**ACTION LOG – DECEMBER 11th 2017**

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| **OBJECTIVE** | **PLAN** | **PROGRESS** |
| **Withdrawal of Performance Data by the CCG Commissioners and LAS** | Reported that Brent CCG which commissions the LAS has 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 claim the data is unvalidated, but have failed to tell the CCGs that the data is unvalidated. The Forum has written to the CCG to complain about their refusal to supply data. CCG told the Forum that data should be provided by the LAS. ACTION: Raise issue as a formal complaint to CCG. | The LAS has agreed to provide data but has not done so for several months.  Agreed to provide data on December 6th  Single data set provided – Nov 2016 to Nov 2017 – queuing breaches for ambulances. |
| **Mock CQC Inspections of the LAS** | With the imminent CQC inspection of the LAS, Forum members have agreed to  participate in an inspection of the LAS to detect weaknesses in the any aspect of  the LAS services. | The mock inspections took place on November 29th and 30th. Ten members attended and one members attended on both day. All have been asked to contribute a few paragraphs about their findings for the next Forum meeting. All but one has done so. |
| **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.** | A committee of 3 Academy staff and 3 Forum members has been set up – the Patient and Public Involvement – PPIP - to develop and monitor PPI in the work of the Academy. | Janet Marriot, Polly Healy and Malcolm Alexander are on the PPIP. Stephen Britt-Hazard participating as ‘patient’ for clinical assessments. More members will be invited to participate. |
| **Emergency Operations Centre observation visits** | Nine members participated in observation shifts of the EOC. A report is ready and has been sent to those who participated.  Will be presented to the January meeting of the Forum. | Recommendations to be progressed. LASBoard members asked to make annual visits to EOC. Forum members will be asked to visit the EOC they have not yet visited. |
| **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. |
| **LAS Strategy** | Forum met the LAS on October 17th 2017 to discuss their strategy and will provide a response to the draft strategy during December. An LAS PPI meeting on the strategy is planned for December 7th. | The Forum Executive will meet the LAS for further discussions on the strategy on December 19. |
| **MENTAL HEALTH**  **a)Police and Crime Act 2017 –**  **Noted that this Act requires the police when detaining a person under the s136 of the Mental Health Act to seek advice and support from mental health professionals.**  **b) Campaign for parity of esteem for patients in mental health crisis.** | a) Promote employment of LAS Advanced MH paramedics.  b) ‘Parity of esteem’ between mental and physical health raised consistently by Forum with LAS and Commissioners | Meeting with the Healthy London Partnership August 29th attended by 16 members and LHW. Many issues raised including classifying long waits for patients requiring mental health care as Never Events. Case to be made to NHS Improvement. LAS developing new model of MH nurse and paramedic in car to support patients in a mental health crisis. |
| **AMBULANCE RESPONSE PROGRAMME** | Meeting on ARP held at Forum meeting on October 9th 2017. Stuart Crichton delivered presentation. On website. Further questions put to Fenella Wrigley and Stuart. | QUESTION: 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: Thanks for your message. 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. Best regards, Professor Jonathan Benger. |
| **STROKE** | Stroke: Has any work been carried out 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. | Response awaited from Fenella Wrigley |
| **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? | Response awaited from Paul Woodrow |
| **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) Arrange for installation and training at Westminster Cathedral.  c) Encourage 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. |
| **DIABETIC CARE** |  |  |
| **Joint meeting held with Diabetes UK and LAS in November and public meeting with high turnout.**  **Objective to improve emergency care for patients with type one diabetes agreed** | 1. Detailed report produced on outcome of joint DUK+LAS+Forum meeting. 2. Issue re ketone measurement included in LAS clinical strategy. 3. Other recommendations being implemented to be discussed. | Presentation to LAS AGM included details of this co-production work between the LAS and Forum. Also presented to LAS Quality Oversight Group. Issue re Ketometers raised with West Midland AS. Contact to be made with Consultant Paramedic Matt Ward. |
| **AMBULANCE QUEUING** |  |  |
| **a)Ambulance queues outside of A&E continue to grow**  **b) Forum committed to abolition of all ambulance queues.**  **c) Campaign needs to be extended and expanded during 2017 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.  c)Commissioners trying to conceal information produced by the LAS about ambulance waits from Forum. | a) Issue raised with Mayor of London –Followed up by assembly Member Pidgeon. Mayor agreed to meet Forum and LAS on December 8th Joseph Healy and Malcolm Alexander to attend with Garrett Emmerson. Report to the 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 |
| **EQUALITY AND INCLUSION (E&I)** |  |  |
| **a) 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.**  **b) Recruitment of Paramedics, Technicians and Emergency Ambulance Crew** | a) Concerns that progress will slip back when Melissa leaves the LAS.  b) Forum proposal for Race Equality VIP award not acted on in 2017 but LAS claims it will be in 2018 | a) New Equality and Diversity committee to meet on December 6. Audrey and Beulah to attend  There is no evidence that the percentage of front line staff from a BME heritage has increased. About the same number of BME staff recruited, are leaving – about 25 in each case. b) Patricia Grealish asked for update on VIP awards. |
| **REVIEW OF COMPAINTS SYSTEM** |  |  |
| **LAS Complaints Audit and the Charter for Urgent and Emergency Care** | 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!!! |
| **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. |  |