

# London Ambulance Service NHS Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

London Ambulance Service NHS Trust (LAS) was established in 1965 from nine previously existing services, and became an NHS Trust on 1 April 1996. LAS is overseen by the Department of Health and its services are commissioned by the 32 London Clinical Commissioning Groups (CCG), with NHS Brent CCG acting as lead on behalf of the rest of the London CCG.

They are also commissioned separately by NHS England for emergency neonatal transfers, by North East London Commissioning Support Unit for 111 services in South East London, and by Heathrow Airport for additional services. LAS plays a key role in working proactively with members of London's five sustainability and transformation plans to support the delivery of the Five Year Forward View and associated demand management initiatives.

London Ambulance Service NHS Trust covers the capital city of the United Kingdom, over an area of approximately 620 square miles. The LAS is the busiest ambulance service in the country and one of the busiest in the world; with demand for services increasing year on year. In 2016/17 they responded to over 1.8m 999 calls, attending 1.1m incidents including a number of major events. This represented a 6.6% increase on the previous year. The services are provided to a multicultural population of around 8.9 million people, swelled by over 30 million annual visitors.

The trust has in excess of 5,500 staff, 65% of whom deliver services to the public on the frontline.

LAS has developed a number of innovative changes to the way they operate, such as the 'hear and treat' service, which provides clinical assessments over the phone to more callers with less serious illnesses and injuries.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

The trust provides a range of services through a number of responsive systems. The trust handles calls through the 111 services which come under its responsibility. There are two emergency operations centres (EOC), one located in Bow and one at the trust headquarters on Waterloo Road. Calls coming into the EOC are responded to using a form of triage based on a new set of measures announced by NHS England in 2017. The four new categories enable call handlers more time to assess 999 calls that are not immediately life threatening, and callers whose needs indicate when a faster response is required.

There are 70 ambulance stations, out of which ambulance crew may be dispatched. They may also be sent directly to callers from previous call out locations or emergency departments where they take patients to.

Callers may also be responded to by staff from the motorcycle response unit or cycle response unit.

The trust has two Emergency Preparedness Resilience and Response teams. Staff working within these teams have additional training to enable them to respond to serious major incidents.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

# Summary of findings

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. During the past year we have held regular engagement meetings with the trust and attended a range of meetings. These activities enabled us to have continued oversight of the trust activities and progress it was making on a number of quality improvement initiatives, some of which arose from the previous inspection in 2017. This information was used together with other data to inform our inspection.

This inspection included the core service areas of emergency operations centres (EOC) and emergency and urgent care (E&UC). These core services had a number of areas which required improvement and our inspection was designed to assess progress made.

In addition we undertook a well-led inspection. At the previous inspection we rated well-led as requiring improvement. At the time we were not sufficiently assured of progress made to remove the trust from special measures, which had been in place since 2015.

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

- We rated safe in the emergency operations centre (EOC) and well-led in emergency and urgent care (EUC) as requires improvement. We rated caring as outstanding in the EUC. In both EOC and EUC we rated effective and responsive as good. Well-led was rated as good in EOC. In rating the trust, we took into account the current ratings of the Emergency Preparedness Resilience and Response service and 111 services, which were not inspected this time.
- We rated well-led for the trust overall as good.
- At this inspection we found the trust had made significant improvements, in particular and of note were those related to well-led.

### Are services safe?

Our rating of safe improved. We rated it as good because:

- Across both core services there had been improvements in the procedural arrangements around incident reporting, investigating these and learning as a result. Local and executive leadership was much more focused on safety and there were strengthened arrangements for the oversight of safety matters, including identifying and responding to patient risks.
- Significant work had been taken to address previous concerns around medicines reconciliation, and staff were clear on their responsibilities to follow required practices.
- Staff had sufficient equipment to enable them to deliver safe care and treatment. Arrangements were in place to ensure ambulances were serviced, cleaned and re-stocked.

# Summary of findings

- Infection prevention and control practices had been strengthened since our last inspection and staff understood their responsibilities. Monitoring of staffs adherence with safe practices was taking place, and action was taken where improvement was required.
- Staff understood and met their responsibilities with regard to patient records. There had been some improvements to the way in which frontline staff could access and complete records, and work in this area was ongoing.
- There were suitably safe and established arrangements for responding to major events.

