

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

LAS Patient's Forum – KATHY WEST

Notes on the Meeting of the London Ambulance Service NHS Trust Board Meeting held on **24th June 2014** at LAS Headquarters

This was an additional Board Meeting called because of the exceptional amount of business to consider.

- a. **Staff Story** - Richard, a paramedic working for LAS for some 12 years spoke about being profoundly deaf, having different hearing problems in each year, getting excellent help from the NHS including the most modern and effective hearing aids. He has actively worked in recent years as motorcycle based responder. He had been well supported by LAS to do his job.

b. **Minutes of previous meeting** - Due to critical staff shortages an ambitious programme to attract staff is in progress. Almost 700 applications have been received and 137 people have been made offers as paramedics. A Face Book page is focusing on attracting new staff and staff will be going to Australia and New Zealand in September at the same time as an International Paramedic Conference will be held there. Canada is also being targeted and 5 UK Universities are being used to identify possible employees. Support for people to relocate to the UK will be given. EMT recruitment is not too difficult so most money is being spent on attracting paramedics. New approaches are being made with recruitment but it will be 2015 before success can be determined. I personally wonder for those joining LAS how long term that commitment may be - if staff move from Australia will they want to stay a long time? Will the stress of the job do them in? Will this attract people of diverse races and cultures?

I was curious about a section under Quality Report about hand washing and provision of alcohol gel. I asked a medical friend of mine who teaches on a hygiene course and who says thorough handwashing is key to infection control. I've also heard from a couple of front line workers worrying about being sent to the next job having just dealt with a patient with an infection and not being able to wash their hands. My understanding having spent months visiting friends in hospital who are cancer patients/ ICU patients is that we couldn't even visit the person in their room without thorough handwashing first. Does pressure of work have anything to do with using gel as the bottom line?

I noted in the previous minutes that Fergus Cass is the non-executive lead for whistle blowing and suggest we ask at some point in the future if any whistle blowing has occurred. Hopefully it will as every organisation makes some mistakes and this would be a sign of openness when dealing with problems. These could be about

minor but still significant issues and problems which will undoubtedly occur in any large organisation.

c. Integrated Performance Report - The report noted that significant quality issues remained for Category C patients; performance remained off target; that current expenditure was not sustainable and recruitment and retention is the major risk factor. I noted that Jason Killins appeared on the BBC recently with a couple of LAS paramedics noting that pay levels for front line staff needed to be increased to enable staff to remain in London. (Front line staff also report to us that stress, lack of consultation, unfriendly rotas and excessive work load among other factors leading to wanting to leave.) So far as being a paramedic in London Ann Radford also noted some particular difficulties and negative factors - Much less money available for paramedics in London compared to those in other ambulance areas from Health Education England; paramedics can't get training bursaries like nurses, doctors, etc.; 1/3 paramedics live outside London and costs of living in London prohibitive for most new recruits. College of Paramedics doesn't have same status or clout as those for Doctors and Nurses - doesn't act as a Union. LAS highest utilised ambulance in the world. There are 50 vacancies for team leaders and 25 newly appointed.

d) Annual Quality Account for 2013 - 2014 - This was presented as a lengthy, illustrated document in which the theory and aims sound very impressive. Given the reality and what frontline staff report there is a disconnect - in part due to lack of staff and pressures on the NHS. Key themes are drawn from the Francis Report and Professor Berwick's report on Patient Safety. The Francis Report included a recommended Duty of Candor, that only Registered people should care for patients and the importance of strengthening complaints procedures. This would be a useful document to keep for reference in relation to LAS changes and developments. Other important themes include value and listening to staff and valuing and including the patient voice. One initiative currently being developed is a patient's engagement, strategy and reference group of some 35 members. With such key staff shortages there is bound to be a disconnect between meeting many of the key goals of the service. While salaries are a key issue for staff, feedback from the front line also indicates other issues are seriously bothering many staff and leading to further resignations leading to further stress.

e) Clinical Directors' Report - There had been a Surge Purple the previous night - very high demand!. An increase in complaints was also reported. A joint response unit was working with 10 police boroughs which will be documented on its effectiveness. Mental health action plan still to be delivered. Staff talking to mental health patients for their feedback on services/recommendations.

