



Minutes of the fourth formal meeting of the South Central Ambulance Service NHS Foundation Trust (SCAS) Bucks and MK Patient Forum held on 25 November 2015 at Milton Keynes Hospital

Present: Ludlow Johnson, SCAS Equality and Diversity Manager and Interim Chair
Mark Begley, SCAS Area Manager for Bucks and MK
Monica Moro, SCAS Membership, Engagement and Marketing Support Officer

Patient Forum members:
Bob Duggan (Bucks governor)
Tony Peirson (Bucks governor)
Peter Ballantyne

In attendance: Marion Fisher, Chair Of Dementia Action Alliance; Penny Tregillus, District Speech And Hearing Officer, Lions Club Mk; Tina Tupper, Service Manager, Brain Injury Rehabilitation Trust; Visvendran Thillai, CEO - Milton Keynes Equality Council; Robert Rowlands, The Samaritans-Milton Keynes; Anouar Kassim, Director of Milton Keynes Islamic Arts, Heritage and Culture (MKIAC); Carolyn Peirson, Older People's Services, Healthwatch MK

Apologies: Sally Brushwood, Chesham Youth Centre
Gordon Wiseman, Chairman - Winslow Town Council

Not present: Patient Forum members:
Christine De Myers-Robinson
Jean Ley

BMKPF04/001

Chair's Welcome and Apologies for Absence

The Chair welcomed all present to the meeting and introduced SCAS representatives.

BMKPF04/002

Feedback from group on any local Bucks and MK issues

Mark Begley gave a brief introduction about his role and explained to the group that he works closely with the hospitals, CCGs and other stakeholders.

Milton Keynes expansion and impact on ambulance resources

Peter Ballantyne commented that Milton Keynes keeps expanding and asked MB how SCAS looks at resources.

MB explained that SCAS has increased the amount of standby points in the area. Standby points are strategically placed locations that enable a rapid response to patients. Staff may have to remain on standby ahead of their meal break if other crews are on their meal break. Standby points are predominantly porta cabins which SCAS owns and are cheaper than getting a building.

HS2 impact

Bob Duggan commented that he lives in Wendover and the Parish Committee has realised that the closure of one of the roads will have an impact on the emergency services. The ambulance service is not allowed to get a petition and BD wanted to know how SCAS can guarantee that it will get some funding.

MB advised that he had reassurance from HS2 that appropriate infrastructure will be in place before the road is closed.

LJ asked how flexible, in terms of HS2, stand-by points will be.

MB informed that he is currently working with the other emergency services and, once we know what the HS2 plans are, we will know where we can have our stand-by points.

Health review

PB asked if there was a health review at the moment with regard to Milton Keynes and Beds.

MB advised that he sits at the Health and Wellbeing Board and SCAS is engaging with EMAS (East Midlands Ambulance Service).

Performance

LJ asked about SCAS performance in Milton Keynes

MB informed that the performance in MK has picked up. The shortage of paramedics is nationwide and SCAS is experiencing this too.

BME frontline recruitment

Anouar Kassim advised the group that on the 9th and 10th of July he will hold the annual MK Festival-Art in the Park in Campbell Park, MK and he will be happy to advertise for frontline recruitment in the event brochure.

LJ and Visvendran Thillai advised that SCAS and the MK Equality Council are currently working together in recruiting within BME and invited Anouar to discuss this at the forthcoming MK Equality Council's AGM.

MB asked if the group had any other issues to discuss.

Repeat Falls

Carolyn Peirson wanted to know SCAS' s procedure for repeat falls.

MB advised that, when a person falls, his/her record goes directly to the hospital if the patient is taken there. If the patient is not taken to hospital but needs a referral, SCAS will do this in the first instance. On the second repeat fall, SCAS will send the record to the patient's GP.

CP talked about a case where the patient had been seen five times by the ambulance service.

MB advised that, if the patient doesn't want to go to the hospital, the ambulance service can't take him/her.

Resilience in major incidents

PB wanted to know if there is resilience across SCAS in case a major incident occurs.

MB informed that SCAS always have to have a major incident resilience. In this case, the ambulance service would change its procedure so that it is able to respond to Major

Incidents and business disruptions, regardless of source, whilst continuing to deliver the critical services that its stakeholders and community rely upon. Ditto for the other emergency services.

