PATIENTS' FORUM
AMBULANCE SERVICES

ANNUAL REPORT AND FINANCIAL STATEMENT 2013

Patients' Forum Ambulance Services (London) Ltd

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

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FORUM OFFICERS IN 2013

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Special thanks to:

- Our members for their high level of involvement and engagement in our activities and for helping to make the Forum so effective.
- Polly Healy for maintaining our website and ensuring our publications are copy edited to a very high standard.
- Margaret Luce, Ruth Haines and Beverley Jeal for their continuous support for the Forum's work.
- Mark Docherty, for his support and encouragement of the Forum's work and active engagement with the ideas and proposals presented to him and his colleagues.
- John Larkin, Company Secretary for his excellent work.

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 31 March 2008.

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

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

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

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

Mission Statement

The Patients' Forum is an unregistered Charity that promotes the provision of ambulance services and other health services that 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 and urgent health care and improvements to patient transport services, by speaking up for patients and by promoting and encouraging excellence.

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

(2) We shall work with existing networks that champion patient and user groups.

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

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

(6) We shall 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 shall work with partners to develop better services for the care and transport of people with severe mental health problems, and their carers

that respect their wishes. The Forum will be sensitive to their vulnerability, safety, culture and the gravity of their situation.

(8) We shall campaign to convince the Commissioners for the London Ambulance Service and the Board of the London Ambulance Service, to develop further the clinical effectiveness, assessment and care provided by London's ambulance services for people who suffer from cognitive impairment and dementia.

(9) We shall 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.

(10) We shall work with LAS Diversity and Equality groups to develop a workforce that reflects the ethnic diversity of communities across London, and provides care based on culturally and ethnically-based needs, when this is appropriate – for example, in relation to sickle cell disease and mental health problems.

(11) We shall work with the LAS Diversity and Training Departments to promote effective training of all LAS front-line staff, in diversity and in relation to the protected groups identified in the Equality Act 2010.

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 problems, language and 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 work jointly and proactively with hospital A&E Departments and other healthcare services, to jointly improve care and care pathways for patients.

(3) **Training of Paramedics and Technicians and A&E Support Workers**
The LAS should ensure that all paramedics and A&E Support Staff have continuous access to appropriate training, and ensure their development as effective practitioners. This should include joint multi-disciplinary clinical audit of care provided by front line staff, and joint reviews of patient care between front-line clinical staff from the LAS and hospital A&Es.

(4) **Alternative ways of providing emergency and urgent health care**
New ways for the LAS to provide urgent care through the 111 system, 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 and subject to regular clinical audit, and tests of reliable and continuous access.

(5) **Non-emergency and urgent care**
The LAS must demonstrate compliance with Cat C commissioner targets and ensure that vulnerable patients – for example, older people who have fallen at home or in a public place - have rapid access to appropriate and adequate care.

(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 technicians with specialist training in the care of people with mental health problems.

(7) **Developing care for people with cognitive impairment and dementia**
The LAS should ensure effective staff training, assessment, recognition of cognitive impairment, pain control and multi-disciplinary care are always available for people with dementia.

(8) **Patient Transport Services (PTS)**
The LAS should provide services that are compliant with 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.

(9) **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.

(10) **Communication with the public**
The LAS and the '111 out of hours' service should launch a joint information campaign to ensure that all Londoners know how to access safe, effective and appropriate emergency and urgent care.

(11) **LAS Governors and the public**
LAS Governors should meet with LAS service users from each London borough, to get feedback on services provided by the LAS and proposals for service development. The LAS Board should reflect the diversity of London, and its members should act in a way that recognises their accountability to patients and people who live in London.

MONITORING AND WORKING WITH LONDON AMBULANCE SERVICE

Forum members continued to participate actively in the work of several LAS committees, and have been active in other urgent and emergency care activities across London.

A key development has been the involvement of many active members of local Healthwatch in the Forum's activities.

FORUM REPRESENTATIVES ON LAS COMMITTEES

- Clinical Audit and Research Steering Group – Natalie Teich
- Clinical Quality, Safety and Effectiveness – Angela Cross-Durrant
- Equality and Inclusion – Kathy West
- Community Responders – Sister Josephine Udie
- Infection Prevention and Control – Malcolm Alexander
- Learning from Experience – Malcolm Alexander
- Mental Health – Malcolm Alexander
- Patient and Public Involvement – Malcolm Alexander
- Safeguarding – Lynn Strother

The LAS and the Forum have consolidated their intention to promote and encourage effective collaborative work and to continue to develop productive and positive approaches to involving patients and the public in a wide range of London Ambulance Service and Forum activities.

The LAS supports 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, refreshments and photocopying of Forum papers. The Forum is grateful for the support of the LAS and particularly Margaret Luce, the Head of Patient & Public Involvement and Public Education and her team for the invaluable support they provide to the Forum.

