

# PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

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## ANNUAL REPORT

2017-2018

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## FORUM OFFICERS IN 2017-18

| Position                         | Name and Contact Details   | Healthwatch                    |
|----------------------------------|--|--------------------------------|
| Company Secretary                | John Larkin<br>Registered Office:<br>6 Garden Court, Holden Road,<br>Woodside Park, N12 7DG                                |                                |
| President of the Patients' Forum | Dr Joseph Healy<br>drjhealy@yahoo.com  |                                |
| Chair                            | Malcolm Alexander<br><a href="mailto:patientsforuml@aol.com">patientsforuml@aol.com</a><br>Tel: 0208 809 6551/ 07817505193 | Hackney Healthwatch            |
| Vice Chair                       | Sister Josephine Udie<br><a href="mailto:sisterjossi@hotmail.com">sisterjossi@hotmail.com</a>                              | Lewisham Healthwatch           |
| Vice Chair                       | Angela Cross-Durrant<br><a href="mailto:acrossdurrant@yahoo.co.uk">acrossdurrant@yahoo.co.uk</a>                           |                                |
| Executive Committee              | Audrey Lucas<br><a href="mailto:audrey.lucas@healthwatchenfield.co.uk">audrey.lucas@healthwatchenfield.co.uk</a>           | Enfield Healthwatch            |
| Executive Committee              | Lynn Strother<br><a href="mailto:lynnestrother@gmail.com">lynnestrother@gmail.com</a>                                      | Formerly -<br>City Healthwatch |
| Executive Committee              | Kathy West   | Retired - July 2017            |
| Executive Committee              | Beulah East<br><a href="mailto:Beulaeast41@hotmail.com">Beulaeast41@hotmail.com</a>  | Hillingdon Healthwatch         |
| Executive Committee              | Adrian Dodd<br><a href="mailto:adrian.dodd@virgin.net">adrian.dodd@virgin.net</a>  | Waltham Forest<br>Healthwatch  |

### 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.
- Patients' Forum 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 Lewis and Lauren Murphy for their continuous and enthusiastic support for the Forum's work, including the photocopying of our meeting papers, communicating with LAS members and inclusion in the LAS PPI Committee.
- Elizabeth Ogunoye and the Brent CCG Commissioning Team, for their support and encouragement of the Forum's work.
- Our gratitude to: **BRIONY SLOPER, KATY MILLARD, MARGARET LUCE, MARK HIRST, MELISSA BERRY, PATRICIA GREALISH, PAUL WOODROW, STUART CRICHTON & TRISHA BAIN** for speaking at our public meetings and engaging so actively with the Forum.

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## INTRODUCTION

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The Patients' Forum is an unregistered charity, which promotes the provision of effective emergency and urgent care that meet the needs of people in London. Our Annual Report outlines our aims and achievements in relation to our charitable objectives during 2017.

Central to our work is to place patients, their relatives and carers at the front of our campaigning activities. We monitor the LAS in relation to its effectiveness, safety and responsiveness to patients needing urgent and emergency care. We work with the LAS and commissioners to promote improvements in clinical care.

We want 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.

It is 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.

As the LAS emerges from CQC Special Measures, we see a clear focus on making significant improvements to services to better meet patients' needs. Nevertheless, there are many areas that need considerable improvement, including LAS responsiveness to emergency calls, the development of mental health and bariatric care services, responding effectively to patients' complaints within a shorter time frame, and the transformation of the LAS in relation to equality, diversity and inclusion. We need evidence that the achievement of these goals will be long term, sustained and enduring.

We hope you 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 monthly public meetings held at LAS Headquarters in Waterloo, and become a member (membership is open to the public, Healthwatch and the voluntary sector).

Please visit our website: **[WWW.PATIENTSFORUMLAS.NET](http://WWW.PATIENTSFORUMLAS.NET)**

Membership: **[www.patientsforumlas.net/join-us.html](http://www.patientsforumlas.net/join-us.html)**

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## **FORUM PRIORITIES IN 2017**

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### **Equal Access to 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 identity, should ever reduce their access or cause any delay in access to services.

### **Ambulance Queuing at A&E**

Prolonged ambulance queues outside many of London's A&Es are totally unacceptable and should be abolished. Thousands of hours of patients' care are lost each year as ambulances queue instead of responding to patients requiring emergency care. Patients are put in queues to get into A&E at some hospital - sometimes for an hour or more, whilst other patients in distress, pain and at risk wait until an ambulance is free to provide emergency care. The Forum has consistently raised this issue with all those accountable for this major system failure and we have also sought the support of the Mayor of London for our campaign.

### **Bariatric Care**

We raised concerns with the LAS and CQC about staff training and access to appropriate vehicles for the transport of bariatric patients. We are very concerned about response times for bariatric patients requiring emergency care, and whether the LAS has appropriate vehicles to provide the right level of care. The CQC prioritised this issue, but the LAS has done little to create a more appropriate service. They do not have data on the number of bariatric patients provide with care, or details of their needs - a fundamental requirement in determining the design of a new bariatric care service and the vehicles required for the transfer of patients to A&E or other centres.

### **Complaints about services provided by the LAS**

Although we reached an agreement with the Patient Experiences Department and Trisha Bain the Chief Quality Officer, for Forum members to carry out a complaints audit, the LAS was unable to progress this agreement, because of its concerns about governance of the process. We regard it as essential that the LAS can demonstrate its learning from complaints, evidence service improvements and ensure that complainants are advised of service improvements. We would also like to see paramedics meetings with people who have complained about them, to discuss issues of concern and outcomes of the investigation.

### **Defibrillators**

Our campaign to persuade Boots pharmacy to install defibrillators continued throughout 2017. Despite our successful work with Sainsbury's, John Lewis Partnership and the Southwark Diocese of the Catholic Church, Boots has remained defiant in refusing to install defibrillators in any of their London stores or on the outside as public access defibrillators. Our campaign continues and the next phase includes persuading voluntary sector organisations across London to install defibrillators. We have started this campaign in Lambeth.

### **Equality and Inclusion**

The Forum published 'Race Equality in the London Ambulance Service', a 10 year study of equality and diversity in the LAS, which enabled the LAS and CQC to better focus on the long term lack of diversity at Board level and amongst front line paramedic staff. In 2017, all non-executive Board members were white and only 4.2% of paramedics in direct patient contact

were from a BME heritage (compared to 4.65% in 2015/6). Recruitment by the LAS of specialist staff for implementation of the NHS Workforce Race Equality Scheme (WRES), and successful bidding for £0.5m funding from Health Education England to promote racial diversity in the LAS, are landmark achievements.

### **Mental Health services – Parity of Esteem**

We are concerned about the care of patients suffering a mental health crisis in a public place, who are detained by the police under s136 of the Mental Health Act and transferred to a Place of Safety by the LAS. There is no system for collecting information from patients about their experience of detention under s136 of the Mental Health Act, or being assessed and transported to hospital using the LAS NETS (Non-Emergency Transport Service). A mental health crisis is extremely serious in terms of risk to a person's life and long-term harm. Cardiac arrest, stroke and major trauma are carefully monitored by LAS's CARU (Clinical Audit Research Unit), but there is no assessment of the success of interventions for patients suffering a mental health crisis. We strongly promote the establishment/creation of Advanced Paramedic positions dedicated to mental health care (paralleling advanced paramedics for cardiac arrest), to ensure patients in crisis get the right care first time, and are immediately transferred to the service that best meets patients' needs. We strongly approve the employment of mental health nurses in the Emergency Operations Centre, who now work to advise paramedics to assess the immediate needs of patients in crisis.

### **Sickle Cell Disorders (SCD)**

Campaigning work continues with the Sickle Cell Society and the Merton Sickle Cell and Thalassaemia Group. There was a key presentation by Eula Valentine from the Merton Group to the LAS Board in which she made 6 recommendations to improve sickle cell care that were sent to the LAS Chair, Heather Lawrence. These recommendations included: provision of joint care plans; compliance with the 18 minute ARP target; training of front line staff in sickle cell care and the training of staff by patients' with sickle cell disorders.

### **Transition to the Ambulance Response Programme - ARP**

The ARP came into force in November 2017. Information is not available as to whether the new system with four targets is better than the old system with six targets. The ARP targets are: 7 minutes, 18 minutes, two hours and three hours - meaning that long waits are now embedded instead of being concealed, e.g. by the former 75% cat A – 8 minute target. In practice the new Category two 18 minute target may provide a response in 40 minutes to patients. The Forum put critical questions to leaders from the LAS and NHS England about the transition to ARP.

### **Future Aspirations for 2018**

- Encourage the LAS commissioners to restart the alcohol awareness work and the 'alcohol bus' that was successfully deployed in Croydon and central London.
- Focus on the needs of particular cultural and language groups, e.g. the Portuguese community in Lambeth.
- Better publicize the Forum's work through: a Twitter Account, getting articles into the HSJ and producing a regular newsletter.

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## **MONITORING AND WORKING WITH THE LONDON AMBULANCE SERVICE**

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The Forum is a 'critical friend' of the LAS. We are active on 10 LAS Committees as well as regularly meeting with LAS executives. We have also contributed to Trust Board meetings, by raising questions regarding the quality and improvement of services. Our members contribute to discussions on LAS policy, strategy and risk. We collaborate with the LAS to promote and encourage effective involvement of patients and the public in the development of LAS services, staff training and provision of London's emergency and urgent care. The LAS supports the Forum by providing indemnity cover for our Members when they take part in service monitoring and ride-outs. They also provide meeting rooms, photocopying and refreshments for Forum meetings.

