



London Ambulance Service



NHS Trust



# Hillingdon Health Overview and Scrutiny Committee

## 14<sup>th</sup> November 2017



# North-West Sector - LAS



# How we care for the capital



**2 Emergency  
Operations Centres**



**Non-Emergency  
Transport Service**

**Operating out of over 70 sites**



**Motorcycle response unit**



**111 Services**  
(recently rated as Good by CQC)



**Cycle response unit**



**2 HART teams**



# Some facts about London



**Multicultural**  
Capital city



**300**  
languages



**c8.8m**

Population



- CRITICAL**  
An attack is expected imminently
- SEVERE**  
An attack is highly likely
- SUBSTANTIAL**  
An attack is a strong possibility
- MODERATE**  
An attack is possible but not likely
- LOW**  
An attack is unlikely

**On severe alert**



**Tourism**

Population swells everyday



Seat of Government & Monarchy



**5**

STPs in London



**5**

Police forces



**32**

Clinical  
Commissioning  
Groups



**3**

Airports





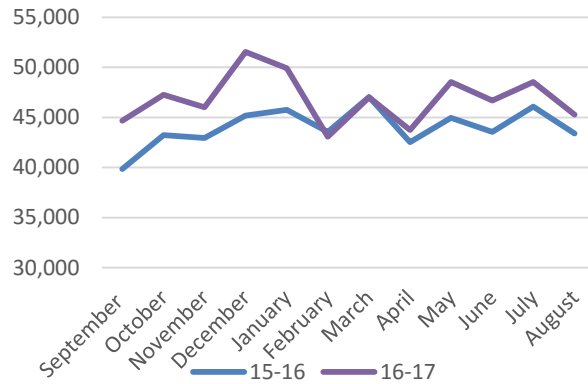
# The London Ambulance Service today



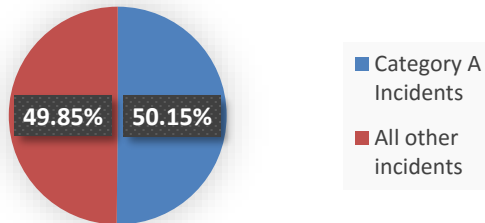
## Demand is increasing

Total incidents – **up 3.3%** from last year  
(August 16- August 17)

Cat A incidents – **up 6.6%** from last year  
(August 16 – August 17)



Total Incidents- Cat A share



## 1.9m calls

Demand for our services increases year on year, last year we responded to over 1.9m calls and 1.1m incidents



Growing number of frail and elderly people with complex health needs are living alone, and therefore more likely to call upon the LAS

## 4,893 staff

63% of which are frontline  
Our staff are changing – more graduates, more women, higher expectations, no longer a “job for life”



