



Trust Board in Public

Schedule Tuesday 30 January 2024, 13:00 — 15:00 GMT
Venue Via MS Teams
Organiser Committee Secretary

Agenda

Agenda

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13:00 1. Opening Administration

1.1. Welcome and apologies
(verbal)
For Noting - Presented by Andy Trotter

1.2. Declarations of Interest
(Verbal)
For Approval

13:05 2. General Business

2.1. Minutes of the public meeting held on 28th November 2023
For Approval - Presented by Andy Trotter

 2.1 November 23 Draft Public Board Minutes.pdf 3

2.2. Action log
For Discussion - Presented by Andy Trotter

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13:10 3. Patient Story



3.1. Emergency Responder

4. Chair and Chief Executive Report For Information - Presented by Andy Trotter

13:25 4.1. Report from the Chair (verbal)
For Information - Presented by Andy Trotter

13:30 4.2. Report from the Chief Executive
For Information - Presented by Daniel Elkeles


 4.2 CEO message board report January 2024 (002).pdf 16

5. Director and Board Committee Reports For Assurance

13:35 5.1. Performance
5.1.1 Operational Performance Report
For Assurance - Presented by Pauline Cranmer

 5.1 Trust Board Performance Report for January 2024
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14:20 5.2. Quality
5.2.1 Quality Report: CMO and Deputy CEO
5.2.2 Quality Assurance Committee Report
For Assurance - Presented by Fenella Wrigley and Mark
Spencer

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14:35 5.3. People and Culture
5.3.1 Director's Report
5.3.2 People and Culture Committee report
5.3.3 EDI Committee Report
For Assurance - Presented by Damian McGuinness and Anne
Rainsberry

 5.3.1 Chief People Officer Jan 2024 Public Board



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14:50	5.4. Finance	
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15:00	5.5. Corporate	
	5.5.1 Director's Report For Assurance - Presented by Mark Easton	
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	5.6. Data and Digital	
	5.6.1 Data and Digital Committee Report (Verbal) For Assurance - Presented by Sheila Doyle	
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15:10	6. Assurance	
	For Information	
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	6.1. Board Assurance Framework For Information - Presented by Mark Easton	
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15:20	6.2. Q3 Update – Business Plan For Assurance - Presented by Roger Davidson	
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7. Concluding Matters

For Noting - Presented by Andy Trotter

7.1. Any Other Business

For Noting

7.2. Date of Next Meeting – Tuesday, 26th March 2024

For Noting - Presented by Andy Trotter

7.3. Questions from Members of the Public

Presented by Andy Trotter



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

1.00pm to 3.00pm on Tuesday, 30th January 2023 by MS Teams

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
1.00pm	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
1.00pm	2.1	Minutes of the Public Meeting held on 28 th November 2023	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient/Staff Story					
1.05	3.1	Volunteering	FW	Inform	
4. Chair and Chief Executive Report					
1.20	4.1	Report from the Chair	Chair	Inform	Verbal
1.25	4.2	Report from the Chief Executive	CEO	Inform	Report
5. Director and Board Committee Reports					
1.30	5.1	Performance 5.1.1 Operational Performance Report: Chief Paramedic	PC	Assure	Report
1.45	5.2	Quality 5.2.1 Quality Report: CMO and Deputy CEO 5.2.2 Quality Assurance Committee Report	FW MSp	Assure	Report
1.55	5.3	People and Culture 5.3.1 Director's Report 5.3.2 People and Culture Committee report 5.3.3 EDI Committee Report	DMG AR AR	Assure	Report
2.05	5.4	Finance 5.4.1 Director's Report 5.4.2 Finance and Investment Committee Report	RPa BA RP	Assure	Report

2.15	5.5	Corporate 5.5.1 Director's Report	ME	Assure	Report
2.20	5.6	Data and Digital 5.6.1 Data and Digital Committee (Verbal)	SD	Assure	Report
6 Assurance					
2.25	6.1	Board Assurance Framework	ME	Inform	Report
2.35	6.2	Q3 Update – Business Plan	RD	Assure	Report
2.45	6.3	Green Plan Refresh	RP	Assure	Report
7. Concluding Matters					
2.55pm	7.1	Any Other Business	All	Note	Verbal
	7.2	Date of Next Meeting – Tuesday, 26 th March 2024	Chair	Note	
	7.3	Questions from Members of the Public	Chair	Note	



London Ambulance Service NHS Trust

Meeting in Public
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
 held at 9.30am on Tuesday, 28th November 2023
 at Prospero House, 241 Borough High Street, London SE1 1GA and via MS Teams

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and Non-Executive Director
Anne Rainsberry	AB	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Amit Khutti	AK	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Daniel Elkeles	DE	Chief Executive
John Martin	JM	Joint Deputy Chief Executive and Chief Paramedic & Quality Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Damian McGuinness	DMG	Director of People and Culture
In Attendance		
Jaqueline Lindridge	JL	Director of Quality
Mark Easton	ME	Director of Corporate Affairs
Roger Davidson	RD	Director of Strategy and Transformation
Carol McLaughlin	CMc	Deputy Chief Finance Officer
Meg Stevens	MSt	Head of Corporate Governance (Minutes)
Tim Edwards	TE	Consultant Paramedic (for item 3.1)
Mark Faulkner	MF	Consultant Paramedic (for item 5.1.3)
Apologies		
Mark Spencer	MSp	Non-Executive Director
Rakesh Patel	RP	Chief Finance Officer

1. OPENING ADMINISTRATION		
1.	Welcome and Apologies	
a.	The Chairman welcomed all present to the meeting. Apologies for absence had been received from Mark Spencer and Rakesh Patel (Carol McLaughlin was attending in his place).	
2.	Declarations of Interest	
a.	There were no new declarations of interest.	
2. GENERAL BUSINESS		
2.1	Minutes of the Previous Public Board Meeting	
a.	The Minutes of the previous public meeting of the Board held on 26 th September 2023 were approved as a correct record.	

2.2.	Action Log	
a.	There were no outstanding actions on the action log.	
3. PATIENT AND STAFF STORY		
3.1	Advanced Paramedic Practitioners - Cardiac Arrest – Survival after Clot Busting Medication	
a.	Tim Edwards, Consultant Paramedic, said that LAS was one of the first services to introduce an advanced paramedic programme (APP) in 2014 but APPs were now 'business as usual'. APPs on scene are able to provide additional clinical interventions to obviously seriously ill and injured patients. APPs need to have a minimum of five years' experience and go through a two year Masters Degree in Advanced Practice.	
b.	TE presented the case of a patient who had suffered a cardiac arrest at the airport after a long haul flight who had been successfully treated by two advanced paramedics using advanced skills. The patient had collapsed shortly after leaving the aeroplane and an APP working in the control room on that day had recognised that this was the type of call that would benefit from additional assistance and had dispatched an APP to the scene. This APP had identified a blood clot in the lungs putting pressure on the heart and resulting in cardiac arrest. A mobile ultrasound scan resulted in a decision to administer a clot busting drug to tackle an embolism which had caused the cardiac arrest. The patient regained consciousness and was discharged from hospital 25 days later.	
c.	TE said the patient story was intended to demonstrate what advanced practice can offer patients and staff, both in terms of the support that they can provide at the scene but also in terms of career progression.	
d.	In response to a query about whether there should be more specialisation, TE said that traditionally paramedics had been limited to working in ambulances, but over the last ten years there had been a huge increase in opportunities for paramedics to help the health economy in different ways, and it was likely that increasing specialisation would be a feature of the paramedic profession going forward in places like emergency departments, research and forensic settings.	
e.	KB noted that it is very difficult to differentiate a primary embolism from cardiac arrest and requires huge amount of both clinical and diagnostic skill to do so. The only 'clue' in this case had been that the patient had just got off a long haul aeroplane. KB added that the APP's are the pinnacle of their profession and that the LAS APPs are an essential part of the LAS workforce and are amongst the most advanced in the World.	
f.	The CEO noted that following discussion at ExCo, it had been agreed to undertake a review of APP job descriptions and to review options for expansion of the service as set out in the Trust strategy.	
g.	In response to a query about how the APP role was linked to work on career development pathways, the Director of People said that this was a key part of the Trust's People Strategy.	
h.	The Chairman thanked TE for his excellent and informative presentation.	

