

**LONDON ASSEMBLY BRIEFING**

**Regarding the London Ambulance Service**

**March 2020**

**MARCH 5th 2020**

**WWW.PATIENTSFORUMLAS.NET**

**PATIENTS’ FORUM AMBULANCE SERVICES (LONDON) Ltd**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**LONDON AMBULANCE SERVICE ATTEMPTS TO SILENCE PATIENTS’ FORUM**

**Dear Assembly Members,**

**The Patients’ Forum for the LAS has had a collaborative, successful and outstanding relationship with the LAS since 2003. We have worked closely with hundreds of LAS staff at every level of the organization, to promote better patient care. But since 2019, the LAS has become hostile to independent patients and public involvement, and excluded the Forum from using their Conference Room for our public meetings and terminated the many contacts we had with LAS clinical staff to create better care for patients.**

You may have seen a recent letter from the Chair of the LAS Heather Lawrence, which made a number of negative statements about the Patients’ Forum. I can assure you that none of those claims has any substance at all - our requests for an evidence justify their claims has been ignored. We believe they were merely a way of attempting to damage our reputation as a body representing patients, the public and volunteers.

Our members have closely monitored LAS services and given huge amounts of time as volunteers to support the LAS prior to CQC inspections. The Forum has also worked closely with the LAS Education Department, which trains staff to become paramedics. Members have monitored the Emergency Operations Centre (EOC) and the 111 service for 5 hours periods and participated in 12-hour ride-outs. The Forum has also participated in numerous LAS policy committees. We have organized 100s of public meeting to which LAS staff were frequently invited to speak, as part of our joint service improvement programme.

Since May 2019, the attitude of the LAS has changed substantially. The leadership have refused to provide copies of documents, e.g. board papers, stopped sending us monthly ambulance performance reports showing their response times to emergencies, and withheld data on A&E ambulance queuing.

They have also tried to put pressure on the Forum to remove documents from our website and informed the Forum that our working relationships with colleagues across the LAS must stop, and that all contacts with the LAS should be through a single email box. We tried to use that system, but responses to questions were grossly inadequate, and we cannot work with the LAS on service improvement, our major goal, if we can’t discuss patient care with clinical staff.

**The LAS failed to respond to our recommendations for service improvements to the 111 service, Emergency Operations Centre and their complaint services – they have provided no responses at all to our 111 and EOC reports!**

**The performance of the LAS in relation to patient and public involvement has fallen to the lowest standard we have seen in any NHS organisation in London. They now treat patients and the public with disdain, and fail to show due regard to the NHS Constitution, NHS Improvement guidance and legislation requiring them to value the patient and public voice.**

The report that follows demonstrates their hostility to patients and the public and the decline in the relationship with the LAS. Nevertheless, we are confident and determined that the great public involvement work of the Patients’ Forum will continue and will thrive, in order to meet the need of patients on the front line of emergency and urgent care.

Listening to the patient voice is fundamental to the development and growth of the LAS and its ability to provide outstanding patient care. We hope we can count on your support to take our work forward. It is also our hope that the LAS will review its attitude towards the Patients’ Forum and work together with us to achieve not only its own major objectives in relation to patient care, but also those of patients and the public across London.

Malcolm Alexander,

Chair,

Patients’ Forum Ambulance services (London)

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**INTRODUCTION**

The Patient's Forum has 60 active members and was set up in 2003, It brings together people with a wide range of interests and experiences including those from Local Healthwatches covering many London boroughs. All are committed to developing high quality health services in general and highly effective emergency ambulances services specifically. Members who attend regularly include people who are active in health condition support groups (for example, mental health, sickle cell, epilepsy and physical disabilities) and are knowledgeable and experienced in monitoring and influencing service development, and passionate about the LAS and NHS. Most members have experience as service users, carers, former NHS and local authority staff and are active in voluntary sector health organisations. They share the belief that direct involvement of the public helps to develop and maintain high quality public services.  Membership of the Forum is open to all. Members pay £10 a year to support the work of the Forum.

The Forum was active on 11 LAS committee. Our members joined LAS colleagues at these meeting and contributed to discussions on LAS policy, strategy and risk. Through our work on the LAS PPI Committee, we participated in plans for the enhancement of PPI in the LAS. Unfortunately, the lead for that team, Margaret Luce, left the LAS in September 2019 after 14 years, and was not replaced. **The PPI Committee has now been abolished by the LAS.**

The Forum was a regular attender and contributor to LAS Board meetings, but stopped attending for a long period because the LAS refused to provide hard copy papers to the Forum. The meetings have been extended to 4-5 hours and questions submitted to the Board no longer get adequate responses from the Chair. Sitting in a meeting for five hours and getting very little response to issues raised, represents a substantial change in the behaviour of the Board, which previously was open, welcoming and committed to responding to the Forum’s detailed questions.

