**London Ambulance Service NHS Trust**

**Patient & Public Involvement Committee**

**Tuesday 24th January 2017, 09.00 a.m. – 11.00 a.m.**

**Pocock Street meeting room**

**Present:** Sandra Adams, Director of Corporate Affairs (SA)

Malcolm Alexander, LAS Patients’ Forum (MA)

Gary Bassett, Head of Patient Experiences (GB)

Melissa Berry, Interim Equality & Inclusion Manager (MB)

Katy Harrison, Public Education Officer (KH)

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

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

Janice Markey, Equality and Inclusion Manager (JM)

Lauren Murphy, PPI and Public Education Co-ordinator (LM)

Conal Percy, Community Involvement Officer (CP)

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

**Apologies:** Trisha Bain, Chief Quality Officer

Sean Brinicombe, Stakeholder Engagement Manager

John Carmichael, Community Involvement Officer

Chris Hartley-Sharpe, Head of First Responders

Peter Nicholson, Head of Governance & Assurance

Jai Patel, Communications Officer

Sue Watkins, Head of Quality Assurance (Control Services)

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

1.1 At the last meeting GB mentioned someone who had complained about handover delays, following an item in the Daily Mail. MA had suggested that Gary put him in touch with the Patients’ Forum but had not heard from him. **Action: ML** to follow up with GB.

1.2 MA had said he would share the Forum’s strategy with the group but ML had not received it. **Action: MA** to send it to ML for circulation.

1.3 The action about asking Consultant Paramedics to distribute Friends & Family Test leaflets is on hold, because it is hoped that this will cease to be a requirement for ambulance trusts.

1.4 MA is still waiting for a reports from two Forum members who participated in ride outs. ML will now invite them to a debrief meeting. **Action: ML**

1.5 MA requested a copy of the training materials for the Duty of Candour session in CSR. **Action: SA** to send this to him.

1.6 MA had commented on how few members of the public attended the AGM. SA confirmed that this was almost certainly the invitations were sent late. She agreed to check that the presentations are on the website. **Action: SA**

1.7 The public education drop-in day (on 21st November) went well, although low numbers of staff attended, possibly due to the event being held at Cody Road.

1.8 ML had contacted Chris Hartley-Sharpe about approaching Public Health England about including public access AEDs in their work programme. MA said he had written to Yvonne Doyle, the Medical Director of PHE, and learned that she is in discussions with Fenella Wrigley. MA has sent her information to help clarify the issues.

1.9 GB agreed to share information about a previous project, similar to the Insight Project, to CP and BS. **Action:** **GB**

1.10 ML is meeting the CQC inspectors when they come in February.

1.11 Wendy Chalk and Julia Smyth met with ML and Stacey Stockwell, to discuss buying her online disability awareness training package. Both Julia and Wendy were very impressed and keen to add this to the Service’s e-learning. This is on the agenda for the next Education and Development meeting. **Action: ML** to add into the action plan.

1.12 Sue Watkins had said she had information on projects and developments that would link with the action plan, but ML had not received this. Sue had also said there had been previous work in EOC around sickle cell, and that she would pass this to Conal. **Action: ML** to follow up with Sue Watkins.

1.13 Mental Health nurses are not yet being released to do front line shifts with the Joint Response Unit. BS is dealing with this. **Action:** **BS**

**2. Patients’ Forum update**

2.1 MA met with Trisha Bain, the newly-appointed Chief Quality Officer, last week.  She has agreed to speak at the next Forum meeting.

2.2 Fenella Wrigley had invited the Forum to respond to the new clinical strategy.

2.3 MA will be meeting with the Care Quality Commission this afternoon.  He has put together a report in preparation for the meeting, which provides updates on the recommendations made last time. Positive highlights include the Trust’s PPI work (e.g. mental health and sickle cell), work on diabetes, dementia and falls. Negatives include our category A and C calls, ambulances queuing at hospitals and attitude and behaviour complaints.  His report also mentions bariatrics, mental health, end of life care and equality and inclusion.

2.4 MA has proposed to Charlotte Gawne that there should be a VIP award for promoting race equality in the LAS and that this has been agreed. Melissa Berry is meeting with Charlotte.