STATEMENT FOR THE LAS QUALITY ACCOUNT – 2013-14

1) OUR RELATIONSHIP WITH THE LONDON AMBULANCE SERVICE

The Patients' Forum values continuous engagement with the LAS, including discussions about all aspects of LAS performance and clinical care. This engagement takes places at the LAS Trust Board and the nine internal LAS committees on which the Forum is represented: Patient and Public Involvement, Clinical Quality Safety and Effectiveness, Clinical Audit and Research, Learning from Experience, Equality and Inclusion, Mental Health, Infection Prevention and Control, Community Responders and Safeguarding. 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 to our monthly Forum meetings held in the LAS Conference Room.

Close regular contact with the commissioners for the LAS also enables the Forum to exercise influence in relation to the quality and performance of LAS services.

2) QUALITY ACCOUNT FOR 2012-2013 - REFLECTIONS FROM BERWICK

We have received no formal feedback to the Quality Account Statement and recommendations we submitted for the years 2012-13.

3) PROTECTING PATIENTS FROM AVOIDABLE HARM – THE HIGHEST PRIORITY

We welcome the LAS's commitment to take all patient feedback very seriously, and their review of the management of the investigation of serious incidents. In keeping with the priorities highlighted by the Francis and Berwick Reports, provision of the safest and most effective care for patients must be the highest priority for the LAS. Reporting, investigating and learning from patients' safety incidents and complaints, are fundamental to ensuring patients are safe. Evidence must be produced that learning from incidents and accidents is constantly taking place. Patients must always be told when they have been harmed due to clinical errors.

The LAS should ensure that all ambulances carry equipment that is clean and sterile; that shortfalls in infection control are always taken seriously and acted upon, and that essential clinical equipment is always available, e.g. tympanic thermometers.

WE RECOMMEND that the LAS publishes in the public arena the outcome of all incidents, complaints and accidents investigated, where there are recommendations for service improvement; together with evidence demonstrating enduring improvements to service quality and safety, and evidence of staff and organisational learning consequent upon these recommendations.

4) PRE-HOSPITAL DEMENTIA CARE WILL BE TRANSFORMED

The Forum is pleased that the LAS has started to focus more specifically on the needs of patients with cognitive impairment. 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. The 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 dementia care. This should include access to Health Education England’s training resources. See also our section on mental health care (6) below.

Access to appropriate care pathways for patients with cognitive impairment must become fundamental to providing right care, first time.

5) PATIENTS WHO FALL SHOULD ALWAYS RECEIVE INTEGRATED CARE

The Forum welcomes the decision of the LAS to upgrade calls for patients who have fallen, and their participation in research into the needs of these patients (SAFER 2 – APPENDIX). 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 welcome the CQUIN for an Enhanced Falls Service for 2014/5.

WE RECOMMEND that the LAS ensures care for people who have fallen is provided rapidly and includes agreed care pathways and integrated care plans, with clear governance mechanisms to ensure care plans are fully implemented. Immediate access to the right services, and evidence of clear outcomes for patients are essential.

6) CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS MUST BE TRANSFORMED

We commend the LAS for the considerable progress that has been made in the prioritization of care for people with mental health problems; however, we are concerned that E-learning approaches have been adopted as the main vehicle for training of staff, which are not as effective as face to face cognitive learning.

The Forum is pleased that work is developing with mental health Trusts to create effective mental health pathways, which should help to divert patients away from A&E departments, to more appropriate types of community care – however, this approach needs to gather pace and speed to ensure implementation in the short term. We welcome the decision of the Chief Executive to provide leadership by chairing the LAS Mental Health Committee to ensure implementation of this fundamental priority.

WE RECOMMEND that the LAS develops a specialist front-line 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.

The LAS should work more actively with providers of mental health care to ensure that alternative care pathways for patients in a mental health crisis are available when required to prevent, where possible, admissions to A&E.

The LAS must also focus on the special needs of people with learning difficulties and on cultural, language and age related needs.

A significant proportion of mental health training should be live rather than via e-learning, as interpersonal skills and attitudes appropriate to this group of patients need to be practised, evaluated and demonstrated.

7) EXCELLENT END OF LIFE CARE MUST ALWAYS BE PROVIDED

The LAS should continue to develop its excellent work in developing 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 welcome the CQUIN for End of Life Care for 2014/5.

We RECOMMEND that the LAS works closely with the Royal Marsden Hospital and CCGs to enable a far greater number of people to access appropriate care through CoOrdinate My Care (CmC). The LAS in collaboration with the Royal Marsden and CCGs 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.

8) DELAYS IN PROVIDING URGENT AND EMERGENCY CARE ARE NOT ACCEPTABLE

We congratulate the LAS on the achievement of its Category A targets for patients with life threatening conditions.

Vulnerable patients who have requested emergency care must never be left waiting long periods for care to be provided by the LAS. Patients who are

vulnerable, in pain, who have fallen, or taken an overdose, should not have to make repeated calls to the LAS to get help. Such delays suggest a significant breakdown in care provision and are the cause of many complaints to the LAS. 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 in London. The work-force must be enlarged to ensure that the Category C targets which follow are always met: Achievement of targets in 2013/4 were as follows:
Category C1 – reached in 20 minutes –72.88% (target 90% in 20 minutes)
Category C2– reached in 30 minutes – 66.88% (target 90% in 30 minutes)

9) STAFF SHIFT PATTERNS SHOULD BE FULLY EVALUATED

There is considerable national and international research on the deleterious effects of shift work on both short and long term physical and mental health. Some staff members are not suited to shift work and able to remain healthy and well, but are excellent front line clinicians. The LAS needs to reconsider the health and safety needs of patients and staff.