**FORUM REPRESENTATIVES ON LAS COMMITTEES**

- CLINICAL AUDIT AND RESEARCH STEERING GROUP - NATALIE TEICH

- COMMUNITY FIRST RESPONDERS – SISTER JOSEPHINE UDIE

- END OF LIFE CARE – ANGELA CROSS-DURRANT & LYNN STROTHER

- EQUALITY AND INCLUSION – AUDREY LUCAS & BEULAH EAST

- INFECTION PREVENTION AND CONTROL – MALCOLM ALEXANDER

- MENTAL HEALTH COMMITTEE – NO LONGER MEETS

- PATIENT AND PUBLIC INVOLVEMENT COMMITTEE – MALCOLM ALEXANDER

- SAFEGUARDING – MALCOLM ALEXANDER

- COMPLAINTS PANEL – BEULAH EAST, ADRIAN DODD, JOS BELL, MALCOLM

 ALEXANDER

- PATIENT AND PUBLIC INVOLVEMENT PANEL – POLLY HEALY, JAN MARRIOTT,

 MALCOLM ALEXANDER (EDUCATION DEPARTMENT/HCPC)

- QUALITY OVERSIGHT GROUP – MALCOLM ALEXANDER

**1.0 WORKING WITH THE LAS PPI COMMITTEE AND LAS STAFF**

1.1) Outreach work by the LAS across London, led by Margaret Luce, was highly successful in meeting diverse groups and communities; providing them with information and knowledge about how the LAS works and how to save lives, e.g. by teaching CPR. Evidence of service improvement through community engagement was demonstrated through the team’s NHSE funded Insight Project, which focussed on the needs of patients with sickle cell disorders, COPD and asthma, and people living with a personality disorder.

[www.londonambulance.nhs.uk/wp-content/uploads/2018/04/V6Final-London-Ambulance-Service-Insight-Project.pdf](http://www.londonambulance.nhs.uk/wp-content/uploads/2018/04/V6Final-London-Ambulance-Service-Insight-Project.pdf)

1.2 Senior staff in the LAS were always been willing to answer questions put by the Forum and responded very quickly and in depth. Now they are barred from answering our questions and working with us.

**2.0 LEADERSHIP IN THE LAS – CHAIR AND CHIEF EXECUTIVE**

2.1) There has been a significant and negative cultural change in the LAS over the past year. The relationship with the Chair and Chief Executive is no longer one of listening and willingness to learn from and negotiate with patients and the public, in order to make positive changes to services. Instead there is a culture of hostility to patients and the public, who want to influence change in the LAS.

2.2) Whereas there was very positive evidence of service improvements as a result of engagement with the public through the Patients’ Forum, we now feel resistance and hostility towards effective public involvement.

2.3) Our monthly meetings with Trisha Bain, the Chief Quality Officer have been stopped – these meetings were meant specifically to improve the quality of patient care. Trisha always responded very positively to ideas and proposals put to her. All of our proposals for service improvements arose from issues raised by patients and members of the public.

**2.4) We have been told by the Chair and Chief Executive that the LAS does not wish to be monitored by the Patients’ Forum, because it is already monitored sufficiently by the CQC and NHSI. This statement put the LAS in direct contradiction to the NHS Constitution.**

**BREACH OF THE NHS CONSTITUTION BY THE LAS**

**4. The patient will be at the heart of everything the NHS does**

**NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.**

2.5) We have also been told by the Chief Executive that the Forum must decide if it wishes to be an internal organisation (within the LAS) and get additional benefits as a result, or an external lobbying organisation – but that we cannot be both.

2.6) As an independent body, we have no intention of being told what public involvement model is most appropriate by the body we are monitoring and attempting to influence to enhance patient care.

2.7) Over our 16-year engagement with the LAS the relationship has always been positive, creative, collegial and focussed of advancing the quality of care provided by the LAS. Our relationship has been based on the principles laid out in the NHS Constitution, the Health and Social Care Act and models of good practice published by NHSE and NHSI.

**3.0 LAS REFUSE TO DISCUSS THEIR STRATEGY AT PUBLIC FORUM MEETING**

3.1) On June 10th 2019, the Chair and CE were invited to our public Forum meeting to discuss progress with their 5-year strategy. Although they both attended, they refused to discuss their strategy, and spent the meeting attacking the Patient’ Forum. Over a period of one hour they said nothing about the progress they have made with their Strategy. This was particularly inappropriate because 25 members of the public and a representative of the London Assembly had come to our meeting to hear about the LAS Strategy.

