

**ACTION LOG – OCTOBER 14th 2019**

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| **OBJECTIVE** | **PLAN** | **PROGRESS** |
| **CQC INSPECTION OF THE LAS** | Distribute the Forum’s CQC report to members LAS, after updating it to include information about the LAS’s failure to answer questions put by the Forum and members.  | Updated and sent to CQC, Heather Lawrence, Garrett Emmerson, Trisha Bain, Antony Tiernan, Lizzy Bovil and Mark Easton.  |
| **MEETING WITH MARK SPENCER –** **NON-EXECUTIVE DIRECTOR** | Successful and valuable meeting. Invited to future meetings of the Forum. Report awaited on the LAS Board’s decision re Co-Production Charter.  |  |
| **SAVE ST HELIER HOSPITAL CAMPAIGN**  | Brian Hennessey and Sandra Ash invited them to address a meeting of the Forum  | Sandra Ash to speak at the October meeting of the Forum  |
| **Learning Disabilities:** **Obtain the LAS strategy for treatment of patients with LD.** How are the LAS developing urgent care services to meet the needs of people with learning disabilities, and how will information would be provided across the system to ensure that clinicians know where to access the care that patients need. | Noted also that GPs in primary care were already providing enhanced service for patients with learning disabilities. a) MA to contact Briony Sloper to discuss pan- London LD developments. b) Requested copy of LAS LD strategy implementation planc) Find if GP/LD reviews are available in GP ‘summary care records’ which paramedics could have access to. Request made to CCGs. | LAS strategy obtained from LASAudrey Lucas examining Strategy and will lead on this issue.  |
| **SAFE, EFFECTIVE SERVICES FOR LONDON’S LGBTQ COMMUNITIES**Slides requested from Alex E and Jules Locket | 1) Importance of staff training to ensure the high standards of dignity and respect for people who are LGBTQ 2) Focus on the needs of patients who are transgender. LAS must be equipped, and staff trained, to deal with the needs of these patients, especially those who are going through gender transition, e.g. skills in recognising the symptoms of gastroenteritis and hormone related conditions. 3) Staff also need to feel comfortable to ask patients  about their transgender history. 4) Risks to patients in detention centres because of prejudice towards their sexuality, e.g. Yarlswood IRC – contact asylum seekers group to discuss access to urgent and emergency care.  |  |
| **Inverse Care Law and Demand on the LAS** | Agreed to collect information on the possible impact of deprivation on emergency ambulance response times in ARP Categories 1,2,3,4 | **Action 1**: obtain data regarding pressure on ARP Cat 1-4 from Athar Khan and the opinion of public health experts on the association between deprivation and ambulance response times – Meeting requested with Athar Khan**Action 2**: Ask PHE for a link with their lead on deprivation and emergency care. **Request made to Samantha Perkins, PHE**  |
| **Access to Medicines Post-Brexit and** guidance on use of Midazolam by paramedics for patients experiencing epileptic seizures.  | 1) Requested report on the risks associated with Brexit in relation to drug supply for the LAS, and the risk register for individual drugs that might be challenged by Brexit. 2) Request list of drugs used by the LAS 3) LAS SRO is Khadir Meer**,** Senior Responsible Officer for Brexit planning. | **Request made to LAS pharmacist.** Raised with Fenella Wrigley: All the medicines carried currently by LAS staff have been risk assessed and are continuously risk assessed.  The LAS works with guidance from the DH who have given strict instructions not to stock pile. **Drug risk register:** This forms part of the work carried out by the EU Exit working group, the information is currently sensitive. List of drugs supplied Tim Edwards - attached.Midazolam for Epileptic SeizuresThere is no bespoke plan. The Advanced Paramedic Critical Care group administer midazolam using a patient group directive and there are a range of conditions which they can administer intravenous midazolam for one of which is epilepsy. The Advanced Paramedic Critical Care group have direct access to me or my deputies for support in decision making in any decisions re drugs. Sorry there is nothing more we can share about this but hope this helps |
| **ACP Development.** **Alternative Care Pathways** | Athar Khan described current problems with access to ACPs across London, which includes a wide variety of different commissioning arrangements, variable governance, paucity of data, little information about levels activity, a need for enhanced training and a focus on collaborative working between ACP providers and the LAS.  | Meet Athar Khan to discuss how ACPs across London could  be improved.  |
