PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

ANNUAL REPORT AND FINANCIAL STATEMENT 2014

Patients' Forum Ambulance Services (London) Ltd

Patients' Forum Ambulance Services (London) Limited
Registered in England. Company Limited by Guarantee. Company Number: 6013086.
Registered office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG

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FORUM OFFICERS IN 2014

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Special thanks to:

- Members for their high level of involvement and engagement in our activities and for helping to make the Forum so effective.
- John Larkin, Company Secretary for his outstanding support for the work of the Forum.
- Polly Healy for maintaining our website and ensuring our publications are copy edited to a very high standard.
- Margaret Luce, Ruth Haines and Beverley Jeal for their continuous support for the Forum's work.
- Elizabeth Ogunoye and Mark Docherty, LAS Commissioners, for their support and encouragement of the Forum's work and active engagement with the ideas and proposals presented to them and their colleagues.

MISSION STATEMENT

The Patients' Forum is an unregistered Charity that promotes the provision of ambulance services and other health services that meet the needs of people who either live in London, or use services provided in London.

The Charity aims to influence the development of better emergency and urgent health care and improvements to patient transport services, by speaking up for patients and by promoting and encouraging excellence. It will:

(1) Optimise existing working arrangements with London Ambulance Service and other ambulance services.

(2) Work with existing networks that champion patient and user groups.

(3) Continue to develop our campaigns for better and more effective ambulance services, by approaching all stakeholders and petitioning for effective and consistent approaches to service provision that reduce deaths and disability.

(4) Work towards better systems for all patients and carers to communicate their clinical conditions effectively to ambulance clinical staff, and receive effective and timely responses.

(5) Promote the development of compulsory quality standards for Patient Transport Services.

(6) Promote research to assess the clinical outcomes for the 25% of those who call 999 and were allocated a Cat A (life threatened) response, but did not get an ambulance within eight minutes.

(7) Work with partners to develop better services for the care and transport of people with severe mental health problems and their carers that respect their wishes and meet their needs. The Forum will be sensitive to their vulnerability, safety, culture and the gravity of their situation.

(8) Campaign to convince the Commissioners for the LAS and the LAS Board to develop further the clinical effectiveness, assessment and care provided for people who suffer from cognitive impairment and dementia.

(9) Work with the LAS to develop effective protocols, to respect the wishes of patients with Advance Directives, to ensure that their care is provided in accordance with their prior decisions.

(10) Work with the LAS Equality and Inclusion leads to promote effective training of all LAS front-line staff in diversity and in relation to all protected groups identified in the Equality Act 2010.

(11) Work with the LAS Equality and Inclusion Committee to develop a workforce that reflects the diversity of communities across London, and provides care based on culturally and ethnically-based needs, when this is appropriate – for example, in relation to sickle cell disease and mental health problems.

THE FORUM'S PRIORITIES

(1) **Equal access and choice of services and treatment**

LAS services should be fully accessible and available to all. Neither physical nor mental disability, health problems, language nor any aspect of a person's social, ethnic or cultural being, should reduce access or delay access to services.

(2) **Clinical partnerships with other care services**

The LAS should work jointly and proactively with hospital A&E Departments and other healthcare services, jointly to improve care and care pathways for patients.

(3) **Training of Paramedics and Technicians and A&E Support Workers**

The LAS should ensure that all Paramedics and A&E support staff have continuous access to appropriate training, and ensure their development as effective practitioners. This should include joint multi-disciplinary clinical audit of care provided by front-line staff, and joint reviews of patient care between front-line clinical staff from the LAS and hospital A&Es.

(4) **Alternative ways of providing emergency and urgent health care**

New ways for the LAS to provide urgent care through the 111 system and community-based services are welcome, but these new pathways must be robust enough to give confidence to the public and LAS crews that they will be available when required, clinically appropriate, fully-funded and subject to regular clinical audit tests of reliable and continuous access.

(5) **Urgent care must improve**

The LAS must demonstrate compliance with Cat C Commissioner targets and ensure that vulnerable patients – for example, older people who have fallen at home or in a public place - have rapid access to appropriate and adequate care.

(6) **Mental Health services**

Significant improvements are needed to ensure that people with severe mental health problems who become ill in the street or in their homes, and require emergency care,

are treated by paramedics and technicians with specialist training in the care of people with mental health problems.

(7) **Developing care for people with cognitive impairment and dementia**
The LAS should ensure effective staff training for the recognition and assessment of cognitive impairment, and ensure that appropriate pain control and multi-disciplinary care are always available for patients with dementia.

(8) **Patient Transport Services (PTS)**
The LAS should provide services that are compliant with the Patients' Forum's Quality Standards for PTS. These promote highly effective patient transport services that are built around dignity, the needs of users and their active involvement in the monitoring, assessment and development of the service.

(9) **Complaints about services provided by the LAS**
The LAS should further develop its approach to learning from complaints submitted by service users. All recommendations for service improvements arising from complaints should be published with evidence of consequent and enduring service improvements.

(10) **Communication with the public**
The LAS and the '111 out of hours' service should launch a joint information campaign to ensure that all Londoners know how to access safe, effective and appropriate emergency and urgent care.

(11) **LAS Board and the public**
The LAS Trust Board should meet with LAS service users from each London Borough, to get feedback on services provided by the LAS and proposals for service development. The LAS Board should reflect the diversity of London, and its members should act in a way that recognises their accountability to patients and people who live in London.

MONITORING AND WORKING WITH THE LONDON AMBULANCE SERVICE

The Forum is active on eight LAS Committees. Our members join LAS colleagues at these meetings and contribute to discussion on LAS policy, strategy and risk.

Forum members have also been active in other urgent and emergency care activities across London, and a key development has been the involvement of many active members of Local Healthwatch in the Forum's activities.

MEETINGS OF THE FORUM AND SPEAKERS IN 2014

The Forum arranges for influential and expert speakers to address our meetings. These speakers engage in debate, share experiences and help find solutions to problems with services, as well as discussing possible new developments. The speakers invariably give outstanding talks and lead productive discussions, often assisting in raising awareness on the part of the speakers as well as the Forum members and LAS colleagues.

We welcome LAS staff who increasingly attend to hear the speakers and LAS commissioners who engage in discussions with the Forum about new approaches to providing care.

JANUARY: **CHALLENGES TO THE LONDON AMBULANCE SERVICE**

- Major LAS system breakdowns over Christmas
- Compliance with NICE guidelines
- Evidence base for compliance with Duty of Candour
- Contractual requirements re LAS complaints
- Cat C calls (urgent) - comparative national data
- Use of caged vehicles for mental health patients

FEBRUARY: INFECTION, **PREVENTION & CONTROL IN PRE-HOSPITAL CARE**
Eng-Choo Hitchcock, Head of Infection Prevention and Control, LAS

MARCH: RESUSCITATION IN THE COMMUNITY
Malcolm Ritchie - Community Resuscitation Paramedic, LAS

APRIL: LISTENING TO THE FRONT LINE? THE LAS ACTION PLAN
Jane Chalmers, Director of Modernisation, LAS

MAY: WAY FORWARD FOR URGENT & EMERGENCY CARE IN LONDON
Richard Hunt, Chair, London Ambulance Service

JUNE: PROFESSION SPECIFIC STANDARDS OF PROFICIENCY FOR PARAMEDICS. OUTCOMES OF CONSULTATION
Michael Guthrie, Policy & Standards, Health Care Professions Council