3.2) This failure to present information about progress with implementation of the 5-year strategy was also disturbing, because the LAS had never adequately consulted with the public on their Strategy when it was first published as a draft document. Despite this failure, the LAS consistently claimed their consultation was outstanding - their only public consultation meeting was attended by 12 people most of whom were Forum members.

**MAJOR FORUM MEETING - MONDAY MAY 13**

PROGRESS WITH THE LAS STRATEGY & PIONEER SERVICES

HEATHER LAWRENCE, CHAIR & GARRETT EMMERSON, CHIEF EXECUTIVE LAS

From the flier advertising our Forum meeting on the LAS Strategy.

To Heather Lawrence, Chair of the LAS – June 6th 2019

**Members were very disappointed that you said nothing at all about your Strategy and Pioneer services, which was the subject that you were invited to address the meeting on. As you will recall we were disappointed during the consultation at the poor involvement of patients and the public and hoped that last night’s meeting would have enabled the process to move on successfully, and enable stakeholders to feel more involved in the process.**

**Would you be kind enough to send me a written update on your progress with development of the Strategy and Pioneer services that I can share with members, Healthwatch, our and voluntary sector partners?**

**Very best wishes and many thanks for your participation in our Forum meeting.**

**Malcolm Alexander
Chair, Patients’ Forum for the LAS**

3.3) The Forum discussed the LAS report on progress with their Strategy at our June 2019 meeting. One issue that was particularly concerning to us was that several of the key developments proposed in the strategy were unfunded by the commissioners, and that there was an absence of any focus on community stakeholders, e.g. Healthwatch, the Patients’ Forum or health charities e.g. Macmillan, Mind, Sickle Cell Society, despite these bodies being core participants in the development of successful urgent and emergency care services. The focus was entirely on statutory stakeholders, e.g. STPs.

**4.0 PUBLIC INVOLVEMENT IN THE LAS**

4.1) We have shared the following public involvement documents with the LAS to assist their understanding of PPI methodologies, but have received no response:

* Public Involvement Handbook - Legislation, Regulations and Duties

NHS AND LOCAL GOVERNMENT MAY 2018 – written by the Forum

* HM Government – Code of Practice on Consultation (Cabinet Office)

4.2 Garrett Emmerson, Chief Executive has stopped responding to emails/letter sent to him by the Forum, e.g.

May 31st – No Response

Dear Garrett, hope you as well.
We have been discussing how we can best support the LAS during the CQC well led review.
In the past we had participated in **mock CQC inspections** and made written submissions in parallel with the PIR submissions. Please let me know if you would like to discuss.
Very best wishes
Malcolm

May 31st – No response

Dear Garrett and Trisha, please find attached our report on meeting with Fred Jerrome who works for Dr Sahota (Chair of the **London Assembly Health Committee**). Any updates would be most welcome.

Best wishes

Malcolm Alexander

Chair, Patients' Forum for the LAS

**5.0 EXAMPLES OF POSITIVE SERVICE DEVELOPMENT (IN THE PAST)**

5.1) The Forum developed a **Complaints Charter** which was agreed by the LAS Board and is referred to in letters sent to all complainants.

**The LAS Complaints Charter – an example of excellent collaboration between the Patients’ Forum and the LAS**

[**www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf**](http://www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf)

5.2) The Patients’ Forum held a public meeting at LAS HQ jointly with the **Sickle Cell Society**. The meeting was attended by a large number of people with sickle cell disorders and their families, as well as the Medical Director for the LAS and several senior LAS staff. This led to significant improvement in the care of patients with sickle cell disorders. This process of service improvement continues through joint work between the Sickle Cell Society and the Education Centre, who are now producing videos on the pain control needs of children with sickle cell disorders. CARU (Clinical Audit Review Unit) are also carrying out a review of patients who receive care from the LAS when suffering a crisis.

5.3) The Forum collaborated with Diabetes UK and the LAS to bring together a large number of people with **Type 1 diabetes,** including people with diabetes and eating disorders. People with diabetes described their experiences of LAS care and this led to additional training for staff regarding the care of patients with diabetes.

5.4)The Forum was very concerned about the treatment of patient with a presumptive **diagnosis of stroke**. We previously presented a serious case, which was described by the partner of the victim as follows:

“My partner’s stroke was so severe that she needed to have one-third of her skull permanently removed otherwise she would have died that same night due to the pressure building up inside her skull. Before she had the operation, the Neurosurgeon told me that that even if she does survive, she is going to be severely disabled for the rest of her life. Fast forward to now, and my partner has no movement whatsoever in her right arm. She also has limited movement in her right leg, and has severe apraxia and expressive aphasia. She is limited to living in two rooms in our house because of her severe mobility problems. She is only 32 years old.”

