



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Ian Edwards (Vice-Chairman)
Councillor Teji Barnes
Councillor Mohinder Birah
Councillor Tony Burles
Councillor Brian Crowe
Councillor Phoday Jarjussey
Councillor Michael White

Date: THURSDAY, 27 APRIL 2017

Time: 6.00 PM

Venue: COMMITTEE ROOM 6 -
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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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

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

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 Performance Review Of The Local NHS Trusts

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PART II - PRIVATE, MEMBERS ONLY

5 Any Business transferred from Part I

Agenda Item 4

EXTERNAL SERVICES SCRUTINY COMMITTEE: PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS

Contact Officer: Nikki O'Halloran
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Appendix A: Royal Brompton and Harefield NHS Foundation Trust Briefing Paper
Appendix B: London Ambulance Service NHS Trust Quality Account Report 2016/2017

REASON FOR ITEM

To enable the Committee to receive updates from local health organisation as well as comment on the Trusts' Quality Account reports. The Committee's comments on the performance of the local NHS Trusts may then be submitted to the Care Quality Commission (CQC).

OPTIONS AVAILABLE TO THE COMMITTEE

1. That Members question the Trusts on their Quality Account reports for 2016/17 and identify issues that they would like included in the Committee's statement for inclusion in the final report.
2. That Members use information from their work during the course of the year to question the Trusts on issues measured by the CQC.
3. That Members decide whether to use this information to submit a commentary to the CQC.

INFORMATION

Introduction/background

Quality Account Reports

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 eighth year of Quality

PART I – MEMBERS, PUBLIC AND PRESS

External Services Scrutiny Committee – 27 April 2017

Account reports and providers are expected to report on activities in the financial year 2016/2017 and publish their Quality Accounts by the end of June 2017.

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:
 - a) Do the priorities of the provider reflect the priorities of the local population?
 - b) Does the Quality Account provide a balanced report on the quality of services?
 - c) Are there any important issues missed in the Quality Account?
 - d) Has the provider demonstrated they have involved patients and the public in the production of the Quality Account? and
 - e) Is the Quality Account clearly presented for patients and the public?
5. 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.
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.
8. It should be noted that Quality Account reports and statements made by commissioners, Healthwatch, OSCs and Health and Wellbeing Boards will be an additional source of information for the CQC that may be of use operationally in helping to inform local dialogues with providers and commissioners.
9. Where available, draft copies of the Trusts' Quality Account reports have been appended to this report for consideration.

Witnesses

10. To ensure that equal attention is given to each Trust, the Committee has two meetings scheduled on two consecutive days. Senior representatives from each Trust will be attending and will be able to go into more detail with regard to the contents of their Trust's draft report. Invitations have been sent to the following organisations for the following meetings:

- **6pm Wednesday 26 April 2017**
-

PART I – MEMBERS, PUBLIC AND PRESS

- § The Hillingdon Hospitals NHS Foundation Trust
- § Central & North West London NHS Foundation Trust
- § Healthwatch Hillingdon

- **6pm Thursday 27 April 2017**

- § Royal Brompton & Harefield NHS Foundation Trust
- § The London Ambulance Service NHS Trust
- § Hillingdon Clinical Commissioning Group
- § Local Medical Committee

11. As Members will have read the Quality Accounts attached to this report, witnesses are asked to ensure that they address the impact on residents of the outcomes for 2016/2017 and the proposals for 2017/2018.

SUGGESTED SCRUTINY ACTIVITY

12. Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.
13. To consider and agree the Committee's comments for inclusion in the Trusts' Quality Account reports.

BACKGROUND INFORMATION

None.

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Information Sheet for Hillingdon Scrutiny Committee 12th April 2017

M12 Clinical Quality Report

NHS Improvement - Single Oversight Framework

Indicator	M12	YTD M12	YTD M12 Cases under review	Performance Standard Dept. Health Trajectory = 23	Variance from Threshold -23 YTD
<i>Clostridium difficile</i>	1	13	5		
MRSA Bacteraemia	M12 0	YTD M12 0		Zero tolerance	0 cases reported to PHE for M12
Indicator	M12			M12 Target	Variance from Target / Trajectory M12 Position
18 weeks RTT Incomplete	92.66%			M12 Trajectory = 92.58%	+0.08%
52 week breaches	0			Zero tolerance	Zero breaches for M12
Number of diagnostic tests waiting 6 weeks+ (%)	0%			1%	1% target met for M12
Cancer - 62 day Urgent GP referral to first definitive treatment	14 patients 46.67%			M12 Trajectory = 65.00%	-18.33%
Cancer - 62 day Urgent GP referral to first definitive treatment - shadow reporting	14 patients 60.00%			M12 Trajectory = 65.00%	-5.00%
VTE Risk assessments	Q3 = 96.04			95%	Target met for Q3

NHS England - NHS Standard Contract

Urgent operations cancelled for the 2nd time	0		Zero tolerance	Zero breaches for M12
Cancelled Operations; not carried out within 28 days	1		Zero tolerance of no readmission within 28 days	One breach for M12
Cancelled Procedures; (Catheter Labs, Transplant Assessment and Bronchoscopy Suite); not carried out within 28 days	0		Zero tolerance of no readmission within 28 days	Zero breaches for M12
Cancer – 14 day Urgent GP Referral	No. of cases M12 2016/17 = 1 100%		93%	Target met for M12
Cancer – 31 day 1st treatment	27 patients 100%		96%	Target met for M12
Cancer – 31 day subsequent treatment	26 patients 96.15%		94%	Target met for M12

Incidents

	16/17 M12	15/16 Total Incidents	15/16 YTD Incidents at M12	16/17 YTD Incidents at M12	Δ
Outbreaks of Infection	0	2	2	4	+2
Serious Incidents	0	24	24	11	-13
Never Events	0	0	0	0	0

NHSI Single Oversight Framework: 7th April 2017 update

The first full segmentation was published on 14th December 2016. This followed the 'shadow' segmentation published in October 2016 which provided an indicative outline of providers' support needs.

The segmentation was updated on 7th April 2017. Royal Brompton & Harefield NHS Foundation Trust continues to be in segment 2.

Organisation Name	Sector	Region Name	Segment
Royal Brompton & Harefield NHS Foundation Trust	Specialist	London	2

CQC Inspection Report

Our ratings for Harefield Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Outstanding	Outstanding	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Royal Brompton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Outstanding	Good	Good	Outstanding	Outstanding
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Outstanding	Good
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Royal Brompton and Harefield NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

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Annual Quality Account 2016/17



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- Statement of Directors responsibilities
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- Section 4: Reporting on core indicators
- Section 5: Other services
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 - 5b NHS 111
- Section 6: Feedback from our stakeholders
- Annexe : CQUIN targets 2016-17



Statement on quality from the Chief Executive

This is the eighth Quality Account published by the London Ambulance Service NHS Trust, importantly the report will share with the public our progress in relation to how we have improved the service during 2016-17 and also identifies quality improvement priorities for 2017-18.

It has been a huge privilege to have been asked to lead the Trust as Interim Chief Executive following Dr Fionna Moore's retirement in December 2016 and in supporting our staff to continue to improve the quality of care they give.

During the year we have made several new appointments to the Trust Board to strengthen our leadership team including Dr Patricia Bain as Chief Quality Officer and Jayne Mee and Sheila Doyle who have joined the Service's Trust Board as non-executive directors bringing additional Human Resources and Information Technology expertise.

In 2016-17, we again experienced an unprecedented increase in demand across London, in particular for those calls triaged as life threatening. Ensuring quality of care is maintained and evidenced under such activity pressure continues to be the paramount focus for the organisation. One of the most significant challenges we face to providing safe, sustainable care is the high number of patients who are delayed in handover to acute hospitals and we have continued to work with NHS England and our acute Trust colleagues to address this issue. We have welcomed the introduction of the five Sustainability and Transformation Programmes (STPs) across London. We have reconfigured our geographical sectors from 7 to 5 in order to match each of the STP areas and also ensured we are fully engaged with our partners to support the development and implementation of health improvement plans.

The Trust has remained in special measures following its Care Quality Commission (CQC) inspection in 2015, rating the Trust as 'inadequate'. The CQC has conducted two further inspections of the London Ambulance Service NHS Trust since June 2015 with a focussed inspection undertaken in September 2016 and a comprehensive full trust inspection was completed between 7th and 9th February 2017 Initial feedback noted that care continues to be good, significant improvement in medicines management and incident reporting, with more to do in areas such as leadership development, governance and risk management. The Trust will be notified of its formal rating and findings during the summer of 2017 and will ensure any further actions are integrated into our overall Quality Strategy for 2017/18.

The CQC inspected our NHS111 service and were awarded an overall rating of 'Good', which followed from a successful relocation to improved premises in Croydon that provides the staff with an excellent working environment This was the first time this a 'good' rating had been given to an NHS111 provider and we commend all the hard work of our staff in this achievement.

New staffing models have continued to be developed with eight new advanced paramedic practitioners for urgent care commencing operational duties in February 2017 with the aim of treating more patients in their homes, without the need for them to go to hospital. We have also continued to put programmes in place to tackle bullying and harassment and in also trying to increase our overall representation of black, minority and ethnic staff in our workforce. Our staff survey results published in March 2017 reflect improvements in these areas.

Our staff have been recognised for their exemplary practice, for example:

- Karen MacDonald, Clinical Team Leader, received an 'Outstanding Service' as an Innovation and Change Champion at the National Ambulance Leadership Forum and was voted the Service's Employee of the Year in April 2016



- Jules Lockett, Control Services Practice Learning Manager, was visited by HRH Prince Harry, as part of their 'Talking Heads' campaign; and invited to Number 10 to further discuss Mental Health
- Lee Hyett-Powell, Quality Governance and Assurance Manager, won NHS Inclusive Leader of The Year for his work with the Service's LGBT Forum and the current work on our transgender policy

The relationship with our commissioners continues to strengthen. The operational structure has been reviewed moving from seven distinct sectors to five, aligning with the five London Sustainability and Transformation Plan (STP) areas to allow more effective engagement and collaboration with external partners. We have continued to focus on being more responsive to local needs with an enhanced focus on quality with the Quality Governance and Assurance Manager posts aligned to each sector providing a pivotal role in overseeing and progressing quality issues.

My condolences go to the families of the victims who lost their lives following the tragic events which took place in Westminster on the 22nd March 2017. I am humbled by the response of our staff, and that of other the emergency services.

I would like to thank everyone for the achievements the Trust has made this year and their continued commitment to delivering high quality care for all who contact our service.

