OUTSTANDING PATIENT AND PUBLIC INVOLVEMENT WITH THE LAS FOR 16 YEARS

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

ANNUAL REPORT AND FINANCIAL STATEMENT 2021

PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

THE NATIONAL DUTY TO WHICH THE LAS MUST ASPIRE

Duty of the LAS to Comply with the NHS Constitution for England

"The Patient will be at the heart of everything the NHS does. NHS services must reflect - and should be co-ordinated around and tailored to the needs and preferences of patients, their families and their carers. The NHS (LAS) will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services".

NHS Constitution

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

CONTENTS

Forum Officers … … … … … … … … 3
Special Advisors to the Patients' Forum … … … .. … 4
Introduction … … … … … … … … … 5
Monitoring and Working with the LAS … … … … … 6
Meetings of the Forum and Speakers 2021 … … … … 6
Patient and Public Involvement in the LAS … … … … 7
Collaboration with the LAS Education Centre … … … 8

KEY ISSUES AND RECOMMENDATIONS 2021 9

NHS and Commissioners Still Withholding Performance Data … … 9
Neziah's Mum Talks about her tragic experience when she suffered an obstetric emergency … … … … … … … … 10
Errors Related to the Administration of Adrenaline … … … 12
Persuading Boots to Install Defibrillators – No Joy … … … 13
Courtney Grant on Human Factors and the NHS… … … … 14
Report the LAS Disregarded – 111 and the Emergency Operations Centre 15
Plan to Close 68 Ambulance Stations in London Abandoned Following Forum Campaign … … … … … … … … 16
Rideout with ParaDoc … … … … … … … …. 17
Mental Health Care … … … … … … … … 18
Equality and Diversity in the LAS … … … … … … 20
Report and Financial Statement – Year Ended 31 December 2021 … 21
Activities and Achievements … … … … … … 22
Members and Affiliates … … … … ... … … 23
Income and Expenditure Account … … … … … … 24
Balance Sheet – 31 December 2021 … … … … … 25
Objects of the Patients' Forum … … … … … … 26

APPENDICES 27

Appendix 1 – Maternity Care … … … … … … 27
Appendix 2 – Closure of Ambulance Stations … … … … 30
Appendix 3 – Use of Mechanical CPR by the LAS … … … 32
Appendix 4 – Mental Health Care … … … … … … 34
Appendix 5 – LAS Complaints Charter … … … … … 35
Appendix 6 – Co-Production Charter for Urgent and Emergency Care 37
Appendix 7 – Glossary … … … … … … … 39
Appendix 8 – Protected Characteristics … … … … … 41
Appendix 9 - Forum's Mission Statement … … … … 42
Appendix 10 – Patients' Forum Leaflet … … … … … 44

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

FORUM OFFICERS

POSITION	NAME AND CONTACT	HEALTHWATCH
Company Secretary Director/Trustee	John Larkin, Fornham Lodge, 4 Verna Street, Marham Park, near Fornham All Saints, Bury St Edmunds, Suffolk, IP32 6FU	-
Chair Director/Trustee	Malcolm Alexander patientsforumlas@aol.com Tel: 0208 809 6551 / 07817 505193	Hackney Healthwatch
Director/Trustee	Louisa Roberts Tel: 0208 986 8972	-
Vice Chair Director/Trustee	Sister Josephine Udie sisterjossi@hotmail.com	Lewisham Healthwatch
Registered Office	**Patients' Forum Ambulance Services (London) Ltd, 30c Portland Rise, N4 2PP**	-

Our four Director/Trustees have remained in office for the whole of the period since the 2006 launch of the Company, including the year ended 31 December 2021.

SPECIAL THANKS TO …

- Our fantastic 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 governance work and support for the Forum.
- Polly Healy for maintaining our website and ensuring that our publications are produced, and copy edited to the highest standard.

All Patients' Forum Newsletters can be found at:
https://www.patientsforumlas.net/newsletters.html
TWITTER@ForumLas

SPECIAL ADVISORS TO THE PATIENTS' FORUM

SISTER JOSEPHINE UDIE	CARDIAC RESUSCITATION & EQUALITY AND DIVERSITY Promoting the installation of defibrillators and the training of communities in CPR and use of defibrillators
ALEXIS SMITH	MENTAL HEALTH My Experience of the London Ambulance Service – Suicide and Self-Harm Prevention
COURTNEY GRANT	STROKE AND HUMAN FACTORS Experience of serious harm due to delay in diagnosis of stroke
Dr. JOSEPH HEALY	LGBTQ – EMERGENCY CARE Quality and Diversity in the LAS – Safe and Effective Services for London's LGBTQ Communities
ARCHIE DRAKE	HEALTH INEQUALITIES Quality and Diversity in the LAS – Safe and Effective Services for London's LGBTQ Communities LAS and The Inverse Care Law – Exploring Health Inequality in London Using Ambulance Data
SEAN HAMILTON	EPILEPSY Identifying Service Improvements for the LAS to enhance clinical care of patients having epileptic seizures
VIC HAMILTON	EPILEPSY and CARER Identifying Service Improvements for the LAS to enhance clinical care of patients having epileptic seizures
MIKE ROBERTS	LOCAL GOVERNMENT Expert in analysing and influencing local government and health services

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

INTRODUCTION

The Patients' Forum promotes the provision of effective emergency and urgent care that meets the needs of people in London. This Annual Report outlines our aims and achievements in relation to our charitable objectives during 2021.

Central to our work is the place of patients, their relatives and carers in our campaigning activities. We monitor the LAS in relation to its effectiveness, safety and responsiveness to patients needing urgent and emergency care. We encourage the LAS and Commissioners to listen to service users and we promote improvements in clinical care. The LAS is an organisation that struggles to listen to the voice of patients and use their experiences to improve patient care.

The Forum wants the patient's voice to be heard loud and clear, valued and respected during the planning and design of services, and in the development of new clinical, quality and performance strategies. During 2021 the LAS has often failed to meet these objectives.

It is also essential that the diverse voices of service users are continuously heard and valued as a catalyst for the evolution of more effective care, provided in collaboration with health and social care services in every London Borough.

Many service improvements are needed, including much enhanced responsiveness to emergency calls. The performance of the LAS in relation to meeting their targets for getting to patients within specified target times and handover at A&E is often disappointingly poor. Other improvements are needed in relation to mental health care, responding effectively to patients' complaints within a shorter time frame, and the transformation of the LAS in relation to equality, diversity and inclusion. We co-produced an excellent 'Complaints Charter' with the LAS to improve their handling of complaints, but they have since withdrawn from promoting this Charter to those with complaints against the LAS.

https://www.patientsforumlas.net/uploads/6/6/0/6/6606397/london_ambulance_complaints_charter_nov17_v2[1].pdf

The LAS would do well to listen to our recommendations for service improvements and implement our proposals in a way that is long term, sustained and enduring. This approach would substantially improve patients' experience of the LAS.

We hope you will find our Annual Report informative and helpful. If you wish to learn more about the Forum and participate in our activities, you are welcome to attend our Public Meetings (mostly online) and become a member (membership is open to the public, Healthwatch and the voluntary sector).

Malcolm Alexander, Chair, Patients' Forum for the LAS, Patientsforumlas@aol.com

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

MONITORING AND WORKING WITH THE LONDON AMBULANCE SERVICE

The Forum is a 'critical friend' of the LAS and has until recently been active in ten LAS Committees and regularly meeting LAS Executives to discuss service improvements. We have also previously contributed to Trust Board Meetings, by raising questions regarding the quality and improvement of services.

Our members have contributed to discussions on LAS policy, strategy and risk. We have, over many years, collaborated with the LAS to promote and encourage effective involvement of patients and the public in the development of the LAS.

