



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

John Riley (Chairman)
Ian Edwards (Vice-Chairman)
Tony Burles
Brian Crowe
Phoday Jarjussey (Labour Lead)
Allan Kauffman
John Oswell
Michael White

Date: WEDNESDAY, 17 JUNE
2015

Time: 6.00 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Putting our residents first

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and
 - (c) respond to any relevant NHS consultations.
2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.
3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

PART I - MEMBERS, PUBLIC AND PRESS

Chairman's Announcements

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

4	Minutes of the meeting on 28 April 2015	1 - 10
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6	Minutes of the meeting on 14 May 2015	17 - 18
7	Annual Quality Account 2014/2015 and Update - The London Ambulance Service NHS Trust (LAS)	19 - 66
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PART II - PRIVATE, MEMBERS ONLY

9 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

28 April 2015

Meeting held at Committee Rooms 3 & 3a - Civic Centre, High Street, Uxbridge, Middlesex UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Phoday Jarjussey (Labour Lead), Judy Kelly, Michael Markham, June Nelson and Michael White</p> <p>Also Present: Maria O'Brien - Central and North West London NHS Foundation Trust Kim Cox - Central and North West London NHS Foundation Trust Ela Pathak-Sen - Central and North West London NHS Foundation Trust Richard Connett - Royal Brompton and Harefield NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust Anne Middleton - Royal Brompton and Harefield NHS Foundation Trust Abbas Khakoo - The Hillingdon Hospitals NHS Foundation Trust Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Dr Ian Goodman - Hillingdon Clinical Commissioning Group Ceri Jacob - Hillingdon Clinical Commissioning Group Graham Hawkes - Healthwatch Hillingdon Dr Steve Hajioff - Director of Public Health, LBH Steve Powell - Category Manager, LBH Gary Collier - Better Care Fund Programme Manager, LBH</p> <p>LBH Officers Present: Nikki O'Halloran</p> <p>Press and Public: 1</p>
58.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items be considered in public.</p>
59.	<p>MINUTES OF THE PREVIOUS MEETING - 17 MARCH 2015 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 17 March 2015 be agreed as a correct record.</p>
60.	<p>REPORT ON HILLINGDON'S BETTER CARE FUND PLAN (<i>Agenda Item 5</i>)</p> <p>Mr Gary Collier, the Council's Better Care Fund Programme Manager, advised Members that the Better Care Fund (BCF) was a national initiative to implement the new integration duties under Care Act 2014. The BCF did not provide new money for Hillingdon but was more about creating efficiencies through integration to ensure that existing funding was used more effectively. It was noted that, for 2015/2016, the Council and Hillingdon Clinical Commissioning Group (HCCG) had agreed that they</p>

would keep the level of investment in Hillingdon's first BCF Plan to the minimum permitted, £17,991k. This was in order to minimise the risk to both organisations and provide time to develop an effective working relationship.

The focus of Hillingdon's BCF plan was on the 65 and over population, which was a reflection of the increasing demand placed on local authority and NHS services by an ageing population. To this end, seven schemes had been developed:

1. Early identification of people susceptible to falls, dementia and/or social isolation.
2. Better care for people at the end of their life.
3. Rapid response and joined up intermediate care.
4. Seven day working.
5. Review and realignment of community services to emerging GP networks.
6. Care home initiative.
7. Care Act Implementation.

Mr Collier advised that the development of integrated IT systems across health and social care would be a key enabler to the effective delivery of many of the above schemes and to achieving the position where residents with care needs only had to tell their story once. It was noted that this work was underway but that it would take time to fully enable all partners involved in a resident's care to update their care plan to reflect their respective interventions.

The Committee was advised that there were strong links between the BCF plan and the wider Integration in Hillingdon Programme which was based on the premise that the GP should be the lead professional responsible for coordinating an individual's care. Links could be seen in the following areas: care planning and care coordination; Multi-Disciplinary Teams; early identification; access to information, advice and advocacy; and supporting carers. A pilot based in 6 GP practices in the north of the Borough had started in April 2015 with the intention of rolling out the new model later in the year.

There were six key performance indicators contained within Hillingdon's BCF plan that had to be reported to NHS England:

- Emergency admissions
- Residential admissions
- Reablement
- Delayed transfer of care
- Service user experience
- Local metric: social care-related quality of life

The delivery of the BCF plan would be overseen by the Health and Wellbeing Board (HWBB), which would receive quarterly performance reports. An officer group (comprising representatives from the Council and HCCG) would performance manage the plan's delivery. It was noted that there had already been a reduction in the number of admissions, which were now also processed faster.

Mr Collier stated that all parties were committed to the implementation of the BCF plan. He advised that the Committee would be included in work that would take place to develop the 2015/2016 plan after 7 May 2015. It was suggested that, as degenerative spinal disease was considered to be resource intensive, this condition should be factored into the 2015/2016 plan.

Insofar as resourcing was concerned, Members were advised that the majority of the

funding was health related, with the Council contributing approximately £7m from the 2014/2015 social care budget. Further funding came from the implementation of the Care Act, Care Grants and the Disabled Facilities Grant. The funding was held in a pooled budget which was hosted by the Council. It was noted that, although the majority of the BCF budget was committed to existing core contracts, it was monitored on a fortnightly basis by a core officer group, which included the Council's Director of Finance.

RESOLVED: That the update be noted.

61. **PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS** (*Agenda Item 6*)

Central and North West London NHS Foundation Trust (CNWL)

Ms Maria O'Brien, Divisional Director at CNWL, advised that the Trust's performance over the last year had been strong but that it had finished the year with a small deficit. The Trust provided a wide range of community health services for children and adults with physical health problems. These services included: diabetes services; speech and language therapy; continence services; district nursing; palliative care; and rapid response. Services for children included: health visiting; children's nursing; infant feeding; and paediatric services (including speech and language therapy, occupational therapy and physiotherapy services). The Trust also provided mental health services across the Borough for adults and older people, including a psychiatric intensive care unit at the Riverside Centre and two adult inpatient mental health wards that provided a safe and therapeutic environment for people with acute mental health problems.

It was noted that the CQC had undertaken an inspection of CNWL in February 2015 with the resultant draft report expected in the near future. Once CNWL had received this report, a stakeholder summit meeting would be arranged.

Ms Ela Pathak-Sen, Associate Director at CNWL, noted that this was the fifth year that the Trust had set its Quality Priorities via a wide consultation programme. She advised that, as it was important to learn from experiences, performance measures were largely driven by patients and feedback was encouraged through the Trust's website and comment cards. Service user feedback was then included on the agenda for the 6 public Board meetings held each year. In addition, patients were included on the interview panels for senior posts and on the inspection teams for hospital environments.

CNWL was pleased to report that 95% of 11,010 patients who responded to the Friends and Family Test had stated that they would be likely or extremely likely to recommend the Trust's services (against a target of 90%). In Hillingdon, this equated to 91% for community services (approximately 300 patients) and 93% for mental health services (more than 300 patients).

Conversely, it was noted that approximately one quarter of those who had responded to the staff survey had indicated that they would not recommend the Trust as a place to work or receive treatment. Furthermore, all of the staff experience measures included within the report had worsened in comparison to the previous year. Ms Pathak-Sen advised that staff turnover and patient acuity had increased and that the organisation had grown. This had meant that there had been an increase in the total number of staff. However, she stated that the Trust had not been complacent and had used listening events to gain feedback from staff and was re-launching the whistle-blowing policy. In addition, as recruitment in Hillingdon was challenging, a recruitment fair was being planned.

Other work had included the development of Recovery College courses which now included health, wellbeing and community services. In response to carer feedback, CNWL had developed Recovery and Wellbeing College courses for carers (which was co-delivered by carers) and courses to raise awareness of carers and their vital role.

Members were advised that, of the twelve Quality Account Priority objectives for 2014/2015, two had not met their targets:

1. It was anticipated that the review of care and treatment planning would take some time as it would include physical health (a new patient record system was being introduced to support this objective). As such, this objective would be rolled forward to 2015/2016.
2. As the Trust had not met its 95% target for staff appraisals (Hillingdon achieved 87% for community services and 82% for mental health services), this objective would also be rolled forward to 2015/2016.

Members were advised that, insofar as care planning was concerned, the other areas covered by the Trust appeared to perform better than Hillingdon. It was noted that there were some services provided by the Trust which used different terminology (e.g., physiotherapy and occupational therapy) which meant that community patients would not necessarily recognise the determination of their "goals" as being care planning. As this was not an issue across all areas, Members suggested that it might be an issue worthy of investigation by the Trust.

Ms Kim Cox, Borough Director for Hillingdon at CNWL, advised that the Trust had adopted a more borough-wide focus on services and had looked to have a more holistic approach to physical and mental health services. Furthermore, there had been investment in CAMHS which had resulted in a reduction in the waiting list. It was noted that CAMHS patients were prioritised according to clinical need rather than how long they had been waiting for an appointment. Those patients that were waiting for a significant amount of time were monitored to ensure that their condition did not deteriorate. Although there were no national targets set in relation to mental health service waiting times, CNWL was looking to publish this information over the forthcoming year. Other successes in Hillingdon over the last year included the extension of therapy input into Hawthorn Intermediate Care Unit to seven days and an increase in immunisation.

It was noted that work had been undertaken across organisations such as Public Health, CCG and CNWL. To this end, a working group had been set up to look at commissioning and the structure of services collectively.

Members were advised that the Trust had undertaken individual stakeholder events to look at possible quality priorities and had highlighted three themes. These themes were then discussed at the 'all stakeholder' event to hone and shape possible Quality Priorities for 2015/2016. It was felt that the essence of the themes were imperative and interdependent and, as such, a combination would be taken forward under the overarching heading of 'Effective Care and Treatment Planning'. In addition to those priorities that had not been achieved over the last year, 'strengthening our learning culture' would also be taken forward and implemented alongside the 2015/2016 priorities.

With regard to technological improvements, it was noted that the Trust had considered outsourcing and a programme of work had been developed to look at productivity which had resulted in an additional post. Furthermore, a Telemedicine pilot had been

put in place with promising initial results that could save money for partners elsewhere in the pathway. A mobile working solution had also been procured which would go live in Hillingdon in August 2015 and was anticipated that it would improve efficiency.

Concern was expressed that the language used within CNWL's Quality Account report tended to be rather technical and, as such, would benefit from being proof read by a lay person prior to publication to make it more accessible. In addition, Members again expressed concern about the format of the report. Although it was understood that there were lots of services provided by the Trust to a number of areas, the Committee asked that further consideration be given to collating information relevant to each Borough in its own section of the report.

Mr Hawkes agreed that the CNWL Quality Account report needed to reflect the Hillingdon perspective, e.g., the substance misuse issues in the Borough were not really addressed in the report. However, he noted that the easy read version produced by the Trust was of great benefit and that the production of a similar document had been suggested to other Trusts.

Royal Brompton and Harefield NHS Foundation Trust (RB&H)

Mr Richard Connett, Director of Performance and Trust Secretary at RB&H, advised that the Trust had not been scheduled for an inspection on the most recent list published by the CQC so would not be inspected before October 2015.

Members were advised that, during 2014/2015, the Trust had cared for 178,495 patients (NHS and private) at its outpatient clinics and 38,619 patients of all ages on its wards. RB&H had pioneered the use of primary angioplasty for the treatment of heart attacks and its ventricular assist device (artificial heart) programme was one of the world's most established programmes with a long history of clinical and scientific excellence. The Trust was the country's largest centre for the treatment of adult congenital heart disease.

Insofar as the Trust's Quality Priorities for 2014/2015 were concerned, action had been undertaken to improve the patient experience with a number of work streams and surgeons working across both hospitals to create greater homogeneity. During this period, the lung cancer pathway had also been reviewed which had resulted in increased theatre capacity at Harefield Hospital and the development of a timed care pathway. However, as more work was needed, the lung cancer pathway would continue to be a priority for the Trust in 2015/2016.

The Trust had experienced considerable operational pressures over the last year which meant that there had been no progress made in reducing the number of cancelled theatre cases. It was noted that the majority of cancellations had been at Harefield Hospital and had been as a result of issues such as the growing number of patients transferred to Harefield from other hospitals. However, there was enthusiasm at the Trust for surgeons to pick up new referral paths. Patient acuity had also increased and patients would often have more than one condition and more patients were being found to need care in the critical care areas. As such, this would continue to be a priority during 2015/2016, alongside the development of more efficient discharge.

The Family Satisfaction Survey had been extended during the past year to the intensive care unit at Harefield Hospital and to the Paediatric Intensive Care Unit. 230 questionnaires had been completed by families and the feedback received had been used to improve services. For example, customer services training had been included in nurses' induction, a coffee machine had been installed outside ITU and a focus group had been set up to discuss patient experience.

It was noted that NHS England (NHSE) had required all Trusts to define what 7 day working meant for their organisation and to have put in place the necessary changes to deliver it by April 2017. To this end, RB&H had met the national standard in relation to the first consultant review and for ongoing review of patients on critical care units. Although significant work had been undertaken to review diagnostics and support services, more would be required before April 2017.

Medication errors were one of the main categories of incidents reports nationally and within RB&H, although most were 'near miss' events and resulted in minor or no harm to the patient. Paediatric pharmacists at the Trust were leading on work to improve medication errors for Children's Services:

- A quality improvements programme on omitted doses had been successful in reducing errors by 54%;
- A self administration regime had been successfully launched in relation to Paediatric Cystic Fibrosis;
- The medicines administration double checking process was being redesigned; and
- A Medicines Management Champion had been put in place in the children's ward to promote adherence to medicine related policies and procedures.

For 2015/2016, RB&H had identified six draft quality priorities for 2015/2016 in consultation with governors, patients and the public, members of Healthwatch, staff and Trust Board members:

1. Improving our Organisational Safety Culture: RB&H had signed up to a safety campaign;
2. Improving the Patient Experience and Co-Ordination of Admission and Discharge: the Trust would look at identifying where improvements were needed and then implementing changes;
3. Improving the Identification and Management of Patients at Risk of Pressure Ulcers and Falls in Hospital: previous learning would be used to undertake a quality improvement project around falls;
4. Improving the management of patients with Cancer: the 62 day lung cancer pathway work would be rolled forward from 2014/2015 and would include training for staff around quality of care;
5. Improving the Management of the Deteriorating Patient – Reducing Acute Kidney Injury, Effective Sepsis Identification and Management, Appropriate Escalation of NEWS (National Early Warning Score) and PEWS (Paediatric Early Warning Score): RB&H was aiming to improve compliance with NEWS and PEWS, SEPSIS 6 System to 95% and to reduce the incidence of new onset AKI (acute kidney injury) by 50% by 2018; and
6. Safer Use of Medicines and Medical Devices: the Trust would use learning from the previous year and tailor it for adults. It was likely that this would result in an increase in reporting which would then settle. The outcomes would be audited.

Mr Nick Hunt, Director of Service Development at RB&H, advised that approximately 10% of the patients seen by the Trust were private (with the remainder being NHS) and that they provided roughly 10-12% of the Trust's income. It was noted that, without private patients, RB&H would be unable to offer anywhere near the same level of NHS service currently provided. Given NHSE restrictions, the Trust was unable to earn itself out of a deficit.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Dr Abbas Khakoo, Medical Director at THH, advised that there had been a range of

achievements for the Trust in 2014/2015 which included:

- low patient mortality figures – THH was one of only 15 Trusts in the 'lower than expected' SHMI band;
- patient safety thermometer stood at 95.4% against a national target of 95%;
- more than 24,000 responses to the Friends and Family Test during 2014/2015 (equating to approximately 20% of all THH patients) - 93% of patients were happy to recommend THH services to their friends and family;
- Annual NHS Staff Survey – the number of staff agreeing that patient care was the Trust's top priority grew by 7% to 78% (against the 69% national average). THH scores had improved in 26 of the questions and had performed better in 71 of the questions; and
- an increase in training compliance rates for Infection Prevention and Control and Safeguarding.

During the last year, THH had invested more than £15m in new and improved patient services, with a new Acute Medical Unit and Endoscopy Unit (Nightingale Centre) opened on time and on budget, expansion of neuro-rehabilitation and new maternity labour rooms (it was noted that THH would not increase the number of maternity beds until the environment and staff levels were in place to support the additional demand and meet the new NICE guidelines). In addition, the Paediatric Diabetes team had won a £50k Innovation Challenge Prize for its schools outreach work and had received three commendations in the national Care Quality Programme Awards.

The Trust had been working closely with key stakeholders to ensure that, as a result of changes proposed through the *Shaping a healthier future* (SaHF) programme, maternity and paediatric care could be delivered at the right time in the right place. In addition, the Trust was looking at embedding the London Emergency Standards, developing new community pathways (musculoskeletal, urology and gynaecology) and avoiding readmissions through whole systems and integrated care.

Professor Theresa Murphy, Director of Patient Experience and Nursing at THH, stated that there were a number of targets that had not been achieved during the last year which included:

- readmissions to hospital within 28 days (THH performance was above the London and national average);
- Clostridium difficile (C diff) - THH had breached the annual objective of 16 cases but was lower than the North West London (NWL) average (per 100,000 bed-days) and slightly above national average;
- Venous Thromboembolism (VTE) was below THH's 95% target at 92.7%;
- A&E performance – 94.1% (against a target of 95%);
- 2.3% of clinics had been cancelled with less than 6 weeks' notice (against a target of 1.5%);
- reduced length of stay for patients aged 65+;
- presence of a consultant physician for 12 hours a day at weekends in Medicine;
- patients seen by a consultant within 14 hours - THH was currently looking to improve this target by recruiting additional medical unit consultants;
- Dementia FAIR assessment - the 'Find' and 'Assess' indicators had not been achieved at the year end;
- The number of inpatient falls had reduced by 12.4% against a target of 20%; and
- CARES customer care training had missed its target, achieving 10.4%.

