SERVICE IMPROVEMENT PROGRAMME OUTCOMES   (Part A)   September 2005

1. People Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	**Expected Outturn Position End March 2006**
1	CH	Annual staff survey shows more staff feel positive about working for the LAS	3.0 (on revised basis, previously 66% on old measure)	🟩	🟩
2	CH	Annual appraisals and personal development plans in place for all staff	System in place, with all staff having an annual appraisal and a personal development plan	🟨	🟩
3	MF	Reduction in staff incidents at work	446 reported incidents per 1000 staff per year	🟩	🟩
4	MF	Reduction in assaults on staff	107 reported assaults per 1000 staff per year	🟩	🟩
5	CH	Reduction in sickness absence levels	5.5% (average for the year) .	🟨	🟥
6	DJ	Alternative reward and recognition systems in place	Systems in place which recognise qualification attainments, long service, outstanding performance, and retirement. These systems will include an annual awards ceremony	🟩	🟩
7	FM	Range of Career paths/ development opportunities	Standard systems in place and used as part of the appraisal/PDR processes.	🟨	🟩
8	DJ	Annual staff survey shows that more staff feel that communication in the LAS is good	66%	🟨	🟨
9	CH	Improved staff support systems	Implementation of the Staff Support Project recommendations. Monitoring of satisfaction & usage levels & reports to Trust Board/SMG bi-annually. Substantial improvement in staff survey results on this issue.	🟩	🟩
10	CH	Staff more involved in the decisions that affect them	Partnership Agreement in place and working effectively. Staff Survey results demonstrate that staff feel more involved in the decisions that affect them	🟨	🟨

2. Patient Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Expected Outturn Position End March 2006
11	FM	Improved cardiac arrest survival rates (to discharge)	8%	🟩	🟩
12	MF	Coronary Heart Disease National Service Framework call to door times achieved	30 minutes	🟨	🟨
13	KJ	A proportion of demand diverted to more appropriate care, thus freeing up ambulances for serious & potentially life threatening calls.	30% of all Green Calls;	🟨	🟨
14	JH	'Centre of Excellence' achievement for call taking in CAC (compliance with pro QA)	95% "Centre of Excellence" status achieved & maintained	🟩	🟩
15	MB	A comprehensive ambulance cleaning and equipping system in place. Improved pride & professionalism in the Service	Make Ready in place in all complexes	🟨	🟩

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Expected Outturn Position End March 2006
16	MD	(Formerly Clinical Negligence Scheme for Trusts Level 3 achieved) Revised june 2004 to: To comply with the new combined Risk Management Standard for Ambulance Trusts, at the next equivalent level to CNST 2 (for clinical risks) and RPST 1 (for non-clinical risks).	Level 3	[Yellow]	[Yellow]
17	M F	Clinical supervision in place across the LAS - Team Leaders, Complex Trainers; Delivering training at local level e.g. Epinephrine 1:1000 National guidelines, Protecting Children / Vulnerable Adults	175 Team Leaders and 25 Sector Trainers in post	[Green]	[Green]
18	MF	Reduce all patient care related complaints A&E	1.0 complaint per 10,000 calls per month	[Yellow]	[Yellow]
19	MDo	Reduce all patient care related complaints PTS	1.0 complaint per 10,000 journeys per month	[Green]	[Green]
20	JH	Reduce all patient care related complaints CAC	1.0 complaint per 10,000 journeys per month	[Green]	[Green]

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Expected Outturn Position End March 2006
21	KJ	Regular availability of information about the delivery of patient care throughout the Service	60% completion of CPI every month by Team Leaders. Audit reports available on intranet. Data on patient views available (derived from patient involvement, PALS and complaints) and used for improvement. Data available to demonstrate performance against National Service Framework targets.	Red	Red
22	DJ	Regular comprehensive information about user views/levels of satisfaction	- Patient involvement in all significant Service developments. - Annual patient survey – evidence of actions as a result of survey. - Other means of gaining patient views, e.g. Focus groups	Green	Green
23	MB	A robust, well controlled system is in place to minimize clinical risk and improve patient care through the efficient management of drugs	Drug Management System rolled out and fully embedded in the service	Green	Green

