



NHS

London Ambulance Service

NHS Trust



**Quality strategy: Visions 2020
(refreshed) : Quality Account
2019-20018**

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Foreword

The London Ambulance Service is the only pan London Trust and is the busiest ambulance service in the country responding year on year to increasing demands. Our Trust was inspected February 2018 by the CQC, who gave us an overall rating of 'good' in their final report. The outcome from the inspection also gave assurance to our regulators that we could be removed from Special Measures status, a significant achievement for the organisation. The care we give to patients was rated as outstanding, a number of services were rated as 'good' but the standards observed were not consistent nor of the quality the Trust aspires to deliver.

During the year we have delivered a comprehensive action plan against our CQC inspection findings and also our quality priorities, we will outline these in various section of this report. Also in 2018-19 we have revised our Trust wide strategy and set out an ambition to provide a world class service. As identified in our previous strategy, we want to strive for 'outstanding' Care Quality Commission (CQC) rating across our sites and services by 2020.

We hope our commitment to improvement and our determination to get things right for our patients, people and stakeholders is clear in this strategy. We are working to harness opportunities to continuously improve in order to provide safe, high quality, patient-centred care for all our patients. In addition we need to ensure that our staff are provided with the skills and support to deliver the right care and feel motivated and able to do so.

To achieve this, we are rolling out a programme of developing our pioneering services for specific patient groups, that include mental health, fallers, end of life care and maternity services. At the same time, patients will have a stronger voice than ever before through the implementation of our new Patient and Public Engagement, Volunteering and stakeholder strategies. We will continue to work more closely with the people and the communities we serve to make sure that the care they receive is centred on their needs.

This strategy is the plan by which we will continue our journey to achieve our ambitions and a positive outcome in subsequent CQC inspections as continuous quality improvement becomes our business as usual.

Dr Patricia Bain
Chief Quality Officer

Statement of Directors responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHSI has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service, whilst not a Foundation Trust has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2018 to March 2019
 - papers relating to quality reported to the board over the period April 2018 – March 2019
 - feedback from commissioners dated April 2019
 - feedback from Overview and Scrutiny Committee dated March 2019
 - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019
 - the 2018 national staff survey
- The quality report presents a balanced picture of the NHS trust’s performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

Chair Date

Chief Executive Date

Section 1:

Introduction to our Quality Strategy and Accounts 2019/20

The quality strategy for the Trust, aims to bring together our plans in line with over overarching strategy, business planning process and the CQC quality assessment framework. The purpose of the strategy is to set out the goals and targets for London Ambulance Service (LAS) in providing high-quality services over the next year and, therefore, delivering our vision and objectives.



Developing our Trust-wide strategy

The Trust is working to a five year strategic plan as outlined in its integrated business plan and the core elements of the Trust's strategy are illustrated in our strategy document in Diagram 1.

Our trust strategy focuses on improvement, and therefore supports delivery of our vision and objectives. It sets out a number of the key enablers and examples of the projects required to improve performance to illustrate the breadth of our work programme.

These objectives have quality embedded in them. This shows the commitment and reality that quality drives all that we do.

INSERT DIAGRAM



The Trust's vision

The London Ambulance Service is uniquely placed to play a wider role within the London health economy.

Our ambition is to become a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care on scene, on phone and online.

This vision will be delivered through the achievement of the Trust's strategic objectives, which are::

- Acting as a multi-channel single point of access and triage to the urgent and emergency care system across London.
- Providing a high quality and efficient differentiated clinical service that better matches care to patient urgent and emergency needs.
- Using our influence and working with partners to ensure a consistent approach to urgent and emergency care.

Our Purpose

We exist to:

- Provide outstanding care for all of our **PATIENTS**
- Be a first class employer, valuing and developing the skills, diversity and quality of life of our **PEOPLE**
- Provide the best possible value for the tax paying **PUBLIC**, who pay for what we do
- **PARTNER** with the wider NHS and public sector to optimise healthcare and emergency services provision across London

What is the Quality Strategy?

Our quality strategy is the plan through which we focus on the quality of clinical care and patient experience to ensure that we continuously improve our services. It ensures that quality drives the overall direction of our work and that the patient is at the centre of everything that we do.



This strategy sets out our definition of quality, and describes our vision and direction, ensuring that quality is our number one priority. It sets out our five quality goals and associated targets and a number of projects which we must focus on to ensure we can evidence that our services are safe, effective, caring, well led and responsive. This year we will also include our Use of Resources to provide evidence of our commitment to ensure we are providing public value. It describes how we have further strengthened our governance arrangements to ensure delivery and sustainability from 2019/20 and beyond. The strategy also outlines our current position, showing the improvements we have made in our 2018-19 Quality Account priorities and what we are building on going forward.

We set out an ambitious strategy in 2018/19 and have delivered against all our key priority areas. Our commitment to make quality central to all that we do. This is evident in our development of new ways of working through our programme management office, quality improvement training and cultural and leadership programmes. These will drive and support the development of a continuous and sustainable improvement culture. Through our Integrated Urgent Care and our pioneering service development work we have strengthened our system wide partnerships and have worked with all relevant stakeholders to ensure integration of healthcare across the wider integrated urgent and emergency care system.

It provides a modern approach to continuous improvement and acknowledges that our people are central to delivering our strategy.

We will continue to use the implementation of the Quality Strategy to strengthen confidence and pride in the services we

provide. We want patients to be confident that the Trust is among the best in the world.

We want people working in and with the Trust to be confident that they are providing the best service they can, are valued and are important. The implementation of the People and Culture strategy has made real progress in these areas throughout the year and this work continues. We want a shared pride in the Trust and assurance that it is the very best it can be.

How we developed the strategy

The strategy has been informed by the reports and recommendations from key stakeholders, staff and patient representatives and the CQC framework. We also assessed our progress against priorities in our last quality account.

Comparison was also undertaken of trends and variation from a range of intelligence including:

- Patient surveys
- Staff surveys
- Governance data, e.g. incidents, complaints, claims and audit

This was then merged with feedback from key stakeholders, including our people and our commissioners.

We have therefore been careful to develop goals and targets that are measurable whilst trying to encapsulate our commitment to the qualitative elements of our work.

This will provide clarity for our patients and external stakeholders, and ensure that our people have tangible, measurable and reportable goals to aim for. These targets will be redefined each year in our annual quality account, with progress monitored through the Trust's governance system. We believe that if we can meet our targets under each quality domain, we will see significantly improved outcomes for our patients and a

better and safer working environment for our people. Our goals and targets have been selected to have the highest impact across the Trust and are purposely challenging.

We recognise in particular that we need to improve many of our processes and systems to ensure better outcomes and experience for our patients and staff. Much work has been focused on risk management and corporate and clinical and quality governance systems and processes. These programmes have been established to deliver specific time bound programmes of work. We will focus heavily on cultural change and health and safety of our staff in 2019-20.

What is our definition of quality?

We have based our definition of quality on the CQC's framework, which draws on the Francis, Keogh and Berwick reviews and recommendations.

Our approach aligns Berwick's improvement principles which are embodied within safe, effective, caring, responsive and well led domain and this year Use of resources. The combination of performance in each of the domains determines the overall quality of the healthcare we provide and support to our staff. We believe that we can improve services only by supporting continuous improvement in all areas hence our commitment to this driver.

The previous quality account and improvement programme for the Trust focused on making immediate quality improvements and ensuring that we achieve our rating of 'good' in our CQC inspection in 2018-19. This strategy and our priorities for 2019-20 and beyond will strive to bring the trust to an 'outstanding' rating.

The quality domains

The quality domains are outlined below, together with the descriptor of what these mean. The domains match those used by the CQC to ensure we are focused on making improvements which are aligned with our regulatory body's expectations.

Safe

People are protected from abuse and avoidable harm

Caring

Staff involve and treat people with compassion, kindness, dignity and respect

Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Responsive

Services are organised so that they meet people's needs

Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

Delivering the Strategy:

How will the strategy be delivered and progress monitored?



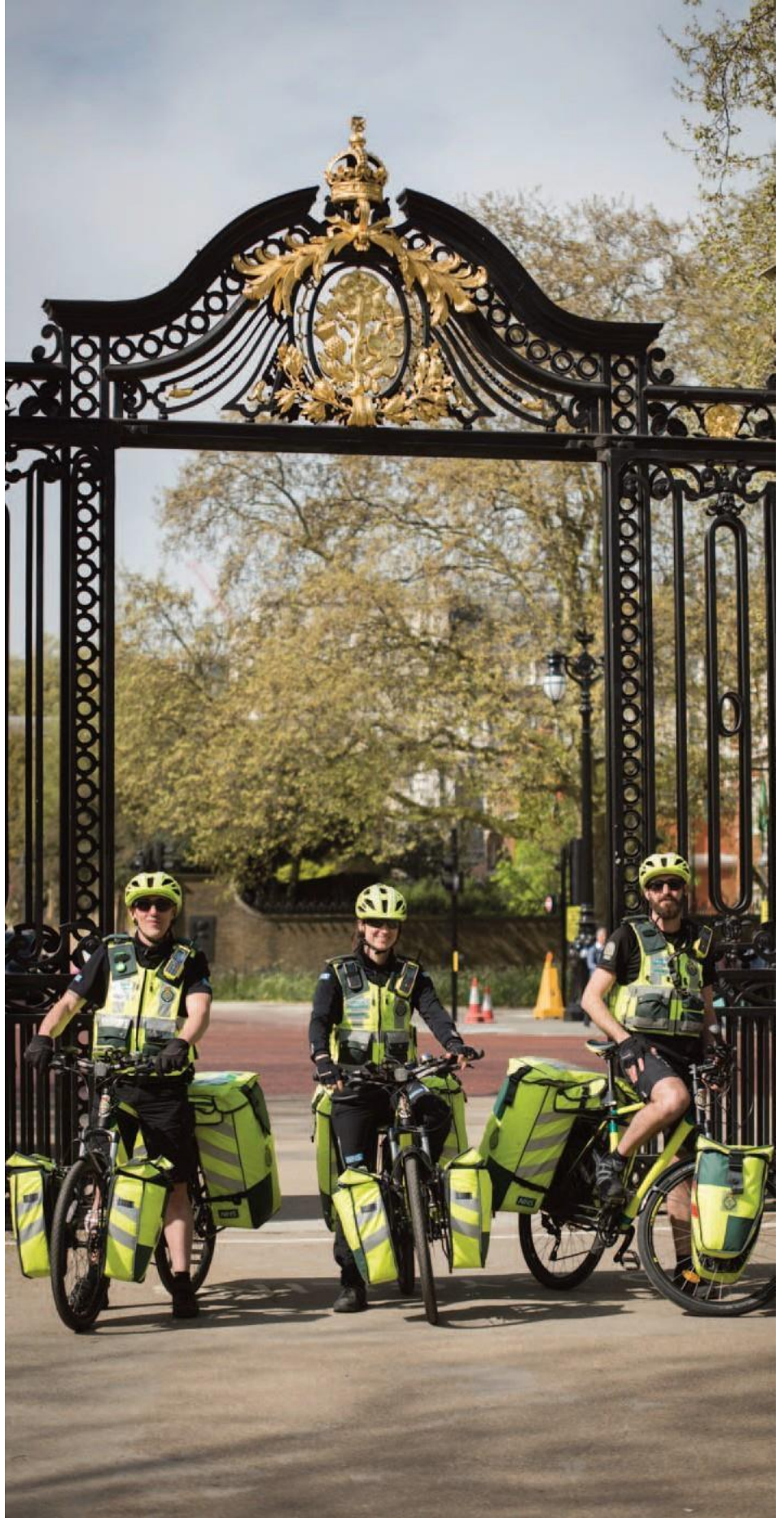
Quality Goals and Targets

The strategy will be delivered through the achievement of our quality goals, which are supported by specific annual targets. These are outlined under each quality domain and have been chosen to ensure that we focus on making improvements where they are most needed, and on sustaining improvements that have already achieved. We believe that if we can meet our goals and targets in these priority areas, we will see significantly improved outcomes for our patients and a better and safer working environment for our staff. The goals and targets under each domain are incorporated into the quality report and performance scorecards, ensuring they can be tracked from station to board. This will provide clarity on the Trust's priorities and will show the impact of the improvements we have made during 2019-20.

Building Delivery Capacity and capability

Last year our strategy focused on ensuring that the right skills and capacity were built across the organisation in relation to quality improvement methodology. We have completed our 3rd cohort of training programmes and this will continue throughout 2019-20. Our focus this year is on building a culture of safety and continuous improvement to ensure all of these changes are embed and sustained

In particular we also want to focus on the Health, safety and well being of our staff. There is much evidence that when staff are Healthy, feeling valued then the patient care They provide is also improved.



Building a Safety Culture

Integral to all programmes must be the aim of robust patient and staff involvement so they support the development of what represents a high quality and efficient service. It is important that we continue to explore further ways of getting feedback from staff via Quality Champions, incident feedback and learning mechanisms, staff surveys and Chief executive roadshows in addition to our patients and carers and community groups, and continued engagement with the Healthwatch, Patients Forum and other key patient groups.

The importance of ensuring that we build a safety culture was outlined in the CQC document December 2018 'Opening the door to change': NHS Safety Culture and the need for transformation. Our strategy will be built around the principles outlined in this document.

Creating alignment: Our Priorities

Alongside the quality goals and targets, we have developed measurable and structured improvement projects aligned to our strategic and business objectives. These projects have been informed by analysis of a number of measures of our performance including:

- Our strategic intent
- Current performance against national and local targets
- Our quality account
- Areas of known risk
- Our business planning objectives
- Our CQC inspection and report during 2018
- Review of the key lines of enquiry that the CQC publish.

Each project has been assessed for their potential to positively impact on the Trusts strategic goals and targets and we are confident that we have the necessary work in

progress to deliver our objectives.

Progress with these improvement projects will be reported via the Trust's governance and performance and programme management structures. This will allow us to measure and monitor the milestones, outcomes and timeframes of the projects, with clear lines of accountability and responsibility to the project owners. Executive oversight of quality of care in the Trust is through the Quality Oversight Group, which will report quarterly progress and exception to the Quality Assurance Committee. Trust board reporting will occur on a quarterly basis. Our annual Quality Account will report on progress against the strategy and confirm the targets for the following year.

Education and training

We recognise that our staff are the key to delivering the strategy and we need to train and support people to make continuous improvement and develop systems and processes further. We have therefore agreed to adopt a standardised approach to improvement using the Quality, Service Improvement Re-design model: QSIR to ensure staff have the tools they need to sustain improvement.

Our aim this year is to add to this and focus on providing all staff with understanding of Human Factors and the concept of safety systems. Understanding of human factors is a key element of building a better patient and staff safety culture.

We will also explore the opportunities for simulation training and the provision of appropriate facilities to provide staff with 'real life' scenarios, some of which will be based on serious incidents that have occurred within the organisation. We will explore opportunities to share and expand this provision with our alliance partners South Central Ambulance

Service (SCAS).

Investigation and Learning Incident investigation and solution development has long been recognized as important, however it needs to be effectively implemented (CQC 2018) – we will focus on strengthening our investigation processes, learning and implementation of actions and ensuring they are monitored robustly. We have introduced a Serious Incident Assurance and Learning Group to focus on this aim. In addition we will explore the opportunity to develop an Investigation and Learning Unit which will be a central team who focus on providing support for investigations and sharing learning in a more consistent and effective way. The Unit will also eliminate the current issues with capacity in relation to undertaking SI investigations within the Trust.

We will also ensure that the methodology used on our patient incident investigation is utilized for our staff safety incidents. This improved methodology will provide more accurate information in relation to the contributory factors that impact on health and safety incidents.

We will utilize the staff who have been trained throughout 2018-19 to support the improvement projects at sector and directorate level. These staff will provide others with the skills and tools to empower them to lead their own Quality Improvement (QI) projects. QI improvement plans have been developed by staff at every level, with the focus to build capacity across the workforce. These plans will be continually reviewed throughout the year and monitored via the quality oversight group.

Standardising processes

Finding the time to implement change in different settings is a clear barrier to implementation (CQC 2018). There is a need to reduce the pressure on staff and one way of doing this is to adopt greater standardization where it is safe and feasible to do so. However this needs to be done without reducing the ability of staff to work flexibly and use clinical judgement whilst ensuring that the tolerance for 'work arounds' is reduced.