Members were advised that a significant amount of work had been undertaken by the

Trust since its CQC inspection in October 2014. Although a follow up CQC inspection had been expected, this had not yet taken place.

With regard to formulating the Trust's 2015/2016 priorities, Dr Khakoo stated that, in addition to the feedback already received from the CQC, consultation had been undertaken through an engagement event, feedback from patient experience surveys/complaints and staff meetings. The proposed Quality Priorities for 2015/2016 were in relation to:

1. Safeguarding - ensuring the safety of vulnerable and older people;
2. Improving the safety of medicines management and the experience of people requiring medicines in the inpatient and outpatient settings;
3. Improving maternity services (SaHF and maternity expansion); and
4. Improving communication with patients.

Members were advised that approximately 60% of patients visiting A&E were dealt with by the Urgent Care Centre (UCC). As the total number of patients visiting the UCC was increasing, more effort was needed to signpost individuals to their GP or local pharmacy (where relevant). Although there had been an increase of 4-7% in A&E and admissions in London, Hillingdon had seen an increase of 8-10% over the whole year.

With regard to patients in mental health crisis attending A&E, Professor Murphy advised that the Trust had developed a great working partnership with CNWL. Members were aware that space within A&E at Hillingdon Hospital was limited and, as such, a specialist mental health room was not an option. However, to address the need identified, THH would be putting four substantive Registered Mental Nurses (RMNs) in place to help manage the risk.

Dr Khakoo noted that the Trust was working hard to develop its use of technology to make it more joined up. To this end, THH was piloting the use of hand held devices by consultants to enable them to update patient records whilst on the wards. The work being undertaken would also be looking at GPs being able to access records and smooth the patient discharge process. In the meantime, effort would be made to improve the existing ways of recording information whilst the IT solution was being developed.

Members noted that, even though a significant proportion of comments made by residents were in relation to the service, there was very little reference made to outpatients within the THH Quality Account report. Dr Khakoo stated that, during its inspection, the CQC's comments about THH's outpatient service had been very positive despite this department having the largest volume of work. Professor Murphy advised that the Trust would include more information about outpatients within the final version of the report. She noted that there had been an issue with patients not attending their appointments which led to staff overbooking and patients having to wait longer to be seen. The Committee was assured that this issue would be addressed over the forthcoming year.

Hillingdon Clinical Commissioning Group (HCCG)

Ms Ceri Jacob, Chief Operating Officer for HCCG, advised that the organisation had achieved a £3.3m surplus at the end of 2014/2015 as a result of a lot of work with providers and partners. It was noted that CCGs were required to hold a 1% surplus so this money would be rolled forward to 2015/2016. However, QIPP had only resulted in £8m savings in the last year against a target of £10m.

Ms Jacob advised that it was important for HCCG to maintain control over its finances

in 2015/2016 which, as a result, would impact on the providers. It was noted that HCCG was still underfunded but not by as much as it had been.

Work was underway to develop GPs use of technology. It was acknowledged that, as 95% of clients had an NHS number, social care could be integrated into this new IT development.

With regard to blood tests being undertaken at Mount Vernon Hospital, Ms Jacob advised that GP networks in the north of the Borough were already piloting a phlebotomy work stream in some practices but that this would not be available in all practices. However, this development would increase the availability of blood testing.

Insofar as the new Yiewsley Health Centre development was concerned, HCCG was ready but was sometimes held up by NHSE. A business case had been submitted and additional funding had been committed to enable CNWL to provide services from the new building. Ms Jacob would provide the Democratic Services Manager with an update for circulation to the Committee.

Members were advised that, from 1 April 2015, HCCG was joint commissioning with NHSE. The organisations would be holding their first meeting on 21 May 2015 so would be able to discuss the need for a GP practice in Heathrow Villages and then update the Committee at a future meeting. Another issue that could be discussed by HCCG and NHSE was the difficulty that many residents experienced in getting an appointment with their GP.

Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Operating Officer at HH, advised that an interim CAMHS report had been produced in December 2014 with a further report expected in May 2015. He noted that issues in relation to the mental health service provision were not just in relation to Tiers 3 and 4 but also Tiers 1 and 2. For example, further work was required regarding early intervention in schools as there had been a huge increase in the number of instances of self harm. A report about the issue would be brought to a future meeting of the Committee.

Other work being undertaken by HH included:

- Maternity - volunteers had been talking to new parents in Children's Centres and working with Healthwatch Ealing in relation to postnatal depression;
- Domiciliary care and home care services - as a number of issues had been raised, work would be undertaken over the next few months to embed the services;
- GP access - as residents were experiencing difficulties accessing a GP, HH was working with HCCG to look at how primary care could be accessed; and
- Knee surgery, hernias and IVF - the 8 NWL CCGs had issued a statement to advise that they would look at this issue. An announcement was expected in the near future about any proposed changes.

Mr Steve Powell, Category Manager for the Council, advised that the authority was in the process of launching the Connect to Support website as part of its Care Act obligations. He would be in contact with those organisations in the near future about the support that they each provided to patients.

RESOLVED: That:

- 1. the information received be used to help to inform the Committee's response to the Trust's Quality Account reports for 2014/2015; and**

	<p>2. Ms Jacob provide the Democratic Services Manager with an update on the new Yiewsley Health Centre for circulation to the Committee; and</p> <p>3. the presentations be noted.</p>
62.	<p>SINGLE MEETING REVIEW: FAMILY LAW REFORMS - DRAFT FINAL REPORT <i>(Agenda Item 7)</i></p> <p>Consideration was given to the draft Family Law Reforms report which was circulated to Members at the meeting. The report had been produced following a single meeting review which had been attended by Her Honour Judge Judith Rowe QC and Council officers. It was believed that Hillingdon had been the first local authority to have worked with a Judge in this way and had enabled the further development of relations between officers and the Family Court.</p> <p>RESOLVED: That the Family Law Reforms report be agreed and presented to Cabinet at its meeting on 21 May 2015.</p>
63.	<p>WORK PROGRAMME 2014/2015 <i>(Agenda Item 8)</i></p> <p>Consideration was given to the Committee's Work Programme. It was agreed that an additional meeting would be scheduled for 6pm on Tuesday 12 May 2015 to specifically review the report resulting from the CQC inspection of Hillingdon Hospital.</p> <p>The CQC inspection of the London Ambulance Service NHS Trust (LAS) would start on 1 June 2015. The LAS information collected by the Committee at its meetings during the year would be submitted to the CQC. Members were asked to provide any further information that they had about the LAS to the Democratic Services Manager by 27 May 2015 so that this could also be submitted.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. an additional meeting be scheduled for 6pm on Tuesday 12 May 2015; 2. Members provide the Democratic Services Manager with any LAS related information they had by 27 May 2015 so that it could be submitted to the CQC; and 3. the Work Programme be noted.
	<p>The meeting, which commenced at 6.00 pm, closed at 8.44 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

12 May 2015



HILLINGDON
LONDON

Meeting held at Committee Room 3 - Civic Centre,
High Street, Uxbridge UB8 1UW

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Phoday Jarjussey (Labour Lead), Judy Kelly, Michael Markham, June Nelson and Michael White</p> <p>Also Present: Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Professor Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Dr Abbas Khakoo - The Hillingdon Hospitals NHS Foundation Trust Wendy Cookson - The Hillingdon Hospitals NHS Foundation Trust Ceri Jacob - Hillingdon Clinical Commissioning Group Graham Hawkes - Healthwatch Hillingdon</p> <p>LBH Officers Present: Dr Steve Hajioff, Gary Collier and Nikki O'Halloran</p> <p>Press and public: 2</p>
64.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING <i>(Agenda Item 2)</i></p> <p>Councillors Phoday Jarjussey and Michael Markham declared a non-pecuniary interest in Agenda Item 4: The Hillingdon Hospitals NHS Foundation Trust - Review Of The Care Quality Commission Inspection Report as they had recently been regular users, and remained in the room during the consideration thereof.</p>
65.	<p>EXCLUSION OF PRESS AND PUBLIC <i>(Agenda Item 3)</i></p> <p>RESOLVED: That all items of business be considered in public.</p>
66.	<p>THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST - REVIEW OF THE CARE QUALITY COMMISSION INSPECTION REPORT <i>(Agenda Item 4)</i></p> <p>The Chairman welcomed those present to the meeting. He advised that Members had welcomed the report published by the CQC following its inspection of The Hillingdon Hospitals NHS Foundation Trust (THH) and noted that there were aspects of outstanding and encouraging practice highlighted within the report. Although the Committee would focus on the more negative aspects of the report, acting as critical friend, it was acknowledged that there were positive elements too.</p> <p>Mr Shane DeGaris, Chief Executive of THH, advised that, during its review of eight core services, the CQC had asked five key questions in relation to whether the Trust was safe, effective, caring, responsive and well-led. The overall rating for the Trust was 'requires improvement' - where approximately $\frac{3}{4}$ of the domains required</p>

improvement or were deemed inadequate. However, the CQC had rated THH as 'good' in relation to the caring domain.

As well as rating the Trust as a whole, the CQC had rated each of the core services provided by Mount Vernon Hospital and Hillingdon Hospital separately. Mr DeGaris advised that, despite many of the services being rated as 'good', it had been disappointing that Mount Vernon Hospital had not received more 'good' ratings. Members had been encouraged by the CQC inspection report in relation to Mount Vernon and praised the services and parking facilities available at the hospital. It was noted that virtually all of the consultants practicing at this site also worked at Hillingdon Hospital (although the nursing staff were different).

Members were advised that, following the review, the Trust had been issued with two warning notices in relation to: assessing and monitoring the quality of service provision (Regulation 10); and cleanliness and infection control (Regulation 12). It was noted that, although the number of hospital acquired infections at the Trust was low, the CQC had observed poor practice during the review which needed to be addressed.

In addition to the warning notices, the Trust had been given a number of compliance notices (in relation to: management of medicines; safety and suitability of the premises; safety, availability and suitability of equipment; records; and staffing), eight 'must' actions and 11 'should' actions. Although the issues identified in the warning notices needed to be resolved within fixed timescales, the other actions could be completed within an undetermined period.

Mr DeGaris stated that the CQC had provided a fair assessment and the Trust was determined to put measures in place to ensure that good practice was rolled out across the organisation. He noted that the Trust had accepted the findings and that it had looked to address immediate actions swiftly whilst also looking to address medium/longer term action to restore compliance. In addition, the Trust had strong foundations which would underpin its ability to improve which included:

- the Trust being a well performing medium sized general hospital;
- maintaining Band 6 (lowest risk) CQC Intelligent Monitoring for 3 consecutive periods;
- being rated as green for ten consecutive quarters on Monitor quality performance and finance scorecards;
- being highly commended by Dr Foster for reduction in weekend mortality; and
- the organisation being one of 15 Acute Trusts in the 'lower than expected' SHMI band (Summary Hospital-level Mortality Indicator).

Professor Theresa Murphy, Director of Patient Experience, Nursing and DIPC, advised that, since the inspection, the Trust had placed a strong emphasis on the immediate actions needed to ensure that the organisation achieved compliance with the warning notices and the agreed timeframes. A strategic Trust-wide action plan had been formulated to address the areas of non-compliance and each core service had developed a detailed action plan to address the findings in their domains. The overarching action plan also picked up wider themes that ran across the Trust which might require longer-term action. Professor Murphy assured Members that the Trust would address all of the issues raised by the CQC whilst ensuring that change was embedded and sustainable. A governance structure had been put in place to ensure that the improvement programme was delivered.

Since the warning notice in relation to assessing and monitoring the quality of service provision had been issued, THH had made significant progress with staff undertaking

mandatory training in adult safeguarding, child safeguarding and infection prevention and control. Work had also been undertaken with regard to the warning notice issued in relation to assessing and monitoring the quality of service provision. A huge piece of work had been completed to remove asbestos as part of the ventilation validation improvements from theatres. In addition, THH had launched a revised DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form which reflected British Medical Association (BMA) and Resuscitation Council Guidance and had increased compliance to 88%. A new lead nurse for child protection had been appointed and training had been put in place for staff.

Members queried whether the action taken by the Trust in safeguarding children and vulnerable patients had been so extreme that it had conflicted with deprivation of liberty. Mr DeGaris advised that this was a difficult balance particularly in relation to dementia patients. However, the Trust had been working closely with specialist lawyers to ensure that this balance was met. In addition, each ward had been risk assessed to put the most appropriate measures in place, CCTV cameras needed to be monitored / maintained and staff needed to be trained, vigilant and interactive. Furthermore, a safeguarding database was now in place to ensure that wider information was available to clinicians and action had been taken to address processes which linked to different agencies (including social care).

With regard to the warning notice received in relation to cleanliness and infection control, THH had completed a range of work including appointing a new Compliance Officer and launching the annual Infection Prevention Control (IPC) audit plan. A significant number of additional cleaning staff had also been appointed to ensure that all areas were clean, not just the clinical areas.

Dr Abbas Khakoo, Medical Director at THH, advised that the CQC report had highlighted a number of areas for improvement and that a range of actions had already been completed with further actions planned for the medium and longer terms. For example:

- recruitment and retention measures;
- staff training;
- review of expired medication;
- repositioning of CCTV cameras;
- the existence of equipment service contracts;
- the quality of patient medical records; and
- safe storage of records.

Insofar as next steps were concerned, Mr DeGaris advised that the CQC had made follow-up visits on 5 and 7 May 2015 and, pending further information requested and the approval of the CQC Board, it was likely that the inspectors would recommend:

- the de-escalation of the warning notices against Regulations 10 and 12;
- Regulation 10 was likely to be removed completely;
- Regulation 12 was likely to have some compliance follow up actions; and
- the review of the four red 'inadequate' ratings in the safety domain against A&E, Medicine, Surgery and Services for Children.

Mr DeGaris noted that the THH Board was delighted by the significant progress made by the Trust and was proud of the excellent staff. It also recognised the staff's significant contribution to achieve the differences observed by the CQC since the October 2014 inspection.

Furthermore, the Trust remained focussed on the improvement plan. It would continue to work on achieving full regulatory compliance through completing the action plans against the existing Compliance Notices, undertaking a Trust-wide RCA against the service CQC reports to identify reasons for failure, and had commenced a peer-to-peer mock CQC programme in May 2015.

Members were advised that issues had arisen when demand had outstripped capacity and that there had been a constant level of activity in A&E. To address the issue of demand for beds, the Trust had made all beds mainstream beds and ensured that they were fully staffed. It was acknowledged that the Trust had lacked in collective planning and that it had worked with the CCG to ensure that action was taken to address the increased demand for services. A number of successful small pilots had been undertaken to provide better access to GPs and consideration was now being given to how this could be scaled up across the Borough. The CCG had also been working with schools in the south of the Borough to educate young people about the most appropriate use of A&E and was looking to strengthen support networks around isolated older people.

Insofar as the cleaning schedule was concerned, Members were assured that the working practices had been refocused so that cleaning activity was now signed off by a senior nurse. However, the cleaning of broken floors and more inaccessible areas was more of a challenge. To this end, the maintenance contracts had been reviewed to make them more centralised and more easily controlled and clinical staff were now able to set the tone of what was deemed important in their area in terms of cleaning.

Concern was expressed that some management processes were not complied with and others were over reported. In addition, it was noted that the Board had been getting false assurances about the cleaning standards. Although it was not easy to get staff working together, ongoing audits were now in place between clinical and facilities staff comprising technical and clinical elements for each ward. The results of these audits were then reported to the Board.

With regard to clinical records, the Committee was advised that changes had been made to ensure that nurses and doctors were all writing in the same set of notes for each patient. There had also been a drive to reduce the number of temporary notes which were stored off site to make them more accessible. In addition to this work, the Trust had been working closely with the CCG to improve the handover of care between professionals to ensure continuity.

Although THH had been slow in its adoption of technology, improvements had been made so that staff could now click on a patient's notes and see the GP's last contact from Paediatric A&E. These developments would help to improve patient safety (e.g., all clinicians immediately being able to see when a patient's medication or dosage had been changed). It was anticipated that truly integrated healthcare records (including social care information) would be in place in the next 2-3 years. It was suggested that, as the severity of inflammatory conditions was subjective, consideration be given to including photographic evidence for these conditions.

Members were advised that significant work was already underway to identify gaps in the Trust's assurance process. This had included mainstreaming actions into the work that was already done as well as the clinical and business objectives. From a communications perspective, THH would need to repeat messages about how the Trust had felt it had let its patients down and, as such, would be undertaking a peer challenge. In addition, THH would be looking to ensure that feedback loops, checks

and balances were in place around middle management.

It was noted that very little had been included within the action plan with regard to improving the service received in outpatients, e.g., reducing the time taken for a consultant to send a letter to a GP. Mr DeGaris advised that the CQC had deemed outpatients to be the best service provided by the Trust and, as such, had not been focussed on in the action plan. However, consideration was being given to issues with regard to ease of access for outpatients, waiting times and streamlining the booking system as part of the transformation programmes that had been put in place. This work would continue to be a priority and included 90% of outpatient letters being sent out within 24 hours, greater use of electronic dictation and more secretarial staff.

Members were advised that a new vascular surgeon had been appointed who would spend five days each week at Hillingdon. It was anticipated that this would help with the provision of the diabetes complex foot service. Dr Khakoo advised that the Trust formed part of a network of hospitals to cover sickness absence and annual leave. This type of joined up working would help to provide a seven day service and provide economies of scale.