3. Performance Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Expected Outturn Position End March 2006
24	MF	Category A performance targets achieved		Yellow	Green
25	MF	Category A 14-min performance targets achieved.	95%	Green	Green
26	MF	Category B 14 min performance targets achieved	95%	Red	Red
27	MF	AS2 –Doctors' urgent performance at 95% within 15 minutes of agreed arrival time	95%	Red	Red
28	JH	95% of 999 calls answered within **5** seconds	95%	Yellow	Yellow
29	MF	Percentage of the week when utilisation rates exceeds 70%.	15%	Red	Red
30	MB	Reduce non-staff (vehicle) related downtime	2%	Yellow	Yellow
31	MF	Reduce staff related downtime	3%	Yellow	Yellow
32	MF	Resource demand/ match compliance significantly improved on sectors	100% Compliance with LO50 (34164 Amb hrs per week)	Red	Red

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Expected Outturn Position End March 2006
33	JH	Resource/demand match compliance significantly improved in CAC	-	Green	Green
34	JH	Activation times of 95% within 2 minutes (Cat A)	95%	Amber	Amber
35	JH	Activation times of 95% within 2 minutes (Cat B)	95%	Amber	Amber
36	JH	95% of Doctors calls answered in 30 secs	95%	Red	Amber
37	MD	Achieve financial savings to fund ISONs	£3m (£1m increase each year)	Amber	Green
38	MF	Vehicle accidents per 10,000 ACTIVATIONS reduced by 33% for A&E	9.7% per 10,000	Amber	Amber
39	MDo	Vehicle accidents per 10,000 journeys reduced by 33% for PTS	2.04 per 10,000	Green	Green
40	MF	Reduce job cycle time	55 minutes	Green	Green

See over for commentary on Outcomes identified as RED/AMBER i.e. will not be achieved or at risk to be achieved by March 2006

Commentary on SIP Outcomes Identified as RED   (Part B)

Outcome No. 5 **Description:** Reduced sickness absence levels	
Lead: CH	
Reason For RED status	
Given the sickness absence level at this point in the year it is virtually impossible to achieve an average of 5.5% for the year. At best we may achieve 5.5% at outturn ie for the month of March.	
Remedial Action To Be Taken To Achieve Outcome	
Continue to manage sickness absence proactively and introduce revised sickness absence policy. This will not however achieve the target average for the year.	
If this action is taken will the outcome be achieved YES/NO?	

Update not available due to leave

Outcome No.   8   **Description:**   Annual staff survey shows that more staff feel that communication in the LAS is good
Lead: DJ
Reason For AMBER status
Remedial Action To Be Taken To Achieve Outcome
If this action is taken will the outcome be achieved YES/NO?

Outcome No.   10   **Description:**   Staff more involved in decisions that affect them
Lead: CH
Reason For AMBER status
If staff align this question on the staff survey to discussions relating to agenda for change we may see an increase in dissatisfaction.
Remedial Action To Be Taken To Achieve Outcome
Proactive communication aimed at positive AfC messages supported. Chief Exec consultation will be a useful forum to respond during period of staff survey.
If this action is taken will the outcome be achieved YES/NO?   Not definitive!

Outcome No.	12	Description:	Coronary Heart Disease National Service Framework call to door times achieved
Lead:	MF		

Reason For AMBER status

The NSF CHF calls for a call to needle time of 60 minutes, a figure of 30 minutes to respond to scene, examine and transport may not be suitable.
Data gathering is a long process and the measure reported is at least four months old, which makes this measure awkward to manage.

Remedial Action To Be Taken To Achieve Outcome

12 lead refresher courses, direct admission to cath labs, crew education are all ongoing

If this action is taken will the outcome be achieved YES/NO?

Outcome No. 13   **Description:**   A proportion of demand diverted to more appropriate care, thus freeing up ambulances for serious & potentially life threatening calls. – target 30%

Lead: KJ

Reason For AMBER status

Although the figure has risen as high as 15%, it has been consistently at around 12.5% throughout the period being measured (see table below).
The reasons are:

1) ECP attended calls have not increased as might have been expected by the fact that total ECP numbers have increased. Efforts by senior operational officers to increase utilisation were briefly successful, but the figures have settled back to earlier levels after the increased intention. At the same time, the number of green responders has gone down.