4. CHAIR AND CHIEF EXECUTIVE REPORT	
4.1	<p>Chair's Report</p> <p>a. The Chair updated on the recent launch of the LAS Strategy 2023/28 which laid out the vision to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.</p> <p>b. The Chair also referenced the Trust being shortlisted as Trust of the Year at the Health Service Journal awards.</p>
4.2	<p>Report from the Chief Executive</p> <p>a. The CEO said that LAS had agreed an anti-discrimination statement that includes a commitment to tackle discrimination, as below:</p> <p>b. <i>'London Ambulance Service is proud to care for the people who visit, work, and live in our global city. We are proud to celebrate the diversity of our staff and are resolute in our commitment to provide care with compassion, respect, and fairness – regardless of a patient's background or situation, or how they identify. Discrimination of any form has no place in our service. We commit to supporting equity, being anti-racist, and tackling discrimination in all that we do.'</i></p> <p>c. Demand for LAS services was growing with the approach of Winter and the service had received almost 6,000 calls a day in recent weeks. To meet this demand, steps had been taken to maximise the number of crews responding to patients, with LAS operating more than 420 ambulances on the road in a single day – a significant increase on the 385 maximum delivered previously. While the response times for Category 1 patients – those with life-threatening injuries and illnesses – were the second fastest nationally across ambulance trusts in September and October, further work was required to reduce the Category 2 response times.</p> <p>d. Work to ensure patient handovers at emergency departments take a maximum of 45 minutes was making a big difference for crews and patients, freeing up clinicians to attend to those who need their care most. Data shows that between April and October the mean response time to Category 2 patients was 15 minutes faster than over the same period last year.</p> <p>e. In November, LAS launched its new strategy that focuses on three core missions: <ul style="list-style-type: none"> • Our care – delivering outstanding emergency and urgent care whenever and wherever needed. • Our organisation – being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for • Our London – using our unique pan-London position to contribute to improving the health of the capital </p> <p>f. In November, LAS also launched its Lifesavers school programme which aims to train thousands of year eight children in lifesaving CPR and defibrillation skills. The launch of this programme was followed up by a drop-in training session with MPs and staff in Parliament at Portcullis House.</p>

5. Director and Board Committee Reports	
5.1	<p>Quality and Clinical Care</p> <p>5.1.1 Performance Report – Deputy CEOs Report</p> <p>a. 999 Emergency Operations The national target for a 999 call answering mean of 10 seconds was missed in September 2023 with actual delivery of 15 seconds but was met in October 2023 at 8 seconds. Work was continuing to improve performance against the national target.</p> <p>b. Recruitment of call handling staff continues with the number of whole time equivalents increasing from 309 to 420 between December 2022 and October 2023, with a further 40 new starters due to commence in November and December 2023. In addition, Emergency Response Dispatchers had increased from 143 to 160 whole time equivalents with a further 12 commencing in December 2023 and an additional 20 commencing training in January 2024.</p> <p>c. Hear and treat rates for September and October were 16% and 15.4% against a national average 2.4% in September and 13% in October. There has been an increase in acuity of our patients which we attend, which has limited opportunity for see and treat.</p> <p>d. Ambulance Services Category 1 performance in September 2023 was 7 minutes 39 seconds and in October was 7 minutes 21 seconds against a national target of 7 minutes. The national average for September was 8 minutes 31 seconds and 8 minutes 40 seconds in October.</p> <p>e. Category 2 performance did not meet the target of 18 minutes with performance in September being 39 minutes 43 seconds and in October was 37 minutes 59 seconds respectively. The national average for the two months was 37 minutes 38 seconds and 41 minutes 40 seconds. From April 2022 to October 2022 performance for category 2 was circa 53 minutes as opposed to circa 38 minutes; an improvement of 15 minutes. This improvement had mainly been gained through an increase in operational hours via an increase in staff numbers, supported by continued use over overtime and incentives. The improvement had also been supported by introduction of the “withdraw at 45 minutes” procedure which was in place across London and had resulted in a reduction in hospital handover times. Despite this, the hours lost at hospitals as a result of handover delays continued, thereby reducing the overall available resource and impacting on the ability to reach patients within national set standards. The length of time some patients are held in a cohorting area continues to be monitored and LAS are working with individual hospitals to reduce this further.</p> <p>f. This improvement had mainly been gained through an increase in operational hours via an increase in staff numbers, supported by continued use over overtime and incentives. The improvement had also been supported by introduction of the “withdraw at 45 minutes” procedure which was in place across London and had resulted in a reduction in hospital handover times. Despite this, the hours lost at hospitals as a result of handover delays continued, thereby reducing the overall available resource and impacting on the ability to reach patients within national set standards. The length of time some patients are held in a cohorting area continues to be monitored and LAS are working with individual hospitals to reduce this further.</p> <p>g. A key area of focus had been availability of vehicles and LAS was trialling a system of ‘tethering’ ambulances to the local group station in Croydon. This saw improvements in available vehicles and quicker vehicle repairs and make ready. This programme would now be rolled out in the North Central sector in November and North East sector in December. A rolling programme will subsequently be introduced to all remaining sectors in the new year.</p> <p>h. Integrated Urgent Care (IUC) In September 2023 the 111 service received 174,343 calls of which 170,147 calls were answered. This increased to 178,716 calls received and 168,473 calls answered in October 2023. The Trust ailed to meet the national target for average speed to answer which is less than 20 seconds. There was, however, an improvement in</p>