2.5 The Forum meeting in November about diabetes was very positive. It was attended by Diabetes UK and Consultant Paramedic, Jaqui Lindridge.  Jaqui was able to answer questions raised and has since met separately with the Patients’ Forum. MA said there was good liaison with this group. BS suggested there should be a link between that work and the PPI Committee. **Action: ML** to discuss with Jaqui Lindridge.

**3. Head of PPI and Public Education update**

3.1 ML welcomed KH to the team and explained the work she is doing to develop a presentation on legal highs.

3.2 The blue light collaborative work is going well. ML is on the sub group and building up some good links. There has been talk in this group about a joint education hub but ML is unsure how this will work with our limited resources.

3.3 ML has written a paper for the national patient experience group (NASPEG) about FFT, which has gone to QGARD for discussion. There is a NASPEG meeting tomorrow and ML will update the group next time about any developments. **Action: ML**

3.4 ML has started work on increasing lay representation on committees, but is awaiting information on possible future committee changes. BS and SA confirmed that the committees involved are unlikely to change, so this can go ahead. **Action: ML**

**4. PPI and Public Education activity report**

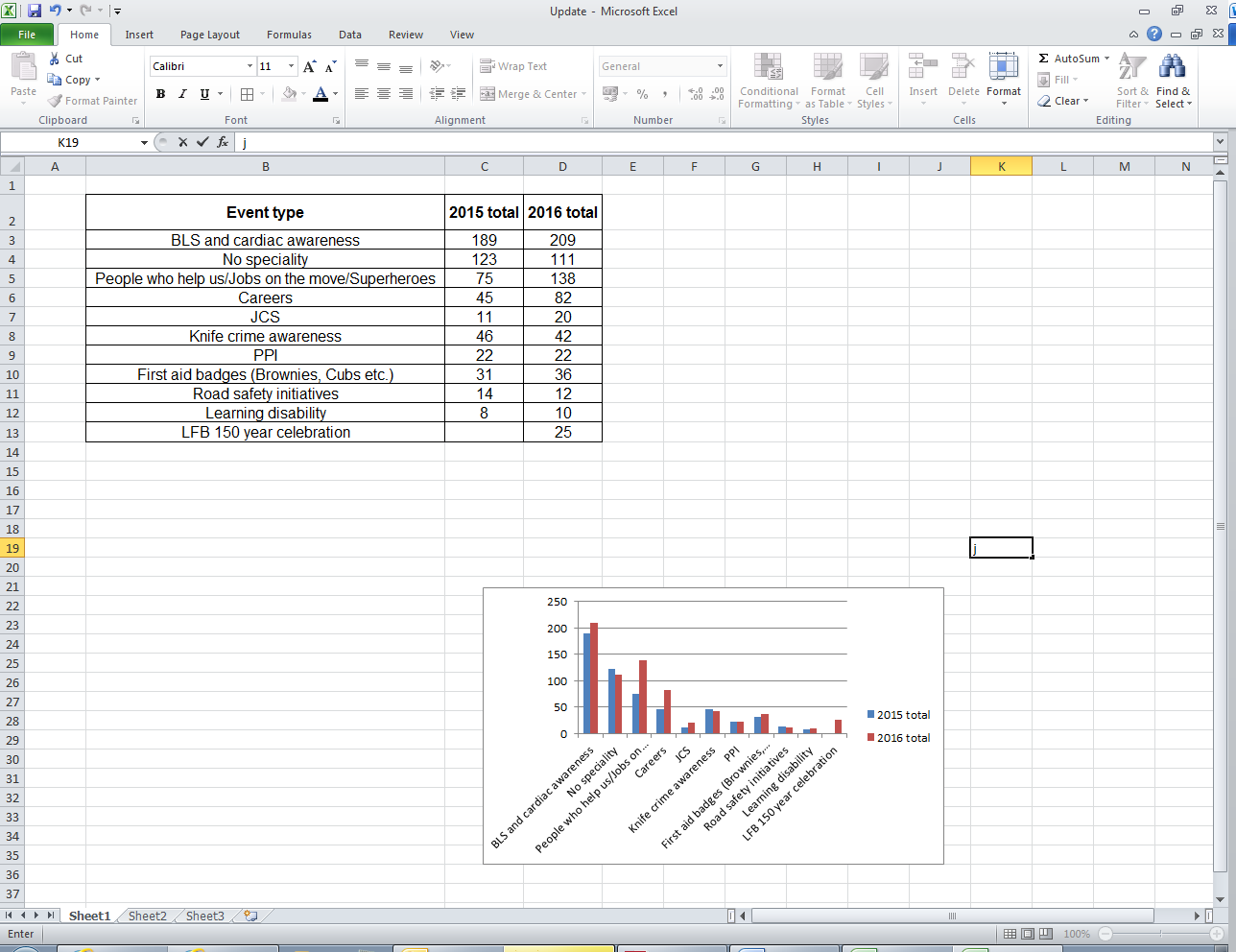
4.1 Total number of events recorded on 2016 database since January:

* 810 events requested in 2016; 582 attended (72% attendance rate)

4.2 Staff database

* 1,077 - Interested staff; 235 – Active staff since January 2016

4.3 Breakdown of types of events:



4.4 Public Engagement Familiarisation day: on 21st November, the Public Education team held a familiarisation drop in day where staff were invited to come along, meet the team and talk informally about public education. We held this session to help staff to understand public education events, answer any questions and to show staff some of the materials they could take along to events.

We are planning two further days on 26th and 27th January at Islington station. These will be run primarily by Lizzie Mortimer, Paramedic at Islington station.

4.5 The latest Public Education newsletter was circulated to the group.

4.6 The PPI and public education team sent out 198 certificates to thank staff who had taken part in public engagement activities during 2016.

4.7 KH gave the group an update on her work around legal highs (NPS). Katy presented to a group of fifteen young people to try out her presentation and had good feedback.

4.8 Philip Powell (SEM) has sent BS some information on work going on in Southwark around alcohol prevention, suicide prevention and sickle cell. BS and CP will meet with Southwark CCG to discuss further.

4.9 ML mentioned that the blue light collaboration work she’s involved with is about sharing information and where possible being able to share presentations. MB stated she has a meeting this afternoon around working together on recruitment from BME communities.

4.10 KH and LM are meeting with Communications this afternoon about setting up a PPI Facebook page for staff, in the hope of recruiting some more volunteers.

4.11 BS mentioned that Ted Nyatanga is working on some posters that are going out to stations. These posters will have local information for crews. BS suggested the possibility of adding some public education information.

4.12 Friends and Family Test figures for the last quarter:

December 2016

• PTS responses = 150

• See & treat responses = 0

November 2016

• PTS responses = 227

• See & treat responses = 0

October 2016

• PTS responses = 127

See & treat responses = 3

**5. Progress against action plan**

5.1 ML confirmed that she has updated everything that was discussed at the last committee meeting, on the action plan.  The group then went through all of the amber rated actions..

5.2 Item 3 (Annual Report): SA suggested that ML reverts back to submitting information for chief executive reports so that the Board gets regular updates. **Action: ML** to liaise with Mercy Kusotera (Committee Secretary) and Jacqui Galletta (PA to the CEO).

5.3 Item 5 (Volunteers): BS advised that a bid had been submitted by Ricky Lawrence, for £100,000, to develop volunteers.  SA advised that this proposal would need to go to ELT and the Board, as it requires match funding. MB has successfully bid for £500,000 to increase the diversity of the workforce and is recruiting a small team to deliver this. **Action: BS** todiscuss Ricky’s bid with SA and ELT colleagues, and also to forward the details of it to MB.

5.4 Item 5 (Patient stories): ML explained that she has not arranged any new patient stories for the Board recently, as it has become more challenging to find stories that fit with the Board’s wishes.  SA said that the patient story now falls into AOB within the Trust Board agenda. She is keen to reintroduce patient stories but feels the process needs more structure.  SA suggested that it could be videoed and played at the meeting, rather than have the patient come to speak in person, this would also help to keep the meetings to time.  It was agreed that this would be followed up by Improving Patient Experience Committee and the existing (agreed) process may need to be reviewed with Communications and taken back to ELT for sign-off. **Action: ML** to send BS the existing process. **CP** said he may have an appropriate patient story and would liaise with ML.

5.5 Item9 (Partnership Reference Group): ML explained that the first Patient Representative Reference Group meeting was well attended but the attendance numbers dropped over each following meeting.  The group then became the Partnership Reference Group and was more of a stakeholder meeting than a patient involvement one.  The last PRG had very low attendance and it felt like more of an information session.

It was agreed that the terms of reference for this group needs to be reviewed. ML suggested organising a PRG for June this year, to discuss the results of our CQC inspection. It would be important to involve the attendees rather than just provide them with information.  It was also suggested that we give the meeting in June a joint focus with BME recruitment and volunteering.  **Action: ML** to organise a meeting to discuss.