JULY: DEVELOPING THE FORUM'S ACTION PLAN FOR URGENT AND EMERGENCY CARE IN LONDON.EXPERIENCES & PRIORITIES

SEPTEMBER: INFLUENCING THE COMMISSIONING OF THE LAS
Mark Docherty, Commissioner for the LAS

NOVEMBER: THE NEW CQC AMBULANCE SERVICE INSPECTION PROGRAMME
Robert Throw, CQC Inspector

DECEMBER: ROLE OF NICE IN RAISING CLINICAL STANDARDS IN THE LAS
Jane Moore, Implementation Consultant, National Institute for Health and Care Excellence

FORUM REPRESENTATIVES ON LAS COMMITTEES

- Clinical Audit and Research Steering Group … … Natalie Teich
- Clinical Quality, Safety and Effectiveness … … Angela Cross-Durrant
  Kathy West and Malcolm Alexander
- Equality and Inclusion … … … … Kathy West
- Community First Responders … … … Sister Josephine Udie
- Infection Prevention and Control … … … Malcolm Alexander
- Mental Health … … … … … … Malcolm Alexander
- Patient and Public Involvement … … … Malcolm Alexander
- Safeguarding … … … … … … Leslie Robertson (to 29/6/15)

The LAS and the Forum have consolidated their intention to promote and encourage effective collaborative work, and to continue to develop productive and positive approaches to involving patients and the public in a wide range of London Ambulance Service and Forum activities. The Forum is a 'critical friend' of the LAS.

The LAS supports the Forum by providing indemnity cover for Forum members participating in monitoring activities in relation to LAS services, and by providing facilities – including the use of meeting rooms, refreshments and photocopying of Forum papers.

The Forum is grateful for the support of the LAS, and particularly to Margaret Luce, the Head of Patient & Public Involvement and Public Education - and her team, for the invaluable support they provide to the Forum.

PATIENT AND PUBLIC INVOLVEMENT (PPI) IN THE LAS

Through its work on the LAS PPI Committee, the Forum is able to participate in plans for the enhancement of PPI in the LAS. Senior staff in the LAS are always willing to answer questions put by the Forum and usually respond very quickly.

There are two areas where the Forum believes improvement should take place. Firstly, there is a very significant amount of very successful outreach work with communities across London. However, the evidence of service improvement through community engagement is lacking, and the LAS should be able to demonstrate where communities have influenced services provided by the LAS.

Secondly, the Forum has asked many times for prospective Foundation Trust members to be invited to our monthly meetings held at LAS HQ, but requests have always been refused. The Forum believes that it is inappropriate for LAS to deny access to public Forum meetings.

Forum attendance at LAS Board Meetings is by rotation of the Forum's Executive Committee members.

At every Board Meeting, the Forum puts questions to the Board and responses to these questions are included in LAS Board Minutes and sent to the Forum.

ALL FORUM PAPERS ARE PLACED ON THE WEBSITE:
www.patientsforumlas.net

INVOLVEMENT IN LAS BOARD MEETINGS

The Forum participates in Board Meetings through the submission of questions to Board members at each meeting. Replies to the Forum's questions are published in the Minutes of Board Meetings. Richard Hunt, Chair of the LAS, stated:

> *"I will ensure that in the review of minutes at the meetings and any matters arising, that the response to questions both from the Patients' Forum, and more generally the public, are specifically highlighted."*

PATIENT CASES PRESENTED TO THE LAS BOARD

The Forum is very supportive of the LAS Board's decision to invite patients and carers who have experience of LAS services, to speak at Public Board Meetings about their experiences. It asked Richard Hunt, Chair of the LAS Board, to provide evidence that patients' stories, presented to the Trust Board, have demonstrable outcomes in terms of improved services for patients.

He responded as follows:

> "*We shall ensure that any follow-up to the patient's story is clearly identified along with minuted comments. I will ask Steve Lennox (Director of Health Promotion and Quality) to provide a six monthly review of the patient stories, together with any follow up action requested by the Board. That said, it may well be that there is no follow up action and that the "story" was just for board information as part of general governance".*

WHAT PATIENTS AND CARERS HAVE TOLD THE FORUM ABOUT THE CARE OF PEOPLE WITH DEMENTIA

Dementia is not usually the main reason for calling the LAS; the 999 call is usually for falls, acute infections (e.g. urinary tract infections), stroke, 'transient ischaemic attack' and difficulty in breathing. Sometimes, the LAS may be dealing with people with dementia who are not yet diagnosed, but who present with cognitive impairment due to dementia, and sometimes in severe pain. Many hospitals are struggling to ensure that people with dementia are admitted and discharged appropriately.

Patients with dementia are more likely to be admitted to hospital with a complex diagnosis and have a vague care plan. Once admitted, they often stay in hospital for extended periods and their experience of care is sometimes disturbing, resulting in confusion, poorer cognitive

awareness and higher mortality. Typically being moved from Ward to Ward creates confusion and loss of functionality.

However, access to appropriate pathways of care in the community, which includes active care and treatment from specialised community teams, can reduce the need for hospital admission and provide more appropriate care.

A) Front-line LAS staff are faced with a difficult situation because appropriate care pathways for dementia are uncommon in the community, so they take patients to hospital A&E because it is the safest option, e.g. to prevent a further fall, but it is often not the best option for the patient's health and recovery.

B) Patients with dementia and their carers describe long waits for ambulances, sometimes of several hours, because they are not categorised as emergencies.

C) Category C1 responses (see pages 11-14 below) can be very poor, with 65% of ambulances failing to arrive within the target time (20 minutes for 90% of Cat C1 calls).

THE FORUM'S VISION FOR THE LAS – PRE-HOSPITAL DEMENTIA CARE

The Commissioners for the LAS have expressed strong interest in improving care for people with dementia. This is a considerable challenge for the LAS because, as a result of the shortfall of staff and high numbers of leavers (30/month in 2014), providing care for patients with dementia (when the LAS must also meet its Category A targets) is a lower priority.

Until the LAS is able to meet its Cat A and Cat C targets, patients with dementia - who have fallen or suffered some other condition associated with dementia - may wait many hours for care. Alternative pathways of care are rarely available for these patients.

The Patients' Forum recommended that the LAS adopts the following measures to enhance the care of patients with cognitive impairment:

A) Develop clear effective joint dementia pathways between the LAS and local community nursing and social care professionals to ensure immediate 'right care first time'.

B) Develop direct access to alternative care pathways leading to treatment at home respite and, where necessary, admission to units that are 'dementia aware'.

C) Avoid hospital admissions if the risk assessment suggests that hospitalisation may worsen the patient's condition. This seems obvious, but A&E is often the default position.

D) Provide care for people with dementia in an environment they are familiar with (whenever possible) to reduce stress and anxiety.

E) Further develop the LAS 'Clinical Support Desk' to ensure it has expertise to advise clinical staff on meeting the needs of people with dementia, especially with regard to assessing cognitive impairment and pain.

F) Produce and disseminate 'clinical advice' to all front line clinicians to provide clinical and social information about the needs of people with dementia, including information on communication and an awareness of the medication that a patient with dementia might have been prescribed.

G) Develop more effective training and resources for LAS front-line clinicians, to enable them to carry out more comprehensive assessments, including pain management, at the patient's home.

