

**MINUTES OF THE PATIENTS FORUM MEETING –**

**MONDAY, JANUARY 9th 2016**

**ATTENDANCE: FORUM MEMBERS**

Adrian Dodd – Waltham Forest – Healthwatch

Angela Cross-Durrant – Kingston – Vice Chair

Audrey Lucas – Enfield – Healthwatch – Executive Committee

Barry Hills – Kent

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

David Payne – Southwark

Dov Gerber – Barnet - Chair Barnet Community Safety Engagement Group

Graham Mandelli – Lewisham

Inez Taylor – Southwark

Joss Bell – Socialist Health Association

Kathy West – Southwark – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum

Mike Roberts – Rushmoor, Hampshire – Healthwatch

Natalie Teich – Healthwatch –Islington

Richard Rees – Walworth/Southwark

Sally Easterbrook – African Advocacy Foundation

Sean Hamilton - Greenwich

Sister Josephine Udine – Croydon - Vice Chair

Vic Hamilton - Greenwich

**LAS SPEAKER**

**Andrew Grimshaw, Acting Chief Executive of the LAS**

**LAS COLLEAGUES**

**Ricky Lawrence, LAS Safeguarding Adviser**

**APOLOGIES**

Anthony John – Tower Hamlets

Arif Mehmood – Newham

Alex Ankrah – Cabinet Office

Barry Silverman – Tower Hamlets

Briony Sloper – Acting Head of Quality

Christine Kenworthy - Kent

Graeme Crawford – Ealing – Healthwatch

James Guest – Ealing Healthwatch

Janet Marriott – Richmond

John Larkin- Company Secretary

Joseph Healy – Forum President

Louisa Roberts – Tower Hamlets

Lynn Strother – City of London Healthwatch

Margaret Luce – Head of Patient & Public Involvement and Public Education

Maria Nash - Barnet

Michael English – Healthwatch Lambeth

Pat Duke – Southwark

Rashid Ali Laher – Healthwatch Kingston

Robin Kenworthy – Kent

Tom Yelland– Kingston and Red Cross

Wendy Mead – City of London Corporation

* 1. **Minutes of December 12th 2016**
	2. Minutes were agreed a correct record.

 **2.0 STPs (Strategic Transformation Partnerships) and Vanguard**

2.1 Noted that the impact of STPs and Vanguard Hospitals on the

 effectiveness of the LAS was unknown. Vanguard hospitals may result in

 increased transport of patients over longer distances and increased

 pressure possibly undermining effectiveness of the LAS.

2.2 Noted that questions had been put to CCGs and STPs across London

 (attached to February papers).

2.3 Joss Bell described the situation in west London where a proposal is

 under discussion to close 500-600 beds. Critical operations have been

 cancelled because of a shortage of ITU beds, whilst the CE earned

 £340,000. There is a plan to cut 8000 healthcare job in north west London

 by 2020/1 as part of the STP plan, as well as downgrading Charing Cross

 and Ealing Hospitals. Almost 50,000 planned admissions and 222,370

 outpatient appointments were planned to be cut by 2020/21 as well as

 64,175 A&E attendances.

2.4 Attempts were being made to arrange a meeting for all local authority

 Cabinet Members in each STP area to discuss the development of

 seamless health and social care services.

* 1. Members questioned whether an Equality Impact Assessment had been

 carried out on STP and Vanguard plans.

 **ACTION**: Collect information from CCGs about the impact of cuts on the

quality of services and the Equality Impact Assessment.

 **3.0 Andrew Grimshaw, Acting Chief Executive – LAS**

 Andrew addressed the Forum on the investigation of the Outage

 that occurred with Command Point on January 1st 2017 and on the

 CQC Inspection.

 3.1 Andrew said he had been with the LAS for 4years and the NHS for 30

 years.

 3.2 He said that on January 1st 2017 and outage (system breakdown)

 occurred in the early hours of the morning and resulted in the LAS

 emergency operations centre, moving to paper – the fall back position.

 The system recovered at 5.15am. Andrew said that the New Year period

 was extremely busy for the LAS and it was probably the busiest AS in the

 country. He expressed to sorrow to patients that the outage occurred and

 said that an independent investigation is taking place to find out why the

 outage occurred.

