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**ACTION LOG – JULY 10th 2017**

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| **OBJECTIVE**  | **PLAN** | **PROGRESS** |
| **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 mental health nurses, and Advanced MH paramedics.****b) ‘Parity of esteem’ between mental and physical health raised consistently by Forum with LAS and Commissioners****c) Kathy West leading through membership of the Mental Health Committee.**  | **a) Issue raised with Trisha Bain, Chief Quality Officer, Briony Sloper, Dep Director of Nursing and Quality and Elizabeth Ogunoye, Commissioner.** **b) Paper to be prepared for Clinical Quality Review Group by Forum****c) EO invited Forum to attend CQRG meeting for deep dive of MH care.****d) LAS oppose our proposal for Advance MH Paramedics.** |
| **QUALITY ACCOUNT** | **Submission made to the LAS and available on Forum website with June 2017 papers.**  | **a) Discussions taken place with Trisha Bain regarding collaborative work on QA and Forum priorities.** **b) Full Forum response with recommendations on NHS website:** [www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29236](http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29236) |
| **Cat C RESPONSES – DOWNGRADING OF TARGET.** | **LAS and Commissioners have changed the Cat C targets in a way that substantially reduces response time for patients and falsely shows the LAS as achieving much higher levels of response against Cat C Targets, whereas in practice performance is much worse.** **The Forum is concerned that the lower targets will cause harm to patients by delaying patient care.**  | **a) EO advised Forum that 2016/17 contract with LAS has been altered to allow extended responses to patients.** **b) All CCGs in London have agreed to substantial reduction in response to patients. There is a risk of harm to patients because even with the revised target of a 45 minute response time for C1 in many areas the target is not being met.** **Refer to CQRG for advice. Ask CCGs why they have agreed to extend response times to allow LAS to achieve target rather than resourcing the LAS to meet patient needs.**  |
| **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** | **a) Boots refused to install unless 3rd parties pay. Will pay for installation only****b)Installation at English Martyrs church** **c) Arrange for installation and training at Westminster Cathedral.** **d)Arranged CPR training for members of Forum X 12****f) Encourage Council in London to install defibs in schools and colleges. Every council in London written to.** | **a) Boots continue to refuse to install defibs unless community pay, but have agreed to pay installation costs. No defibs in Boots/London.** **b) Meeting arranged between LAS and Boots. Adrian Bremner, Head of Safety and Governance, Boots UK has explained Boots stance.** **c) Now running pan London campaign on defibs in schools and colleges. Every Council Leader, CE, Chair of OSC and HWBB, PH Director and local Councillor contacted on July 6/7** |
| **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.**
 | **a)Meeting arranged with Diabetes UK****b) Meeting to be arranged with Jackie Lindridge for progress report.** **c) Invite those service users who attended in November to return for meeting with Jackie Lindridge and DUK to receive progress report.** **d) Training of front line staff accelerated re diabetes care completed.** |
| **STP**  | **STRATEGIC**  | **TRANSFORMATION PARTNERSHIP**  |
| **a) Ambulance queues are growing outside A&E and alternative care pathways are rarely visible for front line crew.****b) Questions put to all CCGs and STPs regarding impact of STPs on LAS and emergency care.** **c)LAS needs to have an urgent and emergency care strategy aimed at influencing the STPs** | **a) Responses from CCGs are appalling. Quality too poor to produce a report.** **b) Sent all CCGs the Forum’s strategy on urgent and emergency care and priorities for 2017.** **c) Attempted to gather information on strategy used by LAS to influence STPs – but no response that demonstrates strategic approach.**  | **a) Offers from two STPs to speak at Forum meeting.****b)Publicise impact of STP related cuts to acute services, e.g. west London – Ealing and Charing Cross and LAS services and rising number of ambulance queues and delays.****c) Inform the GLA Health Committee and the parliamentary Health Select Committee of the Forum’s concerns and seek information about any investigations of STPs that they have carried out.**  |
| **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.**  | 1. **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.**
2. **Daily dataset obtained showing daily breaches.**
3. **Elizabeth Ogunoye, for commissioners has assured Forum that this is a major priority for NHSE.**
 | 1. **Major campaign in 2017. Forum members asked to participate in monitoring of ambulance queues. Healthwatch will be asked to participate in ambulance queue analysis by speaking to paramedics in ambulance queues outside A&E’s across London.**
2. **Raise issue with Mayor of London**
3. **See Paul Woodrow’s presentation given April 10 (on website).**
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| **ACCESS PATIENTS’ RECORDS** |  |  |
| **Other health care professionals, e.g. nurses and doctors can access patients’ records but paramedics cannot. LAS have no access to NHS numbers which creates another barrier re access to information about patients.**  | **a)LAS failed to achieve the 2016/7** **CQUINS on development of frontline access to clinical data and enhanced comms with the NHS.** **b) LAS claim heavy costs associated with project including cost of licenses.** **c) West Midlands Ambulance Service (WMAS) has achieved connectivity to give paramedics access to clinical data and direct access to NHS services.**  | **a) Contact WMAS re their progress. Request made to Mark Docherty, WMAS – no response****b) Ross Fullerton appointed as chief info officer for six months. Will lead IT developments for the LAS towards a fully integrated and competent frontline communication system, that works effectively with other parts of the NHS, to provide enhanced care for patients and access to summary care records. Hand held devices should be available to all paramedics by December 2017** |
| **CQC REPORT ON THE LAS –**  | **SPECIAL MEASURES** |  |
| **a) CQC re-inspected LAS in February 2017.****b) Quality Improvement Plan produced showing achievement following the CQC inspection and Special Measures.**  | **a) LAS remain in special measures despite significant progress.****4) Forum joined CQC summit on June 29 2017** | **a) CQC invitation to for Forum to Summit. Said: we anticipate having more engagement time with providers and user groups from June onwards.****b)Meeting requested with CQC inspectors and invited to July meeting of the Forum** |
| **EQUALITY AND INCLUSION (E&I)****IN THE LAS** |  |  |
| **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.**  | **a) Concerns that progress will slip back when they leave LAS. New HR director appointed and Melissa will extend employment with the LAS.****c) 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 met on May 24th 2017. Very positive report from Melissa Berry re race equality but other issues slipping. Poor attendance at meeting. See report on website.****b) New head of HR Patricia Grealish agreed to attend Forum meeting in September to discuss: "LAS progress towards race equality and compliance  with the WRES"** |
| **ELECTIONS TO PF STEERING GROUP** |
|  | **a) Members invited to stand for Chair, Vice Chairs and Steering Group.****b)Prepare statement of responsibilities****c) Ensure local Healthwatch is aware of election.** | **a) Members reminded to nominate themselves/others who would be interested in EC and Chair/Vice Chair. b) Reminded also that only those resident in a London Borough and with membership of the Forum eligible to vote.****c) Nominations received by August and voting to take place in September.** |
| **REVIEW OF COMPAINTS SYSTEM** |  |  |
| **Comments received from the Forum**  **suggest that complaints leaflet is too complicated and needed to be presented in much simpler language. The amount of time taken for LAS to deal with complaints needs to appear much earlier in the documentation. It is anyway a very lengthy process.** | **Meeting arranged with complaints team, Trisha and Briony re complaints investigation.** | **a)Meeting held on May 11th re complaints process with Trisha Bain, Briony Sloper, Jacqueline Dawson, Gary Basset, Amanda Mansfield, Jo –paramedic.****b) Forum members visiting the complaints team in July and August 2017** |