.

PATIENTS' FORUM

AMBULANCE SERVICES

Annual Report and Financial Statement 2011

Patients' Forum Ambulance Services (London) Ltd

Patients' Forum Ambulance Services (London) Ltd. Registered in England. Registered office: 6 Garden Court, Holden Road, Woodside Park, London, N12 7DG Company limited by guarantee. Company number: 6013086

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- **All Forum Members for contributing so much of their time and energy to make the Forum so successful**

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ANNUAL REPORT AND FINANCIAL STATEMENT FOR 2011

Annual Report for the year ended December 31st 2011

Objects of Patients' Forum Ambulance Services (London) Ltd

The Company was formed by members of the statutory Patients' Forum for the London Ambulance Service as a not-for-profit company with exclusively charitable objects. The statutory Patients' Forum was abolished on March 31st 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.

Vision Statement

The Patients' Forum is an unregistered charity that promotes the provision of ambulance services and other health services which meet the needs of people who either live in London or use services provided in London.

The Charity will influence the development of better emergency health care and improvement of patient transport services by speaking up for patients and by promoting and encouraging excellence.

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Mission Statement

(1) We will optimise existing working arrangements with London Ambulance Service and other ambulance services.

(2) We will work with existing networks that champion patients' and users' groups.

(3) We will continue to develop our campaigns for better and more effective ambulance services by approaching all stakeholders and petitioning for generic, effective and consistent approaches to service provision that reduce deaths and disability.

(4) We will work to put in place effective systems for all patients and carers to communicate their clinical conditions effectively to ambulance staff and receive effective and timely responses.

(5) We will promote the development of compulsory quality standards for Patient Transport Services.

(6) We will promote research to assess the clinical outcomes for the 25% of those who call 999 and were allocated a Cat A (life threatened) response, but did not get an ambulance within eight minutes.

(7) We will work with partners to develop services for the care and transport of people with severe mental health problems and their carers that respect their wishes. The Company will be sensitive to their vulnerability, safety, culture and the gravity of their situation.

(8) We will work with the LAS to develop effective protocols, to respect the wishes of patients with Advance Directives, to ensure that their care is provided in accordance with their prior decisions.

(9) We will work with LAS Diversity and Equality groups to develop a work force which reflects the ethnic diversity of communities across London, and provides care based on culturally and ethnically based needs where this is appropriate e.g. in relation to sickle cell and mental health problems.

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(10) We will work with the LAS Diversity and Training Departments to promote effective training of all LAS front line staff in diversity and the protected groups identified in the Equality Act 2010

(11) We will work with the LAS, other Ambulance Services, NHS, Trusts and developing countries to promote access to resources that will assist countries to achieve their Millennium Development Goals.

Over the past year the Forum has continued to grow with respect to the numbers of LAS committees it attends and other activities and interactions across London. A key development for the Forum has been its attraction for members of LINks across London and the attendance at Forum meetings of many Chairs of London LINks. During 2008/09 there was an exchange of letters between the LAS and the Forum through which both parties expressed their intention to promote and encourage the relationship between the Trust and the Forum to continue to develop productive and positive approaches to involving patients and the public in a wide range of London Ambulance Service activities. The LAS also agreed to support the Forum by providing indemnity cover for Forum members participating in monitoring activities in relation to LAS services, and by providing facilities including the use of meeting rooms.

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Our Priorities

1) Equal access and choice of services and treatment

LAS services should be fully accessible and available to all. Neither physical nor mental disability, health problem, language or any aspect of a person's social, ethnic or cultural being, should reduce access or delay access to services.

2) Clinical partnerships with other care services

The LAS should actively work jointly with hospital A&E departments and other healthcare organisations to jointly improve care and care pathways for patients.

3) Training of Paramedics and Emergency Medical Technicians

The LAS should ensure that all paramedics and emergency medical technicians have access to all appropriate training and ensure their development as the most effective practitioners. This must include joint multi-disciplinary clinical audit and review of patient care between front-line clinical staff from the LAS and hospital A&E clinicians.

4) Alternative ways of providing emergency and urgent health care

New ways for the LAS to provide urgent care though NHS Direct and community-based services are welcome, but these new pathways must be robust enough to give confidence to the public and LAS crews that they will be available when required, clinically appropriate, fully funded, subject to regular clinical audit and tests of reliable and continuous access.

5) Non-emergency care

The LAS should introduce maximum waits for patients who need help, e.g. older people who have fallen, but may not need an emergency or urgent care service.

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6) Mental health services

Significant improvements are needed to ensure that people with severe mental health problems who become ill in the street or in their homes and require emergency care, are treated by paramedics and emergency medical technicians that have specialist training in the care of people with mental health problems.

7) Patient Transport Services (PTS)

The LAS should actively support the Patients' Forum's Quality Standards for PTS. These promote highly effective patient transport services, that are built around dignity, the needs of users and their active involvement in the monitoring, assessment and development of the service.

8) Complaints about services provided by the LAS

The LAS should further develop its approach of learning from complaints submitted by service users. All recommendations for service improvements arising from complaints should be published with evidence of consequent and enduring service improvements.

9) Communication with the public

The LAS, NHS Direct and the new 111 service should launch a joint information campaign to ensure that all Londoners know how to access safe, effective and appropriate emergency and urgent care.

10) LAS Governors and the public

LAS Governors should meet with users and local groups in each London borough to get feed back on services provided by the LAS and proposals for service development. They should behave in a way that recognises their accountability to the public in London.

