**Meeting with Elizabeth Ogunoye, Commissioner for the LAS**

**May 3rd 2017**

**Audrey Lucas and Malcolm Alexander**

1. **RESTBREAK POLICY**

Currently staff who miss their lunch break can leave early and get a small financial reward. This polity interferes with effective handover between shifts. The Forum complained about the potential clinical harm caused by this policy five years ago as a result of a complaint brought by a Forum member.

EO confirmed that the RB policy had been revised and that the new policy would come into effect in June 2017

1. **CLINICAL STRATEGY**

The Clinical Strategy has been agreed apart from the IT strategy which still needs to be aligned with the rest of the strategy. The document has been reviewed by the Strategy Commissioning Board which meets the LAS Executive to discuss implementation.

IT implementation in the LAS is lagging behind or developments. The ‘road map’ for implementation which was part of the 2016/7 CQUIN was not completed and the commissioners have withheld money from the LAS as a result. Steve Bass the interim Chief Information Officer is responsible for implementation and has advised the Forum that:

“The CQUINS have helped us establish trials and pilots to prove the technology and we are now seeking the funding to move to a truly mobile enabled workforce. We have to get crews equipped with mobile devices and then provide them with the data (and supporting applications such as the Directory of Services). We also need to change out the majority of the current technology in each vehicle such that more advanced systems can be deployed. This is a huge process as you can imagine”.

All staff will be provided with hand held devises in 2017-8 and will have permission to log into NHS clinical records. There are still outstanding areas of disagreement between commissioners and the LAS on this issue. We asked for a copy of the report on outcomes of the CQUINS for 2016/7

To Fenella Wrigley, Medical Director**:** Dear Fenella, could you please let me know what the timeline is for implementation of the Clinical Strategy?  Which parts of the strategy will be implemented in 2017-8?

1. **Care Closer to Home**

Audrey reported that in Enfield there was a failure to agree on joint service provision between the LAS, 111 and local commissioners.

Agreed to raise this issue with Paul Woodrow.

1. **CHIEF EXECUTIVE**

Elizabeth said that the Commissioners were looking forward to working with the new CE of the LAS and hopes to develop a strong collaborative, transparent, relationship with him.

1. **NATIONAL COMMISSIONING**

We discussed collaborative work between Commissioners across England. Elizabeth said that London is very different from other parts of the country, but there is mutual learning through the National Commissioning Group. A good example of learning from other areas is the adoption of the Manchester Hear and Treat system.

1. **Risk 282 – LAS Board Risk Assurance Framework**

This concerns IT failures at the LAS 111 service although the service was rated good by the CQC.The LAS is commissioned by NHS England to run the service.

1. **MENTAL HEALTH SERVICES**

We discussed the new Policing and Crime Act 2017 which required police officers to consult with MH practitioners where practicable (using local arrangements) BEFORE exercising their s136 powers to help ensure that detention under the MH Act is necessary. The Act also enlarges the scope of the s136 power by allowing detention of a person who is in a place adjacent to the street but not in a private home (s135).

We consider that the most practical way of meeting their duties under the Act would be for the LAS to develop a cadre of advance paramedics who are specialized in mental health care. Training, advice and support could continue to be given by the LAS MH nursing cohort. The LAS disagrees with this approach and intends instead to enlarge their MH nursing team, even though they rarely provide care to patients on the streets. Paramedics tell the Forum that it is often difficult to get expert MH advice from the clinical hub because nurses are either not on site or are busy with another patient. Access to medical records of people in crisis on the street is currently a problem which needs to be resolved. The Academy had told the Forum that they considered the development of paramedics as MH specialists as a very positive approach.

Elizabeth said that the commissioners do not have a prescriptive view about how MH services should be provided by the LAS. She said the Healthy London Partnership is examining this issue as well as designated places of safety for people in MH crisis.

1. **LAS ACADEMY**

We described the excellent work of the Academy in training staff to achieve paramedic status. However the diversity of staff is still a problem and there are currently very few BME staff on the course despite £500,000 provided by the Health Education Authority. We proposed that the LAS should employ expert recruiters and spend six months in both Tower Hamlets and Brent to recruit people from the community, schools and universities. Those people could then either go through the Academy or helped to a university paramedic course.

After six months the recruiters can move onto two other boroughs where there is a diverse population.

We agreed that what is needed is a recruitment strategy to increase diversity and to avoid recruitment from Australia.

1. **WESTMINSTER INCIDENT**

We discussed the absence of MIO’s at hospital A&Es after the Westminster Bridge attack. Elizabeth agreed to share the NHS E Peter Boorman report with the Forum.

1. **INFECTION CONTROL DATA**

Noted that the current data was an accurate reflection of the state of disinfection activities. The previous data always recorded handwashing at 100% without actual observation.

1. **USE OF TAXIS**

Noted that Briony is carrying out a review of the taxi service based on a case submitted by the Forum on behalf of a patient who felt that sending a taxi was clinically inappropriate. We suggested a CQRG review if necessary. Elizabeth said the agreement was that if a doctor had requested an ambulance for a patient that it should be provided – not a taxi.

1. **AIR QUALITY – Impact of new regulations on ambulances.**

The Commissioners do not have a direct interest in this issue.