

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

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 is the sole provider of acute ambulance services in London and is one of the largest and busiest ambulance services in the world. The trust serves a growing population of over 8.9m people in one of the most socially and culturally diverse cities. An ambulance service has been provided in London for over a hundred and twenty years from the first ambulances provided by the London Asylum Board in the 1880s, through to the creation of the LAS as it is known today (in 1965). The trust has over 5,000 people and nearly 3,500 front-line clinical staff.

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. London Ambulance Service links to the five London Sustainability and Transformation Partnerships (STPs). Its contract with its commissioners was not, at the time of the inspection agreed.

The trust was commissioned by Bart's Health for neonatal transfer services. They were commissioned by South East London Commissioning Support Unit for Integrated Urgent Care Services (IUC) which includes 111 calls in South East London and by City and Hackney Clinical Commissioning Group for IUC which includes 111 services in North East London. They were also commissioned by Heathrow Airport for additional services.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Good** ● → ←

What this trust does

London Ambulance Service NHS Trust (LAS) operates across the whole of London, providing services in a geographically small but densely populated area. It is the busiest ambulance service in the country. The trust headquarters are based in Waterloo. Responses to 999 calls are received and triaged by staff working in the Emergency operations Centres (EOC), of which there are two. As the mobile arm of the health service in London, the trust's role is to respond to emergency 999 calls, providing medical help to patients who have serious life-threatening injuries or illnesses as quickly as possible. A range of vehicles including fast response cars, cycles, ambulances and motorbikes enable the front-line staff to respond to instructions provided from the EOC.

LAS has two Integrated Urgent Care (IUC) call centres, which receive and respond to 111 calls and combine out of hours services. These centres are based in south east London (Croydon) and north east London (Barking).

There are two resilience sites, one in Isleworth and one at Newham. Staff from these sites make up the Hazard Area Response Team (HART). These paramedic staff attend major incidents and 'warm zones', working with other specialist teams to deal with and provide life-saving treatment.

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?

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.

Summary of findings

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. We inspected the Urgent and Emergency Care (U&EC) and the Emergency operations Centres, (EOC). These services were inspected because our intelligence told us there were possible safety concerns.

We also inspected the NHS 111 services, which are part of the two Integrated Urgent Care (IUC) services. These services were inspected under the primary medical services methodology because our intelligence monitoring indicated some concerns.

NHS trust's currently have a well-led inspection on an annual basis, and for this reason we also completed a well-led review. On this occasion the well-led inspection took place over one day as part of a pilot.

What we found

The ratings for Emergency Operations Centre went down from our previous inspection to requires improvements overall. The rating for Emergency and Urgent Care remained as good. Previously there was only one NHS 111 service, which had been rated as good overall. At this inspection the trust was delivering NHS 111 services from two separate locations which were rated together. The rating for the NHS 111 was good overall. We rated the well led part of this inspection as good.

Overall trust

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

- There were enough front-line ambulance staff to care for patients and keep them safe. Staff had training in the key skills needed for their role. Most staff understood how to protect patients from abuse and managed their safety well. Managers monitored the effectiveness of the service and made sure staff were competent in their roles.
- The services-controlled infection risks and followed professional practices with this regard. Staff understood their duty to raise concerns and report incidents and near misses. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff assessed risks to patients, acted on them and kept good care records of treatment and care provided. Information was shared where required in a safe manner with other health agencies. Staff provided good care and treatment, gave patients pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers and helped patients and their carers find further information and to access community and advocacy services.
- There were systems to alert staff to specific safety or clinical needs of a person using the service and to provide additional support. Steps were taken to respond to capacity issues by transferring calls between sites.
- Services were available seven days a week. The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. The service engaged well with patient groups and the wider community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Most staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- Leaders used a range of monitoring tools to measure performance and achievement of national targets. Action was taken where improvements were needed. Complaints were responded to in line with the trust's standards.
- The service promoted equality and diversity in daily work and provided opportunities for career development. There was a general culture of inclusivity and of teamwork across services.

