****

**LAS – PATIENT EXPERIENCE & FEEDBACK GROUP**

Meeting held February 8th 2018

The following groups gave verbal feedback:

**1) Safeguarding:**

a) A 60-year-old suffered a pre-hospital cardiac arrest following choking on a piece of cake. This occurred at the Lambeth Islamic Centre. A proposals was considered regarding medical first-aid training being given to various faith groups at their meeting centres and places of worship.

b) DBS checks and training compliance are currently being reviewed for all bank staff.

**2) Mental Health:**

The meeting held on January 22nd discussed the following:

a) Call handlers staying online with patients who have suicidal ideation.

b) The disconnect that may be experienced between staff members and callers.

c) Two audits have been carried out which showed an increase in paediatric referrals and an increase in parental referrals (majority of whom were female).

d) Three additional Mental Health nurses had been added to the EOC Clinical Hub.

e) Training in the Mental Capacity Act had been undertaken by crews to increase their understanding of a patient's 'capacity'.

f) The new 'mental health response car' (666) with a paramedic and mental health nurse was able to respond to 4 patients within five hours. Most referrals are from GPs. EOC has the expertise to get this car to the right patients.

g) A system had been introduced for staff to get together to discuss their experiences of mental health care.

**3) End of Life Care.**

a) Clear guidelines have been developed with regards to the death of a patients in transit to a clinical facility.

b) New guidance is being developed regarding paediatric deaths.

c) Call centre response training for end of life care is currently being developed and 22 members of staff have either undergone or are undergoing a five-day course.

d) Subcutaneous injections: paramedics are not confident in administering subcutaneous injection, so training is now being provided.

e) The drugs for home management of end of life care patients are being assessed with regard to training requirements.

f) DNR: training is undergoing with regards to 'do not resuscitate' terminology and requirements for documentation in the persons home. Original documentation must be available not photocopies of originals.

g) Certifying of death requires a written form signed by a doctor. The requirements regarding the certification of death needs clarification and this is being undertaken.

h) A pan-London hospice presentation being planned for September 2018.

**Complaints:**

a) Staff behaviour is being investigated as a priority in relation to the outcome of complaints.

b) Complaints investigations have identified major delays in relation to111 response and handover to A&Es.

**Urgent and Emergency Care:**

a) Changes in the priority of urgent and emergency calls are being investigated in relation to the ARP systems and performance during winter

b) As a result of ARP, some patients are waiting much longer (2-3 hours).

c) Heart attack,stroke and major trauma patients should be getting a faster service with ARP.

**PPI:**

a) 1269 staff have engaged as volunteers in outreach work.

b) 508 events have taken place pan- London.

c) There is a pilot running in Haringey which involves schools with regards to knife crime and CPR training. This is being funded by the mayor’s office.

d) A small number of Healthwatch representatives have been involved in the development of the LAS strategy.

e) School presentations have been made for six-year olds. They’ve been taught about the recovery position.

f) Police now carry defibrillators in 600 response cars.

g) Two children were electrocuted and subsequently revived by police using defibrillators – both are alive and recovering.

h) A Youth Ambassador team has been formed for LAS:It consists of 15 to 18-year olds and a monitoring scheme in place.

**Frequent callers:**

a) There are 1619 frequent callers on the LAS database.

b) There is a national network which records these complex calls and also “best practice” for dealing with frequent callers.

c) In May 2018 there will be new data protection laws coming into effect, which will have an effect on what details can be captured about callers to the LAS.

d) A meeting is being planned with the Essex police to establish what details can be retained about frequent callers in east London.

e) LAS is currently working through a backlog of care plans for frequent callers.

f) A business case is being prepared to expand the number of personnel on the LAS frequent caller team.

**Maternity:**

A proposal is being developed for a midwife to work in the LAS Clinical Hub.

**CQC:**

a) CQC inspection is due on the 21st or 22nd of March 2018.

b) They are expected to inspect the Emergency Operations Centre (control room).

c) During the last CQC inspection the system for identifying visitors to the EOC was criticised. Staff members will check the credentials of the CQC inspectors.

d) Concern that the lead CQC Inspector has little ambulance service experience.

**LAS Strategic Intent:**

Healthwatch was engaged as the regional leads, but the response was very poor.

**Risk register:**

a) There are currently 12 outstanding risks on the register.

b) 445 delays in providing defibrillation recorded are recorded on the register. Automatic AEDs are uses because they can catch all data about defibrillation.

c) There are 3 safeguarding risks and these are currently being resolved.

**Escalations:**

The following issues will be escalated to the Quality Oversight Group.

DBS checks; Availability of call handlers; NETS- transfer of end of life care patients and mental health assessment; End-of-life courses; Subcutaneous injections; DNAR (do not attempt resuscitation); Complaints-staff behaviour.

**Adrian Dodd, Executive Committee Members of the Patients' Forum**