



London Ambulance Service  
NHS Trust



# Westminster Health Overview and Scrutiny Committee 20<sup>th</sup> September 2017



# How we care for the capital

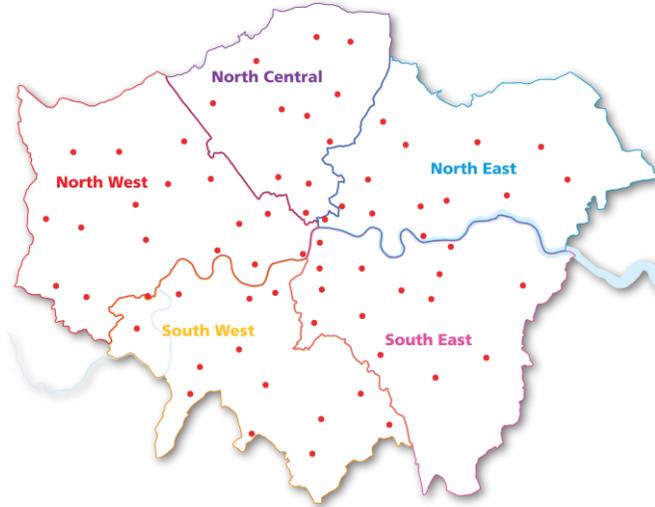


**2 Emergency  
Operations Centres**



**Non-Emergency  
Transport Service**

**Operating out of over 70 sites**



**Motorcycle response unit**



**111 Services**

(recently rated as Good by CQC)



**Cycle response unit**



**2 HART teams**



# Some facts about London



**Multicultural**  
Capital city



**300**  
languages



**c8.8m**  
Population



- CRITICAL**  
An attack is expected imminently
- SEVERE**  
An attack is highly likely
- SUBSTANTIAL**  
An attack is a strong possibility
- MODERATE**  
An attack is possible but not likely
- LOW**  
An attack is unlikely

**On severe alert**



**Tourism**  
Population swells everyday



Seat of Government & Monarchy



**5**  
STPs in London



**5**  
Police forces



**32**  
Clinical Commissioning Groups



**3**  
Airports



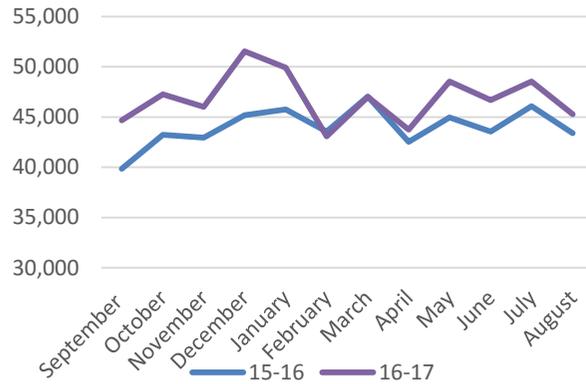
# The London Ambulance Service today



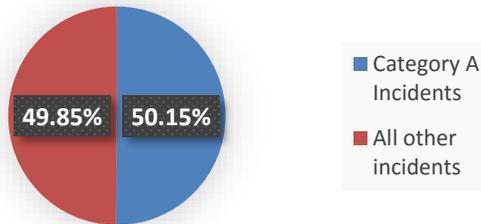
## Demand is increasing

Total incidents – **up 3.3%** from last year  
(August 16- August 17)

Cat A incidents – **up 6.6%** from last year  
(August 16 – August 17)



Total Incidents- Cat A share



## 1.9m calls

Demand for our services increases year on year, last year we responded to over 1.9m calls and 1.1m incidents



Growing number of frail and elderly people with complex health needs are living alone, and therefore more likely to call upon the LAS

## 4,893 staff

63% of which are frontline  
Our staff are changing – more graduates, more women, higher expectations, no longer a “job for life”



