



Health Scrutiny Meeting Report – Croydon A&E Services Winter 2017/18

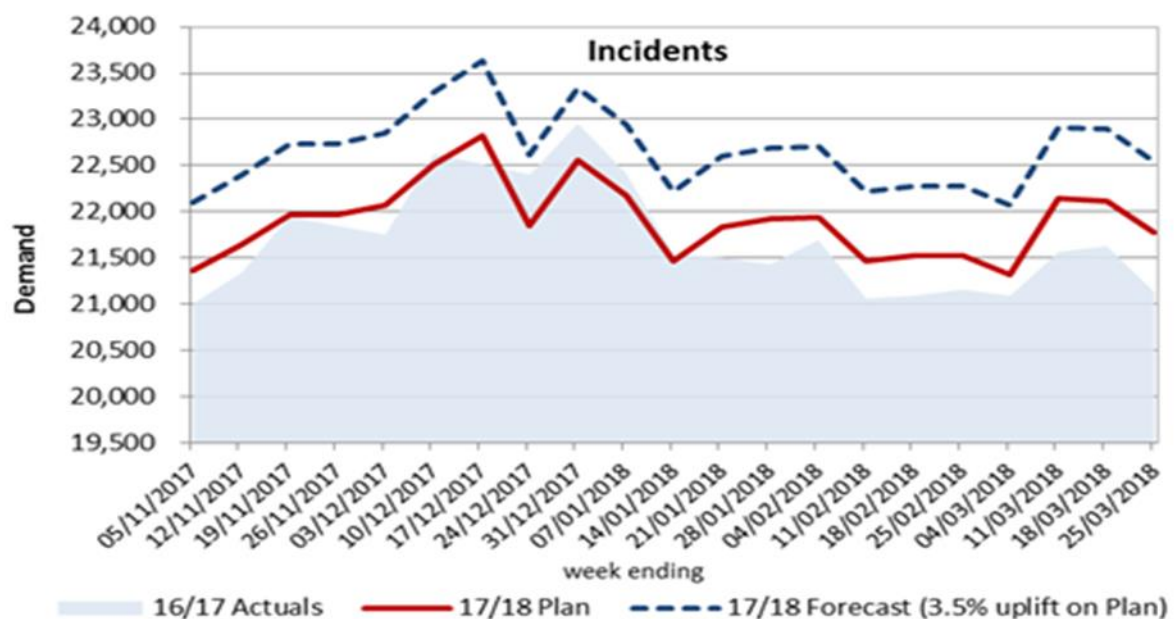
1.0 Introduction

- 1.0.1 This paper has been written to give assurance of the winter preparedness of the London Ambulance Service working within the Croydon area and the various contingencies in place to support.
- 1.0.2 The winter period historically causes increased pressure within the health system for various reasons such as seasonal flu, increased falls and respiratory illnesses which lead to increased admissions to hospitals. As well as the increases in demand resulting from these factors, this period also encompasses a number of significant public and social events (such as New Year's Eve) which impact on LAS in terms of road access, large variations in population numbers and alcohol related incidents.

2.0 Performance

2.0.1 We've seen improvement in our performance this year, however this has been challenging to maintain given the unprecedented demand we have been facing.

- We are handling **200 more incidents a day** across the capital compared with 2015/16.
- We answer **5,000 calls every day**. This is a 1.4% increase on 2015/16.



2.0.2 Performance for LAS across London in September was 68.60% for Cat A (seriously ill or life threatening). In **Croydon it was 69.44%**.

2.0.3 In Croydon we reached 75% of Cat A patients in **under nine minutes**.

3.0 Staffing

3.0.1 The London Ambulance Service has recruited over 350 frontline staff within the last year.

3.0.2 Within the Croydon Area we have an establishment of 123 frontline staff, with 110 clinicians currently in post.

4.0 Ambulance Response Programme

4.0.1 Since February 2015, ambulance services in England have been engaged in an NHS England led trial of a new operating model, under an initiative known as the Ambulance Response Programme (ARP). ARP has been developed using the most comprehensive study about ambulance services completed anywhere in the world. More than 10 million patients have been studied, and there have been no adverse incidents or patient safety concerns identified with its implementation in operational practise. This work has also independently evaluated by Sheffield University's School of Health and Related Research (SchARR).

4.0.2 The development of ARP focussed on four main areas:

- Identifying the most seriously ill patients as early as possible through processes known as Pre-Triage Sieve (PTS) and Nature of Call (NOC);
- Giving control room staff more time (up to 240 seconds) to assess incidents through a process known as Dispatch on Disposition (DOD);
- Developing new clinical code sets and response categories using the best available clinical evidence;
- Developing new targets, indicators and measures.

4.0.3 For LAS, in practical terms, the new standards will mean that the number of calls requiring a rapid response will likely fall from around 1500+ (for Red 1 and Red 2 within 8 minutes) per day to around 250 (Category 1 within a 7 minute mean) per day.

4.0.4 LAS has agreed with NHS England that ARP will be implemented on the night of 31st October 2017 into 1st November 2017.

5.0 Alcohol Related Incidents

5.0.1 The number of Category A alcohol incidents which the LAS attends peak between July and August with a secondary peak in December. While the peak is not as pronounced it does demonstrate a marked increase which presents a risk to the service during the winter period.

