**ACTION LOG – FEBRUARY 12th 2018**

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| **OBJECTIVE** | **PLAN** | **PROGRESS** |
| **Flu Epidemic and Vaccination** | Successful meeting on January 8th, led by Dr Samantha Perkins | **Outstanding questions for Sam Perkins:**   * Can HCPC duty of care to patients more widely publicized to staff in view of risk of death from flu? * What causes bad reactions to flu vaccine? * What is the long term strategy for WHO in relation to flu? * Is a long term flu vaccine being developed? * Does flu treatment work? * What payments are made to GPs and pharmacies for giving flu infections? |
| **CPR Training for Forum members** | 17 members applied. This will require two sessions. | June 11th for first session  Date for 2nd session awaited. |
| **LAS work with homeless people** | Agreed Forum would hold a meeting on responding to the need of homeless people through Samad’s work and that of the LAS. | Decided to also invite a representative of NHSE to speak at the meeting, Samad Billoo, LAS and a homeless person’s charity. |
| **Working with LAS clinical quality groups** | More members are needed to participate. | Request to be put out to Forum members plus role spec. |
| **Withdrawal of Performance Data by the CCG Commissioners and the London Ambulance Service** | Brent CCG which commissions the LAS refused to provide data about the performance of the LAS to the Patients Forum, despite sending the data to all CCGs in London. The CCG claims the data is un-validated, but have failed to tell the CCGs this is the case. Forum has written to the CCG to complain. Brent CCG told the Forum that data should be provided by the LAS. | 1. The LAS has agreed to provide data but has failed to do so for several months. 2. ACTION: Raise issue as a formal complaint to CCG re breach of statutory duties. 3. Elizabeth Ogunoye agreed to restore validated data and access to Clinical Performance Review Group. 4. A set of validated data has now been sent to the Forum by Elizabeth. |
| **Mock CQC Inspections of the LAS** | 10 Patients’ Forum members participated  in a mock inspection of the LAS on Nov 29/30 to detect weaknesses in aspects of LAS service delivery. Short report produced and shared with LAS and Forum members. Unable to get detailed report from LAS re outcome of inspection. | Burndown Report received from Bob Finn on behalf of Trisha Bain on February 6. Distributed to Mock CQC inspection members on Feb 7. |
| **LAS Academy**  **Forum members are participating actively in the development of the**  **paramedic programme designed to enable Emergency Ambulance Technicians and Emergency Ambulance Crew to upgrade to HCPC registered paramedic.** | 3 Academy staff and 3 Forum members have set up the Patient and Public Involvement Panel– PPIP –to develop and monitor PPI in the work of the Academy (Janet Marriot, Polly Healy and Malcolm Alexander). TOR agreed.  Invitation sent to members to attend as mock patients to assist training of students. Six responses have been received. | More members invited to participate.  Induction meeting to be held on Feb 27th – 9.30 to 11.30.  Next stage is to teach the principles of public involvement to students. |
| **Emergency Operations Centre observation visits** | Nine members participated in observation shifts of the EOC. A draft report is ready and has been sent to those who participated. Will be presented to February meeting of Forum. | Recommendations to be progressed.  LAS Board members asked to make annual visits to EOC. Forum members will be asked to visit the EOC they have not yet visited, i.e. Bow or Waterloo.  Draft report seen by EOC management team (Pauline Cranmer DDO) and comments made. Awaiting accountability map from Samantha Cullen, Staff Officer to Pauline Cranmer and final edit. |
| **COMPLAINTS CHARTER**  **A Complaints Charter ACCEPTED by the LAS.** | Board agreed Charter in principle on October 31st 2017. Executive Board finalized Charter | Charter now on LAS website. Will be widely distributed. Needs to comply with NHSE Accessibility Standard. Request put to Trisha Bain on Feb 7. |
