



**London Ambulance Service**  
NHS Trust



# London Ambulance Service Annual Public Meeting

25<sup>th</sup> September 2018

# Welcome from Heather Lawrence OBE, LAS Chair

# Agenda for today

- Annual report; a year in retrospect – Heather Lawrence OBE, LAS Chair
- Standing accounts – Lorraine Bewes, Director of Finance & Performance
- Quality account – Trisha Bain, Chief Quality Officer
- The year ahead: our strategy and plans for the future – Garrett Emmerson, CEO
- Mental Health Showcase
- Questions and closing remarks

# Trust Board – Non-Executive Directors



Heather  
Lawrence OBE,  
*Chair*



Sheila Doyle



Jayne Mee



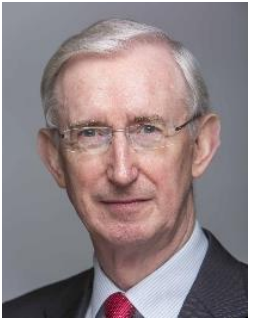
Theo de Pencier,  
*Deputy Chair*



John Jones



Jessica Cecil,  
Associate NED



Fergus Cass



Robert  
McFarland



Amit Khutti,  
Associate NED



# Trust Board – Executive Directors



Garrett  
Emmerson,  
*Chief Executive*



Lorraine Bewes OBE,  
*Director of Finance &  
Performance*



Paul Woodrow,  
*Director of  
Operations*



Dr Fenella Wrigley,  
*Medical Director*



Dr Trisha Bain,  
*Chief Quality  
Officer*



# Directors



Benita Mehra,  
*Director of  
Strategic Assets  
and Property*



Patricia Grealish,  
*Director of  
People and  
Culture*



Ross Fullerton,  
*Chief Information  
Officer*



Philippa Harding,  
*Director of  
Corporate  
Governance*



# A look back at 2017/2018

## Heather Lawrence OBE

# Major incidents

- Westminster terrorist attack – 22 March 2017
- London Bridge terrorist attack – 3 June 2017
- Grenfell Tower fire – 14 June 2017
- Finsbury Park Mosque – 19 June 2017
- Parsons Green Tube – 15 September 2017



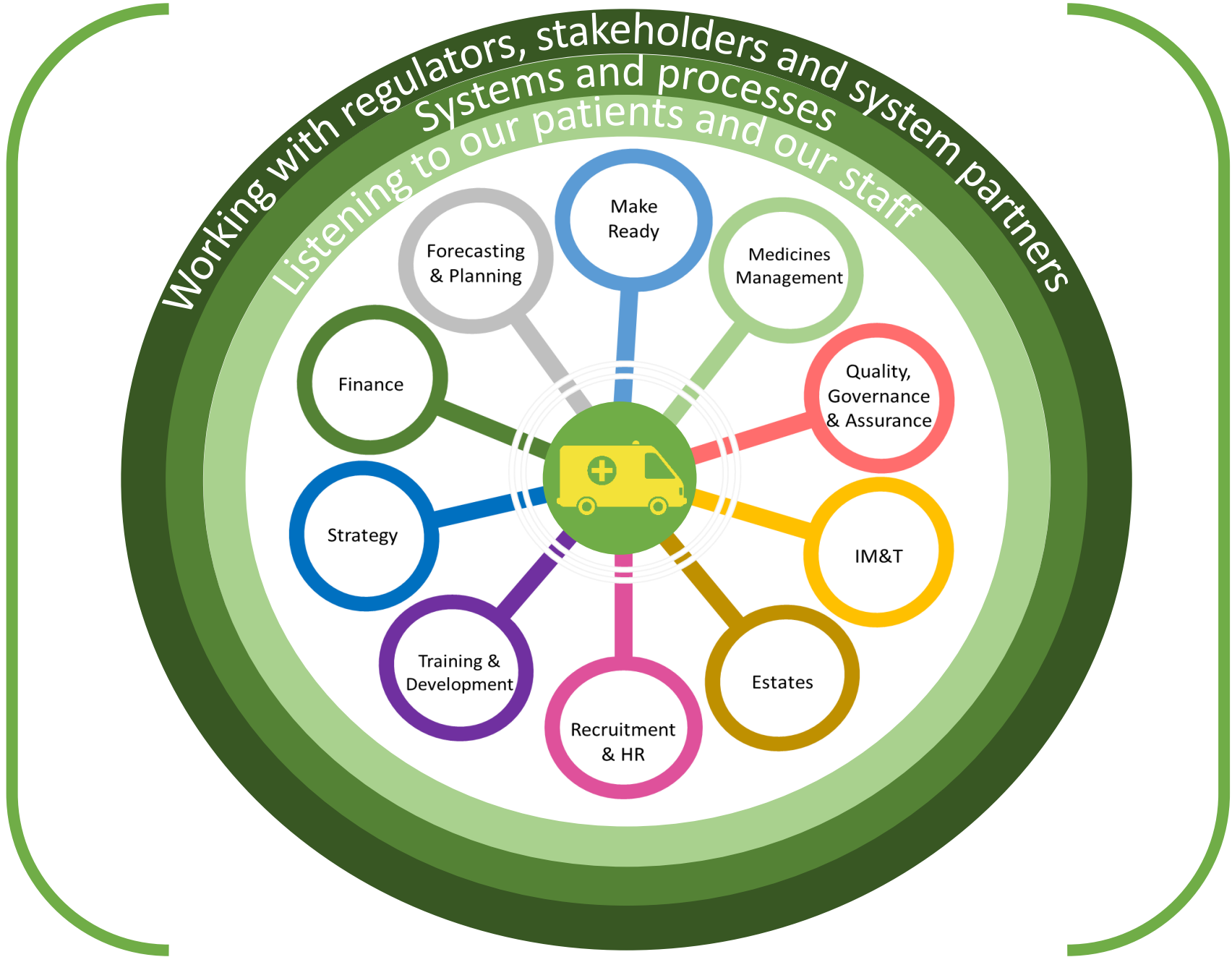


# LAS rated as good overall by CQC and taken out of special measures

- CQC report was released in May 2018 after the inspection in February 2018
- This was the culmination of a year of hard work and dedication across the organisation