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.

10) APPROPRIATE CARE PATHWAYS SHOULD BE FULLY OPERATIONAL

It is crucial 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, patients and carers that these pathways are available when required, clinically appropriate, fully-funded, subject to regular clinical audit and tests of reliable and continuous access, i.e. effective governance.

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

We welcome the decision of the LAS to involve patients and stakeholders in the development of their strategy and a new culture of “no decision about us, without us”. The meeting on the LAS PPI strategy was exemplary. The LAS

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

WE RECOMMEND:

- **Continuous 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.**
- **Developing wider public engagement around service re-design.**
- **Promoting the public education role of the LAS.**
- **Developing a much wider range of methods to seek public views on LAS services and providing feedback.**
- **The LAS should demonstrate the value it places on the knowledge, insight and contribution of patients and carers to service development.**
- **Trust Board members should enhance their public accountability by listening more to and meeting the public and acting on what the patients and the public say.**

12) 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 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 the difficulties experienced by the LAS to recruit locally, despite the very fulfilling professional opportunities for front line staff. The LAS are currently recruiting from Denmark and New Zealand.

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

THE FORUM'S KEY ACTIVITIES IN 2013

QUESTIONS TO THE LAS's NEW CHIEF EXECUTIVE – ANN RADMORE

Ann Radmore, the new LAS Chief Executive, was appointed in 2013 and spoke at the January 2013 Patients' Forum meeting entitled: "Challenges and Ambitions for 2013". Forum Members put a number of questions to Ann Radmore and her responses are shown below:

A) DIRECTORY OF SERVICES

How useful is the Directory of Services (DOS) established to enable the LAS front line staff to use (non A&E) alternative care pathways more effectively? How will this work alongside the new 111 urgent care system?

The Directory of Services (DoS) is used operationally by EBS (Emergency Bed Service), CTA (Clinical Telephone Advice), and staff working in the Clinical Hub. All staff in these areas have received training in the use of the DoS and have individual logins. The DoS's primary function, outside of LAS, is to supply appropriate suggestions to meet the needs of callers to the 111 sites, integrating closely with the NHS Pathways tool. Although LAS does not use NHS Pathways, the DoS contains a simple web-front (called Service Search) which can be used to search its records for a particular team type (GP, Pharmacy, Emergency Department, District Nurse, etc). The DoS returns all appropriate options in a simple list which can be ordered alphabetically or by geographical distance from a patient's postcode. Each record in the list can be clicked to open the DoS entry for that particular provider to give demographic data, opening times, and 'disposition instructions' which is a free text box that provides a description of the service, how to refer, who it provides services to, etc.

The DoS is used, together with other information sources, to support referral processes across the teams mentioned above, allowing CTA advisors, for example, to confidently suggest the nearest most appropriate services taking account of geography and opening times. EBS staff use the DoS regularly to identify patients' GPs so as to enable them to be advised of falls in elderly patients. The clinical hub is able to use the DoS in a more free-ranging way to support responses to general enquiries from crews across a wide range of scenarios. Most recently we have been working with EBS using some seconded clinical trainers to, among other things, look specifically at identifying opportunities to refer to Appropriate Care Pathways outside of the formally agreed processes from the CQUIN list etc. These staff have also received training and DoS logins to allow them to take advantage of this repository of service information.

B) ALTERNATIVE CARE PATHWAYS

In relation to the development of alternative care pathways, is an effective relationship growing between the LAS and pharmacies as a referral system for people with urgent medical problems?

In terms of a formal development of a relationship between pharmacies and the LAS, there has been no work done, however staff are aware that this is an option. A very

small number of calls are associated with replacement medicines and our triage system would not identify these as requiring an ambulance and would therefore be directed to an appropriate alternative pathway. As always the overriding priority must be the clinical well being of a patient and as such anyone with an 'urgent medical problem' would require the intervention of a doctor or attendance at an emergency department. A communication can be issued to all staff reminding them of the referral to a pharmacist option when deemed both appropriate and safe.

C) AMBULANCE QUEUEING AT A&E

What action will the LAS take in collaboration with commissioners where hospitals are effectively using the LAS as a queuing system for A&E because of a shortage of beds?

The LAS continues to work closely with commissioners, acute trusts and increasingly with CCGs to resolve queuing of ambulances at ED. The pan London capacity management policy has recently been updated by the commissioning board. The LAS are a contributor to this policy and a key user of its framework when ED capacity begins to affect LAS turnaround. We maintain internal surge arrangements that can be delayed in extremis to release ambulances from EDs where excessive queuing is taking place.

D) MATERNITY UNIT PRESSURES

Is the LAS concerned that some maternity units have bed shortages and are effectively using the LAS to mitigate this problem by sending patients to other hospitals?

Capacity is an issue in London maternity units due to low staffing levels or bed availability. To mitigate we developed the Closure & Divert policy for maternity with the SHA, LSA and LAS. We monitor maternity unit closures in EBS who in turn inform operation. If we have a patient in need of conveyance -we take them to the nearest open unit for assessment. If a unit closes this is reported to stake holders.