	<p>performance against this metric with the Trust achieving 75 seconds in September and 55 seconds in October. This had been achieved through increases in staff numbers.</p>	
i.	<p>Against the national target of 3% for abandoned calls, LAS had achieved 7.4% in September and 5.7% in October, compared to a high of 18.6% in March 2023.</p>	
j.	<p>The number of staff in IUC had increased significantly since July 2023 and there was now a strong recruitment pipeline.</p>	
	<p>5.1.2 Quality and Clinical Care Reports</p>	
k.	<p>Report of the Chief Medical Officer The Chief Medical Officer said that LAS continues to work collaboratively with its five Integrated Care Systems to avoid unnecessary conveyance to emergency departments and, by improving access to alternative healthcare pathways, ensure patients are treated nearer home.</p>	
l.	<p>All reported incidents are reviewed to ensure transparent and supportive investigations are undertaken, in line with the Patient Safety Incident Response Framework, to identify and learn from themes. The number of reported patient safety incidents continues to indicate a healthy reporting culture. The number of no and low harm incidents continues to be monitored to identify emerging themes which are reviewed and acted upon. Incidents which are initially reported as death undergo a Learning from Deaths review and, where they meet the criteria, an enhanced investigation is undertaken using the Patient Safety Incident Framework. A case being reviewed under the learning from deaths process does not indicate that errors were made but that there may be opportunity for learning.</p>	
m.	<p>LAS remains focused on ensuring that all patients are receiving the right care in the right place at the right time. Of the category 2 calls which are navigated for further clinical assessment, 44% are able to be managed with better pathways than an emergency ambulance. This process has increased double crewed ambulance availability released through safely supporting patients to alternative healthcare options and means other patients who need an emergency ambulance receive it faster.</p>	
n.	<p>Work was continuing with clinicians across London to develop and embed the senior decision maker role which has demonstrated an increase in referrals to community pathways following a clinical telephone assessment by an LAS clinician when supported by a doctor. There is continuous oversight of the safety and outcomes of the patients referred to alternative pathways using an end to-end review of cases.</p>	
o.	<p>The beginning of November saw the launch of the Right Care Right Person (RCRP) programme across London. In preparation LAS worked closely with the Metropolitan Police and other NHS colleagues and local authorities around implementation to ensure a collaborative approach to providing better care for patients. LAS is continuing to work with the wider health and social care systems to ensure that those people where there is a welfare concern are managed by the appropriate agency.</p>	
p.	<p>During November LAS have has seen between 150-200 calls per day passed from the MPS on top of those already seen as Category 1 or Category 2 calls.</p>	
q.	<p>Urgent Community Response (UCR) cars are continuing to operate successfully in south west, north east and north central London, with paramedics and external clinicians working together with continual review and learning to maximise the best staffing model.</p>	

<p>r.</p> <p>s.</p> <p>t.</p> <p>u.</p> <p>v.</p> <p>w.</p> <p>x.</p> <p>y.</p> <p>z.</p>	<p>There are now 8 response teams operational and agreement to continue with the model through Winter. 7176 patients have been attended to by a UCR team since October 2022 with a 65% of patients being able to be treated without conveyance to the emergency department.</p> <p>Ensuring our patients presenting with mental health illnesses receive the best possible care is a key focus. LAS now has six joint mental health cars operating each day taking a combined physical and mental health response to these patients. LAS is expanding mental health support for patients via recruitment of mental health specialists to work within the 999 emergency operations centre to assist with remote mental health assessments and support EOC staff managing mental health emergency calls.</p> <p>Work continues to increase the range of drugs paramedics can administer in line with legislation and ambulance clinical guidelines. Midazolam has now been introduced for all paramedics to improve care offered to patients suffering seizures.</p> <p>Report of the Chief Paramedic Officer</p> <p>The Chief Paramedic Officer said that production of the Quality Account 2023/24 had commenced and was on track for completion in accordance with the statutory timeline. Planning had also commenced to set the quality priorities for 2024/25 which would be informed by triangulation of quality intelligence and feedback from a range of stakeholders, including staff, managers, patient representatives, commissioners and directors. This work was on track to enable approval of proposed priorities by the Trust Board in March 2024.</p> <p>In terms of the Quality Priorities for 2023/24, the majority were on track for completion, with five rated as green and in control, and four rated as amber but under control for completion. The category 2 mean trajectory remains challenged requiring further improvement, however, this metric demonstrates improvement against 2022/23 performance.</p> <p>The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. The top three no harm categories in September 2023 were Medical Equipment, Access/Transfer/Handover Issues, and Dispatch & Call. There was an increase of no harm and moderate incidents in September with a reduction of low harm incidents.</p> <p>The number of incidents reported within Integrated Urgent Care had increased over the last few months for both no harm & low harm incidents. Staff had been reminded over the last few weeks on the importance of incident reporting and had been encouraged to report all incidents.</p> <p>Safeguarding allegations against staff have increased this financial year, mainly related to sexual safety, professional conduct, or inappropriate behaviour. The Trust has developed sexual safety and staff domestic abuse toolkits. Prevent training shows good compliance levels.</p> <p>During September and October 2023, 118 patient safety incidents were reviewed against the Trust's Patient Safety Incident Response Plan. In terms of overdue incidents, there are currently 8 investigations which have been open for more than 6 months, 6 of these are in the final review stage. There are 58 Patient Safety Reports which have been open for more than 6 months. Proactive work is underway to close these and keep those involved up-to-date on progress.</p>	
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	<p>5.1.3 My Clinical Feedback – Demonstration</p> <p>aa. Mark Faulkner, Consultant Paramedic, gave a presentation on My Clinical Feedback, an application that enables ambulance clinicians to follow up on patients that they have attended, reflecting on the outcomes of these patients and learning about the implications of their on-scene and pathway choices. The application will be made available to all ambulance crews in LAS.</p> <p>ab. The app links different data sets from both emergency care and the acute setting, giving clinicians the ability to find out what happened to patients who had been in their care. The app had been clinically designed and provided live updates on individual patients, showing the received by patients and their diagnosis and length of stay.</p> <p>ac. 5.1.4 Quality Assurance Committee Report At its November meeting, QAC had received an update on patient safety investigations and thematic reviews. QAC particularly focussed on a case relating to a RTA which had been attended by multiple LAS resources. A review of the case had provoked discussion about the importance of observing the scene overall and it had been agreed that work should be undertaken to provide assurance on the competency training of Incident Response Officers.</p> <p>ad. QAC had also reviewed the October Quality Report and had noted that the number of incidents reported within IUC had increased in the last few months for both No Harm and Low Harm incidents. It was noted that staff had been reminded over the last few weeks of the importance of incident reporting.</p> <p>ae. In reviewing medical equipment incidents, QAC had noted that the top 3 incident categories in September 2023 were Medicines Management, Security violence aggression and abuse, and Medical Equipment. The number of medical equipment incidents had been decreasing over the last few months.</p> <p>af. QAC had received a half year update on progress against the five quality priorities for 2023/24, each of which had associated objectives and KPIs aligned with different action owners across the Trust. A six-month review had been undertaken to assess progress and seek assurance around delivery by year end. Whilst pressures associated with operational demand had impacted on some areas, overall the majority of quality priorities were on track for completion, with 5 rated as green and 4 rated as amber meaning they were off-track, but under control for completion.</p> <p>ag. QAC also received an update on work to improve Category 2 response times, including an increase in hear and treat via the C2 validation process, increasing resourcing through recruitment and overtime incentives, and the 45 minute hospital handover process.</p> <p>ah. In relation to Right Care Right Person, QAC had been updated on collaborative work with the MET Police to introduce RCRP. The initiative had gone live the previous week and the Trust had worked very closely with the Police, with two clinicians embedded in the MET's control room supporting the Police call handlers in the decisions they were making. There were also three 'touchpoints' per day and a dedicated RCRP desk had been set up to assist in the rapid triage of patients.</p> <p>ai. It was confirmed that calls with a potential health issue, including suicide and vulnerable elderly on the floor, were passed over to the Trust and the call managed in line with handling arrangements for all other patients, including signposting to the most appropriate care e.g. 111, crisis lines etc.</p>	
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aj.	<p>QAC had received an update on the Fixing the Basics programme of work which was intended to focus on improving the staff experience of five key areas - vehicle defects, uniforms, start of shift – booking on process, access to equipment and refuelling. The programme was commended for listening to staff about their frustrations and engaging with them in developing solutions.</p>	
5.2	<p>People and Culture</p> <p>5.2.1 Report from the Chief People Officer</p> <p>a. The Chief People Officer said that recruitment to the Trust Workforce plan continues at a positive rate with the current pipeline at over 850 candidates at conditional offer stage. Turnover stabilised in October at c,10% and the number of frontline leavers has remained positively below plan. Call handling turnover remains an area of concern although there have been recent improvements. There are a number of key retention initiatives in progress covering flexible retirement, stay conversations and personalised holistic health and a review of the internal exit interview process to improve intelligence on reasons for leaving.</p> <p>b. In terms of paramedic recruitment, the international pipeline remains strong with over 200 candidates offered roles. Call Handling recruitment has a positive fill rate of 100% achieved in EOC call handling and a 96% fill rate in October for 111 call handlers.</p> <p>c. As of 13th November, the LAS response rate to the 2023 NHS staff survey was 63.6% which was 14% higher than at this point last year and the highest response rate for an Ambulance Trust.</p> <p>d. The Wellbeing Hub continues to provide support to all colleagues and volunteers five days a week with a full range of mental health support services, including an extended psychotherapy offer for colleagues who have complex or historic PTSD. A flu vaccination programme for staff has been set up but it has been confirmed by NHSE that it will not be possible to deliver an internal Covid-19 programme. Absence during early October rose to 6.5%-7%. The reasons behind the variation are being explored.</p> <p>e. The OD & Talent Management team has won ‘The Mayor’s Apprenticeship Employer of the Year’ at the Mayor of London Adult Learning Awards 2023. This is the second consecutive year the LAS has won this award.</p> <p>5.2.2 People and Culture Committee</p> <p>f. The committee had received a presentation on recruitment noting the paramedic pipeline and course fill rates continue to be positive.</p> <p>g. The committee was informed that there had been some sector wide discussions about London potentially becoming an international recruitment hub for the country, based on the LAS’s success with international recruitment and training.</p> <p>h. The committee received an update from the Head of Scheduling on a number of outputs including ambulance operations workforce data dashboards and ESR compliance data dashboards.</p> <p>i. The committee was informed of progress with winter planning noting that data from previous years was being used for forecasting and planning.</p> <p>j. The committee discussed an increase in absence seen during the last half term break which impacted service delivery. Local teams were reviewing the data to look at trends to inform future planning.</p>	