However:

- Despite the trust having increased the staffing in the Emergency Operations Centres, there was a lack of consistency in staffing levels and the rota system was unreliable. This impacted on staff's ability to respond to incoming telephone calls to the Emergency Operations Centres. Temporary agency staff used in IUC did not always have the required level of skill needed to provide a responsive service to callers. The availability of clinical advisors in the EOC impacted on staff's ability to get advice as quickly as needed.
- The incident reporting culture had continued to improve and there was evidence of improvements made as a result of learning from such events. There was however, some variation in EOC staffs understanding and use of the incident reporting process. Although learning from incident review processes was communicated in several ways, staff working in EOC and the IUC reported not having time to read some communications and therefore, were not aware of some updates.
- Although mandatory safety training rates had improved since the last inspection, some expected targets had not been met. Staff working in EOC had educational breaks built into their shifts but reported not having enough time to update themselves or complete on-line learning.
- Line managers in EOC and IUC were not always assessing their staff's competencies following the completion of mandatory training and regarding expected practices within their roles. There were gaps in some of the role specific training of IUC staff.
- Although appraisal rates had improved in EOC, some staff did not have the opportunity to have feedback on their performance through supervision or an annual review.
- Whilst staff had access to policies, procedural guidance and other useful information, where updates to these resources was required, action had not always been taken to do this. However, we saw systems had been put in place to address this area as soon as the matter was brought to the executive's attention.
- Although the trust had done work to improve safety and security, some areas and vehicles were still not secured to a consistent standard. The provision of equipment had improved to front line vehicles and staff, there were some items which remained less available or were not yet provided and some items had passed the expiry date. This was like our previous findings.
- The stock rotation of some locally managed medicines and consumables needed to be tightened to ensure out of date stock was identified and removed.
- The servicing of vehicles was not always happening in a timely way causing reduced availability to staff.
- Although people could access the service when they needed it, there were regular delays in responding to initial telephone calls made by the public to the EOC.

Summary of findings

- Team meetings did not routinely take place for the sharing of information and one-to-one meetings were cancelled in IUC due to demands on the service. Opportunities were sometime missed to help staff understand the priorities of the service and what was being done to manage these and other issues.
- Several staff in EOC were not fully aware of the trust's vision or how they could contribute to its achievement. Senior leaders were not as visible and approachable as staff expected, although the executive team had carried out several staff engagement activities to address this.

Are services safe?

Our rating of safe went down. We rated it as requires improvement because:

- Whilst staffing levels within the Emergency operations Centre (EOC) had improved since our last inspection, the staffing numbers and rota system in use did not enable calls to be responded to as quickly as expected and to a consistent level. The trust was however, working to address the rota and annual leave policy to improve this. The trust was working to improve staffing in the Integrated Urgent Care (IUC) service, but the departments remained short of substantive staff on a regular basis.
- Improvements had been made in the completion rates of mandatory safety training since the last inspection. Despite this some of the trust's own expected targets had not yet been met in a relatively small number of subjects. The transfer of knowledge related to safeguarding vulnerable people had not been taken on board by all staff working in the EOC, and this was not being assessed by line managers.
- Whilst there was a very well-structured incident reporting system and process, several staff in the EOC were not fully aware of this. The trust had several ways of sharing information, although staff in working in the EOC and IUC reported not having time to read information circulated. Learning from investigations and complaints was not always shared through one-to-one meetings, as a result of these being cancelled in IUC when service demands took precedence.
- Medicine storage temperature monitoring was not always carried out. Medicines which were out of date were identified in vehicles. Medicines which needed to have a start date recorded on them but did not contain this information. Some simple medicines were not returned to the original packaging after use.
- As we found at our previous inspection, some essential equipment items were not always available. Some equipment items had gone passed the expiry date, suggesting that checks were not being completed fully.
- The security and accessibility to some parts of the trust and vehicles continued to be a concern.
- The servicing of vehicles was not always happening in a timely way, which at times reduced vehicle availability to staff.