E) COLLABORATION WITH CCG ON CAPACITY ISSUES

Is the LAS actively working with LAS commissioners to raise these issues with London's CCGs?

Yes. We continue to develop relationships with the newly formed CCGs and seek to engage them in capacity issues that affect LAS delivery as they occur. This is done through the cluster on call arrangements outlined in the pan London capacity management policy.

F) PUBLIC INVOLVEMENT AND CO-PRODUCTION

Whilst various forms of public involvement have been effective, e.g. public consultation, surveys, participation in boards and committees; the real and most effective form of involvement is co-production. This approach needs a great deal

of public education. Is the LAS committed to co-production to develop better LAS services in collaboration with patients and the public?

We are aware that we need to continue to make improvements in this area of work. We are committed to the concept of real public engagement. The examples that support the co-production philosophy suggest we still have some distance to go before we could confidently say we use co-production methodology. We are committed to making improvements in this area and have refocused our Learning from Experience committee as a further step in strengthening the patient voice.

G) FOUNDATION TRUST GOVERNORS – INFLUENCE

How will Foundation Trust Governors be involved in the development of LAS services and influencing LAS policies?

Membership provides a greater opportunity for us to build closer links with the community and ensure that as many people as possible have the chance to have their say in the future planning of the service. Becoming a member of a foundation trust offers an individual the opportunity to act as a guardian overseeing the Trust's strategic vision. The membership as guardian will determine how we can develop patient-centred services that improve directly our patients' experience. Governors will play a key role in the success of members' engagement as they will be an important link between the trust and the members. The governor role is:

- Ambassadorial: representing and promoting the Trust and its activities within the community.
- Guardianship: to act as guardian of the Service on behalf of the local communities that constitute the population of London.
- Advisory: providing a steer on how the foundation trust can carry out its business in ways consistent with the needs of the members and the wider community.
- Strategic: supporting the Board of Directors on the strategic approach of the Service.

The Council of Governors will have a shared responsibility to put their views to the Board of Directors on the forward plans of the Trust. Rather than just approach this once a year when the plans are ready for submission, we envisage involving governors throughout the year in discussions about service planning and development, both through the current format of members' events where they will have the opportunity to engage and discuss plans with their members, and through membership of committees and working/project groups for example. The Trust currently has a number of meetings throughout the year to involve members in our future plans. For example, we have had meetings on our carbon management plans, our equality objectives and the development of appropriate care pathways. We will continue to plan such meetings and will expect Governors to play an active part in these discussion forums with members. Governors will meet formally at least four times a year in a meeting that will be chaired by the LAS chairman. This will be a key

opportunity for Governors to comment on the strategic direction of the Trust and ensure that the direction of travel, set by the executive board, is on track. Directors and senior managers will attend Council meetings and present/ discuss plans and progress, and we will encourage governors to attend board meetings.

All of this is very much part of the induction and ongoing development of governors to ensure that they develop an informed understanding of how the Service operates, the challenges it faces, and that they have the opportunity and confidence to put forward their own challenge and view and to make a positive contribution. We intend to develop a positive working relationship between directors and governors that allows mutual challenge and scrutiny with the shared objective of providing high quality emergency and urgent care services to Londoners.

H) PUBLIC HEALTH AND HEALTH PROMOTION

What role will the LAS have in supporting health and social care service collaboration in order to enable people to live longer?

We are still waiting to see how some of the formal structures are shaped but we are enthusiastic about the opportunities that lie ahead for the LAS in influencing the public health and health promotion work. We have started to link in with a number of organisations regarding alcohol, such as the London Health Improvement Board and some of the voluntary organisations. We hope that this will act as a template in the future.

SICKLE CELL DISEASE

The Forum worked closely with John James and Patrick Ojeer, from the Sickle Cell Society, following an initial meeting with Steve Lennox to discuss priorities in the care of people with sickle cell disease. The Sickle Cell Society was concerned, following a successful workshop on improving care for people in sickle cell crisis, that the LAS had failed to update the SCS on progress. The SCS and the LAS agreed at that meeting that the following issues would be prioritised:

A) Minimise delays in responding to patients in sickle cell crisis
B) Effective pain relief
C) Right hospital to meet the patients' specific needs (or a reasonable explanation)
D) Up skilling the LAS staff
E) Involving members of the SCS in training of LAS staff

The Forum repeatedly raised this issue with the LAS during 2013 leading eventually to a successful meeting between the LAS (Ann Radmore, Dr Fionna Moore and Steve Lennox), SCS (John James and Patrick Ojeer) and the Forum to refocus on the agreed priorities.

DEMENTIA CARE BY THE LAS

The Forum asked the LAS Commissioners to develop their commissioning intentions for 2014-5 to include a focus on dementia care for front line clinical staff. To support our case for a greater focus on the needs of patients with dementia care and cognitive impairment, we produced a Forum publication: Our Dementia Challenge to the LAS and the LAS Commissioners. This was widely distributed in the LAS, to Mark Docherty as the Head of LAS commissioning, to local Healthwatch and the voluntary sector. Mark Docherty confirmed he was happy to work with the Forum to look at enhanced clinical care for patients with dementia and the Commissioning Intentions document for 2014-15 included this theme.