Average job cycle time is **80 minutes**

Average time on scene is **44 minutes**

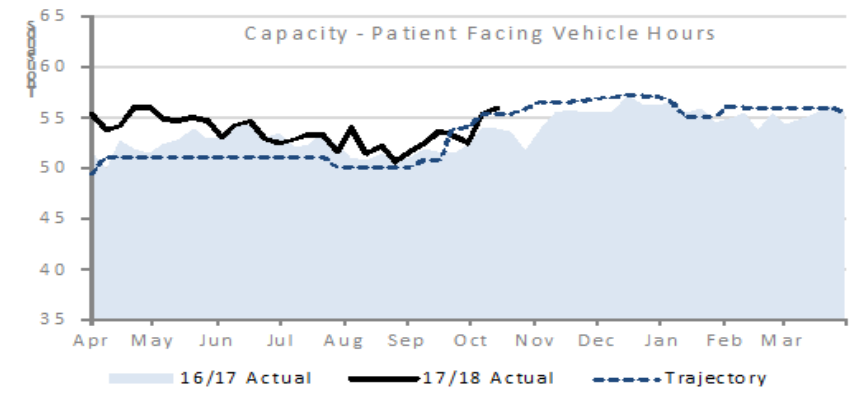
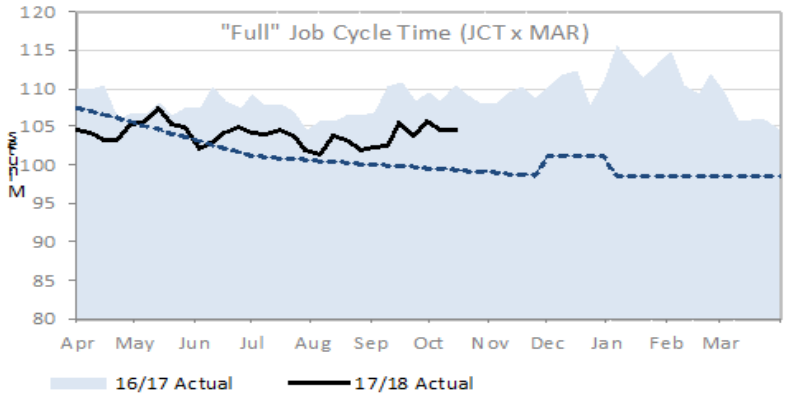
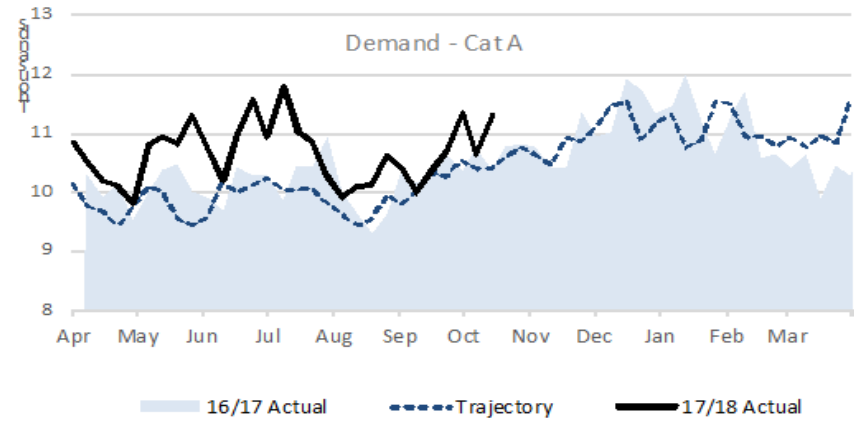
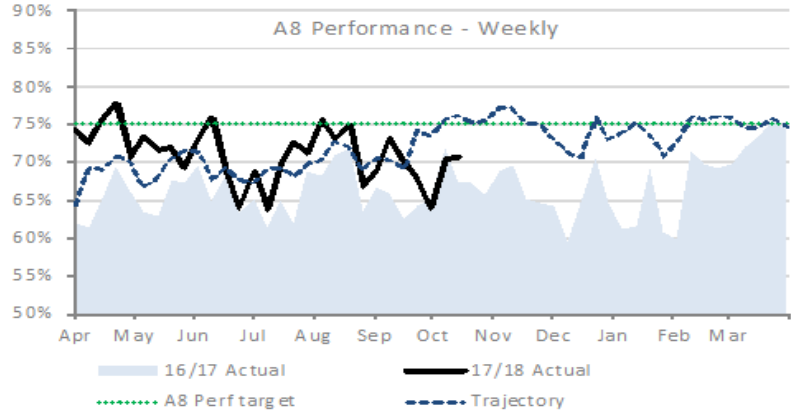
## Pan-London Service



Patients with dementia, mental health needs and obesity provide increasing challenges for our services



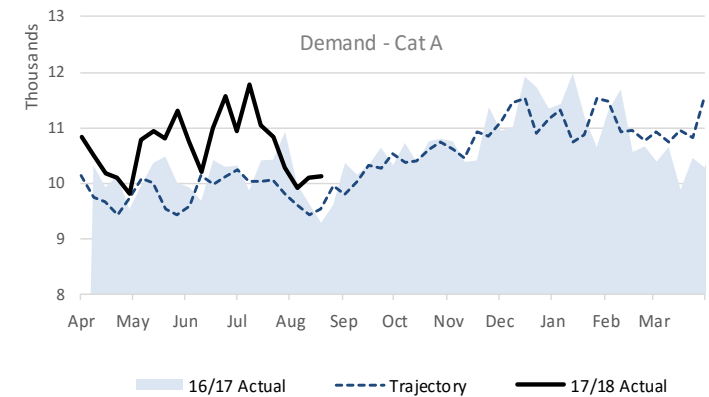
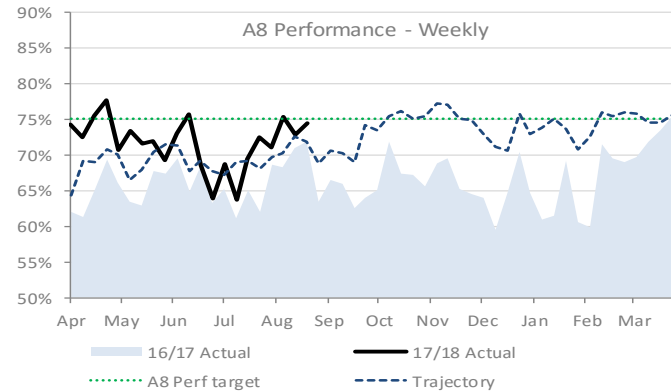
# Performance – London YTD Overview



