PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

FINAL DRAFT

REPORT ON PATIENTS' FORUM VISITS TO THE LAS EMERGENCY OPERATIONS CENTRE – 2017

"My visit to the highly organised EOC at Waterloo was very illuminating and my thanks go to the General Manager of EOC and the wonderful EOC staff for their time and hospitality". Lynn Strother, Waterloo EOC, May 31st 2017

Executive Summary

Eight Forum members joined EOC staff for up to eight hours at either Waterloo or Bow Emergency Operations Centre. In all cases our Members were very impressed by the skills, professionalism and expertise of EOC staff. We listened in to calls, and discussed how the system works with call-handlers, despatchers, IC[1] desk, Clinical Hub (CHUB), specialist desks for HEMS[2] and mental health and with EOC managers. We tuned into some of the particular problems resulting from the high pressure for a fast response from GPs, other health care professionals and from the police.

We discovered that despite the amazing job they do, staff often feel unnoticed and ignored, especially during major incidents, when they are ensuring that resources continue to be made available across London to patients suffering from major and life-threatening health problems. We heard that staff were reluctant to fill in staff surveys because of an anxiety about confidentiality, i.e. they were fearful about the consequences of being critical of the LAS.

We came to the conclusion that it is very important for LAS Board Members, Primary Care staff, and Front-Line clinical staff to spend time in the EOC, to understand better the crucial role played by EOC staff and the pressures on them.

A significant concern conveyed to us was the feeling of being overwhelmed by information and bulletins from many sources intended to update EOC staff, but presented in a form that fails to enable staff to use this information effectively.

Another area highlighted was the need to work more closely with voluntary sector organisations across London, to better utilize their resources to support patient care, and to tell them more about the work of the LAS, so that effective partnerships can be developed.

[1] **IC - Intelligence Conveyance**

[2] **HEMS – Helicopter Emergency Medical Service.**

We identified the need for the LAS Communications to promote education of the public on the role of ambulance services, including specifically schools, colleges and universities, so that future generations become better informed. We recommend the LAS and AACE (Association of Ambulance Chief Executive) meet with the Department of Education, to promote the education of all children and students in schools, colleges and universities in CPR, the use of defibrillators, the role of ambulances services and if possible – first aid to include use of Epi-Pens.

We are concerned that GPS is still limited as an effective source of information for staff to locate patients in some parts of London, e.g. the Olympic Stadium in Stratford, the Barbican, some housing estates and newly built housing.

We recommend that LAS leadership focuses better on valuing staff in EOC and demonstrating to them how important their role is, especially after major incidents, terrorist's attacks and exceptional incidents like Grenfell Tower. The LAS should focus on recognising the essential work of the EOC both internally, and externally to the media.

"My 8 hour visit to the EOC at Waterloo, arranged by the Patients' Forum was a fascinating and instructive experience."

DETAILED REPORT ON A VISIT TO WATERLOO EOC

This first report is based on the experience of Lynn Strother, member of the Patients' Forum Executive Committee following her visit to Waterloo EOC on May 31st 2017. The second joint report is a summary of all the reports produced by our members who visited the EOC in 2017. There are also two further reports in the appendix. Visits were arranged with Tahra Pickard, Emergency Operations Centres Administrator.

I arrived at 9am and was expected by reception. I was met by the Duty Manager who gave me a short introduction to the different areas of the EOC and introduced me to the section managers and supervisors giving details of their roles. There were also two people from NHS England attending for the day but who spent the majority of their time with the Clinical Hub. Everywhere I went I was warmly welcomed and greeted – so different to many organisations where lay observers are seen as a nuisance".

"Staff worked hard to ensure that members understood how the system worked, the nature of calls and the process of providing and appropriate response to 999 callers".

TIME SPENT WITH A CALL HANDLER

"I spent the morning and early afternoon with a Call Handler who was very informative–happy for me to listen in on the headset, ask questions and also to show me his training/information file and to give his opinions on how well the system is working.

"As would be expected his telephone manner was excellent – not speaking too quickly, being very clear in his instructions and did not use jargon. If I had been the caller – I would have been very re-assured".

I was shown how the call handling system and triage worked, how the patient's address comes up on the screen immediately after the telephone number and on the Sat Nav. Also, how multiple calls for the same incident were identified and dealt with and how information about 'care plans', 'possibly challenging person' and 'frequent caller' is highlighted and dealt with".

"Each time I listened into a call, the 'call handler' went through the procedure and explained why certain questions were asked/decisions made and each time asked if I had any questions".

I was also given the Work Manual[3] to read, which is on each call-handler's desk.

"Each call immediately prompts a detailed street map of the relevant area of London to be displayed on the call handler's screen".

Protected characteristics of callers.

Call Handlers do not ask any questions on ethnicity or protected characteristics in the call handling cycle. Information in relation to ethnicity is captured on patient report forms (PRF) when visited by front line staff.

STAFFING, CALLS & SHIFTS IN THE EOC

The number of people on a shift varies due to rotas, holidays and sickness – there should always be in excess 20 (staffing levels flex across the day and are intended to match incoming demand). At peak times EOC plan to have 34 call handlers' available and lower numbers at times of less demand, such as the early hours of the morning during the week.

The number of calls received during a 12 hour shift varies – both Call Handlers and Dispatchers told me that the day I visited was very quiet, but on average 80 calls per 12 hr shift per person are received. Calls on busy days can go up to 120 per person per shift. Staff take a 20 minute break every two hours.

