

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

CLINICAL SAFETY, DEVELOPMENT AND EFFECTIVENESS COMMITTEE

SEPTEMBER 29th 2014

1) Prevention of further deaths.

Sandra reported that the process of investigation had been referred to the Quality Governance and Risk Directors group (QGARD).

2) Bids for London's 111 Contracts

Noted these would go out to tender at different time of the year. LAS is considering role of CARU in strengthening the LAS's audit function in relation to 111 services. LAS currently bidding for one 111 tender.

3) Temperature Checks – Friends and Family Test – Staff Response

The survey recording patients' experiences of care has been expanded to take in NHS employees. A total of 384 LAS staff responded and 33 per cent said they would not recommend its care to friends and family. Only 46 per cent said they would — the lowest positive rating out of 39 hospital, mental health and community NHS organisations in London. Just 15 per cent of staff would recommend LAS as a place to work, while 71 per cent would not. Only 3% - 9 staff said they would recommend the LAS as a place to work.

The LAS have responded by pointing out that the number of responses to the survey was low – 384 out of 4000 employees, but the fact that so few people bothered to respond is a warning sign.

4) Staff Survey Action Plan

This is a separate piece of work based on the annual staff survey. There is a list of critical actions, but the plan is poorly presented in terms of raising hopes for a better future for staff. I suggested that a more staff friendly version was produced. Examples of projects within the plan are as follows:

1. Agree revised Appraisal Process
2. All line-manager roles' annual objectives include the requirement to undertake Appraisals with all their staff
3. Communications – focus on Staff Engagement and communications between managers and staff:
a) Develop and start to deliver 'Getting The Best From Your Staff' workshops for all managers
b) Develop and start to deliver 'Getting The Best From Your Manager' workshops
4. A dedicated survey of support service staff to be undertaken to give more insight into specific issues of feeling undervalued, and to enable a more balanced approach to

5) Complaints and PALS

There has been a huge increase in complaints to the LAS, especially about long waits for ambulances. The increases were particularly in the months of September and October 2013 and May, June and July 2014.

The LAS has a shortage of Quality Audit staff who need to check all complaints and who also check 1% of all public 999 calls to LAS emergency services. This QA staff shortage has delayed completion of responses to complaints. There are 13 complaints which have been referred to the ombudsman and remain open.

There is no data about the ethnicity or other characteristics of complainants because the forms sent to ascertain this information are rarely returned by complainants and there are no staff available to phone and collect the information from complainants. Collection of this data is supposed to be a priority for the LAS, but no action has been agreed by the LAS to collect this data. I suggested a funded trial to phone complainants to collect this data.

6) Urgent Care Boards

The LAS is invited to all 20 London Urgent Care Boards and these meetings are attended by senior LAS staff for the area, usually the AOM's (ambulance operations managers). I suggested that the LAS produced a newsletter to all UCBs to ensure that they are aware of the pressures that the LAS is under and suggest ways of ensuring better collaboration.

7) Clinical Audit Report

CARU has carried out a 're-contact' clinical audit and found that a key issue was correctly identifying the seriousness of pain suffered by the patient. This finding is particularly relevant to the issue we have raised with the LAS about the experience of pain by people with dementia. I informed the meeting that NICE was addressing our next meeting and had produced standards about identifying pain in pre-hospital care. I have sought information about the audit.

8) Joint Response Unit

Paramedics work single-handed in 'joint response units' in liaison with the police. They respond to calls raised by the police. Paramedics working in the Joint Response Units are not subject to the usual audit process. The service is run from Cody Road in east London. A plan is being put into action to ensure that they submit PRFs so that their work can be subject to clinical audit.

9) Defibrillators – quote from the audit report

A request to lay people to resuscitate a patient using a defibrillator is recorded as being equivalent to a Cat A call.

"LAS correctly use Static Sites to stop the clock only where the reported incident location is an exact address match for the Static Site. NDOG

Guidance allows for automatic allocation of Static Sites where appropriate governance arrangements are in place. LAS do automate this process and have particularly good governance processes in place which involves the hosts entering an accredited LAS scheme. **LAS EOC has no voice contact with the Static Site and relies on an automated outgoing telephone call to activate volunteers at the site. There is no verbal confirmation that volunteers deploy with the defibrillator but the accreditation scheme includes the site hosts committing to respond when requested to do so.**

Methods for the LAS receiving confirmation that volunteers did in fact respond were discussed during the audit. LAS are currently trialling an extension of the scheme that involves volunteers at the Static Site deploying within a small geographic radius of their location. Governance arrangements in respect of LAS Static Sites would be strengthened if methods for confirming deployment of volunteers are implemented.” Peer Review Audit-Ambulance Quality Indicators.

10) Information Sharing

Pan London project is designed to build upon the experience gained with the Imperial College Healthcare ‘patient outcome project’, which has provided important new data for the LAS necessary to change the LAS pattern of service provision in order to provide the most appropriate resources to improve patient care. It is proposed to initially extend this work to six London Acute trusts over a two year period and workshops will shortly be held to scope the project.

11) Research Project

Paramedic Ashley Reed is carrying out a research project to improve patient care provided by the LAS. It will assess the current pathway for transporting high-risk acute coronary syndromes (ACS) direct to the Heart Attack Centre (HAC). In addition, this study will assess a new method of risk stratification of this patient group to see if improvements in patient care can be achieved in the future.

Third of London Ambulance staff are critical of its care

Care criticism: London Ambulance staff at work Picture: Nigel Howard

Updated: 11:47, 25 September 2014 – EVENING STANDARD

The London Ambulance Service was facing a new crisis today after a “TripAdvisor”-style survey found a third of its staff would not recommend its care to family and friends.

The LAS, which has been hit by dire staff shortages and a big increase in 999 calls, was the worst performer of all NHS trusts in the capital in terms of staff satisfaction.

For the first time a survey recording patients’ experiences of care has been expanded to take in NHS employees.

A total of 384 LAS staff responded and 33 per cent said they would not recommend its care to friends and relatives. Only 46 per cent said they would — the lowest positive rating out of 39 hospital, mental health and community NHS organisations in London.

Just 15 per cent of staff would recommend LAS as a place to work, while 71 per cent would not. Last week LAS announced thousands of Londoners who dialled 999 would no longer receive an emergency ambulance after soaring demand and staff shortages forced health chiefs to prioritise the sickest.

Its control centre has been deluged with almost 15,000 extra calls a month, up 11 per cent year on year — while suffering a recruitment and retention crisis. The service should have 3,000 frontline staff but is short of 320 paramedics and 130 emergency medical technicians. Efforts are being made to recruit about 250 paramedics from Australia and New Zealand.

An LAS spokeswoman said: “We know our staff provide outstanding patient care and the hundreds of letters of thanks and praise we get from patients confirms this. These are the views of eight per cent of our workforce.”

The Royal National Orthopaedic Hospital in Stanmore, was voted the best place to receive care, backed by 98 per cent of staff. The best places to work were the Royal Brompton and Harefield and Royal Free trusts, each scoring 87 per cent support from employees.