The Forum's priorities in relation to dementia included:

- Sufficient access to alternative care pathways to prevent acute admissions.
- A joined up approach, so that paramedics work more effectively with community and acute care providers to develop integrated care for people with dementia.
- Encourage the LAS to use the Health Education England e-training package for front line staff. http://www.e-lfh.org.uk/projects/dementia/
- Prepare case studies about the experiences of patients and carers in relation to LAS care for people with cognitive impairment.
- Continue to press for paramedics to be issued with mobile phones so that they can make calls directly to GPs, community nurses, hospitals and urgent care centres. This issue has been raised repeatedly with the LAS.

As part of their response to the needs of patients with cognitive impairment, the LAS have joined the Alzheimer's Society Dementia Friends project.

ATTEMPTED CLOSURE OF LEWISHAM A&E

The Forum was concerned about attempts to close Lewisham A&E and raised concerns with the LAS Trust Board. The proposal by the Trust Special Administrator was to downgrade Lewisham A&E so that it no longer accepted blue lights and would instead become an urgent care centre. The Forum put several questions to the LAS Board:

a) What additional costs would there be for the LAS?

It remains too early to tell with any certainty what additional costs there will be for LAS as a result of reconfiguration affecting Lewisham ED. We have secured a commitment from commissioners that any additional resource that LAS requires as a result of reconfiguration will be modelled on a case by case basis to take account of increased journey times and increased activity as a result of the reconfiguration and will be funded as part of the reconfiguration arrangements.

b) Is the LAS satisfied with the transit time modelling?

The LAS will commission bespoke modelling to assess the impact of any additional journey time as a result of reconfiguration once the final detail of the reconfiguration is known.

c) Regarding pressures on the M25 corridor, whether discussions have taken place with SECAMB in relation to the Lewisham Hospital proposals?

No. It is not envisaged that patients' journeys to the SECAMB area will be affected by reconfiguration at Lewisham. We continue to work across South London and are engaging SECAMB in this regarding the wider impact of reconfiguration across SE and SW London and across the M25 border.

d) Have the impact of pressures on Croydon University Hospital and the proposed changes to St Heliers been considered in LAS modelling?

No. Any reconfiguration or services changes that occur in SW London will be subject to bespoke modelling by the LAS to understand the impact on journey time and demand.

e) How are plans progressing for the LAS and acute providers to implement the recommendations from 'Zero Tolerance: Making Ambulance Handover Delays a Thing of the Past'?

The Hospital Turnaround reduction plan is now a work stream within the operating efficiencies aspect of the modernisation programme. The work stream is being led by Assistant Director of Operations, Peter McKenna. A delivery plan with the associated milestones has been submitted to the Programme Manager. Progress against the delivery of this operating efficiency will be made through the normal reporting mechanisms for the programme.

We also asked the following questions but detailed answers were not available.

- Has the LAS formed a view on the TSA proposal and is there evidence to support the Trust Board position?
- What would be the clinical impact of extra journey times to take patients to King's or to Queen Elizabeth Hospital, Woolwich?
- Would extra resources be provided to increase the capacity of Queen Elizabeth Hospital, Woolwich and King's College Hospital, as their A&Es are often so full that ambulances have to queue outside until a trolley is free.

The Forum invited Dr Brian Fisher, Lewisham LINk/GP, to talk to the Forum about the proposals to close Lewisham A&E and continued to seek evidence of robust research into the potential impact on patient care and patient safety of the TSA proposal. We found the evidence to support the closure weak and insubstantial. The Forum therefore wrote to Jeremy Hunt, SoS for Health, to express concerns about the TSA proposal and gave evidence to the public inquiry held in Lewisham by the Save Lewisham Hospital Campaign prior to their successful judicial review.

Following the public inquiry and judicial review the proposal to close Lewisham A&E was withdrawn as the TSA's approach was found to have been unlawful.

CQC INSPECTION OF THE LAS

Following a CQC visit to the LAS in December 2012 the Forum contacted Hayley Marle, CQC inspector, regarding the action plan for LAS relating to staff numbers and availability of clinical equipment. We also raised with Hayley Marle, provision by the LAS of information leaflets for patients who wish to make contact to raise their concerns about care and treatment. The Forum was concerned that:

- Information was not available on ambulances or in other locations explaining how to make complaints or raise concerns
- Staff shortages were not adequately being dealt with
- There were serious shortages of equipment, e.g. aural tympanometers

Ann Radmore gave assurances that equipment shortages would not recur but we continued to receive reports from front line staff of shortages.

A repeat CQC inspection was carried out on August 28-30, 2013, and in September 2013 the CQC told us: "We are carrying out a routine inspection of national standards of quality and safety at London Ambulance Service NHS Trust. We will publish a report when our check is complete". The inspector was invited to a Forum meeting and provided with a detailed analysis of our views on the compliance of the LAS with the CQC's Essential Standards of Quality and Safety.

http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf
Information for the CQC 2013 Inspection of the London Ambulance Service

http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/reportforcqcinspection-2013_copy.pdf

We were disturbed when the CQC report was published to find that the CQC had ignored the issues raised with them by the Forum. The Forum therefore decided to put pressure on the CQC to ensure that Inspectors carried out inspections to a much higher standard in future, to ensure compliance with the CQC's Essential Standards. This issue was raised with the CQC Chief Executive, David Behan, and has led to meetings with senior officers of the CQC.

