FINAL DRAFT

Steve Lennox
Director of Health Promotion & Quality
London Ambulance Service
220 Waterloo Road, SE1 8SD

June 2ND 2014

Dear Steve,

QUALITY ACCOUNT FOR 2013-2014

We have not been invited to contribute to your Quality Account for this year. We therefore present below our contribution to the LAS's Quality Improvement Priorities for the Quality Account.

The Patients' Forum values the continuous engagement between the LAS and the Forum in relation to discussions about all aspects of LAS performance and clinical care. This engagement takes places at the six internal LAS committees on which the Forum is represented, at Trust Board meetings and at meetings with leaders of the LAS. The Forum also values the contributions by the Chair, Chief Executive, Directors, the Head of Patient & Public Involvement and Public Education and other LAS leaders at monthly Forum meetings.

1) PATIENT SAFETY SHOULD BE THE HIGHEST PRIORITY FOR THE LAS

Providing the safest and most effective care for patients should be the highest priority for the LAS. Reporting, investigating and learning from patients safety incidents must be fundamental to ensuring patient are safe. Patients must always be told when they have been harmed due to clinical errors. The LAS should ensure that all ambulances and equipment are clean and sterile, shortfalls in infection control are taken seriously and acted upon, all clinical equipment is available when needed, intact and up to date.

WE RECOMMEND that the LAS publishes in the public arena the outcome of all Serious Incidents investigated, with evidence demonstrating enduring improvements to service quality and safety, and evidence of staff and organisational learning.

2) PRE HOSPITAL DEMENTIA CARE WILL BE TRANSFORMED

The LAS should develop clear effective dementia pathways with the LAS commissioners (CCGs), acute hospitals and where possible community care professionals to ensure 'right care first time' for patients with dementia and cognitive impairment. LAS should continue the development of its Clinical Support Desk to ensure its capacity and expertise to advise clinical staff on meeting the needs of people with dementia, especially with regard to assessing cognitive impairment and pain.

WE RECOMMEND the LAS should produce evidence to demonstrate that front line staff have continuous education and training in this area. This should include access to Health Education England training resources. See also section on mental health (4) below. Access to appropriate care pathways for patient with cognitive impairment must become fundamental to providing right care, first time.

3. PATIENTS WHO FALL SHOULD ALWAYS RECEIVE INTEGRATED CARE

When patients fall and do not require access to hospital acute care, paramedics should have direct access to local Falls Teams, in order to ensure expert clinical advice and care for these patients and avoid inappropriate transfers to A&E.

WE RECOMMEND that the LAS ensures care for people who have fallen is provided within appropriate time-scales, and includes agreed care pathways and integrated care plans, with clear governance mechanisms to ensure care plans are fully implemented, enable appropriate access to services and demonstrate clear outcomes for the patient.

4. CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS MUST BE TRANSFORMED

Considerable progress has been made by the LAS in the prioritization of care for people with mental health problems. E-learning approaches have been adopted for training of staff, work is developing with mental health Trusts to develop mental health pathways and the Chief Executive is providing leadership by chairing the LAS Mental Health Committee.

WE RECOMMEND that the LAS develops a specialist team of paramedics and nurses who are expert in the care of patients with a mental health diagnosis. All paramedics and A&E support workers should be continuously and dynamically trained in the care of people with mental health problems, bearing in mind the special needs of people with learning difficulties and the need

focus on cultural, language and age related issues. A significant proportion of this training should be live rather than via e-learning, as interpersonal skills and attitudes appropriate to this group of patients needs to be practiced, evaluated and demonstrated.

5. EXCELLENT END OF LIFE CARE MUST ALWAYS BE PROVIDED

The LAS should continue to develop its excellent work with Advance Care Plans (ACP), End of Life Care (EoLC) and CoOrdinate My Care (CmC). Protocols should be developed between the LAS and London's CCGs and GPs to ensure that CoOrdinate My Care (CmC) is fully developed to meet the needs of people who have an Advance Care Plan.