Any standardization would need to relate to processes that lend themselves to it; that there is extensive co-production with the frontline staff in developing the processes; include mechanisms for discretion.

We also need to allow our staff time to be involved in the development of improvement programmes. In that regard we need to work with the operational management teams to ensure that abstraction is considered both fairly and proportionately whilst the demand in operational delivery is considered.

Leadership and Governance

We need to continue to ensure that our governance and leadership affects the Trust positively. Effective governance systems are essential to ensure that risks are managed and improvement implemented in a way that acknowledges workloads and

competing priorities. Staff need to understand the governance processes and be provided with information to ensure they are used and navigated appropriately.

Strengthening our learning frameworks and time to learn as well as monitoring more closely actions from patient and staff incidents will be a key focus in 2019-20.

Supporting staff

There is a well established relationship between staff experience and patient experience that underlines the need to give priority to both these issues. The People and Culture , Clinical and the Health and Safety Strategies set out many areas to improve, monitor and support staff in their working environment. The organisation aspires to create an environment that mean staff enjoy their work, have career progressions and one that avoids the risk of staff burnout in the face of rising demands for care, maintains their wellbeing and safety. With that regard we are including specific targets within our quality priorities in relation to musculo-skeletal injuries and staff well-being to ensure they are minimized. This will be the focus of a comprehensive campaign during 2019-20.

Learning from patient and staff experiences

The organisation, through its various strategies sets out its commitment to listening and learning from the experiences of patients and carers and staff ensuring their full participation in design, re-design, assessment and governance.

We have established innovative methods of engaging with patients as part of our pioneering services programme and will continue to build on this by developing a patient and stakeholder strategy that ensures we collate and act on

feedback from all of these various sources to improve the quality and safety of care for our patients. Likewise through our Health and safety strategy for our staff.

Section 2:

Looking Forward: Our Quality goals and targets 2019-20

Our goals are set out under each of the quality domains. The targets which support the delivery of these goals have been developed for our year one of the strategy. Each year we will review progress and ensure our targets are focused on areas where improvement is most needed and will be defined within our annual quality account.



Safe

People are protected from abuse and avoidable harm

Goal: To eliminate avoidable harm to patients in our care and our staff as shown through a reduction in number of incidents causing severe and extreme harm. We believe harm is preventable not inevitable.

We want to ensure our patients and staff are as safe as possible while under our care and employment and that they are protected from avoidable harm. Our goal will be to be below the national average for the number of patient incidents causing severe and

extreme harm in year one and continue to reduce the number throughout the years of the strategy. In addition to be within the top quartile for staff safety measures nationally. Throughout the year, we will be focusing on achieving sustainable improvements in the target areas outlined below; these targets aim to reduce avoidable harm in specific priority areas and set the trajectory to ensure that we can achieve our goal of eliminating avoidable harm an improve safety and well-being of our staff by the end of year 2020.

Over 90% implementation of all actions in the Gosport Enquiry Action Plan by April 2020

Target 1

During the latter part of 2018, the findings of the Gosport Enquiry (January 2019) published. The report and its recommendations have been included in the regulatory assessment process to ensure that the issues highlighted in the report are not repeated across the NHS. The enquiry outlined failings in safety culture, prescribing and monitoring of drugs and incidents and implementation of medicine guidelines and policies. The Chief Pharmacist, working with the Freedom to Speak Up guardian, members of the quality and medical directorate, conducted a gap analysis against the recommendations.

The action plan was approved at the quality assurance committee and by the Board. The actions within the plan will be monitored via the Quality Oversight Group and evidence presented for assurance purposes.

Actions both at directorate, sector and trust wide have been identified. These actions will be included in performance meetings reports and available on the website. We will be

able to identify areas for further improvement via the regular auditing of compliance carried out at sector level. Any further actions will be added to the plan. Our regulators will be able see, assess and access evidence with regard to our improvement status at the via our Health Assure system.

Target 2

Improving station security

Security of our premises and access to our systems were challenged during the year. This has led to additional scrutiny by our regulators in relation to station and system access.

The situation involved a significant number of changes to our security systems and processes, some of which involved immediate, short and medium to long term solutions.

A comprehensive improvement plan has been developed and it is critical that the organisation ensures that this plan is embedded and we have evidence of implementation.

In addition, we need to continue to horizon scan risk relating to access to our premises and systems . During the year we will:

- Ensure our site access is secure
- Zero tolerance to security breaches
- Our estate is fit for purpose

- Issuing of uniforms and ID badges follows a robust process
- we create a culture that is 'OK to Challenge'- this will be supported by a trust wide communications campaign

It is recognised that security is a multi-factorial system problem and we need to work together to identify issues at each stage and resolve them. We will continue to work to reduce the risk of these types of incidents happening during 2019-20 and beyond.

>90% completion of trust-wide security implementation plan

Reduction in similar security incidents from April 2019 baseline

Target 3

During 2018-19 the Trust made significant improvements in serious incident investigation methods and some improvements in learning from incidents.

However we know we can do more to improve the position and also to support our overarching aim which is to develop a culture of patient safety, as set out in the opening pages of this document.

We will therefore build on the work to:

- reporting excellence and increasing the number of learning events in every sector
- introducing Excellence in Safety awards supported by our Chief Executive
- ensure that our Serious Incident Assurance and Learning Group provides evidence of implementation of actions
- Utilize the those staff trained in QI to support implementation of safety and quality improvements
- work towards increasing the amount of human factors training in the organization
- Explore the development of an investigation and learning unit

Clearly we need to focus on this and during the year we will run a 'Reduce MSK' campaign sponsored by our Chief Executive and Chief Quality Officer. The campaign will aim to improve training , equipment provision, monitoring and investigation of further causal factors for every incident above moderate harm. This information will be used to continually identifying and implementing change. An overarching programme of work will be developed and monitored via the Health and Safety Committee and to the Board on a quarterly basis.

Increased scores in relation to learning from and reporting incident in the annual staff survey compared to April 2019 baseline

Reduction in both incident of and sickness rates for MSK injuries from April 2019 baseline

Target 4

A specific aim this year is to ensure that the number of incidents and the sickness levels related to musculo-skeletal injuries is reduced. We have made progress during 2018-19, with the rate sickness decreasing from 7.1 to 1.7 per 1000 incidents, however the level of response within the staff survey identifying staff suffering from these injuries has increased from 47% to 52%.

The human suffering and the loss of quality of life is considerable, In addition the cost to the trust for each incident is on average above 50k per staff member who take over 6 days in sickness absence (HSE 2019) this is believed to be an underestimation of cost.

Caring

Staff involve and treat people with compassion, kindness, dignity and respect

Goal: To provide our patients with the best possible experience. Improving the care we give to vulnerable groups.

We know that treating our patients with compassion, kindness, dignity and respect has a positive effect on recovery and clinical outcomes. To improve their experience, we need to listen to our patients, their families and carers, and respond to their feedback.

We will aim to improve our position, with our goal being to ensure that patient involvement in all service redesign programmes and our patient involvement framework is implemented. In addition we will provide the best possible care to patients with mental health conditions and who are at the end of their lives to evidence our services are caring and patient centred in all aspects.

Target 1

Our work supporting patients with mental health and with sometimes complex medical conditions has been acknowledged as exemplary. As part of our Strategic Intent, we are aiming to improve and develop services that are recognised as ‘pioneering’ in relation to this patient group. Our aim during 2018-19 was to pilot our approach to responding differently to this cohort of patients

We have designed a pilot evaluation framework which have established a strict set of evaluation criteria for the pilot before it started operating, so we have clarity about what we are measuring and what our baseline is, so that we are able to formally and accurately evaluate the benefits or challenges associated with the pilot. Additionally we have worked to identify a trajectory of ED conveyance reduction attributed to each pioneer service.

The mental health service, is one that involves a registered mental health nurse who will respond alongside a paramedic to patients with mental health needs. We have successfully recruited paramedics to staff this pilot alongside our existing mental health nurses and the pilot officially commenced in November 2018 for a period of six months. The pilot will place in South East London. We have had discussions with our partners within South East London to support the

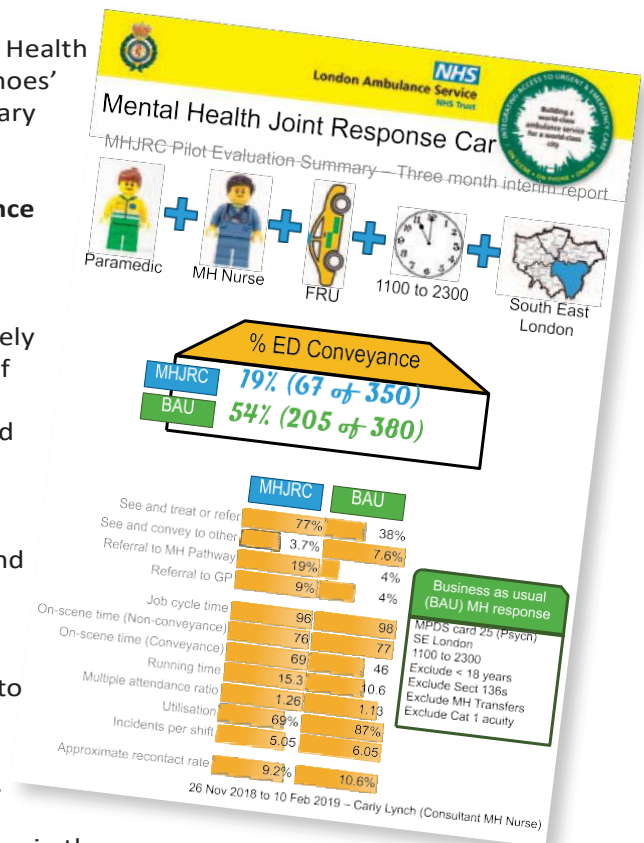
development of our Mental Health service. We ran a ‘Whose Shoes’ engagement event in February 2019.

Mental Health ED conveyance actual vs plan

The pilot has shown extremely promising results in terms of reduction in conveyance to emergency departments and increasing our see and treat numbers. Patients have therefore benefited from prompt, appropriate care and been directed to relevant pathways more quickly.

We will therefore continue to work with key stakeholders to provide a system wide development of the service, This is likely to include roll out of the services to all areas in the trust and working with our experts in mental health organisations to ensure we have seamless, timely and appropriate care across the pan-London healthcare service provision.

Mental Health response car service to be rolled out across a minimum of 2 sectors during 2019-20.



Target 2

End of Life care provision is sometimes a very challenging and very emotive part of the care we provide to our patients. During 2018/19 we were fortunate to gain Macmillan care funding to employ a full-time end of life consultant nurse.

Our main strategy is to ensure that all of our staff are trained and feel confident in supporting patients and their carers when their loved ones are at the end of their life. Performance metrics are being developed to monitor progress

against this improvement programme. Our aim is to increase the level of skills and knowledge to our staff and ensure they feel confident in providing the best care to patients at the end of their lives.

Evidence of increase in skills and knowledge for supporting patients who are at the end of their lives compared to baseline position from January 2019 in-house survey.



Target 3

The LAS currently involve many patients in the development of its improvement activities. However the NHSI have, during 2018-19, produced a framework for organisations to provide evidence that they are assuring regulators and themselves that they are doing everything they can to gain feedback from patients and involve them in the development of services.

The trust has refreshed its previous patient and public involvement key actions and made additional amendments to include the key indicators from this report.

We have a clear implementation plan that covers 5 main improvement areas:

- Involvement in individual care and treatment
- Service delivery, development and transformation
- Strategy planning
- Assurance
- Meeting statutory and regulatory obligations

Meeting these requirements will involve multiple stakeholders and staff across the organization as well as engagement with external stakeholders. We will ensure that the plan is monitored through the Patient Involvement Group and with oversight via the Quality Assurance Committee reporting to the Board.

Ensure that over 90% of NHSI patient involvement KPIs are met during 2019-20 from January 2019 baseline

Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Goal: Ensure staff compliant in providing 'best practice' care and to be in the top quartile for all national clinical audit outcomes.

Clinical audit is a key improvement tool through which we continually monitor and improve the quality of care that we provide. By fully taking part in national clinical audit programmes, we are able to benchmark our performance against our peers, ensure the care we provide is evidence-based and measure improvements on a

year-by-year basis.

We aim to be in the top quartile for outcomes for all those national clinical audits in which we are eligible to participate and where data is analysed this way. This enables us to have evidence that each of our services is effective and promotes a good quality of life for our patients. Further assurance of this will be provided by compliance and training that meets the changing nature of service delivery.

Target 1

We have chosen this target to ensure that we can provide a timely response to all patients in all of our performance metrics. Currently our handover to green, the time it takes for our crews to make themselves available for another call after hospital attendance, has improved from the position earlier in the year. However, our category 2 calls are not always consistently met across the organisations and for all CCGs.

Further improving handover to green in all areas of the trust will, in part, provide further opportunities to respond more quickly to all calls. Clearly we will continue to work with our system wide partners to improve the handover times at emergency departments which will also provide us with more resources to respond to calls.

We will continue to use our performance reviews to assess progress against this measure. When improvements are identified we will develop solutions during the early part of 2019. Ultimately the aim is to ensure our staff continue to provide the quickest response to all of our patients with the aim of providing them with the most clinically effective care in a timely manner.

Reduce the average handover to green response time in all sectors from 17 minutes to 15 minutes by April 2020.

Target 2

During 2017-18 the LAS, successfully bid to run the NHS111 and integrated urgent care (IUC) service across North East London. The LAS now provides these services in both North East and South east of London.

Our strategy sets out our aim to be the single point of access to health care services in London. The emergency services have a key set of nationally agreed quality indicators that the trust monitor regularly. However for integrated urgent care these set of indicators have yet to be agreed. We therefore need to ensure that we are monitoring the response and the care we provide to evidence our competence in delivery and ability to expand these services across all of London. We aim to provide an exemplary service to all of our patients. During 2018-19 the LAS worked with the business intelligence team to ensure that we develop methods to collate and report on IUC and NHS111 indicators. In doing so we will have clear evidence of areas where we have improved patient

outcomes and also have the ability to highlight areas where we may not be meeting the standards of care that we strive to deliver.

Meet service wide NHS 111 and IUC quality targets evidenced via agreed indicators by April 2020

Increased consultant complete episodes from April 2019 baseline

Target 3

We recognized that a consistent theme in our incident investigations related to our questioning in relation to the 'nature of the call' when patients called our emergency operations centre.

We implemented actions, however the issues still remains. We will therefore conduct a 'deep-dive' into the service and the way in which these calls are handled to identify any further and perhaps stronger controls i.e the use of technology to alert and inform call handlers.

Following the deep dive we will develop an improvement plan which will be monitored via the Serious Incident Assurance and Learning Group. We will adopt a standardised approach to the actions across both of our emergency operation centres at Bow and Waterloo.

As part of our aim to improve our patient safety culture we will engage as many staff within the departments and our QI trained staff to support the learning and development of improvement plans.

We will agree the implementation plan with the senior leadership team to gain their support and agreement to enables a critical mass of staff to be involved and to ensure we have realistic and timely plans.

Improvement plan agreed and actions signed off by senior leadership team.

A reduction in nature of call incidents from January 2019 baseline



Responsive

Services are organised so that they meet people's needs

Goal: To consistently meet all relevant national performance target standards through responsive patient care.

Having responsive services that are organised to meet people's needs is a key factor in improving patient experience and in preventing delays to treatment, which can cause harm to our patients. Our engagement events have shown that our patients agree.

To do this, we will continue to review our processes to ensure they are as efficient as possible, while keeping the needs of our patients central.

As well as the national targets above, we will focus on the following targets to improve our responsiveness as a Trust to patients who complain.

Target 1

Over the last 12 months the Trust has consistently been one of the strongest performing ambulance services. It is currently the third highest national performer in implementing the new ARP standard response times.

Subsequent to this all ambulance trusts are now monitored against a set of 13 newly developed Ambulance Quality Indicators (AQIs). These AQIs are part of our Board reporting framework and will be monitored bi-monthly at Board and monthly by executive leads at monthly performance meetings.

Our aim is to be in the top 3 ambulance trust, as measured by the aggregate score consistently across 2019-20. Additional recurrent funding has been secured over the last six months for additional frontline and Emergency Control Services staff, and we have also introduced an additional Incident Response Team to further strengthen our resilience capability.

To be in the top 3 ambulance trusts demonstrated by our score on the aggregate AQIs, consistently throughout 2019-20.

