

## Report on London Ambulance Service Trust Board Meeting of May 29<sup>th</sup> 2012

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In accordance with the agreement reached with Richard Hunt, LAS Chair, in March, I submitted five questions before the board meeting of May 29<sup>th</sup>. These were based on issues which had arisen at the May Patients Forum and also on reports contained in the board papers which I received the previous Friday. The questions were as follows:

1. Referring to the Chief Executive's report and the rolling out of 111 across London. Can he tell us how the pilots are progressing as the Forum has received negative feedback reports about this?
2. Reference is also made in the Chief Executive's report to the LAS Emergency Bed Service. Can he give more information about this and how it is planned to operate?
3. In the Clinical Quality and Patient Safety Report, reference is made in the section on CARU to Mental Health, where it states that "whether the patient had a current Psychiatric/Community Psychiatric Nurse or Approved Social Worker was only considered for just over half of patients" can the Joint Clinical Directors explain why this was the case and should it not be considered for all patients?
4. Recent reports have stressed the fact that the LAS has experienced one of its busiest periods ever because of the hot weather. What steps have been taken to ensure that alternative care pathways are genuinely functioning and can be accessed by those many patients who cannot gain access to an ambulance?
5. Reference is made in the Board papers to lack of mandatory training constituting a risk. Can the director responsible for training indicate the degree of risk which this constitutes?
6. The data on performance figures given to the Patients Forum contain some concerning figures for the East zone on Category A patients in particular. What is the explanation for this and what is being done to address it?

Richard Hunt was absent and did not chair the meeting but it was made clear to me before the meeting commenced (as I suggested at last month's Forum meeting would be the case) that various board members would address my questions during the course of the meeting under their respective reports and that I would also be given a short time at the end of the meeting to put questions under the heading 'questions from the public' but that questions during the course of the meeting from the floor would not be accepted. The manner in which some of the questions were answered left something to be desired in my opinion.

Regarding questions 1 and 4, the Chief Executive stated that these were "very meaty" questions and would best be answered outside the meeting by Lizzy Bovill, Deputy Director of Strategic Development. Lizzy has since sent me the following responses:

**Referring to the Chief Executive's report and the rolling out of 111 across London. Can he tell us how the pilots are progressing as the Forum has received negative feedback reports about this?**

111 is now running live in three pilot areas – Croydon, Hillingdon and from yesterday Inner North West London (this covers Hammersmith, Fulham, Kensington, Chelsea and Westminster). I'm not aware of the negative feedback you have received. LAS have worked with the providers to ensure that those patients dialling 111 who require an ambulance are transferred simply over to us and that they are then treated equitably with 999 patients. Dr Fenella Wrigley, Deputy Medical Director for LAS, and I also sit on the 111 Clinical Governance Board at NHS London which provides oversight to the three pilots. No significant patient or clinical issues have been raised to date. If Patient Forum members have used the services the 111 providers would be very interested in their feedback. In addition Barry Silverman is the Patient Representative on the 111 Board at NHS London and he could present any concerns you may have back directly to the commissioners of the services.

**Recent reports have stressed the fact that the LAS has experienced one of its busiest periods ever because of the hot weather. What steps have been taken to ensure that alternative care pathways are genuinely functioning and can be accessed by those many patients who cannot gain access to an ambulance?**

I met yesterday with NHS Direct colleagues as part of our quarterly contract management arrangements and agreed that the current arrangements between ourselves will continue until the closure of NHS Direct at the end of 2012/13. NHS Direct have the capacity in place to be able for us to refer appropriate callers to them, especially in the hot weather or for medicines management advice. In addition we have the Directory of Service, which Im sure Alan will talk to you more about when you visit the Emergency Bed Service which is like an electronic yellow pages and for some areas we can now use this to search for local available services to refer suitable patients to.

Regarding Question 2, I have been put in touch with Alan Hay, Emergency Bed Service Manager, and will be visiting him to discuss this on June 18<sup>th</sup>, which Lizzy Bovill arranged.

The response to Question 3 was from Steve Lennox, who is the director mainly dealing with mental health and he said that he shared the Forum's concerns and would be following through with it.

