PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

# ANNUAL REPORT AND FINANCIAL STATEMENT 2016

# Patients' Forum Ambulance Services (London) Ltd

**WWW.PATIENTSFORUMLAS.NET**

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

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## FORUM OFFICERS IN 2016

| 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>patientsforumlas@aol.com<br>Tel: 0208 809 6551/ 07817505193 | Hackney Healthwatch |
| Vice Chair | Sister Josephine Udine<br>sisterjossi@hotmail.com | |
| Vice Chair | Angela Cross-Durrant<br>acrossdurrant@yahoo.co.uk | |
| Executive Committee Member | Audrey Lucas<br>audrey.lucas@healthwatchenfield.co.uk | Enfield Healthwatch |
| Executive Committee Member | Lynn Strother<br>lstrother@ageuklondon.org.uk | City of London Healthwatch |
| Executive Committee Member | Kathy West<br>kathy.west1@ntlworld.com | |

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

## INTRODUCTION

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 2016.

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 care. We want the patient's voice to be respected, valued and heard loud and clear during planning and design of services, and in the development of new clinical, quality and performance strategies.

It is critical 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 London's health and social care services.

Following the CQC inspection that put the LAS in Special Measures, it has made significant improvements to services to better meet patients' needs. Nevertheless, there are areas that need considerable improvement, e.g. Cat A and C target performance, the development of bariatric care 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 public meetings and become a member (membership is open to the public). Please visit our website: **WWW.PATIENTSFORUMLAS.NET**

## FORUM PRIORITIES

**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 being, should reduce access or delay access to services.

**Ambulance Queuing Scandal and A&E Handover Waits**

Prolonged ambulance queues outside many of London's A&Es are totally unacceptable. Patients often lie in ambulance queues for over an hour, waiting for admission to A&E, whilst other patients needing an emergency ambulance, are forced to wait long periods in distress and pain. We raised this issue with NHS England and the Mayor of London, and invited the NHSE Medical Director to speak to our public meeting and explain how he would abolish ambulance queues. NHS England and CCGs are still failing to deal with this major issue.

**Bariatric Care**
We raised concerns about staff training and access to appropriate vehicles for the transport of bariatric patients. A major concern is response times. LAS does not have a sufficient number of appropriate ambulances to provide the right care for bariatric patients. We raised this issue with the CQC, who prioritised it in their inspection report. Most staff have now been trained in bariatric care, with a service development CQUIN agreed by commissioners and the LAS to raise the standards of care, but progress is too slow.

**Category C Targets are Deteriorating**
Until August 2016, targets to reach patients requiring urgent care were 90% in 20 minutes (C1) and 90% in 30 minutes (C2). In September 2016 response times were drastically changed to provide a much lower level of service. The new target is >50% arriving in 45 minutes (C1) and >50% arriving within 60 minutes for (C2). Neither the LAS nor Commissioners consulted on this change, nor answered our requests to explain why they are providing a much slower service to vulnerable patients, e.g. older people who have fallen at home or in the street.

**Complaints about services provided by the LAS**
The LAS should further develop its approach to learning from complaints submitted by service users. We have asked for all recommendations for service improvements arising from complaints to be published with evidence of consequent and enduring service improvements. The complainant should always be advised of these service improvements.

**Defibrillators**
The Forum has worked successfully to promote public access to defibrillators, to save the lives of people who suffer cardiac arrest. We have worked with Sainsbury's, John Lewis Partnership and the Southwark Diocese of the Catholic church to agree installation of defibrillators. We hope to persuade Boots and all pharmacists to install but are meeting great resistance.

**Diabetic Care**
We held a joint public meeting with Diabetes UK and the LAS on diabetes type 1, which was attended by 32 people, who described their experiences of LAS care for diabetes type 1. The three organisations are working together to plan service improvements and all front line staff have received additional training in the care of patients with type 1 diabetes.

**Equality and Inclusion**
The Forum published 'Race Equality in the London Ambulance Service', shared with the LAS and CQC. That led to prioritization of race equality by the LAS in the Quality Improvement Programme, which included the employment of a specialist adviser on race equality. Currently, only 4.6% of paramedics in direct patient contact are from a BME heritage (compared to 1% in 2006) and there are few signs of the LAS taking action to transform this situation.

**Faith Support for Front Line LAS Staff**
We have argued that faith support and advice should be available to front-line staff after major incidents, if they have been traumatised by the impact of these events. The LAS refused our request, despite faith being a protected characteristic under the Equality Act. We continue to make the case to the LAS Board and the LAS Human Resources department.

**GPS-E20 and the Olympic Park Death**

A patient in cardiac arrest died when the LAS was unable to locate him using GPS, in the Olympic Village. The Forum gave interviews to ITV and BBC and suggested the Government ensure GPS is modernised and produce Regulations to require local authorities, to guarantee signage is adequate on all public buildings. We wrote to every local authority in London asking for all signage to be checked especially in new building programmes.

**Mental Health services – Parity of Esteem**

Significant improvements are needed for the care for people suffering a mental health crisis on the streets, e.g. emergency treatment from paramedics, with specialist training in mental health care. The LAS has improved its mental health care, especially through the employment of mental health nurses working in the Emergency Operations Centre. But high quality expert care for seriously ill people, especially when detained in a public place under the Mental Health Act, must be developed urgently. We have made this case continuously to the LAS.

**Safeguarding**

The Forum raised concerns about training in safeguarding for Bank staff (staff not employed directly by the LAS) and safeguarding referrals for patients suffering from mental health problems. We are also concerned about the poor 'LAS-local authority' system, which is supposed to enable staff who have made a safeguarding referral, get feedback from the local authority regarding the outcome of their referral. These issues continue to be of concern and are raised by the Forum at meetings of the LAS Safeguarding Committee and Trust Board.

**Serious Incident Investigations (SI)**

We have highlighted the importance of learning outcomes from investigation of serious incidents being placed in the public arena, and evidence provided that the LAS has improved its care as a result of such investigations. This is particularly important when a patient has suffered harm. The LAS Insight Magazine provides details of learning from SIs on a regular basis, but evidence of enduring improvement to services is lacking.

**Sickle Cell Disorders (SCD)**

The Forum's public meeting held jointly with the Sickle Cell Society, on the care of people in a sickle cell crisis, had a profound effect on the quality of services provided by the LAS. Staff training, improving pain management, sensitivity to the needs of the patient, and being taken to the right hospital, were paramount amongst the service improvements recommended by those with sickle cell disorders. An assessment of 350 patients with sickle cell confirmed that service improvements were significant. We want to see the development of sickle cell 'passports' and agreed care plans to further improve clinical care.

**LAS Board, Diversity and the Public**

The LAS Board lacks diversity despite the commitment of the Chair, Heather Lawrence to transform this situation. We have raised with the LAS many times that their Board should reflect the rich diversity of London.

## MONITORING AND WORKING WITH THE LONDON AMBULANCE SERVICE

The Forum is a 'critical friend' of the LAS. We are active on ten LAS Committees, as well as regularly meeting LAS executives and contributing 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, and 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.

## MEETINGS OF THE FORUM AND SPEAKERS IN 2016

The Forum arranges for lay and professional speakers to address our meetings and to hear the voices of service users, carers and the public. The intention of these meetings is to influence the development of emergency and urgent care, to better meet the needs of patients. These speakers engage in debate, share experiences and help find solutions to problems with services. LAS staff and Commissioners regularly attend our meetings to hear and contribute to these discussions.

## SPEAKERS AT FORUM MEETINGS IN 2016

**JANUARY: TIM EDWARDS**, CONSULTANT PARAMEDIC: 'CARE OF PATIENTS WITH SEPSIS'.

**FEBRUARY: DAVID FLETCHER**, PARAMEDIC & DARZI FELLOW: 'FREQUENT CALLERS TO THE LAS – CLINICAL CARE, SUPPORT AND SERVICE DEVELOPMENT'.