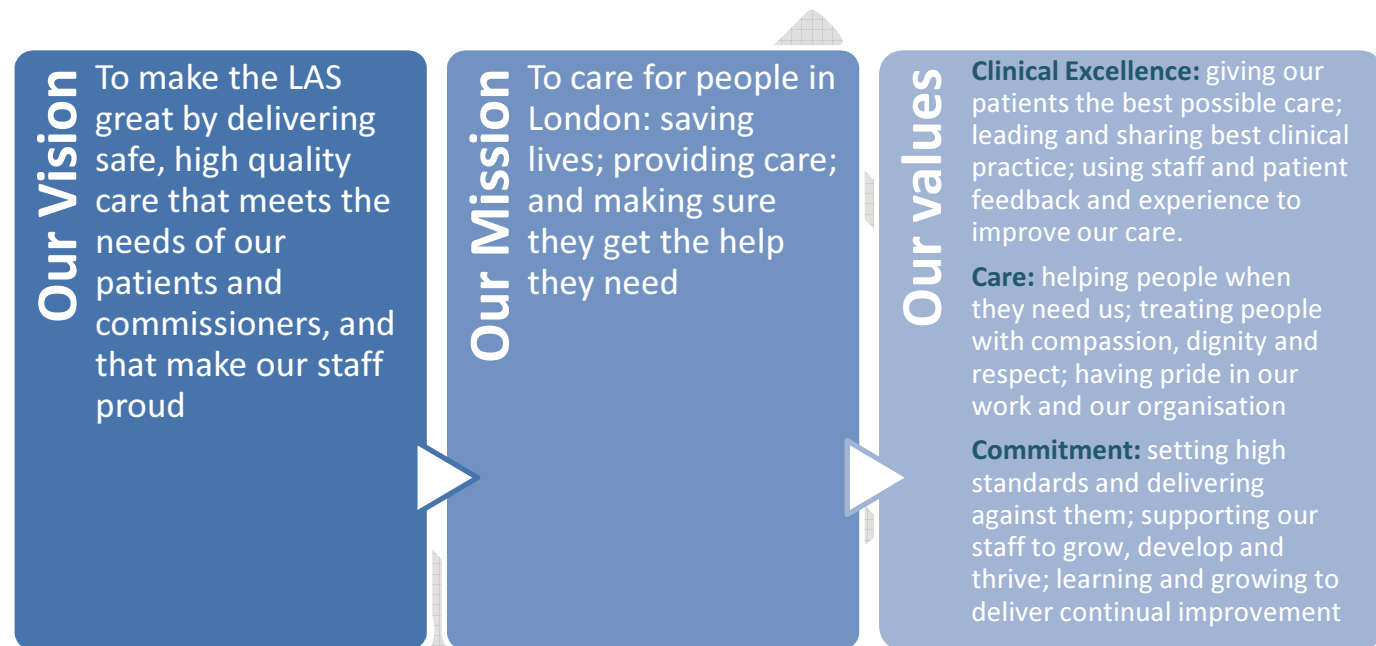
Andrew Grimshaw, Chief Executive



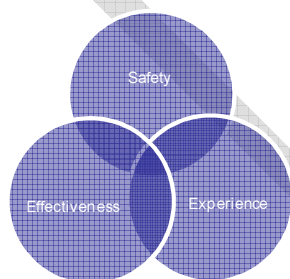
Our Purpose and Values

The London Ambulance Service NHS Trust is one of 10 Ambulance Trusts (and Ambulance Foundation Trusts) in England, responding to over 1.9 million calls and attending over 1 million incidents each year. We provide emergency medical services to the whole of Greater London, which has a population of around 8.9 million people. We are the busiest emergency ambulance service in the UK. The Service employs over 4,600 whole time equivalent (WTE) staff, who work across a wide range of roles based in over 70 ambulance stations and support centres.

Our Purpose, Goal & Values:



Our Approach to Quality



The Lord Darzi ‘High Quality Care for All’ review in 2008, identified three key components associated with quality:

- Patient safety (avoiding harm from care that is intended to help)
- Effectiveness/performance (aligning care with science and ensuring efficiency)
- Patient experience (including patient- centeredness, timeliness and equity)

Berwick 2013, indicated that many modern industries define “quality” as “the degree to which a system of production meets (or exceeds) the needs and desires of the people it serves”. An effective quality management system includes *quality control*, to keep sound processes reliable on a daily basis; *quality improvement*, to decrease variation within and among NHS organisations so that the best becomes the norm; and *quality planning*, especially fostering innovative care models that can deliver better outcomes at lower cost.

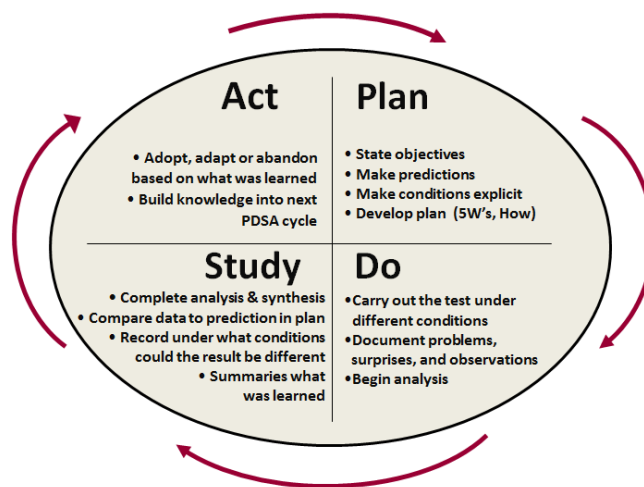
These principles will be incorporated into the Quality Governance and Assurance Framework, whereby each operational sector and corporate directorate reports monthly to Executives using a performance dashboard including outcome measures which relate to safety, effectiveness, patient



experience, workforce, efficiency and finance. This way of performance management is a means to ensure quality is owned by front line staff and therefore embedded in daily practice.

The Quality Improvement and Assurance framework determines how the Trust will evidence and provide a quality service to demonstrate its compliance with all the required quality and safety standards. This includes compliance with: NHSI License requirements, CQC Regulations (Health and Social Care Act 2008); Quality Accounts national framework; NHS Litigation Authority (NHSLA); Risk Management standards; Information Governance ISO Standards; GMC, HCPC, NMC and other regulatory bodies Codes of Professional Conduct, as well as national and local Key Performance Indicators. Patient safety will be a golden thread that runs throughout the Trust's business as a priority.

Our Quality Improvement Methodology



The majority of our programmes will use Plan Do Study Act (PDSA) methodology.

The specific Quality Improvement methodology used will depend on the size and complexity of the change and the support required to deliver the change. For example; small test of change will be used at local operational level to provide 'quick wins', the more complex transformational programmes will use a variety of improvement techniques, such as Breakthrough Collaborative Methodology. This is based on the same principles of PDSA cycles but includes action learning sets and the use of driver diagrams to identify primary and secondary drivers for improvement to ensure that change is embedded and owned.

Quality Improvement Programmes

Our quality improvement strategies for 2017/18 are set out in the Annual Quality Report, Clinical strategy, CQUINs framework, business plan and are aligned to the transformation programme managed by the Director of Transformation, Strategy and Workforce. The plans over the next 12 months will continue to support the Trusts compliance with CQC Regulations and provide assurance to the Trust Board that effective and robust processes and arrangements for monitoring the quality of care to patients are in place. The improvement programmes and measures have been considered to ensure alignment to the Trust Quality Report (and Quality Account) and also the Quality Governance framework. In delivering these priorities the Trust will engage and involve patients,

carers, and the public to promote the delivery of a seamless professional service across organisational boundaries.

Quality Improvement and Business Planning Objectives

Below are the identified business objectives 2017/18 specifically relating to the quality agenda.

Our Goals	No.	Our Objectives
Patients receive safe, timely and effective care	1.1	By the end of March 2018, we will have undertaken and implemented a Trust-wide roster review to better meet the needs of our patient
	1.2	By the end of March 2018, we will have implemented year one actions of the Clinical Strategy
	1.3	We will roll out hand held devices between July 2017 and March 2018, so that our frontline crews can have better information to treat patients and we provide better joined up care
	1.4	By October 2017, we will move to vehicle based equipment and drugs
	1.5	By March 2018, we will have transformed the way we run our 111 service, improving integration with 999
	1.6	In April 2017, we will create a new Quality and Assurance Directorate to support the delivery of high quality care which will be fully operational by August 2017
	1.7	By May 2017, we will develop a revised framework to Improve the way the Trust collectively learns, the framework will set out the systems, processes and structures for continuous improvement. The implementation of the revised framework will commence from June onwards.
	1.8	By June 2017, we will have strengthened our Clinical and Governance processes with a new Quality Governance Framework across the Trust, full implementation will be achieved by August 2017.
	1.9	EOC review implementation plans and continue during 2017-18
	1.10	Medicines management security will be reviewed and an implementation plan from the findings developed .
	1.11	By December 2017, we will outline improved patient engagement arrangements and summarise our engagement priorities in a new Patient Engagement Strategy
	1.12	We will agree a quality improvement plan to respond to the anticipated CQC report and share this at the CQC Quality Summit in June 2017 with implementation throughout the year and up to the next inspection. The systems and processes developed as part of this will continue as business as usual from January 2018.
	1.13	By June 2017 we will have agreed our new multidisciplinary skill mix model, recruiting to frontline vacancies throughout the year



Section 1: Looking forwards, our 2017/18 Quality Priorities

During the year the Trust has been monitoring progress against the targets set in the last year's quality report. Due to progress made, the Trust has chosen to set new targets in areas which are current priorities and where maximum benefit will be achieved

We have consulted and received feedback through various methods from our key stakeholders including staff, patients, public, Patients Forum and our commissioners. The majority agreed with the further development of topics and continued links to our CQUIN priorities.

The executive team agreed the priorities and will continue to monitor progress through the Quality Oversight Group and the Quality Assurance Committee and via the Board in the Integrated Quality and Performance Report. The projects will support the Trusts overarching aims of providing 'high quality and safe care to our patients'

Quality Projects: 2017-18 priority topics

Topic	Outcomes 2017-18
SAFE	
Review Sign Up to Safety Pledges	Develop Pathways for patients who fall, have mental health issues, are bariatric.
Improve thematic analysis of incidents, complaints, claims, to reduce avoidable harm	Develop dashboards for integrated incident analysis at corporate and sector level
Improve outcomes for patients with critical conditions	Introduce guidance for patients to improve care delivery
Improve and embed learning from incidents	Develop learning framework supported by communication strategy
CARING	
improve the assessment of vulnerable adults with mental capacity issues	Re-design PRF forms and ensure documentation is monitored and reported
Improve responses to complaints	Re-design our complaints process and quality assessment of letters using the Patient Forum
Ensure patients have timely and appropriate access to services	Implement demand management projects to improve care and experience
EFFECTIVE	
Report on all Ambulance Quality Indicators (AQIs)	Implement and measure best practice models of care
Standardise hospital handovers including the use of the National Early Warning Score (NEWS) for the sickest patients	Implement NEWS handover for pre-alert patients to test suitability pre hospital
Develop a mortality and morbidity review process	Introduce a mortality review group and ensure information is available in relation to specific groups to target learning and improvement.



Section 2: Looking Back : Review of the Year 2016/17

Our priorities identified in 2015-16 Quality account and the progress we have made throughout the year is highlighted within this section of the report.

Patient Safety

1.1 Sign up to Safety Campaign

In 2015-16 the Trust enrolled on to the Sign up to Safety campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This meant signing up to 5 specific pledges:

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.

In 2016-17 we introduced the Learning from Experience Group chaired by an assistant medical director with input from across the organisation including Patient Experiences, Governance and Assurance, Paramedic Education, Legal Services and the Medical directorate. This meeting had clear objectives to increase the profile of learning in the LAS with the following outputs to date;

- 2 issues of Insight magazine
- A series of infographic posters for display on ambulance stations
- Informing the CSR programme
- Introduction of “positive Reporting”

The group discusses recent themes in complaints, serious incidents, Patient Advice and Liaison Service (PALS), claims and inquests has used the Sign up to Safety pledges to help inform its agenda. Areas of focus so far have included;

- Airway Management
- Spinal Immobilisation
- Recognition of Cardiac Arrest
- Recognising Shock
- Management of paediatric anaphylaxis
- Treating patients with a tracheostomy



The Trust publishes a quarterly 'Learning From Experience' report, picking up a number of themes from Serious Incidents.

In regards to "Being Honest and Open" we have worked extensively to integrate the Duty of Candour in to the culture of the organisation, supporting patients and families. Currently we have ensured that over 92% of incidents that have involved patient harm have been feedback directly to patients and apologise and explanations given. Staff involved in Serious Incidents are offered support through the process including staff welfare, evidencing our commitment to being supportive. The LAS have also introduced the ability for staff to "positively report" instances where great care was given to help promote the importance of celebrating what we do well.