Target 2

One of the targets that the trust did not meet was the % of patients receiving a response from our complaints team within the 35 day target. The final outcome was 68% against a target of over 75%. We will therefore carry over this priority area to 2019-20. Further analysis of the barriers in meeting this target were identified:

- Inclusion of NHS111/IUC centre complaints which increased the number of complaints being handled
- Delay in recruiting additional staff to the team to provide clinical opinions
- Inefficient systems and process that led to delays in signing off complaints

We will therefore address these issue and continue to monitor progress against this target via the Quality Oversight Group, Quality Assurance Group and the Board.

To respond to over 75% of patients complaints within the 35 day target from the 68% April 2019-20 baseline.

Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

Goal: To increase the percentage of our people who have been trained and provided with leadership development.

Evidence shows that people who are engaged and happy in their jobs, respected and given opportunities to learn provide better care for their

patients. Our goal is to increase the percentage of people who would recommend our Trust as a place of work. By supporting our people to develop, we are improving the culture and ethos of the Trust – both as a place to work, and as a patient. This goal will be supported by the targets outlined below.

Well led

During 2018-19 we have strengthened further our governance systems and processes and set out additional key strategies e.g. Patient and Public Engagement, Refreshed our Health and Safety Strategy and Clinical Strategy and working towards approving our Volunteering and Estates strategies all of which, will act as key enablers going forward to the delivery of our strategic objectives.

Target 1

The CQC key lines of enquiry now include Use of Resources assessment domain that applies to ambulance trusts for the first time. During 2019-20 we will be inspected by the CQC on this domain as part of the annual well-led review.

Throughout 2019-20 our Director of Finance will lead the on-going assessment against the criteria set out in this key line of enquiry. The improvement plan developed from that assessment will aim to be assessed as good and to then further our plans for the next inspection to meet the criteria to gain outstanding rating for this domain in 2021-22.

Gain a rating of 'good' for the Use of resources domain in the 2019-20 CQC inspection

Target 2

Develop and implement quality improvement 'hubs' in every sector. This will comprise of business partners within the quality and assurance directorate, clinical sector leads, compliance leads and QI trained staff. The teams will be responsible for engaging with staff to develop improvement plans and ensuring that these are delivered. The plans will be aligned to strategic priorities within the business plan and our quality account priorities. The teams will also encourage innovative practice and tests of change for these ideas using the Trusts standard methodology.

Quality Improvement teams in each sector and sector quality improvement programmes developed and delivered by April 2020.

High performing organisations see quality improvement and leadership development as two sides of the

same coin – thoroughly connected and synergistic. We continue to invest in our staff through our leadership development programmes and both the People and Culture and Quality directorate will continue to work together to deliver training to support the success of this initiative. Developing a culture of professionalism, with all staff to ensure they are clear about their roles and responsibilities is paramount.

Outcomes will be monitored via our current governance and performance management arrangements.

Will continue to implement all of our strategies throughout 2019-20 and progress the additional activity outlined below:

- Continue to embed and deliver the Integrated Urgent Care service and NHS 111 function to ensure full organisational integration.
- Implement our refreshed Health and Safety strategy
- Working with STPs in developing and implementing system-wide improvements in delivering mental health services .
- Complete the re-structures of the estates and finance directorates to full recruitment.
- Develop and implement our Enterprise Programme Management Office (ePMO) function.

- Continued implementation of the Quality Improvement Plans and development of patient and staff safety culture across the organisation.
- Explore the development of an Investigation and Learning Unit
- Maintain the focus on culture and holding people to account.
- Implement the newly revised rosters, annual leave and end of shift arrangements
- Ensure that the estate is secure and safe.
- Continue to strengthen IM&T resilience and improvement.
- Continue to develop and implement Equality and Diversity Action Plans
- Develop plans to ensure that our staff survey results meet the criteria for an outstanding rating in 2020
- We will continue to deliver our Workforce Race Equality Standard (WRES) Action Plan, and develop a response to the newly required Workforce Disability Quality Standard (WDES) together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation.

CROSS REFERENCE BUSINESS PLANS

Section 3:

Looking Back: Quality performance 2017-18

The progress against our targets and goals we set out in our Quality Account 2017-18 are outlined here, under the quality domain headings.

DRAFT

Quality Priorities 2018-19

The priorities for 2018-19 as set out in our previous Quality Account (2018) are highlighted below against the 3 domains for quality, Patient Safety, Experience and Effective care. Progress against each of the domains is provided, where relevant impact key performance indicators are included.

During 2018-19 we introduced and established additional roles to support patient safety across the organisation. The Medical Director has introduced Sector Senior Clinical Advisors who work closely with the Quality Governance and Assurance Managers (QGAMs) and the newly created operation compliance function to address quality, clinical effectiveness and supervision and compliance against quality and performance standards.

In addition we have successfully bid to be the provider of NHS 111 and Intergrated Urgent Care services in the North and South of London. The quality, medical and operational directorates are working closely to ensure we have robust governance processes that are aligned to the current Trust processes to ensure that quality of care and patient safety are not compromised.

We have also recruited an experienced risk manager who is working through an improvement programme to strengthen and embed further our risk management systems and processes and ensure staff are trained to understand risk management.

Target 1: 90% implementation of Health Assure

The Head of Quality Intelligence and Risk has worked with locality and corporate managers to populate the Health Assure system.

The system allows ‘real-time’ monitoring of quality standards and will be further developed during 2019-20 to include monitoring of policies, audit, NICE guidelines and safety alerts.

The original target set out in the quality account 2018-19 was to have complete implementation by late 2018. However the trust undertook a significant re-structure of the operational teams during 2018-19. This meant that various roles and responsibilities changed. The target was therefore extended until March 2019 to ensure that those whose responsibility it was to implement the system were correctly identified. The Locality General Managers have led this work and have put significant effort into ensuring that the evidence and rating for all of the CQC domains were uploaded and met the deadline in February 2019.

We are currently working with all staff and providing them with the support to ensure that we have regular monitoring via scorecards within the performance meetings and the quality report.

The reports will be reviewed at the sector governance meetings led by the QGAMS and any issues/risks that need resolution will be actioned with the support of the quality directorate. If a trust wide issue is identified from the sector meetings, an improvement project will be developed, where appropriate, to ensure we have a standardized approach to resolution and implementation, All projects will be monitored via the Programme Management Board.

Target 2: Handovers over 15, 30, and 60 minute target and total time lost to reduce quarter on quarter against same period 2017-18

In winter 2015, the LAS, NHS England and NHS Improvement highlighted a lack of consistency in handover procedures and the use of Hospital Arrival System (HAS) PIN. This programme resulted in a series of improvement interventions at ten emergency departments in London. In 2017 the ECIST completed a series of 13 site visits and assessments leading to detailed improvement recommendations. Homerton emergency department was visited as a good practice site. Follow up visits commenced in October 2018 to measure progress against the individual recommendations made by the Emergency Care Improvement Programme (ECIP). This work included widespread sharing of patient flow guidance with operational leads at each acute site and the identification of direct LAS contacts for each Trust.

Following a trial in December 2017 using national early warning score (NEWS) to monitor patients awaiting handover, the NEWS2 score card has been implemented across LAS where the anticipated wait exceeds 30 minutes, and the Trust is working with emergency departments to develop the card for urgent and emergency care settings.

LAS continues to work with local emergency departments to support ECIST initiatives to reduce handover delays; by identifying patients who could either wait or be seen in a hospital chair (#fit2sit), a standard process for patient cohorting and reviewing conveyance choices and alternative pathways. The standard process for cohorting includes a requirement to record any instance

of cohorting on Datix.

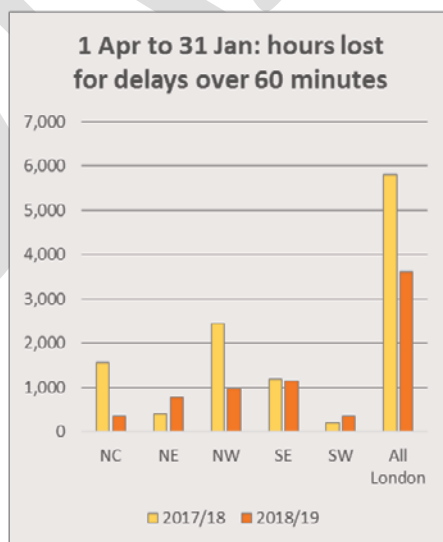
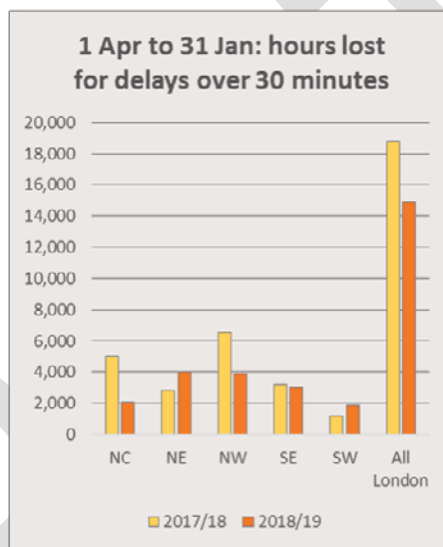
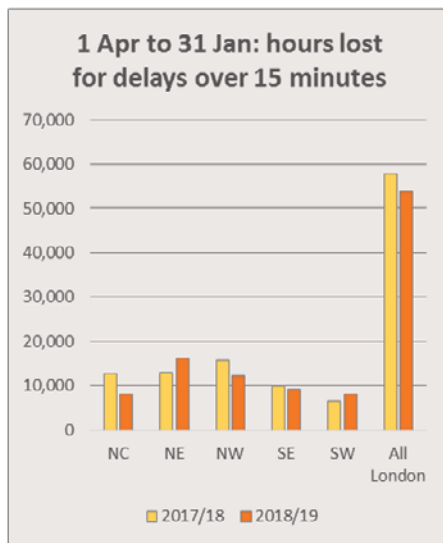
The LAS Medical Director is the executive lead for hospital handover with an LAS senior manager embedded in the NHS England Winter Room. The Trust shares its predictions of conveyance numbers by week, day and hour with each emergency department and the Winter Room. LAS also shares a daily report detailing the time lost at emergency departments to handovers greater than 15, 30 and 60 minutes. LAS holds fortnightly meetings with NHS Improvement relationship leads and STPs to plan and manage the process.

Comparing the period of 1 April 2018 to 31 January 2019 with the same period in 2017/18

- The number of conveyances to emergency departments across London has increased by 2%.
- The total number of hours lost across London due to delays over 15 minutes has improved by 7% (ca 3,951 fewer hours)
- The total number of delays over 30 minutes has decreased by 2% (ca 1,456 drop), mainly in North Central London (ca 5,563 = 36%)
- The total number of delays over 60 minutes has decreased significantly on last year by 35% (ca 3,200 drop), mainly in North Central London (ca 2,014 = 69%) and North West London (ca 1,790 = 54%)

The bar charts shows the hours lost to handover for London overall and by STP for the year from 1 April 2018 to 31 January 2019

We will continue working with our stakeholders to improve these indicators further.



Target 3: 100% completion of secure drug rooms roll-out across all sectors by March 2019 to agreed stations

During the year the Estates department, liaising closely with the medical directorate, have worked to implement secure drug rooms across all sectors in 2018-19.

This has been successfully completed across the majority of sites. Currently 4 more sites have to be implemented and these will be completed by June 2019.

We have seen very positive outcomes in terms of the reduction in secure drug related incidents. In addition the rooms and the CCTV have also helped support investigations when issues have arisen with missing drugs.

The metropolitan police continue to work closely with the Trust in ensuring that we have a collaborative approach to reducing medicines management issues. The relationship is mutually beneficial and positive. The organization will continue to monitor and strengthen its systems and processes in relation to medicines management, evidenced by our new priority to ensure that recommendations from the Gosport enquiry are fully implemented.

Target 4: Increase the number of defibrillator downloads year on year to 20% by end of 2019

The aim of downloading defibrillator data is to ensure that we have a more comprehensive and trust-wide understanding of the management of patients in cardiac arrest. This data will support learning for our crews both for individual cases and issues that reflect a trust wide problem.

The medical directorate have worked with operational teams to increase the number of downloads, which as of April 2018 was below 5%. Our commissioners also set us a contractual target to increase this number to 20%.

As of March 2019 we have met that target (20%). We will however continue to increase this percentage and are aiming for >30% during the coming year. Importantly the impact of understanding more the issues our staff face, both in knowledge, understanding and equipment utilization, has led to a reduction in serious incidents related to the management of patients in cardiac arrest.

Patient Experience

Target 1: Reduction in calls generated by those classified as frequent callers from April 2018 baseline

Responding effectively to frequent callers is a significant challenge and one that requires support from our various system wide partners. During the year the LAS increased the number of staff within the dedicated frequent caller team. This allowed a frequent caller manager to be assigned to each of the 5 sectors to work closely with managers on supporting this work.

The team have worked alongside a number of 'High Intensity User' initiatives across London. The aim of these is to better support these patients and ensure they seek help from the most appropriate service. The team attended multi-disciplinary meeting to discuss specific cases, share our data and formulate strategies to reduce calls to LAS.

In addition the use of Co-ordinate My Care (CMC), a system that collates information that can be shared across healthcare providers to ensure a holistic approach to care, has been promoted.

However, familiarization and training in the system has proved challenging, as has ensuring all providers use the system consistently.

The team have focused on the top 5 patients each month to target strategies. We have seen reductions in North Central and South West sectors, minor increases in North and South East sectors, however marked increases in North West sector.

From a position at April 2018 of 3.8 calls per 1000 calls we are currently at a position of 3.57 calls per 1000 calls. Although not significant is

does show improvement. The challenge is that as we solve cases, more cases enter the system. A continued and focused effort is needed and will continue as part of the plan – London collaborative partnerships that LAS are fully engaged with.

Target 2: Evidence of patient involvement in QI and service re-design programmes

Following the launch of our 2018-19 strategy, the Trust introduced a pioneering improvement programme. The programme included key areas of focus to improve patient care for specific groups, they included:

- Patients in mental health crisis
- Patients who have fallen
- Patients at end of life
- Maternity patients

A patient engagement and involvement methodology was developed for each of these programmes. The 'Whose Shoes' methodology was incorporated into the improvement plans. This methodology involves inviting patients, carers, stakeholders to a half day session that includes:

- Introducing the context, issues and sharing of patient stories
- Round table discussions using real patients stories, feelings, thoughts about the care they have received, both positive and negative
- Teams discuss the scenarios and identify the issues and solutions to these
- An artist then captures these themes and solutions on a large picture wall, the wall is then produced for the Trust to take back and display and use to develop plans

Over XXX patients carers have been involved in these sessions and the

evaluations have been extremely positive.