QUESTIONS TO LAS TRUST BOARD AND PATIENTS' STORIES

Each month the Forum submits Questions to the LAS Trust Board and people who have used the LAS are invited to present their experiences to the Board.

Following representations from the Forum, Richard Hunt, Chair of the LAS Board, agreed to provide evidence where appropriate that patients' stories presented to the Trust Board have outcomes in terms of improved services for patients.
Richard Hunt wrote to the Forum as follows:

> "I will be asking Steve Lennox to provide a six monthly review of the patients' stories, together with any follow up action requested by the Board. We will ensure that responses to Patients' Forum questions are clearly identified in the minutes. We have looked back at the last few meetings and I enclose some extracts from the minutes of those meetings which do identify the question raised by the Patients' Forum and the minuted response. However, in order to reinforce this, I will ensure that in the review of minutes at the meetings and any matters arising, that the response to questions both from the Patients' Forum and more generally to the public, are specifically highlighted."

EXAMPLES: QUESTIONS AND RESPONSES FROM THE TRUST BOARD

PATIENTS' FORUM QUESTIONS TO THE LAS BOARD – JANUARY 29th 2013

SHORTFALL IN NUMBERS OF FRONT LINE STAFF
What steps have been taken by the LAS to address the shortfall in front line staff highlighted by the CQC in their report to the LAS in December 2012?

Caron Hitchen responded that these actions were set out in the paper to the Trust Board. The Trust continued to progress its recruitment plan for 2012/13, which was on track to deliver a vacancy factor of under 2% by April 2013.

IMPACT OF PLAN TO CLOSE LEWISHAM A&E
Has the LAS received any assurances from the TSA about measures to alleviate the pressure on the LAS and King's A&E in relation to heart, stroke and trauma patients if Lewisham A&E is closed?

Fionna Moore responded that patients who had suffered a STEMI would be transported directly to the cardiology department at King's College Hospital and would therefore bypass the emergency department. There were two hyper acute stroke units in the area and assurance had been received that there was sufficient capacity in the stroke units across the whole of London. King's College Hospital had recently enlarged the emergency department and had already increased its resuscitation room by 100% in the last year. The plans for implementing improvements to emergency services at all the remaining provider sites are included in the final report from the TSA (Trust Special Administrator).

MENTAL HEALTH CARE AT KING'S COLLEGE HOSPITAL A&E
Does the LAS have concerns about its ability to care for people with acute mental health problems were Lewisham A&E to close and considerable additional pressures put on King's A&E?

Steve Lennox responded that there was a move away from transporting mental health patients to emergency departments and instead transporting the patient to a preferred mental health provider.

HANDOVER OF PATIENTS AT DARENT VALLEY HOSPITAL
In relation to problems with handover times at Dartford (Darent Valley) Hospital, when will LAS be able to introduce the double button push system?

Jason Killens responded that Darent Valley was a hospital that, whilst outside of the LAS operational area, was used by LAS ambulance crews to receive patients. The hospital alert system was currently being enhanced to better reflect handover and trolley clear times. The LAS was working jointly with commissioners to enhance the system and better reflect the current operating arrangements in our contract for next year.

TRUST SPECIAL ADMINISTRATOR'S PROPOSALS
In the event of the TSA proposal being introduced, is the divert protocol robust enough and what are the additional timings expected to be?

Paul Woodrow responded that the Secretary of State was yet to make a decision about whether the Trust Special Administrator proposal would be introduced but the service needed to ensure that safety and quality were at the forefront of any changes. The service would also need to understand what additional resources it would need to maintain a level of safety and quality.

ALTERNATIVE CARE PATHWAYS
Is the LAS satisfied with the progress of the DoS development as a means of providing alternative care pathways?

Jason Killens responded that access to the Directory of Service was subject to regular review. The Trust was also looking to supplement information on the Directory of Service with patient notes.

PATIENTS' FORUM QUESTIONS TO THE LAS BOARD – JUNE 25TH 2013

NRLS REPORTING
Is the Board satisfied with the current level of reporting to the NRLS/NHS England (National Reporting and Learning Service)? Will the Board ensure that all staff are aware of the importance of reporting and learning from incidents?

Answer provided by Sandra Adams, Director of Corporate Services:
We do not routinely report to the Trust Board, the number of incidents reported to NRLS; however the consistency of reporting to NRLS is measured in the CQC Quality Risk Profile, which is reviewed by the Quality Committee and Risk, Compliance and Assurance Group. An error was identified last summer and an in depth clinical review was undertaken of all incidents reported to NRLS. The reporting systems have now improved to ensure that this type of error does not reoccur. The number of incidents reported to NRLS can be reported to the Trust Board if this would be helpful.