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Activities During 2011

The Forum continued to increase its level of activity during 2011 and has been involved in activities to improve emergency and urgent care. We have had a wide range of key speakers at our public Forum meetings that included operational, clinical and managerial staff and health activists and community leaders from across London. The Forum initiated a number of fact finding and information gathering initiatives. Some of the issues that the Forum addressed during the course of the year are described below.

The Forum plays an active part in the following LAS committees: Patient and Public Involvement; Equality and Diversity; Mental Health; Clinical Quality, Safety and Effectiveness; Infection Prevention & Control; Clinical Audit and Research and Learning from Experience. Our representatives on these committees report to the Forum meetings which are held monthly.

1) The Forum's Quality Accounts 2010-11 Statement to the LAS

The following information was submitted to the London Ambulance Service Quality Account and published in their LAS Quality Account Statement.

a) Public Involvement

LAS actively takes account of views and experiences of patients, users, LINks and the Patients' Forum by:

- Seeking views and taking them into account when planning services.
- Carrying out consultations with patients, the Patients' Forum and LINks.
- Involving Patients' Forum/LINk members in the work of some LAS committees.

In 2010 the Forum was refused membership of the Quality Committee, which replaced the Governance Committee. A Forum representative had previously sat on this committee and made an active contribution.

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b) Improvements in quality sought by the Forum

a) Publish information on the impact of public involvement on services, strategies and policies.

b) Introduce a systematic approach to consulting Patients' Forum/LINks on new and revised policies and strategies.

c) Ensure LINks and Patients' Forum are given opportunities to contribute to decisions about planning and providing services, through representation on key committees and steering groups, co-designing services and delegating activities to users and community representatives to reflect requirements in Real Involvement (DH).

c) Category A Response

Carry out a retrospective study of the 4591 patients who were classified as Category A in 2009 who did not receive a Category A response, to assess outcomes for patients not receiving a Cat A response within 19 minutes.

d) Multi-disciplinary reviews of patients care

Arrange for paramedics and technicians to be supported and encouraged to meet with A&E/hospital clinical staff in formal multidisciplinary meetings, to review care provided and to learn lessons from the clinical outcomes of patients who have been in their care.

e) Patient Transport Services

Adopt the Quality Standards for PTS developed by the Patients' Forum in collaboration with patients, LINks and voluntary sector groups across London.

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f) Communications with patients

Develop a programme to recruit Emergency Operations Centre staff who can practise clinically in more than one language, to ensure that whenever possible all patients receive a service appropriate to their clinical needs.

g) Diversity in the LAS workforce

Seek advice from the Equality and Human Rights Commission on the means of bringing about a transformation in the diversity of the workforce so that it reflects the population of London. The LAS should examine recruitment procedures and 'cultures' within the LAS to discover if there are factors that prevent the development of a fully diverse LAS frontline work force.

h) Mental Health Care

Review the care and treatment of people suffering from severe mental health problems who are taken from a public place or their home to a place of safety. They should assess clinical outcomes and the patient's views on the care received. Consideration should be given to developing an expert cadre of paramedics trained as mental health practitioners.

i) Complaints and Incidents

Recommendations from each patient complaint to the LAS should be sent to the Patients' Forum immediately the investigation is finished. After six months the LAS should produce a report on implementation of each recommendation with evidence of impact, outcomes and enduring improvements to LAS services.

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j) Quality Accounts – 2010-2011 - Failure of the LAS to respond to the Forum's Quality Account statement

The Forum submitted a 1000 word statement to the LAS Quality Accounts for 2010-11 which included recommendations to improve the quality of LAS services. We repeatedly asked the LAS to respond to our recommendations, but they failed to do so. The Forum is very concerned at the LAS's refusal to respond to incontrovertibly valuable public recommendations intended to improve quality and patient safety. The purpose of public comment in Quality Accounts is to improve services.

LAS responded:

"I am convinced we went over and above the normal practice of public engagement by meeting with a number of different patient groups. It is an unfortunate consequence of wider engagement that the voice of a single group is diluted and I think this could be what has happened to the Forum's contribution. However, the Forum was, I believe, the only patient group consulted through the commissioning intentions therefore I felt it was essential to consult with other patient representatives. I passionately defend the fact that the themes within this year's quality account were written following public engagement. I will be commencing a similar process after Christmas.

Best wishes Steve Lennox, Director of Health Promotion and Quality.

2) Care for Patients in Sickle Cell Crisis

The Forum held a public meeting with the Sickle Cell Society that was attended by senior staff of the LAS to discuss the care of people with Sickle Cell when they are in crisis. We were particularly concerned about the death of Sarah Mulanga, a young woman in sickle cell crisis

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who tragically died in 2011. The Inquest is awaited. The Forum contacted the family and put them in contact with AvMA (Action Against Medical Accidents) who offered legal advice and support at the Inquest. The Forum raised the issue about care of people with sickle cell in the 2011 LAS Quality Account report. Discussions continue with the Sickle Cell Society and the LAS about improving care for people in crisis.

3) London Resilience

The Forum sought assurances about the effectiveness of London's resilience in case of major disasters. The London Resilience Partnership is run by the Greater London Authority and develops plans and protocols showing how the GLA would deal with the impacts of major incidents. They test these plans during multi-agency exercises, which include the LAS and update them with any lessons identified. Plans are reviewed and updated following major incidents. There is a London Mass Fatality Plan (LMFP) that provides a comprehensive basis for planning and delivering a response to a mass fatality incident in the Capital. The Forum invited the Chair of London Resilience - the Deputy Mayor Richard Barnes - to attend its January meeting to discuss the state of multi-agency planning for major incidents, and to obtain assurances that planning process and arrangements for governance of local resilience plans were fit for purpose in light of the 7/7 failures.