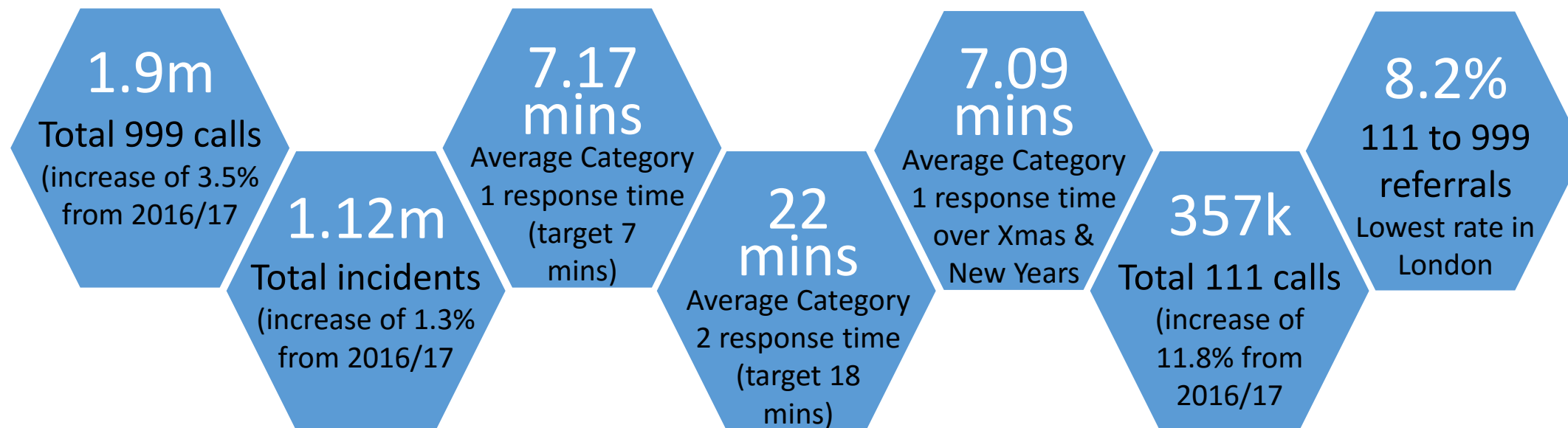
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# Our performance across 2017/18

- A major impact on our organisation was the implementation of the Ambulance Response Programme in November 2017, which overhauled the standards to which we seek to achieve.



# Our people – highlights of 2017/18

- Supporting all of our staff who were involved with or affected by the major incidents that we responded to
- A new Workforce Race Equality Scheme (WRES) action plan and initiatives and targeted recruitment work
- Integrating our 111 services more fully
- Expanding the use of multidisciplinary teams
- Improving how we communicate with and listen to our staff
- Emergency services women jointly awarded the ‘Woman of Achievement Award 2017’

# Improving the care we provide to patients

- We have improved hospital handover times
- We have rolled out 4,000 iPads to frontline staff
- We have introduced mental health nurses and midwives into our clinical hub
- We introduced urgent care advanced paramedics to treat more of our patients in their own homes
- We have led or participated in a number of high quality research projects
- We have worked closely with system partners to improve the pathways for a variety of emergency and urgent care conditions

# Quality Account 2017/18

## Dr Trisha Bain, Chief Quality Officer

# Our Quality progress

- Following the inspection in March 2017 , we moved from an overall rating of ‘Requires Improvement’ to ‘Good’, which is a tremendous achievement and recognition of the efforts of people across the Service
- Our care for patients is once again rated as ‘outstanding’
- Among the CQC’s key findings were that our staff often went above and beyond their expected duties in order to meet patient needs
- The report also found that people working across all parts of the Service demonstrated care which was consistent with our values
- In the ‘well-led’ element of the inspection, they found strong leadership and more widely also highlighted the expertise in the care of maternity and mental health patients

# Quality Improvement Progress 2015 to now



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

Inadequate overall  
Placed into special  
measures

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

Requires improvement  
overall  
special measures retained

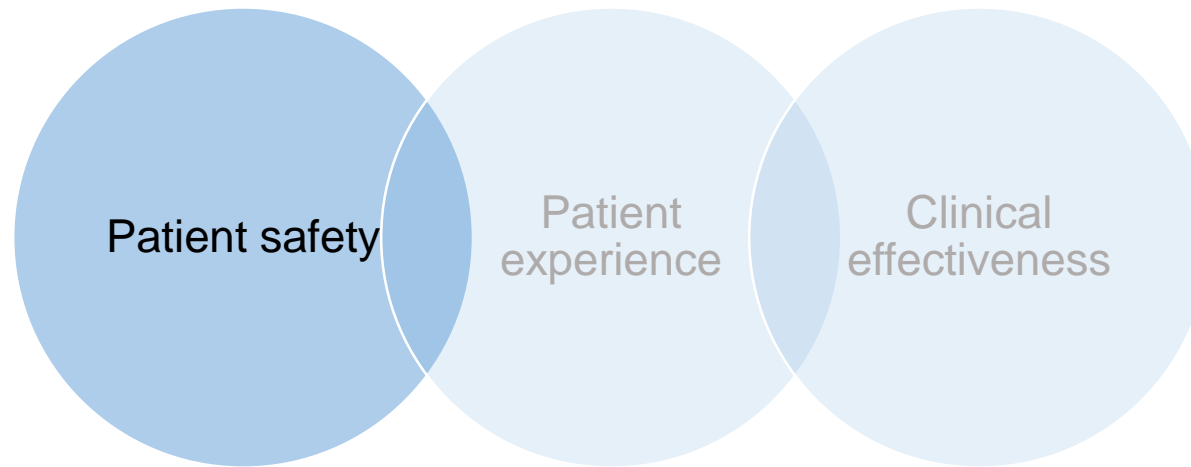
Domain	Rating
Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good
Overall	Good

Good overall  
Removal of special measures





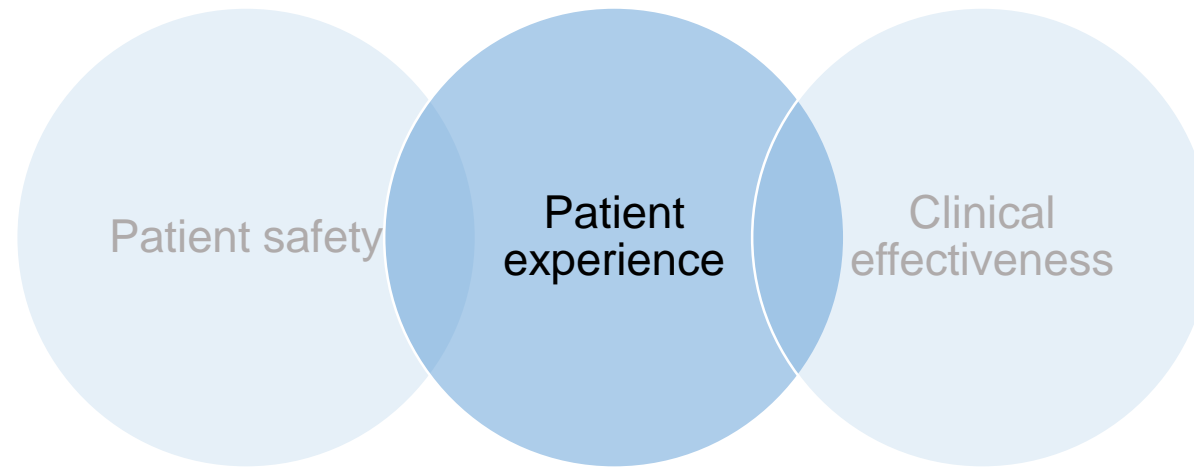
# We have made significant progress against all of our 2017/18 Quality Priorities



