



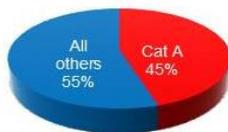
The London Ambulance Service in 2016/17:

More incidents than ever before

1,115,945

Total incidents in 2016/17
An increase of 6.6% compared to last year

Call Breakdown



Cat A (life threatening) incidents up 9% compared to last year



1.8 million calls
We handle approx. 5,000 emergency calls every day



We are the only pan-London NHS Trust
Serving the health needs of 8.7 million Londoners 24/7



5,164 staff
Our staff are changing – more graduates, more women, higher expectations



Average time with a patient is **47 minutes**



We have a growing aging population with complex health needs



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

In 2016/17, we handled over 1.8 million emergency calls from across London - approximately 5,000 calls every day. This is a 1.4 per cent increase on 2015/16. We attended more incidents than ever before. In real terms this means we are now handling nearly 200 more incidents a day across the capital, compared with 2015/16. The increased threat of terrorism and focus on resilience has been important for us and we've been working closely with other emergency services and partners in London.

In 2016/17 improving the quality of our services remained a key focus and we were delighted to receive a rating of "Good" from the Care Quality Commission (CQC) for our NHS 111 service for South East London in February 2017. In June 2017 the Service's 999 CQC rating moved from inadequate to requires improvement reflecting the fact that significant improvements have been made in all of the five areas that make up the rating. We recognise there is still work to do over the next few months and we will continue to work with our NHS partners and our staff to improve.

Quality Priorities 2016/17

- Patient safety
- Patient experience
- Clinical effectiveness and audit

1. Patient Safety

Sign up to Safety Campaign

In 2015/16 the Trust enrolled on to the Sign up to Safety campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This meant signing up to five specific pledges:

1. **Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
2. **Continually learning.** Making our organisation more resilient to risks, by acting on feedback from patients and staff and by constantly measuring and monitoring how safe our services are
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
4. **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

In 2016/17 we introduced the Learning from Experience Group chaired by an assistant medical director with input from across the organisation including Patient Experiences, Governance and Assurance, Paramedic Education, Legal Services and the Medical directorate. The group discusses recent themes in complaints, serious incidents, Patient Advice and Liaison Service (PALS), claims and inquests has used the Sign up to Safety pledges to help inform its agenda.

We also continued to publish a quarterly "Trust Learning from Experience" report, identifying themes from across serious incidents, complaints, inquests, incidents and claims.

Throughout 2016/17 we continued our work to integrate Duty of Candour into the culture of the organisation. We have ensured that 92% of incidents that have involved patient harm have been fed back directly to patients and apologise and explanations given. Staff involved in Serious Incidents are offered support throughout the process. We have also introduced the ability for our staff to 'positively report' instances where great care was given to help promote the importance of celebrating what we do well.

Medicines Management

2016/17 has seen significant improvement in medicines management within the Trust, building upon measures put in place during 2015-16 in response to the CQC inspection findings. Processes and procedures have undergone review to ensure that these provide traceability of medicines from receipt in our Logistics Department through the point at which they are administered to patients. We have also developed a range of technological solutions to support the supply, administration and audit of medicines.

In February 2017 the Trust appointed a full time pharmacist to lead and develop medicines management within the Trust. The Trust medicines management group continues to meet regularly and provide advice and support to all areas of the organisation.

During 2017/18 further medicines management developments will be led by the Trust pharmacist to ensure consistent, safe and secure medicines management throughout the organisation.

Infection Control

Our Quality Improvement Plan highlighted a number of key areas associated with infection prevention and control that the Trust focussed on throughout 2016/17 with services making significant improvements to complete the 2016/17 Infection Prevention and Control (IPC) Work Plan.

- The IPC Team structure has been reviewed to support a business partner model from 2017-18. This interim support has raised the profile of the team and engagement across the Trust with specifically in the area of audit and development of the IPC Champion network
- The delivery of the IPC Work Plan has enabled collaborative working across the Trust. The Head of IPC attends local Quality Meetings and Group Station meetings to ensure that key messages are shared. Local engagement the Champion Network has resulted in improvements with good practice examples including waste tagging and IPC information sharing at station level.
- The IPC team meets with both the IPC lead from our Commissioners and the London Public Health England (PHE) attending PHE Workshops, and National Ambulance Group meetings.