# Performance – across London



- Demand has increased by 7,888 calls for 2017 Q1 compared to 2016 Q1 (a 6% increase)
- Despite the increase in demand, performance increased from 65.9% for 2016 Q1 to 71.8% for 2017 Q1 for Cat A8 calls (seriously ill and life threatening)



# Demand for our services continues to increase



**North West London has seen a 9.2% increase in demand since 1<sup>st</sup> April, higher than any other area in London**





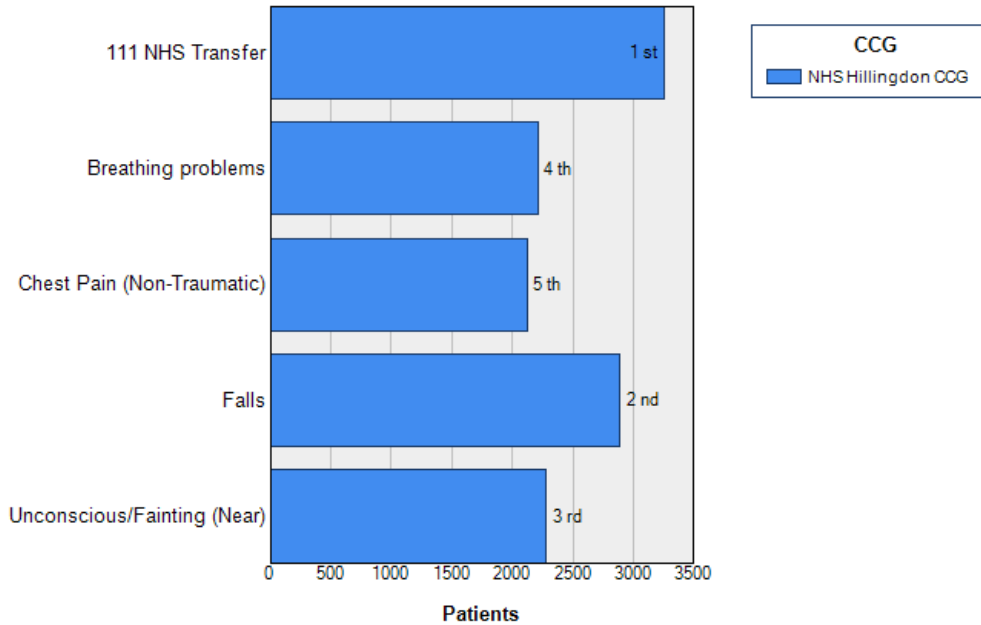
# Hillingdon Performance

	Sept-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May 17	Jun-17	Jul-17	Aug-17	Sept-17
<b>Hillingdon CCG Cat A (%)</b>	62.47%	66.81%	69.92%	64.52%	64.13%	67.42%	69.01%	73.89%	68.71%	67.98%	64.30%	66.06%	64.19%
<b>LAS Cat A Performance (%)</b>	63.36%	66.36%	67.41%	64.08%	62.37%	67.77%	73.46%	73.66%	71.87%	69.79%	68.61%	72.04%	68.57%
<b>Number of Cat A Incidents</b>	1,804	1,844	1,832	2,021	1,929	1,725	1,665	1,797	1,959	1,821	1,919	1,771	1,868
<b>Total Demand</b>	3,678	3,827	3,865	4,113	3,906	3,555	3,692	3,749	4,036	3,824	3,928	3,755	3,777



