

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

July 8th 2015

DRAFT

Meeting with Elizabeth Ogunoye (EO), Director of Commissioning for the LAS

Attendance: Lynn, Angela, Kathy, Malcolm

1) Front Line Activity

Activity very high in early July 2015 (last year it was May 2014)

2) Pressures on the LAS

We asked if information was available as to whether transport strikes increase pressure on the LAS and whether high summers temperatures impact heavily on the LAS e.g. due to dehydration.

3) Stroke Care

- Following ombudsman report expectation is that the Duty of Candour requirement will be put into action by LAS. We discussed the expectations of Commissioners in relation to the contractual and statutory DoC. Forum will update EO on progress.
- Discussed role of Forum is taken forward issues from the ombudsman report
- Agreed to review LAS Action Plan and to request copy of the Serious Incident report.

4) LAS Staffing

- Noted that the LAS staff full establishment is 3004 and LAS expects to reach operational target in November 2015. Full staffing will be reached in June 2016 if recruitment continues on current trajectory. In May 47 staff started and 44 left but included 17 staff with long term issues.
- We expressed concern that a lot of new staff are recently qualified and inexperienced and that a lot of high experienced staff are leaving. We emphasized the need for medium to long term plans for recruitment within London.
- We proposed a CQUIN for 2016/7 in relation to steps taken to recruit paramedics within London, bearing in mind the diversity of London's population.

5) **Bullying and Harassment Report – LAS**

Noted that £75,000 has been put aside by LAS to support measures to deal with bullying and harassment. This money will be taken from the additional £30m budget intended to improve performance. We suggested that it would be useful to know if BME staff are more likely than other staff to leave the LAS to bullying and harassment.

The plan includes:

- Training for people in senior management positions
- Survey of staff in 6 months to find if the culture is improving
- Encouraging far more people to describe experiences – 6% responded last time with information about their experiences.

6) **Alternative Care Pathways (ACP)**

We expressed concern about the access to ACPs for paramedics. EO said that additional funding has been provided for this purpose because CCGs are keen for ACPs to be used effectively. She said it is important for CCGs to know if the ACPs are not working. If the ACP is not accessible the following action should be taken:

- Paramedic informs ADO (middle manager) of systems failure
- ADO raised with borough based Systems Resilience Group (Urgent Care Board)

We expressed concern that the system for dealing with ACPs that are not working is not transparent, e.g. local mental health care, care for people who have had falls and people using the CmC (coordinate my care service).

Data is also needed on the number of patients using ACPs and how effective they are for providing adequate and appropriate care.

EO said that CCGs should have this data.

7) **Quality Care for Older people with Urgent & Emergency Care needs “Silver Book” 2012**

http://www.bgs.org.uk/campaigns/silverb/silver_book_complete.pdf

Special Advisors:

Matthew Cooke, National Clinical Director for Urgent & Emergency Care

David Oliver, National Clinical Director for Older People

Alistair Burns, National Clinical Director for Dementia

Agreed to refer this report to a Forum meeting and invite Elizabeth O, the report authors, advisors and signatories to participate in discussion.

End: Malcolm Alexander