**Meeting with Elizabeth Ogunoye – June 5th 2017**

Audrey Lucas, Sister Josephine, Angela Cross-Durrant, Kathy West, Lynn Strother, Malcolm Alexander Apologies: Joseph Healy Held at LAS HQ

1. **Quality Improvement – plans for ‘deep dives’. DDs**

Elizabeth explained that Deep Dives are agreed between the LAS and Commissioners to improve the quality of services. Trisha Bain, the Chief Quality Officer for the LAS has submitted proposals to the CQRG (Clinical Quality Review Group) and they will decide at their June meeting, which to proceed with during the coming year. In practice a DD will be completed for each month during the year going forward.

We asked about the outcomes of DDs. EO said these are presented to the CQRG and agreement reached between the LAS and Commissioners about how services will be improved when services are found not to be adequate. Some outcomes of DDs are published in Insight Reports by the LAS.

1. **Complaints Investigation**

We discussed the meeting held with Trisha Bain and colleagues on the development of complaint’s investigation. We focussed on the importance of producing evidence that complaints lead to service improvements and that those making complaints are aware of how their complaints may have led to better care for patients. The low rate of complaints that are upheld (8.8% in 2016-7) is a matter of great concern and we gave an example of the very low rate of complaints concerning delayed LAS responses to patients that are upheld, because the LAS argues that they cannot respond adequately because of rising demand and inadequate resources. The Forum will press the LAS and CQRG to ensure the complaints investigation process becomes more patient focussed, with outcomes that produce enduring improvement to patient care and treatment.

1. **Cat C Targets**

We raised again the issue of the downgrading of the Cat C target.

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|  | Long term target |  | New target from Aug 2016 |  |
| C1 | 90% response in 20 minutes | 63.3% | >50% response in 45 minutes | 74.16% |
| C2 | 90% response in 30 minutes | 67.21% | >50% response in 60 minutes | 77.47% |

The LAS had changed the Cat C targets in a way that claims a much higher level of achievement against the target, whereas in practice performance is much worse. The LAS advised the Forum that the change was made in response to a very significant rise in pressure on the LAS. The Forum is concerned that the lower targets will cause harm to patients by delaying patient care. EO agreed to examine their 2016/17 contract with the LAS to determine if the contract allowed for a major transformation of the Cat C response time (has now changed for a period of 10 months).

1. **Major Incidents**

EO said that NHS England is carrying out a review of the response of the LAS and other NHS bodies to the major incidents on Westminster Bridge and London Bridge. We expressed concern that LAS liaison officers failed to attend A&E departments after the Westminster Bridge incident, to ensure that prioritisation was given to patients injured as a result of the attacks and that other patients diverted to other A&Es. EO said that there was an additional problem regarding the decision to ‘stand up’ and ‘stand down’ A&E departments following a major incident (i.e. which ones should be specifically available following a major incident). We await a copy of the NHSE report.

1. **Emergency Operations Centre**

We informed Elizabeth about the 10 Forum visits to the EOC and will copy our report to her. There is a clear need for GPs and other Health Care Professionals to make more appropriate use of the LAS, and in particular to request an ambulance for patients for whom this is the mostappropriate clinical response. It was also suggested that primary care staff should visit the EOC to understand more about how best to respond to clinical need and what alternative resources are available.

1. **Quality Account**

Noted that the Forum’s contribution to the LAS Quality Account had been placed on the CQRG agenda. The response has been discussed with Trisha Bain, the content updated and agreement reached on areas of joint work. We expressed the importance of joint ongoing engagement on delivery of priorities and objectives identified in the Quality Account.

1. **Investigation of the January 1st 2017 Outage.**

The report was due to be published in May, but it appears will not be published until July 2017. The reasons are not transparent.

1. **Mental Health Care by the LAS**

We reported on significant progress towards the development of more effective mental health care by the LAS. The increase in the number of mental health nurses in the EOC is very positive, as is the better and more comprehensive training of front line staff in mental health care. Areas for development include response to the higher number of suicides amongst older women and the needs of those with learning disabilities.

However, we are concerned that whilst mental health nurses are carrying out a very important role in the EOC that mental health expertise is also required in the front line to support patients in a mental health crisis, e.g. those detained on s136 of the Mental Health Act. We emphasized the need for Advanced Paramedics who are experts in mental health care and agreed to write to Dr Johal, the Chair on CQRG on this issue. The duty of ‘parity of esteem’ must be central to service provision and commissioning.

1. **Equality and Diversity in the LAS**

The developmental work on the race equality (WRES – Workplace Race Equality Standard) is making good progress under the leadership of Melissa Berry. There is a great deal of work needed to advance and develop services in relation to other protected characteristics and to develop and effective LAS strategy on equality and diversity. The new director of workforce is about to start (Patricia Grealish, Director of People and Organisational Development) and she will be invited to a Forum meeting to discuss her programme for the LAS, to make progress for staff and patients in relation to equality, diversion and inclusion.

With regard to the LAS Academy, we can see no evidence of progress in relation to the racial diversity of applicants for development to the paramedic grade.

1. **CQUINS – Quality improvement programmes**

The CQUINS are now mostly nationally determined, whereas in the past they were agreed locally. Elizabeth said that plans have been developed between the LAS and Commissioners for delivery of the 2017/18. Details will be provided to the Forum by Katy Neal (katy.neal@nw.london.nhs.uk).

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