PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

ANNUAL REPORT AND FINANCIAL STATEMENT 2015

Patients' Forum Ambulance Services (London) Ltd

WWW.PATIENTSFORUMLAS.NET

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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Executive Committee Member	Leslie Robertson (Resigned June 2015)

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.
- The Executive Committee for being a fantastic team.
- Polly Healy for maintaining our website and ensuring our publications are copy edited to a very high standard.
- Margaret Luce, Ruth Haines, Beverley Jean and Lauren Murphy for their continuous and excellent support for the Forum's work.
- Elizabeth Ogunoye and the LAS Commissioning Team, for their support and encouragement of the Forum's work and active engagement with the ideas and proposals presented to them and their colleagues.

INTRODUCTION

This Annual Report outlines our aims and achievements during 2015.

Central to our work is to place patients and their relatives/carers at the centre of what we do. We aim to ensure the continued safe and effective delivery of London's ambulance services to people when they need them, and to work with the LAS in making improvements where necessary. We are working ever more closely with the LAS and the LAS Commissioning Team, together with Healthwatch and voluntary bodies to ensure that the patient's voice is heard, including during planning the improvements facing the LAS following its recent CQC inspection. We hope you find this Report informative and helpful. If you wish to learn more about the Forum, or wish to become a member (membership is open to the public) please visit our website: **WWW.PATIENTSFORUMLAS.NET**

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 working arrangements with London Ambulance Service and other providers and commissioners of urgent and emergency care.

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

(3) Develop our campaigns for better and more effective ambulance services, by petitioning for more 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 Category A (emergency) patients that 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 promote sensitivity 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 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's 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 nine LAS Committees as well as contributing to LAS Trust Board meetings by raising key issues regarding the improvement of services. Our members contribute to discussions on LAS policy, strategy and risk. The Forum and LAS collaborate to promote and encourage effective and positive involvement of patients and the public in LAS services, to develop high quality emergency and urgent care in London. The Forum is a 'critical friend' of the LAS.

The LAS supports the Forum by providing indemnity cover for our Members when they take part in service monitoring. They also provide meeting rooms, refreshments and photocopying of Forum papers. The Forum is grateful for the support of the LAS, and particularly Margaret Luce, the Head of Patient & Public Involvement and Public Education. She and her team provide invaluable support to the Forum.

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

MEETINGS OF THE FORUM AND SPEAKERS IN 2015

The Forum arranges for influential and expert speakers to address our meetings and to hear the voices of services users, carers and the public. The intention of these meetings is to influence the development of emergency and urgent care services that better meet the needs of patients. These speakers engage in debate, share experiences and help find solutions to problems with services identified by Forum members who also discuss and propose developments to deal with problems relating to the effectiveness of services. The speakers invariably make outstanding presentations and lead productive discussions, often assisting in raising awareness of the speakers as well as the Forum members and LAS colleagues.

LAS staff increasingly attends our meetings to hear the speakers and they are always welcome. We also welcome LAS commissioners to our meetings and value their engagement with the Forum in discussions about new approaches to providing care.

SPEAKERS IN 2015

JANUARY: ALICE RIDLEY, LAS PARAMEDIC & DARZI FELLOW
"TREATMENT OF DIABETES – THE HYPOGLYCAEMIC PATHWAY"
LAURA SPALDING, PROG MANAGER, DIABETES THEME, HEALTH INNOVATION NET

FEBRUARY: Dr DARYL MOHAMMED, ASST MEDICAL DIRECTOR, LAS
KUDAKWASHE DIMBI, MENTAL HEALTH CLINICAL ADVISOR
&SAFETY IN MIND VIDEO

MARCH: VINCE CLARK, PRINCIPAL PARAMEDIC TUTOR
"PARAMEDIC DEVELOPMENT PROGRAMME"

APRIL: SEAN OVERETT, SENIOR DEVELOPMENT AND DELIVERY MANAGER, TDA
"SUPPORTING LAS IMPROVEMENT - ROLE OF TRUST DEVELOPMENT AUTHORITY"

MAY: ROGER JAMES, INSPECTION MANAGER, CARE QUALITY COMMISSION
"CQC WANTS TO HEAR ABOUT EXPERIENCES OF THE LAS"

JUNE: NERO UGHWUJABO, CHIEF EXECUTIVE, CROYDON BME FORUM
"BUILDING ACTIVE INVOLVEMENT OF BME COMMUNITIES IN THE PATIENTS' FORUM"
&REPORT BACK FROM SEAN OVERETT, TRUST DEVELOPMENT AUTHORITY

JULY: TIM EDWARDS, CONSULTANT PARAMEDIC - "PARAMEDIC PRESCRIBING"
www.engage.england.nhs.uk/consultation/independent-prescribing-paramedics
BRIONY SLOPER, DEPUTY DIRECTOR, NURSING AND QUALITY
"DEVELOPMENT OF NURSING IN THE LAS"

SEPTEMBER: Dr FIONNA MOORE, CHIEF EXECUTIVE, LONDON AMBULANCE SERVICE
"EMERGENCY CARE IN LONDON - MEETING PATIENTS' NEEDS"

OCTOBER: AGM - ELIZABETH OGUNOYE, COMMISSIONER FOR THE LAS
"PLANNING URGENT AND EMERGENCY CARE 2016-17"

NOVEMBER: KYE GBANGBOLA, CHAIR, SICKLE CELL SOCIETY &
ANNE YARDUMIAN, CHAIR, UK FORUM ON HEAMOGLOBIN DISORDERS.
"EMERGENCY CARE IN SICKLE CELL CRISIS"

DECEMBER: ZOE PACKMAN – LAS DIRECTOR OF NURSING AND QUALITY
"THE CQC REPORT ON THE LONDON AMBULANCE SERVICE"

FORUM REPRESENTATIVES ON LAS COMMITTEES 2015

- Clinical Audit and Research Steering Group … Natalie Teich
- Clinical Development and Professional Standards … Angela Cross-Durrant
- Improving Patient Experiences ... … … … 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)& … Angela Cross-Durrant
- Quality Governance Committee … …… … … Denied Access

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. Board members and senior staff in the LAS are always willing to answer questions put by the Forum and they normally respond quickly.

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

The Forum has asked for LAS Foundation Trust (FT) members to be invited to our monthly public meetings held at LAS HQ and in 2015 the LAS agreed to our request and many are now attending our meetings. Attendance of FT members has been very positive.

ALL FORUM PAPERS ARE PLACED ON THE WEBSITE

www.patientsforumlas.net

INVOLVEMENT IN LAS BOARD MEETINGS

Forum attendance at LAS Board Meetings is by rotation of the Forum's Executive Committee members. The Forum puts questions to each Board and responses to these questions are published in LAS Board Minutes and placed on the LAS and Forum websites.

Richard Hunt, formerly 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."

THE FORUM'S KEY ISSUES AND RECOMMENDATIONS FROM 2015

AMBULANCE QUEUING AND A&E HANDOVER WAITS

The Forum investigated problems relating to the provision of emergency care.

Cat A demand is high and growing, which puts considerable pressure on the LAS and A&E departments. The Cat A, 8-minute/75% target is being met for only at the most 65% of calls and sometimes performance drops to 55%. The LAS expects to achieve 8-minute/75% mandatory target from March 31st 2016. The Cat A target is an NHSE national commissioning target – it is not a statutory duty for the LAS.

One reason for poor performance is the disgraceful phenomenon of ambulances queuing outside A&E departments because there is no room for additional patients.

Handover waits at A&Es should not exceed 15 minutes, but may exceed one hour in some A&Es.

The Forum asked the LAS Board:
"What action will the Board take with its strategic partners to substantially reduce long handover waits for access to A&E, and the harm potentially caused to patients?"

Jason Killens responded that there were a number of actions taken to reduce hand over waits in excess of the 15 minutes (the national target):

- Hospitals are fined by commissioners for each patient waiting to enter A&E in excess of 60 minutes
- Hospital Liaison Officers work during peak periods to ease the flow of ambulances
- Intelligent Conveyance systems are used, where the hospital seeks to move patients to other hospitals if it is safe to do so

The Forum has frequently publicised the appalling ambulance queues outside some of London's A&Es. This problem is caused by the closure of some A&E departments and shortages of beds. Northwick Park Hospital in west London has continuously caused suffering to patients who are lying in ambulances waiting to get into the A&E for emergency care - often for an hour or more. While patients wait to get into A&E, ambulance crews are queuing instead of attending to other patients with emergency care needs. To make matters worse, some patients in the A&E queue may have waited many hours for an ambulance to arrive and may remain in A&E for 4 hours before admission or discharge – that can mean 9 hours between calling 999 for an emergency ambulance service and being admitted. If they are discharged they might wait an hour or two for a PTS vehicle to return them home. **This situation is totally unacceptable and the Forum will continuously campaign on this issue until NHS England finds a resolution.**

The Forum has obtained, through the FOI, serious incident reports from Northwick Park Hospital relating to one hour plus waits.

There have been several attempts to resolve the problem of poor performance and handover delays, but these approaches are handicapped by very poor coordination between emergency services, urgent care, hospital and community care as the following examples show:

- Use of Alternative Care Pathways to relieve pressure on A&E and ensure the patient gets the right treatment first time. But many of these pathways are not functional at the level of need. For example, access to mental health teams is poor and falls teams often cannot respond quickly enough.

- Where an ambulance crew assess a patient as not requiring hospital care, an alternative service should be made immediately available – not made available in a few hours. For the patient, A&E means safe care, but if the system was working effectively, community teams would provide an urgent response to patients for whom home care is the best and most effective response to their needs. To make this happen, the London Directory of Services (DoS) must be constantly updated and the services listed in DoS must be made available within an adequate time to patients. The DoS should also be placed in the public arena so that Healthwatch and patients' groups can know what is available and monitor the effectiveness of urgent care services.

- "Intelligent Conveyancing" introduced at St Georges and other hospitals to encourage diversion away from their A&E when it has reached capacity. This approach can conflict with patients' choice, where for example a patient has a condition requiring continuity of care at a particular hospital, e.g. kidney disease and sickle cell disorders. Patient's choice should have priority except where clinical need overrides, e.g. stroke, cardiac arrest and trauma. Inadequate beds and resources in A&E should not undermine continuity of care.

The Forum will:

- Closely monitor ambulance 'waits' and advise MPs, candidates and those elected to Mayor, London Assembly and local authorities, about the situation.
- Write to the Board members of hospitals where there are ambulance queues.
- Advise Health & Wellbeing boards of the situation in their area.
- Request support from London's OSC - Overview and Scrutiny Committees - to get rid of hospital queues forever.

The Forum has written to Professor Keith Willett, NHS England and the Trust Development Authority about this situation and the replies are shown in APPENDIX THREE of this report. Queuing data for 2015 is shown below. Dr Andy Mitchell, Medical Director for London, agreed to speak at a meeting of the Forum on the issue of ambulance queuing in June 2016.

HOURS WASTED IN AMBULANCE QUEUES ACROSS LONDON

MONTH - 2015	30-59 MINUTE WAITS	60+ MINUTE WAITS	HOURS WAITED
December 2014	4152	726	2802
January 2015	2902	494	1945
February	2171	342	1427
March	2661	221	1551
April	2064	199	1231
May	1528	161	925
June	1468	81	815
July	1629	108	922
August	1762	196	1077
September	2147	264	1337
October	2341	140	1310
November	2797	365	1763
December	3165	476	2058
TOTAL HOURS AMBULANCE QUEUES	**------**	**-----**	**19163 hrs**

Handover Waits 2014-2015 – Data from Brent CCG – LAS Commissioners

RECOMMENDATION TO NHS ENGLAND – AMBULANCE QUEUING MUST BE STOPPED IMMEDIATELY THROUGH THE PROVISION OF ADEQUATE RESOURCES FOR LONDON'S ACUTE NHS SERVICES

BARIATRIC CARE – for patients who are heavy or large

The Forum put a number of questions to the LAS about their services for bariatric patients. We asked about the number of specialised bariatric vehicles, their suitability for the transport of bariatric patients, whether staff training is adequate and whether ambulance response times are safe for these patients. The issue was also raised with the CQC during their inspection and they included this issue in their report on the LAS.