 3.3 Andrew said that steps would be taken to improve system resilience for

 the future, and was working closely with the manufacturers, NHS

 England and NHS Improvement.

 3.4 The LAS are looking for evidence of harm caused to patients as a result

 of the outage and so far have identified one case of the death of a

 patient and a serious incident has been declared. He said that the inquiry

 will be thorough and comprehensive

 3.5 Andrew said that the system is usually stable and reliable and the LAS

 had asked the public and all staff to let them know if there was any

 evidence of harm as a result of the outage. No further evidence had yet

 emerged.

 3.6 Richard Rees said there had been report of three deaths.

 3.7 Andrew replied that the LAS had received no evidence to that effect.

 3.8 Mike Roberts asked if the structure of Command Point was the cause of

 the outage? He also asked if any A&E departs in England had been

 closed on January 1st 2017.

 3.9 Andrew replied that until the inquiry was finished that he would not know

 the answer to that question. He said to the best of his knowledge no A&E

 department were closed on January 1st.

 3.10 Angela Cross-Durrant asked what contingency plans were in place

 when an outage occurred; what the risk rating was for this type of event

 and whether the risk rating was high enough? She also asked if there

 had been previous outages?

 3.11 Andrew said there had been previous outages in June and November

 2016. However, outages were also used to test the system. When this

 happens the EOC always reverts to pen and paper. He said that part of

 the system for testing Command Point was based in the companies

 laboratory in the USA. In reply to a question from Jos he said that he

 was not aware of other ambulance services experiencing outages.

 3.12 In reply to a question about the Terms of Reference and membership of

 the Inquiry, Andrew said this information was not available. He said that

 he would welcome any questions for the Inquiry which the Forum

 wished to submit and noted that the Forum had already submitted a

 number of questions.

 3.13 Natalie Teich asked about the level of stress on staff as a result of the

 outage. Andrew replied that the level of stress would have been much

 higher but this matter would be investigated as well.

 3.14 Sister Josephine Udie asked whether Whistle Blowers are encouraged

 in the LAS. Andrew replied that the LAS supports Whistle Blowers and

 that a non-executive director leads on Whistle Blowing.

 3.15 Richard Rees asked if the investigation would be fully independent.

 Andrew confirmed that it would.

 3.16 Joss asked if there had been any cuts to the technical IT team that were

 Responsible in the LAS for Command Point. Andrew said that as far as

 he knew that was not the case, but would investigate further.

1. **CQC Visit**

 4.1 Andrew said that the priority for the LAS is to get out of the CQCs Special

 Measures. He said the LAS has a ‘milestones plan’ prepared by Karen

 Broughton and that all staff are aware of the inspection. The final actions

 Prior to the inspection on February 6th 2017 are being completed.

 4.2 He highlighted problems with pharmacy and in particular access to drugs

 for paramedics, e.g. morphine, and ensuring that only paramedics have

 access to controlled drugs. This has included employing a pharmacist,

 ensuring the safety and supply of drugs packs, developing new computer

 software for signing out and in of controlled drugs.

 4.3 Mike Roberts asked about the human factors in getting out of special

 Measures, e.g. environmental, organisational and job factors, and

 individual experiences and characteristics, which influence behaviour at

 work.

 4.4 Andrew replied that the LAS believe that staff feel more valued and this is

 indicated by the results of the Annual Staff Survey (46% response in

 2016) which will be published in March. He added that performance was

 strong over Christmas and that managers are working hard with staff to

 ensure they feel listened to and that the tradition of bullying and

 harassment challenged successfully by senior management.

 4.5 Malcolm Alexander added that the Forum had observed many positive and

 enduring changes to the LAS over the past 18 months. In particular the

 LAS is listening to proposals made by the Forum for service improvements

 and acting on the Forum’s recommendations.

 4.6 Angela Cross Durrant added that productive engagement had been

 difficult in the past with the LAS and asked for confirmation that the new

 positive approach to engagement would continue. Andrew said that he

 would ensure that engagement with the Forum is maintained.