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## **MEETINGS OF THE FORUM AND SPEAKERS IN 2017**

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The Forum arranges for lay and professional speakers to address our meetings and to hear the voices of service users, carers and the public. These 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 to improve inadequate services. Our members offer ideas for the improvement of services from a patients' and carers' perspective.

**Speakers' presentations can be found at:**

**[www.patientsforumlas.net/upcoming-meeting-papers.html](http://www.patientsforumlas.net/upcoming-meeting-papers.html)**

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## **SPEAKERS AT FORUM MEETINGS IN 2017**

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**JANUARY: PATIENTS' FORUM'S PLAN FOR ENHANCED URGENT AND EMERGENCY CARE - 2017**

**FEBRUARY: TRISHA BAIN - CHIEF QUALITY OFFICER - DEVELOPING SAFER, HIGHER QUALITY CARE FOR PATIENTS**

**MARCH: MARK HIRST - DIRECTOR OF WORKFORCE - RESULTS OF THE ANNUAL STAFF SURVEY**

**APRIL: PAUL WOODROW - DIRECTOR OF OPERATIONS LAS - DELIVERING SAFE EFFECTIVE EMERGENCY AND URGENT CARE IN LONDON**

**MAY: BRIONY SLOPER – LAS DEPUTY DIRECTOR for NURSING and QUALITY - DEVELOPING HIGHER QUALITY CARE IN THE LAS - ANNUAL QUALITY ACCOUNT**

**JUNE: KATY MILLARD - LAS DEPUTY DIRECTOR OF OPERATIONS FOR 111 AND URGENT CARE - CAN 111 IMPROVE DEMAND MANAGEMENT FOR PATIENTS REQUESTING URGENT AND EMERGENCY CARE?**

**JULY: TRISHA BAIN – CHIEF QUALITY OFFICER FOR THE LAS -**

CQC REPORT ON THE LAS – GREAT PROGRESS, CARE OUTSTANDING - BUT STILL IN SPECIAL MEASURES

SEPTEMBER: **PATRICIA GREALISH – DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT & MELISSA BERRY, EQUALITIES CONSULTANT** - RACE EQUALITY IN THE LAS – PROGRESS AND ASPIRATIONS

OCTOBER: **STUART CRICHTON, ASSISTANT DIRECTOR OF OPERATIONAL SERVICE IMPROVEMENT** – THE AMBULANCE RESPONSE PROGRAMME

NOVEMBER: **MARGARET LUCE – HEAD OF PATIENT AND PUBLIC INVOLVEMENT AND PUBLIC EDUCATION & FREEDOM TO SPEAK UP GUARDIAN** - PATIENT AND PUBLIC INVOLVEMENT IN THE LAS - SERVICE DEVELOPMENT, QUALITY AND SAFETY

DECEMBER: **“OPEN HOUSE”** YOUR IDEAS AND PROPOSALS FOR THE DEVELOPMENT OF URGENT AND EMERGENCY CARE IN LONDON

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#### **FORUM REPRESENTATIVES ON LAS COMMITTEES 2017**

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|                                    |  |
|------------------------------------|--|
| CLINICAL SAFETY                    | MALCOLM ALEXANDER                              |
| CLIN AUDIT & RESEARCH STEERING GP  | NATALIE TEICH                                  |
| CLINICAL EFFECTIVENESS & STANDARDS | BEULAH EAST &<br>MALCOLM ALEXANDER             |
| COMMUNITY FIRST RESPONDERS         | SISTER JOSEPHINE UDIE                          |
| END OF LIFE CARE                   | ANGELA CROSS-DURRANT                           |
| EQUALITY AND INCLUSION             | AUDREY LUCAS & BEULAH EAST                     |
| INFECTION PREVENTION AND CONTROL   | ADRIAN DODD                                    |
| LAS ACADEMY PPI PANEL              | JAN MARRIOTT, POLLY HEALY<br>MALCOLM ALEXANDER |
| MENTAL HEALTH                      | BEULAH EAST & MALCOLM A.                       |
| PATIENT AND PUBLIC INVOLVEMENT     | MALCOLM ALEXANDER                              |
| PATIENT EXPERIENCE & FEEDBACK      | ADRIAN DODD                                    |
| PATIENT SAFETY                     | BEULAH EAST & MALCOLM A.                       |
| SAFEGUARDING                       | ADRIAN DODD                                    |



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## **PATIENT AND PUBLIC INVOLVEMENT (PPI) IN THE LAS**

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Through our work with the LAS PPI Committee, the Forum is able to participate in plans for the enhancement of public involvement by the LAS. There is a great deal of very successful outreach work by the LAS with communities across London. This was enhanced by 3 streams of work in the Insight Project on sickle cell disorders, personality disorders and chronic respiratory diseases.

We would like to see far more work in the LAS, which demonstrates how the patients' voice influences the development of LAS services. At the moment the evidence base for service improvement through public engagement needs strengthening. We believe the LAS should be able to demonstrate continuously where communities have influenced the development of front line 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, has been very successful in raising clinical standards and users' involvement. We intend to use this model with respect services for homeless people, epilepsy, maternity services and care for people with dementia in 2018.

Senior staff in the LAS are always willing to engage with and answer questions put by the Forum and respond quickly. We see this as a useful base from which proposals for service improvements can be launched.

The LAS continues to send invitations for Forum meetings to their 5000 members each month and this provides more opportunities for service users to become more involved in the Forum's work.

**ALL FORUM PAPERS ARE PLACED ON THE WEBSITE**

**[www.patientsforumlas.net](http://www.patientsforumlas.net)**

# KEY ISSUES AND RECOMMENDATIONS - 2017

## **AMBULANCE QUEUING SCANDAL CONTINUES – NHS ENGLAND FAILS TO RESOLVE A&E HANDOVER WAITS CRISIS AT LONDON’S HOSPITALS**

Considerable publicity about prolonged waits outside London’s A&E has failed to convince NHS England to resolve this issue. Data about ambulance queuing and delayed handovers of patients to clinical staff in A&E was withdrawn by the LAS and commissioners between July and November 2017 - despite sending the data to all CCGs in London. The Commissioners claimed the data was not validated - but failed to inform London’s CCGs that was the case. The Forum wrote to the Commissioners to complain about their refusal to supply data, which eventually led to the restoration from both the LAS and the CCG commissioners. Information giving precise details of all handover delays in London was not restored by the LAS, thus preventing the Forum from assessing the situation in every hospital on a daily basis.

**It is not consistent with safe and ethical practice that an ambulance which has rushed to provide care to a patient, and rushed to get the patient to A&E, has to queue to hand over the patient for the required clinical care and treatment.**

We regard handover delays as a major pan-London issue limiting the effectiveness of the LAS and preventing ambulances from responding effectively to emergencies. It is an indictment of NHS England (London) that this problem has continued for years under their watch without full resolution. **We regard ambulance queuing as a breakdown in the quality and safety of emergency care provided to patients taken to A&E.**

It is particularly harmful to older people who have fallen and those lying in the road following an accident waiting for an ambulance. Long delays are harmful to people with cognitive impairment for whom moving between home, ambulance, A&E and wards can be traumatic and add to their level of confusion.

Fifteen minutes is the maximum time allowed from arrival of the ambulance to clinical handover to hospital staff. The number of wasted hours are calculated from the number of minutes over 15 minutes that ambulances queue outside A&Es for handover. Unfortunately, withdrawal of data from the Forum, means that we can no longer compare handover performance between months and years – this is partly the result of the introduction of the Ambulance Response Programme (ARP). The Forum produced a newsletter on ambulance queuing, which was widely distributed to interested parties across London. Paul Woodrow, LAS Director of Operations presented to the Forum on this issue in April 2017 and his slides can be found at: [www.patientsforumlas.net/meeting-papers---2017.html](http://www.patientsforumlas.net/meeting-papers---2017.html)

In December 2017, Emily Pidgeon, London Assembly member for Southwark supported the Forum's bid to involve the Mayor in our campaign. This led to a meeting with the Mayor's health team and the Chief Executive of the LAS, Garrett Emmerson.

