

Quality Accounts 2010: Progress report

The Patients' Forum made a number of recommendations in June 2010 in relation to the LAS Quality Account, and have requested a progress report against those recommendations for its February 2011 meeting.

Public Involvement

The Patients' Forum continues to be represented on a number of Trust committees.

a) Publish information on the impact of public involvement on services, strategies and policies.

- The Trust produced an annual review (2009/10) of Patient & Public Involvement and Public Education in April 2010.
- A review of the Action Plan for Patient & Public Involvement (2008-12) was undertaken in January 2011.
- The Patient & Public Involvement and Public Education Co-ordinators maintain an extensive database and other records of PPI and public education activity across the Trust. This activity is regularly reported to PPI Committee, the Public Education Strategy Steering Group, the Learning from Experience Group and the Trust Board.

Arrangements are now in place for the PPI & Public Education Co-ordinators to provide regular updates to the Patients' Forum on this activity.

b) Introduce a systematic approach to consulting Patients' Forum/LINKs on new and revised policies and strategies.

- The LAS has consulted members of the Patients' Forum and other groups on some of its policies and strategies, and suggestions have been discussed about how to identify those which are relevant for – and would most benefit from – wider public consultation.
- Arrangements for future consultation and involvement with the Patients' Forum, LINKs, Foundation Trust members and governors, are currently under discussion. An event is planned for March 2011 when these will be more widely discussed and a process / structure identified.

c) Ensure LINKs and Patients' Forum are given opportunities to contribute to decisions about planning and providing services, through representation on key committees and steering groups, co-designing services and delegating activities to users and community representative to reflect requirements in Real Involvement (DH)

- See response to points a) and b) above. Patients and the public are already represented on a number of committees and steering groups. Plans are underway to ensure we build on these arrangements in the future structure of the organisation, taking into account any external changes (e.g. to LINKs). We remain committed to involving people across London in our future plans and developments; we will continue to do this through our PPI and public engagement activities, as well as through formal structures and committees.

Category A Response

Carry out a retrospective study of the 4591 patients who were classified as Category A in 2009 who did not receive a Category A response, to assess outcomes for patients not receiving a Cat A response within 19 minutes.

This would be a significant piece of work, which we would not be able to achieve within our existing resources.

To assess the consequence of these patients not receiving a Category A response, what actually happened to them would need to be established (i.e. whether they went to hospital or somewhere else; their diagnosis; any adverse effects, etc.).

We currently find it difficult even to obtain cardiac arrest outcome data. We therefore do not think that what is being proposed would be possible to achieve, especially for such a large number of patients.

Multi-disciplinary reviews of patients' care

Arrange for all paramedics and technicians to be supported and encouraged to meet with A&E/hospital clinical staff in formal multidisciplinary meetings, to review the care they have provided and to learn lessons from the clinical outcomes of patients who have been in their care.

We support the concept of paramedics and technicians being supported and encouraged to meet with A&E and other hospital clinical staff in formal multi-disciplinary meetings, to review and learn from the care of patients who have been in their care. However this is not always achievable because of operational demands.

We will continue to support and release staff to attend such meetings where it is both appropriate and necessary. As a result of shift working and commitments staff may have on rostered rest days, it is not always possible to facilitate their attendance at such events.

However, they do attend Rapid Response Meetings (safeguarding) and a care plan approach is at the heart of our joint work on frequent callers.

Patient Transport Services

Adopt the Quality Standards for PTS developed by the Patients' Forum in collaboration with patients, LINKs and voluntary sector groups across London.

The LAS is happy to work to the Quality Standards developed by the Forum. However, the quality standards form part of the commissioning process and it is necessary for these to be adopted by commissioners if they are to become an operating standard across London.

Communications with patients

Develop a programme to recruit Emergency Operations Centre staff who can practice clinically in more than one language, to ensure that whenever possible all patients receive a service appropriate to their clinical needs.

As previously stated in response to the Patients' Forum annual report and recommendations, this would need to be discussed and approved by the Equality & Inclusion Steering Group.

There is an action in the Equality & Inclusion Strategy action plan to produce and implement a new translation and interpreting policy, and tender for new interpreting and translation contract. In the meantime the Trust is in the final evaluation stages of a London-wide procurement tender. This will then be evaluated to assess whether it is fit for purpose, in regard to the Trust's needs.

Diversity in the LAS workforce

Seek advice from the Equality and Human Rights Commission on the means of bringing about a transformation in the diversity of the workforce so that it reflects the population of London. The LAS should examine recruitment procedures and 'cultures' within the LAS to discover if there are factors which prevent the development of a fully diverse LAS frontline work force.

The LAS is committed to developing a workforce which reflects the diversity of communities across London.

The duty of the Trust is to develop a workforce which is representative of all protected characteristic groups - age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

We welcome any input that the Equality & Human Rights Commission would like to make into the work we are doing to promote equality for all its staff, patients and service users. We have already written to them to this effect.

Mental Health Care

Review the care and treatment of people suffering from severe mental health problems who are taken from a public place or their home to a place of safety. They should assess clinical outcomes and the patient's views on the care received. Consideration should be given to developing an expert cadre of paramedics trained as mental health practitioners.

There is an agreement in place between the LAS and the Metropolitan Police about appropriate care and treatment of patients with mental health problems.

Steve Lennox, Director of Quality and Health Promotion, is in the process of developing a new Mental Health Action Plan. This will lead to the development of a number of workstreams, and staff support and advice will be one aspect of the overall plan.

The Trust's Social Worker (Clive Palmer) has also been involved in some work on Deprivation of Liberty with the Department of Health.

Complaints and Incidents

Recommendations from each patient complaint to the LAS should be sent to the Patients Forum immediately the investigation is finished. After six months the LAS should produce a report on implementation of each recommendation with evidence of impact, outcomes and enduring improvements to LAS services.

We do not feel it would be appropriate or useful to report back on each individual complaint. The vast majority of complaints are about delayed response times and staff attitude, and others may include issues of apparently lower magnitude such as a member of the public questioning our use of sirens.

Although we are happy to openly share and report information, we believe it is more beneficial to consider emerging themes across all the feedback we receive, and individual cases of particular interest or importance.

The Patients' Forum is represented on the Learning from Experience group, where these issues and themes are discussed. Outcomes of complaints and other incidents are published on our website. We have also improved reporting across all areas of feedback and these reports are available to the Patients' Forum.

Margaret Vander
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