

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

ACTION POINTS FROM THE MEETING WEDNESDAY APRIL 15TH 5.30-7.30 PM

1) SERVICE USER INVOLVEMENT IN PARAMEDIC EDUCATION

Vince Clarke asked for expressions of interest from members who want to be involved in training and development for staff who want to become HCPC registered paramedics. An electronic version of the application form is located at:

http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/screen_shot_2015-04-17_at_15.24.46.png

K. West, G. Crawford, J. Marriott, L. Strother, N. Teich, L. Robertson, A. Cross-Durrant have expressed interest.

2) COMMISSIONER'S CQUINS FOR THE LAS

a) Details have been provided for all CQUINs. Distribute to members and place on website.

b) Request information about monitoring the delivery of LAS CQUINS from Katy Neal. Response from Katy:

"I am currently in the process of completing this work – the CQUINs have been mapped to the CQRG agenda over the next 12 months and reporting templates are in development. We will be holding a service planning meeting with the LAS over the next couple of weeks to discuss the new performance framework for both the quality schedule and CQUINs. I will be in a better position to feedback after these discussions have been finalised".

c) Can the Forum attend CQRG meeting? Response awaited.

3) INTELLIGENT CONVEYANCING OF PATIENTS NEEDING A&E CARE

Obtain details of Intelligent Conveyancing programme being trialled by NHSE for the LAS and A&E departments. Request details from commissioners and implications/policy for patient choice. Response awaited.

4) FALLS TEAMS

Investigate position of LAS and commissioners on the redevelopment of paramedic accessible falls teams. Contacted Sue Watkins, LAS. Response awaited.

5) EQUALITY AND DIVERSITY

Raise LAS awareness about poor representation amongst paramedics of inner London's diverse population. Discuss at Equality and Inclusion Steering Group on May 11th 2015 and contact Roger Kline re Workforce Race Equality Standard (NHSE). A report is being prepared by MA and the issue raised with ROTA

6) MULTIPLE VEHICLE ATTENDANCE

Multiple vehicles arriving at the same scene – investigate LAS action to reduce multiple vehicle attendance. Request for information from Jason Killens, Director of Operations:

“This isn't a simple or straight forward one. Essentially we plan to send two resources to every Category A call. These now represent about 55% of our total daily call volume. In some cases, red 1's, we plan to send more than 2 resources so that patients in cardiac arrest can benefit from a smooth and effective resuscitation. We were a national outlier until last year with what we call multiple attendance ratio (MAR) with the average being around 1.7 resources being sent to all calls (both category A and C). As a result of work we have done in the last year to focus allocation decisions in control services, refine our automatic dispatch protocols and also to restrict the type of calls solo responders can go to (other than Cat A) we are now much closer to the efficiency target of an average of 1.29. We now range between 1.31 and 1.33 for average MAR across all calls”. Jason Killens

7) THE ROLE OF THE TRUST DEVELOPMENT AUTHORITY [TDA] PRESENTATION BY SEAN OVERETT

Sean's presentation on website:

[http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/presentation_introducttiontda_april2015\(so\).pptx](http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/presentation_introducttiontda_april2015(so).pptx)

Questions from Forum Members – Sean to provide answers to questions asap.

Q: 'Trusts are all different even within the hospital setting, and more-so when considering ambulance services. How does a small TDA team oversee differences and ensure a consistent approach?'

Q: 'Do you have a choice about which trusts to work with?'

Q: 'What do you do with Trust Boards that may not agree with your recommendations?'

Q: 'What is the process for evaluating equality and diversity on trust Boards?'

Q: 'How do TDA Executives and NEDs get the information needed to ensure the TDA has sufficient information on which to act?'

Q: 'How many patients or their representatives are present at the meetings between the TDA and trusts?'

Q: 'To whom are Trust Boards accountable?'

Q: 'If Trust's' patient groups are not being taken seriously, what can the TDA do to ensure appropriate engagement?'

Q: 'Can an individual contact the TDA direct?'

Q: 'The CE of a hospital Foundation Trust paid a considerable amount for a consultant to plan a new hospital building. Does the TDA have a view on this use of a Trust's (public) money?'

Q: 'With the arrival of the new Health and Social Care Act, what does the TDA do about seeing health and social care work together?'

Q: 'The TDA is just two years old. What came before it?'

Members and LHW will be requested to submit any other questions by email to the Chair and Sean will answer them after the election.

8) LAS BOARD MEETING: APRIL 2015

Questions to Board and responses. Sandra Adams thanked for detailed responses.

8a) Handover Waits - February 2015

In view of the 2,204 - 30 minute handover waits, and the 342 one hour handover waits at London's hospitals in February 2015, what action will the Board take with its strategic partners to substantially reduce these waits for access to A&E, and the harm potentially caused to patient care?