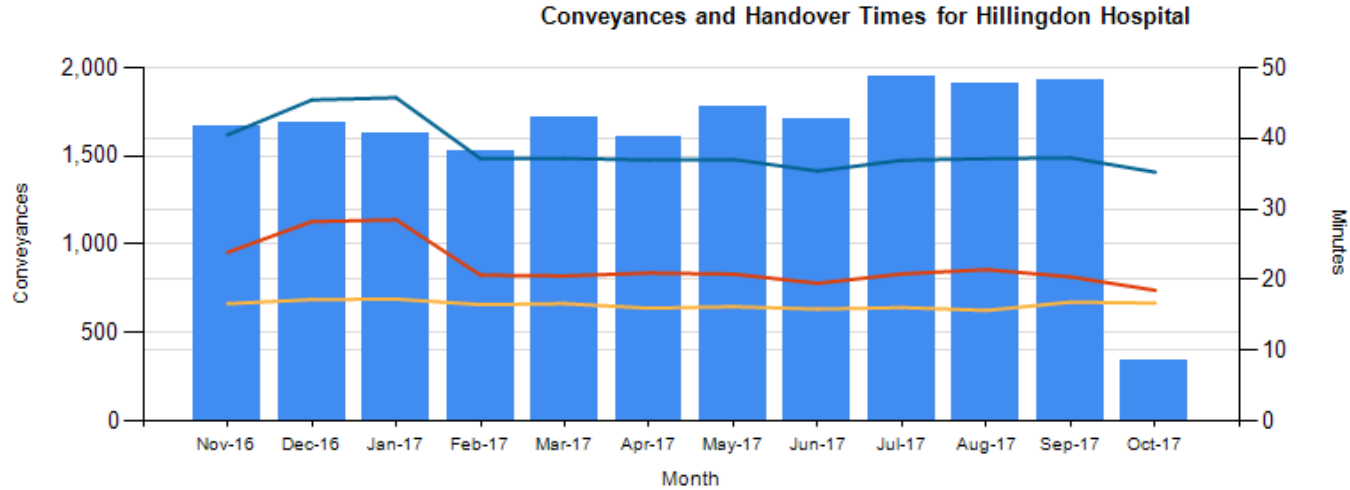
# Top Chief Complaints

Top 5 Chief Complaints by CCG



Chief Complaint	NHS Hillingdon CCG	
111 NHS Transfer	3258	13.6%
Falls	2884	12.0%
Unconscious/Fainting	2280	9.5%
Breathing problems	2213	9.2%
Chest Pain (Non-Traumatic)	2118	8.8%

# Hospital Handover



This is against a target of 15mins

	Sept-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sept-17
Average Arrive at Hospital to Patient Handover (Mins)	22.6	24.4	23.9	28.0	28.5	20.6	20.6	20.8	21.5	19.5	20.7	21.3	20.4
Hours lost over 15 minutes	230.9	302.9	286.3	406.7	405.4	191.3	207.3	185.7	236.2	182.3	231.6	244.7	223.3

# Rolling 12 week average - THH



<b>Transported patients</b>	<b>435</b>
<b>Total time lost &gt;15 min</b>	<b>57.6hrs</b>
<b>Total % handovers &gt;15 min</b>	<b>68.1%</b>
<b>&gt;60 min</b>	<b>18.5%</b>
<b>&gt;60 min</b>	<b>1.4%</b>