However:

- Staffing levels remained a concern in the emergency operations centre, particular recruitment and retention of call handlers. This put enormous pressure on the staff and impacted on their ability to complete mandatory training subjects, as well as their general well-being. We had continuing concerns of the low levels of safety training completed by EOC staff.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- People who required support from the services had their needs assessed and responded to in line with legislation, standards and evidence based practices. Staff understood their responsibilities to obtain informed consent.
- In addition to highly trained ambulance personnel, staff with specialised skills and expertise including; maternity, mental health and safeguarding were available to advise and support staff.
- Staff were provided with skills related training and development opportunities. They had opportunities to discuss their performance and agree development objectives.
- The outcomes of services provided were monitored and evaluated through a range of methods. Where improvements were required these were addressed. The recently introduced ambulance response programme had started to show some positive performance outcomes, although it was too early to make an informed opinion of its effective working.
- There was strong emphasis on multidisciplinary working. Staff supported one another to ensure patients, including those who had particular needs associated with mental health, or at the end of life were met.

However:

- Whilst staff in EOC had opportunities to meet with their manager to discuss performance and development, they did not always have an annual performance review. This was because the timing of this fell at a period of high activity and demand.
- Although staff had training on mental health awareness and related topics, there was notable variation in staffs knowledge, ability and confidence when dealing with people in mental health crisis.

## Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff working across all parts of the service demonstrated care which was consistent with the underpinning values of the trust. Patients were treated with a calm and professional manner, with kindness and empathy.
- Staff afforded patients privacy and respected their dignity. Where staff had the opportunity to provide patients with choices they did so through the sharing of information and checking individuals understanding.

# Summary of findings

- The immediate physical and emotional needs of patients were considered and taken into account by staff. Staff ensured the results of their initial assessment were discussed with their patients and they were informed of any treatment or action required. Family were involved as appropriate.
- Staff often went above and beyond their expected duties in order to meet patient needs. We saw and heard about examples of the commitment of staff from patients.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The trust had focussed on developing the service in order to meet the changing needs of the population. There were a range of ways in which the ambulance service were able to provide a response to patients and these were based on generally well defined measures. A number of pathways were in place to ensure patients treatment and care was appropriate to their needs. Clinical expertise was available to ensure treatment and care was optimised.
- The trust had worked proactively to find ways of improving the handover of patients between ambulance staff and emergency department staff. The initial results of the work undertaken showed an improving picture, despite the winter pressures experienced during the introductory period.
- There were appropriate supportive systems to enable staff to respond to patients whose first language was not English. Staff were able to respond to patients who had particular complex needs, and could make reasonable adjustments in order to deliver the required level of care.
- The processes for responding to and investigating complaints had been strengthened since the last inspection.

However:

- There was room for improvement in the completion of the complaints process end to end within expected time frames and staff statement writing.
- Patients with mental health needs were not always able to access the most appropriate service when conveyed by ambulance staff. There was an opportunity to work with external agencies to address this.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The trust had worked hard to reinforce the organisational vision and its strategic aims, and most staff understood how they contributed to the achievement of this. A great deal of work had gone into engaging with a broad range of staff, stakeholders, patient groups and representatives to the development of a new strategy. Information arising from this was shared through various channels.
- Local governance arrangements had been improved and there was a higher level of awareness and understanding of the value and importance of reporting, reviewing and learning from incidents, for managing risks and performance outcomes. Staff mostly understood their responsibilities and what they were accountable for.
- The culture had improved since the previous inspection and staff were generally proud to work for LAS. The best patient care was what staff strived to provide, and generally staff were able to speak up and bring matters to the table where they could not provide the right care or things went wrong.
- Staff worked collaboratively with others in order to improve its services and to bring about future sustainability. There were some excellent examples of positive engagement with stakeholders, external agencies, patients and the public. Work related activities arising from this engagement were in evidence.

However:

# Summary of findings

- There were some notable leadership behaviours and cultural variations amongst staff in both EOC and EUC, which less senior staff were aware of. These were further impacted on by the level of dissatisfaction felt by some managers and disconnect they felt between the expectation of them and what could be delivered in reality. This was similar to what we found at our last inspection.
- There was still a lack of consistency in how managers dealt with important areas of staff related welfare and well-being, including staffs absence from work management. Where good ways of working had been identified, this was not always shared to the benefit of others.
- Some frontline staff did not recognise or take the opportunity to participate in the work that was taking place to develop the service. As a result they reported not being aware of the emerging strategy and of not having met or seen members of the executive team.
- Staff recognised the trusts had worked hard to address the bullying and harassment culture that had been present; despite this, some staff reported the bullying culture had returned in the last few months.
- The trust was aware of the need to improve its compliance with the workforce race equality standards and had been working proactively to address this. There remained concerns amongst some black and minority ethnic (BME) staff that opportunities for them to progress were still being hampered.

