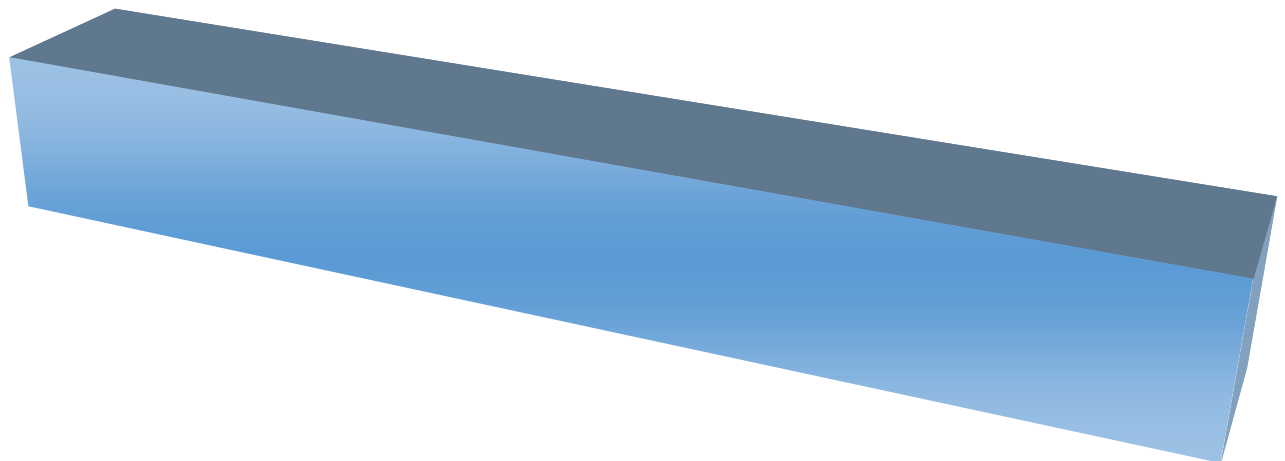


# PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE



## FORMAL STATEMENT FOR THE LONDON AMBULANCE SERVICE QUALITY ACCOUNT

**MAY 22<sup>ND</sup> 2016**

**[WWW.PATIENTSFORUMLAS.NET](http://WWW.PATIENTSFORUMLAS.NET)**

## QUALITY ACCOUNT 2016

Briony Sloper, Deputy Director of Quality and Nursing, London Ambulance Service

Dear Briony,

Thank you for inviting the Forum to submit a Formal Statement in response to the LAS Quality Account.

The Patients' Forum is an independent lay organisation, that has monitored the LAS for 10 years. We continuously review the work of the LAS and the wider urgent and emergency care system, from the point of view of service users, carers and the public. We are a critical friend of the LAS, attend some of their committees, hold monthly meeting of service users and meet regularly with the LAS commissioners.

Having closely observed the development of the LAS since it was put into special measures and for many years previously, we believe the new leadership understands the magnitude of the transformation that they are working to achieve, is determined to succeed, and are developing new skills and abilities to respond to the challenges facing this major emergency service. The changes so far made and those in progress, are significant in addressing the areas identified by the CQC. These include essential measures to improve safety, quality, staff support and patient's involvement and feedback.

We believe the management team is determined to deliver the best possible service to patients and make LAS an excellent place to work. The Patients' Forum does and will continue to strongly support LAS, its Chief Executive Fionna Moore and its new Chair, Heather Lawrence in producing comprehensive and positive outcomes – making the LAS a truly excellent service for patients and a great place to work. The progress so far has facilitated significant and positive service developments and achievements in relation to cardiac arrest, stroke, mental health care, dementia and end of life care - successful achievement of the 2015/6 CQUINS is an indication of these successes. In the future we also look forward to, and will monitor, significant developments in services provided to patients with sickle cell disease, learning disabilities and those requiring bariatric care.

We have particularly valued over the past year the outstanding collaboration with the Director of Quality and Nursing Zoe Packman and yourself.

Your sincerely



Chair of the Patients' Forum

Our response to the Quality Account is as follows:

## **1) ACCESS TO THE QUALITY ACCOUNT**

The QA is well written and well laid out. Most sections are easy to read and more accessible and meaningful than all previous QAs. We would like the QA to be made widely available to the public in an easy access form. Virtually nobody will read a 60 page document.

## **2) STAKEHOLDERS**

The Patients' Forum and local Healthwatch should be included as key stakeholders. The Forum holds monthly public meetings in the LAS conference room attended by many service users and carers, attends 6 internal LAS committees and meets regularly with senior LAS staff to discuss the development of LAS services. Many of our members are active in local Healthwatch.

## **3) PUBLIC ACCOUNTABILITY**

We value enormously the contribution that LAS staff make to our monthly public meeting at LAS HQ, and the detailed responses that we receive from the LAS Board to questions that we put to them in public.

## **4) SAFETY AND QUALITY**

The Quality Account should highlight both safety and quality as equal parameters in the determination of an effective service. We would also like to emphasize the need for staff to feel that reporting incidents will enhance their status in the organisation. It is still the case that some staff feel very cautious about reporting incidents because they fear there will be negative repercussions.