**5.5) As a result of collaborative work between her partner CLG , the Assistant Medical Director of the LAS and the Forum a video was made about the diagnosis of stroke, with particular attention being given to the importance of aphasia. The video is now used for the training of all front line in the LAS.**

5.6) We campaigned for a number of years to **stop the multi-use of blankets** by front line crew,in view of the risk of cross infection. Eventually, the LAS agreed that this practice should stop and now every ambulance should have four clean blankets at the start of every shift.

**6.0 COMPLAINTS HANDLING**

6.1) An area of progress has been a greater focus on complaints handling in the LAS. We met with Heather Lawrence and her team quarterly to review anonymised complaints and make recommendations about improvements to the investigation process and outcomes.

6.2) The process involved three Forum members meeting for two hours to read, discuss and comment on a number of complaints.

6.3) A major concern of the Forum is the lack of feedback from complainants regarding the outcome of complaints and evidence of service improvement as a result of complaints. The LAS were also required by the Equality and Human Rights Commission to record the ethnicity of complainants, but we have never seen any data to demonstrate that this is being carried out.

6.4) We met with Heather Lawrence and colleagues 2019 to discuss our views on the effectiveness of the system for investigation of complaints, and ways of enhancing the LAS’s responses to those who complain. In the period following that meeting the complaints department received a significant enhancement in resources.

6.5) We have been unable to obtain a report on a meeting held with Heather Lawrence and Antony Tiernan in 2019 to discuss our findings from our last review of LAS complaints. The review took our four members three hours and we made several recommendations to the LAS, which have apparently been ignored.

**7.0 CO-PRODUCTION CHARTER**

7.1) In order to work more effectively with the LAS, the Forum produced a

**Co-Production Charter** (attached).

7.2) The Chair of the Forum was invited to a private meeting of the LAS to discuss the Charter but this produced no response to developing a more productive working relationship. A single Board member has made a comment on the Charter and that was the entirety of their response.

7.3) The Forum distributed the Charter to every Healthwatch in London and to several charities that work with the LAS and we are hoping that these bodies will support the Charter as a way of ensuring that external stakeholders are actively engaged with the LAS.

**7.4) In October 2019, at a meeting attended by Patients Forum President, Joseph Healy and Malcolm Alexander, Trisha Bain agreed that the LAS supported the Co-Production Charter and promised to pass it to Antony Tiernan (communications) for processing and implementation – but nothing happened following that agreement**.

**8.0 SAFEGUARDING**

8.1) Significant progress has been made by the LAS in the development of responses to the needs of patients who require safeguarding referrals.

8.2) There is a weakness in the ability of the LAS to get outcome data from local authorities that could be used for learning, appraisal and reflection on the effectiveness of safeguarding referrals. This is a historical problem and responses of local authorities vary a great deal in their ability to provide responses to LAS safeguarding referrals.

8.3) We were very concerned about a serious incident that resulted in a large number of safeguarding referrals to a Barnet Borough Council being lost, because of a breakdown of communication between the LAS and the borough council. Because the LAS does not expect feed-back from all councils to which the safeguarding referral are made, the lack of response was not recognised for some time. During that period no acknowledgements, nor any other form of response was received from the council in response to safeguarding referrals. That technical issue has now been fixed.

8.4) However, feedback from local authorities has been very low at 1-2%. This increased to 7% in April/May 2019 for adults and 15% for children. The limited feedback is at last, being shared front line staff.

8.5) We believe the poor feedback was partly a cultural issue – because the LAS generally refers patients onwards to the NHS or social care, and historically has not expected to get feedback, and therefore did not prioritise learning from feedback. The exception being for example outcomes from serious heart conditions. The LAS now recognise the importance of feedback and is in the process of recruiting a full time Safeguarding Referral Support Officer to improve the quality and quantity of feedback.

8.6) The 2019 LAS annual conference on Safeguarding and Mental Health held in Goldsmith University was excellent and dealt with many crucial safeguarding issues, e.g. county lines.

8.7) We were concerned to discover an LAS Safeguarding poster on knife crime, which had a single picture of the hand of a black person holding a knife. We were concerned that this suggested institutional racism. We complained to the Head of Safeguarding and the Equality lead who had the poster removed.

8.8) The leadership of the Safeguarding team is tackling very difficult and complex issues and we have confidence in the continuing progress being made.

**9.0 AMBULANCE QUEUING**

9.1) Our major concern continues to be the impact of ambulance queuing due to full A&E departments, which causes patients to wait in ambulance and trolley queues. This is especially harmful to people with cognitive impairment, for whom moving between home, ambulance, A&E and wards can be particularly traumatic. The A&E problem results not only in ambulance queues, but also delays LAS responses to other patients.