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## Ratings tables

The ratings tables show the ratings overall and for each key question for each core service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice throughout the trust. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including one breaches of legal requirements that the trust must put right. We found 11 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement and Regulatory action section of this report.

## Action we have taken

We issued a requirement notice to the trust. Our action related to a breach of a legal requirement at a trust-wide level and in respect to the EOC core service under the safe domain.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

# Summary of findings

## Outstanding practice

We found the following outstanding practice:

### **Trust wide:**

- There were examples of engagement activities including staff doing voluntary work.
- We saw excellent examples of sharing information and reflective learning with staff through trust magazines.
- The trust board factored in time at the end of board meetings to reflect on the behaviours of members and meeting achievements.

### **Emergency operations centre**

- Assessments and support for maternity patients, and those with mental health related needs was excellent.

### **Emergency and urgent care:**

- Staff provided exemplary care to patients, often going beyond the scope of their role to make sure patients received the best care and treatment possible. They considered patients' medical and social needs when assessing and planning care and taking patients' decisions into account.
- The trust recruited the first practice leads for pre-hospital maternity education to form part of the maternity team. Along with the consultant midwife they will lead the development of the Pan London Maternity Pioneer service.
- The trust appointed a new End of life lead and provided staff with training and education in end of life care.
- The service designed a 'gold standard' handover process map and shared it with emergency department. The service also proposed a trial of the National Early Warning Score (NEWS) during busy periods and when cohorting was in place.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST make to improve:**

- The trust must ensure that it addresses staffing shortages within the emergency operations centre so that it achieves planned staffing levels.

### **Action the trust SHOULD take to improve:**

- The trust should ensure that staff working in the emergency operations centre can complete mandatory safety training, so that they are equipped with the most up to date knowledge and skills.
- The trust should ensure that it provides suitable support and training to new call handling staff and improves its recruitment and retention of staff in the Emergency operations centre.
- The trust should ensure that it explores ways of increasing the ability of staff to have their annual performance reviews outside of periods of high activity and demand.

# Summary of findings

- The trust should ensure that it continues to focus on cultural differences within the service with a view to improving staff job satisfaction.
- The trust should ensure that it improves the managerial approach and staff understanding of the sickness absence procedures.
- The trust should ensure that it improves the recruitment of, development and progression opportunities for BME staff.
- The trust should ensure that it works with middle and senior managers to help them understand the business aspects of the service and develop appropriate skills in this area.
- The trust should ensure that it increases visibility and opportunities of executive team members to engage directly with the frontline staff.
- The trust should ensure that it explores opportunities for working with external agencies to address the pathway for mental health crisis.
- The trust should ensure that it reviews and addresses gaps in staff knowledge and confidence to deal with people in mental health crisis.
- The trust should ensure that it provides additional training for staff on Mental Capacity Act so they fully understand the capacity test.
- The trust should ensure that it reviews and addresses the gaps in staff understanding around completing complaints statements.
- The trust should ensure that it addresses the timeliness of complaints completion.
- The trust should ensure that it improves the IT system to make it more accessible, reliable and effective so that it supports staff to complete their mandatory training and captures data accurately.
- The trust should consider how it can improve its call abandonments rates so they meet the England average.
- The trust should consider how it can improve call answering times in order to meet the new ambulance response programme standards.
- The trust should consider how it can provide enough time for managers to complete their managerial tasks.
- The trust should consider addressing the amount of time staff have to complete daily vehicle checks within their allocated shift.
- The trust should consider the number of staff finish their shifts late.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good because:

# Summary of findings

- The trust had strengthened the senior leadership team to form a cohesive executive team with appropriate range of skills, knowledge and experience. The executive team showed professionalism and integrity, and were committed to meeting the organisational challenges. They had awareness of the priorities and challenges and acted to address these.
- The trust had set out its vision and values with quality and sustainability as key priorities. There was a detailed and realistic strategy for achieving these priorities. Work was in progress on the associated business plan and linked strategic goals.
- Organisational focus on cultural improvements indicated a determination to deliver a patient experience that was highly valued and recognised. At the same time work was progressing on addressing cultural habits that interrupted staff feelings of job satisfaction, well-being and performance.
- Opportunities to improve communications with staff had been fully considered and a range of these were in full use, although this was not always acknowledged by frontline staff.
- The development of services took into account the needs of the local population, and there was considered and well established engagement with stakeholders and members of the public. Innovative work was taking place and results from some of the activities were showing positive outcomes.
- There had been high level recognition of the importance of addressing recruitment, developing apprenticeships, and providing opportunities for internal candidates. As a result we saw there was a more focussed approach to workforce planning.
- Governance arrangements had been strengthened around board assurance, risks, patient outcomes, audit and incident reporting. The governance arrangements around medicines had improved significantly. A much more proactive approach to investigation and learning from incidents was in evidence, including learning from complaints.

However there were a number of areas being focused on which as yet had not been fully addressed:

- There was recognition and understanding of the concerns related to staffing in crucial areas and work was being done to address this. However, we remained concerned that in the emergency operation centre the role demands of call handlers and their grading may remain a barrier to overcoming the problem.
- There was work still to be done around reducing the negative perceptions of staff around inconsistencies in managing sickness absence.
- Whilst progress had been made on addressing bullying and harassment, there remained issues around the experiences of black and minority ethnic (BME) staff ability to progress through the organisation.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Mar 2018	Good ↔ Mar 2018	Outstanding ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↑ Mar 2018	Good ↑ Mar 2018	Outstanding ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018
Emergency operations centre	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Resilience	Good Jun 2017	Good Jun 2017	Not rated	Good Jun 2017	Good Jun 2017	Good Jun 2017
NHS 111 Service	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017
<b>Overall</b>	Good ↑ Mar 2018	Good ↔ Mar 2018	Outstanding ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Emergency operations centre

Good  

## Key facts and figures

London Ambulance Service NHS Trust (LAS) became an NHS Trust on 1 April 1996 and covers the Greater London area, which has a population of around 8.6 million people. The trust employs around 5500 whole time equivalent (WTE) staff.

LAS main role is to respond to emergency 999 calls, providing medical care to patients across the capital, 24-hours a day, 365 days a year. Other services include providing pre-arranged patient transport and finding hospital beds. Working with the police and the fire service, LAS also prepares for and deals with large-scale or major incidents in the capital through the hazardous area response team (HART).

LAS currently operate its control services function from the Emergency Operations Centre's (EOC). The primary focus is the management of all 999 call-taking and dispatch functions, which are split across the trust headquarters at Waterloo and at Bow EOCs. To do this the trust uses a command and control Computer Aided Dispatch (CAD) system. EOC functions include:

- Providing a command and control function, delivering call answering to all patients.
- Providing safe, effective triage to determine the most appropriate care package, thus adhering to effective clinical governance.
- Provision of regular structured welfare calls to patients who are awaiting an ambulance response.
- Distribute and dispatch the most appropriate operational patient facing resources produced by the trust on a daily basis, for example, ambulances.
- Ensure appropriate actions are taken to optimise patient care by referral and/or deployment.
- Maintain capacity and capability to co-ordinate and manage any significant/major incidents.
- Provide enhanced clinical assessments for lower acuity incidents via the LAS Clinical Hub (CHUB) or NHS 111.

The previous comprehensive inspection of EOC took place in February 2017 where the service was rated as requires improvement overall. Safe and well-led were rated as requires improvement; effective, responsive and caring were rated as good.

## Summary of this service

Our inspection was announced, in that staff were aware of our visit. Before the inspection visit, we reviewed information that we hold about the service and information we had requested from the

During the inspection we spoke with over 30 staff members at Waterloo and Bow EOCs. We made observations and listened to EOC staff responding to calls during the inspection. We reviewed a range of documents during and following the inspection.

During our inspection in March 2018, we inspected all domains. The overall rating of this service improved.