<p>k.</p> <p>l.</p> <p>m.</p> <p>n.</p> <p>o.</p> <p>p.</p> <p>q.</p>	<p>The committee was informed that a new Head of Employee Relations was in place as well as a Mediation and Conciliation Manager, which it was hoped would reduce the number of cases referred for formal action.</p> <p>The committee received a presentation on the OD/culture programmes including EDI. It was noted that the talent mentoring programme had been launched with the introduction of some mentors and mentees.</p> <p>The Director of People and Culture presented an update on the People Strategy noting the one core mission broken down into three aims, informed by localised priorities and national objectives.</p> <p>Committee members noted that it was difficult to link this strategy to all of the different wider network of strategies and considered the development of a shorter document which would set out how the People Strategy meets the LAS Strategy and make reference to how this helps to national delivery of services.</p> <p>It was noted that, in the context of updating about preparations for the paramedic recruitment trip to Australia, the report stated that applications would open from world campaigns including Nigeria. It was clarified that this position related to recruitment activity before Nigeria had gone on the red list of countries.</p> <p>5.2.3 EDI Committee</p> <p>The EDI Committee had met shortly before the Board, so the Board received a verbal update. At its meeting, the EDI Committee had received an update on development of an EDI dashboard to be used to identify themes and trends across the LAS and to made readily accessible to managers and staff.</p> <p>EDI had also considered a range of actions and recommendations to enable a positive step change in terms of the recruitment process, including a proposal that BAME candidates for roles in EOC who meet a minimum specification should receive an automat interview. There had been a wide ranging debate about this proposal and the conclusion was that, subject to some further refinement, the Committee would be recommending that this should be taken forwards, alongside proposals for the make up and training of interview panels.</p>	
<p>5.3</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p>5.3 Finance</p> <p>5.3.1 Director's Report</p> <p>The CRO reported that the Trust had posted a year to date surplus of £7.7m as at the end of October against a surplus plan of £6.6m a favourable variance of £1.1m. The Trust is forecasting to deliver the breakeven plan by year-end.</p> <p>The Trust will invest £29.9m during 2023/24. By the end of October the Trust had spent £12.7m, across the following areas:</p> <ul style="list-style-type: none"> • Further Investment in Fleet - £5.1m • IT and Telephony Development - £2.3m • Estate and Maintenance Improvement - £4.5m • Equipment £0.8m <p>The Trust continues to take delivery of its new vehicles which are arriving on a weekly basis. To date, the Trust has taken delivery of 60 new Double Crew Ambulances</p>	

d.	<p>(DCA) and 14 new Clinical Team Leader Cars, and expects to have a total of 254 new vehicles in 23/24 deployed between May 23 and March 24.</p>	
e.	<p>5.3.2 Report from the Finance and Investment Committee (FIC)</p> <p>FIC had reviewed the month 7 Financials noting that the in-month position was favourable to plan. Against capital resources of £29.9m available in 2023/24, forecast spend was £29.9m, including the £8.1m cost of South London 111 Centre. To the end of October, the Trust had planned to deliver CIPs of £13.1m and had achieved £11.3m, which was £1.8m below plan. Year to date savings were split £5.8m recurrent and £5.5m non[1]recurrent</p>	
f.	<p>FIC had also received an update on sustainability and noted the high quality work being undertaken which built on a commitment from December 2021 in the LAS Carbon Neutral Plan to become a net zero organisation from the emissions that we directly control by 2040 and by 2045 from emissions we can influence. Since the launch of the plan, good progress has been made and LAS had reduced carbon emissions by 5% which is significant progress.</p>	
g.	<p>FIC had reviewed the risks in the Board Assurance Framework and made a number of changes, including reducing the risks around 'Fixing the Basics', failure to meet the 2023/24 financial plan, failure to deliver the capital plan and failure to meet environmental targets for carbon reduction.</p> <p>5.3.3 Report from the Audit Committee</p>	
h.	<p>The Audit Committee had received a number of internal audit reports:</p> <ul style="list-style-type: none"> • Medical Devices Management • Data Quality Follow Up Report • Management of Occupational Health Contract • Financial Reporting • Cyber Report 	
i.	<p>Substantial assurance had been received on the financial reporting audit and Occupational Health and good progress on Data Quality. The Cyber internal audit highlighted the need to maintain vigilance and focus on reducing points of vulnerability, upgrading legacy infrastructure and resolving application risks. The Medical Devices audit provided helpful recommendations for integrating the Make Ready team into management processes, with "tethering" vehicles to groups as a potential way forward to improve ownership and embedding.</p>	
j.	<p>External audit gave an update on preparatory work for the 2023/24 audit and the Local Counter Fraud Service had updated the committee on a number of work streams and had shared a Payroll Overpayments Benchmarking Report with the Trust that could be used to identify and implement good practice to prevent overpayments. The LCFS also presented a report into expense claims and credit card payments that highlighted gaps in controls and compliance with processes following Covid. Audit Committee noted that the Trust had already made changes to policy and procedures to address the findings outlined but would want to see the follow up report.</p>	
k.	<p>The salary overpayments report was reviewed in the context of the benchmarking report on overpayments. It was confirmed that a schedule of key controls had been put in place to mitigate against the risk of overpayments and to support recovery when they occurred. These controls would be closely monitored going forwards. Audit Committee requested a "deep dive" into the Joiners/Movers/Leavers process.</p>	

