



London Ambulance Service **NHS**
NHS Trust

Quality Account 2009-10

PART ONE

The aim of this account is to provide easy access information about the quality of the services we provide. It defines how we measure quality and enables comparisons between services.

This is the first Quality Account for the London Ambulance Service NHS Trust and we hope that it assures the reader of the focus we have placed on assessing and improving the quality of our services during 2009/10.

In recent months the Trust's Board of Directors has introduced a new governance structure with a focus on quality, safety and effectiveness, and how we learn from experience and feedback.

The Board has made a commitment to quality improvement and places this high on the agenda as we progress towards becoming one of the first ambulance NHS foundation trusts and we are looking forward to greater engagement with our foundation trust members during the coming year.

During 2010/11 we will continue to work closely with the London Ambulance Service Patients' forum to address a number of the issues they raise in their commentary (Appendix one). We will also be planning our next Patient Care conference which was so well received in January 2010 and gave us invaluable feedback as well as contacts for future engagement

1. Introduction

1.1 The London Ambulance Service NHS Trust provides emergency and urgent care services for people who live, work and visit the capital. The population of more than 7.6 million¹ residents and an estimated one million daily visitors across 625 square miles of London is supported by over 5,000 staff located at 71 ambulance stations, strategically placed to ensure patients receive fast response.

1.2 Our **Vision is to meet the needs of the public and our patients, with staff who are well trained, caring, enthusiastic and proud of the job they do.** In the future there will be an increased focus on the quality of care provided by ambulance services and not just the speed of response². Eventually this will result in the replacement of Category B response times, which are calls considered to be serious but not immediately life-threatening, with clinical and outcome indicators.

1.3 We work towards our Vision through the achievement of three strategic goals:

- **Care for patients:** to improve our delivery of safe and high quality patient care using all appropriate pathways;
- **Good for staff:** to have staff who are skilled, confident, motivated, feel valued and who work in a safe environment;
- **Value for money:** to be efficient and productive in delivering our commitments and to continually improve.

1.4 Underpinning the Vision and strategic goals are the eight CRITICAL values for the Trust, which reflect those of the NHS Constitution and Values. These cultural values are:

- **Clinical excellence**
- **Respect and courtesy**
- **Integrity**
- **Teamwork**
- **Innovation and flexibility**
- **Communication**
- **Accept responsibility**
- **Leadership and direction**

¹ Source: Office for National Statistics, Mid-2008 Population Estimates for UK, August 2008.

² Taking Healthcare to the Patient: Transforming NHS Ambulance Services. Department of Health 2005.

1.5 Our key quality priorities in 2009/10

We identified three key priorities in the quality of care we deliver to our patients. These are based on the three dimensions of quality: safety, effectiveness and patient experience³. Our priorities are as follows:

- Respond appropriately to our patients' needs
- Improve cardiac care outcomes
- Improve patient experiences.

1.6 Key Achievements in 2009/10

Clinical Practice Manager Mark Whitbread reached the finals of the 2009 NHS Leadership Awards for his work with cardiac care. Mark was one of three finalists out of 700 entrants in the Change Leader of the Year category. Mark was instrumental in setting up a network of eight specialist heart attack centres in the capital.

Our **Control Services** have been awarded a Customer Service Excellence Award, valid for three years, by the Cabinet Office. This followed a detailed external scrutiny of the service and it was deemed to provide service to a very high standard with some notable examples of good practice. The LAS is now one of only 16 NHS Organisations to receive this highly prestigious award and the first Ambulance Service.

We are involved in a number of **clinical audit** projects and are at the forefront of pre-hospital ambulance research at a national and local level. For example, we are nearing completion of the Smart Cardiopulmonary Resuscitation (CPR) project which is being undertaken in collaboration with New York's Emergency Medical Service. This project is looking at whether the survival rate from out-of hospital cardiac arrest can be improved by using an upgraded piece of software in the FR2 Automated External Defibrillator (AED).

In January 2010 we held a **Patient Care Conference** at the Emirates Stadium. This was well attended by patients, foundation trust members, voluntary groups, and stakeholders such as St John Ambulance and Community First Responders. This offered a superb opportunity for people to exchange views about their experiences and to contribute to future planning, including how the Quality Account should look this year.

³ High Quality Care for All: NHS Next Stage Review Final Report. Department of Health 2008.

To the best of my knowledge the information contained in this document is accurate.

Signed:

A handwritten signature in black ink, appearing to read 'P Bradley', with a large, stylized initial 'P'.

Peter Bradley

Chief Executive Officer

June 2010

PART TWO

2. Priorities for quality improvement in 2009/10

This section describes the work we have undertaken in the past year to improve the quality of our services and to engage with others in doing so. We have focussed this section of the report on the three priority areas listed in 1.5 above and we have used case studies to illustrate progress where relevant.

2.1 Priority 1: Responding appropriately to our patients' needs

NHS Ambulance Trusts are required to achieve performance targets relating to speed of response and therefore improving our response times is a key objective for us. We also recognise however the importance of responding appropriately to all of our patients. Many patients who contact the ambulance service could receive care within the community, and many do not need to be treated in an emergency department and we are working with health and social care partners to address this for the future.

In order to effectively meet the needs of our patients, we have already introduced a number of additional response models.

- **Clinical telephone advice**

Calls to our control room that do not need an immediate ambulance response are passed to our clinical telephone advice team.