We rated it as good because:

# Emergency operations centre

- Staff provided care and treatment based on national guidance and evidence. They cared for patients with compassion, involved patients and those close to them in decisions about their care and treatment, and provided emotional support.
- There were appropriate methods and processes to respond and manage risks to patients. Staff understood their roles and responsibilities in relation to safeguarding vulnerable adults and children.
- Staff knew how to report incidents; managers shared learning from incidents and the trust carried out detailed investigations, feeding back to patients and families where appropriate.
- The trust set quality performance targets, and reviewed these regularly against internal and external targets. The trust had governance, risk management, and quality measures to improve patient care, safety, and their outcomes.
- During our previous inspection in February 2017 we reported on a computer aided dispatch (CAD) outage on New Year's Eve 2017. However, the trust had reviewed the resilience and robustness of the system. The systems processes had been improved, although more work was planned.
- There was good local leadership at both Waterloo and Bow emergency operations centre. The service had developed a five year strategy for emergency operations. There was an inclusive and constructive working culture within EOC services.
- Senior managers had identified risks to the retention of call taking and dispatch staff. Work was in progress on an enhanced pay package for these staff grades.
- Services were planned to meet local needs, and managers monitored the effectiveness of care and treatment through local and national audits.
- The trust managed complaints and ensured staff had opportunities to learn from when things went wrong.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. This was an improvement since our last inspection.

However:

- The EOC had regular periods where they were not able to meet the required number of planned staffing hours. There was poor retention of new dispatch and call taking staff, and staff turnover rates were above the trust's target.
- From April 2017 to October 2017, only 44% of staff working within the emergency operations centre at the trust had received an appraisal; this did not meet the trust target of 85%.
- Mandatory safety training compliance rates did not meet the trust targets for some subjects.
- From August 2017 the percentage of abandoned calls was higher than the England average.
- Between November 2017 and January 2018 call answering times were below the England average. However, as the new ambulance response programme (ARP) measures were only introduced to London Ambulance Service (LAS) in November 2017, there was only three months of data available.
- Managers told us there was very little time available for managerial tasks due to operational demands.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

# Emergency operations centre

- Training compliance rates did not meet the trust's standards for some mandatory training modules. Due to the high volume of day-to-day work, staff were not able to undertake required safety training.
- The staffing arrangements for EOC continued to be challenging, with many shifts having reduced levels of staff compared to the required levels.

However:

- Staff knew how to report incidents; managers shared learning from incidents and the trust carried out investigations, feeding back to patients and families where appropriate.
- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.
- The environments were visibly clean and well maintained and were conducive to a good working environment.
- There were appropriate methods and processes to manage and respond to patient risks.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff provided care and treatment based on national guidance and evidence. The EOC were in the process of rolling out the ambulance response programme (ARP) standards, introduced in October 2017 by NHS England.
- There was evidence of good multidisciplinary team working within the EOC and managers monitored the effectiveness of care and treatment through local and national audits.
- From February 2017 to October 2017 the trust consistently had a lower proportion of patients who re-contacted the service within 24 hours following closure with telephone advice than the England average.
- Staff had an improved understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental health issues and those who lacked the capacity to make decisions about their care.
- Staff registered with the Nursing and Midwifery Council (NMC) or Health and Care Professional Council (HCPC) were supported with revalidation of their professional registration.

However:

- Staff working within the emergency operations centre at the trust did not always receive a timely annual appraisal.
- Ambulance crews reported that occasionally they were responding to distressing calls one after the other, without a break.
- From February 2017 to July 2017 the trust had a higher proportion of calls abandoned before being answered than the England average.
- In March 2018 the number of eligible staff who had received (JESIP) commander training was below the trust target.

# Emergency operations centre

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion, treating them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

Our rating of responsive stayed the same. We rated it as good because:

- There were good examples of service planning to meet local needs, which were already showing positive benefits. This included acute trusts working with LAS to improve handover from ambulance crew to hospital staff, thus freeing up ambulances more quickly. This was an improvement on what we found at the last inspection.
- The trust were fully compliant with standards relating to the processes of the hazardous area response team (HART) operations.
- The trust had developed a frequent caller database and frequent caller team since our previous inspection in February 2017.
- The trust managed complaints and ensured staff had opportunities to learn from when things went wrong.

However:

- Between November 2017 and January 2018 call answering times were below the England average. However, the new ambulance response programme (ARP) measures were only introduced to London Ambulance Service (LAS) in November 2017; there was only three months of data available.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The local leadership at both Waterloo and Bow EOC had improved since our previous inspection, with an inclusive and positive working culture.
- Improved local leadership had led to the creation of a five year strategy, which had been developed to focus the direction of travel. This was aligned with the trust's five year strategy and quality improvement plan.
- Senior managers had identified risks to the retention of call taking and dispatch staff. Work was in progress on an enhanced pay package for these staff grades.
- The trust had reviewed the resilience and robustness of the computer aided dispatch (CAD) system. The systems processes had been improved, although more work was planned.
- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes.