The LAS told us: 'The Staff is specially trained in bariatric care and associated issues of privacy and dignity. LAS have 3 PTS vehicles with specialised equipment that are available seven days a week. If the LAS does not have an adequate number of vehicles, a private company provides additional resources. Transfer of bariatric patients may be slower and take longer than other patients, but if "extrication" due to the patient's condition or size is an issue, then HART (Hazardous Area Response Teams) can be provided to assist the patient. The newest range of ambulances, including the 66 purchased for the Olympics, have a trolley bed which is capable of carrying patients up to 50 stone weight'. Dr Fenella Wrigley, Medical Director of the LAS added:

"From a clinical perspective, if the patient's GP advises LAS of a specific need then we place a clinical flag on their address. However, for high priority calls we would send an appropriate response to provide life-saving interventions".

BLANKET RE-USE BY FRONT LINE STAFF

Despite repeated requests from the Forum to the LAS, there is evidence that front line staff are sometimes re-using blankets. These have the potential to infect other patients with MRSA, Clostridium Difficile and other serious infections. The Chief Medical Officer of the Department of Health, Professor Sally Davies, told the Forum in 2013 that this practice was unacceptable. We have raised this malpractice with the LAS Board members and the LAS commissioners on a number of occasions, but have not received sufficient assurances that this malpractice has completely stopped.

RECOMMENDATION TO THE LAS: RE-USE OF BLANKETS SHOULD BE STOPPED IN ALL CASES TO PREVENT CROSS INFECTION.

CLOCK START PILOT – AMBULANCE RESPONSE PROGRAMME

On February 10th 2015, the LAS was selected by NHS England to take part in a national 'clock start pilot', along with South West Ambulance Service; however the LAS was required to withdraw from the pilot when it was put into 'special measures' by the CQC.

The pilot enabled Red 2 calls to be assessed for up to 180 seconds instead of 60 seconds, to get a more accurate assessment. Some Red 2 calls were upgraded to Red 1 (first level emergency) to ensure they received an immediate response. The pilot involves additional time being given to emergency call takers to assess calls before dispatch of an ambulance. NHSE believes the pilot will enable call takers to make a more informed decision about what type of ambulance response is needed and what resource to send to Red 2 calls. See: www.gov.uk/government/speeches/ambulance-service-in-england

The objective of the pilot is to use ambulances more efficiently by ensuring that the training and experience of clinical staff who provide care to Red 1 and Red 2 patients is consistent with their needs. It is believed that by better matching the clinical resource to patient need, fewer staff and vehicles would be sent to patients and there would be fewer ambulances 'stood down' whilst on their way to a patient, to attend to another patient with a higher level of need.

The Forum has joined Professor Benger's NHSE 'Ambulance Response Programme' review group to examine the pilot's progress and has requested details of the methodology and outcome data to assess the safety of the pilot and the impact on patient safety.

We are concerned to ensure that the Programme does not lead to slower responses to Cat C patients and privatisation of ambulance services, which usually cause chaos and lower standards of care.

RECOMMENDATIONS

A) NHS ENGLAND SHOULD PROVIDE EVIDENCE THAT THE PILOT WILL ENABLE THE CLINICAL SKILLS OF FRONT LINE STAFF TO MATCH THE CLINICAL NEEDS OF PATIENTS

B) NHS ENGLAND SHOULD PROVIDE EVIDENCE THAT THE PILOT REDUCES DELAYS FOR BOTH CATEGORY A AND CATEGORY C PATIENTS.

COMMISSIONING THE LAS

The Forum meets monthly with Elizabeth Ogunoye, the Director of Commissioning for the LAS (on behalf of London's CCGs). The CCGs fund the LAS and continuously review the quality of its services and its achievement relating to targets, standards and contractual requirements.

The CCGs agree a yearly quality improvement programme with the LAS called CQUINs (see below) and meet regularly with the LAS to review progress at the CQRG – the Clinical Quality Review Group. The Forum has been attempting for some time to acquire observer status on this Group and we are making progress with this objective. The CCGs have agreed to send the Forum CQRG papers from the beginning of 2016.

The Forum has pressed the Commissioners to improve mental health, dementia and end of life care provided by the LAS and to promote greater equality and inclusion amongst the LAS staff and the patients they provide care for.

Following a successful joint meeting of the Sickle Cell Society, the Patients' Forum and LAS, we have proposed a CQUIN for Sickle Cell disorders for the 2016-7 period. The Commissioners have instead agreed to develop a 'service development plan' for patients suffering from a sickle cell crisis. Discussions continue with the Commissioners and LAS to achieve the contractual objective.

RECOMMENDATIONS

A) THIS IS AN EXCELLENT EXAMPLE OF COLLABORATIVE WORK AND WE RECOMMEND THIS APPROACH WITH OTHER SERVICE DEVELOPMENTS.

B) COMMISSIONERS SHOULD MONITOR DELIVERY OF THE OBJECTIVE OF THE NHS

C) ENGLAND EQUALITY DELIVERY SYSTEM (EDS2) BY THE LAS.

CQUINS FOR THE LAS – Commissioning for Quality and Innovation

We have actively encouraged and supported the Commissioners to develop more effective mental health, dementia and end of life care services in the LAS through the use of CQUINs. The Forum has also sought information on the monitoring and delivery of services enhanced through the use of CQUINs in order to review progress and impact on service quality.

Learning Disabilities

The Forum would like to see the development of services for people with Learning Disabilities based on the 'Commissioning Guide for Improving the Health, Social Care and Wellbeing of People with Learning Disabilities' produced by the National Development Team for Inclusion. In particular the Forum would like to see the following developments:

a) Flagging and coding of patients with learning disabilities on the LAS system in order to provide more effective and sensitive services.

b) Flagging the care co-ordinator for people with a learning disability, especially where a person with learning disabilities has more than one long term condition.

c) Improving the training of all front line staff to ensure that services for people with learning disabilities are consistent with the NHSE Health Equality Framework.

Information about CQUINS: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/

The LAS and Commissioners have responded very positively to proposals to improve care for people with learning disabilities.

RECOMMENDATION

THE LAS AND COMMISSIONERS SHOULD AGREE A PROGRAMME FOR ENHANCING THE CARE OF PEOPLE WITH LEARNING DISABILITIES, THROUGH THE USE OF CQUINS AND AGREEMENTS ABOUT IMPLEMENTATION OF PROPOSAL MADE BY THE DEVELOPMENT TEAM FOR INCLUSION

COMPLAINTS

There has been a considerable increase in the number of complaints made to the LAS by patients and carers. The number of complaints broadly reflects the increase in demand for LAS services. We have repeatedly asked the LAS to demonstrate how complaints influence and improve services. There are some good examples of improvements but these are limited. The Forum believes that people who make complaints have a right to know how their complaint has contributed to service improvement for other patients, and we have repeatedly pressed the LAS to take action to achieve this objective. We have requested systematic data on outcomes, with systems for learning from complaints and any recurring complaints. This request is consistent with the recommendation of the Parliamentary Health Select Committee:

Recommendation from the Health Select Committee – 2015: *5. We recommend that Trusts be required to publish at least quarterly, in anonymised summary form, details of complaints made against the Trust, how the complaints have been handled and what the Trust has learnt from them. (Paragraph 27 - House of Commons Health Select Committee Fourth Report of session 2014–15 Complaints and Raising Concerns).*

During 2015 the LAS carried out an investigation of their complaints handling for presentation to the Clinical Quality Review Group (CQRG). The Forum has asked many times for a copy of this report and requested to be present during the CQRG review of the investigation (which has subsequently been agreed).

The Forum has asked the LAS to produce information for all people who use its services so that they can feed back, provide comments and make complaints. We have further advised the LAS to provide every patient/carer with a feedback card that can be given to them or left in their home.

RECOMMENDATIONS

A) THE LAS SHOULD PLACE IN THE PUBLIC ARENA DATA ON COMPLAINTS' OUTCOMES, SYSTEMS OF LEARNING FROM COMPLAINTS AND DETAILS OF ALL RECURRING COMPLAINTS.

B) THE LAS SHOULD PRODUCE INFORMATION FOR ALL PEOPLE USING LAS SERVICES, TO ENABLE THEM TO BETTER PROVIDE FEEDBACK, COMMENTS AND MAKE COMPLAINTS.

C) FEEDBACK CARDS SHOULD BE PRODUCED FOR ALL PATIENTS AND CARERS WHO RECEIVE CARE FROM THE LAS, WHICH CAN BE GIVEN TO THEM OR LEFT IN THEIR HOME.

CQC INSPECTION OF THE LAS

The CQC carried out an excellent and comprehensive inspection of the LAS in June 2015 (both announced and unannounced visits). The report was published on November 27th 2015 – six months later. A Quality Summit was held on December 2nd 2015, which the Forum attended. Overall the service was found to be inadequate and the CQC judged LAS services as follows:

1) Safety – Inadequate
2) Effective – Requires improvement
3) Caring – Good
4) Responsive – Requires improvement
5) Well-led – Inadequate
6) Emergency and Urgent Care - Inadequate
7) Emergency Operations Centre – Requires improvement
8) Patient Transport Service – Requires improvement
9) Resilience – Inadequate

The Forum invited CQC inspectors Roger James and Robert Throw to its meeting on May 13th 2015, prior to the CQC inspection of the LAS, and the inspectors were able to listen to the views of patients and carers on the effectiveness of the LAS. London's Healthwatch organisations were also invited to attend our meeting. The CQC inspectors presented their *"New approach to inspection of ambulance services"*.www.patientsforumlas.net/meeting-[a[ers---2014.html to the Forum meeting.

The Forum produced a detailed report describing its members' experiences of LAS services and showing the progress the LAS had made in implementing recommendations made by the Forum in previous years: www.patientsforumlas.net/uploads/6/6/0/6/6606397/cqc_report-20-5-2015-(ph1)_final_document-ma.pdf

Key points from the Forum's Report to the CQC are as follows:

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

(ii) Patients who fall may experience long waits for care because of low capacity to respond to Cat C calls, causing delayed assessment and transfer. This has led to a significant increase in the number of complaints to the LAS and possibly clinical and emotional harm to patients waiting long periods in their homes, on pavements or roads.

(iii) More should be done to ensure that paramedic training and practice includes NICE's comprehensive cognitive assessment, which enables paramedics to identify patients who may have dementia and assists them to deal more effectively with issues like pain control.

(iv) The LAS Safeguarding Committee meets every 6 weeks and needs to deal more effectively with several challenges/goals, e.g. some referrals are still being faxed and there is no training database.

(v) There are still incidents of poor care for stroke patients because not all front line staff fully understand use of the FAST test.

(vi) The Forum has received concerns from the families of patients who have remained in ambulances for long periods outside A&E. Some have resulted in Serious Incident investigations because this is the requirement for all handover waits of an hour or more. These waits are unacceptable and the emergency care system must act to remedy them.

(vii) The Forum has observed that increases in call-out activity in the evening sometimes coincide with shift changes that occur between 6-7pm. The gap in capacity during this shift change can have a particularly harmful impact on responses to Cat C calls.

(viii) Complaints about poor 'attitude and behaviour' of some LAS staff have recurred over many years, suggesting that this issue and other recurring issues are not leading to lessons being learned. The Forum is concerned about this example of a failure to learn from complaints by the LAS.

(ix) Despite the Chief Medical Officer confirming to the Forum in 2011 that re-use of blankets for patients is always unacceptable, our intelligence from front line staff confirms that multiple blanket use continues.