[3] Work Manual is

Most staff in EOC work a 12 hour shift. I was told staff prefer 12 hour shifts as it gives them a proper break between blocks of shifts, i.e. staff work a four day week. They can adjust these to take longer for lunch. A one hour lunch break is standard. There was a sign-in/sign-out sheet that all staff signed for each break.

Over a 5 week period the rota may look like this:

Week 1 – Monday – Thursday – 7am – 7pm
Week 2 – Monday – Thursday – 7pm – 7am
Week 3 – Friday – Monday –7pm – 7am
Week 4 – Friday – Sunday –7am – 7pm
Week 5 – Providing **relief** on 2 shifts, which can mean joining any shift.

Staff can find relief work difficult, as the relief shift may occur at any time during the week, which can be hard to fit into home/domestic arrangements.

TRAINING

Training Call Handlers – A basic five week course and then 10 shifts alongside a trainer followed by an assessment. Trainee staff are allowed 3 assessments to qualify. Safeguarding training is included in the basic course and refreshed every 3 years. Staff are required to update their training every two years. New starters begin their shift at 9am and mainly cover relief shifts.

CAREER STRUCTURE

There is a limited career structure and it is not easy to move forward as many senior EOC staff remain in post over a long period. Additional training does not enhance the salary, pay grade or promotion of staff. The 3 grades of EMD are 1, 2 and 3 – Call Handler, Dispatcher, and Allocator. From there to either Quality Assurance or CTC (Call Taking Controller/Manager). Other roles are: area controller, Call handling manager, Watch Manager, General Manager

STAFF SUPPORT – LINC (Listening - Informal - Non-judgemental - Confidential)

There was high praise for the support call handlers receive if they are upset or traumatized by a call. I was introduced to the call handler's LINC worker who supports staff within the work environment and on a personal level (including issues outside work if necessary). The LINC worker can also arrange for the provision of counselling services and explained to me in detail how the LINC service is provided and accessed.

What support to call handlers get when they have had a traumatic call?

The shift supervisor will follow up after the call to see if the handler is O.K. If it was a very traumatic call the handler may be stood down and sent home. LINC workers contact staff either by email, phone or face to face. Staff may be stood down for however long they require. There is a Call Handler Manager and a Call Handler Superintendent in the room for support and advice.

MENTAL HEALTH CARE

There was one call regarding a patient with a mental health problem, where various words trigged questions as to whether there was a safeguarding issue - which staff believed not to be the case. As the person suicidal ideation, the call handler kept him on the phone for about 40 minutes till the ambulance arrived. Unfortunately, there were no mental health nurses on duty during the shift that I attended.

> **"When the need for an ambulance is confirmed, to case is transferred automatically to the Dispatchers".**

DISPATCH STAFF

Training and qualifications

Five days in the classroom, plus radio training and five days for Allocator training.

All have the same training as Call Handlers, and their further training will include: 'desk' training, observation, sitting with Dispatch staff and undertaking the role under supervision before working alone.

"At this point multiple calls came in and there were not enough Dispatch staff, so some calls were put on hold. Additional staff were called over and the red indicator, which showed calls on hold, rapidly went back to green".

What is the career progression for Dispatch staff?

Progression includes promotion to be Area Controller, Watch Manager and General Manager, but this can take a long time because of a limited number of posts.

What is the Dispatch staff attrition rate?

All of the despatchers I talked with had been there for several years. They really seem to like their jobs and the LAS.

"Each Dispatcher has a digital screen which shows the location of crews and callers, together with a digitalised list showing all available crews, their allocations and callouts".

Organisation of Despatchers

There were different desks/areas, ambulance/car/bike despatch, mental health nursing and the clinical hub. I was introduced to the supervisors and spoke to a team of three. I was shown full details of how the system worked and what happens if an ambulance has been out of circulation for an hour or more. Dispatch was fairly quiet during my visit.

In answer to my questions supervisors told me that:

- Staff were happy with the shift system.
- There is a career path, but it is not easy to move forward. Members of the team I was speaking to told me that they had no wish to move from their present role, even though one person had been in post for over 20 years.
- Training was adequate to do the job in Dispatch.

  When an ambulance had been out of action for an hour – a welfare call is made and repeated until an answer is received.
- Dispatchers have the opportunity to go on ride-outs with front-line staff and many do. Frontline staff also have the opportunity to experience work in the EOC, but few do so. It was felt that some of the comments made by front-line staff, especially to Dispatchers, demonstrates that front-line staff have little understanding of the workings of EOC. Advanced Paramedics may do time on the HEMS (helicopter) and on Clinical Hub.
- On occasions, as a result of new buildings and poor GPS and signage, that addresses can be difficult to find for front line staff. In the case of one call, there was difficulty in locating an address and the supervisor had to ring Google map.
- Staff feel ignored – the LAS Chair, Heather Lawrence has popped in to say hello, but no board/trustees had visited at the time. Fionna Moore, the former Chief Executive and Medical Director, used to visit EOC regularly, but since she left no senior managers have been in to visit staff - as far as they were aware.

Support for Dispatch staff if they have dealt with a particularly stressful call

Staff support each other and may talk to an Advanced Paramedic. If feeling very traumatised they may be stood down. Or may need to take a 'stress break', meaning they step out of the room for a period of time to reflect before coming back in to the room if appropriate.

