**Highlights from Forum Visits to LAS Facilities and Services – Mock CQC Visits.**

**November 2017**

Some of the points made by Forum members were as follows:

* Pressure on staff who are sick from managers wanting to know when they will return to work.
* Control of pharmacy has improved considerably but there are still some problems to be addressed in relation to security. A pharmacist has been appointed to the LAS.
* Some staff told us that they want to see the LAS meeting its promises to staff about service improvement and better relations with staff.
* Virtually all staff spoken to said that managers and senior managers do not 'live' the values of the organisation.
* Leadership: some staff feel that there is a disconnect between what management says and does. Some feel they are working in isolation.
* LAS is still using Patient Report Forum (PRF) version "LA 4", which contains the text under speech component of the FAST section which the LAS told the Mayor of London would be amended to emphasize the importance of dysphasia.
* There are issues of environmental security at the Bow LAS site in relation to the front gates
* Delays in repairing defective vehicles were highlighted; we were told there were two crews off the road whilst their vehicles were in the Workshop. One vehicle had been reported defective a few days earlier but had been left in service until it could be taken to Workshop.

**ANGELA CROSS DURRANT**   
Visited:  Hospital A&E and Ambulance Station (Satellite station)   
  
All staff we spoke to were forthcoming and helpful.  Those paramedics we spoke to said they enjoyed the camaraderie, support and skills of their partner paramedics, enjoyed the variety of work - even though it was often very stressful, and felt it an honour and privilege to be able to do what they do.  Most of those spoken with were fairly satisfied with their team leaders.

It was clear that rather than turning to managers or the LINC counselling service, for distress or stress, those we spoke to relied entirely on each other for support, or spoke to partners/friends at home.

Staff were not at all surprised that the original CQC inspection resulted in Special Measures, because they felt there was much that had been 'wrong' with the organisation for several years prior to inspection. The overall view was that the organisation at least seemed to be pointing in a better direction and that some improvements were under way. However, a subliminal message was that if the organisation does not fulfil its promises many more would leave.

Virtually all said that managers and senior managers do not 'live' the values of the organisation.    
  
Though paramedics were generally satisfied with their team leaders, the team leader role remains ill-defined.  This, apparently, is being reviewed by management.  Some staff felt more should be done about those paramedics who do the minimum and appear to have little commitment to the job. It was suggested that the way such staff are dealt with is to promote them – it was claimed that this accounts for some poor managers.

Some complained that 'your face has to fit' to be promoted rather than display good people skills. Several stated that the only time managers communicate with them is if things go wrong, and they appear not to take opportunities to communicate with staff even when they present themselves, and many are perceived as always 'off-hand'.

The sickness policy was strongly criticised, with staff reporting being 'hounded' by managers when ill or injured. Some confessed to working when they knew they should not for fear of recrimination/'bad score'. To add to this, occupational therapy was described unanimously as 'hopeless'.  The outsourced organisation relies overmuch if not entirely on emailed exercises to follow and then is very slow to respond when exercise is ineffective.

**COURTNEY GRANT**

Visited Ambulance Station and Hospital A&E

**Ambulance Station**

We rated the station as 4 out of 5. Overall, it was very good, and the biggest positive was that the staff felt very well supported by local management (this was re-iterated by the Ambulance Crews we spoke to at the Hospital A&E, as these crews were based at the same Ambulance Station).

In terms of where improvements could be made, the GSM admitted that they were very limited for storage space, and my main observation is that this has resulted in the placement of various items at high-level in the Garage/Car Parking area, which could result in manual handling issues. For example, there are various 2m high tambour units in this area, and there are various items positioned on top of these items, such as boxes of blank patient report forms (each containing 500 blank PRFs each). Whilst I didn't weigh these items, they felt quite heavy. I also noticed that there was a shelf for Paramedics bags (i.e. the bags they take with them on calls) and a number of these were also mounted above head height on shelves. I didn't attempt to pick any of these up as I thought that would be too intrusive, but I could imagine that they could be quite heavy items also. The Health and Safety Executive state the following: "Reaching upwards (above shoulder level) places additional stress on the arms and back and control of the load becomes more difficult...Lifting above shoulder height while your arms are stretched out is likely to be very difficult, e.g. taking something from the back of a high shelf. **Avoid lifts starting or finishing above head height wherever possible** as this is worse than lifting above shoulder height." <http://www.hse.gov.uk/pUbns/priced/l23.pdf>

**Hospital A&E**

There was very little throughput of crews at the Hospital, so we only got to speak to a couple of crews for the whole time we were there (which was around 90 mins). One of the key insights for me was preparedness for major incidents, which I was very interesting in asking about given the location of the Hospital. One of the Paramedics mentioned that a colleague had attended the aftermath of the Westminster terrorist attack and said they had been given a pack that provided guidance on how to deal with major incidents – she felt that more scenario-based training would be beneficial for major incidents. Another Paramedic suggested that you could never really be prepared for a major incident no matter, how much training had been given. I would however still ask whether there is more that could perhaps be done to "bridge the gap", or at least consider whether it would be of value to do so.