Jason Killens responded that there were a number of actions the Trust was taking to reduce the hand over waits that are in excess of the 15 minutes – the national target.

- Actions taken against hospitals for breaches;
- Hospitals Liaison Officers working during peak periods to ease the flow of ambulances;
- Intelligent Conveyance system which had been in operation since Winter 2014, where the Trust seeks to move appropriate patients safely around the health system to prevent a backlog;
- Working with emergency departments by forming long term relationships and seeking to strengthen these and in the event of a delay occurring, there are interventions from the Commissioning Support Units (CSUs).

8b) Equipment

Will the Board confirm that front line staff now have sufficient supplies of equipment to assist them with diagnosis and treatment of patients? In relation to area that are currently rated red on the risk register, are specific plans in place to deal with short and long term equipment issues which can impact on patient safety and care and are sufficient resources available to remedy deficiencies?

Andrew Grimshaw responded that there was considerable focus on this and the Trust had bought a significant amount of equipment over the last months to address areas of stress and was confident that there were sufficient supplies of equipment. Management would ensure this was marshalled to get them to the right place at the right time. The Trust was moving away from flexible fleet to complex based fleet where vehicles are allocated to the complexes. In addition, the Finance and Investment Committee had been monitoring fleet quite closely.

8c) Annual Staff Survey (ref integrated performance report)

In view of the results of the Annual Staff Survey, can the Board confirm that is satisfied that every possible action is being taken to ensure that staff are fully supported and trained to provide the highest standard of clinical care?

- The Annual Staff Survey results appear to have declined since last year.
- What specific actions will be taken to improve staff training, confidence and retention.
- Given the growing problems with staff morale and retention, how will operational management restructuring contribute to positive improvements in this key area?

The Chairman noted that this had been reviewed comprehensively under the recruitment and workforce update. Excerpts from the minutes: Mark Gammage noted that staff morale was one of the most important issues that the Trust was faced with and that the levels of staff turnover and staff absenteeism rates were indications that staff morale was low. The Retention Strategy pulled together areas of work that were currently underway with new initiatives into one report focussing on eight overarching objectives, which the Board noted.

Each of the objectives highlighted had underpinning actions with dates and one key action to focus on and a named manager responsible for delivery. A summary of the current actions being taken and how success would be measured were highlighted. A comprehensive and fully costed Action Plan would be monitored by the Executive Management Team (EMT). Mark noted that the importance of getting the balance between tackling different issues at the same time and focusing on the key issues to deliver on. Delivering on the key aspects which are fundamental on how the organisation operates was crucial for the Trust.

8d) Serious Incidents

Will the Board publish the outcome of its Serious Incident investigations and the actions taken as a result of these investigations?

Sandra Adams responded that these would be published in an open and transparent manner, while care was needed to maintain patient confidentiality. She added that it was agreed at one of the feeder committees of the Quality Governance Committee to reintroduce the report that was in place which had actions, lessons learned, complaints, inquests and risk information to be better informed.

9) SAFEGUARDING:

LR to provide report on the Safeguarding/Mental Health conference held on 28 April and attended by LR and Carl Curtis. On agenda for May Forum meeting.

10) CQC INSPECTION of the LAS:

CQC to attend June 2015 Forum meeting.

Provide members and local HW with copy of CQC's '*The new approach to inspection of ambulance services*' presentation for members' information.

<http://www.patientsforumlas.net/meeting-papers---2014.html>

11) PARAMEDIC PRESCRIBING CONSULTATION:

Members were encouraged to complete the survey online – closing date 22 May 2015. Agreed to invite an LAS senior manager/clinician to Forum meeting to discuss paramedic prescribing. Margaret Luce asked for advice and suggested asking the Medical Director to speak.

Ref: <https://www.engage.england.nhs.uk/consultation/independent-prescribing-paramedics>

12) REBALANCING MEDICINES LEGISLATION AND PHARMACY REGULATION

LS to report to May meeting from Programme Board on pharmacy legislation and regulation regarding:

- providing safer services for users of pharmacy services
- innovation and development of pharmacy practice

13) HEALTHY LIVING PHARMACY:

Members to be asked to answer questions for Robin Kenworthy on people's experiences with pharmacies, whether or not their pharmacy is an accredited HLP, or whether or not they knew that a local pharmacy was an HLP. MA to be asked to forward Robin Kenworthy's email and attachment to members in the coming week.

<http://www.npa.co.uk/Business-Management/Service-Development-Opportunities/Healthy-Living-Pharmacy/>

MALCOLM ALEXANDER