**Meeting with Zoe Packman (ZP) – July 6th 2015 - DRAFT**

1. **FAST test. Case examined by ombudsman.**
2. Ombudsman found in favour of complainant on key issues regarding presumptive diagnosis but not outcome.
3. ZP will discuss with Gary Bassett, Patient Experience Team re process and next steps.
4. Advised to use Duty of Candour procedure for meeting with complainant. Explanation and apology
5. Clarity complainants objectives in relation to service improvement
6. Consider reassurance re FAST on LAS website
7. Consider updated Clinical Update on the FAST test
8. Clarify complainant’s objectives for the future.
9. **Bullying and Harassment Report**
10. Requested meeting with author of report
11. Suggested QA (Quality Audit) of bullying ‘hotline’. E.g. mystery shopper.
12. Suggested boots and uniform were irrelevant for call takers in Emergency Operations Centre. Abandoning current dress code might be symbolic of future approach of LAS towards staff. ZP will raise with Katy Millard.
13. Noted that the Bullying and Harassment Report did not focus bullying in relation to protected characteristics (Equalities Act).
14. Suggested that Equality and Diversity committee needed to be chaired by senior member of LAS leadership.
15. Currently not focussed on all protected characteristics.
16. Link between bullying and harassment and staff with protected has not been examined, but may be consistent with low numbers of staff with disabilities and BME staff. ZP will discuss with Tony Crabtree, HR.
17. **Safeguarding**
18. Work is expanding. Both adult and children’s committees in each borough (32 boroughs). Plus MARAC – domestic violence, and MASH – multi agency safeguarding hub. Sometimes several risks in same family. Need for more effective coordination.

**MARAC - Multi-Agency-Risk-Assessment-Conference**

1. Committee must have independent chairs and are statutory following the 2014 Care Act.
2. Julie Carpenter, a CIO represents the team on safeguarding.
3. Asked if resources were adequate? ZP said bid had been put to commissioners. At the moment resources are very limited.
4. Patients Forum is keen it support the process for increasing funding in this area of work.
5. **Rising Pressures on LAS**
6. LAS will develop a process to ensure that preparation for winter pressures occur much earlier in year.
7. More information is needed about the reasons for rising demand.
8. There is a focus on people who frequently attend A&E because they are not getting appropriate local care.
9. I asked if the ‘community involvement officers’ team based in Operations (currently 7) will be expanded to support the proactive development of local services?
10. The organisation of LAS staff across London has been reorganised to connect more effectively with local services. The key areas of focus will be:
* Rising demand and limited capacity
* More effective stakeholder engagement, e.g. connected with the Urgent Care Board
* Active involvement of Community Involvement Officers
* More effective quality governance assurance and better flows of information across the LAS.
1. **Alternative Care Pathways**
2. Alternative Care Pathways (ACP) will be further developed and where these pathways are found not to be available or accessible a report should go to Zoe, Kuda Dimbi or Briony Sloper. The ACPs will be annually reviewed to ensure they are appropriate and functioning.
3. Key ACPs are for fallers, people with MH problems,
4. Zoe recently attended a meeting of Directors of Nursing Care in London and raised problem of the effectiveness of ACPs in local areas.
5. Where the ACP are not working the failure can be referred to borough based System Resilience Groups (Urgent Care Boards)
6. The Directory of Services (DoS) is difficult to access for paramedics. Two Apps now available and will be piloted in two areas of London. These bring all 111 DoS data sets together and the 111 services have been tasked to keep data up to date and been funded to do this.

 End of report – MALCOLM ALEXANDER