However:

- There were enough front-line staff with the right skills and abilities to deliver safe treatment and care to patients. Staff in all areas were provided with access to training to ensure they were able to fulfil their roles.
- Infection prevention and control practices were undertaken by staff according to the trust's guidance. Staff assessed the needs of patients and considered safety concerns and risks. They completed patients' records to a good standard and shared important information with other care providers where required.
- Safeguarding information was readily available to staff. The arrangements were very well established and there were high levels of reporting through the trust's safeguarding team. The trust worked with external agencies about safeguarding when required.

Summary of findings

- There was a well-defined and easily accessible process for speaking up and there was in the main, a good culture of reporting incidents. These were reviewed and investigated, and learning was shared via a range of methods, although not everyone took responsibility to read such important information.

Are services effective?

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

- The service provided care and treatment including pain relief based on national guidance and evidence-based practice. Care pathways were used by staff where appropriate. Front line staff had access to information via electronic devices. Managers checked to make sure staff followed professional standards of practice and other guidance. They provided clinical information updates through the trust's main intranet page and other means.
- The service monitored, and mostly met, agreed response times so that they could facilitate good outcomes for patients. The monitoring of services and performance was well established. Staff were generally aware of what was required of them in order to deliver the services efficiently. Data was collected, reviewed and used to make improvements when required.
- Staff worked in a collaborative way with one another and external agencies to ensure the needs of patients were assessed and responded to. Where advice about patients' health needs was required, staff provided this information. Staff received training on consent, the Mental Capacity act (2005) and supported patients to make informed decisions about the treatment and care.

However:

- Whilst staff had access to training and development opportunities, line managers did not always have the opportunity to hold discussions with their staff or annual performance reviews due to activity levels. The competencies of staff were not always being assessed in EOC or IUC by their line managers.
- Information that was provided to staff to help them in their roles was not always updated in light of changes in practice. The trust had taken action to address this.

Are services caring?

Our rating of caring went down. We rated it as good because:

- Most staff spoke with patients and attended to them with compassion and kindness. Their privacy and dignity was respected, and staff took into account patients individual needs. Staff demonstrated compassionate, empathetic care to patients and members of the public in often difficult and challenging circumstances.
- Emotional support was provided over the telephone or directly to patients, families and carers. Staff recognised and considered patients' personal, cultural and religious needs. They provided advice and used a range of supportive tools to delivery care safely and responsively.
- Staff supported and involved patients, families and carers to understand the situation and the required actions of staff. They involved those who were important to the patient in making decisions about their care and treatment.

Are services responsive?

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

- Services were planned and organised around the needs of the populations served by the trust. The trust worked with a wide range of other stakeholders to evaluate and improve its services.

Summary of findings

- The trust's resource escalation action plan (REAP) enabled it to monitor increasing operational activity and manage surges in demand. There was good engagement with other acute trusts at times of high activity and the trust worked hard to avoid unnecessary hospital conveyances.
- Staff worked in ways which were inclusive and took account of people's individual needs and their choices. Staff had access to additional resources to support them in delivering treatment and care. In addition to the expertise of front-line staff there was support available to deliver advice and care through specialist staff, including mental health, end of life and maternity.
- Peoples complaints were acknowledged, investigated and responded to in line with the trust's own complaints policy. Learning from complaints was shared with relevant staff, although staff did not always read information provided by leaders.

However:

- At times of high demand and pressure staff working in the call centres were not always able to respond to incoming calls as quickly as they would like. There were safety mechanisms in place to ensure patients of priority were responded to as soon as possible.

Are services well-led?

