**ACTION LOG – JANUARY 8th 2018**

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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 claims the data is unvalidated, 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.  | The LAS has agreed to provide data but has failed to do so for several months. LAS Agreed to provide data on December 6th but only one set of data produced. Single data set provided – Nov 2016 to Nov 2017 – queuing breaches for ambulances. ACTION: Raise issue as a formal complaint to CCG and LAS |
| **Mock CQC Inspections of the LAS** | With the imminent CQC inspection of the LAS 10 Forum members agreed to participate in a mock inspection of the LAS to detect weaknesses in the any aspect of the LAS service delivery. | Mock inspections took place on November 29th and 30th. Ten members attended and one member 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. Comments have been sent to Trisha Bain.  |
| **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. Have prepared invitation inviting members to attend as mock patients.  | 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. PPIP group has attended Academy strategy meeting and our views are being taken very seriously. 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 the January meeting of the 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 is currently with the EOC management team (Pauline Cranmer DDO) who are checking for accuracy.  |
| **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. |
| **COMPLAINTS TARGET** | Recommend to LAS that completion time is reduced from 35 working days to 30 working days | Raised with Trisha Bain. |
| **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 and a report provided to the Forum meeting.  |
| **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.No comparative data.Massive deteriorations in waiting time from 20 minutes to 2 hours and 30 minutes to 3 hours. No evidence that patients are being better serviced but long waits are now embedded in performance. Need to get evidence re complaints about long waits.  | 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: 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.  |
| **STROKE** | 1)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 from Fenella Wrigley attached |
| **STROKE - ASPHASIA** |  One of our 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'."* Can you please let me know if the form was changed or if the form at Fulham was an old one? If the form has not been changed will you undertake to do so as a matter of urgency?  | Response awaited from Dr Fenella Wrigley, Medical Director. |
| **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 Brian Jordan: MEMORANDUM OF UNDERSTANDING BETWEEN HMP Establishments in Greater London AND LONDON AMBULANCE SERVICE NHS TRUST.Further request made re Immigration Removal Centres. |
| **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 onlyb) 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** |  |  |
| **Objective to improve emergency care for patients with type one diabetes agreed** | Issue re ketone measurement included in LAS clinical strategy.  | 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 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 –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
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| **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 not acted on in 2017 but LAS agreed it will be in 2018 | Patricia Grealish asked for update on VIP awards. 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, Melissa and Heather. Response awaited.  |
| **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!!! |
| **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 |
| **Road Congestion Delaying Ambulance Response Times**The Forum has expressed concern over the delays caused by cycle lanes, congestion and road works. Jill McGregor**,** Director of Performance has responded on behalf of the LAS:  |  It was agreed to obtain more details of the research currently being carried out, to ask the LAS if they are discussing this issue with the GLA or local councils and to ask Assembly members to submit questions on this issue to the Mayor of London.  | Response form LAS Director of Performance in the Forum minutes.  |

**FORUM QUESTION - 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.**

ANSWER FROM Dr FENELLA WRIGLEY, MEDICAL DIRECTOR, LAS

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. Ambulance crews place a priority call to alert the hospital for patients with a new onset positive FAST. This allows the hospital to prepare for the patient, minimising any delays on handover. Our stroke lead continues to work closely with the pan-London stroke team

Kind regards

Dr Fenella Wrigley
Medical Director - London Ambulance Service
Email: Fenella.wrigley@lond-amb.nhs.uk