

## QUESTIONS TO LAS BOARD – NOVEMBER 27<sup>TH</sup> 2012

### 1) ACCESSIBILITY

In consideration of the programme for transition to FT status, will the Board reflect on the accessibility of Board papers to the general public, especially in relation to obscure and technical language? A glossary to cover the multitude of acronyms would be very helpful.

### 2) LEWISHAM HOSPITAL PROPOSALS

In view of the plan to downgrade Lewisham A&E so that it no longer takes blue lights and instead becomes an urgent care centre, can the Board give assurances on the following issues:

- That modelling has taken place to show where consequent flows are most likely to go?
- That the Board has taken a view on the Trust Special Administrator's (TSA) view that patients from Lewisham would be diverted to Woolwich, which might be upgraded, and the view of most observers that the flows would go to King's? And if so what is the Board's opinion?
- That consideration has been given to the TSA view that the extra journey time to alternative A&Es is likely to be 6-9 mins and if so what assessment the Board has made of the clinical impact in terms of increased mortality and morbidity?
- That a view has been taken on the potential impact on handover and turnaround times in relation to the TSA recommendations, in light of the current very high pressures on Woolwich and King's A&Es?

### 3) COMPLAINTS – DRIVING IMPROVEMENTS

Minute 118 – can the Board confirm that it has adopted and follows the Health Service Commissioners guidance 'Driving improvement and learning from NHS complaints information' published in March 2011?

### 4) LOCATION ALERTS REGISTER

Minute 124.6 - can the Board confirm that all people on the Location Alerts Register (High Risk Register) have now received a letter from the LAS inviting them to contact the LAS if they wish to object to their placement on the Location Alerts Register?

5) ATTITUDE AND BEHAVIOUR

ACTIONS: Minute 28.7 (27/3/2012) – Is the Board satisfied that all appropriate actions have been taken to reduce the high levels of attitude and behaviour issues featured in complaints against front line staff? What assurances can the Board give that measures are in place to reduce and eventually prevent complaints in this category?

6) QUALITY DASHBOARD – September 2012 – Comparisons Table – last line –

Is it the intention of the Board to develop ‘Service Experience Indicators’, in view of Monitor’s commitment to strengthening patient involvement in quality improvement and decision making?

7) Cat A8 PERFORMANCE – Christine Kane/Martin Flaherty - In conjunction with the Workforce Paper

In view of the “Constrained resource pool’, how confident is the Board that the LAS has enough fully trained front line staff to properly and effectively meet the increased and possibly increasing demand in relation to patients with life threatening conditions?

8) PDR (PERSONAL DEVELOPMENT REVIEW) COMPLETIONS 2012/13

Does the Board consider the PDR rate to be acceptable, and is the current level of participation related to the ‘constrained resource pool of front line staff’?

Interestingly, there seems to be no problem for administrative, support and managerial/directorate reviews!

9) LAS KEY PRIORITIES 2012/2013 (PAGE 10 PYRAMID) – BUSINESS AS USUAL

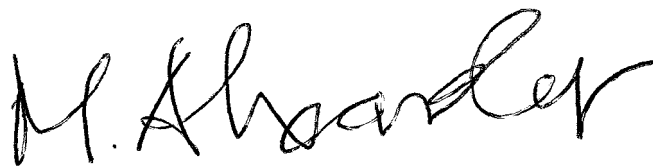
The percentage of paramedics whose ethnicity is described by the LAS as BME has grown minimally as follows between 2004-2012:

<u>2004/5</u>	<u>3.54%</u>
<u>2005/6</u>	<u>3.13%</u>
<u>2006/7</u>	<u>3.31%</u>
<u>2007/8</u>	<u>3.83%</u>

2008/9 3.52%  
2009/10 3.71%  
2010/11 4.00%  
2011/12 4.62%

Is the Board satisfied that appropriate measures are being taken to ensure that LAS's percentage of paramedics of black and other minority ethnic heritage, matches the diversity of London's population? Is there a risk of the LAS's employment practices becoming subject to further scrutiny, for example, by the Equality and Human Rights Commission?

Best wishes

A handwritten signature in black ink, appearing to read 'M. Alexander', written in a cursive style.

Malcolm Alexander  
Chair