The LAS supported the Forum by providing indemnity cover for our members when they took part in service monitoring and ride-outs.

They have also provided meeting rooms, photocopying and refreshments for Forum Meetings.

During 2020, the LAS became concerned about being monitored by the public through the Forum. This concerned our members because we had taken part in monitoring activities since 2006, which led to many improvements in patient focused LAS services. We also assisted the LAS by participating in mock CQC inspections to get them ready for formal CQC inspections.

During 2021 the LAS appeared to be trying increasingly to protect itself from the critical voice of patients and the public by preventing the Forum's monitoring activities.

MEETINGS OF THE FORUM AND SPEAKERS IN 2021

The Forum has for many years invited lay and professional speakers to address our meetings and to hear the voices of service users, carers, and the public.

Our meetings are intended to influence the development of emergency and urgent care services, to better meet the needs of patients. Speakers engage in debate with our members, share experiences and help find solutions when services need improvement.

ALL FORUM PAPERS ARE PLACED ON THE WEBSITE:
https://www.patientsforumlas.net/meeting-papers-2020-2021--2022.html

PUBLIC MEETINGS – 2021

The Pandemic prevented us from holding our usual public meetings, but we have held five public meetings on-line in 2021.

07 June	**Samantha Laws**, Senior Lecturer, Department of Paramedics, Centre for Allied Health, Kingston University. 'Development of research project, designed to investigate life-threatening Asthma and Anaphylaxis, and the impact of errors related to the administration of Adrenaline to adults with these conditions'.
05 July	**Briony Sloper,** Health and Care in the Community Cell Lead/ Ageing Well Lead, London Region. 'Health and Care in the Community – During the Pandemic and Beyond'.
02 August	**Dr. Douglas Green**, GP Clinical Lead for ParaDoc.
06 September	**Alexis Smith**, PF Lead on Prevention of Suicide and Self Harm.
04 October	**Courtney Grant**, PF Stroke and Human Factors Lead.

PATIENT AND PUBLIC INVOLVEMENT (PPI) IN THE LAS

Through our many years of work with the LAS PPI Committee, the Forum was able to participate in plans for the enhancement of public involvement by the LAS. We believe the LAS should be able to demonstrate continuously where communities have influenced the development of frontline services. The model adopted by the Forum of inviting large numbers of service users with particular conditions to meet with LAS clinicians, and to propose service improvements, was very successful in raising clinical standards and enhancing user involvement.

We have used this model with respect to services for people from LGBTQ communities, those with epilepsy, acute mental health problems, stroke, and women who have experienced poor service during pregnancy. We also want to explore the impact of health inequalities on the effectiveness of LAS care. Senior staff in the LAS were always willing to engage with, and answer questions put by the Forum, and respond quickly.

However, a new counterproductive culture has developed in the LAS, which aims to resist responding to issues raised by the Forum, and staff have been told not to respond to our questions, ideas, and proposals for service development directly. The LAS has blocked emails sent to LAS colleagues, thus undermining statutory patient and public involvement and engagement.

DESCRIPTION OF THE FORUM FROM THE LAS WEBSITE …

“What is the Patients’ Forum?

The Patients’ Forum is an independent body that monitors us for the benefit of the public.

Who makes up the Patients’ Forum?

It is made up of members of the public who are involved in our monitoring, audit, research and policy-making committees.

Officially, Patients’ Forums were abolished in March 2008 and are no longer statutory bodies.

However, we have continued to have an effective relationship with our forum and work with them in the following ways:

- Our Senior Managers attend Forum Meetings to present information and invite discussion on a range of topics. This gives Forum members the chance to have a say on key issues and decisions.

- Ad-hoc meetings have been held, and action taken, to take forward issues of particular interest to Forum members.

- More recently, we have run a series of visits to the Control Rooms for Forum members and have also run a basic Life Support Session for them”.

COLLABORATION WTH THE LAS EDUCATION CENTRE

In 2017, the Patients’ Forum and the LAS Education Centre in Fulham established the PPIP – the joint Patient and Public Involvement Panel - a ‘best practice’ body established to monitor the HCPC programme for the transition of Emergency Ambulance Crew to Paramedics and adopted as an HCPC requirement (HCPC - Healthcare Professions Council). We lectured to front-line staff on the importance of patient involvement, provided many volunteers to act as mock patients for staff assessments, monitored the effectiveness of the recruitment and assessment process for new recruits to the Paramedic programme, and contributed many hours to the development of this excellent programme.

As a result of the decision of the LAS to abandon effective public involvement, the PPIP was closed without any discussion or consultation with the Patients’ Forum or the PPIP members. Throughout the recent history of the NHS, this was probably the worst example of an NHS body undermining effective patient and public involvement.

Forum members who led this work were: Polly Healy, Jan Marriott and Malcolm Alexander

Patients’ Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

KEY ISSUES AND RECOMMENDATIONS – 2021

NHS COMMISSIONERS & LAS STILL WITHHOLDING PERFORMANCE DATA

The LAS and the North-East London LAS Commissioners provided regular monthly data to the Patients' Forum until April 2021. Data was always shared willingly, was comprehensive and the data easy to access. It was laid out in a format that was consistent with the Equality Act in relation to print size and ease of interpretation.

Requests for monthly data after March 2021 were refused by the LAS, and we were advised by the LAS commissioning team that the LAS had told them not to share the data with us and Healthwatch, despite Healthwatch having statutory powers to access this data. We managed to obtain the September 2021 performance data through a local CCG.

https://www.patientsforumlas.net/las-performance-reports.html

We consider it to be a serious breach of the NHS Constitution that the LAS has refused to continue to share monthly data packs on their performance, and similarly that the Commissioners have acted inappropriately by operating in compliance with the decision of the LAS to conceal performance data.

The LAS's response to our request for data was to refer the Forum to their Board reports, which were several months out of date, were often in a format that was difficult to read and were missing essential data relating to performance by London Boroughs.

In addition, the LAS Board papers discarded the 15-minute handover target set by NHS England, and replaced it with a 30-minute target, thus ignoring their contractual duty to NHS Commissioners. In 2022 the target was changed by NHS England from 15 minutes to 30 minutes. Thus, the true extent of ambulance delays is now withheld from public scrutiny for the whole of England, not just London.

Despite repeated attempts to access monthly performance data by way of patient and public involvement, the LAS has declined unless applications are made by FOI but, even then, only partial data is provided instead of the full monthly set we have received for years. Withholding performance data has an adverse effect on confidence in providers and commissioners and undermines the reputation of the NHS. The decision of the LAS and Commissioners to repeatedly withhold data will be raised with the developing Integrated Care Partnerships across London and with national bodies.

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

NEZIAH'S MUM TALKS ABOUT HER TRAGIC EXPERIENCE WITH THE LAS WHEN SHE SUFFERED AN OBSTETRIC EMERGENCY

"At 5.20am on 3rd July 2015, I called the LAS. I was 27 weeks pregnant, 37 years old and had suffered severe vaginal bleeding since 5.15am. I also had cramps and a previous history of Placental Abruption and Pre-Eclampsia. This was my 3rd pregnancy.

I told the LAS that I had had a gush of blood, was suffering severe stomach pain, feeling very distressed and was alone with my children who were 4 and 10 years old. I was told I should have a response to my 999 call within 8 minutes (maternity protocol/R2 priority). But instead of sending an ambulance to take me to hospital immediately, the LAS sent an FRU 'fast response unit', which arrived at 5.44am – 14 minutes after my call. The Paramedic examined me and then called the LAS Emergency Operations Centre three times, trying to get an ambulance to take me to hospital immediately.