### WORST AMBULANCE QUEUES AT LONDON'S A&Es – WEEKLY DATA

| MONTH 2017 | DATE         | HOURS WASTED |                          |                          |                          |
|------------|--------------|--------------|--------------------------|--------------------------|--------------------------|
| January    | 23-29<br>Jan | 1356hrs      | Northwick Park<br>191hrs | Barnet<br>144hrs         | Royal Free<br>115hrs     |
| February   | 27 Feb       | 1060hrs      | King's College           | Barnet                   | Royal Free               |
| March      | 5 March      |              | 80hrs                    | 86hrs                    | 73hrs                    |
| March      | 27<br>March  | 1080hrs      | Northwick Park           | Barnet                   | Royal Free               |
| April      | 2 April      |              | 98hrs                    | 115hrs                   | 88hrs                    |
| May        | 22-28<br>May | 877hrs       | Northwick Park<br>89hrs  | North Middlesex<br>68hrs | Royal Free<br>77hrs      |
| June       | 26 June      | 927hrs       | Northwick Park           | King's College           | Royal Free               |
| July       | 2 July       |              | 102hrs                   | 86hrs                    | 80hrs                    |
| December   | 10-17<br>Dec | 1506hrs      | Northwick Park<br>16hrs  | Hillingdon<br>108hrs     | Princess Royal<br>106hrs |

- Handover Waits 2017 – data obtained from Brent CCG (LAS Commissioner)
- **Wasted Hours** are defined as summation minutes in excess of 15 minutes Waits, by ambulance whilst queuing outside an A&E

### ACTION PLAN

#### a) RECOMMENDATION TO NHS ENGLAND

**NHS England should ensure that all ambulance queues are abolished in 2018. Resources should be provided to ensure there are adequate numbers of beds and staff to care for patients who require admission to hospital. Discharge arrangements should be radically improved to ensure that no patient is put at risk by delayed discharge.**

- b) PLAN A PUBLIC MEETING IN CITY HALL to discuss solutions to the problem of ambulance queuing. Invite commissioners and leaders of the acute sector (completed).**
- c) CONTACT CHIEF EXECUTIVES OF NHS TRUSTS asking for their action plans to abolish ambulance queues (completed).**
- d) PREPARE BRIEFING for London Assembly Members and the Health Committee. Meet with Dr Sahota, Chair, Health Committee (completed).**
- e) ARRANGE ENTER AND VIEW of London's A&Es with Healthwatch.**

### **AMBULANCE RESPONSE PROGRAMME - ARP**

The ARP came into force in November 2017 and replaced Categories A and C with four new targets: Cat 1: 7 minutes, Cat 2: 18 minutes, Cat 3: two hours and Cat 4: three hours - meaning that long waits are now institutionalised instead of being concealed, e.g. 75% cat A – 8 minute target in which 25% of patients did not get an 8 or 19 minute Cat A response. The ARP system reduces the response time for Cat 1 emergency calls by one minute, and claims that all responses are genuine in terms of face to face clinical responses to patients (instead of for example 'creative' responses in which the appropriate clinician is not actually with the patient but the target is met). Comparative data is not available to clarify whether ARP is performing better than the old system, e.g. in ARP, the Cat 2, 18 minute target may provide a 40 minute response.

The Forum asked Professor Bengler from NHS England whether metrics could be devised to compare the previous system's performance with new ARP performance for a period of one year, based on several high profile medical conditions, e.g. stroke, heart attacks, major trauma and sickle cell disorders? Professor Bengler stated that: "Its not possible to directly compare old and the new systems. However, we are currently working on a new set of enhanced clinical quality indicators, to measure patient outcomes and assess the quality of ambulance care in a number of high-profile medical conditions, as you suggest".

Revised ambulance Clinical Quality Indicators have now been reported and can be found at: [www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/07/AmbCO-TimeSeries-Interactive-to-February-2018.xlsx](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/07/AmbCO-TimeSeries-Interactive-to-February-2018.xlsx) We were later told: "Indicators for STEMI and Stroke will continue to develop over the next year as we work with clinical audit colleagues and the Healthcare Quality Improvement Partnership, to link ambulance data to national clinical databases. We are working with Warwick University to do the same for Out of Hospital Cardiac Arrest data. We continue to develop additional indicators for sepsis, falls and mental health which will be reported against within the next year".

## **TETHERING**

The LAS carried out a trial in 2017 of 'tethering', in which ambulances were required to remain located in fixed sectors. The Forum was concerned because of the potential for tethered vehicles to have their mobility reduced due to ambulance A&E queues. The assessment of the trial showed no impact on Cat A calls, but substantial improvements to Cat C2 performance. Staff were very positive about the trial. We were worried that as attempts are made to reduce rising demand, the closure of A&Es in some areas e.g. west London, would result in ambulances being forced to travel outside the tethered area, because of a shortage of vehicles in the wider geographical area. The LAS are also concerned that by tethering ambulances in Sectors, that harm might be caused to patients in adjacent sectors – the reduction in Fast Response Cars may also add to the potential harm. Some of the elements of the tethering trial have been included in the End of Shift trial in the south west London (now extended across South London).

## **PRISONS AND THE SECURE ENVIRONMENT**

We have been concerned about the time taken for ambulance to get into prisons and Immigration Removal Centres (IRCs) to provide emergency care to patients. With the introduction of ARP, all patients should be seen within the target time, but there is no evidence that Cat 1 responses are complied with in prisons and IRCs. We have asked LAS Business Intelligence, for data relating to the time taken for an ambulance to achieve direct patient contact after an emergency call, but they do not hold this data unless there is a complaint or inquest. The LAS has provided the Forum with its: **MEMORANDUM OF UNDERSTANDING BETWEEN HMP ESTABLISHMENTS IN GREATER LONDON AND LONDON AMBULANCE SERVICE NHS TRUST**. This document does not include IRCs.

Athar Khan, LAS Assistant Director of Performance told us that:

'Data for these establishments is challenging to retrieve, because they have stringent security routines, and although there are staff to meet us and expedite matters, we are not exempt from the limitations imposed by prison security. Medical aid in the shape of nurses and trained staff is present on scene within the establishments. As for performance data – I think what you are looking for is the length of time it takes us to get through security and to the patient. This will be more readily available when the of EPRF (electronic patient report form) is rolled out'.

## **ACTION:**

The Forum will raise this issue with NHS England as the commissioner of prison and IRC healthcare, and with Healthwatch as bodies with statutory powers to monitor IRCs. We will also write to the Home Secretary seeking resolution of this issue.

## EMERGENCY OPERATIONS CENTRE

### Breakdown of the LAS CAD System

On January 1<sup>st</sup> 2017, the LAS CAD went down for several hours. The Forum put a number of questions to the LAS about this major system failure, but found it very difficult to get answers. We raised this issue publicly and Dr Fionna Moore attended a public Forum meeting and answered many of our questions. She also invited the Forum to observe the investigation process.

Three organizations investigated the CAD breakdown, but were unwilling to allow the Forum to observe their investigations. We met with the LAS Chief Executive in March 2017 to discuss the process of investigation and the preliminary findings. It became clear that there was a serious deficit in technical expertise in the LAS in relation to the maintenance of the CAD system, and a massive shortage of specialist staff. The final report on the Outage was published on June 27<sup>th</sup> 2018 and taken to the LAS board on October 3<sup>rd</sup> 2017 – 10 months after the incident.

[WWW.londonambulance.nhs.uk/about-us/how-we-are-run/trust-board/board-papers-2017/](http://WWW.londonambulance.nhs.uk/about-us/how-we-are-run/trust-board/board-papers-2017/) (pages 305-311).f

The death of Victor Bede was associated with the outage. He collapsed in the street on the morning of January 1<sup>st</sup> and **received a Cat A response (8 minutes/75%) in 48 minutes**, but in the coroner's opinion his death was not preventable. The inquest into death was attended by Patients' Forum Executive Committee Member.

[www.patientsforumlas.net/meeting-papers---2017.html](http://www.patientsforumlas.net/meeting-papers---2017.html)

### Monitoring the EOC

Nine Forum members spent several hours monitoring the EOC during May to June 2017. The Forum suggested questions for each of the visitors, who each prepared reports for the Forum's review of the EOC. Members spent time with each section of the EOC and a detailed report was shared with the head of the EOC, Pauline Cranmer. Several recommendations were made to the LAS and will be pursued at a public Forum meeting and in discussions with the EOC leadership. We have agreed to make annual visits to EOC both at Waterloo and Bow. The Forum is concerned about the low pay of EOC staff and high staff turnover. The EOC is however an exemplar for ethnic diversity in the LAS.

## PATIENTS' FORUM'S PLAN FOR ENHANCED URGENT AND EMERGENCY CARE

The Forum produced its plan for enhanced urgent and emergency care in January 2017 and we invited Forum members and London's Healthwatch organisations to participate in the delivery of this plan. Some of the key areas of development are as follows - the full document and recommendations are shown in Appendix Two.

- 1) **A&E Handover – Ambulance Queues**
- 2) **Alternative Care Pathways - ACPs**
- 3) **Category C Targets - downgrading**
- 4) **Mental Health**
- 5) **Equality and Diversity**
- 6) **Homelessness**
- 7) **Complaints**
- 8) **Preventing Future Deaths - PFD Notices from the Coroner**
- 9) **Joint Work with Healthwatch**

## **TRAFFIC DENSITY**

Members of the Forum have been concerned about the impact of traffic flows on emergency ambulances responding to patients. Multiple changes to London's road infrastructure, e.g. cycle lanes and extensive road works, are affecting journey times for patients needing emergency responses. The Forum raised the issue with Jill McGregor, LAS Director of Operations, who replied that the LAS is looking in detail at the issue of Job Cycle Time and, as part of the scoping exercise, looking at the effects of traffic density on performance. The Forum believes this is a major issue for the LAS, and that discussions with the Mayor of London and TfL are essential to successfully resolve and mitigate this issue. Jill McGregor told us:

“For operational and tactical planning, when we become aware of significant changes to the transport network e.g. longer-term road/bridge closures, we include this intelligence in our planning, and adjust forecasts accordingly – this helps the LAS to predict distance and time between available crews and patients in need, and inform dispatch decisions within the control room. It is not currently possible for the LAS to explicitly look at the historic relationship between performance and congestion experienced for individual patient level responses”.

## **RECOMMENDATION**

**We recommend, in view of the increased level of risk in London for patients requiring a Category 1 (7 minute response) and the need for a rapid response in other critical situations, that the LAS works with the Mayor of London and TfL to develop a strategic plan to reduce the impact of roadworks on Category 1 response times.**

## **LEARNING FROM PATIENTS – INVESTIGATING COMPLAINTS**

The Forum presented the LAS with a 'Complaints Charter for Urgent and Emergency Care', which was agreed by the LAS Board, has been published by the LAS in NHSE accessible language format, sent to 5000 LAS members, and appears on the LAS website.

