**LONDON AMBULANCE SERVICE BOARD MEETING – SEPTEMBER 30, 2014**

**PATIENTS’ FORUM REPORT – MALCOLM ALEXANDER**

1. **Presentation by two nurses from the South London 111 service – Beckenham (run by the LAS)**

* 111 pays nurses (clinical advisors) better than NHS Direct and the working conditions and atmosphere are much better than NHSD.
* High number of agency clinical advisers
* Use the NHS Pathways algorithm to identify clinical conditions in patients who phone 111. They system works well for call-handlers
* Lowest transfer rate to LAS ambulances in London (out of 11 x 111 services
* Service is poorly publicised, but South London CCGs are hoping to advertise the service in the future
* Need to better integrate 111, the Directory of Services (DoS), ‘out of hours’ GP service and the LAS
* 111 goes out to tender at different times across London. North west London are aligning commissioning and will go out to tender in March 2016.

1. **Paramedic Staff Update**

* Paramedic vacancies 335 – August 2014 (July 320)
* Staff retention is a major problem
* Strike action planned for October 13th and November 2014
* Paramedics leaving in August 2014 – 18 (July 24)
* 183 job offers made to paramedics in Australia – expected to arrive in December 2014.
* Some offers are to trainee paramedics in Australia, who have not yet graduated.
* Staff declining overtime

NOTE:

Along with all NHS Trusts, the service was required to ask staff to complete the Friends & Family test that asked two questions: would you recommend the trust to your family and friends as a care provider; would you recommend the trust to your family and friends as an employer.

The test was combined with our quarterly Temperature Check survey and made available to staff during June 2014.

Upon closure of the survey, 384 staff had responded. The specific results of the F&FT were:

All trusts were required to submit these results to NHSE by the deadline of 28th July 2014.

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| --- | --- | --- |
|  | **% responses (excluding ‘unknown’)** | |
| **Recommending treatment by the Trust** | **Recommending the Trust as a place to work** |
| **Extremely Likely** | 13.65% (46) | 2.59% (9) |
| **Likely** | 34.42% (116) | 12.64% (44) |
| **Neither likely nor unlikely** | 17.51% (59) | 13.79% (48) |
| **Unlikely** | 20.47% (69) | 21.84% (76) |
| **Extremely unlikely** | 13.95% (47) | 49.14% (171) |
|  |  |  |
| **Net promoter score** | -38.28 | -82.18 |

1. **Performance**

* Cat A1 66.07% (target 75% should arrive in 8 minutes) -29/9/2014
* Cat A2 57.47% (target 75% should arrive in 8 minutes) -29/9/2014
* Cat C1 48% (target arrive within 20 minutes – 75% of patients) – August 2014
* Cat C2 51% (target arrive within 30 minutes – 75% of patients) – August 2014
* Improvement in performance not expected till October 2014.
* Need to increase capacity
* Demand management being used
* Reducing ambulance journeys by 1000/per month.
* Attending all Cat A and C1 calls
* C1 callers are phoned back if there are delays

1. **Complaints**

* Doubled since 2013/4. Most concern delays in ambulances arriving.
* Shortage of Quality Audit staff (QA) to monitor complaints is causing delay
* QA staff also monitor 1% of calls to the LAS
* No analysis of who the complainants are – e.g. protected characteristics

1. **Patients’ feedback being sought**

* LAS will seek a representative group, and
* A vulnerable group, e.g. mental health services users, older people who have fallen
* There was no action plan so it was not clear what the purpose is and what the LAS is trying to achieve in terms of outcomes

1. **PRFs – Patient Report Forms used by Paramedics**

* Voluntary and private sector paramedics are returning low numbers of PRFs. This should be regarded as a very serious failing by staff responsible
* Adequate clinical audit is hampered because of the loss of PRFs
* Low number of returns in City and Hackney

1. **Posterior circulation ischaemic strokes**

* We asked about the problems diagnosing these strokes
* See: BMJ 2014; (Published 19 May 2014 -

<http://www.bmj.com/content/348/bmj.g3175>

* Fionna Moore, the Medical Director described the difficulties of diagnosing posterior circulation strokes.

1. **Statutory Duty of Candour**

* The Board agreed to share Serious Incident reports with patients or their families following a serious incident. It is often the case that SIs are carried out when a patient has died.
* LAS Family Liaison Officers will support patients or their families in the process

1. **LAS Maternity Lead**

* Amanda Mansfield has been appointed

1. **Equality and Inclusion Strategy**

* Fergus Cass, a Non-Executive Director, highlighted the low number of black and ethnic monitory staff employed by the LAS. He said it was a very important issue and the LAS was not in a good place with respect to the employment of BME staff. He asked what more needed to be done and emphasized the need to intervene in this issue positively.
* In response to a question from the Forum, it was reported that:

In 2009/10 – 3.7% of paramedics were from a BME heritage (37 staff)

In 2013/14 – 5.9% of paramedics were from a BME heritage (95 staff)

* Steve Lennox, Director of Nursing and Quality said that the LAS has limited resources to focus on this issue. Therefore the main focus is on GLBT (Gay, lesbian, bisexual and transgender) groups covered by Stonewall.
* The LAS is 6th in the national Stonewall Health Equality Index for 2014

1. Central and North West London NHS Foundation Trust

2. Sussex Partnership NHS Foundation Trust

3. St. Andrew's Healthcare

4. Liverpool Community Health NHS Trust

5. County Durham and Darlington NHS Foundation Trust

**6. London Ambulance Service NHS Trust**

7. Leeds Community Healthcare NHS Trust

8. Royal Liverpool and Broadgreen University Hospitals NHS Trust

9. Central London Community Healthcare NHS Trust

10. Brighton and Sussex University Hospitals NHS Trust

Ann Radmore, the LAS Chief Executive said:

* The LAS may not be satisfying the duties required by the Equalities Act 2010.
* That a 1/3 of paramedic staff do not live in London therefore the duty to comply with the Equalities Act is relaxed.
* The duty is not relevant to staff who do not live in London.
* LAS processes have been found adequate by Stonewall.
* A study by Warwick University is looking at diversity in ambulance services. Ann said this is the first time research has been carried out into this issue (actually there have been other studies).
* The LAS will look more closely at its paramedic staff advertising methods.
* The LAS emphasis in relation to equalities is shifting away from staff and towards patients.

Richard Hunt the LAS Chair, added that the issue of diversity is also being examined in relation to the composition of the LAS board.

End - MA