Although the report had stated that one nurse had been responsible for 20 patients, the CQC had not taken account of the agency staff present during its inspection. Members were assured that staff levels were monitored three times a day and that, as a result of significant spend, the number of falls had reduced. Although 85 foreign nurses would be starting work with the Trust over the next few months, it was recognised that it was important to encourage local people to work for THH. To this end, the Trust had formed an alliance with a teaching hospital which had resulted in an increase in the number of staff working at night. It was anticipated that an increase in staffing levels would enable staff to undertake the training that they previously hadn't had the capacity to complete.

With regard to translation services, it was noted that the Trust had experienced some challenges out of hours. To this end, procedures were being modernised to reflect patients' needs and 24/7 access to an interpreter service had been secured.

It was noted that some complaints had not been dealt with as well as they could have been and that they needed to be responded to expediently. To improve the Trust's response to complaints, THH had appointed a new complaints officer.

Whilst there were other hospitals built at roughly the same time as Hillingdon Hospital that didn't experience the same infrastructure issues, there were few which comprised WWII temporary accommodation and a tower block (where the windows and curtains hadn't complied with infection control guidance). Mr DeGaris stated that the hospital infrastructure required major investment and that this had been raised as an issue by John McDonnell MP at Prime Minister's Question Time. Although some investment had been committed through work being undertaken as a result of the *Shaping a healthier future (SaHF)* programme, the need for further investment was now being recognised and would require the CCG to work with the Secretary of State to move matters forward. In the meantime, the Trust would continue external lobbying for further investment. It was noted that the majority of funding received by the Trust was spent on maintaining the building rather than on innovation.

It was noted that SaHF would result in many additional maternity patients going to Hillingdon Hospital to give birth. Ms Ceri Jacob, Chief Operating Officer at Hillingdon CCG, advised that a detailed assurance process had been followed to ensure that

adequate measures were in place, which had meant that the transfer of services from Ealing had been delayed. Mr DeGaris was aware that, as well as having enough beds in place at Hillingdon to accommodate the increase in births, it was important to ensure that there were enough nurses and doctors. Some of the additional staff required would come from Ealing Hospital but the Trust would need to address any staffing gaps, e.g., specialist registrars, etc. Members were advised that THH had a specialist home birth team which dealt with 70-80 births last year. Although the team was fully staffed, there was a need to invest in post-natal services and consideration would need to be given to ensuring that the community midwifery team was at full strength.

Concern was expressed that the Council of Governors had been unaware of many of the issues at THH that were highlighted by the CQC. Whilst many of the front line staff were doing a good job, Members queried whether the management had bought into the CQC report and to what extent they were leading the way to make better use of resources to make the changes identified within the action plan. Mr DeGaris noted that the CQC had been confident that the Management Board was fully signed up to the action plan and was taking action to resolve the issues raised during its inspection. Furthermore, effort was being made to provide training and support to front line staff and identify constraints that hindered them doing their jobs.

RESOLVED: That the report and presentation be noted.

The meeting, which commenced at 6.00 pm, closed at 8.08 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

14 May 2015

**Meeting held at Council Chamber - Civic Centre,
High Street, Uxbridge UB8 1UW**



	<p>Committee Members Present: Councillors John Riley, Ian Edwards, Tony Burles, Phoday Jarjussey (Labour Lead), John Oswell, Allan Kauffman, Brian Crowe and Michael White</p>
1.	<p>ELECTION OF CHAIRMAN (<i>Agenda Item 1</i>)</p> <p>RESOLVED: That Councillor John Riley be elected Chairman of the External Services Scrutiny Committee for the 2015/2016 municipal year.</p>
2.	<p>ELECTION OF VICE-CHAIRMAN (<i>Agenda Item 2</i>)</p> <p>RESOLVED: That Councillor Ian Edwards be elected Vice-Chairman of the External Services Scrutiny Committee for the 2015/2016 municipal year.</p>
	<p>The meeting, which commenced at 8.42 pm, closed at 8.47 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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Agenda Item 7

ANNUAL QUALITY ACCOUNT 2014/2015 AND UPDATE - THE LONDON AMBULANCE SERVICE NHS TRUST (LAS)

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

REASON FOR ITEM

To enable the Committee to question representatives from The London Ambulance Service NHS Trust (LAS) on its draft Quality Account 2014/2015 report.

OPTIONS AVAILABLE TO THE COMMITTEE

To note the LAS Quality Account 2014/2015 report and question those representatives present about issues relating to the Trust.

INFORMATION

Introduction

At its meeting on 28 April 2015, the External Services Scrutiny Committee received presentations from representatives in relation to the Quality Accounts 2014/2015 for the following organisations:

- Central & North West London NHS Foundation Trust - response submitted 18 May 2015
- The Hillingdon Hospitals NHS Foundation Trust - response submitted 13 May 2015
- Royal Brompton & Harefield NHS Foundation Trust - response submitted 15 May 2015

Background

1. The Department of Health's *High Quality Care for All* (June 2008) set the vision for quality to be at the heart of everything the NHS does, and defined quality as centered around three domains: patient safety, clinical effectiveness and patient experience. *High Quality Care for All* proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 placed this requirement onto a statutory footing.
2. Quality Account reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. The details surrounding the form and content of Quality Account reports were designed over a year long period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of England. This involved a wide range of people from the NHS, patient organisations and the public, representatives of professional organisations and of the independent and voluntary sector.
3. For the first year of Quality Accounts (2009/2010), providers were exempt from reporting on any primary care or community healthcare services. During the second year, the community healthcare service exemption was removed. We are now in the sixth year of Quality Account reports and providers are expected to report on activities in the financial year 2014/2015 and publish their Quality Accounts by the end of June 2015.

4. Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the overview and scrutiny committee (OSC) in the local authority area in which the provider has a registered office and invite comments prior to publication. This gives OSCs the opportunity to review the information contained in the report and provide a statement of no more than 1,000 words indicating whether they believe that the report is a fair reflection of the healthcare services provided. Scrutiny Committee's can also comment on the following areas:
 - whether the Quality Account report is representative
 - whether it gives a comprehensive coverage of the provider's services
 - whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Account reports.
5. The draft version of LAS Quality Account report was received on 20 May 2015 with a response requested by 2 June 2015. The OSC should return the statement to the provider within 30 days of receipt of the Quality Account report to allow time for the provider to prepare the report for publication. Providers are legally obliged to publish this statement as part of their Quality Account report. A copy of the response has been attached to this report and was compiled using feedback from Members of the Committee and issues raised in relation to the Trust during the course of the year.
6. Providers must send their Quality Account report to the appropriate OSC by 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account report ready for review by its stakeholders.
7. The primary purpose of Quality Account reports is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. If designed well, the reports should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

Other Information

8. Members will be aware that the CQC review of the pan-London services provided by the LAS started on 1 June 2015. The areas covered by CQC inspections for all ambulance services are:
 - Urgent and Emergency Care (including blue light services)
 - Patient transport service
 - Emergency operations
 - Resilience planning
9. The CQC was keen for scrutiny committees to share any information about the care people have received from the Trust and about scrutiny plans and scrutiny findings, as well as final reports and evidence gathered about LAS and from other stakeholders through scrutiny. Information collected by the External Services Scrutiny Committee in relation to the LAS was shared with the CQC on 28 May 2015.

THE LONDON AMBULANCE SERVICE NHS TRUST

Consultation on the Trust's Quality Account - 2014/2015

Response on behalf of the External Services Scrutiny Committee at the London Borough of Hillingdon

The External Services Scrutiny Committee welcomes the opportunity to comment on the Trust's 2014/2015 Quality Account report and acknowledges the Trust's commitment to attend its meetings when requested. The Committee recognises that, over the last year, the Trust has experienced pressures which have resulted in a lower attendance at its meetings. As such, it is encouraging to see that the Trust has already recruited and trained over 260 new members of frontline staff and has plans in place to increase this number to 850 by the end of 2015/2016. However, the Trust needs to ensure that the retention measures that it has planned are sufficient enough to entice staff to stay.

The Committee has no doubt that the service provided by the Trust is excellent and that it should be congratulated on receiving the MPDS Centre of Excellence award and the Cabinet Offices' Customer Services Excellence Accreditation. However, concern has been expressed that the Trust is under growing pressure, primarily resulting from an increasing demand, and that this puts additional pressure on existing staff and therefore impacts on staff turnover. It is recognised that action is already being undertaken to increase capacity and decrease demand and the Committee looks forward to receiving an update on the effectiveness of these initiatives and the value for money that they have provided.

The report notes that there had been "low levels of staff satisfaction evidenced in our disappointing staff survey results" and mention is made of the action taken to strengthen staff engagement and communication. However, information in relation to the most common issues raised by staff and the monitoring procedures that have been put in place to address any areas of concern have not been mentioned.

The Trust's Quality Account report provides a range of information about the service that it provides across the whole of London but there are areas which would benefit from the inclusion of more detail. Although it is understood that the format and content of the Quality Report is largely predetermined, consideration could be given to using less technical language to make the report more accessible to lay people. In terms of the information provided within the report, it would be useful to include the % targets that had been set for the period (e.g., Category A calls). In addition, Members believe that the report could be strengthened by the use of better time serialised data going back five years to identify trends and show a course of direction.

Over the last year, the volume of complaints has risen by 24%. Although the Committee has no reason to think that the Trust is not dealing with these complaints effectively, Members would like further assurances about the timeliness of the action taken by LAS to address the source of the complaints and the procedures put in place to ensure that lessons are learnt throughout the organisation from these complaints.

Historically, the Trust has sent a single responder as well as an ambulance crew to many calls in a bid to achieve its response time targets. It is recognised that the LAS has made changes to improve the efficiency of the service and, to this end, has reduced the multiple attendance ratio (MAR) from 1.41 to 1.30. The Committee looks forward to receiving an update on the impact that these measures have had on capacity and waiting times and any associated impact on the achievement of response time targets.

It is encouraging to note that mental health continues to be an area of focus for the LAS over the next year with the pan-London use of the mental health risk assessment tool, a new action plan, focus groups and a range of training being provided for staff (including those in the Emergency Operations Centre). Given that there have been issues in relation to LAS attendance regarding section 136 incidents involving the police (highlighted in the Committee's recent review of Policing and Mental Health), the Committee looks forward to receiving an update on the dedicated desk that had been set up to manage calls and provide appropriate triage to patients and support to police colleagues.

Overall, the Committee welcomes the initiatives that the Trust is putting in place to address areas in need of improvement and is pleased with the excellent service that it continues to provide in the face of rapidly growing demand and limited resources. However, there are a number of areas where further improvements still need to be made and we look forward to receiving updates on progress and the work undertaken to support the priorities outlined in the report over the course of 2015/16.

**The London Ambulance Service NHS Trust
Annual Quality Account
2014/15**

DRAFT

Contents

- Introduction
- Statement on quality from the Chief Executive
- Our Vision & Values
- Our 2015/16 quality priorities
- Statements of assurance from the Board
- Reporting on core indicators
- Review of the year 2014/15
- Other services - Patient Transport
- Other services - 111
- Feedback
- Statement of Directors responsibilities

Introduction

What is a Quality Account?

Since the introduction of the Quality Account in 2009 all NHS Trusts are required to publish quality accounts in accordance with the annual reporting guidance from NHS England. By publishing data, supported by explanation, the aim is to improve transparency for patients and service users on what is working well and what needs further improvement. The key is to provide a balanced report.

Monitor, the regulator of NHS Foundation Trusts, state four main aims of Quality Accounts:

A focus on quality improvements: in each organisation: the reports provide an opportunity to set out how the Trust intends to improve its own quality.

Board ownership: this can lead to ambitious board-driven quality improvement priorities, measures and programmes of work.

Engagement with clinicians and patients: the priorities and metrics included in the Quality Account must be relevant and public. Broad engagement in the development of quality reports is needed to meet these requirements.

A wider quality debate: Quality Accounts should provide an opportunity for providers to describe their performance and their improvement goals. In order to give a more comprehensive view on quality we have made the decision to report beyond the minimum requirements. In addition, where possible we have also reported comparative data from other Ambulance Trusts in England. The Quality Account is required to follow a template and report on a set of mandatory items. We have divided our Quality Account into four distinct sections.

- Section 1 contains a statement on quality from the Chief Executive and an introduction to the report.
- Section 2 details the new priorities for improvement identified for 2015/16 and reports progress made against the priorities we identified for improvement in the 2014/15 Quality Account. This section also includes a review of the year and a range of statements of assurance from the Trust Board.
- Section 3 Provides evidence of external assurance and written feedback we have received on the 2014/15 Quality Account

Commissioners

The relationship with our commissioners continues to strengthen. The new operational structure introduced this year reflects the commissioning landscape with seven distinct sectors identified in order to support better local engagement and health improvements. We continue to focus on developing stronger relationships with local commissioners, being more responsive to local needs.

This has been demonstrated in 2014/15 through a successful range of integrated response models piloted in partnership with local CCGs reflecting local population needs. These include combined community nursing and paramedic response cars targeting elderly fallers

facilitating rapid access to alternative pathways of care, avoiding unnecessary conveyances to Emergency Departments and hospital admissions.

Each year we work with our commissioners to identify commissioning intentions. These then influence the final contract, the key performance indicators and the final projects identified within the Commissioning for Quality and Innovation Framework (CQUIN).

The Trust Board

The Trust Board is accountable for ensuring the Trust consistently provides a safe and high quality service and this is demonstrated by the following

- Nominating the Director of Nursing and Quality as being responsible for bringing quality issues to the attention of the Trust Board and acting as the custodian to quality issues.
- Nominating the Medical Director as being responsible for bringing safety issues to the attention of the Trust Board and acting as the custodian for safety issues
- Prioritising quality on the agenda by ensuring there are, wherever possible, quality issues are placed at the top of the agenda.
- Inviting a patient, or member of staff, to every Trust Board to meet the Trust Board and present a patient or staff experience of the London Ambulance Service NHS Trust.
- Having a Board level committee nominated to focus on quality that has the same status as the audit and finance committees.
- Monitoring the quality of care provided across all our services and routinely measuring and benchmarking services internally and externally where this information is available.
- Proactively looking at any risks to quality and taking prompt mitigating action.
- Challenging poor performance or variation in quality and recognising quality improvement.
- Building a quality culture across the organisation.
- Working to ensure our workforce is valued and motivated and able to deliver high quality care

The Expectations of our Regulators

Our quality regulator is the Care Quality Commission (CQC). They are responsible for setting the minimum standards for quality and safety that people have the right to expect whenever they receive NHS funded care.

The CQC then monitor the provision of healthcare and stipulate a range of minimum standards which are observed through their monitoring programme.

We regularly benchmark ourselves and ensure we are meeting these fundamental standards.

The NHS Trust Development Authority is the body who oversees the transition of NHS Trusts to NHS Foundation Trust status. As a NHS Trust the London Ambulance Service has a relationship with this body. We are required to undertake monthly meetings to assure that

our quality governance meets the expectations of the NHS Trust Development Authority and is fit for purpose as we progress through the Foundation Trust pathway.

Monitoring Quality in 2014/15

The internal quality dashboard and the committee structure which supports the Trust Quality Governance Committee have been reviewed this year. The new structure supports 3 core committees:

- **Clinical safety and Standards Safety** – chaired by the Medical Director
- **Clinical and Professional Development** – chaired by the Director of Paramedic Education & Development
- **Improving Patient Experience** – chaired by Director of Nursing and Quality

The accompanying quality dashboard provides the quantitative information to be shared at the committees and forms a single source of quality data. The committees will meet bi-monthly and each will produce a summary report to the following meeting of the Quality Governance committee highlighting key assurances, issues and concerns. These committees will also review relevant areas in the BAF at their meetings and include areas of concern and action plans in their report.

Feedback from multiple stakeholders was sought, internal and external and a variety of improvements have resulted in regards to the Quality Dashboard, its content, reporting timeframes and narrative.

The dashboard and associated papers are then shared with Commissioners at the monthly Clinical Quality review group (CQRG) meeting and the Trust Development Authority (TDA) at the Integrated Delivery meeting ensuring robust external scrutiny.

Statement on quality from the Chief Executive

This is the sixth Quality Account published by the London Ambulance NHS Trust. It acts as a written review for the public of our Quality during 2014-15 and identifies quality improvement priorities for 2015/16.

In 2014/15, we managed increased demand across London, two national strikes, an increased terrorist threat level, and the busiest winter on record. We also experienced our lowest performance against national ambulance standards, high frontline staff turnover and low levels of staff satisfaction evidenced in our disappointing staff survey results. There are a number of reasons for our under performance last year including increased activity; slow recruitment to vacancies during the first half of the year; high utilisation which makes it difficult for us to respond to peaks in activity; an aging fleet due to historic underinvestment; national shortages of Paramedics at a time when career and market opportunities have opened up for them; and insufficient frontline clinical supervision. The Trust is in the middle of an improvement programme supported by NHSE and the TDA and it is clear that we must continue our drive and pace of change, to tackle these issues and improve our organisation and performance.

Whilst facing these challenges, our primary concern has been and continues to be the safety of the service we provide. It is essential as an organisation that we learn from what we weren't able to deliver and apply that learning to improve services moving forwards. Managing and mitigating against any potential performance impact on patient quality and safety is our fundamental priority. To that end LAS conducted an internal safety review in using data collected in October 2014 and analysed in November and also had an external review in December 2014 conducted by NHSE, TDA and CCGs.

Our ambulance service Emergency Operations Centre (EOC) continues to be the busiest in the world with our strength in this area reflected once again by receiving two prestigious awards this year; MPDS Centre of Excellence (2014) and the Cabinet Offices' Customer Services Excellence Accreditation (2014) demonstrating the organisations ability to continue delivering quality and excellence despite increasing demand on our services.

