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**Patient & Public Involvement Group**

**Monday 16 October 2017, 10.00 a.m. – 12.00 p.m., HQ conference room**

**Minutes**

**Present:** Malcolm Alexander, LAS Patients’ Forum (MA)

Gary Bassett, Head of Patient Experiences (GB)

Fiona Claridge, Stakeholder Communications Manager (FC)

Chris Hartley-Sharpe, Head of First Responders (CHS)

Ruth Lewis, PPI and Public Education Co-ordinator (RL)

Margaret Luce, Head of PPI and Public Education (ML) (Chair)

Conal Percy, Community Involvement Officer (CP)

Briony Sloper, Deputy Director of Nursing and Quality (BS)

**Apologies:** Melissa Berry, Equality & Inclusion Manager

John Carmichael, Community Involvement Officer

Frances Field, Risk & Audit Manager

Lauren Murphy, PPI and Public Education Co-ordinator

**1. Minutes of the last meeting and matters arising**

1.1 It was noted that point 6.6 in the previous minutes should read that people will be involved in taking forward actions from the Insight Project on an ad-hoc basis, rather than as a team.

1.2 CP also noted that (6.4.1) callers have also been advised to say the word “sickle.”

1.3 The minutes were otherwise agreed as a correct record of the meeting.

1.4 FC said that the LAS is moving to a new website (2.10). The content is in the process of being moved across to the new platform, which will be much easier to update and to search.

1.5 BS has authorised the order for the online disability course (3.3) and this is being tested within the PPI team. BS suggested that the Equality & Diversity Group be informed about this. **Action: Melissa Berry** to table forthe agenda at a future meeting.

1.6 CHS has sent GB the contact details for his police contact for co-responding (5.2) but GB has not heard back from them. **Action: GB** to send correspondence to **BS** and she will chase.

1.7 CP and ML are presenting the findings of the Insight Project (6.7) to CQRG on 31st October.

1.8 All other actions and matters arising had been completed or were on the agenda.

**2. First Responder Update (CHS)**

2.1 The plan for increasing Met Police co-responding is on track, for completion at the end of October. CHS is expecting about 500 uses per year. The system will now generate an email to say a defib has been used, the team will be able to log on and see the download, save it as a PDF file and send it to the hospital. This has been introduced in collaboration with the Medical Directorate. In time, the LFB will have a similar facility as the MPS. **Action: CHS** and **FC** to liaise re. the communication and promotion of this initiative.

2.2 The introduction of defibrillators in other organisations is continuing, with a focus on TfL and particularly London Underground. There are links developing through the Blue Light Collaboration projects and contacts.

MA commented that the lists of first aiders at LAS HQ were out of date, and asked if there were staff trained at underground stations. CHS confirmed that the LAS had provided training in the past, but that TfL had withdrawn the funding. This year his team have visited 180 stations with defibrillators, updated their contact details and provided defib familiarisation training. TfL have also requested CPR training for their central team.

2.3 CHS is still awaiting the go-ahead for his part of the Q-volunteering project, which relates to developing the Community First Responder scheme. The DCMS (Department of Culture, Media and Sport) have now taken this over from the Cabinet Office. Discussions are ongoing with them about the future of the project.

BS added that the other part of the Q-volunteering project is going ahead, as a third sector provider had already been commissioned to deliver it. This involves recruiting volunteers in Merton and Hackney and training them to provide interventions for patients who fall. The aim is to reduce social isolation and increase their wellbeing. BS has meetings planned with MA and with Heather Lawrence to resolve outstanding issues with this project.

2.4 The Good Sam App is continuing to work well. Four other ambulance services are considering introducing it, and the MPS are thinking about making it available on their hand-held devices. The LFB are also interested in it, but it may initially be made available only to the officers. Developments on the LFB co-responding trial have been stalled by the unions because of the ongoing pay negotiations.

2.5 There was a Good Sam category at the awards this year, and a member of staff (who was also a CFR) won. Her prize was a defib, to assign to a place of her choice. Whilst it was still in her car she was called via Good Sam to a location near where she was delivering training. She responded, resuscitated the patient with one shock, and he is now recovering at home.

2.6 Today is ‘restart a heart day’. Members of the CHS’s team are at various events, focusing on children. Last year 3,000 children were trained in one day. CHS is attending an event at Great Ormond Street Hospital later today.

2.7 CP asked if the British Transport Police are involved in the co-responding arrangements. CHS replied that there is some engagement with the BTP (and they are now on the Blue Light Collaboration group), but they are not yet co-responding. This is under discussion.

2.8 MA added that a member of the Patients’ Forum is now the Chief Commoner and may help if there were difficulties engaging with the City of London Police. CHS said there is no resistance from the City of London Police and they already co-respond. However, they have relatively high staff turnover. FC said that Garrett Emmerson has meeting with them on 8th November and she would be happy to include this in his briefing. **Action: CHS & FC**

2.9 BS said that the other part of the Q-volunteering project was to link with SECAMB for accreditation. She asked for others’ views. CHS said he would like to do this but only if the current framework can be changed. He is still waiting for the go-ahead on this.