- 5.0.2 LAS is developing an alcohol communications campaign for the winter period as a means of raising awareness of the impact of alcohol related incidents. Previous campaigns such as *Eat, Drink and Be Safe* (which was a joint agency public awareness campaign) are credited with helping to reduce the number of alcohol related calls during New Year's Eve/New Year's Day by up to 12.5%.
- 5.0.3 A proactive alcohol awareness campaign will be run in the lead up to December to support two key operational objectives during winter: demand management and staff safety. Our aim will be to encourage Christmas party-goers to take personal responsibility for their alcohol consumption, along with educating the public on what to do if they come across someone drunk and in need of help. The campaign is likely to be online, capitalising on our ever-growing social media presence and online media to reach our target audience of 18-50 year olds (with a specific audience of 21-30 year olds, who make up our most frequent alcohol related callers).

6.0 Demand Management Strategies - Daily Command and Co-ordination

- 6.0.1 The LAS operates with a 24 hour, 7 day a week command structure in place, with a Silver (Tactical) Officer on duty 24/7 managing core delivery for the LAS. Over the winter period, the Trust will maintain the strategic, tactical and operational command structure, in line with London Emergency Services Liaison Panel Manual / Joint Emergency Services Interoperability Principles.
- 6.0.2 Normal command and control procedures will apply during the winter period. A Gold (Strategic) Officer will assume the position of the Trust's Strategic Commander on call and co-ordinate the Trust's actions during a major incident. The on-duty Incident Delivery Manager (IDM) will act as the Trust Silver (Tactical) Commander.
- 6.0.3 Teleconferences will be held every four hours during the winter period to monitor the level of demand, resource availability and consider any mitigating actions. These conferences will be called by the on duty Incident and Delivery Manager.
- 6.0.4 To further enhance the capacity of the command structure to respond proactively to demand and/or capacity issues, additional support will be implemented during the December period in the form of a strategic performance cell which will actively monitor organisational performance and take all steps necessary to resolve or mitigate performance inhibitors or escalate concerns within the wider NHS. This cell will operate 06:30 – 22:30 over seven days.
- 6.0.5 Increased operational management support will also be implemented during the peak winter periods to assist in the management of any delayed handovers and to provide appropriate welfare monitoring for staff during what

will be a period of increased activity. These extra managers will operate across the full 24 hour period.

7.0 Promoting NHS 111 to influence call demand

7.0.1 We are working with our colleagues in fleet & logistics to promote NHS 111 on all new ambulances and cars as they are rolled out. With assistance from funding received from NHS England, new graphics have been added to ambulances which will signpost Londoners to NHS 111 when it is not an emergency. Car stickers are also being provided to all LAS staff to display in their cars to further support this initiative.

8.0 Hospital Turnaround Improvements

8.0.1 Improving patient flow is a key requirement of the NHS for winter 2017/18 and LAS recognises the importance of engaging with A&E Delivery Boards across SWL (including Croydon Health Services), to ensure that there is region-wide, joined up effective patient care, particularly over the winter period.

8.0.2 LAS managers will continue to work with acute trusts and commissioners to understand the local actions which will support the avoidance of ambulance handover delays.

8.0.3 To assist acute trusts in planning for ambulance attendance, activity and demand forecasting data will be shared with CCG commissioners in advance of the peak festive periods.

8.0.4 Although not directly part of the winter planning process, hospital handover delays are increased during the winter period and so any improvements in this area will assist in improving capacity to respond to emergency calls within the community during the LAS's busiest period.

8.0.5 The Trust does and will continue to refer to the published NHS England (London) surge management framework when dealing with divert requests from acute trusts as per NHS England (London) Emergency Department Capacity Management, Redirect and Closure Protocol (ED Policy).

9.0 Care Quality Commission Update

9.0.1 The CQC visited the London Ambulance for a second time in Feb 2017 – rated us 'requires improvement' with our patient care being rated as outstanding. Our performance has also improved.

9.0.2 The CQC noted improvements in all areas of the Service. In particular they noted:

- Significant improvements in medicines management, staffing and levels of incident reporting
- Staff went above and beyond to offer a patient-centred service
- Impressive efforts made to improve experience of patients with specific needs e.g. mental health, maternity and falls
- Good use of care pathways and guidelines
- Significantly improved Emergency Preparedness Resilience and Response function and appraisal
- Good provision for patients with complex needs and improved Hazardous Area Response Team compliance

9.0.3 They also identified areas for improvement:

- Continue to improve medicines management
- Improvements to the 999 system
- Recruitment – placing a particular focus on meeting targets to recruit more people from the community we serve
- Improve training compliance
- Leaders need to be more visible
- Limited learning from complaints and further work needed on business continuity

9.0.4 How we are responding:

- We are continuing to improve our medicines management processes, including trialling new storage facilities and changing the way staff access medicines.
- Following issues with our CAD system we had an independent external review and have implemented over half the recommendations already. Appointed a new Chief Information Officer to strengthen our leadership in this area.
- We launched a workforce strategy and we are working on a recruitment campaign to boost recruitment. We have also been focusing on improving our BME representation. We developed an action plan and have taken a number of actions to improve equality and diversity – including: employing a lead for equality and diversity, securing £500k from Health Education England to: fund outreach in schools to raise our profile as an employer; provide coaching and mentoring for our BME talent; and support and build the BME staff network
- Improved system for training and we're making it easier for frontline staff to access training
- We have just completed a series of chief executive roadshows – attended by our operational staff across London. This gave staff the opportunity to engage with the CEO, Director of Operations, Medical Director and other members of the executive leadership team.