9.2) The pressure on the LAS results in extended waits for ARP Cat 3 and Cat 4 patients. But some Category 2 patients are waiting in excess of the maximum 40minutes for an ambulance response.

9.3) Despite promises from NHS England that action would be taken to deal with this situation they have failed to resolve the problem in some hospitals – see table below. We hope the CQC will inspect A&E departments to assess the magnitude of the problem and propose possible solutions.

**9.4) We believe the LAS has failed to adequately use its influence with STPs, and NHS Improvement to transform this situation.**

9.5 In the past we have closely monitored monthly handover data, but both the LAS and Commissioners have stopped providing this data. We suspect that this is because the situation is deteriorating and the LAS and commissioners want to conceal this situation.

**9.6 It appears that instead of major improvements that would deal with this appalling problem that the situation is deteriorating in some hospitals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Patients waiting 60 minutes or more | Patients waiting 60 minutes or more | Patients waiting 30 minutes or more | Patients waiting 30 minutes or more |
|  | June 2018 | June 2019 | June 2018 | June 2019 |
| Northwick Park | 93 | 122increased | 358 | 608increased |
| Princess Royal | 48 | 74increased | 145 | 223increased |
| Queen Elizabeth | 26 | 1 | 81 | 52 |
| Barnet | 24 | 16 | 143 | 220 |
| Queen’s Romford |  |  | 248 | 783 |
| St Georges |  |  | 215 | 353 |
| North Middx |  |  | 112 | 549 |
| Royal Free |  |  | 210 | 214 |
| St Mary’s  |  |  | 235 | 249 |
|  | June 2018 | June 2019 |
| Total handovers exceeding one hour – all London | 182 hours | 417 hours |
| Total handovers exceeding 30 minutes – all London | 6686 hours | 6186 hours |
| Total hours wasted over 15 minutes – all London | 4046 hours | 5039 hours |

**10.0 EQUALITY AND INCLUSION**

10.1) Equality and inclusion in the NHS and are essential to delivering effective health care. The social context of London and the UK is changing, making these key principles even more important. We believe that greater workforce diversity brings into the organization greater expertise, positive skills, provides insight into cultural needs, and makes a wider range of languages available for more effective communication during clinical engagement between staff and patients.

10.2) There has been significant progress in that 15% of the LAS workforce is now from a BAME heritage, but a high percentage of these staff are employed on the lowest pay grades in the Emergency Operations Centre.

**10.3) Data below shows that only 4.8% of paramedics with a BAME heritage have direct patient contact, and that since 2015/16 that the increase in BAME heritage paramedics has only increased by 0.5%, i.e. an increase in 19 BAME paramedics in 4 years.**

10.4) The increase in EACS/TEACS from a BME heritage is also very disappointing and is currently 10.45% of the EAC/TEAC workforce. This has remained unchanged since 31st March 2018. A significant number of TEAC/EACs have not declared their ethnicity.

**10.5) The Forum has proposed many times to the LAS the need for a proactive strategic approach to recruitment of Emergency Ambulance Crew (EAC) and Paramedics from schools, colleges and faith organisations. We regard recruiting from London to be a major priority in terms of diversity and to end the need to recruit from Australia. In our view the workforce should reflect the population in serves.**

10.6) Recruitment of Emergency Ambulance Crew can reflect London’s diversity more easily, because they can be directly recruited from local areas, rather than initially following the paramedic science degree course. Once they have worked for the LAS, they will have the experience and opportunities to apply for paramedic science courses through the usual academic route or through other routes e.g. apprenticeships.

10.7 The Forum frequently meets EACs at the LAS Fulham Education Centre, but very rarely meets EACs from a BAME heritage. This may reflect the fact that the LAS only employs 78 EACs from a BAME heritage,

10.8 In 2019 met Averil Lynch, Head of Recruitment to discuss these issues and following that meeting wrote to Garrett Emmerson on June 24th making a number of recommendations to transform the current situation.

10.9 Averil Lynch has now informed us that following the internal advert for recruitment to the paramedic course at the Fulham education centre, that **54 EACs will join the programme and start in 3 cohorts between July to October 2019. Of these 48 are white and 6 BAME.**

|  |  |
| --- | --- |
| **LAS Academy – MAY 2019 CAMPAIGN –** **84 applications received** |  |
|  |  |  |  |
|  |  |  |
|  |  |  |  |
| **Gender:** | Male | 44 |  |
|  | Female | 40 |  |
|  |  |  |  |
|  |  |  |  |
| **Ethnicity** | White | 74 |  |
|  | BAME | 10 |  |
|  |  |  |  |
|  |  |  |  |
| **Successful** | White | 48 |  |
| **At Interview** | BAME | 6 |  |