The team is made up of experienced medical technicians, paramedics and an emergency care practitioner and they establish what the best course of treatment is for the patient. This could be being cared for at home, or being referred to the local pharmacy, GP or walk-in centre.

The clinical telephone advice team dealt with around 47,000 calls during 2009/10. This is a significant decrease on the previous year due to the introduction of referrals to NHS Direct. On average 30% of these clinical telephone advice calls are dealt with without the need to send any vehicle to the patient, keeping ambulances free for those patients who really need them and ensuring that patients receive the most appropriate care.

Progress is monitored monthly and reported to the Trust Board. This is also a Key Performance Indicator (KPI) and CQUIN in our contract with commissioners.

- **Referrals to NHS Direct**

Certain calls that do not need an immediate ambulance response are passed to NHS Direct. This is a national nurse-led telephone helpline which provides healthcare advice 24 hours a day so that patients can manage problems at home or find out where to turn for the appropriate care. Referring these calls ensures optimal care is delivered to the patient.

In 2009/10 we referred 60,375 calls to NHS Direct. This is approximately 50% of calls to the Clinical Telephone Advice team.

Progress is monitored monthly and reported to the Trust Board. This is also a Key Performance Indicator (KPI) and CQUIN in our contract with commissioners.

- **Conveying patients to specialist units**

The provision of healthcare in London is changing and we have played a leading role working with Healthcare for London and other health partners to ensure we provide the best and most appropriate care for patients. We already take our cardiac patients to specialist units and from April 2010 we started taking stroke and major trauma patients to specialist units.

Developing the new stroke and major trauma pathway has involved us producing new clinical decision trees to guide staff and setting up a Clinical Coordination desk to monitor decisions on major trauma and stroke patients in real time. Eight hyper-acute stroke centres and four major trauma centres have been approved in the capital and these specialist units will be linked to local units delivering general and rehabilitation care.

Progress is monitored monthly and reported to the Trust Board. This is also a CQUIN in our contract with commissioners.

- **Care pathways**

We know our patients prefer being treated in the community and are less likely to be repeat callers if they access a service which can manage their condition in the long term. Currently 60% of the patients we convey to Accident & Emergency (A&E) are not admitted. Therefore we are aiming to reduce unnecessary A&E admissions and prioritise care in the community so as to ensure we provide the most appropriate clinical care.

We currently have 56 referral pathways, including those to minor injury units and treatment centres, district nursing, mental health teams, falls teams and crisis teams for the homeless. The development of new pathways has been aided by the introduction of Community Involvement Officers at pilot sites as part of our New Ways of Working programme. These individuals support and facilitate local involvement, both with patients and the public and with partner organisations.

Since the utilisation and number of pathways available varies significantly across London the project to develop these pathways and increase their utilisation will continue next year. Unfortunately our Emergency Care Practitioner programme was decommissioned for 2010/11 however we intend to utilise these staff and their valuable skills and experience in supporting all our staff to increase their confidence in identifying patients whose presenting complaint would be more suited to a care pathway rather than a conveyance to an emergency department.

This is monitored monthly and is a CQUIN in our contract with commissioners.

- **Improving response times**

We are providing better care and reaching more patients more quickly than ever before. However patients continue to wait longer for a response from us at weekends than at any other time. To improve this we are increasing the numbers of frontline staff and reviewing rosters to ensure staff availability. We are also investing in other resources to help us respond more quickly. Our use of fast response cars, motorcycles and bicycles means we can navigate London's busy roads, narrow streets and pedestrian areas much better than in an ambulance.

We have been training volunteers in local communities in basic life-saving skills so they can attend and treat patients with a life-threatening illness or injury while an ambulance is on the way. Six of these schemes were set up in the last year and we are planning to expand this to even more parts of London.

New technology has also played a part in reducing patient waiting times. We now use existing call data to predict where the next emergency call is likely to come from, meaning we can place ambulance crews closer to incoming 999 calls. Instead of our crews waiting for emergency calls at ambulance stations, they now provide cover from standby points within the community.

The system we use to automatically dispatch our ambulances continues to reduce the number of patients waiting for an emergency crew. The system won two top regional prizes last year at the NHS Innovator London Awards and the Health and Social Care awards in the Innovative Information and Communications Technology category.

2.2 Priority 2: Improving cardiac care outcomes

- **Rationale for prioritisation**

Responding to patients with cardiac conditions such as those experiencing a heart attack, or in cardiac arrest, is a core function of ambulance services and a clinical priority area for the London Ambulance Service. Clear guidelines for ambulance services are set out in the National Service Framework for coronary heart disease⁴ and reducing morbidity and mortality from heart disease and related illness is a national priority⁵.

Patients experiencing an ST-elevated myocardial infarction (STEMI), a common type of heart attack, have been shown to benefit from rapid definitive treatment at a specialist unit with 24/7 consultant presence, access to diagnostics, and early treatment⁶. We were the first ambulance service in the

⁴ National Service Framework for Coronary Heart Disease. Department of Health 2000.

⁵ Saving Lives: Our Healthier Nation. Department of Health 1999.