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

- Leaders of service areas understood what was expected of them and their staff and managed the priorities and key outputs needed to run the service safely and efficiently. Leaders in service areas were visible and approachable. Leaders supported staff to develop their skills and take on additional responsibilities. Leaders encouraged an open and honest culture, which valued the contributions of staff and fostered inclusivity.
- Most staff understood what the trust's vision was and what they wanted to achieve. A range of staff had been involved in the strategy and most understood it was focused on developing and sustaining services, which were aligned to local plans within the wider health economy. Leaders and the majority of staff understood and knew how they contributed to the strategic aims and assisted in monitoring progress.
- Staff generally felt respected, supported, and valued. The staff survey for 2018 saw improvements in several areas and was responded to by more staff than previously. Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams used systems to manage performance outcomes effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. There were arrangements to support staff to cope with unexpected events.
- Performance information was collected and reviewed by service level leaders. Where improvements had been made information was shared with staff. Areas which needed to improve were identified and communicated accordingly.
- Staff were encouraged to actively and openly engaged with patients and the wider community. They collaborated with partner organisations to help improve services for patients and to highlight the impact of health issues and matters such as knife crime.
- Staff recognised the importance of learning and improving services. Leaders shared information including learning from adverse situations and from complaints in a range of ways. Leaders had a good understanding of quality improvement methods and the skills to use them. Staff were encouraged to be innovative and participation in projects and research.

However:

Summary of findings

- Although there were regular opportunities to meet, discuss and learn from the performance of the service, staff in the Emergency Operations Centre (EOC) and Integrated Urgent Care (IUC)/111 reported not always having feedback of learning from incidents. They reported not having time to read information cascaded from senior leaders. Further, one-to-one meetings and team meetings were not always carried out as expected.
- Leaders within the EOC did not routinely apply leadership practices to monitor and assess staff's competencies and their understanding of the organisational services. They did not always communicate effectively so that staff understood the trust's aims and how they impacted on these.
- Some leaders in EOC reported being confused about the responsibilities for attending joint meetings between the different core services or how often meetings took place. Leaders did not have a clearly defined responsibility to raise incidents which impacted on both EOC and IUC/111 and as a result shared learning was not always happening.
- Several staff in EOC reported the executive team as being less visible than they expected, despite several engagement activities having been carried out.

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Ratings tables

The ratings tables show the ratings overall and for each key question, for each 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 in well-led and the emergency and urgent care service. For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 18 things which 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.

Action we have taken

We issue requirement notices and take enforcement action against the provider. Listing them as shown below will include action relating to all problems in the trust's services, whether they are trust-wide or at service type, location or core service level.

We issued two requirement notices to the trust. Our action related to breaches of two legal requirements at a trust-wide level.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

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 Board Assurance Framework (BAF) was very well thought out, primarily identifying major external threats to achieving the trusts high level strategic objectives and in identifying only the five main risks that were significant in this regard. Executive owners had been identified for each risk and scrutinising committees to provide assurance regarding mitigations and robust ongoing assessment.
- The trust has played a leading role in the creation of the London Digital Board and other stakeholders to shape a clearly aligned strategy for integrated working. This was strengthened during development of the One London Local Health & Care Records (LHCR) programme, which was now delivering integrated patient records across all providers in London. The trust was proud and encouraged to have the region ask LAS to lead this ground-breaking programme of work.
- The pioneering services were recognised as contributing to a responsive service and to reducing the unnecessary conveyance of some patients onwards to hospitals.

Areas for improvement

- The trust must ensure medicines are correctly stored, identifiable and batch numbers and expiry dates are clearly visible.
- Staff must take appropriate actions to secure vehicles and access to stations and improve further the restocking of equipment and the checking of expiry dates.

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.

In Emergency and Urgent Care (EUC) the trust should:

- The trust should ensure medicines are correctly stored, identifiable and batch numbers and expiry dates are clearly visible.
- The trust should ensure the arrangements to secure vehicles and equipment are improved.
- The trust should ensure that it increases visibility and opportunities of managers at all levels for the organisation to engage directly with the frontline staff.
- The trust should ensure staff have access to updated policies and guidance based upon national best practice.