2) Calls resolved through CTA have not increased, largely due to the staffing problems experienced in that service.

(Urgent calls and whitebase calls have increased however)

Remedial Action To Be Taken To Achieve Outcome

Co-location of PTS central services, whitebase/greenbase, CTA and EBS is expected to have a major impact on these figures

If this action is taken will the outcome be achieved YES?

London Ambulance Service NHS Trust
Accident and Emergency Service

Green calls receiving an alternative response and not a front line crew

	ECP	EMT1	Green responder	White Base	Total alternative crews (ECP + EMT1 + GR + WB)	% GREEN calls by alternative crews (excl CTA)	Vehicles saved by CTA	% GREEN calls saved a vehicle by CTA	Total alternative crews & CTA	% GREEN calls sent alternative vehicle OR vehicle saved by CTA	Total green calls
Jun-04	222	125	351	115	813	5.4%	1,146	7.7%	1,959	13.1%	14967
Jul-04	177	149	349	137	812	5.4%	1,172	7.9%	1,984	13.3%	14920
Aug-04	285	150	280	135	850	5.8%	1,236	8.5%	2,086	14.3%	14569
Sep-04	208	95	184	101	588	4.2%	1,110	7.9%	1,698	12.1%	14053
Oct-04	175	114	119	42	450	3.1%	1,090	7.4%	1,540	10.5%	14638
Nov-04	137	164	74	73	448	3.1%	1,064	7.4%	1,512	10.5%	14426
Dec-04	175	367	84	129	755	4.7%	1,164	7.3%	1,919	12.0%	15956
Jan-05	237	547	87	181	1052	6.8%	1,243	8.0%	2,295	14.8%	15537
Feb-05	230	574	71	187	1062	7.6%	1,097	7.8%	2,159	15.4%	14024
Mar-05	229	470	100	145	944	6.0%	1,094	7.0%	2,038	13.0%	15713
Apr-05	241	421	77	111	850	5.5%	979	6.3%	1,829	11.8%	15440
May-05	262	556	93	198	1109	6.7%	1,027	6.2%	2,136	12.9%	16544
Jun-05	244	497	122	188	1051	6.5%	875	5.4%	1,926	11.9%	16207
Jul-05	222	340	105	168	835	5.4%	1,019	6.6%	1,854	12.1%	15371
Total Jun 04-Jul 05	**3,044**	**4,569**	**2,096**	**1,910**	**11,619**	**5.5%**	**15,316**	**7.2%**	**26,935**	**12.7%**	**212,365**

Outcome No. 16	Description: Comply with the new combined Risk Management Standard for Ambulance Trusts
Lead: MD	

Reason For AMBER status
Level 2 achieved 2005

Remedial Action To Be Taken To Achieve Outcome
Action plan is being developed to secure green result. This plan will be finalised after Oct 10th when we meet NHSLA.

If this action is taken will the outcome be achieved YES/NO?

Outcome No. 18	Description: Patient Care related complaints
Lead: MF	

Reason For AMBER status
Last reported data for a four month period indicated that this measure at the time had been met by receiving 31 complaints for 380749 calls equivalent to 0.81.

Remedial Action To Be Taken To Achieve Outcome

If this action is taken will the outcome be achieved YES/NO?

Outcome No. 21	Description: Regular availability of information about the delivery of patient care throughout the service
Lead: KJ	

Reason For RED status
As reported to last SSG meeting – all items are on track except CPI completion rates, which have actually decreased since recording started,

Remedial Action To Be Taken To Achieve Outcome
Plans are in train to make CPI completion easier (by making the tool web-based, and removing a number of the indicators). However, the figures will not improve unless this area receives the same attention as other key deliverables in operations.

If this action is taken will the outcome be achieved YES/NO?