The Paramedic was told by the EOC that, despite the seriousness of my condition, I would have to wait until an ambulance was available. Her diagnosis was Placental Abruption, but her Patient Report Form (PRF) disappeared before the investigation of my complaint. Placental Abruption is an obstetric emergency indicating serious risk to both mother and baby (https://tinyurl.com/2mtdykew).

No ambulances were available, despite my bleeding getting heavier and the passage of blood clots. The Paramedic was empathetic but could not get an ambulance more quickly despite her three attempts. I believe that my baby Neziah died because no ambulance was immediately available. I later discovered, when they told me I should have a response within 8 minutes, that this was for only 75% of patients – other critical emergencies like mine just had to wait until an ambulance could be found.

The ambulance eventually arrived at 6.31am – 71 minutes after my call. I found out later that an ambulance was actually available at 6.03am but took 30 minutes to get to me – because staff had lost the ambulance keys and the need to do ambulance safety checks.

The FRU Paramedic eventually handed my care over to an ambulance Paramedic. Despite the fact that I was bleeding very heavily and in severe pain, the ambulance crew failed to recognise the severity of my condition and Neziah's - both life-threatening.

They stayed in my home until 7.01am, i.e. for 30 minutes, rather than taking me straight to Hospital – a journey of 6 minutes. No pain control was offered to me despite my reporting that my pain was at 8/10. They did not alert the obstetric department at King's that I was an emergency. Tragically my baby Neziah died and I was severely

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

traumatised." Response from the LAS to my complaint (see Appendix 1) is reviewed the Patients' Forum newsletter at: **https://tinyurl.com/4c3tjhdp**

The LAS lead midwife Amanda Mansfield did respond to the recommendations below, but many of the answers were less than adequate (Appendix 1). For example, why wasn't Neziah's mother taken to hospital immediately when the ambulance arrived, as she was bleeding and expelling clots so large that she thought she was giving birth? Why didn't the ambulance crew ring King's College Hospital to get an obstetrics team ready to receive a women and child who both might have died? And why didn't the LAS letter provide an apology for the substandard service provided by the LAS on that tragic July 3rd?

A meeting did take place in December 2021 with Daniel Elkeles, LAS Chief Executive and with Dr Fenella Wrigley, Medical Director, at which Dr Wrigley formally apologised for the harm and distress caused to Neziah's mother.

RECOMMENDATION 1

Women suffering severe vaginal bleeding during pregnancy should always receive an emergency ambulance response within 7 minutes because this is a life-threatening condition for both mother and baby.

RECOMMENDATION 2

When the LAS provides emergency care for a woman suffering a severe bleed because of suspected placental abruption, Paramedics should quickly establish a presumptive diagnosis, cannulate the patient and take the patient straight to the nearest emergency maternity department. Where a patient is critically ill, time is of paramount importance.

RECOMMENDATION 3

Where a pregnant woman has suffered a severe bleed with clots, and clinical observations have been carried out by a FRU Paramedic, the ambulance crew should immediately transport the patient to hospital as an obstetric emergency.

RECOMMENDATION 4

Where a patient has suffered a severe bleed, Paramedics should carefully explain to the patient the importance of cannulation and provide fluids to ensure that the patient is fully hydrated. Priority is in accordance with the Montgomery Ruling

RECOMMENDATION 5

If a woman suffers a serious bleed due to suspected placental abruption, LAS should always call ahead to arrange to be met by the emergency maternity team, to ensure rapid access to treatment to save the baby's and woman's life.

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086

RECOMMENDATION 6

LAS should be scrupulously frank, transparent and unequivocally honest when they are responsible for a death. They should apologise (Duty of Candour) and demonstrate what steps they have taken to prevent future deaths from this cause.

ERRORS RELATED TO ADMINISTRATION OF ADRENALINE

Samantha Laws, Senior Lecturer, Department of Paramedics, Centre for Allied Health, Kingston University met with the Patients' Forum on-line to discuss the development of research to investigate life-threatening asthma and anaphylaxis, and the impact of errors related to the administration of adrenaline to adults with these conditions. Sam was keen to get views of the Patients' Forum on her research and on some of the factors that can lead to problems of administration of adrenaline. Key issues discussed:

- How clinical 'culture' impacts on communication with senior colleagues.
- Whether poor communication leads to misdiagnosis and use of the incorrect medication meds, and how this might connect with long Covid diagnosis.
- How professional knowledge and behaviour links to the patient experience.

Some members described very poor experiences with ambulance crews. Sam connected such behaviour and attitudes as being related to organisational 'culture' that affected their communication skills and led to an incorrect diagnosis and in some cases the wrong choice of medicine. An important part of Sam's research was to investigate professional knowledge and behaviour and how that links to the patient experience.

Sam also spoke about the relationship between UK and international ambulance methodologies and research – she explained about the different models of care and research used by ambulance services across the world, e.g. there were great similarities to the Australian model and great differences from the USA model, as they are funded very differently and have different types of linkages to fire services. Sam also explained that the Scandinavian model has a hospital-and-Nurse-led system, whereas Germany is developing the profession from staff who were considered to be ambulance drivers to staff who are now well-qualified clinicians.

There is no research in the ambulance services/academic arena that pro-actively seeks to investigate medication errors and their causes. The system is far more focussed on investigations once an error has occurred. The scope of Sam's research includes:

- Why the wrong doses of Adrenaline are given.
- Whether pressure on work leads to such errors.
- Whether there is adequate access to pharmaceutical advice.
- Whether staff use their IPADs to gain access to pharmaceutical advice.
- The impact of speed of activity, i.e. action before insight.
- Whether Covid may cause confusion about diagnosis in deteriorating patients
- Importance of access to summary care record.

PERSUADING BOOTS TO INSTALL DEFIBRILLATORS – NO JOY

Our repeated attempts to persuade Boots to install defibrillators at each of their shops has met with continuous refusal despite the huge profits that Boots gets from the NHS and local customers. Their response on June 18th 2021 confirms that Boots is content to install defibrillators if another party pays for them:
“Boots continues to adopt a policy of allowing third party organisations to install defibrillators on the exterior of its stores in suitable locations”.

The Patients’ Forum will continue to run this campaign in collaboration with other organisations committed to saving the lives of people in cardiac arrest. Our letter to Andrew Thompson, Vice President of Boots/Walgreens was as follows:

Dear Mr Thompson, June 15th 2021
We haven’t heard from you for some time so thought we should write to see if you have had an opportunity to reflect on our request for Boots to install defibrillators in each of your stores across the country.

We hope we have convinced you of the importance of Boots UK changing its national strategy on the installation of defibrillators. It is essential that in addition to being ready to install defibrillators on the external walls of its stores (including seeking planning and landlord consents, surveys and electrical work) that Boots UK will also acknowledge its duty to the communities it serves, by bearing the cost of the defibrillators, from the considerable income Boots UK receives from local communities and NHS.

Perhaps you have had a change of heart following Christian Eriksen cardiac arrest during Euro 2020 games. As you know Christian Eriksen suddenly fell to the ground near the end of the first half during his side's clash with Finland. He was given CPR and defibrillation by frantic medics who sprinted onto the pitch at the Parken Stadium in Copenhagen.

I hope that you now accept that it is essential that Boots UK does everything possible to increase access to defibrillators and plays its full part in saving the lives of staff, patients and members of the community who suffer cardiac arrest.
Malcolm Alexander, Chair, Patients’ Forum for the LAS

MECHANICAL CPR – we have seen reports of the use of mechanical CPR devices called Lucas, which can be used instead of manual compressions. These devices can be used in ambulance while patients are being taken to hospital, but they must be used with care, because in some cases they can lead to the patient’s death. We raised this issue with Dr Fenella Wrigley, and she fully responded to our questions. See Appendix 3

COURTNEY GRANT ON HUMAN FACTORS AND THE NHS

Over 1.3 million people work in the NHS, treating more than a million patients a day. The NHS's values include working together to enhance patient care, and a commitment to improving the quality of care.