⁶ PTCA reduces adverse cardiac outcomes and death better than thrombolytics after myocardial infarction. Keeley EC, Boura JA, Grines CL. Primary angioplasty versus

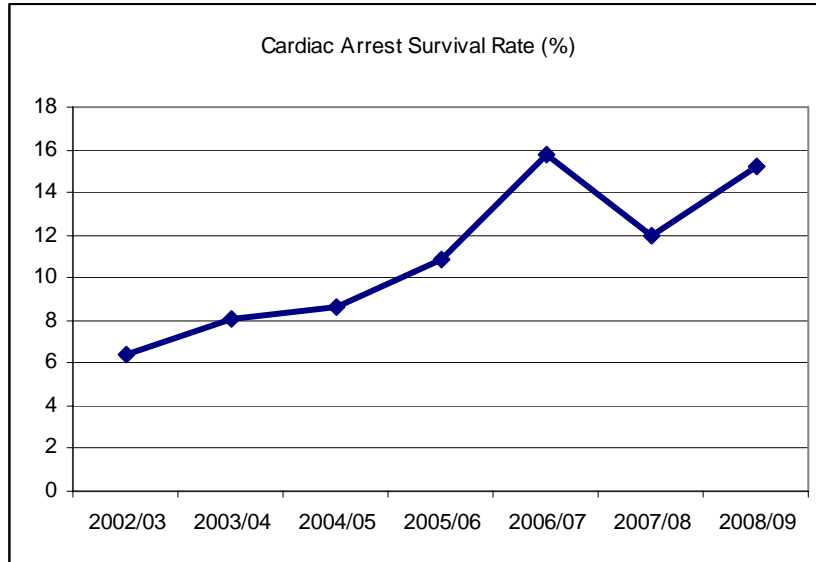
United Kingdom to directly convey STEMI patients to such specialist heart attack centres.

We attend more than 10,000 out-of hospital cardiac arrests per year. A cardiac arrest occurs when a person's heart stops beating meaning that blood and oxygen are no longer travelling round the body to vital organs. For each patient the administration of cardiopulmonary resuscitation (CPR) and the use of a defibrillator rapidly increases their chance of survival. There are now over 480 defibrillators in public places across London and we have trained more than 5,500 people to use these so they can begin life-saving procedures while our staff are on their way.

Our aims are to:

- a) Increase survival to hospital discharge rates for patients who have suffered a cardiac arrest;

Cardiac arrest survival rate⁷:



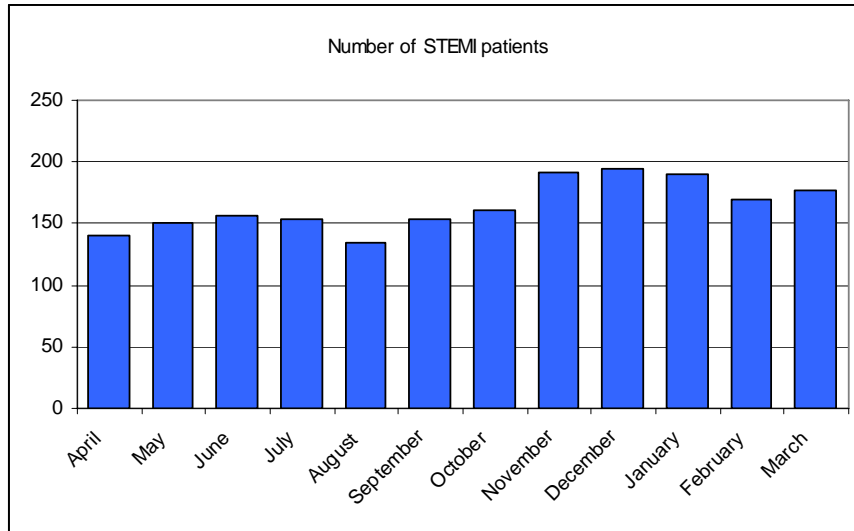
- b) Increase the number of STEMI patients conveyed directly to a specialist heart attack centre.
 - In 2009/10 we attended 20% more STEMI patients that in 2008/09.

intravenous thrombolytic therapy for acute myocardial infarction: a quantitative review of 23 randomised trials. Lancet 2003; 361:13–20

⁷ The Utstein survival calculation is an internationally validated method for calculating out-of-hospital cardiac arrest survival rates that enables comparisons between services. The Utstein calculation is the number of patients discharged alive (n=64 patients), divided by the number of patients who had resuscitation attempted following a cardiac arrest of a presumed cardiac aetiology, where the arrest was bystander witnessed and the initial rhythm was VF or VT (n=422 patients). Patients for whom outcome records could not be traced (n=99 patients) were excluded from the survival analysis. Therefore, the valid denominator for the 2008/09 Utstein survival calculation was 422. The LAS Utstein survival rate for 2008/09 was 15.2%. (64/422).

- The average time spent on scene has increased from 33 minutes in 2008/9 to 36 minutes.
- The number of STEMI patients conveyed to A&E with no valid reason stated reduced from 3% in 2008/09 to 1%.

Direct conveyance of STEMI patients to heart attack centres:



• **Identified areas for improvement**

There are a number of actions we are taking to improve the number of STEMI patients who were conveyed to A&E with no valid reason stated.

- Improving the accuracy of recording on patient report forms and increasing the submission of defibrillator data.
- Delivering refresher training for frontline staff to increase their confidence in identifying STEMI patients and conveying them to a specialist unit.
- Producing communications to staff to put STEMI patient care in the spotlight.
- Improving the feedback to individual staff regarding patient outcomes. Knowing the improved outcome for patients can help give staff the confidence to bypass the local Accident and Emergency and instead convey the patient to the specialist unit.