 4.7 Sister Josephine Udie, said she was pleased with the level of commitment

 shown by the LAS over recent months and added that the Forum wants to

 see the level of commitment to public involvement shown by the LAS

 continue. Sister Josephine added that the Forum would support the LAS if

 the LAS ensured a high level of public engagement.

 4.8 Dov Gerber expressed concern about the amount of time spend queuing

 by ambulances and the impact that this has on the number of ambulance

 productive hours available each week. He also drew attention to the

 negative impact of the downgrading of the Cat C targets that the

 significance of the Cat C tail on patient care and safety, i.e. for people

 not seen within target times.

 **ACTION: Refer Cat C target revision to commissioners.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C1 | 90% response in 20 minutes | 63.3% | >50% response in 45 minutes | 74.16% |
| C2 | 90% response in 30 minutes | 67.21% | >50% response in 60 minutes | 77.47% |

 **5.0 PLAN FOR ENHANCED URGENT AND EMERGENCY CARE – 2017**

 5.1 The plan was accepted with the following additions:

1. Ensure that Overview and Scrutiny Committees are asked to support the plan and monitor progress in their own areas.
2. Ask Anne Rainsberry for support and implementation. She heads the London branch of NHS England.
3. Ensure that social care and social care is at the centre of the plan alongside healthcare.
4. Ensure plan is realistic and achievable.
5. Focus on the urgent need for the LAS and acute services to work with ‘out of hours’ services and GPs.
6. Consider the model used in some A&Es for social workers and paramedics to work in A&E to ensure that patients are cared for and admitted or discharged using best practice.
7. Promote the Frimley Park model of safe houses for people with mental health problems.
8. Campaign for paramedics and 111 to have access to patients’ medical records to ensure accurate diagnosis and appropriate care.
9. Ask Sadiq Khan for support for the Forum’s plan.

 **6.0 EQUALITY AND DIVERSITY IN THE LAS**

 6.1 Ricky Lawrence said that good progress was being made under the

 leadership of Melissa Berry and Mark Hirst. He said he had raised issues

 regarding race equality in the LAS for a number of years and found

 considerable resistance.

 6.2 Kathy West said that the Equality and Diversity Committee was being re-

 established and would meet on January 31st. She said that considerable

 changes need to be made in the LAS for it to become an equality

 opportunity employer and provider of services.

 **7.0 SICKLE CELL UPDATE AND REPORT**

 **7.1 Kye** Gbangbola, Chair of the Sickle Cell Society thanked the Forum for

 supporting the work to improve services for people with a sickle cell crisis.

 He said that the Forum meeting on November 11th 2015 following the

 tragic death of Sarah Mulenga, had helped to focus the LAS on the care of

 people in sickle cell crisis. Kye said that Sarah Mulenga had tragically

 been left at home by the LAS when she needed to be taken to A&E for

 emergency care.

 7.2 The Sickle Cell Society has been working with the LAS to develop a quality

 baseline for paramedic care for patients in crisis and good collaborative

 work has developed over the past year. The work has opened the door to

 a service development CQUIN, a report on the care of 350 patients who

 received emergency care when in a sickle cell crisis, a survey of patients,

 training video, sickle cell newsletter and continuous professional

 development of staff.

 7.3 Kye expressed the gratitude of the Sickle Cell Society for the contribution

 Made by the Forum to improving the care of patients in sickle cell crisis.

 He said more needed to be done including a review of the AMPDS

 system, to ensure that the questions asked during an emergency call were

 appropriate for patients in a sickle cell crisis.

 7.4 The CARU Sickle Cell Audit report was received.

 **8.0 Public Health England and defibrillators**

 8.1 Noted that the Forum had asked Public Health England and the LAS

 medical director, Fenella Wrigley to discuss how PHE could support the

 defibrillator campaign and they had agreed to do so.

* 1. The campaign to work with Boots to encourage them to install

 defibrillators continues.

 **9.0 LAS Board Meeting and questions to the Board**

 9.1 Questions put to LAS board on November 29th were received.

 **10.0 The following reports were received.**

* Oramorph clinical audit
* Commissioner’s performance update – 26 Dec – 1st Jan 2016/7
* LAS performance report by CCG area – NOVEMBER 2016

**The meeting ended at 7.30pm.**