

London Ambulance Service NHS Trust - Chief Executive's Report

1. This report provides the Trust Board with an update regarding key issues, events and activities.

Performance

2. A8 performance for the month of August achieved 72.1%, which is an improvement of 1.3% against the contract trajectory of 70.8%. Both Red 1 and Red 2 performance were also both above the agreed trajectory. Year to date (to the end of August) cumulative A8 performance stands at 71.2%.
3. For week commencing 4 September 2017, the LAS ranked second for year to date Red 1, Red 2 and A8 performance out of the 5 non Ambulance Response Programme (ARP) reporting ambulance Trusts reporting these metrics.
4. All CCGs saw above 60% in Category A performance, with each STP also returning an improved position compared to August 2016.
5. Activity remained above planned levels with Calls 1.6% above trajectory, Incidents 1.4% above trajectory and Category A Incidents significantly increased at 5.9% above plan for August. As these different rates of growth suggest, the *proportion* of Category A Incidents is also increasing; for April-August 2017 Category A Incidents made up 49.8% of total Incidents, much higher than the same period last year (47.6%).
6. Capacity (in terms of Patient Facing Vehicle Hours) was above the planned hours for August by 4.3%. This was also a significant increase in outturn from the previous year demonstrating a stronger staffing and overtime position, with almost 5,000 more hours (+2.2%) than August 2016.
7. In terms of efficiency, Job Cycle Time was above plan by 1.1 minutes, resulting in a monthly average of 80.4 minutes for August; however, despite this, hospital handover pressures, and the sustained high demand, Job Cycle Time has continued to improve month on month this financial year.
8. The Bank Holiday weekend which saw the annual Notting Hill Carnival in the North West Sector. Extensive planning took place for this event to ensure there was enough capacity to cover the expected levels of demand. The LAS worked with NHSE to provide assurance of the forecasts and action plans, and invoked our mutual aid agreement with neighbouring ambulance trusts to assist with delivery of patient care. The weekend was a challenging one for the trust, a combination of high levels of activity and lower levels of capacity due in part to annual leave and sickness, together with a significant number of events within the Trust's area of emergency provision meant that we did not deliver across all of our operational targets.

Rest Breaks:

9. As a Trust we are focussing on 3 specific areas relating to the allocation of Rest Breaks which are:
 1. Taking action to improve compliance with the existing rest break agreement
 2. Taking action to address late finishes
 3. Introducing a new rest break policy
10. Rest break allocation has improved from 8% in January to an average of 23.5% in August. 23 August was the strongest day of the month when 38% of rest breaks were

delivered. Sector performance can reach over 40% however we recognise that there is still variation at weekends.

Winter Plan 2017/18:

11. The 2017/18 Winter Plan was delivered in early September. The Performance Directorate will continue to monitor and review the developed forecasts at a more granular level in the coming months to further inform resourcing decisions and ensure delivery of a safe service ahead of the festive period.
12. The Performance Directorate continue to help shape the evolving ELT Performance Review Scorecards. In August, reviews were extended to corporate services which included Finance, People and Organisational Development, and IM&T.

Annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Assessment:

13. The Trust is required to submit its annual self-assessment as part of the 2017/18 EPRR assurance process. NHS England (London) uses this assessment to gain assurance that the Trust is prepared to respond to an emergency and has the resilience in place to continue to provide safe standards of patient care during a major incident or business continuity event.
14. This self-assessment requires 46 EPRR, 14 Chemical Biological Radiological Nuclear (CBRN), 19 Marauding Terrorist Firearms Attack (MTFA) and 21 Hazardous Area Response Team (HART) related standards to be RAG rated against our level of compliance. A 'deep dive' into the Trust's EPRR governance arrangements will also be conducted as part of this year's review. Our first self-assessment was submitted to NHS England (London) on 13 September 2017 together with supporting documents.
15. A full paper documenting the assurance process; our self-assessment results compared to last year; the actions required to deliver our self-assessment submission; and the main risks to receiving 'substantial' compliance will be provided to the Board at its next meeting on Tuesday 31 October. In the meantime, I can confirm that, should the Trust's internal ratings be accepted by NHS England (London), then the Trust will be able to submit a final rating of:
 1. EPRR / HAZMAT & CBRN core standards – Substantial Compliance.
 2. MTFA core standards – Full Compliance
 3. HART core standards – Full Compliance
16. While this would be the same outcome as last year, it should be noted that there are additional core standards this year against which we are assessed. The final result may therefore not recognise the substantial improvements which have been made this year but which were recognised by the Care Quality Commission during their last inspection.

