

## 2017/18 Quarter 4 London Ambulance Service CQUIN Update

### **Overview:**

#### **1. STP Engagement**

*50% of the total award against this indicator is available for Q4 (under local agreement) and is assessed against achievement as outlined in the STP Engagement proformas completed and submitted by STP leads on a quarterly basis.*

The STP Engagement CQUIN indicator is aimed at supporting and engaging STPs through Urgent and Emergency Care Transformation/ Integration Boards and Demand Management Forum. Engagement is assessed through attendance and engagement at key meetings and provision of CCG demand packs which indicate areas of localised demand across each STP footprint.

LAS have provided an update as part of the Q4 evidence report which outlines where LAS Assistant Directors of Operations have attended and contributed to STP Demand Management Forums and where engagement criteria has been fulfilled as agreed by the LAS Chief Executive and or Director of Strategy.

Work has been conducted across STPs to consolidate a list of required meetings LAS are expected to attend as part of this CQUIN agreement going forward to build upon this indicator in 2018/19.

It is important to note, the weighting for this CQUIN indicator will increase to 1% of the total CQUIN award available in 2018/19 (2.5%). In response to these changes, the LAS Commissioning team have circulated a Commissioner feedback proforma to SCB leads to capture STP expectations and key priority areas that they will require LAS support on in year 2. Next steps will be to set STP requirements within a framework for CQUIN achievement over the next 12 months.

At time of reporting, the LAS Commissioning team had collated response from all STPs with the exception of NCL and are awaiting final confirmation from NEL on a specific point.

Award against this CQUIN cannot be agreed until all STPs have provided an agreed position, which will be fed back to LAS accordingly and at the earliest convenience.

#### **2. Health & Well-Being:**

##### **2.1 Improvement of health & Wellbeing of Staff**

*Award against this indicator is available in full, in Q4. It is assessed against achievement of a 5 per cent point improvement in two of the three staff survey questions on health & wellbeing, MSK and stress:*

*9a: Does your organisation take positive action on health & well-being?*

*9b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?*

*9c: During the last 12 months have you felt unwell as a result of work related stress?*

The staff survey was opened on 26 September and closed on 01 December 2017, and was fully accessible online for the first time. The final response rate was 53.6% (2664 respondents from an eligible sample of 4970 staff). The response rate is the highest achieved across LAS and represents an 11.4% improvement on 2016.

The LAS results against Staff survey Questions 9a-9c is as follows:

	2015 Baseline	2017 Results	% Improvement
Question 9a: Does your organisation take positive action on health and well-being	11.1%	14.2%	3.1%
Question 9b: In the last 12 months have you experienced MSK problems as a result of work activities?	50.3%	49.7%	-0.7%
Question 9c: During the last 12 months have you felt unwell as a result of work related stress?	44.7%	47.3%	2.6%

As evidenced LAS have been unsuccessful in fully meeting the national CQUIN requirements against this indicator, however partial payment rules apply (please see guidance for detail) and as such, the above results equate to partial award of 25%.

The Health & Wellbeing CQUIN remains part of the contract for 2018/19. LAS have reported intentions to design a programme of activities to positively impact the 2018 Staff Survey results with the ambition of meeting requirements for Year 2. As part of the Q4 update LAS have provided information on the schemes that have been running across 2017/18 that underpin the commitment behind the three health and wellbeing staff survey questions.

#### Health & Wellbeing

- An immunisation programme has been established to ensure all staff are vaccinated appropriately for their roles
- A wellbeing calendar has been promoted to share details of public health events
- A revised training programme for manual handling has been established and will be delivered to frontline / operational staff across 2018.
- From September a new manual handling Audit and Competency Assessment tool will be incorporated into the Occupational Workplace Review to facilitate assessment of staff.

#### MSK

- New procurement of Mangar Elks to be fully rolled out by July 2018 to assist with patient lifting
- Schemes to increase physical activity include a fortnightly FitClub and corporate membership to TheGym
- Physiotherapy provision has been reviewed, with all staff receiving face to face treatment within 5 -7 working days.

#### Counselling

- Implementation of EoC welfare programme which has focused on increasing access to support interventions such as physiotherapy, counselling, yoga and meditation and has been well received across staff. The programme also incorporates a pilot with HEADSPACE to support reduction in stress levels across staff
- Counselling provision across LAS has also been reviewed to include CBT (Cognitive Behavioural Therapy) and Eye Movement Desensitisation and Reprocessing (EMDR) as part of standard service offering.
- A stepped care model of counselling provision is being reviewed to improve access and offer more equity surrounding treatment options. This model is under pilot for 3 months to consider benefit and cost pressures.

