Hillingdon Health Overview and Scrutiny Committee
14th November 2017
North-West Sector - LAS
How we care for the capital

111 Services
(recently rated as Good by CQC)

Operating out of over 70 sites

Non-Emergency
Transport Service

2 Emergency
Operations Centres

Operating out of over 70 sites

Motorcycle response unit

2 HART teams

Cycle response unit

North East
North Central
South Central
South East
South West
North West

How we care for the capital

2 Emergency Operations Centres

Operating out of over 70 sites

Non-Emergency Transport Service

Motorcycle response unit

2 HART teams

Cycle response unit

111 Services
(recently rated as Good by CQC)
Some facts about London

- Multicultural
  - Capital city
  - 300 languages

- Population: c8.8m

- Seat of Government & Monarchy
  - 5 STPs in London
  - 5 Police forces

- Tourism
  - Population swells everyday
  - On severe alert

- 620 square miles

- 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)

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”

Pan-London Service
Patients with dementia, mental health needs and obesity provide increasing challenges for our services

Average job cycle time is 80 minutes
Average time on scene is 44 minutes

Total Incidents- Cat A share

- Category A Incidents
- All other incidents

49.85% 50.15%
Performance – London YTD Overview

A8 Performance - Weekly

Demand - Cat A

"Full" Job Cycle Time (JCT x MAR)

Capacity - Patient Facing Vehicle Hours
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 1st April, higher than any other area in London
## Hillingdon Performance

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

### Top 5 Chief Complaints by CCG

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>NHS Hillingdon CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>111 NHS Transfer</td>
<td>3258 13.6%</td>
</tr>
<tr>
<td>Falls</td>
<td>2884 12.0%</td>
</tr>
<tr>
<td>Unconscious/Fainting</td>
<td>2280 9.5%</td>
</tr>
<tr>
<td>Breathing problems</td>
<td>2213 9.2%</td>
</tr>
<tr>
<td>Chest Pain (Non-Traumatic)</td>
<td>2118 8.8%</td>
</tr>
</tbody>
</table>

![Bar chart showing the top chief complaints by CCG](chart.png)

- **111 NHS Transfer**: 3258 patients (13.6%)
- **Falls**: 2884 patients (12.0%)
- **Unconscious/Fainting**: 2280 patients (9.5%)
- **Breathing problems**: 2213 patients (9.2%)
- **Chest Pain (Non-Traumatic)**: 2118 patients (8.8%)
Hospital Handover

This is against a target of 15mins

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<th>Sept-16</th>
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<th>Jul-17</th>
<th>Aug-17</th>
<th>Sept-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Arrive at</td>
<td>22.6</td>
<td>24.4</td>
<td>23.9</td>
<td>28.0</td>
<td>28.5</td>
<td>20.6</td>
<td>20.6</td>
<td>20.8</td>
<td>21.5</td>
<td>19.5</td>
<td>20.7</td>
<td>21.3</td>
<td>20.4</td>
</tr>
<tr>
<td>Hospital to Patient Handover (Mins)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hours lost over 15 minutes</td>
<td>230.9</td>
<td>302.9</td>
<td>286.3</td>
<td>406.7</td>
<td>405.4</td>
<td>191.3</td>
<td>207.3</td>
<td>185.7</td>
<td>236.2</td>
<td>182.3</td>
<td>231.6</td>
<td>244.7</td>
<td>223.3</td>
</tr>
</tbody>
</table>
Rolling 12 week average - THH

Transported patients: 435
Total time lost >15 min: 57.6hrs
Total % handovers >15 min: 68.1%
  >60 min: 18.5%
  >60 min: 1.4%
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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Types of calls</th>
<th>Response standard</th>
<th>Likely % of workload</th>
<th>Response details</th>
</tr>
</thead>
</table>
| **Category 1**         | Previous Red 1 calls and some Red 2a, including:                                | 7 minutes mean response time                                                       | Approx. 250 incidents a day (8% of total workload) | • Response time measured with arrival of first emergency responder  
• Will be attended by single responders and ambulance crews  
• The only category that rest breaks will be interrupted to attend |
| (Life-threatening event)| • Cardiac arrests  
• Choking?  
• Unconscious  
• Continuous fitting  
• Not alert after a fall or trauma  
• Allergic reaction with breathing problems | 15 minutes 90th centile response time                                               |                      |                                                                                                                                            |
| **Category 2**         | Previous Red 2 calls and some previous C1s, including:                          | 18 minutes mean response time                                                       | 48%                  | • Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed)  
• 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 |
| (Emergency – potentially serious incident) | • Stroke patients  
• Fainting – not alert  
• Chest pain  
• RTCs  
• Major burns  
• Seizure  | 40 minutes 90th centile response time                                               |                      |                                                                                                                                            |
| **Category 3**         | Falls  
• Fainting – now alert  
• Diabetic problems  
• Isolated limb fractures  
• Abdominal pain                                            | Maximum of 120 minutes (120 minutes 60th centile response time)                    | 34%                  | • Response time measured with arrival of transporting vehicle  |
| (Urgent problem)       |                                                                                   |                                                                                  |                      |                                                                                                                                            |
| **Category 4**         | Diarrhoea  
• Vomiting  
• Non-traumatic back pain  
• HCP admission                                                 | Maximum of 100 minutes (100 minutes 60th centile response time)                    | 10%                  | • Maybe managed through hear and treat  
• Response time measured with arrival of transporting vehicle  |
| (Less urgent problem)  |                                                                                   |                                                                                  |                      |                                                                                                                                            |
• 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 7th, 8th, & 9th February 2017. They issued an updated report in June 2017.
### Our rating in 2015

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Effective</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Caring</td>
<td>Good</td>
</tr>
<tr>
<td>Responsive</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Well-led</td>
<td>Inadequate</td>
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### Our rating in 2017

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Our rating in 2017

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<tr>
<th></th>
<th>Safe</th>
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<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
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<tbody>
<tr>
<td>Emergency and urgent</td>
<td>Requires</td>
<td>Requires</td>
<td>Outstanding</td>
<td>Requires</td>
<td>Requires</td>
<td>Requires</td>
</tr>
<tr>
<td>care</td>
<td>improvement</td>
<td>improvement</td>
<td></td>
<td>improvement</td>
<td>improvement</td>
<td>improvement</td>
</tr>
<tr>
<td>Emergency operations</td>
<td>Requires</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires</td>
<td>Requires</td>
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<tr>
<td>centre (EOC)</td>
<td>improvement</td>
<td></td>
<td></td>
<td></td>
<td>improvement</td>
<td>improvement</td>
</tr>
<tr>
<td>Resilience</td>
<td>Good</td>
<td>Good</td>
<td>Not rated</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>NHS 111 service</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
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<tr>
<td>Overall</td>
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<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
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Our ratings for London Ambulance Service NHS Trust

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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%

Improved our systems of Medicines Management

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

Improved vehicles and equipment

- 60 new FRUs
- New make ready service rolled out across the service by end July 2017

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

| 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)

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

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

11% → 75.3%

Introduced a new appraisal system designed in partnership with staff

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

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
Thank you.
Any Questions?