2.10 CHS was congratulated by the group on the brilliant work of his team.

**3. Patients’ Forum update (MA)**

3.1 The Patients’ Forum are writing to all London Councils to ask whether there are AEDs in schools and colleges and whether training has taken place. They are in the process of collating the results; there has been a wide range of responses. 75% of councils have been quite negative, whilst others are doing really well. Some have used low footfall as a reason not to have defibs. MA is hoping that the report helps to get the message across.

3.2 The Boots campaign continues, and they have now agreed to fix AEDs to the outsides of their stores, but not to buy them. MA invited their Vice-President to attend the December Forum meeting, but he refused. It is not clear why they are so resistant.

3.3 The Forum has held elections for its Executive Committee. Kathy West has stood down; new members are Adrian Dodd and Beulah East.

3.4 MA did a presentation on co-production at the LAS AGM, which went well. He was pleased to see Board members facing the audience for the first time. He was concerned that the LAS only sent out invitations one week before the meeting. It was understood this was because a venue had not been secured; however, a ‘holding’ email could have been sent. FC said that discussions have already started about next year’s AGM and how this is organised.

3.5 The Complaints Charter was circulated to the group. MA explained that about a year ago, in a public meeting about complaints, people said they wanted a charter. It has been negotiated through Healthwatch. It has been generally well-received apart from the Homerton Hospital, and it has not been possible to gain agreement from GPs, pharmacists or dentists. However, it has now been agreed by the Health & Wellbeing Board in Hackney. Trisha Bain is taking it to the Board on 31st October. The format will need to be amended.

3.6 The LAS Academy have set up a PPI Panel. Three members of the Patients’ Forum have been involved and the Terms of Reference have been agreed. They will work with the Academy to advise on patient involvement in its work programme, ranging from patient involvement in delivery of training to oversight of the programme overall.

One issue has been raised about a member of the Forum needing to take time off work to attend meetings, and whether her organisation can be reimbursed for her time. ML has already discussed this with the Academy and suggested that instead an honorarium could be paid. The Academy have also agreed to hold meetings in the evening.

3.7 At the last Patients’ Forum meeting Stuart Crichton presented on ARP. MA said it was a very good presentation but the project is complex and difficult to understand. He is concerned that it is a way of legitimising a worse service. Although it is being said that the new targets will be definite and statutory, there is concern that patients are told now that they will get a 45-minute response yet are waiting several hours. GB added that he is expecting a high volume of complaints. There are some aspects of possible impact that are currently unknown, e.g. what it means for mental health response times.

3.8 ML is presenting at the next Patients’ Forum meeting in November, which is also the AGM.

3.9 The CCG that used to send MA performance data has stopped sending it, saying that it is not validated. MA is meeting with Athar Khan to agree a regular data set which he will receive direct from the LAS.

**4. Head of PPI and Public Education update (ML)**

4.1 The Public Education Staff Development Programme (PESDP) took place for four days at the beginning of October. The feedback was amazing, with delegates reporting once again that this is the best training they have ever done.

4.2 We now have access to the online disability awareness course and are using it within the team. We are waiting for IM&T to make it accessible to all staff on LAS computers, then it will be promoted more widely.

4.3 We have the Braille stickers and plan to send them out to staff soon. We have been considering the best way to distribute them. BS said that Carla in Estates has said she will put them on all new ID badges. Otherwise it was suggested that we send them to station administration staff. **Action: RL and ML**

4.4 The Blue Light Collaboration “Prevention” Group continues to meet quarterly. Through this scheme we have piloted a project in Haringey, jointly teaching Years 7, 8 and 9 BLS and knife injury awareness. The other blue light services teach other topics. The pilot has been evaluated and this is very positive.

There is the possibility of submitting a bid for additional resources to undertake this work, and ML is in discussions with the other services about this. BS asked who is leading on the BLC work from the LAS now that Kevin Canavan has left, as she is involved in joint projects with the MPS and LFB on mental health and dementia. ML said that Angela Flaherty is the LAS lead, and that there is someone (Lorraine) now in post as overall project manager.

4.5 ML has been asked to refine the Service’s approach to having patient stories at the Board. She has produced a paper but not everyone is in agreement. Discussions continue; in the meantime she is looking for a patient to attend the November Board.

4.6 The team have produced an acid attack presentation (focusing on how to help), as this topic is being requested. The Norman book is also being revised, and the Welsh Ambulance Service are allowing us to use their images.