(x) The LAS operates a Location Alerts Register to warn paramedics of possible risks of violence or abuse on entering certain premises, based on previous instances involving LAS staff and/or the police at that address. The list is not usually person specific - just an address. For multi-occupancy addresses, there does not appear to be a process to determine whether the original person(s) involved in an incident still actually live(s) at the address. This can delay and jeopardise care for residents at the address, even though a risk assessment is carried out to determine whether it is safe for LAS crews to enter the premises without the presence of the police.

(xi) The care and transportation of bariatric patients from their home to hospital can be complex and hazardous for the patient and clinical staff. Appropriate procedures and equipment are not always available. A Forum member described delays with the provision of care for patients who require special equipment and ambulances.

(xii) LAS services are variable for people in a mental health crisis. Patients sometimes encounter ambulance staff (and hospital A&E staff) who do not treat them sensitively or show an adequate level of understanding of their needs. Patients with both mental health and learning disabilities sometimes found it difficult to access appropriate emergency care.

(xiii) The use of the Co-ordinate my Care system and Advance Care Plans is still under-developed for patients requiring 'end of life' emergency care. Evidence of compliance with Advance Care Plans is not available but needs to be produced by the LAS and other health bodies. Continuous training and updating of frontline LAS staff in end of life care throughout 2015-6 and beyond is essential.

(xiv) The LAS's approach to equality and inclusion is fragmented and 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. Additionally, the LAS and TDA Board has consistently failed to ensure that its membership reflects the diversity of London. It also appears that there are no specific plans to address the LAS's equality duty across the full range of protected characteristics, i.e. a list of key goals for each protected group, time scales, feedback from staff and patients, and priorities that can be placed in the public domain with tight deadlines for achievement and completion.

Next Steps

Zoe Packman, the LAS Director of Nursing and Quality, attended the Forum on December 16th 2015 to discuss action that would be taken by the LAS to meet CQC standards and to become an 'outstanding' organisation which complies with its legal duties in relation to the following regulations:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – (Regulations 4-20)
Care Quality Commission (Registration) Regulations 2009 (Regulations 12-22)

The Forum believes that the CQC inspection identified many key issues of poor performance that the LAS needs to address and we are convinced that the leadership of the LAS is firmly committed to transforming the organisation and make it into an outstanding provider of emergency and urgent care.

The Forum has arranged to meet with Zoe Packman regularly in 2016 to discuss the progress being made by the LAS to comply with CQC standards, improve access to care and radically enhance the quality of care provided to all patients cared for by the LAS.

RECOMMENDATION TO THE CQC

THE CQC NEEDS TO COMMUNICATE MUCH MORE EFFECTIVELY WITH THE PATIENTS' FORUM AND HEALTHWATCH AFTER AN INSPECTION OF THE LAS. DURING THE DELAY OF SIX MONTHS BETWEEN THE INSPECTION AND PUBLICATION OF THE REPORT THERE WAS VIRTUALLY NO COMMUNICATION WITH PATIENTS' ORGANISATIONS.

CROYDON PATIENT INVOLVEMENT EVENTS

Nero Ughwujabo, Chief Executive of the Croydon BME Forum, spoke to the Patients' Forum meeting in June 2015 about the development of closer links between the Forum and BME communities, including greater participation in activities to monitor the effectiveness of emergency and urgent care in Croydon.

The Forum presented to the Scrutiny Committee of the London Borough of Croydon on September 15th 2015 during its review of the LAS, and to Croydon Healthwatch on November 23rd 2015. In both cases we provided data about the performance and effectiveness of the LAS in their area. Sister Josephine Udie and Malcolm Alexander attended these meetings.

DEFIBRILLATORS

The Forum has worked actively with the LAS to promote access to defibrillators across London. We focussed on three projects in Hackney, Southwark and the City of London. There has been a substantial increase in the number of defibrillators in London - currently 1007. The survival rate following CPR and defibrillation has substantially increased, and with the cooperation of pharmacies and local authorities much more can be done. Every 999 call following a cardiac arrest locates the nearest defibrillators to the patient – the more we have, the more lives will be saved across London.

Hackney

In Hackney, we presented to the Health and Wellbeing Board and to the Local Pharmaceutical Committee, hoping to persuade them to purchase defibrillators for each of the 40 pharmacies in Hackney. The London Ambulance Service offered a reduced cost deal to Hackney, which included defibrillators and training. All pharmacists must be trained in CPR so they are the ideal location for defibrillators. Despite creating excellent opportunities in Hackney, the pharmacists and CCG refused to pursue the project. Pharmacists said they could not afford the once only payment of £1500 for a defibrillator and the CCG chair said that evidence of effectiveness was lacking.

City of London

In the City of London, Forum member Wendy Mead invited LAS defibrillator lead Chris Hartley-Sharpe and the Forum to present to the City of London Health Committee. The Committee endorsed the proposal to encourage the seven pharmacies in the City to equip their premises with a defibrillator. Unfortunately, the company that runs the pharmacies – Boots – refused to purchase them. The Chair of the Health Committee, Wendy Mead, wrote to their MP asking for national support for the project. The allocation by the Chancellor of £1million for defibrillators in the 2015-6 UK budget was a move in the right direction that needs to be repeated each year.

Southwark

In Southwark, a meeting with the Mayor of Southwark, Cllr Dora Dixon-Fyle, which was led by Forum members Alderman David Payne and Sister Josephine, sought support for installation of defibrillators in pharmacies, schools and supermarkets. We followed this up by seeking a

meeting with Council leader Peter John, prior to writing to all Southwark Councillors and encouraging them to press for at least two defibrillators to be installed in every council ward.

We held a very positive meeting with the Vicar General of the Southwark Diocese of the Roman Catholic Church seeking support for installation of defibrillators in the larger churches and Catholic schools in his diocese. Sister Josephine and Malcolm Alexander led this initiative.

Sainsbury's Ignore Requests

The Forum has also written to 30 branches of Sainsbury's asking them to install defibrillators. There was only one response and the Forum therefore wrote to Sainsbury's Chief Executive, pointing out the consequences of people dying while shopping in Sainsbury's because staff could not offer CPR and defibrillation to customers suffering cardiac arrest. We will also raise this issue with hospital boards where Sainsbury's have pharmacies.

VAT

Concerned about the VAT on defibrillators, the Forum wrote to Chancellor George Osborne, asking him to remove VAT at the March 2016 budget. The Forum received a helpful reply from the Minister, David Gauke - www.patientsforumlas.net/uploads/6/6/0/6/6606397/defibrillators-vat-chancellor-march_20160001_copy.pdf)

DUTY OF CANDOUR

The statutory Duty of Candour was introduced in November 2014. This marked an historic advance in patients' rights and patient safety in England. The duty imposes on all health care providers a legal duty to be open and honest with patients and carers about incidents that have caused or have the potential to result in moderate or serious harm or death. This means that people affected by medical accidents must be told the truth about the harm that has been caused to them or those they care for. Fundamentally, this duty means that the health care providers must learn lessons from each incident, and the person who has been harmed is also made aware of how the organisation has learnt and improved its practice.

During 2015 the Forum had an opportunity to be present, with the consent of all parties, when the Duty of Candour was delivered by the LAS Chief Executive to inform a patient and family about a serious incident. We regarded this as an example of best practice.

The Forum sought the following information from the LAS regarding implementation of the Duty of Candour:

a) Is data kept on delivery of the Duty of Candour, e.g. a record of each time it is enacted?
b) How often has the duty been enacted during 2015-6?
c) Is there a record of Serious Incident reports, showing in each case where it is appropriate, whether the patient and/or carer has been advised of the Serious Incident and given a copy of the report?

The LAS replied:

"Within the Governance department we keep a record of all the instances where the Duty of Candour has applied in relation to Serious Incidents. In 2015-16 we have declared 62 Serious Incidents so far and all but 6 of these have resulted in the duty of candour being applied (i.e. at

least moderate harm in the view of a medical professional has occurred to the patient as a result of the actions/inactions of the LAS).

For all Serious Incidents that involve a patient the patient/next of kin is notified and the report is shared with them (it is one of the requirements we must meet before a report is closed down by commissioners). The only exception for this is where the patient/family has refused to engage with us, or circumstances where the patient was homeless with no next of kin available. The number of these is very small as a proportion of the total.

It is important to note that from the new implementation of DATIX due in Quarter 1 of 2016-17 our ability to report and monitor the duty of candour's usage will become automated. This along with the training should help improve how well the duty is embedded with the organisation as the current LA52 form used for reporting incidents does not have a section for recording the level of harm on it whereas DATIX does.

In respect to the policy not being easily searchable on the extranet this is an issue not exclusive to the duty of candour. I am told you can only do a key word search using the policy reference (e.g. tp06). This is unfortunately a limitation of the website".

RECOMMENDATION

THE LAS SHOULD SIGNIFICANTLY IMPROVE THE QUALITY OF INFORMATION PROVIDED ON THEIR PUBLIC WEBSITE REGARDING IMPLEMENTATION OF THE DUTY OF CANDOUR. A KEYWORD SEARCH SHOULD BE MADE AVAILABLE ON THE WEBSITE AND INFORMATION PRODUCED ESPECIALLY FOR PATIENTS WHO HAVE SUFFERED HARM.

END OF LIFE CARE

Better 'End of Life Care' has been a Forum priority for a number of years and we are pleased that the LAS and Commissioners have prioritised this issue. We believe it is most important to ensure that the wishes of people who have a terminal illness, or who are close to death, are clearly communicated to the LAS, respected by the organisation and carried out to the letter.

It is essential that the specific choices and wishes described in Advance Care Plans (ACP) by people requiring end of life care are flagged on the LAS Command Point system directly by Connect my Care (CmC), and effectively communicated to front line staff.

In November 2015, CmC launched a new IT system to improve access to care plans 24/7. Since 2012 when the CmC system was started, 25,000 electronic advanced care plans have been produced in London, but this number is low compared with the number of people who might wish to develop an ACP. The new CmC IT system reduces the time it takes to create and update CmC ACP. The next phase for CmC includes increasing interoperability with GPs,

the LAS, community services and acute and urgent care IT systems, leading eventually to a seamless service.

The Forum has requested the following information regarding the development of the CmC system. The LAS response is shown.

A) Can CmC automatically flag the address of a person with an advance care plan (ACP) on the LAS command point system?

Yes. Once a CMC record is created we are notified and a flag placed against the address on our command point system. When a call is received from that address a notification comes up against the call that a CMC record is in place. The CMC record is opened to confirm it is the right patient and the crew are asked to call the clinical hub to be given the details of the care plan.

B) When a 999 call is made from a flagged address, is information regarding the ACP conveyed automatically and directly to the crew providing assistance?

No, the crew are sent a message notifying them a plan is in place and they phone in for details. Plans may be long and it may not be possible to send the whole plan to the crew through the MDT. LAS are working with NHS England to create a process to enable crews to receive information automatically from GP systems and others like 111.

C) Is data available to monitor the completion of each CmC request to the LAS regarding an ACP at a flagged address?

LAS meets CmC monthly and attend governance meetings. Data is available showing how many times LAS have accessed CmC records and there has been a steady increase over the last year. Any concerns/complaints that come to the LAS relating to cases where the LAS did not access CmC are investigated and presented at monthly 'end of life' steering group. These are generally calls that come in as cardiac arrests and the crew have responded in minutes and not had the time to contact the clinical hub because of the time pressure.

D) Is there evidence from this data that the wishes of the person with the ACP have been complied with? For example that the person dies in their preferred place and the ambulance was available within 2-4 hours of a CmC/ACP request.

Patients with CmC plans have their preferred place of death met in the vast majority of cases. But this can be fluid and there are cases where the individual changes their mind, so the decision has to be made in real time with the patient/family/carers. LAS are unaware of any cases where we have conveyed against express family/patient's wishes. Where concerns are raised they are always investigated. The LAS is meeting with NHSE to discuss improving the LAS transport service for hospices/hospitals. LAS hopes to apply the non-emergency transport model (NETS).

E) Do frontline staff (including EOC staff) receive continuous training and updating regarding compliance with CmC ACPs?

