

**Minutes of the meeting held on**

**MONDAY JANUARY 11th 2015**

**ATTENDANCE: Forum Members**

Alena Pankhurst – Richmond

Andrea Longo - -

Angela Cross-Durrant –Kingston - Vice Chair

Arif Mehmood– Newham

Audrey Lucas - Enfield

Barry Hills - -

Brian Evans - -

Charlene Niehaus – Medical Services

Christine Kenworthy – Kent

Chris Fox - Wandsworth

Chris Willson – City of London

Clover Clow – Havering

Colin Hill - Berkshire

Danial Babar - -

David Payne - Southwark

Elaine Pearson - -

Graeme Crawford – Healthwatch Ealing

Graham Mandelli - Lewisham

Harbhajan Singh (Prof) – Elderly Watch, Bexley and Greenwich

Helen Ogunmuyiwa – Southwark

Ibraham Conteh - -

Kathy West - Southwark

Janet Marriott - Richmond

Lauren Sullivan - -

Luz Fox - -

Lynn Strother – City of London HW and Forum Executive Committee

Malcolm Alexander – Forum Chair and Healthwatch Hackney

Maja Spasova - -

Michael English – Healthwatch Lambeth

Michael Sonny (Prof) - -

Natalie Teich – Healthwatch Islington

Nicholas Fox - Wandsworth

Nigel Maxwell-Smith – Berkshire

Robin Kenworthy – Kent

Sam Prystor - Bromley

Sarah Greensmith --

Sister Josephine – Croydon – Vice Chair

Tasneem Arain - -

Tom Yelland – Kingston and Red Cross

Wendy Mead – City of London Corporation

**LAS SPEAKER: TIM EDWARDS – CONSULTANT PARAMEDIC**

**LAS Commissioner: David Whale**

**APOLOGIES:**

Alhajie Alhussaine – Lambeth

Anthony John – Tower Hamlets

Barry Silverman – Southwark

Carl Curtis –Southwark

Catherine Gustaffe - Southwark

Harbans Chahal – Redbridge

Inez Taylor – Southwark

John Larkin – Barnet – Company Secretary

Joseph Healy – Southwark - Forum President

Kathy West – Southwark

Kay Winn-Cannon – Healthwatch Waltham Forest

Louisa Roberts - Tower Hamlets

Margaret Luce - Head of Patient & Public Involvement

Maurice Hoffman - Brent

Mike Roberts – Hampshire Healthwatch

Pat Duke – Southwark

Rashid Ali Laher – Kingston Healthwatch

1. **MINUTES OF THE MEETING HELD DECEMBER 9th 2015**

 1.1 Minutes were agreed a correct record, except add: Colin Hill had sent his

apologies.

 1.2 Corrections to Zoe Packman’s responses regarding the CQC report can

 be found below.

1. **MATTERS ARISING**
	1. **Traffic Density**: Impact of traffic flows on ambulances on blue lights – noted that changes to the road infrastructure in London is affecting the speed of ambulances in London (including new cycle lanes).

Agreed to raise issue with Dr Sahota, Chair of the London Assembly Health Committee and Paul Woodrow, LAS Director of Operations.

* 1. Defibrillators: Wendy Mead reported that Boots in the City has refused to install defibs despite staff being trained in CPR. Other actions are in progress:
* VAT on defibrillators – attempt to have it removed to reduce costs.
* Working with Mayor of Southwark and Vicar General of the Southwark Diocese (Catholic Church) to install defibs in Southwark.

Dave Payne and Sister Josephine Udie to follow up.

* 1. Training in CPR: Sister Josephine reported on a joint event held with the LAS in Croydon to train young people in the use of CPR.
	2. CQC Report on the LAS: Noted that a Quality Improvement Plan is

being produced by the LAS detailing the proposed service improvements consequent upon the CQC inspection. Kathy West drew attention to the lack of progress in relation to Equality and Inclusion (E&I) at the LAS, and inadequate training of staff on equality and inclusion (which had been raised by the CQC). Kathy distributed a resolution detailing the major problems, which included a lack of attention to the needs of patients and staff with protected characteristics (although she said excellent progress has been made in relation the LGBT protected characteristic). Kathy proposed that evidence is requested of effective training in E&I for all LAS staff including Board members.

(LGBT – Lesbian, gay, bisexual and Transgender).

<http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a4-equality_resolution-ok.pdf> (Equality Resolution)

ACTION: Discuss what action the LAS will take to address these issues, with Zoe Packman (Quality and Nursing) and Tony Crabtree (HR).

Kathy West, Joseph Healy and MA to lead.