Average job cycle time is **80 minutes**

Average time on scene is **44 minutes**

## Pan-London Service



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



# Demand for our services keeps increasing



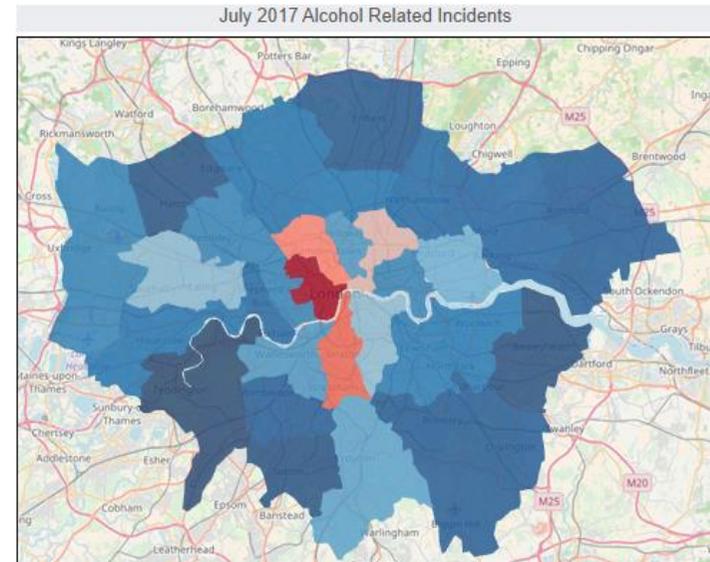
- North West London has seen a 9.2% increase in demand since 1<sup>st</sup> April, higher than any other area in London.
- Central London CCG which closely mirrors the Westminster local authority area, has seen an increase of 11.9% in demand since 1<sup>st</sup> April, an extra 701 calls than predicted.
- Three specific areas of growth in Central London CCG have been noted: Unconscious/fainting, falls & NHS111 transfers.
- These three areas represent 39% of total call volume this year.
- We are working with NWL CCG collaboration 'demand management forum' to address demand throughout the NWL STP area.



# Managing demand



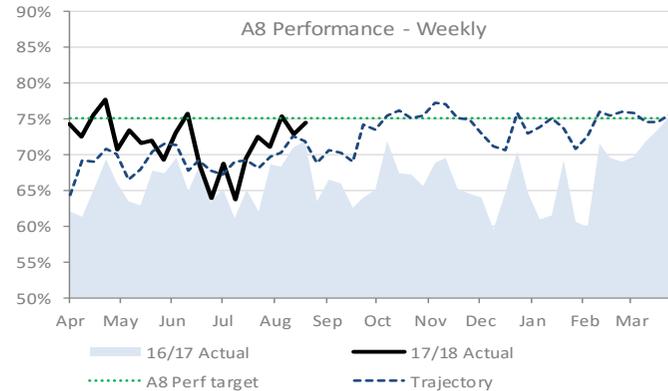
- We are working with Central London CCG to reduce pressure on our Service. Specifically we are reviewing calls from hostels & the homeless population.
- We are working closely with MPS to understand their increase in activity- 37% over the past 3 years
- We have taken a proactive approach to demand management on social media such as the recent **#NotAnAmbulance** alcohol campaign running in August. Alcohol calls in Central London CCG were at the lowest level this August compared to the previous 8 years, with crews attending 290 patients in Central London CCG compared to between 470 – 340 calls in previous Augusts.



# Performance – across London

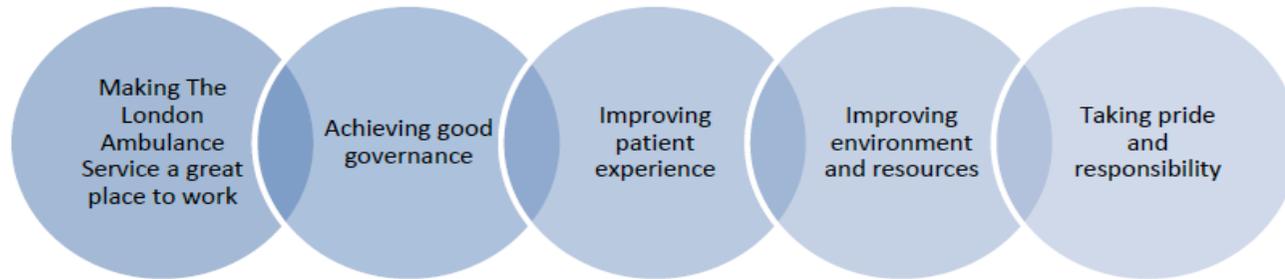


- Demand has increased by 7,888 calls for 2017 Q1 compared to 2016 Q1 (a 6% increase)
- Despite the increase in demand, performance increased from 65.9% for 2016 Q1 to 71.8% for 2017 Q1 for Cat A8 calls (seriously ill and life threatening)



