PUBLIC BOARD OF DIRECTORS MEETING

**Report of the Deputy Chief Executives – July 2023**

This report covers the reporting period of May and June 2023 with performance of the main service delivery areas now shown in the July publication of the Integrated Performance Report (IPR).

The IPR has been revised and reformatted to provide Trust level metrics centred on the following areas of focus:

* Our Performance
* Our People
* Our Quality
* Our Finances

We have moved, where possible, to develop a consistent style of reporting through Statistical Process Control (SPC). We believe this will provide for a consistent framework for both reporting and discussion; supporting better challenge and decision making across the Trust.

The data contained within the IPR is seen as the core metrics which we are required to report on, with a view that more granular levels of detail, where required, will be addressed and discussed at committees reporting to the Trust Board.

Plans are in place to enhance the IPR in coming months and changes will be announced with the delivery of the IPR each month.

1. **999 Emergency Operations**

Emergency Operations Centres (EOC) contacts, calls answered and call answering mean SPC charts can be found within the EOC activity & performance section of the IPR.

There are no targets for number of contacts made and calls answered, however, for the purposes of SPC we have assumed that a reduction in these represent improvement, as this directly affects performance within EOC and Ambulance Operations.

Both metrics show that there has been common cause variation across the period. Activities to reduce the demand on the service from the Metropolitan Police Service saw activity maintained near the median.

Industrial action from December 2022 has had a substantive effect on demand which is shown as special cause improvement in February 2023 across both metrics and related, we believe, to a change in public behaviour. This demand remains below the median, although we are seeing an upward trend as demand returns.

Following the announcement from the Commissioner of the Metropolitan Police that they would no longer deal with health related calls to their service from September 2023 (known as Right Care Right Person and detailed in the Chief Medical Officer’s Report), we are working in collaboration with them to ensure this is enacted safely.

The call answering mean target is 10 seconds. The target was not achieved and is shown as common cause variation. Although the performance remains below the mean we are taking actions through the EOC transformation programme to ensure that we consistently meet the target. Main areas of the EOC programme are focussing on:

* Recruitment of additional EOC staff
* Working with Operational Research for Health (ORH) to establish baseline staffing and time of day requirements
* Understanding underlying turnover rate and increasing retention
* Establishing new team based working culture

The national target remains at 10 seconds however the agreed trajectory based on the additional funding for the 2023/24 financial year for the call answering mean is shown in table 1, with month actuals. The LAS is exceeding this trajectory for call answering.



**Table 1: Actual performance against agreed trajectory for incidents, calls answered and call answering mean**

Hear & Treat, See & Treat and ED Conveyance trends are recorded in the patient outcomes section of the IPR.

The national average of hear & treat in May & June 2023 was 12%. The LAS was higher at 14.7% and 14.8% for May and June respectively. There is no target for hear & treat and the SPC chart shows common cause variation over the past two years. We continue with the Category 2 validation programme to increase the number of patients who we can safely determine alternative ways in which to resolve their call, other than sending an ambulance.

The see & treat rate of 30.1% was 0.09% less than the national average of 31% in May 2023. This increased marginally to 30.3% in June 2023 against a national average of 31%. The SPC shows common cause variation and although special cause concern was recorded between January and March 2023 we have seen a return to around the mean as call volumes have slowly increased.

Emergency Department (ED) conveyance was 53.3% and 52.8% in May and June 2023 respectively and compared with 52% in May and June nationally. There has been special cause concern between April to June 2023. We believe that the decrease in calls at the beginning of the year has meant opportunities to appropriately divert patients through hear and treat and see and treat has reduced. As a consequence the acuity of patients are subsequently increasing and the likelihood is that more patients are requiring transport to hospital. This pattern appears to be replicated nationally, however, we are looking to substantiate or understand this change.

1. **Ambulance Services**

Performance against categories 1 to 4 ambulance quality indicators are shown in Categories 1 to 4 section of the IPR.

Category 1 mean performance did not meet the 7 minute target in May or June 2023. The SPC shows that hitting the target has been sporadic over the two year reporting period. There is natural cause variation, however, special cause concern was shown from June 2022 to March 2023 with specific high points from September 2022 to December 2023 following the change in Computer Aided Dispatch (CAD). As reported previously there has been investigation into the veracity of the data prior to September 2022 which will have impacted the plot.