PATIENTS WHO FALL OFTEN WAIT LONG PERIODS FOR CARE

Patients who fall, whose clinical needs are designated as requiring a Category C response, are not a high level priority for the LAS compared to patients requiring a Cat A response and whose life may be at imminent risk. Falls can happen at home or in the street, including people who have had accidents in the road … for example those who have biking accidents. Some of these patients will have sustained a fracture. Waiting for several hours for an ambulance is not uncommon.

The practice of some home care agencies of leaving patients alone to wait for an ambulance after they have suffered a fall is also of great concern - especially if response times run into hours instead of the 20 minute target.

The Forum has raisedthe issue of both effective clinical assessments and clinical pathways for people who have falls. Two key issues are:

- Delayed responses because of low capacity to respond to Cat C calls, causing delayed assessment and transfer

- Absence ofrapid access to specialised local 'falls teams' for LAS clinicians to refer to when a patient has suffered a fall

The system for transferring patients to local 'falls teams' was abandoned because CCGs would not co-operate, preferring instead for patients to be referred to GPs. As a consequence, in some cases following long delays, patients are taken to A&E for assessment, admitted to hospital and then - in some cases - referred to 'falls teams' on discharge.

THE FORUM RECOMMENDS TO COMMISSIONERS AND THE LAS THAT:

A) The role of local 'falls teams' should be enhanced to provide expert advice, support and rehabilitation for patients who have had falls. Easy access to such teams should be provided to relieve patients and the LAS of the need to go through a complex process of admission to A&E. This would enable clinical staff to respond to patients with more immediate acute needs.

B) The LAS should press for Paramedics to have direct access to local 'falls teams' to prevent inappropriate transfers to A&E, and to ensure expert clinical care for patients who have fallen.

C) Paramedic training and practice should include the comprehensive NICE assessment, including a comprehensive cognitive assessment that enables paramedics to identify patients who may have dementia and assists them to deal with issues like pain control.

CONCERNS ABOUT CAT A and CAT C CALLS AND PERFORMANCE

Response times for Cat A calls dropped to60% in 2014 (Waltham Forest – 51%, and Barnet – 52%). Also of concern is the fact that, in some cases, Cat A responses which fail to achieve the 8 minute target must arrive within 19 minutes in 90% of cases. In 2014, Waltham Forest, Enfield, Barnet and Hillingdon failed to achieve the 90% target.

The LAS is working hard to increase staffing levels, particularly through recruitment of recently qualified staff from Australia. Two long-term problems stand in the way of progress – low staff morale, and a failure to engage actively with school and University students in London, to encourage them to choose a career as a Paramedic. Active deployment of ambulances for 12 - hour shifts, rather than station based deployment, has also had a deleterious effect on the morale and probably health of front-line clinical staff.

Regarding Cat C performance, the Forum has great concern about the impact of very poor response times for patients who do not have life threatening conditions, but may be very sick, vulnerable and frightened. Older people who have suffered falls and are in pain, people who have taken overdoses, parents of children with peripheral injuries and people who have fallen following a cycle accident, have told the Forum about long waits for ambulances. In practice, there has been a major change in the nature of response in relation to non-life threatening conditions without public knowledge or consent. This has led to a massive increase in the number of complaints to the LAS, and possibly clinical and emotional harm to patients who have waited for long periods.

A Forum member who has worked as a Nurse for several health care providers in South London described at a Forum meeting the impact of long delays on patients with serious health problems. He described being proud of the LAS, knew that the LAS was working hard to address the problems of conveyancing to meet patients' needs, and observed it would be difficult to get conveyancing right so that the LAS meets patients' needs.

CATEGORY C1 PERFORMANCE - 2014

	London Borough	% Reached in 20 mins
	TARGET:20 minutes – 90% calls	
Havering		48.68 %
Barking & Dagenham		42.33 %
Redbridge		46.33 %
Waltham Forest		40.65 %
Outer North East		**44.51%**
Kingston upon Thames		56.74 %
Croydon		49.39 %
Wandsworth		50.92 %
Richmond upon Thames & Twickenham		45.70 %
Merton & Sutton		54.06 %
South West		**51.27%**
Bromley		51.92 %
Greenwich		53.46 %
Bexley		48.06 %
Lambeth		50.50 %
Southwark		54.01 %
Lewisham		50.69 %
South East		**51.59%**
Barnet		41.98 %
Enfield		39.71 %
Haringey		44.24 %
Camden		51.89 %
Islington		46.36 %
North Central		**44.50%**
Hillingdon		51.48 %
Hammersmith & Fulham		47.52 %
Ealing		46.98 %
Hounslow		43.85 %
Brent		44.53 %
Harrow		47.92 %
Kensington & Chelsea		48.96 %
Westminster		54.82 %
North West		**48.55%**
City & Hackney		49.94 %
Tower Hamlets		52.33 %
Newham		51.17 %
Inner North East		**51.17%**
Cat C1 Outcome for 2014		**48.74%**

CATEGORY C TARGETS - C 1 - 90% within 20 minutes

RECOMMENDATION TO THE LONDON AMBULANCE SERVICE

In the short term concerted action is needed to meet better the needs of patients categorised as Cat C, especially when they suffer long traumatic waits and are in pain. This should include work with local agencies that can support people in the period before the ambulance arrives.

Extracts from complaints about delays should be used to help in the re-design of the LAS response system, e.g. to understand better what action needs to be taken during long waiting periods to support and reduce distress. The role of Community First Responders should be considered to assist in this role in the interim.

FAST TEST FOR DIAGNOSIS OF STROKE – FORUM MEMBER'S STATEMENT

'My partner and mother of my three-year old child, was working as a store manager in Brixton, when she suddenly collapsed to the floor. She was hyperventilating, unable to speak and not able to move her right side effectively. An emergency call was made and the FRU Paramedic arrived swiftly and was able to quickly calm my partner down. This Paramedic stated that she was just having an anxiety attack. Ambulance Paramedics arrived shortly after, and recorded that my partner was not hyperventilating. Nevertheless they attributed her continued inability to speak to hyperventilation / anxiety attack.

Early on in the incident, my partner's colleague said to the paramedics that she thought my partner was having a stroke because she saw the right side of her face "go" before she collapsed. Despite this, the paramedics made the decision to allow her "several minutes to recover".

An hour after first arriving on the scene, the Paramedics eventually decided to treat my partner as having a suspected stroke to "err on the side of caution". The explanation in their statements on the incident included the following:

- "FAST test was inconclusive. There was no speech to assess...repeated assessment yielded the same limited results"

The medical reviews of the incident by two of the LAS's Assistant Medical Directors (including the stroke lead) said the following:

- "Inability to speak makes a person FAST positive. The statement 'not speaking so FAST inconclusive is WRONG"

However, the official explanation that I received from the LAS in response to my complaint said the following:

- “As a neurological event could not be ruled out, a FAST test was carried out but this was inconclusive as Miss R was still unable to speak (so her speech could not be assessed)”
- “A FAST test was carried out on three occasions”
- “We do not have any concerns about the clinical care provided”

I believe the Paramedics wasted crucial time on scene due to inadequate knowledge of FAST. I carried out EXTENSIVE research on stroke and FAST and sent emails to the world’s leading stroke authorities. I have emails from the President of the World Stroke Organization, the UK Stroke Association and the NHS Clinical Director for Stroke, which all categorically confirm that being unable to speak is a DEFINITIVE FAST positive symptom and a MAJOR warning sign of a stroke. In fact the LAS’s own clinical guidelines state the same thing, as well as the official NHS stroke webpage, has a direct link to the LAS stroke webpage.