**MARCH: KUDA DIMBI,** CLINICAL ADVISOR FOR MENTAL HEALTH: 'DEVELOPMENT OF MENTAL HEALTH & DEMENTIA CARE IN THE LAS'.

**APRIL: BRIONY SLOPER,** DEPUTY DIRECTOR OF NURSING AND QUALITY. 'THE QUALITY ACCOUNT & END OF LIFE CARE'.

**MAY: HEATHER LAWRENCE**, 'CHAIR OF THE LAS'.

**JUNE: Dr ANDY MITCHELL**, MEDICAL DIRECTOR, LONDON & **PAUL WOODROW**, DIRECTOR OF OPERATIONS, LAS: 'AMBULANCE QUEUES OUTSIDE A&E'.

**JULY: FORUM MEMBERS' REVIEW OF THE LAS.** 'GETTING OUT OF SPECIAL MEASURES -REPORT BY 14 FORUM MEMBERS AND NHS IMPROVEMENT'.

**SEPTEMBER: NIKKI FOUNTAIN**, LAS TRANSFORMATION AND STRATEGY LEAD. 'PARAMEDIC RECRUITMENT & THE ANNUAL STAFF SURVEY'.

**OCTOBER**: **DR FIONNA MOORE**, CHIEF EXECUTIVE OF THE LONDON AMBULANCE, 'STPs – IMPACT OF STRATEGIC TRANSFORMATION PLANS ON THE LAS' & **ELIZABETH OGUNOYE,** DIRECTOR OF COMMISSIONING FOR LAS. 'EMERGENCY AND URGENT CARE STRATEGY FOR LONDON'.

**NOVEMBER: JAQUI LINDRIDGE**, CONSULTANT PARAMEDIC&
**ROZ ROSENBLATT,** LONDON REGIONAL HEAD, DIABETES UK, 'EMERGENCIES IN TYPE 1 DIABETES – ROLE OF THE LAS'.

**DECEMBER: 'FORUM'S ACHIEVEMENTS IN 2016** + LAS AND THE CQC + OUR OBJECTIVES FOR 2017'.

## FORUM REPRESENTATIVES ON LAS COMMITTEES 2016

- Clinical Audit and Research Steering Group … … … … Natalie Teich
- Clinical Development and Professional Standards … … Angela Cross-Durrant
- Improving Patient Experiences ... … … … … … … Malcolm Alexander
- Equality and Inclusion … … … … … … … … … Kathy West
- Community First Responders … … … … … … … Sister Josephine Udine
- Infection Prevention and Control … … … … … … Malcolm Alexander
- Mental Health … … … … … … … … … … … Kathy West
- Patient and Public Involvement … … … … … … Malcolm Alexander
- Safeguarding … … … … … … … … … … … … Malcolm Alexander
- End of Life Care … … … … … … … … … … Angela Cross-Durrant
- Quality Governance Committee … … … … … … Denied access

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

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, but the evidence base for service improvement through these community engagement activities is lacking. 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. This has been used so far with Sickle Cell Disorders and Diabetes type 1. There are many other areas of clinical care where the Forum believes improvement is needed.

Board members and 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 Forum asked for LAS Foundation Trust (FT) prospective members to be invited to our monthly public meetings held at LAS HQ; the LAS agreed to our request and many are now attending our meetings, providing increasing opportunities for service users to become more involved in our work.

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

www.patientsforumlas.net

# KEY ISSUES AND RECOMMENDATIONS - 2016

## AMBULANCE QUEUING SCANDAL - HANDOVER WAITS AT A&E

Despite considerable concern from the LAS and Patients' Forum, about prolonged ambulance queues outside many of London's A&Es, the situation deteriorated towards the end of 2016. Instead of receiving immediate care and treatment, patients are lying in ambulance queues, whilst many other patients needing immediate care are forced to wait long periods for ambulances to be freed up.

Fifteen minutes are supposed to be the maximum time allowed from arrival of the ambulance to clinical handover to hospital clinical staff. Wasted hours are calculated from the number of minutes over 15 minutes that ambulances queue outside A&Es. During 2016, the number of wasted hours spent queuing each week rose from:

942 hours in February 2016

1263 hours in November 2016

1727 hours in December 2016

The hospitals with the worst queues in London were: Barnet, King's College, North Middlesex, Northwick Park, Queen Elizabeth (Woolwich), Princess Royal (Farnborough) and the Royal Free. By December 2016, Northwick Park Hospital recorded 279 hours of ambulance queuing in a single week.

Dr Andrew Mitchell, then Medical Director for London, attended the Forum meeting in June 2016, to explain what NHS England was doing to abolish ambulance queues. Paul Woodrow, Director of Performance, also made a major contribution to the Forum meeting. We also wrote to Professor Keith Willett, Director for Acute Care to NHS England, complaining about the disastrous state of emergency services and we gave five interviews to national media, including Good Morning Britain.

Detailed queuing data is shown below. Northwick Park improved briefly after our public meeting with Andy Mitchell but deteriorated later in the year. We raised our concerns with Pauline Cranmer, Assistant Director for NW London, who is responsible for Northwick Park (NWP) and she replied:

"I am assured the times at NWP are accurate and the improvements should be credited to the changes they have made in their patient flows throughout the whole hospital. We have also worked with them on bespoke handover areas for the patient which allow for improved privacy and dignity as well as a quicker handover. I can assure you I and my team monitor the handover times rigorously weekly to ensure there is no slippage" (Pauline Cranmer, Assistant Director for NW London).

However, the slippage in the later months of 2016 suggests that NHS England has not prioritized stamping out ambulance queues despite the serious impact on patients care and LAS performance.

**RECOMMENDATION TO NHS ENGLAND**

**NHS England must ensure that all ambulance queues are stopped during 2017. Resources must be provided to ensure there are adequate numbers of beds and staff to care for patients who require admission to hospital. Discharge arrangements must be radically improved to ensure that no patient is put at risk by delayed discharges.**

**RECOMMENDATIONS TO THE FORUM'S EXECUTIVE COMMITTEE:**

a) **Plan a campaign and action plan to eradicate ambulance queuing in 2017. This should include: close monitoring of ambulance waits; formal letters to Boards of relevant acute Trusts; publication of ambulance queuing figures; briefings to London Councillors and members of the London Assembly; briefing for the Mayor and Dr Sahota, Chair of the London Assembly Health Committee.**

b) **Invite Forum members and Healthwatch to participate in monitoring of ambulance queues, including speaking to paramedics in ambulance queues at A&Es across London.**

**WORST AMBULANCE QUEUES AT LONDON'S A&Es – WASTED HOURS - 2016**

| MONTH 2016 | DATE | TOTAL HOURS WASTED | A&E - 1 | A&E - 2 | A&E - 3 | Northwick Park |
|---|---|---|---|---|---|---|
| February | 15-21 | 1086 hrs | Queen Eliz 127 | North Middx 103 | Princes Royal 102 | Northwick Park 53 |
| March | 14-20 | 1265 hrs | Northwick 121 | North Middx 113 | Queen Eliz 107 | Northwick Park 121 |
| April | 4-10 | 1035 hrs | Barnet 120 | North Middx 96 | Princess Roy 81 | Northwick Park 73 |
| May | 9-15 | 1157 hrs | Northw Park 102 | Princess Royal 93 | North Middx 86 | Northwick Park 102 |
| June | 6-12 | 1085 hrs | North Middx 113 | Queen Eliz 109 | Barnet 109 | Northwick Park 34 |
| July | 18-24 | 949 hrs | Northwick 99 | Princess Royal 89 | Hillingdon 63 | Northwick Park 99 |
| August-Sept | 29 - 4/9 | 795 hrs | North Middx 71 | Royal Free 70 | King's 69 | Northwick Park 40 |
| September | 19-25 | 817 hrs | Princ Royal 81 | UCH 63 | Royal Free 62 | Northwick Park 45 |
| Sept-October | 26 – 2/10 | 909 hrs | Princ Roy 107 | UCH 77 | Royal Free 74 | Northwick Park 37 |
| October | 10-16 | 1178 hrs | Princ Royal 118 | Barnet 98 | UCH 80 | Northwick Park 50 |
| October | 24-30 | 1050 hrs | Barnet 120 | Royal Free 98 | Princess Roy 94 | Northwick Park 51 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Novembe r | 14-20 | 1381 hrs | Barnet 178 | Northwick Park 142 | Royal Free 104 | Northwick Park 142 |
| Decembe r | 5-12 | 1727 hrs | Northw Park 279 | Queen Eliz 141 | Princess Roy 134 | Northwick Park 279 |

- Handover Waits 2016 – Data from Brent CCG – LAS Commissioners
- **Wasted Hours** are defined as summation minutes in excess of 15 minutes waited by an ambulance whilst queuing outside an A&E

**CALLING FOR SUPPORT FROM LONDON'S MAYOR**

In June 2016 the Forum wrote to the Mayor of London alerting him to major problems of ambulance queuing and the devastating impact this is having on patient care. We provided detailed data and proposed that the Mayor should work to:

A) Demand that NHS England accepts responsibility for this major problem and produces plan to achieve immediate resolution
B) Stop the closure of A&E departments
C) Press NHSE - London and CCGs to ensure hospitals have adequate numbers of beds and casualty staff
D) Argue for more effective collaboration between hospitals and their local authorities to enable effective and successful discharge
E) Support the development of effective community healthcare teams to support patients who fall, those with dementia and people with mental health problems, so that they do not end up in A&E or long inappropriate stays in hospital wards.