Support is available from General Managers, Watch Managers, and area Controllers in the EOC. They also have access to support via the LINC service. Regarding counselling for staff who have been traumatised, there is a leaflet (attached), which outlines all the support services available to staff. Fatima Fernandes is the service manager of the LINC service, which is staffed 24/7 by persons trained to support staff who have suffered psychological trauma. This person is supported by regular supervision and senior LINC workers who work an on-call rota.

GENERAL POINTS

- When I mentioned the Staff Survey, I was told it is not taken seriously and that it is supposed to be anonymous, but staff claim, that is not the case, because if it is not completed, they get bombarded with emails asking them to complete it.

- Staff have access to canteen facilities on the 3rd floor.
- Staff told us they are bombarded with emails and bulletins from different departments to update them – but have difficulty reading so much information when they are very busy. Obviously, they cannot read these updates when they are operational and so need a time during the day when they are able to access a computer to read everything. Although there is a half hour educational break during each shift – people want a rest from their computer screen, rather than continuing to use their computers during breaks.

- I was told that bulletins were coming from many different sources, and they would prefer one regular bulletin from a single source – preferably containing a summary with a link to the fuller bulletins so that it is manageable and would be read.

  "Visitors come to the EOC on most days, but it is very rare for visitors to visit Bow".

- The system is fairly accurate for locating mobile phones but cannot locate phones that are not registered with a provider

- GPS is limited on some estates, for example at the Barbican is not easy to see where the correct entrance is to gain access to which flats. It was felt that with new building work within London it was difficult to keep up to date. It was

claimed that sometimes updated information is sent in bulletins which don't get read.

"The EOC/DDS[4] team monitors ambulance crews to ensure they are all properly taking their rest breaks, which are usually 45 minutes long, and of which the first 30 minutes should not be interrupted or disturbed".

JOINT REPORT ON VISITS TO EMERGENCY OPERATIONS CENTRE 2017

- COLIN HILL – APRIL 4th 9-5pm - Waterloo
- JOHN LARKIN – APRIL 4th - 9am to 5pm - Waterloo
- NATALIE TEICH – APRIL 14th - 10am to 5pm - Bow
- ADRIAN DODD – APRIL 14th – 9-5pm - Bow
- RASHID ALI – MAY 4th? time - Waterloo
- BARRY HILLS – MAY 23rd 9-5pm - Bow
- LYNN STROTHER - MAY 31st – Waterloo – 9-5pm
- ANGELA CROSS-DURRANT – AUGUST 22nd – 1.30-5pm – Waterloo

Members were giving a set of questions, as a guide, that they could ask staff in the EOC, but they were free to ask any questions they wished. The section below provides much more detail on some of the issues described in the report above.

EXPERIENCING THE EOC

Members found the experience enjoyable, informative, interesting and well worth the time. All staff were friendly and welcoming. Several staff said they were pleased that members of the Forum took a genuine interest in their work and should chose to spend so much time with them.

"Impressive team working. Everyone knew who did what and why, and were clear about when to seek help."

ARRIVAL

Some members provided their invitations to visit EOC to security before entry. In other cases personal ID was requested. Members were met by an EOC manager, asked who they would like to meet and introduced to EOC staff.

For future visits we will identify areas of particular interest to members, to ensure that the right people are available in EOC. It would also be a good idea for each person to do a second visit to either Waterloo or Bow in order to compare the two EOCs.

[4] DDS

“It was unfortunate that the EOC manager who first welcomed me to the EOC had to go to Bow and that there was no one available to oversee the whole visit so I had to make it up as I went along”.

“The security door between the EOC itself and the rest area was broken so I could freely pass between the two areas. That was a cause of concern”.

MORE INFORMATION ABOUT EOCs AT WATERLOO AND BOW

Waterloo deals with South East, South West and Western areas.
Bow deals with North West, North Central, East Central and North East
Major reasons for having two centres are space to run a full and comprehensive service and to protect the service in case of a terrorist attack on one of the centres – in which case the system will continue running. Either centre can provide a service for the whole of London. Staff in the two centres are in regular touch to provide vehicles for the other centre if either of centres is overwhelmed with demand.

CALLS

How many 999 calls do you receive per hour on average?

On an average day, each call handler receives 8-10 calls per hour (depending on time of day) and if there are 20 call handlers on duty there will be about
200 calls in total per hour and 2400 in a 12 hour shift.

How quickly on average is a call answered?

Almost immediately. The ideal standard is 95% of all calls answered within 5 seconds of hitting the switch in the control room.

What is the target time for answering a call?

‘5 seconds or less’ for 95% of calls, but if inundated callers receive a holding message until a call handler becomes available. They may be put on hold for a minute plus.

Note: Calls held – The triage of some calls under the new Ambulance Quality Indicators means the LAS has longer to respond to certain categories of patients, where it is clinically safe to provide a slower response. This means EOC can focus its immediate response capability to ‘time-critical patients’. EOC are starting to refer to these patients/calls as ‘pending events’ as they are awaiting appropriate dispatch of an ambulance or other LAS resource.

"Activity levels often fall in the early afternoon and then noticeably begin to peak after 4pm as people begin to head home from work".

Are many 'out of area' calls are handled by LAS. Calls mis-routed to LAS by BT?

In the course of my 7-hour observation, there was one out of area call – from someone in London wanting to get help for someone in Birmingham – they were told to call the appropriate call centre. Uncommon, but perhaps 1-2 per shift. There is an agreed process in place with all other UK ambulance trusts on how these calls should be passed back to the 'home' Trust.