4) 7/7 Inquest – Rule 43 Recommendations

On July 7th 2005, fifty two members of the public were killed as a result of four bombs being detonated on London's transport system. Lady Justice Hallett heard evidence at the inquest (11th October 2010 to 3rd March 2011) in her capacity as Assistant Deputy Coroner for Inner West London. The verdict given was of unlawful killing, with the medical cause of deaths recorded as "injuries caused by an explosion", in respect of each of the deceased. Lady Justice Hallett made the following recommendations to the LAS and the Royal London Trust:

R8	I recommend that the LAS, together with the Barts and London NHS Trust (on behalf of the LAA) review existing training in relation to multi casualty triage (i.e. the process of triage sieve) in particular with respect to the role of basic medical intervention.	LAS Barts & London NHS Trust

The Forum invited the LAS to present details of the progress they have made with implementation of the coroner's recommendations. Lady Justice Hallett wrote to the Forum welcoming the Forum's decision to discuss in public her Rule 43 recommendations and asked for feedback from the Forum.

The LAS replied to recommendation 8 of Lady Justice Hallett's Rule 43 relating to the London bombings that:

Review existing training in relation to multi-casualty triage

LAS have carried out a wider review of the triage process in multi-casualty situations and have formed a working group to address this matter. The group includes membership of two senior clinicians from London's Air Ambulance. A workshop was held on 1st June 2012, where triage 'sieve and sort' were discussed in the context of needing to ensure basic interventions such as airway management and haemorrhage control take place at the same time as the triage. A series of actions based on the group's recommendations have been agreed.

These include:

- Refresher training programme to be delivered over 24 months to all frontline staff.
- Access to e-learning programme for all frontline staff - also to be made available to partner agencies.
- Refresher training ahead of major planned events as part of each individual event briefing.

The existing triage sieve is fit for purpose and will include 'looking for signs of life', and basic life saving interventions - basic airway manoeuvres and the use of airway adjuncts, together with the use of the recovery position. Pulse checks won't be used because they have high false positive rate. Tourniquets or pressure dressings will be used in the event of catastrophic haemorrhage and pain relief in an easily administrable form to reduce suffering for patients awaiting removal to hospital. Progress has been made in the following areas:

- Triage training incorporated in Core Skills Refresher module 1- delivered to around 2,500 staff
- Equipping staff to deal with major haemorrhage (Tourniquets were issued to all front line staff well before the Inquests, as were EZIO drills for intraosseous access for paramedics).
- Developing a major haemorrhage pack, procured blast dressings, major haemorrhage dressings, chest wound seals, pelvic splints and new, lightweight femoral traction splints.
- Introduction of an alternative supraglottic airway device for both EMT4s and paramedics
- Pre-filled morphine syringes will not be used because of the expense and complexity, but morphine ampoules will be used.
- Ketamine and Midazolam have been authorised for use by selected paramedics.

5) Command Point

In 2011 the LAS introduced Command Point following a long process of preparation with the American supplier Northrop Grumman. Command Point replaces CTAK (call taking), the software network used by the London Ambulance Service to log and prioritise calls to the Emergency Operations Centre.

The new system was introduced but collapsed early on 9th June 2011 and 150 faults were found in the system. A serious incident was declared by the LAS in order that any internal issues are fully identified. The Forum was concerned that the huge number of errors with the new system suggested inadequate planning and that as a result the new call management system would be significantly delayed. This has potential consequence for the effective

management of emergency calls especially as the CTAK system is very old and subject to regular faults. The Command Point system is intended to decrease pressure on the current system in relation to winter pressures, Cat A performance targets, the Olympics and the development of the 111 system.

The Forum sought assurances on a number of issues abut the development of Command Point and met Peter Suter, the LAS Director of IM&T on December 6th 2011. We were particularly concerned to find if any serious harm to patients had occurred as a result of the system crashing and the Forum was assured that the LAS clinical review gave us no reason to believe anyone came to serious harm as a direct result of the system failing, but the LAS acknowledged patients had to wait longer than they should have for a response. We also asked if there were any additional costs associated with the first introduction of Command Point which the LAS will have to pay. The LAS replied that since June 2011 there had been additional project management costs internally, and costs associated with additional training for staff in the control room. In terms of fixing the faults and further developing the system, the LAS told us that they have not paid any additional costs. The Forum is continuing to monitor this situation.

6) Equality and Diversity in the LAS

The Forum, through its representatives Kathy West and Maria Nash, played an active part in the LAS Equality and Diversity Steering Group. The Forum continues to be concerned that since 2003 the number of BME staff employed as front line paramedics has only increased from 26 to 41, an increase from 3.13% to 4.0%. This issue has been raised with the Equality and Human Rights Commission and a request that advice is given to the LAS on the means of bringing about a transformation in the diversity of the workforce so that it reflects the population of London. We also asked the LAS to examine recruitment procedures and 'cultures' within the LAS to discover if there are factors that prevent the development of a fully diverse LAS frontline work force.