We have asked the LAS to reduce the time taken to respond to complaints from 35 to 30 working days. This would require increased resources and greater access to the Quality Assurance Team which provides governance and quality control for complaints before responses are sent to patients.

The Forum would like to see a more comprehensive and systematic system for learning from complaints and evidence provided to complainants that improvements to LAS services have been made. It is essential for the LAS to evidence enduring service improvements in response to complaints. Complaints are one of the most useful sources of qualitative data from patients and families about experiences of LAS care.

It is essential for a process to be developed to collect data about the protected characteristics of complainants to ensure that the system is fully accessible to all. This recommendation was made to the LAS by the Commission for Human Rights and Equalities.

We asked if CARU could be commissioned to examine data held by the LAS complaints department, to look for significant links between 'attitude and behaviour' complaints and the location of the point on the ambulance clinician's shift when the event took place, and to look for other recurring complaints to determine what has been learned. Unfortunately, resources were not available to facilitate this.

The Learning from Experiences team have always been open and inclusive towards the Forum and ready to share data if consent and agreement were to be reached. The Forum has been attempting for a year to obtain access to complaints in order for the Forum's lay experts to give a view on investigations, outcomes and service improvements. The LAS has consistently denied the Forum access, whereas it is prepared to allow access to less experienced and very expensive external companies like KPMG. Trisha Bain, the Chief Quality Officer has fully supported the aspiration of the Forum to audit complaints for the benefit of patients and the LAS.

## **RECOMMENDATIONS**

- a) LAS should ensure that every recommendation from complaints investigations is carefully followed up and evidence produced of enduring improvements to services. Evidence should be provided to the complainant.**



- b) Steps should be taken to demonstrate that people with protected characteristics have full access to the complaints team and support throughout the complaints investigation.**
- c) Systems should be developed to collect data about the protected characteristics of people who make complaints to the LAS.**
- d) CARU should be commissioned to look for significant links between 'attitude and behaviour' complaints and the location of the point on the ambulance clinician's shift when the event took place.**
- e) The Forum should be allowed access on a confidential basis, with the consent of complainants, to complaints made to the LAS.**
- f) The LAS Complaints Charter for Urgent and Emergency Care should be sent to all people who make complaints or PALS enquiries to the LAS. [www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf](http://www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf)**

## **LEARNING FROM STAFF**

Members suggested that a feedback group was needed so that all staff could feedback their ideas and concerns to the LAS, to promote service development and receive feedback on how their ideas have changed services. We have raised this issue with Trisha Bain, Chief Quality Officer, and have also asked for access to the Listening into Action website which gives staff the opportunity for staff to speak freely about their front line experience. [www.listeningintoaction.co.uk/contact.php](http://www.listeningintoaction.co.uk/contact.php)

## **BARIATRIC CARE**

We raised with the LAS and CQC the issue of services for people requiring bariatric care, because of concerns about staff training and access to appropriate vehicles. We attended the Bariatric Working Group on October 5<sup>th</sup> 2017 led by Kevin Bate, and an LAS meeting on Bariatric care on October 20<sup>th</sup> 2017. The LAS currently commissions St John's Ambulance to provide its bariatric care service, while it decides on the design of the most appropriate service and its funding. The LAS does not have data about the use of its bariatric care service and there is still no comprehensive system for collecting data about the responses to and the needs of bariatric patients, e.g. the type of vehicle and specialist equipment needed for their conveyance to hospital. Until recently, there has been no specific LAS code to record bariatric journeys, so there has been no electronic method of collecting that data.

## **RECOMMENDATIONS**

- a) The LAS should work with the Patients' Forum to develop a feedback system for patients who received bariatric care, to record their views about the quality and safety of the care they receive.**
- b) CARU should be invited to carry out a clinical audit of the inputs and outcomes of care provided by the LAS to patients receiving bariatric care.**
- c) The LAS Executive team should urgently agree to fund a comprehensive programme for the provision of adequate and appropriate vehicles, equipment for bariatric care and effective staff training.**

## **DIABETIC CARE**

During 2017, meetings took place between the Forum, LAS and Diabetes UK to plan service improvements. Following these discussions all front line staff received further training in the care of patients with type 1 diabetes through the 'core skills refresher course'. A key focus of our discussions was on the introduction of ketone measurement, which we asked to be included in LAS clinical strategy. DKA (Diabetic ketoacidosis) is a potentially life-threatening complication sometimes suffered by people with diabetes mellitus.

## **MENTAL HEALTH CARE**

The Police and Crime Act 2017 requires the police when detaining a person under s136 of the Mental Health Act, to seek advice and support from mental health professionals. This statutory duty should be seen alongside the duty laid on the LAS to achieve parity of esteem for patients in mental health crisis.

The Forum has consistently campaigned for patients suffering a mental health crisis, who are detained by police under the Mental Health Act, to receive care from highly trained paramedics who have the skills and training to provide the highest level of care. In terms of parity of esteem, this would be equivalent to a patient with a life threatening condition who should receive care under ARP Category 1 (within 7 minutes).

There are now 6 mental health nurses working in the Emergency Operations Centre, to advise paramedics and talk to patients in mental health crisis - this has been a significant step forward for the care of patients. The LAS does not currently support our recommendation for Advanced Paramedic Practitioners on the grounds that this

proposed advanced role would have to be approved by the HCPC. The LAS is now developing a new model of a mental health nurse and paramedic in an ambulance car to support patients in a mental health crisis. This is a pilot project.

Paramedics need access to patients' past medical history, to ensure that patients in a mental health crisis get the right care and appropriate referral immediately. This will be possible through the use of IPADs provided to all front line staff. Ross Fullerton, the LAS Chief Information Officer, assured the Forum that he is leading IT developments for the LAS towards a fully integrated and competent frontline communication system. This will enable to access clinical data from other parts of the NHS, to provide enhanced care for patients through access to summary care records. Hand held devices (IPADs) were provided to paramedics by December 2017.

A meeting was held with the Healthy London Partnership on August 29<sup>th</sup> 2017 and attended by 16 Forum members and local Healthwatch. Many issues were raised including classifying long waits for patients requiring mental health care as Never Events.

## **MENTAL HEALTH RECOMMENDATIONS**

- a) The role of Advanced Paramedic Practitioner in mental health care should be established in the LAS.**
- b) Paramedics should be provided with access to patients' medical history, to ensure that those in a mental health crisis get the right care immediately.**
- c) Patient Specific Protocols for patients with a history of acute mental health problems or dementia, should be placed on the LAS Command Point system, so that paramedics have the best available data when caring for a patient in crisis.**
- d) Better mental health pathways for children and young people, for example young people who overdose, need to be developed.**
- e) A greater focus is required on the needs of carers of those in a mental health crisis, e.g. if the carer has dementia, a mental health problem or a serious physical illness, while their partner is in a mental health crisis.**

## **SICKLE CELL DISORDERS (SCD)**

The Forum continues to work closely with the Sickle Cell Society, the Merton Sickle Cell Group and the LAS on measures to improve the effectiveness of LAS care for patients in a sickle cell crisis. Kye Gbangbola, Chair of the Sickle Cell Society, attended the January 2017 meeting of the Forum and described progress.

We continue to highlight issues to the LAS about quality of sickle cell care that are raised with us by patients who have sickle cell disorders, and their families. Progress

is very positive. The Sickle Cell CQUIN was successfully implemented and included training for all front line staff in the care of patients in sickle cell crisis.

CARU carried out 3 surveys of patients who had called the LAS when in crisis and there were strong and positive indicators of service improvement from the patient's view point. Training videos are also being prepared including one relating to pain control for children and young people with sickle cell disorders. This work is being jointly carried out with the Sickle Cell Society. We also called for people with sickle cell disorders to be involved in the training of front line staff. All staff received specific training in SCD as part of their core skills refresher course (CSR).

## **RECOMMENDATIONS**

- 1) Develop joint care plans (Patient Specific Protocols) between the LAS and patients with sickle cell disorders who suffer frequent crises, to ensure they get the right care first time.
- 2) Ensure the 18 minute ARP target is met when sickle cell patients are in crisis.
- 3) Ensure that, through regular CSR training of front line staff, all staff appreciate that sickle cell disorders are an extremely painful condition and life threatening.
- 4) Make sure all paramedics, emergency ambulance crew and technicians are 'Sickle Cell Competent'.
- 5) Invite people with sickle cell disorders and their families to participate in the training of LAS staff, so that they better understand the patients' experience.
- 6) Provide opportunities for staff who are training in the LAS Academy to become paramedics, to meet sickle cell groups and learn from their experiences of urgent and emergency care.

## **STROKE - Responses to people who have suffered a stroke**

We asked the Medical Director, Dr Fenella Wrigley, whether any work had been carried out to estimate the possible delays, at different times of the day, in responding to stroke calls, and getting patients to hyper-acute stroke centres? We suggested that treatment delays might be caused by road congestion and queues at treatment centres and that reducing delays would reduce the risk of brain damage.

### **In reply Dr Wrigley said:**

"The LAS continues to perform well above the national average for conveying FAST+ patients to Hyperacute Stroke Units with 60 minutes of the call. (68.1% vs 57.0% June 2017 <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2017-18/>) It is worth noting that this figure includes patients who were not suspected of having a stroke at the time of the 999 call, and therefore may have been triaged to receive a lower-priority response.