Answer provided by Steve Lennox, Director of Health Promotion and Quality:
Learning from incidents would be covered as part of the action plan to address the recommendations in the Francis Report.

DEMENTIA PATHWAYS
What progress has been made by the Trust in enhancing care for patients with dementia? Is the Trust following the lead of other ambulance trusts that are working to reduce admission to hospital of patients with 'preventable ambulatory care sensitive conditions' and enhancing staff training in relation to assessing pain and taking clinical histories?

Answer provided by Steve Lennox, Director of Health Promotion and Quality:
The Trust looked into whether care of dementia patients could be part of a CQUIN, however it was found that these patients were currently being managed well and nothing was identified that would fundamentally improve the care of these patients.

LOCATION ALERTS REGISTER
Is the Trust satisfied that staff are sufficiently well trained to carry out dynamic risk assessments prior to deciding whether to enter premises (where a patient is waiting for an ambulance), or call the metropolitan police. Have there been any significant issues regarding harm to patients since this new risk assessment system was introduced?

Answer provided by Paul Woodrow, Director of Service Delivery:
All frontline staff are trained as part of their core training to carry out a dynamic risk assessment for all calls they attend. In relation to the Locality Alert Register, the new register has four categories and the MPS will only automatically be dispatched to level 1 & 2 entries on the LAR. A revised operational policy has been published to reflect these changes and an appendix to that policy has a separate section in relation to carrying out a dynamic risk assessment where crews are notified that the location they are attending appears on the register. I am unaware of any significant incident regarding harm to patients since the new policy was introduced.

SARAH MULENGA INQUEST
In view of the comments of the Coroner regarding care provided to Sarah Mulenga, is the Trust satisfied that the skill set of front line staff is now adequate to prevent a reoccurrence of the poor care received by this patient?

Answer provided by Fionna Moore, Medical Director:
The root cause of this incident was not that the crew had received insufficient training, but that the crew had failed to follow their training. The Medical Director is content that the training provided would allow staff to undertake an adequate assessment. The crew involved in the Sarah Mulenga case were both 3rd Year students and were therefore qualified to work independently.

MENTAL HEALTH CPIs
In view of the continuing concern regarding mental health CPIs, is the Board satisfied that front line staff are receiving adequate training in relation to the care of patients with serious mental health problems?

Answer provided by Steve Lennox, Director of Health Promotion and Quality:
Mental health training was currently included in the staff training programme.

MENTAL HEALTH CRISIS CARE: PHYSICAL RESTRAINT IN CRISIS (Mind Report - June 2013)
Will the Board ensure that governance arrangements are sufficiently robust to satisfy you that staff are well trained and supported to use de-escalation and alternatives to physical restraint, that the methods used are safe and that physical restraint incidents are reported and feed into ongoing organisational learning?

Answer provided by Steve Lennox, Director of Health Promotion and Quality:
The LAS is currently reviewing the way it manages physical restraint of mental health patients.

MEETINGS OF THE FORUM AND SPEAKERS IN 2013

JANUARY - Ann Radmore, Chief Executive of the LAS - "Challenges and Ambitions for 2013"

Dr Brian Fisher, Lewisham GP and Dr Tony O'Sullivan, Paediatrician, Lewisham Hospital – Save Lewisham Hospital Campaign

FEBRUARY – Mental Health: Urgent and Emergency Care – Kuda Dimbi, Clinical Adviser on Mental Health Care, LAS

MARCH –Achieving Equality and Diversity in the LAS – Janice Markey, Equality and Inclusion Manager, LAS.

APRIL – The Francis Report on Disasters at Mid-Staffs Foundation Trust – It could never happen here! Or could it? – Peter Walsh, Action against Medical Accidents

MAY – New systems for urgent care in the LAS – Margaret Luce, Head of Involvement and Public Education, LAS

JUNE – Responding to rising demand for emergency care in London – Steve Lennox, Director of Quality and Safety, LAS, and Dr Onkar Sahota, Chair, London Assembly Health Committee

JULY – Commissioning London's Ambulance Services - Mark Docherty, Director of LAS Commissioning

SEPTEMBER – Developing major trauma services in London. Dr Fionna Moore, Medical Director, LAS and member of the Major Trauma 'Clinical Reference Group' (CRG)

NOVEMBER – Clinical Audit and Research Update, Gurkamal Virdi, Assistant Head of Clinical Audit and Research

DECEMBER -Winter Sustainability Programme – Jason Killens – Director of Operations and LAS Modernisation Programme –Jane Chalmers – Director of Modernisation

Report and Financial Statement for the year ended 31st December 2013

The Trustees have pleasure in presenting their report and financial statement for the year ended 31st December 2013.

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 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 (re-elected14 October 2013)
Angela Cross-Durrant (re-elected 14 October 2013)
Michael English
Dr Joseph Healy
John Larkin (re-elected 14 October 2013)
Louisa Roberts
Robin Standing
Lynn Strother
Rev Sister Josephine Udie (re-elected 14 October 2013)

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

Activities and Achievements

Since 1st April 2008, the Patients' Forum has established itself as a corporate body in the voluntary sector. We have continued to work with the London Ambulance Service and other health bodies in London and beyond, ensuring that a body of experienced people exists, who can be highly effective at monitoring services provided by the London Ambulance Services and other providers and commissioners of urgent and emergency care.