# CQC

- CQC visited in June 2015- Trust was placed in special measures
- LAS published our Quality Improvement Plan in January 2016, setting out the measures to get us out of special measures.
- CQC revisited the Trust to undertake a comprehensive inspection of the Service on 7<sup>th</sup>, 8<sup>th</sup>, & 9<sup>th</sup> February 2017. They issued an updated report in June 2017.



# Our rating in 2015

Domain	Rating
Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Inadequate

# Our rating in 2017

Domain	Rating
Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Requires improvement



# How we have improved



## Strengthened leadership



- Strong governance arrangements offering better scrutiny and oversight
- Greater recognition, management and recording of risks



## Increased our frontline capacity through recruitment

Frontline turnover **16%** → **8%**  
 Frontline vacancies **28%** → **10%**

Taken action on Bullying and harassment: employing a specialist and speak up Guardian; revising our processes and improving our training so that we address issues and tackle them early



## Improved our systems of Medicines Management

800 new drug packs

Perfect  Ward



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

## Improved vehicles and equipment



60 new FRUs



New make ready service in 5 hubs with full roll out by end July 2017

Not experienced harassment, bullying or abuse from managers

2014/15	2015/16
69%	76%



# Further medications management changes



## State-of-the-art medicines cupboards and locker system

- Meet 1973 Custody Regulations for Controlled Drugs
- Cabinets and safes are purpose built to store medications
- Access control system supported by CCTV
- Audible and visual alarms systems built in to maximise security and storage compliance



Room design includes built in infection prevention control features including specialised lighting and wipe clean floors and doors



# How we have improved



## Resilience – HART

Significant improvement has been made in EPRR demonstrated through compliance with national standards (CQC report 2017)



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

Introduced a new appraisal system designed in partnership with staff



11% → 75.3%



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

Care | Clinical Excellence | Commitment

## Addressed under reporting of risks and incidents

Introduced Datix web and trained managers in risk which has resulted in a 47% increase in incidents being reported and better quality, up to date risk registers more reflective of local issues and worries



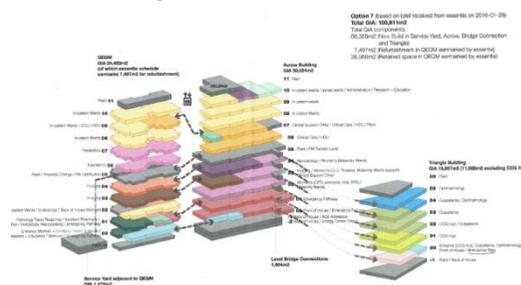
Warning notice amended to a requirement notice in June 2017



# St Mary's Hospital Redevelopment



- The LAS has been in conversation with Imperial College Hospital NHS Trust since late 2014 regarding the proposed redevelopment of the St Mary's Hospital site.
- We will work with Imperial College Hospital NHS Trust when designing the Emergency Department and ambulance bays, as and when the time comes.
- We will also work with them during their initial stage of development of the outpatients building to minimise disruption to our services.