## **5) RESPONSIVENESS TO THE PUBLIC**

We believe there needs to be more emphasis on the following CQC KLOE (Key Lines of Enquiry): Are services planned and delivered to meet the needs of people?

- Is information about the needs of the different local populations used to inform the planning and delivery of services?
- Where peoples' needs are not being met, are they being identified and used to inform the planning and delivery of better services?
- How does the service listen to and respond to local opinion and concerns about and variations in responses across London?

## **6) EVIDENCE OF PATIENT'S FEEDBACK/EXPERIENCE AND COMPLAINTS INFLUENCING CARE**

- a) We see very little evidence of this and do not find the examples in the report very convincing. For example it would be useful to know why patients complained about Alternative Care Pathways. Was it because the pathway was inadequate, had a poor clinical outcomes or because the patient believed the decision was wrong?
- b) We value the LAS commitment to "Continually learning" from patient feedback but we don't think that at the present time it is evidence-based in the LAS. The Forum suggests the LAS provides evidence of how outcomes from complaints influence improvement of services and how complainants find out that they have assisted service improvement. We are very pleased to learn that most complaint investigations will be completed within 35 days by the end of 2016.
- c) We think it is essential that people know how to make complaints? At the moment there is virtually no information about how to make complaints to the LAS - except on the website. We have made many suggestions to the LAS about how to improve this situation and have seen no outcomes, e.g. business cards on ambulances and left in people's homes - and delivered in a variety of languages and accessible languages for people with learning disabilities or dyslexia, for example - possibly an option to phone a number where the process will be explained (for people who don't read well).

## **7) DUTY OF CANDOUR**

- a) It is very difficult to get information from the LAS website on the Duty of Candour despite the statement that: "Following investigation of an SI, complying with the Duty of Candour is essential (and is a statutory duty) and requires us to appoint a Family Liaison Officer if a patient has suffered moderate or severe harm or when a patient dies".
- b) We have been present during outstanding example of the performance of the Duty of Candour by the Chief Executive and assisted by the Deputy Head of Quality and Nursing.

## **8) INTELLIGENT CONVEYANCING**

It appears contradictory to the Forum that the benefits of intelligent conveyancing are described, while at the same time queues of ambulance are occurring in 10 London hospitals and can exceed one hour's wait in some cases. We believe that solutions need to be suggested in the QA where additional work with other agencies, e.g. NHS England is required.

## **9) SAT NAV**

We understand that there are still problems in finding addresses and locating patients in the Olympic Park/E20 zone.

## **10) SERIOUS INCIDENTS**

- a) There is now a duty to finish the investigation of SI within 60 days but this is not mentioned in the QA.
- b) We believe it is important to be consistent in relation to the CQC's low rating on safety in the LAS. The lower number of submitted SI may be related to staff being unwilling to report incidents (see 4 above) or may be related to the service becoming safer. Caution would suggest that rewarding staff for submitting information about possible SIs is the safest way forward.

## **11) EQUALITY AND DIVERSITY**

There has been no progress with creating a Trust Board that is ethnically diverse and little progress with increasing the number of paramedics with a BME heritage. A great deal of work needs to be done by the LAS to comply with its duties in relation to the Equalities Act and NHS/ED2

## **12) RECRUITMENT**

- a) The Forum has raised the issue of recruitment on numerous occasions but we are not convinced that significant progress is being made. We believe that the LAS should target recruitment from London boroughs and especially London schools. We have not seen any LAS strategy to use professional recruitment resources to target potential candidates for careers in the LAS in London schools and colleges.
- b) It is unsustainable to continue to recruit from Australia and inconsistent with the goals of LAS to recruit staff of BME heritage. Significant resources have been put into recruitment from Australia, but where are the resources for a massive recruitment campaign in London schools and colleges.
- c) The Equality and Diversity Improvement Project (which is part of the Quality Improvement Plan) specifically mentions the recruitment of BME staff, because the percentage of paramedic staff from a BME heritage is only about 5 or 6% of the paramedic workforce (ethnic minority population of London about 35%). BME staff also add considerably to the ability of the LAS to communicate using a wider range of languages and cultures.

### **13) A GREAT PLACE TO WORK**

The Forum would like the LAS to be mindful of particular staff needs, e.g. a working mothers' needs may be different to a young single man as maybe to a middle aged black person living far out of London who commutes.

### **14) INDUCTION AND CLINICAL SUPERVISION**

We believe that although it is the intention of the LAS to ensure that all new staff are supported to do their jobs as quickly and safely as possible, that there are complex cases that need longer periods of clinical supervision, e.g. dealing with an elderly, confused person, or someone in a social or mental health crisis. Developing appropriate emotional responses, patience and careful support, which may take a long time is essential. The human response of the paramedic can make a huge difference to the outcome.