# Appropriate Care pathways



**Co-located Urgent Care Centre – Greenbrook Healthcare  
Reviewed, updated - October 2017**

**Single Point of Access NW London Mental Health – October 2017**

**NW London Prevention of Admission – October 2017**





# Managing demand

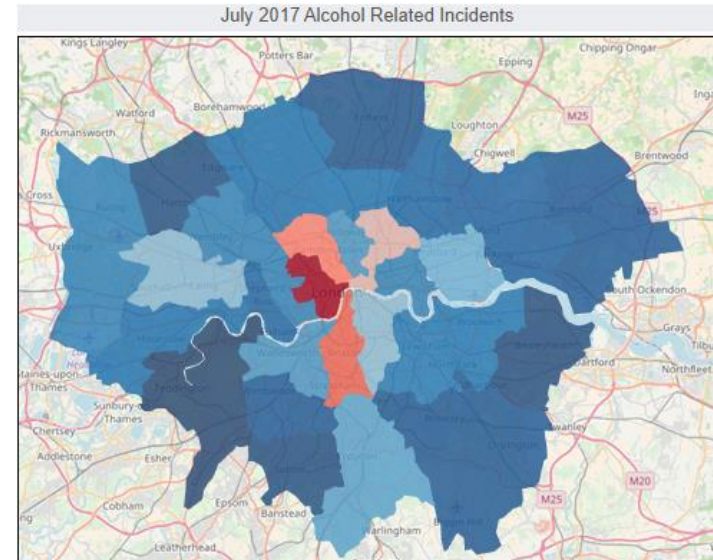


- We are working with NW London CCG's to reduce pressure on our Service.

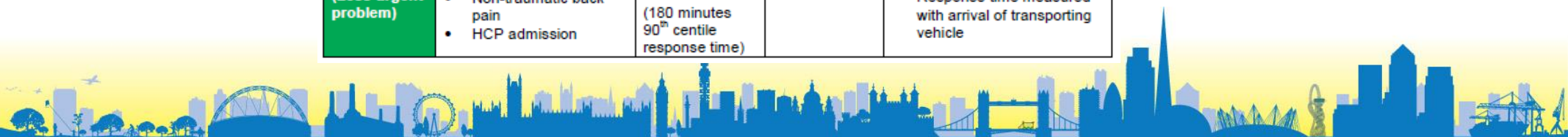
- We are working closely with MPS to understand their increase in activity- 37% over the past 3 years



- We have taken a proactive approach to demand management on social media such as the recent #NotAnAmbulance alcohol campaign in August.

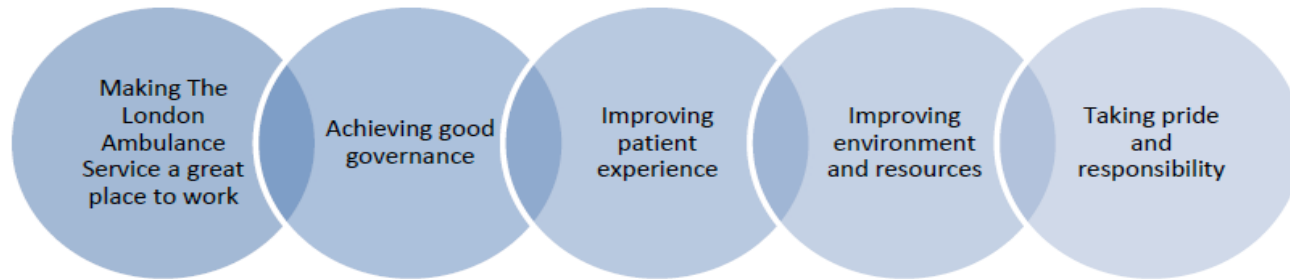


Category	Types of calls	Response standard	Likely % of workload	Response details
<b>Category 1</b> <b>(Life-threatening event)</b>	Previous Red 1 calls and some Red 2s, including: <ul style="list-style-type: none"> <li>• Cardiac arrests</li> <li>• Choking?</li> <li>• Unconscious</li> <li>• Continuous fitting</li> <li>• Not alert after a fall or trauma</li> <li>• Allergic reaction with breathing problems</li> </ul>	7 minutes mean response time  15 minutes 90 <sup>th</sup> centile response time	Approx. 250 incidents a day (8% of total workload)	<ul style="list-style-type: none"> <li>• Response time measured with arrival of first emergency responder</li> <li>• Will be attended by single responders and ambulance crews</li> <li>• The only category that rest breaks will be interrupted to attend</li> </ul>
<b>Category 2</b> <b>(Emergency – potentially serious incident)</b>	Previous Red 2 calls and some previous C1s, including: <ul style="list-style-type: none"> <li>• Stroke patients</li> <li>• Fainting – not alert</li> <li>• Chest pain</li> <li>• RTCs</li> <li>• Major burns</li> <li>• Sepsis</li> </ul>	18 minutes mean response time  40 minutes 90 <sup>th</sup> centile response time	48%	<ul style="list-style-type: none"> <li>• Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed)</li> <li>• Some Category 2 calls will be attended by single responder if an ambulance is not available for dispatch within eight minutes of call being received</li> </ul>
<b>Category 3</b> <b>(Urgent problem)</b>	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Fainting – now alert</li> <li>• Diabetic problems</li> <li>• Isolated limb fractures</li> <li>• Abdominal pain</li> </ul>	Maximum of 120 minutes  (120 minutes 90 <sup>th</sup> centile response time)	34%	<ul style="list-style-type: none"> <li>• Response time measured with arrival of transporting vehicle</li> </ul>
<b>Category 4</b> <b>(Less urgent problem)</b>	<ul style="list-style-type: none"> <li>• Diarrhoea</li> <li>• Vomiting</li> <li>• Non-traumatic back pain</li> <li>• HCP admission</li> </ul>	Maximum of 180 minutes  (180 minutes 90 <sup>th</sup> centile response time)	10%	<ul style="list-style-type: none"> <li>• Maybe managed through hear and treat</li> <li>• Response time measured with arrival of transporting vehicle</li> </ul>



