

FINAL REPORT ON DIAGNOSTIC VISIT TO LONDON AMBULANCE SERVICE

The following document is a report of our findings following a diagnostic visit to the London Ambulance Trust on 8th/9th April 2008. The visit was undertaken at the request of the Chief Executive, Peter Bradley.

The visiting team were:

Lis Nixon – National Ambulance Performance Implementation Lead
Martin Reddy – Management Advisor
Dave Whiting – Ambulance Advisor
Richard Bowen – Management Advisor

We would firstly like to extend our thanks to everyone we met and would commend their openness and welcome.

We would also note that the visit was extremely well organised.

Terms of Reference

The terms of reference for the visit are summarised as follows:

- Ascertain the robustness of the Trust's Performance Improvement Plan and their consequent ability to deliver Call Connect
- Advise the executive team on any priorities or risks identified in their plans to deliver Call Connect
- Explore the partnerships and key requirements and responsibilities across the whole health economy

Methodology

The review was carried out over a two-day period in April. The methodology comprised:

- Interviews with key personnel across the health economy
- Observation of operational practice across the Trust

- Review of systems and processes
- Review of informatics and data availability
- Presentations from key team members
- Informal discussions with staff

Background

London Ambulance Trust covers the Greater London area, within the M25 ring. It was not involved in the recent mergers of ambulance services.

Strategic and Executive Leadership

London Ambulance service is a high performing organisation with an executive team that have consistently demonstrated service delivery and high quality clinical care. This approach was evident throughout our visit and the organisation has clearly benefited from having a stable top team.

As 'New Ways of Working – Transforming Clinical Leadership' clearly articulates, the organisation has a clear focus on patient care and staff development and is creating a culture to support sustainability and excellence whilst delivering both performance standards and financial balance.

On the ground, the operational staff were clear about the strategic direction of the organisation and were complimentary about the openness of communications and decision making. In particular, we would commend the Chief Executive and Medical Director for the personal time commitment they take to visit each and every station and team on a regular basis. As a result of this, and many other aspects of the communications strategy, staff were very clear about delivering the Call Connect standard and were confident in achieving this position – there was however a healthy degree of scepticism around sustaining the standard in the medium to long term.

Call Connect Plan

The Trust provided a clear overview of their call connect plans and the associated project management arrangements and key objectives. At the time of our visit the Trust were already delivering the Call Connect standard but were open about their reliance on a combination of technical enhancements and a substantial increase in operational staffing levels.

The individual commitment from the Director of Operations through to individual call handlers should be sincerely commended and the approach taken over the

last few weeks has clearly demonstrated to everyone within the organisation that this standard can be achieved. The impact this has had on individuals and other organisational priorities however should not be under-estimated and we would question the sustainability of this approach in the longer term.

Recommendation

- *Determine the longer term plans for supporting the delivery of Call Connect standard, with a clear 'winding down' of management time and input*

Control

LAS operate a single emergency control centre serving the three operational areas, East, West and South. Within the control centre call handling is separate from the dispatch and support functions.

There are extremely effective processes in place for performance managing the call answer process and further plans are in place to strengthen the supervision by call taking team. The recent reconfiguration of the call handling floor has complimented the management arrangements in place.

The trust has almost eradicated all 120 second delays as reported by BT.

LAS has placed a great deal of emphasis on improving call answer teams and is exceeding the best practice indicator of 95% within 5secs call answer, which have supported the improvements seen in Category A performance.

Currently dispatch is based upon a three Ambulance desk configuration (East, west and South); with a dedicated solo car desk, and a separate cycle / motorcycle and helicopter desk. The dispatch system is well supported by a Loggist desk (for recording and disseminating information relating to lost hours or resource problems) and a resource desk that provided a link between Operations / Control and support functions such as Fleet / make Ready.

A key feature of the dispatch function is the automated dispatch function – FRED and FREDA. The version for dispatching cars (FRED) offers real efficiency savings through reducing time taken to firstly identify an incoming call, and then search for a suitably skilled resource as well as the nearest available resource. All cars are included in the system and the trust has well established deployment rules built in to the system. This technology allows for on average 100 cars to be

managed / deployed mainly by a single dispatcher, although there are a small team supporting the main dispatcher in managing the system.

This area of best practice has now been applied to the dispatch of Ambulances on the area desks and an increasing number of Ambulances are now being automatically tasked to incidents.

London Ambulance also operates a separate Urgent Operations Centre which has an active system for dealing with Category C calls; operating a fast call back system where necessary. This centre dispatches the Urgent care vehicles and also includes the Emergency Bed Bureau.