1.2 Medicines Management

The period 2016-17 has seen significant and sustained improvement in medicines management within the Trust, building on measures put in place during 2015-16 in response to CQC inspection findings. Processes and procedures have undergone review to ensure that these provide traceability and accountability for medicines from receipt in our Logistics Support Unit to the point at which they are administered to patients. A range of technological solutions have been designed and implemented to support supply, administration and audit of medicines.

KPMG were commissioned to undertake an internal audit of medicines management and to test compliance with new and established policy. Learning from this audit was incorporated into our plans.

We continue to work closely with the Metropolitan Police Controlled Drug Liaison Officers and with the Local Intelligence Networks to ensure that our management of controlled drugs is of a high standard, and that any incidents are investigated promptly.

In February 2017, the Trust appointed a full time pharmacist to lead and develop medicines management within the Trust. The Trust medicines management group continues to meet regularly and provide advice and support to all areas of the organisation.

Specific achievements to support medicines management during 2016-17 include the following:

Governance

- Introduced a new Medicines Management Policy in June 2016, revising and consolidating three separate policies into a single document
- Strengthened monitoring and reporting mechanisms via the Trust Medicines Management Group. The group reports in to the Trust Clinical Safety and Standards Group and ultimately the Quality Committee which is a Sub Committee of the Board, chaired by Dr Robert McFarlane, Non-Executive Director
- Created a new cross-directorate Medicines Management Oversight Group chaired by the Medical Director to oversee all aspects of medicines management within the organisation.
- Nominated a Quality Governance Assurance Managers (QGAM) as the medicines management lead for each sector
- Strengthened Pharmaceutical support through the secondment of an additional Pharmacist to provide additional expert advice and quality assurance of the logistic processes relating to medicines management, leading up to the appointment of a full-time Pharmacist.
- Appointed a Deputy Director of Fleet and Logistics and conducted a comprehensive review of processes within the Logistics Support Unit



- Introduced Datixweb to improve incident reporting, with automatic notifications being sent to the relevant teams to allow prompt investigation of incidents and dissemination of learning.

Processes

- Put in place regular audits of medicines management at stations by Incident Response Officers, including the completion of Controlled Drug books
- Introduction of mobile electronic tablet technology and associated Perfect Ward app to facilitate paperless medicines management audit and real time upload of audit results.
- Implementation of the Kit Prep app to enable electronic scanning of drugs packs at stations to facilitate real-time tracking of drug pack movements through the system.
- Designed a new drug usage sheet with pre-populated drug batch numbers and expiry dates to improve compliance with recording medicines usage
- Develop of an information technology portal (MedMan) to reconcile drugs usage forms with clinical records, thus providing assurance that drugs removed from packs are administered to patients. This also provides data on trends in drug usage and a means of tracing drugs in the event of batch recall or other concerns.
- Introduced 400 paramedic drug packs to address shortages in busy stations, with an immediate reduction in incidents reported where crews started shift without a drug pack.
- Established a system for coordinating pan-London drug locker code changes in order to increase security of medicines
- Redeveloped existing Clinical Performance Indicators (CPI) to incorporate monitoring of the requirement to record drug pack numbers on patient report forms (PRFs)

Education

- Delivery of a comprehensive programme of education relating to medicines management for frontline clinical staff via our Core Skills Refresher (CSR) programme
- Restated the professional responsibility of all clinical staff in relation to management of medicines
- Launched a Trust wide medicines management campaign “shut it, lock it, prove it” to improve the security of drug lockers and gas cylinder storage units. This campaign has raised and improved the awareness and compliance of medicines management across the Trust
- Included key reminders on medicines management and incident reporting during service-wide staff engagement events, in manager’s briefing meetings and with pay-slips.
- During 2017-18 further medicines management developments will be led by the Trust pharmacist to ensure consistent, safe and secure medicines management throughout the organisation. Specific priorities will include
- Ensuring that drug storage arrangements at all sites provide for safe, secure and clean storage of medicines and are compliant with relevant legislation and regulations.
- Streamline and improve procedures and processes for requisition of drugs by ambulance station management teams.
- Increase the range of medicines managed centrally via the LSU to reduce the requirement for local management and improve drug wastage.
- Expanding the range of Patient Group Directions (PGD) where appropriate to support clinical development and expand the range of treatments delivered to patients by specialist and advanced practitioners.



1.3 Infection Control

The Quality Improvement Plan highlighted a number of key areas associated with infection prevention and control that the Trust focussed on throughout 2016/17 with services making significant improvements to complete the 2016-17 Infection Prevention and Control (IPC) Work Plan. A six-weekly Operational IPC Taskforce is in place to monitor progress and escalate key issues to the IPC Committee on a quarterly basis.

IPC Team capacity The IPC team structure and composition has been reviewed to support a business partner model from 2017-2018. Interim support has succeeded in raising the profile and engagement across the Trust with significant progress made specifically in the area of audit and the development of the IPC Champion network.

Engagement between services has improved in LAS. The delivery of the annual work plan has been enabled by effective collaborative working. The Quality and Governance Managers (QGAMs) have been a significant support leading improvements to quality standards within their sectors. The Head of IPC attends Sector Quality meetings and Group Station meetings to ensure that key messages are shared. Local engagement through the IPC Champion Network has resulted in tangible improvements with good practice examples including waste tagging and IPC information sharing at station level; wipeable information boards, 'Danicentre' installation to provide accessible Personal Protective Equipment (PPE) in stations and ensure appropriate storage.

An innovative method of reminding crews to tag their clinical waste bags by tagging their personal lockers as a reminder has led to an increase in adherence with clinical waste management and this is being replicated by other Champions.



Engagement with partners The IPC team meets with the both the IPC lead from our Commissioners and the London Public Health England (PHE) attending PHE Workshops, and National Ambulance Group meetings.

Trust systems and processes IPC training for level One and Level Two is complete from December 2016 across the Trust with robust mechanisms in place to ensure accurate reporting of training completion. IPC information on the Pulse page (intranet) has been refreshed and enhanced to facilitate ease of access for all staff.

Operations IPC audit data is submitted and monitored monthly. Hand Hygiene compliance were previously self-audited however the methodology was changed in October 2016 to direct observations by Clinical Team Leaders during Operational Workplace Reviews (OWR) to provide more robust assurance data. Improvements are already being reported and shared. IPC issues and incidents continue to be reported via Datix and to the IPC teams. A survey to understand the barriers

to adherence of practice (90 respondents) was completed using in March and the findings will inform the 2017/8 action plan.

Education IPC training was included within the mandatory Core Skills Refresher in 2016/17. Video clips were used to complement the training package, and included videos demonstrating PPE donning and doffing and safe ampoule breaking.

Estates Premises cleaning standards at stations are audited on a monthly basis with demonstrable improvements in submission rates across 2016/17 with the standard achieved at well above 90%.

Blankets and trolley covers Sufficient numbers of reusable and single-use blanket provision are now in place with the additional purchasing of blankets and following a staff engagement event the agreement on a suitable disposable version that meets patient requirements. A long-term solution to ensure consistent blanket availability pan London working with the whole system is underway.

2. Patient Experience

2.1 Mental Health

The Trust has seen an increase in mental health activity year on year with a continued positive impact on service delivery outcomes since the introduction of dedicated mental health nurses in the service two years ago. Below is a summary of data for April 2016 to January 2017 in comparison to the previous year's similar period, i.e., April 2015 to January 2016:

- A total of **1,236** mental health calls were **closed by** mental health nurses between **April 2016 and January 2017** compared to last year this is an increase of **69.08%**.
- **11.15%** of all Mental Health Hear and Treat patients were assessed by mental health nurses through Hear and Treat (Total MH Hear and Treat : **11081**)
- **68.19%** of all MH calls (**118,462**) were responded to by the LAS.
- **68.04%** of all MH Incidents (**54,962**) were conveyed.
- MH Calls have increased by **8.64%** and MH incidents have increased by **10.53%** compared to last year.

The introduction of Registered Mental Health nurses (RMNs) into the control room has proven to be highly effective for both staff and patients and the initiative was shortlisted for a national Patient Safety Award in 2016. Plans are also underway to pilot a joint response model with patient facing shifts to;

- Improve quality of care through mental state examination and risk assessment as well as enhancing the scope to deliver brief psycho-social interventions to help alleviate distress.
- Increase "See and Treat" for this patient group with sourcing of more appropriate follow on community care, if required.
- Support crews on-scene in managing patients with complex mental health issues.
- Enable effective access to crisis teams.

We have participated in local as well as pan London and national collaborative work such as Healthy London Partnership, the National Insight programme, expert patient focus groups, and development of a pan-London risk assessment tool. The CQC undertook a re-inspection visit from 6th to 9th February 2017. Although the full report is not yet published, preliminary immediate feedback stated that the mental health model and performance was overall outstanding.



Risk Assessment

Following a successful roll out of the **mental health risk awareness tool** (LA383) across the service as part of our CQUIN initiatives in 2015/16, the tool has been reviewed and updated to include more evidence based guidance and an ad memoire for use by crews. The revised LA383 is due for sign off and re-launch in 2016/17 with plans for further evaluation.

Monthly audits of the mental health **Core Performance Indicators** (CPI) by the Clinical Audit and Research Unit (CARU) continue to show that we have seen overall improvements in the level of care provided to patients with a diagnosed psychiatric problem. Some aspects of care were consistently well recorded, whilst documentation of other aspects of care has improved there are specific elements, primarily documentation that safeguarding concerns have been considered, that require improvement to achieve the same high standard as the other CPIs.

On-going review of **Appropriate Care Pathways** (ACPs) for mental health is vital in ensuring parity between physical and mental health. We have been working closely with our Mental Health Trust partners to ensure that pathways are available to patients and accessible 24/7 providing both advice and referral pathways for our staff.

Training and Education

LAS participated in the development of a one day simulation course for both the Metropolitan Police Service (MPS) and paramedics in collaboration with the South London and Maudsley Mental Health Foundation Trust. The course was designed to improve knowledge and confidence in how to help, assess and manage patients presenting in a mental health crisis. Plans are underway to develop more similar courses due to the overwhelming demand and the positive feedback; staff who attended have reported its value in their practice and have been recommending it to colleagues.

Dementia care

The Trust led on developing and delivering a collaborative Dementia awareness training in partnership with UCL partners which was funded by Health Education England. The training was presented and featured at the November 2016 11th Dementia Congress in Brighton (see poster below); it received positive feedback both locally and at the conference.

A DVD entitled '*Dementia care matters in the Ambulance Service*' commissioned by NHS England and London Ambulance Trust was launched and disseminated across the Trust. It features a series of 4 short films with real Ambulance staff highlighting key skills needed in achieving positive communication, thorough assessments and appropriate action to support and safeguard people living with a dementia and has been shortlisted for a National Patient Safety award.

Other innovative work which the Trust is involved with, in collaboration with the Metropolitan Police, is the development of an App for use when dealing with vulnerable patients. It is intended to enable easier identification and enhancing quicker, better interventions. The app is currently being tested with some focus groups and is due to go live in July 2017.

Care of patients detained under the Mental Health Act (1983)

The service responds to two types of patients detained under the mental health act (1983), emergency detention which constitutes section 136 MHA (1983) and planned mental health act assessments.



Planned Mental Health Act Assessments

Following the successful trial of our Non-Emergency Transport Service (NETs) to attend pre-planned mental health community assessment journey requests at Camden and Islington Mental Health Trust, we have been rolling out the system to all other Mental Health Trusts across London. Engagement with the final Trust is commencing at the end of March 2017 with this roll out being finally completed in early April. This project has been highly successful with the majority of this cohort of mental health service users now seeing transport arriving at the commencement of the AMHP assessment or within 30 minutes.