• **Initiatives in 2009/10**

- A two week clinical update course for team leaders.
- The development and distribution of 12 lead electrocardiogram (ECG) summary cards. These are designed to assist staff in identifying a STEMI patient and the best destination for early treatment.
- Introduction of extra defibrillators in public places, along with the required training.

The clinical audit and research unit audit patient outcomes and this is fed back to staff as described above in a cycle of continuous improvement. Progress is routinely reported to the Trust Board through the clinical quality and patient safety report.

Case Study:

Cardiac care:

Tynisha Johnson-Ballantyne was with her mother, Yvonne, in Boots on Islington High Street in December when she suffered a cardiac arrest (her heart stopped beating) and she stopped breathing.

Once alerted by Yvonne, Boots staff called 999 for an ambulance and Pharmacist Krinal Shah started cardiopulmonary resuscitation (CPR). Krinal said: "I've taken a course in emergency life support, and I could immediately see that Tynisha was suffering from a cardiac arrest. I started to give her CPR while my colleagues called for an ambulance."

Within a few minutes two motorcycle paramedics and an ambulance crew were on the scene. "When we arrived we found Krinal giving CPR to good effect, which essentially kept Tynisha alive while we were on the way. Once there we used a defibrillator to deliver an electric shock to Tynisha's heart to start it again. It's a simple fact that if more people learnt basic life support then more people suffering cardiac arrests, young and old, would survive."



Tynisha was taken to University College Hospital for further treatment. Tynisha suffers from left ventricular hypertrophy, an enlarged heart, and was discharged from Great Ormond Street Hospital 14 days later with a pacemaker. Yvonne said: "I can't thank the ambulance staff enough; Tynisha wouldn't be here without them."

2.3 Priority 3: Improving the patient experience

In 2008 the Department of Health launched an early adopter programme for Making Experiences Count. This is a reform of the health and social care complaints system which was designed to provide a single, comprehensive complaints process across health and social care, focussed on locally resolving complaints with a more personal approach.

We were chosen to take part in the programme to develop a local approach to complaint resolution. Our patient experiences team is now the first point of contact for all comments, questions, feedback or concerns about the service or treatment delivered by us.

In 2009/10 our patient experiences team received 6,138 enquiries, varying from requests for medical records to issues about ambulance delays and the clinical care provided. This was a 10% increase on the previous year and included 456 complaints.

- **Frequent Callers**

We introduced a 'frequent callers unit' which is the first of its kind for an ambulance trust in the country. We define a frequent caller as a patient who has placed at least 10 emergency calls in a month. Although there are a relatively small number of frequent callers these patients make it harder for us to reach others with more serious or potentially life-threatening conditions. However we recognise that many of these patients have complex health and social needs and we therefore work closely with other health and social care organisations to ensure they receive the appropriate care and support.

The unit includes a dedicated social worker who advises on when and how best to intervene, as well as providing important advice on policy issues such as the Mental Health Act. The unit also works with GPs, primary care trusts and other health and social care professionals to try to understand and resolve the reasons why people may become frequent callers. The ultimate aim is to be able to develop an emergency care plan that helps the patient receive more appropriate care through alternative care pathways, which also helps to reduce pressure on the service.

As well as working with individuals the unit works with addresses we frequently receive calls from. These range from supermarkets and ice rinks to residential or nursing homes using the service more frequently than expected for their size and type of resident. The unit works with these organisations to review their first aid and care policies and ensure the service is only called when we are the most appropriate type of care.

- **Initiatives**

As part of the Making Experiences Count initiative we created a new Patient Experiences department which brings together all the feedback we receive from inside and outside of the Trust.

We use feedback as a learning opportunity and publish examples of changes made arising from service user feedback on [our website](#).

Case Study:

Learning from feedback:

A patient under the care of a mental health unit was on 'home leave' and became unwell; the attending crew was unable to convey the patient to the unit as there was no direct care pathway agreement in place. The crew offered to take the patient to the local Accident and Emergency but the patient's mother felt this was totally inappropriate and chose to arrange for the patient to be taken another destination. As an outcome following review, the local ambulance manager agreed to ensure ambulance complex staff were familiar with referral guidelines with the local Mental Health Assessment Team and to raise this incident at a liaison meeting with the local mental health provider Trust, to achieve an improved care pathway.

Patients and the public are to be involved in newly-established Patient Environment Access Groups. These multi-disciplinary groups will focus on cleanliness and infection control, and will undertake inspection visits across London. Members of the London Ambulance Service Patients' Forum and Foundation Trust members will be invited to take part in this new initiative, which will be the first in an NHS ambulance service, and will include a full induction and training programme.

A group has been established to improve the service we provide to people with learning disabilities. The actions arising from this group are likely to include improved staff training and materials to support people with learning disabilities. We plan to involve people with learning disabilities in the development of the training programme and the supporting materials.

A public education action plan is being implemented for 2009-2011 and includes the introduction of a new risk assessment process for public events and working with teachers to develop materials for children. A number of new materials and resources have been designed and introduced ranging from lesson plans, presentations and display banners, through to give-away items such as pens, rulers, oyster-card holders and leaflets.