In addition our patient engagement teams have organized public engagement events to support patients and members of the public to gain feedback in relation to the development of the organisation. In total they have held over 500 events during the year with an approximate audience number of 73,600. Knife crime has been a specific focus not only in terms of prevention but also how to manage victims and increase the opportunity to gain a better outcome

Target 3: Reduce the number of conveyance (20%) and employ 2 WTE practice development midwives and deliver training programme in 2018-19

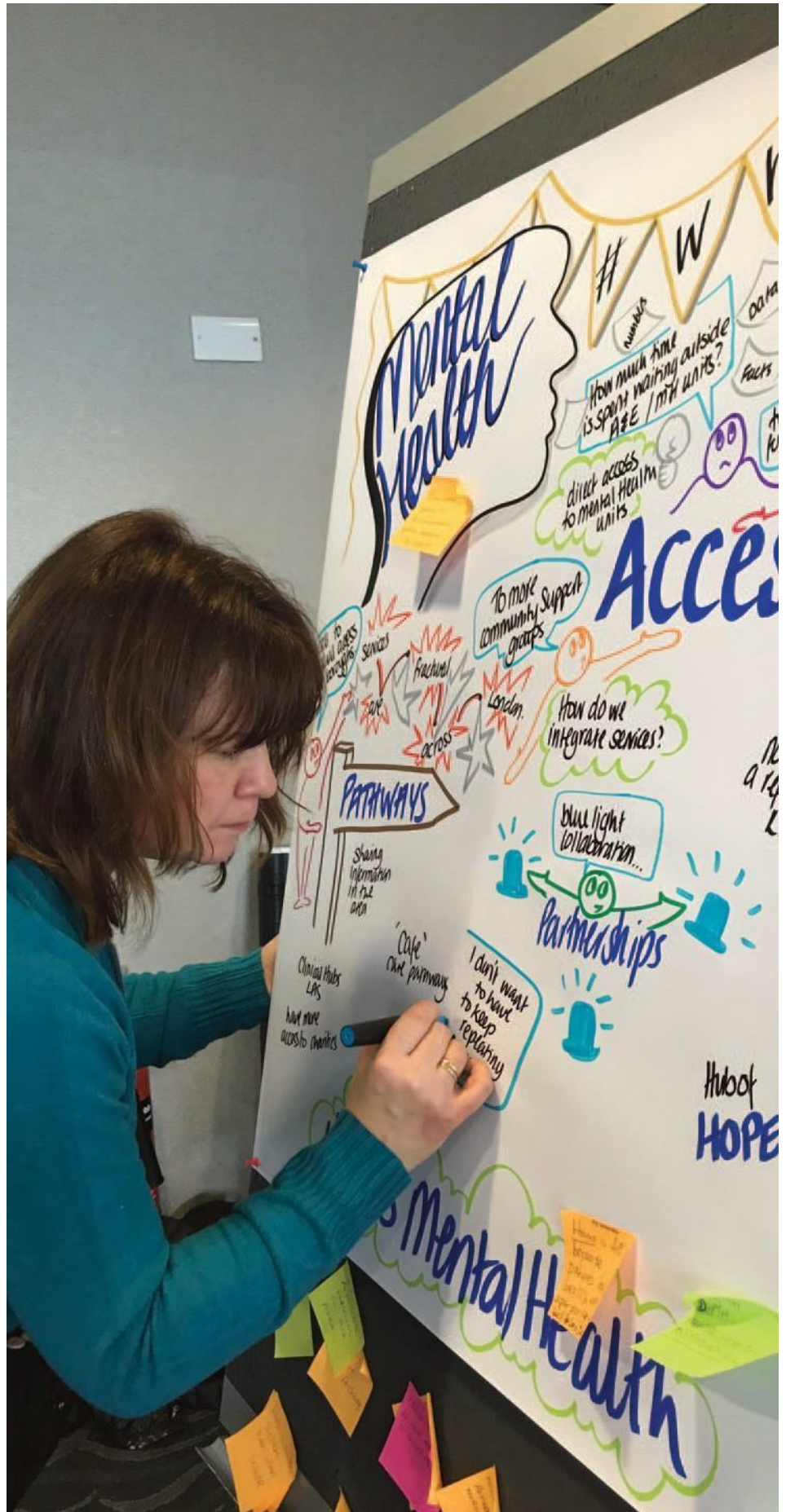
Maternity Services was and remains a key focus of our pioneering services programme discussed in Target 2. We have recruited an additional 3 midwives (1 more than the target set) during the year to support our Consultant Midwife in her role.

The work of the maternity team has been positively received and nationally recognized. The LAS receives on average 600-700 calls per month that relate to maternity care. During 2018 the total number of calls was 8505.

The Maternity Pioneer programme was launched in November 2018, delayed recruitment to the team meant this was later than envisaged. The team have focused on developing training and education materials and delivering training to staff across the organization. The aim is to ensure that maternity patients are managed appropriately and to reduce unnecessary conveyances to an emergency department.

A business case is currently being considered to increase the team and the impact on conveyance figures. We have seen a reduction in conveyance of patients with haemorrhage from an April 2018 baseline of 96% to a current rate of 91%. Overall we have seen a XXX% reduction in conveyance of maternity patients to ED.

We hope this position will be improved, if successful in gaining funding, to increase the team and therefore their availability to manage calls directly within the clinical hub and when responding to patients in their homes.



Clinical Effectiveness

Target 1: Root and branch independent training review completed

The Trust commissioned a comprehensive review of training provision across the organization.

The review included:

- Quality of the training
- Governance
- Monitoring and reporting systems
- Facilities

The findings of the review highlighted the positive elements of the current provision and also areas for improvement.

The priority recommendations are:

- An overarching Training and Education Strategy is developed informed by the Trust's organisational strategy and other enabling strategies in addition to developments in the Healthcare System relevant to a modern, efficient education offer (e.g. Carter)
- Rationalisation of training estate is prioritised as an element of the Trust's estate strategy for 19/20
- Funding is agreed for the sourcing of a student management system (capable of interface with OLM) which will vastly improve the learner experience, remove our reliance on paper and deliver visibility of compliance
- Funding is agreed for archiving all existing paper records providing a digital copy as a part of the project
- The clinical training functions across the Trust are reviewed and clinical education is brought under one clinical education and standards lead
- An Education Group is formed lead by Executive Directors: People, Medical, Quality and Operations and formed with the inclusion of Deputy Director of Clinical Education and Standards,

Head of Leadership and Performance, Diversity Lead and others that are considered relevant senior managers

- Investment in the creation of key collateral to inform the candidate and learner experience
- Investment in the creation of a Training and Development Hub providing a one stop 'virtual' hub for sharing tools, case studies, learning materials and holding 'virtual' classes

An action plan was developed into a trust-wide improvement programme and is being monitored via Programme Management Board and both the People and Culture committee and Quality committee.

Target 2: New quality indicators developed and being reported via performance scorecards by December 2018

During the year the new AQI indicators were launched nationally. These indicators reflect 13 key performance metrics that relate to all ambulance services nationally.

The trust and its commissioners monitor these on a monthly basis via the Commissioning Quality and Risk Group and through various other performance meetings internally and externally.

INSERT GRAPHS

Recent assessments show that the LAS is one of the highest performing ambulance services for the majority of the indicators and has maintained a top three position throughout the latter half of 2018-19.

The performance has maintained the organization in the Level 2 Strategic Oversight Framework (SOF). We aim to maintain or exceed this positive position during 2019-20.

Target 3: QI training plan

agreed 100 % of identified key first cohorts trained by September 2018

Working with the NHSI and with their support during 2018 we agreed and developed our Quality Improvement training programme and approach.

Our chosen methodology was and remains, the Quality Service development and Improvement Re-design (QSIR) approach. Using the capability model outlined in our 2018-19 quality account, we calculated the number of staff required to be experts to deliver the programme and the number to be trained within the first cohort.

An initial cohort of 25 staff were identified from both operational and corporate teams. These staff started their training course in May and finished in November 2018. During this time we identified staff for further cohorts 2 and 3. We have now completed 3 courses and have trained a total of 55 staff in QI methodology. Four other members of staff have undertaken the QSIR assessment and will be trained as trainers by early 2019.

In addition we trained 12 members of staff in Agile programme improvement methodology. This approach uses programme and change management principles but allows more rapid change to occur, This can be used alongside the QSIR methods to allow rapid improvements methodology, where needed, i.e. high risk situations. Examples of this approach have been used by the Trust in relation to CQC regulatory standards and mobilization of new services.

We have now paused the programme whilst we develop the QI hubs in sectors so that staff trained can start to participate and utilise their skills this year. Once we have additional staff trained as trainers we will then start Cohort 4.

We are also working with other ambulance services to agree a standardised approach to QI via current networking opportunities.

Target 4: At least 2 sector roster reviews completed by Sept 2018 and remaining sectors April 2019

LAS committed to undertake a pan-London roster review as soon as possible after the Ambulance Response Programme (ARP) was implemented on 1 November 2017. The aim of the review was to better meet the organisation's resourcing requirements and enhance the working lives of our staff through improved rosters.

The roster data sets were agreed by the Trust in early 2018 together with the core principles of the roster review which were created in collaboration with staff side colleagues.

As part of the roster review, 16 operational groups were established and four working party events were held. Between July and December 2018, each of these groups voted for, and agreed, new rosters. LAS has now written over 170 core rosters which cover both double crewed ambulances (DCAs) and fast response units (FRUs) as some stations have split their roster to provide different patterns.

The new LAS rosters will go live over a five week period which starts on 25 February 2019 and concludes at the end of March 2019.

A project group is working in parallel with the roster review to develop new processes and policies for our staff who are not on core rosters and are known as relief staff. The intention of this work is to improve the work/life balance of these staff members while ensuring that we meet the requirements of our patients in the post-ARP period. Once the main relief patterns are

agreed, the project group will focus on the 'flexible relief' patterns to ensure that the LAS has the required level of relief cover needed.

Conclusion

Our progress during 2018-19 has been significant and has brought about much improved outcomes for our patients and staff, as demonstrated in this section of the report. We will strive to continually improve and sustain that improvement through our quality improvement plans for 2019-20 and beyond.

Section 4:

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, Command Point, 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 Command Point, MDT, and PRF data

Information to request a review of any data items. These data quality queries are submitted via the

ity 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. A data quality strategy is under development to be approved by the Trust Board in 2018.

Income

The income generated by the NHS services reviewed in 2018 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2017/18.

Clinical Audit and Effectiveness

Ambulance Quality Indicator performance – STEMI & Stroke care bundles

The London Ambulance Service NHS Trust submitted the following information regarding the provision of an appropriate care bundle to STEMI patients and diagnostic bundle for stroke patients to NHS England for the reporting period 2018/19 and 2017/18 (Table below).

Clinical Effectiveness and Audit

The London Ambulance Service NHS Trust has a robust and diverse clinical audit and research programme focusing on a range of clinical areas of both local and national importance. During 2018/19, the LAS examined the care provided to a wide range of patient groups and conditions including cardiac arrest, acute coronary syndromes, heart failure, stroke, major trauma, severe sepsis, respiratory and paediatric care. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Our research programme continued to grow with the LAS participating in clinical trials examining cardiovascular care, maternity triage and diabetes management. We had 11 publications in peer-reviewed scientific journals and were involved in three successful applications for research funding.

During 2018/19, we supported the development of new NHS England Ambulance Quality Indicators on behalf of the National Ambulance Service Clinical Quality Group and our Head of Clinical Audit & Research was elected the chair of the National Ambulance Research Steering Group and awarded a Visiting Professorship by Kingston University and the St George’s University of London.

In addition, we won the Clinical Audit Award 2018 from the Clinical Audit Support Centre for our Clinical Performance Indicators initiative highlighting how clinical audit can improve patient care and service delivery. Furthermore, the Clinical Audit Support Centre selected the London Ambulance Service NHS Trust to showcase good clinical audit practice -the first time an ambulance service has been selected. The article was published on their website and tweeted as part of clinical audit awareness week.

Clinical audit

During 2018/19, one national clinical audit and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the London Ambulance Service NHS Trust participated in 100% of national clinical audits, which it was eligible to participate in.

The national clinical audit and national confidential enquiries that the London Ambulance Service NHS Trust was eligible to participate in

during 2018/19 are as follows:-

NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

- Outcome from cardiac arrest:
 - Number of patients
 - Return of Spontaneous Circulation (ROSC)
 - Survival to discharge
 - Post-resuscitation care bundle
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke
- Outcome from sepsis

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2018/19, are listed below 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	2018-19*		2017-18	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	74.3%	80.1% (69.3% – 92.5%)	70.7%	76.6% (64.6 – 90.9)
Stroke patients	98.4%	98.3% (94.7% – 100%)	96.8%	97.1% (95.0 – 99.6)

*At the point of preparation of this Quality Account, NHS England reported data for April to September 2018.

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 clinicians 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.

The reports of the above national clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust has taken actions to improve the quality of healthcare provided. Furthermore, the reports of 8 local

clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust intends to take actions to improve the quality of healthcare provided (see Appendix 1).

Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service NHS Trust from 1st April 2018 to 27th February 2019 that were recruited during that period to participate in research approved by a research ethics committee was 240. These patients were recruited into a range of interventional and observational studies.

Serious Incidents (SIs)

A total of 334 cases were reviewed by the Serious Incident Group in 2018/19 (April 2018 – February 2019). Of these, 77 incidents were deemed to meet the criteria to be declared as serious incidents to NHS England.

The Quality Directorate has expanded over the course of 2018/19. The Quality Intelligence and Improvement team were established which consisted of a Head of Quality Intelligence and Improvement, an Intelligence Systems Manager and two System Administrators.

This team have taken forward the

National Clinical Audit	Number of cases submitted	Percentage of cases submitted as eligible for inclusion
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	a) 4,787	100%
NHS England AQI: Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a) 3,544 b) 497	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 3,356 b) 445	100%
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care a) Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	a) 290	100%
NHS England AQI: Outcome from acute STEMI a) Time from call to angiography for confirmed STEMI patients: Mean and 90th centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 1,058 b) 768	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for suspected stroke patients: Mean and 90th centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 5,553 b) 11,005	100%
NHS England AQI: Outcome from sepsis – Sepsis care bundle a) Care bundle delivered to adult suspected sepsis patients with a National Early Warning score of 7 and above (includes: a set of clinical observations, provision of oxygen, fluids and pre-alert)	a) 3,002	100%

Datix Risk Management system to make access to the system easier for staff across the organisation to report an incident. The system has also been updated to provide between reporting improvements data collection so that key stakeholders across the Organisation can see themes and trends emerging in their areas by the implementation of dashboards.

There is also enhanced training for those involved in investigating incidents and Serious Incidents to ensure that completion of the system is more accurate and therefore data capture, analysis and reporting is more effective. The Team have also recruited a Trust Risk Manager who supports the corporate and clinical risk management process across the Trust. This role also supports the Serious Incident Process by helping to support and identify emerging risks from incidents and Serious Incidents to ensure mitigating actions are addressed.

The Quality Governance and Assurance Managers (QGAMs) responsible for leading on sector level quality and assurance have moved from the Operational directorate into the Quality Directorate. This is to ensure that a consistent approach to quality governance, assurance and improvement is further developed in the organisation, in line with the organisation's quality strategy.

As at February 2019 a total of 81 managers have been trained to investigate serious incidents. To assist in times of high operational demand, significant efforts have been made to utilise managers from other areas of the Trust. The Quality, Governance & Assurance Team (QGAT) has worked hard to ensure SI investigations are aligned to key internal milestones and external deadlines; however, due to competing priorities and capacity this can be a significant challenge to achieve. As of November 2018, the

Trust had over the last 13 months submitted all SI reports within the 60 working days required. In the last week of December 2018, 1 report was not submitted within the 60 working day deadline. The SI process pathway is being reviewed to confirm milestones, responsibilities and to formalise key points of escalation to ensure the milestones are met moving forwards.

Quarterly thematic reviews have shown issues concerning call handling and dispatch and clinical treatment. A review of contributory factors has revealed that task factors continue to be the highest occurring contributory factor with an increase from 12 in Q2 to 17 in Q3. These relate mostly to staff not complying with policies and procedures in place and not due to the absence of appropriate policies. The majority are due to staff not being cognisant with the application of these policies to certain scenarios. There has therefore been an increase in the use of case studies on Serious Incidents for shared learning across the Trust to drive further improvement in this area. This theme is also being monitored by the newly formed Serious Incident Assurance and Learning Group .

Learning from experience

Below show some examples of where the Trust have made improvements as a result of serious incident investigations:

- 1 The development of clinical decision support tools for non-registrants and newly qualified paramedics
- 2 Movement to AED mode for the initial management of all cardiac arrest patients
- 3 Elements of human factors training in core skills refresher courses for both EOC and frontline operations
- 4 Non 50 call sign FRUs deployed to lower category calls where there is a clinical need

- 5 FRUs deployed to patients with chest pain and shortness of breath or clammy if no ambulance immediately available for dispatch.
- 6 Guidance issued to staff on the management of patients presenting with atraumatic chest pain
- 7 Training on the management of tracheostomy patients delivered in core skills refresher courses for clinical staff
- 8 Nature of Complaint training delivered in core skills refresher courses for all EOC staff
- 9 Ineffective breathing infographic developed for EOC staff
- 10 Policies that have been identified to be unfit for purpose have been reviewed and updated
- 11 Incorporation of case studies, both clinical and EOC, to the internal leaning from incidents in the Insight magazine
- 12 Update of the Clinical Hub Standard Operation Procedure
- 13 Implementation of the new End of Shift process for operational staff
- 14 Inclusion of obstetric emergency management training in core skills refresher courses for all clinical staff

Future developments

The Trust's Learning From Experience Group has been amalgamated with a new SI Assurance and Learning Group which will report into the Trust's Quality Oversight Group (QOG), and the first meeting was held in January 2019. One of the main objectives of this Group is to ensure that the actions generated from recommendations from SI investigations are effectively implemented and embedded and the learning is shared across the Trust utilising a multi-platform approach for communication.