There is regular training in EOC for all staff with continuous updates and refresher training. If a case identifies an individual failure to correctly use CmC, individual feedback and briefings are given. There is a specific training lead for CmC based in EOC. Frontline staff have not had CmC training until recently with the latest core skills refresher training concentrated on end of life care. The LAS is using video with EOC staff explaining how CmC is used. This will be put on Pulse website along with podcasts being filmed now covering areas such as DNARs.

RECOMMENDATION

THE LAS SHOULD PRODUCE MONTHLY DATA DEMONSTRATING THEIR ACHIEVEMENT AGAINST POINTS A) TO E) ABOVE.

EQUALITY AND INCLUSION – SIGNIFICANT IMPROVEMENT REQUIRED

The Forum has had serious concerns about the effectiveness of the LAS in relation to its responsibility to show due regard to the duties imposed by the Equality Act 2010. This requires the LAS to eliminate discrimination, advance equality of opportunity and foster good relations for people with protected characteristics. Performance has been poor, although there are some notable and very positive exceptions, e.g. staff included within the LGBT protected characteristic. The Forum has raised this issue repeatedly with the LAS.

In 2015 we put a number of questions to the LAS Board. Their responses are shown below:

Q1: What action will be taken about the lack of diversity of the LAS Board, e.g. in relation to the ethnicity and age?
A1: The former LAS Chair said: 'We are participating in an initiative to gain interest from colleagues who wish to join an NHS board and are developing a readiness programme to improve people's chances of success through the application and selection process. The intention is to increase the number of NHS board members from a BME background'.

Q2: What is the percentage of paramedics from a BME heritage?
A2: 9.9% of new starters came from a BME background (this refers to new starters, not the Paramedic workforce).

Q3: When will a race champion be appointed for the LAS?
A3: Janice Markey replied that champions had been appointed for age, disability, pregnancy and maternity. Staff had now agreed to be champions for race and gender, and this left a gap for religious beliefs.

Q4: Will the Board appoint an independent Chair for the Equality and Inclusion Committee?
A4: The Board has appointed Sandra Adams, a Board member to chair the Committee.

Faith Champion

We proposed that Forum member and expert in faith issues, Harbajhan Singh, be appointed as an independent Faith Champion, but despite an initial meeting the Forum has been unable to obtain a response from the LAS to this request.

Effectiveness of the Equality and Inclusion Committee

Forum member Kathy West represents the Forum on the LAS Equality and Inclusion Committee. She has reported to the Forum that the Committee is dysfunctional and has repeatedly failed to consider the needs of people included within the scope of most protected characteristics under the Equality Act.

It is also the case that within papers presented to the LAS Board, under 'Key implications and risks arising from this paper', it is nearly always claimed that there are no risks in relation to equality and inclusion, e.g. in a recent set of LAS Board papers, all 9 documents failed to produce any concerns about the impact of the policies on equality and inclusion. We have also noted that:

- Analysis of the paramedic workforce shows that 94% of this workforce is white.
- 150 paramedics who have joined the workforce from Australia are mostly white.
- Forty percent of people living in London are from an ethnic minority background that should be more fully reflected in the LAS workforce.
- There is no systematic, long term and strategic work to recruit future paramedics from schools and colleges in areas of London with high ethnic minority populations.

Statement by the Patients' Forum to the LAS – December 15th 2015

"The Patients' Forum fully supports the direction of the London Ambulance Service as an essential service for the people of London, which is committed to providing the very highest quality service to people needing urgent and emergency care. The LAS is currently responding to an assessment by the Care Quality Commission that has found some of its services inadequate. We support the leadership of the LAS and recognise the need for a combination of more resources, improved management of resources, and significantly improved staff/management relations and support. We note the findings of the CQC relating to the need to: *"Review trust equality and diversity, and equality of opportunity policies and practice to address perception of discrimination and lack of advancement made by trust ethnic minority staff and staff or on family friendly rotas."* CQC Nov. 2015

The LAS's Equality and Inclusion Committee has made good progress regarding the inclusion and support of LGBT staff, but has failed to show due regard to the needs of most of the protected categories designated in the Equality Act. Consequently staff, potential staff and patients with some of the other protected characteristics are left on the sidelines - and hence the poor CQC assessment.

The Forum believes it is essential to have a 'whole systems approach' to each protected characteristic (equality group), including regular feedback from 'equalities champions' and from staff and patients. As an example of the way forward in the area of disability, a significant number of staff experience disabilities and therefore have the relevant experience to become more supportive of patients with similar disabilities. This is currently the case with hearing disabilities, but is the exception for the LAS.

The Forum values the significant progress made via LGBT focused assessments. It is essential that the LAS makes rapid and significant progress towards ensuring that all patients and staff with protected characteristics are valued, supported, and actively involved and included, and that the entire equality approach is treated as a whole system".

The Forum is taking the following action:

A) Maintain high-level dialogue on this issue with the LAS Board and senior managers.
B) Plan a Forum meeting on this issue and invite participation from Sandra Adams, Chair of the Equality and Inclusion Committee, and national equality organisations.
C) We have written to Sandra Adams on this issue - see APPENDIX FOUR.
D) Publish a report on racial diversity in the LAS.
E) Invite Roger Kline to the Forum to discuss the new Workforce Race Equality Standard produced by NHS England.
F) Seek advice from ROTA (Race on the Agenda).
G) Place the minutes of the Equality and Inclusion Committee on the Patients' Forum website.

RECOMMENDATIONS

A) WE STRONGLY RECOMMEND THE LAS ENSURES THAT IT SHOWS DUE REGARD TO THE REQUIREMENTS OF THE EQUALITY ACT IN RELATION TO PATIENTS AND STAFF WITHIN THE PURVIEW OF ALL PROTECTED CHARACTERISTICS.

B) THE LAS SHOULD ENSURE THAT IT IS DELIVERING SERVICES THAT MEET THE OBJECTIVES OF THE NHS ENGLAND EQUALITY DELIVERY SYSTEM (EDS2).

C) PROTECTED CHARACTERISTIC CHAMPIONS SHOULD REGULARLY REPORT TO THE LAS BOARD ON THEIR PROGRESS IN COMPLYING WITH THE EQUALITY ACT AND EDS2.

D) THE BOARD SHOULD APPOINT AN INDEPENDENT CHAIR TO ITS EQUALITY AND INCLUSION COMMITTEE.

EQUIPMENT FOR FRONT LINE STAFF

In February 2015 we asked the LAS Board to confirm that:

a) Front line staff have sufficient supplies of equipment to assist them with diagnosis and treatment of patients, and:
b) There are plans to deal with short and long term equipment shortages which are potentially harmful to patient safety and care.

LAS Board responded:

> "*There has been considerable focus on this issue and the Trust had bought a significant amount of equipment over the last months to address areas of stress. The Board is confident that there are now sufficient supplies of equipment. Management will ensure that equipment is marshalled to get them to the right place at the right time. The Trust is moving away from flexible fleet to complex based fleet, where vehicles are allocated to the complexes and will be much easier to equip".*

However, by the end of 2015, the LAS was so concerned that essential equipment might not be available for patient care by front line staff, that it placed this concern on the risk register as a 'high level risk' (red).

RECOMMENDATION

ACTION IS URGENTLY TAKEN TO ENSURE THAT LAS LOGISTICS IS ABLE TO CONTINUOUSLY DISTRIBUTE DIAGNOSTIC AND ASSOCIATED CLINICAL EQUIPMENT TO FRONT LINE STAFF AS REQUIRED, AND THAT ALL AMBULANCES ARE FULLY EQUIPPED WITH EQUIPMENT REQUIRED FOR THE DIAGNOSIS AND TREATMENT OF PATIENTS BY FRONT LINE STAFF.

FAITH SUPPORT FOR FRONT-LINE STAFF

The Forum met with Tony Crabtree, Deputy Director of HR, to discuss the development of an approach to faith/spiritual support for staff based on having a large number of spiritual support workers available for staff of all religions and faiths. LAS had a Chaplain who for many years offered spiritual support to staff, but who left in 2014 and was not replaced. London City Mission provided this service free. The provision was neither multi-denominational nor multi-faith. Attempts are being made to develop a service that is inclusive of all religions and beliefs.

Tony Crabtree gave assurances to the Forum that:

> *"LAS are seeking advice from the UK Board of Healthcare Chaplaincy (UKBHC) - a multi-faith organisation of practising healthcare chaplains regarding the selection and appointment of accredited healthcare chaplains. The UKBHC works to promote the confidence of the public in healthcare chaplains and to develop professional standards of practice".www.ukbhc.org.uk*

RECOMMENDATION

THE LAS SHOULD PROVIDE ACCESS TO RELIGIOUS AND FAITH SUPPORT FOR STAFF AS REQUIRED.THEIR MODEL SHOULD TAKE INTO ACCOUNT THE DIVERSITY OF RELIGIONS AND FAITHS AMONGST LAS STAFF. THE SERVICE SHOULD IN PARTICULAR BE AVAILABLE TO STAFF WHO HAVE SUFFERED TRAUMA AS A RESULT OF EXPERIENCES DURING THE PROVISION OF CLINICAL CARE. (SOUTH EAST COAST AMBULANCE SERVICE PROVIDES A MODEL OF BEST PRACTICE).

FALLS

Many people designated Category C (non-emergency) status when they call 999, have suffered a fall either at home, in the street or on the road. Some of these patients will have fractured bones, or suffered soft tissue trauma, that need to be assessed by paramedics. Unfortunately, these patients are not regarded as priorities and may wait several hours for assessment and treatment. The consequences of long waits can be severe, e.g. people lying on pavement or road, especially in winter, are at risk of further injuries, trauma and infection. People lying on their own floors for many hours at home, especially if elderly, are at greater risk of pneumonia or urinary tract infections. Patients taken to hospital, as the safest option, may suffer from infections caught in hospital and disorientation.

A solution to all these problems is the development of 'locally based falls teams', which can provide care for patients quickly and make sure they are in the safest possible environment until paramedics arrive. A competent falls team can cancel an ambulance response based on their assessment, take over care following a paramedic assessment, and ensure effective discharge arrangements if a person is admitted to hospital. Thus, an effective, highly trained falls team can provide safe care, as close as possible to the person's home or site of their fall, as well as providing continuity of care. We have emphasized the need for local falls teams funded by CCGs to be accessible to patients and paramedics, to facilitate the sharing of care between the most appropriate clinical staff – paramedics, GPs, community nurses or hospital A&E.

In response, Alan Hay, the Emergency Bed Service manager for the LAS, told us:

> "We are currently referring directly into either borough falls teams or 'single point of access' teams (who forward on to Falls Teams) in Wandsworth, Kingston and Richmond, Merton and Sutton, and Enfield. We are in discussion with colleagues in Barking and Dagenham, Havering, Redbridge, Lewisham and as you say Lambeth. Interestingly, we had some very positive feedback from Merton and Sutton. Ordinarily they would expect to receive around 4 to 6 referrals a month from GPs. In the first 2 weeks of our direct referral they received 22 referrals. Although there's more work to be done to understand this data properly, it certainly looks like evidence that this model has much to recommend it".

The Forum has requested data on partnership working between the LAS and falls teams and is proposing development of paramedic accessible Falls Teams in every London borough with agreed response times.

RECOMMENDATION TO THE LAS COMMISSIONERS AND THE LAS

MULTIDISCIPLINARY FALL TEAMS SHOULD BE IMMEDIATELY AVAILABLE AND ACCESSIBLE TO THE LAS AND PARAMEDICS IN EVERY LONDON BOROUGH, SO THAT EFFECTIVE TREATMENT CAN BE PROVIDED IMMEDIATELY FOLLOWING A FALL IN A PUBLIC PLACE OR IN THE PATIENT'S HOME.