***Recommendation: CQUIN 1a - Q4 Achievement: 25%.***

*2.2 Health & Wellbeing Indicator 1b: Healthy food for NHS staff, visitors and patients  
Award against this indicator is available in full, in Q4. It is assessed against maintenance of the four changes that were required in the 2016/17 CQUIN and through the introduction of three new changes to food and drink provision for 2017/18 (namely reduction of sugary drinks, high calorie confectionary and pre-packed meals and sandwiches)*

A contract extension letter has been issued to the current catering contractor (Pabulum) until March 2019. This document sets out expectations for the company to adhere to the national guidance as set out by the CQUIN framework. To support this, LAS has provided a planogram for drinks provisions and are currently developing similar for snacks vending.

LAS have confirmed that the banning of price promotion / advertising of sugary drinks and food high in fat remains in effect across the organisation. Front panels to drink vending machines have been changed to promote Pepsi max over alternative sugary options. All HFSS foods have been removed from checkout areas and replaced with healthy alternatives. Snack vending machines have been reapportioned to ensure half of the available space is committed to healthier options. This meets the CQUIN expectation to maintain changes across 2016/17.

LAS have reported that the Trust remains compliant in terms of the sugar and calorie content of drinks, confectionary and sweets stocked. The snack vending machines have been audited twice across Q4 to provide on-going assurance. This feedback meets the CQUIN expectation to maintain changes across 2016/17.

While LAS have confirmed that 70% of drinks lines stocked have less than 5 grams of added sugar per 100ml – confirmation is still awaiting that vending machines are also compliant with the above.

**Action: LAS to confirm vending machines compliant with drinks lines stocked before award can be agreed.**

LAS have confirmed that the catering contract and snack vending machines meet the requirement for 60% of all confectionary and sweets to be below 250 kcal. LAS do not offer pre-packed sandwiches or savoury meals.

In addition, LAS have noted that as salad choices have reduced across winter, this option is being served with some main meal choices and is proving popular. Lower sugar drinks sales have reportedly increased, suggesting healthier food options are being taken by staff.

***Recommendation: CQUIN 1b - Q4 Achievement: 100% subject to drinks vending confirmation that machines are compliant with CQUIN requirement.***

### *2.3 Health & Wellbeing 1c: Improving the uptake of flu vaccinations for front line staff (70% uptake)*

***Award against this indicator is available in full, in Q4 and will be assessed against achievement of 70% vaccination uptake across eligible staff.***

The 2017/18 flu programme ran across LAS from 03 October - 28 February 2018. As part of agreements reached through CQRG, LAS have reported across the whole organisation and the nationally defined CQUIN cohort of eligible staff.

Of the total staff count across the whole organisation, 53.5% individuals were vaccinated. Of the eligible staff within the CQUIN parameters issued by NHS England, 56.9% of staff were vaccinated.

	Total	Vaccinated	Percentage vaccinated
Total staff count	5187	2774	53.5%
<b>Total frontline staff count</b>	<b>3736</b>	<b>2076</b>	<b>55.6%</b>
<b>Total EOC/Chub</b>	<b>468</b>	<b>318</b>	<b>67.9%</b>
Total non-clinical	862	378	43.9%
<b>CQUIN cohort</b>	<b>4204</b>	<b>2394</b>	<b>56.9%</b>
Immform cohort	3736	2076	55.6%

There were a total of 117 exclusions based on allergies and pre-existing medical conditions.

As outlined in the Q3 CQUIN evidence review meeting, the Trust undertook a series of targeted actions to improve uptake, including increasing the number of 'flu clinics' available to staff across London, incentives for vaccinators to undertake additional clinics and service wide communications on uptake and associated gaps, also published on a sector by sector basis.

During the programme the flu team concurrently sought to identify reasons behind poor uptake. Following this work, LAS suggest that conflicting media coverage could have contributed to this. Please see Q4 CQUIN update for further information.

The team also believe the following variable affected uptake:

- Late appearance of flu to the UK
- Confusing / Conflicting media reports
- Frequent Changes in the definition of staff groups included in CQUIN count
- Late cold weather spell

LAS's view is that that the CQUIN would have been achieved in full if there had been clarity from the start in terms of inclusions and exclusions together with a stronger clear national messages regarding the vaccine's effectiveness (especially in view of the adverse media coverage) and have proposed a plan to address this issues in year 2.

LAS are requesting commissioner support for full award of this CQUIN due to above mitigations. If national guidance is followed as set out - LAS are only eligible for 25% award.