5.4	<p>Corporate Affairs – Director’s Report</p> <p>a. In the period September to end of October, the Trust had received 166 complaints compared to 228 in the same period in the previous year. In October, 54% of complaints were closed within the 35 working day target and in September, 55% of complaints were closed within target. During this period, the team had been impacted by short-staffing issues due to sickness absence. The top five themes of complaints received were similar to the same period last year but there had been a continued reduction in complaints about delays.</p>	
5.5	<p>Digital and Data Committee</p> <p>a. The Digital and Data Committee had received an update on development of the Digital and Data Strategy 2023-2028, that been updated to reflect the output from engagement sessions in IM&T and across the wider organization. This strategy would act as an enable for the five-year Trust strategy.</p> <p>b. The Committee had also received an update on the newly formed Data Quality Group, which was specifically focusing on implementing recommendations from both external and internal audits.</p> <p>c. The committee noted the start of a review of CAD Data Quality, anticipated to deliver its findings by January.</p> <p>d. The Chief Digital Officer had presented an update on digital transformation and infrastructure modernisation including an overview of the current IM&T capital programme, noting there are three key work streams: data essentials, telephony modernisation and infrastructure service migrations, with the aim of delivering a resilient and high-performance infrastructure.</p> <p>e. The Committee also received a report on implementation of the Verita action plan and agreed to close three of the remaining five open recommendations. It is anticipated that the final two recommendations will be closed in January.</p> <p>f. The Committee reviewed the digital and data related risks on the Board Assurance Framework and had agreed that risk 2.7 – CAD implementation could be removed from the BAF give the assurance received at the meeting. The committee also noted the need to review the allocation of some risks allocated to other committees where there is a strong digital component.</p>	
6. ASSURANCE		
6.1	<p>Board Assurance Framework</p> <p>a. The Board reviewed the latest iteration of the BAF which had been reviewed by the relevant lead Executives and Board Committees who met in November. Updates made since the previous iteration were:</p> <ul style="list-style-type: none"> • BAF risk 1.4 – following feedback at the QAC meeting in September, the assurances, controls and actions have been reviewed and amended to be more clearly defined. • BAF risk 2.1 - relating to recruitment and retention, following review of the controls and assurances at the PCC meeting on 9 November, it was agreed to reduce the current risk score from 3 x 4 (12) to 2 x 4 (8). 	

b.	<ul style="list-style-type: none"> • BAF risk 2.7 – relating to CAD implementation, could be closed following receipt of the project closure and lessons learnt report. There is further work to be done on CAD, but its implementation is no longer a BAF risk. <p>New risks proposed for addition to the BAF:</p> <ul style="list-style-type: none"> • BAF risk 2.13 - identified following discussions at the Finance and Investment Committee in September 2023, relating to the approval of a deliverable financial plan for 2024 - 2025. • BAF risk 1.6 – The implications for 111 and 999 calls as a result of the introduction of the RCRP initiative. 	
c.	These risks were approved for inclusion.	
7. CONCLUDING MATTERS		
7.1	Any Other Business	
a.	There was no other business.	
7.2.	Date of Next Meeting	
a.	The next public meeting of the Board would be held on 30 th January 2024.	
7.3	Questions from the Public	
a.	There were no questions from the public.	



ACTION LOG – January 2024 Public Board

Meeting	Action	Lead	Due	Update
	No outstanding actions.			

London Ambulance Service NHS Trust Board meeting January 2024

Report from the Chief Executive Officer



I would like to begin my report by wishing everyone a Happy New Year and reiterating my thanks to our members of staff and volunteers for their work over the festive and New Year period. Christmas was busy for our teams and the sacrifices they make when working shifts during this time is greatly appreciated.

Looking ahead, at LAS we are making 2024 our 'Year of the Team'. A team is greater than the sum of its parts because when individuals feel part of a team they feel valued, they feel included, they look after their colleagues, and individuals develop, thrive and grow.

Over the last 18 months we have introduced teams based working in Ambulance Operations, which is empowering our operational staff to choose their preferred way of working, ensuring they have better access to their managers, experience improved team working, and feel happier and more part of a team. We are well on the way to co-creating something similar with our 999 Emergency Operations Centre, our 999 Clinical Assessment Team and our Make Ready colleagues

We've recruited 1,600 people and seen our turnover and sickness rates fall. As a result our response times have improved dramatically whether that be in call answering, in increasing hear and treat rates and in reducing Category 1 and Category 2 response times. We will also continue to work to develop our leaders through new and existing management programmes, and are about to start co-designing part two of our inclusivity and diversity training for staff.

I'm proud of what we have already achieved on teamwork and for 2024, I want us to build on the green shoots we have laid over the past year.

Demand and performance update

We're already showing the 'Year of the Team' spirit across the board. Working together with our partners, the NHS has just come through a junior doctor strike (the longest period of strike action in the history of the NHS), during which we kept our response times down and ensured we were providing life-saving emergency and urgent care to the capital.

But that's not to say it has been an easy few weeks. Cases of flu in the community are on the rise, and the acuity of the patients we see remains high. I'm truly grateful for all the hard work put in by our teams to meet the demands on our services, whether that's picking up extra shifts, following the 45-minute patient handover policy at busy emergency departments when appropriate, and being flexible when needed.



In December we temporarily moved to Resource Escalation Action Plan (REAP) 4 in response to a significant and sustained increase in pressure on the system. Demand reached a peak of more than 7,000 calls in a day, marking our busiest days since the height of COVID-19 and far higher than the 5,500 we receive on a typical 'busy' day. Since then, we have moved back to REAP 3 but we still continue to face significant demand for our services.

LAS prepared for winter ahead of time, with additional ambulances and response vehicles ready to hit the roads of London, as well as extra control room staff on duty across the city. The Service has also boosted the number of clinicians who can assess 999 patients to ensure they get the help they need.

In the build up to Christmas, we increased our messaging to the public through our [social channels](#) and [the media](#), encouraging people to use our services appropriately so our 999 response can focus on those who need it the most.



Our call handlers also [worked with Transport for London to help keep tube and train passengers well during the festive season](#). Their voices rang out on tannoy across the network, reminding people to dress for the weather, eat before drinking alcohol and plan a safe journey home.

December saw the rollout of My Clinical Feedback across the North West London sector – I'm very excited about this fantastic app which puts information in clinicians' hands by providing access to data from across hospitals on iPads. For the first time, paramedics will be able to see what happens to their patients after going to hospital, which will help our frontline clinical staff to learn and develop. This is a huge step forward in helping us achieve our ambition of delivering outstanding urgent and emergency care by being a learning organisation.



The maiden shift of our first-of-its-kind electric ambulance took place on New Year's Eve. This the first fully electric vehicle that has been purpose-built and in daily operation in the country.

This is a huge milestone for our interim sustainability goal to reach 80 percent reduction in direct emissions by 2028-32 and 80 percent reduction in indirect emissions by 2036-39 under [our Green Plan](#), and is the first of more electric vehicles to come.



We welcomed [Health and Social Care Secretary Victoria Atkins](#) to LAS HQ earlier in January. On her first visit to an ambulance trust as Secretary of State, Victoria spent time in the Emergency and Tactical Operations Centres, spoke with some of our frontline colleagues observed the latest additions to our fleet including our brand-new fully electric ambulance.

You can watch the [short video](#) Victoria recorded following her visit, where she applauded our innovative work and the dedication of our team members.



The Secretary of State was the latest of several senior politicians and leaders from our emergency service partners who we've welcomed to our sites recently.

In December, Shadow Health Secretary Wes Streeting, the Labour MP for Ilford North, visited Waterloo Headquarters to learn more about what we do and observe a crew on a shift as they cared for their patients. During his visit, he also discussed the current picture in ambulance services with some of the LAS Executive Board and Anna Parry, Managing Director of Association of Ambulance Chief Executives.