**5. PPI and Public Education activity report (RL)**

5.1 July, August and September: 140 event requests; 91 attended (65% attendance rate).

5.2 Staff database: 1193 interested staff, 272 active staff since January 2017.

5.3 The Public Education Facebook page for staff currently has 560 members.

5.4 RL handed out the latest Public Education Newsletter, which showed the following feedback from events:

**Haringey Impact Factor - CPR/Knife Crime events in Haringey:**

*“The Blue Light Collaborative pilot in Haringey has been taking place throughout July and August. The Public Education Officers, with the help of wonderful staff volunteers and the other blue light partners, have been offering schools tailored sessions on either knife crime or basic life support depending on the needs of the school. Six schools have taken part and over 1,000 children have been taught.”*

**Coppermill Recycled Teens Group visit – 26th September 2017:**

Public Education Officer Sukhi Kadri attended a group for older people called Coppermill Recycled Teens, to talk with them about the LAS. Sukhi received the following feedback:

*“Thank you so much for visiting the group, it was a complete success. The talk you gave was informative and educational. We learnt a lot about just what the Ambulance Service does, other than the obvious. There were aspects that we had no idea about, for instance your visits to schools and the team that deals with more complex situations involving hazardous substances. The group will certainly pass on their new found knowledge about the service to their family and friends. Once again thank you for your visit and please do drop in and see us any time you are in the area.”*

**Teddington Memorial Hospital Open Day – 9th September:**

On Saturday 9th September, Michael Eldridge and Diarmuid Colgan attended Teddington Memorial Hospital Open Day and received the excellent feedback below:

*“A massive thank you to you both for coming along and doing a sterling job on Saturday! I hear it was your day off as well – people like your good selves are what makes the NHS what it is! A million thanks* ☺”

**6. Actions arising from Insight Project (CP)**

6.1 CP and ML met recently to discuss next steps and developments since the project finished, and have put together a list of outcomes and learning. CP said the developments with the LAS Academy were exciting, and that it would be powerful for trainers to hear patients talking about their conditions as part of the training programme. He said it would also be good to include this in EOC / CHUB training.

6.2 CP is attending a national meeting focusing on Always Events. It is challenging to apply this methodology to an ambulance service, but he has made good contacts through this group.

6.3 CP has looked at the Patient Experiences data, on complaints relating to sickle cell. It was interesting to see the issues raised by staff, as these mirror those raised by patients, i.e. communication and medication (pain-killers). Whilst patients complain of being questioned why they need morphine, some staff have a perception about abuse of pain-killers in this group of patients.

6.4 A video about the experience of having sickle cell disease is now part of CSR training; it is powerful to hear first-hand about patients’ experiences.

6.5 Members of the Personality Disorder group are now involved in teaching on staff training sessions, and the feedback is amazing. This is an invaluable way of getting across to staff what it is like to be a patient.

6.6 There are specific conditions that support this type of co-production: having a subject ‘lead’ in the LAS, linking with an established group and people being paid to give their time.

**7. Risk Register – review risks**

7.1 There are currently two open/live risks: numbers 530 and 568 on Datix.

7.2 530: engagement with LAS Members. We have been sending them regular information and updates about developments in the Trust. We have also involved some members in projects. FC suggested encouraging them to follow the LAS on Twitter and, when the new website is ‘live’, inviting them to keep up to date by reading the news stories. A stakeholder bulletin is being developed at the moment, and this will also be sent to them. **Action: FC / RL**

7.3 568: increasing patient engagement in service change. Last time we discussed the importance of staff being released for patient engagement. BS suggested we add an update on the suggestion of a standard agreement to release staff to get involved in public engagement. ML has arranged a meeting with some managers who attended the Public Education Staff Development Programme to discuss how they manage to support staff, and how this could be implemented across the Service. FC said that Communications also manage to get staff stood down, e.g. for documentaries. **Action: ML**

7.4 ML agreed to update the risk register. **Action: ML**

**8. Updated Terms of Reference**

8.1 ML had made the amendments suggested last time, and asked if any other changes were needed.

8.2 The Patient Experience Group is now Patient Experience and Feedback Group. **Action: ML**

8.3 It was mentioned that there is no representative from the Medical Directorate or training. It was suggested that we just invite them to meetings if and when it’s relevant. **Action: ML**

**9. Review Action Plan**

9.1 Action plan is on track.

9.2 MA asked why the patient story to the Board (number 4 on the action plan) was done in private. BS explained that this was at the patient’s request. The group also discussed the appropriateness of patient stories at the Board and whether there was a better model.

**10. Any other business**

10.1 BS has met with Julia Holding (NHS England patient experience lead) who had expressed an interest in attending NASPEG. ML has previously met Julia, and GB has also been in contact with her. **Action: GB** to send BS details of the NASPEG chair, so she can be invited to a future meeting.

10.2 CP asked for a contact in the Service on #notanambulance. FC directed him to someone in the media team.

**11. Date of next meeting**

11.1Monday 15th January 2018, 10.00 a.m. – 12.00 noon, Pocock Street meeting room