* 1. Ambulance Queues Outside A&E. Noted that hundreds of hours of

emergency response and clinical care were being lost every month because ambulances are queuing outside of many London hospitals. Noted that Northwick Park was the worst offender in London for ambulance queuing. Agreed that members would write to Professor Willetts to complain about the impact of ambulance queuing on the effectiveness of the ambulance service (letter attached). Fourteen members agreed to write (letter and response on website).

www.patientsforumlas.net/upcoming-meeting--papers.html

 ACTION: A) Invite Dr Andy Mitchell, Medical Director for London to June

 PF meeting.

 B) Executive Committee to plan campaign to eradicate ambulance

 queuing in 2016 and include: close monitoring of ambulance

 waits; an action plan; advise candidates who stand for London

 Mayor: formal letters to Boards of relevant acute Trusts;

 publication of ambulance queuing figures.

**3.0 LAS SPEAKER: TIM EDWARDS – CONSULTANT PARAMEDIC**

 3.1 Tim Edward’s Slides are at: [WWW.patientsforumlas.net](http://WWW.patientsforumlas.net)

 3.2 Tim Edwards described the causes of sepsis and the high levels

 of morbidity and mortality associated with these infections. He said that in

 order to deal more effectively with sepsis, a CQUIN had been agreed

 between the LAS and the Commissioners (LAS/NHS funders) to improve

 standards of care and the expertise of paramedics. Tim said there are

 three types of sepsis:

* Simple sepsis - which is a response to an infection
* Severe sepsis - as above plus one or more signs of organ dysfunction
* Septic shock – **a life-threatening condition which occurs when blood pressure drops to a dangerously low level after an infection.**

 3.2 Tim said sepsis can cause organ failure and death, and that 80% of

 people who die from infections suffer from sepsis. Data from across

 Europe shows that severe sepsis affects 90/100,000 people and 35% of

 people with severe sepsis die, and 50% of people who go into septic shock

 (due to toxins produced by bacteria/virus). 37,000 people die annually from

 sepsis in the UK and it costs the NHS £2.3 billions each year. The key

 characteristics of sepsis are:

* Overwhelming systemic response to infection
* Can rapidly lead to organ failure and death
* May trigger abnormal clotting and bleeding
* Likely to develop from infection, trauma, surgery, burns, cancer and AIDS
* 80% of patients who die from major injuries die from sepsis.

#  3.3 A major form of sepsis is known as Systemic Inflammatory Response

#  Syndrome (SIRS), which may produce a high or low temperature and a

#  very high heart rate. Older people are especially vulnerable and

#  diagnosis is complicated by low temperature. SIRS causes systemic

#  inflammation, organ dysfunction, and organ failure. The features of SIRS

#  includes two of the following conditions:

* Temperature >38.3c or <36c
* Heart rate >90/minute
* Respiratory Rate >20/minute
* BM >7.7 (in non-diabetic patient)
* Acutely altered mental state

 3.4 Incidence of severe sepsis compared to other conditions in Europe:

3.5 Treatment for Sepsis: Tim said the major features of treatment for sepsis are:

* Administration of high-flow oxygen
* Blood cultures to find cause of infection
* Intravenous antibiotics
* Intravenous fluid resuscitation
* Close watch on haemoglobin and lactates (released in response to shock)
* Hourly measurements of urine output

3.6 Sepsis Audit: Tim described his research, which include the following

 components:

* A retrospective audit of 200 patient records
* Found that 87% of patients had the necessary observations to identify sepsis
* In a sample of 70 patients with severe sepsis:

 14% had been given high flow O2

 18% given IV fluids

 40% had pre-alert (warning to A&E that patient is on the way)

**3.7 Questions from members to Tim Edwards:**

Q1) Which patients are at the greatest risk of sepsis?

 A) Those who are immuno- compromised.

### Q2) What is the difference between sepsis, septicaemia and blood poisoning?

 A) Sepsis refers to either blood poisoning or septicaemia. Sepsis is not just

limited to the blood and can affect the whole body, including the organs.

 Septicaemia (blood poisoning) refers to invasion of bacteria into the

 bloodstream and this occurs as part of sepsis. Sepsis can also be caused by

 viral or fungal infections, although bacterial infections are by far the most

 common cause.

Q3) What causes sepsis? Could it be caused by MRSA?

1. MRSA can cause sepsis, but there are many causes which included bacteria, viruses and fungi.

Q4) Why is sepsis on the rise?

1. Partly because of a better recognition by clinicians and long term use of

steroids.

Q5) Must all types of sepsis be treated in A&E?

A) No. Simple sepsis can be treated by GPs or urgent care centres.

Q6) Is excessive use of antibiotics a cause of rising levels of sepsis?

1. It is not the cause of sepsis but greater antibiotic resistance does create

treatment problems.

Q7) How is sepsis treated?