I was also pleased to welcome Caroline Clarke, NHS England Regional Director for London, for an early morning visit to Camden ambulance station. We spent some time with Alex Ewings, Associate Director of Operations and Kirsty Burstow, Location Group Manager, and a frontline team during their huddle, before Caroline joined an ambulance crew to observe a shift.

Our Chair Andy Trotter and Alison Blakely, our Director of Clinical Assessment and Pathways, welcomed Lord Brian Paddick to our Waterloo HQ, in his newly appointed role as Non-Executive Director at the Metropolitan Police Service. Lord Paddick was given a tour of our HQ including the Clinical Hub, where he learned more about our work around the Right Care Right Person model with our Mental Health Team.

Visits like these are such an important way to show our partners and stakeholders the work we do here at the Service. All our colleagues spoke so eloquently and enthusiastically about their jobs, giving a real insight to what working to provide emergency and urgent healthcare to London involves.



I'm also pleased to say that our campaign to create a generation of lifesavers is making huge progress, with almost six thousand school children set to have been taught how to save a life by the end of the financial year. Since the official launch of our [London Lifesavers schools campaign](#) on Restart a Heart day at the end of the last year, more than 1,500 Year Eight children have already been trained by our clinicians, with a further 4,681 booked in for the training in January, February and March. Well done to the London Lifesavers team! More information on how schools, businesses and organisations can get involved in the campaign can be found [here](#).

Supporting our colleagues

In December, our former Chief Paramedic and joint Deputy CEO John Martin was appointed interim CEO at South Western Ambulance Service. John's work at LAS has been invaluable and I would like to wish the best of luck in his new endeavour.



I'm pleased to say that Rakesh Patel, our Chief Financial Officer is now acting up into the Deputy Chief Executive role, while Pauline Cranmer, our Director of Clinical Education has taken on the position of interim Chief Paramedic.

Protecting our colleagues



We recently released [video footage](#) of the moment one of our paramedics was pushed out the back of an ambulance by an abusive patient. The video footage was handed over to the police, which helped secure the person's conviction. We have invested more than £3 million in kitting out our ambulances with video cameras to help us best protect our crews. The story was picked up widely by national media outlets including [BBC News](#). You can view the video on our [YouTube channel](#).

Celebrating our colleagues



I wanted to take a moment to celebrate the prestigious New Year's Honours that have been awarded to two of our fantastic staff members.

Our Chief Medical Officer, Dr Fenella Wrigley, was awarded an MBE in the King's New Year's Honours list for services to the NHS, while Associate Director of Ambulances Operations, Cathy-Anne Burchett, was awarded a King's Ambulance Medal for distinguished service. You can [read Fenella's full story and reaction here](#) and [Cathy-Anne's full story and reaction here](#).

I am very proud of our staff and volunteers and am always delighted to see how many 'thank you' messages we receive from members of the public for the exemplary care they have received from our teams. Since my last report, we have

received 223 new 'thank you' messages for 627 members of staff and volunteers. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers recognised	Financial YTD
2023	April	42	42	111	111
2023	May	67	109	175	286
2023	June	82	191	33	319
2023	July	45	237	111	602
2023	August	56	293	151	753
2023	September	62	355	170	923
2023	October	127	630	321	1610
2023	November	126	756	340	1950
2023	December	77	833	229	2179



Our Paramedic Nigel Flanagan was given a wonderful surprise just before Christmas, as the BBC arranged for him to go to Old Trafford and meet some of his heroes in the Manchester United team. Nigel has been co-ordinating the delivery of around 30,000 presents to children's hospitals and woman's refuges over the past 15 years with the help of colleagues across the Trust. You can [watch the heart-](#)

[warming piece](#) that was broadcast to millions of BBC viewers on Christmas Day – a very well-deserved surprise for Nigel and well done to all involved in Operation Christmas present last month.



November saw #TeamLAS at the Skills for London show at ExCel – the UK’s largest jobs and careers showcase for 14-24 year olds. As you can see from the pictures above, this was a fantastic opportunity to talk to young Londoners about the work we do and the opportunities there are to join us, as we look to continue to grow over the coming months and years.



In December, a dramatic short film giving a glimpse into the rewarding work of a paramedic at London Ambulance Service was released. Marek Lowicz-Brady features in the [six-minute film](#) which sees him working as a solo paramedic in a fast response car. He was followed by a film crew from car manufacturer Ford for a busy day and night shift, giving viewers an insight into life on the frontline in the capital. You can read the story [here](#).



I would like to congratulate our Advanced Paramedic Practitioner Nikki Hewitt for being [the first paramedic to ever receive a Diploma in Medicine in Conflict and Catastrophe](#). Well done for not only gaining the diploma, but for ensuring future paramedics will be able to do the same. Hopefully Nikki will be the first of many!

Another huge well done goes to Dr Rachael Fothergill, Head of Clinical Audit & Research, who has been awarded an Honorary Professorship at Warwick University Medical School. This prestigious honour is a result of Rachael's leading role in numerous national clinical research trials, and the work she has done to help establish the national out-of-hospital cardiac arrest registry.



And finally, congratulations to our Newly Qualified Paramedic Joshua Thorn who recently graduated from university with a paramedicine degree. It's a huge achievement for anyone who passes through the course, but especially for Joshua who left school with no GCSEs after being diagnosed with severe dyslexia. Joshua embodies the determination we all feel to provide outstanding urgent and emergency health care to London and I look forward to seeing how his career develops.



PUBLIC BOARD OF DIRECTORS MEETING Performance Report – January 2024

This report covers performance of the three main service lines for the period of November and December 2023. It provides commentary against national standards and performance against the Operating Plan agreed at the start of the 2023/24 financial year.

The Integrated Performance Report (IPR) provides Statistical Process Control (SPC) charts which should be referred to in conjunction with this report.

1. 999 Emergency Operations

Emergency Operations Centres (EOC) contacts, calls answered and call answering mean SPC charts can be found within the EOC activity & performance section of the IPR.

There is no target for EOC contacts and although it is reported in the SPC that trends in lower activity are seen as special cause improvement the reality is that the chart only indicates variation across the last 2 years. Contact activity dropped in December 2022 since when there has been an increase across this financial year. The clear increase in activity for December 2023 shows common cause variation with contacts in November and December 2023 being 163,849 and 182,719 respectively.

The call answering mean SPC (Figure 1) shows that, whilst we have made improvements, we have been inconsistent in meeting the target of 10 seconds call answering mean. However, we have continued to see special cause improvement across the 2023/24 financial year. The mean was 15 seconds in November and 23 seconds in December 2023.