We proposed collaboration to resolve this very serious problem potentially affecting the health and safety of all Londoners. In his reply Mr Khan:

- Agreed ambulance queuing is a serious issue
- Said he is committed to getting adequate resources for the NHS
- Would meet with the LAS and NHS England to discuss challenges and offer support
- Would work with the Forum and get high quality care when and where patients need it

He did not contact the Forum again and failed to take any action, as far as we are aware, to resolve the problem of ambulance queuing in London.

www.patientsforumlas.net/uploads/6/6/0/6/6606397/london_mayor0001.pdf

## BARIATRIC CARE

The good news is that all front line staff have had to attend a mandatory training module on 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. A major concern is response times for bariatric patients who are seriously ill, because of delays related to the need to hire vehicles from a private supplier to provide transport to hospital for these patients. This happens because the LAS does not have a sufficient number of adequate and appropriate ambulances in their fleet to provide the right care for bariatric patients, at the right time. We are also concerned that data about the provision of bariatric care is poor because there is currently 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. Data is now collected when bariatric vehicles are used, if the HART team is asked to assist with lifting a patient, when an incident is reported. The costs of a bariatric service development plan are still being discussed by the LAS Executive team and once agreed this should result in the purchase of additional vehicles and equipment.

The Forum was invited to meet the team that is developing the LAS plan to provide effective care to bariatric patients, and we held a second meeting on this issue attended by 4 Forum members. Engagement with the bariatric team has been quite difficult and progress difficult to map, despite or because of evidence that the LAS has fewer resources for bariatric patients than most other ambulance services in England.

We asked for the development of a feedback process so that patients receiving bariatric care can describe their experiences. The LAS replied that crews hand out feedback forms to patients who are asked to complete and send them to the patient experiences department for review, but there is no evidence of this happening in practice.

## RECOMMENDATIONS

a) **The LAS should work with the Patients' Forum to develop a feedback system for patients who received bariatric care to ascertain their view 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 the provision of a comprehensive programme to provide adequate and appropriate vehicles and equipment for bariatric care.**

## COMPLAINT INVESTIGATIONS

We raised concerns regarding the need for better information about making complaints with the Director of Quality and Nursing, and the LAS agreed to produce a leaflet that would be placed in every ambulance. A well designed leaflet was produced and made widely available. The Forum also produced its own leaflet to inform people about the Forum's work and advise them about how to make complaints and raise issues regarding the LAS. We would like to see enhanced arrangements to inform and support people with learning disabilities and other protected characteristics, about how to make complaints and how best to communicate with the complaints team.

We have been concerned about delays in responding to complaints and obtaining/retrieving evidence of outcomes from complaints that lead to service improvement. We were advised that the delays were caused by a shortage of Quality Assessment Officers (who ensure that complaints investigations are adequate) and that steps have been taken to resolve this problem. We are not satisfied with the LAS system for learning from complaints and sharing that learning with complainants.

It is essential for a process to be developed to collect data about the protected characteristics of complainants, to ensure that the system is accessible and that discrimination is not taking place. 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.

The complaints team have always been open and inclusive towards the Forum and ready to share data.

## RECOMMENDATIONS

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

b) **Steps should be taken to ensure 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.**

**CQC INSPECTION OF THE LAS**

Following the CQC inspection, the LAS published its Quality Improvement Plan which the Forum has closely monitored. We have provided detailed information to the CQC including reports on our assessment of progress following their placing of the LAS in Special Measures; plus minutes of public Forum meetings. We have also participated in 'mock inspections' of the LAS organised by NHS Improvement and the LAS. This involved ride-outs, working in small multidisciplinary teams, and meeting with groups of LAS staff across London, to assess their compliance with CQC standards. Fourteen of our members attended and worked well as members of these teams. All members fed back to the LAS and NHSI. Unfortunately, the LAS refused to share with us the report assembled from the data we had helped collect during these inspections.

There was a short repeat visit by CQC in August regarding drug safety and the HART service, and a further visit on September 29-30 to inspect the 111 service (which provides the 111 service for south east London). The Forum attended an event prior to this CQC inspection, where the LAS shared its preparation for the 111 inspection. The CQC rated the 111 service as "Good".

Forum shared its report on equality and diversity with the CQC and with Roger Kline who works with the CQC and NHS England on race equality.

The CQC told the LAS it would re-inspect in February 2017 and in the words of LAS improvement director Lesley Stephen: "The LAS had to prove that it is safe, well-led and responsive to patient needs, and demonstrate that it is on an improvement journey. If the team can remain focused on these areas and can work at pace, I think the organisation should be able to get out of special measures in February".

**Progress reports for 2016:**
www.londonambulance.nhs.uk/about_us/how_we_are_doing/care_quality_commission_inspec.aspx

**RECOMMENDATIONS**
**Collaborative work between the LAS, NHSI and the Forum must always be on a basis of mutual trust. The Forum should not participate unless this principle is adhered to by other agencies. A formal data sharing agreement will be requested with LAS before future visits.**

## DEFIBRILLATORS

During 2016, the Forum did a great deal of successful work to promote greater access to defibrillators. This included working with supermarkets; the former Mayor of Southwark, Dora Dixon Fyle; the Southwark Diocese of the Catholic Church; and local pharmacies. We have worked in collaboration with the LAS throughout. We have promoted the installation of defibrillators in schools and colleges, and CPR/defibrillator training for teachers and students.

We have also raised with HM Treasury, a proposal to remove VAT from the sale of defibrillators. Unfortunately, the Treasury was not prepared to remove the VAT on defibrillators – so there is a tax on saving lives.

Cllr Dixon Fyle arranged a meeting with the Chair of Southwark CCG and local supermarkets to encourage installation of defibrillators in Southwark stores – Sainsbury's, Tesco's and Morrison's attended. Sainsbury's and Tesco's have installed.

The Vicar General wrote to all Catholic churches in the Southwark diocese with large congregations, asking them to consider installing defibrillators in churches and training members of the congregation in CPR and use of defibrillators. As a result, Tolworth Church installed a defibrillator and 60 members of their congregation were trained in CPR and defibrillation techniques by the LAS training team. We will continue to promote this approach with the Catholic Church and other faith organisations and have been invited to work with the English Martyrs Church in Southwark to install a defibrillator and train the congregation in responding to cardiac arrests.

Our successful campaigns resulted in both Sainsbury's and the John Lewis Partnership agreeing 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 massive Nine Elms store.

The pharmacy company Boots **refused** to install defibrillators in their stores and we have worked with Wendy Mead, Chief Commoner of the City of London, to put further pressure on Boots to install defibrillators. A more significant poster and media campaign is planned for 2017, including raising issues with the 7 UK Boots directors and James A. Skinner, Executive Chairman of Walgreens Boots Alliance, Inc.

## DIABETIC CARE

In November 2016 we held a joint meeting with Diabetes UK and the LAS. The meeting was attended by 32 people with diabetes type one (or their relatives), and the family of Lisa Day, a young woman who had tragically died from DKA which had developed as a result of an eating disorder. Those who attended were invited to describe their experiences of LAS care for diabetes type 1, and Consultant Paramedic

Jaqualine Lindridge responded to all of the issues raised. Further 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'.