**Target 1** – development of pathways for patients who fall, have mental health issues and are at the end of life

**Target 2** – Improve and embed learning from incidents

# We have made significant progress against all of our 2017/18 Quality Priorities

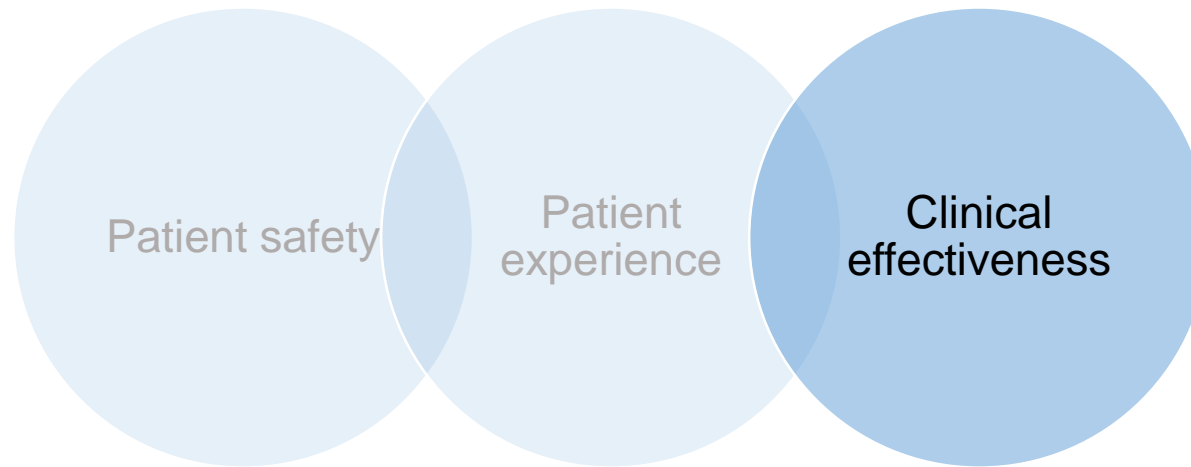


**Target 1** – Effective and consistent risk assessment completed for patients in mental health crisis

**Target 2** – Improved compliance with infection control standards

**Target 3** – Ensure patients have timely and appropriate access to services

# We have made significant progress against all of our 2017/18 Quality Priorities



**Target 1** – Improve outcomes as reported by Ambulance Quality Indicators

**Target 2** – Standardise hospital handovers including use of NEWs for the sickest patients

**Target 3** – Develop a mortality and morbidity review process

# Engagement with our staff

- **Staff Survey** - overall response rate of 54%, significantly higher than other ambulance trusts

## We performed well in:

- Working patterns
  - Patient care and experience
  - Reporting incidents
- We have appointed a **Freedom to speak up guardian** to provide staff with a confidential route to report any concerns.
  - We are communicating this widely to our staff and any themes or trends will be reported through to the executive team and Trust Board

## We continue to focus on improvement in:

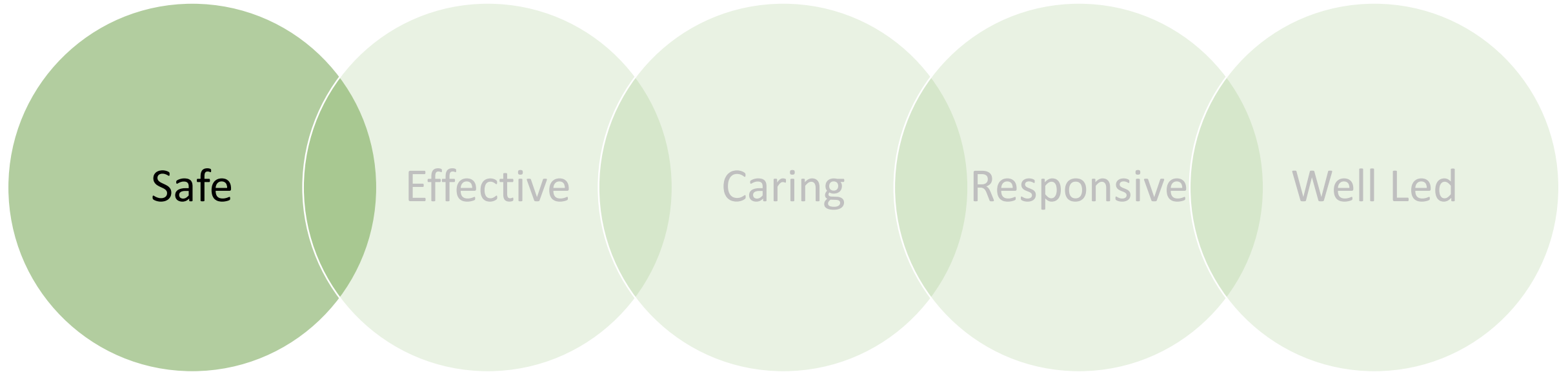
- Violence, harassment and bullying
- Equality and Diversity

# Engagement with patients

- We continue to work closely our patients and public representatives, who provide a service user point of view to the work that we undertake.
- In 2017-18, our patients and the public have been involved in a number of areas including:
  - Working with the LAS academy to support recruitment of staff
  - Co-designing a personality disorder training module and film
  - Insight project and sharing our learning methodology with NHSE
  - Patient Stories at the Board
  - Race equality in the LAS,
  - The Ambulance Response Programme,
  - Membership at LAS quality governance groups,
  - Multi-agency education project in Haringey schools on knife crime,
  - Safe Drive Stay Alive campaign (Over 21,000 young drivers)
- A Revised Patient and Public engagement strategy is also being written



# Moving Forward: 2018/19 Quality Priorities



**Target 1:** Implementation of Health Assure functionality

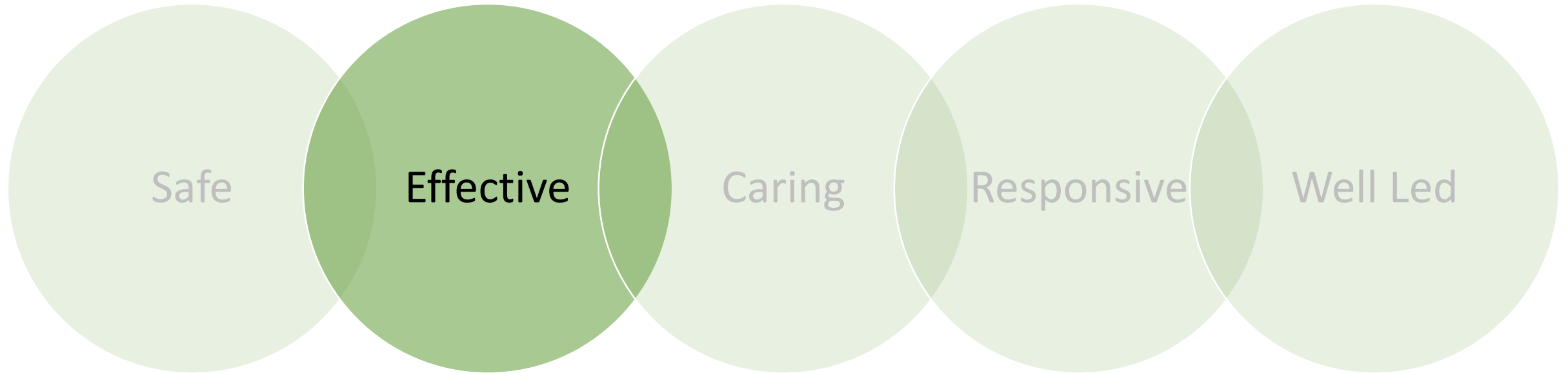
**Target 2:** Improve hospital handover delays