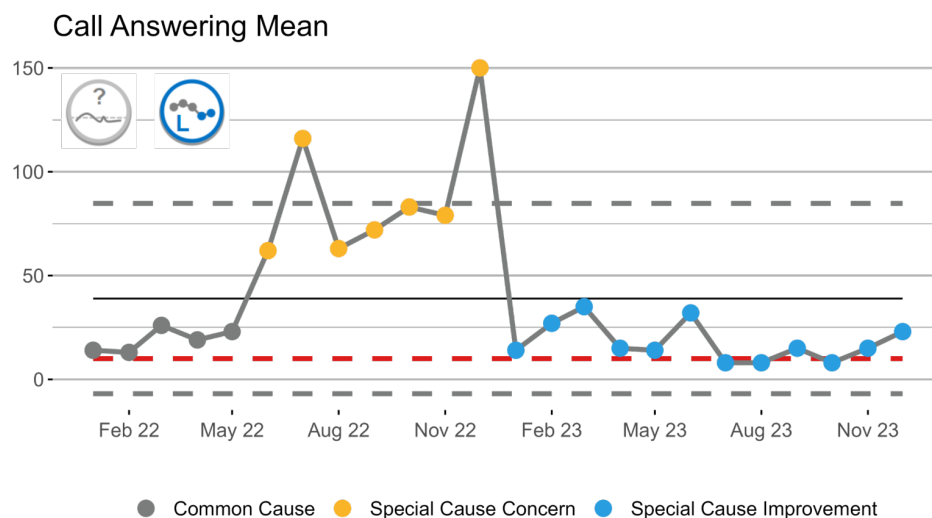


Figure 1: Call answering mean SPC chart

The increase in staffing numbers is incorporated within the 999 Emergency Operations staff in post SPC and continues to demonstrate special cause improvement. In addition the EOC turnover SPC demonstrates special cause improvement in December 2023 although the Trust target of 13% has been missed

The recruitment programme to increase emergency call handler (ECH) and emergency resource dispatch (ERD) staff has continued across both November and December 2023. This focus on recruitment will ensure that we maintain the progress made against the call answering mean target and to ensure timely dispatch of ambulances to patients.

Recruitment of Emergency Call Handlers (ECH) and Emergency Call Coordinators (ECC), which make up our call handling resource, since February has resulted in an increase of 92.48 whole time equivalents. This takes into account leavers since February 2023 with progression shown in figure 2.

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
ECC/ECH WTE	336.81	347.62	353.62	367.61	377.91	403.6	405.74	397.15	417.93	433.77	429.29
Joiners	13	22	16	16	18	34	15	21	39	37	0
Leavers	6.55	12.74	11.77	3	5.42	7.21	14	5.69	12.07	8	5.53

Figure 2: Call handling staff WTE progression since February 2023.

The current trajectory is to reach 481 whole time equivalents by the end of the financial year.

Emergency Resource Dispatchers (ERD) resource has also increased, in line with our trajectory, by 11.69 whole time equivalents since February 2023 meaning we have 169.82 in post in December against a planned target 185 by the end of the financial year. Figure 3 shows the progression to December 2023.

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
ERD WTE	158.13	154.94	151.94	149.16	146.9	145.77	142.89	162.84	160.39	170.9	169.82
Starters	0	0	0	0	0	0	0	24	0	12	0
Leavers	3	1	3	1	0	0	1	1	1.32	0	1

Figure 3: Emergency Resource Dispatcher WTE progression since February 2023.

2. Ambulance Services

The Category 1 Mean SPC (Figure 4) within the integrated performance report shows that the target is inconsistently met with common cause variation. The Category 1 performance for November and December 2023 was 7 minutes 35 seconds and 7 minutes 59 seconds respectively and is representative of the increase in contacts seen during this period.

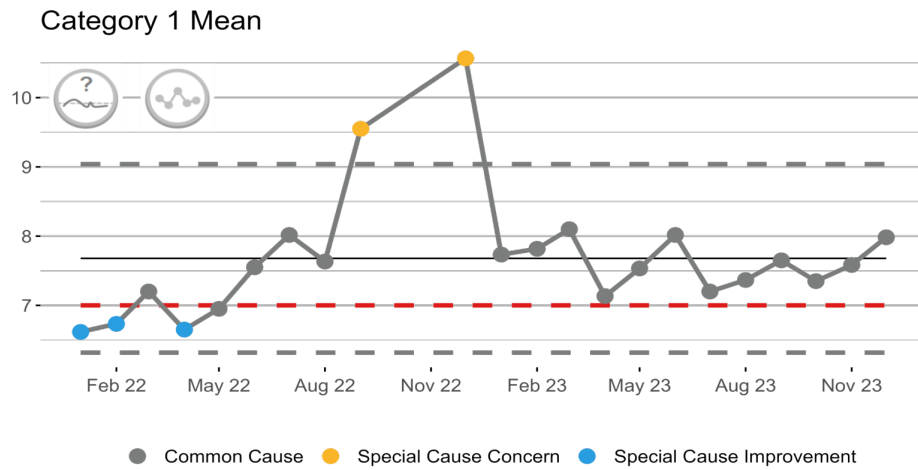


Figure 4: Category 1 SPC chart

Category 2 performance has failed to meet the target of 18 minutes and we can see common cause variation. Performance for November and December 2023 was 41 minutes 19 seconds and 52 minutes 06 seconds respectively. The SPC (Figure 5) shows the national target of 18 minutes although the revised operating plan for the financial year for the two months was 33 minutes 54 seconds and 44 minutes 49 seconds respectively. By comparison the national average for November was 38 minutes 30 seconds and in December was 45 minutes 57 seconds.

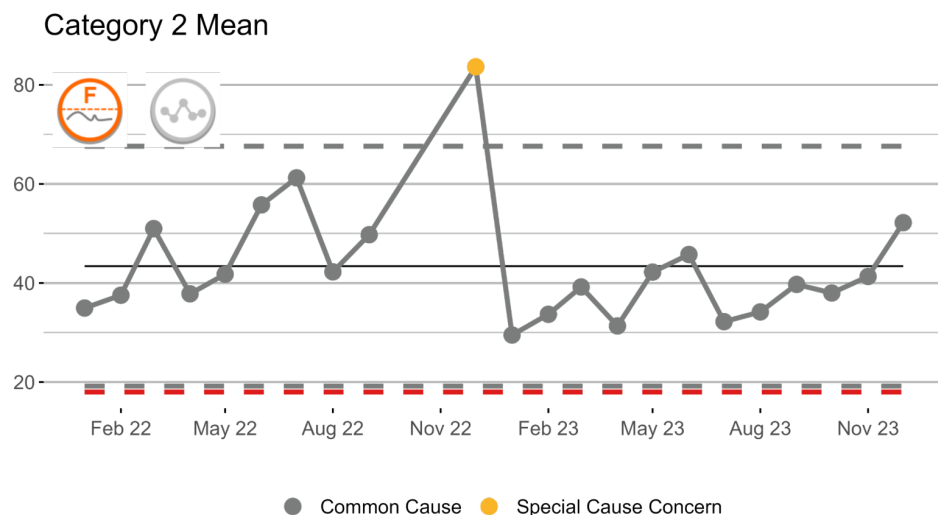


Figure 5: Category 2 SPC chart

In comparison to December 2022, which had comparative EOC contacts; there has been improvement in both Category 1 and 2 response times of 2 minutes 35 seconds and 31 minutes 33 seconds respectively.

The category 3 target of 60 minutes has not been consistently hit, however, the SPC chart in the IPR shows common cause variation following a sustained period of common cause improvement. In November 2023 we achieved a Category 3 mean of 1 hour 24 minutes 9 seconds and in December 2023 a mean of 1 hour 42 minutes 23 seconds. This was significantly better than the national average of 2 hours 16 minutes 47 seconds and 2 hours 37 minutes 5 seconds for November and December respectively.