It is reported that a large percentage of adverse incidents experienced in healthcare are the result of system-included human error. Such errors could occur because of a confusing user interface, difficulty in operating devices, or because of unclear procedures, just to name a few examples. Human Factors (HF) looks at "how people use things". It's a scientific discipline that looks at the fit between products, services, and environments, and the people who need to use them, with the aim of optimising system performance and personal wellbeing.

Courtney Grant provided an overview of Human Factors and highlighted specific examples of Human Factor challenges in the context of healthcare, describing potential ways for Human Factors (HF) and Patient Engagement to work together to help resolve challenges. Perception, cognition and action are at the core of preventing system induced human error and reducing serious incidents and deaths.

Within the clinical context, sleep deprivation, the correct environment for the use of devices and supporting clinicians at critical times, e.g. in relation to the effective use of equipment, is also essential. Coordination of developments in the use of parallel use of devices is essential. Other related issues include product labelling and confusion about use of drugs that look too similar.

It is vital to include service users in the design process for equipment and medication – often users are expected to adjust to systems instead of systems being designed to service the needs of patients or users. The Human Factors (HF) approach provides opportunities for NHS bodies to think more deeply how they can work more effectively with patients and bodies representing patients in order to develop proper engagement with users, e.g. through co-production.

Examples of creative approaches to working more effectively with service users include:

- Working with children who suffer food allergy by enabling them to help design information for other children to replace poorly designed complex information that was previously available.
- Maurice Hoffman described the importance of HF in the development of the IBD cooperative (inflammatory bowel disease) and point of care diagnosis in IBD. He said that using HF in the design of services with users was a very important approach. He added that HF should be used in the design of new devices.

- Courtney gave as an example his time spent on an LAS ambulance ride-out and the numerous opportunities he became aware of during the 12-hour shift that he spent observing the work of Paramedics.

- Cynthia White suggested that a good example of the value of HF would be ensuring that important information for patients, e.g. regarding medication information, is available in the patient's own language and designed with patients so that the language used is understandable and meaningful to patients and sensitive to their needs.

- Courtney described his personal experience of the failure of care provided by the LAS to his partner in 2014 when she suffered a stroke at work. He said that she fell and was unable to move parts of her body (as well as being unable to speak), and while those she worked with thought she had suffered a stroke, Paramedics thought she had suffered a panic/anxiety attack. As a result, there was a long delay before she was taken to King's College Hospital and she suffered severe harm, including loss of mobility.

Courtney felt the LAS diagnostic approach for stroke was irrational and carried out detailed research into the diagnosis of stroke. He then raised the matter with the NHS Ombudsman who upheld his complaints. He subsequently worked with the LAS to develop a training video for staff in the diagnosis of stroke and modifications to the LAS Patient Report Form (PRF), to clarify that when a patient cannot speak (Asphasia) this may be a symptom of stroke and that the patient should be rapidly transferred to hospital. During a trial ran by the LAS at Northwick Park Hospital, it was discovered that LAS crews had failed to identify 19 percent of stroke patients as having suffered a stroke

RECOMMENDATIONS

- Promote the Patients' Forum Co-Production Charter to all UK ambulance services.
- Use Courtney's Grant's presentation and personal experience as support material for the Charter.

THE REPORT THE LAS DISREGARDED

Recommendations to the LAS on Improvement to their 111 and Emergency Operations Centre services

https://tinyurl.com/ymmbmm8u

PLAN TO CLOSE 68 AMBULANCE STATIONS IN LONDON ABANDONED FOLLOWING FORUM CAMPAIGN

On June 7th 2021 Khadir Meer, Chief Operating Officer of the LAS wrote to Andrew Blake-Herbert, CE of the LB Havering to advise him of plans to 'improve the quality of urgent and emergency care' in the Havering area through transformation of their operations and estate, i.e. the closure of ambulance station and their replacement with large hubs.

In June 2021 the Forum launched a campaign to stop the closure of 68 Ambulance Stations in London. The LAS claimed that the decision to close 68 Ambulance Stations and replace them with 18 Ambulance Hubs was in line with their 2018-21 strategy, estates vision and the Lord Carter review.

The Hubs were intended to include 'make-ready' facilities, light vehicle maintenance, and training and other facilities for the well-being of staff.

The plan was for ambulances to be left at Hubs after each shift by ambulance staff and for the vehicles to be cleaned, tested for road worthiness and provided with all necessary medication, blankets, bandages and other clinical equipment. Ambulance crew would then collect vehicles at the start of their next shift from the Hub.

It was intended that during their 12-hour shifts, ambulance crew would either be located in areas with the highest levels of emergency calls, or in the parking areas of hospital A&Es (and roads outside hospitals). Refreshment posts were to be established around London for staff.

The LAS plan did not deal with the massive problems of finding huge tracks of land in London to locate these Hubs, or the problem of locating large number of diesel ambulances in a single area, which may lead to significant air pollution problems in the areas around the Hubs. Ambulance Stations are working areas where staff meet, discuss clinical and work-based issues and these Stations contribute significantly to the well-being of staff. There was no consultation with staff on these plans despite the major changes that would have impacted on them.

A major issue was whether the siting of Hubs in locations around London would have caused extended waits for ambulances when required in an emergency. If Hubs were to be sited in areas affordable in terms of land prices, they would be more likely to be sited away from the centre of London, resulting in long journeys for staff to get to the hubs and longer journeys for ambulance crew at the beginning of shifts heading for the first emergency. The LAS omitted to consult the Patients' Forum for the LAS on their plans, even though we have been successfully working with the LAS as an independent

watchdog for 16 years. **Following our campaign, the LAS finally agreed to abandon their plans and consult with staff and the public.**

The Forum's media campaign started in the Guardian on September 25th, in the Guardian, Evening Standard on September 27th and October 1st, and ITV news on October 27th. The new LAS Chief Executive, Daniel Elkeles wrote to all staff on September 29th rolling back the plans to close 68 Ambulance Stations and promising to consult staff and the public.

He said:
"Over the winter we are going to do a piece of work on our whole ambulance station estate to set out a high-level plan to decide how many hubs we need across the capital. A key principle will be to make the best use of the Stations we already own and only leasing new sites where it won't be possible to do something to improve the existing Stations.

As part of this work, we will engage with staff and volunteers and, as appropriate, consult with the public and other partners on any proposed plans to close or move Stations. We will be asking your views about what functions you think are essential and what are desirable to have in Ambulance Stations in the future".

Both Khadir Meer and Chief Executive Garrett Emmerson left the LAS in 2021.

See Appendix 2 - Fears over NHS plan to close all local Ambulance Stations in London: Denis Campbell Health policy editor - GUARDIAN - Sat 25 Sep 2021

RIDEOUT WITH PARADOC

ParaDoc provides assessment and treatment in Hackney for acutely unwell patients who might otherwise be admitted to A&E, and in some cases to a hospital bed. The focus of the service is on patients who are elderly and frail and those with complex needs, and includes patients who have suffered falls with harm.

The ParaDoc team comprises a GP and a Paramedic, who respond to a range of clinical situations, and work closely with Nursing and Palliative Care Teams, Physiotherapists, and Occupational Therapist. The ParaDoc morning 'Falls Service' comprises an Occupational Therapist or Physiotherapist, with a Paramedic. I joined Paramedic Janice Kelley and GP Dr Douglas Green at the Homerton Ambulance Station. I visited patients with this team - with the patient's consent.