The Forum requested data from inquests and SIs relating to diabetic care from Ambulance Trusts across England, but apart from an LAS report and information from Datix in another ambulance Trust, there were no reports of any diabetes related incidents in England. We believe this interim finding needs to be verified.

DKA is Diabetic ketoacidosis, a potentially life-threatening complication sometimes suffered by people with diabetes mellitus.

**DO NOT RESUSCITATE NOTICES**

We have been concerned about governance, quality and access to DNAR notices, because of reports that these notices are sometimes not easily accessible to front line staff and that the details on the notices may not be current. DNAR notices on patients' files mean that clinicians are not required to resuscitate the patient following cardiac arrest and are designed to prevent unnecessary suffering when for example:

- resuscitation is against patient's wishes
- the benefits are outweighed by potential harm, e.g. broken ribs, other fractures, ruptured spleen, brain damage.

There is a duty to consult the patient in relation to a DNAR notice, unless the clinician thinks that the consulting patient is likely to cause considerable physical or psychological harm.

We sought advice on this issue from Briony Sloper, Deputy Director of Quality and Nursing at the LAS who replied as follows: "From an LAS point of view, different DNAR formats make it extremely difficult for us. We are therefore running a training session at Kenton ambulance station in a couple of weeks and filming it. It will be about what a DNAR should include, what crews should look for, what is acceptable practice. We hope to make a video available on the Pulse, so staff can access the session remotely and that will help navigate the plethora of DNAR documents currently used in London".

**RECOMMENDATION**

**We recommend that commissioners fund a project to encourage CCGs across London to adopt a single DNAR model and to ensure that these notices have a quality threshold and are placed on the LAS Command Points system.**

**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 their Executive team. Our report had 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 intended to get the LAS out of 'special measures'.

We have continually emphasized in relation to both front line staff and Board members that the lack of diversity is unacceptable and needs to be addressed urgently. The latest data we have obtained from the LAS shows that only 4.6% of paramedics in direct patient contact are from a BME heritage (compared to 1% in 2006) and all Board members are white.

The Forum has monitored the LAS for 13 years (2004-2016).

| Year | Total no Paramedics In the LAS | Total no "BME" paramedics | % "BME" paramedics | "BME" % frontline paras (direct patient contact) | "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 |

The Forum in monitoring the LAS for 13 years (2004-2016) has found that the percentage of BME heritage Paramedics 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, who can transform the LAS into a modern organisation, whose staff and Board reflect the population it serves. This process must also be reflected in meeting the needs of patients and staff with all 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 by an Executive member committed to transforming the LAS into an organisation committed to equality, diversity and inclusion.

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 realized more fully. We also wrote to LAS Executives, Non-Executive Directors and Commissioners to express our concerns about the slow pace of change.

**RECOMMENDATIONS TO THE LAS**

1) **A major professional recruitment campaign must be developed by the LAS to recruit from schools and colleges in London's 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 must ensure that the Academy plays a major role in developing a diverse workforce.**

3) **In line with the agreement between the LAS and EHRC the LAS must collect equality data from patients who make complaints and monitor the frequency of complaints from BME service users.**
4) **The Board must take action to resolve its failure to recruit NEDS from people with a BME heritage.**

## FAITH SUPPORT FOR STAFF AND ADVICE REGARDING FAITH OF PATIENTS

The Forum made the case for ensuring that support and advice is available to staff in matters relating to faith. The long term arrangements in the LAS relate to a single faith. Despite our making several requests to the LAS to develop a new multi-faith support system, Andrew Buchanan, Senior HR Manager, told the Forum that the LAS will not be providing faith support for staff and if members want to challenge that decision evidence will be needed that the service is required. We are of the opinion that the LAS has a duty to show regard to faith as a protected characteristic under the Equality Act.

## RECOMMENDATIONS

1) **LAS should show full regard to the faith of frontline staff and the faith of patients to ensure that their needs are met, e.g. with respect to religious traditions and support at times of crisis.**

2) **Forum member Harbhajan Singh should be invited to become a lay faith adviser on the LAS Equality and Inclusion Committee.**

## FUNDING OF THE LAS

We wrote to the Chief Executives of every CCG in London, to propose more effective approaches to the organisation of London's urgent and emergency care services. We also asked for significantly increased funding for the LAS, to better value and retain front line staff and ensure adequate resources to get the LAS out of 'special measures'. As a result of inadequate funding, the LAS responds to less than 70% Category A calls within 8 minutes (instead of reaching the 75% target) - thus reducing the response to patients requiring emergency care. We recommended 5 ways forward to transform urgent and emergency care in London:

## RECOMMENDATIONS TO LAS COMMISSIONERS

a) **Abolish ambulance queues so that patient handover is immediate, and the LAS can treat seriously ill patients, instead of wasting time outside A&E.**

b) **Introduce falls and dementia home-care services in every borough, to enable rapid handover from the LAS to community teams for ongoing care.**
c) **Wages are too low (band 5) for staff to live reasonable lives and pay rent within London, and there is massive shortage of key worker housing. Upgrading to band 6 for paramedics is a very important way forward.**
d) **Ensure that urgent care services are widely and continuously advertised across London in places where people can see the information, e.g. GP surgeries, outpatients, bus shelters, pharmacies and supermarkets.**
e) **Develop LAS NETS services pan London to provide rapid, timely, non-emergency care services for patients with mental health problems, and those needing 'end of life' care, who do not require blue-lights transport.**

There has been progress toward upgrading staff to band 6 and with the development of the NETS service, but the CCGs have failed to deal with ambulance queuing or the advertising of urgent care services, and have thus exacerbated the situation for patients and the LAS. We see no evidence of pan London improvements in dementia home care services, although the LAS has done a great deal of work to train their staff in dementia care.

Some CCGs and STPs seem more focussed on closing acute services, e.g. Ealing A&E and thus making the situation worse.

**GPS – E20 – OLYMPIC VILLAGE INCIDENT**

A patient in cardiac arrest died following the failure of the LAS to locate him in the sports centre at the Olympic Village. The Forum gave interviews to ITV and BBC on the issue and suggested that the Government needs to produce Regulations to require local authorities to ensure signage is adequate on public buildings. The Forum also wrote to every local authority in London asking for signage to be checked especially in view of large building programmes like the Olympic Village.

The former IT lead for the LAS, Andrew Watson, provided a detailed reply to our concerns: "Following an analysis of the unfortunate events, LAS issued guidance to crews about the lack of coverage of the venue on their vehicles sat navs and that when called to the venue, they should revert to their map books, which have also been updated. They also have the option to ask for EOC to guide them into the location. We are continuing with work on the new Sat-Nav and MDT, which will provide up to date mapping. Roll will commence in January".

**RECOMMENDATION**

**The Forum will invite the Mayor to take a lead in resolving problems of inadequate GPS and signage systems in London's housing estates and public access facilities.**

## MENTAL HEALTH CARE

The Forum has promoted the development of better mental health care by the LAS over a number of years, with particular emphasis on people who experience a mental health crisis in a public place, who may be detained under s136 of the Mental Health Act (1983) by police officers. It is now accepted as good practice, and is consistent with the duty of 'parity of esteem', that mental health expertise should be available as soon as possible in these situations.

The employment of mental health nurses to work in the Emergency Operations Centre, to advise paramedics and talk to patients, has been a significant step forward for the care of patients suffering a mental health crisis.

The Forum is also committed to campaigning for the development of 'advanced mental health paramedics', who can provide expert mental health care on the street and we have put our case for this development to the LAS. In discussion with the LAS commissioners on this issue they said: "there is an opportunity for significant advances in ambulance clinical care, building on the increase in a number of 'specialist' clinical roles, e.g. mental health nurses and Advanced Paramedic Practitioners". We believe these specialist roles can bring enhanced care to patients suffering a mental health crisis and effectively utilize alternatives to A&E conveyance.