There is no indication that road works are impacting on the journey times which fall well within the expected time frames - the challenge with stroke patients is that they present in different ways, e.g. as falls (which we have previously discussed). Work done during the development of the acute pathways in London, showed that for ambulances on a 'blue-light' run to hospital, there was no significant variation in road speed, despite changes in traffic density. Ambulance crews place a priority call to alert the hospital for patients with a new onset positive FAST. This allows the hospital to prepare for the patient, minimising any delays on handover. Our stroke lead continues to work closely with the pan-London stroke team." Dr Fenella Wrigley.

## **EQUALITY AND INCLUSION**

Following publication of the Forum's report 'Race Equality in the London Ambulance Service', we have seen the prioritization of race equality by the LAS Executive team. Our report had a substantial impact on the LAS, and was welcomed by the CQC and Commissioners. Promoting race equality was included in the Quality Improvement Programme, which was designed to get the LAS out of 'special measures'.

The Forum issued a public statement in December 2016, asking the LAS to take action to ensure that the needs of people included within the scope of protected categories of the Equality Act are prioritized. We also wrote to LAS Executives, Non-Executive Directors and Commissioners to express our concerns about the slow pace of change.

We have continuously emphasized in relation to both front line staff and Board members, that the lack of diversity in the LAS is unacceptable and needs to be addressed urgently. The latest data we have obtained from the LAS shows that only 4.2% of paramedics in direct patient contact are from a BME heritage (compared to 1% in 2006) and all Non-Executive Board directors are white. It is also of great concern that the number of recruits from a BME heritage is equal to the number who are leaving the LAS.

The Forum proposed an annual Race Equality VIP award for the person who had done most in the LAS to promote race equality. This was initially agreed by the Director of Communications and the LAS Chair, Heather Lawrence – but later converted to an LAS VIP Diversity Award.

The Forum has monitored the LAS from 2004 to 2016.

| Year    | Total no Paramedics LAS | Total no "BME" paramedics | % "BME" Paramedic workforce | "BME" % frontline paras (direct patient care) | "BME" paras as % of total workforce |
|---------|-------------------------|---------------------------|-----------------------------|---|-------------------------------------|
| 2003/4  | 685                     | 22                        | 3.21                        | Not Known                                     | 0.54                                |
| 2004/5  | 734                     | 26                        | 3.54                        | 1.07  | 0.65                                |
| 2005/6  | 832                     | 26                        | 3.13                        | 0.99  | 0.62                                |
| 2006/7  | 816                     | 27                        | 3.31                        | 1.00  | 0.62                                |
| 2007/8  | 836                     | 32                        | 3.83                        | 1.19  | 0.74                                |
| 2008/9  | 881                     | 31                        | 3.52                        | 1.04  | 0.70                                |
| 2009/10 | 917                     | 34                        | 3.71                        | 1.01  | 0.68                                |
| 2010/11 | 1025                    | 41                        | 4.00                        | 1.22  | 0.83                                |
| 2011/12 | 1385                    | 64                        | 4.62                        | 1.98  | 1.38                                |
| 2012/13 | 1648                    | 93                        | 5.64                        | 2.97  | 2.01                                |
| 2013/14 | 1611                    | 95                        | 5.90                        | 3.09  | 2.04                                |
| 2014/15 | 1707                    | 106                       | 6.20                        | 3.49  | 2.30                                |
| 2015/16 | 1991                    | 139                       | 7.0                         | 4.6   | 2.80                                |
| 2016/17 | 1969                    | 134                       | 7.0                         | 4.2   | 2.60                                |

**The Forum through monitoring the LAS for 13 years (2004-2016) has found that the percentage of BME heritage Paramedics in the LAS workforce increased from 3.21% to 7.00% (from 22 to 139) and that this coincided with a continuous increase in the size of paramedic workforce.**

The Forum believes it is essential for the LAS to promote careers in the LAS through active strategic engagement with sixth-forms in schools and colleges. The LAS has obtained £0.5 million from Health Education England to promote racial diversity, but the Forum has seen little evidence of a consequent change in the composition of frontline staff. This issue has been raised with the LAS Chief Executive, Head of Public

Involvement, Head of Quality and with senior staff in Workforce, but we have seen no evidence of strategic planning for recruitment in London, focused on long term planning and diversity.

We applaud the outstanding work of Melissa Berry who has been employed to promote the Workforce Race Equality Standard (WRES) and recommend that she is given the opportunity to build a race equality team in the LAS that can transform the LAS into a modern organisation, whose staff and Board reflect the population it serves. This process should also be reflected in meeting the needs of patients and staff with protected characteristics described in the Equality Act.

The Forum is concerned that the Equality and Inclusion Committee has failed to show leadership on these issues and needs to be dynamically led and committed to transforming the LAS into an organisation committed to equality, diversity and inclusion. Following discussions between the Forum and LAS, a 'new' Equality and Inclusion committee met on January 31<sup>st</sup> 2017, which we hope will have a transformative effect on the diversity of the LAS.

## **RECOMMENDATIONS TO THE LAS**

- 1) A major professional recruitment campaign should be developed by the LAS, to recruit EAC and future paramedics from schools and colleges in inner London boroughs. It is unacceptable to spend vast resources recruiting from Australia instead of recruiting from London's diverse and highly skilled communities.**
- 2) The LAS should ensure that the LAS Academy plays a major role in developing a diverse workforce.**
- 3) In line with the agreement between the LAS and EHRC the LAS should collect equality data from patients who make complaints and monitor the frequency of complaints from BME service users.**
- 4) The Board should take action to resolve its failure to recruit NEDS from people with a BME heritage.**

## **DEFIBRILLATORS CAMPAIGN AND CPR TRAINING**

Our campaign with Sainsbury's led to all of their large stores across England installing defibrillators. The John Lewis Partnership also agreed to install defibrillators into their larger stores. In November 2016 the Chair of the LAS Heather Lawrence, and LAS staff, joined Sainsbury's Executive John Hartland and the Forum, to celebrate the installation of a defibrillator in their new massive Nine Elms store.

We extended the campaign to Boots the chemist, which has so far refused to purchase and install defibrillators, although they did agree to install external access AEDs if other bodies would pay for them. The Forum has written to all Boots directors to explain the case for installation. We have also asked colleagues, including Lord Toby Harris of Haringey, to write to the Vice President of Boots to assist our campaign, and we invited the Vice President of Boots to the December meeting of the Forum, but he unfortunately was unable to attend. We will continue our campaign to convert Boots and link up with the voluntary sector to extend our campaign. We will consider the possible role of Article 2 of the Human Rights Act as a catalyst to installation:

### **The Right to Life - ARTICLE 2**

“Everyone’s right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law.”

Requiring the State to take appropriate steps to prevent accidental deaths by having a legal and administrative framework in place to provide effective deterrence against threats to the right to life. Liberty (Human rights charity)

[www.libertyhumanrights.org.uk/human-rights/what-are-human-rights/human-rights-act/article-2-right-life](http://www.libertyhumanrights.org.uk/human-rights/what-are-human-rights/human-rights-act/article-2-right-life)

We have also worked with the Catholic Church to arrange installation in two London churches and training of congregations in the Southwark Diocese. The Forum has written to all Councils, Councillors, Chief Executives, Chairs of Overview of Scrutiny for Health, public health directors and Health and Wellbeing Boards in London, asking them to consider installation of defibrillators in local schools and the training of students and Councillors. Alderman Dave Payne arranged a meeting with Neil Coyle, MP for Old Southwark and Bermondsey to move the campaign forward in Southwark.

The Forum asked Public Health England to promote the installation of defibrillators and proposed that the LAS medical director, Fenella Wrigley should discuss with PHE London Medical Director, how PHE could support the defibrillator campaign. We campaigned for the Parliamentary Bill on defibrillators presented by Maria Caulfield MP, by asking 50 London MPs to support the Bill in parliament in March 2017.

<https://services.parliament.uk/Bills/2016-17/defibrillatorsavailability.html>

**Twelve members of the Forum were trained in CPR and use of defibrillators by the LAS in 2017. It is planned to repeat training annually and hopefully ensure that every member is fully trained in the future.**

### **CQC REVIEW OF THE LAS – GETTING OUT OF SPECIAL MEASURES**

The Forum has actively participated in activities to review the progress of the LAS in getting out of Special Measures. We have produced reports for the CQC to assist their reviews of the LAS and many of our members have participated in mock CQC inspections, of a wide variety of LAS facilities, e.g. ten of our members participated in



mock inspections on November 29<sup>th</sup> and 30<sup>th</sup> 2017. All participants produced a short written statement about their findings. These visits were carried out jointly with colleagues from CCGs and a range of collaborative organisations. We have also highlighted certain areas, where we felt sufficient progress had not been made, e.g. in relation to race equality and bariatric care. The CQC has collected all relevant Forum documents and attended our public meetings to listen to the views of members.

The CQC acknowledged that many improvements had been made, but felt further work was needed before NHS Improvement could be assured that Special Measures could be removed, i.e. safe, well-led and responsive to patients' needs. Patient care was acknowledged as outstanding.