Section 136 MHA (1983)

A national section 136 protocol directly informed by the Mental Health Crisis Care Concordat was introduced and implemented across the Trust in April 2014 recommending a response time of 30 minutes to all persons detained under the MHA (1983).

The service has concentrated efforts this year on a detailed review of section 136 responses specifically how these are triaged and how the service meets the response times allocated to these calls. This data is triangulated with Metropolitan Police Service (MPS) data. Work is in progress to validate and improve the data collection for this patient group as well as raising awareness on accurate documentation of section 136 attendances with crews. A dashboard specifically for mental Health has been developed and 136 presentations are captured within this to allow ease of reporting and review.

Mental health and wellbeing of LAS staff

The Five Year Forward View Mental Health Task Force findings 2015 emphasised the importance of responding to the health and well-being needs of NHS and social care staff themselves, and the need to improve morale and the psycho-social working environment, especially given the ever increasing pressures. There was an expressed view that it was critical to recognise that environment and working practices could have an impact on the wellbeing of the workforce

The Service has continued to uphold the Blue Light Time to Change pledge, engaging with other Blue Light organisations to learn and share good practices to benefit staff's wellbeing and mental health. The programme and continued engagement with Mind for call handler specific courses has allowed us to dedicate wellbeing support to our staff as they work round the clock to keep patients safe.



Our Practice Learning Manager Control Services, Jules Lockett, has been engaged in mental health awareness across the UK and Europe, promoting the work that is demonstrated within EOC for the LAS. This has cumulated in both a visit from HRH Prince Harry to witness at first hand the work Jules has produced and promoted through the LAS as well as being invited to Number 10 Downing Street to share her personal and professional experience in developing mental health strategies.

'This has been very humbling and an honour to share the work that has been successfully delivered for our staff and that we continue to build on.'

Mental health awareness training was delivered to over 400 of our staff in the EOC environment. Both mental health and personal well-being training has been incorporated into our new entrants programme.

2.2 Bariatric Care

The Bariatric Working Group (BWG) was established to review and analyse the available information on bariatric patients and develop scope for potential improvement within LAS bariatric services. The BWG comprised representation from all relevant departments within the LAS as well as patient forum members. Data for LAS bariatric patient journeys and care was found to be limited, with no robust process for data capture and review. Bariatric data from PHE was collected and collated in conjunction with LAS data to strengthen it and then used to create growth modelling for London.

The medical directorate representative also produced a clinical paper for bariatric care that was disseminated to LAS clinical education and manual handling groups.

An audit of the existing LAS system for bariatric transport was conducted, finding on every spot inspection that there were no bariatric vehicles available to send should the need have arisen. There were either no trained staff available to use the existing PTS bariatric vehicles, or the contracted bariatric service providers (e.g. St John Ambulance) were busy attending regular frontline calls on behalf of the LAS and would be delayed in their arrival. A working group was set up to reach a consensus on equipment, vehicles, operating models, locations, staffing, training and data capture.

The BWG, in conjunction with the manual handling group and clinical education, have included a manual handling module into the mandatory training schedule - Core Skills Refresher (CSR) 2017.1 that incorporates information specifically related to bariatric patient care. A communication strategy is being developed to keep staff informed of the on-going developments in LAS bariatric care and request feedback from them regarding their experiences of bariatric service provision.

2.3 End of Life Care

Traditionally Ambulance Trusts have focussed clinical education on the 3 P's model: Preserve Life, Prevent Deterioration, Promote Recovery. How does End of Life Care (EOLC) fit into this model and how can we provide 'Quality' care for this small but important group of patients? A secondment was made available in 2016 to support the delivery of focussed service development in this area resulting in a wide range of tangible improvements.

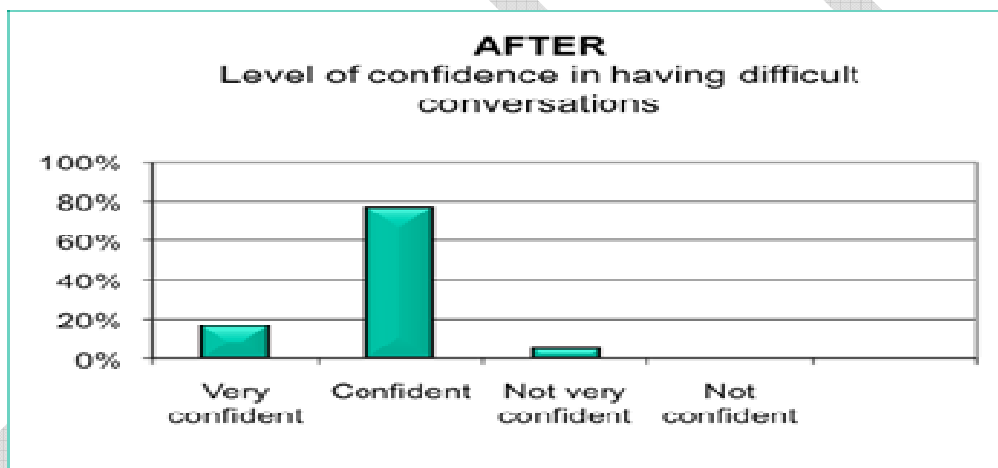
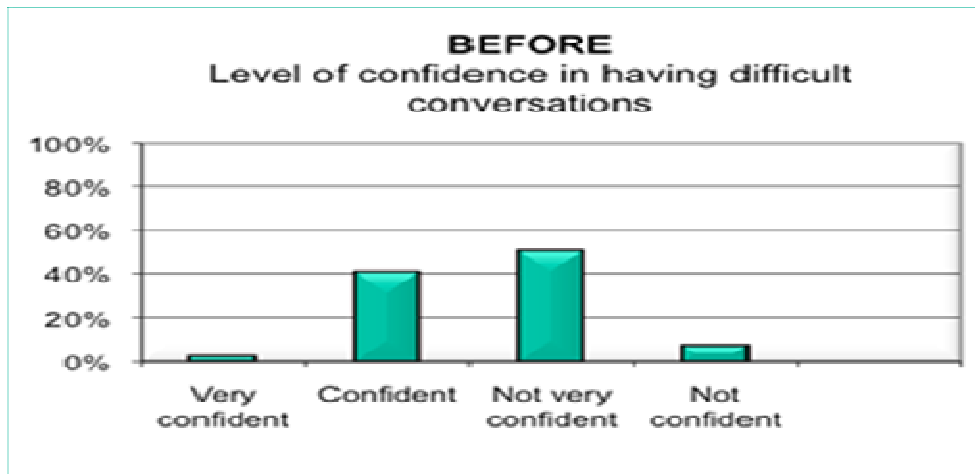
Training and Education

Following the successful conference for LAS staff and other EoL Stakeholders across Northwest London, follow on workshops to improve understanding and awareness for all clinicians and improve quality of Care for EoL patients were commissioned. Developing skills in having difficult conversations was highlighted by conference participants as a priority area for further education and



developments and therefore this was a specific area of focus. *Difficult Conversations* were commissioned to develop a workshop specifically for ambulance clinicians.

Difficult Conversations©



Quality End of Life Care for All (QELCA)

QELCA is a practice development program designed by St Christopher's Hospice in which clinicians are encouraged to reflect on their fears and anxieties surrounding death and consider their specific roles in end of life care. Time is spent in the Hospice observing practice and is accompanied by classroom based learning. QELCA facilitators are specialist palliative care nurses. The QELCA course was donated to LAS by Macmillan and ran from the 21st-25th November 2016 with 8 LAS clinicians participating - A&E Operations and Clinical Hub. On-going facilitator led monthly reflection. LAS participants will be the first group to have the opportunity to acquire City & Guilds Qualification. Additional courses are planned for 2017/18 with support from Macmillan.

Local solutions - working with Stakeholders

- St Luke's Hospice, Single Point of Access & Rapid Response Team. LAS 24/7 access.
- Telephone advice for LAS clinicians attending end of life patients based in Harrow and with a Harrow GP. Rapid Response Team Available between 07.00-23.00.

- Placements for LAS staff wanting deeper understanding of end of life care



NETS- Non Emergency Transport Service

- An alternative LAS response to attend palliative care patients requiring discharge home from the hospice environment. Pilot with St Joseph's Hospice currently being evaluated.
- Hospice book journey using Meridian system (not 999). Transport to arrive within 30 minutes of stated time.
- Full roll out due Q1 2017.

Working with Coordinate My Care

- Education for staff about the importance of accessing care plans to avoid inappropriate conveyance and resuscitation attempts.
- To identify areas of risk regarding the management of care plans.
- To report incidents via DATIX and implement learning from those incidents.

On-going plans for 2017/18

- Funded clinical specialist lead for end of life care in partnership with Macmillan
- End of life care strategy/policy in development
- End of Life Care champions pan London
- Partnership working/education with CMC
- Further mandatory end of life education via CSR (first mandatory session was completed in CSR 2016.1)
- Further Development of Paramedic Clinical Practice Guidelines
- Re-launch of End of Life Care pages on 'the pulse'

The London Ambulance Service, 5 Year Strategy, 2014/15 – 2019/20

- Ensuring our systems are linked to patient specific end of life care plans so that our clinicians have the right information to support the patient's wishes
- Developing access to specialist palliative advice/services so our clinicians can access services 24/7
- Piloting specialist nurses in our clinical hub to support patients at the end of their life



3. Clinical Effectiveness and Audit

The London Ambulance Service NHS Trust has a robust clinical audit and research programme that focuses on both local and national areas of priority. In 2016/17 the LAS examined the care provided to a wide range of patients including elderly fallers and pain management in children and those patients who had a; myocardial infarction; cardiac arrest; stroke, trauma; sickle cell crisis. Our research programmes continue to grow and alongside our existing cardiovascular studies we launched a new clinical drug trial aimed at improving the outcomes for stroke patients.

In addition to continuously assessing the care we provide to our cardiac, stroke and trauma patients, and those patients who are discharged at scene and then re-contact the Service within 24 hours having severely deteriorated or died unexpectedly. We will also focus on improving the care given to a range of different patient groups, some examples are set out below:

Exercise Unified Response (EUR) 2016

LAS participated in Exercise Unified Response in February 2016 - a large scale major incident exercise run on behalf of the London Resilience Partnership. This clinical audit has been triggered by an external request from the London Resilience Partnership and feedback from the Care Quality Commission and the Coroner following the inquest into 7/7. Furthermore, at the end of 2015 the LAS Incident Response Procedures were revised and the requirement for clinical documentation has not yet been assessed. The clinical audit included all 'patients' that were assessed and/or treated by the LAS during the major incident training exercise, covering a range of clinical conditions. The documented triage, assessments, medication administration and management of these 'patients' was assessed for compliance with clinical practice guidelines and incident response procedures. Data analysis is on-going with the full report expected to be released Q2 2017/18.

Sickle Cell Crisis

In response to a request by the LAS Patient's Forum to review the care provided to sickle cell patients a re-audit of the care provided to patients who contact the LAS during a sickle cell crisis was conducted and the outcomes are contained within the overall CARU report on P15.

Hypovolaemic Shock

Following a patient safety incident and revised internal guidance we assessed the LAS management of hypovolaemic shock. Working backwards from Emergency Department diagnosis of a medical conditions which may cause catastrophic fluid loss (for example gastrointestinal bleed, obstetric haemorrhage, ruptured ectopic pregnancy, abdominal aortic aneurism (AAA), recurrent vomiting and profound diarrhoea) this clinical audit examined the recognition, assessment and medication administration to patients with hypovolaemic shock. Data analysis is on-going with a final report to be released in Q1 2017/18.

