**MINUTES of the PATIENTS’ FORUM**

**MONDAY** **MARCH 12th 2018**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest – Healthwatch

Alexis Smith - Bromley

Angela Cross-Durrant – Kingston – Vice Chair

Anthony John – Tower Hamlets

Arthur Muwonge – Croydon

Barry Hills – Kent

Brian Porter - Newham

Christine Kenworthy– Kent

Colin Hill – Berkshire

Dan Brennan – Southwark Carers

David Payne – Southwark

Habiba Sebbi – Healthwatch Bexley

James Guest – Ealing

Jan Marriott - Richmond

John Larkin- Company Secretary

Joseph Healy – Southwark – President of the Forum

Kylie Crawley - Southwark

Mary Leung – Harrow

Michael English - Lambeth

Mike Roberts - Hampshire

Natalie Teich - Islington

Philip Ward – Hammersmith and Fulham

Rashid Ali Laher – Healthwatch Kingston

Sean Hamilton - Greenwich

Simon Mott - Tooting

Sister Josephine Udine – Croydon- Vice Chair

Vic Hamilton – Greenwich

**SPEAKER: FATIMA FERNANDES** - LAS Staff Support & Counselling Manager

LAS: Kathy Crichton – Paramedic – Public Education Officer

Stuart Crichton – Assistant Director of Operations - LAS

**APOLOGIES**

Arif Mehmood – Newham

Audrey Lucas – Enfield- Executive Committee

Beulah Mary East – Hillingdon

Catherine Gustaffe – Southwark

Garner Bertrand - Newham

Graeme Crawford – Ealing

Graham Clark – Greenwich CFR

Inez Taylor - Southwark

Jan Duke – Southwark

Jos Bell – Socialist Health Association

Louisa Roberts – Tower Hamlets

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum

Robin Kenworthy – Kent

Shivakuru Selvathurai – South Harrow

**1.0 Minutes of the Last Meeting 12th February 2018 were agreed a correct**

1.1 Matters Arising: See Action Log.

**1.2 CPR Training** for Forum Members in June and July: still places available. Those who wish to participate submit names to Malcolm.

**1.3 Emergency Operations Centre Report**: date for presentation by Pauline Cranmer is May 14th

**1.4 Complaints Charter:** LAS Board agreed this joint ‘LAS:Forum’ document.

**1.5 Ambulance Queuing**: Forum Public meeting – 9th April at City Hall. Agreed to ask the LAS for their strategy to deal with ambulance queuing and what action they are taking.

**1.6 ‘Worst Pressure’ & ‘How did they cope**’ - Comments required. Jan Marriott spoke about Kingston A&E Ambulance ‘Hand Over’ \*\* Statement available. \*\*

**1.7 Forum Audit of LAS Complaints**: Angela Cross–Durrant – reported a 7 week wait for the LAS to agree to this process. Anonymised complaints have been requested but still no action. LAS has been unable to agree a practical process and solution.

**1.8 Gender Equality in the LAS:** Noted that the LAS must publish details of their gender pay gap by March 31st 2018. Action: Write to Patricia Grealish.

**1.9 The Forum's report to the CQC** on the LAS's progress in getting out of Special Measures was received.

**1.20 Members noted that the engagement exercise on the LAS Strategy** had finished and that there had been virtually no public engagement, involvement or consultation. No response had been received to the Forum's submission on the LAS Strategy which was sent to the Strategy Team.

**1.21 Co-production with the LAS –** this report which has been submitted to the LAS Quality Oversight Group of the LAS was noted.

**2.0 Guest Speaker: Fatima Fernandes: LAS Staff Support & Counselling Manager.**

**2.1** Copies of the following documents were distributed and are on the Forum’s website:

* TRiM Consultations - Enhanced and Bespoke TRiM Consultation

TRiM is Trauma Risk Management

* Wellbeing Training Programme – Understanding Stress and Building Resilience – slides
* Post-Incident Trauma Support – Guidance for Managers.

2.2 Fatima said that she had worked with the armed services and that the TRiM methodology was developed with the army. She started working in the LAS in 2008. Fatima said that trauma is stressful, but also a source of strength for staff. She said that the TRiM system with enhanced elements, provides contextualised help for staff. Fatima added that a common personality type for paramedics is the person who 'wants to do good and make a difference'.

2.3 Trauma – Fatima described how the LAS support staff who have been traumatised and who may suffer PTSD. She said that any job can be traumatic and it is important how symptoms are interpreted, what the person gains in the process, and working in a way that enables the staff member to become stronger and more resilient. She said that some staff try to forget about the trauma they have experienced, or put everyone else's safety first and then, at a later stage, look at themselves.

2.4 TRiM – Fatima said that ‘trauma risk management’ in the LAS uses standard TRiM with enhanced elements, which is specifically designed for LAS Staff. She said staff are heroic in response what they face day to day, e.g. pressure from the LAS re performance, demand from patients and responding to major incidents. Fatima said that all patients receive total commitment from staff and staff have a relentless capacity for love.