They are a highly impressive team who demonstrated outstanding clinical/medical practice in their interaction with patients, and their commitment to providing the very best urgent care. A critical aspect of the ParaDoc service is its focus on complexity, i.e. meeting the needs of patients who may have multiple medical conditions, which the

team are best placed to respond to. The development of the ParaDoc service now means that they still take calls from the LAS clinical hub and EOC, but the numbers of patients from that source are very low.

Many patients avoid admission to A&E or hospital wards as a result of the detailed clinical assessment and care provided by ParaDoc. The promotion of this service to other areas of London would substantially reduce the need for many hospital admissions and instead provide effective care in the community.

https://www.patientsforumlas.net/2020-and-2021.html

MENTAL HEALTH CARE
Alexis Smith – Lead for Mental Health and Prevention of Suicide and Self-Harm

The Forum produced a newsletter based on the experiences of Alexis Smith.
The response from the LAS can be found in Appendix 4.

RECOMMENDATIONS TO THE LAS

RECOMMENDATION 1
In responding to patients in a mental health crisis, Call Handlers should always end the call by guiding the patient onwards. Leaving the patient uncertain about the next steps can be very harmful. The system needs to be preventative.

RECOMMENDATION 2
When a patient has suicidal ideation, their level of vulnerability must be understood more clearly by 111 and 999 services, so that a more appropriate and rapid response can be provided. The 111 service should always have mental health professionals available to respond to a patient in crisis.

RECOMMENDATION 3
All clinical staff in 111 services should have mental health training to assist patients with, for example: suicidal ideation, autistic spectrum disorder and bi-polar. Call Handlers create a link with the patient, which is important, but onward appropriate referral is essential.

RECOMMENDATION 4
999 LAS capacity for people who are thinking about self-harm needs to be expanded. For instance, a patient might say: "I want somebody to step in and help to stop me cutting myself". The LAS needs to ensure they have the resources to respond rapidly to patients in this situation.

RECOMMENDATION 5
When a patient has suicidal ideation, or intends to self-harm, a referral by LAS clinicians to a GP is not usually an adequate pathway. Rapid face-to-face care with a mental health clinician is usually essential.

RECOMMENDATION 6
Patients should know what the range of options is when they have self-harmed or are thinking of doing so. Information should be provided to these patients by the LAS following face-to-face or telephone responses, e.g. can they be fast-tracked to a CPN who is an expert in crisis care, or could they request a further visit by an LAS mental health team?

RECOMMENDATION 7
The LAS should work with the mental health acute sector, including Local Authorities, to ensure that Crisis Lines (hospital and Local Authority) are functional. Often the responses on these lines are slow and referral capacity minimal. The Crisis Line system needs to provide an immediate response and a plan for further care and active support during at least a 12-hour period if the patient is focussed on self-harm. Strict governance of crisis telephone lines – making sure that they answer calls and can provide a real service and referrals when needed - is essential.

RECOMMENDATION 8
We recommend that to comply with the statutory duty of 'Parity of Esteem', the LAS reaches an agreement with the Metropolitan Police, to ensure that every s135/136 detention is treated as a **medical** emergency, to which the LAS will respond with Advanced Paramedics and Mental Health Nurses trained to provide acute mental health care.

A meeting has been requested with Carly Lynch, LAS mental health lead and Dr Fenella Wrigley, Medical Director for an update on their achievement following these recommendations.

EQUALITY AND DIVERSITY IN THE LAS

Equality and Diversity Leads:
Sister Josephine Udie, Dr. Joseph Healy, Malcolm Alexander

LAS WORKFORCE STATISTICS

Year	Total No. Paramedics	Total No. of Paramedics of BME heritage	Actual Increase BME Paramedics On previous year	% BME	BME Paras As % staff on front line (direct patient contact)	BME Paras As % of total workforce
2003/04	685	22		3.21	Not known	0.5
2004/05	734	26	+4	3.54	1.07	0.65
2005/06	832	26	0	3.13	0.99	0.62
2006/07	816	27	+1	3.31	1.00	0.61
2007/08	836	32	+5	3.83	1.19	0.74
2008/09	881	31	-1	3.52	1.04	0.7
2009/10	917	34	+3	3.71	1.01	0.68
2010/11	1,025	41	+7	4.0	1.22	0.83
2011/12	1,385	64	+23	4.62	1.98	1.38
2012/13	1,648	93	+29	5.64	2.97	2.01
2013/14	1,611	95	+2	5.9	3.09	2.04
2014/15	1,707	106	+11	6.2	3.49	2.3
2015/16	1,991	139	+33	7.0	4.6	2.8
2016/17	1,969	134	-5	7.0	4.2	2.6
2017/18	2,050	133	-1	6.4	3.9	2.5
2018/19	2,104	158	+25	7.5	4.8	2.7
2019/20	2,274	204	+46	9.0	6.1	3.5
2020/21	2,278	225	+21	10.0	10	3.5
2021/22	2,370	261	+36	11.0	12	3.9

READ OUR REPORT ON RACE EQUALITY IN THE LAS

www.patientsforumlas.net/equality--inclusion-and-diversity-in-the-las.html

REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2021

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31st December 2021.

INCORPORATION

The Company (No 6013086), which was incorporated on 29 November 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 organizations.

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
- John Larkin
- Louisa Roberts
- 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.

The Forum 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.

The Forum has successfully monitored services provided by the London Ambulance Service and worked successfully with the voluntary sector and the Northwest London Commissioning Support Unit which commissioned 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.

From the outset, 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 have long characterised the relationship between the London Ambulance Service and the Patients' Forum. The Forum has long continued consistently to rely on this document as affirming and reinforcing its relationship with the LAS.

The range of issues within the independent purview of the Company is frequently updated as necessary, and participation is readily accessible to members and the public by attending the Forum's regular meetings and/or visiting the Company's website – *www.Patientsforumlas.net*

The plan for the Forum is to expand and to seek to raise funds to support its 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 2021, 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 at the time of joining.

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

- 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 Directors/Trustees on 2022 and is signed on their behalf by:

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

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

For the Year Ended 31 December 2021

	Unrestricted Funds 2021	Total 2021	Total 2020
	£	£	£
Incoming Resources			
Grants	-	-	-
Donations	-	-	30
Membership fees	50	50	70
Affiliation fees	20	20	30
Investment income	3	3	3
Other	-	-	-
Total Incoming Resources	73	73	133

Resources Expended			
Companies House (2021 filing fee)	40	40	-
Companies House (2020 filing/reimbursement claim)	40	40	-
Renewal/hosting of website domain (s)	24	24	-
Incidental administrative expenses	-	-	158
Other	-	-	-
Total Resources Expended	104	104	158
Net Incoming/(Outgoing) resources for year	(31)	(31)	(25)
Total funds brought forward	3224	3224	3249
Total funds carried forward	3193	3193	3224

BALANCE SHEET - 31 December 2021

	TOTAL 2021 £	TOTAL 2020 £
FIXED ASSETS	-	-
CURRENT ASSETS		
- Debtors	-	-
- Cash in hand	-	-
- Cash in bank	3193	3224
- Gross current assets	3193	3224
CREDITORS		
- Amounts falling due within one year	-	-
NET CURRENT ASSETS	3193	3224
TOTAL ASSETS LESS CURRENT LIABILITIES	3193	3224
RESERVES		
- Restricted funds	-	-
- Unrestricted funds	3193	3224
TOTAL FUNDS	**3193**	**3224**

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 2021 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 2022
and is signed on their behalf by:

___

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

OBJECTS OF PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

Members of the statutory Patients' Forum, which was abolished on 31 March 2008, originally formed the Company alongside the London Ambulance Service, as a not-for-profit body with exclusively Charitable Objects. The Company was duly encouraged to progress in the voluntary health sector as an independent catalyst for more than a decade of fruitful co-operation, whilst promoting a mutual observance of pan-NHS legislation as well as pan-NHS constitution and guidelines, actively achieving constructive public benefit through patient and public healthcare and involvement across London and beyond.