In March 2016, Kudakwashe Dimbi, the LAS mental health lead, made a presentation to the Forum and the following issues were developed as recommendations for the LAS and Commissioners:

## MENTAL HEALTH RECOMMENDATIONS

a) **Paramedics need access to patients' past medical history, to ensure that those in a mental health crisis get the right care immediately.**
b) **Care plans of patients with a history of acute mental health problems and dementia, should be placed on the LAS Command Point system, so that paramedics have the best available data when the patient has a crisis.**
c) **Better mental health pathways for children and young people, for example young people who overdose, need to be developed.**
d) **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 crisis.**

e) **Community first responders could be trained to assist paramedics in the care of people with cognitive impairment and mental health problems, if there is a delay in getting expert care.**
f) **The development of 'crisis cafés' could help people in mental health crisis, who need support, but not admission to hospital. The Frimley Park model could be used to develop these safe-havens in London.**

**PTS CONTRACTING AT BARTS**

Michael Waithe, Transition Project Manager for Bart's Health NHS Trust, informed the Forum that Bart's Health is using our 'Quality Standards for Patient Transport Services (PTS) Proposals to Commissioners and Providers', in the re-commissioning of their PTS service. We invited him to attend a Forum meeting to update us on progress, but he felt unable to attend because of a potential conflict of interests. The PTS Quality Standards can be found at: www.patientsforumlas.net/uploads/6/6/0/6/6606397/a4-pts_standards-january_2016-patientsforum.pdf

**QUALITY ACCOUNT for the LAS – FORUM RESPONSE**

The Forum made a detailed response to the 2016 LAS Quality Account which can be found at the end of this report at Appendix 4 and on:
www.patientsforumlas.net/uploads/6/6/0/6/6606397/forumrecsforlas-qa-2016_copy.pdf
www.patientsforumlas.net/upcoming-meeting-papers.html
www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29236

**SAFEGUARDING**

At the beginning of 2016 the Forum was very concerned about the low number of staff and Board members who had received training in safeguarding. As a member of the Safeguarding Committee we were able to raise the issue of training and in particular, the training of Bank staff. We were also concerned about the effectiveness of the system to enable staff who have made a referral for safeguarding, to get feedback from the local authority regarding the outcome of their referral.

We have also been concerned about the training of staff in the safeguarding of patients in a mental health crisis - this is an area that in our conversations with paramedics has been the cause of much confusion.

Bank staff compliance with Safeguarding training continues to be a problem, which we have raised with the LAS Board.

**RECOMMENDATION**

**All staff making safeguarding referrals should be offered the opportunity to obtain feedback from local safeguarding committees about the outcome of their referral.**

**SEPSIS**

The incidence of sepsis is increasing and the Forum had a presentation from Tim Edwards, Consultant Paramedic, on the Care of Patients with Sepsis. An issue of concern to the Forum was the procedure for giving antibiotics to patients in pre-hospital care, where the patient was dangerously ill. The problem with giving antibiotics before blood is taken for culture, is that bacteria will not grow in the culture medium and the cause of the infection may not be found.

Fenella Wrigley, Medical Director, responded to our questions as follows:

a) Taking of blood cultures needs to be done using an aseptic technique, which is very difficult in a pre-hospital environment. LAS do not do any blood sampling and we have no plans to change this - the blood tests, including blood cultures, are taken on arrival in the ED before administration of antibiotics.

b) Lapses in blood sampling technique can result in false positive results, which can lead to the patient receiving the wrong antibiotic treatment. We have recently introduced a pre-alert (blue call) for severe sepsis, so hospitals are able to prepare for the arrival of the patient and minimize any delays when EDs are busy.

c) Antibiotics would only be administered by paramedics for suspected meningitis or meningococcal disease.

d) Proximity to hospitals in London means that early conveyance of patients to hospital is our agreed management of sepsis.

e) Blood cultures take a minimum of 24 hours to produce results and up to 72 hours for antibiotics sensitivities so the initial treatment is empirically based on clinical judgment.

We were happy with this response and will continue to observe the development of pre-hospital care for patients with sepsis and septic shock, especially in view of the significant rise in the incidence of sepsis and antibiotic resistance.

HES data on sepsis: http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-09-16/10526/

| INCIDENCE OF SEPSIS | 2011-12 | 2012-13 | 2013-14 |
|---|---|---|---|
| NHS East Lancashire CCG of residence | 449 | 547 | 837 |
| NW England government office region of residence | 13,109 | 14,708 | 17,221 |
| England | 101,015 | 114,285 | 122,822 |

*Source:* Hospital Episode Statistics (HES), Health and Social Care Information Centre

**SERIOUS INCIDENTS (SI)**

The Forum has highlighted the importance of the outcomes and learning from the investigation of serious incidents being placed in the public arena. We are pleased to report that some information about outcomes from SIs and consequent service improvements are now available on LAS website, and we have asked for this information to be regularly updated and for the LAS search engine to be made operational so that members of the public can locate this information. The reports can be found on:
www.londonambulance.nhs.uk/health_professionals/reporting_incidents_to_us.aspx

**RECOMMENDATION**

**The LAS publicly facing website needs to be thoroughly refreshed, updated and for the search engine to be made operational.**

**SICKLE CELL DISORDERS**

The Forum held a public meeting to hear from people with sickle cell disorders and their families, and to provide an opportunity to discuss their experiences of LAS care with Medical Director, Dr Fenella Wrigley. The key issues raised at the meeting were:

- Training of all front line and EOC staff in the care of patients in a sickle cell crisis
- Time taken for ambulances to respond to a 999 call
- Ensuring a reasonable waiting time for a person in significant pain
- Improving pain management
- Patients in crisis being treated as if they didn't need pain control
- Taken to the wrong hospital - not where the patient is usually treated
- Being taken to a hospital well outside the patient's area
- Prejudice in relation to the interaction with young black men in sickle cell crisis

We worked closely with John James and Kye Gbangbola from the Sickle Cell Society and met with clinical staff from the LAS and Commissioners to emphasize the importance of ensuring that services meet patients' needs. This resulted in the development of a CQUIN, which required the LAS to meet service improvement targets for which they were specifically funded. 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).

CARU carried out a second assessment of patients who had received care from LAS clinical staff, and found a substantial improvement in the experiences of patients, e.g. in relation to being assisted from the patient's home to the ambulance when in a crisis and being taken to the right hospital.

The Forum also developed links between the Merton Sickle Cell Group and the LAS, which led to leading edge work through the NHSE funded Insight Project being developed by Margaret Luce's team.

**RECOMMENDATIONS**

1) **We propose the establishment of a sickle cell–LAS working group to optimise clinical practice, training and to challenge the causes of stigma experienced by people with sickle cell disorders.**

2) **The LAS should produce a podcast using the experience of those who have sickle cell disorders, as a training tool for staff.**

3) **Promote the use of sickle cell 'passports' or agreed care plans to improve clinical care. Use the National Haemoglobinopathy Register to help develop a system of providing care plans to those on the register.**

**STRATEGIC TRANSFORMATION PARTNERSHIPS - STP**

These new arrangements were introduced into the NHS in 2016 and plans were produced for major service transformation and cuts in October 2016.

Fionna Moore, former Chief Executive of the LAS, and Elizabeth Ogunoye, LAS Commissioner, accepted an invitation to speak to the Forum about the impact of STPs at our meeting held on October 10th 2016. Slides from the meeting are available on: www.patientsforumlas.net/meeting-papers---2016.html

The Forum has written to STPs requesting assurances that urgent and emergency care will be fully funded and asking for evidence of Equality Impact Assessments on STP plans.

The LAS has reconfigured its operational areas and each sector allocated an LAS executive director as follows: Briony Sloper – north east, Fionna Moore – north west, Paul Woodrow- south east, Karen Broughton – south west, and Andrew Grimshaw – north central.

**TRAFFIC DENSITY**

Members of the Forum have been concerned about the impact of traffic flows on emergency ambulances responding to patients, while on blue lights. Multiple changes to London's road infrastructure, e.g. new cycle lanes, are affecting the journey time to seriously ill patients. The Forum raised this issue with the 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, will look at the effects of traffic density on performance.

However, the LAS decided to change its priorities, and the proposed extensive work on traffic density was not carried out and instead a minor study by McKinney's was carried out, which indicated longer response times, which could be attributed to increased traffic density. The LAS changed its focus to addressing hospital turnaround times and on scene times at some A&Es.

**RECOMMENDATION**

**We recommend that, in view of the increased level of risk in London and the need for rapid response to critical situations, the LAS works with the Mayor of London to develop a strategic plan to reduce Category A response times.**

**TRAINING OF PARAMEDICS AND EMERGENCY AMBULANCE CREW**

The LAS should ensure that all Paramedics, EATs and EACs have continuous access to appropriate and effective training, which assures their development as effective clinical practitioners. This should include in-house multi-disciplinary clinical audits of pre-hospital care which has been provided by front-line staff, and joint reviews of patient care jointly 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, for front-line ambulance staff and clinicians working in the hospital acute sector.