The improvement in performance since January 2023 has partially been as a result of a reduction in demand, following the national industrial action. However, other initiatives have coincided with this including the actions in the winter plan, introduction of the category 1 desk and increased staffing within EOC.

The LAS remains one of the best performing services nationally for category 1 and was 2nd best in the country for both May and June 2023.

Category 2 performance has failed to meet the target of 18 minutes. Although natural cause variation has been seen for the period, system interventions are required to improve and meet the target. As a consequence a category 2 improvement plan has been initiated with the following areas of focus:

* Hospital handover time – compliance with maximum agreed 45 minute process
* Out of service management – operations team to support the Tactical Operations Centre (TOC)
* C2 trajectories established by local group area
* Job cycle time improvement – monitored by group station and Trust metrics
* Targeted overtime – overtime to focus on times and locations to provide greatest impact
* Abstraction monitoring – to ensure staff abstractions are minimised to reduce impact on daily performance
* Overtime cancellation – new approach to manage staff who cancel overtime at short notice

There has been interest shown in Borough level data and we have been analysing the links between response times, demographics, geography and pressures across the healthcare system. Response times tend to be higher where there are variations in job cycle times and the primary driver for this is delays in hospital handover times. In addition, variations in response times widen when the wider health and care system is under pressure. Although there is rightly a focus on the delays on patients experience waiting to be admitted to hospital; the delays for patients in the community become magnified by this data. It is essential that all partners within the health and care system play their part in reducing this variation in particular through full implementation of the 45-minute handover policy across the capital before this winter.

London level data for Categories 1 and 2 are provided in tables 2 and 3 respectively. It is not our intention to publish this data on a monthly basis but is provided for context and we will review it regularly including in public board sessions. It should be noted that data was not published in October or November 2022 while we validated outputs from our new computer aided dispatch system.

Clearly LAS also has an important role. In line with the development of team based working, many of the Category 2 initiatives above, are centred on improvements at local group area level. By making improvements at this level we are looking to reduce variations across London.



**Table 2: Category 1 mean performance April 2022 to June 2023 by London Borough**



**Table 3: Category 2 mean performance April 2022 to June 2023 by London Borough**

The trajectory of improvements linked to the additional funding received for the 2023/24 financial year with actual performance to date is shown at table 4.



**Table 4: Actual performance against agreed trajectory for C2 and hospital handover**

Hospital handovers remains the primary challenge in meeting this trajectory. The percentage of conveyances which took more than 30 minutes for the ambulance crew to handover the patient at hospital in May and June 2023, is set out in table 5.

|  |  |
| --- | --- |
| **Hospital site** | **Percentage of handovers**  **over 30 mins** |
| Barnet | 40% |
| Charing Cross | 3% |
| Chelsea & Westminster | 2% |
| Croydon University Hospital (Mayday) | 18% |
| Ealing | 17% |
| Hillingdon | 17% |
| Homerton | 3% |
| King Georges, Ilford | 67% |
| Kings College | 28% |
| Kingston | 21% |
| Lewisham | 25% |
| Newham | 55% |
| North Middlesex | 66% |
| Northwick Park | 33% |
| Princess Royal, Farnborough | 17% |
| Queen Elizabeth II, Woolwich | 7% |
| Queens, Romford | 69% |
| Royal Free | 21% |
| Royal London (Whitechapel) | 28% |
| St Georges, Tooting | 28% |
| St Helier | 21% |
| St Marys, W2 | 10% |
| St Thomas' | 22% |
| University College | 12% |
| West Middlesex | 8% |
| Whipps Cross | 52% |
| Whittington | 24% |

***Table 5. Proportion of handovers over 30 minutes March/April 2023 (unvalidated data)***

The time lost at hospital greater than 15 minutes continues to not meet the target. With common cause variance this demonstrates that wider system changes are required to meet the target of 0 hours and is reflected in table 2 above. The SPC is shown in the Hospitals section of the IPR.

The LAS has continued to work in collaboration with the wider healthcare system on reducing delays at hospitals. In particular we have been piloting a process with North West London and latterly South East London systems. Working collaboratively with hospital staff our ambulance crews agree on the handover and leave patients in their care within 45 minutes at the latest.