The Company remains 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 if, and when, appropriate.

APPENDIX 1 – Maternity Care

14 November 2021

Dear Malcolm,
Thank you for contacting us regarding London Ambulance Service maternity service provision and my apologies for the delay in responding. I am responding on behalf of our Consultant Midwife Amanda Mansfield MBE as the Stakeholder Communications Manager for the London Ambulance Service (LAS).

We continue to be aware that this must be incredibly difficult for J to relay her experience of care and also at the loss of her baby, Neziah. We wish to extend our condolences. We also recognise there are areas that form a continuous programme of improvements to evidence how we continue to learn from this. Ms Mansfield has asked me to share with you the Trust's response to your recommendations:

Priority No. 1 Women suffering severe vaginal bleeding during pregnancy should always receive an emergency ambulance response within 7 minutes because this is a life-threating condition for both mother and baby. The current category for calls of this nature is Category 1, which is the highest category response we provide and has a response time target of 7 minutes, as set by the government. This means that our dispatchers will dispatch or divert the nearest clinical resource available to the scene. Category 1 maternity emergencies receive the same level of prioritisation as a cardiac arrest. For maternity-related emergencies, we will also dispatch a second ambulance and a critical care Advanced Paramedic Practitioner (APP) or London Helicopter Emergency Medical Service (HEMS) where required.

Priority 2. When the LAS provides emergency care for a woman suffering a severe bleed because of suspected placental abruption, Paramedics should quickly establish a presumptive diagnosis, cannulate the patient and take the patient straight to the nearest emergency department or obstetric unit.

We are committed to continually enhancing our clinical education and supporting our staff and volunteers so that they confidently diagnose and manage patients appropriately in maternity emergencies, such as bleeding in pregnancy. All our staff and volunteers have access to maternity pre-hospital screening and action tools. One of the ways we have been supporting our staff and volunteers is through holding monthly Maternity Clinical Governance workshops, which are starting in December. These sessions include case studies on recognition and management of 'Bleeding in Pregnancy'.

Priority 3 and 6: 3. Where a pregnant woman has suffered a severe bleed with clots, and clinical observations have already been carried out by a FRU Paramedic, the ambulance crew should immediately transport the patient to hospital as an obstetric emergency. 6.When a pregnant woman who is bleeding is seen initially by a FRU Paramedic, who then hands emergency care over to an ambulance Paramedic, there should be immediate action to get the woman to hospital, not just a repeat of the clinical tests that the FRU Paramedic had already completed.

Where a patient is critically ill time is of paramount importance. Ensuring our patients receive the right care at the right time is fundamental to the Trust. This principle is a core part of our training, and in maternity services provision specifically, we are committed to revisiting this key principle as regularly as possible. Since March 2020, the maternity team have continued to deliver maternity training online, this has included the recognition and management of obstetric emergency including bleeding in early pregnancy.

Priority 4 Where a patient has suffered a severe bleed, Paramedics should carefully explain to the patient the importance of cannulation and providing fluids to ensure the patient is fully hydrated. The discussion about the importance of cannulation in these circumstances is based upon the Montgomery Principles. This reflects the Trust's existing policy on consent, and we are committed to ensuring the Montgomery Principles, and discussions about this, are fed into our maternity governance workshops

Priority 5 The LAS should always call ahead as soon as possible and arrange to be met by the maternity team. Our pre-hospital screening and action tool instructs our teams to follow these principles. We continue to work closely with maternity service providers across the capital to ensure when an emergency happens, and is communicated, the relevant department is ready. One of the many ways we have been doing this is through our roll-out of the electronic Patient Care Record (ePCR) last year, which has made significant improvements in the way we work with Accident and Emergency (A&E) Departments – helping provide access to patient information ahead of their arrival.

Priority 7. The LAS should be open when they are responsible for a death. They should apologise (Duty of Candour) and demonstrate what steps they have taken to prevent future deaths from this cause. The Trust has a clear policy and process for ensuring we meet our responsibility to be open and transparent with our patients. All Trust policies can be found here. We also remain committed to learning from our patients and members of the public to learn from their experiences of our service. For example, the Trust held a 'Whose Shoes' event where learnings in our provision of maternity care were identified. We recognise as a trust that we service a diverse group of maternity patients, and therefore we recognise that the needs of women from black and minority ethnic groups is paramount in ensuring that our staff recognise early, groups at greater risk of harm and poor outcomes. The maternity team are employing an interim lead midwife to undertake work in proactively engaging with service users, to gather experience and engagement of users in service improvement and design. This extends to looking into equality and diversity indicators in pregnant patients using the ambulance service and their experience of care.

If you have any further queries, relating to the Trust's provision of maternity care or other elements of the Trust's work, please may your direct your enquiries to our Stakeholder Engagement Team on **londamb.stakeholderengagement@nhs.net**.

Philippa Keir, Stakeholder Communications Manager London Ambulance Service

APPENDIX 2 - Closure of Ambulance Stations

Fears over NHS plan to close all local Ambulance Stations in London

Denis Campbell Health Policy Editor - GUARDIAN

Sat 25 Sep 2021

NHS bosses plan to shut every local Ambulance Station in London, prompting fears that patients could be harmed if 999 crews take longer to reach them, the Guardian can reveal.

The London Ambulance Service (LAS) has started a controversial programme to close all 68 Ambulance Stations and replace them with 18 new "ambulance deployment centres" or "hubs". A patient group has criticised the plan as "dangerous" and MPs are worried that having fewer Ambulance Stations around the capital could mean patients wait longer to get to hospital.

"This move to shut every Ambulance Station in London could cause significant harm to patients because of the delays that will take place in getting to them," said Malcolm Alexander, the Chair of the LAS Patients' Forum and Hackney Healthwatch, a Government-funded statutory body that scrutinises NHS services in the East London Borough.

"We have come across many situations where people have suffered harm because ambulances have taken too long to get there. It looks like this is quite dangerous from the point of view of patient safety."

The LAS included the plan to close all 68 Stations in its "estates vision" document, which it published in 2019, but did not publicise nor invite public responses. It had passed unnoticed until London MPs were alerted to it by the LAS Patients' Forum and Hackney Healthwatch. It says that the closures would not lead to longer waiting times but will improve the care patients receive and give ambulance crews better facilities. Four Ambulance Stations in north-east London – in Romford, Ilford, Hornchurch and Becontree – have already been earmarked for closure in the first stage of the plan. They will be replaced by one new ambulance deployment centre in Romford in Havering. Local MPs have voiced their unease over the change. In a letter in June to Andrew Blake-Herbert, Havering Council's Chief Executive, the LAS's Deputy Chief Executive, Khadir Meer, said that the service planned "to overhaul our estate by replacing our existing 68 Stations with a network of 18 state of-the-art ambulance deployment centres, operating under a new "hub and spoke" model.

“Once the new Ambulance Station is up and running this will ultimately result in the permanent closure of these [four] Stations,” he added. But Meer assured Blake-Herbert that “this change will not adversely affect patients in the area. It will transform the way we work to ensure we deliver consistent high-quality care to our patients when they need us.” The new hub “will be designed around patient care and will enable rapid and efficient preparation and deployment of our frontline teams,” he said.