Duty of Candour

Duty of Candour training is part of the mandatory training for all

relevant members of staff and is valid for three years. . Additionally all Lead Investigators are provided with the regulation 20 compliance requirements, its place within the serious incident process and the history of the regulation.

The role of the QGAMS and members of the central governance team will include the requirement to have a robust working knowledge of the Duty of Candour process, and these individuals will be responsible for ensuring compliance with all investigations that they are supporting. Further support regarding the Duty of Candour is found in both the revised Duty of Candour Policy and Serious Incident Policy. To improve the monitoring of Duty of Candour compliance in relation to serious incidents and those graded as moderate harm, the Datix Web system was developed to include a section dedicated to the individual stages and allows for compliance reports to be reviewed. Work continues to ensure that this section of the Incident form is completed.

The Trust is going to provide externally led training for the central Governance team, the QGAMS and Lead Investigators for Duty of Candour. This is to ensure that Trust continues to improve provision of Duty of Candour, as well as maintains its compliance and ensure that individuals remain up to date in their knowledge. This external training is to be delivered during 2019/20.

CQC

Following the February 2017 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 Chief Quality Officer to ensure oversight and

leadership in the delivery of our QIP via Executive Leadership Team meetings and via Quality Oversight group, Quality Assurance Committee and Board.

This Quality Improvement plan has been delivered the majority of actions completed, 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, were incorporated into the 2018/19 Business Plan.

The CQC has conducted a Well-Led inspections of The London Ambulance Service NHS Trust on March 2018 .

The outcome of the inspection was the removal of the Trust from special measures and an improved rating of Good overall

We also had an unannounced visits in November 2018 in relation to security arrangements:

- Emergency Operations Centres
- Urgent and Emergency Care sites

The report from this is on the CQC website. The findings identified concerns re safeguarding and security access issues. A comprehensive action plan was developed and is complete, medium to long term solutions have been included in the 2019-20 business plan and will be implemented over the next year, We are awaiting our Well-led review in 2019.

Safeguarding

The London Ambulance Service NHS Trust has continued to ensure the safeguarding of children and “adults at risk” remains a focal point within the Trust which is committed to ensuring all persons within London are protected at all times.

The Trust has seen an increase in incidents and safeguarding concerns

raised by our staff to 2.1% of incidents and report around 2000 concerns a month to the local authorities. We have worked hard with local authorities to increase the feedback from the concerns raised and we are now receiving about 15% feedback on concerns raised.

We have the following safeguarding policies in place

- Safeguarding Children Policy TP018
- Safeguarding “Adults at Risk” policy TP019
- Domestic Abuse policy TP102
- Safeguarding Supervision policy TP119
- Chaperone policy TP118
- Prevent policy TP108
- Allegations Against Staff policy HR039

We have also improved our safeguarding governance arrangements and have the following

- Safeguarding Assurance Group (SAG which reports to)
- Quality Oversight Group (that reports to)
- Quality Assurance Group of the Trust Board.

SAG has a sub group and three practice review groups

- Safeguarding Operational Group

Review groups

- Safeguarding Incident Review Group
- Care home concernsreview group
- Prevent Review Group

We have also appointed a Safeguarding Governance and Training Lead to provide assurance and ensure best practice is adopted. The Trust has undertaken a number of quality audits of safeguarding

throughout the year these include

- Auditing knowledge and retention of staff learning
- Quality of concerns/referrals raised
- Quality of training delivery
- Child FGM
- Discriminatory abuse
- Historic CSA/CSE
- Patients with a Learning Disability and safeguarding concerns.

An internal audit was undertaken by Grant Thornton and reviewed our safeguarding policies/safer recruitment and referral processes. Full LAS safeguarding governance and assurance can be found in our safeguarding annual report for 2018/19 which will be published on our website.

The Trust continually seeks to learn from practice and we have detailed in the safeguarding annual report is the learning from safeguarding cases in 2018-19.

The Trust has produced a new Safeguarding pocket book for staff which is also available on their iPads



The Trust has also produced a

domestic abuse poster to support the education provided to staff on domestic abuse.

Partnership working is vital to protect people from abuse and neglect and the Trust has a good working relationship with a wide range of partners including

- London Safeguarding Boards (64)
- London Fire Brigade
- London Safeguarding Adult Network
- London Homeless Health Programme
- Metropolitan Police Service
- NHS England
- Red Thread
- Women’s Aid
- Multi Agency Risk Assessment Conferences
- Silverline

The Trust is committed to protecting those most at risk of abuse and neglect and the Safeguarding Team continues to support and educate staff to recognize signs of abuse and neglect and report concerns and monitors and assure safeguarding practices thorough on going audit and review groups. To enable this to continue the Trust is increasing the safeguarding team in 2019 to enable specialist training delivery and supervision as well as local safeguarding specialist support to managers and staff.



Staff Survey

Introduction

The 2018 NHS Staff Survey was held between 28th September and 30th November 2018. All staff were sent the questionnaire to complete electronically on-line. The eligible sample was 5481 (compared with 4970 in 2017). 3564 surveys were completed, giving an overall response rate of 65%. This is an increase of 11% compared to last year, which equates to 900 additional surveys completed.

LAS achieved the highest response rate of all the Ambulance Trusts. The average response rate across all Ambulance Trusts was 49%. LAS' response rate is therefore significantly higher (15%) than other Ambulance Trusts and nearly double the rate of the lowest Trust who achieved a response rate of 34%.

The results of the staff survey are published in two ways. The Trust's survey provider (Picker) provides the 'raw data' scores for every single question and benchmarking with other Ambulance Trusts for who they are also providing the results. This year 5 other Ambulance Trusts used Picker, therefore our comparison data only takes into account half of the Ambulance Trusts. In addition to this year's results, Picker provide historical data back to 2014.

Scores are broken down into 5 main areas

- Your job
- Your personal development
- Your managers
- Your organisation
- Your health, wellbeing and safety at work

This report is only available to individual Trusts and is not publicised more widely. The main published report is a benchmarking report prepared by the National Survey Co-ordination

Centre, on behalf of NHS England, containing the results for themes and questions and historical results back to 2014 (where possible).

The report this year has changed and results are presented in the context of the best, average and worst results for all Ambulance Trusts. Data in this report is weighted to allow for fair comparisons between organisations. Further changes this year, include the 32 Key Findings now being presented as key themes. The ten key themes cover ten areas of staff experience and present the results from these areas in a clear and consistent way. All of the themes are scored on a 0-10 scale, where a higher score is better than a lower score. The themes are listed below:

- Equality, diversity and inclusion
- Health and Wellbeing
- Immediate Managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment – Bullying and harassment
- Safe environment – Violence
- Safety culture
- Staff engagement

Picker local report

Compared with the 2017 survey, LAS was significantly better on 34 questions and significantly worse on 2 questions. The remaining 46 questions showed no significant difference.

The overall average positive score was 55% which was a 2.8% increase on last year.

Significant improvements since 2017

Of the 34 questions, the top 10 with the highest % difference are listed below:

Areas for development since last survey

The table below highlights the 4 areas which Picker identified as the questions where responses were worse than last year, as well as the historical data for the last 4 years

Taking Action

The Staff Survey Champions network will be used again this year to develop local action plans. There is a network of 40 Champions covering the whole Service, working in partnership with local union reps who will work with their colleagues in identifying areas for improvement locally and potential actions to take forward.

Champions have been provided an overview of the survey outcomes, reports on local results and support in the development of action plans. A pulse check will be undertaken during June to measure progress locally on the action plans to determine whether they are having an effect.

A Corporate Action Plan will also be developed focusing on three key areas:

- Quality of Appraisals
- Health and Wellbeing
- Bullying and Harassment

Most improved from last survey
Q17d. Staff are given feedback about changes made in response to reported incidents
Q17a. Organisation treats staff who are involved in an error, near miss or incident fairly
Q21c. Would recommend organisation as a place to work
Q4g. There are enough staff at this organisation
Q5a. Satisfied with recognition for good work
Q9b. Communication between senior management and staff is effective
Q9c. Senior managers try to involve staff in important decisions
Q14. Organisation acts fairly: career progression
Q17c. When incidents are reported, the organisation takes action to ensure that they do not happen again.
Q18c. Would feel confident that organisation would address concerns about unsafe clinical practice

Least improved from last survey
Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours
Q11f. Have not felt pressure from colleagues to come to work when not feeling well enough?
Q16b. In the last month have not seen any incidents that could have hurt service users
Q28b. Disability: Organisation made adequate adjustment(s) to enable me to carry out work?

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 undertook this role in addition to her core role as Head of Patient & Public Involvement and Public Education. She stepped down at the

end of December 2018, to be replaced by a full-time Freedom to Speak Up Guardian, who was tasked with promoting the role in the Trust and facilitating the recruitment of a permanent Guardian.

Since the role was introduced the

In 2018/19 the Trust has:
Appointed a full-time substantive Freedom to Speak Up Guardian following a competitive recruitment process. This role was appointed to on a part-time basis in July 2018 and became full time in December 2018. The Guardian has monthly 1:1s with the Chief Executive and is able to take an external leadership role as co-chair of the National Ambulance Network of Guardians and part of a supervision research group looking at implementation support for Guardians.

Ensured that Trust Board members undertook a self-assessment of leadership and governance arrangements in relation to Freedom to Speak Up using the self-review tool provided by NHS Improvement and the National Guardian's Office.

Developed a Freedom to Speak Up Strategy, that was approved by the Trust Board in September 2018. Appointed a network of 20 Freedom to Speak Up Advocates, ensuring that they have received training from the National Guardian's Office



NHS
London Ambulance Service
NHS Trust

Freedom to Speak Up

A confidential and impartial way of raising concerns

If you feel unable to approach a manager, or have already done so and your concern has not been addressed, the Freedom to Speak up Guardian is a confidential single point of contact who can be reached at: speakup@londonambulance.nhs.uk

Speak to the Trust's Freedom to Speak Up Guardian
It's quick, easy and confidential.



Implemented a revised communications plan to improve the visibility of Freedom to Speak Up and the Guardian across the Trust, leading to a significant increase in the number of concerns received.

Begun development and implementation of a detailed improvement action plan to ensure the delivery of the Trust's Freedom to Speak Up Strategy, evidence the Trust's commitment to embedding speaking up and help oversight bodies to evaluate how healthy it's speaking up culture is.

Continued quarterly Freedom to Speak Up steering group meetings, which since January 2019 have been expanded to take place alongside quarterly Dignity at Work meetings.

- Continued to report quarterly to the Trust Board on the progress of FTSU activities within the Trust.

The Trust's Freedom to Speak Up Strategy has the following 4 themes:

- 1> Engaging senior leaders to ensure the FTSU is given

Information Governance

London Ambulance Service NHS Trust submitted their GDPR compliance Assessment Report with an overall compliant statement.

National Reporting

London Ambulance Service NHS Trust did not submit records during

2018-19 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 2018-19 by the Audit

appropriate prominence within the Trust

- 2> Ensuring that all members of staff know and understand about FTSU and the role of the Guardian
- 3> Ensuring that the systems/processes/structures are in place to support raising concerns and responding to these and learning from them
- 4> (With the People and Culture directorate) facilitating cultural change

Increase in concerns raised in 2018/19:

Q1 1
Q2 16
Q3 42
Q4 54 (so far)

Section 5:

Reporting on core indicators

In October 2017/18 the ambulance response categories changed

following the national implementation of Ambulance

Response Programme (ARP).

Category	Percentage of calls per Category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	<ul style="list-style-type: none"> 7 minutes mean response time 15 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 30 seconds from the call being connected 	The first emergency vehicle that arrives on scene stops the clock. (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	<ul style="list-style-type: none"> 18 minutes mean response time 40 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock.
Category 3	34%	<ul style="list-style-type: none"> 60 minutes mean response time 120 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock.
Category 4	10%	<ul style="list-style-type: none"> 180 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 240 seconds from the call being connected 	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

April 2018 to January 2019 categories (YTD)

An overview of the Ambulance Response Programme performance standards is outlined in Table 1 including the expected percentage of calls per category as was suggested before the implementation of ARP

Category 1 (Life Threatening) A time critical life-threatening event requiring immediate intervention or resuscitation.

Category 2 (Emergency) Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.

Category 3 (Urgent) An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed

within a clinically appropriate timeframe.

Category 4 (Less-Urgent) Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.

As already mentioned, prior to the implementation of ARP it was expected that Category 1 incidents would attribute approximately 8% of overall incident activity. However, the graph opposite demonstrates levels have been above this guideline, and that there has been steady growth since Nov-17. The LAS C1 demand makes up on average 10.8% of incidents, but reached 12.5% in Jan-19.

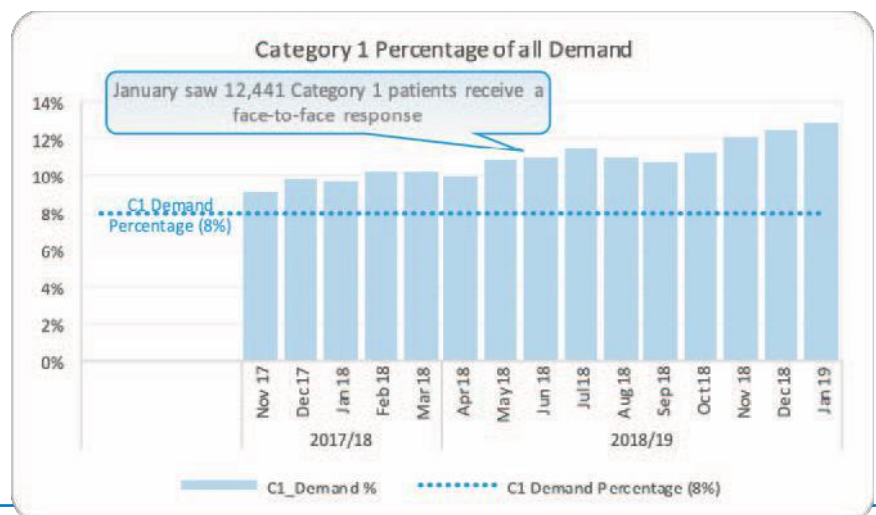


Table 2 demonstrates our achievement in these categories of demand so far during 2018/19. The values presented represent the key

indicators and their resulting performance month on month from April 2018 up to and including January 2019.

Table 2

	C1 Mean (00:07:00)	C1 90 th Centile (00:15:00)	C2 Mean (00:18:00)	C2 90 th Centile (00:40:00)	C3 Mean (01:00:00)	C3 90 th Centile (02:00:00)	C4 90 th Centile (03:00:00)
Apr-18	00:06:49	00:11:15	00:16:44	00:32:47	00:43:33	01:40:21	02:56:27
May-18	00:06:52	00:11:21	00:18:28	00:37:24	00:50:09	02:00:59	03:37:04
Jun-18	00:07:10	00:11:45	00:19:48	00:40:03	00:54:49	02:12:09	03:21:36
Jul-18	00:06:44	00:11:14	00:20:47	00:43:19	00:58:32	02:22:54	04:05:24
Aug-18	00:06:03	00:10:04	00:16:49	00:33:34	00:44:22	01:44:22	02:45:26
Sep-18	00:06:16	00:10:28	00:19:08	00:38:56	00:52:21	02:07:43	03:08:17
Oct-18	00:06:06	00:10:10	00:17:29	00:35:08	00:47:21	01:52:13	02:36:42
Nov-18	00:06:16	00:10:29	00:18:47	00:38:14	00:52:37	02:06:05	02:51:50
Dec-18	00:06:17	00:10:29	00:20:41	00:43:25	01:00:34	02:28:12	02:52:12
Jan-19	00:06:20	00:10:30	00:21:36	00:46:09	01:05:24	02:41:49	02:51:25
YTD 2018/19	00:06:40	00:11:02	00:19:39	00:40:31	00:57:51	02:17:50	02:32:41

*Please note January 2019 may be subject to change following internal Data Quality processes.

Performance in all 7 national measures have broadly remained stable over time. The C1 mean performance has been continuously within target since April 2018 with the exception of June 2018 where, following an extended period of extreme temperatures, the C1 mean finished just above the seven minute target.

December 2018 and January 2019 saw the Trust’s busiest months on record, with over 100,000 incidents attended in both months. Despite this, in January 2019 the C1 mean performance saw a minimal 3 second increase on December 2018 to 6 minutes and 20 seconds, and both months remained within the 7 minute national target. The C1 90th centile shows monthly performance successfully within the national standard of 15 minutes, which is also reflected in the year to date position at 11 minutes and 2 seconds, and indicates a safe level of service is being provided in this category.