# CQC

- CQC visited in June 2015- Trust was placed in special measures
- LAS published our Quality Improvement Plan in January 2016, setting out the measures to get us out of special measures.
- CQC revisited the Trust to undertake a comprehensive inspection of the Service on 7<sup>th</sup>, 8<sup>th</sup>, & 9<sup>th</sup> February 2017. They issued an updated report in June 2017.



# Our rating in 2015

Domain	Rating
Safe	<b>Inadequate</b>
Effective	<b>Requires improvement</b>
Caring	<b>Good</b>
Responsive	<b>Requires improvement</b>
Well-led	<b>Inadequate</b>

# Our rating in 2017

Domain	Rating
Safe	<b>Requires improvement</b>
Effective	<b>Good</b>
Caring	<b>Outstanding</b>
Responsive	<b>Good</b>
Well-led	<b>Requires improvement</b>





# Our rating in 2017



	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Outstanding	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Good	Good	Not rated	Good	Good	Good
NHS 111 service	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Requires improvement	Good	Outstanding	Good	Requires improvement	Requires improvement

## Our ratings for London Ambulance Service NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Overall</b>	Requires improvement	Good	Outstanding	Good	Requires improvement	Requires improvement





# How we have improved



## Strengthened leadership



- Strong governance arrangements offering better scrutiny and oversight
- Greater recognition, management and recording of risks



## Increased our frontline capacity through recruitment

Frontline turnover **16%** → **8%**  
 Frontline vacancies **28%** → **10%**

Taken action on Bullying and harassment: employing a specialist and speak up Guardian; revising our processes and improving our training so that we address issues and tackle them early



## Improved our systems of Medicines Management

800 new drug packs

Perfect  Ward

## Improved vehicles and equipment



60 new FRUs



New make ready service rolled out across the service by end July 2017



We can now track drugs administered to individual patients, and drug usage by clinician through our new MedMan system

Not experienced harassment, bullying or abuse from managers	
2014/15	2015/16
69%	76%



# How we have improved



## Resilience – HART

Significant improvement has been made in EPRR demonstrated through compliance with national standards (CQC report 2017)



Invested £10m in Quality improvement programme and £20m in new vehicles

Introduced a new appraisal system designed in partnership with staff



11% → 75.3%



Restated our vision and Values and built these into our new appraisal system

Care | Clinical Excellence | Commitment

## Addressed under reporting of risks and incidents

Introduced Datix web and trained managers in risk which has resulted in a 47% increase in incidents being reported and better quality, up to date risk registers more reflective of local issues and worries



Warning notice amended to a requirement notice in June 2017



# Further medications management changes



## State-of-the-art medicines cupboards and locker system

- Meet 1973 Custody Regulations for Controlled Drugs
- Cabinets and safes are purpose built to store medications
- Access control system supported by CCTV
- Audible and visual alarms systems built in to maximise security and storage compliance



Room design includes built in infection prevention control features including specialised lighting and wipe clean floors and doors





London Ambulance Service **NHS**  
NHS Trust



**Thank you.  
Any Questions?**