**RACIAL DIVERSITY in the LAS – PARAMEDICS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Total no ParamedicsIn the LAS | Total no “BME”paramedics | % “BME”paramedics |  “BME” % frontline paras (direct patient contact) |  “BME” paras as % of total workforce |
| 2003/4 |  685 |  22 | 3.21 | Not Known | 0.54 |
| 2004/5 |  734 |  26 | 3.54 | 1.07 | 0.65 |
| 2005/6 |  832 |  26 | 3.13 | 0.99 | 0.62 |
| 2006/7 |  816 |  27 | 3.31 | 1.00 | 0.62 |
| 2007/8 |  836 |  32 | 3.83 | 1.19 | 0.74 |
| 2008/9 |  881 |  31 | 3.52 | 1.04 | 0.70 |
| 2009/10 |  917 |  34 | 3.71 | 1.01 | 0.68 |
| 2010/11 | 1025 |  41 | 4.00 | 1.22 | 0.83 |
| 2011/12 | 1385 |  64 | 4.62 | 1.98 | 1.38 |
| 2012/13 | 1648 |  93 | 5.64 | 2.97 | 2.01 |
| 2013/14 | 1611 |  95 | 5.90 | 3.09 | 2.04 |
| 2014/15 | 1707 |  106 | 6.20 | 3.49 | 2.30 |
| 2015/16 | 1991 |  139 | 7.0 | 4.6 | 2.80 |
| 2016/17 | 1969 |  134 | 7.0 | 4.2 | 2.60 |
| 2017/18 | 2050 |  133 | 6.4% | 3.9% | 2.50 |
| 2018/19 | 2104 |  158 | 7.5% | 4.8% | 2.70 |

EACs and TEACs as at 31st March 2018 and 2019.

Emergency Ambulance Crew and Trainee Emergency Ambulance Crew

|  |
| --- |
| **At 31st March 2018** |
| **Position Title** | **BME** | **Unknown** | **White** | **Grand Total** | **BME %** |
| **Emergency Ambulance Crew** | 56 | 64 | 454 | 574 | **9.8%** |
| **Trainee Emergency Ambulance Crew** | 47 | 9 | 358 | 414 | **11.4%** |
| **Grand Total** | 103 | 73 | 812 | 988 | **10.4%** |

|  |
| --- |
| **At 31st March 2019** |
| **Position Title** | **BME** | **Unknown** | **White** | **Grand Total** | **BME %** |
| **Emergency Ambulance Crew** | 78 | 36 | 597 | 711 | **11.0%** |
| **Trainee Emergency Ambulance Crew** | 32 | 3 | 342 | 377 | **8.5%** |
| **Grand Total** | 103 | 73 | 812 | 988 | **10.4%** |

**11.0 CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS**

**11.1 Please also see Quality Account correspondence – below**

11.2 The Forum continues to be concerned about delays in providing care for patients sectioned under s136 of the Mental Health Act. We believe that the requirement to ensure that ‘parity of esteem’ is implemented between physical and mental health needs further attention, so that better arrangements can be made to care for patients needing admission to a place of safety. We believe that paramedics and mental health nurses should always be present when a patient is detained under s4, s135 or s136.

**12.0 GAPS BETWEEN SHIFTS – IMPACT ON PATIENT CARE**

12.1 Several Forum members have carried out observation shifts in the Emergency Operations Centres at Bow and Waterloo. Our report recommendations are available on our website. The full reports were sent to the LAS six months ago but we have received no formal response.

12.2 One major issue was raised that about the shortage of ambulances between 5am and 6am because some staff are allowed to leave early if they have worked for 12hours without a break, and others may tend to cluster around their home ambulance station as the end of shift draws near. We were told that this can lead to difficulties in accessing ambulances, especially at 5.30am. We have raised questions about the impact on patient care of this model of shift working.

**13.0 END OF LIFE CARE**

13.1 Our members have been very actively involved in the End of Life care workstream.

13.2 There has been very good progress with development of the LAS End of Life Care workstream and our members play an active role in this work.

13.3 The recent review of milestones showed:

* the advanced assessment course in palliative care completed;
* MIDOS mapping completed;
* advance care planning guidance completed;
* a pan-London incentive for GPs to complete CmC is underway and is being quality assured by the CmC team.

13.4 Work is being explored to get south west London care homes through the CmC toolkit to enable ready access. The CmC management team’s mapping work already under way and will locate any gaps. Schwarz rounds are being organised with view to involving stakeholders in the process.

13.5 Respect for and better understanding of diversity, and need in relation to cultural difference, regarding appropriate practices for those who are dying, were included in ‘Dying Matters Week’. There has been some in-house training, and those paramedics present reported learning about Imams’ roles when those of the Muslim faith are dying, and others’ cultural aspects. Members of the group pointed out the many videos and helpful documents highlighted the practices, needs and wishes of various cultures.