Case Study:

999 text trial

Hearing or speech-impaired Londoners can now access help during a medical or other emergency following the launch of a text-based service. 'emergencySMS' is currently being piloted nationally, and can be used by members of the public who have [registered](#) their mobile phone. To access help, users must send a text which includes which service is needed, a description of the problem and the location of the incident. When the message arrives in the emergency operations centre, the patient is triaged using text messages and the appropriate response is sent.

Patient experience and feedback, and patient & public involvement reports are made to the Trust Board twice a year.

2.4 Review of services

During 2009/10 the London Ambulance Service NHS Trust provided and/or sub-contracted one NHS service. The London Ambulance Service has reviewed all the data available to them on the quality of care of these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 96% of the total income generated from the provision of NHS services by the London Ambulance Service NHS Trust for 2009/10.

The Trust Board has received reports and presentations on a range of quality initiatives during the year as well as routine reporting data to provide assurance of progress being made.

The medical director's report has developed into a monthly report on clinical quality and patient safety, using the Care Quality Commission's 7 domains for core standards for better health to structure these reports. With effect from April 2010, the Trust Board established a new governance structure with an increasing focus on quality, safety, risk and effectiveness, incorporating the patient experience and how we learn from feedback and information.

The Trust Board reviewed the findings of the Francis Inquiry into the failings of Mid-Staffordshire NHS Foundation Trust and sought to assure itself of the robustness of systems within the London Ambulance Service. It also reviewed the requirements of the NHS Constitution and was satisfied that the CRITICAL values (see section one) met this.

Going forward, the Trust is implementing the strategies for Wellbeing and Staff Engagement, and for Equality and Inclusion. The Quality Committee will use the quality assurance framework produced by Monitor, independent regulator for NHS foundation trusts, to shape its assurance processes, and reporting against quality initiatives and progress will be enhanced on the board agenda.

2.5 Participation in clinical audits

During 2009/10 one national clinical audit and one national confidential enquiry covered NHS services that the London Ambulance Service NHS Trust provides.

During that period the London Ambulance Service NHS Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the London Ambulance Service NHS Trust was eligible to participate in during 2009/10 are as follows:

- National CPI programme covering:

- ST-elevated myocardial infarction (STEMI)
- Cardiac arrest
- Stroke
- Hypoglycaemia
- Asthma.
- Confidential enquiry into maternal, adolescent and child health.

The national clinical audits and national confidential enquiries that the London Ambulance Service NHS Trust participated in during 2009/10 are as follows:

- National Clinical Performance Indicators programme covering:
 - ST-elevated myocardial infarction (STEMI)
 - Cardiac arrest
 - Stroke
 - Hypoglycaemia
 - Asthma.
 - Confidential enquiry into maternal, adolescent and child health.

The national clinical audits and national confidential enquiries that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

- National CPI programme covering:
 - ST-elevated myocardial infarction (STEMI) (100%)
 - Cardiac arrest (100%)
 - Stroke (100%)
 - Hypoglycaemia (100%)
 - Asthma (100%).
- Confidential enquiry into maternal, adolescent and child health (100% for the cases for which we have been given full details).

Information: Clinical Performance Indicators (CPIs) are a tool designed to bring continual improvement to the clinical care provided by the London Ambulance Service. They focus on clinical areas where there is strong evidence that following the correct practice leads to the best outcome for patients, or where there is a clinical risk associated with the patient group. The delivery of care in these areas is routinely audited by clinical leads, and the results of these audits are fed back to crew members on a one-on-one basis so they can make personalised recommendations on how they can improve performance. This process has led to clear improvements in care over time. For example, as a result of the CPI process one part of the Service has improved its documentation of whether cardiac arrest patients had a witnessed arrest by 33% since the beginning of the financial year.

The reports of one national clinical audit were reviewed by the provider in 2009/10 and London Ambulance Service intends to increase the proportion of patients presenting with an ST-elevated myocardial infarction (STEMI) who receive pain-relieving medicine which will improve the quality of healthcare provided:

- To increase the proportion of patients presenting with an ST-elevated myocardial infarction (STEMI) who receive pain-relieving medicine which will improve the quality of healthcare provided.

The reports of four clinical audits were reviewed by the provider in 2009/10 and the London Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Benzylpenicillin audit

- Increase compliance in documenting benzylpenicillin reconstitution and administration details
- Remind crews of the importance of rapid transportation of patients with suspected meningococcal septicaemia

Furosemide re-audit

Information: Furosemide is used to treat pulmonary oedema secondary to heart failure. The London Ambulance Service conducted a clinical audit into the use of this drug as research evidence suggests ambulance crews often give furosemide when it is not indicated. The audit found that patients given the drug had received thorough observations but in a large number of patients there was not sufficient documentation of signs, symptoms and history to warrant its use. As a result of this audit, we will continue to investigate alternative methods to treat this patient group and has launched an improvement campaign to underline the signs and symptoms of pulmonary oedema secondary to heart failure, and how to increase the likelihood of differentiating between this condition and those that present with similar symptoms.

- Provide staff with further training in the diagnosis of pulmonary oedema secondary to left ventricular failure;
- Increase the number of 12-Lead ECG readings acquired from patients presenting with suspected left ventricular failure and encourage documentation of exceptions;
- Ensure ambulance staff are familiar with the Joint Royal Colleges Ambulance Liaison Committee 2006 guidelines for furosemide administration;
- Investigate alternative techniques for the treatment of pulmonary oedema secondary to left ventricular failure in the pre-hospital environment.