North Central Tethering Pilot:

17. The tethering pilot in the North sectors appears to be having a positive effect. Early signs from North Central are encouraging as the sector achieved an average of 70.22% over August 2017 compared to 66.29% in August 2016. The first few days of the trial showed an ambulance export into other sectors of 2% on the tethered days against 22% in the old normality. A full and comprehensive analysis of the trial will be undertaken by November 2017.

Roster Review:

18. The Trust is committed to undertaking and implementing a review of rosters to better meet the needs of our patients. While the implementation of ARP has meant that the scoping work cannot begin until we go live, an initial meeting took place in early September with Working Time Solutions (a specialist consultancy in workforce planning and management) and key internal stakeholders to start developing the project plan. New rosters will be implemented across the Trust next year.

Finance

19. As reported in detail elsewhere on the agenda the overall financial position for the Trust is £3.1m ahead of the internal plan at Month 5, largely due to on-going vacancies in front-line staff groups and clinical education tutor establishment and training placements. This is despite incident activity running at 2.7% above contract baseline. Executive focus is on urgent acceleration of recruitment to address resilience and catch up with the pipeline required to deliver full establishment.
20. Finance has completed a trust-wide budget sign off and review process which has improved assurance on the forecast, which is to achieve the £2.4m deficit control total. Within this, the CIP savings programme is behind trajectory and additional support is being put in place to build in a more strategic programme approach to savings and efficiency delivery, to ensure that we identify recurrent efficiency savings for 18/19 onwards to replace some element of fortuitous savings to date. CIP delivery will increasingly be managed through the new bilateral executive performance reviews.
21. The original plan for capital spend of £28.8m assumed £5.5m of central programme funding. However only £1m is confirmed to date, which has been funded by NHSE A&E winter streaming funds. It is forecast that through a combination of slippage and reprioritisation and alternative funding sources, that essential programmes such as the IT mobility roll out, medicines management and essential estate and fleet replacement will be affordable this year but the overall forward plan for capital and its funding will need a significant review as part of the LAS Strategy refresh for 18/19.

IM&T

22. This month IM&T have been preparing for the Ambulance Response Programme implementation which has involved changes to a dozen independent IT applications, creating new physical test environments and coordinating their implementation. The technology changes are therefore complex and consuming the majority of the directorate's focus.
23. Good progress towards improving the CAD reliability and resilience has been made with the agreement of a replacement infrastructure specification with Northrop Grumman which will be implemented in Spring 2018.
24. Planning is underway to improve the quality of service provided to 111 users; this area has been under-invested and requires focus to support south east London effectively as well as prepare for potential expansion into the north east.
25. The CQUIN to deliver mobile devices is making good progress; this is worth c. 50% of the Trust's CQUIN this year. Constructive dialogue with commissioners has led to outline agreement for scope and deliverables in line with the Trust's plans. An associated funding opportunity with NHS England was submitted to tight timescales resulting in the award of £998k to LAS.

Strategy

26. We launched our strategy development process with senior staff on 13 September 2017 at our 'Tier 1' staff engagement event. I presented our emerging thinking and our senior managers had the opportunity to discuss, digest and reflect upon the new strategic themes. Crucially, this event means that our senior managers are fully informed and engaged within this process prior to the CEO roadshows, so that they can answer any questions that their staff may have as well as to be ambassadors for this strategy development work. As identified in the Strategy Development Trust Board Paper, we will now engage in a period development, testing and engagement with patients, staff and stakeholders to develop a final strategy which will be formally launched to the public towards the end of 2017/18.
27. As part of the work to develop the overall Trust Strategy, a number of our sub-strategies will need to be refreshed and we are starting that work now. Work is underway with colleagues from across the organisation to develop new Fleet & Logistics and Estates strategies. These strategies will look at what our organisation needs going forward and also how they are affected by the requirements of the Ambulance Response Programme.

Blue Light Collaboration:

28. The service attended Blue Light Collaboration meetings on 17 August and 19 September. We will also be participating in an Inter-Agency Operational Capability Day on 8 November 2017. This will allow the Blue Light Services to showcase some of the ways we respond to key stakeholders including the Mayor and Ministers
29. We are still waiting on the outcome of the Met Police bid for funding in relation to further scoping of Control Services collaboration
30. We successfully appointed a Blue Light Collaboration Lead, Lorraine Russell, who will work across the three services to lead relevant work. Lorraine's first priority will be to refresh the Blue Light Collaboration Strategic Intent document as each of the three services has appointed a new Commissioner/Chief Executive since it was previously iterated