Mental Capacity Act

The Care Quality Commission found that many staff lacked confidence working within the Mental Capacity Act 2005. Therefore, following a programme of training on the Mental Capacity Act assessment, this documentation audit examined appropriateness of completion of the LAS Capacity Tool (documentation for the treatment of patients who are unable to consent). The report is in final draft stage. We identified that improvements are needed in completing the mental capacity assessment form (LA5). A review of the form will be undertaken as part of the ePRF development

process. In the meantime, guidance will be issued to staff regarding the principles of the Mental Capacity Act and how to undertake (and document) a thorough assessment.

Paediatric Conveyance Review

In 2010, following a baseline clinical audit and in response to advice from the Royal College of Paediatrics and Child Health the LAS reviewed our management of paediatric patients and a new policy was introduced. This resulted in all patients under the age of two years being conveyed to hospital with further strong recommendations for patients twelve years and under. Anecdotal concern from hospitals and staff regarding unnecessary conveyance/ referrals prompted a further review of any patients twelve years and younger who are not conveyed to hospital, with a focus on those less than two years old. The audit examined the assessment undertaken and appropriateness of conveyance and referral decisions. The final report is currently being drafted. Preliminary findings indicate that paediatric patients are being conveyed in line with our policy on the major of occasions; however, we did identify some instances where patients were left at home without a referral. Preliminary recommendations include adding an aspect of care to the LAS 'Discharged at Scene' CPI to continually assess whether patients under 12 are being referred when not conveyed to hospital, together with producing guidance for crews on the risks of leaving a patient at home without an appropriate referral or advice.

Heart Failure

There is a perception of an overuse of nitrates as a medication in the management of acute heart failure within the LAS. This clinical audit reviewed the identification, assessment and medication administration to patients where acute heart failure is suspected in the pre-hospital setting or diagnosed at hospital. Data analysis is on-going and the report is expected to be released Q2 2017/18.



Section 3: Statements of assurance from the Board

Statements mandated by NHS England

Each year we are required to report a number of mandatory statements, which you will find reported in this section:

Data Quality Assurance

The London Ambulance Service manages data quality for Accident & Emergency information, using a bespoke application developed internally. All information received from the 999 CAD system, CommandPoint, Mobile Data Terminals (MDT) and Patient Report Forms (PRFs) is processed through this application. Within the application, records that satisfy any of the pre-defined validation rules are presented for reviewing, and can be amended where necessary, if there is adequate evidence available to do so.

Records are reviewed for

- Illogical time sequences between timestamps
- Unlikely gaps between timestamps
- Incorrect hospital codes
- Missing timestamps where one would be expected
- Conveyances by non-conveying vehicles
- Patient Handover breaches at hospital
- Mismatched Patient Report Forms (PRFs)
- Discrepancies between CommandPoint, MDT, and PRF data

A facility is available to allow staff outside of Management Information to request a review of any data items. These data quality queries are submitted via the Business Intelligence (BI) Portal for consideration by the Data Quality team to ensure that they meet agreed rules. No-one outside of the Data Quality team within MI can make amendments to any records.

There is an audit history for any record flagged for reviewing, and all changes and actions taken (or not taken as the case may be) are logged with the username/change made/date/time.

All reports produced by the Business Intelligence team follow a pre-determined check list to ensure accuracy and compliance with Ambulance Quality Indicator guidance. Every report is peer reviewed and approved by a senior member of the team prior to publication

A report demonstrating compliance against the Ambulance Quality Indicators (AQI) guidelines is submitted annually to Executive Leadership Team (ELT) for approval.

An audit was carried out in March 2016, by KPMG, which reviewed the Trust's arrangements over data quality in relation to a sample of Ambulance Quality Indicators. They gave an overall rating of "significant assurance with minor improvement potential" (Green/Amber), which was in line with expectations. These audits are scheduled on a continuous cycle.



Income

The income generated by the NHS services reviewed in 2016/17 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2016/17.

Clinical audit

During 2016/17, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During this period, the London Ambulance Service NHS Trust participated in all of the national clinical audits, 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 2016/17 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
- Self-harm (mental health)

The reports of the above national clinical audits were reviewed in 2016/17 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 face-to-face training and publication of updates in bulletins and newsletters
- Publication of materials promoting the key principles to cardiac, stroke and major trauma patient management
- Continued use of the Clinical Information and Support Overview (CISO) tool to facilitate supervision discussions with clinicians regarding patient treatment, documentation and time spent on scene
- Additional training on the importance of peak flow readings pre and post treatment for patients suffering from asthma
- Wider usage of the Service's internal communication channels to disseminate key findings and to facilitate discussion among clinicians
- Produced a national clinical performance indicators handbook for staff



The national clinical audits the London Ambulance Service NHS Trust has participated in, and for which data collection was completed during 2016/17, are listed below (table 1) 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

Table 1

National Clinical Audit	Number of eligible cases	Number of cases	% of cases
NHS England AQI: Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a) 2,380 b) 321	a) 2,380 b) 321	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 2,293 b) 289	a) 2,203 b) 289	100%
NHS England AQI: Outcome from acute STEMI a) Primary percutaneous coronary intervention (PPCI) delivered within 150 minutes of call. b) Care bundle delivered (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 787 b) 1,836	a) 787 b) 1,836	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) 4,310 b) 7,588	a) 4,310 b) 7,588	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	434	434	100%



treatment) b) SpO ₂ recorded (before treatment) c) Anti convulsant administered d) Temperature management e) Appropriate discharge pathway recorded f) Care bundle			
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	600	600	100%
National CPI: Self-harm a) Mental state of patient is recorded b) Evidence of use of drugs and/or alcohol is recoded c) Exact nature of injury recorded d) Has a clinical assessment been completed? e) History of events leading to today's self harm episode recorded f) Has there been an assessment of mental capacity? g) Has information relating to social/family support network or NOK been recorded h) Care bundle	90	90	100%

The reports of local clinical audits were reviewed in 2016/17 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.

Recognition and Management of Paediatric Abdominal Pain:

- Include the management of paediatric abdominal pain in a future face-to-face training session
- Assess clinicians' understanding and attitudes towards paediatric pain assessment and management
- Disseminate key learning with clinicians to ensure they are confident in recognising and managing paediatric abdominal pain
- Review and re-audit to determine whether learning has been embedded and improvements are seen in the management of this patient group

Paediatric Pain Management Re-audit

- Include the management of paediatric pain assessment in future face-to-face training sessions for clinicians



- Distribute an info graphic presenting the improvements made and reiterating the importance of obtaining two pain assessments
- Publicise alternative pain scoring tools through a Trust-wide clinical newsletter and a web-tutorial on paediatric assessment
- Share findings with the LAS Medicines Management Group
- Undertake a re-audit once all actions have had sufficient time to take effect to determine whether there has been an improvement in paediatric pain assessment and management

Sickle Cell Re-audit

- Recommend to the Sickle Cell Society that they liaise with Sickle Cell Centres in London to explore introducing patient-held records where required, to assist crews in knowing what treatment helps the patient best in a sickle cell crisis
- We will seek advice from sickle cell specialists in order to provide clinicians with guidance on pharmacology, such as the maximum initial and total dose of morphine that can be given in the pre-hospital setting
- Include an article in the Sickle Cell Society newsletter and for publication on their website informing patients of the improvements made and providing advice on how they can improve their care, such as ensuring they tell the call handler they are in crisis
- Distribute the key findings in a Trust-wide newsletter, together with an infographic displayed in all ambulance stations
- Share findings within the LAS Control Room and provide feedback to Call Handlers who triaged calls incorrectly
- Share report with the LAS Medicines Management Group, LAS Patients' Forum and Sickle Cell Society
- Cover 'awareness of how to correctly triage sickle cell calls' as part of the Clinical Audit & Research Induction talk that is delivered to new Call Handlers
- Re-audit whether there has been an improvement in the administration of opiate analgesia for patients in sickle cell crisis once all actions have had sufficient time to take effect

Administration of Oramorph

- Share findings with clinicians in a Trust-wide clinical newsletter, together with a reminder of the indications for Oramorph and necessity to take observations after administration
- Publish findings using an info graphic for display at all ambulance stations
- Share report with the LAS Medicines Management Group
- Undertake a re-audit to assess whether there has been an improvement in post Oramorph observations and documentation

Alcohol Intoxication Re-audit

- Create an info graphic reminding staff to document a full history of the event and undertake a full primary survey
- Publish an article in the Trust-wide clinical newsletter to share keys findings and emphasise the importance of obtaining a full and accurate alcohol history
- Share the positive impact of personal issue equipment at Sector Quality Governance Meetings



- Carry out a re-audit to determine whether there has been an improvement in the documentation of a full primary survey and history of the event

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provide to six patient groups (cardiac arrest, difficulty in breathing, glycaemic emergencies, mental health, sepsis and patients that were discharged on scene) 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, have been involved in a major trauma incident, or who were discharged at scene but re-contacted the Service within 24 hours having severely deteriorated or died unexpectedly.

Participation in clinical research demonstrates the London Ambulance Service NHS Trust's commitment to improving the quality of care we offer and contributing to wider healthcare improvement. Clinical research ensures our clinical staff keep up to date with the latest possible treatment options and their active participation 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 the first 3 quarters of 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 1,832. These patients were recruited into a range of interventional and observational studies. These studies were:

Aneurysm-FILTR: An observational study to prospectively validate the diagnostic accuracy of ambulance clinicians using an aneurysm scoring system (developed by St George's Vascular Institute and the LAS) and is available as an App for smartphones.

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

PARAMEDIC-2: A pre-hospital double blind randomised controlled trial exploring the effectiveness of adrenaline administration on patient outcomes following cardiac arrest

RIGHT-2: A randomised trial that aims is to determine whether glyceryl trinitrate (GTN) improves outcome in patients with ultra-acute stroke when administered as soon as possible after onset.

In 2016/17 312 members of clinical staff received protocol training to enable them to participate in interventional and observational research at the London Ambulance Service NHS Trust.

The LAS has also developed the Pre-Hospital Emergency Department Data Linking Project (PHED). PHED is a mix-methods project investigating the opportunities and challenges of linking LAS with Emergency Department (ED) data. Pre-hospital and ED records have been linked for 775,018 patients.

We also submit data to the National Out-of-Hospital Cardiac Arrest Outcomes project, is a registry of out of hospital cardiac arrests in England. This registry is being used to look at the national variations in outcomes of cardiac arrest and provide evidence to help inform treatment and improve survival amongst this patient group. During 2016/17 we provided 4,389 cases to the registry. We continue to deliver a comprehensive clinical audit programme and ensure we learn from the findings.



CQUINS

A proportion of London Ambulance Service NHS Trusts income in 2016/17 was conditional on achieving quality improvement goals within the contract. The 2016/17 CQUIN schemes were set according to the Commissioning for Quality and Innovation payment framework and either set nationally, or agreed with the lead Commissioner, Brent CCG, acting on behalf of the pan-London CCGs. Further details of the agreed goals for 2016/17 are detailed below. Achievement will be confirmed following the final Q4 submission, due in April 2017. Proposed and national CQUINs for 2017-19 are detailed in Annexe 1.

Serious Incidents (SIs)

In total across 2016/17 (as of 14/03/2017) out of 469 cases reviewed **xxxx incidents** were deemed to meet the criteria to be declared as serious to NHS England (London). The Trust has demonstrated a better understanding and use of the internal incident reporting process, enhanced by the implementation of Datixweb and a firm organisational commitment to improve the channel for identifying Serious Incidents. It also reflects a more open reporting culture that has been noted by the CQC. As in previous years, the number of ambulance delay related SIs has remained a consistent theme, although in 2016-17 we have seen a wider range of incidents declared including issues with clinical assessment and call handling.