Outcome No.	**26**	**Description:**	Category B 14 min performance targets achieved
Lead:	MF		

Reason For RED status

Category B 14 minute performance is in the red category as being significantly at risk. 2005/6 YTD is at 76% and it is unrealistic to expect to achieve this target this year. It is currently anticipated that we will achieve circa 80% for the full year. Significant changes to AMPDS during the first two weeks of April have effected the volume of CAT B calls reported. Prior to April FRUs attended a proportion of CAT B as Red calls, the amount of this work has now changed, hence the identified drop in performance for this area. B14 will be changed in April 2006 to measure the UK standard of B19, currently B14 is at 76% for YTD and should continue to rise.

Remedial Action To Be Taken To Achieve Outcome

This can only be done by maximising ambulance staffing and by introducing a distribution regime which allows ambulances to respond more often from a mobile status rather than from station. ACAOs and AOMs need to focus on achieving this target as well as the CAT A targets. Significantly more emphasis needs to be given at PPGs and Complex Review Meetings to this area. Work being undertaken on revisions to the workforce plan following the publication of LO77, and the Urgent Care Control becoming fully operational are all areas that are expected to improve this indicator. The opening of UOC in November, the recruitment of CTA staff will remove some further workload from A&E.

If this action is taken will the outcome be achieved YES/NO? Yes

Outcome No.	**27**	**Description:**	AS2 –Doctors' urgent performance at 95% within 15 minutes of agreed arrival time
Lead:	MF		

Reason For RED status

Urgent performance is at 55% for the YTD and remains significantly behind where we need to be. The performance has also deteriorated in recent months for a variety of reasons. Urgent performance measurement will change in April 2006 in line with National guidelines to reflect arrival at patient, this currently stands at 55%.

Remedial Action To Be Taken To Achieve Outcome

Changing operational priorities within the Trust may indicate that resources will be engaged achieving other response time targets for Cat A&B calls, to the detriment of AS2 performance. However, considerable progress will be achieved by initiatives planned already. These may be summarised as 1) dedicated call takers to AS2 lines in CAC (achieved), 2) immediate dispatch of call when one hour remaining on STA (progressing), 3) a system of AS2 triage which results in more even spread of workload over a three hour period, 4) blue light response to one-hour AS2s. Operational resources within the Urgent Care Service now has around 104 staff in post, primarily responding to AS2 & 3s, and some stations continue to support unfounded AS2 vehicles. A system for triaging AS2s is currently being developed, National changes to the definition may also assist in achieving this outcome by year end. As in SIP26 UOC and other call handling changes will make this new standard more readily achievable.

If this action is taken will the outcome be achieved YES/NO? YES

Outcome No.	**28**	**Description:**	95% of 999 calls answered in 5 secs
Lead:	JH		

Reason For AMBER status

Call demand on some days is outstripping the positions available. Pressures on staffing levels and long call handling times is impacting on call answering performance

Remedial Action To Be Taken To Achieve Outcome There will be a review of the ideal staffing levels, proactive recruitment, continued robust management attendance system increase call taking facilities, and a review of how AMPDS works in certain calls

If this action is taken will the outcome be achieved YES/NO? **YES**

Outcome No.	**29**	**Description:**	Percentage of the week when utilisation rates exceeds 70%.
Lead:	MF		

Reason For RED status

Last year we converted our performance databases from FoxPro to SQL. As part of the process we had to rewrite all of the performance reports. The only one not changed was the utilisation report. This was because the utilisation report depends on information from two areas, performance and manning and is therefore not straight forward to do. The manning system is still in FoxPro and is well overdue for a major overhaul and needs converting to SQL. This area has not been updated since July 2004. Currently in the Hands of IM&T to develop necessary protocols and reporting abilities.

Remedial Action To Be Taken To Achieve Outcome

We are hoping to develop a new manning system using the data generated by the MDTs and need to work with Systems and Networks. The current manning system is not flexible enough to provide information to reflect the new service structure and has been adapted over and over again to try and accommodate numerous service changes such as the introduction of FRUs and "unusual" rotas. A new system that can monitor the manning for all types of vehicles using information generated by MDTs needs to be developed.