5.6 Item 10 (Patient Representatives on Committees): SA and BS confirmed that forthcoming changes would not affect this, so ML could go ahead. **Action: ML**

5.7 Item 12 (Multi-agency activities): it was agreed that this can be changed to green. **Action: ML**

**6. RNIB survey findings**

6.1 ML explained the background which led to development of this survey (a comment on LiA about blind patients trusting people if they can’t see them).  The survey was developed jointly between LAS and RNIB,

6.2 The survey showed that most blind or partially-sighted people had called for an ambulance and that most of them were very happy with their experiences.  Most of the people surveyed can/do have some vision and can see a high visibility jacket if a person is wearing one.  It was reported that they would not trust someone if they could detect the smell of alcohol on them or if they were not happy with the tone of their voice. 

6.3 They made several recommendations, including that they prefer a lighter coloured uniform rather than a plain, dark one.  They suggested ID badges having large print and/or braille on them, and said they would be happy to help with the design of these. They also suggested extra training for our staff, which ML explained would be covered in Stacey Stockwell’s training package. 

6.4 BS said that Ricky Lawrence has looked into the cost of obtaining braille labels to add to staff ID badges, which is minimal.  It was suggested that these are checked with RNIB. **Action: ML** to send RNIB contact details to BS and RL.

6.5 ML said she would discuss the findings with the national group (NASPEG) tomorrow.  It was agreed that a summary would also be useful for the Equality & Diversity Committee and possibly Improving Patient Experience and ELT. **Action: ML**

**7. Patient Insight Project**

7.1 CP gave group a brief outline of the Insight Project. It is focusing on three patient groups (COPD, Sickle Cell and Personality Disorders) and working with them to improve services. The project involves a series of focus groups, attended by patients and LAS staff.

7.2 Four of six planned focus groups have taken place and some of the issues emerging are:

* Triage on the initial 999 call. Both the sickle cell and personality disorder groups have stated they put off calling until their pain becomes unbearable. They also report difficulty in explaining their symptoms.
* The process from 999 call to the arrival of an ambulance, which patients struggle to understand.
* Some patients feel there is a problem around the language we use as it can feel as though we are invalidating their experiences (e.g. “superficial self-harm.”). There has also been discussion about emotional pain vs. physical pain.
* Sickle cell patients have some issues about not being offered a chair as some crews appear reluctant to carry them.
* Most groups have discussed having a care plan approach.
* There have been a number of patient stories which would be useful to capture, possibly in staff training or e-learning.

7.3 GB stated that all the things discussed are echoed in complaints from these group of patients. MA suggested that we should focus on bariatric patients next time.

7.4 Jessie, who has facilitated the groups, is writing up the reports. A summary will need to go to Improving Patient Experience Committee and this group in April. **Action: CP/ML**

**8. Third sector partnerships e.g. Red Cross**

8.1 BS updated the group about the third sector partners she is working with; these are listed below.  BS to complete the terms of reference and any governance arrangements.

* The British Red Cross, working with vulnerable elderly frequent callers in Southwark and Lambeth. If an ambulance is called and the patient doesn’t need to be conveyed, they will follow them up.
* Silver Line (a helpline service for the over 55s), undertaking analysis of who can call Silver Line instead of the LAS, e.g. if they are vulnerable, lonely etc.
* Samaritans: education work with staff in both control rooms, on the role of the Samaritans. In North Central, LAS staff have cards to distribute to patients and/or staff. Patrick Brooks is involved in this work.
* A next step will be to develop referral pathways, linking with the Safeguarding “red thread” work, focusing on knife crime and Women’s Aid.

**9. Risk register – review new risks**

9.1 ML had added all the risks discussed last time to the risk register via Datix. They are all low level risks.

9.2 The risk about increasing patient involvement in change service delivery and design can be updated with the Insight project information.  The risk which is about Foundation Trust members becoming disengaged has also been updated to reflect the fact that there are plans to engage more with them in future.

9.3 SA said that, the more we promote the work we do, the more attention it will get at a senior level in the Trust.

**10. Any other business**

10.1 MA discussed his response from Boots the chemist surrounding their refusal to install AEDs in their stores.

**11. Date of next meeting: TBA**