****

**EXECUTIVE COMMITTEE MINUTES**

**JULY 2nd 2018 – EV Southwark, SE1 at** 5-6.30pm

**Attendance:** Angela, Lynn, Sister Josephine, Malcolm, Audrey, Joseph

**Apologies:** Adrian, Beulah

1. **Forum AGM and Mission Statement** – Agreed to hold the AGM in October 2018. The Annual Report in the process of development.
2. **Live streaming of LAS meetings** – raised with Bimpe Akinwunmi, Committee Services Coordinator. Will be raised with Trisha Bain
3. **London Assembly review of the LAS** – July 17th 2018 at City Hall. Twenty two Forum members are attending. Agreed to provide a briefing note for members and the LA. Also invite LAS staff, but advise not to wear uniforms.
4. **Update of our work with the Academy -** Members are taking on roles to assist with the assessment of staff in training. We are also observing the assessment process and advising on improvements. Dates are being set for academic teaching if all trainees on the role and importance of PPI.
5. **PPI in 111** – A meeting has taken place with Tracy Pidgeon to discuss the development of PPI in the South East and North East PPI services. She is keen to meet with us again.
6. **Links with Healthwatch –** The Forum is working with local Healthwatch to identify members to lead on Forum-HW liaison. So far 15 members have been identified for this role. Letter to be sent to all Healthwatch about the link and also to invite to Forum and LAS AGMs. Also ask HW and Advocacy orgs if they can share LAS complaints that they have received.
7. **National Ambulance Services Meeting** – Attended by Sister Josephine, Malcolm Alexander and James Guest and designed to enhance ambulance services from a front-line staff perspective. Led by Helen Bevan, Chief Transformation Officer, New Horizons, NHS England. Sister J and James Guest to provide report on meeting. Sister Josephine said the theme of the meeting was the development of a more coordinated approach, centralisation for some service developments whilst valuing the local, standardised pathways for some patient groups, e.g. a mental health bus, and more digitalisation for front line staff. Report from SJU and James Guest to follow.
8. **Quality Account recommendations** – implementation phase – Forum will meet with Trisha to discuss our recommendations for improvement to LAS services and organisations.
9. **Attendance at Board meetings of the LAS** – the LAS will not provide papers in advance of meetings of the Board so the Forum has stopped attending. They argue that we have access to Board papers online despite the fact that meeting may be up to five hours long and our computers not up to the required standard. The Board are ignoring their duties in relation to access, disabilities and the requirement of the Equality Act.

Agreed to raise again the issue of access to Board papers in relation to their statutory duties, and to seek advice from NHS Improvement. Also check process in other boards and Transport for London.

1. **LAS-AGM on September 25th –** Agreed to submit proposals to enhance attendance at the AGM and advise members to submit questions to the Board. Agreed to tell the LAS that we will advertise their AGM to our
2. **Access to LAS Complaints Data –**
3. Agreement originally reached with LAS for a small group of Forum members to review complaints process. Agreement was later reneged on.
4. This process has been continuously undermined over the past year and consequently the LAS have no independent assessment of complaints investigation (except via the ombudsman) and no patients' voice in the process.
5. Matter raised at LAS Complaints Process Mapping meeting on July 2nd.
6. No resolution offered by the LAS except the suggestion that the Forum can examine complaints (redacted) with the LAS Chair.
7. Angela agreed to produce advice on effective involvement in complaints monitoring
8. Need to ensure that any engagement agreed with the LAS Chair is consistent with appropriate governance arrangements.
9. Agreed to request details of the LAS system for reviewing complaints through the whole pathway and assisting people with learning disabilities and other disabilities who have complaints.

**Action:** Consider a buddying system for complainants to assist them

through the process of investigation.