**Target 3:** Secure drug rooms completed in every station

**Target 4:** Increase number of defibrillator downloads



# Moving Forward: 2018/19 Quality Priorities



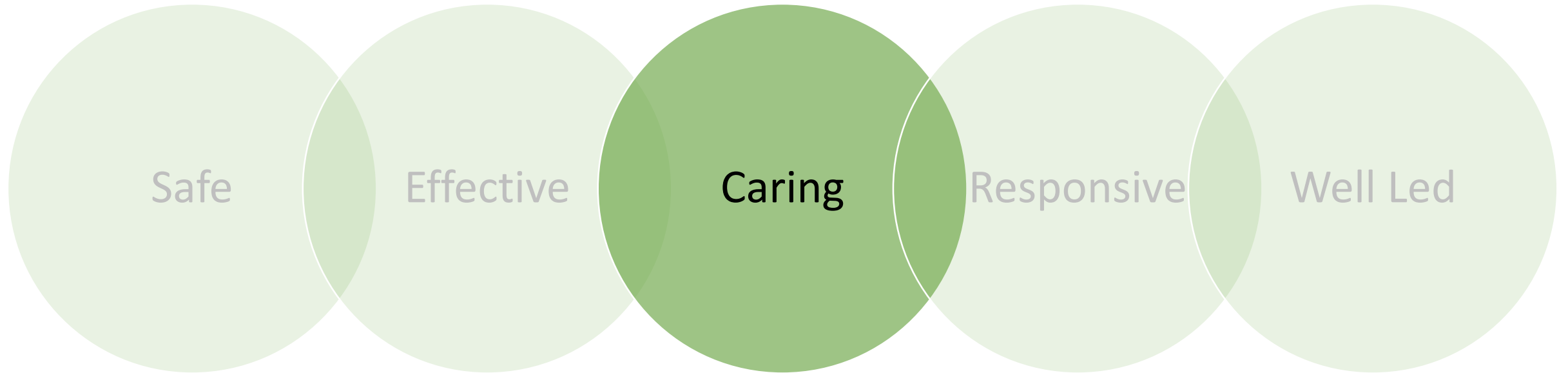
**Target 1:** Independent review of training

**Target 2:** New quality indicators developed and being reported on

**Target 3:** Quality improvement training plan agreed and rolled out

**Target 4:** Completion of sector roster reviews

# Moving Forward: 2018/19 Quality Priorities



**Target 1:** Reduction in calls from frequent callers

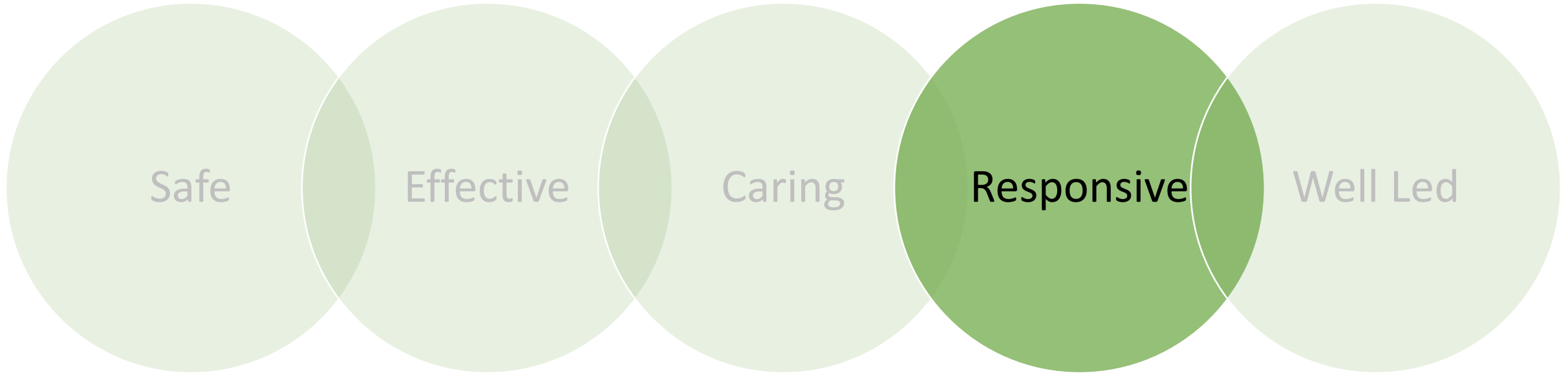
**Target 2:** Evidence of patient involvement in all quality improvement and service design

**Target 3:** Reduce the number of ambulance conveyances for maternity cases





# Moving Forward: 2018/19 Quality Priorities

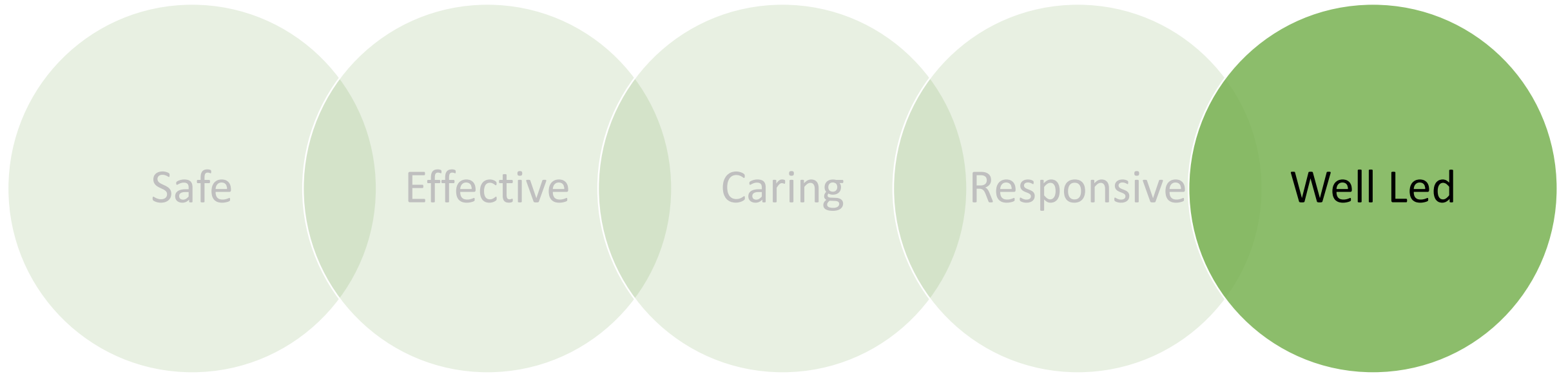


**Target 1:** Review of operational model and meet our new performance standards

**Target 2:** Ensuring patient complaints are responded to in a timely manner



# Moving Forward: 2018/19 Quality Priorities



**Target 1:** Compliance with statutory and mandatory training

**Target 2:** Leadership programme developed

**Target 3:** Implement new People & Culture strategy and improve quality improvement capability across the organisation



# Quality Priorities 2017-18

- Significant progress has been made during 2017-18 and brought about much improved outcomes for our patients
- We will strive to continually improve and sustain that improvement through our quality improvement plans for 2018-19 and beyond