**APPENDIX - QUALITY ACCOUNT CORRESPONDANCE IN 2019**

**We invited Trisha Bain, Chief Quality Officer to a meeting of the Forum to discuss the Quality Account for 2020, but due to the actions of the LAS in excluding the Patients’ Forum, this meeting did not take place and there have been no further discussions about the Quality Acc5unt with the LAS.**



**QUALITY ACCOUNT STATEMENT FOR 2019-20**

**& RESPONSE TO THE LAS QUALITY ACCOUNT**

**APRIL 15th 2019**

Dear Trisha, thank you so much for asking the Forum respond to your Quality Account priorities for 2019-2020. We have separately sent you our response to your key priorities for 2019-20, and have also sent you a list showing some of the Forum’s key achievements for 2018-19.

Our statement for 2019-2020 is as follows:

1. **CO-PRODUCTION WITH THE LAS**

 Our collaboration with you and your team is very positive and creative and

 has led to some important developments, including the Complaints Charter,

 which is now being highlighted in acknowledgement letters to all those who

 have made complaints to the LAS. We are also value the joint development of

 the Patient Specific Information leaflet for patients and carers.

1. **MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE**

 Fifteen of our members have visited EOC in Bow and Waterloo and the

 111 Centre for south east London. Our theme on this occasion has been

 the care of patients with mental health problems. Our members were

 well received and learnt a great deal about the operation of these three

 centres. We will extend this programme to north east London in the next

 few weeks. As a result of our observations: **WE RECOMMEND-**

1. Further development of mental health triage in EOC. Despite the significant developments of the mental health team, the duty of ‘parity of esteem’ is not being adequately exercised. As an example, most mental health related calls are not currently directed to a mental health nurse, and consequently some responses to patients lack the expertise that mental health nurses can provide, e.g. in relation to suicidal ideation. Thus, patients with similar conditions may get a very different response. We fully support the mental health car pilot that is currently being evaluated, and hope that a successful roll out across London of this service, will in time mitigate some of these difficulties and create more responsive services for patients in a mental health crisis.
2. The LAS should make representations to national ambulance forums to improve and update the ‘mental health card’ used in EOC. This should include a wider range of mental health conditions and events, e.g. anxiety, depression, psychosis and risk of suicide.
3. More mental health nurses should be employed to work in the EOCs, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more mental nurses were available more mental health calls could be directed to a specialist local support team. We understand that the LAS will support development, if evaluation of the mental health car provides a strong argument for roll out across London, and if funding following a successful evaluation is available from commissioners.
4. There needs to be for greater access to psychiatric liaison/relationship building with all local mental health teams in London, to reduce the risk of patients being sent to A&E as default. At the moment it appears that where an EOC mental health nurse is already familiar with the mental health team in a particular area, that the relationship works well and local services can be accessed more easily. This collaborative working relationship needs to be developed and extended to all mental health trusts in London – including and beyond SLAM and Oxleas.
5. The continuing use of a question to patients with mental health problems regarding their potential use of violence is inappropriate and should be stopped. Similarly, that the advice to patients in a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor practice. We strongly recommend that the LAS raises these issues at national ambulance service forums, because the current situation can undermine appropriate responses to the care of patients with mental health problems and is antithetical to good clinical practice.
6. **ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY RESPONDERS - Category 1 and 2 ARP calls.**

 Currently no data is available on the time taken for paramedics to reach

 patients in prisons, immigration removal centres and youth offender

 institutions. Once an ambulance arrives at the prison gates, it appears that the

 clock stops, despite the fact that a core aspiration of ARP was to be 'patient

 centred' rather than 'target centred'. The Forum is attempting to gather data

 on this problem from the Home Secretary and Prison Minister.

 **WE RECOMMEND -**

1. The LAS collects data on the response times for all ARP Cat 1 and Cat 2 calls to the gates of all secure estate institutions in London for a period of 3 months.
2. The LAS requests paramedics and EACs who respond to calls to the secure estate, to record the time taken from arrival at gates to patient contact, for a period of 3 months.
3. **SICKLE CELL DISORDERS**

There has been significant progress in relation to the training of front-line staff

 into the needs of patients with sickle cell disorders. CARU audits have shown

 how this training has enhanced patient care. Work continues with the Sickle

 Cell Society and the LAS Academy in relation to the production of staff

 training videos, the first of which relates to pain control for children and

 young people, which should be available in 2019. **WE RECOMMEND -**

1. That comprehensive staff training in relation to sickle cell disorders is annually kept up to date for all front-line staff.
2. That CARU carries out a new survey of people with sickle cell disorders who have used LAS services, to determine if the quality of care for patients with sickle cell disorder remains of high quality and continues to improve.