## **RECOMMENDATIONS**

**The LAS should not see getting out of Special Measures as the end-game. The improvement journey will take a long time, e.g. in relation to race equality, every level of the organisation needs to reflect on its performance and take steps to transform the LAS into an organisation that reflects London's population. Similarly, the progress with improving bariatric care has been painfully slow. The LAS should ensure that it shares with the Forum the outcomes of any mock inspections that Forum members participate in.**

### **Message from the CQC to the Forum**

"We anticipate to have more engagement time with providers and user groups from June 2018 onwards. I would like to assure you that your report and information provided prior to the London Ambulance inspection was most helpful and was included as part of our pre-data pack, which was shared with our analyst team and inspectors. I look forward to further communication with yourselves in the very near future.  
Jane Brown, Inspector, Hospital Directorate – London

## **QUALITY ACCOUNT FOR THE LAS – FORUM RESPONSE**

The Forum's detailed response to the LAS Quality Account, can be found in Appendix 3, with the Forum's recommendations to the LAS for quality improvement of the urgent and emergency care services. Trisha Bain, the Chief Quality Officer, has agreed to work with the Forum to consider implementation of each recommendation.

**[www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29236](http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29236)  
[www.londonambulance.nhs.uk/wp-content/uploads/2018/05/Quality-Strategy-Vision-2020-and-Annual-Quality-Account-2018-2019.pdf](http://www.londonambulance.nhs.uk/wp-content/uploads/2018/05/Quality-Strategy-Vision-2020-and-Annual-Quality-Account-2018-2019.pdf)**

## **THE LAS ACADEMY**

Forum members are participating actively in the development of the LAS paramedic programme, designed to enable Emergency Ambulance Technicians and Emergency Ambulance Crews to upgrade to become HCPC registered paramedics. A committee of 3 Academy tutors and 3 Forum members has been set up - the Patient and Public Involvement Panel - PPIP - to develop and monitor PPI in the work of the Academy. Janet Marriott, Polly Healy and Malcolm Alexander are on the PPIP. We also attend meetings of the Academy's HCPC Internal Paramedic Programme Steering Group.

Our other activities at the Academy include monitoring the assessment process for staff applying to join the Academy and for those on their journey towards qualifying to become a paramedic. Our members also act as 'mock patients' at the Academy, to facilitate the clinical practice of staff being assessed and to ensure authenticity. More Forum members are being invited to participate in the activity.

We recommend the LAS, through the Academy, improves the training of front-line staff to include in-house multi-disciplinary clinical audits of pre-hospital care, and joint reviews of patient care between front-line paramedics and clinical staff from hospital A&Es and other clinical departments. We consider this essential to improving and developing pre-hospital care and learning from successes and errors in patient care.

## **RECOMMENDATION**

We recommend that pilot projects are initiated at two London hospitals to develop a joint model for learning from pre-hospital care, between front-line ambulance staff and A&E clinicians working in the hospital acute sector.

## **STRATEGIC TRANSFORMATION PARTNERSHIPS - STP**

The Forum has been very concerned about the role of STPs, which were set up by NHS England to take over strategic decision-making on behalf of CCGs. We put questions to each of the 5 STPs about their role in ensuring that acute medical services were running effectively, that ambulance queues would be dealt with and that evidence of effective Alternative Care Pathways would be provided for the LAS. We also sent similar questions to London's CCGs and sent all CCGs a copy of the Forum strategy and priorities for 2017. Unfortunately, STPs were unable to provide any useful data in response to our questions and most CCGs were unable to provide detailed information. Two STPs offered to provide speakers for Forum meetings.

**The Forum is very concerned that the LAS has no strategy aimed at influencing STPs to support the development of more effective urgent and emergency care. Questions to the LAS in 2017 failed to elicit documentation demonstrating a strategic approach to influencing STPs.**

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## **REPORT AND FINANCIAL STATEMENT FOR YEAR ENDED 31 DECEMBER 2017**

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The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31<sup>st</sup> December 2017.

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### **INCORPORATION**

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The company, which was incorporated on 29<sup>th</sup> 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 organisations.

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### **DIRECTORS AND TRUSTEES**

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

- Malcolm Alexander
- Angela Cross-Durrant
- Michael English
- John Larkin
- Louisa Roberts
- Lynn Strother (re-elected 13 November 2017)
- Rev Sister Josephine Udie (re-elected 13 November 2017)

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.

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### **ACTIVITIES AND ACHIEVEMENTS**

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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.

The Forum has successfully monitored services provided by the London Ambulance Service and worked successfully with Local Involvement Networks, the voluntary sector and 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.

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## **MEMBERS AND AFFILIATES**

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All the Trustees are members of the Company. During the year ended 31 December 2017, 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 2018 and is signed on their behalf by:

Malcolm Alexander  
Director/Chair

John Larkin  
Director/Company Secretary

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

**For the Year Ended 31 December 2017**

|                                 | <b>Unrestricted<br/>Funds<br/>2017</b> | <b>Total<br/>2017</b> | <b>Total<br/>2016</b> |
|---------------------------------|--|-----------------------|-----------------------|
|                                 | £                                      | £                     | £                     |
| Incoming Resources              |  |                       |                       |
| Grants                          | -                                      | -                     | -                     |
| Donations                       | 28                                     | 28                    | 5                     |
| Membership fees                 | 500                                    | 500                   | 250                   |
| Affiliation fees                | 85                                     | 85                    | 40                    |
| Investment income               | 2                                      | 2                     | 4                     |
| Other                           | -                                      | -                     | -                     |
| <b>Total Incoming Resources</b> | <b>615</b>                             | <b>615</b>            | <b>299</b>            |

|   |             |             |             |
|---|-------------|-------------|-------------|
| Resources Expended                                |             |             |             |
| Companies House                                   | 40          | 40          | 40          |
| Renewal/hosting of website domain (s)             | 85          | 85          | 30          |
| Incidental administrative expenses                | 162         | 162         | 214         |
| Retirement gift for LAS Chief Executive           | 24          | 24          | -           |
| Other   | -           | -           | -           |
| <b>Total Resources Expended</b>                   | <b>311</b>  | <b>311</b>  | <b>284</b>  |
| <b>Net Incoming/(Outgoing) resources for year</b> | <b>304</b>  | <b>304</b>  | <b>15</b>   |
| <b>Total funds brought forward</b>                | <b>2175</b> | <b>2175</b> | <b>2160</b> |

|                             |      |      |      |
|-----------------------------|------|------|------|
| Total funds carried forward | 2479 | 2479 | 2175 |
|-----------------------------|------|------|------|

## BALANCE SHEET - 31 December 2017

|                                       | TOTAL<br>2017<br>£ | TOTAL<br>2016<br>£ |
|---------------------------------------|--------------------|--------------------|
| Fixed assets                          | -                  | -                  |
| Current assets                        |                    |                    |
| - Debtors                             | -                  | -                  |
| - Cash in hand                        | -                  | -                  |
| - Cash in bank                        | 2479               | 2175               |
| - Gross current assets                | 2479               | 2175               |
| Creditors                             |                    |                    |
| Amounts falling due within one year   | -                  | -                  |
| Net current assets                    | 2479               | 2175               |
| Total assets less current liabilities | 2479               | 2175               |
| Reserves                              |                    |                    |
| - Restricted funds                    | -                  | -                  |
| - Unrestricted funds                  | 2479               | 2175               |
| <b>Total Funds</b>                    | <b>2479</b>        | <b>2175</b>        |

### 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 2017 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  
on their behalf by:

2018 and is signed

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

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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.

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## GLOSSARY

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|       |     |     |     |     |  |
|-------|-----|-----|-----|-----|--|
| 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 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                          |
| DKA   | ... | ... | ... | ... | Diabetic Ketoacidosis                              |
| DNAR  | ... | ... | ... | ... | Do Not Resuscitate Notice                          |
| DoS   | ... | ... | ... | ... | Directory of Services                              |
| EAC   | ... | ... | ... | ... | Emergency Ambulance Crew                           |
| EAT   | ... | ... | ... | ... | Emergency Ambulance Technician                     |
| 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                         |
| HART  | ... | ... | ... | ... | Hazardous Area Response Teams                      |
| HCPC  | ... | ... | ... | ... | Healthcare Professions Council                     |
| HSJ   | ... | ... | ... | ... | Health Service Journal                             |
| LGBT  | ... | ... | ... | ... | Lesbian, Gay, Bisexual and Transgender             |
| NETS  | ... | ... | ... | ... | Non-Emergency Transport Service                    |
| 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 Disorders                              |



|          |     |     |     |     |                                    |
|----------|-----|-----|-----|-----|------------------------------------|
| SECAMB   | ... | ... | ... | ... | South East Coast Ambulance Service |
| SI       | ... | ... | ... | ... | Serious Incident                   |
| SOS      | ... | ... | ... | ... | Secretary of State                 |
| STP..... | ... | ... | ... | ... | Strategic Transformation Plan      |

## **APPENDIX ONE**

### **PROTECTED CATEGORIES**

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#### **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 should 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.

## APPENDIX TWO

# PATIENTS' FORUM'S PLAN FOR ENHANCED URGENT AND EMERGENCY CARE – 2017

### 1) A&E HANDOVER – AMBULANCE QUEUES

Thousands of hours are wasted as ambulances queue outside A&E departments waiting to discharge patients to A&E clinical staff. This is appalling for patients waiting in A&E queues for diagnosis and treatment, and for other patients in a crisis waiting for an emergency ambulance to arrive. In one week in December 2017, 1700 hours of ambulance time were lost in senseless queuing. Despite promises from NHS England that they would resolve this problem – they have clearly failed to do so. Further cuts proposed in STP plans will make the situation even worse.