EAT - emergency ambulance technician EAC - emergency ambulance crew.

## REPORT AND FINANCIAL STATEMENT FOR YEAR ENDED 31 DECEMBER 2016

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31st December 2016.

## INCORPORATION

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

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

## DIRECTORS AND TRUSTEES

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

- Malcolm Alexander
- Angela Cross-Durrant (re-elected 14 November 2016)
- Michael English
- John Larkin (re-elected 14 November 2016)
- Louisa Roberts
- Lynn Strother
- Rev Sister Josephine Udine

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

## ACTIVITIES AND ACHIEVEMENTS

Since 1st April 2008, the Patients' Forum has established itself as a corporate body in the voluntary sector. It has continued to work with the London Ambulance Service and other health bodies in London and beyond, ensuring that a body of experienced people exists who can be highly effective at monitoring services provided by the London Ambulance Service and other providers, and commissioners of urgent and emergency care. The Company has worked closely with Local Healthwatch since their establishment on 1st April 2013 and is also preparing for the transition of the London Ambulance Service into a Foundation Trust at some future date.

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

## MEMBERS AND AFFILIATES

All the Trustees are members of the Company. During the year ended 31 December 2016, 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 2017 and is signed on their behalf by: _____

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

**PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD**
**INCOME AND EXPENDITURE ACCOUNT**
**For the Year Ended 31 December 2016**

| | Unrestricted Funds 2016 | Total 2016 | Total 2015 |
|---|---|---|---|
| | £ | £ | £ |
| Incoming Resources | | | |
| Grants | - | - | - |
| Donations | 5 | 5 | 110 |
| Membership fees | 250 | 250 | 300 |
| Affiliation fees | 40 | 40 | 70 |
| Investment income | 4 | 4 | 5 |
| Other | - | - | - |
| Total Incoming Resources | 299 | 299 | 485 |
| Resources Expended | | | |
| Companies House | 40 | 40 | 40 |
| Renewal/hosting of website domain (s) | 30 | 30 | 69 |
| Incidental administrative expenses | 214 | 214 | 93 |
| Other | - | - | - |
| Total Resources Expended | 284 | 284 | 202 |
| Net Incoming/(Outgoing) resources for year | 15 | 15 | 283 |
| Total funds brought forward | 2160 | 2160 | 1877 |
| Total funds carried forward | 2175 | 2175 | 2160 |

**BALANCE SHEET - 31 December 2016**

| | TOTAL 2016 £ | TOTAL 2015 £ |
|---|---|---|
| Fixed assets | - | - |
| Current assets | | |
| - Debtors | - | - |
| - Cash in hand | - | - |
| - Cash in bank | 2175 | 2160 |
| - Gross current assets | 2175 | 2160 |
| Creditors | | |
| Amounts falling due within one year | - | - |
| Net current assets | 2175 | 2160 |
| Total assets less current liabilities | 2175 | 2160 |
| Reserves | | |
| - Restricted funds | - | - |
| - Unrestricted funds | 2175 | 2160 |
| **Total Funds** | 2175 | 2160 |

**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 2016 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 2017 and is signed on their behalf by:

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

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

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

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

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

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

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

## GLOSSARY

| | |
|---|---|
| ACP | Advanced Care Plan |
| A&E | Accident and Emergency Department |
| AMPH | Approved Mental Health Professional |
| BME | Black and Minority Ethnic |
| 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 |
| EBS | Emergency Bed Service |
| ED | Emergency Department (A&E) |
| EI | Equality and Inclusion |
| EHRC | Equality and Human Rights Commission |
| EOC | Emergency Operations Centre |
| EoLC | End of Life Care |
| FOI | Freedom of Information Act |
| FT | Foundation Trust |
| HART | Hazardous Area Response Teams |
| HCPC | Healthcare Professions Council |
| 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 |
| TDA | Trust Development Authority |

**APPENDIX ONE**

**PROTECTED CATEGORIES**

| |
|---|
| **AGE** |
| Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). |
| **DISABILITY** |
| A person has a disability if s/he has a physical or mental impairment that has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. |
| **GENDER AND REASSIGNMENT** |
| The process of transitioning from one gender to another. |
| **MARRIAGE AND CIVIL PARTNERSHIP** |
| In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can alternatively have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act 2010). |
| **PREGNANCY AND MATERNITY** |
| Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. |
| **RACE** |
| Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship), and ethnic or national origins. |
| **RELIGION AND BELIEF** |
| Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. |
| **SEX** |
| A man or a woman. |
| **SEXUAL ORIENTATION** |
| Whether a person’s sexual attraction is towards his or her own sex, the opposite sex or to both sexes. |

**APPENDIX TWO**

**CORRESPONDENCE WITH NHSE MEDICAL DIRECTORATE AND THE TRUST DEVELOPMENT AUTHORITY (TDA)**

Professor Keith Willett,
Medical Directorate
NHS England
December 13th 2015

**A&E Patients and the Winter Crisis**

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

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

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

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

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

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

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

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

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

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

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

Dear Mr Alexander,

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

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

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

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

Yours sincerely

PROF KEITH WILLETT

## REPLY FROM TRUST DEVELOPMENT AUTHORITY AND NHS ENGLAND

NHS Trust Development Authority NHS England

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

12 February 2016

Dear Mr Alexander,

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

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

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

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

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

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

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

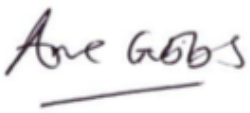
These pieces of work are progressing in tandem with outputs to be shared across London for all Providers to utilise. LAS are working closely with us on this project whilst also reviewing actions they can take in order to reduce handover times.

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

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

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

Yours sincerely,



**Jo Ohlson**
Acting Director of Commissioning Operations
NHS England, NWL

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

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

**APPENDIX THREE**

## LETTER TO LAS REGARDING EQUALITY AND INCLUSION

Sent to the Chair of the Equality and Inclusion Committee, London Ambulance Service

17/2/16

As you know, for some time, we have been concerned about the LAS's achievements towards achieving adequate and reasonable progress, in relation to the duties laid on the Trust consequent upon the Equality Act 2010 and its Public Sector Equality Duty. This requires the LAS to take continuous steps towards adequately meeting the needs of patients and staff with the protected characteristics described in the Act.

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

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

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

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

We would like the Terms of Reference for the Equality and Inclusion Committee to be updated and serious consideration given to accountability of staff for decisions made by the E&I Committee. We would also appreciate having access to the policies

mentioned in the press release by Stonewall and to have assurances that the Terms of Reference of the Equality and Inclusion Committee reflect what is in these policies.

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

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

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

Very best wishes

Malcolm Alexander
Chair
Patients' Forum for the LAS

## APPENDIX FOUR

## THE FORUM'S STATEMENT FOR THE 2016/17 QUALITY ACCOUNT

The Patients' Forum is an independent organisation that has monitored the LAS since 2003. We continuously review the work of the LAS and the wider urgent and emergency care system, from the point of view of the needs of service users, carers and the public. We are a critical friend of the LAS, attend some of their committees, hold monthly meetings of service users, and meet regularly with leaders of the LAS and Commissioner to raise issues about the quality and safety of urgent and emergency care.

*We have observed closely the development of the LAS since it was put into 'special measures' by the CQC. There has been enormous progress and many highly significant changes in the way the LAS is developing and improving its services to patients, and its interactions with the public. We are mindful that before going into 'special measures' the LAS was far more resistant to collaborative working and to seeing the public as a source of advice and ideas for service transformation. Further developing that openness to involvement with the public, is we believe essential to the successful development of the LAS.*

*The Patients' Forum values the important contribution made to the LAS by Dr Fionna Moore and looks forward to working with the new Chief Executive,* Garrett Emmerson. A critical issue for the future will be the fact that the new Chief Executive does not have clinical expertise. Effective collaboration with clinical staff will therefore be of fundamental importance for the future success of the LAS in providing outstanding care to patients.