DISPATCH STAFF

What is the role of the dispatcher?

A staff member who dispatches the most relevant resource or resources to a patient as quickly as possible, in order to meet that patient's clinical need or urgent or emergency care.

What resources do they have access to?

Protocols are followed. Screens have icons for each type of vehicle available, showing where they were. There was also information available on how long it would take that resource to reach each patient. Resources include ambulances, cars, motorcycles, cycle responders, first responders, air ambulance, advanced paramedics, APOC[5] (airports), 111 and the Clinical Hub. Access may be available to other ambulance services.

What determines the type of resource allocated to each incident?

The response is predetermined by the type of incident and the priority given in light of the patient's clinical condition. Additional resources can be sent if appropriate and available within a time band that meets the needs of the patient. Life-threatened patients have the highest priority, together with major incidents like Westminster Bridge and London Bridge.

How do dispatchers decide when to send a motor bike or bicycle?

Location, accessibility and availability. Certain areas where vehicular access is impossible e.g. in Heathrow Airport Terminal buildings, bicycles are used. If it is clear from the patient's condition, that an ambulance is not immediately required a bike may be sent. Bicycles are available in high density central city locations e.g. Covent Garden, Oxford Circus. Motor bikes might be preferred in high congestion

[5] **APOC**

areas, and an ambulance with all required equipment is not available. Bikers can request an ambulance immediately if there is a threat to the patient's life.

How many Dispatchers are there on each shift?

18 Dispatch desks across the whole of London - 16 at Waterloo and 9 at Bow.

What is the role of the Clinical Hub?

"There are four clinicians in the Clinical Hub whom may phone a caller back - within a time scale notified to the caller by a Call Handler - in order to discuss /ascertain further details which will enable the process to be progressed".

They help prioritize the patients' medical condition based on its severity. The Clinical Hub provides immediate on-line (phone) clinical support usually to Advanced Paramedics, particularly if crew are unsure what they should/can do to help patients, to guide certain procedures if crew has not performed them recently, e.g. repositioning dislocated kneecap. They may also take a view as to whether an additional crew or advanced paramedic is needed. They can listen into calls and provide advice. Clinical Hub staff are highly experienced and expert. Support is given empathetically and very promptly if sufficient staff are available in the Hub. Expert support is also available from Mental Health Nurses in the Clinical Hub.

How does the EOC plan co-responding with the fire service, community first responders and police?

EOC communicates with police, fire brigade and air ambulance. They can assist with cardiac arrest. Community first responders are also shown on the same live on-screen maps as are all the other LAS vehicles. There is a special number to call for police and fire brigade and a well-designed system that only requires the 'press of a button' [CAD] to make immediate contact.

Examples:

- Road Traffic Accident: Police and possibly fire brigade.
- Hazardous fluids: London Fire Brigade.
- 'Unstable person or person with serious mental health problem' – Police.

What is the relationship between Dispatch staff and front line staff?

The call handlers and Dispatchers knew the front-line staff voices (as well as names) from all the many previous times that they had communicated. There was good mutual understanding and rapport. Most calls are now electronically dispatched. There are occasional disagreements when there is a very busy shift or when resources are stretched.

DELAYS AND QUEUES

"Whilst the overload desk does a lot of essential monitoring of ambulances across London, its protocols and terms of reference seem to prevent it from directing any ambulance crew to go to a specific hospital".

While Colin Hill was with a Dispatcher, a general broadcast notice appeared on screen, sent out by the IC Desk, announcing that ambulances were queuing at Northwick Park Hospital.

IC is the Intelligence Conveyance desk, which monitors activity at hospitals. This enables the LAS to redirect crews to other hospitals if a certain hospital is busy, and

"At one point in the south-east London area four emergencies were identified requiring an ambulance, but the Allocator had no available ambulances to respond immediately to these emergencies".

Role of Dispatchers in mitigating the effects of hospital delays

Dispatchers advise crews about hospitals which are particularly busy and create status reports based on information provided by them. If delays are over the recommended handover time, they escalate to Area Controllers.

"When ambulances queue outside a hospital A&E, a breach occurs once they have waited more than sixty minutes from arrival (wheel stop) to clinical handover. In some cases ambulances remain queuing for a further hour - during that time they remain unavailable to respond to other emergencies".

"Each A&E unit has a threshold of the number of patients it can handle before becoming overloaded. Hillingdon Hospital A&E - the smallest in London, even though it is closest to Heathrow Airport - receives a constant stream of people who have become unwell during a flight, but only has a capacity threshold of six ambulances, whereas St Georges in Tooting has a threshold of 11+"

Dispatchers inform front-line staff about hospital delays and advise them when to go to another A&E

They use traffic information to determine which vehicle to send, but there is no formal system of re-direction to other hospitals. Information is passed to front line staff about the pressures in A&Es.

Determining their next action when they are delayed in a patient's home (separately from dispatch advice)

Frontline staff report in periodically for advice when they are delayed at the patients' home or other location.

"One ambulance travelled along a route with known traffic congestion and serious delays caused by road works. It was not entirely clear why a different route was not selected by initiating a planned reminder to avoid road works".

SPECIALIST SERVICES AVAILABLE TO THE EOC

Falls Teams

Staff have access to falls teams in some London boroughs, which can in some cases support a person who has fallen without an ambulance needing to be sent to the person's home.