Thank you

# **Statutory Accounts 2017/18**

## **Lorraine Bewes OBE, Director of Finance & Performance**



# Statutory financial duties

Duty	Target	Outcome	Comment
Capital Cost Absorption Rate	3.5%	3.5%	<b>Achieved</b>
External Financing Limit (EFL)	(£10.0)m	£8.7m	<b>Achieved</b> <ul style="list-style-type: none"> <li>The Trust had a £18.7m underspend against its EFL, which is permitted</li> <li>Achieved through having a higher than planned year-end cash balance</li> </ul>
Capital Resourcing Limit (CRL)	£25.0m	£23.3m	<b>Achieved</b> <ul style="list-style-type: none"> <li>Underspend against CRL by £1.7m, which is permitted.</li> <li>Underspend carried forward into 2018/19 to meet planned commitments</li> </ul>
Break-Even	£2.4m deficit	£5.7m surplus	<b>Achieved</b> <ul style="list-style-type: none"> <li>The Trust closed the year with a £5.7m surplus, £8.1m better than planned</li> <li>Underspend due to improved performance and award of £5.1m Sustainability and Transformation Fund (STF) Incentive &amp; Bonus funding for delivering the agreed control total</li> </ul>
Better Payment Practice Code (non-NHS) - volume	95%	85%	<ul style="list-style-type: none"> <li>The number of invoices paid within the target was slightly higher than the previous year</li> <li>The value of invoices paid within the target was lower than last year</li> </ul>
Better Payment Practice Code (non-NHS) - value	95%	72%	

# Audit opinion

## **Financial Statements:**

- An unqualified audit opinion has been issued. The Accounts presented are a true and fair view

## **Parts of the remuneration and staff report to be audited:**

- No issues were identified

## **Consistency of the Annual Report and other information published with the financial statements:**

- The financial information is consistent with the annual accounts

## **Unqualified value for money conclusion:**

- Proper arrangements in place to secure economy, efficiency and effectiveness.



# Our priorities for the future

## Garrett Emmerson, Chief Executive



# Our new five year strategy introduced our new vision





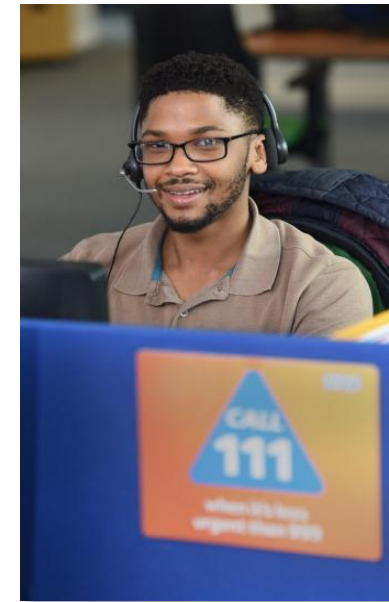
# Our purpose

## We exist to:

- Provide outstanding care for all 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

# Our Patients

- Playing a larger role in 111/Integrated Urgent Care provision across London
- Integrating 999 & 111 call answering and clinical support to provide better and faster care
- Working with patient groups and other providers to introduce more specialized models of care for a greater proportion of our patients – our pioneer services:
  - Urgent care Advanced Paramedic Practitioners
  - Falls
  - Mental health
  - Maternity
  - End of life care
- Reducing unnecessary conveyances to emergency departments



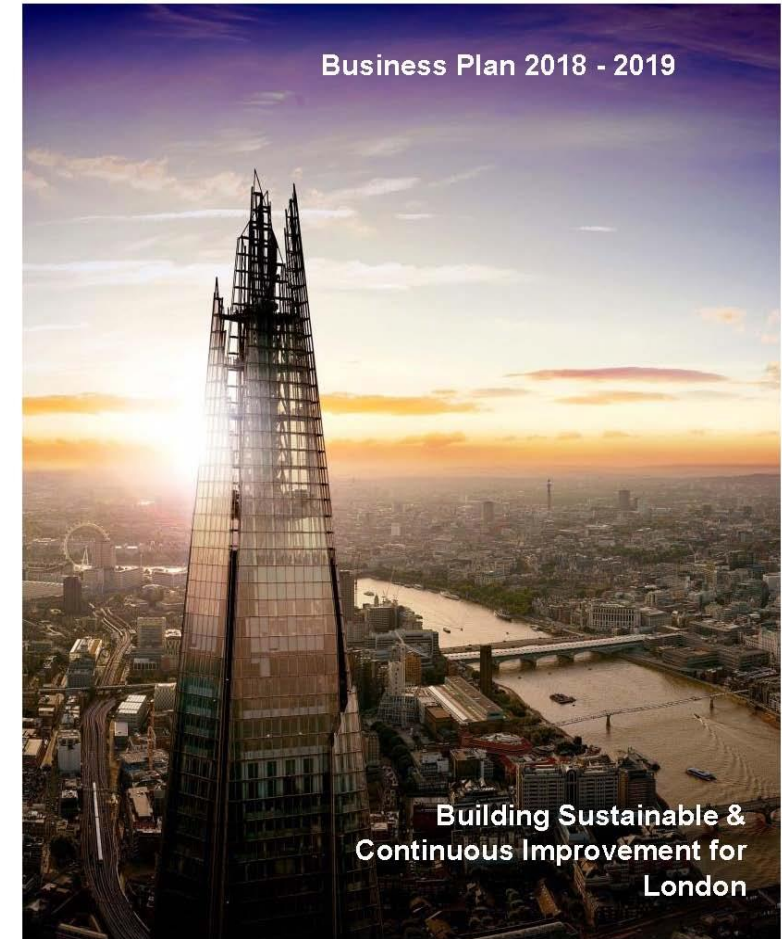
# Our people

- Recruiting and retaining talent
- Improving engagement to make sure we are listening to our staff
- Ensuring a healthy workplace
- Aspiring to excellence in leadership and management
- Championing inclusion and equality
- Recognising and rewarding excellence



# Public Value

- Integrating 999 & 111 call answering will also provide a more cost effective service
- Our pioneer services will reduce unnecessary hospital conveyances, delivering savings for our system partners
- A detailed internal programme of work to implement the recommendations of Lord Carter's review into unwarranted variation within the NHS
- New Partnership with South Central Ambulance Service