# Emergency operations centre

However:

- Managers told us there was very little time available for managerial tasks due to operational demands.

## Areas for improvement

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to emergency operations services (EOC).

In EOC:

- Staffing shortages must be addressed and shifts should be staffed to planned staffing levels.

**Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.**

- Mandatory safety training should be completed to the required targets.
- All staff should receive an appraisal in accordance with the trust's appraisal policy.
- Support should be provided to new call taking and dispatch staff to improve staff retention and turnover rates.
- Call abandonment rates should meet the England average.
- Call answering times should meet the ambulance response programme (ARP) standards.
- Managers should have sufficient ring fenced time to complete managerial tasks

# Emergency and urgent care

Good  

## Key facts and figures

The London Ambulance Service (LAS) is one of 10 ambulance trusts in England. It provides emergency and urgent care to the whole of London, serves a population of approximately 8.7 million people, covering 620 square miles, and has over 30 million annual visits. The trust covers 32 London boroughs and is the busiest ambulance trust in England.

Their main role is to respond to emergency 999 calls, received and managed by the trusts emergency operations centre (EOC), 24-hours a day, 365 days a year. The trust have approximately 3500 frontline staff operating for 70 stations across the city. The service utilise a fleet of ambulance vehicles as well as fast response unit cars. They also have separate motorcycle and cycle response units. Approximately 325 vehicles are on the road each day.

The EUC frontline service includes qualified ambulance staff such as paramedics and technicians. The roles are supported by non-emergency technicians and community first responders. The trust also employs advanced paramedic practitioners (APP) who have extended skills to be able to see, treat and discharge patients without the need for hospital transfer.

During the inspection, we visited 13 ambulance stations and 10 hospital emergency departments. We spoke with over 150 staff in various roles and approximately 30 patients, relatives and carers. We reviewed over 20 sets of patient records and a range of documents provided pre inspection, during and following the visit.

We previously inspected the trust in February 2017 where EUC was rated requires improvement overall. During this inspection the rating for the safe, effective and responsive domains improved to a good rating. The caring rating remained the same at outstanding and the well-led remained the same at requires improvement. The overall rating for EUC improved to good.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- There were much stronger governance arrangements in place compared to our findings at the last inspection. The trust had taken action on key areas of concern we had raised, and were continuously focussed on quality, patient safety, risks, and performance.
- The reporting of low level incidents had improved and generally staff were more engaged with reporting incidents of all levels. There was more oversight at a local level and managers were able to assess themes and trends associated to their sectors. This meant they were able to take actions and share learning to staff.
- The management of medicines had continued to improve on our findings of the 2017 inspection. New style drug rooms were being installed which meant tighter controls for the tracking and tracing of medicines.
- Infection control prevention (IPC) practices had improved and there were more robust quality assurance processes regarding the monitoring and management of IPC.
- The trust had more effective processes for managing risks. At a local level, managers were more empowered to oversee and manage their risks.
- There was better scrutiny at a local level for staff mandatory training and staff were taking greater responsibility for completing the required training subjects.

# Emergency and urgent care

- Equipment availability had improved, and there were better systems for the supply and maintenance of equipment.
- Major incidents were managed well. There were systems in place to ensure effective command and control protocols were followed by staff.
- The trust performed well for the majority of patient outcomes. The trust had effective systems to monitor and take action to improve patient outcomes.
- The trust had worked hard to implement the ambulance response programme (ARP). Initial performance information showed the trust was ranked fourth out of ten acute ambulance trusts, within the short space of time they had been adhering to the new standards.
- There was access to professional expertise and clinical guidance. Support was available to frontline staff through suitably experienced specialists, such as mental health nurses and a maternity consultant midwife.
- Staff provided excellent care to patients. We observed numerous occasions when staff went beyond their call of duty to ensure patients were cared for in a compassionate, kind, and dignified manner.
- There were stronger quality measures in place at a local level, with greater oversight of performance and areas for improvements. Action was taken to address any shortcomings in a measured and responsive way.
- Through the hospital handover project, the trust had lead on introducing ways of improving patient access and flow during patient handover at hospitals.