Advanced Paramedics

They will go to more serious medical conditions requiring specialist advice, e.g. cardiac arrest, road traffic accidents, stabbings, shootings, high falls, mental health crises and calls involving children.

Air ambulance - HEMS

HEMS is used for serious incidents when time to hospital is critical. Any Despatcher can put a request to the HEMS desk. There is a HEMS paramedic in the Control Room who monitors all calls which may require a high level response to major incidents.

The system is similar to the Advanced Paramedic response, where it is recognised that an early clinical intervention by a doctor may benefit the patient, when there is a very immediate need to transfer a patient to a hospital and a landing site is identified nearby. Police are notified so that they can meet the air ambulance staff and help convey them by road if necessary. Major trauma is often in this category, e.g. serious road accidents, other serious incidents, building collapse and other life threatened patients.

"Listened in to calls to HEMS – contact and action done extremely quickly".

FREQUENT CALLERS

About 2 per shift. One person called more than 10 times in a two-hour period during a Forum observation shift, but the calls cannot be ignored, e.g. a person who was a frequent caller, but had COPD so there was always the possibility that an ambulance would be required.

111 URGENT CARE SERVICE

Quite a number of calls are triaged from 111, but not so many in the other direction (to 111). Patients triaged as 'lower acuity' are referred to 111 from 999, these would typically be where a GP or other health care professional could better support the patient condition rather than the A&E. In one shift there were 85 out of 2507 calls referred to 111 and 280 out of 2507 were received from 111.

Some patients had dialled 111, told an ambulance was not necessary and advised to see a GP. This was recorded on the system. In one case, some 10-15 mins later, the patient's mother called 999 on her way to see her daughter and also asked for an ambulance for her. She had not seen her daughter and described different symptoms to those provided by her daughter, which strongly suggested the need for an ambulance. It was suggested that this is not an uncommon occurrence when callers are told to see their GP.

WORKING WITH THE POLICE

A great many calls are received from the police, e.g. in one shift about 250 police calls were received. LAS can call the police for assistance within seconds and vice versa. The LAS are working MPS[6] on demand management, but most calls are justified.

HEALTH CARE PROFESSIONALS - HCPs

"There were several calls from Health Care Professionals, e.g. GP's and their practice staff. It was interesting that during the shift I observed, they all wanted an ambulance within the hour (in one case for a finger injury)".

150-200 calls may be received from HCPs in a single shift, most frequently from GPs and care homes. An experienced paramedic monitors incoming calls from HCPs and said: "GPs are very focussed on the needs of their patient and sometimes seem unable to appreciate that ambulances are tied up with life-threatening incidents all over London". Care homes often have a policy to call 999 for a paramedic and expect residents to be taken to hospital even when the paramedic judges that there is no need for hospitalisation.

[6] **MPS – Metropolitan Police Service**

Can LAS refuse a request from HCPs, care homes on clinical grounds?

Some care homes call for an ambulance to help them transfer a resident into or out of a hoist; they should have their own staff trained how to use such equipment. The LAS can refuse to send an ambulance, but this can sometimes place crews in a very difficult position - consequently HCP calls are closely monitored.

WORKING WITH OTHER AMBULANCE TRUSTS

Requests made for the LAS to assist neighbouring ambulance trusts.

Among the hundreds of calls on an afternoon shift, a single call came in from an airport outside London. The Dispatcher listened carefully, understood the reason for request, but then received information from the other AS that ambulances in their area had been freed up, so mutual assistance from the LAS was called off. In other cases e.g. cardiac arrests, road traffic accidents and other serious incidents the LAS works with other ambulance services to provide assistance out of area. There are Joint AS Operational Procedures for providing for mutual support.

"A screen provides details of emergency ambulances from the East of England AS bringing patients into the LAS area, but there is no similar screen for ambulances coming in from the South East Coast AS".

EFFECTIVENESS OF THE GPS[7] FOR LOCATING PATIENTS & INCIDENTS

Locating mobile phones

GPS (Sat Nav) is quite good as locating mobile phones, but the phone user might not be in the area that the LAS had been called to. They can usually locate phones within a few hundred metres

GPS navigation the Queen Elizabeth Olympic Park area and the Barbican

GPS is ineffective in these areas. Front line staff have to use a comprehensive map book. The LAS cannot update the GPS.

"Some callers report an incident and then hang up quickly without giving contact or other essential information. GPS is used to find the location of these calls and in some cases a crew is sent to the area to search for signs of distress".

[7] **GPS – Global Positioning System (Sat Nav)**

LANGUAGE AND COMMUNICATIONS WITH PATIENTS

Ensuring an effective service for callers who have limited or no English

LanguageLine is used. Some staff also speak other languages.

Communicating with callers who have a hearing disability

Some people with hearing disabilities have phones which enable them to communicate by text.

Communicating with callers who have a learning disability

Staff are trained to speak more slowly, carefully listen to the caller and use positive reinforcement to ensure the caller understands instructions, e.g. CPR.

RISKS TO STAFF

Alerting front line staff to locations that could present a risk of harm

In some cases, Police advise the LAS about areas of potential danger. Locations which have been identified as a potential risk to staff are flagged on the LAS system for Dispatchers to pass to front line staff. Certain houses are listed on the LAS system as places where staff may be at risk due to a previous incident at that address. If the risk is high crew will not enter the premises until the police arrive. The police usually arrive very quickly

Crews have an alarm button on their radio which opens a channel that allows the EMD[8] to listen in if a crew member is at risk. A call is then made for urgent police assistance if necessary. The system is not based on identified individuals but on a house where a 'threatening person' lived.