2. Patient Experience

Mental Health

The Trust has seen an increase in mental health activity year on year with a continued positive impact on service delivery outcomes since the introduction of dedicated mental health nurses in the service two years ago.

- MH (mental health) Calls have increased by 6.9% and MH incidents have increased by 10.3% compared to last year
- A total of 1,421 mental health calls were managed by the mental health nurses between April 2016 and March 2017 compared to last year, an increase of 52.3%
- 10.7% of all Mental Health Hear and Treat patients were managed through Hear and Treat without requiring the dispatch of ambulatory resource
- 68.1% of all MH incidents (96,944) were conveyed.

The introduction of Registered Mental Health Nurses (RMNs) into the control room has proven to be effective for both staff and patients, and was shortlisted for a National Patient Safety Award in 2016. Plans are underway to trial a specific mental health car that will respond to calls from patients in mental health crisis staffed by a paramedic and mental health nurse to improve the quality of care and help alleviate distress.

There are plans to increase the number of mental health nurses further in 2017-18 to support 24/7 access to specialist support and a formal proposal is currently in development.

Training and Education

The Trust participated in the development of a one day simulation course for both the Metropolitan Police Service (MPS) and paramedics in collaboration with the South London and Maudsley Mental Health Foundation Trust. The course was designed to improve knowledge and confidence in how to help, assess and manage presenting in a mental health crisis. Plans are underway to develop more similar courses due to the overwhelming demand and positive feedback.

Dementia care

In 2016/17 the Trust led on developing and delivering a collaborative Dementia awareness training in partnership with UCL partners which was funded by Health Education England.

A DVD entitled 'Dementia care matters in the Ambulance Service' commissioned by NHS England and London Ambulance Trust was launched and disseminated across the Trust. It features a series of 4 short films real Ambulance staff highlighting key skills needed in achieving positive communication, through assessments and appropriate action to support and safeguard people living with dementia. The DVD has been shortlisted for a National Patient Safety award.

Other innovative work which the Trust is involved with, in collaboration with the Metropolitan Police is the development of an App for use when dealing with vulnerable patients. It is intended to enable easier identification and enhancing quicker, better interventions. The app is currently being tested with some focus groups and is due to go live in July 2017.

Care of patients detained under the mental health act (1983)

The service responds to two types of patients detained under the mental health act 1983 (MHA), emergency detention which constitutes section 136 MHA and the planned mental health act assessments.

Planned Mental Health Act Assessments

Following the successful trial of our Non-Emergency Transport Service (NETs) to attend pre-planned mental health community assessment journey requests within the Camden and Islington area, we have been rolling out the system to all other Mental Health Trusts across London. The project has been successful with majority of users now seeing transport arriving at the commencement of the AMHP assessment or within 30 minutes.

Section 136 MHS (1983)

We have been working closely with the Healthy London Partnership as members of the 136 improvement programme as well as Mental Health Trusts, Social Care and the third sector to improve our response to section 136 incidents.

Therefore we have concentrated our efforts on a detailed review of section 136 responses, specifically how these are triaged and how the service meets the response times allocated to these calls. Work is in progress to validate and improve the data collection for this patient group as well as raising awareness on accurate documentation of section 136 attendances with crews. A dashboard specifically for mental health has been developed and 136 presentations are captured within this to allow ease of reporting and review.

Mental Health and wellbeing of staff

The Service has continued to uphold the Blue Light Time to Change pledge, engaging with other Blue Light Organisations to learn and share good practices to benefit staff's wellbeing and mental health. The programme and continued engagement with Mind for call handler specific courses has allowed us to dedicate wellbeing support to our staff as they work round the clock to keep patients safe.