Overall, the LAS response time performance to the most critically ill and injured patients remains within the national standards even in periods of extreme demand; however, response times continue to be a challenge for Category 2 patients. The C2 mean has been above the 18 minute target by a few minutes each month during 2018/19, with the exception of April, August and October. The year to date position is 1 minute and 39 seconds above the national standard; however, the C2 90th centile broadly remains stable and the year to date position stands just 31 seconds above the national standard. This demonstrates that although challenged, patient safety in this category can be seen to be maintained with long waiting times minimised.

C3 mean demonstrates a stronger picture where the LAS has achieved the national target for 8 of the 10 months year to date, with current overall performance within the national standard by 2 minutes and 9 seconds. During the two months where the C3 mean fell outside of

the target the LAS saw unprecedented levels of demand. C3 90th centile has been challenged, remaining above the national standard of 2 hours most months, except for April, August and October 2018. The year to date performance is above the national key standard by 17 minutes and 50 seconds, the Trust is working to reduce longer waits for this category of patients.

Although C4 90th centile performance has been challenged in some months, particularly with the month of July 2018, the Trust saw extreme temperatures impacting on our demand during this period. Despite December 2018 and January 2019 being the Trust busiest months on record for face to face incidents we were able to maintain a strong position with C4 90th centile performance, maintaining patient safety within these periods of higher than forecast demand. The cumulative C4 90th centile year to date performance now stands at 2 hours, 32 minutes and 41 seconds remaining within the national key standard of 3 hours.

Complaints and Patient Advice & Liaison (PALS) 2018/19

Introduction

Our approach is to use all patient feedback as a learning opportunity. Trends and emerging themes are regularly reported through the governance process and to widen the learning, we publish case anonymised case examples on the Trust website and contribute anonymised case examples to our 'Insight' publication which is disseminated across the Trust; we similarly report cases of significance to the National Ambulance Service Patient Experiences Group (NASPEG), comprising all UK ambulance services.

Engagement with patients is at the heart of the NHS complaints procedure and our complaints charter - <https://www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf> was designed in collaboration with our Patient Forum. We publish information about communicating

with us in other languages - <https://www.londonambulance.nhs.uk/talking-with-us/enquiries-feedback-complaints/communication-g-us-languages/> and in easy read format - see link from <https://www.londonambulance.nhs.uk/talking-with-us/enquiries-feedback-complaints/>

We also work very closely with advocacy providers, especially POHWER, the largest provider in London.

We have an exemplary record with the Health Service Ombudsman who recently visited the Trust and complimented our complaints process.

Activity

Year ending 2018/19, the volume of complaints increased over 2017/18, totalling [] against 938 in 2017/18. Enquiries continue to increase [] against 4278 being received in 2017/18. NHS 111 complaints (via LAS) are also hosted by the team.

During 2018/19 the team took responsibility for the management of Quality Alerts from other Health Care Professionals. A total of [] such requests have been received throughout the year.

The Resource Escalation Action Plan (REAP) was used during persistent periods of high 999 call demand meant that the REAP level for this year was mostly implemented at moderate or severe. The daily average for 999 calls is currently []. The average percentage of complaints received against calls attended is [0.08%].

Complaint risk score: 2018/19 ytd

During 2018/19, xx complaints and one PALS enquiry were referred to the Serious Incident Group. Of these, [] were declared as a Serious Incident.

Risk grade 2018/19	Data
Low	823
Moderate	87
Significant	1
Total	911

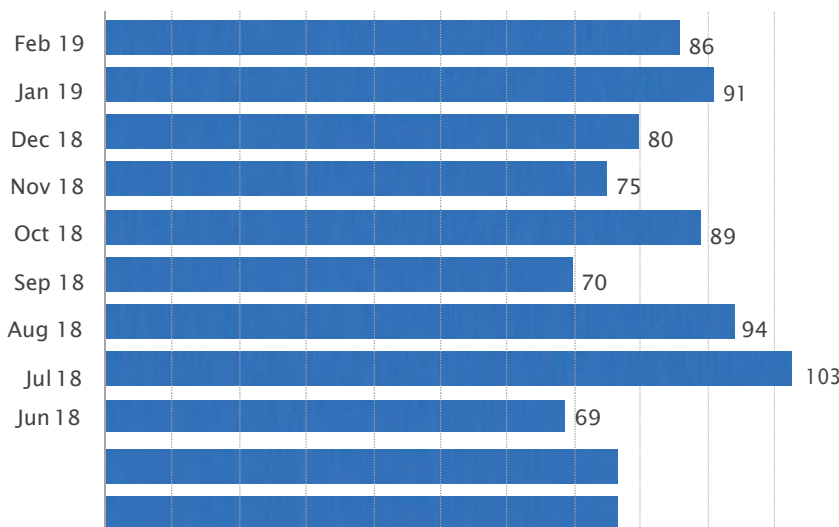
Complaint outcomes

Where a complaint is upheld or partially upheld, the learning identified is actioned accordingly. This can involve a range of measures including feedback, reflective practice and bespoke training held locally, with emerging themes reported through the governance structure The Patient Experience Annual Report, published later this year, will provide a comprehensive analysis.

Table showing complaint outcomes of complaints 2018/19.

2017/18	Data
Not upheld	463
Partially upheld	110
Referred to other Agency	86
Upheld	62
Actioned	35
Other	19
Total	775

Complaints by month 2018/19



Complaints by subject 2018/19	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Total
Conduct	18	23	20	33	20	21	34	29	24	34	29	285
Delay	21	17	11	18	16	15	12	11	13	20	19	173
Treatment	9	13	8	9	8	5	11	7	11	10	4	95
Road handling	5	8	8	14	18	6	6	3	10	7	4	89
Non-conveyance	6	5	9	7	8	6	8	6	11	5	5	76

Themes

These continue to be dominated by staff conduct and delayed response. In the case of an ambulance request this may be delay arriving at the scene. With NHS111 it is usually the delay in a clinician ringing the caller back.

However, many complaints increasingly involve multiple issues, for example, call management + a delayed response + attitude of crew staff + care provided.

The top five key subjects (ytd) were as follows:

Performance

We aim to achieve a 75% target response rate but this can prove challenging when other contributing departments are obliged to prioritise demand management at times of operational pressure.

To further improve this we are

- Arranging a clinical advisor to be available to the team in situ to triage cases before referral to Medical Directorate
- Establishing a working relationship with the new Clinical Sector Leads
- Improving the format of the statement pro forma and accompanying guidance

- Arranging more resources to the duty function so that more approaches can be resolved more quickly.
- Improving systematic notification from Governance & Assurance as to when an SI report, that is being used as the substantive response to the complaint, had been agreed by commissioners and may thus be released to the complainant.

Examples of learning

Complaints continue to be a powerful tool to describe patients' experiences and the learning that has resulted are presented through the governance process.

Staff attitude

Our practice when we receive a complaint about staff attitude and behaviour is to additionally review the care provided, which has often demonstrated a correlation.

Example one – attending staff attitude

A complaint was received from patient’s nephew who was upset at the poor attitude and comments made by the attending staff.

The Patient Report Form was poorly completed and despite being asked to leave the premises by the patient, no visual observations were recorded. Prior to making any decision regarding conveyance or referral, at minimum a primary survey should have been completed including observation and an assessment.

We concluded that it was not reasonable for the crew to suggest non-conveyance without any of these assessments and within the first few minutes of patient interaction. This suggested an element of pre-judgement surrounding the patient’s presenting complaint and the crew forming a somewhat biased
We arranged for a Clinical Team Leader to hold a reflective practice exercise with them focusing on these issues.

Example two – attending staff attitude

The patient complained that the attending staff were unsympathetic, had an aggressive attitude and did not convey her to hospital despite her symptoms

From a clinical perspective, the standard of care fell below what we expect - there was minimal assessment documented and limited exploration surrounding the causes of the patient's symptoms. No pain score was assessed, no analgesia offered and no advice provided regarding what the patient should do if their condition worsened. The crew should also have considered using several clinical tools to help decide whether the patient should have been taken to hospital – there was no evidence that these had been applied. A Clinical Team Leader was asked to arrange a

bespoke programme for the staff as part of their personal development programme and to closely monitor their performance for a period to be decided according to their progress.



Delay

Example three – delay/call management

The patient's son complained that he was advised there would be a 2 hour wait for an ambulance when the patient was experiencing signs and symptoms of a stroke. He later took the patient to hospital by other means.

The Quality Assurance report identified that the call handler should have triaged the call as a Category 2 priority as the patient was not alert, additionally they should not have advised that the patient could take sips of water which is not appropriate when symptoms of a stroke are in evidence. Extensive feedback was given to the (relatively new) call handler and we asked that they were supervised for a period of time decided by their line manager.

Example four – call management

Complaint from patient that a nebuliser was not administered after she suffered an asthma attack

We confirmed that the EMD should have attempted to do more to assess the patient's presentation as he was clearly very vulnerable. The EMD should also have considered seeking advice from a supervisor and contacted the police directly. Feedback was offered to them on these points.

Example five – delay/NHS111

The patient complained to NHS111 that they waited an exceptionally long time for a call back from the GP and that the attending ambulance staff were unhelpful

It transpired that delays in call back could be partly attributed to technical problems at NHS111. During the complaint investigation it became evident that this patient was a frequent user of both 111, 999 and the out of hours GP services and was known to be verbally aggressive towards staff from all of these services. Our frequent caller team were asked to arrange a meeting with all the providers involved towards establishing a care plan to manage the patient's needs.

Example six – treatment

A complaint was made that the patient sustained an injury after the attending staff trapped his arm between the stretcher and the ambulance

An apology was offered. The crew reflected on what happened including the checking of 'pinch point' areas to ensure patients are in the correct position to be transferred; and to balance the risk when considering using trolley straps or blankets in order to maintain the patient's limbs in a safe position.

Example seven – treatment

Complaint hosted by Acute Trust seeking why patient wasn't immobilised following a fall from height

The crew omitted to clearly document any examination findings in relation to their assessment of the patient's cervical spine although they were able to determine the presence of midline thoracic spine tenderness. National clinical guidelines indicate that patients

who are alert and have no abnormal neurological findings may be assisted to self-extricate where midline spinal tenderness is present, but a trolley bed should be placed as close to the incident scene as practicable; the patient was instead permitted to walk all the way to the ambulance. The crew then omitted to immobilise the patient using a cervical collar and blocks which is not consistent with national clinical guidance.

Extensive feedback was given to the crew with a particular focus on spinal assessment and immobilisation.

Example eight – financial remedy

A complaint was made that the patient sustained an injury after the attending staff trapped his arm between the stretcher and the ambulance

An apology was offered. The crew reflected on what happened including the checking of 'pinch point' areas to ensure patients are in the correct position to be transferred; and to balance the risk when considering using trolley straps or blankets in order to maintain the patient's limbs in a safe position.

Example (a)

The patient's daughter complained that the attending staff accidentally damaged the patient's stair lift when removing the patient from the property. The attending staff were a St John vehicle attending on our behalf and SJA agreed to reimburse the family accordingly.

Example (b)

The patient's son complained that due to confusion over the repatriation booking of his mother who was returning from abroad, resulted in the family booking a private ambulance which incurred substantial costs. We erroneously agreed to arrange the ambulance,

unfortunately the booking did not meet the eligibility criteria for us to arrange an ambulance and the family had no option but to book a private vehicle. The other agencies involved declined to contribute but as the error was primarily our responsibility, we agreed to compensate the family in accordance with the Ombudsman’s guidance,

Example (c)

The patient’s son complained that the patient was expected to walk to the ambulance and as she did so she caught her finger in the door and fractured it. Although this was an accident, the crew should have considered using a wheelchair for the patient and failed to log an incident report. Consequently we offered a compensatory payment

Quality Alert

The patient’s GP raised a quality alert that despite the DNAR being made available to the attending staff, chest compressions were undertaken on the patient.

This incident was referred to SIG and although not declared it was agreed that a Clinical Team Leader should feedback to the staff involved about the validity of a DNAR and where to seek help and advice about resuscitation decisions.

A response was provided to the GP advising that this could be shared with the family

Themes

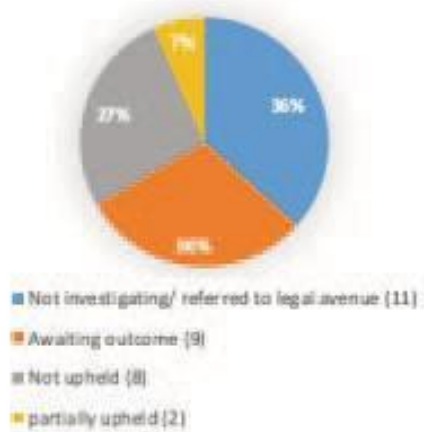
- Delay caused by demand exceeding resourcing. On some recent occasions, less than adequate resourcing to EOC has been identified.
- Triage errors, including technical and procedural errors
- Poor staff interaction with patients etc
- The application of the health professional protocol post ARP.

Ombudsman cases

The Ombudsman continues to investigate a high proportion of complaints across all NHS Trusts, especially where a death has occurred.

Pie chart showing requests by the Ombudsman and outcomes:

Ombudsman referrals 2018/2019



Patient Engagement

The LAS Patients' Forum

from the point of view of service users, carers and the public. The Forum provides representatives for all the Trust's governance committees and its own monthly meetings are hosted at LAS Headquarters, supported by the Patient & Public Involvement Team.

In the year 2018-2019, Patients' Forum meetings included the following topics and speakers:

- Ending ambulance queues at London's A&E Department: panel discussion and presentation including the LAS Director of Operations.
- Developing the LAS Emergency Operations Centre, presented by the Deputy Director of Operations – Control Services.
- LAS – Out of Special Measures, presented by the Chief Quality Officer and LAS Lead Commissioner.
- Diversity and Leadership in the NHS is not an optional extra, presented by Roger Kline, Research Fellow at Middlesex University.
- Urgent and Emergency Care for Homeless People in London, presented jointly by the LAS Adult Safeguarding Team and Shelter.
- Epilepsy as a Medical Emergency, presented by an LAS Advanced Paramedic Practitioner, a patient and his carer.
- Development of Maternity Services at the LAS, presented by the Consultant Midwife.
- Digital Developments in the LAS, presented by the Chief Clinical Information Officer and Chief Information Officer for the LAS.
- The London Assembly Review of the LAS, presented by the Chair of the London Assembly Health Committee.

Patients' Forum members meet regularly with senior LAS colleagues, LAS commissioners and other key organisations such as the CQC, to highlight areas of good practice and areas where development is required.

Patients' Forum members have continued to be directly involved in the work of the LAS Academy. Together with staff from the Academy, they have formed a Patient and Public Involvement Panel, and attend steering group meetings. They have developed a teaching programme detailing patient and public involvement in the Academy's syllabus, and take part in assessment centres for the recruitment of students.

Friends and Family Test (FFT)

The Trust continues to be required to record Friends & Family Test (FFT) responses from See & Treat patients, although the response rate remains low. The total number of FFT responses received in the period April 2018 to February 2019 was 31. 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.

The National Ambulance Service Patient Experience Group is in discussions with NHS England and NHS Improvement, to highlight the limitations of this methodology for ambulance service patients and discuss alternative methods of patient engagement. It is likely that the requirement to record FFT responses will be lifted in the year 2019-2020, and replaced by evidence of the use of co-design methodologies in service improvements.

Community Engagement Events

The LAS remains committed to supporting a wide range of patient engagement and public education events with LAS presence requested at 763 events in the year April 2018

– March 2019 (as at end of February 2019). Of these, we were able to attend 528, 69% of all requests made. This is due to the ongoing support of over 1,300 staff on our database, with more than 300 individuals taking part in multiple events, often in their own time.

We use a closed Facebook group for staff involved in public engagement, as another method of communication and engagement with them. Through this group we provide information about the team and about forthcoming events, and staff can post their own ideas and questions for members of the team to answer. This has been extremely successful and the group has over 700 members.

The Public Education Officers continue to focus mostly on activities involving children and young people, such as awareness sessions on the dangers of carrying knives and of using alcohol and other legal highs, careers in the LAS, and multi-agency road safety events such as Safe Drive Stay Alive and Biker Down. Many of these are carried out with partner organisations.