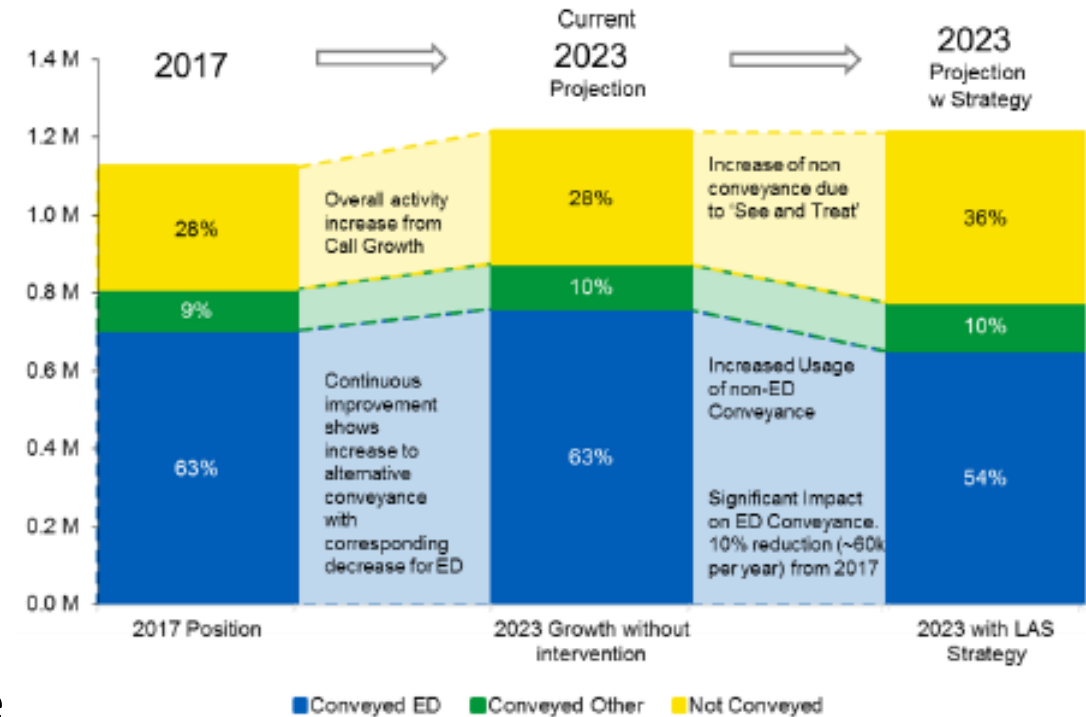
# Our Partners



- We work closely with a range of NHS partners across London including: STPs, CCGs, Mental health and community trusts, NHS England, NHS Improvement, the Care Quality Commission. We have a number of joint priorities, including:
  - Increasing usage of alternative care pathways
  - Reducing conveyance to emergency departments
  - Reducing handover delays at hospitals
- We also work with the Metropolitan Police and the London Fire Brigade as well as other ambulance services round the country
- We are now working increasingly closely with other public sector bodies in London including the Mayor, TfL and local authorities

# What our strategy will deliver

- We are proud of our new ambitious strategy and believe that it will deliver real benefits to the people who live, work and travel in London
- If fully implemented, it will:
  - Improve outcomes, experiences and consistency of services for all of our patients
  - See up to 122,000 fewer patients conveyed to Emergency Departments when their needs could be effectively met in a different and more appropriate way
  - Deliver up to £36.5m per year in avoided costs for the wider London urgent and emergency care sector



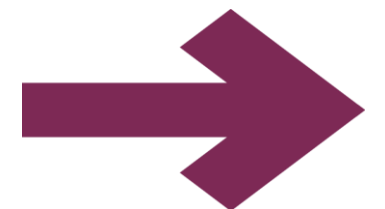
# Mental Health Showcase

# Mental Health Crisis, the National Perspective

Professor Tim Kendall

National Clinical Director for Mental Health

25<sup>th</sup> September 2018





# What does a good quality, timely, 24/7 expert response for people experiencing MH crisis require?

Primary, community and social mental health services to prevent crisis and support recovery

- 24/7 mental health liaison teams in A&E & general hospital wards



**Ideally people should be cared for in the community** but when people do need A&E, there should be a 24/7 expert mental health response on site.

### A&E is appropriate when:

- People have mental & physical needs (e.g. overdose)
- When there is no other option available to meet urgent & emergency needs

- 24/7 community crisis response and 24/7 intensive home treatment + alternatives to A&E (e.g. crisis cafes)



**Some areas have demonstrated success in meeting urgent & emergency mental health needs out of hospital.** Not only are people reporting positive experience, but they have seen significant reductions in A&E attendance and inpatient admission



- Ensuring police and ambulance have 24/7 access to MH expertise.



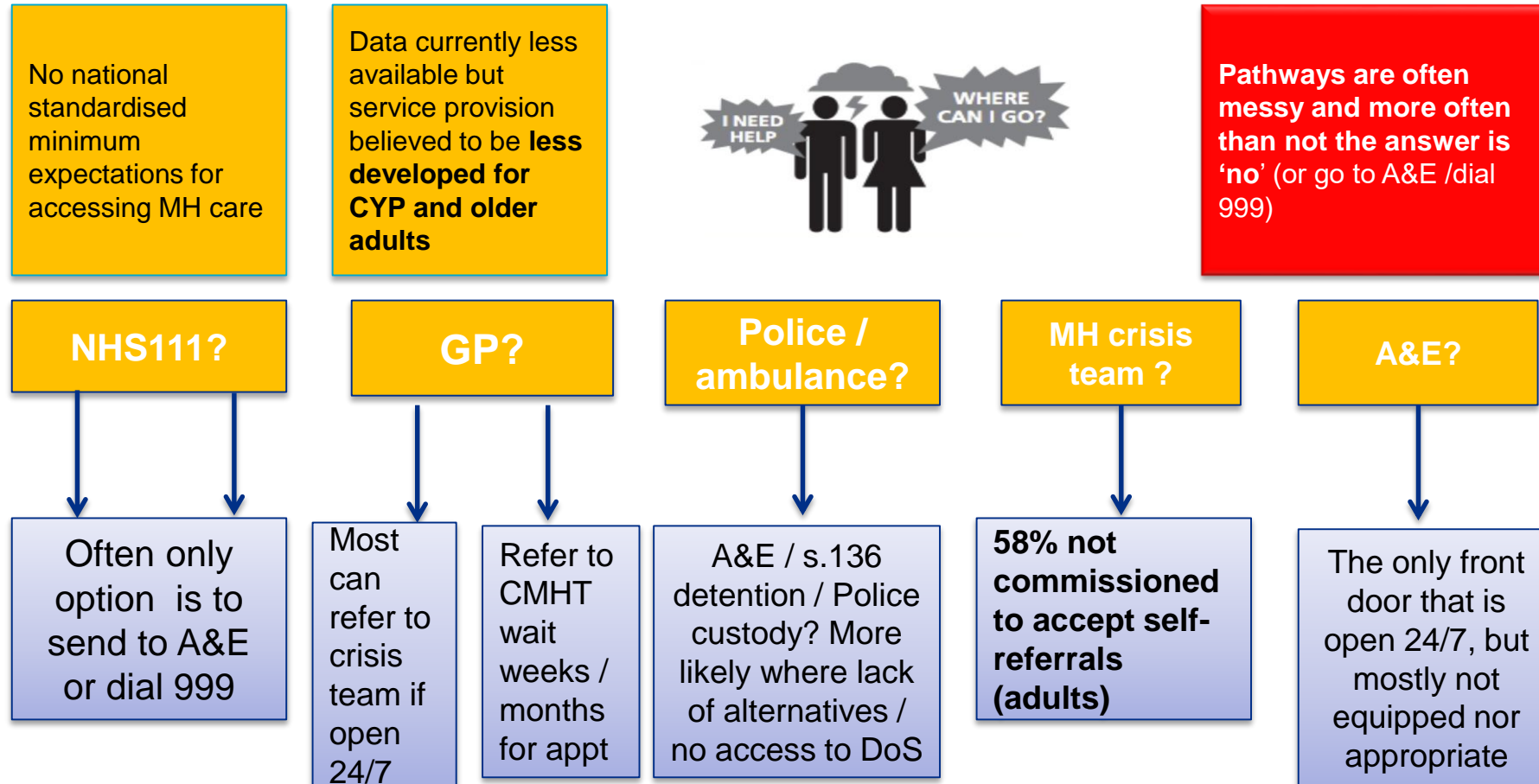
Without community options or access to 24/7 MH services, police and ambulance often have no choice but to:

- take people to A&E
- take people to police custody
- detain under Mental Health Act



# What are we trying to address? Confusing routes to access with too many closed doors

Currently some areas have 24/7 open access to MH services, but most do not.