In Emergency Operations Centres (EOC) the trust should:

- Improve the oversight of mandatory training completion rates to meet the trusts own target.
- Continue to work on the provision of optimum staff numbers working in both EOC's and develop the rota to support this.
- Continue to monitor the maintenance and use of facilities and premises to keep staff and other people safe.
- Consider how it may improve the oversight of calls response times within EOC.
- Consider how it may further improve the sharing of actions arising from patient safety alerts, that these are implemented and monitored, and staff have a good understanding of learning from incidents.
- The trust should act to ensure the clinical welfare calls are completed within the targeted timeframes.

Summary of findings

- Make sure staff have access to updated policies and guidance based upon national best practice.
- The trust should consider how it can improve the accessibility to supervision sessions, one-to-one's and to make the appraisal process more meaningful and well-structured.
- Leaders in EOC should consider how they can assess staff competencies and check their understanding of required practices.

In Integrated Urgent Care the trust should:

- Provide time for staff to complete additional duties such as completing the service's incident database.
- Consider ways to improve the use of communication tools to demonstrate the correct documentation of information is provided.
- Consider ways to effectively disseminate information to staff.

In well-led the trust should:

- The executive leaders should ensure they take all appropriate action to deliver its financial plan for 2019/20 and future years.
- Make sure that all service changes and developments proposed are endorsed by its commissioners and incorporated into contracts.
- The trust should consider how it may increase visibility of the senior leadership team.
- Further consider the opportunities for managers at all levels of the organisation to improve direct engagement with the frontline staff.
- Ensure staff have access to updated policies and guidance based upon learning from events and/or national best practice.

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.

Our rating of well-led at the trust stayed the same. We rated well-led as good because:

- Leaders had the right skills, and abilities to run the service. They understood and managed the priorities and issues the service faced. They endeavoured to be visible and approachable in the service for patients and staff. Leaders undertook professional development and had learning opportunities. They supported staff to develop their skills and take on more senior roles. Leaders encouraged an open and honest culture, which valued the contributions of staff and fostered inclusivity and access.
- The service had a clear vision for what it wanted to achieve and a strategy to turn it into action, which had been developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and was

Summary of findings

aligned to local plans within the wider health economy. The trust vision and strategic aims were underpinned by an ethos of providing optimum services to the whole of the population it served and for establishing a world class ambulance service. Leaders and most staff understood and knew how they contributed to the strategic aims and assisted in monitoring progress.

- Most staff felt respected, supported, and valued by the executive leadership. Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. Work was still in progress to improve the experiences of BAME staff.
- The service had an open culture where patients, their families and staff could raise concerns without fear and had these investigated and responded to.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The new services and organisation structures had led to revised financial planning, budgeting and control requirements within the trust. The finance department had been restructured and new roles in procurement and commercial services had been developed. The trust had gained substantial assurance about its internal controls from internal auditors.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- All leaders were committed to continually learning and improving services. There was challenge from the Trust Board and good oversight of performance outcomes. Governance arrangements were embedded in leadership practices and information was fed through the various committees up to the board. Leaders shared performance data and information, including learning from adverse situations and from complaints in a range of ways. Leaders had a good understanding of quality improvement methods and the skills to use them. Staff were encouraged to be innovative and participation in projects and research.
- Although leaders recognised further work needed to be done to reach the wider community, they worked with and encouraged staff to actively and openly engaged with patients, equality groups, the public and local organisations and one another to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However:

- Corporate policies and procedural guidance was not always updated as a result of learning from adverse events or where best practice guidance had been revised.
- Despite their efforts, the executive team were not as visible to the wider staff community as was expected by them.
- Service changes and proposed developments were not consistently endorsed by the trust's commissioners and had not always been incorporated into contracts.

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
Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↓ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019

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	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↓ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019
Emergency operations centre (EOC)	Requires improvement ↔ Sept 2019	Good ↔ Sept 2018	Good ↔ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
Resilience	Good Jun 2016	Good Jun 2017	Not rated	Good Jun 2017	Good Jun 2017	Good Jun 2017
Integrated Urgent Care	Good Sept 2019	Requires improvement Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019
Overall	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↓ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019

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 (EOC)

Requires improvement ● ↓

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 5000 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.