However:

- At a local level, managers were unhappy with the clarity of their role and the extra workload they had received. The clinical team leaders (CTL) were still unhappy with the unclear boundaries within their role. This had not improved since our last inspection.
- Local managers felt pressurised and on occasions harassed by the 'middle management' tier of the organisation.
- Some staff were not happy with the way in which their managers addressed sickness and absence. They felt the approach to the trust policy was punitive. This had not improved since our last inspection.
- Staff told us they did not have sufficient time to make the necessary vehicle checks at the start of their shift. This had not improved since our last inspection. The majority of staff were unhappy with the late finishing of their duties. They frequently ran late at the end of their shifts.
- Patients had limited access to the appropriate mental health facilities and for the majority of cases; patients were conveyed to emergency departments. Although, this was beyond the control of the trust, this placed immense pressure on staff and was not always in the best interests of patients.
- Hospital handover delays meant ambulances were 'stacked' at hospitals awaiting the receiving trust staff to accept and take over the care of the patient. As a result, ambulance staff were not able to respond to patient calls made during this time.
- Complaints were not always dealt within the local time frame.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

# Emergency and urgent care

- Since the last inspection, the reporting of low level incidents had improved. There was more oversight and monitoring of incidents and staff told us the process for reporting incidents was more streamlined.
- Group station managers had more control of incidents and were empowered to act upon them. Staff reported receiving better feedback from incidents they had reported.
- Medicine management continued to show significant improvement. The new electronic system allowed for better tracking and tracing of medicines. The new style drug rooms meant the trust now had a robust system of the monitoring and movement of medicines.
- Local managers had a more comprehensive view of their team's compliance with mandatory training. This was an improvement since our last inspection.
- Infection control practices (IPC) had vastly improved since our last inspection. The arrangements around governance and quality had strengthened and there was more scrutiny at a local level. Staff we observed followed good IPC practices.
- Since our last inspection, the availability of sufficient equipment had improved. With the introduction of make ready hubs, staff told us they had not encountered as many problems. The system was not perfect, but overall, staff told us they had seen an improvement.
- Staffing levels were on par with the previous year's figures. A recent recruitment drive had seen approximately 250 paramedic places being offered. In addition a further 70 UK paramedics were awaiting assessment. However, with increased patient demand, staff told us they had not felt the impact of additional staff members.
- The trust had implemented a revised rest break policy. The trust had seen an increase in staff being allocated breaks. However, there was still work to be done to make the rest break policy effective and the trust was in the process of engaging with union representatives to find solutions.
- Staff had a good understanding of when to escalate and seek additional support for patients. Staff conducted the appropriate observational checks when assessing and planning patient care.
- There were robust systems in place to manage major incidents. The trust had clear command and control protocols to ensure the service responded to and had the appropriate emergency arrangements in place.

However:

- There had been no change to the time staff were allowed to undertake their daily vehicle checks. Staff still told us they were frequently sent on a call during the 10 minutes allocated.
- The mandatory training electronic system was still unreliable, with access problems and password changes without notification.
- Some stations were in a bad state of repair and station managers had not been given any notification of when repairs would be fixed.
- Old ambulance vehicles were still in circulation. The trust were in the process of providing new vehicles but this was a slow process.
- Controlled drugs were not being destroyed very frequently at the Deptford Logistics Centre. There was no clear audit trail, nor assurance that supervisors were checking the contents of sealed envelopes of CDs waiting to be destroyed.

# Emergency and urgent care

## Is the service effective?

**Good** ● ↑

Our rating of effective improved. We rated it as good because:

- Ambulance crew followed assessment guidance, medical protocols, and clinical pathways when planning patient care.
- The trust were performing in line or above the England average for the majority of patient outcomes. They had a reliable system of monitoring and taking action against those areas the required improvement.
- The trust had worked hard to ensure the smooth implementation of the ambulance response programme (ARP) in November 2017. Within a short space of time, the trust was the fourth best performing ambulance trust compared to nine other trusts for overall performance. For one indicator the trust was rated first.
- Staff received good training to ensure they were sufficiently capable of carrying out their roles effectively.
- There were good clinical pathways of care with other healthcare providers for cardiac arrest, stroke, and major trauma.
- The trust worked well with external stakeholders such as commissioners and hospital trusts. We saw good collaborative working between internal and external departments during our inspection.
- Since our last inspection, staff had better guidance and a better understating of patients with mental health issues. We saw more information was communicated at station and organisational level. However, a few staff told us they wanted more training.
- Staff were clear about their responsibility to adhere to legislation and trust policy in relation to consent.