Oxygen audit

- Increase ambulance staff awareness of the Joint Royal Colleges Ambulance Liaison Committee 2009 oxygen guidelines;

- Increase compliance to documenting oxygen dose and administration details.

Naloxone (Narcan) audit

- Increase the number of 12-Lead ECG readings acquired from patients with a physical dependency on narcotic drugs when administering naloxone;
- Confidential Enquiry into Maternal, Adolescent and Child Health: 100% for cases for which we have been given the full details.

2.6 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the London Ambulance Service NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 101.

Additional patients and employees were recruited to research studies conducted in collaboration with other organisations. For example 300 London Ambulance Service employees were recruited to a study identifying emergency personnel at risk of Post-Traumatic Stress Disorder.

2.7 Commissioning for Quality and Innovation

A proportion of London Ambulance Service income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between London Ambulance Service and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from Khaled Kassem-Toufic, Head of Business Development (contact email - khaled.kassem-toufic@lond-amb.nhs.uk)

2.8 What others say about the London Ambulance Service NHS Trust

• Care Quality Commission

London Ambulance Service is required to register with the Care Quality Commission and its current registration status is 'registered without conditions'.

The Care Quality Commission has not taken enforcement action against London Ambulance Service during 2009/10.

London Ambulance Service was inspected by the Care Quality Commission on 29th and 30th July 2009 on compliance with the code for prevention and control of infections. London Ambulance Service has implemented a 12-point action plan to address the requirements reported by the CQC, against which substantial progress is being made.

2.9 LAS Patients' Forum

We routinely engage with the LAS Patients' Forum and a number of members are active within committees and groups throughout the service contributing to policy and service development and improvement. Managers and staff from across the Trust also regularly attend Forum meetings and arrange additional events for members, such as the induction programme, station visits and ride-outs. Forum members also take part in events such as the Patient Care Conference and at this year's conference the Forum ran a break-out session. We consider the Patients' Forum to be a key partner in our developments.

In an extract from the LAS Patients' Forum annual report for 2009/10:

'In the view of the Forum, the LAS takes active steps to take account of the views and experiences of patients, users, carers and the local community including Local Involvement Networks (LINKs).'

The Forum has produced a statement for inclusion in this Quality Account and we have provided this as Appendix A.

2.10 Data Quality

The London Ambulance Service NHS Trust did not submit records during 2009/10 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is not a requirement for ambulance services.

The London Ambulance Service NHS Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 41%.

Action is underway to improve this score by the end of the first quarter of 2010/11.

The London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.

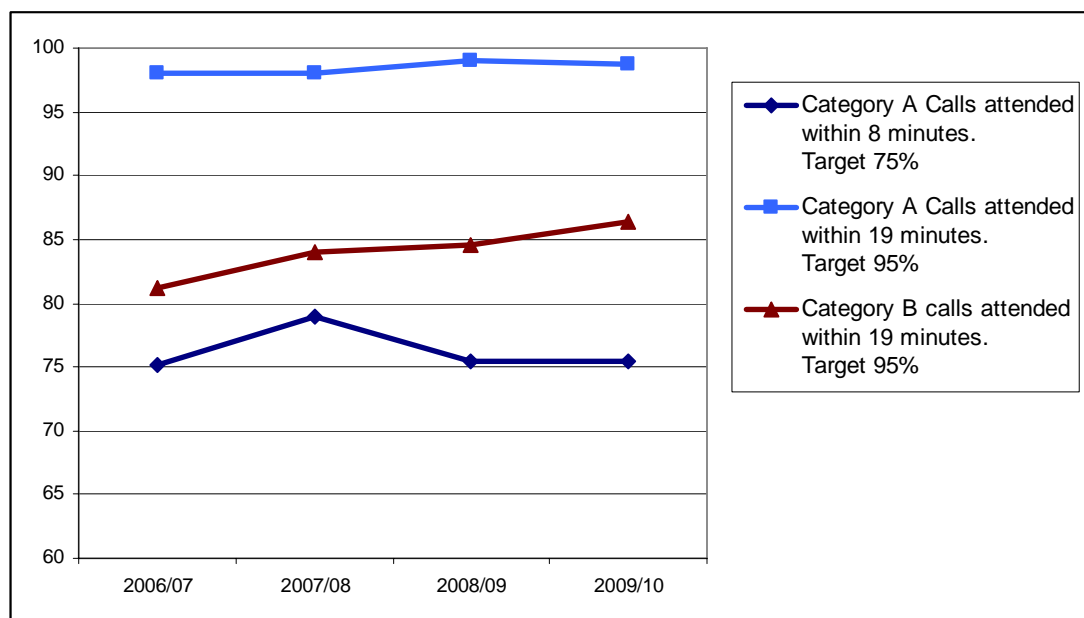
PART THREE

In this section we describe the quality of our services and how we have performed during 2009/10.