We have developed some new resources to support these activities: a book for young children ("Brett and Shudi tell you about the ambulance service"), a 360 degree virtual ambulance which can be shown on an iPad or other 'tablet' device, and a recording of a child making a 999 call. These are used to inform and enhance our public education activities with children.

Blue Light Collaboration

We continue to work closely with our partners on the "prevention" sub-group of the Blue Light Collaboration project, to ensure we make the best use of the resources available and share good practice. The Head of Patient & Public Involvement and Public Education and Head of First Responders are both active members of the steering

group.

Co-production and co-design activities

Co-production and co-design are powerful ways to maximise the benefit of patient involvement, both for patients and for staff.

These methodologies are now embedded in the Trust's service developments within the LAS Strategy, with co-design being an integral part of our developments in maternity services, mental health, end of life care and other services.

The patient experience teams at NHS Improvement and NHS England are keen to ensure our methodologies are shared across the country, via the National Ambulance Service Patient Experience Group.

Patient Forum: a collaborative approach

During 2018-19 we have worked collaboratively in co-designing improvements for our patients and staff, these include:

- Holding public meetings to engage with staff and leaders on critical issues
- Engaging with patient with complex conditions and promote engagement with clinicians
- Creation of a patient and public involvement panel with the LAS Academy
- Development of patient specific information leaflets to provide advice about care
- Work with the chair and the complaints team to improve responses
- Develop a complaints charter
- Co-production charter to enhance public involvement in LAS developments
- Observation of sires and EOC

This reflects a small element of the activity that the 60 members, working with LAS, have achieved during the year.

November 2018 for staff who volunteer to undertake patient engagement work for the Trust. The course has been running for a number of years now and is well- established, being updated and adapted each year according to the feedback received and the Trust's changing public education priorities. The course includes skills training (e.g. presentation skills), knowledge (e.g. disability awareness) and self-awareness activities such as an introduction to the Myers-Briggs Type Indicator (personality types). This year we supported 11 members of staff through the Programme; they gave excellent feedback about what they had gained from the course.

At alternate meetings the Trust Board hears a patient story, usually told directly by the patient involved. This helps to ensure patients feel heard by the organisation, and provides an opportunity for Board members to hear about patients' experiences first-hand.

Staff development and training

The Patient & Public Involvement Team ran a four-day course in

re shortly to be approved by the Executive Committee and Trust Board, setting out the priorities from 2019 to 2021. The five aims of our new plan are:

1. **Involvement in individual care and treatment:** We will involve patients and carers in decisions about their care at all stages of the patient journey.
2. **Service delivery, development and transformation:** The Trust will actively seek the views and engagement of patients, their carers, our members of the public and the wider community in the design and delivery of services.
3. **Strategy – planning our future services:** Patients and the local community and our stakeholders will have a greater opportunity to inform how we plan and develop our services for the future.
4. **Assurance:** Our Trust Board of Directors will actively seek demonstrable evidence that Trust services are listening to, learning from and acting upon the views of patients, carers and stakeholders (NHSI Framework June 2018).
5. **Meeting our statutory and regulatory obligations:** The Trust will continue to meet its statutory and regulatory duties to involve patients and the public, Healthwatch and local authorities’ health overview and scrutiny committees in our work

Section 6:

Other services

5a : Non-Emergency Transport Services

The **Non-Emergency Transport Service (NETS)** was introduced in June 2015 and has continued to grow since then. NETS transports the lowest acuity patients to healthcare facilities where there is little or no clinical intervention required during the journey. As a result, the Service is able to increase the availability of frontline crews to attend life threatening calls and ensure that lower acuity patients receive transport within an agreed timeframe and therefore enhancing the 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. The Trust is currently implementing plans to reach a target of 900 journeys per week.

The increase in the delivery of journeys during 2018/19 and between 2015/16 and 2018/19 is shown in the following graphs:

NETS pre-plan mental health community assessment journey requests from London Mental Health Trusts via its e-booking system. This project has been highly

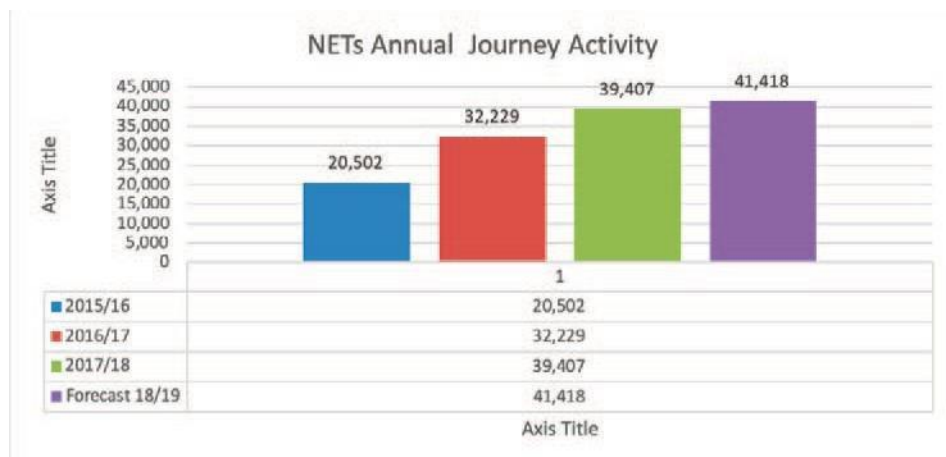
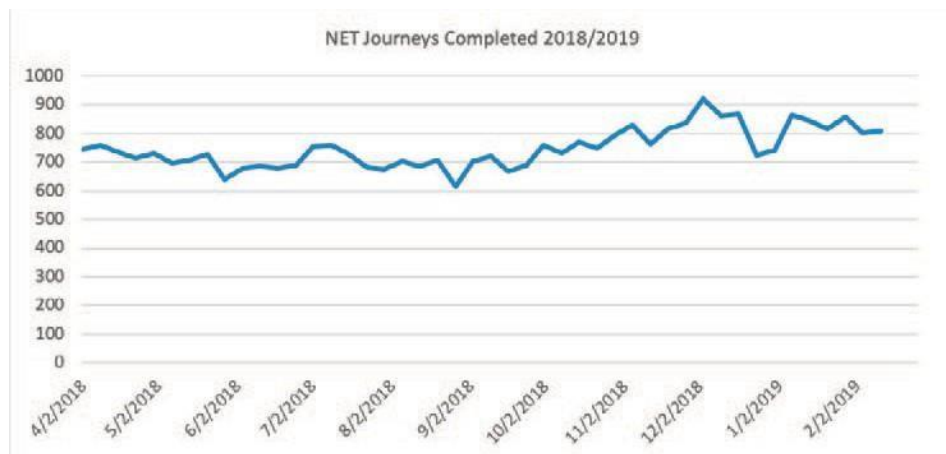
successful with the majority of this cohort of mental health service users now seeing transport arriving at the commencement of their assessment or within 30 minutes. In addition to this, NETS has also introduced the pre- booking of journeys for end of life care patients (where journeys are time critical) and is engaging with all London hospices as part of this roll out.

In line with the growth of NETS, there has been an increase in the number of NETS operational staff from 120 to 144. Recruitment to vacant posts is currently active with all new employees joining us under the national apprentices scheme. The first introduction of apprentices into NETS was in 2017 with another cohort of 5 apprentices joining us in 2018/19. This has proved a successful first step in an individual's career pathway as some of our first cohort from 2017 are now currently training to become Trainee Emergency Ambulance Crews (TEACs).

All existing NETS staff have completed core skills refresher training during the year which has included:

- CSR 18.1 – Conflict Resolution and Manual Handling
- CSR NETs – Safeguarding, Medicine Management for EOLC, EPRR Update, Patient Assessments and Running Calls.

The regular work based training topics have included circulation, cardiovascular, wheelchair harnessing, box splints and pedimates while other statutory and mandatory training has been delivered via e-learning.



5b: South East London 111 - 2017/18

This report has been prepared to review the activity within LAS 111 South East London (SEL) for 2018/19 and has been broken down into nine key areas.

- Care Quality Commission Update
- Workforce Transformation
- Procurement of future services
- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Patient Experience
- Training
- Pilots and Innovation

Care Quality Commission Update

Following a local 111 CQC inspection in September 2016 (rated “Good” overall), Integrated Urgent Care (IUC) services have since been aligned with the Trust’s CQC process. LAS was last inspected in March 2018 and was rated “Good” overall.

Workforce Transformation

By 31st March 2019 all NHS111 services are required to have evolved into an Integrated Urgent Care service, providing a “consult and complete” service, reducing

referrals to other areas of the NHS. SEL have launched IUC and have begun to develop advanced clinical practitioners through a “Grow your own” scheme, led by the Integrated Urgent Care Workforce Transformation Manager.

Procurement of Future Services

In January 2018, LAS was awarded the NHS 111 Integrated Urgent Care and clinical assessment service in North East London (NEL).

On August 1st 2018, the NEL IUC service was launched. See NEL 111/IUC for details of the Service’s activity to date.

LAS was successfully awarded the future IUC service for South East London and mobilization began in a phased fashion on January 29th 2019.

Incidents, complaints and feedback

Incident details

Two Serious Incidents were declared this year, one related to clinical advice and one regarding implementation of new operational processes. Both have been investigated and are with the relevant CCG for agreement.

Actions identified as a result of these incidents are ongoing.

Incidents reported relate to a range of issues at LAS 111. A key trend identified over the last year has been errors in the referral of patients into an Out Of Hours (OOHs) service. The process for reporting and feeding back these incidents has changed and an action plan put in place to decrease the amount of incorrect referrals.

Additionally, the way the Directory of Services is profiled has recently been altered, which early feedback shows a decrease in the number of incidents.

Feedback from Health Care Professionals

The main service that we receive feedback from is the GP Out of Hours (OOH) providers. The majority relate to the perceived inappropriateness of the referral and whilst several have been upheld, some are due to a lack of understanding of the IUC system.

Considerable effort has been put into improving understanding and communication channels between the IUC and 999 services and also improving understanding between the IUC service and OOHs services; a Stakeholder Engagement Manager has begun working with IUC.

Feedback to Health Care

Type	Mar 19	Feb 19	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	July 18	Jun 18	May 18	Apr 18
Serious incidents			0	1	1	0	0	0	0	0	0	0
Incidents			102	84	83	95	83	88	117	117	138	141
Complaints (formal)			4	3	0	5	4	4	4	7	7	4
HCP feedback			7	1	3	9	4	3	2	0	2	3
Compliments			1	0	2	1	0	2	3	1	3	6
Authorised confidentiality breaches			10	21	10	14	18	22	20	26	17	10
Wrong OOHs GP referrals			12	14	13	17	7	5	16	34	47	57

Professionals

40 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 communication issues and handover of patients between services such as GP OOH Providers failures to accept patient referrals due to patient location, or disputes causing delay to patient care.

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

19 compliments have been received relating to both the service and individuals undertaking patient contact duties. Internal recognition

for staff has increased, as compliments continue to be published in the Trust’s weekly bulletin in addition to being displayed on site noticeboards.

Call quality and monitoring

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. Since October 2017 compliance percentage (target 86%) was not being achieved. An action plan was implemented to improve compliance with a focus on key themes identified during audits. This improved compliance levels between April and October 2018 however this has since declined. A review into themes will take place to identify patterns of fluctuation.

End to End call audits

Monthly end to end call reviews are undertaken at LAS111. This year a total of 45 calls were audited by the senior management team, including the Trust’s Assistant Medical Director and South East London Clinical Lead. The audits are attended by healthcare professionals from the areas of focus which ensures their input and to improve partnership working,

communication and practice. The end to end audits have all highlighted areas of good practice but also areas that require some improvement and action plans have been put in place to address concerns.

Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 656 people in total to Social Services which equates to circa 0.24% of all calls taken. Referrals for adults were predominantly for welfare concerns and for children for safeguarding issues.

Patient Experience

The 111/IUC patient surveys are sent each month to around 300 patients, an increase from 250. 99 responses were received in 2018/19. Work is ongoing to implement post event text messaging which will link to an online survey, in the hope of improving rate of return.

Language line

Spanish continues to be the most requested language, followed by Hungarian.

Training

All staff have undertaken mandatory training relating to changes made to the 111/IUC call

Call Audit Data	Mar 19	Feb 19	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18
Calls answered at 111			34,941	35,721	22,361	22,346	25,361	20,242	28,321	26,015	28,656	28,381
% Call audits (target >1%)			1.2%	1.1%	1.7%	1.6%	1.4%	1.5%	1.2%	1.5%	1.4%	1.4%
No. Call audits			423	376	378	427	356	308	341	379	406	398
No. Call Handler audits			246	218	224	254	210	191	177	211	225	223
No. Clinical Advisor audits			177	158	154	173	146	117	164	168	181	175
% Compliance (target >86%)			80%	85%	83%	84%	88%	90%	89%	90%	88%	88%

management system “Pathways” with two version updates (15 and 16) being completed, the latter in January 2019. Following the response to a Serious Incident, a recognizing Sepsis and the Severely Ill patient workshop was written and delivered to all staff. 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 innovative in introducing IUC services across 40% of London in 2018/19
- Direct booking into Urgent Treatment Centres has been implemented in SEL.
- Introduced Sepsis screening tool suitable for remote consultation

North East London 111/IUC - 2018/19

This report has been prepared to review the activity within LAS 111 North East London (NEL) for 2018/19 and has been broken down into seven key areas.

- Care Quality Commission Update
- Workforce Transformation
- Service launch
- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Training

Care Quality Commission Update

Due to the infancy of the LAS NEL IUC service, no CQC inspection has yet taken place.

Workforce Transformation

By 31st March 2019 all NHS111 services are required to have evolved into an Integrated Urgent Care service, providing a “consult and complete” service, reducing referrals to other areas of the NHS. NEL have launched the IUC service and have begun to develop advanced clinical practitioners through a “Grow your own” scheme, led by the Integrated Urgent Care Workforce Transformation Manager.

Service Launch

The NEL IUC service launched on August 1st 2018 and since then work has been ongoing with commissioners and the Clinical Lead for NEL to refine the Clinical Pathways as a deeper evidence base is gathered.

Incidents, complaints and feedback

Incident details

5 Serious Incidents were declared this year, relating to technology, clinical assessment and process

adherence. Incidents continue to be investigated and an action plan is in place to disseminate lessons learned

Incidents reported relate to a range of issues at LAS 111. Work is ongoing to identify themes, trends and create an action plan to ensure learning from incidents takes place.

Feedback from Health Care Professionals

The main service that we receive feedback from is the GP Out of Hours (OOH) providers. The majority relate to the perceived inappropriateness of the referral and whilst several have been upheld, some are due to a lack of understanding of the IUC system.

Considerable effort has been put into improving understanding and communication channels between the IUC and 999 services and also improving understanding between the IUC service and OOHs services; a Stakeholder Engagement Manager has begun working with IUC.

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

2 compliments have been received relating to both the service and individuals undertaking patient contact duties. Internal recognition for staff has increased, as compliments continue to be published in the Trust’s weekly bulletin in addition to being displayed on site noticeboards.

Call quality and monitoring

We have begun to exceed the required standard for 1% of call audits in recent months. Each staff member has a minimum of 3 calls audited each month. Where performance issues are identified the level of audit is increased. Since

End to End call audits

Weekly end to end call reviews are undertaken at NEL IUC. Calls were audited by the senior management team, including the Trust’s Assistant Medical Director and North East London Clinical Lead. The audits are attended by healthcare

Type	Jan-19	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18
Serious incidents	0	1	0	0	2	0
Incidents	36	24	48	27	55	46
Complaints (formal)	2	0	5	7	3	6
HCP feedback	14	12	10	6	32	73
Compliments	2	0	0	0	0	
Authorised confidentiality breaches	0	0	0	0	0	6
Wrong OOHs	3	1	9	3	1	0

professionals from the areas of focus which ensures their input and to improve partnership working, communication and practice. The end to end audits have all highlighted areas of good practice but also areas that require some improvement and action plans have been put in place to address concerns.

Safeguarding

Safeguarding process was new to all staff in NEL IUC. This process has been effective, with January seeing an equal amount of referrals to SEL IUC.

Training

All staff have undertaken mandatory training relating to changes made to the 111/IUC call management system "Pathways" with version 16 updated being completed in January 2019.