Margaret Hodge, the Labour MP for Barking, said: “The proposed closure of Becontree Ambulance Station and three others in North-East London to create one hub in Romford is worrisome. “Placing my constituents’ nearest ambulance station further away from their homes will, needless to say, negatively impact response times for 999 calls, and therefore deplete quality of care for residents. The impact this gratuitous decision will have on people experiencing medical emergencies is unjustifiable.

A review by Lord Carter of England’s 10 regional ambulance services found that the LAS had the most Stations in terms of the area it covered, with one for every eight square miles (13 sq. km), compared with one every 92 sq. miles (148 sq. km) in the West Midlands. But it also concluded that each of the 68 Stations covered a population of 120,000 – the largest in England. Jon Cruddas, the Labour MP for Dagenham and Rainham, has previously voiced disquiet that “the loss of an ambulance base at Becontree does raise concerns about response times across the Dagenham part of my constituency.

“While I understand the need for consolidating existing facilities, I will be seeking assurances from the LAS that this will not negatively impact those requiring urgent attention across Dagenham and Rainham.”

A LAS spokesperson said: “London ambulance service currently has the largest number of Stations in the UK and the oldest estate. Moreover, a significant proportion of the LAS estate is under-utilised and not fit for purpose, with some parts built in the 1800s. “We are at a very early stage in developing a London-wide strategy to transform our estate to meet future needs, and at all stages of this process we will ensure any changes do not impact on the care patients receive.”

APPENDIX 3 – Use of Mechanical CPR by the LAS

2 June 2021

Dear Mr Alexander,
Thank you for contacting our Chief Medical Officer Dr Fenella Wrigley regarding the Lund University Chest Compression System (LUCAS). Dr Wrigley has asked me to share with you the following information in answer to your questions.

The LUCAS 2 has been in use in the LAS for over eight years. We carry the device on both on our Advanced Paramedic Practitioner (APP CC) cars and on our Clinical Team Manager cars and there have now been a significant number of national and international studies looking at the efficacy of mechanical chest compression devices in resuscitation. These include the CIRC, PARAMEDIC and LINC trials. When looking systematically at the clinical evidence, the overall finding is one of noninferiority in respect of mechanical chest compression devices. This means that the mechanical device is not inferior to manual chest compression, in respect to patient survival, but there is no overall benefit in terms of outcome in using such devices.
One needs to view such a finding alongside the risks associated with such devices; there are case reports of iatrogenic injury from a range of chest compression devices (including manual chest compressions) and there is equipoise in the literature as to whether such injuries are more commonly seen with mechanical devices in comparison to manual chest compressions. It is therefore important to select the appropriate patient for the device, which is why we use the LUCAS with our staff groups most experienced in resuscitation.

There are advantages of using such devices, the most prominent being the ability to continue chest compressions uninterrupted enroute to hospital. But this needs to be viewed in the context that survival rates in this cohort of patient's are very small (where a patient is transported intra-arrest to hospital), irrespective of the cause of the arrest even when mechanical devices are used.

We have also considered the evidence-based interventions that result in cardiac arrest survival: this being prompt and effective chest compressions along with rapid defibrillation where the patient is in a shockable rhythm and we need to ensure that the technology, which has a limited evidence base, does not distract our crews in the resuscitation of the patient.

The LAS will constantly keep under review the use of mechanical devices as the evidence continues to develop and as the international resuscitation guidance is refreshed. I hope the above has answered your questions around the Trust's assessment and use of LUCAS.

Yours sincerely,
Philippa Keir Stakeholder Communications Manager London Ambulance Service

APPENDIX 4 – Mental Health Care

NHS
London Ambulance Service
NHS Trust

Communications and Engagement Directorate
Headquarters
220 Waterloo Road
London
SE1 8SD

Tel: 020 7783 2000

www.londonambulance.nhs.uk

18 August 2021

Dear Malcolm,

Thank you for contacting our Chief Medical Officer Dr Fenella Wrigley regarding London Ambulance Service's mental health care provision. I am responding on Dr Wrigley's behalf as the Stakeholder Communications Manager for the London Ambulance Service (LAS). Dr Wrigley has asked me to share with you the Trust's response to your recommendations:

At the London Ambulance Service (LAS) calls are triaged using an internationally validated triage system; where instructions as to next steps are based on the outcome of the triage. This may include remaining on the line with patients or advising them they will receive a ring back from a clinician in our Clinical Hub (CHUB) which may include an assessment by a mental health nurse.

Our 999 and 111 call handlers have received additional training in mental health and have greater access to specialist mental health support and advice. In our 111 service our call handlers have the option to warm transfer a patient presenting in a mental health crisis to a mental health professional from a local mental health provider. In our 999 service, our call handlers have access to mental health nurses in our Emergency Operations Centre (EOC) as well as Clinical Team Navigators (CTNs) who are very experienced paramedics and form part of the CHUB.

If there are concerns about the safety of the patient, our call handlers will remain on the line to help support the patient and deescalate, and if needed, the call handler can discuss the situation with a clinician to ensure the patient receives the most appropriate advice whilst awaiting a response. In the last year changes have been put in to all English Ambulance Services whereby a senior clinician has oversight of all mental health and overdose calls and there are clear processes in place to monitor and ensure patients receive the most appropriate response.

In addition to having Mental Health Nurses within our EOC we also have six Mental Health Joint Response Cars across London which are staffed by a Mental Health Professional and Paramedic. By receiving an enhanced mental health and physical health assessment we can ensure the patient receives the right care in the right place first time. A comprehensive evaluation has been completed in conjunction with NHS London which you can find here.

We continue to work very closely with system partners to ensure any issues with pathways are raised in a timely fashion and are represented on various groups and boards around service changes and redesign.

If you have any further queries, relating to the Trust's provision of mental health care or other elements of the Trust's work, please may you direct your enquiries to our Stakeholder Engagement Team on londamb.stakeholderengagement@nhs.net who will ensure a prompt response.

Yours sincerely,

APPENDIX 5 – Complaint Charter Agreed with LAS

LAS COMPLAINTS CHARTER

The LAS Complaints Charter was written by the Forum and agreed by the LAS Board. However, they were unwilling to share the Charter with people who made complaints e.g. by sending the Charter directly to complainants. They have now removed the Charter from their website. The commitments by the LAS were as follows:

WHEN YOU ARE DISSATISFIED WITH HEALTH CARE SERVICES

- Tell us, as soon as possible, if you are unhappy with our services so that we can investigate your concerns and quickly try to put things right for you.
- Tell us if you have any particular needs that we should be aware of, e.g. an interpreter or other ways of ensuring effective communication with you.

OUR COMMITMENT TO YOU - WE SHALL …

- Acknowledge your complaint within three working days and explain how we shall handle your complaint/s and what information we need.
- Give the contact details of the person or team that will investigate your complaint. • Keep you updated if it takes longer than we had hoped to respond and explain our progress in the investigation of your complaint.
- Pledge that making a complaint will not adversely affect your ongoing or future treatment in any way.

WE WILL FOLLOW AN OPEN AND FAIR PROCESS BY

- Listening to you carefully and fully understanding your complaint. • Requesting all the information we need from you.
- Explaining how we shall investigate all your specific concerns.
- Being open and honest throughout the investigation, by ensuring the Duty of Candour (DoC) is complied with and you receive copies of any relevant reports.
- Providing a comprehensive response to your complaint.
- Letting you know about local complaints advocacy services or other appropriate advocacy services to support and advise you during any complaint investigation.
- Explaining our decisions and recommendations, and how we reached them.
- Carefully evaluating all the information we've gathered to make a decision on your complaint and explaining how to contact and make recourse to the Health Service Ombudsman if you are dissatisfied with our findings.