A report produced by Birmingham City University in 2004 called: IMPROVING THE REPRESENTATION OF BLACK AND MINORITY ETHNIC STAFF, WITHIN THE

AMBULANCE SERVICES made a number of recommendations which the Forum believes may still be relevant for the LAS:

- Trusts must continue to develop and implement policies and practices which demonstrate in practice that racism and discrimination will not be tolerated;
- In-service education and training programmes must include specific sessions which develop knowledge and understanding of equal opportunities and anti-discriminatory practice and the related policies and procedures designed to protect staff;
- Staff must be supported by the development of strategies to deal appropriately with incidents of discrimination; these should include informal, confidential services, as well as the more formal processes and procedures required by legislation;
- Trusts must develop and formalise career pathways that enable practitioners at all levels to identify opportunities for progression and the most appropriate route to achieve their identified goals.

The Forum would like to see the LAS Equality and Diversity Steering Group given higher priority in the LAS and more resources targeted towards equality and diversity to enable effective planning and the delivery of a strategy focussed on support for all protected characteristics.

The Forum asked the LAS to install a hearing loop for their conference room for people with a hearing disability and this has been agreed. The room has very poor acoustics.

7) Shift Work

The Forum is concerned about the impact of 12 hours shift on the health of LAS clinical staff and on their clinical effectiveness when they are treating patients. Other concerns include the incidence of abusive and aggressive behaviour at the end of long shifts.

The LAS told the Forum that there has not been any systemic analysis by the LAS on shift patterns. They do look at length of shifts and meal breaks, when there are complaints in relation to clinical care provided. A profile analysis has been proposed to consider the impact of working patterns and the LAS research department (CARU) is considering a research proposal. A database search by the LAS yielded 9 significant articles but there is a paucity of papers and a need for more research to prevent the physiological and psychological effects of shift work impacting upon the safety and quality of care, patient safety, work-related fatigue and the cumulative effects of shift work.

The Forum continues to investigate this issue in relation to the effectiveness of clinical care, especially in relation to the following issues:

- The range of shift patterns used, parameters for scheduling shifts and the impact of the European Work Time Directive
- The maximum hours worked and limitations over a month
- The correspondence between shift patterns and health advice
- Pressure to accept overtime at short notice when the service is trying to meet performance targets and the monitoring of excessive overtime in relation to health and safety
- Problems with excessive work time for staff who live far from their station and have to travel for hours before or after a 12 hours shift
- LAS policies relating to 'quality/safety/health' in this area
- Qualitative research with LAS staff in relation to their views on shift work and its impact on them and their patients.

8) Extended Handover for Patients Discharged to A&E

In 2011 there were over 1000 'black breaches' in London – patients waiting for more than one hour in an ambulance outside an A&E department. Each 'black breach' must be declared as a Serious Incident, investigated by the hospital and the data sent to the Strategic Health Authority (NHS London) for analysis.

The Forum has raised this issue repeatedly over the year and obtained data from the Head of Patients Safety, NHS London which included details of the reasons for delay and recommendations. Trusts have a period of 45 working days to submit a report to NHS London detailing the root causes for delay and their recommendations for prevention. Foundation Trusts are not required to report SIs to NHS London, although most chose to do so. The worst breaches were at: Croydon University Hospital, King's College Hospital and Queen's Hospital. Data was distributed to LINks across London.

The issue has been raised with the Care Quality Commission and NHS London Performance Team who decide whether or not the reports on handover delay SIs are of acceptable quality. This may be done in collaboration with appropriate managers in the relevant Commissioning cluster – as they have a detailed knowledge of the health system issues pertaining to urgent care services.

9) PTS Contract with South London Healthcare Trust

The Forum expressed great concern about the transfer of the PTS (Patient Transport Services) contract for the South London Healthcare Trust from the LAS to a company called Savoy. The Forum's concern was based on reports about the safety of services provided by Savoy and repeated reports about the financial viability of the company. After repeated requests to Chris Streather, Chief Executive, South London Healthcare NHS Trust, assurances were sought about the clinical safety of services provided by Savoy in respect of both vehicles and staff training and that there was no risk of its collapse leading to major disruption of patients'

services. The Trust stated that Due Diligence processes had been undertaken with due regard to Savoy's financial standing and said there was a low business risk. They also stated that the quality standards were of a high standard and that the ambulance fleet was new and crew trained to a higher standard than the previous PTS crews. The Trust further stated that they had vehicles which are safe for use with wheelchairs including electric wheelchairs. The Forum will continue to collect information about the safety and effectiveness of PTS and raise issues with providers especially in relation to the Forum's PTS quality standards.

10) Health Risks to Demonstrators as a Result of Police Containment

Reports that members of the public are being entrapped by the police during demonstrations in London caused the Forum considerable concern in view of the risk of them becoming seriously ill during entrapment. The Forum raised the matter with the LAS Board and sought assurances that the police were aware of the risk to people's health as a result of their tactics and that entrapment can include people who were bystanders. Assurances were also sought from the LAS about their approach to providing urgent and emergency care during 'kettling'.

David Whitmore, Senior Clinical Adviser to the LAS Medical Director, replied as follows: The LAS has a specialist unit who are either pre-deployed if it is a planned event, or can be assembled if it is spontaneous. They are specially equipped (personal protection), and trained to deal with such incidents. If the LAS know someone is ill or injured in a crowd during containment, then staff will make contact with the police and work out the safest method of providing care, i.e. being escorted into the crowd, or the patient being brought to LAS staff by Police Medics. LAS staff under the direction of the LAS Command Team liaise with the Police, so they are aware there is a patient being contained. If the LAS Emergency Operations Centre receives a call from someone within a "contained" area, they will pass details to LAS "Event Control" if one has been set up (normally for pre-planned scenarios); or will pass it to the Command Team for deployment of the most suitable response. Containment normally

happens after quite a while so a Silver Command Team will have been established and will be on site.