However:

- Although outside the scope of the trust, there was limited access to suitable mental health services. On the majority of occasions, patients with mental health concerns were conveyed to emergency departments.
- Clinical team leaders were frustrated at the lack of time they had to complete clinical supervision to ambulance crew. Due to operational demands, they were often called to attend patient facing duties.
- Although staff had a basic understanding of consent and the Mental Capacity Act, and had received additional training, they could not all describe the capacity test. They did not recall that people could make unwise decisions whilst retaining capacity.

## Is the service caring?

**Outstanding** ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff provided patients with excellent care. They were compassionate, kind, caring and on many occasions went above what was required of their duties.
- Staff ensured patients dignity was respected, especially in the public environment.

# Emergency and urgent care

- Patients told us staff were exemplary in the care they provided. They told us staff informed them of what they were doing and always asked for their consent.
- Staff allowed patients to make decisions about their care and treatment. They involved other healthcare professionals when the occasion required and sought advice from experts in their field to make sure patients received the best care possible.
- Staff were kind to patient's relatives and carers. We found they listened to them and reassured them when they were upset.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

- The trust had effective arrangements in place to ensure the service was planned to meet the local needs of the population of London. They worked well with external stakeholders and were able to provide an overall picture of emergency and urgent care in London.
- The trust had worked hard on ensuring handovers at hospitals were improved. We saw the outcome of projects, which had been developed with hospital, trusts, had made a difference to access and flow within emergency departments. There was still a long way to go but the trust had proven to be the driving force behind the projects and had initiated discussions and actions with other trusts to improve patient flow.
- The trust employed mental health nurses and a consultant midwife in their clinical hub to provide support and guidance to frontline crew.
- The trust was in the process of recruiting more advanced paramedic practitioners (APP) who were better able to meet the needs of patients and reduced unnecessary hospital transfer.
- The trust were in the process of the development of new pathways for patients with different needs related to falls, mental health issues or were at the end of life. Separate pathways were under development for bariatric patients.
- Staff had received training for dementia awareness and a DVD titled 'dementia care matters in the ambulance service' had been disseminated across the trust.
- Local managers had more oversight of complaints through the monthly sector service quality reports. They were able to assess themes and trends and disseminated them to staff. Staff we spoke with were able to confirm this.

However:

- Hospital handover delays meant ambulances were 'stacked' and unable to attend calls.
- Although there was more local oversight of complaints, some matters were not dealt with within the local time frame.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

# Emergency and urgent care

- Group station managers (GSM) and clinical team leaders (CTL) felt under pressure and had seen their workload increase without suitable supportive structures in place.
- There was a degree of discontent amongst CTL about the scope of their role. This related to lack of defined boundaries, and extra duties being added to their caseload. However, the trust were in the process of redefining roles within the operational structure.
- Staff were dissatisfied with the inconsistent approach managers took in dealing with sickness absence. Some staff felt harassed and under pressure to attend work when they were ill. This was reflected in the NHS staff survey results of 2017, and had not improved since our last inspection.
- Although staff recognised the trust had worked hard to address the bullying and harassment culture that existed, some staff told us they had seen this bullying culture returning in the last few months.
- Staff told us the trust were not good at understanding everyday staff welfare concerns. We were told of occasions when staff dealt with traumatic cases but were refused to be stood down so they could take time to regroup before being sent on another call.
- Although a lot of work had been done around the development of the trusts strategy, most ambulance staff we spoke with did not feel engaged with the strategic plan.
- Some leaders told us the organisation felt more like a business rather than a public sector and was very target driven.
- The percentage of staff reporting good communication between senior management and staff fell from the previous NHS staff survey of 2016.

However:

- Local risks and governance arrangements had been strengthened since our previous inspection, and staff told us governance was taken seriously for the first time.
- Performance was managed at each sector level, with respective managers having oversight and awareness of key performance indicators, targets and how well each station was doing with regard to meeting these.
- Staff were more engaged with the trusts vision and core values.
- The trust engaged very well with public patient groups and external stakeholders. There were many local public engagement initiatives, with schools and other local community groups.

## Outstanding practice

We found five examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found six areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

Stella Franklin, Inspection Manager led the inspection. Helen Rawlings, Head of Hospital Inspection oversaw the well-led inspection. An executive reviewer, Edwina Grant, supported our inspection of well-led for the trust overall, along with four specialist advisers and a national professional advisor for CQC.

The core service inspection team included the inspection manager, six inspectors, and four specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts.

Specialist advisers are experts in their field who we do not directly employ.