| **TRAFFIC SEIZURE AROUND THE HOMERTON HOSPITAL** | a) Ask LAS to demonstrate a proactive role in the determination of changes to local traffic flows and major road works at local authority level. b) Ask local councils how they communicate with the LAS in these situations.c) Ask councillors for Hackney, Homerton Ward what action they took to protect users of the Homerton Hospital and how Hackney Council could have agreed to such a dangerous plan. Contact: Cllrs Robert Chapman, Anna Lynch, Guy Nicholson. |  |
| **Co-Production Charter** | Charter presented to the LAS Board. Only one alternation requested and made. Discussed with LAS PPI committee which was very positive. All HW in London asked to sign up and national charities. Discussed with NHS Improvement shared with the Association of Ambulance Chief Executives (AACE). Write to all HW jointly with Hackney HW.  | **No response from the LAS Board.****Discuss with new head of communications Antony Tiernan.****Meeting to be arranged.**  |
| **London Bridge Inquest** | Contact Chief Coroner to request information on Preventing Future Deaths notices issued in relation to the London Bridge Inquest. chiefcoronersoffice@judiciary.uk | The website for the London Bridge Inquest (where court transcripts are published) is at: <https://londonbridgeinquests.independent.gov.uk/hearing-transcripts/> |
|  **Equality and Diversity in the LAS** | a) Melissa Berry reported LAS was to increase the BAME percentage of staff from the current 15%, by 2.5% each year until 2028.b) Melissa is working with universities to encourage them to take positive action to increase the percentage of BAME entrants onto paramedic science courses.c) Chief Executive, Garrett Emmerson with a number of recommendations, but he had neither acknowledged nor responded to the recommendations – despite several reminders.  | See Forum’s Recommendations to Garrett Emmerson below: |
| **Quality Account Response for 2019-2020** | The Forum’s response has been sent to Trisha Bain together with a list of Forum achievements and was published in June 2019.  | **Trisha Bain has provided a formal response to Forum recommendations. LAS progress with our recommendations is disappointing.** |
| **Complaints by Phone** | Proposed LAS should record calls from complainants and copy the transcript and tape to the complainant to ensure accuracy. This approach would give confidence to the complainant that all of the issue they have raised will be fully investigated.  | **Trisha Bain aims to implement by end of 2019.** **Complaints team very much in favour, but their focus is identifying abusive callers.** **Funding is a key problem. Reminder sent to Trisha on** **June 3rd and 31st August and Sept 2nd.**  |
| **COMPLAINTS QUALITY PERFORMANCE****Developing themes from complaints as opportunities for learning** | Jos Bell proposed working group to examine the ways that complaints are investigated and to propose ways of improving the service. Access to thematic reports about complaints showing both incident type and frequency of each type of incident and Quality Report that goes to Board and the CCG (CQRG)  | **Joss Bell invited to join the Forum complaints review group. Heather Lawrence asked to reconvene meetings and agreed to do so.****Response awaited from Garry Bassett, Head of Complaints 5/9/19**  |
| **TOXIC AMBULANCE ENGINES IN STATION AND IN THE PUBLIC SPACE**Questions submitted several times including QOG and the LAS Annual Meeting. Unable to obtain a written response. Resubmitted by FOI on 7/10/2019. Also request to Mark Easton, Accountable Officer for the SHA in view of reduced capital budgets and impact on diesel engine replacement. | The LAS told us that: “Turning off engines this is something we would like to do but the MDT is reliant on a power source, therefore, for the time being we have to keep the engines idling, in the near future we are looking at a new MDT  that can operate without needing the vehicle to remain idling". We asked if “ambulances will be fitted with batteries to deal with this problem re power sources for MDTs?”  Has there been an assessment of the health impact on LAS front line staff, e.g. asthma or lung fibrosis? Is there guidance for staff encouraging them to turn off engines when they are on down time?Asked Ross Fullerton (IT lead) if IPADs can effectively replace the MDT system. No answer to several requests.  | Questions submitted by FOI and discussed with HL.So far questions re use of diesel engines have produced little response and no evidence of any plan to deal with the problem of idling ambulance diesel engines.   |