11) Services for Homeless People

The Forum invited Eleanor Levy from St Mungo's to address the Forum on the needs of homeless people for urgent and emergency care. St Mungo's has the following objectives:

- to prevent homelessness and the exclusion that embeds it
- to alleviate homelessness and exclusion
- to assist personalised recovery for homeless and excluded people
- to influence policy that affects homeless and excluded people.

Eleanor Levy said the LAS provided a great deal of emergency care for homeless people, but in practice they tend to suffer from chronic health problems for which emergency care is inappropriate. She told the Forum that clients of St Mungo's generally have alcohol and drug related problems with a high mortality rate; about 50 users of the Mungo's services die each year. She said that many clients are addicted to heroin and that Naloxone saves about 25 lives each year amongst people addicted to heroin. The Forum agreed with St Mungo's that there may be misunderstandings amongst service users about when to call for an ambulance and about how to get the right service. There is also a dearth of appropriate services for this client group. The Forum has asked the LAS to consider how best to provide services for homeless people and how they will work with St Mungo's and primary care to provide the best possible care for this group of very vulnerable people.

12) Road Humps – Potential Harm to Patients

The Forum has campaigned for many years on the harm caused by speed humps to seriously ill patients being transported in an ambulance. Road humps can reduce the options that paramedics have when choosing a route to the hospital A&E and they are likely to choose routes which may be longer to avoid road bumps. Patients experience great discomfort when

going over road humps, clinical care can be undermined and damage occurs to vehicles, which can result in the vehicle being taken out of service for repair. The following is a list of emergencies that require the fastest possible response times. Any delay can result in death and the Forum believe that road humps cause unnecessary delay.

- Cardiac arrest
- Heart attack
- Choking
- Drowning
- Fires
- Major trauma
- Stabbings/shootings
- Any serious wound to blood vessels

Correspondence on this issue between the Forum and Hackney Council can be found in Appendix Two.

13) Ambulance Design Project

This project invited lay people including a member of the Forum (Janet Grant or Barry Silverman) to contribute to the design of a new ambulance. The project has completed its first phase and the team have now completed 3 evaluations involving staff and patients. They have a demonstrator model based on the changes suggested by the participants and this was on display at the Design Show in September 2011 at the Royal College of Art. The next phase will be to engage with industry partners to build a prototype that can be trialled on the road. They are negotiating with various companies at present and hope to secure funding to move forward with this next phase.

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14) Multiple Use of Blankets

Reports from frontline paramedics that there was a serious shortage of blankets leading to multi-use caused considerable concern to the Forum. We were told, by several paramedics, that blankets are reused up to 10 times. The Forum sought advice from the National Patients Safety Agency regarding the potential risk to patients. They confirmed that no Patient Safety Alert, Patient Safety Notice or Rapid Response Report had been issued on this subject and to our surprise told the Forum that this major safety issue is not the responsibility of the NPSA. They said it was the business of the Department of Health, Strategic Health Authorities, Primary Care Trusts and the lead Director for infection control. Disgusted and amazed, we then wrote to Janice Stevens, National Director for HCAI & Cleanliness at the DH who confirmed:

- The NHS must adopt a zero tolerance approach to all avoidable healthcare associated infections. This expectation applies to all the areas in which patients may receive care, including a pre-hospital environment such as an ambulance.

- The Department of Health published the *"Ambulance Guidelines: Reducing infection through effective practice in the pre-hospital environment*" in 2008 developed in partnership with twelve ambulance trusts and stakeholder bodies.
- The guidance makes clear that environmental cleanliness is essential, not only to aid infection prevention but also for patient confidence and perceptions of safety. It makes clear that all items of linen must be changed after every patient, and linen disposed of according to local protocols. It concludes that under no circumstances should linen (defined as pillowcases, sheets and blankets) be used for more than one patient.

All items of linen must be changed after every patient, and the linen disposed of according to local protocols.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087428.pdf

The DH points out that the NPSA has in fact issued guidelines to ambulance services: in 2009 in the *National specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes in ambulance trusts* which recommended minimum cleaning frequencies and these include linen, making it clear that cleaning (or replacement) should take place after every patient use.

http://www.nrls.npsa,nhs.uk/resources/healthcare-setting/ambulance-service/?p=2

The LAS has confirmed that auditing blanket use as part of our audit cycle has been introduced and by the end of May 2012 all but two complexes achieved 100% compliance with the blanket single use policy.

15) The LAS High Risk Register

The Forum has requested details of the recommendations and action plans for the case below. The settlement is still in the hands of solicitors. A critical feature was the delay in providing care because the woman's flat in Islington was on the LAS High Risk Register (premises where a violent incident has occurred at some time in the past). The Forum has advised the LAS that this is a hazardous policy, because people may move and several families may live in one flat or house, resulting in all residents suffering for the alleged inappropriate behaviour of one person at some point. The LAS does not have the capacity to keep the Register up to date. The Register is divided into 4 categories and contains about 600 London addresses including 360 provided by the Metropolitan Police. The number of people on the Register is gradually decreasing and each has been advised in writing that they are on the Register.