3.1 Performance against regulatory requirements

- Quality of financial management: we were rated 'excellent' for the way in which we managed our finances in 2008/09 under the Care Quality Commission's annual health check 'use of resources' assessment which was the highest of any ambulance service, and we expect to receive the same rating for 2009/10. This financial management rating is determined by the Auditors' Local Evaluation (ALE) which assesses how well NHS organisations manage and use their financial resources. We were the only ambulance service to achieve the maximum score of 4 in this assessment.
- Quality of care: we were rated 'fair' by the Care Quality Commission in 2008/09 for the quality of services provided to our local population. One of the reasons for this rating was our failure to reach 95% of Category B calls (categorised as serious illness or injury) in 19 minutes. This was due to high demand, particularly during the winter months, and for the first time the number of incidents we attended in one year exceeded 1 million. The high demand resulted in high ambulance utilisation meaning that fewer ambulances are available to respond to calls.

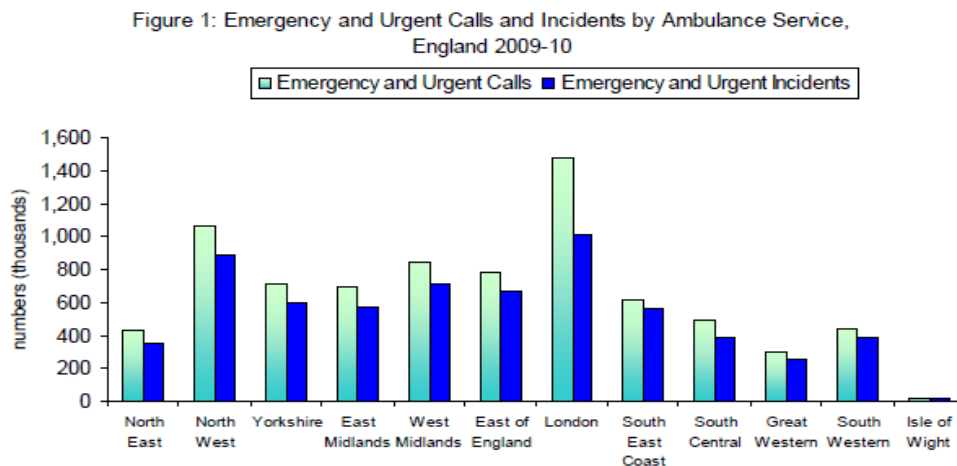
Graph showing performance against call response targets



- Changes were made to the national measure for call connect from 1st April 2008 with the 'clock' now starting as soon as a call is connected to the control room. Our recorded response times now start approximately two minutes earlier while the response time target of 8 minutes remains unchanged – so patients are getting a better service from us.

- Level of performance: in 2009/10 our crews attended over 1 million incidents. This was more than any other ambulance trust. It was an increase of nearly four per cent on the previous year, of which over 330,000 incidents were Category A, where patients are assessed as being in an immediately life-threatening condition. The graph below shows how we performed in 2008/09 compared to other NHS ambulance service trusts (comparative data for 2009/10 not yet available). We remain the busiest ambulance service in the UK.

Graph showing incidents attended, by NHS ambulance trust, in 2008/09



- Improving Category B response times: we will continue to recruit and train more frontline staff during 2010/11 and we will be receiving more ambulances. These ambulances will not only increase the number of vehicles available but also require less maintenance than the older vehicles and therefore spend more time on the road.
- Reducing hospital turnaround time and increasing the number of care pathways available: the hospital turnaround time is divided into two parts, including the time taken from arrival at the hospital to transferring the patient into the care of the hospital and the time taken from patient handover to the ambulance crew being available for the next call. Currently the average total turn around time is 32.9 minutes which is a 2 minute reduction since April 09. Throughout the year the London Ambulance component of the handover time, the second part, has reduced by 3.5 minutes to 19.3 minutes. We are aiming to reduce this to 15 minutes by the end of 2010/11 and will continue to work with all our health partners to reduce the total hospital turnaround time.
- Speed of response: from April 2008, the 'clock' used to measure the speed of response to a call also changed so that it started once the caller was connected to the control room. Previously it started when the caller's telephone number and the patient's location and nature of their illness or

injury had been established. The change means that recorded response times now start approximately two minutes earlier than they did, while the actual target of eight or nineteen minutes remains unchanged so patients are getting a better service from us.

- Patient experience: our patient experience score was over 90% but was rated as a fail by the Care Quality Commission when compared to other ambulance trusts. The score was determined by a national survey of Category C service users. Category C calls are those where the illness or injury is not considered to be serious or life-threatening.

Although satisfaction levels were high and all ambulance trusts performed well in the survey, we scored slightly lower overall than other ambulance trusts. One example of where we scored lower was the length of time patients had to wait for a member of the ambulance service to arrive. However 97 per cent of respondents said that they had received a good, very good or excellent level of care from us. Being an outlier caused us to be the only ambulance trust to receive a rating of poor for patient experience in the Care Quality Commission assessment. A project group has been established to identify potential areas for improvement, and take forward actions and recommendations arising from the survey.

- Staff satisfaction: we were rated as being below average and have developed a plan to improve in specific areas. We have increased the level of training for operational staff during 2009/10 and will be implementing the Wellbeing and Staff Engagement strategies in the coming year.