I believe Paramedics wasted crucial time on scene due to a lack of understanding of definitive stroke symptoms, and denied my partner the chance to receive stroke treatment within the optimum 90 minute timeframe.

My partner’s stroke was so severe that she needed to have one-third of her skull permanently removed otherwise she would have died that same night due to the pressure building up inside her skull. Before she had the operation, the Neurosurgeon told me that that even if she does survive, she is going to be severely disabled for the rest of her life.

My partner has no movement whatsoever in her right arm. She also has limited movement in her right leg, and has severe apraxia and expressive aphasia. She is limited to living in two rooms in our house because of her severe mobility problems. She is only 32 years old.

I have referred my complaint about the diagnostic skills of the paramedics to the Parliamentary and Health Service Ombudsman’.

As the LAS say themselves, TIME IS BRAIN...’

FAST test helps you recognise the most common symptoms of a stroke:

FACIAL WEAKNESS: Can the person smile? Has their face fallen on one side?
ARM WEAKNESS: Can the person raise both arms and keep them there?
SPEECH PROBLEMS: Can the person speak clearly and understand what you say? Is their speech slurred?

TIME TO CALL 999.

PATIENTS COMPLAIN OF QUEUING IN AMBULANCES

The Forum has received concerns from the families of patients who have remained in ambulances for long periods outside A&E. This includes people with chest infections and those with mental health problems. The Forum closely monitored hospital turnaround times throughout 2014 using validated data provided by the LAS commissioners. The data showed that in November 2014, there were a number of hospital A&Es where ambulances waited for over an hour before the patient being cared for could be transferred to A&E clinical staff for emergency care:

60 minute plus waits for transfer from ambulance to A&E included the following hospitals: November 2014

- Ealing Hospital … … … 13 patients waited 60 minutes or more
- Hillingdon Hospital … … … 26 patients waited 60 minutes or more
- Northwick Park … … … 92 patients waited 60 minutes or more
- Princess Royal University Hospital ... 35 patients waited 60 minutes or more
- Queen Elizabeth Hospital … … 25 patients waited 60 minutes or more

30 minute to 60 minute waits for transfer from ambulance to A&E:

- Barnet Hospital … … … 143 patients waited 30-60 minutes
- Ealing Hospital … … … 221 patients waited 30-60 minutes
- Hillingdon Hospital … … … 222 patients waited 30-60 minutes
- King's College Hospital … … 106 patients waited 30-60 minutes
- North Middlesex … … … 205 patients waited 30-60 minutes
- Northwick Park … … … 326 patients waited 30-60 minutes
- Princess Royal University Hospital ... 280 patients waited 30-60 minutes
- Queen Elizabeth Hospital … … 129 patients waited 30-60 minutes
- Queens Hospital Romford … … 355 patients waited 30-60 minutes
- Royal Free Hospital … … … 158 patients waited 30-60 minutes
- St Georges Hospital … … … 339 patients waited 30-60 minutes
- St Mary's Paddington … … … 196 patients waited 30-60 minutes
- Whipps Cross … … … … 126 patients waited 30-60 minutes

Total hours spent waiting in an ambulance outside A&E to be admitted in November 2014 was 2,105 hours (those shown above plus many others).

All hospitals with an A&E must investigate '60 minute plus' waits as 'serious incidents', to provide 'root cause analysis' of the reason for the long delay and then to produce a plan of action to prevent recurrence of further long waits. The Forum has never been able to gain access to these reports.

Such long waits outside A&E are a major factor in reducing the effectiveness of the LAS emergency and urgent care. These waits severely limit access to LAS services for patients who need emergency and urgent care. While ambulances are queuing, they cannot treat the next patient in need.

RECOMMENDATION

1) The Forum recommends that CCG Commissioners, Monitor and NHS England take urgent action in collaboration with affected hospitals to eradicate all LAS waits outside A&E Departments. This will free up over 1500 hours per month of access to emergency vehicles for critically ill patients requiring a Cat A response.

2) When patients wait more than one hour for handover from the LAS to an A&E department, the NHS Trust/FT Trust and NHS England should provide the Forum with a copy of the Serious Incident report into the severe handover delay.

3) The results of serious incident investigations into 'one hour plus' waits outside A&E should be placed in the public arena.

GAPS BETWEEN SHIFTS – IMPACT ON PATIENT CARE

The Forum observed that increases in activity in the evening sometimes coincided with shift changes which occur between 6.00pm -7.00pm, and which can have a particularly harmful impact on responses to Cat C calls.

In response, the LAS and their Commissioners told the Forum that they are carrying out a review of the capacity to respond to Cat A and Cat C calls, and that this review would include the impact of shift patterns on patient care and compliance with Cat A and Cat C targets.

Formal Complaints Made to the LAS

"This 90 year old lady, living on her own, dialled 999 to request an emergency ambulance at approximately 17.50 hrs. Despite Miss X being very elderly and frail and in pain, three further calls had to be made to the LAS to get help. The family was desperate for help and unsure how badly she was hurt. She was unable to raise herself, was incoherent and agitated.

It is unbelievable and appalling that no ambulance resource was provided until 19.30 that evening: 1 hour and 40 minutes after the call was made. The crew said they had only come on duty at 7.00pm and were located at Friern Barnet and, therefore, could not answer the call earlier.

The crew was very professional and kind in the way they related to Miss X, but it is unacceptable that, despite the repeated requests for help, the LAS had no clinical staff available to provide care for a very vulnerable person. The call handlers said there were no

ambulances and were unable to give any indication how much longer the family would have to wait.

The family was asked continuously if she had deteriorated and replied that they did not have the clinical skills to respond adequately to that question, and it was implied, therefore, that Miss X's situation was not an emergency.

The family did not know if she had a fracture. “Whilst I appreciate that a fall is not as serious as a heart attack or stroke, nevertheless if the LAS does not have the resources or humanity to provide a service for an elderly frail woman of 90, then your service is failing very seriously.

You have a duty not just to provide a service within a reasonable time, but also to provide on-going information that is accurate and provides reassurance. Miss X eventually arrived at the RFH casualty at 20.15 in a very distressed state. I believe that the LAS has seriously failed to provide reasonable and adequate care.”

RECOMMENDATIONS

1) Vulnerable patients requesting emergency care must never be left waiting for an LAS response beyond the 8 minutes or 19 minutes target.

2) Expecting vulnerable patients, who are in pain or who have fallen, to make repeated calls to the LAS to get help suggests a significant breakdown in care provision, and alternative pathways of care must be activated in these cases and a Serious Incident declared.

3) The organisation of shift patterns that lead to low front-line capacity at critical times in the day must be immediately reformed.

4) Patients waiting for a Cat C response, who are frail, in pain, in an exposed place or vulnerable in other ways, must not be forced to make repeated calls to the LAS. An alternative care pathway must be activated to provide care until the LAS can respond effectively.

5) Where there is a delay, Emergency Operations Centre staff must keep in professional, proactive contact with the patient/carer/family, and ensure that they provide advice and reassurance, alleviate distress and communicate effectively in a way that is understood by the patient.