| **REDUCING THE COMPLAINTS RESPONSETARGET** | Recommend to LAS that completion time is reduced from 35 working days to 30 working days.  GDPR  **General Data Protection Regulation** | R Raised with Trisha Bain – for ongoing discussion.  Raised with Gary Bassett- LAS complaints lead who replied as follows:  Complaints management is an *organisational,* not a *departmental*, responsibility (c/f Francis report).  To reduce the  target, we would need quicker throughput from  (a) Ops (statements from the staff involved, - working with QGAMs on this); (b) clinical opinions (currently undertaken by  Medical Directorate – we have asked for a clinician to assist the team *in situ* 2 days per week); (c) dedicated QA support (this has recently been reinstated); (d) better system for sign off at Executive Office level (this is being put into place). The nominal target for each component department is 10 days (except ExOF, 3 days). (a) – (c) were especially  problematic over Dec – Jan as they were all compromised in the light of winter pressures to the Trust, crew staff not able to be stood down to complete statements,  MD staff all out on vehicles, QA team redeployed to answer 999 calls. We are now recovering and will do even better if the support indicated can be realised.    However, we are also preparing to take on Quality Alerts (reports from external providers and internal reports about external providers), given the interface with the complaints Regs and DoC, so I am writing a business case for this for more staff. Also, the duty line has become a victim of its own success and staff are now overwhelmed, so again I am seeking additional resources here. Finally, GDPR will mean a loss of £50K as we will not be able to charge solicitors etc for SAR &  med recs, so this area of work will also need support in view of a likely surge in applications. Happy to attend whenever the Forum would like, happy to talk about all the work streams referred to in (1) above. |
| **LAS STRATEGY** | Forum met the LAS on October 17th 2017 to discuss their strategy. Have provided a response to the strategic intent document in December. An LAS PPI meeting on the strategy held on December 7th. Forum met Strategy team on December 19th. Follow up document produced by James for the Forum also submitted. | Response to the Forum document awaited. Angela Flaherty wrote on Feb 6:  We have been working on a detailed response to your first sets of comments and are working through the second submission.  We will follow up with a more detailed response to your email from Friday:  “Dear Jamie, we are very concerned that there will be no consultation/engagement on the draft strategy and that there has been so little public involvement on the intent. The problem is, and it always happens in the LAS with strategies, that there is no genuine public involvement and the LAS then publishes a strategy claiming full public support. I think the LAS can do much better, but risks undermining its committment to public involvement by ticking the box'.  We will never support a strategy that does not have evidence of more detailed and genuine public involvement. |
| **AMBULANCE RESPONSE PROGRAMME** | Further questions put to Fenella Wrigley and Stuart Crichton re comparative data – before and after ARP.  Massive deteriorations in waiting time from 20 minutes to 2 hours and 30 minutes to 3 hours.  No evidence that patients are provided with better care -but long waits are now embedded in performance.  Need to get evidence re complaints about long waits. | QUESTION TO PROFESSOR BENGER  Comparative Data: Can metrics be devised to compare the previous system’s performance with new ARP performance for a period of one year, based on several high profile medical conditions, e.g. strokes, heart attacks, major trauma and sickle cell disorders? This is consistent with an evidence based approach required by the LAS/CQC improvement trajectory.    REPLY: The ARP represents a fundamental change in the way that clinical cases are coded and ambulance services respond. As a result it is not possible to directly compare the old and the new systems. However, we are currently working on a new set of enhanced clinical quality indicators to measure patient outcomes and assess the quality of ambulance care in a number of high-profile medical conditions, as you suggest. These will be published from April 2018 onwards. Professor Jonathan Benger.  REVIEW MEETING TO BE HELD ON FEBRUARY 26 LED BY PROF BENGER |