One other aspect...I noticed, from looking at the blank Patient Report Forms (PRF) at the Ambulance Station, that the LAS are still using Patient Report Forum version "LA 4", which contains the exact same text under speech component of the FAST section as was the case in 2014 (i.e. no mention of "aphasia"). This is despite the assurances that the LAS provided to the Mayor of London's office (I've attached to this email the full email from the Mayor of London's Office):

*"LAS is also looking at changing the wording on the 'FAST' section of the Patient report form on the next revision from 'Speech: Word finding difficulties or slurred speech' to 'Speech: Word finding difficulties,* ***aphasia*** *or slurred speech'."*

**TOM SULLIVAN**

On day one we went to two ambulance stations and did both a physical inspection and talked to the staff.

Both stations had serious problem with the men’s urinals which leak and incontinence pads had been put down to soak up liquid. We were surprised that Estates not attended to this matter?

Secondly, we found electrical equipment which needed a PAT test, and some of this equipment was located in a Make Ready Hub

Their appears to be concerns about the location and suitability of some of the Make Ready Hubs and it was reported that the views of staff on this issue were ignored by senior management. Consequently, in some case the Make Ready Crew travel to the vehicles rather than the vehicles to the hubs.

On day two we visited an Ambulance Station and Hospital A&E.

We talked to the crews on the ambulances and there was a clear view that there is a loss of contact between the crews and senior management. Complaints of managers telephoning staff when they off sick were raised and some staff felt that access to training was not fair and equal to the staff. The relationship between frontline staff and managers was poor and it would, it appears, take a major shift for the managers to improve this situation.

**MARY LEUNG**

The two sites allocated to us were: EOC and outside Hospital A&E

The staff interviewed were friendly and candid.

**Management**: all staff we spoke to felt that management were supportive, but can be inconsistent in their approaches and across sites. The management was described as generally being supportive of staff in dealing with stress, but can be lax when supporting them in times of long term sickness.

At the Hospital A&E ambulance parking bay: staff felt that management support is good by telephone and email, but difficult to get face-to-face support which they find invaluable when available/accessible.

**Environment:** security was a matter of concern at the HQ Annex and the EOC. The gates to the main car park and the entrance to the EOC have time delayed automatic doors, the time gap between door opening and shutting are prolonged and this can potentially allowed unauthorized persons to enter b6 following authorised personnel when they enter the premises.

The EOC is located on an industrial estate and is isolated. It may be unsafe for staff on night shifts to go outside the building. There are catering facilities provided on site, but told us they feel this is inadequate, considering the number of individuals having their breaks at the same time. They also feel that they have no direct control over the air conditioning and at times the atmosphere can be either too hot or cold.

**Training:** staff attend statutory training on their paid days off, but it can be disconcerting if these days fall in the middle of a period of leave.

There are 20 minute breaks during the working day for e-training, but this depends on the motivation of the individual and is not monitored, and staff have told us that sitting in front of a screen for 12 hours, including a 20 minute break for e-learning, is not a good system of learning and updating.

Staff that we met outside the hospital A&E told us that the LAS has two paths to qualify as a paramedic. The academic path is well recognized and allows career progression, whereas the ‘apprenticeship’ (LAS Academy) path is only recognised by the LAS and not by external bodies, and this could be problematic when individuals try to progress further in their careers. Also staff who want to progress towards further qualifications in their career have to pursue study in their own time, although they can get a bursary to part fund their fees. (Note: staff who qualify as paramedics through the LAS Academy will be registered by the HCPC.

**Staff level:** there is chronic shortage of staff in all areas.

**PHILIP WARD**

As part of the Mock CQC Inspections we visited two ambulance stations and a workshop.

Both stations were well staffed, however the facilities and conditions of the premises differed greatly. My colleague on the inspection suggested that the first of the stations needed a "bit of love"; basically it needed a coat of paint, cleaning up and modernising of the kitchen and locker/shower room facilities. The second ambulance stations however was the complete opposite, like 'chalk and cheese' with good facilities.

The staff morale was good at both stations although there were concerns/worries about possible changes to one of the stations, which has been proposed as a Workshop Hub for North East London, with ambulance crews being moved to other stations.

In our discussions with staff about sickness and mental health care there were concerns raised about how staff are treated by LAS supervisors/management when they become ill or stressed.