Woman suffers brain damage after waiting nearly two hours for ambulance

"A woman is expected to be paid a significant sum in clinical negligence compensation after being made to wait almost two hours for an ambulance, despite the fact that one was waiting nearby. Caren Paterson collapsed at home in her Islington flat in October 2007 and her boyfriend called the emergency services. However, her home was mistakenly flagged up as a risk to first responders, probably as a result of the person who lived there previously. Paramedics were told to wait at a rendezvous point 100 metres away before police arrived. Ms Paterson's boyfriend went on to call the ambulance a further two times as his partner's lips began to turn blue. She suffered a cardiac arrest five minutes before a medical team finally arrived 101 minutes after they were first called".

7th April 2011

"Although the victim survived, her brain was starved of oxygen and she now needs round-the-clock care to cope with her amnesia and disorientation she suffers. Her family took legal action against London Ambulance Service, which this week admitted to 11 breaches of duty and apologised to Ms Paterson's family. It is thought the organisation has agreed to pay clinical negligence compensation for the mistakes made, although an amount has not yet been revealed."

"The thought of an ambulance crew sitting waiting while my daughter lay in her flat as her condition went from serious to life-threatening, causing irreparable damage to her brain, is still so shocking," commented the victim's mother Eleanor".

16) Falls and Safeguarding

Concerns about care of patients over 65 who have had falls led the Forum to call a meeting to discuss falls and safeguarding. A colleague from Croydon Council Safeguarding team attended and information was collected from the LAS about care of people who have suffered falls and called for an ambulance.

From 10th May 2011, a Referral Support Team went live in LAS - EBS (Emergency Bed Service) to enable crews to refer patients who have fallen to their GP instead of A&E. A sample of GPs have been contacted to get direct feedback on the success of the referral scheme. A training package designed to support the delivery of improved assessment and care of elderly fallers has been delivered to all frontline clinical staff.

Work is continuing on the care of uninjured people over 65 who have suffered falls and would benefit from referral to a specialist team. A training package has been developed for crews to support them in making patient assessments based on a falls protocol. Once a patient has been prioritised for referral, the crew contact EBS who identify the nearest and most appropriate service and complete a referral. Building on their experience in safeguarding, EBS will then ensure the referral is accepted and followed up by the provider, reporting any problems back to commissioners.

Front line clinicians should feel confidence that in leaving the patient at home the EBS will ensure an appropriate clinical team will provide care for the patient within a specified timescale. If this system fails the LAS will take the patient to A&E if required.

The Forum attempted to find if information was held by the CQC that would identify care homes where there are large numbers of falls amongst residents, but they advised the Forum that this data is not held.

17) GLA Health and Public Services Committee

The Forum was invited to give evidence to the GLA Scrutiny Committee which reviewed the work of the LAS and its role in the NHS.

The Forum raised the following issues with the GLA Health and Public Services Committee:

- The needs of people with Sickle Cell disorders.
- The role of patient user groups in advising the LAS and commissioners about developing appropriate emergency and urgent care services.
- The paucity of data about the outcomes of emergency care provided by the LAS – apart from heart disease, stroke and trauma.
- The broken care pathway between the LAS and A&E in terms of shared clinical review of patients
- The care and clinical outcomes for the 25% of patients categorised as 'life threatened' who do not get an 8 minute response
- The ability of the LAS to communicate effectively with a person who does not speak English and provide care that is timely and appropriate.
- The lack of publicity about the abolition of the Category B target and changes to the way the LAS responds, despite the large number of complaints this has generated.
- The lack of understanding in the health system in London about the introduction of 'alternative care pathways' and what this means for care. Are those alternative pathways available, how quickly are they available and what impact does this change in response have for patient care?

18) Failure to perform an Equality Impact Assessment – Cat A and B – Department of Health

The ambulance review 'Taking Healthcare to the Patient' (Department of Health 2005) introduced the use of clinical quality indicators for ambulance services and the removal of the Category B response time target (arrival of ambulance in 19 minutes/95%) which the DH said was process led and had no clinical evidence to support it. The changes became part of the NHS Operating Framework 2011/12.

The Forum was concerned that the abolition of the Category B target and changes to the Cat A target might disadvantage a section of the population and asked the DH to carry out an equality impact assessment in relation to the removal of the Category B response time target and wider ambulance indicators work as a whole. In reply they told the Forum that they would do so and this would include the full range of options to strengthen the Category A eight-minute response target. They stated that: "Once this work has been completed, the Department would be happy to share a copy of the final equality impact assessment with the Forum".

On November 14th 2011 the Forum wrote to the DH again asking for details of the EIA and received the following reply: "We will introduce changes once a safe approach is agreed, but our priority is to maintain the highest quality care. As such, an equality impact assessment has not been finalised at present but the Department will be happy to let you have a copy of the final assessment in due course".

The Forum wrote again to the DH: "Whilst appreciating the context of your response it really does not make sense. The abolition of Cat B has had a huge impact, but you have taken no action to investigate whether some protected groups of people have suffered more".

As the Forum was unable to obtain a copy of the EIA the matter has been raised with Trevor Phillips, Chair of the Equality and Human Rights Commission.

Report and Financial Statement for the year ended 31st December 2011

The Trustees have pleasure in presenting their report and financial statement for the year ended 31st December 2011.

Incorporation

The company which was incorporated on November 29th 2006 under the Companies Act 1985 is a not-for-profit private company limited by guarantee, with no share capital, 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 unregistered charity, as described more fully in the preceding pages of 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
Michael English (re-elected 12th September 2011)
Dr Joseph Healy (re-elected 12th September 2011)
John Larkin
Mark Mitten
Louisa Roberts
Robin Standing
Lynn Strother (re-elected 12th September 2011)
Rev Sister Josephine Udie (re-elected 12th September 2011)

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.