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SYSTEM BREAKDOWNS – OUTAGES

Dealing with major system breakdowns in EOC

EOC goes back to pen and paper if there is a major system breakdown. The procedures were described as very adequate – pads for taking notes in triplicate, cubbyhole places for the request to be sorted, on desk charts for identifying the risks, going through the triage questions, assigning people and ambulances. The system is very detailed, and all staff are very well trained in its use. Staff runners carry messages. This is frequently practised throughout the year to ensure staff are familiar with the process.

[8] **EMD – Emergency Medical Dispatcher**

How quickly does the backup system become operational?

In can be in place immediately as soon as the breakdown occurs.

The role of other Ambulance Trusts play in the event of a major system breakdown?

They are advised of the Outage and that the LAS is going to pen and paper. Assistance of other AS is requested in some cases. This happened on January 1st 2017. 111 providers also help to mitigate the impact of outages and overloads.

MAJOR INCIDENTS

Handling major incidents?

The Special Operations Room and a Mobile Control Unit is used to control the situation with a senior member of staff allocated to provide leadership.

EOC handle each situation calmly we were told. Many phone calls may arrive within a short period of time. The Call Handlers and Dispatchers are all within a short distance from each other and can call or shout to each other if necessary. Since the Finsbury Park and Borough Market attacks there have been additional tests on the system to ensure that Call Handlers and Dispatchers can communicate more effectively.

Communicating by airwave radio with front line staff in underground stations or sewers

There is a process in place to enhance radio communications underground via airwave radios. Managers are sent to the scene for backup because the system does not always work perfectly.

Major incidents on the River Thames

These are handled by the River Police and the RNLI[9] and supported by the LAS HART team who have highly specialised skills and training to work safely in and near water

Handling emergency calls from airport staff handled

The LAS has a direct link with airports, e.g. APOC at Heathrow. The airport pays for this direct link, because they want to get patients transferred from aeroplanes or the airport quickly and they want direct advice for travellers who might be taken ill on board, fallen, etc. Ambulance staff work at the airport using pedal bikes. LAS has its own control room and ambulance depot at London Heathrow.

[9] **Royal National Lifeboat Institution**

AREAS OF SPECIAL INTEREST

Mental Health

We discussed the LAS response to patients in mental health crisis, the role of the police, whether waiting for the police causes delays and the role of mental health nurses in the EOC Clinical Hub.

Paramedics and LAS mental health nurses work with patients suffering a mental health crisis. The police will get involved if a s136 detention is being considered – this may happen if the person if considered to be a potential cause of self-harm or harm to others.

Mental health nurses in the Clinical Hub discuss care with both patients and front-line clinicians, may go out to visit patients, although at the moment this is not a common occurrence. In the future a trial of a mental health nurse and paramedic visiting patients together will be initiated. We also noted that PSNs (Patient Specific Notes) regarding frequent callers who have mental health problems are being used and would like more information about this process.

Patients Who Fall

What happens when a patient falls at home or in the street and there is huge pressure on the system?

Usually, Call Handlers first establish is if there is someone with the faller, the severity of the patient's condition and whether it's safe to delay the response. Strict adherence to the sequence of questions is essential. As soon as pressure on the system is alleviated, depending on the nature of the fall, a vehicle is sent ASAP. Advanced Paramedics also advise if there is doubt about the most appropriate response. The level of pressure on the system is colour-coded and displayed at all times.

OUR FINAL COMMENTS

"Everyone was welcoming and open. Staff clearly like one another and have created a good team. Because of the arrangement of the desks, people are within vocal distances of each other so that they can as an example, "bargain" for an ambulance or other vehicle in someone else's purview".

"There was one abusive caller; that call was taken over by the superintendent so that the handler did not suffer abuse".

"During my conversation with a paramedic, regret was expressed for not having a 'booze bus' any longer because this vehicle was so useful for people are drunk and vulnerable but not needing urgent or emergency care"

"Several staff said they were pleased that a member of the public took a genuine interest in their work and should choose to spend some time with them".

ACTION POINTS AND RECOMMENDATIONS

"I would be more than happy to attend a forum meeting at a mutually convenient time to talk through some of the progress we have made, the plans for the immediate and longer-term future and the challenges along the way. Pauline Cranmer (Deputy Director of Control Services)

INCREASING THE VISIBILITY OF EOC STAFF

1. All LAS Board members should attend an EOC shift as part of their induction, and then twice yearly to talk to staff and understand better the pressures on them.

2. The LAS should focus better on valuing staff in EOC and demonstrating to them how important their role is, especially after major incidents, terrorist's attacks and exceptional incidents like Grenfell Tower. The leadership of the LAS should focus on recognising the essential work of the EOC both internally and externally to the media.

Pauline Cranmer has described her work with the EOC team to raise the profile across the LAS of the importance of the role of the Department. She acknowledges there is more to do.

IMPROVING KNOWLEDGE ABOUT WORK OF THE EOC

3. All LAS Board Members should visit EOC in Waterloo and Bow once each year.

Response: Visits of the new executive team – this is improving as the new team settle into their roles, but it is recognised as a gap previously. Visits are now taking place more regularly.

4. As part of their induction, all new **frontline staff** should attend at least one shift in the EOC, and new staff from the EOC should participate in a ride out with front line staff.