LAS provides advice and dispatches ambulances and crew according to need.

The call priority categories are as follows:

- Category one: For calls to people with immediately life-threatening and time critical injuries and illnesses. These should be responded to in an average time of seven minutes.
- Category two: For emergency calls, including stroke patients. These should be responded to in an average time of 18 minutes.
- Category three: For urgent calls including patients treated by ambulance staff in their own home. These types of calls should be responded to before 120 minutes.
- Category four: For less urgent calls and patients who may be given advice over the telephone or referred to another service. These less urgent calls should be responded to within 180 minutes.

The previous comprehensive inspection of EOC took place in March 2018 where the service was rated as good overall. Effective, responsive, caring and well-led were rated good and safe was rated requires improvement.

Emergency operations centre (EOC)

During our inspection we spoke with staff including call takers, dispatchers, clinical advisors, supervisors and watch managers. We observed 999 calls, reviewed policies and a variety of performance data, including incidents, complaints and national ambulance quality indicators (AQI).

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The service did not always have enough staff working within both EOC's.
- Not all staff understood how to protect patients from abuse. However, the service worked well with other agencies when abuse was highlighted.
- The design, maintenance and use of facilities, premises and equipment did not always keep staff safe.
- Staff did not always have opportunity to learn from incidents and managers did not always ensure actions from patient safety incidents were implemented and monitored.
- Managers did not always appraise staff's work performance and did not always hold supervision meetings with them to provide support and development.
- At the time of inspection, staff did not always have access to updated policies.
- Staff did not always feel leaders understood and managed the priorities and issues the service faced. Leaders were not always visible and approachable in the service for staff.
- The service did not always operate effective governance processes. Staff were clear about their roles and accountabilities but did not always have regular opportunities to meet, discuss and learn from the performance of the service.

However:

- All those responsible for delivering care worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- It was easy for people to give feedback and raise concerns about care received.
- Staff were overwhelmingly positive about the culture within both EOC's and the inclusivity of the organisation.
- The trust employed a mental health nurse (RMN) who was available within EOC to offer support and guidance to staff on matters relating to patients experiencing mental ill health.

Is the service safe?

Requires improvement ● → ←

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

- **The service provided mandatory training in key skills to all staff but did not ensure everyone completed it.** Information received prior to our inspection showed the service did not always meet the trust target of 85% overall completion.

Emergency operations centre (EOC)

- **Not all staff understood how to protect patients from abuse. However, the service worked well with other agencies when abuse was highlighted.** There was a mixed response from staff in identifying and recognising different types of abuse and the patient groups this applied too. However, the trust met their own target of 85% for completion of safeguarding levels 1, 2 and 3 for all staff groups.
- **The design, maintenance and use of facilities and premises did not always keep staff safe.** Staff had concerns about the security at one of the EOC locations. Staff also reported the computer-aided dispatch (CAD) system was sometimes slow to display information.
- **The service did not always identify and respond to risks well and in a timely manner.** During our inspection, we observed call handlers who were unable to gain timely advice from the clinical hub (CHUB) due to the unavailability of clinical advisors. Clinical advisors also told the inspection team that they did not feel they always had clinical oversight within EOC due to operational demand and lack of adequate staffing.
- **The service did not always have enough staff working certain shifts with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.** Staff we spoke with told us they had concerns regarding staffing levels and management staff told us they did not always feel the service was safe. However, the trust was actively working to ensure staffing levels matched predicted demand.
- **The service did not always manage patient safety incidents well. Managers investigated incidents and shared lessons learned. However, staff did not always have the opportunity to read information. Managers did not always ensure that actions from patient safety alerts were implemented and monitored.** Staff were not always aware of learning from incidents, staff felt they had limited time to check emails, read trust bulletins and engage with their managers.

