

NHS England  
Southside  
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London  
SW1E 6QT

Mr R Brittain  
Assistant Coroner Inner London North  
1st floor  
St Pancras Coroners Court  
Camley Street  
London N1C 4PP

1<sup>st</sup> June 2015

Dear Mr Brittain,

**REGULATION 28: REPORT TO PREVENT FUTURE DEATHS – Sabrina Stevenson**

Thank you for your report dated on 30 March 2015, relating to the following matter of concern:

*“Ambulance response times were the focus of evidence provided at the inquest. The most recent available response times show a worsening picture and submissions to date from LAS set out only a proposed ‘investment business case’ as to how resources can be free up. I have not been provided with the details of this proposal. I am not satisfied that sufficient steps have been taken to demonstrate that the risk of future deaths, from increasing response times, has been addressed.”*

I would like to offer my sincere apologies for not meeting your deadline of 25 May.

The duties that NHS England has in relation to LAS are:

- Assurance of the CCG in respect of their commissioning arrangements, including contract management, quality oversight and delivery of national standards;
- Direct oversight of LAS in respect of their emergency planning and resilience planning and capability.

NHS England also leads on generic system resilience in London, in which LAS is a lead provider.

During 2014, LAS found operational delivery against national standards increasingly challenged. NHS England together with Brent CCG (who commissions LAS services on behalf of London’s 32 CCGs), the NHS Trust Development Agency (TDA) and

LAS undertook a number of steps to ensure the service remained resilient, safe and to secure improved ambulance response times in 2015. I will cover each step in turn:

## **1. Operational resilience**

Operational performance was reviewed weekly by TDA, Brent CCG and ourselves throughout the winter of 2014/15. These reviews resulted in agreed additional actions to ensure the LAS could respond as effectively as it could within the ambulance resource available. Response times for Category A incidents has been improving since December 2014 and the LAS are meeting the agreed improved performance target.

NHS England, London Region and TDA also commissioned a diagnostic review of the key drivers of underperformance. The key findings were that utilisation of the service had increased significantly so impacting on the operational capability of the service. Utilisation levels are driven by the number of Category A incidents, the job cycle time and the number of vehicle hours. During the last year, the level of Category A incidents had risen and available vehicle hours had reduced and the nominal net turnover rate was rising. The requirement to reduce utilisation rates became a key objective for securing medium and long term resilience of the service. The business case agreed by London CCGs and the TDA aims to improve ambulance response times on a sustainable basis by reducing vehicle utilisation to optimal levels. As requested, further details of the business case investment are provided below.

## **2. External Clinical Review**

During 2014, Serious Incidents (SIs) and complaints also rose. Although the causes of these were unclear; there was evidence that an increased focus on clinical risk management systems in the LAS and increased awareness of SIs could be contributory causes. In December 2014, NHS England commissioned an external clinical review of the London Ambulance Service (LAS) to assess the adequacy of LAS clinical risk management systems, deployed in the context of a significant vacancy position and rising service demand. This involved a multi-professional Clinical Review Panel, including members with Urgent and Emergency Care Systems expertise from London, outside London and LAS members. The panel was chaired by [REDACTED] National Clinical Director for Urgent Care, NHS England.

The purpose of the review was to assess the adequacy of the clinical risk management systems that the Trust has deployed. The review also considered those actions that could be put in place immediately (December 2014 through January 2015) and those medium to long term actions that could strengthen clinical risk management within LAS by:

- Reviewing LAS corporate clinical governance/risk management arrangements

- Specifically including a review of the Control Room and Hub; choices made at call taking outside the Advanced Medical Priority Dispatch System (AMPDS), alternative transport options and how those decisions are made
- Making recommendations to the London Regional Director of NHS England for what could be put in place within LAS to further mitigate clinical risk.

The final report from the Review Panel was published on 17 December 2014. It found that the current governance structures and risk management processes supporting the day-to-day management and escalation of risks at the LAS, appeared robust, but made a number of recommendations to improve the management of risk.

An overview group including NHS England, TDA, LAS and Brent CCG was formed. The Group agreed to accept all the recommendations. There is a delivery plan to ensure the implementation of the recommendations. This plan is reviewed by NHS England LAS Oversight Group on a quarterly basis chaired by the Chief Operating Officer for NHS England London Region.

### **3. Investment business case and NHS contract for LAS in 2015/16**

NHS England and the CCGs undertook a systematic review of the staffing and operational delivery of the London Ambulance Service from January to March 2015. Through the annual contract, CCGs have now invested an additional £19m in an LAS Improvement Programme for 2015/16. This programme will ensure appropriate staffing numbers to enable the delivery of national targets and the timely arrival of ambulances or other LAS resources to patients in need. Implementation of the programme will be governed by an LAS Contracts and Performance Group. The Group will review achievement of a number of metrics including ambulance response times. NHS England will assure delivery through the NHS England LAS Oversight group during 2015/16 and regular assurance of the lead commissioner - Brent CCG.

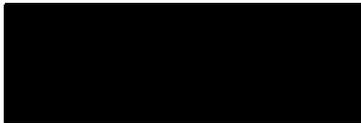
The LAS contract for 2015/16 includes agreed improved performance and lower utilisation standards by month from May 2015. Performance is planned to meet the national standard in September and exceed the standard from November. These performance indicators are reviewed monthly by the LAS Contracts and Performance Group. For April and May, the LAS have performed above the agreed ambulance response time standard.

The additional money will be spent increasing staffing and capacity to help better manage peaks in demand and to reduce utilisation rates so that the national standard of 75% of Category A calls being met within 8 minutes is achieved from September 2015. A total of 850 staff will be recruited in 2015/16. This includes around 150 new posts. Investment will also cover new ambulance vehicles and specialist clinical teams in the clinical hub to support GP and primary care referrals.

The agreed improvement programme also includes initiatives such as reducing the number of vehicles sent to an incident when not needed, keeping more ambulances on the road and out of the workshop, working with the Metropolitan Police to better triage their calls for an ambulance, and developing a new non-emergency patient transport service for patients who do not need immediate clinical treatment, but do need to go to hospital.

I was very sorry to learn of the death of Sabrina Stevenson through your Regulation 28 report. I hope that my response has given you assurance that NHS England has taken sufficient steps to demonstrate that the risk of future deaths, from increasing response times, has been addressed.

Yours sincerely

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Regional Director  
NHS England, London