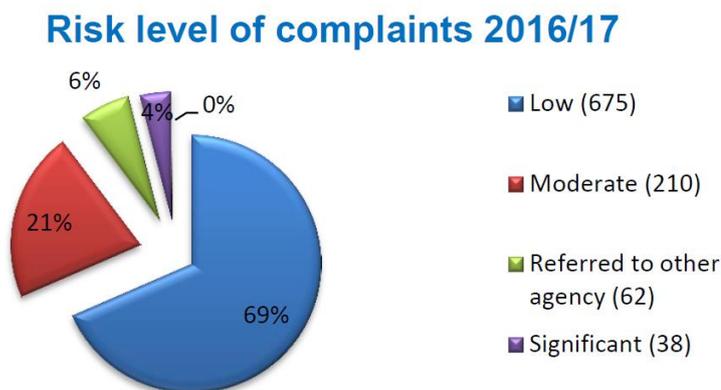
Mental health awareness training was delivered to over 400 of our staff in the EOC environment. Both mental health and personal well-being training has been incorporated into our new entrants programme.

Complaints and PALS

We have been able to achieve a significant improvement in throughput performance in achieving the 35 day response time target to complaints. This has been achieved by improved resourcing in to Quality Assurance Team, closer relationship with Quality and Governance Assurance Managers and changes in administrative practice within the Executive Office.

Year ending March 2017 the volume of complaints dropped slightly, totalling 1016 against 1040 in 2015/16. The daily average for 999 calls is currently 4934 and the average percentage of complaints received against calls attended is 0.09%.

Pie chart showing risk levels of complaints 2016/17:



Serious Incidents (SIs)

In total across 2016/17 (as of 14/03/2017) out of 495 cases reviewed 103 incidents were deemed to meet the criteria to be declared as serious to NHS England (London). The Trust has demonstrated a better understanding and use of the internal incident reporting process, enhanced by the implementation of Datixweb and a firm organisational commitment to improve the channel for identifying Serious Incidents. The increase in numbers may also reflect a more open reporting culture that has been noted by the CQC. As in previous years, the number of ambulance delay related SIs has remained a consistent theme, although in 2016-17 we have seen a wider range of incidents declared including issues with clinical assessment and call handling.

3. Clinical Effectiveness and Audit

In 2016/17 the Service examined the care provided to a wide range of patients including elderly fallers and pain management in children and those patients who had a; myocardial infarction; cardiac arrest; stroke, trauma; sickle cell crisis. Our research programmes continue to grow and alongside our existing cardiovascular studies we launched a new clinical drug trial aimed at improving the outcomes for stroke patients.

Exercise Unified Response (EUR) 2016

The Trust is currently conducting a clinical audit which was triggered by a request from the London Resilience Partnership and feedback from the Care Quality Commission and the Coroner following the inquest into 7/7.

The clinical audit will include all patients that were assessed and/or treated by LAS during a major incident training exercise, covering a range of clinical conditions

The documented triage, assessments, medication administration and management of these 'patients' was assessed for compliance with clinical practice guidelines and incident response procedures. Data analysis is on-going with the full report expected to be released Q2 2017/18.

Sickle Cell Crisis

In response to a request by the LAS Patient's Forum to review the care provided to sickle cell patients a re-audit of the care provided to patients who contact the LAS during a sickle cell crisis was conducted and the outcomes are contained within the overall CARU report on P15.

Hypovolaemic Shock

Following a patient safety incident and revised internal guidance we assessed the LAS management of hypovolaemic shock. Working backwards from Emergency Department diagnosis of a medical conditions which may cause catastrophic fluid loss (for example gastrointestinal bleed, obstetric haemorrhage, ruptured ectopic pregnancy, abdominal aortic aneurism (AAA), recurrent vomiting and profound diarrhoea) this clinical audit examined the recognition, assessment and medication administration to patients with hypovolaemic shock. Data analysis is on-going with a final report to be released in Q1 2017/18.

Mental Capacity Act

The Care Quality Commission found that many staff lacked confidence working within the Mental Capacity Act 2005. Therefore, following a programme of training on the Mental Capacity Act assessment, this documentation audit examined appropriateness of completion of the LAS Capacity Tool (documentation for the treatment of patients who are unable to consent). The report is in final draft stage we identified that improvements are needed in completing the mental capacity assessment form (LA5). A review of the form will be undertaken as part of the ePRF development process. In the meantime, guidance will be issued to staff regarding the principles of the Mental Capacity Act and how to undertake (and document) a thorough assessment.