1. **Meetings with Elizabeth Ogunoye –** Agreed to meet quarterly and to discuss major issues, e.g. progress with CQUINS.
2. **Equality and Diversity -** Noted that 2 LAS Equality and Diversity meetings have been cancelled, and a 3rd was not attended by Patricia Grealish, Director of People and Organisations Development. Next meeting is scheduled for September 18th**.** Roger Kline has been invited to speak at the next meeting of the Forum on July 9th. He co-wrote NHS WRES guidance and the Snowy White Peaks of the NHS.He has been provided with all necessary data. Melissa will also attend the meeting.
3. **Defibrillators -** 14 members will be trained on July 9th from 2.30pm to 5pm and 13 were trained on June 12th. Trainer is excellent. Members felt that course was too short and suggested 3 hours instead of 2.5. Work with Lambeth Accord (336) continues.MA has produced a draft letter for Joseph to check to go to all voluntary sector organisations at WeAre 336. Joseph to provide list of email addresses.
4. **End of Life Care -** Understanding the culture of people who are at the end of life seems very limited. Lynn emphasized the importance of very special needs in relation to culture, ethnicity and diversity in the care of people at the end of life. Agreed to ask Briony and Angela to discuss this issue at the next End of Life Care meeting. Reply from Briony below:

**End of life care and culture**: Of course, it will be an area of work we take forwards with the new team under the patient experience work stream. It is of course relevant to all areas of care but belief systems and cultures at the end of life are particularly important in my mind to understand in order to support both the individual and their families. Briony

1. **Newsletter – agreed to produce as newsletter asap.**
2. **Meeting with** Heather and Garrett – circulate corrected report on our meeting with them and seek advice from John Larkin.
3. **LAS Strategy -** LAS Strategy was agreed in April 2018, but is not available as a discreet document on the LAS website. It is on the Forum website. The LAS referred to a Croydon trial regarding their proposal to reduce the number of patients taken to A&E. A copy has been requested of the trail but not yet provided. **Agreed:**

* Produce a detailed response to the LAS Strategy during the next 2 months
* Select 6 areas for Forum scrutiny and inform members which areas have been selected
* Closely monitor implementation of the Strategy and request update in six months from the L AS
* Monitor any potential or actual harm to patients as a result of reducing dispositions to A&E.
* Enquire about process of LAS monitoring and reviewing the strategy.
* Use August EC to review Strategy

1. **Patient Specific Protocols – PSP -** Noted that the PSP process used by the LAS may not adequate because they are not sufficiently patient centred or empowering. Issues of culture and ethnicity are also of profound importance in PSPs. LAS agreed to provide guidance for patients on this issue, particularly as some GPs rarely produced PSPs and in some cases produce PSPs of very poor quality. PSPs may be the same as CmC. Briony and Michael Ward asked for clarification. When leaflet is agreed will ask LHW to distribute to local GPs.

**Letter re Complaints Audit from Philippa Harding - LAS**

Dear Malcolm,

As you are probably aware, the Information Governance Group (IGG) is responsible for approving proposed information sharing agreements, which also require agreement by the Trust’s Senior Information risk Officer (SIRO) or Caldicott Guardian, if patient confidential data is to be shared, before that data exchange takes place.  A proposed information sharing agreement was presented to the IGG as follows:

“The LAS Patients’ Forum will be enabled to access to the complaints module of the Trust’s case management system to audit a sample of cases”.  The proposed agreement did not make reference to gaining the consent of complainants, as you suggest in your email.

Having reviewed the proposed information sharing agreement, the IGG decided that it could not support this request in light of the fact that it was not possible to anonymise the information available in the Datix case management module.  In its decision-making, the IGG was mindful of the Trust’s duties with regard to the maintenance of the confidentiality of patient data set out within the Data Protection Act (2017) and the Access to Health Records Act (1990).  (As you may be aware, the latter related to deceased persons who are not covered by the former).  This was the only decision of the IGG on this matter; there was no agreement of the information sharing agreement and then subsequent revocation.

With regard to your question about external organisations having access to complaints, it is possible that this has been the case through the exercise of an internal audit function.  As I am sure you will be aware the Trust’s internal audit function is governed through clear and rigorous contractual requirements relating to the maintenance of the confidentiality of this data.

I am not aware of the different approaches that you have proposed in the past with regard to reviewing anonymised complaints and so I cannot comment on any of these.  However I understand that the Patient Experiences team is seeking a way of sharing a sample of complaints and the Trust’s response to these with the Patients’ Forum in a manner that does not breach patient confidentiality (perhaps through the use of redaction) and I am sure that this work will be resolved soon.

I hope that this answers your questions; please don’t hesitate to let me know if you would like any further information.  Yours sincerely, Philippa