 **5.0 COMPLAINT INVESTIGATIONS**

 The Forum is working closely with the LAS Chair**,** Complaint’s and Quality

 teams, to carry out joint audits of complaints. We will jointly recommend

 how the process can be made more sensitive and responsive to the needs

 of people who have complained, and how the complaints system can lead to

 enduring improvements in front line LAS services.  **WE RECOMMEND -**

1. Service improvements resulting from complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.
2. The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the outcome of the investigation of their complaints.

 **6.0 VOLUNTEER STRATEGY**

 a)The Forum is disappointed at the delay in publishing the LAS volunteer

 strategy. We have submitted to the LAS a proposal for the development

 of a volunteer programme aimed at promoting greater participation of

 BME communities in the work of the LAS, and we would like to see the

 implementation of a volunteer strategy that enhances BME community

 participation in the LAS.

 b) We would also like to see an enhanced process, to ensure that CFR

 volunteers are recruited more actively in every London borough and a

 more effective process is introduced to ensure that they can quickly take

 up their CFR role after training has been completed.

 Malcolm Alexander

 Chair, Patients Forum for the LAS



July 8th 2019

Dear Trisha, we were somewhat disappointed by your response to our QA submission and would be very grateful for further discussion on the issues below.

1. CO-PRODUCTION CHARTER

This Charter does give a unique opportunity for enhancing and growing the production of patient centred services. We have only received one amendment from the Board and cannot understand the reluctance of the LAS to sign up. We hope soon to have the support of all of London’s Healthwatches. I am sure also that when Antony joins the LAS that he will appreciate the dynamic advantages of further collaboration and co-production with patients and the public.

1. MENTAL HEALTH CARE

We do not think that you have addressed sufficiently the following issues? Our colleagues in Mind were also disappointed by your response.

* Duty of ‘parity of esteem’ is not being adequately exercised.
* Most mental health related calls are not currently directed to a mental health nurse,
* Concerns about responses to patients in relation to suicidal ideation.
* Patients with similar mental health conditions may get a very different response.
* Involvement in the development of the new MH hub. We have never seen any report on the development of a MH hub.
* Development of the EOC ‘mental health card’, which is really inadequate.
* The provision of mental health nurses is currently not adequate and bearing in mind the large number of mental health calls, the number of patients who get a ‘parity of esteem’ MH response is very low.
* We appreciate your journey to the pan London mental health hub, but there are patients suffering now, whose needs should be better addressed through enhanced access to MH nurse and liaison psychiatry. Keeping people out of A&E is an important goal, but providing the right alternative service is essential.
* The continuing use of a question to patients with mental health problems regarding their potential for violence is inappropriate and should be stopped, because it undermines the goal of parity of esteem and results in an inappropriate response to patients. If these questions are part of a nationally agreed standard, then we must work together and with Mind to ensure that this poor practice is stopped.
1. DO NOT EAT OR DRINK APART FROM SIPS OF WATER

Whilst we appreciate the importance of this question for some patients, using it for all categories of patients is wrong and sometimes harmful. Why tell a person who is severely depressed and feeling suicidal not to eat or drink?

1. ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY RESPONDERS

We do not understand why a 3-month pilot can’t be started to gather some useful information about access to seriously ill patients in the secure estate. I can’t imagine that is would any time to record: a) arrival at gates, b) arrival at patient contact, c) end of patient contact, d) arrival at gates. Maybe five minutes to collect and submit by email to HQ.

The Forum is meeting with the Ministry of Justice on this matter and it would be very useful to have more data to share with them during our discussions.

1. ePCR

We understood from your one-year review of the Strategy that the ePCR was subject to delay, but maybe we misunderstood.

1. SICKLE CELL DISORDERS

We are very pleased with progress on this issues and Eula Valentine form the Merton Sickle Cell Group would be happy to present to front line staff on this issue during CSR. She is in contact with CARU.

1. COMPLAINTS AUDITS

We are pleased with the development of this work. Our team will change as one member has left the Forum due to ill-health. I think we are still unclear how satisfied complainants are with outcomes and this is an important development for the future, as is sharing recording of telephone conversations about complaints to complainants. Publicising the recommendations produced as a result of complaint investigations, to give people who make complaints the assurance that their complaints contribute to enduring service improvements is extremely important. We do not believe that GDPR inhibits contact with complainants, providing their prior consent is obtained.

I would like to thank you for your continuing support and collaboration with the Forum, in our shared ambition to continue the improvement and enhancement of services provided to patients by the LAS.

Very best wishes, Malcolm Alexander, Chair, Patients’ Forum for the LAS