1. Initial treatment by paramedics would be with a broad spectrum antibiotic. Once the person gets to hospital, treatment would depend on the actual cause of the sepsis.

Q8) Can Penicillin be used to treat sepsis?

1. Not usually, but it can be used for meningococcal septicaemia. There is a risk of anaphylactic shock with the use of penicillin.

Q9) What factors increase the vulnerability of patients to sepsis?

1. Apart from immuno-suppression, conditions such as diabetes. Also older people with a variety of vulnerabilities, including injuries, accidents and people discharged after surgery.

Q10) Are LAS paramedics fully trained to recognise sepsis?

1. Yes all LAS front line staff are fully trained in sepsis diagnosis. Training is mandatory and based on a three day course on use of the sepsis tool.

Q11) Are St John’s and Red Cross staff who work with the LAS also fully trained?

1. The same sepsis tool is used by these providers, but they are not trained by

the LAS.

Q12) Should the training of contracted ambulance service like Red Cross and St John’s be improved?

1. A good point, but in practice calls are triaged and a crew should be sent that is

trained for the needs of a particular patient. (Tom added that St John’s trains crews to technician level – not paramedic).

Q13) Are Community First Responders trained to diagnose and treat patients with

 sepsis?

1. No. Only paramedics can give antibiotics (and doctors and nurses). However

volunteer Emergency Responders are trained in the diagnosis of sepsis and take appropriate action until a paramedic arrives.

Q14) Can giving oxygen harm patients?

1. Providing patient is taken straight to A&E no harm would be suffered by

patients.

Q15) Why are IV fluids given to patients with sepsis?

1. Because patients are often dehydrated and this can lead to heart failure and

other major complications. Antibiotics may also be given by the IV route.

Q16) Do paramedics take blood for blood culture to find a bacterial cause of sepsis?

1. They do in some ambulance services but not in London. This is because there

are so many different systems for blood culture in London, and paramedics could not keep equipment for every method. Taking blood before giving antibiotics is best practice, so this technique should be developed in the future.

Q17) Are there specialist units to treat sepsis?

 A) No, all A&E can treat sepsis.

Q18) What is the best way of preventing simple sepsis turning into severe sepsis?

 A) Early diagnosis, recognition of symptoms, early treatment

**3.8 Tim Edward was warmly thanked for his excellent presentation.**

**4.0 Safeguarding Report – Angela Cross-Durrant**

<http://www.patientsforumlas.net/upcoming-meeting--papers.html>

4.1 Angela described the purpose of Safeguarding: to ensure that abuse, harm and other actions that put adults and children at risk, are dealt with quickly and effectively. During the course of front-line work, clinical staff caring for people in such situations, must take action to deal with harm or potential harm, by reporting incidents to the Safeguarding Committee of the local council where the person lives. The LAS makes a high numbers of referrals to local Safeguarding Committees, including a substantial number of people with mental health problems. Referrals are higher in winter months and this is adding to considerable pressures on local authority social services departments.

4.2 Take-up of training for some sectors of LAS staff has been low, e.g. PTS, Emergency Operations Centre and bank staff.

4.3 The CQC identified a number of weaknesses in the LAS safeguarding protocols and the system and improvements to the system are being evaluated.

4.4 KPMG has recently audited the LAS safeguarding service for effectiveness.

4.5 The system used for safeguarding of children was found to be working well.

4.6 Weaknesses have been found in the following areas:

* Recruitment policies
* Training records
* Disclosure and Barring Service (DBS) checks for paramedics from overseas.
* Prevent training (Workshops on Raising Awareness of Prevent – WRAP)
* Training of the LAS Board (only 74% had received safeguarding training.
* Prioritisation of referrals for suspected cases of Female Genital Mutilation.

4.7 Steps are being taken to implement all of these changes urgently and a single database is being developed for all safeguarding information, which will be completed in February 2016.

5.0 Data from the member’s questionnaire was noted and steps are being taken to implement the suggestions from members.

**6.0 The Meeting Finished at 7.30 pm.**

 **QUESTIONS FROM MEMBERS – ANSWERS FROM ZOE PACKMAN**

Q1: Harbijhan Singh asked for evidence that the LAS will take adequate steps to implement the changes the CQC have required

 A: Zoe replied that the LAS was committed to change, are developing a quality improvement plan and will report  monthly in the public domain and provide information on the LAS website.

Q2:  Why hasn’t the Chair resigned in response to the poor CQC assessment?

A:  The Board of the LAS is being open and honest. The Chair is committed to leading the LAS to deal with all problems identified by CQC

Q3: Tom Yelland asked about the prospects for recruiting more student paramedics from London. He said the public had very high regard for the LAS, but paramedics are under very great pressure and stress and asked what the LAS will do about this problem.