Even the **NHS Choices** website has no option but to advise people to **call the Samaritans if experiencing mental health crisis.**



# CRHT: ambition in Five Year Forward View

**Recommendation 17:** By 2020/21 **24/7 community crisis response** across all areas that are **adequately resourced to offer intensive home treatment**, backed by investment in CRHTTs.



Based on the aim to **bring all CRHTTs' resourcing in line with North East London Foundation Trust's (NELFT):**

- 24/7, high fidelity teams
- low inpatient bed base
- no out of area placements
- **Sunderland's CRHT** had similarly high fidelity and resourcing



**Sufficient resourcing is essential, but these areas insist it is also about how the pathway is managed**

## Evidence CRHT ambition:

- Systematic review found that CRHTs were never implemented as intended (except for in 4 or 5 areas)
- Where implemented well, they improve experience and reduce hospital admissions.
- Evidence to MH Taskforce and Crisp Commission that CRHTs had been cut year-on-year since 2008, while facing increasing number of referrals
- Suicide rates increasing among people under the care of CRHT (NCISH)
- Crisis Care concordat and CQC thematic review report consistently poor experiences of crisis care

# CRHT: performance and coverage of teams



Two surveys have been run to date, providing information on the resourcing and functionality of CRHTTs – they are largely a reflection of how services are **commissioned** rather than quality of provision.

Core Functions	2016	2018	Change
CRHTs that accept self-referral from new patients	43%	42%	-
24/7 assessment of new crisis referrals at home	67%	47%	↓
24/7 home treatment	70%	43%	↓
Local 4hr target for assessment of <i>urgent / emergency</i> crisis referrals	45%	79%	↑

Staffing (FTE) (2016 survey)	2016	2018	Change
Medical	439	369	-c.16%
Nursing	3035	3469.5	+c.14%
Other qualified (therapists/social workers etc)	456	672	+c.50%
<b>Total qualified</b>	<b>3930</b>	<b>4510.5</b>	<b>c.+14%</b>
Admin and non-qualified (incl. peer support)	1174	1709	+c.50%
<b>Total</b>	<b>5104</b>	<b>6219</b>	<b>+c.20%</b>

*Caution should be applied in comparing the results from the two surveys – the 2018 version was clearer and it is possible that the 2016 results presented an overly positive position, particularly relating to operating hours and accessibility.*

***We consider the 2018 results to represent a reasonably reliable picture of CRHT commissioning at a national level.***

## Core 24 acute hospital urgent & emergency liaison mental health



National definition of 'Core 24' – minimum ambition for all acute hospitals with 24/7 A&E departments (50% by 2021):

- ✓ **24/7** hours of operation;
- ✓ **1hr response** times to emergency referrals from ED, **24hr response** to urgent ward referrals;
- ✓ **Staffed** in line with or close to recommended levels to cover 24/7 rota, **including access to older adult expertise**;
- ✓ Funded recurrently – **this is no longer a 'pilot' service.**

**24/7, on-site mental health liaison ensures:**

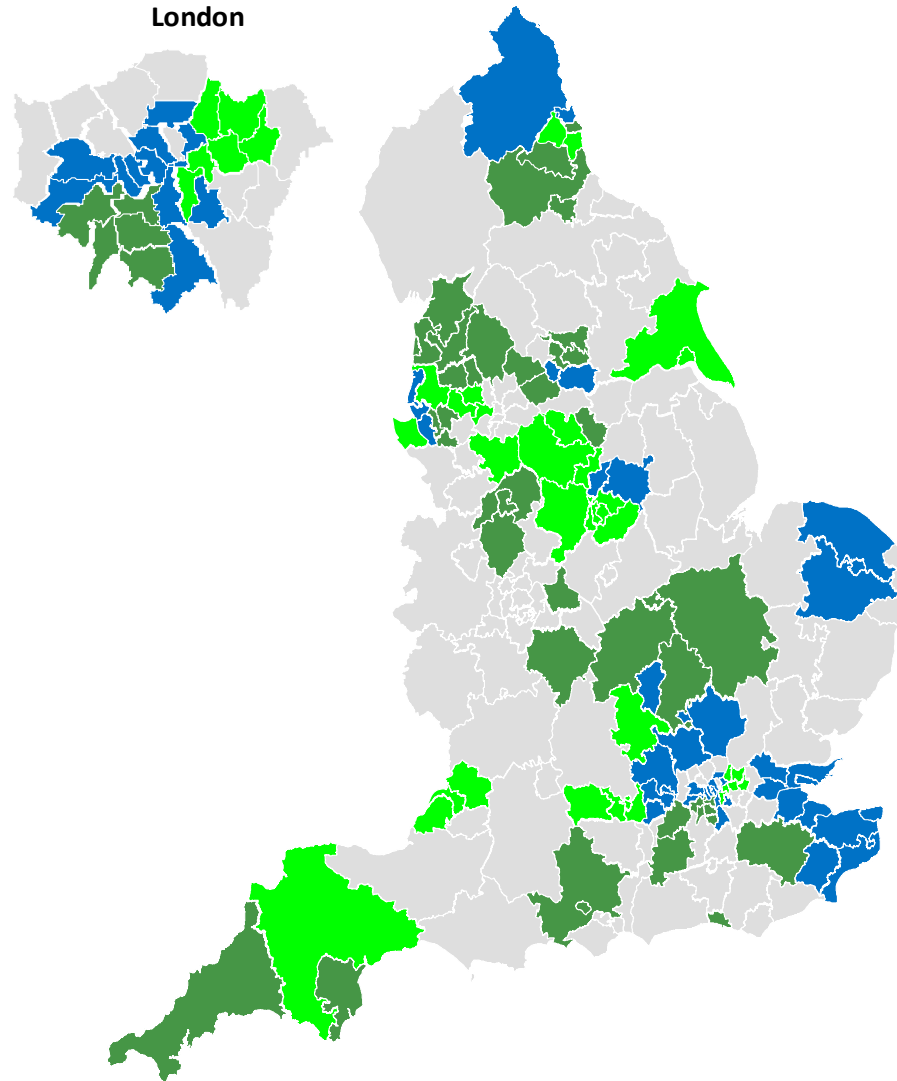
- The **4hr standard can be met** for people with mental health needs;
- **80-90% of mental health attendances can be assessed and discharged safely** from A&E who might otherwise need admission;
- **Reduce length of stay by at least 1-2 days** on average for people admitted to wards
- **Ensure admissions are short stay only** (0-1 days)
- Improved **experience, quality and safety**

**Financial business case is clear and has helped expansion of liaison.**

- Should urgent & emergency services should live or die by the financial ROI?
- What other condition with such a high risk of mortality are people discharged from ED without the interventions they need?