We RECOMMEND that the LAS enables far greater number of people to access appropriate care through CoOrdinate My Care (CmC). The LAS should publish examples of good practice in 'end of life care' for front line staff, together with evidence of outcomes showing the effectiveness of appropriate and compassionate care for these patients.

6. DELAYS IN PROVIDING URGENT AND EMERGENCY CARE ARE NOT ACCEPTABLE

Vulnerable patients who have requested emergency care should never be left waiting hours for LAS care. Expecting vulnerable patients, who are in pain, who have fallen, or taken an overdose, to make repeated calls to the LAS to get help suggests a significant breakdown in care provision. This particularly concerns patients categorised as needing care classified as C1 and C2. We understand the limitations caused by a shortage of staff and resources.

WE RECOMMEND that urgent action is taken to promote recruitment to the LAS front line from schools, universities, job centres and religious/cultural centres. The work-force must be enlarged to ensure that the Category C targets which follow are always met:

Category C1 – 90% within 20 minutes, 99% in 45 minutes (from Clock Start)
Category C2 – 90% within 30 minutes, 99% in 60 minutes (from Clock Start)

Achievement of targets in 2013 were as follows:
Category C1 – reached in 20 minutes – 72.88% (target 90%)
Category C2 – reached in 30 minutes – 66.88% (target 90%)

7. STAFF SHIFT PATTERNS SHOULD BE FULLY EVALUATED

There is considerable national and international research pointing to the deleterious effects of shift work, including shift work patterns on both short and long term physical and mental health. Some staff members are not suited to shift work and able to remain healthy as well, but are excellent front line clinicians.

WE RECOMMEND that the impact of long shifts on front line staff is fully evaluated by the LAS, especially in relation to the impact of 12 hour shifts, without adequate meal breaks and rest on: clinical care; the health of staff; training and complaints against staff, e.g. in relation to attitude and behaviour. Staff should be interviewed about the effects of shift work on their health and clinical practice during annual appraisals, and be involved in development of improved alternatives.

8. APPROPRIATE CARE PATHWAYS SHOULD BECOME FULLY OPERATIONAL

It is critical for the LAS to work with partners across health and social care to integrate services so that patients get better, more appropriate care and experience better clinical outcomes. 'Right Care First Time' should become the norm.

WE RECOMMEND that care pathways are developed by the LAS in conjunction with CCGs, acute trusts and providers of community care that are robust enough to give confidence to LAS crews and the public that they are available when required, clinically appropriate, fully-funded, subject to regular clinical audit and tests of reliable and continuous access.

9. LAS SHOULD ACTIVELY SEEK TO BE INFLUENCED BY PATIENTS AND THE PUBLIC IN ALL THAT IT DOES

The LAS should secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of the LAS.

WE RECOMMEND:

- **Engagement with FT members, the Patients' Forum, patient groups, the voluntary sector and Healthwatch to ensure patient involvement in all aspects of the LAS's work.**
- **Holding wider public engagement around prioritisation and service re-design.**
- **Promoting the public education role of the LAS.**
- **Developing a wide range of methods to seek public views on LAS services and providing feedback.**

- **Acknowledging the value that the LAS places on the knowledge, insight and understanding of the contribution of patients and carers.**
- **Trust Board members enhance their public accountability by listening more to and meeting the public and acting on what they say.**

10. EQUALITY AND DIVERSITY

Excellent work has so far been done in relation to LGBT colleagues and the employment of women. Reflecting on the LAS workforce and comparing its diversity to the current diversity of London and its future growth demonstrates a substantial need for development. We have argued this point for several years but have seen little change in the diversity of the LAS workforce and no change in the ethnic and cultural diversity of the LAS Board. We would not be satisfied to be told this matter will be dealt with in the post 2020 period bearing in mind that the difficulties experienced by the LAS to recruit locally, despite the very fulfilling professional opportunities for front line staff, and the need to recruit from Denmark and New Zealand.

WE RECOMMEND that the LAS embed diversity into all aspects of public education, recruitment and training and ensure full inclusion and sensitivity toward patients and staff with any protected characteristics, not solely LGBT. Changes must be made at all levels in the LAS, including the Board, to embed these duties.