***Recommendation: CQUIN 1c - Q4 Achievement: to be discussed***

***3. National CQUIN 12: Ambulance Conveyance:***

*70% of the total award against this indicator is available for Q4 (under local agreement) and is assessed against delivery across the following key areas:*

- *Successful implementation and Go-live of software tool*
- *Agreement of Target Trajectories with Commissioners*
- *Achievement of SCR/DoS/PDS trajectories by end Q4 (pro rata across Jan . Feb and Mar)*
- *Staff training*
- *Commencement of training of APP-UCC via City University*
- *Maintenance of baselines for H&T and S&T*
- *Reductions of conveyance to A&E targets for 2018/19 agreed locally with commissioners.*

**3.1** The LAS has invested circa £2.4 million to create a single platform (Adastra) to provide hear and treat resolutions in both its 999 and 111 functions. Adastra will enable clinicians in the LAS EoC clinical hub to undertake PDS matching, provide access to SCR and facilitate the use of the DoS, at

point of call. This will build capability for clinicians within the hub to find key information pertinent to the patient calling, and search for/ refer into alternative services as appropriate, rather than dispatching an ambulance. In Q4 LAS continued to work with Advance to develop the Adastra functionality. The product is now in the live environment with citrix accounts created for users.

**3.2** Baselines agreement for MiDoS, SCR look up and PDS matching were agreed with commissioners in Q3. Following further discussion LAS propose the following targets for 2018/19:

- PDS matching – 95% attempted searches following full implementation
- SCR look up – 95% attempted searches following full implementation
- MiDoS – 60% of Chub calls following full implementation

LAS have explained that the MiDoS 60% target represents the number of patients that MiDoS will actually be able to be used for. Chub operatives carryout three other functions in the hub – H&T, call holding during surge and providing advice to crews, therefore it will not always be possible for clinicians to use MiDoS and have proposed 60% as a result.

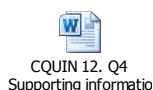
**Action:** Commissioners to agree proposed baselines as part of Q4 award. Further clarity required on definition of ‘full implementation’

**Update:** This has been clarified as full implementation of the Adastra functionality as it currently stands. It does not include the additional functionality that LAS will be looking to develop over the course of 2018/19

**Recommendation:** The CQUIN Steering Group recommends that the baselines as proposed above are agreed.

**3.3** In Q3 - LAS raised there were delays arising in the implementation of Adastra into the Clinical Hub. This has had an impact in the opportunity for LAS to deliver against any agreed target trajectories which had originally been intended to be monitored across the last 3 months of the year

**Action:** Commissioners to understand usage of rates (IT enablers) following go-live and agree whether these meet the local agreements under the National CQUIN.



**Update:** This data has now been received:

The steering group recommends that these requirements have been met.

**3.4** With regards to training, the ‘train the trainer’ element for Adastra has been completed – and is currently being strengthened through on-going work with 111. Training for clinical hub managers started on 16.03.18 although LAS have not been able to provide a report of the numbers of staff trained since this commenced as part of the Q4 update.

**Action:** Commissioners to understand numbers trained as per training requirements of clinical staff in hub on use of Adastra.

**Update:** This data has now been received as above. The steering group recommends that these requirements have been met.

**3.5** Initial training of the 8 APPs (Advanced Paramedic Practitioners) recruited to the Trust concluded on 13.04.18. The APP Urgent Care (UCs) will now follow a programme of post-graduate education whilst undertaking rotational clinical practice. The initial training pilot incorporated a specialist

tasking model which has been successful and demonstrated that APP(UC)s are more likely to manage a patient in the community. Further analysis can be found in the Q4 Update report.

Owing to the success of this role LAS have committed to increase the number of these advanced practitioners in order to provide a pan-London service.

**3.6 H&T & S&T baselines:** Following the implementation of ARP (Ambulance Response Programme) in November 2017, the LAS have been working with commissioners to demonstrate and quantify how the Hear and Treat and See and Treat counts have been affected. Originally it was agreed that the LAS and commissioners would wait until M6 2018/19 to look at activity and set a baseline.

On the 26th March 2018, LAS received from LAS Commissioning Team, following correspondence from NHS E, a set of baselines covering Hear & Treat, See & Treat, See & Convey to ED and See & Convey to Other, compiled by NHSE utilising the LAS Unify returns.

LAS have been working with commissioners following this to come to an agreement on these baselines – this work is continuing.

**Action:** Commissioners to understand current baseline calculations and agree methodology for 2018/19 plus subsequent impact on delivery against this milestone in Q4 2017/18.

**Update:** The steering group has reached agreement on how the baselines should be calculated: numerators (S&T, H&T activity) and denominator (all H&T resolutions and face to face responses). In addition the Group recommends that baselines should be set against the first 6 months of data captured following ARP implementation running from Dec 2017 – May 2018 using MDS freeze data. This will be available at the end of July, and should be ready to be ratified at the appropriate contractual groups in August.

**3.7** At time of reporting, a meeting had been scheduled between LAS and LAS Commissioners and colleagues where a proposal on ED conveyance reduction for 2018/19 was put forward. LAS were asked to take the initial paper back to further refine the underpinning modelling in support of the 1% pan-London reduction.