Quality Improvement

31. The development of the CQC action plan for the well led and safety domains is well underway and a draft will come to the October Trust board. It is anticipated a well led review will take place in the first quarter of 2018 and in preparation for this the Trust has short term external support completing the well led gap analysis and preparing the Provider Information Return (PIR) for this domain.
32. Final agreement on the Quality and Assurance directorate structure is now complete and work is underway to implement this. The timescale is later than anticipated due to a more lengthy consultation. Advertising for the senior posts is due to commence in early October with a view to having staff in post in the final quarter of 2017/18, ready for the new financial year.
33. The Quality and Learning Strategy is in development and a draft will be presented to the October Board meeting.
34. The independent Health and Safety Review commissioned by the trust in June 2017 was shared with ELT on 23rd August 2017 and the actions and recommendations agreed. This has also been shared with the unions. For assurance purposes updates on the action plan will go to ELT on a monthly basis. The full report and action plan will be shared with Board at the October meeting.

Medical Directorate

35. On Wednesday 6th September the Medical Directorate held the first of a series of away days. The intention of the first meeting was to share what we are doing across the team and understand how we can maximise our impact both internally and externally. To ensure a unified approach, we delivered an update on the clinical strategy and the key deliverables for the coming year. In addition, Dr Sally Herne presented to the group the new KLOEs for the next CQC inspection.
36. This month the Medical Directorate have also published the Summer editions of the Clinical Update and Insight magazine sharing examples of good practice and areas for learning from Serious Incidents. Subjects include a Maternity Update, a reflective case study on the use of Oramorph, End of Life care and dealing with snake bites.
37. Considerable progress has been made on improving the visibility of the team across the Trust, including providing a number of enhanced care teams to support colleagues from both the LAS and St John Ambulance at Notting Hill Carnival. The team have also provided a number of station based teaching sessions including ECGs, Stroke and resuscitation as well as supporting the recruitment of the next cohort of Advanced Paramedic Practitioners (Critical Care) and Clinical Team Leaders.
38. Following approval by workforce planning, an additional 4 posts have been created within the IPC team to support delivery of the IPC work plan. Considerable work has been undertaken this month to recruit to these posts including an offer for the band 7 position being made to an external candidate. Interviews for the remaining posts will be undertaken in the coming week.
39. **Clinical Audit & Research:** This month all 4 annual reports have been finalised. The Clinical Audit & Research Unit have also undertaken a number of other audits including a re-audit of the use of 1:1000 adrenaline. In addition, audits on pain management and patients suspected of having an undiagnosed mental health condition are in the final stages of approval before publication.
40. **Clinical Education & Standards:** Clinical Education & Standards continues to be busy with the main focus of activities this month on preparing for the launch of CSR 2 online through OLM, and ramping up the induction programs for the new starters in both paramedic and TEAC programs. To embed sustainable maternity education, we recently appointed 7 clinical tutors into newly developing posts of Maternity Education Lead (MEL), including a senior "MEL". The team is passionate about maternity care and education and will lead across the five sectors of London including the Paramedic academy.

People and Organisational Development

41. **Dignity at Work:** the focus this month has been on improved communication skills and awareness of conflict in teams, reviewing the Freedom To Speak Up role and ensuring it is fit for LAS staff to report concerns, preparing a tender for external mediation and providing an escalation source to staff to raise concerns around conflict and bullying and provide resources to reduce conflict. More training is planned on communication skills and personal resilience.
42. **Business Information and Payroll:** Progress towards delivery of the ESR Workforce Dashboard and eForms system are on track. Delivery will give significant improvement to timely access of key employee data to support management decisions and processes (vacancies, turnover, and sickness) and improve compliance rates in appraisal and statutory and mandatory training. eForms will streamline how we process employee changes and leavers, improve our data quality and financial control.

43. **Recruitment Reporting / Operational Recruitment Outturn:** Our frontline recruitment report has been further developed to bring together data on planning, recruitment, training, staff movements and operations. Linking with the LAS Forecasting and Planning team it is designed to track and ensure we have enough patient facing vehicle hours to meet demand.
44. We have identified additional posts to deliver the 17/18 increased demand. Work has been undertaken with colleagues in Operations to determine how these posts should be allocated across the Sectors and the updated establishment will be reported against from September.
45. Please note that the vacancy rates for both paramedics and the total frontline will increase as a result of these additional posts.
46. We have so far recruited 184 iParas, 27 of whom joined us in July and August and a further 123 are joining in Q4. We are in discussions with the remaining group with a view to starting them in Q1 18/19. A further international recruitment trip to Australia will take place in September. We have recruited 94 UK Graduate Paramedics against our target of 90, 85 of whom are starting in September and October. In July and August we had 76 Apprentice Paramedics who graduated, taking up NQP positions.
47. We have recruited 180 TEACs to date with a further 69 awaiting their C1 driving licence or to be booked on an LAS training course. This still remains a challenge and we are exploring sources of funding to support candidates to complete their C1. This should improve our ability to fill all of our course places.
48. We are behind plan on EMD recruitment and 29 out of 62 places have been filled year to date. An additional 28 EMDs are due to join us in September/October and we have increased course places to bring the plan back on track. Applicant numbers remain high and conversion rates through to shortlisting and interview are improving.
49. We have commenced our planned series of recruitment events (July 2017 to March 2018) and work is progressing to develop a communications campaign to support our Paramedic, TEAC and EMD recruitment.