2014/15 has seen an extensive programme of change undertaken addressing the major challenges that we are currently facing developed in close consultation with Commissioners: recruit, train, retain, motivate, invest.

One of the key areas of the Performance Improvement programme is a significant **recruitment exercise**. Between the end of 2014/15 and 2015/16 we will recruit around 850 frontline staff, having already brought 109 Paramedics and 77 TEACs (Trainee Emergency Ambulance Crew) into LAS in Q4 2014/15. The longer term solution we are currently working towards is increased training posts in the UK resulting in more Paramedics entering the service. In the meantime however, we are recruiting in Australia and Ireland and developing the Emergency Ambulance Crew role.

Staff retention strategies covering initiatives like lease cars, cycle-to-work, child-care vouchers, plans to reduce our utilisation rate, annual education and training bursaries, investment in leadership and management development, and working with housing associations and others on cost of living and affordable housing initiatives. Since October we have recruited and trained over 260 new members of frontline line staff.

We continue to develop and diversify our workforce. 2014/15 has seen the introduction of exciting new roles such as the Advanced Paramedic Practitioner and Senior Paramedic. We continue to expand the range of healthcare professionals working within the service

employing Social Workers, acute General Nurses, a Consultant Midwife and Mental Health Nurses.

We have worked with UK universities and increased paramedic places from 150 to 500 this year and continue to engage with LETBs to increase the training and development opportunities for staff. This funding will support both clinical career development and support our retention strategy. Our international recruits will bridge the gap while these UK paramedics are being trained.

In 2014-15 we have delivered high volumes of **clinical training** as well as bespoke training for a large number of different staff groups (Advanced Paramedic Practitioner training, support for 4 Higher Education Institutes, in house paramedic and Clinical Team Leader training, EAC and PTS. We are working with the Health Care Professionals Council to develop our training and qualifications for EACs to progress their career to become a paramedic if they wish to do so.

There are also a number of actions that we are undertaking to **increase capacity and reduce demand**. This includes Hear & Treat which closes 3,500 calls a week, freeing up resources for higher acuity patients as well as introducing alternative transport options for low acuity patients. These initiatives are already in place and are proving to be extremely successful in signposting the patient to the most appropriate care pathway. We are also ensuring that our resources are utilised appropriately and efficiently by making sure that the appropriate number of vehicles are sent to each patient and that they do not spend longer than necessary on each job. These actions will make sure that we are able to prioritise the most seriously ill patients and send them the appropriate response as quickly as possible.

To address a number of the issues moving forwards we have worked with CCG Commissioners to create a Transformation Programme. Clinical Commissioning Groups (CCGs) will invest an additional £18.9m to reduce utilisation; support large scale recruitment campaigns; deliver sustainable performance; improve the quality of service for all our patients; and improve staff morale and productivity.

Our aim for 2015/16 is to rebuild our organisational foundation so that the Trust can achieve sustainable performance, have the right number of motivated, engaged staff in place and continue our journey of continuous improvement.

The London Ambulance Service continues to be one of the busiest ambulance services in the world; with demand for our services increasing year on year. We are an ambitious organisation and will retain our absolute focus on the quality and safety of services so that our patients experience the highest levels of clinical care. To achieve this, we will continue to focus our efforts on building a solid and sustainable organisation; working with commissioners across London to manage demand and improve health services; improving the morale and satisfaction of our staff and increasing the number of frontline staff we employ.

Fionna Moore, Interim Chief Executive

Our Purpose and Values

The London Ambulance Service (LAS) NHS Trust is the busiest ambulance service in the world, responding to over 1.8 million calls each year. Demand across London for our services increases year on year. The increase in life expectancy, people living with long term conditions and the changing health needs across the capital will continue to impact on our services. We recognise the challenges facing the NHS and are clear that we must continue to change and adapt if we are to meet these.

The purpose of the London Ambulance Service is to care for people in London, saving lives; providing care and making sure they get the help they need. Our 5 year strategy **Right Response; Right Care: A strategy for the London Ambulance Service towards 2020** outlines our priorities to support London's increasing and changing needs for care. We will focus our actions this year to build a strong organisational foundation so that we achieve sustainable performance, have the right number of motivated, engaged staff in place and continue our journey of continuous improvement.

Purpose:

The London Ambulance Service is here to care for people in London: saving lives; providing care; and making sure they get the help they need.

Values:

In everything we do, we will provide:

Clinical excellence: Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.

Care: Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.

Commitment: Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement.

The Trust Board has therefore set four business plan priorities for the year ahead:

- Improve the quality and delivery of our urgent and emergency response
- Make LAS a great place to work
- Improve our organisation and infrastructure
- Develop our leadership and management capabilities.

2015/16 Quality Priorities

It is proposed this year should continue to focus on the areas of:-

- Patient Safety
- Patient Experience
- Clinical Effectiveness & Audit.
- Workforce

For each of these core areas specific elements have been identified.

1/ Patient Safety

Sign up to Safety' campaign

Sign up to Safety is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This ambition is bigger than any individual or organisation and achieving it requires us all to unite behind this common purpose. We need to give patients confidence that we are doing all we can to ensure that the care they receive will be safe and effective at all times.

Sign up to Safety aims to deliver harm free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients. The Trust will develop an operational plan focussed specifically on the sign up to safety commitments:

1. **Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
2. **Continually learning.** Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
4. **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

The Trust has enrolled on the programme for 2015-2016

Maternity

The Trust now employs a Consultant Midwife three days a week, the focus of their work in 2015 – 2016 will be:

Objective	Measurable	Associated Documentation
Strengthening Risk Reporting in Maternity	Obstetric Policy Review Maternity Learning Action Plan Monthly LAS Representation at London Maternity Risk Forum	Morecambe Bay Investigation 2015 Kirkup Report 2015
To deliver multi-professional obstetric training for the pre-hospital setting	Update Training Needs Analysis Monthly Reporting of Staff Completion of Training Scope for Education Plan for 2016	Obstetric Policy Training Needs Analysis
Reviewing BBA's attended by LAS	Work with CARU to quantify BBAs and plan an audit to review preventable and non-preventable incidents Maternity Risk Forum feedback to influence models of care and Commissioners through the SCLN as work stream	High Quality Maternity Care 2014
Maternity Advice – A Joint Triage Model with Maternity Services	Review currently available enhanced assessment tools and practices within LAS and other ambulance services Progress closer working with midwives and midwifery units with enhanced assessment to improve patient outcome and experience	High Quality Maternity Care 2014

Frequent Callers

A systematic review of current processes, pathways and resources allocated to supporting the identification and subsequent management of frequent callers within the London Ambulance Service. The Trust will review the effectiveness of current pathways, identifying the barriers to improvement and the elements that enable and support success both at a local and a system wide level to inform future service development and commissioning models.

Whilst this specific group represent a minority of patients they place a significant burden on limited resources at a time when demand for urgent and emergency care systems is steadily increasing. A frequent caller is defined in the National Ambulance Quality Indicators (v13 2014) as someone aged 18 or over who makes 5 or more emergency calls related to individual episodes of care in a month, or 12 or more emergency calls related to individual

episodes of care in 3 months. This equates to approximately 1700 identified patients per month (1300 calling 12 or more times within 3 months) of whom 22% are recurring patients. Analysis for 2012/13 identified a cohort of 783 patients who had called the Trust >24,000 times at an estimated cost to the LAS alone of £5 million. The number of high intensity users has significantly increased during 2013/14 so this figure will also have increased proportionately.

Patients exhibiting behaviours that indicate a reliance on the LAS through frequent calls to the service often have complex social and/or healthcare needs. A retrospective review of data from a two year period (2009-2011) indicated that the majority of frequent callers have multiple and complex reasons for calling, the most common being the requirement for long term chronic physical health conditions, acute or chronic mental health conditions, older age specifically falls and unmet personal or social care needs. As such they often represent the most vulnerable patient groups where current pathways are not providing the most effective outcomes in addition to the significant financial cost to the wider health and social care economy.

Better management of frequent callers directly reduces costs, releases clinical resources and improves the quality of patient care.

The Trust has successfully bid to become part of the Darzi programme and will be appointing a fellow to undertake a critical review of the identification, management and support processes in place for vulnerable adults who have frequent contact with the London Ambulance Service

2/ Patient Experience

Safeguarding processes

Overall self-assessment reveals that the Trust is compliant with CQC standards for Safeguarding aside from supervision which will be addressed in 2015-16. Prevent has remained a challenge for the Trust this year however with the recent appointment of a lead and a plan being developed this should improve in 2015-2016. Work to implement the Care Act 2014 changes is well advanced and changes have been adopted on time on the 1 April 2015. The Trusts needs to develop a more robust system to identify who is compliant or non-compliant with mandatory safeguarding training. The Trust has delivered a wide range of safeguarding training across the Trust on inductions, level 1, level 2 and level 3 during 2014-15. The Trust engaged in a considerable amount of partnership working during 2014-15 and consideration is being given to how this can be maintained and improved with the introduction of the new operational restructure. The Safeguarding governance arrangements within the Trust are working well and providing assurance to the Board.

The Trust will build on this work in 2015 – 2016, in particular ensuring the new care act and the Lampard review recommendations post Savile requirements are met. There will be on-going focus on training and supervision for staff. Finally the Trust will work with partner agencies to ensure guidance in regards to deprivation of liberty is utilised.

Mental Health

Continue to build on the excellent progress made in 2013/14 in regards to training and education of staff and learning from patients. Key focus area for 2015 – 2016 will be:

- Dementia-CQUIN from our commissioners
- Training and Education
- Patient engagement and experience - This is being carried over from last years Action plan and we will be building on the feedback we get from the on going focus groups
- LA383 MH Risk Awareness Tool- CQUIN from our commissioners
- Mental Health CPI
- Mental Health Appropriate Care Pathways

Complaints and PALS

The Trust is committed to listening to and learning from patient feedback as a driver for change and improvement. The main vehicle for this is our Patient Experiences team, who offer a single point of access and have responsibility for the following work streams

- Complaints
- Patient Advice and Liaison Service (PALS)
- Patients with complex needs who make repeated 999 calls
- Solicitor requests for medical records and witness statements.

The volume of complaints 2014- 2015 has increased by around 24% (an 8% increase was recorded in 2013/14). Each complainant received a response that was personally reviewed and signed by the Chief Executive (or a deputising Director when on leave). Patient complaints are reported to the Trust Board via the Joint Clinical Director's Report which integrates complaints data with patient feedback from PALS and the other clinical work streams, enabling a holistic approach.

PALS offer immediate assistance including liaising with other departments and agencies. During 2014/15, PALS recorded a 3% increase over 2013/14 (3445) with 3567 contacts from patients, carers, relatives and the public.

Timeliness of complaint responses will be a key area for the Trust during 2015-2016.

3/ Clinical Effectiveness and Audit

Every month the Trust submits data to NHS England for the Ambulance Quality Indicators. The clinical outcome measures within these look at the quality of clinical care that we provide to patients who have had a cardiac arrest, heart attack or stroke. In addition, through the ambulance services' National Clinical Performance Indicators benchmark the care that we provide to patients who have had a febrile convulsion, older people who have had a fall, those with a single limb fracture, and those suffering asthma. This year we provided staff

feedback to ambulance clinicians on the management of patients with a single limb fracture focussing on immobilisation.

In 2015-16 we will focus on improving care to three different patient groups that we have identified through our national work as requiring attention: recording individual components of the FAST and reducing the time we spend on scene with stroke patients (ensuring they arrive at hospital sooner); giving pain relief, assessing circulation specifically distal to the fracture site and immobilisation for single limb fracture patients, and measuring peak flow for asthma patients.

4/ Workforce

Recruitment: The Trust has developed a recruitment plan to recruit staff locally, nationally and internationally. Local advertising will seek to attract recruits from across London so that the Trust better represents the communities we serve and improves care accordingly.

Retention: The Trust has developed a comprehensive retention strategy, areas for action include; leadership and management; appraisal; non pay benefits; engagement and recognition and a robust clinical career structure. We will restructure the HR function to ensure dedicated resources are attached to this priority area.

Engagement: The Trust will develop an annual plan of staff engagement activities to better connect with our staff; including: an all staff conference; think tanks and staff forums; a new leadership forum; a new intranet; webinars and films; monthly face to face briefings; and listening events.

Workforce: In 2015/16 our workforce numbers will increase. With investment from Commissioners we will create a new Non-Emergency Patient Transport Service with 150 band 3 staff. Other significant workforce plan movements are:

- Net increase of 105 Paramedic WTEs above existing establishment
- Net Increase of 53 EAC WTEs above existing establishment
- Net Increase of 35 Control Service and Clinical Hub Staff above existing establishment
- Introduction of 150 Non-Emergency Transfer Service Staff.

Training and development will remain a priority over the period of the plan to ensure staff have the appropriate clinical, operational and managerial skills to ensure LAS continues to provide the highest possible standards of care to London.

Statements of assurance from the Board

Statements mandated by NHS England

Each year we are required to report a number of mandatory statements. These are reported in this section.

Data Review

During 2014/15 the London Ambulance Service NHS Trust provided three NHS Services and has reviewed the data available to them on the quality of care in these services.

Income

The income generated by the NHS services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2014/15.

Clinical audit

During 2014/15, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the London Ambulance Service NHS Trust participated in 100% of national clinical audits, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the London Ambulance Service NHS Trust was eligible to participate in during 2014/15 are as follows:-

NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

Outcome from cardiac arrest – Return of Spontaneous Circulation (ROSC)

- Outcome from cardiac arrest – Survival to discharge
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke

National Clinical Performance Indicators (CPI) programme covering:

- Asthma
- Single limb fracture (trauma)
- Febrile convulsion
- Elderly falls

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2014/15 are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Number of cases eligible for inclusion	Number of cases submitted	Percentage of cases submitted
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NHS England AQI: Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a) 2838 b) 336	a) 2838 b) 336	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 2772 b) 311	a) 2772 b) 311	100%
NHS England AQI: Outcome from acute STEMI b) Primary percutaneous coronary intervention (PPCI) delivered within 150 minutes of call. c) Care bundle delivered (includes provision of GTN, aspirin, two pain assessments and analgesia)	b) 650 c) 1877	b) 650 c) 1877	100%
NHS England AQI: Outcome from stroke a) Face Arm Speech Test (FAST) positive stroke patients potentially eligible for thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call. b) Care bundle delivered (includes assessment of FAST, blood pressure and blood glucose)	a) 4725 b) 7624	a) 4725 b) 7624	100%
National CPI: Asthma a) Respiratory rate recorded b) PEFR recorded (before treatment) c) SpO ₂ recorded (before treatment) d) Beta-2 agonist recorded e) Oxygen administered f) Care bundle	600	600	100%
National CPI: Single leg fracture (trauma) a) Two pain scores recorded b) Analgesia administered c) SpO ₂ recorded (before treatment) d) Oxygen administered e) Immobilisation of limb recorded f) Assessment of circulation distal to fracture recorded g) Care bundle	600	600	100%
National CPI: Febrile convulsion a) Blood glucose recorded (before treatment) b) Temperature recorded (before treatment) c) SpO ₂ recorded (before treatment) d) Oxygen administered e) Anti convulsant administered f) Temperature management g) Appropriate discharge pathway recorded h) Care bundle	480	480	100%
National CPI: Elderly Falls a) Primary observations recorded b) Recorded assessment of the cause of the fall c) Recent history of falls documented d) 12 Lead ECG assessment e) Recorded assessment of mobility f) Direct referral to an appropriate health professional g) Care bundle	300	300	100%

The reports of the above national clinical audits were reviewed by the provider in 2014/15 and the London Ambulance Service NHS Trust has taken the following actions to improve the quality of healthcare provided:

- Continued clinical education provided to staff through training updates, and reminders in bulletins and newsletters.

- Ensuring that staff have the necessary equipment to perform patient assessments with the provision of personal issue kit where applicable.

The reports of **six local clinical audits** were reviewed by the provider in 2014/15 and the London Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided against each as detailed below.

Patients that were not conveyed to hospital: Hear & Treat and See & Treat

- Review information on the external website so the public are aware of expected waiting times for lower priority calls
- Amend the standard operating procedure to ensure patients who receive a Hear & Treat assessment know they are speaking to a Paramedic
- Review non-conveyance codes to clarify which codes should be used in which circumstances

Joint Response Unit with the Metropolitan Police Service

- Remind staff that a full patient report form is required for all patients not handed over to another LAS clinician to increase availability of complete JRU clinical records
- Provide this staff group with on-going feedback on their clinical documentation

Police Attendance

- Publish an article in the internal clinical newsletter to remind staff to report all incidences of aggression and violence towards them, and highlight the importance of recognising that patients who have low blood glucose levels may appear to have drunk alcohol
- Make capacity a higher priority for feedback so more patients who refuse to be transported to hospital have their capacity to do so assessed
- Highlight levels of appropriate safeguarding considerations in monthly reports

Intraosseous drug administration

- Review whether intravenous and external jugular vein access attempts should still be mandatory prior to an intraosseous attempt
- Revise the current patient report form and include documentation requirements in the drug bag to improve IO procedural documentation

Patients not transported to hospital who re-contact the LAS within 24 hours

- Publish an article in the internal clinical newsletter highlighting the importance of pain assessments and management
- Undertake a continuous review of patients who on second attendance are either taken to hospital with a pre-alert or who have died

Sepsis

- Produce a sepsis screening tool and introduce training to raise awareness of sepsis and how to identify it

- Amend the patient report form to improve documentation of sepsis
- Examine the feasibility of a sepsis pathway for severely septic patients
- Develop a sepsis clinical performance indicator to allow for continual monitoring and improvement

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provide to seven patient groups and quality assures the documentation on 2.5% of all clinical records completed.