The UOC operates to a very high clinical standard and is well managed; the various activities within the Centre are well co-ordinated.

The Emergency Bed Bureau is a valuable resource and is currently determining further developments which it could undertake.

Areas of best practice:

- The automated dispatch technology is a key critical success factor in delivery LAS performance.
- The configuration and management of the call answering process is excellent.

Recommendation

- *The trust were aware of the need to further integrate cycles / motorcycles in to core response system, once appropriate technology becomes available through the national radio replacement programme*
- *Review the additional functions which the Emergency Bed Bureau could contribute*
- *Determine whether there is further capacity for the Urgent Operations Centre to take responsibility for more of the calls*

Operations

The team visited the South Area Coordination centre based in Bromley within the South Area, and met the management team and some members of staff. The management team had a clear understanding of their role in delivering the new targets and understood the trust direction of travel.

The whole team was connected in to the local health economy and was engaged in proposals to reconfigure acute services in the patch.

The team had established an Area Delivery Unit, and was very aware of the factors and issues that affected their performance and were equally aware of how their contribution supported the whole trust delivery of call connect.

The team observed the 1600hrs conference call between each Area Delivery Unit and the Central Delivery Unit. There is a strong commitment to the conference call system which takes place four times daily between the CDU and each area. The team recognised the importance of this arrangement and consideration will need to be given to how the best practice arising out of this call connect initiative can be embedded in future daily practice.

The team was also very focused on supporting staff and the need to develop clinical competencies of their staff. The team explained how the individual performance reviews were conducted within the division and the importance placed on feedback given by team leaders to their teams.

The team had access to information highlighting the division's performance in undertaking feedback sessions to staff through the team leader network. It was clear that the comprehensive individual performance review system and feedback to staff was embedded within the division and integral to management practice

Areas of best practice:

- Use of conference calls to monitor area performance and resolve operational / control issues.
- Programme of planned feedback by Team Leaders to staff.
- Establishment of the Area Delivery Unit.

Recommendation

- *The trust needs to consider how to embed the best practice derived out of the ADU / CDU arrangements in to future management practice and systems.*

Clinical Education and Development

During our visit we had the opportunity to visit one of the Trust's training and education centres in Fulham and met with members of the team implementing this core strategy. We were very impressed with the organisations approach to training and their commitment to having a workforce fit for purpose. It was recognised that working practice modernisation will be the most challenging aspect of this agenda, however the clinical development support posts and the

three pilot 'early adopter' sites will demonstrate the benefits of new ways of working, innovative practice and being part of the wider unscheduled care agenda.

Currently there is slight tension between delivering Call Connect performance and the clinical/training duties of the service; however this is not an issue unique to London Ambulance service.

The Training and Development Plan (2007 -09) and the New Ways of Working (January 2008) documentation clearly articulate the priorities for addressing these concerns and ensuring that staff have dedicated time within the rotas for training and education.

In the short term, the recruitment activity required to train 510 additional staff (310 of whom will be student paramedics) will be considerable and increasing the number of training officers and keeping the high standards of clinical supervision will be a key priority.

Recommendations

- *Structured placements for individuals are currently managed on a 'grace and favour' basis and we would strongly recommend that the Trust ensures that this is given closer attention and links with your local Commissioners plans*
- *A risk assessment needs to be undertaken on the impact of workforce modernisation within the three pilot sites. It was estimated that performance would drop by approximately 5% however this has not been accurately quantified*
- *There is no unification of care pathways within the health community although City and Hackney Primary Care Trust are currently piloting a single point of access. The role of the Emergency Care Practitioner varies across the various Primary Care Trusts; these issues require closer attention and will require more active engagement between the Trust and the local Primary Care Trusts*

Performance Management

Trust Call Connect performance has increased significantly over the last few weeks, with the trust returning over 73% for the first week in April, and during the DH visit the trust was operating at 75% for the month to date.

The trust has strengthened their position through improving core cover ahead of new staff entering the service and through the flexible use of managers to cover

meal break periods and expected peak demand times. The complexes (ambulance stations) aim to supply an additional 25 response cars staffed by Managers / Tutors / Team Leaders each day to supplement current resources.

The service has also implemented more recently a performance delivery unit structure to provide the necessary focus on delivery of Call Connect and to reduce any lost hours relating to staffing or fleet issues. Each operational area has an Area Delivery Unit (ADU) feeding in to a Central Delivery Unit (CDU) based in the Gold Command Suite at Headquarters.

The management teams have a very good understanding of their contribution to the delivery of call connect and are performance focused. There is a real commitment to the Area Delivery Unit model and most managers realise that this may have to continue given the success of the system. LAS will need to consider how it maintains this system or embeds areas of best practice from the CDU / ADUs in to normal business.