FORUM LEAFLET

To better publicise its work, the Forum has produced a leaflet describing its activities.
See APPENDIX FIVE or www.patientsforumlas.net/join-us.html

INFORMATION FOR THE PUBLIC ABOUT URGENT CARE

The urgent care system in London is confusing for patients and staff, and leads many to take what they believe is the safest option when they are sick: going to A&E. The Forum has highlighted the extent of the confusion on many occasions, but instead of getting easier to use, the system gets more confusing, leading to more unnecessary visits to A&E. The basic problem is the poor integration and communication between different parts of the system:

> *A Forum member fell in the street on a Saturday evening that caused severe pain to his ribs. The pain increased and he thought he had fractured a rib, so he phoned his GP on Sunday morning and was told to contact 111. They told him he should visit an Urgent Care Centre (UCC), but didn't transfer information from their patient assessment to the UCC.*
>
> *When he got to the UCC they told him that they couldn't x-ray his chest because they had no facilities for that type of x-ray, and if the urgent doctor had thought an x-ray was necessary, he would have to travel two miles to the nearest A&E. He waited two hours to see a doctor in the UCC and was told that an x-ray was not necessary because there was no evidence of a fracture. The doctor said she could not write a clinical note to the patient's GP, because there was no system available to communicate directly with the GP, so she asked the patient to write a note himself to his GP.*

A&E departments will continue to be filled with people not needing emergency care until efficient, integrated, well organised and publicized patient centred UCC and GP care is available to all. Currently, there are eleven 111 bases in London and numerous UCCs offering a range of different services at different times. The 111 Directory of Services (DoS) does not provide consistent information across London and there is no guarantee that the services they recommend will be open and available. Patient experience data about 111 services is negligible.

UCCs and GPs should be the bedrock of provision for effective urgent care. The provision of accurate information about these services directly to the public is essential and should be done through every available means: messaging, letter box, bus stops, stations, supermarkets etc., etc. People will go to dedicated urgent care centres if such centres are competent, effective and reliable. Why wait hours in unreliable UCC, when you can go to a reliable A&E? Why go to A&E if you have access to highly effective local UCCs and GPs?

RECOMMENDATIONS:

A) 111 in London must be able to direct people to the right service using a single accurate pan-London Directory of Service (DoS) available to NHS staff and the public. This will help to ensure people can access the 'right care first time'.

B) Urgent Care Centres and GPs must be able to offer appointments and services quickly and efficiently so that patients do not have to go to A&E unless necessary.

C) Information about access to Urgent Care Centres must be easily available to the public, e.g. by every available means and locating it in public places, such as bus stops, stations and by direct personal communication.

MEMBERS' SURVEY

We wrote to all Forum members asking them to suggest ways in which the Forum could improve the way it functions. The data was analysed by Natalie Teich and the full results are shown in APPENDIX SIX. The key areas raised by members were:

- Best day and time for meetings - most people wanted Mondays and we have returned to this day. Members were happy with the time of meetings.
- Speakers – very satisfied
- Ideas for speakers included: dementia care, LAS Chief Executive, Healthwatch England, Mental Health, and Elderly Care. We are pursuing these ideas. Mental health care is the theme of the March 2016 meeting and the LAS Chief Executive and Chair are addressing meetings in 2016.
- Meetings without speakers – we will ensure that some meetings are planning meetings.
- Executive Committee feedback – most members were satisfied with the EC feedback.
- Papers earlier and on website – we strongly agreed with this suggestion.

- Boosting membership – we have boosted attendance although the number of paid-up members enrolled has not yet fully reflected this. Average meetings are attended by 30 people.

MENTAL HEALTH

The Forum has repeatedly pressed the LAS and Commissioners for improvements to mental health care provided by LAS, and we are now seeing mental health care being firmly embedded in the culture and objectives of the organisation. Kudakwashe Dimbi, the Mental Health Clinical Advisor to the LAS, is fully supported by the leadership of the LAS to develop mental health care, and significant advances include a programme of training for all staff and the development within the LAS clinical hub of a cohort of experienced mental health nurses, who will eventually provide 24/7 advice (currently 3 mental health nurses, but team will increase to 6). Demands are also being made on London's mental health hospitals and local mental health teams, to provide rapid and effective access to their services for patients in crisis.

Mental Health Transport

The Forum has taken an active part in the development of a new service to provide transport for patients who have been assessed under the Mental Health Act as needing to be admitted to hospital for mental health care. The new service will be run by the LAS department called NETS (Non-Emergency Transport Service). This service is being developed because the LAS is currently unable to provide an appropriate and adequate transport system for these patients as the demands on their emergency ambulance service is too high. The new service is being developed in collaboration with Approved Mental Health Professionals (AMHPs), the police, a judge, NHS England Health and Justice, service users, Mental Health Trusts and the LAS commissioner - Brent CCG. The new service begins in Camden and Islington in April 2016 with AMHPs able to book the service in advance of a mental health assessment and receive a timed service – on time 90% of bookings.

There are still substantial weaknesses in the emergency service for mental health patients.

- Patients who have suicidal feelings often do not get a rapid service. There are considerable risks for patients with suicidal ideas who call the LAS.
- Patients detained under s136 of the Mental Health Act may have to wait very long periods for transport to a place of safety and their local mental health hospital may have no beds available. Ambulances then have to search for a bed at other MH hospitals.
- A&E Departments should have MH liaison teams active and ready for people in MH crisis but A&E service may not be adequate or respond immediately to patients in crisis.
- We share the view of NHS national Commissioners and Lord Adebowale that specially trained paramedics and nurses should be available to provide outreach care to patients in mental health crisis (see report on Care and Restraint).

  http://news.bbc.co.uk1/shared/bsp/hi/pdfs/10_05_13_report.pdf

Safety in Mind – Video on Mental Health Care – www.slam.nhs.uk/safetyinmind

The Forum attended the launch of a mental health video produced jointly by the South London and Maudsley Trust, London Ambulance Service and the Metropolitan Police and showed the video to our February 2015 meeting. Members thought the film showed good practice in relation to partnership working between the agencies, and handover, but very poor practice in the treatment of the person in the video acting the role of 'mental health patient in crisis'. **Unfortunately, the film has been used to train thousands of police officers in what we believe to be poor practice.**

The view of members was that the video had a number of negative features and in particular:

- Little focus on 'talking the person down'.
- Excessive use of restraint, e.g. hand-cuffs, leg-cuffs.
- Poor relationship between level of disturbance and level of restraint.
- Large number of police officers involved, which would probably terrify a patient, especially police officers in uniform.
- Water, refreshment and use of toilet were not offered at an early stage.
- Patient was placed in a frightening, overwhelming situation prior to handover.

The Forum is raising its concerns with Lord Adebowale who introduced the video, and others connected with the production including Dr Dinesh Bhugra and Dr Tom Gilberthorpe. We value the comment by Professor Len Bowers, Chair in Mental Health Nursing at King's College London that: "The Best Restraint for mental health patients in crisis is None".

RECOMMENDATIONS

A) Risks to the lives of patients, and 'parity of esteem', require that patients who have suicidal thoughts must get an emergency response from the LAS. Currently there are considerable risks for patients with suicidal ideas or who have attempted suicide, if they call the LAS at times when the service is under considerable pressure.

B) The transport of patients detained under sections of the Mental Health Act to a 'place of safety' must be undertaken sensitively and in the shortest possible time, and with the participation of clinical staff skilled in the care of people in a mental health crisis. The current system results in more severely ill people waiting longer for transport to a place of safety.

C) Mental Health Trusts must ensure that they have sufficient beds, staff and facilities for people in a mental health crisis, who are brought to the hospital by ambulance. Turning ambulances away when they are trying to admit patients in crisis must be stopped.

D) A&E Departments must have MH liaison teams active and ready to receive and care for people in MH crisis.

E) The findings of the Independent Commission on Mental Health and Policing set up in 2012 must be implemented so that a dedicated response from specially trained paramedics and nurses is provided for the care of patients in mental health crisis in a public place or in private premises.

Independent Commission on Mental Health and Policing

Recommendation 23 – Implementation within 12 months (by 2013)

NHS England should work with Clinical Commissioning Groups, Health and Wellbeing Boards and the CQC to ensure that:

a) No person is transferred in a police van to hospital;

b) Funds are made available through an appropriate dedicated response for mental health, for instance provision of a dedicated paramedic in a car; and

c) Demand management systems of the LAS be reviewed, and changes implemented in order to ensure parity of esteem between mental and physical health.

www.patientsforumlas.net/uploads/6/6/0/6/6606397/1005_13_report.pdf

MULTIPLE VEHICLE ATTENDANCE – AMBULANCE RESPONSE PROGRAMME

Members were concerned about multiple attendances of ambulances at the scene of a single incident, coupled with the delay of several hours in some cases to attend to patients requiring care and treatment. The issue was raised with the LAS and information requested about action to reduce multiple vehicle attendance. Jason Killens, the former Director of Operations told the Forum:

> *"We plan to send two resources to every Category A call. These now represent about 55% of our total daily call volume. For some Red 1's, we send more than 2 resources so that patients in cardiac arrest can benefit from a smooth and effective resuscitation. We were a national outlier until last year with what we call the multiple attendance ratio (MAR) with the average being around 1.7 resources being sent to all calls (both category A and C). As a result of work we have done in the last year to refine our automatic dispatch protocols, we are now much closer to the efficiency target of an average of 1.29. We now range between 1.31 and 1.33 for average MAR across all calls. The Ambulance Response Programme initiated in 2015 by NHS England is looking closely at this issue in its development programme which aims to develop more effective aligning ambulance care with patient need".*

The LAS has since moved to an MAR of 1.27 (Cat A – 1.50, Cat C – 1.04).

NON-EXECUTIVE DIRECTORS

We have developed positive collaborative relations with LAS Board Non-Executive Directors during 2015.

RECOMMENDATION

NON-EXECUTIVE DIRECTORS SHOULD REGULARLY MEET WITH FRONT LINE STAFF TO LISTEN TO THEIR IDEAS AND CONCERNS ABOUT SERVICE DEVELOPMENT.

PARAMEDIC EDUCATION – SERVICE USER INVOLVEMENT

The Forum worked with Vince Clarke, Principal Paramedic Tutor for the LAS, who has developed a programme to enable non-registered technicians and support staff to upgrade to become HCPC (Health Care Professions Council) paramedics. He asked for expressions of interest from members of the Forum to be involved in selection, training and development of staff that apply for the programme. The HCPC Education and Training Committee approved the scheme developed by Vince Clarke on 27th August 2015 and our members participated in a number of events including interviews for candidate selection in November 2015.

PATIENT SAFETY

We asked the LAS Board if it is satisfied that its Datix information system is able to integrate critical information concerning patients who have suffered Serious Incidents, submitted complaints, and made enquiries to PALS, and where there have been recommendations from inquests to the LAS relating to the prevention of future deaths. The Datix system aims to ensure an adequate overview of all potential harms to patients so that lessons can be learnt to prevent further incidents. The Board answered that it is: "Currently developing Datix and will be re-launching the system from September 2015. The enhanced functionality will allow better triangulation of data from claims, serious incidents, coroner's recommendations, complaints and PALS".

RISING PRESSURES ON PARAMEDICS

The Forum wrote to the Health Minister, Lord Howe on January 21st 2015 to emphasize the importance of supporting paramedics and suggesting ways of developing more appropriate and adequate services in London for people requiring urgent and emergency care.

Dear Lord Howe,
"The Secretary of State needs to show leadership to ambulance staff, not to make threats. They are under huge pressure and are working 12-hour shifts saving the lives of our family and friends. They are dedicated people who are literally the front line at the point when people suffer cardiac arrest, stroke and major trauma. We need these people desperately.

There is currently a vacuum of leadership, and the Secretary of State could transform this situation by showing that he values paramedics and by providing a way forward in terms of career progression, pay and the relentless pressure on the front line.

In our view, the Secretary of State's current approach is likely to result in the tragic loss of lives as the workforce shrinks further and more people wait longer periods for vital paramedic care and treatment. Please tell the Secretary of State that the great advances made with the Duty of Candour, Revalidation of Doctors and the Mid Staffordshire Inquiry, need to be matched by more sophisticated and progressive thinking on securing a safe and effective paramedic workforce. I hope you will see these comments as a way forward in the desperate circumstances we now face in front line emergency care".