Learning from experience

Please see below some examples of where the LAS have improved its service as a result of Incidents;

1. A number of incidents have taken place over 2016-17 where there was a delay in shocking a patient in fine VF. Following this the area of practice has been included on Core Skills Refresher training and there has been a wide range of trust communications issued including an article in "Insight" magazine, an infographic poster and a video which was viewed over 1000 times within a couple of hours of posting.
2. Feedback from staff had been given that there were not enough drug packs available to frontline staff at the start of their shift. Working across Operations, Logistics and Governance a task and finish group was established to gather data and analyse where and when the shortages were occurring. The output of this was to introduce over 600 drug packs into the system in December 2016 resulting in a significant decrease in missing drug packs being reported. The plan is to roll this approach out to other areas of equipment.
3. Issues with the use of spinal immobilisation has been a recurrent theme for the LAS. A learning need was identified with a Core Skills Refresher session focussing on "necks and backs" to help clarify when immobilisation is appropriate and how to do so effectively. This theme will continue to be monitored as a part of the Learning from Experience group.

Future developments

The newly appointed Chief Quality Officer will lead an in-depth review of serious incidents in 2017/18. The objective of this review is to reduce the length of time it takes to complete investigations and improve the quality of those with a clear channel for learning. The review will focus on the current delays in the process including appointing a lead investigator and provision of protected time to complete reports. The ELT review process will also be reviewed to ensure it is effective and efficient.



How we are implementing Duty of Candour

The LAS have continued to place the Duty of Candour at the forefront of the service provided. Expanding on the training programme in Q4 2015/16, Duty of Candour training was rolled out to all non-clinical staff to ensure the awareness of the duty is uniform and embedded across the organisation. All participants are required to complete a multiple choice competency test at the end of the training session. There have also been a series of Duty of Candour training sessions as part of the Serious Incident Investigator training that goes into more detail for the benefit of people undertaking the Family Liaison Officer role. Compliance with the duty is recorded on Datixweb and monitored on a monthly basis. Communications have been sent out regularly throughout 2016/17 and Quality Governance and Assurance Managers have been Duty of Candour champions across sectors, giving support and advice to frontline staff. Our current compliance with Duty of Candour is 92%

CQC

Following the June 2015 Care Quality Commission (CQC) inspection of the service, the LAS developed a Quality Improvement Programme (QIP) which was a single overarching plan to address quality improvement in the Trust. A clear programme of delivery, accountability and governance was established, led by the Director of Transformation, Strategy & Workforce and supported by a Programme Management Office (PMO), to ensure oversight and leadership in the delivery of our QIP.

A Quality Improvement Board was convened, chaired by the Chairman, which met monthly to review progress against the whole plan and each of the five work streams, assessing risks and directing interventions to ensure delivery. This Board provided updates on progress to the Trust Board at each of its formal meetings.

This Quality Improvement plan has (at end of March) delivered the majority of actions detailed, with a number of actions being incorporated into business as usual for Directorates; projects of a more complex nature, which are yet to be completed, are being incorporated into the 2017/18 Business Plan.

The CQC has conducted two further inspections of The London Ambulance Service NHS Trust since June 2015. A focussed inspection was undertaken in September 2016 and a comprehensive full trust inspection was completed in February 2017.

The three core services listed below were inspected in February 2017 and the report is due to be published in the summer 2017.

- Emergency Operations Centres
- Urgent and Emergency Care
- Resilience planning including the Hazardous Area Response Team

In September 2016, the Trust's NHS 111 Service was inspected by the Primary Care team of the Care Quality Commission; we were the first 111 service to be inspected within London. During the comprehensive inspection the CQC:

- Observed the call centre environment over one and a half weekdays and during a peak weekday evening when GP practices were closed.
- Spoke with a range of clinical and non-clinical staff, including call handlers, clinical advisors, team leaders and senior managers.



- We looked at a range of records including audits, staff personnel records, staff training, patient feedback and complaints.
- We did not speak directly with patients who used the service. However, we observed call handlers in the call centre speaking with patients who telephoned the service.

The LAS 111 service was subsequently rated as Good, with a rating of good achieved in every of the five domains, with the CQC stating:

'The London Ambulance Service (LAS) NHS 111 service provided a safe, effective, caring, responsive and well-led service to a diverse population in South East London'

Staff Survey

The results of the 2016 ambulance staff survey were released in March 2017. Out of the 88 questions that were asked in both the 2015 and 2016 surveys we scored significantly better in 2016 in 67 of them, 21 showed no statistically significant difference and none were significantly worse. We are pleased that in 23 questions, we have seen significant improvements of more than 10%, including in:

- Appraisals and career progression
- Line managers and team working
- Use of patient feedback
- Error reporting
- Training
- Managers taking a positive interest in the health and well-being of their staff
- Staff looking forward to going to work
- Happiness with the standard of care provided by the organisation

KF 26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

2015	38%
2016	32%
2016 national average	28%
Best ambulance trust	14%

The 2016 staff survey shows an improvement in this indicator from 38% in 2015 to 32% in 2016, 4% away from the 2016 national average. This reduction in 6% is encouraging and highlights the actions we have taken to tackle bullying and harassment across the Trust. These actions have included:

- Appointing a dedicated Bullying and Harassment Specialist
- Re-launching and rebranding Bullying and Harassment as “Dignity at Work” with a focus on mediation and difficult conversations rather than formal grievances
- Training in excess of 750 staff from all levels of the organisation in Bullying and Harassment awareness
- Undertaking mediation training with 57 staff to enable the Trust to have difficult conversations early on
- Commissioning independent investigators to lead on any bullying allegations within the Service and trained 69 internal staff on how to carry out investigations of this nature

- Designing and launching a simple easy-to-follow guidance for staff to understand and report bullying and harassment

This work is not fully completed as yet, and there will continue to remain the level of focus on this area and we would expect these actions to have a positive impact on this key indicator in future years' staff surveys.

The Trust has seen a marked improvement within equality and diversity indicator, with a 13% increase and now being above the national average, only 3% behind the best ambulance trust. Equality and Diversity has been a key aspect of our Quality Improvement Programme, with scrutiny provided by both the Quality Improvement Board and Workforce and Organisational Development Committees, both Trust Board Sub Committees. The Trust has strengthened the focus relating to Equality and Diversity, with an additional resource appointed who is currently leading on the Workforce Race Equality Standards and driving the associated action plan to improve the Trust for BME staff.

Freedom to speak up

Freedom to Speak Up Guardians have been introduced in each NHS Trust, as a result of the recommendations in the Francis Report. A Guardian was appointed at the LAS in October 2016, and undertakes this role in addition to her core role as Head of Patient & Public Involvement and Public Education.

Since the role was introduced the Trust has:

- Announced the role in the internal Routine Information Bulletin and produced a leaflet to be attached to staff payslips.
- Established a Freedom to Speak Up LAS group, with dates to meet quarterly.
- Agreed reporting arrangements via the Workforce Committee to the Trust Board.
- Designed a secure recording and reporting module on Datix, which is only visible to the Freedom to Speak Up Guardian.
- Hosted a successful visit by colleagues from the National Guardian's Office.
- Commissioned an audit of its Freedom to Speak Up arrangements from KPMG (the report is awaited). The LAS is the first NHS organisation to have taken this action.

The LAS Guardian has attended the national launch and undertaken the Freedom to Speak Up training. She is a member of the London regional network and national ambulance network for Freedom to Speak Up Guardians.

Since the role has been introduced, a total of 14 concerns have been reported. Half of these have related to a bullying culture across a team or part of the organisation, two have related to trust processes, two to patient safety concerns, and the remaining three have been related to infrastructure, to seek advice, or to give ideas about possible improvements. Feedback has been very positive from staff who have used this method of raising concerns, indicating that is a method of engaging with staff that should be developed further over the coming year.

Information Governance

London Ambulance Service NHS Trust Information Governance Assessment Report overall score for 2015/16 reached 83% satisfactory, Level 2 for all requirements.



National Reporting

London Ambulance Service NHS Trust did not submit records during 2016/17 to the secondary users service for inclusion in the Hospital Episode Statistics.

London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

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Section 4: 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.

***March 2017 data for all indicators is still being processed and validated and will change**

month	A8			A19		
	R1	R2	A	R1	R2	A
Apr-16	68.83%	65.02%	65.13%	98.77%	94.05%	94.19%
May-16	69.51%	65.51%	65.62%	98.62%	93.93%	94.06%
Jun-16	70.88%	65.67%	65.82%	98.93%	94.30%	94.43%
Jul-16	66.91%	64.04%	64.13%	98.47%	93.03%	93.19%
Aug-16	67.81%	68.08%	68.07%	98.12%	93.97%	94.09%
Sep-16	68.63%	64.62%	64.73%	98.84%	92.79%	92.96%
Oct-16	68.13%	67.55%	67.57%	98.13%	93.73%	93.86%
Nov-16	69.21%	67.39%	67.44%	98.24%	93.28%	93.43%
Dec-16	66.23%	64.03%	64.10%	98.28%	91.68%	91.89%
Jan-17	67.27%	62.22%	62.39%	98.26%	91.13%	91.37%
Feb-17	71.71%	67.69%	67.82%	98.71%	93.11%	93.29%
Mar-17						
2016/17						

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 2016/17 and 2015/16.

	2016-17 (April to Oct)*		2015-16 (full year)	
	LAS	National average (Range)	LAS	National average (Range)
STEMI patients	70.6%	79.3% (60.5% - 90.8%)	70.5%	78.6 (66.4% - 86.4%)
Stroke patients	96.8%	97.6% (94.4% - 99.6%)	97.2%	97.6% (96.2% - 99.7%)

* NHS England has only published data for April to October 2016 at this point.



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.

Complaints and Patient Advice & Liaison (PALS)

Introduction

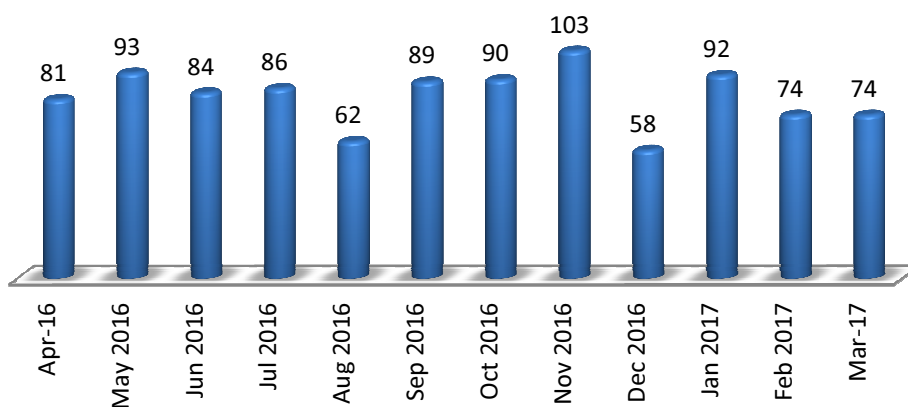
Patient experience and feedback is a rich source of information that allows us to understand whether our services are meeting the standards we set ourselves and meeting patients' expectations. With these objectives very much in mind, we take all patient and stakeholder feedback very seriously and do our best to offer a comprehensive response, clearly identifying any lessons and using these to improve our service, where appropriate.

It is important to ensure that patients' voices can be heard. To this end, and to compliment the information we already have available, this year we introduced two new leaflets under the banner of 'Talking With Us'. The first is available on all ambulances, providing information about how to make a complaint or to thank our staff; the second is sent out with every complaint response, inviting complainants to feedback on their experience of making a complaint.