However:

- **Staff gave advice on medicines in line with national guidance.** Clinical advisors provided medicine advice to patients which was in line with The Joint Royal College Ambulance Liaison Committee (JRCALC).
- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.** Notes were stored securely on an electronic system which was password protected with access limited to appropriate staff.
- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Is the service effective?

Good   

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

- **The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. However, staff did not always have access to updated policies.** Policies we reviewed during inspection were not reviewed in line with trust policy and staff reported confusion on which information to follow. After inspection, the trust demonstrated a comprehensive plan to ensure policies were up to date and contained all relevant information.
- **Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.**

Emergency operations centre (EOC)

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.** We observed good working practices with other external agencies such as, police and the fire brigade.
- **Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.** Staff received training in the Mental Capacity Act (2005) and dementia awareness training.

However:

- **The service made sure staff were competent for their roles. However, managers did not always appraise staff's work performance and did not always hold supervision meetings with them to provide support and development.** At the time of inspection, appraisal rates for staff were under the trust target of 85%. Staff we spoke with did not always feel appraisals were worthwhile with limited opportunity to discuss development needs.
- **The service monitored but did not always perform well when compared to the England average**

Is the service caring?

Good   

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

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.** Staff demonstrated compassionate, empathetic care to patients and members of the public in extremely difficult or challenging circumstances.
- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.** Staff showed understanding of the impact of their advice and used relevant support tools to aid them in their delivery of care.
- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.** Staff demonstrated an understanding of the importance of involving patients, relatives and carers in their interactions.

Is the service responsive?

Good   

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

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- **The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.** Staff had access to an interpreting service and type-talk for patients who were deaf or speech impaired. The trust employed a mental health nurse (RMN) who was available within EOC to offer support and guidance to staff on matters relating to patients experiencing mental ill health.

Emergency operations centre (EOC)

- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them but did not always share lessons learned with all staff.** Complaints were investigated in line with the trusts own complaints policy and complaints were investigated and closed within the trusts target. However, there was limited understanding from staff on learning lessons and feedback from complaints.

However:

- **People could not always access the service when they needed it which was not in line with national standards and did not always receive the right care in a timely way.** Staff reported, at times, the service could be under severe pressure and patients would have a delayed wait for their call to be answered. However, the trust had a number of procedures in place to ensure high priority calls were answered as soon as possible.

Is the service well-led?

Requires improvement  

Our rating of well-led went down. We rated it as requires improvement because:

- **Leaders had the integrity, skills and abilities to run the service. However, staff did not always feel they understood and managed the priorities and issues the service faced. Senior leaders were not always visible and approachable in the service for staff.** Members of staff we spoke with did not feel they understood the role of senior managers. Middle management staff told us they did not always feel the board understood the operational pressures faced within EOC. However, staff told us they felt supported by their immediate line manager.
- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. However, staff did not always understand or know how to apply them and monitor progress.** Staff we spoke with did not understand the trusts vision and did not always feel invested in understanding the strategy of the service.
- **Leaders did not always operate effective governance processes. Staff were clear about their roles and accountabilities but did not always have regular opportunities to meet, discuss and learn from the performance of the service.** Staff felt the trust took governance seriously but because of operational pressures, staff did not feel they had enough time to do exactly what was expected of them. Although the trust collected data and analysed it, staff did not always feel it was used to improve the service.

However:

- **Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact.** The EOC risk register was maintained and showed an awareness of the current risks facing the service. The trust also had a clear audit programme to monitor the quality of the service.
- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.** The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.** Staff were overwhelmingly positive about the culture within both EOC's and the inclusivity of the organisation.

