

Patient Forum Update Report to QOG

FEBRUARY 15th 2018

**Co-Production with the LAS**

**LAS Complaints Charter for Urgent and Emergency Care in London**

The Forum designed the Complaints Charter and presented it to LAS Executives and then formally to the LAS board, who accepted it with minor amendments. The Charter is on the LAS website and discussions are currently taking place with the Communications Department to redesign it to meet the NHSE Accessibility Standard.

We hope it will be widely distributed to FT members and though the Communications Department’s Facebook page and Twitter account.

**Communicating with ‘Foundation Trust’ Members**

‘Foundation Trust’ members are now invited to all of the Forum’s monthly meetings held at LAS HQ and many have attended and played a significant part on the work of the Forum. The decision by the LAS to change their policy on this issue has had an important impact on the work of the Forum and our capacity to influence.

**Emergency Operations Centre**

Nine Members of the Forum have played an active role in monitoring of the Emergency Operations Centre at Waterloo and Bow and have produced a number of recommendations for the EOC and Board of the LAS which are attached. We have particularly emphasized the need for Trust Board members to actively show support for EOC staff who are a low paid, highly important group of staff who keep emergency services running 24/7 and provide an outstanding services during major incidents.

**LAS Academy**

Work with the LAS Academy has been outstanding. Three members of the Forum and 3 senior staff from the Academy paramedic programme have formed the Patient and Public Involvement Panel (PPIP). We have jointly signed the terms of reference and this PPIP is leading new approaches to PPI in the Academy. We are attending Academy HCPC Paramedic Programme Steering Group and have developed a teaching programme detailing patient and public inclusion for the Academy syllabus. Our members are participating as mock patients for the assessment of potential candidates and for the training of students for which we have agreed a role description. We are scrutinising the three elements of assessment for potential candidates, which are: interview, cardiac arrest and clinical assessment. Our role here is to assess the assessors and their process of assessment. Our recommendations are well received and are being used to enhance the work of the Academy. We are also working with the paramedic programme clinical tutors on the module development within the programme to capture patient experience and assist with specialised development.

**Assessing the Effectiveness of the Complaints Investigations**

We have been trying for some time to develop a method of auditing and monitoring the outcomes of complaints investigations, but the LAS governance of this process has still not been agreed. We are happy to monitor complaints anonymously, or with the consent of the complainant. After six months of discussion we still seem quite far off a resolution to this issue. We have 3 experienced members who would like to ascertain the quality of complaints investigations from the lay perspective, whether outcomes of investigations lead to LAS or system change and whether complaints investigations are empowering for patients and relatives who complain. The Patient Experiences Department fully supports this initiative.

**LAS Strategic Intent**

The Forum was engaged in the process of development of the LAS strategy at an early stage, but since then we have been disappointed in progress. The only public event that we are aware of took place at first thing in the morning and unsurprisingly attracted very few people. We submitted two detailed responses to the Strategic Intent document and have had three meeting with the Strategy Team but have received no written response from the Team to our critique of their proposals. This has been promised but considerable time has passed since our submission.

We ask the Board for a process of consultation on their draft Strategy, which should be available in the near future, but at their Board meeting on January 30th 2018 this was refused on the following grounds:

Large parts of the LAS strategy will be about the internal workings of the organisation and would therefore be inappropriate for a public consultation.  However, the Trust wants service users to ensure it is improving the outcomes and experiences of its patients. This will be done in different ways that best meet their needs, and will provide the richest feedback possible.

We do not think that this response is adequate or reasonable or consistent with the commitment to public involvement which is expected of the LAS as an NHS Trust or their values as a body serving the needs of London.

**Q Volunteering – Social Action Team – Office for Civil Society**

This project was designed to promote the involvement of BME volunteers in the work of the LAS. Unfortunately, there were initially communication difficulties within the LAS and between the LAS and the Office for Civil Society. Nevertheless, Briony Sloper has led a very successful project with the RVS working with volunteers in Merton and Hackney, the majority of whom are from BME communities.

It has not been possible to agree how the remaining 50% of the income from this project will be used. In light of this situation the Forum has produced a project plan which was presented to the Chair and Chief Executive recently and very well received. However, the time to complete the project is too short in this financial year. The Forum has therefore written to Paul Casey who is the Policy Adviser to the Social Action Team Office for Civil Society (DCIM) asking for consideration to be given to the project proposed by the Forum and to extend the time available for completion.

We believe that the Q Volunteering project will in time enhance collaboration and co-production. There are now opportunities that might lead to a further successful project that promotes diverse forms of volunteering and promotes recruitment to the LAS. As a result the Chief Executive of the LAS has proposed collaborative work with the Forum on a new volunteering strategy.

**Stroke Care**

One of our members leads on stroke diagnosis and care and noticed, from looking at the blank Patient Report Forms (PRF) at the Ambulance Station, that the LAS are still using Patient Report Forum version "LA 4", which contains the exact same text under speech component of the FAST section as was the case in 2014 (i.e. no mention of "aphasia"). This is despite the assurances that the LAS provided to the Mayor of London's office on this issue: “*LAS is also looking at changing the wording on the 'FAST' section of the Patient report form on the next revision from 'Speech: Word finding difficulties or slurred speech' to 'Speech:* Word finding difficulties, aphasia or slurred speech'." We have been advised by the LAS Medical Directorate that it considered this change but thought it would be too difficult to implement. They have suggested changing the wording on the PRF when they change over to an E-PRF, but they will not provide and assurance on this matter.