Activity

Year ending March 2017, the volume of complaints dropped slightly, totalling **[986]** against 1050 in 2015/16. Enquiries continue to increase, **[4132]** against 3862 being received in 2015/16. The Resource Escalation Action Plan (REAP) was revised in May 2016 resulting in four levels of escalation (previously six). Persistent periods of high 999 call demand meant that the REAP level for this year was implemented at *moderate* or *severe*. The daily average for 999 calls is currently 4934. The average percentage of complaints received against calls attended is **[0.09%]**.

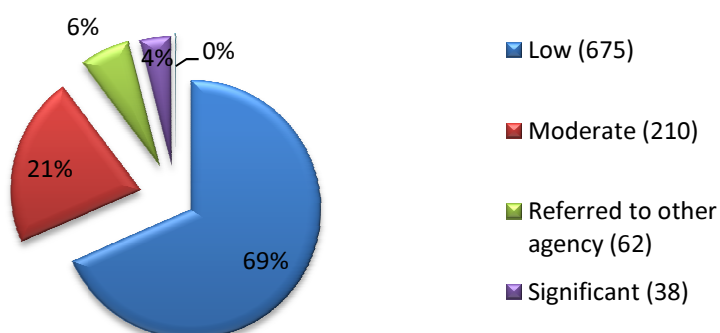
Complaints Month on Month



Complaint risk score

Pie chart showing risk levels of complaints 2016/17:

Risk level of complaints 2016/17



Complaint outcome details

If a complaint is upheld, learning will be noted and actioned accordingly. This can involve feedback and reflective practice held locally or referrals to the relevant department/Governance Committee to consider change.

Table showing complaint outcomes of closed complaints 2016/17 (as at 21/03/17)

Not upheld	521
Partially upheld	129
Referred to other agency /other actions	120
Upheld	87

Themes

These continue to be dominated by delay and staff conduct. However, many complaints increasingly involve multiple issues, for example, call management + a delayed response + attitude of crew staff + care provided.

Complaints Performance

We have been able to achieve a significant improvement in throughput performance in achieving the 35 day target. This has been prompted by

- Improved resourcing to Quality Assurance team
- Closer relationship with QGAMs
- Changes in some of the methodological processes the team use
- Changes in administrative practice at the Executive Office.

Examples of learning

Patient stories continue to be a powerful tool to describe patients' experiences and the learning that has resulted are presented to the Improving Patient Experiences Committee. Some examples are detailed below:

Complaint from patient that the attending FRU did not realise the significance of the patient's symptoms when the patient experienced an ante-natal bleed. The patient was taken to hospital by car and found to have suffered a placental abruption. Fortunately, mother and baby are well.

Outcome: The FRU undertook a reflective practice exercise and has also asked to attend the maternity skills refresher training.

Complaint from family that after the attending staff had arranged for the police to attend when the patient died in his garden, the crew treating the death as unexpected despite a DNAR being in place; the patient was left lying outside for almost 2 hours.

Outcome: We found that the crew might have sought advice from the on-call clinician or the Chub; Med Directorate have also been asked to consider issuing renewed guidance about end of life practice around DNAR being in place and what constitutes a *public place*.

Complaint that the patient's was taken to a hospital other than that which the relatives had been told; it subsequently took 3 hours to locate her and she died later that day.

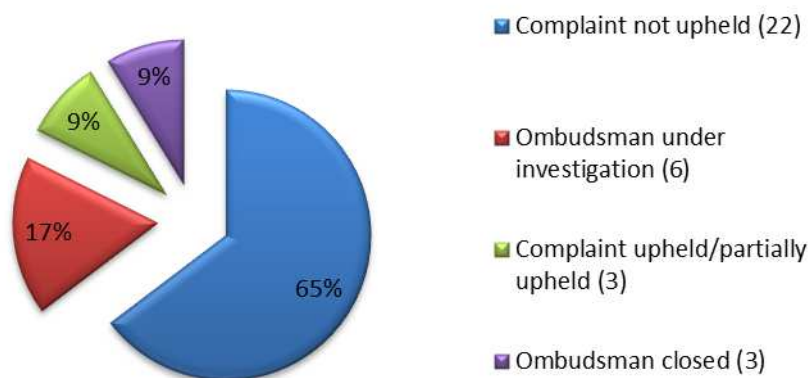
Outcome: We concluded that in the particular circumstances, it would have been reasonable for the crew to ask EOC to alert the intended hospital about the change of plan so they could inform the relatives. Feedback was given to the staff concerned.

Ombudsman cases

The Ombudsman continues to investigate a higher number of complaints across all NHS Trusts and we continue to witness this approach.

Pie chart showing requests by the Ombudsman and outcomes

Complaint files requested by the Ombudsman
April 2015 to February 2017



PATIENT ENGAGEMENT

The LAS Patients' Forum

The Trust continues to be supported by an extremely active Patients' Forum, an independent lay organisation that take an overview of the Trust from the point of view of service users, carers and the public. They act as a critical friend to the LAS and are regular attenders at several core committees. They hold monthly meetings of service users and meet regularly with LAS commissioners to highlight areas of good practice and areas where development is required.

Insight Project

Funding was secured from NHS England to carry out the Insight Project, to test a methodology which brings together patients and staff, working together to improve the service provided to patients.

Three patient and carer communities were identified as being regular users of the Service: people with respiratory disease such as COPD (chronic obstructive pulmonary disease) and asthma, people

with Sickle Cell Disease, and people living with a Personality Disorder. Three community groups were identified and were willing to work with the LAS to explore how services could be improved:

- The Lewisham Breathe Easy Group
- The Merton Sickle Cell & Thalassaemia Support Group
- The Oxleas Trust ResearchNet Peer Support Group

Five Focus Groups were held between December 2016 and January 2017. Each group was independently facilitated and attended by patients, carers and LAS staff. Each meeting followed a slightly different approach, depending on the group and the issues raised. Staff were careful to ensure group members could participate as equals, and to lead discussions on the issues and topics that were most important to them.

A number of themes were identified from the Focus Group discussions, along with suggested improvements. These mainly relate to communication, responses to patients, access to services and information, care and treatment, and stigma. Findings are currently being written into a report, and changes will be agreed and actioned in the coming year.



Experience of blind and partially-sighted patients (patient survey)

Following a suggestion from a member of staff, who was met with suspicion when he tried to help a blind person whilst in a public place, RNIB (the Royal National Institute for Blind people) was commissioned to undertake a patient survey. The survey focused on blind and partially-sighted people's experiences of using ambulance services, and then more generally on the factors which affected their level of trust in strangers.

The survey found that most people who had had experience of using the ambulance service had a 'very good' or 'good' experience, in terms of the way staff behaved towards them. It was reported that ambulance staff were very good at explaining what they were doing. It was mentioned by some that ambulance staff did not always take account of multiple disabilities.

It was reported that hi-visibility jackets were easiest to see for people with a sight problem, and that a clear (and possibly tactile) ID badge would also be beneficial. It was felt to be important that staff introduce themselves on arrival. Factors affecting the level of trust a blind or partially-sighted person might feel towards a stranger would be whether they were expected, whether they wore a

uniform or had a branded vehicle, and the way they communicated. They were less likely to trust someone who smelt of alcohol or had an abrasive tone of voice.

The survey findings have been shared within the Trust and with the other UK ambulance services, as it was a national survey. The comments about identification are being used to support the production of braille stickers for staff ID badges.

Friends and Family Test (FFT)

The Trust continues to record Friends & Family Test (FFT) responses from Patient Transport Service and See & Treat patients, although the response rate remains low. The total number of FFT responses received in the year 2016-17 was 1,644. Almost all patients who responded to the question said they would either be “extremely likely” or “likely” to recommend their friends and family to the LAS if they needed similar care or treatment.

Community Engagement Events

The LAS remains committed to supporting a wide range of patient engagement and public education events with LAS presence requested at 754 events in the year 2016-17. Of these, we were able to attend 518, 68.7% of all requests made.

This is due to the ongoing support of over 1,000 staff on our database with 328 individuals taking part in multiple events, often in their own time. The two Public Education Officers continue to focus on activities involving children and young people, mainly running awareness sessions on the dangers of carrying knives and of taking legal highs. We are working closely with our partners on the public education sub-group of the Blue Light Collaboration project, to ensure we make the best use of the resources available and share good practice.

Feedback from events

Knife crime talk from John Wright Public Education Officer feedback, Birnham Wood PRU

“Thanks again for today. The talk he gave us was very informative and interesting, and I hope that he has managed to deter some of the children away from carrying knives on them for protection. Once again, please send my thanks, and I hope that in the future he can come back”

Beacon Communication school, Esme Choonara, Paramedic at Walthamstow station

“The students thoroughly enjoyed Esme’s visit. She was very friendly and delivered the information in a fun and easy way for the students to understand. She demonstrated activities that they could join in with, also bought in medical supplies to show them and gave out little goodies at the end. I wish to thank you for arranging this experience for our young people and would recommend it to others.”

Coleville Primary School, Ryan Parry, James Hadfield, Rachael Searl, Paramedics at Fulham station

“All paramedics were extremely passionate about their job and their presentations to the children were really engaging and fun. All the children were very excited and many said that they wanted to be a paramedic when they are older. The children had a chance to try on some equipment during the session and they really enjoyed this. The added bonus of activity books and stickers was a real treat for the children. The children definitely have a better understanding of how paramedics can help them. The session was perfect, Thank you very much for taking the time to visit the children at Colville. They really enjoyed meeting the paramedics and learning about how they help us.”



Surrey Cub visit, Christine Wright, Paramedic at Deptford station

"The visit was fantastic. The children learned lots (I even learned some new things!) and Christina was interactive and engaging. The presentation content was perfect and not only interesting for the children but very informative.

A huge thank you to Christina and to LAS for all your hard work and giving up your time to work with the Cubs."



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Section 5: Other services

5a : Patient and Non-Emergency Transport Services

Patient transport (PTS) is commissioned by tender process with individual healthcare Trusts across London and delivers patients to access their on-going medical appointments. During 2016/17, the LAS delivered patients across six contracts, in the main, to community based healthcare facilities across London. Due to the reducing number of contracts held, in September 2016, the LAS made the difficult decision to withdraw from the delivery of PTS as the service had become financially unviable. We are currently working with our remaining Commissioning Trusts to ensure that services are maintained until an appropriate transfer can be made to new providers. LAS will cease PTS delivery during 2017.

As part of the Quality Improvement Plan there has been a focus on ensuring that patients and healthcare staff are aware of the contracted delivery standards especially around patients waiting to return home from their appointments. The LAS has a Key Performance Indicator for departure from healthcare facility of 95% of all patients must be collected within 1 hour from when booked ready to return by the healthcare staff. Over the past year our performance against this standard has been:

[INSERT GRAPH]

Other KPIs for the service:

- Arrival time – This is the number of patients who met compliance to the arrival window specified by the commissioning Trust with a target of 95%

[INSERT GRAPH]

- 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 with a target of 95%

[INSERT GRAPH]

As part of our monitoring of the patient experience the LAS has continued to ask patients who use the service “What do you think of our service” via a simple questionnaire which included the friends and family test question. Of the responses received, 96.5% of patients stated that they were either extremely likely (76.3%) or likely (20.2%) to recommend our service.

Service users were also asked about whether they arrived on time for their appointment, staff were polite, caring and considerate, and whether our vehicles were clean, tidy and comfortable. The results are shown in the following table.

	Arrived on Time	Polite, Caring and Considerate	Vehicle Clean, Tidy and Comfortable
Yes	83.5%	95.2%	94.3%
No	4%	0.8%	1%
Blank	12.5%	4%	4.7%

Patients were finally asked to score our service on a scale of 1 to 6, with 1 being unsatisfactory and 6 very satisfactory. 86% of respondents scored us as 5 or 6 for overall quality of service.

