

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

www.patientsforumlas.net ACTION POINTS

Monday April 16th 2012

1.0 HEARING LOOP AT LAS HEADQUARTERS

Check availability of Hearing Loop before Forum meeting on May 15th

From: Joseph Healy [<mailto:j-j@freezone.co.uk>]

Sent: 11 May 2012 10:27

Hi Margaret and Janice,

I have seen in the minutes of the Patients Forum an action point to ensure that there is a hearing loop available in the board room of the LAS on Tuesday evening for the Patients Forum meeting. I know that we agreed some time ago that this should be there. Can you let me know if that has been actioned as one or two of our members really require it and there has been a guarantee that it will be available? The meeting is at 5.30pm. Kind regards, Joseph Healy, Patients Forum Chair

From: Margaret Vander [<mailto:Margaret.Vander@lond-amb.nhs.uk>]

Sent: 11 May 2012 10:39

Hello Joseph – Janice is dealing with this, liaising with Estates. I don't think these things happen overnight though, and the conference room has not been available for some months as you know, so probably Estates haven't had access. I don't think the undertaking was that we would have it available for a specific meeting, just that we would definitely get one. The Forum has been meeting for several years without a hearing loop and, whilst I agree this is not ideal, and that we must get one, most deaf members do seem to have managed with the BSL interpreters up to now. Martin: please could you clarify where we are with this? Many thanks, Margaret Vander | Head of Patient & Public Involvement and Public Education

From: Joseph Healy [<mailto:j-j@freezone.co.uk>]

Sent: 11 May 2012 10:46

To: 'Margaret Vander'

Cc: 'Janice Markey'; 'Martin Nelhams'

Subject: RE: Hearing Loop at LAS Board Room

Hi Margaret, The problem is not the deaf members who, as you say, have access to BSL signers. The problem is with those who are hearing impaired, such as Barry, who cannot follow the meeting properly. This problem has been flagged up for some months now. And it is also a legal requirement under the Human Rights Act (formerly the Disability

Discrimination Act). As I work for a disability organisation I am very aware of these issues. It has caused Barry and one or two other members of the Forum considerable distress and I hope that Janice can ensure that it is remedied. Neil and the NW London PCT did provide such a loop for both of the meetings held there recently and it has been flagged up in my Chair's report several times. Kind regards Joseph

2.0 FUTURE OF THE LAS – A STRATEGIC REVIEW

Obtain response of LAS Commissioners to GLA review and then comment on all three documents (GLA review, LAS response, commissioner's response).

3.0 COMMITMENT OF THE LAS BOARD TO PUBLIC INVOLVEMENT

Agree process for participating in LAS Board meetings including written questions prior to Board meetings.

4.0 SUICIDAL PATIENTS

Agree process to monitor care of suicidal patients with Kuda Dimbi, the LAS Clinical Advisor for Mental Health.

5.0 SHIFT PATTERNS – IMPACT ON STAFF BEHAVIOUR

- **Meeting with Gary Bassett to discuss his bid to CARU.**
- **Write to Caron Hitchins and Ann Ball from LAS Human Resources for additional information:**

1) What, if any, are the parameters for each individual's work during, say, a month? (and/or the typical EWTD reference period of 17 weeks)? I know there are a number of individual shift patterns - one called relief, which students are often put on, which requires them to go when and where needed. Another is a family friendly shift and another is when staff are on a 'line'. What are the range of shift patterns used and parameters used for scheduling each?

2) What is the bottom line when scheduling each type of shift pattern? What are the maximum hours and limits over a month and/or over the reference period of total working hours, night shift hours, numbers and frequency of night shifts? Are there required patterns of rotation to correspond with health advice, can they be in any sequence or are there criteria and limits within a time period and if so what are the basic guidelines?

3) I believe that overtime is nearly always available at the moment and that staff receive texts, sometimes at short notice asking if they can do overtime –staff sometimes tell me they can get as much overtime as they want. How do you ensure that staff are not being asked (or accepting) to do too much? How is this monitored and adjusted to correlate with ordinary, planned shifts? How (in general) do you check, consider, monitor, enforce maximum working times in respect of health and safety - of staff and safety of patients in a time when overtime is needed by the organisations to achieve its goals?

4) It would be useful to get a comparison of scheduled rota time, in a time period vs actual time. If for example a difficult case is allocated near the end of a shift, and the staff need to work an additional hour or two, is this counted alongside other hours in relation to the EWTD? If the person is working a 7 am-7 pm shift, works extended time and then works another 12 hour shift straight afterwards, how does the LAS exercise its 'duty of care' towards the person (and the patient). Does anyone check the actual time worked vs the scheduled time, plus overtime and consider the health implications?

5) Many staff live well outside central London and work in inner-London ambulance stations. Journey time to work can be quite long and this may well become very much worse during the Olympics. How will you ensure that staff are not working 12 hours shift plus many hours at either end resulting in exhaustion, negative impact of work-life balance and possible harm to patients?

6) Is there an 'official' LAS view on these issues and do you know how other ambulance services relate operate? Are there LAS policies relating to 'quality/safety/health' in this area?