The Company has worked closely with Local Healthwatch since their establishment on April 1st 2013 and is also preparing for the transition of the London Ambulance Service into a Foundation Trust in or about 2016.

The Patients' Forum has successfully monitored services provided by the London Ambulance Service and worked successfully with Local Involvement Networks, the voluntary sector, the North West London Commissioning Support Unit, which commissions the LAS, as well as forming links with patients, patients' groups and the public.

We have successfully carried on our commitment to supporting and influencing the development of high quality urgent and emergency health care and patients' transport services.

In 2008, the Company invited and received a constructive letter of mutual recognition and understanding from the Chief Executive of the London Ambulance Service, in confirmation and furtherance of the good working arrangements which characterise the ongoing relationship between the London Ambulance Service and the Patients' Forum. We 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 2013 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 £20. The annual Affiliation fee for individuals is £10. New affiliates are welcome to join.

This report was approved by the Trustees on _____________ 2014 and is signed on their behalf by:

____

Malcolm Alexander	John Larkin
Director/Chair	Director/Company Secretary

PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD
INCOME AND EXPENDITURE ACCOUNT

For the Year Ended 31 December 2013

	Restricted Funds	Unrestricted Funds	Total
	£	£	£
Incoming Resources			
Grants	-	-	-
Donations	-	20	20
Membership fees	-	230	230
Affiliation fees	-	20	20
Investment income	-	-	-
Other	-	-	-
Total Incoming Resources	-	270	270

Resources Expended			
Companies House	-	40	40
Renewal of website	-	32	32
Reception event contribution	-	50	50
Other	-	-	-
Total Resources Expended	-	122	122
Net incoming /(outgoing) resources for year	-	148	148
Total funds brought forward	-	1558	1558
Total funds carried forward	-	1706	1706

BALANCE SHEET - 31 December 2013

	£	£
Fixed assets	-	_
Current assets		
-debtors	-	-
-cash in hand	-	-
-cash in bank	1706	-
-Gross current assets	-	1706
Creditors		
-amounts falling due within one year	-	-
Net current assets	1706	
Total assets less current liabilities	1706	
Reserves		
- Restricted funds	-	
- Unrestricted funds	1706	
		1706

Notes

1. These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.
2. For the year ended 31 December 2013 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 __________________________2014 and is signed on their behalf by:

________________________________ ________________________________

Malcolm Alexander — John Larkin

Director/Chair — Director/Company Secretary

GLOSSARY

ACP – Advance Care Plan
A&E – Accident and Emergency Department
Cat A – Category A–Ambulance target for patient with life threatening conditions
Cat C – Category C -Ambulance target for patient with urgent/ emergency conditions
CCG – Clinical Commissioning Group
CQC – Care Quality Commission
CQUIN – Commissioning for Quality and Innovation
CmC – Coordinate my Care
CTA – Clinical Telephone Advice
DoS – Directory of Services
EBS – Emergency bed service
ED – Emergency Department (A&E)
EoLC – End of Life Care
LGBT – Lesbian, Gay, Bisexual and Transgender
NRLS – National Reporting and Learning Service
PTS – Patient Transport Service
SCS – Sickle Cell Society
SECAMB – South East Coast Ambulance Service
SoS - Secretary of State
TSA – Trust Special Administrator

APPENDIX

About the SAFER 2 Study - Care of older people who fall

The SAFER 2 trial will measure the costs and benefits of a protocol for use by emergency ambulance paramedics in the care of older people who have fallen allowing the paramedic to assess and refer appropriate patients to a community based falls service.

We will carry out a randomised controlled trial in which ambulance stations in three participating services (London, Wales, and East Midlands) are randomly allocated to

1) Implement the new protocol (intervention group) or

2) Continue to provide care according to their standard practice (control group). Paramedics based at the stations selected for the intervention group will receive additional training, protocols and clinical support to enable them to assess older people and decide whether they need to be taken to the Emergency Department (ED) straight away, or whether they could benefit from being left at home, with a referral to a falls service.

We will compare costs, processes and outcomes of care for patients aged 65 or over who have fallen and are attended by paramedics with the new protocols with those attended by paramedics delivering usual care, at 1 and 6 months.

The most important outcomes are those related to further falls – subsequent 999 calls and ED attendances for falls. We will also compare between groups: all falls; fall related injuries; hospital admissions; quality of life; 'fear of falling'; satisfaction; deaths; operational measures for the services e.g. time spent on jobs; and the costs of care (and any knock on effects) to the NHS and other services and to patients and carers. We will also gather in-depth information from patients, carers and health care providers (paramedics, ambulance service managers, and falls service staff) about how the new service works, and about any factors which encourage or hinder its use.

Members of this highly experienced research team have previously collaborated on successful and influential studies in this area. The research costs include funding for a trial co-ordinator, to be based in Swansea and three research assistants, one to be based at each partner site, as well as for the contribution of our specialist advisors in statistics, health economics, qualitative methods and clinical matters. NHS costs related to training, clinical support and implementation are also included.