Time scales for rectification are uncertain at this stage, MI needs to see the data that could be provided from the CAC systems. The SIP item should be shown as Currently Unreportable

If this action is taken will the outcome be achieved YES/NO? YES

Outcome No. 30 MB	Description: Reduce VOR to 2%

Lead:

Reason For AMBER status The manual system of VOR reporting via CAC is not producing usable information. An automated system is being developed for the mid – long term and the manual system is in the process of being reviewed. However as at 5th September no reliable manual information is available and so this outcome remains graded as AMBER. Manual in house analysis of AS1s indicates very low levels of vehicle related VOR (sub 2%) but given the flaws in the system it is not thought safe to rely on this data.

Remedial Action To Be Taken To Achieve Outcome
Work on automated and manual data systems. Manual system due for completion by 30/09/05.

If this action is taken will the outcome be achieved YES/NO? Yes providing reliable data is not at wide variance with current unreliable data.

Outcome No. 31	Description: Staff related downtime

Lead: MF

Reason For AMBER status

Remedial Action To Be Taken To Achieve Outcome

If this action is taken will the outcome be achieved YES/NO?

Outcome No. 32	Description: Resource demand/ match compliance significantly improved on sectors

Lead: MF

Reason For RED status
With no growth in front line establishment being funded by commissioners this year our ability to impact on this area is limited and it remains at 90.69% compliant. Small unsustainable improvements gained through winter pressures measures. Last compliance report indicated a raised level to 92.2%, AfC will make the ability to target specific hours through enhanced rates

Remedial Action To Be Taken To Achieve Outcome
AOMs need to continue to work at making changes to complex rosters to move towards greater compliance but in reality only an injection of additional staffing will allow this target to be fully achieved. ORH commissioned to advise on best placement of resources, this will feed the workforce plan, and limited recruitment to backfill currently unfunded FRU and ECPs positions. Consideration is being given to placing new staff on weekday working and thereby providing full cover with no available overtime with the exception of nights and weekends.

If this action is taken will the outcome be achieved YES/NO? NO

Outcome No. 34	Description: Activation times of 95% within 2 mins (Cat A)
Lead: JH	

Reason For AMBER status

Activations is 8% lower what is required but is starting to show steady improvement, but it is not consistent

Remedial Action To Be Taken To Achieve Outcome

Changing operational procedures in the control room is planned. Call handlers need to identify the chief complaint quicker than the process allows and dispatch needs to have the ability to activate all emergency vehicles from a single point. This is also ambulance / FRU resource dependant, and the opening of the UOC.

If this action is taken will the outcome be achieved YES/NO?

Outcome No. 35	Description: Activation times of 95% within 2 mins (Cat B)
Lead: JH	

Reason For AMBER status

CAT B activations are significantly below target. There is slight improvement, however it needs to be more sustained.

Remedial Action To Be Taken To Achieve Outcome

Sector controllers have been focussing on CAT A calls and again this is ambulance resource dependant. With the new dispatch procedures in place FRU could be dispatched to CAT B calls which they can't do under the present procedures

If this action is taken will the outcome be achieved YES/NO?

Outcome No. 36	Description: 95% of Doctors calls answered in 30 secs
Lead: JH	

Reason For AMBER status

This target is at risk, however new procedures in CAC have started to show improvement. These procedures need to be continually reviewed. Present position is compared to August 2004, that is a 15% improvement to 67.2%

Remedial Action To Be Taken To Achieve Outcome

Work continues with the opening of UOC and the integration of EBS. Consideration will be given to look at their process to see if doctor calls should present in CAC there is work underway to review the message sent to GPs and hospitals as to how to access emergency transportation.

If this action is taken will the outcome be achieved YES/NO?   YES

| **Outcome No.** | **38** | **Description:** | A&E Vehicle collisions |
| **Lead**: | MF | | |

Reason For AMBER status Current status of 11.5% for A&E.

Remedial Action To Be Taken To Achieve Outcome
Motor Risk Management group has been reconstituted, revised and up dated reporting procedures to be issued in the near future. Guidelines for reporting to be made available to managers. Serious investigation into what can be achieved by installation of a 'black box' data recorder into the fleet to improve reporting, aid investigation and defend malicious claims.

If this action is taken will the outcome be achieved YES/NO?