Part of the Minister's response follows. Our letter and the full reply from the Minister can be found on our website:
www.patientsforumlas.net/uploads/6/6/0/6/6606397/earl_howe-january__14_2015.pdf

The Health Minister's reply to the Forum:

> **Thank you for your e-mail correspondence of 21 January 2016 about your concerns in respect of securing a safe and effective paramedic workforce.**
>
> **Firstly, may I say that Jeremy and all his ministerial team including myself fully appreciate the excellent work that our paramedics do up and down the country day in, day out, which you have so eloquently described in your letter. We are committed to ensuring that paramedics are paid fairly for the very difficult and challenging work they do and should be able to enjoy the fulfilling careers they deserve.**

SERIOUS INCIDENT INVESTIGATIONS (SI)

We asked:

> "*Will the Board publish the outcome of its Serious Incident investigations and the actions taken as a result of these investigations?"*

They responded:

> *"The result of Serious Incident investigations will be published in an open and transparent manner, while care is needed to maintain patient confidentiality. It has been agreed to reintroduce the committee report describing the actions, lessons learned, complaints, inquests and risk information following serious incidents."*

This information had not been placed on the LAS website by December 31st 2015. We have been told that the Clinical Quality Review Group (CQRG) gets quarterly reports of serious incidents and reviews action taken to prevent recurrence, but the Patients' Forum has no access to these SI reports. We will continue to press the LAS to place the outcome of serious incident reports in the public arena.

RECOMMENDATIONS

A) THE LAS BOARD SHOULD PUBLISH THE RESULTS OF SERIOUS INCIDENT INVESTIGATIONS AND THE ACTIONS TAKEN AS A RESULT OF THESE INVESTIGATIONS TO PREVENT FURTHER INCIDENTS OR HARM TO PATIENTS.

B) THE CQRG SHOULD PUBLISH THE RESULTS OF THEIR REVIEW OF LAS SERIOUS INCIDENTS.

SICKLE CELL DISEASE (SCD)

The Forum worked closely with the Sickle Cell Society (SCS) to create more sensitive and better targeted services for people with SCD. We held a joint Forum meeting with the SCS and the Chair of the UK Forum on Haemoglobin Disorders, Anne Yardumian (on November 11th 2015). The meeting was attended by a large number of people with SCD and their families, and by both Dr Fenella Wrigley as Medical Director, and David Whitmore, Senior Clinical Advisor to the LAS.

Some participants with SCD described being told when they called the LAS in crisis 'that they were not a priority for emergency care'. They described having to wait long periods for an ambulance and sometimes not having the gravity of their symptoms and need for pain control given sufficient weight by the Emergency Operations Centre, and by paramedics who provided treatment. People who had held off dialling 999 until their crisis and pain were so severe - that calling for an ambulance was the only option - described waits of several hours until the ambulance arrived,. Participants also expressed a strong sense that their needs had been 'de-prioritised' by the LAS.

Dr Wrigley apologized to those who had experienced poor services from the LAS and agreed to work with the Commissioners, Sickle Cell Society and the Forum to create a Service Development Plan for patients who contact the LAS in sickle cells crisis, which optimizes clinical practice and challenges the causes of stigma experienced by people with sickle cell disease. Those who attended the Forum meeting raised the following issues:

- Time taken for ambulance to respond to a 999 call was too long.
- Ensuring a reasonable waiting time for a person in significant pain.
- Improving pain management.
- Being treated as if you don't need pain control.
- Being taken to the wrong hospital – not the one where the patient is usually treated.
- Being taken to a hospital well outside the patient's area.

RECOMMENDATIONS

A) Ensure that best practice is being used by front-line staff, for the control of pain for people in SC crisis.

B) Develop opportunities for people with SC to participate in staff training of front line staff.

C) Produce a podcast using the experience of those who suffer sickle cell crises as a training tool for staff.

D) Promoting the use of SC passports or agreed care plans to improve clinical care.

E) Discuss with Dr Anne Yardumian whether the National Haemoglobinopathy Register could be used to assess quality of services and develop a system of providing care plans to those on the register.

F) Ensure that patients know how to make complaints and that the LAS welcomes complaints from patients.

G) Establish a Sickle Cell Society- Forum - LAS Working Group to optimise clinical practice and challenge t

H) he causes of stigma experienced by people with SCD.

STAFF SURVEY

The Forum is very concerned about the high turnover of LAS frontline staff and the impact this is having on the ability of the LAS to provide effective treatment and response to people requiring emergency care. The LAS was once the main employer of paramedics in London, but there are now many opportunities for paramedics to work in other organisations in the UK and abroad. It is also clear that salaries for front line staff are not adequate to enable them to live in London without very large amounts of overtime. The Forum has taken this issue up with the Health Minister and is also raising it with the London Assembly and Mayor. We are seeking a meeting with the Human Resources Department after the publication of the results of the Autumn 2015 staff survey to see what progress has been made.

We asked the LAS Board the following questions in 2015:

1) In view of the results of the Annual Staff Survey, can the Board confirm it is satisfied that every possible action is being taken to ensure that staff are fully supported and trained to provide the highest standard of clinical care?
2) Why had the Annual Staff Survey results apparently declined over the past year?
3) What specific actions will be taken to improve staff training, confidence and retention?
4) Given the growing problems with staff morale and retention, how will operational management be improved?

The Board replied as follows:

"Staff morale was one of the most important issues that the Trust was faced with. In addition, high levels of staff turnover and absenteeism rates were indications that staff morale was low. The LAS Staff Retention Strategy had eight overarching objectives, and each of the objectives highlighted had underpinning actions with dates for completion and one key action to focus, plus a named manager responsible for delivery. A comprehensive and fully costed Action Plan will be monitored by the Executive Management Team (EMT)".

TRUST DEVELOPMENT AUTHORITY - TDA

When Sean Overett from the Trust Development Authority was invited to the April 15th 2015 meeting of the Forum to discuss the TDA's role in the development of the LAS, we had a very detailed discussion with him and the full account of the discussion can be found at: http://www.patientsforumlas.net/junejuly-2015.html

The fundamental role of the TDA was to move the LAS to become a Foundation Trust, but this initial aspiration has changed to a more important one of raising the quality and standards of care provided by the LAS. However, when the LAS were placed into special measures by the CQC, the Forum had doubts about the effectiveness of the TDA.

Amongst the many questions put to Sean Overett were the following:

1. Does the TDA have a focus on the impact of locum staff during its assessments?

   The TDA considers the impact of all aspects of the workforce when undertaking assessments. Use of the temporary workforce in regard to both medical and non-medical staffing is assessed and reliance on temporary staff is analysed against quality, financial and workforce factors. The TDA monitors use of temporary staffing data aligned to quality indicators and activity.

2. Is there a relationship between failing trusts and the use of locum staff?

   To ensure the delivery of safe and effective care, locum staff are used across the entirety of the NHS in a variety of care settings, and as such this use is not limited to challenged organisations. When assessing use of locum staff there are a multitude of factors that drive its use, most notably workforce supply challenges, such as the ability to recruit certain specialties within the constraints of nationally recognised shortages by profession such as those identified within the Home Office Migration Advisory Committee Official Shortage List.

The Forum was pleased with the commitment of the TDA to working with the Forum and providing the information and evidence that we required. However, we are very concerned that despite close monitoring and surveillance by the TDA, the LAS was placed into Special Measures following the CQC inspection in June 2015. Further information about the Trust Development Authority (NHS IMPROVEMENT) can be found at: http://www.ntda.nhs.uk

RECOMMENDATION

THE TDA SHOULD EXPLAIN WHY THE LAS WAS PUT INTO SPECIAL MEASURES BY THE CQC, DESPITE THE CLOSE WORKING RELATIONSHIP BETWEEN THE TDA AND THE LAS.

URGENT CARE – 111 SERVICE & TRANSFER OF CARE TO THE LAS

The Forum received complaints from patients who had phoned 999 for an emergency ambulance and were advised instead to phone 111 urgent care, and were then reassessed and sent an ambulance by the LAS. We sought data from NHS England regarding the number of patients who phone 111 and are then transferred to the LAS for ambulance care. The 2015-6 data is on the NHSE website:www.england.nhs.uk/statistics/statistical-work-areas/nhs-1-minimum-data-set

We looked at the data for South East London (the Beckenham Centre run by the LAS) for alternate months for 2015 and that data is shown below. We are still trying to get more information about the governance of the algorithm used by the Emergency Operations Centre at the LAS and the reasons why some patients appear to have been incorrectly referred to the 111 system. One possible reason is simply that some people's health deteriorates after they have spoken to the LAS.

We are reporting to a public Patients' Forum meeting on information we gather on this problem and any potential hazards.

2015 SOUTH EAST LONDON 111	JAN	MAR	MAY	JULY	SEPT	NOV	DEC
Ambulance dispatches	1,854	1,869	1,519	1,468	1,661	1,883	1,987
Recommended to attend A&E	2,327	2,140	2,214	2,295	2,056	2,159	2,328

REPORT AND FINANCIAL STATEMENT FOR YEAR ENDED 31 DECEMBER 2015

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31st December 2015.

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 (re-elected 14 October 2015)
- Angela Cross-Durrant
- Michael English
- John Larkin
- Louisa Roberts (re-elected 14 October 2015)
- Lynn Strother
- 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 exists 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 at some future date.

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 2015, 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 £10.00 to 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 June 6th 2016

and is signed on their behalf by:

Malcolm Alexander	John Larkin
Director/Chair	Director/Company Secretary

PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD
INCOME AND EXPENDITURE ACCOUNT

For the Year Ended 31 December 2015

	Unrestricted Funds 2015	Total 2015	Total 2014
	£	£	£
Incoming Resources			
Grants	-	-	-
Donations	110	110	10
Membership fees	300	300	220
Affiliation fees	70	70	-
Investment income	5	5	5
Other	-	-	-
Total Incoming Resources	485	485	235
Resources Expended			
Companies House	40	40	40
Purchase of website domain	-	-	24
Renewal/hosting of website domain (s)	69	69	-
Incidental administrative expenses	93	93	-
Other	-	-	-
Total Resources Expended	202	202	64
Net Incoming/(Outgoing) resources for year	283	283	171
Total funds brought forward	1877	1877	1706
Total funds carried forward	2160	2160	1877

BALANCE SHEET - 31 December 2015

	TOTAL 2015 £	TOTAL 2014 £
Fixed assets	-	-
Current assets		
- Debtors	-	-
- Cash in hand	-	-
- Cash in bank	2160	1877
- Gross current assets	2160	1877
Creditors		
Amounts falling due within one year	-	-
Net current assets	2160	1877
Total assets less current liabilities	2160	1877
Reserves		
- Restricted funds	-	-
- Unrestricted funds	2160	1877
Total Funds	**2160**	**1877**

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 2015 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 June 6th 2016
and is signed on their behalf by:

M. Alexander

J. G. Larkin

Malcolm Alexander- Director/Chair

John Larkin – Director/Company Secretary

OBJECTS OF THE PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

Members of the statutory Patients' Forum formed the Company alongside 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 … … … … …	Advanced Care Plan
A&E … … … … …	Accident and Emergency Department
AMPH … … … … …	Approved Mental Health Professional
BME … … … … …	Black and Minority Ethnic
Cat A … … … … …	Category A –Target for life threatening conditions
Cat C … … … … …	Category C-Target - urgent/emergency conditions
CCG … … … … …	Clinical Commissioning Group
CPR … … … … …	Cardiopulmonary Resuscitation
CQC … … … … …	Care Quality Commission
CQRG … … … … …	Clinical Quality Review Group
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)
EI … … … … …	Equality and Inclusion
EOC … … … … …	Emergency Operations Centre
EoLC … … … … …	End of Life Care
FOI … … … … …	Freedom of Information Act
FT … … … … …	Foundation Trust
LGBT … … … … …	Lesbian, Gay, Bisexual and Transgender
NHSE … … … … …	NHS England
NRLS … … … … …	National Reporting and Learning Service
MAR … … … … …	Multi Attendance Ratio
PPI … … … … …	Patient and Public Involvement
PTS … … … … …	Patient Transport Service
SCS … … … … …	Sickle Cell Society
SCD … … … … …	Sickle Cell Disease
SECAMB … … … …	South East Coast Ambulance Service
SI … … … … …	Serious Incident
SoS … … … … …	Secretary of State
TDA … … … … …	Trust Development Authority

APPENDIX ONE – PROTECTED CATEGORIES

AGE

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

DISABILITY

A person has a disability if s/he has a physical or mental impairment that has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

GENDER AND REASSIGNMENT

The process of transitioning from one gender to another.