COMPLAINTS ABOUT ATTITUTE AND BEHAVIOUR OF STAFF

The Forum has been concerned about the number of complaints from patients about the attitude and behaviour of front-line staff. There are about 20 such complaints each month. The Forum has been particularly keen to know whether any link has been demonstrated between length of shift and point of the shift when such incidents occur, but the LAS told the Forum that there was no systemic analysis of this relationship, although it would support research into the impact of working patterns on complaints type and frequency. We have asked for CARU to carry out this research (Clinical Audit and Research Unit).

Behaviour and attitude complaints against front-line staff have continued at a high level for many years.

The Forum is concerned that adequate action has not been taken to deal with these complaints. The Forum asked the CQC to look at historical data concerning these complaints.

The LAS has commented that:

"Sometimes complaints about staff being intimidating or aggressive are where the staff have deemed it appropriate to be assertive, for example to persuade a patient to control their breathing in the event of an anxiety attack. More often the complaint is about the staff presenting as seemingly uninterested/unsympathetic."

RECOMMENDATIONS

1) CARU should be commissioned by the LAS to examine data held by the LAS Complaints Department, for evidence of significant links between 'attitude and behaviour' complaints - and the point on the ambulance clinician's shift that the event took place.

2) Evidence should be provided regarding the effectiveness of appraisals for staff following 'attitude and behaviour' complaints against them.

INFECTION CONTROL – MULTI USE OF BLANKETS IN AMBULANCES

The LAS has a very effective 'Infection Prevention and Control' Committee which is attended by a Forum representative.

Dame Sally Davies, Chief Medical Officer, wrote to the Forum in **2011** confirming that re-use of blankets for patients was always unacceptable. The Forum has consistently raised this issue with the LAS, but has never received a satisfactory answer. The multiple use of blankets for many patients continues.

The Forum was told- over a period of many years- that the LAS will implement a major project to change totally the way in which blankets are managed by the LAS … but our intelligence from front line staff is that multiple blanket use continues.

RECOMMENDATION

The Forum strongly recommends that multiple blanket use stops immediately as it is potentially a serious cause of cross infection, e.g. MRSA and Clostridium Difficile.

LAS HIGH RISK REGISTER (Location Alerts Register)

For many years the LAS has operated a High Risk Register (now called the Location Alerts Register) to warn paramedics of possible risks of violence or abuse on entering certain premises. The Register is a list of addresses recording where there has been an incident involving LAS staff or the Police. As a consequence, in some potentially high risk cases, Paramedics may wait outside a house to which they have been called to attend to a medical emergency, until the Police arrive to assist them. This can include crews responding to Cat A calls (life threatened patients).

The Register is not person specific - so all residents in a house on the Register may have to wait for emergency treatment until the police arrive. This has led to tragedies and two Serious Incident investigations.

The Forum has held a number of discussions with the LAS on this issue and raised questions at the LAS Board Meeting on issues that cause the Forum most concern:

1) Historical addresses are on a Register because of a past event, but there is not necessarily a reasonable evidence base for their inclusion on the current Register.

2) There does not appear to be a reasonable process of audit to determine whether a person or persons, who either committed a crime or acted in a threatening way, actually still live (s) at the address.

3) The process of determining whether any person who lives at an address has any objection to the house remaining on the Register is flawed. In a multiple occupation house, it is possible that nobody will open the LAS inquiry letter - or a disinterested person may open the letter and do nothing.

4) Without appropriate audit and communication, the past violent or threatening actions of one person, who may or may not still live in the house, could potentially result in a person who has suffered a heart attack or stroke not receiving appropriate care within the prescribed time – e.g. 8 minutes for a heart attack, serious trauma or stroke.

5) The civil liberties of a large number of people could be adversely affected by the denial of medical care in an emergency, because some multi-occupied houses in London may

have between 10-20 residents or more, none of whom may be aware of the house's entry on the Register, or that an incident has happened in the past.

6) The new Location Alerts system requires a risk assessment to be carried out by Paramedics before entry into the premises, but the Forum has no idea how effective this system will be - especially if the Police are called, as they are not obliged to arrive within any mandatory time.

BARIATRIC CARE

The care of bariatric patients requires considerable sensitivity and compassion, but can be very undignified and cause considerable anxiety for both patient, family and ambulance clinical staff. Transportation of the patient from their home to hospital can be complex and hazardous for both the patient and clinical staff. Specially designed lifting equipment may be essential to carry the patient to the ambulance. Specialised training is essential to reduce the risk to the patient and to the clinician.

Appropriate procedures and equipment to provide the best care to bariatric patients is not always available.

The Forum is concerned about delays with the provision of care for patients who are heavy and require special equipment and ambulances. PTS (Patient Transport Service) vehicles may be used to transport bariatric patients and out of hours private vehicles are used. If the patient is very large, the LAS can use its own specialised HART vehicles. The newest LAS ambulances have a trolley bed that is capable of carrying patients weighing up to 50 stone.

The Forum asked if a question about weight was asked during initial telephone triage, to ensure that the right resource was supplied, and it raised questions about the problems at weekends when bariatric vehicles need to be obtained through a private provider.

The LAS said:

"This is not a question that is asked during emergency clinical triage – we need to ensure that every patient receives exactly the same initial response. If, once on scene, the clinician feels additional resources / equipment are needed this is then requested through the Emergency Operations Centre. A few patients have patient specific protocols which alert the LAS to their medical condition".

The LAS has set up a Bariatric Working Group to develop service provision for this group of patients.

RECOMMENDATIONS

1) The Forum would like to collaborate with the LAS in a survey of bariatric patients who have been transported from their home to a hospital A&E Department, in order to hear about their experiences of care and treatment.

2) The Forum recommends that the LAS Bariatric Working Group carry out a survey of London A&E Departments to ascertain whether they have developed appropriate procedures, space and equipment to receive bariatric patients.

SEE ALSO: Hignett, S. and Griffiths, P. (2009) Manual handling risks in the bariatric (obese) patient pathway in acute, community and ambulance care and treatment. WORK. A Journal of Prevention, Assessment &Rehabilitation.33, 2, 175-180.

CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS

The Forum has been active in pursuit of higher standards of care for people with serious mental health problems.

Weakness in the training of Paramedics and in the organisation of services for this group of patients has been frequently highlighted with the LAS. These shortcomings are gradually being addressed, but there is still a long way to go.

Training of staff in mental health care is a significant issue and in 2014 only 64% of front-line staff attended the Core Skills Refresher (2014.2) Course. There is no adequate capacity to deliver the current course and provide places for those who did not attend the previous course.

An important development is the creation of three MH Specialist Nurses in the LAS Clinical Hub to advise front-line staff about meeting the needs of patients in a mental health crisis. Three more MH Specialist Nurses will be employed.

In discussions with services users who have used the LAS and A&E, the following issues were identified:

- LAS services are very variable for people in a mental health crisis.
- Many hospital A&Es do not have specialist mental health teams 24/7.
- Patients frequently have to wait a very long time to see a Doctor or a Nurse in A&E Reception, and Nurses sometimes demonstrate insufficient training in mental health issues.
- Inappropriate use of restraint … and sometimes transport in police vehicles.
- A&E staff sometimes turn away ambulances with patients who are ‘mental health emergencies’ and patients may be driven to several A&E Departments until accepted.

- Services for patients with both mental health and learning problems found it difficult to access appropriate emergency care.

- Concern about the effectiveness of 111 in dealing with mental health crises.

- Emergency services find it difficult to deal with emergencies that occur during adolescence, when young people are between children's and adult services.