The real time information available to managers is exceptional. The teams / individual managers are able to access live information relating to performance, call answering, resource availability, contribution of cars to performance and the proportion of calls being undertaken by cars. This information can be presented in a multitude of ways that enable managers to quickly identify performance related issues and then take appropriate action. Managers locally can either access this information through the trust network or remotely via a web browser function on their mobiles.

In addition to CAD related information, managers also have access to individual performance information at a complex, team and individual level. Each team member has a range of performance (call cycle) Key Performance Indicators as well as a range of clinical performance indicators. There is a strong performance management culture but with a clear emphasis on clinical care and future outcomes.

The trust has recognised that in delivering further improvements in performance and clinical care, there are a number of issues which require further attention, such as roster changes, how resources are deployed more dynamically, improving productivity and clinical leadership within the trust. Many of these issues are captured within a programme of change called New Ways of Working.

Areas of best practice;

- The CDU and ADUs provide additional focus to the delivery of Call Connect targets.

- The delivery units have an exceptional suite of live information that enables managers to quickly identify problems and take appropriate action.
- Individual performance reports maintaining a balance between performance and clinical based indicators.

Recommendations

- *Consider how to embed the ADU/CDU model in a sustainable and manageable way, particularly review the frequency and length of the conference calls*
- *Undertake a review of work rosters and seek agreement with staff*
- *Review and agree further systems for dynamic deployment of vehicles*

Communications/Public relations

There is a clear communications strategy for London Ambulance service.

The Trust communications team has a wide remit covering internal and external communications and press function but they are also developing a wide range of publications and materials for specific developments such as Call Connect.

It was apparent that the Trust has engaged with both staff and managers in relation to Call Connect and this was borne out during the divisional visit. Through a series of events the Trust has endeavoured to ensure staff understands the clinical benefits of the new targets as well as the organisational imperative of delivering the target.

The communications team have been fundamental in this programme of work.

Staff Relations

The Trust has clearly, over a significant period of time, made staff engagement an organisational priority. This has been achieved by traditional methods; email, intranet, newsletters, cascades and face to face and as previously mentioned the personal time given by senior executives.

This approach is clearly successful as all the staff we met was aware of their executive team and were also clear about their role in the success of the organisation.

There is an agreed Partnership agreement in place but we were told that the role and meaning of this agreement is not always fully understood by staff.

Whilst it was clear that there are good working relationships between the unions and management it is also clear that there are some workforce issues that have not progressed as quickly in the LAS as in most other ambulance trusts, these include roster changes to improve weekend cover and the dynamic deployment of staff. These will need to be addressed if performance is to be sustained in the longer term.

Recommendations

- That the LAS management continues to work with the unions to improve cover to meet demand, especially at weekends and to come to introduce dynamic deployment

Commissioning

London Ambulance Service operates across 31 PCTs with Richmond & Twickenham PCT taking responsibility for leading on Ambulance commissioning. The team met the new lead commissioner and one of the five sector leads to discuss the relationship and interface between commissioners of the service and LAS.

It was clear that there is a strong relationship between LAS and the lead commissioner and there is a healthy level of challenge in the system. The commissioner sees LAS as a key strategic partner in developing and shaping services and recognizes the contribution LAS can make in sharing data.

There is a clear structure in place with regular strategic meetings planned between LAS, the Lead Commissioner and the five Sector Leads. There appears to be a commitment to utilize this forum to discuss broader issues other than monitoring delivery, such as future service developments and Payment by results.

There is also a network of local forums where locality based managers can work jointly with PCTs on specific areas of work. This feeds in to the strategic group to ensure there is a degree of control and consistency across all PCTs.

Patient and Public Involvement

During the visit the team were unable to meet with patient/carer representatives although various areas of their involvement were described to us and it was clear that their engagement was important to the Trust.

The team felt there could be further opportunities to engage patients through developing an 'expert patient' model in some of the high usage conditions

Recommendation

- *Review possibility of engaging with 'expert patients' in looking at management of patients with high use of unscheduled care*

Conclusions

We would reiterate our impression of a committed and cohesive executive team with clear leadership and clinical priority being demonstrated. This clear leadership and vision is apparent throughout the organisation.

We would also particularly commend a number of things:

- Strong, focussed programme management arrangements
- Commitment of Chief Executive and Medical Director to station visits and staff engagement
- Best practice performance management arrangements
- Clear communications strategy
- Good working relationships with external stakeholders

We are confident that London Ambulance service is and will continue to be a successful and delivering organisation.

Lis Nixon
April 2008