5. All current frontline staff should be required to attend at least one shift in EOC as part of the updating of their training to provide insight into how the whole system works.

6. GP's, practice nurses and GP receptionists should be invited to attend an annual shift at the EOC so that they understand better how the LAS system works, the massive pressures and the importance of making realistic demands on the LAS.

ACCESS TO ESSENTIAL INFORMATION FOR EOC STAFF

7. The organisations of clinical and other workplace bulletins should be rationalised to ensure easier access to essential information for EOC Staff. Some staff feel that the 20 minute education breaks don't provide a necessary break from computer work.

Response: We have recently streamlined the information sharing into 'Info Thursday' when all bulletins are sent out in one email and the text include a small précis of the content, as signposting to what is newS for the week. We are one of the few ambulance trusts to protect education time for staff learning with special 20 minute breaks - I really see this approach as a value.

PROBLEMS WITH THE GAZETEER – (SAT NAV)

8. As a result of new buildings and poor GPS and signage, addresses can be difficult to find for front line staff, e.g. in the east London Olympic stadium and the Barbican.

Response: Updating our gazetteer functions is high on the IM&T infrastructure list of work to be addressed and this will help with GPS systems in terms of navigating the growing new builds in London

CAREER PATH FOR EOC STAFF

9. There is a career path, but it is not easy to move forward.

Response: The career structure – We are about to embark on a restructure in EOC from top to bottom in Quarter 1 of 2017/18, and this will introduce a very clear career structure as well as core development leadership courses as part of promotion.

STAFF SURVEY - CONFIDENTIALITY

10. To ensure the Annual Staff Survey is taken seriously staff must be reassured that the survey is totally anonymous, and the benefits of participating in the survey made clearer. Reminder emails suggest the survey is not anonymous.

Response: The Picker Institute who oversee the survey are responsible for sending out reminders as they know who has replied, the LAS never know information on individuals.

EDUCATION OF THE PUBLIC IN URGENT AND EMERGENCY CARE

11. LAS communications should target education of the public on the role of the ambulance service, including all schools, colleges and universities in London.

12. The LAS should meet with the Department of Education to promote the education of all children and students in schools, colleges and universities in CRP, use of defibrillators and if possible – first aid to include Epi-Pens.

WORKING WITH OTHER SECTORS TO REDUCE DEPENDANCE ON THE LAS

13. The LAS should get more involved in local initiatives to reduce public reliance on Emergency Services, e.g. through the involvement of LAS Stakeholder Officers in the work of the Kingston Coordinated Care (NHS & Social Services)

14. The LAS should develop closer links with Carers Networks across London to provide information and advice about mutual help and support between community organisations and the NHS to reduce the use of emergency services.

INFORMATION ABOUT THE PATIENTS FORUM

15. Before next visit to EOC the Forum should distribute leaflets to all EOC staff to let them know about the work of the Forum.

FORUM MEMBERS WHO VISITED WATERLOO SHOULD GO TO BOW

16. Members who visited Waterloo EOC should visit Bow (and vice versa) in order to compare the practices and responses in the two centres. This will also give an opportunity to access progress since the submission of our report and recommendations.

Response: Differences between the two sites - both sites operate the same structure in terms of management, call handling and dispatch. They also operate as the fall back if one site is compromised in any way.

OUTSTANDING QUESTIONS FOR PAULINE CRANMER

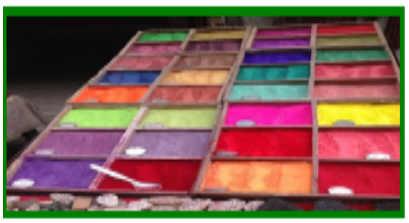
1) **What is the Work Manual?**
2) **Are more mental health nurses needed In the Clinical Hub?**
3) **A screen provides details of emergency ambulances from the East of England ambulance service bringing patients into the LAS area. Why isn't there a similar screen for ambulances coming in from the South East Coast AS?**

4) **How are the cultural and religious needs of patients identified and responded to (see below)?**

Responding to a pregnant woman with specific cultural/religious needs

"An ambulance crew was allocated to a pregnant woman whose waters had broken and had contraction started - an ambulance crew was allocated and sent to the woman, only to discover that she refused to be seen by a male clinician as a result of her religious/cultural beliefs. Another crew with a female paramedic was sent to the patient and transferred her to the hospital labour ward".

APPENDIX ONE – LINC LEAFLET



The Employee Assistance Programme (EAP)

The Employee Assistance Programme (EAP) is open 24/7 and is a free confidential advice, support and practical information telephone and online service that allows staff and managers to access support with any personal or work-related difficulties, such as:

- Conflict in family or work relationships
- Childcare and eldercare issues
- Consumer problems
- Budgeting and debt management
- Bullying and Harassment concerns

Free EAP Telephone: 0800 282 193

Go online and click on 'My Services' for a guide to the free advice, support and information available.
EAP Online access www.ppconline.info.com

Other Services Available

- Trauma Risk Management (TRiM)
- Consultations
- Mediation
- Wellbeing Training in Stress Management; Nutrition and Sleeping Smart; Mental Health; PTSD and TRiM Strategy training for Managers

To arrange a TRiM Consultation please contact Paul Chiddington. For information on all other services please contact Jackie Phipps.