Initial indications is that there is some broad improvement, although some hospitals remain challenged and with whom we continue to work.

1. **Integrated Urgent and Emergency Care**

This report provides the Trust Board with an update regarding the 111 Call Answering and Clinical Assessment Service (CAS) performance, key issues, events, and activities since the last formal meeting.

In May LAS saw 157,950 calls answered across all contracts and in June 144,315 were answered. This resulted in 67,461 clinical consultations with alternative pathways used to manage other calls across the system including direct booking to primary care

LAS continue to run a combined call answering for NEL and SEL, along with NWL and smaller contracts in SWL/NCL.

* LAS continue to deliver NWL call handling through the Pan London Alliance (PPG/LCW), and have been supporting with additional call activity over the past two months.
* Collaborative work is continuing between LAS and 111/ IUC Commissioner Operations and Clinical Directors to adapt our service model to meet ICB needs and agree contracts and future models of care delivery.
* A national review of 111 services is expected to be launched in July 2023. This will consider future 111 service models, metrics and performance oversight.
* The LAS continue to provide validation and \*5 crew on scene response for NCL
* Ongoing recruitment, rota reviews and increased training has been planned in anticipation for winter demand.
* LAS are working with IUC and Primary Care ICB leads to support in-hours primary care services developed through Fuller projects.

1. **Resilience and Specialist Assets (R&SA)**

Since the last report the Trust has responded to one Significant Incident, one business continuity critical incident and one Major Incident.

On the 1st July we responded to a road traffic collision involving 5 vehicles, on the M4 in Hounslow, which was declared a Significant Incident. The Special Operations Centre (SOC) South was opened at Waterloo and LAS resources treated and conveyed 8 casualties, all of whom were priority 2 and 3 patients.

At 06:24 hours on Sunday 25th June, British Telecommunications (BT) identified an issue with 999 calls cutting off, which they were investigating. At 07:02 hours the issue was escalated internally as an incident. At 07:52 hours, Emergency Operations Centre (EOC) noted a prolonged period of inactivity for incoming 999 calls, which was escalated to BT, who confirmed there was a national issue. BT informed emergency services by email at 08:01 hours.

Our strategic and tactical teams initiated an initial response to the incident;

* To warn and inform the public to call 111 if they were unable to access 999
* Deployment of solo responders to node points and fire stations to provide a visible resource for the public if required
* We declared a business continuity critical incident at 09:47 hours

A process for the hot transfer of calls from 111 to 999 call handlers was invoked, and further work initiated to add a frontline message to those calling 111 with a medical emergency. BT confirmed at 09:15 hours that a backup telephony system was in place for 999 calls although with only basic call functionality. Additional mitigations remained in place for us whilst the backup system was in place.

A temporary fix which provided all 999 call data was in place by 20:50 hours and all emergency calls were successfully transferred to the temporary fix network and we stood down the LAS BC incident.

A learning and action review has taken place and these are being worked through with all partners.

On the 6th July we responded to an incident at a school in Wimbledon, where a driver collided with a group of primary school children, within the grounds of the school. We declared a Major Incident and SOC North at Newham was opened. In total we treated 16 patients and tragically two 8 year old children died as a result of the incident. A hot debrief was conducted immediately after the incident was stood down and a full debrief will be facilitated and a report produced to identify lessons and learning.

Our Hazardous Area Response Team (HART) have just completed their refresher training cycle for Urban Search and Rescue (USAR) in Lincolnshire Fire and Rescue Service’s training ground. This year we trained alongside partners from the East of England Ambulance Service, and as in previous years, our Advanced Paramedic Practitioner Critical Care colleagues facilitated the clinical aspect of the training.

Our Emergency Planning team continue to deliver new entrant major incident training, as well as a number of command training courses, including delivering commander training to the Northern Ireland Ambulance Service.

Our Tactical Response Unit (TRU) have just completed their water refresher training, which is used to support our HART colleagues in the rescue of casualties in water.

We are actively participating in the Manchester Arena Recommendations Oversight Group (MAROG), monitoring progress on recommendations across the national Ambulance Services.