Our Quality Priorities for 2017/18

During the year the Trust has been monitoring progress against the targets set in our 2015/16 Quality Report. Due to progress made, the Trust has chosen for 2017/18 to set out new targets in areas which are our current priorities. These priorities are aligned with our clinical strategy, business plan and CQUIN priorities. All of the areas chosen have key performance targets set and these will be monitored through relevant sub groups and the newly formed Quality oversight Group (QOG) on a monthly basis and reported to the Board monthly.

Table 1: Quality Projects: 2017-18 priority topics

| Rationale | Outcomes 2017-18 | KPIs | Reporting |
|---|---|--|---|
| SAFE | | | |
| 1. Review and increase Sign Up to Safety Pledges to ensure that pathways for patients are available to provide timely and appropriate care | Develop Pathways for patients who fall, have mental health issues, are at the end of life and who are bariatric. On-going are of focus from 2016/17 | No (%) of patients managed through alternative pathways during 2017-18 | Clinical Safety Group/Quality Oversight Group (QOG)/Quality Assurance Committee (QAC) |
| 2. Improve outcomes for patients with critical conditions, particularly patients with sepsis currently this area requires focus and improvement | Introduce best practice guidance to improve care delivery for patients with critical conditions NEW ACTION | % improvement in completed assessments | QOG/QAC and Board |
| 3. Improve and embed learning from incidents to ensure we reduce the risk or same theme incidents, our identified thematic review will be the focus of this work. | Develop learning framework supported by communication strategy NEW ACTION | Reduction in number of same theme SI incidents from April 17 baseline | QOG/QAC and Board |
| CARING | | | |
| 4. Effective and consistent risk assessment completed for patients presenting with a mental health crisis is not currently being identified, this | Revised risk assessment tool and associated training materials embedded across the organisation developed in partnership with patients and other | % increase in completed assessments for patients in mental health crisis | Mental Health Committee QOG/QAC and Board |

| | | | |
|---|--|---|---|
| needs to improve to ensure the appropriate care is given to this cohort of patients | providers Re-design PRF forms to prepare for e-PRF in 2017-18 and ensure documentation is monitored and reported On-going area of focus from 2016/17 | | |
| 5. Infection Control target has been chosen to ensure that our patients and staff are safe from infection, at present we are not meeting our hand hygiene compliance targets. | To address infection control issues identified internally and through CQC feedback. On-going area of focus from 2016/17 | Improved IPC audit compliance and demonstrable improvements Improved hand hygiene and bare below the elbows compliance | IPC Committee QOG/QAC |
| 6. Due to current demand and capacity issues, some patients wait longer than we would like. We need to ensure patients have timely and appropriate access to services. | Implement demand management projects to improve care and experience for example: Care Homes Health Care Professionals Frequent Callers NEW ACTION | % increase in response time to 75% by April 2018 | Performance Group QOG/QAC and Board |
| EFFECTIVE | | | |
| 7. Currently we are below national targets for stroke; STEMI reported in national AQI standards, improvements are required. | Implement and measure best practice models of care On-going are of focus from 2016/17 | % increase on all AQI indicators from April 2017 baseline | Performance Group QOG/QAC and Board |
| 8. Standardise hospital handovers including the use of NEWs for the sickest patients will ensure that patients waiting in A&E are monitored and prioritised. | Implement National Early Warning system (NEWs) handover for pre-alert patients to test suitability pre hospital NEW ACTION | % quarter on quarter increase in patients receiving handover using NEWs checklist | Clinical Effectiveness Group Group QOG/QAC and Board |
| 9. Develop a mortality and morbidity review process to ensure we learn from all incidents to make improvements to our service. | Introduce a mortality review group and ensure information is available in relation to specific groups to target learning and improvement. NEW ACTION | No of mortality meetings increased from April 2017 baseline evidenced via minutes | Mortality group QOG/QAC and Board |