We also undertake four continuous audits that monitor the care provided to every patient who suffers a cardiac arrest, STEMI or stroke, or who have been involved in a major trauma incident.

Participation in clinical research demonstrates the London Ambulance Service NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff keep up to date with the latest possible treatment options and their active participation in research leads to improved patient outcomes. The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 98. These patients were recruited into a range of interventional and observational studies. These studies were:

Paramedic SVT: A randomised control trial comparing the safety and efficacy of paramedic treatment of regular supraventricular tachycardia using pre-hospital administration of adenosine versus conventional management.

AMICABLE: A prospective observational study comparing the effectiveness of pre-hospital airway strategies on patient outcomes following cardiac arrest.

PARAMEDIC2: A pre-hospital double blind randomised control trial exploring the effectiveness of adrenaline administration on patient outcomes following cardiac arrest.

ARREST: A randomised control trial pilot exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.

In 2014/15 379 members of clinical staff received protocol training to enable them to participate in interventional and observational research at the London Ambulance Service NHS Trust.

CQUINS

A proportion of London Ambulance Service NHS Trusts income in 2014/15 was conditional on achieving quality improvement goals agreed between the lead Commissioner, Brent CCG on behalf of the pan London CCGs agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2014/15 are detailed below

The details of the agreed goals for 2014/15 were as follows:

Goal Number	Goal Name	Description of goal	Expected financial value of goal (£)
1 (14/15)	Friends and Family Test	Implementation of Friends and Family Test according to the national timetable	£1,289,609
2a (14/15)	Emergency Care Pathways – End of Life Care	Improving the quality of care delivered to people on an end of life care pathway by supporting the plan agreed with the patient.	£967,207
2b (14/15)	Emergency Care Pathways – Community Life Support and Defibrillation for Cardiac Arrest	Improving return of spontaneous circulation (ROSC) rates following cardiac arrest through Community and Partnership Engagement	£644,084
2c (14/15)	Emergency Care Pathways – Enhanced falls Service	Ensuring that people who are at risk of falling, or have a history of falling have an appropriate response model from LAS	£644,084
3 (14/15)	Staff awareness and education - mental health and dementia	Improving the care for people with mental health needs and dementia	£967,207
4a (14/15)	Embracing technology to improve care - clinical applications and accessible information	Develop a technological solution to ensure that ambulance crews have access to information sources that exist in healthcare settings (e.g. summary care record, Directory of Services, Capacity Management System, Decision Making Software)	£967,207
4b (14/15)	Embracing technology to improve care – eAmbulance development	eAmbulance development	£967,207

Details of the agreed CQUIN goals for 2015/16 are as follows:

1	Integrated Care: Improving reporting and use of patient information.	<p>Review the functionality of current patient information available to support the overarching ambition to improve decision making and patient care</p> <p>Identify & address areas to improve access to patient information within LAS process and technical ability</p>
2	Integrated Care: Promoting Use of ACPs	<p>Review the impact of the Pathfinder training already rolled out as part of the 14/15 winter resilience initiative to ensure it is still fit for purpose and aligned to LAS requirements. Implement Pathfinder training across all eligible staff</p> <p>Scope opportunities to develop an appropriate / suitable 'feedback' mechanism on ACPs</p>
3	Sepsis Management	Improving the management of patients with sepsis in the pre hospital setting via a developed sepsis pathway, management toolkit.
4	Staff Development & Retention: Development of Clinical Team Leaders	Develop leadership capabilities in clinical team leaders to ensure the robust management of, and support to frontline staff
5	Mental Health: Improving Mental Health Outcomes	Review the LAS Mental Health Risk Awareness Tool 'Proof of Concept' previously undertaken, to transition into a pilot project that will include 4 partner CCGs pan-London (North, South, East & West)
6	Mental Health: Dementia & Delirium	Undertake a pilot project to identify key areas of improvement in the experience of Dementia patients (and their carers) when using the service
7	Improving Patient Care: Frequently calling patients	Develop and agree a project plan for the identification and management of complicated frequent callers.
8	Improving Patient Care: HCP Pilot	Delivery of a pilot project for a dedicated Health Care Professional (HCP) line and provision of data on GP usage within CCGs.
9	ED Conveyance: Reducing unnecessary ED Conveyance (National CQUIN Requirement)	Reduce rate of ambulance transportations to type 1 and type 2 A&E per 100,000 populations

Patient Safety Incidents

Serious Incidents

In total across 2014/15, 45 incidents were deemed to meet the criteria to be declared as serious to NHS England (London). Each of these 45 have then been subject to thorough investigations, with a root cause of the incident identified, and recommendations to mitigate any future occurrences of the same situation.

8 out of 45 serious incidents (SIs) related to incidents where there was an unexpected death and the investigation looked at the root cause to determine whether this was as a result of patient harm and/or a preventable outcome.

For the second year in a row the numbers declared have increased significantly (17 in 2012/13 and 32 in 2013-14). This reflects a better understanding of the incident reporting process internally, an increasingly robust channel for identifying Serious Incidents and the impact of increasing demand on the Trust during operational pressures.

Increased demand on the service has resulted in an increase in Serious Incidents specifically attributed to Ambulance Delays (19 in 2014/15) as the service has had difficulties responding within the target assigned on triage.

Process and Governance

The SI group membership includes 5 executives and meets weekly. The discussion is open and challenge is robust, to the extent that external observers to this such as the TDA have come away satisfied and impressed with the process. Inquests and complaints are linked to the SI review to ensure a rounded picture to assist decision-making, investigation and reporting.

Each SI has an executive and senior management lead who review and sign off the report before it is submitted; we also involve our legal services team and seek external legal advice as required. Ensuring the Duty of Candour is complied with is essential and this now forms an integral part of the discussion for responsibilities when an SI is declared.

Towards the end of 2014/15, a review of the internal process for the management of serious incidents was undertaken with a new SI policy implemented to reflect the additional Duty of Candour requirements on the organisation.

The NHS England clinical safety review the took place in December 2014 provided external assurance on SI management and recommended strengthening the incident reporting process to encourage greater reporting and appropriate actions have been taken to support this. More potential SIs are declared and investigated than 5 years ago. The Quality Governance Committee (QGC) has also taken assurance during 2014/15 on SI management and processes.

Future developments

Although the numbers of SIs declared by the Trust remain lower than some of our peers, this could be seen as a measure of the safety of the service rather than a poor process for capturing errors and incidents. There remain areas upon which we can improve, specifically

the length of time it can take to investigate an SI and the level of quality of the report that is produced however significant progress in managing active SIs and improving the reporting time has been evidenced. Further processes are being developed to ensure there is clear focus, visibility and on-going review of all SI recommendations and actions alongside extracting and publishing the lessons learnt from each SI.

CQC

London Ambulance Service NHS Trust is required to register with the Care Quality Commission and its current registration status-is across 3 areas; diagnostic and screening procedures; transport service, triage and medical advice provided remotely; treatment of disease disorder or injury. The Care Quality Commission has not taken enforcement action against the London Ambulance Service NHS Trust during 2014/15.

London Ambulance Service NHS Trust has not participated in any special reviews or investigations by the CQC during 2014/15.

Governance

London Ambulance Service NHS Trust Information Governance Assessment Report overall score for 2014/15 was 84% satisfactory, Level 2 or above evidenced for all requirements and was graded green.

Reporting

London Ambulance Service NHS Trust did not submit records during 2014/15 to the secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

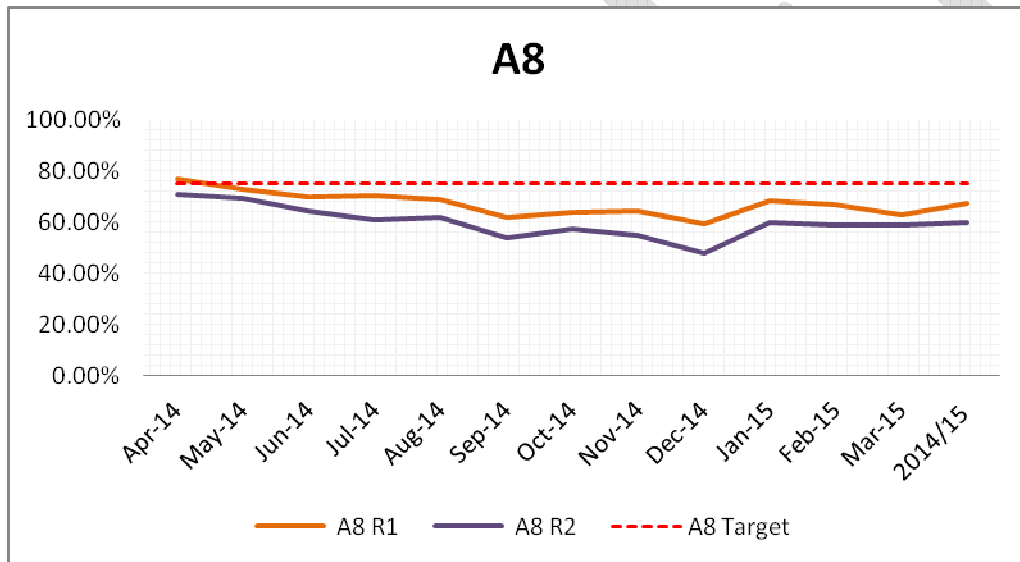
Reporting on core indicators

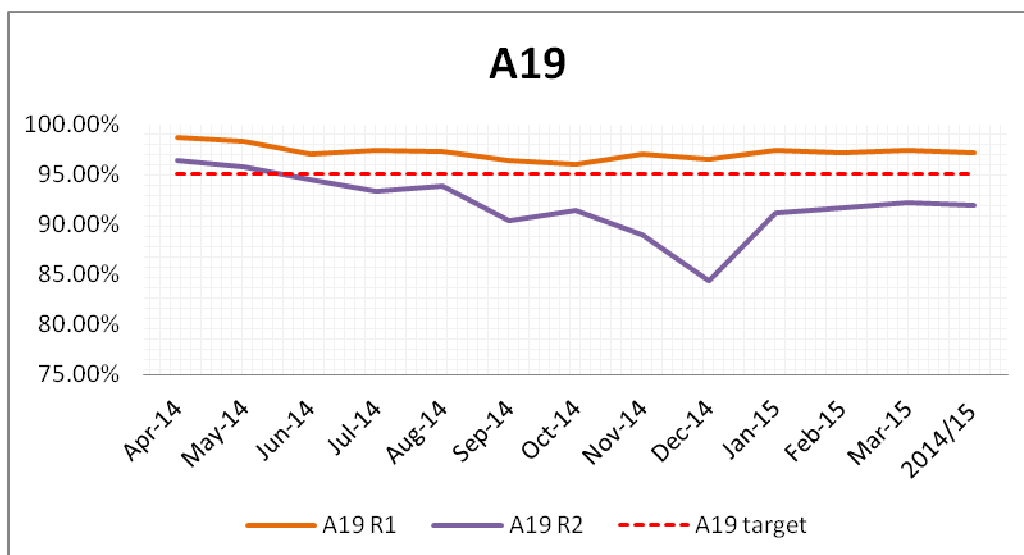
As a Trust we are required to report performance against those core set of indicators relevant to an ambulance provider.

1/ The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the Trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.

2/ The percentage of Category A telephone calls resulting in an emergency response by the Trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.

Month	A8			A19		
	R1	R2	A	R1	R2	A
Apr-14	77.04%	70.82%	71.02%	98.63%	96.39%	96.46%
May-14	73.02%	69.13%	69.26%	98.33%	95.75%	95.83%
Jun-14	70.13%	64.17%	64.34%	97.07%	94.44%	94.52%
Jul-14	70.39%	60.69%	60.98%	97.37%	93.31%	93.43%
Aug-14	68.70%	61.91%	62.12%	97.25%	93.84%	93.95%
Sep-14	62.03%	54.10%	54.35%	96.37%	90.34%	90.52%
Oct-14	64.12%	57.51%	57.71%	96.03%	91.43%	91.57%
Nov-14	64.25%	54.89%	55.16%	96.99%	88.95%	89.19%
Dec-14	59.26%	47.67%	48.02%	96.52%	84.37%	84.74%
Jan-15	68.57%	59.76%	60.05%	97.40%	91.14%	91.35%
Feb-15	67.12%	58.71%	58.95%	97.12%	91.69%	91.85%
Mar-15	62.72%	59.07%	59.20%	97.39%	92.11%	92.25%
2014/15	67.22%	59.68%	59.92%	97.21%	91.86%	92.02%





3 & 4/ The London Ambulance Service NHS Trust submitted the following information regarding the provision of an appropriate care bundle to STEMI and stroke patients to NHS England for the reporting period 2014/15 and 2013/14.

	2014-15 *		2013-14	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	72.6	80.7 (70.6 – 89.5)	74.4	80.1 (68.0 – 89.6)
Stroke patients	96.7	97.1 (93.5 – 99.4)	95.2	96.4 (92.4–99.5)

The London Ambulance Service NHS Trust considers that the data in the table above is as described for the following reasons: this data is captured by the LAS from clinical records completed by ambulance staff attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported directly to NHS England.

Review of the Year 2014/15

We use a wide range of indicators to give us a measure of the level of quality we are providing and these are specifically reported later in this publication. However, we also use a number of other indicators to help us triangulate the information. Some of these measures are reported within this section.

Quality Priorities identified for 2014/15

1/ Changing our Front Line Workforce

During 2014/15 we have changed the way we staff our ambulances. The Trust has

- Implemented a skill mix review leading to a revised clinical model (CM). The new CM resulted in the introduction of our new Emergency Ambulance Crew (EAC) role as a support to paramedics. This change involved moving more than 400 staff into this new advanced role
- A new clinical career structure has been introduced with new roles implemented including: Consultant Paramedics; Advanced Paramedic Practitioners (Band 7); Senior Paramedics (Band 6); and revised Clinical Team Leaders (Band 6). This is supporting personal development and career enhancement within LAS and means we can provide advanced, high quality care to our most seriously ill patients.

2/ Changing the way we respond to patients

Historically, we have sent a single responder as well as an ambulance crew to many calls in a bid to achieve our response time targets. This is not the most efficient way to utilise our resources; Therefore it does not necessarily benefit our patients and it means that staff are regularly cancelled for higher priority calls when en-route to a call. In 2014/15 we routinely reduced the number of resources we send to individual incidents. This measurement is known as the multiple attendance ratio (MAR).

At the point of benchmarking MAR the service was running at 1.41 resources sent to an incident. This initiative to reduce MAR has returned a constant 1.30 MAR. It should be borne in mind that it is not possible to reduce this figure to 1 as our sickest patients will always receive a multiple response in order to provide the best care possible.

It follows that by responding differently we can reduce the number of occasions on which we send 2 or more resources to incidents which will in turn enable us to have more capacity to treat other patients who would otherwise have to wait longer.

3/ Aligning resources to meet demand.

The LAS implemented new rosters for all ambulances and solo responders (Fast Response Units and Cycle Response Units) on 8 September 2014. This change introduced new working patterns of over 2500 frontline clinical staff working across over 70 sites. It was the first pan-London roster review the service has undertaken for over 8 years.

The project was highly complex, involving several rounds of data validation, the use of external rostering contractors and their bespoke software, lengthy development sessions with over 200 representatives of frontline staff, developing and applying new rostering guidance/parameters in line with shift work best practice, multi-disciplinary implementation planning and a comprehensive communications plan to ensure a smooth transition.

The end result is a suite of over 200 rosters, which are designed to maximise operational efficiency by matching the local level of resource deliver (and availability) against jointly commissioned and validated (by the LAS and our commissioners) demand data across each CCG within London.

In addition to matching demand, these rosters introduced, for the first time, protected training time for each staff member working on these rosters, ensuring that the trust's statutory/mandatory training requirements and obligations are provided for.

4/ Recruitment and retention

Our recruitment and retention strategy was a specific focus for 2014/15.

The Trust's major workforce issue remains the recruitment of paramedics and this reflects a national shortage and historic underinvestment in their recruitment. Our staff opinion and friends and family surveys show that we have a significant amount of work to do in relation to our workforce and their morale. The Trust Board has given attention to recruitment, retention and staff engagement, agreeing plans and strategies that set actions for these areas for the year ahead.

Recruitment: The largest recruitment campaign in LAS' history was commenced in 2014/15 resulting in more than 260 new frontline staff joining the Trust before the end of March 2015. Our 'No Ordinary Challenge' campaign saw us going to Australia, New Zealand and Ireland to attract Paramedics. Over 800 more staff will be recruited in 2015/16 enabling us to fill our frontline vacancies. The Trust has developed a recruitment plan to recruit staff locally, nationally and internationally. Local advertising will seek to attract recruits from across London to so that the Trust better represents the communities we serve and improves care accordingly.

Retention: The Trust has developed a comprehensive retention strategy, areas for action include; leadership and management; appraisal; non pay benefits; engagement and recognition and a robust clinical career structure. We will restructure the HR function to ensure dedicated resources are attached to this priority area.

5/ Strengthening the Patient Voice

We identified for 2014/15 the need to strengthen the way in which we involve patients in our decision making and our service design and to seek further opportunities to involve patients by moving towards a culture of “no decision without us”.

The Trust, led in this work by the PPI and Public Education Team, took part in **593 patient involvement and public education events/ activities** over this last financial year, which included life support training and cardiac awareness, visits to schools and colleges, knife crime awareness sessions, careers events, road safety, Junior Citizen schemes and first aid sessions with brownies and cubs. There were 14 events recorded specifically for people with mental health problems, 10 for deaf people, seven for older people and four for people with a learning disability. 873 requests for attendance at events were recorded; therefore we were able to meet approximately 68% of requests. Foundation Trust member events have included events on deaf awareness and basic first aid.