### **15) BULLYING AND HARRASSMENT**

- a) There has been considerable progress within the LAS challenge to bullying and harassment and significant resources are being put into dealing with this major issue. But we still get reports of staff being unwilling to report concerns, or only willing to providing the Forum with information on the understanding that we will conceal its source.
- b) Bullying is possibly exacerbated by the heavy workload and the Forum would like to see more detail of the work plan of the Bullying and Harassment lead and details of the assessments of the Organisational Development Specialist who has explored this problem so that progress can be assessed.
- c) Stating clearly across the organisation that bullying and harassment are unacceptable would assist.
- d) The Forum would find it useful if the remit of the Non-Executive Director leading on bullying and harassment was included in the QA and details of the actions and outcomes expected in coming year.

### **16) SAFEGUARDING**

- a) This section shows the significant progress made in this area of work, but the Forum would also like to see a much greater focus on outcomes data and getting feedback on Safeguarding referrals. Greater clarity is also needed in relation to Safeguarding decisions regarding patients with suicidal ideation and people with learning disabilities.
- b) The Forum would also like to be reassured that the new datix system will highlight repeat referrals of individual patients and repeat referrals from individual institutions, homes or private residences.

## **17) MENTAL HEALTH**

- a) The sections on mental health are particularly welcome and aspirational. We would like to see more emphasis on meeting the needs of patients who have attempted or may attempt suicide. The Forum would strongly support a move towards outreach work with these patients supported by the team of mental health nurses.
- b) Rapid progress also needs to be made with the development of local rapid response mental health teams, which can be easily accessed by front line staff in every London borough.

## **18) PATIENTS DETAINED UNDER S136 OF THE MENTAL HEALTH ACT**

- a) We would like to see 'action plans' demonstrating how the LAS will respond more quickly, sensitively and effectively to patients detained under s136
- b) We would like to see evidence that patients detained under s136 have been involved, after their recovery, in the development of more compassionate, safe and effective LAS responses to such detentions.

## **19) NON EMERGENCY TRANSPORT**

- a) The development of the NETs service for the transport of people subject to mental health assessment is excellent – safer and more appropriate - but we would like to see evidence and a business plan to demonstrate that it is sustainable when extended to the whole of London and to End of Life Care.
- b) We believe it is essential for NETs staff to receive mental health training and training about the Mental Health Act; this does not seem to be included in the training protocol or in the job description.
- c) We welcome active involvement of the Forum in the development of this project.

## **20) SHIFT WORK AND WELLBEING OF STAFF**

- a) Evidence of harm due to shift work is growing and the Forum has raised this issue many times. The Forum recommends that reference is made in the QA to the impact of long shifts on the wellbeing of staff and the action being taken to mitigate this harm.
- b) We propose that the LAS develops a plan to move from 12 hour shifts to 8 hour shifts. This would reduce harm and stress, create a much better working environment and improve the service to the patients. No one is at their best after doing a 12 shift with no meal breaks, especially when asked to see

another patient at 11.58 minutes into a 12 shift, and then having a long journey home because many staff cannot afford to live in London.

## **21) STAFF APPRAISAL**

We welcome this section, but believe it needs development. Mention of the value of reflective practice in relation to examples of effective procedures, incidents, accidents and complaints would be a valuable addition. It would also be useful to include the use of patient comment as an addition to appraisal (compare with doctor's appraisals for example). All staff should be subject to annual appraisal.

## **22) MANDATORY AND STATUTORY TRAINING**

- a) We are unclear from the QA whether all staff are get mandatory and statutory training and why the target for CSR is not 100%. Staff often tell us that they have had to cancel training because of front-line pressures. The QA should contain evidence of appropriate training for all staff.
- b) We would also like to see evidence of effective Equality and Diversity Training.

## **23) ANNUAL STAFF SURVEY**

- a) We welcome the areas of improvement, but are disappointed by the low response rate amongst staff. Could the response figures for 2010-2015 be published in the QA?
- b) How will the LAS increase the number of staff who participate?

## **24) PATIENT ENGAGEMENT**

- a) We suggest this section is called Community Engagement.
- b) It is worth noting that the FFT provides virtually no useful information to the LAS or NHSE, whereas the submission of complaints provides a very significant level of qualitative data submitted by patients without being prompted to do so.
- c) It is disconcerting that no mention is made of the Patients' Forum for the LAS in this section of the QA, despite our very high level of involvement in the work of the Trust.



## 25) 111 SERVICE

We would like to see details of the 111 clinical advisers included in the report, e.g. what type of healthcare professionals are they, what training do they get, are they appraised and whether they are permanent staff or agency.

## 26) EQUIPMENT

We have been concerned for some time that ambulance staff may go on duty without sufficient and adequate equipment. The Forum has had a number of reports from staff and patients of shortages of essential equipment. There is also a need to repair and overhaul some ambulance equipment. We advise regular detailed audits of equipment.

27) Many abbreviations in the QA need explaining. E.g. RIB, FFT, ACP

Malcolm Alexander

A handwritten signature in black ink, appearing to read 'M. Alexander', written in a cursive style.

On behalf of the Patients' Forum