Table showing 2009/10 performance against regulatory quality indicators

	2009/10
Safety Measures	
% of Clinical Performance Indicators audits undertaken	45%
% of CPI elements of care delivered to the patient	94%
1 in 20 basic documentation	96%
Acute coronary syndrome	95%
Cardiac arrest	94%
Difficulty in breathing	94%
Glycaemic emergency	97%
Not conveyed	93%
Obstetric emergency (data from April 2009 – February 2010 only)	93%
Stroke (data from February and March 2010 only)	94%
Clinical Outcome Measures	
% of STEMI patients taken to specialist centre or A&E with valid reason	97 %
Out-of-hospital cardiac arrest survival rate	15.2 %
Referral Pathway Utilisation (% of patients not conveyed to A&E)	36 %
Patient Experience Measures	
Category C User Satisfaction (% of respondents who said that they had received a good, very good or excellent level of care from us)	97%
Patient Transport Service User Satisfaction	87.75%

	Target	2007/08	2008/09	2009/10
Care Quality Commission Core Standards	N/A	Fully Met	Fully Met	N/A
Care Quality Commission Existing Commitments ⁸	N/A	Almost Met	Partly Met	
Care Quality Commission National Priorities ⁹	N/A	Excellent	Fair	
Category A within 8 minutes ¹⁰	75%	79%	75.5%	75.5%
Category A within 19 minutes	95%	98%	99%	98.7%
Category B within 19 minutes	95%	84%	84.5%	86.4%

Note: The 2009/10 results for the indicators shaded in blue were not available at the time of publication of this document.

4. In summary

The London Ambulance Service NHS Trust has a commitment to the continuing improvement of the quality, safety, and effectiveness of its services. The Quality Account for 2009/10 is intended to assure the reader of the progress we have made in the three priority areas during the year, and also of the improvements we have made in areas such as performance. In the coming year we have made further commitments to quality improvement and to learn more from feedback and experience on how we have performed and where we can do better. We have put in place the governance processes to support this and have made a commitment at Board level to ensure we have even more to report in next year's Quality Account.

Hard copies of the 2009/10 Quality Account can be obtained from:

Sandra Adams
 Director of Corporate Services/Trust Secretary
Sandra.adams@lond-amb.nhs.uk
 020 7783 2046

⁸ Care Quality Commission Existing Commitments 2008/09 partly met as we failed to meet the target to reach 95% of Category B calls within 19 minutes.

⁹ Care Quality Commission National Priorities 2008/09 scored as fair due to ratings of under achieved for staff satisfaction and fail for patient experiences. Rating of achieved for management of asthma, management of stroke and transient ischaemic attack, management of acute myocardial infarction, management of hypoglycaemia and management of cardiac arrest.

¹⁰ Calls are classed as Category A where it is assessed there is an immediate threat to life. Serious incidents are prioritised as Category B and Category C calls are neither serious nor life-threatening.

Quality Accounts 2010 - statement

Patients' Forum Ambulance Services (London) Ltd

Forum Officers

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Vice Chair:

Sister Josephine Udie
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Vice Chair:

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Public Involvement

LAS has taken active steps to take account of views and experiences of patients, users, LINKs and the Patients' Forum by:

- seeking views and taking them into account when planning services.
- carrying out consultations and discussions with patients, the Patients' Forum and LINKs.
- Involving Patients' Forum/LINK members in the work of some LAS committees.

In 2010 the Forum was refused membership of the Quality Committee, which replaced the Governance Committee. Forum representatives had previously sat on the Governance committee and made active contributions.

LAS quality improvements sought by the Forum:

- a) Publish information on the impact of public views and involvement on development of services, strategies and policies. Include responses to consultations.
- b) Introduce a systematic approach to consulting Patients' Forum/LINKs on new and revised policies and strategies.
- c) Ensure LINKs and the Patients' Forum continue to be given opportunities to contribute to decisions about planning and providing services, through representation on key committees and steering groups, co-designing services and delegating activities to users and community representative to reflect requirements in *Real Involvement* (DH)

Category A Responses

Carry out a retrospective study of the 4591 patients who were classified as Category A in 2009 who did not receive a Category A response, to assess outcomes for patients not receiving a Cat A response within 19 minutes.

Multi-disciplinary reviews of patients care

Arrange for all paramedics and technicians to meet with A&E/hospital clinical staff in formal multidisciplinary meetings, to review the care they have provided and to learn lessons from the clinical outcomes of patients who have been in their care.

Patient Transport Services

Adopt the Quality Standards for PTS developed by the Patients' Forum in collaboration with patients, LINKs and voluntary sector groups.

Staff training

Ensure all completed staff training episodes are recorded, records kept updated and accessible for public scrutiny.

Communications with patients

Develop a programme to encourage Emergency Operations Centre staff who can speak more than one language, to qualify to practice clinically in these languages, to ensure that whenever possible all patients receive an appropriate and timely emergency service.

Diversity in the LAS workforce

Seek advice from the Equality and Human Rights Commission to enable the LAS to bring about a transformation in workforce diversity that reflects the population of London. Examine recruitment procedures and 'cultures' within the LAS to isolate factors, which prevent the development of a fully diverse LAS frontline work force and take urgent action to address significant findings.

Mental Health Care

Review care and treatment of people suffering from severe mental health problems taken from a public place or their home to a 'place of safety'. Assess clinical outcomes and the patient's views on the care received. Consider developing an expert cadre of paramedics trained as mental health practitioners.

Complaints and Incidents

Recommendations from each patient complaint to the LAS should be sent to the Patients Forum immediately after investigation. After six months the LAS should produce a report on implementation of each recommendation with evidence of impact, outcomes and enduring improvements to LAS services.

End

17/6/2010