Outstanding practice

Emergency operations centre (EOC)

Areas for improvement

- The trust should ensure all staff have completed mandatory training subjects and that this meets the trusts own target for completion.
- The trust should ensure there are sufficient numbers of staff working in both EOC's at all times.
- The trust should ensure the maintenance and use of facilities and premises keeps staff safe.
- The trust should act to ensure there is good clinical oversight of all calls within EOC at all times.
- The trust should ensure actions from patient safety alerts are implemented and monitored and staff have a good understanding of learning from incidents.
- The trust should act to ensure the clinical welfare call are completed within the targeted timeframes.
- The trust should ensure staff have access to updated policies and guidance based upon national best practice.
- The trust should ensure staff have a meaningful, well-structured appraisal in line with the trusts own target.

Emergency and urgent care

Good   

Key facts and figures

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 West London Commissioning Support Unit for 111 services in south east London and by City and Hackney Clinical Commissioning Group for 111 services in north 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 partnerships 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. 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.

Summary of this service

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

- Risk assessments were undertaken for each patient. Risks were managed well.
- Mandatory training was provided in key skills and most completed it as required.
- Patients who were at risk of deterioration were quickly identified and managed accordingly.
- On the whole the service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Records were clear and up-to-date, we found they were stored securely and were easily available.

Patient safety incidents were managed well. Staff understood their responsibility with regards to incident reporting. Incidents were investigated and learning was shared with staff.

- All patients were partners in their care, they were supported by staff to understand their treatment and to make decisions about their care.
- Patients were provided with information on how to make healthier lifestyle choices.
- Staff were supported by clinical experts who gave advice to ensure patients received the correct treatment and care.
- Data was used by the service to analyse how it was performing. Data was accessible to staff when it was needed.

However

- Security at station was still an issue, stations and vehicles were left unlocked. Certain pieces of equipment were routinely not available for staff to use as part of their daily work.

Emergency and urgent care

- Fleet staff did not receive training in the new ambulance vehicles the service were introducing to the fleet.
- The storage of medicines in kit bags needed to improve. The stock rotation of some consumables needed to be tightened to ensure out of date stock was identified and removed.
- The trusts policies and procedures were not always updated in a timely manner.
- Managers were not always visible and approachable for staff and patients. Staff were not always supported by managers to develop their skills.

Is the service safe?

Requires improvement ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- **The design, maintenance and use of facilities, premises, vehicles and equipment did not always keep people and equipment safe. However, staff were not always trained to use them. Staff managed clinical waste well. However, we found issues with security at some of the stations visited.**
- **The service used systems and processes to safely diagnose, then treat with, administer, record and store medicines. However, there were some areas which needed improvements.**

However

- **The service provided mandatory training in key skills including the highest level of life support training to all staff and most staff completed it.**
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. Staff managed clinical waste well.**

Is the service effective?

Good ● → ←

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

- **Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief advice in a timely way.**
- **The service monitored, and mostly met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**
- **The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and development.**
- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Emergency and urgent care

However

- **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. However, policies were not always updated by the responsible members of the executive team when there were changes to national guidance or as a result of learning from adverse events.**

Is the service caring?

Good ● ↓

Our rating of caring went down. We rated it as good because:

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**
- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

Is the service responsive?

Good ● → ←

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

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- **The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**
- **People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**
- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**

Is the service well-led?

Good ● ↑

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

Emergency and urgent care

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- **Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and within provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

However

- **The majority of the leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Managers at all levels were not always visible and approachable in the service for patients and staff. They did not always support staff to develop their skills.**

Outstanding practice

Areas for improvement

- The trust should ensure medicines are correctly stored, identifiable and batch numbers and expiry dates are clearly visible.
- The trust should ensure the arrangements to secure vehicles and equipment are improved.
- The trust should ensure that it increases visibility and opportunities of managers at all levels for the organisation to engage directly with the frontline staff.
- The trust should ensure staff have access to updated policies and guidance based upon national best practice.

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)

This guidance (see 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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Carolyn Jenkinson, Head of Hospitals Inspection led this inspection. An executive reviewer, Stephen Posey, supported our inspection of well-led for the trust overall.

The team included 4 inspectors, 7 specialist advisers and 2 inspection managers.

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.