We are pleased with the successful joint work between the Forum, LAS and voluntary sector to improve the care of patients with diabetes type 1 and sickle cell disorders. The nature of the collaboration has been open, enthusiastic and led to important improvements in patient care. We hope to extend this model of service development during 2017/18 to other patient groups.

We are less happy with the slow pace of development with information technology and believe that the LAS must operate as an equal partner in the provision of NHS patient care. This requires excellent IT communications with clinical colleagues in the acute and community sectors and access to clinical data.

Collaborative training for front-line staff is another essential innovation for the future. At the moment staff have no means of formally discussing the outcomes of pre-hospital care they have provided. They may ask hospital colleagues about outcomes, but this is currently on an informal basis and questions put in this way may represent a breach of confidentiality. Participation in case conferences and clinical reviews are key ways for paramedics to learn from success and failure in an appropriate learning environment, where reflective practice leads to enhanced patient care.

We have particularly valued working with the new Chief Quality Officer, Trisha Bain and Briony Sloper, Deputy Director of Nursing & Quality who have worked tirelessly to implement fundamental changes to the operation of the LAS. We find the constructive nature of this work of immense value and expect there to be considerable potential for further successful collaboration in the enhancement of patient care. We also particularly value the successful and dynamic leadership of the Chair, Heather Lawrence.

## 1) ACCESS TO THE QUALITY ACCOUNT

The LAS has agreed to produce a summary version of the QA to make it more accessible to the public.

## 2) RECOMMENDATIONS MADE IN THE QUALITY ACCOUNT

The LAS has agreed to work with the Forum to ensure engagement regarding the implementation of QA recommendations made by the LAS, the Forum and other contributors. This should include identifiable outcomes and reports on progress and implementation which the Forum can share with local communities.

## 3) SECTION 1 – LOOKING FORWARD - 2017/18 QUALITY PRIORITIES

The Forum is concerned about increased pressures on the LAS, resulting from the proposed STP reconfiguration of Acute Hospitals and A&E departments. We are especially concerned that some of the proposals, e.g. in Ealing, will result in closure of A&E and other acute facilities. Consequently, patients will use more distant out-of-borough hospitals, with a significant resourcing and performance impact on the LAS.

Recent performance statistics suggest Ealing residents already have a relatively poor service from the LAS. STP led hospital closures may exacerbate these problems and create further cost and performance problems for the LAS, as they travel further to discharge patients for emergency care and treatment. There is an urgent need for detailed modelling and analysis of the impact of any acute service closure plans across London on the LAS.

***We RECOMMEND that the LAS produces a public response to all STP proposals that in the view of the LAS are likely to produce a poorer service for patients and cause additional performance and cost pressures on the LAS.***

## 4) RACE EQUALITY IN THE LAS

This issue continues to be of great concern to the Forum. The number of front line staff from a BME heritage continues to be very low and this is reflected in the LAS Academy intake. Continuing to bring in staff from Australia will not create a stable, experienced, long term, workforce committed to working with the LAS and developing the clinical expertise needed for London.

The CQC drew attention to considerable problems for the LAS in dealing with race equality. The LAS must demonstrate a commitment to equality, fairness and diversity in a way which is consistent with the requirements of the Equality Act, and which ensures that ethnicity, culture, experience and the communication skills of staff reflect the population served.

Considerable progress has been made in policy development as a result of the work of Melissa Berry, Mark Hirst, Fergus Cass and the Chair, Heather Lawrence, but virtually no change has occurred in the percentage of front line paramedics and other grades of staff from a BME heritage. The figure of 13% BME representation now quoted by the LAS, represents the whole workforce and includes BME heritage staff in the EOC, who are the lowest paid group in the LAS. Currently, only 7% of paramedics are from a BME heritage and only 4.6% of these staff have direct patient contact.

**We RECOMMEND that the LAS uses professional recruiters to focus on two London boroughs each year, e.g. Tower Hamlets and Brent in the first year, to recruit to non-HCPC staff groups, and through the LAS Academy to develop these recruits into new cohorts of paramedics.**

**Through this recruitment process the LAS should also encourage other potential recruits to gain professional qualification through university paramedic courses, thus creating a future, sustainable workforce that comes from London's diverse population.**

## 5) APPROACH TO QUALITY IMPROVEMENT - 6/7/8

Although patient experience, centredness and equity are mentioned in this section it is not clear how patients, carers and patient representatives will be included in quality improvement programmes. The LAS has however agreed to consult on the further development of priorities for enhanced quality and safety of services provided to patients. We are also pleased to be invited to join the Quality Oversight Group.

**We RECOMMEND the development of clear and transparent methodologies for learning from and with patients and carers to improve quality and safety.**

**Category A Performance –** We are concerned about the differential performance in some parts of London. In North Central for example Cat A 8 performance in the Barnet, Enfield and Haringey areas is the worst in London and both Barnet and North Middlesex hospitals are under considerable pressure regarding the clinical handover of patients. The LAS has assured the Forum that this issue is a major focus for the organisation.

**We RECOMMEND action is taken to ensure London is not subject to a post-code lottery with regard to emergency care responses.**

**Quality Project 1**- Sign up to Safety –

**We RECOMMEND specifically including patients who suffer from dementia**.

**Quality Project 2 and 4** – Thematic Analysis –

**We RECOMMEND** this includes developing a system to demonstrate to both internal departments and external bodies, enduring improvements in service provision as a result of investigation of incidents, complaints and Preventing Future Deaths notices.

**Quality Project 3** – Critical conditions are not specified, but we **RECOMMEND** mental health crisis as a high level critical condition. The LAS has agreed to this proposal.

**Quality Project – Complaints**: The Forum regards complaints as a rich, underutilised source of qualitative data which can be used to learn and assess the effectiveness of the LAS. The Forum has been invited to participate in the re-design and improvement of the LAS's response to complaints and is very willing to do so. The patient feedback mechanism following complaints resolution is poor and the LAS leaflet Talking with Us, though very well designed and accessible, needs to explain more about the investigation process and how the LAS will learn from complaints. The investigation process needs to reduce time taken to deal with complaints below 7 weeks.

We welcome the new and very positive approach of the LAS to utilizing the critical data provided by complainants, to improve care and achieve real and positive change in service quality.

**We RECOMMEND qualitative data provided through complaints is regularly reviewed to assess whether it could have a greater impact on quality and safety in the LAS and better outcomes for complainants.**

**Quality Project – Mortality and Morbidity Group** – We welcome this development and **RECOMMEND** that front-line staff who have cared for patients being reviewed are invited to fully participate in the Group. We also **RECOMMEND the development of a 'Deteriorating Patients Group'** to understand more about rapid deterioration and appropriate response in pre-hospital care, e.g. as a result of sepsis and deterioration following discharge at scene. See also the section on End of Life Care as deterioration is often associated with end of life care.

We welcome the LAS's pilot project to detect signs of deterioration in patients queuing for admission to A&E, e.g. at Northwick Park.

## 6) CORPORATE GOALS AND OBJECTIVES

a) Roster Review – We expect that by March 2018, rosters will have been transformed to raise quality and reduce harm to patients. It has been confirmed that the review will be completed well in advance of March 2018.

b) Clinical Strategy – The Forum was pleased to contribute to the Clinical Strategy, which has an aspirational and creative approach to radically enhancing clinical care, quality and safety. The document presented to the Board in January 2017 does not have an implementation plan.

**We RECOMMEND that a distinct annual action plan is produced to clarify which elements of the Clinical Strategy are to be implemented in 2017-18.**

c) IT developments and CQUIN - We are concerned about the slow pace of development with information technology. Shared clinical responsibility between clinicians in the LAS, community, primary care and acute sector are much more difficult without shared information technology and access to medical records. The LAS must operate as equal partners in providing patient care. This requires excellent communications and access to clinical data. We are assured that all frontline staff will have hand held devices by 2017 and **RECOMMEND evidence is produced of a funded plan to raise accessibility for the LAS to the common pool of clinical data to enable more effective patient care.**

We are disappointed that the E-solutions CQUIN regarding the road map was not achieved. Whilst recognising the major problems over the year with Command Point, we believe that much greater priority should be given to this goal. We also acknowledge that there are heavy costs associated with the project including the cost of licences. West Midlands Ambulance Service (WMAS) have achieved connectivity to give paramedics access to clinical data and direct access to NHS services and we can see no reason why the LAS cannot achieve the same critical enhancement of its services to patients.

d) Patient Engagement Strategy – Progress with patient engagement has been very positive over the past year especially the three Insight projects, the Forum's engagement projects, work with the Academy, invitations to work more closely with the complaints team, work with the RNIB, EOC visits and joint work on CPR and defibrillators. The PPI Committee is working well and generates a lot of enthusiasm.