We have sought to arrange a meeting between the Forum’s lead on stroke care and the Medical Directorate but we have been unable to get agreement with the Directorate for this meeting to take place so far. The personal experience of our member in diagnosis of stroke, places him in the role of an ‘expert by experience’, which we believe should be highly valued by the LAS.

**Access to Performance Data**

The Forum formerly received monthly data from the LAS and Commissioners, but now receives no monthly data sets from them. Following a complaint to the Commissioners they have now released validated data from 2017. I am meeting Athar Khan to discuss this situation and to find a solution.

We currently receive monthly data from local CCGs or Healthwatch – but not from the commissioners or the LAS

**APPENDIX**

**EOC ACTION POINTS AND RECOMMENDATIONS**

“**I would be more than happy to attend a forum meeting at a mutually convenient time to talk through some of the progress we have made, the plans for the immediate and longer term future and the challenges along the way.  Pauline Cranmer (Deputy Director of Control Services)**

**INCREASING THE VISIBILITY OF EOC STAFF**

1. All LAS Board members should attend an EOC shift as part of their induction, and then twice yearly to talk to staff and understand better the pressures on them.
2. The LAS should focus better on valuing staff in EOC and demonstrating to them how important their role is, especially after major incidents, terrorist’s attacks and exceptional incidents like Grenfell Tower. The leadership of the LAS should focus on recognising the essential work of the EOC both internally and externally to the media.

**Pauline Cranmer has described her work with the EOC team to raise the profile across the LAS of the importance of the role of the Department. She acknowledges there is more to do.**

**IMPROVING KNOWLEDGE ABOUT WORK OF THE EOC**

1. All LAS Board Members should visit EOC in Waterloo and Bow once each year.

**Response: Visits of the new executive team –**this is improving as the new team settle into their roles, but it is recognised as a gap previously. Visits are now taking

place more regularly.

1. As part of their induction, all new **frontline staff** should attend at least one shift in the EOC, and new staff from the EOC should participate in a ride out with front line staff.
2. All current frontline staff should be required to attend at least one shift in EOC as part of the updating of their training to provide insight into how the whole system works.
3. GP’s, practice nurses and GP receptionists should be invited to attend an annual shift at the EOC so that they understand better how the LAS system works, the massive pressures and the importance of making realistic demands on the LAS.

**ACCESS TO ESSENTIAL INFORMATION FOR EOC STAFF**

1. The organisations of clinical and other workplace bulletins should be rationalised to ensure easier access to essential information for EOC Staff. Some staff feel that the 20 minute education breaks don’t provide a necessary break from computer work.

**Response:** We have recently streamlined the information sharing into ‘Info Thursday’ when all bulletins are sent out in one email and the text include a small précis of the content  as signposting to what is new for the week. We are one of the few ambulance trusts to protect education time for staff learning with special 20 minute breaks - I really see this approach as a value.

**PROBLEMS WITH THE GAZETEER – (SAT NAV)**

1. As a result of new buildings and poor GPS and signage, addresses can be difficult to find for front line staff, e.g. in the east London Olympic stadium and the Barbican.

**Response:** Updating our gazetteer functions is high on the IM&T infrastructure list of work to be addressed and this will help with GPS systems in terms of navigating the growing new builds in London

**CAREER PATH FOR EOC STAFF**

1. There is a career path, but it is not easy to move forward.

**Response:** The career structure – We are about to embark on a restructure in EOC from top to bottom in Quarter 1 of 2017/18, and this will introduce a very clear career structure as well as core development leadership courses as part of promotion.

**STAFF SURVEY - CONFIDENTIALITY**

1. To ensure the Annual Staff Survey is taken seriously staff must be reassured that the survey is totally anonymous, and the benefits of participating in the survey made clearer. Reminder emails suggest the survey is not anonymous.

**Response:** The Picker Institute who oversee the survey are responsible for sending out reminders as they know who has replied, the LAS never know information on individuals.

**EDUCATION OF THE PUBLIC IN URGENT AND EMERGENCY CARE**

1. LAS communications should target education of the public on the role of the ambulance service, including all schools, colleges and universities in London.
2. The LAS should meeting with the Department of Education to promote the education of all children and students in schools, colleges and universities in CRP, use of defibrillators and if possible – first aid to include Epi-Pens.

**WORKING WITH OTHER SECTORS TO REDUCE DEPENDANCE ON THE LAS**

1. The LAS should get more involved in local initiatives to reduce public reliance on Emergency Services, e.g. through the involvement of LAS Stakeholder Officers in the work of the Kingston Coordinated Care (NHS & Social Services)
2. The LAS should develop closer links with Carers Networks across London to provide information and advice about mutual help and support between community organisations and the NHS to reduce the use of emergency services.

**INFORMATION ABOUT THE PATIENTS FORUM**

1. Before next visit to EOC the Forum should distribute leaflets to all EOC staff to let them know about the work of the Forum.

**FORUM MEMBERS WHO VISITED WATERLOO SHOULD GO TO BOW**

1. Members who visited Waterloo EOC should visit Bow (and vice versa) in order to compare the practices and responses in the two centres. This will also give an opportunity to access progress since the submission of our report and recommendations.

**Response:** Differences between the two sites - both sites operate the same structure in terms of management, call handling and dispatch. They also operate as the fall back if one site is compromised in any way.

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