Staff Counselling Service

If you would like to talk to someone about a personal or work-related problem, an independent and confidential Staff Counselling Service is available for all LAS staff.
Confidentiality is an essential part of counselling and no information is passed to your employer without your informed consent. Confidentiality might be breached where there is a risk of harm to self, others, the organisation or where there is a legal reason for disclosure.

Individuals can self-refer or be referred by their manager.

There are various ways in which contact can be made:

- By leaving a message on the Staff Counselling Referral Line: 0776 974 1294
- By emailing jackie.phipps@lond-amb.nhs.uk or call on 0207 783 2015 between the hours of 9 to 5, Monday to Friday

For more information on Staff Counselling please see The Pulse About Me/My Support/Counselling or click on http://thepulse/about/1048001375.html

Useful Resources

- For information on housing options please access www.sharetobuy.com. This has information on Shared Ownership and intermediate renting for Key Workers.
- London Ambulance Service has teamed up with London Mutual Credit Union to offer a great range of financial services. Please access http://www.creditunion.co.uk/
- For information on Childcare Vouchers please access http://www.computersharevoucherservices.com
- For childcare information visit www.childcare.co.uk/information/childcare-link

STAFF SUPPORT

SERVICES AVAILABLE FOR STAFF

HEALTH WORK WELLBEING

The London Ambulance Service has a vision for staff to enjoy the greatest possible state of Wellbeing. In our Wellbeing Strategy we endorse the definition of Wellbeing as: 'A state of emotional, mental, physical, social and spiritual Wellbeing that enables people to reach and maintain their personal and professional potential in their organisation and in their communities'.

Occupational Health Service

The London Ambulance Service is committed to ensure the Health, Safety and Wellbeing of all staff. The OHS Provider works in partnership with the LAS in providing expertise to ensure a safe, healthy working environment. Please Note all OH appointments need to be made via manager's referral. For more information please access The Pulse: home>About Me>My Support>Occupational Health

Please email jamie.brown@lond-amb.nhs.uk for further information .

Staff Physiotherapy Services

We have two physiotherapy services to ensure we offer staff the best service possible in terms of quality and accessibility. If a member of staff would prefer to access physiotherapy locally please refer them directly to The Physiotherapy Network. Staff working or living in Central London can access treatment at the GSTT Physiotherapy Service which has clinics in the Westminster/Waterloo and London Bridge areas.

Please Note: All physiotherapy appointments need to be made via manager's referral. Also, once it has been identified that physiotherapy is required please refer staff to the

London Ambulance Service Benevolent Fund

The London Ambulance Service Staff Benevolent Fund was established to support members faced with temporary hardship. A small monthly subscription fee provides a number of benefits which include:

- financial assistance for severe hardship
- Monthly and yearly prize draws (of £100 and £250 respectively).
- Access to the Fund's Respite Facility in the New Forest.

For more information access http://www.benfund.info/ or email Tina.Vince@lond-amb.nhs.uk

LINC

(Listening: Informal: Non-Judgemental: Confidential)

INC is our award winning Peer Support Network which was developed by staff for staff. Staff from all areas and levels of the LAS undergo rigorous assessment and training processes and if successful become qualified LINC Workers. LINC Workers volunteer to support colleagues through difficult home and work related issues. The aim of LINC is to promote psychological and emotional Wellbeing for all staff. Accessing a LINC Worker is done confidentially, by phone or in person. Local management

Employee Wellbeing

For general information about all Staff Support Services available in this leaflet please e-mail Staff Support Services Administrator: jackie.phipps@lond-amb.nhs.uk. Or call on 0207 783 2015 between the hours of 9 to 5, Monday to Friday.

Your Comments

Our goal is to offer the best Staff Support Services possible so we welcome your feedback and comments so we can continue improving.

For further information please contact the Staff Support Services Manager:

Fátima Fernandes
London Ambulance Service NHS Trust
220 Waterloo Road
London
SE1 8SD

APPENDIX TWO – EXAMPLE OF SHORT MEMBERS REPORT

REPORT ON VISIT TO THE BOW EMERGENCY OPERATIONS CENTRE (EOC) - MAY 23rd 2017

I visited the EOC at Bow on May 23rd, between 9-5pm and started my visit by spending a few hours with the Call Handlers. I observed them receiving many calls from GPs/GP surgeries and also a significant number from older people who had fallen or were struggling to cope with a range of health issues. There were also a great many calls from the police. I found the Call-Handlers very sensitive and efficient in their responses to patients.

I then observed staff in the Clinical Hub, whose role is to call back patients with a health problem who may need clinical advice rather than an ambulance, and to give advice to front line clinicians who are providing direct care to patients with complex conditions. It was interesting to see the expertise of paramedics in the Clinical Hub and how this was shared with front line staff working to provide the best care for patients.

I also visited Dispatch, and listened to staff going through the process of dispatching the right vehicle to meet the clinical needs of each patient. The particular difficulty that I observed was the need to moved vehicles across quite wide areas of London because of shortage of vehicles in particular boroughs. I was told that the main problem was that so many vehicles were stuck at hospital A&Es in ambulance queues and could not therefore respond to patients in need of immediate care. The Dispatchers tackled an enormously difficult and challenging job with great patience and expertise.

I would like to recommend that each Forum member who has attended an EOC observation shift, does a second visit to the other EOC (Bow or Waterloo) to observe different ways of working in each EOC. For my next visit I would like to observe Waterloo EOC and perhaps do a night shift to observe different pressures at different times of day and night.

Barry Hills, Patients' Forum Member