#### **We proposed the following for 2017:**

- A) NHS England should give a public commitment through their Regional Director that all ambulance queues will be abolished in 2018.
- B) The LAS should be given 'special powers' to require hospitals to take immediate action, as soon as the LAS identifies pressure building up at A&E departments, i.e. queues that are delaying the handover of patients and preventing ambulances from attending to other seriously ill patients.
- C) Data should be published weekly to inform the public, Healthwatch and politicians, of the extent of ambulance queuing outside London's A&Es, causing assessment and treatment delays.
- D) Data should be published on the clinical impact and harm caused by these long delays – including the additional impact on patients who may already have waited several hours for an ambulance, and who once in A&E, may wait several more hours before admission or discharge.
- E) NHS England should give assurances, that STP plans will not cause further deterioration in waiting times for ambulances and transfers from ambulances to A&E.

- F) The Forum will organise scrutiny of hospital ambulance queues in liaison with Local Healthwatch and voluntary sector organisations. The results will be published and shared with the LAS and Commissioners.

## 2) ALTERNATIVE CARE PATHWAYS - ACPs

Alternative care pathways provide care to patients away from A&E departments and acute hospitals. Care can be provided in a person's home, in clinics, urgent care centres or through GPs and social workers.

The DoS (Directory of Services) provides detailed information about local services, and is updated regularly by the 111 urgent care service. However, these services are often not available when required, may be closed when other needs prevail, or may be busy with other patients because the services are understaffed. Consequently patients are taken to A&E, even if this is not the best disposition for them to get the right care and treatment.

### We proposed the following for 2017:

- A) All patients should be provided with care that is right for their condition and meets their clinical and social needs – not just the easiest and quickest resolution to a 999 call. RIGHT CARE FIRST TIME.
- B) Governance of ACPs should ensure they are available and functioning, are working well, easy to access and that data is available about the frequency of use and outcomes of care.
- C) Paramedics **should** have the confidence that they can discharge patients to ACPs, which are a safe and appropriate disposition for their patients.
- D) Information and communications technology (ICT) should be available between front line paramedics and community health and social care services, so that they can access local appropriate care and services for patients.
- E) Paramedics should have IPADs to access services and gain appropriate access to patient medical records when required.

## 3) MENTAL HEALTH CARE

Mental health care provided by the LAS has improved considerably over recent years. Mental health nurses now work in the Emergency Operations Centre, and a Non-Emergency Transport Service has been established for patients requiring a mental

health assessment at home, who are then transported to hospital. There is also extensive mental health training for front line staff. There are still weaknesses in the system, in particular for the most severely ill patients, e.g. those sectioned on s136. Parity of esteem is essential for patients with physical and mental health problems, and especially for patients who experience both.

**We proposed the following for 2017:**

- A) A cadre of Advanced Mental Health Paramedics should be developed by the LAS, to provide specialist care for patients in a mental health crisis – they should work in collaboration with LAS mental health nurses. The LAS already has Advanced Paramedics who focus on the care of patients who suffer a cardiac arrest.
- B) The Forum will survey all ambulance services in the UK, to collect information regarding the training and qualification of paramedics and nurses who provide advanced emergency mental health care.
- C) The LAS should review its EOC assessment process for patients in a mental health crisis, with respect to questions about potential violence. The use of these questions can cause delays in patient treatment, when the police are asked to standby. Other categories of patients are not asked such questions. We believe that the ‘parity of esteem’ duty requires that such questions be removed from the mental health Algorithm.
- D) The Forum will request data from the LAS regarding response times for patients detained under s136 of MHA, to ensure there is evidence of rapid response consistent with the duty to ensure parity of esteem.
- E) The Forum will request evidence that staff have good access to counselling services for those suffer trauma and those who may feel suicidal as a result of their work experiences.

**4) EQUALITY AND DIVERSITY**

Since the CQC placed the LAS in ‘special measures’ considerable progress has been made by the LAS in relation to race equality, based on implementation of the NHS race equality scheme – WRES2. Melissa Berry has been appointed to lead on race diversity issues and WRES2. Diversity of some staff groups is changing for example in the Emergency Operations Centre and some middle management posts, but not amongst front line staff. Meetings are being held with BME staff to hear about their concerns – a process led by the LAS Chair and Melissa Berry. The commitment for change is clear, but a clear strategy is needed to make this happen in a systematic way.

### **We proposed the following for 2017:**

- A) Assurances should be provided by the LAS Board that their infrastructure is adequate for them to comply with WRES 2, and to ensure the employment of people with all protected characteristics.
- B) The Forum will examine data on ethnicity and other protected characteristics to ensure that the LAS is becoming a diverse organisation, and will produce a follow up to our 10 year study of racial equality in the LAS.
- C) That the LAS provide evidence of a commitment to racial diversity amongst full members of the LAS Board and evidence of progress towards this objective.
- D) To work with the LAS Equality and Inclusion Committee to develop a strategy and action plan that ensures the LAS complies with WRES2 and the Equality Act in relation to all protected characteristics.
- E) To press for comprehensive training for all front line and EOC staff in relation to equality, inclusion, diversity, culture, language and protected characteristics.

### **5) HOMELESSNESS**

With the rising levels of homelessness in London, the Forum would like the LAS to develop a greater focus on the care and treatment of homeless people requiring urgent and emergency care.

### **We proposed the following for 2017:**

- A) To gather information on how the LAS responds to patients who are homeless and require urgent or emergency care.
- B) To determine what training and advice is provided to front-line and EOC staff in relation to the needs of homeless people who require urgent and emergency care?
- C) Ascertain whether front-line staff refer patients to St Mungo's and other charities for homeless people.
- D) To gather information on the extent of Safeguarding training and referrals in relation to the needs of homeless people?

### **6) COMPLAINTS**

The complaints team led by Gary Bassett does an excellent job in investigating complaints. However, there appears to be a lack of resources to ensure that the LAS learns from complaints, and that people who have complained, are provided with evidence of consequent sustained service improvements. We would like to see evidence that front-line staff appraisals are having an impact on the reduction of complaints regarding the attitude and behaviour of staff.

**We proposed the following for 2017:**

- A) Obtain data on outcomes and sustained improvements in LAS services as a result of complaints investigations.
- B) Seek evidence that complainants feel valued as contributors to the improvement of the LAS, and are advised about service changes arising from their complaints.
- C) Work with the Chief Quality Officer to ensure complaints investigations and outcomes are prioritised.

**7) PREVENTING FUTURE DEATHS - PFD NOTICES**

Preventing Future Deaths Notices are made under the Coroners and Justice Act 2009 (The Coroners (Investigations) Regulations 2013) and give Coroners a wide remit to make reports regarding deaths. A body that receives a report must send the Coroner a written response within 56 days, explaining how they will prevent future deaths from a similar cause.

**We proposed the following for 2017:**

To develop a process of exploring the outcome of PFDs and consequent service improvement to prevent deaths, by bringing bereaved families, the LAS, Forum members and the voluntary sector (where appropriate) together in a reflective discussion group.

**8) JOINT WORK WITH HEALTHWATCH**

Many of our members are active in Healthwatch, which is a body with statutory powers, which represents the needs of patients in the NHS and social care. The influence of patients and the public could be greatly enhanced through collaboration between the Forum and Healthwatch. We regularly send LHW data about the operation of the LAS and they are invited to all Forum meetings.

**We proposed the following for 2017:**

To hold a joint meeting with London's Healthwatches in March 2017, in order to

share experiences of the LAS and prepare joint recommendations to the LAS, Commissioners and the Annual Quality Account.

## APPENDIX THREE

### THE FORUM'S STATEMENT FOR ANNUAL LAS QUALITY ACCOUNT



### QUALITY ACCOUNT 2018 – PATIENT FORUM RESPONSE

**Trisha Bain, Chief Quality Officer, LAS**

Dear Trisha, we have valued working with Briony Sloper and yourself over the past year and appreciate your tireless work to implement critical changes to the operation of the LAS and enhance the quality of care for patients. This has included the development of the Quality Oversight Group that brings together all of the major players responsible for the safety and quality of services. The continuing development of end of life care, mental health care and midwifery services are major areas that we commend in terms of enhanced patient care.

Our assessment of the Quality Account and our Recommendations to the Board are as follows:

#### **1) We welcome the following statements of LAS commitment to patient and public involvement contained within the QA:**

- Patients will have a stronger voice than ever before (page 1)
- The patient is at the centre of everything that we do (page 5)
- Listen to staff and patients to determine priorities (page 9)
- Have patient/carer involvement in all our improvement work (page 9)
- Integral to all programmes should be the aim of robust patient and staff involvement (10)
- We need to listen to our patients, their families and carers, and respond to their feedback (15)

- Our goal being to have patient involvement in all service redesign programmes and a patient involvement framework developed to apply this goal consistently (page 15)
- We need to widen and increase our public involvement in both the development of these new services and monitoring of their success. (15)
- A co-designed and co-developed patient and staff engagement model will be used to drive quality improvement across the maternity care model (16)
- Services are organised so that they meet people's needs (19)

**RECOMMENDATION - 1: THE LAS SHOULD CONTINUOUSLY DEMONSTRATE THAT ACTION IS BEING TAKEN BY THE TRUST AS A RESULT OF RECOMMENDATIONS MADE TO THE LAS BY THE PATIENTS' FORUM AND HEALTHWATCH IN THE ANNUAL QUALITY ACCOUNT.**

The LAS accepts this recommendation.