MARRIAGE AND CIVIL PARTNERSHIP

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can alternatively have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act 2010).

PREGNANCY AND MATERNITY

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

RACE

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality, (including citizenship) and ethnic or national origins.

RELIGION AND BELIEF

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

SEX

A man or a woman.

SEXUAL ORIENTATION

Whether a person’s sexual attraction is towards his or her own sex, the opposite sex or to both sexes.

Zoe Packman, Director of Nursing and Quality, London Ambulance Service

Dear Zoe, thanks so much for inviting the Forum to contribute to your draft Quality Account, and for the valuable meeting we held with you on Tuesday 26th May, 2015. We do want to emphasize the importance we attach to the discussions that we are now having with yourself, Fionna Moore and other colleagues at the LAS. We also value enormously the contribution that LAS staff makes to our monthly public meetings at LAS HQ.

A few things we would like to mention in addition to the issues set out below are: the important work that is going on in east London to develop the paradoc service; the importance we attach to developing a workforce that chooses to work with the LAS because of your proactive work with communities across London; and the value to the LAS which derives from listening to and learning from people who use your services.

Our formal statement for the 2015 Quality Account:

(i) WAITING FOR CLINICAL CARE FROM THE LAS

We are aware of the enormous amount of work the LAS is doing to recruit staff, but we remain 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 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

We welcome 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.

We recommend that training in dementia care becomes more comprehensive e.g. with regard to pain control. We 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 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=DtA2sMAjuY

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 due to dehydration, medications, diabetes, anaemia or heart conditions)
- Visual impairment

We recommend that, in addition to providing assurance that all staff are fully aware of these guidelines when providing care, the LAS ensure 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 and Richmond, Merton and 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.

We recommend 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.

We recommend 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, because it results in some of the sickest people in London waiting considerable periods of time for A&E care. It also prevents frontline clinicians from treating other seriously ill people across London.

We recommend that the Board of the LAS works jointly with the Greater London Authority and NHS England to find an urgent solution to this problem.

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.

We recommend 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, our intelligence from front line staff is that multiple blanket use continues.

We recommend 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.

We recommend that continuous training and updating of frontline LAS staff in end of life care throughout 2015-6 and beyond is 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.

We recommend 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

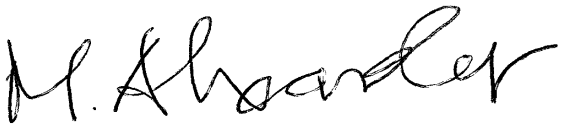
There is considerable national and international research on the deleterious effects of shift work on both short and long term physical and mental health. Some staff members are not suited to shift work and able to remain healthy and well, but are excellent front line clinicians. The LAS needs to reconsider the health and safety needs of patients and staff.

We recommend 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 Incident investigations are some 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.

We recommend 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.

Malcolm Alexander



On behalf of the Patients' Forum

APPENDIX THREE – CORRESPONDENCE WITH NHS ENGLAND AND THE TRUST DEVELOPMENT AUTHORITY (TDA)

Professor Keith Willett,
Medical Directorate
NHS England

December 13th 2015

A&E Patients and the Winter Crisis

Dear Keith, we are very concerned about the pressures on London's acute services caused by the closure of A&E departments in west London, and the underfunding of acute hospitals and A&E services. Closure of A&E departments over the past few years appears to have had the inevitable effect of ensuring that sick people wait appalling lengths of time for treatment.

Imagine an elderly person falling in their home and being unable to get up, and then waiting hours for an ambulance, and then queuing outside an A&E department for up to an hour, and then lying in a cubicle in A&E for 4 hours before discharge or admission - 8 hours of queuing to get a bed or get home.

Surely, NHS England is responsible and accountable for these delays because they have closed services and have failed to deal with the ambulance queuing outside some of our major hospitals that has gone on for years.

Commissioners have failed to deal adequately with the crisis as the following figures for October 2015 and November 2014 show:

Patients waiting in an ambulance for up to an hour outside casualty in October 2015 - compared to November 2014:

Hillingdon Hospital 210 (222 in 2014)
Northwick Park 342 (326)
Queens 244 (355)
North Middlesex 213 (205)
Ealing 180 (221)

Not only are patients who are seriously ill waiting in ambulances for admission to A&E, but the ambulances and their highly trained crews are stuck in queues and can't get away to attend to the next patient suffering from stroke or cardiac arrest. Delays can cause serious harm to seriously ill patients.

We believe that NHS England must accept responsibility for a failure in the provision and organisation of emergency and urgent care.

What action will NHS England now take to ensure that the resources that London needs to get rid of ambulance queues and inappropriate patient waits are made available immediately?

Malcolm Alexander
Chair, Patients' Forum – Ambulance Services – London

23/12/2015 – REPLY FROM PROF KEITH WILLETT – AMBULANCE QUEUES

Dear Mr Alexander,

Firstly, can I thank you for your recent contact and I note the issues you raise.

Secondly, can I apologise for not being able to make the follow-up call you had kindly accepted planned for today. I was called away on a national priority issue. However I am happy to cover in this email what I was going to cover in that call, be it less personal.

The intention of my call was to explain that my role in NHS England is to lead the design and development of Urgent and Emergency Care services as part of the Keogh Review. As you are aware all A&E and Ambulance Services are commissioned by CCGs and they also hold the statutory authority for service design. Something I know has been to the fore in NW London. The oversight of operational and clinical performance by NHS England is through our Regional Offices and so I have spoken to and brought to their attention the concerns you and your Forum members have raised. Your correspondence has been forwarded to Dr Andrew Mitchell to respond.

We are all acutely aware of the service provision and demand placed across the whole urgent and emergency care community from general practice and the community, through 111 and 999 to hospital admissions and delayed discharges. That in the medium to longer term is what the UEC Review is attempting with colleagues in the NHS to address through redesign. Perhaps you would however clarify in any further correspondence with Dr Mitchell the data you put in your letter about increased handover delays. Clearly delayed handovers are a real issue for patients' care and ambulance operational performance. As I read the numbers though, comparing the months of November 2014 and October 2015, there has been a reduction from 1329 to 1189 in total delayed handovers that, adjusted for days in the month, looks like a 13% improvement.

Yours sincerely

PROF KEITH WILLETT

NHS Trust Development Authority NHS England

Malcolm Alexander
Chair
Patients' Forum for the London Ambulance Service
30c Portland Rise
N4 2PP

12 February 2016

Dear Mr Alexander,

Thank you for your letter of 8 February 2016 regarding Ambulance queuing outside A&Es in London and your concerns about the impact these delays have on patients. As the letter mentions the role of NHS England in relation to this issue, we felt a joint response would be appropriate.

We recognise and share the concerns that you have raised. LAS performance data illustrates that 60% of all ambulance handovers since November 2015 have taken longer than 15 minutes and clearly this position needs to improve. We would however draw your attention to the general decline in the number of 'black breaches' (ambulances waiting over 60 minute for handover) year to date compared to last year as illustrated below to assure you that action is being taken across the system to improve performance:

2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Total	157	154	63	96	88	181	314	321	860	501	342	221	3298
2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Total	200	146	80	108	196	264	140	365	481				1980

As part of our actions we are working closely with all stakeholders including Monitor, LAS, CCGs, the Emergency Care Improvement Programme and Providers to hold Acute Trusts and LAS to improve ambulance handover times. There is now daily information shared with the system as to handover delays more than 15 minutes and the impact this is having on LAS. This ensures targeted actions can be taken in a timely manner. Performance is then monitored via weekly calls with LAS and at a monthly Regional Oversight Group as well as via Performance Contract meetings with Acute Trusts. We are also working with LAS Commissioners and LAS via the contracting round for 2016/17 to drive improvements in job cycle time and other areas within the gift of the Trust.

One of the outcomes of the LAS Quality Summit held in December 2015, following the publication of the CQC Report, was a commitment to work with the trusts with the most significant handover delays. The NHS England (London) Emergency Care Task Force established a programme to address handover delays with the most

challenged trusts and these trusts submitted plans to make improvements to the process in January. Furthermore, bespoke support will be offered to several sites to identify areas where improvements can be made and offering guidance as to possible actions to implement.

The first week of January was challenging for London acute trusts and for LAS with a spike in over 60 minute handover delays and crew hours lost. This has led to the preparation of a workshop to be held in late February to further raise the profile of handover delays and to strengthen the actions that can be taken to safely manage the handover process. In advance of the workshop, site visits have been undertaken to learn from those at varying stages of their handover plans.

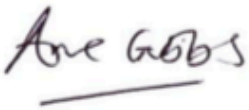
These pieces of work are progressing in tandem with outputs to be shared across London for all Providers to utilise. LAS are working closely with us on this project whilst also reviewing actions they can take in order to reduce handover times.

In relation to your reference to the changes to the A&E configuration in NWL and the impact this has had, we would refer you to the independent review of the implementation of North West London A&E changes from July 2015 which can be found here. The review found that:

"There was deterioration in A&E performance in NW London A&E sites during and after the A&E transition. However, this deterioration was in line with deterioration across London and England and the review found it was not related to the A&E changes."

We will be happy to keep you updated on progress in reducing handover delays.

Yours sincerely,



Jo Ohlson
Acting Director of Commissioning Operations
NHS England, NWL

Anne Gibbs
National Programme Director - Transactions
North West London Portfolio Director
NHS TDA, London

Cc Andrew Hines, Associate Director of Delivery and Development
Simon Wheldon, Chief Operating Officer – London
Dr Fionna Moore, Chief Executive LAS

APPENDIX FOUR – LETTER TO SANDRA ADAMS, LAS, EQUALITY AND INCLUSION

Sandra Adams
Chair of the Equality and Inclusion Committee
London Ambulance Service
220 Waterloo Road
SE1

17/2/16

Dear Sandra,

As you know, for some time, we have been concerned about the LAS's achievements towards achieving adequate and reasonable progress in relation to the objectives of the Equality Act and its Public Sector Equality Duty. This requires the LAS to take continuous steps towards adequately meeting the needs of patients and staff with all of the protected characteristics described in the Act.

As the CQC highlighted this matter, we feel it is essential that the opportunity is taken to achieve significant improvements in the short term; unfortunately, the agenda for the Equality and Inclusion meeting to be held on Thursday February 18th 2016, does not seem to reflect the steer suggested by the CQC report.

Given the very positive changes that are being put in place in other parts of the organisation as the result of the CQC assessment, we believe this is an excellent time to re-evaluate the impact of equality and inclusion over the whole of LAS. Currently, the lack of focus on diversity and inclusion prevents the skills, abilities, culture, ethnicity, sex, and disabilities of all staff being adequately valued.

We believe that the E&I Committee urgently needs a holistic plan if it is to move forward. The excellent work with Stonewall needs to be integrated and replicated with every protected characteristic. The strategy needs to clearly lay out what is to be achieved and by when, but with the current strategy the LAS would not achieve compliance with its public sector equality duty for many years. We would also strongly recommend getting the support of Inclusive Employers, given that LAS has recently joined this excellent organisation.