Delays in Providing Care for Patients in a Mental Health Crisis

The Forum has been concerned about the delays for patients who have a mental health crisis and need to be admitted to an A&E Department. Some of these patients have been 'Sectioned' under the Mental Health Act (MHA) and need a place of Safety.

There have been a number of reports from the LAS of delays of several hours before a patient is transferred to A&E. In some cases ambulances have to travel from hospital to hospital to find an A&E that will accept the patient.

The Forum asked the Commissioners of the LAS for data on the following issues:

- Long delays – sometimes of several hours – for LAS crews being able to find a 'place of safety' for a person with severe mental health problems who has been sectioned under the MHA.

- Delays in handing over patients with severe mental illness to A&E clinical staff, because of poor A&E capacity.

- Handover to A&E data showing waits of 'over 30 minutes' and 'over one hour' for patients with mental health diagnosis.

The Commissioners told the Forum that they do not have specific mental health KPIs (Key Performance Indicators) within the contract, and that all performance standards are applied equitably across all illness types.

The Forum will further discuss access to data on patients with a mental health crisis with the Commissioners and LAS Clinical Quality Group.

This issue has been raised at the LAS Mental Health Committee on several occasions and attempts are being made, through negotiations between the LAS and mental health hospitals in London, to find a solution based on admission to the 'nearest place of safety' during a mental health crisis.

RECOMMENDATIONS:

1) LAS commissioners should produce data on mental health patients, showing:

- **Time taken for the LAS to take Sectioned patients to an acute hospital 'place of safety'.**
- **Time taken for handover to A&E mental health clinicians.**
- **MH Handover breaches of 30minutes and 1 hour.**

2) Evidence should be provided to show the percentage of LAS clinicians who have received training in the care of mental health patients.

3) The LAS should develop a specialist team of paramedics who are expert in the care of patients with a mental health diagnosis.

4) The LAS should examine in detail the care it provides to patients that have both learning disabilities and a mental health diagnosis.

5) The LAS should examine in detail the care it provides to adolescent patients with a mental health diagnosis.

END OF LIFE CARE

Advance Care Plans (ACP), End of Life Care (EoLC), CoOrdinate My Care (CmC)

This issue has been prioritised by the LAS Commissioners.

The Forum asked the LAS how the wishes of people who have a terminal illness, or who are close to death, are communicated to LAS clinical staff. One of the issues of concern is how Paramedics and A&E Departments know that a patient has an Advance Care Plan (ACP), and whether Command Point (the LAS emergency control system) will make it easier to communicate this information at the critical time.

The system used by the End of Life Care (EoLC) networks to register ACPs in London is called CoOrdinate My Care (CmC). Whenever a new patient is entered on the system, it sends an automatic e-mail and the LAS flags the address. Patient numbers on the CmC system are low at the moment - approximately 1,000, but may well rise to between 57K and 60K over time.

The LAS is trying to devise a system that does one of two things:

A) CmC automatically flags the address for the LAS. Progress is slow as the CmC system is a London-wide system and will be used by hundreds of clinicians.

B) The LAS could cease flagging addresses, but ensure that the staff are always alert to the possibility that the patient has an ACP.

This would require significant levels of training. If a crew is presented with a valid Advance Decision, or DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form, they will attempt to follow it, but families can very often change their minds at the last minute.

The LAS told us that:

1) CmC is being rolled out across London and is funded for the next couple of years by NHS England.

2) The LAS Information Technology Department is working with CmC to identify CmC patients should the patients dial 999 for assistance. Addresses may not be flagged in the first instance.

3) A Request for Change to the Command Point system has been submitted to develop automatic flagging of CmC calls.

4) EoLC will be included in 2014/15 training programme for front-line staff. Some ad hoc EoLC sessions are being delivered to front-line staff, and 40 LAS staff attended a seminar run by the College of Paramedics on EoLCs.

The decision by NHS England to fund CoOrdinate My Care (CmC) for London is greatly welcomed and is a significant step forward.

RECOMMENDATIONS

1) NHS England and London's CCGs must ensure that Co-Ordinate My Care (CmC) is rapidly developed to meet needs of people who have an Advance Care Plan.

2) NHS England must ensure that all London CCGs are engaging local GPs to enter ACPs and other end of life requests onto the CmC database.

3) People reaching the end of their life must be given the choice to have preferences and requests recorded and met through entry onto the CmC database.

4) Evidence of compliance with Advance Care Plans should be produced by the LAS and other health bodies.

5) Continuous training and updating of front-line LAS staff throughout 2015-6 and beyond are essential.

EQUALITY AND INCLUSION

Equality and inclusion in the NHS are essential to delivering effective health care. The social context of London and the UK is changing, making these key principles even more important.

The Forum has tried to play an active part in the work of LAS's equality and inclusion work, but it is fragmented across the organisation. A member of the Forum attends the Equality and Inclusion Steering Committee, which has made considerable progress in shaping the LAS to become a more aware employer and service provider to LGBT (lesbian, gay, bisexual and transgender) staff.

The Equality Act 2010 covers employment, occupation, provision of goods and services (including all public services), transport, education and premises.

The Forum believes that the LAS has made impressive progress in some key areas, but there is a great deal to improve - for example, in relation to many of the 'protected categories' and in important areas of direct service delivery. There is much good advice available on how to take a holistic and comprehensive approach to equality and diversity, and this is fundamental to good service delivery. It includes learning from service users and constructively dealing with complaints.

A selection of the Forum's areas of concern follow:

A) Employment of BME Staff on the Front-Line and in Management

Forum members regularly seek feedback from patients all over London, as well as through many contacts with LAS staff – and many problems still exist. Black staff reported feelings of discrimination - and patients have reported some staff as insensitive to their race or culture, with inability to speak English and problems with disability.

The LAS is not doing enough to ensure that the percentage of Paramedics it employs from BME communities reflects the diversity of London's population, e.g. over the period 2004-2014 the percentage of front-line Paramedics from BME communities only increased from 3.5 to 6.1%.

The Forum applauds the high ratings achieved by the LAS in the Stonewall Diversity Champions ratings, but does not believe this equates with protecting and supporting many or most of the people to whom the other 'protected categories' apply. The Forum believes that the following measures would assist this process:

- More representative Directors on the LAS Board, Senior Managers, and HQ Staff at all levels to help the LAS be a more equal and inclusive service provider and employer.

- Full implementation of the refreshed EDS (NHS Equality and Diversity System - EDS2) and a focus on recruitment from the BME communities in and around London itself.

- Development of the LAS Equality and Inclusion Strategy - to include all protected categories in the short and long term overseen by the Equality and Inclusion Steering Committee.

B) Composition of the LAS Board

The LAS Board has consistently failed to ensure that its membership reflects the diversity of London. After Murziline Parchment left the LAS Board as a Non-Executive Director at the end of 2012, all members of the Board are now white.

The LAS should adopt the recommendations of: The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England, by Roger Kline, Research Fellow, Middlesex University Business School (March 2014).

C) LAS Board and the Public

We RECOMMEND that the LAS Trust Board Non-Executive Directors (NEDs) should meet with LAS service users from each London Borough, to get feedback on services provided by the LAS and their proposals for service development. This would enable NEDs to demonstrate their accountability to London's diverse communities.