# The Cube Development



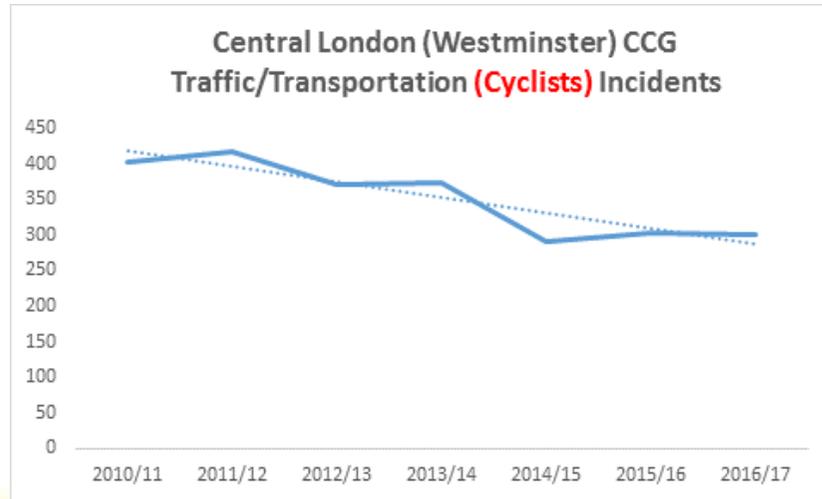
- Both the LAS and Imperial College Healthcare NHS Trust have raised serious concerns about the ability of St Mary's hospital to operate a busy emergency department and one of London's four major trauma centres for the following reasons:
- One of the main concerns centres around the partial diversion of London Street and the impact this will have on journey times to and from the hospital, on an everyday basis and during a major incident.
- Other concerns have also been raised about the design of the access road and the development's servicing yard, both increasing congestion for ambulances to access the hospital.

# Cycle Superhighway



Since CS8 has been in operation in 2011 we have seen a reduction in cycle-related road traffic collisions within Central London CCG.

Again, it is very difficult to link this directly to the Cycle Superhighway 8 introduction but it may be partly due to improvements in road safety for cyclists.



**TFL report a 54% increase in cycling along the East-West CS since construction**



# Cycle Superhighway

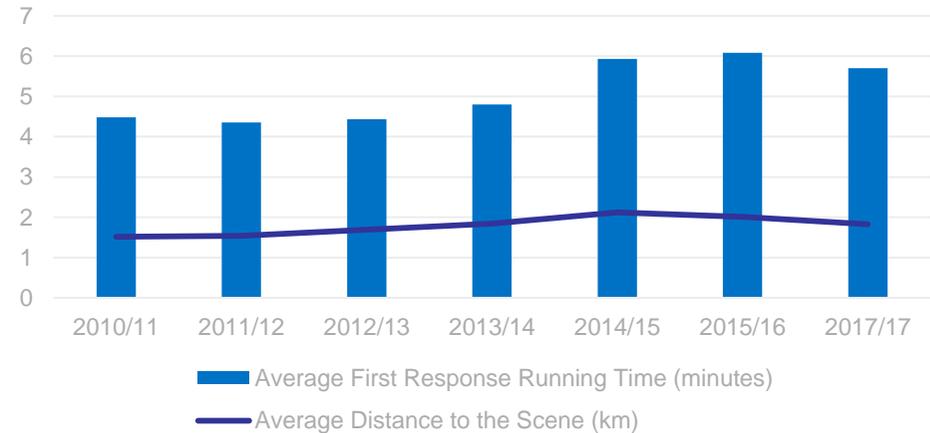
The Cycle Superhighway 8 (CS8) and the East-West Cycle Superhighway both pass through Westminster.

The East-West Superhighway has been under construction since March 2015 and the last part is still under construction around St James's Park. CS8 has been fully operational since July 2011.

It is impossible to directly link the construction of the Cycle superhighways to an increase in our response times due to the number of variables at play.



Running time and distance to scene for first responding vehicle



# Working with private providers



We work with private providers such as St John Ambulance at large events like the Notting Hill Carnival, the London Marathon and New Years Eve.

For large events we operate Joint Control Rooms and have joint mobile response teams that treat patients.

We also work with them in Event Liaison teams at some events & stadia where we provide a management presence only.



# Looking forward

- We will continue to build on the positive steps made since the CQC visited in February such as our clinical care, our capacity and performance and our staff morale and culture.
- We are working to make LAS Great: great for patients and great for staff.
- We are setting a strategic direction in partnership with our patients and the public, commissioners and staff.
- In the face of increasing demand we will deliver an urgent and emergency care service that responds to our patients needs now and in the future.





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**Thank you.  
Any Questions?**