## **2) Integration of PPI work-streams in the LAS**

PPI work-streams in the LAS are not yet integrated. The PPI team led by Margaret Luce carries out excellent work, e.g. the Insight project and continuous work with communities across London. This team has a well-developed PPI Action plan and Patient Engagement Strategy (2016-2020) (see also PPI Annual Report). This work is not integrated with other major LAS PPI work-streams, e.g. the engagement exercise which preceded publication of the LAS strategy and the streams of work that are being progressed following adoption of the LAS overall strategy. We would strongly recommend integration of all PPI streams of work to ensure effectiveness, consistent quality and evidence-based practice, e.g. to ensure that the public voice influences LAS practice, policy and strategy.

**RECOMMENDATION - 2: THE LAS SHOULD INTEGRATE ALL PATIENT AND PUBLIC INVOLVEMENT WORK-STREAMS IN ORDER TO ENSURE THAT THE SHARED EXPERTISE OF THE PPI TEAM AND OTHER DEPARTMENTS INFORMS ALL PPI WORK IN THE LAS INCLUDING THE PIONEER PROJECTS**

## **3) Ethnic Diversity within the LAS**

Images of LAS staff in the QA and other LAS documents show virtually no diversity, which although recognised as an important issue by the communications team, happens repeatedly in LAS publications. The Communications Department needs to ensure that they continuously produce more relevant materials, and their public website has been positively modified in this respect and is an example of positive work in progress.

We commend the proactive work that is now taking place across London to recruit staff that reflect the city's population. Patient care will improve when the workforce better understands and mirrors the population treated and cared for by the LAS.



### **RECOMMENDATION - 3: ALL LAS PUBLICATIONS SHOULD ENSURE THE VISIBILITY OF ETHNIC DIVERSITY IN ITS WORKFORCE**

#### **4) LAS Target One – Mental Health Care**

We strongly support the employment of mental health nurses in the clinical hub, the enlargement of the team and the development of Advanced Mental Health paramedics. We also support the trial of a paramedic and mental health nurse working together to enhance mental health care. We see this as an important step in the direction of developing LAS Advanced MH paramedics.

We would like to see effective methodologies developed to obtain information from patients who have been sectioned under s135 or s136, and cared for by LAS staff. Similarly, patients who use the NET service should be able to comment on the service when NETS is used to provide transport for them, in connection with assessment or sectioning under the Mental Health Act. Methodologies need to be specifically designed for this purpose (see for example the Insight methodology).

### **RECOMMENDATION - 5: THE LAS SHOULD DEVELOP IN LIAISON WITH THE FORUM AND HCPC A PROPOSAL FOR ADVANCED MENTAL HEALTH PARAMEDICS**

### **RECOMMENDATION - 6: THE LAS SHOULD DEVELOP, IN LIAISON WITH THE FORUM, METHODOLOGIES TO GATHER QUALITATIVE DATA FROM PATIENTS RECEIVING MENTAL HEALTH CARE AND THOSE RECEIVING BARIATRIC CARE, TO ASSESS THE QUALITY OF CARE THEY HAVE RECEIVED.**

#### **5) LAS Target 2 – Hospital Handover Delays**

We fully support the LAS goal to reduce handovers in excess of 15 minutes. We believe there should be no handovers at all in excess of 15 minutes. There are no 30 or 60 targets as suggested in the Quality Account - a 30 and 60 minute handover time is a breach of the national agreement on handovers. We suggest that the Quality Account states LAS expectations of STPs, CCGs and hospital trusts to deal with this appalling problem. In our view more assertive action is required to protect patients from unacceptable delays.

**RECOMMENDATION - 7: THE LAS SHOULD PUBLISH ITS STRATEGY TO OBTAIN GREATER SUPPORT FROM STPs, CCGs AND HOSPITAL TRUSTS TO SUBSTANTIALLY REDUCE HANDOVER WAITS IN EXCESS OF 15 MINUTES.**

**6) Promoting Patient and Public Involvement in the LAS**

- a) We strongly support the LAS goal of having patient involvement in all service re-design programmes, and a patient involvement framework (PIF) developed to apply this goal consistently (page 15). However, we note that there is already an LAS PPI strategy and LAS Action Plan, which should be integrated.
- b) The Patients' Forum is a centre of excellence for PPI work and many of our members have considerable expertise in the field. We hope that the learning from the recent LAS strategy engagement exercise, will provide valuable reflection for the next steps in the development of PPI in the LAS.
- c) We suggest considerable care is needed in agreeing a methodology to collect data from patients, as there are no effective generic systems for collecting data from patients who use emergency ambulance services. A great deal of money could be wasted on ineffective systems. The Friends and Family test demonstrates this point well and led to the development of the Insight projects.
- d) We strongly support the Quality Account recommendation regarding evidence of PPI in all Quality Improvement and service design programmes.

**RECOMMENDATION - 7: THE PROPOSED PATIENT INVOLVEMENT FRAMEWORK SHOULD BE DEVELOPED IN LIAISON WITH THE TEAM THAT HAS DEVELOPED THE LAS PPI STRATEGY AND ACTION PLAN**

**7) Ambulance Response Programme - ARP**

We are pleased that more work is being carried out on the presentation of ARP data. Compared with previous data sets (pre-ARP) we find the current data sets unhelpful in determining how well the LAS is performing. Handover data is now of good quality.

**RECOMMENDATION - 8: ARP DATA SHOULD BE PRODUCED THAT IS ACCESSIBLE TO THE PUBLIC AND BASED ON PERFORMANCE IN EACH LONDON BOROUGH**

**8) Complaints Investigations**

We would like to see the investigation time for complaints reduced to 30 working days in 2018. We believe the 35 days target for investigation of complaints is much too long and compares unfavourably with most other NHS and Foundation Trusts. We have been attempting to review complaints for the past year without success, despite the support of the Chief Quality Officer and Patient Experiences Department for this audit activity. The Forum has also sought access to systematic data on the findings and recommendations from complaints, but without success.

**RECOMMENDATION - 9: THE LAS SHOULD REDUCE THE TARGET TIME FOR INVESTIGATION OF COMPLAINTS DOWN TO 30 WORKING DAYS**

**RECOMMENDATION - 10: THE LAS SHOULD DESIGN A SYSTEM TO ALLOW ACCESS, WITH THE CONSENT OF THE COMPLAINANT, FOR THE FORUM TO EXAMINE COMPLAINTS DATA FOR THE PURPOSES OF AUDIT**

**9) LAS Strategy**

a) The LAS did not carry out a reasonable consultation exercise on the overall LAS strategy during the engagement period. Only one small short meeting was held with public participants. The Forum's detailed submission received no response in 2017 despite several requests. We strongly **Recommend** the LAS carries out a detailed public involvement exercise on the content and implementation of their strategy and follows the lead of the Quality team which is inclusive and works closely with the Forum.

**RECOMMENDATION-11: ALL LAS STRATEGIES SHOULD BE SUBJECT TO AN AGREED PUBLIC ENGAGEMENT AND INVOLVEMENT PROTOCOL AND METHODOLOGY BEFORE AGREEMENT AND PUBLICATION.**

Yours sincerely

Malcolm Alexander



Chair

Patients' Forum for the LAS

## APPENDIX FOUR

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### FORUM'S MISSION STATEMENT

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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 will:**

- (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 focussed quality standards for Patient Transport Services.
- (6) Promote patient focussed research to assess the outcomes of ARP targets introduced in 2017.

- (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 the LAS equality, diversity and inclusion leads to promote effective training of all LAS front-line staff in the provision of care for London's diverse communities, in relation to all protected categories identified by 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 disorders and mental health care.

## APPENDIX FIVE – THE PATIENTS’ FORUM LEAFLET

|   |   |   |
|---|---|---|
| <b>HOW IT WORKS</b>   | <b>WHAT IS THE FORUM?</b>   | <b>JOIN the<br/>PATIENTS’ FORUM<br/>for the<br/>LONDON<br/>AMBULANCE<br/>SERVICE</b>  |
| <p>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. <b>YOU ARE WELCOME TO ATTEND.</b></p>   | <p>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.</p> |  |
| <p>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 (CCGs) to discuss ideas for service development.</p> | <p>Patients, carers, community organisations and Healthwatch, can join the Forum and contribute to our work to achieve safer and more effective services.</p>   | <b>Tell us about your<br/>experience of<br/>Emergency and<br/>Urgent Care</b>         |
| <p>We promote equality, inclusion and diversity in the LAS.</p>   | <p>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.</p>   |   |
| <b>PATIENT EXPERIENCES DEPARTMENT</b><br>Tel: 0203 069 0240<br>ped@londonambulance.nhs.uk   | <p>We meet with health groups, e.g. mental health and sickle cell, to ensure that their experiences influence LAS services.</p>   |   |
| <b>CARE QUALITY COMMISSION</b><br>Tel: 0300 61 61 61<br>enquiries@ccq.org.uk  | <p>Most LAS services are excellent - our role is to promote public involvement and ensure that all patients receive care of the highest quality.</p>  |   |
| <b>NHS ENGLAND</b><br>Tel: 0300 311 22 33   | <b>JOIN THE PATIENTS’ FORUM</b><br>Receive monthly invitations to Forum meetings, and information about developments in urgent and emergency care.  |   |
| <b>HEALTHWATCH ENGLAND</b><br>Tel: 03000 683 000  | Email or telephone your details to:<br>patientsforumlas@aol.com<br>0208 809 6551 or 07817 505193<br>www.patientsforumlas.net  |   |

## 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 Udle - 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-threatening, 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](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.