This public engagement work is mostly carried out by LAS staff in their own time. There are now **940 members of LAS staff** on the list of staff interested in doing this important work. Feedback from events is routinely sought and is extremely positive, both from event organisers, people attending the events, and the LAS staff involved.

A new **LAS Patient and Communities Engagement Plan** was developed with patient representatives and other stakeholders, and was agreed by the Trust Board in June 2014. The plan aims to build on the Trust's previous developments in patient involvement and public education, and develop more ways of listening to patients and communities across London. It outlines ways in which the Trust may continue to engage meaningfully with patients and local communities, so that patients and their representatives have a voice.

A **national survey of patients receiving the Hear & Treat service** was published in June 2014. This showed that this group of patients were generally very positive about their experience. A significant finding was that a very high proportion (45%) of respondents reported long-term conditions, disabilities or mental health problems. 54% reported having a condition which caused them difficulty with everyday activities.

The Trust also implemented the **Friends & Family Test** in October 2014, and initial results also show very high levels of satisfaction with the service received by Patient Transport Service and See & Treat patients (i.e. those patients we attend but do not take to hospital).

During the year the Trust also introduced a **Patient Representative Reference Group**, to meet biannually. This group is made up of members of patient representative groups such as Healthwatch organisations from across London, and voluntary sector organisations such as Age UK and the Stroke Association. The first meeting was held in June 2014 and led to the development of the Patient and Communities Engagement Plan. The second was held in December 2014 and focused on how the Trust was managing performance pressures at that time.

The **Patient & Public Involvement (PPI) Committee** continued to meet quarterly, reporting to the Clinical Safety, Development and Effectiveness Committee. This, in turn, reports through the Quality Committee to the Trust Board. During the year, PPI Committee members discussed possible priority target groups for future patient and public engagement.

Suggestions included people in 'protected characteristic' groups, people in disadvantaged groups, or those more likely than others to be discriminated against, people with mental health problems, people with dementia, people with long term conditions and pregnant women. A plan and contact list is being developed to engage with these groups, and this will be completed in 2015-16.

In 2014/15 the LAS successfully increased the number of defibrillators in public places across London. The aim of the **Shockingly Easy** campaign is to save lives of patients who suffer cardiac arrests by having more defibrillators available and people trained to use them. The campaign was launched on 1 May 2014 with the aim to put an extra 1,000 defibrillators into high footfall areas, businesses, shops and gyms within a year. After eight months of the campaign it has saved at least 11 Londoners' lives and has installed an extra 650 defibrillators. In the previous year, which was our most successful year at the time, we installed 240 defibrillators. The campaign is continuing to build momentum and we will be making an announcement in due course on its overall success.

Strengthening the staff Voice

We recognise the need to involve our staff in the decisions we make and establish stronger processes for obtaining staff feedback.

We strengthened our staff involvement last year through our Listening into Action programme. We will reflect on this during the year and identify further opportunities recognising the challenges faces as a pan-London mobile Trust. Team talk is how the Service communicates with all staff and listens to feedback. Is designed to bring managers together with their teams on a monthly basis so that information can be delivered face-to-face, questions asked and feedback collected. The top three issues are Service-related and then managers can add their own items. Engaging with staff is very important to enable us to build our future together

Engagement: The Trust is in the process of finalising an annual plan of staff engagement activities to better connect with our staff; including: an all staff conference; think tanks and staff forums; a new leadership forum; a new intranet; webinars and films; monthly face to face briefings; and listening events.

Improving the care of Mental Health Patients

Mental health care was a key area for quality improvement identified during 2014/15.

a/ Training & education

As part of the of the national "A time for change programme" our Mental Health (MH) clinical advisor continues to deliver face to face sessions for clinical Team Leaders on updates to the Mental Health Act, Mental Capacity Act, emergency detention & retention & mental health risk assessment. This work is on-going and sessions have been well received with excellent feedback from participants.

The Mental Health core skills refresher (CSR) was delivered between September 2014 and April 2015. It provided an opportunity for staff to review and refresh existing knowledge and to provide further updates and guidance in the area of mental health. Key elements covered

in the MH CSR Module are, Mental Capacity Act 2005 including Deprivation of Liberty Safeguards, capacity & consent, mental disorders, mental health history taking, psychotropic drugs, a brief review of all mental health clinical performance indicators, risk assessment tools, the range of appropriate care pathways (ACPs) for patient with mental health needs and dementia.

The Trust approved a mental health risk awareness tool which was successfully piloted within the Hillingdon complex. The tool is used as an aid to crews' assessment of patients presenting with mental health issues in conjunction with the crews' clinical training and holistic view of the patient. The risk assessment tool was included in the CSR content for 2014.

In addition to the in-house material developed, we also provide staff access to e-learning material developed by the Social Care Institute for Excellence which includes an introduction to mental health and older people, risks and protective factors in older people's mental health, common mental health problems amongst older people, understanding depression in later life and services for older people with mental health problems and dementia.

Further mental health training has been provided to Emergency Operations Centre (EOC) staff through joint working with mental health charities such as Hear Us, a mental health charity we have engaged with over the past year providing 'drop-in' sessions for members of EOC staff to have conversations regarding MH and how to conduct themselves on the phones. EOC staff has also received formal training to help understand Mental Health and illness and how to take control of challenging calls/callers through the charity MIND.

b/ Patient engagement and learning from patients

The Trust set as a priority for 2014/15 focussed work with patient representative groups to determine what good looks like and identify areas of improvement that are important to our patients.

The Mental Health Committee agreed that a new action plan should be developed, in order to improve the service provided to people with mental health problems. A survey was carried out during 2014-15 to identify initial priorities and themes. Again, patient satisfaction levels were fairly high, but the response rate was low with only 59 responses, which was a disappointing return rate. Of these, 61.54% (n=24) stated they had a disability or long-term health condition (e.g. diabetes, asthma, epilepsy, dyslexia, mental health condition), however, only 5.31% (n=9) stated their reason for calling the LAS was mental health related.

It is difficult to draw clear conclusions from such a small sample, but the survey has nonetheless provided some interesting feedback. Themes arising from the feedback are familiar from previous surveys, with the top three being delays, staff attitude and behaviour, and the importance of staff training. As a next step we are now conducting focus groups specifically with people who have mental health problems working with the nine mental health trusts in London, with each of their existing service user groups. Findings from the focus groups will be used to inform the MH Action plan. It was therefore agreed that a series of focus groups would be held, in different parts of London, with mental health service users. The first of these took place at the end of March 2014 and generated valuable discussion and feedback. A series of further focus groups, including one with LAS staff, is planned for the first part of 2015-16

The Trust has been working closely with Hear Us, a mental health charity in the previous year. We intend to continue this engagement process with the support of our Community Involvement Officers in the development of a patient experience action plan to monitor the impact of any changes.

c/ Data recording for mental health patients

We committed to improve the way we capture and record mental health data to ensure that are capturing the right information so that we can measure the impact of future changes and we therefore reviewed the mental health coding on the patient report form to allow more meaningful data analysis.

The following codes have been subsequently been added to Datix for MH related incidents

- Mental Health - Care and treatment
- Mental Health - Overdose
- Mental Health - Paranoid behaviour
- Mental Health - Staff attitude

d/ Effective partnership working

We identified as a work to further improve our relationship with Mental Health NHS Trusts and Foundation Trusts.

LAS took part in a training film which was produced in partnership with the Metropolitan Police (MPS) and South London & the Maudsley NHS Foundation Trust. The aim of the film is to demonstrate successful ways to work together, the roles, relationships and expectations staff should have when working in a multi-agency environment. The film focuses on the use of safe restraint, detection of Acute Behavioural Disturbance (ABD) and best practice. The film will be launched on the 1st October 2014 and there is a commitment from each organisation that this film will be shown to all front line staff, together with a training package that will be delivered by fully trained staff. This university accredited package includes an ABCED model specifically for use in mental health settings.

As part of improving joint and partnership working agreements , our Chief Executive, has continued to attend Mental Health Trust Chief Executive meetings to discuss on going issues and any other initiatives to improve partnership working arrangements. We continue to utilise MH Appropriate Care Pathways (ACPs) which are now fully supported by the addition of MH nurses in EOC.

Partnership working arrangements have improved with MH ACPs remaining in place. There is acknowledgement that ACPs have worked well in some areas and not so well in others. Work is in progress via our MH clinical advisor to address the poorly performing MH ACPS as well as the option for LAS to make direct non urgent referrals to MH teams.

Complaints and Patient Advice & Liaison (PALS)

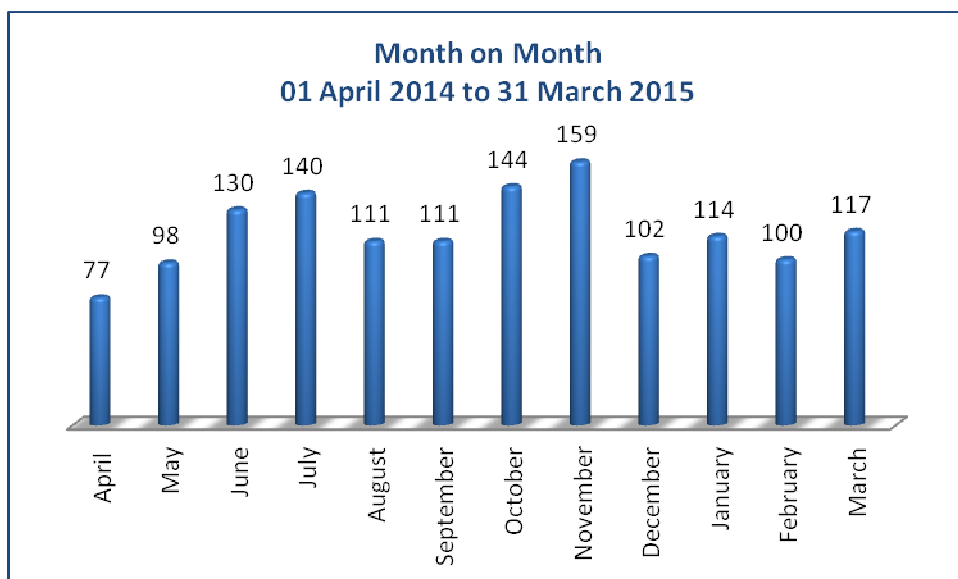
Patient experience and feedback is a rich source of information that allows us to understand whether our services meet the expectations of the patient. We take all patient feedback very seriously and do our best to undertake a fair and thorough investigation so that we can clearly identify the lessons and use these to improve our service, where necessary.

Patient and service user feedback is captured by our Patient Experiences team who identify and report on emerging themes through the Trust's governance structure.

Our complaints process is very comprehensive although the unprecedented 999 demand to the Trust during 2014/15 has witnessed a proportional rise in complaints and enquiries. We also monitor patient feedback websites and accept complaints made by social media. This growth has meant that it has sometimes taken longer than we would like to respond. There are a number of reasons for this, including ambulance crews not being very easily available to discuss particular incidents they have attended and clinical managers having less time to look at the details of the care that has been given in different cases. This has also caused a substantial increase in workload to our Quality Assurance team, the specialist team who evaluate the management of a 999 call. This is vital in understanding what may have caused a delay in an ambulance response, as 999 calls attract different response targets according to the seriousness of the patient's presentation. We have however put in place a range of measures to improve this situation.

We have reviewed our complaints policy and procedure in the wake of the Francis and Clwyd reports and are satisfied that our practice complies with the NHS complaints regulations. We continue to work to the Health Service Ombudsman's 'Principles of Remedy'. For each complaint we receive, we appoint a case officer to identify the key themes. This can involve arranging an evaluation of the 999 call management, liaison with local managers, and comprehensive clinical reviews of the care provided. Cases are graded using a tool to assist in the prioritisation. This is a dynamic process as more information comes to light. This allows a more rapid identification of serious issues that need raising with the Trust's executive management team. Once our investigation is complete, we provide a full explanation and, where appropriate, an apology together with details about recourse to the Health Service Ombudsman and the independent advocacy assistance available. We also fully adhere to the duty of candour and are committed to being fully open and honest about what happened in any case.

All our responses are approved by the Director of Nursing & Quality and signed off by the Chief Executive. The following table demonstrates complaint volumes in 2014/15 when we received 1403 complaints and over 3500 PALS enquiries. The main issues arising from complaints are similar to previous years and are broadly within four categories: delayed response, staff attitude, care and treatment and referral to other care pathways.



Some of the changes we have made include the following:

1. We historically used a tape recorded exit message at the end of some 999 calls which explained what the caller needs to do next. Following patient feedback, this was stopped and callers always now speak to a call handler.
2. We have introduced a procedure to identify particularly vulnerable patients who now received an automatic upgrade to the call priority every 60 minutes, when there is a delay in an ambulance being sent, regardless of whether we are told that their condition has changed. This has meant that patients have not waited as long as they otherwise might have.
3. Patients told us that they don't like not being kept up to date with the progress of their call, so we now offer information about the approximate time a caller may have to wait before an ambulance can be sent.

The Ombudsman continues to investigate an increasing number of cases across the NHS and this reflects an increase in the number of cases the Ombudsman has looked into about complaints about our service, with 14 cases being considered in this way although no recommendations have been made about our complaints procedure.

Patient Centred Action Team

The Patient Centred Action Team (PCAT) is responsible for the management of 'frequent callers', a cohort of patients who present with complex health and/or social needs who place repeated 999 calls.

As of 1 April 2015 a new national definition of a frequent caller has been defined as follows:

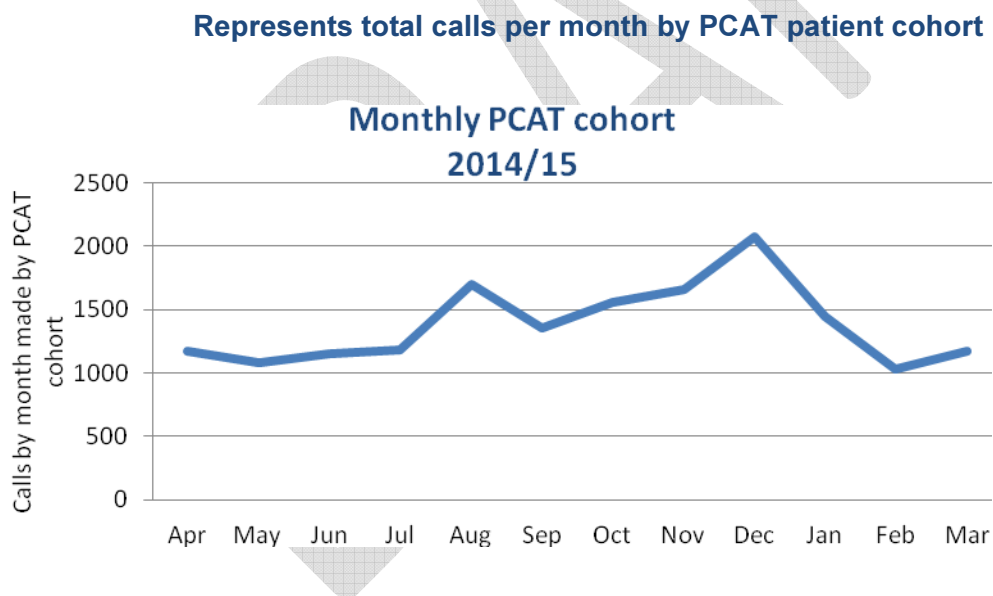
- Any one aged 18 or over who calls 5 or more times in 1 month from a private dwelling
- Any one aged 18 or over who calls 12 or more times over a 3 month period from a private dwelling

However, given limited resources we continue to use a definition of any patient deemed to be aged 18 or over who calls 999 ten times per month, for three consecutive months, although if any patient has have a profound impact on resources then PCAT will intervene as soon as possible.

We continue to use a care plan approach, developed in conjunction with other agencies and focusing on managing demand more effectively whilst continuing to meet the patient's needs.

Over the year 63 cases were reviewed and closed, with 57 cases 'in progress'. Casework also continued to be undertaken at local level with Community involvement Officers making a significant contribution. A trial scheme was piloted in six South West London Boroughs where local staff reviews cases local to their complex. This scheme is being sponsored by the local Clinical Commissioning Groups.

PCAT is a participant in the Frequent Caller National Network (FreCaNN) which holds quarterly meetings hosted by UK ambulance trusts. FreCaNN acts as a forum to develop national policy and procedures, and standards and definitions. We are delighted that LAS policy and procedure will be used as the foundation model.



Patient Engagement

During 2014/15 patient engagement was identified as a quality priority and is reported in more detail in our review of the year (see p24). The Trust took part in 593 patient involvement and public education events/ activities over this last financial year, which

included basic life support training and cardiac awareness, visits to schools and colleges, knife crime awareness sessions, careers events, road safety, Junior Citizen schemes and first aid sessions with brownies and cubs.

The Student Voice

The LAS 'Policy for the Supervision of Clinical Staff in Training' sets out the framework and process for the monitoring of student experiences within the LAS clinical training programme. This policy was reviewed and updated in September 2014. The Trust actively seeks student feedback via paper based evaluation methods on all clinical courses delivered throughout the LAS and verbal feedback during course closure sessions. This is in addition to the formal training course materials that include tutorial and reflective record documentation. The policy details the open and transparent approach to student learning within the Trusts clinical education and training framework. This ranges from systems for training documentation that ensure that students are fully involved in the mutual recognition of individual achievements, along with their subsequent progress reports. Furthermore, students are provided with formal 'Reflective Record' documentation that allows for a period of review at the close of each day to highlight any queries or concerns not previously identified.