**We RECOMMEND that a major aspiration for the LAS should be the demonstration of how patient/carer/user involvement can further enhance patient care.** This is consistent with "continually learning" and "collaborative learning".

## 9) LOOKING BACK – DUTY OF CANDOUR (DoC)

We are very pleased that implementation of the Duty of Candour has reached 92% of patients who have suffered harm (we do not know the total number of patients). Evidence of front line staff providing a direct apology to a patient and/or family when they are involved in an incident would be a further significant demonstration of progress.

We RECOMMEND that the QA makes clear how many times the Duty of Candour was exercised and for which categories of harm, i.e. moderate, severe and for patients who have died. Details of the response, after the duty has been exercised, from those who have suffered harm would also be invaluable.

## 10) INFECTION CONTROL – DATA - BLANKETS

Data on infection control, e.g. hand washing, was in the past of very poor quality and made unrealistic claims. We are very pleased to see current data which demonstrates the actual success rates and provides the opportunity to work towards raising standards where necessary.

The Forum campaigned for many years to change the practice of reuse of blankets. We are pleased that the principle of single use has been accepted and that every ambulance now begins a shift with four clean, sterile blankets.

The Flu vaccination rate for staff has increased substantially, but it is still low when we consider the risk to staff of becoming infected and the risk of infected staff causing infection to patients that can lead to their death.

**We RECOMMEND further work on methods to raise the percentage of staff vaccinated.** We note the requirement for compliance with national CQUIN 1c on this issue that it is rated amber and will be carried forward to the next financial year.

## 11) PATIENT EXPERIENCE

### Mental Health Care

This section is about service development, not 'patient experience'. We would value a section on 'patient experience' and RECOMMEND that 'Patient Experience' should be based on methodologies used to gather patients' views on the services, and on identifying outcomes which result in an enhanced system of patient care being provided by the LAS.

We strongly support the LAS's development programme for mental health care e.g. the employment of mental health nurses, creation of the NETS service for patients being assessed under the Mental Health Act and enhanced training in mental health care and the Mental Capacity Act. The demand on nurses in the EOC is very high and getting access to their advice is not always possible for front-line staff. We support proposals for

nurses to work with paramedics to provide direct care to patients in a mental health crisis, e.g. those who are being considered for detention under s136 of the Mental Health Act. We do not, however, think it is possible to both provide an EOC based expert mental health service by phone to paramedics and directly to patients, and to provide a patient-facing service.

We welcome increased training to raise the mental health expertise of all paramedics and RECOMMEND the development of Advanced mental health paramedics. The mental health nurses should have a major role in developing this enhanced role for paramedics. We believe that this approach is consistent with the objectives of the Policing and Crime Act 2017.

We RECOMMEND that methodologies are developed to obtain feedback from patients who are transported by the NETS service, those who receive care when they are detained under s136, and those who receive a 'hear and treat' service from LAS mental health nurses. We acknowledge plans to enhance the Friends and Families Test for users of ambulance services.

The Focus on development of services for patients with dementia has been a major advance for the LAS, but we RECOMMEND a greater focus on NICE guidelines especially in relation to assessment and control of pain, and providing the most appropriate and safe clinical disposition.

**Bariatric Care**

The Forum strongly supports the direction of travel for equality in care provision for patients requiring bariatric care and was invited to one meeting of the Bariatric Working Group. We RECOMMEND that an aspiration of the QA should be to provide evidence that bariatric patients are increasingly provided with 'parity of esteem' and that methodologies are developed to hear their voices in relation to the care that they receive from the LAS.

**End of Life Care**

We strongly support the significant developments in End of Life Care described in the QA including the NETS service. A great deal of work is still required to ensure that Coordinate My Care is operating successfully across the whole of London. High quality information is essential to ensure the person's needs are met and decisions about end of life care provided to the LAS and front-line clinicians at the critical time for the patient (see also the

section on Morbidity and Mortality).

**Rapid Discharge**

This issue concerns discharge from hospitals, care/nursing homes and hospices. Relatives frequently complain that their loved ones wanted to die at home but ended up dying in an open ward in hospital, because of the "LAS letting us down". We know that the LAS is not usually to blame and that the NETS service is attempting to provide an effective service to enable patients to die at home when that is their wish and the wish of their family.

We RECOMMEND that the NETS service is further developed in its end of life care work to cover the whole of London and is operated by staff trained in end of life care.

Where the LAS contract sits with other transport providers, we would like clarification of where rapid discharge and conveying home (whether Homes, Hospices or individual residences) 'sit' in the contracts.

**Sickle Cell Re-Audit**

The collaborative work between the LAS, Forum, SCS and the Merton Sickle Cell and Thalassaemia Group (delete the word “support”), is an example of best practice in improving care to patients who have complex conditions, particularly as many of them have described poor or insensitive care in the past. The re-audit provides excellent data about service improvement. Work with the Sickle Cell Society and the Merton Group demonstrates the progress that can be made through listening, taking action and listening again.

The model adopted by the Forum of bringing large numbers of patients together to talk about their experiences, whilst clinicians listen, is powerful and successful, has also been used for patients with diabetes type1, and will be used for other groups of patients over the coming year.
Please use the term Sickle Cell Disorder (not Disease).
Merton Sickle Cell and Thalassaemia Group is pleased with the positive work of the Insight project and is looking forward to follow-up and evidence that the recommendations made during the Insight Project will be taken seriously and implemented.

**12) SERIOUS INCIDENTS**

LAS Insight magazine is an excellent example of how to provide accessible information about SIs and the outcomes of investigations. The QA does not provide details of how many SIs were completed within the

target of 60 days nor evidence that actions arising out of SIs or RCAs have been implemented and are having an impact on services, i.e. enduring service improvements.

**13) CORE INDICATORS**

We recommend that information is provided about Cat A patients not seen within 19 minutes. This group of patients may have suffered harm as a result of the delay in response.

**14) PATIENT ENGAGEMENT**

This section is excellent. We would like to see evidence of outcomes and impact on services as a result of this outstanding work with patients, families and voluntary sector organisations.

**15) ISSUES OUTSTANDING FROM 2015/16**

**RESPONSIVENESS TO THE PUBLIC**:

The LAS agrees with the Forum that there needs to be more emphasis on the following CQC KLOE (Key Lines of Enquiry) and will carry out a gap analysis to determine progress so far.

**Are services planned and delivered to meet the needs of people?**

- Is information about the needs of the different local populations gathered and used to inform the planning and delivery of services?
- Where people's 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?

**SHIFT WORK AND WELLBEING OF STAFF:**

We **RECOMMEND** the LAS develops a plan to understand better the impact of shift work on front line and EOC staff with the aim of reducing harm and stress, creating a better working environment and improving services to patients.

END

**APPENDIX FIVE**

## FORUM'S MISSION STATEMENT

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

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

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

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

(9) Work with the LAS to develop effective systems and protocols, that ensure the wishes of patients with Advance Directives and Care Plans are respected, and

that their care is provided completely in accordance with their prior decisions and wishes.

(10) Work with 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 SIX - THE PATIENTS' FORUM LEAFLET

### HOW IT WORKS

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

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

We promote equality, inclusion and diversity in the LAS.

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

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

**NHS ENGLAND**
Tel: 0300 311 22 33

**HEALTHWATCH ENGLAND**
Tel: 03000 683 000

### WHAT IS THE FORUM?

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

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

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

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

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

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

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

### JOIN the PATIENTS' FORUM for the LONDON AMBULANCE SERVICE



### Tell us about your experience of Emergency and Urgent Care

## OUR ACHIEVEMENTS ...

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

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

**FORUM'S EXECUTIVE COMMITTEE 2015/2016**

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

## THE FORUM'S PRIORITIES FOR THE LAS

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

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

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

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

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

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

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

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

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