| **MEET WITH Dr ONKAH SAHOTA**[**www.london.gov.uk/sites/default/files/london\_ambulance\_report\_final.pdf**](http://www.london.gov.uk/sites/default/files/london_ambulance_report_final.pdf) | Follow up issues raised in Dr Sahota’s report and correspondence.  | Meeting requested through Fred Jerrome  |
| **AMBULANCE PERFORMANCE AND QUEUING DATA**  | a) Agreed to hold a major meeting on ambulance performance and ambulance queuing/handover at A&E. MA to book City Hall. b) Invite London’s STP Accountable Officers to speak at the meeting. c) Check on access to data on performance and handover at East Surrey and Watford General Hospitals. d) Establish if there is handover data for Cat 1(ARP) responses.  | MA contacted Fred Jerrome to book room at City HallRequest made to Athar KhanRequest made to the LAS |
| **CARE FOR HEAVILY INTOXICATED PATIENTS AT RISK OF HARM** | a) Contact All Party Parliamentary Group on Alcohol Harm – in progress.c) Request information from A&Es and RCEM re impact of heavily intoxicated patients. | **Raised with CQRG on May 28th** No support from CCG or LAS for this development. Soho alcohol project report requested from project manager Kathy Jones |
| **SOUTH EAST 111 SERVICE****NORTH EAST 111**North East London 111, Maritime House 1 Linton Road Barking , IG11 8HG  | Members observations to be carried out in March and April 2019Also Focus Group and joint work with Healthwatch pan-London to be planned | Report submitted to Anne Jones,Clinton Beale, Tracy Pidgeon and CQC.Visits to be extended to North East London in 2019. |
| **EMERGENCY OPERATIONS CENTRE**FUTURE VISITS | Visits to EOC run on a Tuesday, Wednesday and Friday alternating weekly between Waterloo and Bow 9-1pm or 1-5pm – 2 Visitors per day 1 in the morning/ 1 afternoon. | Report in progress. Difficulties in setting up new visits to EOC in view of pressure on system. Discuss with Trisha Bain.  |
| **PRISONS AND SECURE ENVIRONMENT****Access to Prisons and Immigration Removal Centre for Emergency Call** | Forum met staff from the Ministry of Justice to discuss improved access arrangements for paramedics who are called to emergencies in prisons. This follows a positive response to our letter to Justice Minister, Robert Buckland. Discussions have also taken place with Lyn Sugg from EOC regarding the collection of data by the LAS when front line staff provide emergency care in prisons. Lyn has agreed to start the collection of this data.A request has been sent to her re progress.  | **Full Report on meeting to follow.** |
| **Collaboration with the Royal College of Emergency Medicine** | Forum has made contact with Derek Prentice, Lay Group Chair of The Royal College of Emergency Medicine  | Meeting requested to discuss joint meeting on 4 hour target and ambulance queuing.  |

**RECOMMENDATIONS TO GARRETT EMMERSON REGARDING EQUALITY AND DIVERSITY IN THE LAS – NO RESPONSE**

* To change the name of Emergency Ambulance Crew to Emergency Ambulance Practitioners. The word ‘crew’ has no positive connotations for this important profession.
* Ensure resources are available to fully cover the costs C1 training and licenses, without the trainee paramedic having to take out a loan.
* Publicise the very positive career trajectory for paramedics, compared to other professions, e.g. nursing. It is much easier for a paramedic to move from band 5 to 6, and there are now a wide range of job opportunities available for paramedics.
* Provide resources to expand Avril Lynch’s recruitment team, so that they can actively and continuously promote the profession of paramedic science in Further Education Colleges, Sixth Form Colleges and school six forms across London. Boroughs like Newham, Tower Hamlets, Brent, Southwark, Lewisham, Lambeth and Hackney would be excellent places to start. A target should be to work with at least 20 schools and colleges each year. A highly specialised recruitment team would be needed for this development – but it is essential and will ensure that the diversity of the paramedic workforce will within a few years remove the need to recruit from Australia.
* Develop recruitment campaigns in the boroughs highlighted above in churches, mosques and temples. Some of these places of religious worship have very diverse congregations of many hundreds of people who regularly attend services.