A:  Zoë explained that are currently there are not enough Paramedics being trained to meet the demands across the country. That the universities have been commissioned to provide more places for paramedic students, but this is a long, not short term, strategy. The Trust has set up the LAS Academy to train our own paramedics in particular for current unregistered staff to convert to being paramedics.

Q4: Audrey Lucas described London as unique in terms of its communities and cultures. She asked how staff morale can be raised and valued more?

A: Zoë shared Audrey’s concern and explained some of the activities being undertaken in this regard, including changing the Chairmanship of the equality and Inclusion committee

Q5: Angela Cross-Durrant said that the attitude of the LAS leadership has changed significantly over the past year in terms of their response to the needs of staff, a significant change of culture and more effective leadership.

A: Zoë thanked Angela for her positive comments and said the Executive Team are working hard to maintain their relationships with their key stakeholders. Zoë welcomed the support from the Patients Forum.

Q6:  Carl Curtis asked how the CQC check that significant progress has been made in response to their recommendations.

A: Zoë explained that the Trust is accountable to the Trust Development Authority (TDA) and they would be meeting them monthly and the TDA will liaise with the CQC

The CQC will return for spot checks and will produce a further report.

Q7: Robin Kenworthy asked about arrangements for mutual aid with SECAMB bearing in mind the sharing of the M25 and Heathrow. He asked if the HART service is now fully staffed and trained and ready for major incidents?

A: Zoë assured the Forum that the LAS is ready were there to be a ‘Paris Style attack’ and had made significant progress in the recruitment of staff to the HART team. In addition she noted that to date no mutual aid had been required

Q8: Graeme Crawford asked what the impact of Special Measures on the LAS would be bearing in mind that the LAS and TDA have been working together for some time?

A: The Trust Development Authority (TDA) will continue to work closely   with the LAS to substantially improve performance.

Q9: Sister Josephine asked to what extent the LAS relies on agency staff?

A:  Zoë explained that the model for temporary staff usage is very different in an ambulance Trust compared to an acute Trust. Staff do a great deal of overtime and in addition there are in-house temporary workforce (bank staff) therefore, very few agency staff are used.

Q10:  Joseph Healy asked how the Unions had responded to the CQC report. He said that paramedic pay was too low and wages in other organisations employing paramedics was much higher. Even ATOS pays paramedics more than the LAS. Housing in London is too expensive for people on paramedic wages. He suggested lobbying for higher pay for frontline staff and getting the support of the London Mayor.

A: Zoë thanked Joseph for his support and explained that the Mayor’s office had been involved in the quality summit and were aware of the issues. In addition significant work was being undertaken with the union to respond to their concerns.

Q11: Tom Sullivan expressed concern about the cleanliness of ambulances. He said there is a lack of deep cleaning and most ambulances have equipment missing.

A: Zoë explained that lifesaving equipment was always available on vehicles and that the make ready provision was currently under review.

Q12: Barry Silverman asked if the CQC inspected the 111 service?

A: The LAS 111 service was not inspected.

Q13:  Pat Duke asked why all staff have to wear uniforms, even if they do not do patient centred work?

A: Zoë noted that staff are proud to be part of a uniformed service and like wearing uniforms.

Q14: Maurice Hoffman proposed that overview and scrutiny committees should have a much greater role in monitoring the LAS. He proposed greater lay involvement in the LAS, upgrading the PPI strategy, providing more support for staff and carrying out mock CQC inspections.

 A: Zoë explained that this is undertaken by the LAS host commissioners and that part of the reporting mechanism was a monthly report to the Clinical Quality Review Group. These objectives are embedded in the work of the PPI Committee led by Margaret Luce.

Q15: Kathy West welcomed the CQC report on the equality and diversity in the LAS. She said that the LAS had done outstanding work in relation to LGBT staff but had virtually ignored staff and patients with other protected characteristics. She said that the LAS now  has a real opportunity to serve the needs of all patients and staff,  but the Equality and Inclusion Committee was failing to deal with  people with most protected characteristics adequately. She said there is also a great need for staff to be trained about equality and inclusion issues. Kathy proposed the attached statement which was seconded by Sister Josephine. After discussion the statement (resolution) was accepted by the meeting. Equality and Inclusion–Statement-Attached

  A: Zoe Packman said she agreed with sentiments of the Resolution. Her colleague Sandra Adams has now taken the Chair of the Equality and Inclusion Committee. She said there is now a BME and a Disability Forum. Zoë asked to be kept updated on any further concerns on this issue.

Q16: Audrey Lucas asked if the Equality and Inclusion minutes can be placed on the Patients’ Forum website.

A: This will be arranged by the Forum.

END