A second proposal was shared on 04.04.18 which upon review failed to address the queries Commissioners has put forward as part of the discussions held in March. A subsequent meeting was arranged and held on 25.04.18 with STP representatives in attendance, to discuss a follow up proposal.

At this time revised documentation was tabled by LAS and only reviewed by the STP colleagues present. Following discussion at this meeting LAS took the proposal back for further internal review in order to meet Commissioner feedback taken at the meeting. A further discussion was held as part of the Q4 evidence review meeting held on 14<sup>th</sup> May.

**Update:** Satisfactory agreement to ED conveyance trajectories for 2018/19 has not yet been achieved. An escalation process is currently underway to address the issues raised.

***Recommendation: CQUIN 12 - Q4 Achievement: partial – to be discussed***

#### ***4. Local CQUIN: Digitalisation of the London Ambulance Service:***

***50% of the total award against this indicator is available for Q4 (under local agreement) and is assessed against delivery across the following key areas:***

- Staff Education – roll out report regarding training & provision of monthly updates regarding staff trained to use devices***

- *A review of early learning and performance initiatives with formal feedback provided to CQUIN steering group and CQRG in April*
- *Provision of monthly dashboard or existing management information to display usage against agreed Apps.*
- *Roll out of personal issue mobile devices across 90% frontline staff by 31.03.18.*

**4.1** The distribution of iPads across LAS operational staff occurred through the Trusts Core Skills Refresher Training programme and dedicated iPads clinics. Training was provided at time of distribution with tutors directing recipients to the bespoke online information package that had been developed in support. Additional CSR sessions were provided on Saturdays to support staff with child care issues and to satisfy popular demand for CSR training.

The educational information provided to staff comprises an overview of the iPad as a device as well as information on access and use the applications and information available online. LAS have articulated a well-planned training plan which is detailed in the Q4 CQUIN update report for further reference.

The process running through CSR 2017.3 will be translated into the Trust induction and other suitable training going forward and the devices.

The following number of staff attended CSR training December – March 2017/18.

- December 2017 – 112 staff completed
- January 2018 – 853 staff completed
- February 2018 – 1188 staff completed
- March 2018 – 1011 staff completed (Excluding attendance records for 3 courses in March 2018)

**o Total : 3164**

**4.2** Early learning following the implementation of the iPad roll out has been provided through a number of meetings held between LAS and LAS Commissioning teams. A broad overview is provided within the Q4 CQUIN update report and will be presented at the CQUIN Steering group scheduled for 14.05.18. Key areas of learning have identified and addressed:

the provision of support in using the device across a number of communication channels to ensure access for all staff.

The creation of a 'whatsapp' super user group to explore idea development amongst super users.

Additional apps rolled onto the devices to support internal processes e.g. KitPrep, Perfect Ward app and access to rosters and work emails.

Technical difficulties and solutions in use of CmC through the devices.

**4.3** Usage of app accounts has been reported to commissioners on a monthly basis as follows:



	Dec-17		Jan-18		Feb-18		Mar-18	
LAS Activity	97,804		98,448		86,306		96,576	
	Usage number	%age	Usage number	%age	Usage number	%age	Usage number	%age
JRCalc	460	0.47%	1286	1.3%	1812	2.1%	3165	3.3%
MiDoS (Devices)	656	0.67%	673	0.7%	1689	2.0%	1915	2.0%
MiDoS (LAS Total)	2122	2.17%	1961	2.0%	3024	3.5%	3296	3.4%
CMC	27	0.03%	307	0.3%	303	0.4%	422	0.4%

\*1 Flex incident figures used

\*2 Data is cumulative – JRCALC unable to provide a month by month breakdown

\*3 Note this figure includes searches via the Clinical Hub

LAS and LAS commissioning teams are currently reviewing data provision for 2018/19. Initial proposals surrounding the deliverables for 2018/19 have been submitted and will be circulated in due course for STP review.

**4.4** The total number of frontline staff as at 31.03.18 is 3760 with 90% of staff equating to 3384. Across Q3 464 iPads had been issued with 3033 iPads issued in Q4. The total number of devices issued across operational staff at the end of the year equates to 3497 (93.1 % of staff). The Q4 CQUIN update report provides a breakdown of staff receiving devices by Sector and notes that iPads have also been issued to clinicians on the Clinical hub and Medical Directorate working clinical shifts along with HART (Hazardous Area Response Team) and Incident Delivery Teams.

**Recommendation: CQUIN L1 - Q4 Achievement: 100%**

## **5. Next Steps**

CQRG to consider evidence submitted by LAS and recommendations provided by the CQUIN steering group to reach consensus on CQUIN award for Q4 2018/19 where possible.