D) Equality Goals

The Forum would like to see specific and current plans to address the LAS's equality responsibilities across the 'protected characteristics', i.e. a list of key goals in each area, time scales, feedback from staff and patients, data which can be demonstrated and is in the public domain.

FORUM QUESTIONS TO THE LAS

1) Are all protected characteristics included in LAS equality goals and achievements measured? Is the data in the public domain?

LAS Answers: "We are aiming to ensure that we cover all relevant protected characteristic groups in regard to access and take-up of our services, as well as in employment and training, engagement and decision-making".

The LAS Annual Report details the progress the LAS has made over the past year, and any obstacles the LAS is still facing and any intended action the LAS will be taking to address these issues.

E) Staff Survey and Discrimination

Forum Question to the LAS: Do training policies focus on issues identified in the staff surveys - e.g. bullying and other areas of concern, in relation to staff in protected categories?

LAS Answer:

Our training absolutely does take account of relevant issues highlighted in our staff surveys, such as bullying and discrimination in regard to the protected characteristic groups, from the initial induction training, through online training, to other targeted training taking place in the Trust, including new Team Leader training currently being developed.

The Forum Shall:

1) Continue to raise these issues with the LAS Trust Board and the Equality and Inclusion Steering Committee.
2) Ensure that LAS Commissioners, the Commission for Equality and Human Rights and NHS England are aware of the Forum's concerns.
3) Ask the LAS to seek expert advice for development of a diverse workforce and Trust Board.

THE FORUM'S FORMAL STATEMENT FOR THE LAS QUALITY ACCOUNT 2014

The Forum's improvement priorities for the LAS.

i) WAITING FOR CLINICAL CARE FROM THE LAS

The Forum is aware of the enormous amount of work the LAS is doing to recruit staff, but it remains concerned about the very long waits, sometimes of several hours, still experienced by some patients who are categorised as requiring a Cat C response. This includes patients who have had falls - and people suffering from dementia.

The Forum recommends that the LAS greatly enhances its links and formal agreements with local health and social care services so that, whenever possible, immediate support is provided locally to ensure the safety of the patient until the LAS resource arrives. The use of a new category of Community First Responders may also be considered as an interim measure to secure the safety of patients waiting for a clinical response from the LAS.

ii) DEMENTIA CARE

The Forum welcomes the increasing focus on the care of patients with dementia, which includes the training of staff and linking up with organisations that specialise in dementia care.

The Forum recommends that training in dementia care becomes more comprehensive - e.g. with regard to pain control. The Forum would also like to recommend that the film 'Barbara's Story', created to raise awareness of dementia among all 13,200 staff at Guy's and St Thomas', is seen by all LAS staff in order to gain a better understanding of the subtle signs and symptoms that are common in people suffering from dementia.

https://www.youtube.com/watch?v=DtA2sMAjU_Y

iii) PATIENTS WHO FALL

Patients who fall, often wait long periods for care. It is essential, when clinicians assess them, to follow the NICE Guidelines - CG161 in relation to:

- Cognitive impairment
- Continence problems
- Falls history, including causes and consequences (such as injury and fear

of falling)
- Footwear that is unsuitable or missing
- Health problems that may increase their risk of falling
- Medication
- Postural instability, mobility problems and/or balance problems
- Syncope syndrome (fainting which can be caused by dehydration, medications, diabetes, anaemia, heart conditions)
- Visual impairment

The Forum recommends that, in addition to providing assurance that all staff are fully aware of these guidelines when providing care, the LAS ensures that direct referrals can be made to either 'falls teams' or 'single point of access' teams in every London Borough. (Currently, this service is available in Wandsworth, Kingston upon Thames, Richmond upon Thames, Merton, Sutton, Enfield and Lambeth).

iv) SAFEGUARDING

Considerable progress has been made in the development of safeguarding procedures and training, and there has recently been an excellent Safeguarding Mental Health Conference. However, there are still some weaknesses in the system.

The Forum recommends that the LAS prioritises improving the supervision of staff involved in safeguarding; developing a training database; and developing more effective methods to communicate safeguarding referrals and related information to the large number of partners in London. (Ref: Butler-Sloss Report).

v) FAST TEST FOR STROKE

Despite very significant advances in the identification and treatment of patients who have had a stroke, a recent case highlighted the need for more effective training for staff in identifying these patients and rapidly transporting them to hospital.

The Forum recommends 'refresher' training takes place to ensure that the use of the FAST test is fully understood by all front-line clinicians.

vi) AMBULANCE QUEUING

The queuing of ambulances outside A&E Departments is completely unacceptable. This results in some of the sickest people in London waiting considerable periods of time for A&E care. It also prevents front-line clinicians from treating seriously ill people across London.

The Forum recommends that the Board of the LAS work jointly with the Greater London Authority and NHS England to find a solution to this problem urgently.

vii) CARE OF BARIATRIC PATIENTS

The care and transportation of bariatric patients in emergency situations, from their home to hospital, can be complex and hazardous for the patient and clinical staff. Appropriate procedures and equipment must always be available.

The Forum recommends that the LAS develop clear operational plans to respond appropriately to the growing bariatric population in London. These plans should include effective training of all front-line staff in assessment of patients, and the use of specialist manual handling and clinical equipment during the care and treatment of bariatric patients.

Adequate numbers of vehicles need to be available to accommodate bariatric patients in safety and comfort and with dignity.

viii) RE-USE OF BLANKETS

Despite the Chief Medical Officer confirming to the Forum in 2011 that re-use of blankets for patients is always unacceptable and poses a cross-infection risk, the Forum's intelligence from front-line staff is that multiple blanket use continues.

The Forum recommends that the LAS ensure that multiple blanket use stops immediately.

ix) END OF LIFE CARE

The use of the Co-ordinate my Care system and Advance Care Plans in the LAS is still under-developed for patients requiring 'end of life' emergency care. Evidence of compliance with Advance Care Plans is not available, but should be produced by the LAS and other health bodies.

The Forum recommends that continuous training and updating of front-line LAS staff in 'end of life care' throughout 2015-6 - and beyond - are essential, and that regular assessment takes place to ensure appropriate and adequate responses to the CmC and ACPs.

x) PATIENT AND PUBLIC INVOLVEMENT BY THE LAS

Outreach work by the LAS - across London - is highly successful, very extensive and engages LAS staff as volunteers, to meet wide and diverse groups and communities across London, but evidence of service improvement through community engagement is lacking.

The Forum recommends that the LAS should demonstrate how engagement with communities influences and enhances services provided by the LAS and impacts on recruitment to the LAS.

xi) STAFF SHIFT PATTERNS SHOULD BE FULLY EVALUATED

There is considerable national and international research on the deleterious effects of shift work on both short and long term physical and mental health. Some staff members are not suited to shift work nor able to remain healthy and well, but are excellent front-line clinicians.
The LAS needs to reconsider the health and safety needs of patients and staff.

The Forum recommends that the impact of long shifts on front-line staff is fully evaluated by the LAS, especially in relation to the impact of 12 hour shifts without adequate meal breaks and rest on: clinical care; the health of staff; training and complaints against staff, e.g. in relation to attitude and behaviour.

Staff should be interviewed about the effects of shift work on their health and clinical practice during annual appraisals, and be involved in development of improved alternatives.

xii) SERIOUS INCIDENTS INVESTIGATIONS

Serious Incidents investigations are one of the most important measures to enable the clinical staff to learn from lapses in effective care, and to provide assurances to the public that care has improved through root cause analysis and reflective practice.

