

**ACTION LOG – NOVEMBER 11th 2019**

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| **OBJECTIVE** | **PLAN** | **PROGRESS** |
| **CQC INSPECTION OF THE LAS** | Distribute the Forum’s CQC report to members and 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. |
| **A) Meet KOSHH & KOEH campaign leaders**  **B) Respond to the Consultation when the document is published focussing on the impact on LAS response**  **C) Investigate potential impact of leaving patients who are frequent fallers at home, without ongoing support from clinical services**  **D) Place information about campaign on the Forum website**  **E) Ensure Fred Jerrome has the data he requires to support the campaign** | In progress  Awaited  Review in light of the LAS Clinical Strategy  In progress  Contact made with Fred |  |
| **FREEDOM OF INFORMATION REQUESTS** | 1) Noted that acknowledgement system is not working and some FOI are not responded to within 20 working days.  2) Forum is waiting for response to FOI, but the LAS has breached the FOI Act. | Formal complaint made to Garrett, but not response. Complaints departments report this issue is outside their brief. Advice sought from ICO who confirmed that complaints re acknowledgments must be dealt with by the LAS |
| **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. | Reminder sent to Mark re agreement on PPI and Co-Production Charter |
| **SAVE ST HELIER HOSPITAL CAMPAIGN** | Brian Hennessey and Sandra Ash invited them to address a meeting of the Forum | Sandra Ash spoke 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 plan  c) 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 LAS. Document is LAS response to NHSE Strategy.  Audrey 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) 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. | **Action plan to be presented to December meeting** |
| **Inverse Care Law 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  Unable to locate useful information from LAS at appropriate level of interest. | **Contact made with PHE and meeting sought. Archie Drake agreed to continue to support project.**  **Seek advice from Michael Marmot** |
| **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) 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. Will not provide a copy of their risk register. |
| **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. | **Seek advice from CCG about commissioning of ACPs** |
| **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. | **Contact London Councils to seek advice about how they ensure LAS is involved when major road works are planned.** |
| **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. | **Trisha Bain confirmed that LAS support Co-Production Charter**  **All HW in London contacted and asked to support Charter.**  **Hackney HW is leading on this initiative** |
| **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.  d) Concern about Safeguarding poster that stereotypes black people re knife crime. | **1) Garrett has responded to Forum’s letter on Equality and Diversity and response is on website. However, no progress re diversity of EACs.**  **2) Issue of poster raised with Melissa Berry who has taken action.** |
| **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** | 1) 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.  2) Reducing response time to 30 days from 35. | **1) 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.**  **2) Raised issue about shortening response times but no interest shown in LAS** |
| **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.**  **Jan Marriott, Jos Bell, Elaine Arkooll and MA meeting Heather on November 7th** |
| **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? | **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.**  **Written responses awaited to questions. Will discuss on Nov 7 with Philippa Harding.** |
| **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 Hall.  Problems with access to performance data again, following move of Athar Khan to EOC... |
| **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 2019  Also Focus Group and joint work with Healthwatch pan-London to be planned | **Report submitted to Anne Jones,**  **Clinton Beale, Tracy Pidgeon and CQC.**  **Work with Clinton re PPG for north east London.** |
| **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 finished. Submitted to LAS. Response awaited.** |
| **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.**    As regards data, the difficulty I have is that identifying delays within the prisons requires looking at the time noted by crews to patient (last ignition off would not capture any difficulties in finally accessing the patient’s location within the prison after parking).  This is only noted on the PRF, which involves opening that, as the time is noted manually by the crew and not captured on our systems.    If you want that, because of the restrictions on access to PRFs, I need to do it myself, which is hugely time consuming.  If you are OK with to ignition off (parked within the prison) then I can probably arrange something sooner.  I’ll leave that to you and to let me know.    As regards the protocol, myself and the Safer Custody lead for London are trying to arrange a meeting.  Because of other work commitments we have struggled with this, but will hopefully be meeting in December: in general I think there is not a great deal to change, but a further reminder, with a re-issue of it, would probably help with the prisons and LAS. |
| **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.  Invite also to LAS public meeting on ambulance queuing in 2020 |