Appendix A

Report on London Ambulance Service NHS Trust for the Barnet Health Overview and Scrutiny Committee – October 2014

Introduction

The London Ambulance Service NHS Trust has been asked by the Barnet Health Overview and Scrutiny Committee to provide a fuller update on its staffing position and delivery of performance following a presentation at the North Central London Health Overview and Scrutiny Committee in September 2014. This document provides an overview of this information along with details of what we are doing to improve our response times through better staffing levels, how we are working to retain our staff, how we are responding differently to people that call us and how we are modernising our service to improve the care we deliver to our patients.

Demand and delivery

In Barnet comparing the period 1st April to 26th September of both 2013 and 2014 we have seen a 7% increase in the number of category A (most seriously ill and injured) calls responded to (7602 in the period during 2013 and 8129 in 2014). Our commissioned growth is 5.5% so it is above this level. In terms of overall demand this is below contracted levels for the same period but is reduced due to the way we have been working differently. Delivery of the category A target of 75% within 8 minutes, is a significant and real challenge to not only in Barnet but the Trust; with Barnet currently year to date delivering 58%. This is down 14% on the same period last year. In Barnet we achieve the 75% target at 10.55mins. We currently attend on average 46 category A calls incidents per day in Barnet so we are working on getting to another 8 calls a day, within 8 minutes, to achieve the target.

Barnet's care and nursing homes continue to be the biggest users of the London Ambulance Service compared to the rest of London. So far in this financial this year we have responded to Barnet care/nursing homes 1035 times. The next closest are the care homes in Bromley who so far have called us 863 times this year. From these responses we have not transported 15% of those patients meaning 85% of these have been taken to hospital or a care facility. The greatest reason for calling us so far this year is for a Health Care Professional requesting us to transport a patient to hospital. This has happened 218 times. We have been to 177 falls in these locations. In reviewing when we receive these calls throughout the week the greatest amount are received on a Saturday and Sunday and fewest on a Monday. We are working locally with the CCG to improve the number of appropriate care pathways as well as looking at better ways these calls could be managed.

Staffing

North Central London has unfortunately had 21 staff leave us in the period April to September 2014. Of these 19 have been paramedics. However, the attrition rate has improved significantly from the same period last year where we had lost 56 staff. The Trust is ensuring that exit interviews take place so we can learn more about the reasons for staff leaving us. Reasons are in the main are staff wishing to moving closer to their home, looking for career development by moving to other

ambulance trusts. Some of it is due to the high demand London sees and the high utilisation rate of our resources as well as the high cost of living in London.

What we are doing to improve response times and delivery

We have been implementing a modernisation programme for the last year and a half that has seen a number of improvements introduced. New shift rosters better reflect our demand and means more staff working at the times and places where our patients need us most. This project in terms of scale meant c 2500 staff started on a new rota over the last two weeks

We have also introduced a clinical career structure ranging from a Board level Paramedic Director down to an Emergency Ambulance Crew. For the first time there is a career structure that allows staff to progress through a clinical direction instead of a managerial one. All our ambulances now respond to a full range of calls. This means every ambulance has a qualified ambulance crew able to respond to all the calls we receive.

In addition to the changes already implemented we are doing the following:

• Increasing our capacity to respond to calls: Including making available an additional 4,400 hours of overtime for staff per week. We are recruiting c 220 paramedics and 150 Emergency Ambulance crew from October 2014 to April next year. We are reducing the number and type of vehicles we send to emergency calls meaning we are dropping our 'multiple attendance' ratio from 1.41 to 1.29. By doing this we get an additional 400 responses a day from our existing capacity. To aid in staff retention we are creating 500 band 6 senior paramedic posts that will be filled primarily by promotion of current staff. We have also asked our Clinical Team leaders to spend 90% of their week on the frontline with patients rather than undertaking managerial duties.

Reducing demand. We are extending the operating hours of our dedicated police desk. The Police are our biggest user and through this desk working 168 hours a week we will see 500 police calls not receiving a face-to-face response but the patient being managed in another way. In addition to this our clinical hub in the Emergency Operations Centres will manage up to an additional 500 patients per week by giving clinical advice over the 'phone through our 'Hear and Treat' Service. While the Service continues to prioritise its response to patients in life-threatening conditions, other people, with less serious injuries and illnesses, should call NHS 111 or make their own way to an urgent care centre, pharmacy or GP We are also changing how we respond to less serious calls; after an initial clinical triage, these callers will either be referred to NHS 111 or given additional clinical advice over the phone by a paramedic. This means that c 3500 calls, where appropriate, will not receive an ambulance response. Finally we are using alternative transport options for 'low acuity' patients, by doing this we should reduce ambulance attendances per week by 200 releasing an additional 600 hours

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