We briefly discussed the recent changes to emergency call category classifications (the Ambulance Response Programme-ARP) and staff said that ambulance crews were still being sent to about ten calls per shift, however the car crews were being allocated less calls than previously. Mention was made at one station about delays in repairing defective vehicles; there were two crews off the road whilst their vehicles were in the Workshop. One vehicle had apparently been reported defective a few days earlier but had been left in service until it could be taken to Workshop. Mention was made that one Paramedic had to try four cars to find a roadworthy useable vehicle on the previous day.

**BEULAH EAST**

"The standard you walk past is the standard you accept"

We visited the NHS/LAS 111 Centre and focused on Well Led and Safe domains of the CQC KLOEs (key lines of enquiry), the others being Responsive, Effective and Caring.

**Sickness**: The Centre has a high level of sickness and this is compounded by some long term illness, although some recruitment has recently taken place. Weekends are problematic, as calls are fielded from other call-centres and this seems to be escalating.

**CRB vetting of agency staff**. This is an issue because of long delays in completion of CRB checks.

**Yearly appraisals** are carried out for all staff, weekly meetings are also held, but one to one meetings are not formally recorded.

**Staff breaks**: these are being taken and monitored closely, however, staff felt that those working a 12 hour shift should have another break factored in.

**Security:** There was good security at the unit, with two areas closely monitored.

**Notice Boards:** These were well laid out providing relevant information, however, the Staff Team notice board was not up to date.

**Fire drills** were up to date, but there seemed to be a gap covering the evening shift. No sprinklers could be seen and the IT room had no visible fire suppression system.

**IT system:** Staff felt that the reporting tools on the IT system needed upgrading.

**Triage:** Callers only needed to tell their story once, with the staff being able to transfer to the right area to deal with callers needs.

**Frequent callers** staff have a system in place to identify these and refer on if necessary to an expert team.

**Leadership**: Staff feel that there is a disconnect between what management says and what they do. Some staff also feel they are working in isolation.

**Training:** Staff would like their training to be more tailored to call centres.

**Rosters:** Forecasting is an issue as is providing adequate staff leave at peak periods.

**NATALIE TEICH**

Visit to Ambulance Station

On arrival, we were buzzed into the general station area but then had to identify ourselves to a staff member, who received us at the internal locked door. Our interaction was conducted mainly by the Clinical Team Leader, due to the absence of the Station Manager. She has been with the LAS for 24 years, working her way up the ranks.

The two administrative staff we met had been with the LAS for 7 years and 14 years and both of them had previously worked with the Clinical Team Leader as paramedics or in other front-line positions, and were clearly happy to work at LAS and with her. We had almost no contact with front-line staff as, due to the time of our arrival, the clinicians were out on calls. Two paramedics did come into the station, but only momentarily; both used single cars rather than ambulances, but there was no opportunity to talk to them.

We did examine the few cars that were in the station and these seemed clean.

We went room by room through the station. The medicines room was appropriately locked up, each locker (with a different set of medicines) having a separate combination lock. The supplies were stacked neatly with filled in sign-out sheets in each one. The Clinical Team Leader check these sheets daily. There were also medicines bags for the staff to take out for use – and they were colour-coded (e.g. a different yellow bag for paediatric use).

The paramedic staff locker room was the only one that needed some attention and tidying up. There were a few old style LAS fleece jackets, no longer part of daily gear, still there. The Clinical Team Leader said that she would dispose of these.

We met the general stores manager who made sure that ambulances were supplied with equipment before they went out. Everything in that storage area (outside the general station area) was clearly marked and tidy. He had been with the job for 7 months.

The Clinical Team Leader answered all our questions and confirmed that each ambulance went out with 4 clean blankets at the start of the day. Any used blankets would be left at the hospitals where there were facilities for doing the laundry.

In the kitchen area there were small lockers where each staff member could store a few items for their own personal use (e.g. cups). There was a table and chairs, plus a microwave, an ironing board, etc. Each station member has to supply their own food and drink. There was another locker room with larger lockers for other sorts of personal gear. There was a common room where staff could read, watch TV, etc. There was also a room used to hold meetings.

There were photos of present and past staff on the walls and there was a collection box for wrapped presents that they would be taking to a children’s facility.

CARU posters were displayed on two large boards in a corridor. When I remarked that it might be difficult for staff to determine which ones were the new ones (the month and year were small print), the Clinical Team Leader said that she would get some of the neon stickers used in local shops and write “new” on them. I thought that was a good idea, although it might be useful to put new ones in the common room for a while and then transfer them to the boards.

We visited the men’s and lady’s shower rooms. There were wet towels hanging there on the radiators; it might be best for them to be placed in towel racks.

The Clinical Team Leader said that her office was always open for people to come and talk to her about anything, including personal issues. She took her role as “station mother” quite seriously. It sounded as if they were a close knit group. She didn’t mention any issues of bullying. The camaraderie among the 3 admin staff we met was clear. Everything seemed at peace.

End – More to follow