f) Modernisation Programme Update - Three aspects of this programme have been developed and implemented - developing a clinical career structure, increased vehicle availability and providing more clinical advice. Currently LAS is working on developing a new role to be called Emergency Ambulance Crew and are aiming to train Support Staff and EMTs to work directly with paramedics. On 8th September new rosters will become live, aiming to align need and resources more closely. Issues around rest breaks and annual leave are also involved. The report states that

the Trade Unions are involved in these changes, which is to be expected. From ground level it seems the Trade Unions are not doing a very good job consulting their members and there is a lot of staff disquiet - the view that an already very difficult and stressful job is becoming more stressful and difficult. This is a watch this space situation to see if the outcome is an improvement for both patients and staff. If staff is greatly disadvantaged the “modernisation” may not meet the objectives of patient safety and quality care.

g) **NHS 111 Progress Report in SE London after 6 months operation** - LAS took over 19th November 2014 and service covers 30% of Lambeth, Southwark and Lewisham plus all of Bromley, Croydon and Bexley? Based in Beckenham, some impressive improvements have been made and staff would like to take over additional areas to bring the additional benefits to 111 callers. The staff views is that they have also saved considerable money in the process of improvement.

h) **Christmas IT issues** - this breakdown did reveal some weaknesses which have been addressed in both technical and clinical areas. One result will be 2 separately functioning control rooms which were reported as almost achieved. Other outcomes include more robust monitoring of the systems, the back-up paper based system now routinely tested on each watch and all staff trained for each watch plus regular refresher training. An external review of Command Point in general a systemic review of all the problems in order to prevent future problems. The up-side of this event is that problems were revealed which have now been analysed and remedied so that they don't occur again for the same reasons.

***LAS Patient's Forum Questions** - Six questions were submitted - and to be fair some would be difficult to predict the effectiveness given the complexities and pressures on LAS. We asked about equalities impact assessment and public involvement and at least registered this was an important aspect of the 2014/15 business plan. The LAS is struggling with insufficient staff and training and recruitment plans will not lead to full employment before 2017. Growing numbers of front line staff are leaving the service and the shortage of staff is becoming a serious risk factor. We asked two questions about the use of private ambulances. I asked about answers to these when they were not dealt with by the Chair and Ann Radford responded strongly that they were not appropriate questions for the meeting. We had had feedback that private ambulances were being used increasingly and were not always to LAS standards. I had observed a couple of responses from private ambulances when visiting 2 friends / neighbours who were cancer patients with possible neutropenic sepsis symptoms needing urgent care and felt staff could have responded better. Not sure when a question can be a suitable question as to me ambulances seem to be at the heart of the whole shebang.

Kathy West

Executive Committee

Patients' Forum

QUESTIONS TO THE TRUST BOARD

Dear Fran, the Forum would like to submit the following questions to Board for its meeting on June 24th

1) Will the Board ensure and demonstrate that the 2014/5 Business Plan and the Trust's

5 year strategy are subject to an Equalities Impact Assessment and continuous public involvement in their development and implementation?

2) Can the Board confirm that the London Ambulance Service will have the technical and workforce capacity to match all of its front line responses to the clinical needs Cat A and Cat C patients from September 8th 2014?

3) When will this development be enhanced by the London Ambulance Service's key objective of ensuring that all responses include an HCPC registered paramedic?

4) The Patients' Forum welcomes the excellent Patient Experiences/Complaints Report (Clinical Directors Report) and the Board's commitment to implementing the 14 recommendations of the Francis Report on complaints. Will the Board in addition ensure that sufficient resources are available to meet the Health Service Commissioners aspiration, that all Trusts should be 'visibly learning from mistakes and consequently improving services for others'? How will NEDS make sure that such learning from complaints has taken place across the London Ambulance Service?

5) Is the Board satisfied that it is exercising appropriate and adequate governance over the contracting of private ambulance companies to provide responses to Cat A and Cat C calls, e.g. in relation to the use of HCPC registered staff, training equivalent to that received by LAS staff, access to all required equipment, and learning from harms, complaints and clinical guidelines?

6) Can the Board provide financial data on its expenditure on private ambulance services for each of the past five financial years?