2.5 Fatima compared PTSD resulting from an unexpected incident, to the dismantling of a 1000 piece jigsaw, which has an extra 20 pieces to be fitted in when the puzzle pieces are put back together. She said the brain is trying to make sense of the horror – in response it dis-connects and puts the horror in the “spare room” because the brain cannot make sense of it. The right kind of post-trauma therapy or processing work enables successful recovery.

2.6 The TRiM process is managed by trained practitioners, who take a detailed history from the member of staff, which can take up to 1 ½ hour. This can take place within 72 hours of the incident. A 2nd session is then offered in 4-6 weeks.

2.7 Fatima said that the level of trauma suffered is not linked directly to the number of patients seen or attending major incidents, but rather how the brain processes trauma and how the brain makes sense of and deals with the consequent pain. It is not the number of ‘jobs’, nor attending many major incidents (as recently occurred), but rather how and if the brain processes the experience of trauma. For example staff can accept as part of their job that they will experience the death of babies, but deliberate mutilation of a baby is very hard to accept – and will be traumatic if not processed successfully by the brain. The brain may want to put this experience in the “spare room” – trying to forget and get on with the job.

2.8 Fatima said that attending TRiM sessions is voluntary, although managers can refer. Many staff do not want their managers or colleagues to know they are attending TRiM sessions.

**2.9 Questions from Members: -**

The Chair sent Fatima a list of questions in advance of the meeting. Fatima reported that she was unable to answer them immediately and said she has emailed the Chair to this effect. Fatima could not answer the questions as her role was in trauma and not general counselling, and would need to contact relevant parties.

Q.1 Do some paramedics compartmentalise trauma, leave it to one side and carry on? A1 Trauma needs to be processed after the event.

Q2. Many LAS staff come from the armed forces – do they carry baggage from this traumatic experience? A2. Yes, probably.

Q3. Are all staff aware of the LINC system and access to TRiM? A3. Fatima said it is fully explained and detailed on the internal communication systems and in addition leaflets are available.

Q4. Has training to deal with recent major incidents been adequate? A4. Staff are trained adequately for their specific job, but perhaps not for so many major incidents. It is important for staff to meet after major incidents to learn from such occurrences.

Q5. Is there any support for the families of traumatised staff? A5. No

Q6. What happens if paramedics make errors/mistakes in their clinical practice?

A6. Staff are supported to learn from their mistakes. The incident may also be referred for investigation if it is a serious incident, and if moderate or serious harm has been caused or if the patient dies.

Q7. What happens if long-term staff move to other ambulance services. Is the LINC service support continued when they move to the new job? Is the TRiM service available to other UK ambulance services?

A7. Yes, and Fatima has given advice to others ambulance services. But there is no joint trauma work with the police or fire services, because their staff tend to have different contexts and personality types.

Q8. What special support was given to staff who attended major disasters like Grenfell Tower and London Bridge?

A8. Fatima explained that all those staff who attended major incidents were actively contacted and offered support by Fatima and the LINC team.

Q9. Has information about LINC and TRiM been included in the LAS Annual Report and been made available to the CQC?

A9. Yes. The CQC has included the LINC service in their inspection.

**2.10 The meeting expressed their thanks and appreciation to Fatima and her 2 LAS colleagues.**

**3.0 Do Not Resuscitate Notices - DNAR**

3.1 Sister Josephine asked if the LAS had a policy regarding their response to DNARs, i.e. confirming that they have the consent of the patient and that the document is accurate and the latest version.

**Action: Raise with Briony Sloper.**

**4.0 Community First Responders**

4.1 Sister Josephine said that getting to the patients as fast as possible is more important than reaching a target. She said this is the philosophy at the core of the new Ambulance Response Programme.

**5.0 A&E Performance – Intelligent Conveyancing**

5.1 The EOC team monitors activity at each A&E and if possible diverts ambulances to other A&Es where there are significant queues.

**Action: Invite Paul Gibson to address the Forum on this issue later in the year and on the effectiveness of 'Winter in the NHS'.**

**6.0 Members Reports**

**6.1 Patient Experience & Feedback Group**. Report prepared by Adrian Dodd was received.

**6.2 End of Life Steering Group**. Report prepared by Angela Cross-Durrant was received. Two end of life care nurses are to be recruited by the LAS.

**6.3 Meeting with Trisha Bain**, Chief Quality Officer. Report prepared by Malcolm Alexander was received.

**6.4 Barring of Patients:** Noted that following discovery that a patient spent 7 hours in an ambulance because A&E departments refused to accept the patients, the LAS has submitted FOIs to every acute hospital with an A&E in London. Responses are due by the end of March.

**7.0 Performance Data**

The following data was received:

**7.1 Handover Data – Ambulance Queues**

**7.2 Ambulance Response Programme** – Category 1 (C1) response is now 7 minutes for cardiac arrest and other life threatened patients.

**7.3 Handover Waits** – Heat Map

**7.4 Agreed to invite LAS to speak at a future meeting of the Forum on the lessons learned from ARP.**

**8.0 AOB**

**8.1 CPR**: St. John’s Ambulance pulling out funding, but will continue to support the LAS

**8.2 660 police vehicles** now carrying defibrillators

**Meeting closed at 7.30pm**