The Forum recommends that outcomes from SI investigations - and evidence of consequent improvements in safety - are placed in the public arena for patients and the wider community to read.

REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2014

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31st December 2014.

Incorporation

The company, which was incorporated on 29thNovember 2006 under the Companies Act 1985, is a not-for-profit private company Limited by Guarantee, with no share capital, and is registered with the name of Patients' Forum Ambulance Services (London) Ltd.

Its Memorandum and Articles of Association are in the model format for a charitable company as issued by the Charity Commission. Its objectives and activities are those of a small un-registered charity, as described more fully in this Report. The nature of the company's business is covered by the classification code categories: 86900 **-** Other human health activities, and 94990 - Other membership organisations.

Directors and Trustees

The Directors of the company are its Trustees for the purpose of Charity Law. As provided in the Articles of Association, the Directors have the power to appoint additional directors. The Trustees who have served during the year and since are:

- Malcolm Alexander
- Angela Cross-Durrant
- Michael English (re-elected 12 November 2014)
- Dr Joseph Healy (resigned 30 October 2014 to become Hon. Life President)
- John Larkin
- Louisa Roberts
- Robin Standing (retired 12 November 2014)
- Lynn Strother(re-elected 12 November 2014)
- Rev Sister Josephine Udie

Patients' Forum Ambulance Services (London) Ltd comprises members of the public including patients and carers. The office of the Patients' Forum is located in London.

Activities and Achievements

Since 1st April 2008, the Patients' Forum has established itself as a corporate body in the voluntary sector. It has continued to work with the London Ambulance Service and other health bodies in London and beyond, ensuring that a body of experienced people exist who can be highly effective at monitoring services provided by the London Ambulance Service and other providers, and commissioners of urgent and emergency care.

The Company has worked closely with Local Healthwatch since their establishment on 1st April 2013 and is also preparing for the transition of the London Ambulance Service into a Foundation Trust in or after 2016.

The Forum has successfully monitored services provided by the London Ambulance Service and worked successfully with Local Involvement Networks, the voluntary sector, the North West London Commissioning Support Unit, which commissions the LAS, as well as forming links with patients, patients' groups and the public.

The Forum has successfully carried on its commitment to supporting and influencing the development of high quality urgent and emergency health care and patients' transport services.

In 2008, the Company invited and received a constructive letter of mutual recognition and understanding from the Chief Executive of the London Ambulance Service, in confirmation and furtherance of the good working arrangements that characterise the on-going relationship between the London Ambulance Service and the Patients' Forum.

The Forum continues to rely on this document as affirming and reinforcing its relationship with the LAS.

The plan for the Forum is to expand and to seek to raise funds to support our charitable activities, and to continue to meet in public to support and to influence the development of patient centred ambulance and other health services that meet public need. Members from across London, and Affiliates from all parts of the UK, are very welcome to join us.

Members and Affiliates

All the Trustees are members of the Company. During the year ended 31 December 2014, the Company also enrolled several other members of the Company.

Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10.00to the assets of the Company in the event of a winding up.

Membership is open to individuals who are London based. Members are entitled to attend meetings of the Company, and to vote thereat.

The annual membership fee for individuals is £10.00. New members are welcome to join.

Affiliation is open to groups/organisations and to individuals, both local and national. Affiliates are fully entitled to attend meetings of the Company but not to vote thereat.

The annual Affiliation fee for groups/organisations is £20.00. The annual Affiliation fee for individuals is £10.00. New Affiliates are welcome to join.

This Report was approved by the Trustees on _____2015

and is signed on their behalf by:

_____ _____

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

INCOME AND EXPENDITURE ACCOUNT

For the Year Ended 31 December 2014

	Unrestricted Funds 2014	Total 2014	Total 2013
	£	£	£
Incoming Resources			
Grants	-	-	-
Donations	10	10	20
Membership fees	220	220	230
Affiliation fees	-	-	20
Investment income	5	5	-
Other	-	-	-
Total Incoming Resources	235	235	270
Resources Expended			
Companies House	40	40	40
Purchase of additional website domain name	24	24	-
Renewal of website	-	-	32
Reception event contribution	-	-	50
Other	-	-	-
Total Resources Expended	64	64	122
Net incoming /(outgoing) resources for year	171	171	148
Total funds brought forward	1,706	1,706	1,558
Total funds carried forward	1,877	1,877	1,706

BALANCE SHEET - 31 December 2014

	TOTAL	TOTAL
	2014	2013
	£	£
Fixed assets	-	-
Current assets		
- Debtors	-	-
- Cash in hand	-	-
- Cash in bank	1,877	1,706
- Gross current assets	1,877	1,706
Creditors		
- Amounts falling due within one year	-	-
Net current assets	1,877	1,706
Total assets less current liabilities	1,877	1,706
Reserves		
- Restricted funds	-	-
- Unrestricted funds	1,877	1,706
TOTAL FUNDS	1,877	1,706

Notes:

1. These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.
2. For the year ended 31 December 2014 the Company was entitled to exemption under Section 477 of the Companies Act 2006.
3. No notice from members requiring an audit of the accounts has been deposited under Section 476 of the Companies Act 2006.
4. The Directors acknowledge their responsibility under the Companies Act 2006 for:
   (i) Ensuring the Company keeps accounting records which comply with the Act; and
   (ii) Preparing accounts which give a true and fair view of the state of affairs of the Company as at the end of its financial year, and of its income and expenditure for the financial year in accordance with the Companies Act 2006, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the Company.
5. Patients' Forum Ambulance Services (London) Limited is a registered Company limited by guarantee and not having a share capital; it is governed by its Memorandum and Articles of Association. It is an un-registered charity whose income is currently insufficient to fulfil the criteria for compulsory registration with the Charity Commission.

This Financial Statement was approved by the Trustees on _____ 2015
and is signed on their behalf by:

_____ _____

Malcolm Alexander - Director/Chair John Larkin – Director/Company Secretary

OBJECTS OF PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

The Company was formed by members of the statutory Patients' Forum for the London Ambulance Service, as a not-for-profit company with exclusively Charitable Objects. The statutory Patients' Forum was abolished on 31 March 2008.

The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives, comprising:

(i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering; and

(ii) The promotion of the efficiency and effectiveness of ambulance services.

The Company is dedicated to the pursuit of its Objects as a small unregistered Charity with a view to registration with the Charity Commission, as and when appropriate.

GLOSSARY

ACP … … … …	Advance Care Plan
A&E … … … …	Accident and Emergency Department
Cat A … … … …	Category A–Ambulance target for patient with life threatening conditions
Cat C … … … …	Category C -Ambulance target for patient with urgent/ emergency conditions
CCG … … … …	Clinical Commissioning Group
CQC … … … …	Care Quality Commission
CQUIN … … …	Commissioning for Quality and Innovation
CmC … … … …	Co-ordinate my Care
CTA … … … …	Clinical Telephone Advice
DoS … … … …	Directory of Services
EBS … … … …	Emergency Bed Service
ED … … … …	Emergency Department (A&E)
EoLC … … … …	End of Life Care
LGBT … … … …	Lesbian, Gay, Bisexual and Transgender
NRLS … … … …	National Reporting and Learning Service
PTS … … … …	Patient Transport Service
SCS … … … …	Sickle Cell Society
SECAMB … … …	South East Coast Ambulance Service
SoS … … … …	Secretary of State