Patients' Forum Ambulance Services (London) Ltd. Registered in England. Registered office: 6 Garden Court, Holden Road, Woodside Park, London, N12 7DG Company limited by guarantee. Company number: 6013086

Activities and achievements

The Company was originally incorporated in anticipation of national changes introduced by the Local Government and Public Involvement in Health Act 2007 which abolished all statutory Patients' Forums with effect from March 31st 2008 and moved towards establishing Local Involvement Networks (LINks) during 2008. The Company is now in preparatory mode for the abolition of Local Involvement Networks and their replacement by Local Healthwatch. The Company is also preparing for the transition of the London Ambulance Service into a Foundation Trust in 2013.

The Patients' Forum has successfully monitored services provided by the London Ambulance Service and has formed links with Local Involvement Networks, the voluntary sector, the North West London Primary Care Trust which commissions the LAS, other Primary Care Trusts, local authorities, Members of Parliament and the Strategic Health Authority for London, as well as forming links with patients, patients' groups and the public.

Since 1st April 2008, the Forum has duly perpetuated and established itself as a corporate body in the voluntary sector. We have continued with monitoring of ambulance services, continuing to work with the London Ambulance Service and other health bodies in London and beyond, liaising with LINks and ensuring that a body of experienced people exist who can be highly effective at monitoring health services. By our rejection of the previous Government's plan to abolish the Forum and curtail our work we have successfully carried on our commitment to supporting and influencing the development of high quality health services, emergency 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 which characterise the ongoing relationship between the London Ambulance Service and the Forum. We

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continue to rely on this document as affirming and reinforcing our relationship with the LAS.

Our plan 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 2011 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 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. 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 £50. The annual Affiliation fee for individuals is £10. New affiliates are welcome to join.

This report was approved by the Trustees on _____ 2012 and is signed on their behalf by:

_____	_____
Joseph Healy	John Larkin
Director/Chair	Director/Company Secretary

Income and Expenditure Account
For the year ended 31 December 2011

	Restricted Funds	Unrestricted Funds	Total
	£	£	£
Incoming Resources			
Grants	_	_	_
Donations	_	130	130
Membership fees	_	230	230
Affiliation fees	_	75	75
Investment income	_	_	_
Other	_	_	_
Total incoming resources	_	**435**	**435**
Resources expended			
Companies House	_	40	40
Incidental administrative expenses	_	_	_
Total resources expended	_	**40**	**40**
Net incoming/(outgoing) resources for year	_	395	395
Total funds brought forward	_	784	784
Total funds carried forward	_	**1179**	**1179**

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Balance Sheet - 31 December 2011

	£	£
Fixed assets		
Current assets		
- debtors	_	
- cash in bank	_	_
- cash in hand	1179	_
	_	_
		1179

Creditors

- amounts falling due within one year	_

Net current assets **1179**

Total assets less current liabilities **1179**

Reserves

- restricted funds	_	_
- unrestricted funds	1179	_
		1179

Notes

1. These accounts have been prepared in accordance with the special provisions for small companies under Part 15 of the Companies Act 2006.

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2. For the year ended 31 December 2011 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 unregistered 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 _____2012 and is signed on their behalf by:

_____	_____
Joseph Healy	John Larkin
Director/Chair	Director/Company Secretary

APPENDICES

APPENDIX 1 – EQUALITY ACT

Protected Characteristics: Definitions

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 which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and Civil Partnership

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

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, 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 their own sex, the opposite sex or to both sexes.

In-depth definitions of protected characteristics on: Office of Public Sector Information website.

APPENDIX 2

Road Humps – Potential Harm to Patients

We should like to formally object to the implementation of schemes to introduce road humps to reduce speed limits. We believe these humps are dangerous to patients and that there are better ways of reducing speeds.

We often get reports of potential harm to patients because ambulances are unable to navigate road bumps well in an emergency. We have collected information on this issue from patients and LAS Ambulance Operation Managers.

Ambulances have many problems when trying to get to an emergency in the shortest possible time as every second counts when dealing with emergencies, especially heart attacks. The main difficulties that they encounter are congestion and speed humps.

Fast Response Units (FRUs) and ambulances have to slow down to get over the speed humps to protect patients and to prevent damage to vehicles. There is also sensitive equipment in the vehicle which is at risk, e.g. if the vehicle goes over a speed hump at anything over 10mph there is a risk of damaging equipment or sometimes shifting a drip attached to a patient's vein.

If paramedics are treating an emergency patient in the back of the ambulance on the way to hospital, this is made a good deal more difficult when the ambulance goes over road humps and can cause a great deal of pain to the patient. If a patient has been vomiting, they are given a bowl to hold their vomit; again speed humps can result in vomit ending up on the patient. Not very nice for the patient.

If the patient has had a fall, they can be placed in a stretcher with a neck brace on. These stretchers are rigid and every speed hump hit will result in this stretcher absorbing a lot of the vibrations, so the ambulance has to travel over them very slowly, delaying the return to hospital. This can be fatal or in the case of a broken leg or other broken bones, this can be painful for the patient, adding to the patient's pain.