7) Has there been any qualitative research with (LAS) staff in relation to their own views on shift work and its impact on them and their patients?

6.0 PATIENTS SAFETY IN UK AMBULANCES PROJECT

Noted that Mike Smyth, Clinical Instructor with West Midlands Ambulance Service) will address the May meeting of the LAS patients' forum and that details of the project can be seen on:

http://www.netscc.ac.uk/hsdr/files/project/SDO_PRO_10-1008-12_V02.pdf

7.0 TURNAROUND TIMES AND PERFORMANCE

Obtain data from Neil Kennett Brown, LAS commissioner on the following:

- Monthly arrival to patient handover performance against KPIs (cluster)
- Monthly Patient Arrival to Handover Ranked Performance (KP11)
- Monthly Arrival to Patient Handover Performance (Pan London summary)

Write to LINKs in following areas advising them of turnaround time problems at their local A&E: King's, Lewisham, Barnet/Chase Farm, Northwick Park, South London Healthcare and Barking, Hovering and Red bridge University Hospitals.

8.0 INTRODUCTION OF 111 – IMPACT ON CATEGORY A

Contact Sue Watkins, LAS Operations Manager for update to Forum on possible delays in response to Cat A calls as a result of the introduction of 111.

9.0 MANAGEMENT OF PAIN

- Fiona Moore, Medical Director of the LAS, has invited forum members to contribute to a protocol on how to manage people who are in pain.
- Kathy West to report back to the Forum.

10.0 USE OF CAGE AMBULANCES TO TRANSPORT PATIENTS

- Forum had received information that patients are sometimes transferred using 'cage ambulances'. Information requested from King's College Hospital and the following FOI has been sent to all mental health trusts in London. The issue has been raised with Mind the mental health charity.

- 1) During the period April 1st 2009 to March 31st 2012, on how many occasions has your hospital arranged for a patient to be transported to another unit or hospital in a secure cell (cage) ambulance or other vehicle of this type?
- 2) In each occasion during April 1st 2009 to March 31st 2012 when a patient was transported using a secure cell (cage) ambulance, was the patient on a Section of the Mental Health Act?
- 3) In each occasion during April 1st 2009 to March 31st 2012 when a patient was transported using a secure cell (cage) ambulance, where was the patient transported to?
- 4) What are your criteria for using secure cell (cage) ambulances?

- Contact made with Paul Farmer, Chief Executive of Mind who replied as follows: "Many thanks for sending this to me. We would be extremely concerned if caged ambulances were being used for people with mental health problems. Our current campaign on acute and crisis care has highlighted the importance of treating people with dignity and humanity when they are in a crisis. Please do get in contact if you'd like to discuss this further."

11.0 IS HEALTHWATCH UP TO THE JOB?

Slides available on request.

12.0 REVIEW OF LAS GOVERNANCE

Request report of KPMG meeting and details of cost of holding the meeting at KPMG offices.

13.0 OUTCOME TARGETS

Request information on outcome targets from Neil Kennett-Brown

- heart attack survival
- stroke survival
- recontact rates.

14.0 END OF LIFE CARE

- LAS has published their clinical audit of 'end of life care', which is available on request
- Questions submitted to David Whitmore, Adviser to the Medical Director:

Dear David, I have had an enquiry from one of our members about patients requiring end of life care. I have seen the Clinical Audit Report but wondered if you could clarify regarding the issue of communicating the wishes of people who have a terminal illness or who are close to death. One of the issues of concern is about how paramedics and A&E departments know that a patient has an ACP and whether Command Point will make it any easier to communicate this information at the critical time. The other questions are:

What kind of training do LAS paramedics have concerning ACPs in relation to end of life care?

Are ACPs logged electronically to be readily accessible?

Does the LAS hold the same information as the GP and nearest A&E in relation to the patients wishes for end of life care?

Where a patient is falling in and out of consciousness, would paramedics check routinely to see if there is an end of life ACP (and what if no family are available?)

Is there an agreement about documentation/bracelets etc for people who have specific wishes about end of life care, e.g. DNR, that the patient will keep with them and is the fact recorded on your system?

A while ago we discussed the need for more resources to support people who have specific care plans and i wondered if you were able to secure more resources for this purpose?

15.0 LAS STAFF SURVEY

- Agreed to ask the LAS to speak to the Forum about the staff survey results at a future Forum meeting.

16.0 BULLYING AND HARRASSMENT

- This matter had been subject of an investigation by the Healthcare Commission in 2005. See also: <http://www.employment-studies.co.uk/pdflibrary/mp59.pdf>

17.0 QUALITY ACCOUNTS

The Forum had not received the draft Quality Account from the LAS. Steve Lennox was asked for a copy on May 10th. The Forum can add a statement of 1000 words to the QA.

Noted the following response from Steve Lennox, LAS:

The guidance is a bit contradictory. In one section it says it should go to patient groups 30 days before publication and in another section it states 30 April. Needless to say I am working to the former schedule. The Account is now progressing through our governance structure and an advance copy has gone to commissioners. It should be with you in about 10 days.