Call Audit Data	Jan 19	Dec 18	Nov 18	Oct. 18	Sep 18	Aug-18
Calls answered at 111	52231	50177	43101	39314	36722	Data not available
% Call audits (target >1%)	1.2%	0.9	1.1%	0.8%	0.8%	Data not available
No. Call audits	662	491	480	325	317	0
No. Call Handler audits	577	425	453	323	310	0
No. Clinical Advisor audits	85	66	27	2	7	0
% Compliance	30 Fails 95.5%	33 fails 93.5%	17 Fails 94%	35 Fails 89%	59 Fails 68%	N/a

Appendix 1: Clinical Audit: Learning outcomes

National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust has taken actions to improve the quality of healthcare provided:

- Produced a 'STEMI care bundle' infographic outlining the key clinical and documentation requirements. The infographic was released to all frontline clinical staff via the Trust's Digital Pocket Guide application and hard copies were also provided to individual staff members for their personal folders and at each station.
- Released monthly infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Education was provided to staff through Core Skills Refresher Training and through the publication of cardiac arrest and STEMI 'clinical updates' in bulletins and newsletters
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended times

Local Clinical Audit Activity

Continuous monitoring

We also continuously audit the wider care provided to patients who suffers either a cardiac arrest; acute coronary syndromes (including STEMI, new onset Left Bundle Branch Block and high risk ACS), suspected stroke (including FAST positive stroke), major trauma, or were discharged of our care but re-contacted the Service within 24 hours having severely deteriorated or died unexpectedly. Findings from

these five continuous audits are shared internally and staff receive feedback to support learning where indicated.

Clinical Performance Indicators (CPIs)

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provided to eight patient groups (cardiac arrest, difficulty in breathing, glycaemic emergencies, mental health - both diagnosed and undiagnosed, severe sepsis, elderly fallers and patients discharged on scene). We also quality assure the documentation of 2.5% of all clinical records completed by ambulance clinicians. Staff receive individual clinical feedback from these audits highlighting areas of good practice and those in need of improvement.

Clinical audit projects

The reports of 6 local clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust plans to take the following actions to improve the quality of healthcare provided against each audit as detailed below:

Assessment and management of patients presenting with acute heart failure

- Share the findings with the national guidelines developers and request that they consider removing from the national guidelines the recommendation to use salbutamol in the management of heart failure
- Consider changing local practice of salbutamol administration in the management of heart failure
- Distribute the key findings in a Trust-wide clinical newsletter, together with an infographic

that will be displayed in all ambulance stations

- Ensure all current training materials are updated with the findings from this acute heart failure clinical audit

Management of paediatric pyrexia re-audit

- Report findings to the LAS Clinical Practice Working Group for discussion as to how documentation of care could be improved for paediatric patients with pyrexia who are not conveyed to hospital
- Distribute the key findings in a Trust-wide clinical newsletter

Transient loss of consciousness (TLoC) re-audit

- Report findings to the LAS Clinical Practice Working Group for discussion as to how documentation of care could be improved for patients suffering from a T-LOC

Patients who severely deteriorated or died unexpectedly within 24 hours of being discharged at scene

- Declare one serious incident identified by this continuous audit
- Investigate further potential incidents or concerns, including potentially inappropriate discharge of patients, drug administration errors and lack of adherence to LAS protocols
- Flag five cases to other organisations for their investigation
- Provide constructive and positive feedback to individual clinicians as appropriate
- Highlight four potential patient safeguarding concerns to the LAS Safeguarding Team to consider making retrospective safeguarding referrals

- Ensure the LAS Frequent Callers Team are aware of three frequent callers identified and provide up to date details
- Provide examples of patients both appropriately and inappropriately discharged at scene for an Admission Avoidance Training day for clinicians
- Supply anonymised re-contact cases for case-based discussion events aimed at improving documentation by clinical staff
- Share complex electrocardiograms (ECGs) for use in ECG training events and teaching classes for clinicians to show ECG progression in deteriorating patients
- Include articles on the risk of rhabdomyolysis in elderly fallers and exercising caution in attributing patients' symptoms to anxiety in the Trust-wide clinical newsletter
- Make clinicians aware of the support options available when managing end-of-life care patients
- Propose that the assessment and management of patients with diarrhoea/ vomiting is included in the Clinical Audit Work Plan 2019-20
- Share re-contact details with the leads for the Service's five pioneer services to see whether any learning can be undertaken as the services are developed: urgent care response; falls; mental health; end of life care, and maternity

Patients who severely deteriorated or died unexpectedly within 24 hours of being discharged over the phone (Hear & Treat)

- Provide constructive and positive feedback to individual Clinical Advisors, where necessary
- Share re-contact details with the leads for the relevant pioneer services (urgent care, falls,

mental health and end of life care)

Patients who severely deteriorated or died unexpectedly within 24 hours of being advised to call 111

- Provide constructive and positive feedback to individual Emergency Medical Dispatchers
- Share the findings relating to the following MPDS protocols with the LAS Serious Incident Assurance and Learning Group: Abdominal pain/ problems; Pregnancy/ childbirth/ miscarriage; Traumatic injuries, and Unconscious/ fainting
- Share re-contact details with the relevant pioneer services leads for urgent care; falls, mental health and maternity

A further **2 local clinical audit projects** (Spinal Injuries and the Administration of Hydrocortisone) have been completed and the recommendations are currently being developed. These will be reported in the 2019/20 Quality Account.

In addition, a further **4 local clinical audits** have been started by the provider in 2018/19 as detailed below:

Management of alcohol intoxication re-audit

The LAS attended nearly 48,000 alcohol-related incidents in 2017/2018, making up just over 4% of the annual LAS workload. The clinical manifestations of acute alcohol intoxication are mixed and vary in severity. Alcohol-intoxicated patients can be challenging to assess; however, this must be done accurately and comprehensively to offer the most suitable care. The LAS first assessed the treatment and management of intoxicated patients in 2012, highlighting room for improvement. Following an article published in the Clinical Update and a poster highlighting the key findings and reminders of the importance of eliciting a full and accurate history of the

presenting complaint a re-audit was undertaken in 2016. Despite some improvements, more work was needed and further promotion was undertaken. This further re-audit aims to assess for improved management of alcohol intoxication since the last clinical audit.

Management of maternity emergencies re-audit

Obstetric (maternity) emergencies were originally audited in 2013, and identified that some areas of care required improvement. Following the original clinical audit, a Maternity Prehospital Screening and Action Tool, and Maternity Care Policy were introduced by LAS, as well as revised and updated Maternity Care national guidance. This re-audit will examine whether recommendations made from the original clinical audit have improved the care LAS deliver in this area, and for the first time we will look at how we manage eclampsia, one of the most dangerous complications of pregnancy.

Administration of tranexamic acid (TXA)

Tranexamic acid (TXA) was introduced into the LAS in 2013. TXA is a prescription only medication that has been authorised for use by paramedics under a patient group direction (PGD). Since its introduction there have been several incidents of incorrect administration therefore this clinical audit will seek to determine compliance to the PGD across the Service.

Management of Chronic Obstructive Pulmonary Disease (COPD)

Over-oxygenating COPD patients has been shown to have a host of negative effects including increasing acidosis, length of hospital stay and likelihood of being admitted to intensive care. Exacerbation of COPD is a common reason for patients calling 999 therefore it is important to know that we are managing this group of

patients appropriately.

Research activity

In 2018/19 our research programme continued to go from strength to strength, seeing successful applications for external research funding, publications in top ranking scientific journals, and participation in large-scale, multidisciplinary research projects.

Completed Projects

PARAMEDIC-2: a pre-hospital double-blind randomized-controlled trial exploring the effectiveness of adrenaline on patient outcomes following cardiac arrest. The results were published in July 2018 in the New England Journal of Medicine, with our Head of Clinical Audit and Research as a named author. The paper was listed as one of the top 100 papers for 2018 (#27) in terms of the Altmetric score (<https://www.altmetric.com/top100/2018/>). The results of the trial are being considered alongside international resuscitation guideline changes.

RIGHT-2: a randomised controlled trial to determine whether glyceryl trinitrate, GTN, improves outcome in patients with ultra-acute stroke when administered as soon as possible after onset. We finished patient recruitment in May 2018 and the results were published in The Lancet in February 2019.

Current Projects

ARREST: a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest. At the time of writing, we have recruited just over 200 patients this year into the trial. In addition, 316 paramedics received protocol training plus Good Clinical Practice training to enable them to participate in interventional research.

AIR CGM: a prospective

observational study assessing the impact of using CGM within 72 hours of a severe hypoglycaemic episode in patients with Type 1 diabetes treated by ambulance clinicians for severe hypoglycaemia and discharged at scene. This trial has just started and will be reported in more detail in next year's report.

MPDS Births: a mixed methods study, using focus groups, questionnaires and routinely collected data, to determine the accuracy of the current telephone trial protocol used by Emergency Medical Dispatchers to identify and triage maternity emergency calls. This trial has also recently started.

The London Ambulance Service NHS Trust has also this year been involved in three successful applications for external research funding from the National Institute of Health Research, for projects due to start in 2019/2020, looking at Major Trauma triage, the management of frequent callers, and decision making around terminating resuscitation attempts.

In addition, during 2018/19, we provided data relating to 6,224 patients to the National Out-of-Hospital Cardiac Arrest Outcomes project. This registry is being used to look at the variations across England in outcomes from cardiac arrest and provide evidence to help inform treatment and improve survival.

In 2018/19, the London Ambulance Service NHS Trust co-authored eleven papers that were published by peer-reviewed scientific journals, and three posters were accepted at conferences. We also have one additional paper currently in press.

Section 7:

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 27 April 2018
- Patients' Forum response dated 14 May 2018
- Healthwatch were provided with the draft Quality Accounts in March 2018 for comment

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

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

QUALITY ACCOUNT STATEMENT FOR 2019-20 & RESPONSE TO THE LAS QUALITY ACCOUNT

APRIL 15th 2019

Dear Trisha, thank you so much for asking the Forum respond to your Quality Account priorities for 2019-2020. We have separately sent you our response to your key priorities for 2019-20, and have also sent you a list showing some of the Forum's key achievements for 2018-19.

Our statement for 2019-2020 is as follows:

1) CO-PRODUCTION WITH THE LAS

Our collaboration with you and your team is very positive and creative and has led to some important developments, including the Complaints Charter, which is now being highlighted in acknowledgement letters to all those who have made complaints to the LAS. We also value the joint development of the Patient Specific Information leaflet for patients and carers.

2) MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE

Fifteen of our members have visited EOC in Bow and Waterloo and the 111 centre for south east London. Our theme on this occasion has been the care of patients with mental health problems. Our members were well received and learnt a great deal about the operation of these three centres. We will extend this programme to north east London in the next few weeks. As a result of our observations: **WE RECOMMEND-**

- a) Further development of mental health triage in EOC. Despite the significant developments of the mental health team, the duty of 'parity of esteem' is not being adequately exercised. As an example, most mental health related calls are not currently directed to a mental health nurse, and consequently some responses to patients lack the expertise that mental health nurses can provide, e.g. in relation to suicidal ideation. Thus, patients with similar conditions may get a very different response. We fully support the mental health car pilot that is currently being evaluated, and hope that a successful roll out across London of this service, will in time mitigate some of these difficulties and create more responsive services for patients in a mental health crisis.
- b) The LAS should make representations to national ambulance forums to improve and update the 'mental health card' used in EOC. This should include a wider range of mental health conditions and events, e.g. anxiety, depression, psychosis and risk of suicide.
- c) More mental health nurses should be employed to work in the EOCs, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more mental nurses were available more mental health calls could be directed to a specialist local

support teams. We understand that the LAS will support development, if evaluation of the mental health car provides a strong argument for roll out across London, and if funding following a successful evaluation is available from commissioners.

- d) There needs to be for greater access to psychiatric liaison/relationship building with all local mental health teams in London, to reduce the risk of patients being sent to A&E as default. At the moment it appears that where an EOC mental health nurse is already familiar with the mental health team in a particular area, that the relationship works well and local services can be accessed more easily. This collaborative working relationship needs to be developed and extended to all mental health trusts in London – including and beyond SLAM and Oxleas.
- e) The continuing use of a question to patients with mental health problems regarding their potential use of violence is inappropriate and should be stopped. Similarly, that the advice to patients in a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor practice. We strongly recommend that the LAS raises these issues at national ambulance service forums, because the current situation can undermine appropriate responses to the care of patients with mental health problems and is antithetical to good clinical practice.

3) **ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY RESPONDERS - Category 1 and 2 ARP calls.**

Currently no data is available on the time taken for paramedics to reach patients in prisons, immigration removal centres and youth offender institutions. Once an ambulance arrives at the prison gates, it appears that the clock stops, despite the fact that a core aspiration of ARP was to be 'patient centred' rather than 'target centred'. The Forum is attempting to gather data on this problem from the Home Secretary and Prison Minister.

WE RECOMMEND -

- a) The LAS collects data on the response times for all ARP Cat 1 and Cat 2 calls to the gates of all secure estate institutions in London for a period of 3 months.
- b) The LAS requests paramedics and EACs who respond to calls to the secure estate, to record the time taken from arrival at gates to patient contact, for a period of 3 months.

4) **SICKLE CELL DISORDERS**

There has been significant progress in relation to the training of front line staff into the needs of patients with sickle cell disorders. CARU audits have shown how this training has enhanced patient care. Work continues with the Sickle Cell Society and the LAS Academy in relation to the production of staff training videos, the first of which relates to pain control for children and young people, which should be available in 2019. **WE RECOMMEND -**

- a) That comprehensive staff training in relation to sickle cell disorders is annually kept up to date for all front line staff.

- b) That CARU carries out a new survey of people with sickle cell disorders who have used LAS services, to determine if the quality of care for patients with sickle cell disorder remains of high quality and continues to improve.

5.0 COMPLAINT INVESTIGATIONS

The Forum is working closely with the LAS Chair, Complaint's and Quality teams, to carry out joint audits of complaints. We will jointly recommend how the process can be made more sensitive and responsive to the needs of people who have complained, and how the complaints system can lead to enduring improvements in front line LAS services. **WE RECOMMEND -**

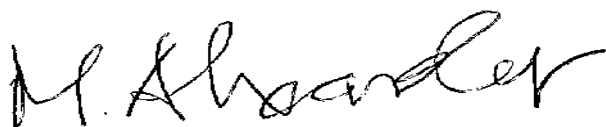
- a) Service improvements resulting from complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.
- b) The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the outcome of the investigation of their complaints.

6.0 VOLUNTEER STRATEGY

a) The Forum is disappointed at the delay in publishing the LAS volunteer strategy. We have submitted to the LAS a proposal for the development of a volunteer programme aimed at promoting greater participation of BME communities in the work of the LAS, and we would like to see the implementation of a volunteer strategy that enhances BME community participation in the LAS.

b) We would also like to see an enhanced process, to ensure that CFR volunteers are recruited more actively in every London borough and a more effective process is introduced to ensure that they can quickly take up their CFR role after training has been completed.

Malcolm Alexander



Chair

Patients Forum for the LAS

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Appendix 2: CQUINS 2018-19 : UPDATE

1A	National: Introduction of Health and Wellbeing Initiatives – Improving Staff Health and Wellbeing	Percentage point improvements to staff survey results on 3 questions against a 2016/17 baseline.
1B	National: Introduction of Health and Wellbeing Initiatives – Healthy food for NHS staff, visitors and patients	Continuing improvements to healthy food provision delivered in 16/17 and extending requirements for 17/18 & 18/19.
1C	National: Introduction of Health and Wellbeing Initiatives – Improving the uptake of flu vaccinations for front line staff within Providers.	Achieving an uptake of flu vaccinations by frontline clinical staff of 75% for 2018/19
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.
STP1	National: Supporting Local Areas	Support engagement with local STP initiatives
L1	Local: Digitalisation	Further developing devices capabilities to enhance clinical decision making and improve patient experience.

CQUIN Scheme	Total Available	Predicted achievement	Predicted achievement
HWB1A – Staff Survey	£267,080	£0	0%
HWB1B – Healthy Food	£267,080	£267,080	100%
HWB1C – Flu vaccinations	£267,080	£200,310	75%
CQUIN12 – Reduction in Conveyance	£801,239	£320,495	40%
STP Engagement	£3,204,955	£3,044,707	95%
Digitalisation	£3,204,955	£3,204,955	100%
Total	£8,012,386	£7,037,546	88%