Regarding Question 5 and mandatory training, both the Chief Executive and Martin Flaherty stated that they did not believe that this was an accurate assessment and that the LAS was way ahead in the provision of training, having had the most extensive training programme in years, together with a doubling of the number of paramedics. Their main concern during this busy period (hot weather, Olympics etc) was to ensure that staff were on frontline duty and not tied up on training when demand was so high. Training would recommence after the summer period.

Answering my last question, Martin Flaherty admitted that there were problems in the East and stated that this was a combination of staff and other factors and that they were in the process of being addressed.

## **The Patient Story**

This item is now a regular one on the board's agenda and is presented by Steve Lennox. He apologised for the fact that the patient was unable to attend and then conducted a presentation. The case study was that of a 74 year old homeless man with learning difficulties. He had used the ambulance service 115 times in 2011 alone. Using MDT intervention, he no longer needed to attend A&E so often or use the ambulance service. This had resulted in a saving of £40k for the NHS because of various interventions. It emerged that 20% of patients at A&E do not have their GP's details. The MDT interventions involved Community Development Officers, as well as mental health experts etc. Steve Lennox is hoping that many of the patient stories will emerge from complaints but says that many of the current complaints are about late arrival etc, rather than clinical issues.

## **Quality Account**

The Quality Account was produced in draft form with the board papers. A number of stakeholders have been involved in drawing it up, and a copy has been sent to the Forum. A response is required from the Forum urgently as the QA is going back to the board for final agreement on June 26<sup>th</sup>. The Communications Team will be producing a shorter form for public consumption.

## **Quality Committee**

The committee have concerns re some results of the staff survey regarding pressure of work. The survey was not available at the meeting.

## **Chief Executive's Report**

Peter Bradley announced that he is leaving the LAS on September 9<sup>th</sup> to work in New Zealand. He also told the meeting that the Mayor of London's Health Advisor has resigned and a new person is being recruited. He was deeply concerned, as was the board, about a recent story in the Sun regarding paramedics commenting on Facebook about patients and emergency callouts – three members of staff had been suspended. The Deputy Chair also said that there were concerns about blogs and websites run by LAS employees and paramedics. With mounting concerns over hospital handover times there was a suggestion from some board members that this be publicised as a scandal. With the recent hot weather and problems with capacity, some patients had been waiting for an ambulance for 4, 5 or even 6 hours. There was agreement that there were now funding levers for getting hospital acute trusts to improve.

## **Chief Operating Officer's Report**

Incoming calls had increased by 20% and 17% of calls were now on Category A. This was way in excess of levels contracted for. Tuesday 22<sup>nd</sup> May had been the busiest ever in the history of the LAS with 5,310 999 calls. There had been no reports of Serious Incidents. LAS was working with media on health messages. A Capacity Review was underway with commissioners but there was a need for more staff. The clock change may improve performance but not waiting times for patients. There would be changes to rosters after the

Olympics. Over the Jubilee weekend there would be massive demand again with 350 street parties per day. LAS had asked for 50 ambulances for mutual aid from around the country. To increase numbers, A&E staff can now go through the apprentice paramedic scheme and could be on the frontline by July.

### **Olympics**

Peter Thorpe reported that 700 staff had joined the Olympic Cohort. Funding had been provided for provision of PPA and LAS staff for LOCOG requirements. Staff had been trained from all over the country. He thanked Peter Bradley for organising Operation Amber, which Forum members had attended, and said that this would now be an annual event with the next one happening in Birmingham. The Patient Transport Service would be providing transport to and from Olympic venues. NHS London had requested that PTS vehicles provide transport for clinical equipment and this had been agreed. There would be access to Olympic lanes for all on call vehicles and active area cover including banned turns. Cover around Greenwich and the Royal Artillery Barracks in Woolwich would be particularly high. In order to provide normal cover during the games, the LAS were instituting winter planning with Complex, Area and Pan London plans. There would also be additional cover on high risk days. The Olympic Deployment Centre in the Docklands was also ready.

### **Command Point etc**

Command Point was operating effectively. The board thanked Peter Souter and the LAS staff who had spent many months working on this project. The Major Incident Plan was also completed and I am going to get a copy of it asap as it was not available at the meeting.

The next Board meeting is on Tuesday 26<sup>th</sup> June.

### **Dr Joseph Healy**