WE SHALL GIVE YOU AN EXCELLENT SERVICE BY

- Treating you with courtesy and respect.
- Aiming to give you a final decision on your complaint within 35 working days – or explain the reason for any delay.
- Making sure our complaints service is easily accessible to you and giving you support and help if you need it.

www.patientsforumlas.net/complaints-charter-and-complaints.html

APPENDIX 6 – Co-Production Charter Agreed with LAS

CO-PRODUCTION CHARTER FOR URGENT AND EMERGENCY AMBULANCE SERVICES IN LONDON

The Patients' Forum wrote the Co-Production Charter in 2019, in collaboration with Healthwatch Hackney. It provides a unique opportunity for enhancing and growing the production of patient-centred services in line with the duties imposed on the LAS by the NHS Constitution. The Charter provides dynamic advantages for further collaboration and co-production with patients and the public.

Trisha Bain, Chief LAS Quality Officer, formally agreed to accept the Charter at a meeting with the Forum President, Joseph Healy, and Chair, Malcolm Alexander, but the LAS have never implemented it. Some of the key aspirations of the Charter follow; the full contents of the Co-Production Charter can be seen at:

www.patientsforumlas.net/co-production-with-the-las.html

A. THE LONDON AMBULANCE SERVICE AND THE PATIENTS' FORUM AGREE THAT:

- Services are organised so that they meet people's needs.
- Patients will have a stronger voice in the LAS than ever before.
- The patient is at the centre of everything that the LAS does.
- The LAS will listen to staff and patients to determine priorities.
- Patients and carers will be involved in all LAS improvement work.
- Integral to all LAS programmes must be robust patient and staff involvement.
- LAS will listen to patients, families and carers, and respond to their feedback.
- The LAS goal is to have patient involvement in all service redesign programmes and a patient involvement framework developed to apply this goal consistently.
- LAS will widen and increase public involvement in the development of pioneer services and the monitoring of success.
- A co-designed and co-developed patient and staff engagement model will be used to drive quality improvement across the maternity care model.

(Statements from the 2018/19 LAS Quality Account)

B. THE LONDON AMBULANCE SERVICE (LAS) AND PATIENTS' FORUM FOR THE LAS (PFLAS) AGREE THAT THE CO-PRODUCTION CHARTER:

- Provides an effective means of designing, shaping and delivering services in a partnership between the LAS and people who have used the service or may use it in the future.

- Enables delivery of our shared objectives for the creation of better services and outcomes for patients.
- Sets out the potential outcomes that people can expect from the co-production of urgent and emergency care services and other LAS care services.
- Sets out responsibilities of people taking part in the co-production of services.
- Establishes principles which are intended to achieve a vision of service users as equal partners in the production of effective urgent and emergency care.
- Signals the direction of travel for integrated service development between the LAS, patients and the public.

C. PATIENTS AND THE PUBLIC WILL BE ENCOURAGED TO:

1) Participate at the earliest stages in design or redesign of services, where such changes may affect their care, treatment, or interaction with front- line staff.
2) Operate and function as equally valued voices, assets and partners.

D: EFFECTIVE COLLABORATION IS ESSENTIAL FOR EFFECTIVE CO-PRODUCTION:

1) LAS and the PFLAS agree to work collaboratively in the best interests of service users and the enhancement of their care.
2) The LAS and PFLAS agree to ensure that proposals for service changes and improvements will be the subject of joint work from initiation of the process to completion, including feeding back to service users on the results and outcomes of co-production.

E. PROMOTING EQUAL OPPORTUNITIES TO INFLUENCE CHANGE THE LAS AGREES TO:

1) Acknowledge differences in the capacity to effect change and in access to resources between all those who participate in Co-Production of LAS services.
2) Ensure the differential in influence and resources will not hinder the design of enhanced care for users of urgent and emergency services.
3) Provide access to all information/ documentation relevant to achieving shared goals of Co-Production in service design and creation.
4) Value equally all those who participate in and contribute to the joint process of Co-Production and decision making.

APPENDIX 7 - GLOSSARY

ACP … … …	Advanced Care Plan
A&E … … …	Accident and Emergency Department
AMPH … …	Approved Mental Health Professional
ARP … … …	Ambulance Response Programme
BME … … …	Black and Minority Ethnic
CARU … … …	Clinical Audit Research Unit
Cat 1 … … …	Target - life threatening conditions – 7 minutes
Cat 2 … … …	Target - urgent/emergency conditions - 18-40 mins
CCG … … …	Clinical Commissioning Group
CPN … …	Community Psychiatric Nurse
CPR … …	Cardiopulmonary Resuscitation
CSR … … …	Corporate Social Responsibility
CQC … … …	Care Quality Commission
CQRG … … …	Clinical Quality Review Group
CQUIN … … …	Commissioning for Quality and Innovation
CmC … … …	Co-ordinate my Care
CTA … … …	Clinical Telephone Advice
DKA … … …	Diabetic Ketoacidosis
DNAR … … …	Do Not Resuscitate Notice
DoS … … …	Directory of Services
EBS … … …	Emergency Bed Service
ED … … …	Emergency Department (A&E)
EI … … …	Equality and Inclusion
EHRC … … …	Equality and Human Rights Commission
EOC … … …	Emergency Operations Centre
EoLC … … …	End of Life Care
FOI … … …	Freedom of Information Act 2000
FT … … …	Foundation Trust
GDPR … …	General Data Protection Regulation

HCA … … … Health Care Assistant
HCPC … … … Healthcare Professions Council

KPI … … … Key Performance Indicators

LGBT … … … Lesbian, Gay, Bisexual and Transgender

MAR … … … Multi Attendance Ratio

NASMeD … … National Ambulance Service Medical Directors' Group
NETS … … … Non-Emergency Transport Service
NHSE … … … NHS England
NHSI … … … NHS Improvement
NRLS … … … National Reporting and Learning Service

PPI … … … Patient and Public Involvement
PRF … … … Patient Report Forms

SCA … … … Sudden Cardiac Arrest
SCS … … … Sickle Cell Society
SCD … … … Sickle Cell Disorders
SI … … … Serious Incident
STP … … … Strategic Transformation Plan

WRES … … Workforce Race Equality Scheme

APPENDIX 8 – 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 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.

APPENDIX 9 - THE FORUM’S MISSION STATEMENT

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.

WE SHALL:

(1) Optimise working arrangements with the London Ambulance Service and other providers and commissioners of urgent and emergency care.

(2) Work with other service user networks that champion the needs of patients.

(3) Further develop campaigns for better and more effective emergency and urgent care services, and 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 LAS clinical staff and receive effective and timely responses.

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

(6) Promote research to assess the clinical outcomes for the 25% of Category A (emergency) patients that do not get an ambulance response within eight minutes.

(7) Work with partners to develop better solutions for the care, transport and disposition of people with severe mental health problems and their carers, that respect their wishes and meet their needs. The Forum promotes 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 better assessment, clinical effectiveness and care for people who suffer from cognitive impairment and dementia.

(9) Work with the LAS to develop effective systems and protocols, that ensure the wishes of patients with Advance Directives and Care Plans are respected, and that their care is provided completely in accordance with their prior decisions and wishes.

(10) Work with LAS equality, diversity and inclusion leads to promote effective training of all LAS front-line staff in provision of care for London's diverse

communities, in relation to all protected categories identified by 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 disorders and mental health care.

APPENDIX 10 - THE PATIENTS' FORUM LEAFLET

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 ... ... FACE - ARMS - SPEECH - TIME 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.

Patients' Forum Ambulance Services (London) Ltd. Registered in England.
Registered office: 30c Portland Rise, N4 2PP
Company limited by guarantee. Company number: 6013086