# Key achievements



## Core 24 U&E Liaison Mental Health

- 17 hospitals at core 24 by **Nov 2016** (10%)
- **£30 million funding to 74 acute hospital sites** to achieve 'Core 24' from 2017-2019
- Ahead of schedule for 2021 target with ~46% (81 of 178) A&Es on track to have Core 24 standard by 2019

	Areas that currently have access to core 24 liaison services
	Areas that have successfully bid in Wave 1 to meet core 24 liaison services by the end of 2017/18*
	Areas that have successfully bid in Wave 1 to meet core 24 liaison services by the end of 2018/19*
	Areas with liaison services that are not yet at core 24 service level

# Case study, community crisis response: Cambridge & Peterborough First Response Service + Sanctuary (all ages)

- “We now say ‘yes’ to all referrals, when we used to say ‘no’”
- “We now commission the pathway, not the service”



24/7 MH point of access tele-triage with clinical supervision

**Around 450 referrals per week**

Support, advice on the phone / signposting

Referral to sanctuary run by mind (picture below)

Referral to primary / community MH service

Face to face assessment within 4hrs for emergency MH referrals

**80% of referrals**

**NB- only 3% referrals to ambulance/police**

**17% of referrals**

- Activity** in first 6 months of FRS
- **25% reduction** in A&E MH attendances
  - **19% reduction** in emergency admissions
  - **26% reduction** in ambulance see, treat, convey
  - **39% reduction** in OOH GP
  - **45% reduction** in NHS111
  - **Reduction in MH demands for Police**
  - **20% reduction** in home treatment caseloads

**Costs: £3.2m** (£3.1m for FRS + £360k sanctuary) (878,000 pop)  
**Savings: £4m** (including £2.8m reduction in CCG tariff payments to acute). Business case made for recurrent funding following 1 year of pump prime / set up costs

- Patient experience**
- **72% of people report a good or excellent** experience of the first response service.
  - This compared to **only 14% of people nationally** who report a positive experience of crisis services (CQC, 2015)



*Sanctuary is a preferable environment to A&E for many people with mental health needs*



# **Dr Sean Cross, Consultant Psychiatrist, Liaison Psychiatry**

# **London Ambulance Service Mental Health Pioneer Service**

**Carly Lynch, Mental Health Lead**

**April Wrangles, Clinical Advisor and Paramedic**



# Responding to patients with mental health needs

- Last month we received 13,044 calls for patients presenting with mental health needs
- We sent a vehicle to 8,899 of these, with over 4,000 receiving advice over the phone
- 7,698 of these patients (86.5%) were conveyed to an Emergency Department
- We were called to 102 patients under Section 136
- We have a dedicated Mental Health Team

# Improving our service for mental health patients – pioneer service

- Our pioneer service will team a registered mental health nurse with a paramedic. This will build on the existing service of mental health nurses in our Clinical Hub
- This will ensure parity of esteem between patients with physical and mental health needs
- We want to make sure we provide the right care, first time
- Multi-disciplinary working is crucial in providing these benefits
- We have conducted pioneer service test shifts which have produced extremely promising outcomes
- Shared learning and assessment
- We will be working with NHS system partners, especially Mental Health Trusts, to ensure that this service produces the best outcomes and experiences for patients

# Service user perspective

# Recovery Café for South West London Residents

## Elvio Correia, Service Manager

## *Hestia Recovery Café*

- ▶ Commissioned by SW London and St George's Mental Health NHS Trust
- ▶ For residents of the 5 South West London Boroughs **Richmond, Merton, Wandsworth, Kingston and Sutton**
- ▶ For adult residents (18 +) who are struggling to cope with their mental health and need support at times when other services may be closed, and who may lack the social networks / resources, or may feel suicidal or inclined to self-harm
- ▶ Open Mon-Fri 18:00 - 23:00, and weekends and BHs 12:00 to 23:00

# Hestia

Works with people in crisis across London , to support them to change their lives at a time when they most need support

- Mental Health
- Domestic Abuse
- Modern Slavery
- Older People
- Young People
- Disabilities
- Offender Services





# Hestia Recovery Café

**Access to information  
and support**

**People to listen**

**Healthy meals  
and hot drinks  
at a minimal  
price**

The Hestia Recovery  
Cafe is able to  
support up to 25  
customers at one  
time



**Safe space for  
people struggling  
to cope with mental  
health**

**Groups and  
one to one  
sessions**

**Provides an  
alternative to A&E**

# Our shared vision

- ▶ Accessible
- ▶ Welcoming
- ▶ Zones of use - low stimulus  
quiet space, relaxation space,  
activities, cooking and eating,  
1-2-1 support, computers
- ▶ Healthy food at low cost
- ▶ Co-produced with customers
- ▶ Builds on established relationships
- ▶ Develops strengths and support networks
- ▶ Reduces crisis, anxiety and worry



# The Team

- ▶ Staff team recruited with MH experience
- ▶ Volunteers integral to delivery – especially those with lived experience
- ▶ Staff training programme
- ▶ Designated roles and responsibilities for staff and volunteers
- ▶ Support from local HTTs



# Co-production

From the outset the Hestia Recovery café has taken co-production really seriously, and worked hard to embed co-production in all aspects of the service. This was recognised in the Trust's (May 2018) Service User & Carer Involvement Plan, where the Recovery Café was identified as an example of Good Practice.

- Monthly Community Meetings (attended by different / new customers each month)
- Co-produced weekly activities such as creative writing, drama group, cooking sessions, and quiz night
- Feedback cards and Satisfaction Survey
- Record on complaints and suggestions
- Customers in Interview Panels
- Manager on site on most days, thus enabling feedback to be received directly (face to face)

# Satisfaction Rates and Compliments

“Thank you so much for the creative writing. I love it. It gives me a connection that I feel I don't get anywhere else. It's like faith I never had. I don't know what I'd do if I didn't come.” (April 2018, Monitoring Report)

“I have found the Recovery Café incredible. I have become more confident in sharing my problems. Group activities are highly inspiring.” (April 2018, Monitoring Report)

“The café has helped me immensely. It is my safe space.” (Dec 2017, Monitoring Report)

*“The café has really prevented me from going into crisis.” (Dec 2017, Monitoring Report)*

*“The café is my safe place. When I am lost, I come here. I am much less stressed than when I first started coming here.” (October 2017, Monitoring Report)*



# Hestia

Thank you



[Hestia.org](https://Hestia.org)

# Mental Health Showcase

## Any questions?



**Any questions to Trust Board?**



# Closing remarks

## Heather Lawrence OBE