In addition, all students receive regular tutorials throughout their training programme, and complete paper based evaluation material. However, members of the Clinical Education and Standards management team formally close all clinical courses delivered by the Department. A key purpose of this is to receive direct feedback of student experiences and identify areas which may not have been captured within other procedures.

Equalities

In 2015 the Trust featured as a Top 100 Employer on the Stonewall Workplace Equality Index and was again amongst the top five healthcare organisations and the highest-performing ambulance service.

The Trust actively supports a range of Staff Diversity Forums, including a Deaf Awareness Forum, which has a very visible presence in the community and conducts a wide range of outreach work to schools and colleges, as well as a Disabled Staff/Carers Forum, BME Forum (ADAMAS - Association of Diverse and Minority Ambulance Staff) and LGBT Forum, which set up the country's first LGBT National Ambulance Association.

In this last year, following extensive consultation with a wide range of stakeholders across different protected characteristic groups, a new Equality and Inclusion Strategy for 2014-19 was produced. This sets out the approach the Trust is taking towards equality and inclusion in regard to its services, procurement, engagement, leadership and commitment and employment and training over the next five years. The strategy will be monitored annually with the help of stakeholders across different protected characteristic groups and reviewed formally in 2019.

In December 2014 the Trust was successful in obtaining an NHS London Leadership Academy grant for ground-breaking Unconscious Bias and Cultural Diversity Awareness

training for the new Australian and New Zealand paramedic recruits, which will be rolled out further to other staff across the Trust.

Safety

The London Ambulance Service is committed to patient safety. In October 2014, to assure the Trust Board of the safety of the service, the Medical Directorate conducted a safety review. The findings of the review were presented to the Executive Management Team, Trust Board, NHS England Clinical Governance Committee and Commissioning Clinical Quality Group. In addition, the Trust supported NHS England when conducting their independent external review of safety in December 2014. The Trust has progressed identified actions highlighted in the action plan.

In December 2013 a Clinical Hub was set up which combined the clinical support desk and hear and treat services within LAS. In response to the Francis recommendations the Clinical Hub is staffed by registered healthcare professionals (paramedics and nurses). The clinicians undertake enhanced clinical assessments for lower acuity 999 calls providing advice and referral as appropriate, oversight of higher risk calls waiting for an ambulance dispatch eg mental health patients and elderly fallers and providing immediate clinical support by telephone to crews on scene and control room staff.

The LAS receive a large number of calls from the metropolitan police. We have set up a dedicated desk to manage this call to ensure that appropriate triage and response is provided to these patients and provide support to police colleagues.

A significant number of calls are received from healthcare professionals (community and hospitals). In order to better manage this group of patients, and ensure that we provide an equitable service to patients who have accessed emergency and urgent care through their GP, we piloted a dedicated line to ensure that responses were offered within an appropriate time-frame based on the GP's assessment of their patient. This will be further developed through 2015-16

We have worked closely with all London NHS 111 providers in order to best manage patients with urgent, not emergency, healthcare needs. 999 callers who are categorised as not requiring an immediate emergency ambulance are asked to contact NHS 111 for an enhanced assessment – any patients who are subsequently identified as need an ambulance are then transferred back into the 999 system without the need for further triage and with a clinically appropriate time-frame for the response indicated

Other services - Patient Transport

Patient transport is an important part of our core business and whilst this service has its own dedicated management team it is fully integrated into our quality governance processes

How do we keep our Patient Transport Staff up to date with changes?

PTS Work Based Trainers have been delivering refresher training on key topics such as Basic Life Support and wheelchair harnessing & securing. In addition they have rolled out new equipment such as the Compact 2 Track chair training.

A total of 481 work based training sessions have been delivered to our total workforce of 151 staff.

All operational PTS staff have attended a one day Core Skills Refresher (CSR) course covering statutory and mandatory training topics such as Infection Prevention & Control, Safeguarding and Manual Handling.

What have we done to update our equipment?

During 2014/15 we replaced all our aging FR2 Automatic External Defibrillators (AED's) with new Lifepak CR+ machines and all staff have received conversation training.

How have we responded to patients?

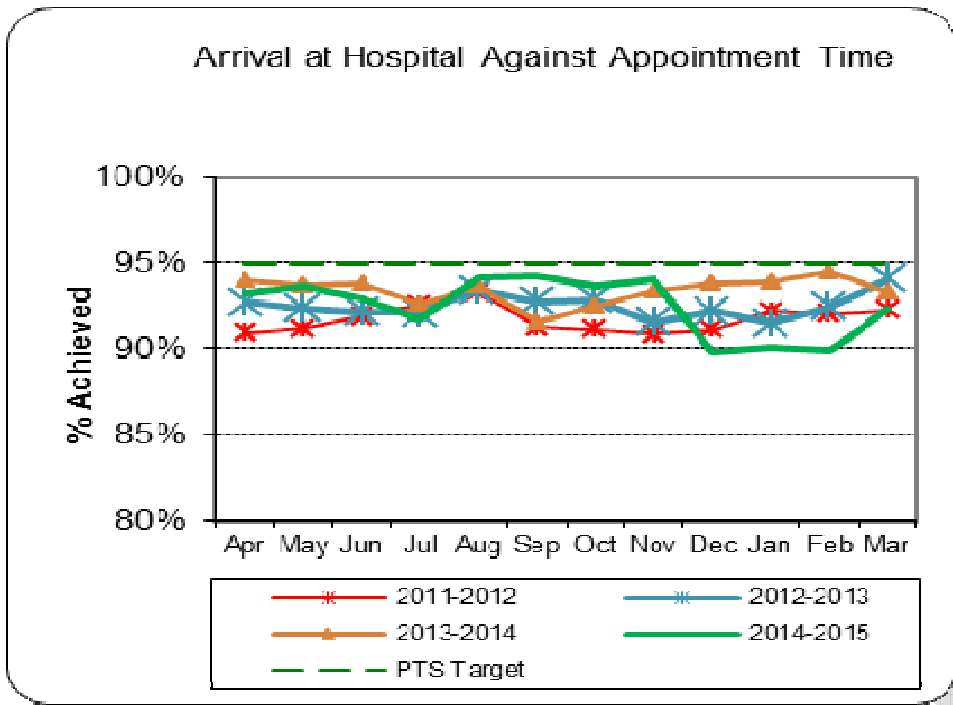
2014/15 PTS launched a short user survey given to all patients conveyed, this includes the generic NHS 'Friends and Family' Test. 92% of the patients returning their questionnaires have stated that they were either extremely likely (72%) or likely (20%) to recommend our service. Also 98% of those returning these surveys said our staff were 'polite, caring & considerate' and that our vehicles were 'clean, tidy & comfortable'.

Across all our patient surveys 92% of respondents scored us as 5 or 6 (out of 6) for overall quality of service.

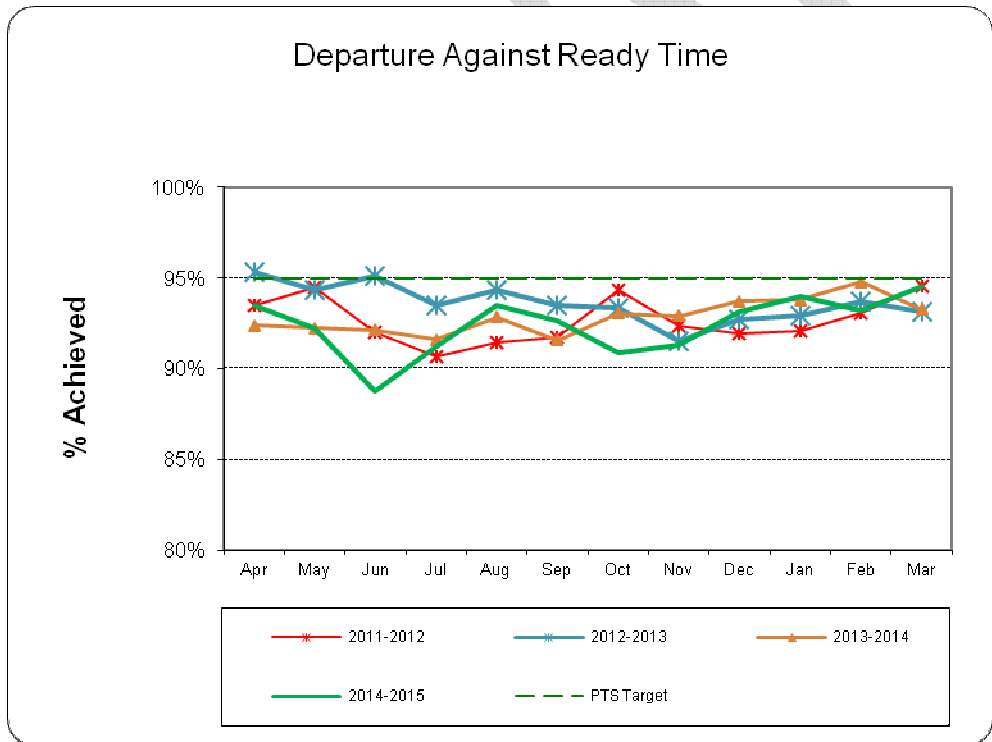
How have we performed against our contracted quality standards?

There are three Key Performance Indicators that are common across all contacts. These are as follows:

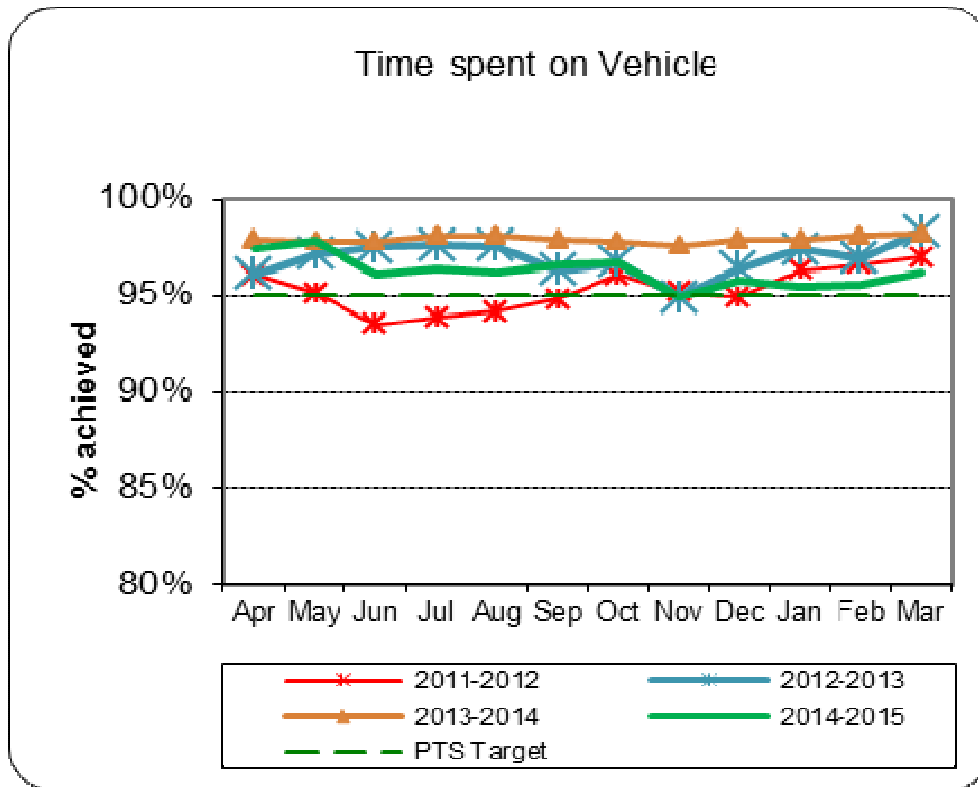
Appointment Time: This is the arrival of a patient for their appointment within a time window as specified by the commissioning Trust.



Ready Time: This is the collection of a patient after their appointment within a time window specified by the commissioning Trust



Time on Vehicle: This is the amount of time a patient spends from collection to drop off against a target specified by the commissioning Trust.



Across the year performance against these measures has been maintained above 90%.

During 2014/15 LAS has seen a decrease in the number of Trusts for which it provides PTS services. As a consequence we have managed a smaller resource pool across the Greater London Area which has meant that these targets have presented a greater challenge to achieve.

Table: To illustrate performance against the quality indicators in the contract over time.

Quality Standard	Appointment Time	Ready Time	Time on Vehicle
2011/2012	91.72%	92.69%	95.27%
2012/2013	92.49%	93.62%	96.89%
2013/2014	93.37%	92.85%	97.92%
2014/2015	92.46%	92.41%	96.24%

Other services - South East London 111



This report has been prepared to review the activity within LAS 111 South East London (SEL) for 2014/15 and has been broken down into six key areas

- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Patient Experience
- General governance activity
- Other information

Incidents, complaints and feedback

TYPE	March 15	Feb 15	Jan 15	Dec 14	Nov 14	Oct 14	Sep 14	Aug 14	July 14	June 14	May 14	April 14
Serious incidents	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Incidents	9 (8 closed)	12 (11 closed)	21 (12 closed)	16 (9 closed)	5	1	1	4	6	6	4	7
Complaints	1	1	1	1	0	2	3	0	4	2	1	1
HCP feedback	1	0	1	3	3	0	9	3	7	3	3	0
Queries /concerns	0	0	0	0	0	0	0	3	4	2	1	0
Staff incidents	2 (fall/ stuck in lift 15 mins)	2 (fall/ abuse)	0	0	0	0	0	2	2	1	0	0
Compliments	1	1	0	0	1	1	0	1	0	1	9	1
Authorised confidentiality breaches	18	28	23	23	30	12	9	24	19	17	18	18

Incident details

Incidents relate to a range of issues at LAS111. The majority since November have been relating to staff errors. The errors have been wide ranging, often without any trend. Once identified issues are dealt with individually and for wider learning. One trend identified has been incorrect OOH provider resulting in referral to the wrong service. This has been dealt with through a Directory of Services update for all staff as part of spring training.

An emerging trend is language line delays to identify an appropriate language interpreter and feedback has been given to them.

Technical issues are addressed and resolved as they occur.

Feedback from Health Care Professionals

The main services /departments that we receive feedback from are the LAS crews and the GP Out of Hours (OOH) providers. The majority was related to the perceived inappropriateness of the referral and whilst several have been upheld, many have resulted due to a lack of understanding of the 111 system. Managers from LAS 111 have delivered workshops for EOC staff to improve understanding and work closely with the GP OOH providers.

Feedback to Health Care Professionals

Staff are encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care. In the main the feedback given has been to GP OOH Providers as a result of failure to accept patient referrals due to patient location. The SEL Clinical lead has worked with SEL GP OOH providers to resolve this issue.

Staff incidents

We have had very few staff incidents reported and they have all been very minor in their nature however staff continue to report isolated incidents of extremely abusive patients requiring Police intervention.

Authorised confidentiality breaches

Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and /or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre.

Changes in the Care act being introduced in April 2015 should result in a decrease in the number of breaches experienced.

Compliments

Compliments have been received relating to both the service and individuals undertaking patient contact duties.

Call quality and monitoring

Call Audit Data	Mar - 15	Feb- 15	Jan- 15	Dec- 14	Nov- 14	Oct- 14	Sep- 14	Aug- 14	Jul-14	Jun- 14	May- 14	Apr- 14
Calls answered at 111	27091	24631	27019	32030	26118	25949	22685	24130	24654	23492	23837	25394
% Call audits % (target 1%)	1.4%	1.6%	1.4%	1.05%	1.29%	1.34%	1.49%	1.41%	1.56%	1.37%	1.5%	1.78%
No. Call audits	371	392	370	335	338	349	328	341	385	323	358	451
No. Call Handler audits	196	206	182	177	198	195	182	189	200	150	183	238
No. Clinical Advisor audits	175	186	188	158	140	154	146	152	185	173	175	213
% Compliance (target >86%)	90%	86.9%	85.5%	86.6%	87.6%	83.4%	86.9%	85%	85.7%	83.2%	81.1%	79.4%

We have continued to exceed the required standard for 1% of call audits every month including December where demands on the service increased significantly. Each staff member has a minimum of 3 calls audited each month. Where performance issues are identified the level of audit is increased.

The compliance percentage has improved and we have met the required standard in five of the last six months. Consistency workshops are run regularly for auditors and an audit of a random selection of audits undertaken is completed monthly to ensure consistency.

Changes to the feedback process have been piloted for Clinical advisors and the revised process is about to be rolled out for Call Handlers.

End to End call audits

Monthly end to end call audits are undertaken at LAS111. The audits are attended by the clinical leads for the service (LAS -DR Fenella Wrigley and SEL -Dr Patrick Harborow). The subjects that have been reviewed include:

- Calls involving a confidentiality breach
- GP Early intervention Pilot
- Health Information and Medicine enquiry

The end to end audits have all highlighted areas of good practice but also areas that require some improvement and we have been working consistently on them.

Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 269 people in total to Social Services which equates to circa 0.12%. We have received three feedback reports from Social Services in total.

Patient Experience

Patient satisfaction survey

The 111 patient surveys are sent each month to circa 150 patients. did not start to be sent out until April. 92.5% of those who responded reported being very or fairly satisfied with the 111 service. Patient concern /complaint level has remained low.

Language line

Language line use has improved across the year and we are able to report accurately by language each month. Steps taken to focus staff mean we are now utilizing this service on average 30 times each month.

Training

All staff have undertaken two periods of mandatory training relating to the changes to Pathways. This has all been achieved within the required timescales. Spring training in 2015 has focused on mandatory and statutory requirements and a probing workshop for all advisors.