| **STROKE** | 1. Has any work been done to estimate the possible delays, at different time of the day, in responding to stroke calls, and getting patients to stroke treatment centres? Treatment delays might be caused by road congestion and queues at treatment centres. Reducing the risks of brain damage associated with delays is obviously very important. | 2)Response from Fenella Wrigley: The LAS continues to perform well above the national average for conveying FAST+ patients to Hyperacute stroke units with 60 minutes of the call. (68.1% vs 57.0% June 2017<https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2017-18/>) It is worth noting that this figure includes patients who were not suspected of having a stroke at the time of the 999 call, and therefore may have been triaged to receive a lower-priority response. There is no indication that road works are impacting on the journey times which fall well within the expected timeframes – the challenge with stroke patients is that they frequently present in different ways eg falls as we have previously discussed. Work done during the development of the acute pathways in London showed that for ambulances on a ‘blue-light’ run to hospital, there was no significant variation in road speed, despite changes in traffic density. |
| **STROKE - ASPHASIA** | 1) Meeting requested to discuss the recording of clinical data from stroke patients on E-PRF. Courtney and Malcolm to attend.  Members noticed during the Mock CQC inspections that the blank Patient Report Forms at Fulham Station, showed that the LAS are still using Patient Report Forum version "LA 4", which contains the exact same text under speech component of the FAST section as was the case in 2014, when a case was taken to the ombudsman on this issue, i.e. no mention of "aphasia".   We understood that assurances were given to the Mayor of London's office  that the LAS would amend the form. The LAS said at the time:  *"LAS is also looking at changing the wording on the 'FAST' section of the Patient report form on the next revision from 'Speech: Word finding difficulties or slurred speech' to 'Speech: Word finding difficulties,* ***aphasia*** *or slurred speech'."* | 1. Meeting being considered by Fenella Wrigley, Med Director. 2. Neil Thompson has replied to issue re Asphasia.   We considered carefully whether we should undertake this change and felt that as we move towards an electronic patient report form making changes to the PRF was not appropriate. You will appreciate that a PRF change is not as straightforward as it sounds – as well as changes at the printing, there is a considerable cost to changing the software used in the scanning of the PRFs.    As you know we are working towards an ePRF. The advantage of this is that we will not be restricted by the size and shape of the paper – as soon as stroke is suggested and/ or the clinician considers doing a FAST, the details of the test and other relevant information can be included.    What we did do is re-issue the guidance to crews on the assessment and management of patients suspected of having stroke (attached). This has also been picked up in teaching and training materials, and covered in several issues of the Clinical Update. FAST covers all elements of speech    Our ongoing audit of stroke care shows that there is a very high level of compliance with the stroke tool and pathway – 97% of patients are documented to have received the complete care bundle (which includes all elements of FAST, blood pressure and blood glucose measurement) and 99.4% of patients are conveyed to a clinically appropriate destination. Feedback is provided to staff where there is variation. |
| **PRISONS AND SECURE ENVIRONMENT** | Clock Stop times at Prisons / Secure Environments – Is a document available which provides details of the procedures followed and targets set when an emergency ambulance is called to a prison or other secure environment? | Brian Jordan provided: MEMORANDUM OF UNDERSTANDING BETWEEN HMP Establishments in Greater London AND LONDON AMBULANCE SERVICE NHS TRUST. Further request made re Immigration Removal Centres. Response awaited.  Advice sought from Kris Harris at Medical Justice. |
| **DEFIBRILLATOR CAMPAIGN** |  |  |
| **a) Campaign to encourage Boots to install defibs in their stores.**  **b) Campaign for all schools and colleges to install a defib and train students and staff, and for Councillors to be trained in CPR** | a) Boots refused to install unless 3rd parties pay. Will pay for installation only. b) Encouraged every Council in London to install defibs in schools and colleges. Every council in London written to. | a) Boots position is rigid. Will not buy defibs.  b) AGREED to retarget the campaign with a focus on human rights aspects, e.g. Article 8 of the Human Right Act – Right to a private and family life.  c) Contact London Mayors for support.  d) Brief all MPs for London of Boots failure to secure the safety of staff and customers. |