Royal Society of Medicine: Lessons learned from terror attacks

50. I spoke in September at the Royal Society of Medicine alongside other emergency service leads and doctors about the lessons we have learned from the recent terror attacks in London, highlighting the importance of joint working among emergency services and the safety of our staff during such incidents.

Campaign to tackle increase in alcohol calls

51. We ran an awareness campaign to tackle the anticipated increase in alcohol-related incidents during August, which figures show is our busiest month for alcohol-related calls. 'He needs his friends ... not an ambulance' was launched with a 90 second campaign film targeted at 21-30 year old men. Throughout the month we shared messaging through media and social media, including live social media events and advertising. Messaging focussed on asking people to drink responsibly and, if their friends did drink too much and needed help, look after them so they didn't end up alone, vulnerable and in need of an ambulance. The campaign is currently being evaluated.

100,000 Twitter followers

52. Our official Twitter account has exceeded the 100,000 followers mark, making us the biggest NHS trust on Twitter. Twitter is our go-to channel during a major incident, like the recent attacks on London, when we're instantly able to reach millions of people with life-

saving advice, reassurance that we're responding and updates as they happen. Alongside this, we use social media to support key corporate objectives (recruitment, demand management), highlight the efforts and expertise of our staff, and respond to Londoners who have praised those who have helped them.

Parsons Green

53. Following the major incident declared in Parsons Green, we provided regular updates via the media confirming our attendance and giving an update on the number of patients treated, and updated staff about what was happening. We received almost 40 media enquiries on the day from news organisations including the Daily Express, Evening Standard, Daily Telegraph, Sky News, The Sun, Reuters, Metro as well as CNN, who used our media statements in their reporting. We issued three statements to media and recorded a piece to camera from Assistant Director of Operations Natasha Wills which was shared with the media and on our social media channels. Media interest continued over the weekend. In total we received coverage in 60 publications.

Media stories of note

54. Paramedic mugging: When one of our cycle responders had her phone stolen while on duty, we secured coverage from regional and national media including BBC London TV, Evening Standard, Sky News, The Sun, The Times and Daily Telegraph. Our objective was to send a clear message that we will not tolerate attacks on our staff, and we hoped the publicity might help to identify her attackers and lead to a prosecution.

55. Rise in reports of serious incidents: BBC News online and BBC Radio London reported on a marked increase in serious incidents across the UK's ambulance services, with London Ambulance Service recording the largest increase - rising from 16 reported incidents in 2012-13 to 90 in 2016-17. The story was based on Freedom of Information data obtained by the BBC from ambulance trusts around the UK. Our response, which put the number of reported incidents into context and explained that we encouraged staff to report them, was included in the online media coverage.

56. Ambulance delays: The Evening Standard reported on delays in the handover of patients to hospitals. The story was based on statistics from the LAS Patients' Forum, and included quotes from the worst performing NHS hospitals and from NHS England. Our response was included, which explained that we work with hospitals across London to find solutions to reduce delays to patient handovers.

57. Inquest of Victor Bede: BBC London and the Evening Standard reported on the inquest of Victor Bede who died on New Year's Day when our call taking system was not working. The coroner returned a narrative verdict confirming that Mr Bede died of drug poisoning; she also mentioned that we were delayed in attending him due to increased call volumes and our computer system going down, but concluded it was not possible to say if earlier treatment could have prevented his death. In our statement following the inquest we said we were sorry for the delay to Mr Bede and explained what changes we had made following the investigation into the computer problems.

Notting Hill Carnival

58. We secured wide spread regional and national coverage about our involvement with Notting Hill Carnival, including the Evening Standard, BBC News, Daily Mail, Times and Daily Express. These outlets ran stories based on our live tweeting during carnival, when we provided insight into how we responded to the event, how many people we treated and, with the warm weather, promoted health advice to attendees reminding them to keep cool. Our tweets from the Sunday and Monday earned 872,000 impressions