Robert Rowlands asked if SCAS has regular exercises.

MB confirmed that SCAS has regular exercises and, as a silver commander, he needs to have regular updates. Scenarios for potential incidents are regularly practised and exercised with SCAS partner Category 1 responders (Police, Fire, Acute Hospitals, CCGs, Local Authorities, Health Protection Agency, Maritime and Coastguard Agency and Environment Agency), Category 2 responders and Voluntary Organisations.

LJ added that, in case of a major incident, all NHS Ambulance Trusts have a mutual aid agreement. This provides a framework through which all ambulance trusts can jointly agree to provide mutual assistance on a national scale in the event of a major incident.

Frontline staff's morale

Tony Peirson advised that, due to personal circumstances, he has had to use SCAS on a regular basis recently and noticed that the morale of frontline staff is falling due to staff shortage. He wanted to know what SCAS is doing to overcome this.

MB advised that SCAS use private providers to help meeting demand and all meet SCAS standards. He added that he is currently working with Stoke Mandeville so that paramedics and nurses can do like for like swaps of their roles and gain experience in both hospital and ambulance work. This also helps the Trust in retaining staff.

LJ informed that SCAS has also recruited frontline staff from Poland and Australia.

BMKPF04/003

Equality and Diversity Delivery System (EDS) – how forum attendees can help with the grading

Ludlow Johnson gave an introduction about the EDS 2 by starting with a brief background about the system.

The NHS Equality Delivery System (EDS) was formally launched in November 2011. The EDS is a toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights; how they can improve; and how they get to where they want to be.

Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of NHS organisations, a refreshed EDS is now available. It is known as *EDS2*.

The refreshed EDS – *EDS2* – has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all.

LD explained that *EDS2* should be applied to people whose characteristics are protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

Peter Ballantyne asked LD to define gender re-assignment. LD explained that gender re-assignment is the term used to describe transitioning from one gender to the other. The Equality Act 2010 defines a person as having the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

Steps for Implementation

LD then explained what steps SCAS has made to implement the EDS2.

In order to meet the ESD standards, SCAS formed an Equality & Diversity Steering Group. This provides support, advice, assurance and governance for the Trust Board to ensure the organisation is committed to:

- Developing a culture of promoting Equality and Diversity and eliminating discrimination
- Meeting its duties and responsibilities under Equality, Diversity & Human Rights legislation and codes of practice, including NHS and the Department of Health standards
- Promoting, recognising and valuing the diverse nature of communities and staff groups within South Central Ambulance Service NHS Foundation Trust

The Group is chaired by the Trust's Chief Executive and it comprises of representatives from SCAS workforce and voluntary and Community sector organisations.

Analysis

LD explained how the grading works and how SCAS gather their data

When assessing and grading performance on a particular outcome, NHS organisations can grade themselves using a RAG rating system (Red, Amber and Green). For most outcomes the key question is:

how well do people from protected groups fare compared with people overall? There are four grades – undeveloped (Red), developing (Amber), achieving (Green) and excelling (Purple).

In response to the question how well do people from protected groups fare compared with people overall, the answer is:

- Undeveloped if there is no evidence one way or another for any protected group of how people fare or ...
- Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

LD concluded the presentation by advising the forum that next April the Trust will put the papers out and advised that SCAS does not select the panel. However, anyone who is interested can put their name down by emailing Monica Moro.

<p>Action 1/003 Attendees who are interested in getting involved with the ESD Grading Panel for SCAS to email Monica Moro at monica.moro@scas.nhs.uk</p>
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BMKPF04/004**Any other business**

Marion Fisher advised that the Dementia Action Alliance Forum needs a SCAS representative and will send the details to Monica Moro

Action 1/004 Marion Fisher to send details of her Forum to Monica Moro

BMKPF02/005**What happens next**

The Interim Chair explained that forums meet every six months, equivalent to two meetings per year. Frequency may vary at members' request.

The Chair informed the group that a copy of the meeting's minutes will be sent to all attendees and those who were unable to attend.

Date of Next Meeting

Next meeting will be held in April 2016 (date and venue: tba).