| **DIABETIC CARE** |  |  |
| **Improve emergency care for patients with type 1 diabetes** | Ketone measurement included in LAS clinical strategy. | Issue re Ketometers raised with West Midland AS. Contact to be made with Consultant Paramedic Matt Ward. Roz from Diabetes UK is making contact. |
| **AMBULANCE QUEUING** |  |  |
| **a)Ambulance queues outside of A&E continue to grow over xmas period**  **b) Forum committed to abolition of all ambulance queues.**  **c) Campaign needs to be extended and expanded during 2018 to achieve Forum’s objective.** | a)Data shows significant deterioration at 14 A&E across London cause potential harm to patients who are queuing in ambulances or waiting for ambulances after road accidents or at home with serious health problems.  b)Daily dataset obtained showing daily breaches. Now refused access to this data.  c) Commissioners have concealed information produced by the LAS about ambulance waits from Forum.  LAS is looking at methods of releasing patients by transferring them to seats instead of trolleys – which may put patients at greater risk and reduce that level of care that they received. Patients are also to red flagged in A&E to identify those who are most in need of emergency care. | a) Issue raised with Mayor of London’s health team –on December 8th Joseph Healy and Malcolm Alexander attended with Garrett Emmerson. Report provided for December meeting of the Forum.  b) Compile a data set of local information on breaches  c) Ask Assembly Members for their support and to refer to the Mayor’s Health and Wellbeing duty and raise the issue with:   * Local Healthwatch * AGMs of London’s CCGs * GLA Health Committee * London Councils (pan London representative body) * Overview and Scrutiny Committee of most affected boroughs and with joint OSCs * Jeremy Hunt   d) Issue highlighted in national news, programme and widely in NHS support movement.  e) It was agreed by a member of the Health team that the Forum could hold a public meeting at City Hall. Date set for April 9th |
| **A&E MONITORING** | Discuss with Healthwatch joint approaches to A&E monitoring. Brent, Harrow and Hillingdon will be approached in the first instance and the Enter and View Healthwatch approach will be suggested with team of 3-4 DBS checked members. | In progress |
| **EQUALITY AND INCLUSION (E&I)** |  |  |
| **Equality and Inclusion is a priority in the LAS/CQC Quality Improvement Plan. Long history of failure re equality and diversity with regard to race equality and most other protected characteristics.** | Forum proposal for Race Equality VIP award agreed in 2017 but LAS changed their mind. | The proposal we agreed with the LAS for a Race Equality VIP award has been converted into a Diversity Award. Issue raised again with Patricia. Response awaited. Meeting held with Melissa Berry, Race Advisor. Very positive. Report to follow.  Audrey Lucas and Beulah East attending the E&D Committee. Next meeting on Feb 9. |
| **REVIEW OF COMPLAINTS SYSTEM** |  |  |
| **LAS Complaints Audit** | LAS agreed to enable 3 Forum members to examine complaints as part of the process of independent assessment. However, the LAS have been unable to agree a process which enables adequate and appropriate governance arrangements to be put in place. | Confidentiality document completed. Awaiting completion of process and then arrange new dates for visits. Long delay. DELAYS CONTINUE. NO EXPLANATION!!!  We understand  that LAS IT have now completed arrangements for the Forum to monitor Datix but this may need to go to Information governance for sign off. |
| **SOCIAL CAPITAL ACCOUNT** | Keep a log of Forum member’s time contributions to the work of the Forum. | Publish the details of the social capital contributed by the Forum to the development of the LAS. |
| **MEMBERS PROPOSALS FROM NOVEMBER MEETING** | 1) Restart the alcohol awareness work and the ‘alcohol bus’.  2) Work with Public Health in Kingston to create more effective and responsive services for elders, e.g. through the Partnership Reference Group.  3) Focus on the needs of particular culture and language groups, e.g. the Portugese community in Lambeth.  4)Publicise the Forum’s work better through a Twitter Account, articles in HSJ, getting articles into the HSJ a regular newsletter. | This is now becoming a national priority.  Joseph Healy working on Twitter Account |