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London Ambulance Service's failings are the canary in the ambulance coalmine

[MATHEW WESTHORPE](#) 7 December 2015

If ambulance employers can't look after their staff, how can the staff look after their patients?

Ten days ago, London Ambulance Service was put into 'special measures' by the Care Quality Commission, after a [54-member inspection team](#) found a number of concerns regarding the safety and effectiveness of the service it provides to London's 8.6 million residents.

It is a finding which would surprise very few frontline ambulance personnel. In recent years, across the nation 999 staff have laboured under increasingly intolerable conditions. Patient emergency calls has risen – as have government demands for efficiency savings. The result? Ambulance resources stretched ever thinner and staff pushed ever harder. Ambulance trusts have resorted to increasingly desperate measures in order to be perceived as effective. Staff have been pushed to the limit with little to no rest time throughout their contracted hours and beyond. Hospital Ambulance Liaison Officers [HALOs] have been employed to hound crews out of A&E departments. Single responder paramedic cars are sent to 'stop the clock' and meet targets more appropriately dealt with by increasingly scarce double-staffed ambulances.

London Ambulance Service's current woes are by no means unique. Close scrutiny of any Ambulance Trust around the country would likely reveal similar problems. As a paramedic blogger, I have been contacted in confidence numerous times by operational ambulance staff from around the country. They report cases of misguided leadership from detached executives, bullying and injustice at the hands of target-obsessed organisations, and a woeful lack of support for beleaguered and struggling staff.

Earlier this year I investigated [the case of Edmund Daly](#), a highly regarded 30-year veteran London Ambulance paramedic who continued to deliver the best possible care despite suffering from PTSD-related health concerns until he was unceremoniously sacked by his employer after 'refusing a 999 call' over 11 hours into a relentless shift. Rather than question the conditions which led to such a controversial refusal, the powers that be only saw wrong-doing demanding punishment, disregarding any culpability of their own. Weeks after my investigation, an independent review into bullying and harassment within London Ambulance Service highlighted the kind of treatment Mr Daly suffered was culturally commonplace. That they have finally been held to account for many of these failings should be seen as a cautionary tale by other ambulance trusts.

As a result of the Edmund Daly coverage, I was given the [opportunity to interview](#) London Ambulance Service Chief Executive Dr Fionna Moore and her now departed Director of Operations, Jason Killens, regarding the brutal conditions under

which their staff laboured. As we spoke, it became evident that the execs were operating under the belief that everything was under control (or at least they wanted me to believe that was the case). Mr Killens' aspiration to improve LAS's poor response times so they were 'in the middle of the pack' compared to other UK ambulance trusts was underwhelming. Just as concerning, London Ambulance Service were so stretched, and their staff retention so poor, that they had to go as far as Australia to recruit suitably qualified staff as a band-aid to relieve the pressure on those who remained. I asked if London Ambulance Service was heading for a Mid Staffs-esque scandal, but I was assured that the service had turned a corner and things were set to improve.

Yet here we are months later and the CQC hammer has fallen.

Ultimately, there should perhaps be some sympathy for chief executives and their peers who are expected to deliver the impossible. No ambulance trust in the land is realistically able to deliver a service that is safe for users and providers with the current level of funding. The big stick of NHS efficiency measures is just code for paring services down to the bone and expecting staff to find a way to make the system work anyway. As Health Secretary Jeremy Hunt looks into changing the law regarding ambulance staff breaks to prevent tragic cases like the [death of 16-year-old Kyle Lowes](#), the point seems to have been missed that there is not enough ambulance cover to safely provide staff with rest vital to their own health.

With ambulance staff pushed beyond safe limits already, there is no such thing as an adequate ambulance trust, in London or anywhere else. Even if the figures show response targets are being met (which is no real indicator of adequacy), staff are crumbling, post-traumatic stress disorder is rife, suicides are on the increase, and patients are being treated by clinicians exhausted by mistreatment ultimately sanctioned by the government.

Like many other areas of the NHS, London Ambulance Service and other ambulance trusts only continue to function because of the dedication of the staff in the trenches. But the institutionalised disregard for their welfare continues to erode that dedication and experienced staff are becoming an increasingly rare commodity.

When it takes an external organisation like the CQC to name and shame, then Trust and government leadership has already failed. Given that the conditions for success are unachievable in the current healthcare climate, we should prepare ourselves for more ambulance service failings in the future. If employers can't look after their staff, how can the staff look after their patients?

Mathew Westhorpe is a registered paramedic who was medically retired from frontline emergency work in 2012. He now discusses ambulance issues in his [Broken Paramedic blog](#) and elsewhere in the media. Mathew has recently taken up a post as a clinical advisor at NHS 111.

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