With regard to the Equality Forums, the E&I Forward Plan does not seem to set out exactly what the Forums plan to do, how they are monitored, what their aspirations and achievements are, how patients will benefit and what the targets and milestones are. We would like to suggest that the Forums need implementation plans and milestones, so that we can regularly monitor progress, and a quarterly reporting back mechanism on achievements.

We would like the Terms of Reference to be updated and serious consideration given to accountability of staff for decisions made by the E&I Committee. We would also appreciate having access to the policies mentioned in the press release by Stonewall and to have assurances that the Terms of Reference of the Equality and Inclusion Committee reflect what is in these policies.

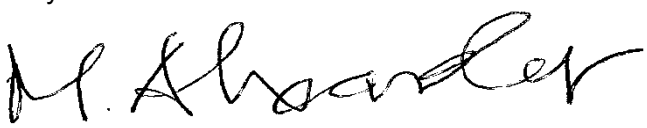
Assurances are needed that accurate staff records are kept, for example in relation to ethnicity, disabilities/related health issues and other protected characteristics. If these characteristics are not accurately recorded, the E&I Committee can't measure progress or ensure that appropriate resources have been allocated, policies updated and changes made.

We would like to request that each of the LAS Champions who have agreed to provide leadership in relation to protected characteristics, report back regularly and demonstrate progress in the areas where they have agreed to provide leadership for the LAS and its patients.

The Equality and Inclusion Committee does not currently have the resources to ensure that these issues are taken up adequately across the organisation, and in our view it is necessary for all LAS committees to ensure that these issues form part of the substance of their work programmes. This would be of enormous benefit to both patients and staff.

There is clearly a long way to go to get to grips with the duties that are laid on the LAS to achieve real progress in relation to each of the protected characteristics, but we hope that these suggestions will help and we will continue to monitor progress through our representation on the committee.

Very best wishes



Malcolm Alexander
Chair
Patients' Forum for the LAS

HOW IT WORKS

We hold monthly meetings that are open to Forum Members and to the public. These are usually held in the LAS Conference Room at 220 Waterloo Road, SE1 8SD, a few minutes from Waterloo Station. YOU ARE WELCOME TO ATTEND.

We invite service users and other influential speakers to discuss a wide range of issues connected to urgent and emergency care. They address the Forum and deal with questions and recommendations for service improvements. Each month we also meet with the Commissioner for the LAS who represents all London Clinical Commissioning Groups 9CCGs) to discuss ideas for service development.

We promote equality, inclusion and diversity in the LAS.

PATIENT EXPERIENCES DEPARTMENT
Tel: 0203 069 0240
ped@londonambulance.nhs.uk

CARE QUALITY COMMISSION
Tel: 0300 61 61 61
enquiries@cqc.org.uk

NHS ENGLAND
Tel: 0300 311 22 33

HEALTHWATCH ENGLAND
Tel: 03000 683 000

WHAT IS THE FORUM?

The Forum is an independent watchdog monitoring the London Ambulance Service (LAS). We advocate for patients by keeping a watch on emergency and urgent care in London, and we campaign for more effective services.

Patients, carers, community organisations and Healthwatch, can join the Forum and contribute to our work to achieve safer and more effective services.

Our Executive Committee regularly meets with senior LAS staff and the LAS Commissioners, to raise issues and to make proposals for better and more effective care.

We meet with health groups, e.g. mental health and sickle cell, to ensure that their experiences influence LAS services.

Most LAS services are excellent - our role is to promote public involvement and ensure that all patients receive care of the highest quality.

JOIN THE PATIENTS' FORUM
Receive monthly invitations to Forum meetings, and information about developments in urgent and emergency care.

Email or telephone your details to:
patientsforumlas@aol.com
0208 809 6551 or 07817 505193
www.patientsforumlas.net

JOIN the PATIENTS' FORUM for the LONDON AMBULANCE SERVICE

Tell us about your experience of Emergency and Urgent Care

OUR ACHIEVEMENTS ...

The Forum has worked with the LAS and the Commissioners to improve care and practice in many areas, including:

* Prioritising training, care and treatment for patients with a mental health crisis and dementia care.
* Improving end-of-life care and transport for people who are terminally ill.
* Promoting the development of 'falls teams' for people who have fallen, but do not need hospital care.
* Developing joint work between the LAS and local services, to improve access to local care services.
* Encouraging a greater focus on the outcome of complaints and serious incident reports, as a means of improving services.
* Supporting and implementing Duty of Candour when optimal care has not been provided.
* Promoting equality, inclusion and diversity in the LAS.

FORUM'S EXECUTIVE COMMITTEE 2015/2016

Malcolm Alexander - Chair
Sister Josephine Udie - Vice Chair
Angela Cross-Durrant - Vice Chair
Lynn Strother
Kathy West
John Larkin - Company Secretary
Joseph Healy - President of the Forum

THE FORUM'S PRIORITIES FOR THE LAS

Emergency Care within 8 Minutes - Targets for emergency care are not being met for some patients. The LAS must be given sufficient resources to provide emergency care within 8 minutes - immediate care saves lives and substantially reduces disability.

Urgent, but not an Emergency (Category C) - LAS responses to Cat C calls are often poor. Patients who are very ill, but not life-threatened, sometimes wait hours for treatment, instead of 20 minutes. The LAS must have resources to meet Cat C targets (20 minutes for 90% of calls).

Home Care - Not Hospital Care - The LAS should develop agreements with local health and social care services in EVERY London Borough, so that immediate, effective and safe support and care is provided to patients who are frail and vulnerable, but need home care and not hospital care.

Dementia Care - Training in Dementia Care must continue to improve and to become more comprehensive - e.g: with pain control. We have recommended the film 'Barbara's Story about Dementia Care' is seen by every member of the LAS staff.

- See Barbara's Story on YouTube at http://www.youtube.com/watch?v=DtA2sMAjU_Y

FAST Test for Strokes - Refresher training is needed by all front-line staff to ensure that they are fully competent to identify strokes using the FAST test, and to rapidly transport patients to Stroke Units.

FAST ... ... **F**ACE - **A**RMS - **S**PEECH - **T**IME to call 999

Mental Health Care - People with severe mental health problems who become ill on the street - or at home - and require emergency care, should be treated immediately by Paramedics and Nurses with specialist training in mental health care.

Ambulance Queueing Must be Stopped - Ambulance queueing outside A&E Departments is completely unacceptable and must be stopped. It results in very sick people waiting an hour or more for A&E care, and prevents Paramedics from treating other seriously ill patients.

APPENDIX SIX - SURVEY OF FORUM MEMBERS

QUESTION AND RESPONSE	Action proposed by the Executive Committee
Q1) If the day of the meetings were changed which day is most convenient for you? **RESPONSE**: MONDAYS	In 2016 meetings will be held on Mondays
Q2) Does the start time of 5.30 suit you? **RESPONSE: MOST MEMBERS PREFERRED 5.30pm**	Meetings will start at 5.30pm
Q3) To what extent are you satisfied with the speakers so far invited to speak to the Forum? **RESPONSE: MOST WERE SATISFIED OR VERY SATISFIED**	We shall continue to ensure diversity of speakers.
Q4) If you would like other/particular speakers for future meetings, what kind of speakers would you like? A) **Dementia** B) External speakers to keep us informed of other parts of the Health Service C) IT Developments D) **LAS CEO** E) LAS Finance Director F) Operational officers G) Patients to give their stories about ambulance experiences H) **Healthwatch England** I) Publicity and recruitment departments J) Speaker from Mental Health task Force with purpose of understanding response to people in crisis K) NICE on Elderly Care in the Community L) Dealing with the public in emergency. M) Health and wellbeing relevant information for public. N) A retired Ambulance Service person. O) A working Ambulance Service person. P) Social inclusion of the isolated communities.	The following speakers will address the Forum: 1) Kuda Dimbi, LAS lead on mental health and dementia 2) Zoe Packman, Director of Nursing and Quality 3) Patients telling their stories, e.g. sickle cell 4) Two paramedics 5) The new LAS Chair Heather Lawrence 6) Dr Andy Mitchell, Medical Director for London

Q5) How many meetings per quarter should not have external speakers. **RESPONSE: 1 meeting each quarter was most popular choice.** Need time for members to contribute, identify their agenda items and to debate members' issues. Strategy and cohesion issues are important to deal with, usually better done in context of people who usually attend and take some responsibility. To give members more opportunity to give account of what they do and to have longer discussion of agenda items and follow-up. To give Forum members more time to discuss reports from meetings (written or verbal). To enable us to work as a group on our own priorities. To tackle diverse issues facing the LAS.	We shall aim to organise 3-4 meetings each year without speakers.
Q6) To what extent are you satisfied with the feedback from members of the Executive Committee and other Forum members who attend events/meetings on the Forum's behalf and report back to the Forum? RESPONSE: Most people were satisfied. Two people were dissatisfied. Executive committee should have scheme/method of monitoring the responses we are given from LAS, CCGs, LAS Commissioners, etc. about their action plans - i.e. keep an up-to-date checklist of queries and responses.	Outcomes of discussions are placed in Action Logs and in reports from the EC. These also appear on the website: WWW.Patientsforumlas.net **EC members are:** Sister Josephine Udie Kathy West, Lynn Strother Joseph Healy Angela Cross Durrant Malcolm Alexander
Q7) Comments about feedback from meetings A) It is not our purpose just to mirror LAS, etc. but to demonstrate in a variety of ways the importance of including and involving the public in a vital service. It is essential patients be involved and listened to. B) Possible change: Sharing and delegation in good time to allow proper and full discussions. C) List questions to be addressed by each speaker.	1) EC decides contents of meetings. Chair facilitates. 2) All officers are volunteers. Minute taking and organisation of Forum is time consuming – we do the best we can. 3) We distribute fliers for meetings to thousands of people and actively take up any issues raised by members or the public. 4) All reports on meeting are placed on meeting agenda and website. 5) We produced a detailed and very critical report on the LAS, which we sent to the CQC and which was used by them to inform their report.

	http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/cqc_report-20-5-2015-(ph1)_final_document-ma.pdf A list of questions for speakers was placed in the agenda for the November meeting re Sickle Cell
Q8) Other comments or topics you would like the Forum and the Executive Committee, to discuss: A) Future changes to LAS B) How is stress, particularly to front-line ambulance teams, being tackled by management? C) Diversity in staff. D) Mental health. E) Multi-faith chaplaincy.	These issues are all being actively pursued.
Q9) Possible changes to Patients' Forum meetings A) Need to consider boosting the Forum's membership. B) Elections of Officers should be conducted in an alternative manner. C) Members need more time to ask questions. (repeated by several people)	1) November meeting was attended by 30 people and December meeting also had large turnout. 2) We need to review process of election of the Chair, Vice Chairs and EC 3) Members' contributions are always welcome. Meetings last for two hours. Members can and do contribute to the work of the Forum between meetings 4) Questions can be asked on any day of the month, not just at meetings. Meetings are only two hours long which limits how much we can fairly fit in.
Q10) Possible changes to Executive Committee and feedback A) Succession planning. B) The Chair attends many meetings with CEO, Director of Nursing and attends Mental Health and other committee meetings. Recently the suggestion that other committee members accompany him has been accepted on a rota basis.	1) We strongly agree that succession planning is essential. 2) We strongly support the involvement of members in the work of the Forum including attending LAS meetings. 3) We share work as much as we can. The EC is very collaborative, and we would welcome more input. 4) Every Forum meeting has reports from the meetings we attend.

C) Website should be improved, and should include the dates of meetings. D) A strategic plan should be identified, involving all the membership, for the future. In this way the working practice will be more fluid (and not rigid as has been suggested) and fruitful in engaging all members with the added bonus of greater satisfaction. E) Change of name of Forum.	5) We are volunteers and all members of the EC work very hard to make the Forum as effective as it is. 6) The Annual Report does thank those who contribute to our work. 7) We shall review the website to see if it can be improved. 8) We have considered changing the name of the Forum. Ideas would be welcome.