researched in detail.

7) GAPS BETWEEN SHIFTS

Noted that a new rest break agreement had been signed with the Unions which provides additional cash for staff if they miss their break. Agreed obtain more information about the agreement. Arthur Brill also agreed to provide details of the response he had received from the LAS in reply to a complaint about the impact of gaps between shifts on a 90 year old woman.

Action: Contact Caron Hitchin and LAS TUs

8) FORUM'S PROGRAMME OF MEETINGS

- December: Care of people with dementia January: New LAS Chief Executive
- February: Emergency care for people with a mental health crisis March: Review of equality and diversity in the LAS