Pilots and Innovation

LAS 111 has been actively involved in a number of pilots throughout the year including introduction of Summary Care Records, Clinical Warm Transfer & Clinical Call back KPI Pilot, NHS111 Learning & Development Community Referral Survey, GP Early intervention pilot, Enhanced clinical assessment of Green 999 and ED disposition

The enhanced clinical assessment of Green ambulance outcomes is resulting in circa 80% of calls reaching a Green ambulance outcome at the Call Handler stage being passed to a clinician for further Assessment and circa 70% of these achieving an alternative disposition of which 3% will be upgraded to a red response. This pilot commenced in early December and due to its success SEL Commissioners have requested it continues beyond the initial winter initiative period which finished immediately after the Easter period.

Other Information

Key clinical call information

We have performed strongly and consistently across the Clinical Indicators throughout the year.

- Highest percentage of calls transferred to a clinician in London and exceeding the national average
- 69% of calls queued for clinical call back are achieved in less than 10 minutes
- A reduction to 6.9% of ambulance dispositions which is regularly the lowest referral rate nationally.

Feedback

Comments from our partners and stakeholders

We are obligated to give stakeholders the opportunity to comment on our Quality Account and to then publish their comments in full. This year we invited the following organisations/groups to respond.

- Southwark Healthwatch
- Hillingdon Oversight & Scrutiny Committee
- The London Ambulance Service Patients' Forum
- The London Ambulance Service Commissioners

We would like to thank those organisations/groups for taking the time to read and respond. Their comments are published in this section.

Statement of Directors responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporates the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report. In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2014 to March 2015
 - papers relating to quality reported to the board over the period April 2014 – March 2015
 - feedback from commissioners dated...
 - feedback from local Healthwatch organisations dated...
 - feedback from Overview and Scrutiny Committee dated....
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated..
 - the 2014 national staff survey
 - the Head of Internal Audit's annual opinion over the trust's control environment dated June 2015
- The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations published....?)

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the BoardChairmanDate
.....Chief ExecutiveDate

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Agenda Item 8

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2015/2016

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

REASON FOR ITEM

To enable the Committee to plan and track the progress of its work in accordance with good project management practice.

OPTIONS OPEN TO THE COMMITTEE

Members may add, delete or amend future items included on the Work Programme. The Committee may also make suggestions about future issues for consideration at its meetings.

INFORMATION

1. The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for the next municipal year are as follows:

Meetings	Room
Wednesday 17 June 2015 - 6pm	CR5
Tuesday 14 July 2015 - 6pm	CR6
Thursday 17 September 2015 - 6pm	CR6
Thursday 8 October 2015 - 6pm	CR3 & CR3a
Tuesday 17 November 2015 - 6pm	CR6
Tuesday 12 January 2016 - 6pm	CR6
Tuesday 16 February 2016 - 6pm	CR3 & CR3a
Tuesday 15 March 2016 - 6pm	CR5
Tuesday 26 April 2016 - 6pm	CR5

2. The External Services Scrutiny Committee has a statutory role to scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001. As such, the Committee will invite the Chief Executives and/or Directors of the relevant Trusts to attend at least two meetings during the municipal year to account for the work of their organisations and undertake a review into any issues of concern.
3. In addition, the Committee usually reviews the local NHS Trusts' Quality Account reports at its April meeting. This meeting is held as late in the month as practicable to ensure that the Trusts have adequate time to produce a draft report. Government guidance stipulates that the Committee is given 30 days from receipt of each draft report to provide a response of up to 1,000 words for verbatim inclusion in the final version of the Trusts' reports.
4. The Committee also acts as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009. To fulfil this role, the Committee holds two meetings each year (to which representatives of the Safer Hillingdon Partnership (SHP)

are invited) to scrutinise decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions. The SHP comprises representatives at an executive level of the 'responsible authorities' (police, local authority, fire and rescue authority, health service, probation service), the elected Cabinet Member responsible for community safety at the Council, the Director of Public Health, a representative from the London Mayor's Office for Policing and Crime and the Chairman of Hillingdon's Safer Neighbourhood Board.

5. Other areas that can be looked at by the Committee during the course of the year include the scrutiny of work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon. Members can also identify areas of concern to the community within their remit and instigate an appropriate review process.
6. In addition to the single meeting reviews undertaken by the Committee, up to two consecutive Working Groups are set up during each municipal year to undertake major scrutiny reviews.
7. During the previous municipal year, it was agreed that consideration be given to undertaking a review of the alcohol related admissions of young people to A&E and a scoping report has been drafted and appended to this report for Members' agreement. However, should the Committee decide that it does not want to pursue this topic, Members are asked to suggest an alternative subject and effort will then be made to include a scoping report on this new topic for the next Committee meeting on 14 July 2015. Consideration will also need to be given to establishing the composition and meeting dates and times for the Working Group.



External Services Scrutiny Committee Review Scoping Report 2015/16

Alcohol related admissions to Accident and Emergency amongst children and young people in Hillingdon

Aim and background to review

National Context

Reducing harmful drinking in both adults and 'children and young people' is one of seven priority areas that Public Health England is focusing efforts on securing improvement.

Alcohol misuse at any age has health and social consequences. With regard to children and young people, their inexperience of the effects of alcohol intoxication, and the fact that they are more likely to consume alcohol in risky environments brings with it an increased risk of accidents and injuries leading to the need for hospitalisation. Adolescents who drink alcohol are more likely to sustain an injury, often as a result of an assault. Young people who drink and drive, or allow themselves to be carried by a drunk driver, are more likely to be involved in a car accident.

Alcohol misuse in young people is a major contributor to criminal and antisocial behaviour. Although evidence suggests that the number of teenagers who drink has decreased in recent years, the amount drunk by young people who do drink has increased.

The proportion of children and young in the UK drinking alcohol remains well above the European average. The UK continues to rank as one of the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries.¹

There is increasing evidence that some groups of young people may be particularly vulnerable to alcohol misuse, such as children who are truants or who are excluded from

¹ The 2011 ESPAD Report, Substance Use Among Students in 36 European Countries

school. Vulnerable young people are more likely to regularly drink to intoxication and become antisocial.

Research regarding the reasons why young people drink suggests that underage drinking occurs for a range of reasons and that alcohol can perform several roles in social settings, from the symbolic to the practical. It is not simply a question of identifying with or copying 'adult' behaviour. The following are all thought to be factors linked to children drinking:

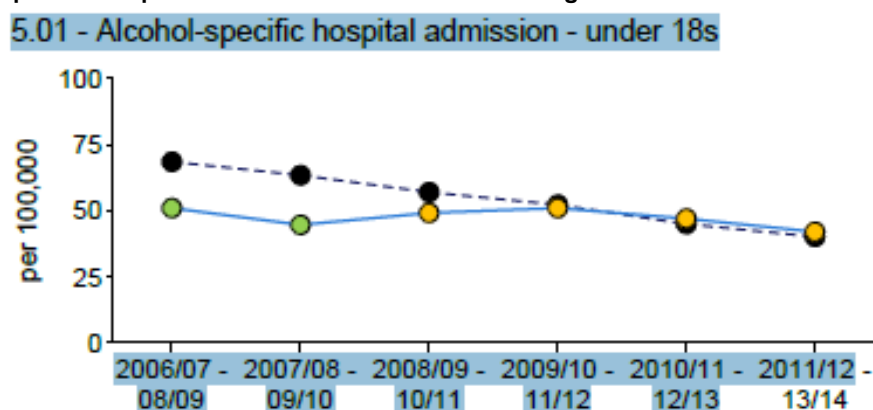
- § Age;
- § Ethnicity;
- § Risk-taking behaviours (smoking, drug taking, truancy);
- § Number of drinkers at home;
- § Parental attitudes;
- § Pupils' own beliefs about why their age group drinks;
- § Advertising;
- § Peer Group Activities; and
- § Price.

Hillingdon Context

The rate of under 18 hospital admissions for alcohol specific reasons in Hillingdon for 2011/12-2013/14 is 41.9 per 100,000, which is slightly higher than the national rate. The London rate has fallen to 26.6 per 100,000, so Hillingdon is significantly above that².

The graph in **Figure 1** below provides details of the trend for alcohol specific hospital admissions for under 18s in Hillingdon for the periods 2006/07-2008/09 through to 2011/12-2013/14. The blue circles represent the trend line for England. The green and yellow circles represent the trend line for Hillingdon. Green indicates that the Hillingdon performance is significantly better than that for England and the yellow indicates that Hillingdon's performance is not significantly different.

Figure 1: Alcohol Specific Hospital Admissions in Under 18 in Hillingdon 2006/07-2008/09 to 2011/12-2013/14



Source: Local Alcohol Profile 2015, PHE (June 2015)

When compared to eight neighbouring boroughs in North West London, however, for the period 2011/12-2013/14, Hillingdon is seen to have the highest rate of alcohol-specific hospital admissions in under 18s (41.9 per 100,000). Other boroughs' rates range from 33.3 per 100,000 (in both Ealing and Hounslow) to just 16.8 per 100,000 in Brent.

² Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Although the HSCIC (Health & Social Care Information Centre) undertakes national surveys of children and young people on smoking, drinking alcohol and drug use each year, these are not 'area specific'.³ There is little evidence locally as to the factors, which serve to particularly influence the drinking habits of young people in Hillingdon. Factors such as age, ethnicity, risk-taking behaviours (i.e., smoking, drug taking and truancy), the number of drinkers at home, parental attitudes, young people's own beliefs about why their age group drinks, peer pressure, advertising, price and availability of alcohol, are likely to be relevant.

Service providers in our commissioned specialist substance misuse services have indicated that some of the factors which may contribute to the current patterns of drinking among under 18s locally range from peer pressure and boredom through to issues relating to 'dual diagnosis' (i.e., emotional wellbeing and mental health issues and substance misuse – including alcohol).

The Hillingdon Local Safeguarding Children Board (LSCB) has identified that Mental Health Services for children and young people may not be effective in preventing this type of hospital admission. This is troubling as these services will also be the ones targeting the prevention of other substance misuse and self harm, and indeed the LSCB has similar concerns about these issues.

The commissioned Specialist Substance Misuse Service, which works closely with the Child & Adolescent Mental Health Service, provides in-reach into the A&E department at Hillingdon Hospital (THH), as well as attending weekly A&E Safeguarding meetings, to which cases relating to children and young people attending A&E as a result of suffering adverse consequences of drinking alcohol (e.g., intoxication, vomiting, sustaining injuries whilst drunk often as a result of assaults) are referred. At present, there is no in-reach into the paediatric ward where children and under 18s are admitted with alcohol-specific conditions.

A new specialist recovery orientated substance misuse service will go live on 1 August 2015. The new service will have in place a dedicated Specialist Substance Misuse Nurse in the A&E department at THH. The aim will be to have closer working arrangements with both the paediatric A&E service and inpatient paediatrics at THH. It is anticipated that closer working across these teams will provide clearer understanding of the factors that influence patterns of drinking among under 18s and opportunity to consider what can be done at an early stage to reverse the position in Hillingdon.

Responsibilities

From 1 April 2013, responsibility for commissioning substance misuse services (drugs and alcohol) became a mandatory function of the Council. This responsibility includes the provision of specialist substance misuse (both drugs and alcohol) services for young people.

Terms of Reference

The following Terms of Reference are proposed:

³ Smoking, drinking and drug use among young people in England in 2013. This survey is the latest in a series designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15. Information was obtained from 5,187 pupils in 174 schools throughout England in the autumn term of 2013.

1. To understand the reasons why the rate of alcohol related admissions is higher than the national average;
2. To identify how this rate is impacted upon by the Mental Health services available to young people;
3. To examine best practice elsewhere through case studies, policy ideas and witness sessions; and
4. To explore ways in which services can improve and work more collaboratively to reduce the number of children and young people admitted to Accident and Emergency, and recommend these to the appropriate body.
5. After due consideration of the above, to bring forward recommendations to the Cabinet in relation to the review.

INFORMATION & ANALYSIS

Methodology

It is proposed that a Working Group be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses. Research into relevant documents and websites would also be undertaken to provide background information for Members.

Witnesses

Possible witnesses include:

1. Hillingdon Local Safeguarding Children Board
2. The Hillingdon Hospitals NHS Foundation Trust
3. Public Health
4. Metropolitan Police Service
5. Children and Young People's Services Directorate
6. Educational Institutions
7. Specialist Substance Misuse Service
8. Central and North West London NHS Foundation Trust
9. Licensing
10. Residents affected by the issue

Key Lines of enquiry

1. Why does Hillingdon have a higher than average rate of alcohol related admissions amongst Children and Young People?
2. Does Hillingdon have adequate support services, provided through the local authority, health service, and educational establishments to prevent avoidable alcohol related hospital admissions?
3. What is done to prevent children and young people from having inappropriate access to alcohol?
4. What support is available to parents of those children and young people presenting with alcohol dependency / related needs?
5. Could improvements be made to the working relationship between the Hillingdon Hospital, Social Workers and Educational Institutions in more complex cases?
6. Will the newly commissioned services meet the needs identified by the review?

WITNESS, EVIDENCE & ASSESSMENT

The table below sets out the possible witnesses that could be invited to present evidence to the Committee. It is proposed that witnesses are invited to attend themed sessions to ensure that the two core areas highlighted above are dealt with comprehensively and strategically. Members are reminded that this is not an exhaustive list and that additional witnesses can be requested at any point throughout this review.

Meeting	Action	Purpose / Outcome
ESSC: 17 June 2015	The scoping report will be presented to the Committee. Members will have the opportunity to agree and/or propose alternative witnesses/topics.	Information and analysis
Working Group: 1 st Meeting - TBC	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2 nd Meeting - TBC	Witness Session 2	Evidence and enquiry
Working Group: 3 rd Meeting - TBC	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 17 November 2015	The draft final report will be presented to the Committee by Chairman of the Working Group.	Consider Draft Final Report
Cabinet: 17 December 2015	The draft final report will be presented to Cabinet by the Chairman of the Committee.	Cabinet may approve, amend or reject as many of the report's recommendations as it wishes.

Members may also wish to consider whether appropriate site visits should be undertaken on areas in which they require further information.

Assessment

As is standard practice for a Policy Overview and Scrutiny Committee review, once a report's recommendations have been agreed by the Cabinet, officers will be asked to begin delivering the necessary changes. The monitoring of officers' work is a fundamentally important aspect of the Committee's work and, as such, regular reports on progress can be requested by Members and a full update report will be added to the future work programme of the Committee.

Resource requirements

This review will be undertaken within current resources. The plan set out above will be co-ordinated and delivered by Democratic Services. The additional resource of staff time required to present, collect and format evidence for witness sessions will also need to be considered.

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EXTERNAL SERVICES SCRUTINY COMMITTEE
2015/2016 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
17 June 2015	Major Review: Consideration of a scoping report and the formulation of a Working Group to undertake a major review on behalf of the Committee
14 July 2015	<p>Health Performance updates and updates on significant issues:</p> <ul style="list-style-type: none"> • The Hillingdon Hospitals NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • The London Ambulance Service NHS Trust • Local Medical Committee • Local Dental Committee • Public Health • Hillingdon Clinical Commissioning Group • Care Quality Commission (CQC) • Healthwatch Hillingdon <p>Update on the implementation of recommendations from previous scrutiny review:</p> <ul style="list-style-type: none"> • Policing and Mental Health
17 September 2015	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ul style="list-style-type: none"> • London Borough of Hillingdon • Metropolitan Police Service (MPS) • Safer Neighbourhoods Team (SNT) • London Fire Brigade • London Probation Area • British Transport Police • Hillingdon Clinical Commissioning Group (CCG) • Public Health
8 October 2015	<p>Prevent Update on counter terrorism work being undertaken in the Borough.</p>

Meeting Date	Agenda Item
17 November 2015	<p>Health Performance updates and updates on significant issues:</p> <ul style="list-style-type: none"> • The Hillingdon Hospitals NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • The London Ambulance Service NHS Trust • Local Medical Committee • Local Dental Committee • Public Health • Hillingdon Clinical Commissioning Group • Care Quality Commission (CQC) • Healthwatch Hillingdon <p>Major Review: Consideration of final report from Policing and Mental Health Working Group</p>
12 January 2016	
16 February 2016	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ul style="list-style-type: none"> • London Borough of Hillingdon • Metropolitan Police Service (MPS) • Safer Neighbourhoods Team (SNT) • London Fire Brigade • London Probation Area • British Transport Police • Hillingdon Clinical Commissioning Group (CCG) • Public Health
15 March 2016	<p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Policing and Mental Health • Child Sexual Exploitation • Family Law Reforms

Meeting Date	Agenda Item
26 April 2016	<p>Quality Account Reports & CQC Evidence Gathering</p> <p>To receive presentations from the local Trusts on their Quality Account 2014/2015 reports and to gather evidence for submission to the CQC:</p> <ul style="list-style-type: none"> • The Hillingdon Hospitals NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • The London Ambulance Service NHS Trust • Hillingdon Clinical Commissioning Group • Care Quality Commission (CQC) • Healthwatch Hillingdon • Local Medical Committee • Local Dental Committee • Public Health
TBA	<p>CQC Inspection of London Ambulance Service NHS Trust</p> <p>To review the findings of the CQC report in relation to its inspection of LAS that was undertaken in June 2015</p>

MAJOR SCRUTINY REVIEW BY WORKING GROUP

Members of the Working Group:

- Councillors TBC

Topic: TBC

Meeting	Action	Purpose / Outcome
ESSC: 17 June 2015	Agree Scoping Report	Information and analysis
Working Group: 1st Meeting - Time / Date / Room TBC	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2nd Meeting - Time / Date / Room TBC	Witness Session 2	Evidence and enquiry
Working Group: 3rd Meeting - Time / Date / Room TBC	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 17 November 2015	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 17 December 2015	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings and site visits can also be set up to glean further information.