For people suffering from cardiac arrests (about 10,000 patients suffer from out-of-hospital cardiac arrests), every minute delay getting to them reduces their chances of survival by 20%. For anyone who has stopped breathing, the same applies, however if someone is administering CPR to the patient, every minute delayed reduces that person's chance of survival by 10%. So delay is a huge factor in patients' chances of survival. Speed humps can affect the route that an ambulance or response vehicle will take to get to an emergency or will take to get back to the hospital. For example, if a particular road has a lot of speed humps, an ambulance might choose to go another route as the patient might be receiving CPR or other emergency treatment in the ambulance, which certainly would not be assisted by going over speed humps.

Thus, speed humps can reduce the options that paramedics have when choosing a route to the hospital A&E and they are likely to choose routes which may be longer to avoid road bumps. Damage to vehicles can result in the vehicle being taken out of use while it is repaired and also has cost implications. This might be money that would otherwise be spent on patient care or achieving better response time.

The following is a list of emergencies that require the fastest possible response times. Any delay can result in death:

- Cardiac arrest
- Heart attack
- Choking
- Drowning
- Fires
- Major trauma
- Stabbings/shootings
- Any serious wound to blood vessels

We hope you will give active consideration to these points and our formal objection before proceeding with any new 20mph schemes.

Response received from Hackney Council – 1st November 2011

Dear Mr Healy,

Re: Road Bumps – potential harm to patients

Thank you for your recent letter dated 28 August 2011, which formally objects to the implementation of road humps to reduce speed limits. Please accept my apologies for not sending this response earlier.

In 2008, the Council made a commitment to reduce the speed limit on all roads under the Council's control by implementing 20 mph zones/speed limits. The zones consist of signs, road markings and traffic calming. The Council's practice has been to use a minimum of physical traffic calming measures in the roads where the surveyed traffic speed is more than 24 mph, in accordance with the Department of Transport's recommendations.

The 20mph zones have been rolled out in batches on a year by year basis since 2008 and we have implemented approximately 24 individual zones. In each of these zones we have consulted residents, businesses, stakeholders, and emergency services including the London Ambulance Service (LAS). We can confirm that, to date, we have not received objections from the LAS to any of our proposals. We are currently implementing the last group of six 20 mph zones in order to achieve the Mayor of Hackney's manifesto commitment of having 20mph limits on all residential roads.

In 2009 the London Assembly's Transport Select Committee investigated the effectiveness of 20mph zones. Their report "Braking Point" concluded that 20mph zones have made a major contribution to London's road safety record. In areas where zones have been introduced there has been a 42 per cent reduction in casualties. The estimated benefit to London from casualty reductions in its 400 existing 20mph zones has a value of at least £20 million per year to the community. Therefore it can be seen that there are a lot of positive benefits in introducing 20mph zones which we consider outweigh the small disadvantages.

Hackney Council appreciates the work of the LAS and other emergency services and has no plans to introduce humps on class A or B roads. We are currently investigating the possibility of using intelligent speed technology such as average speed cameras and vehicle actuated signs to reduce speeds on our major roads. As you may be aware Hackney Council was one of the first four London Boroughs to successfully bid for trials of average speed cameras in 2010. Unfortunately, the trials did not go ahead due to lack of funding from Transport for London (TfL) who was sponsoring the project.

As most of the 20 mph zones have already been implemented before your objection was received, it is not possible for us to make changes that will mitigate your concerns at this stage. Despite this, we will liaise with LAS Operation Managers when we carry out the review of the zones, to ensure that any concerns they have are included.

In the meantime should you require any further information or assistance, please do not hesitate to contact Maryann Allen, Team Leader - Road Safety on 020 8356 8184 or by email at maryann.allen@hackney.gov.uk

Tim Shields, Chief Executive, Hackney Council

APPENDIX 3

Patient Safety Action Team – NHS London

The Patient Safety Action Team (PSAT) of NHS London has responsibility for the review of SI (Serious Incident) reports (with expert input required, where appropriate) to ensure the following criteria have been met in order for the report to be closed:

- SIs are reported and include full details of the incident
- appropriate management action is taken
- the SI is investigated with the appropriate level of external involvement
- root causes are identified
- recommendations are made and translated into an effective action plan

This review process only applies to non-Foundation trusts, so that is 22 of the 40 provider trusts in London currently. The Foundation Trusts submit a report to their Commissioner for review.

PSAT does not make recommendations based on their review of a report; it is the trust's responsibility to make recommendations based on their analysis of the incident. PSAT managers make a judgement about the robustness of the investigation process and the consequent action plan and will ask trusts to provide more information if they consider that the actions are not likely to prevent an incident recurring.

Based on our overview of types of incidents and the common themes for root causes we develop and implement Sharing the Learning, London wide workshops designed to share learning from SIs. Recent workshop topics have been: surgical incidents (retained swabs and wrong site surgery), maternity incidents, misplaced naso-gastric tubes. The next Sharing the Learning workshop will cover pressure ulcers and there will be one in September 2012 focussing on falls.

STEIS is the national database for reporting SIs. All but three of London trusts use STEIS to report SIs – using the threshold in the national framework on reporting SIs to determine what constitutes an SI. The link to the national framework is:

National Framework for Reporting and Learning From Serious Incidents Requiring Investigation. National Patient Safety Agency March 2010

http://www.london.nhs.uk/webfiles/Patient%20safety/NPSA%20National%20Framework%20for%20Reporting%20and%20Learning%20from%20Serious%20Incidents%20Requiring%20Investigation.pdf

This is the framework that underpins the approach to managing SIs nationally.