The **Non-Emergency Transport service (NETs)** which commenced in June 2015 has continued to grow. This service supports our core A&E service in transporting the lowest acuity patients to healthcare facilities where there is little or no clinical intervention required en route. As a result we are able to increase the availability of frontline crews to attend life threatening calls made to the service and ensure lower acuity patients receive transport within an agreed timeframe providing for a better patient experience.

The number of journeys completed by NETs has continued to grow in line with the development of the service with delivery rising from approximately 100 journeys a week at commencement to approximately 800 journeys a week by the end of the financial year. We are implementing plans to reach a target of 900 journeys per week. The increase in delivery of journeys is shown in the following graph:

[INSERT GRAPH]

Following the successful trial of NETs to pre-plan mental health community assessment journey requests at Camden and Islington, we have been rolling out the system to all other Mental Health Trusts in London. This project has been highly successful with the majority of this cohort of mental health service users now seeing transport arriving at the commencement of their assessment or within 30 minutes. Following on from the Mental Health Transport project the Service has also trialled pre-booking of journeys for end of life care patients where journeys are time critical. This has been successfully trialled at St Joseph's Hospice in Hackney and the service is currently engaged in the roll out of this service to all other Hospices operating within the London area.

In line with the growth of NETs, there has been an increase in the number of NETs operational staff from 90 to 130. This has included for the first time the introduction of 13 apprentices under the national apprentice scheme, who have received support with the recruitment process and who will be undertaking a BETEC level 2 qualification in healthcare during their first 12 months with the service. All new recruits have completed a 4 week classroom based training course and supported by a further 3 weeks operational mentoring period in the field.

All existing staff (PTS and NETs) have completed Core Skills Refresher training during the year which has included Infection, prevention & control, Safeguarding, Prevent, Sepsis, Dementia, Patient report forms and End of life care. In addition other statutory and mandatory training was delivered by e-learning.

Both of these services are an important part of our core business and they are fully integrated into our quality governance processes.



5b : South East London 111 - 2016/17

This report has been prepared to review the activity within LAS 111 South East London (SEL) for 2016/17 and has been broken down into eight key areas.

- Care Quality Commission Report
- Site move
- Procurement of future services
- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Patient Experience
- General governance activity
- Other information
-



Care Quality Commission Inspection

SEL111 are pleased to report an overall rating of „Good“ following a Care Quality Commission (CQC) inspection which occurred in September 2016. This was the first NHS111 provider to be inspected and sets a good benchmark for others to follow.

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

Site Move

The planned move of LAS111 with all staff from its Beckenham base to a new site at Southern House was carried out in July without interruption to service.



Incidents, complaints and feedback

Type	Mar 17	Feb 17	Jan 17	Dec 16	Nov 16	Oct 16	Sep 16	Aug 16	July 16	Jun 16	May 16	Apr 16
Serious incidents		0	0	0	0	0	0	1	0	0	1	0
Incidents		78	97	88	56	41	26	35	56	52	60	85
Complaints (formal)		3	5	2	5	3	2	6	2	3	7	3
HCP feedback		1	3	1	2	0	1	0	1	2	1	1
Compliments		0	2	4	2	4	1	2	1	2	2	1
Authorised confidentiality breaches		7	16	14	9	9	8	10	17	7	16	19
Wrong OOHs GP referrals		28	26	36	18	8	8	6	24	19	12	26

Incident details

The two Serious Incidents declared this year related to technical issues to do with (1) recording of calls, and (2) telephony, and have been investigated. Incidents relate to a range of issues at LAS 111. The majority over the last year have been relating to staff errors concerning mistakes or misinterpretations in use of procedures and policies. The errors are varied, and do not suggest specific trends. Once identified issues are dealt with individually and used to identify wider learning and training needs.

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, some are due to a lack of understanding of the 111 system. Considerable effort has been put into improving understanding and communication channels between the 111 and 999 services; and also into improving understanding between the 111 service and OOHs services, e.g. including them in End to End reviews and engaging in joint work on entering and viewing Special Patient Notes. SEL111 has also participated in “a day in the life of” initiative, aiming to reduce silo working and improve the awareness of the service amongst LAS colleagues.

Feedback to Health Care Professionals

17 feedback forms have been sent to other providers of care. Staff are encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care, or where a procedure appears to be unsafe or inappropriate. The most common issues are with regard to GP OOH Providers’ failures to accept patient referrals due to patient location, or disputes causing delay to patient care. e.g. a refusal by some OOHs services to accept referrals regarding repeat prescriptions once the possibility of a Pharmacy Repeat Urgent Medication Service (PURM) referral has been exhausted. The SEL Clinical lead has worked with SEL GP OOH providers, PURM and NHS

England to resolve these issues. Feedback is also given to other agencies such as District Nursing Services, GP practices and Nursing Homes. A 24/7 on call system for senior management advice is also now in place to advise on difficult issues at any time.

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.

Compliments

Twenty-one (21) compliments have been received relating to both the service and individuals undertaking patient contact duties. Recognition for staff has increased, both through the introduction of an internal newsletter to celebrate success and also with the introduction of SEL111 information being included in the Trust's weekly staff bulletin.

Call quality and monitoring

Call Audit Data	Mar 17	Feb 17	Jan 17	Dec 16	Nov 16	Oct 16	Sep 16	Aug 16	Jul 16	Jun 16	May 16	Apr 16
Calls answered at 111		25,596	30,292	32,227	26,037	26,505	23,264	23,418	25971	23,419	26,451	24,779
% Call audits (target >1%)		1.6%	1.4%	1.1%	1.6%	1.6%	1.6%	1.7%	1.1%	1.6%	1.6%	1.7%
No. Call audits		420	409	358	410	427	372	392	292	374	431	387
No. Call Handler audits		261	249	201	250	254	212	231	143	196	227	176
No. Clinical Advisor audits		159	160	157	160	173	160	161	149	178	204	211
% Compliance (target >86%)		92%	86%	91%	90%	93%	92%	94%	94%	90%	89%	89%

We have continued to exceed the required standard for 1% of call audits every month including the winter months where demands on the service increased. 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 been achieved every month. Consistency workshops are run regularly for auditors and an audit of a random selection of audits undertaken is completed monthly to ensure consistency.

End to End call audits

Monthly end to end call reviews are undertaken at LAS111. Between four and ten calls are audited depending on length and the nature of the issues being discussed. The audits are attended by the clinical leads for the service, and relevant professionals from the areas being investigated are invited for their input and to improve communication and practice. 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. A new audit document to record and score each review has been implemented.

Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 470 people in total to Social Services which equates to circa 0.2% of all calls taken. Issues with recording have concerned multiple referrals for the same patient, indicating that follow-up regarding the patient may be needed; and the increase in referrals to Social Services as Disclosures of Information for children and young people on the At Risk Register, due to an increase in the availability of Special Notes on patients' Adastra records. The numbers of referrals for disclosure only are identified monthly.

Issues identified through the referrals as a whole include:

- The 111 service acting as a gateway for patients and carers requesting care package provision or review of care packages already in place due to deteriorating condition or social change.
- Overlap between mental health care and social care for patients with mental health problems.

Of referrals made, 36% were for adults and 64% for children. Referrals for adults were predominantly for welfare concerns and for children for safeguarding issues.

LAS111 has also begun to offer peer review sessions specifically for colleagues to meet and discuss safeguarding cases they have encountered, with a view to sharing learning, reflecting and ultimately improving patient care.

Patient satisfaction survey

The 111 patient surveys are sent each month to around 300 patients, an increase from 250. The average weekly response over the year has been 29 a month, but the monthly average has increased since October. Work is being undertaken to examine new ways to enable patient feedback, including the possible use of email or text messaging. 86% of those who responded reported being fully or fairly satisfied with the 111 service, with the large majority fully satisfied. The rate of satisfaction has increased over the latter part of the year also. Patient concern /complaint level has remained low.

Language line

Complaints regarding Language Line's response times have reduced in number. A new admin number enabling 24/7 access to an administrator has helped deal with problems should they arise. The system is working well, and is showing an increase over the year in the number of calls benefitting from the service. There are an average of 106 calls per month and a use of up to 36 different languages, with Spanish, followed by Urdu and Romanian, being the most frequently requested languages.



Training

All staff have undertaken mandatory training relating to changes made to the 111 call management system „Pathways“ with two version updates (11 and 12) being completed, the latter in December 2015. Following the response to an Serious Incident, a CPR training refresher was introduced to all colleagues. Training continues to be a high priority for SEL111, who introduced additional optional training sessions for staff development. This training is in addition to the full compliance to statutory and mandatory training as required by the London Ambulance Service NHS Trust. Agency staff are given all mandatory training including safeguarding and also offered places on all workshops that are appropriate.

Pilots and Innovation

LAS 111 has been actively involved in a number of pilots throughout the year including

- Maximising the integration between 999 and 111; a pilot to streamline working practices, improving the patient experience and increase understanding of the way the services work together.
- Direct bookings in to GP hubs in Lambeth, Bromley and Greenwich
- Improved direct access for health care professions to refer directly to GP both in and out of hours.
- Pilot to reduce care home demand on 999 service but facilitating urgent GP contact with those patients not requiring immediate ambulance assessment.
- Introducing direct referral pathway for patients presenting with Mental Health difficulties.
- Introducing a monthly Frequent Callers Report to clarify service use by these callers and enable better liaison with LAS 999.
- Additionally we have focused on embedding good practice from previous pilots into our day to day delivery model including
- Enhanced clinical assessment for green (low acuity) ambulance calls. 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.
- Referrals to pharmacy for repeat prescriptions
- Full introduction of out of hours dental referral process.

Key clinical call information

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

- 59% of calls queued for clinical call back are achieved in less than 10 minutes
- 9.7% of calls end in ambulance dispositions which is regularly the lowest in referral rate nationally and remains the lowest in London month on month



Section 6: Feedback 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.

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

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

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ANNEXE 1: CQUINS 2016-17 and 2017-18

Goal No.	Goal Name	Description of goal	Expected financial value of goal (£)
1	E-Solution 1: Preparing the roadmap	Preparing the roadmap for LAS digital integration with London wide U&E care.	£871,371
2	E-solution 2: Supporting a mobile workforce	To seek to identify initiatives which will bring forward some benefits of the e-Ambulance digital healthcare initiative, to improve patient care and staff welfare and LAS service delivery.	£2,178,428
3	E-learning development	Supporting the move to a total workforce information approach, a review to identify a comprehensive learning management system.	£726,143
4	Improving LAS focus on special patient groups	Improving focus on special patient groups: Bariatric, Mental Health & Sickle Cell.	£435,686
5	Improving LAS Emergency Operations Centre	Supporting consistent delivery of patient care, safety, experience and outcomes and strengthening governance and quality assurance processes, improving clinically appropriate and timely response and experience for patients.	£781,371
National:			
6	1a Introduction of health and wellbeing initiatives	Option B: The introduction of health & wellbeing initiatives covering physical activity, mental health & improving access to physiotherapy for people with MSK issues.	£726,143
7	1b Healthy food	Healthy food for NHS staff, visitors and patients.	£726,143
8	1c Flu	Improving the uptake of flu vaccinations for front line clinical staff within Providers.	£726,143

Proposed/Nationally mandated 2017-19 CQUIN themes

Goal No.	Goal Name
1a	National: 1a Introduction of health and wellbeing initiatives (two options, only one to be selected)
1b	National: 1b Healthy food for NHS staff, visitors and patients
1c	National: 1c Improving the uptake of flu vaccinations for front line staff within Providers
12	National: Ambulance conveyance A reduction in the proportion of ambulance 999 calls that result in transportation to a type 1 or type 2 A&E Department.
3	Supporting local areas 'Support and engagement in local STP initiatives' – LAS plan
TBD	Implementing the digitalisation enablers

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