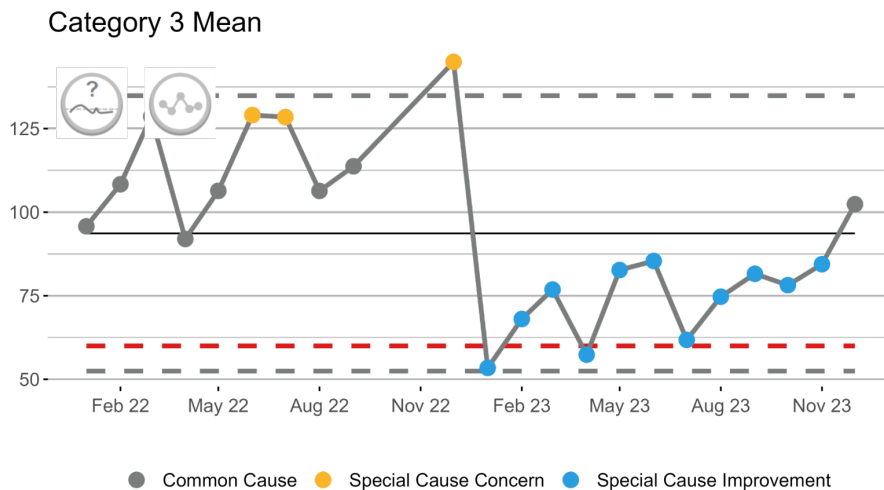


Figure 6: Category 3 SPC

There has remained a focus over the winter period to reduce hospital handover delays through active delivery of the 45 minute handover process and targeted overtime throughout the period

Time lost over 15 minutes at hospital SPC (Figure 7) continues to show special cause improvement albeit that there has been an upward trend as winter pressures has increased. The target of no time lost over the national standard of 15 minutes for patient handover has not been hit. The introduction of the 45 minute handover process has seen a substantial improvement over the same period in 2022. Hours lost in November 2022 was 13,672 and December 2022 17,941. This compares with 8,600 hours in November 2023 and 9,591 hours in December 2023. Cohorting of patients has been dynamically used across the reporting period as and when required for hospitals who have had specific times of pressure. However, with the decline in the hours lost at hospital this has been substantially decreased when compared to the previous year. These processes have been introduced to manage the safety of our patients who are waiting in the community and waiting our help.

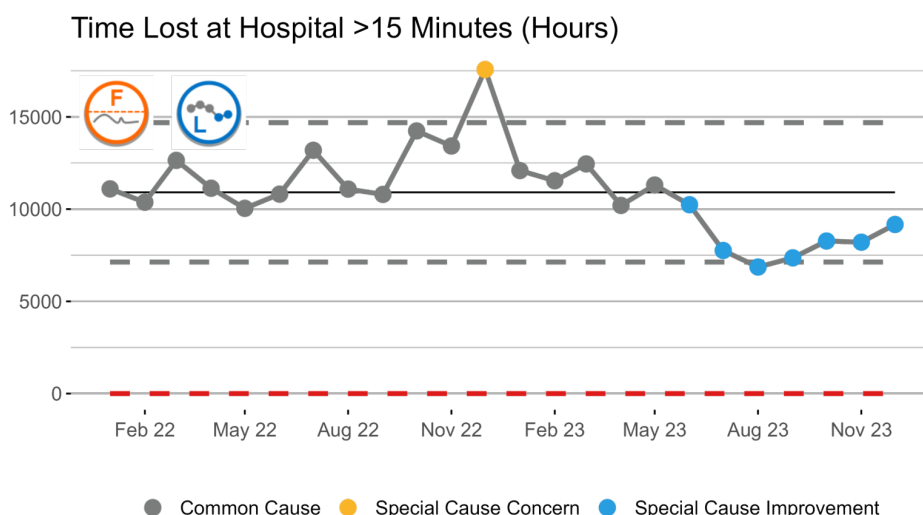


Figure 7: Time lost greater than 15 minutes SPC chart

The percentage of conveyances which took more than 30 minutes for the ambulance crew to handover the patient at hospital in November and December 2023, is set out in figure 8.

Hospital site	Percentage of handovers over 30 mins
Barnet	38%
Charing Cross	4%
Chelsea & Westminster	4%
Croydon University Hospital (Mayday)	15%
Ealing	28%
Hillingdon	22%
Homerton	2%
King Georges, Ilford	27%
Kings College	31%
Kingston	29%
Lewisham	25%
Newham	53%
North Middlesex	60%
Northwick Park	31%
Princess Royal, Farnborough	31%
Queen Elizabeth II, Woolwich	16%
Queens, Romford	63%
Royal Free	27%
Royal London (Whitechapel)	22%
St Georges, Tooting	30%
St Helier	29%
St Marys, W2	8%
St Thomas'	20%
University College	12%
West Middlesex	6%
Whipps Cross	51%
Whittington	22%

Figure 8. Proportion of handovers over 30 minutes November/December 2023 (unvalidated data)

To ensure our response to expected winter pressures in December we instigated a Winter Delivery Group (WDG) to support operational delivery and governance. From learning we gained from the previous winter the oversight structure adopted is as set out in figure 9:

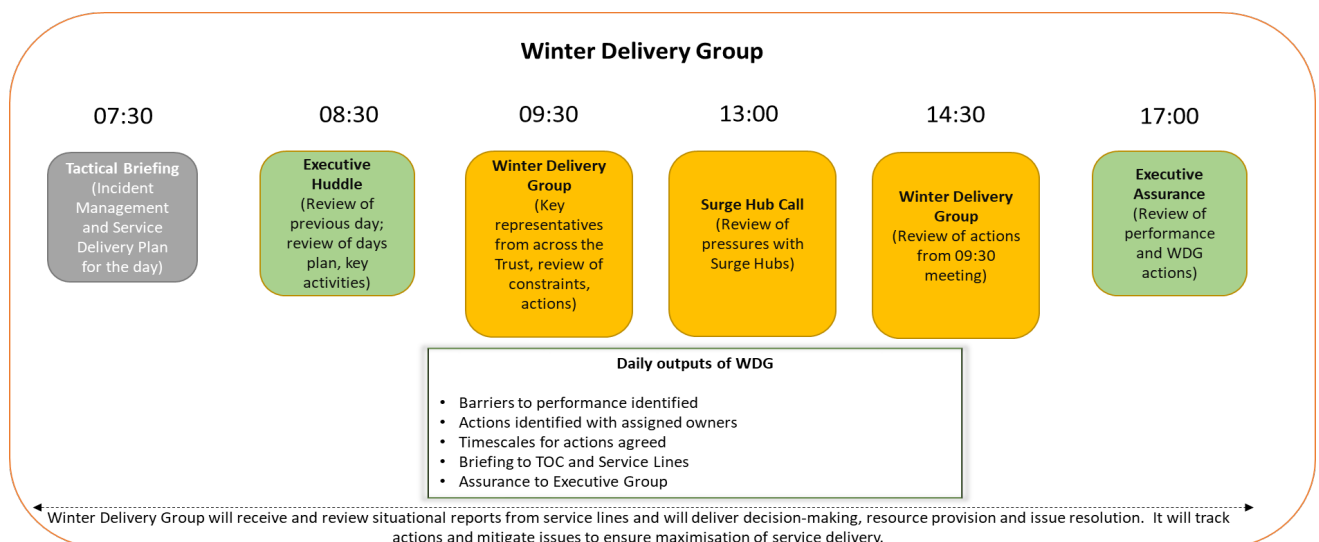


Figure 9: WDG structure

This structure ensured that patient safety and performance was reviewed daily allowing the service to quickly identify challenges and implement quick solutions for the benefit of patients and staff who continue to work under extreme pressure.

This group has maximised the resources available in terms of our vehicles and people. We are now undertaking a learning review to establish how the lessons learned can be operationalised as part of our normal operations.

Although there has continued to be special cause concern shown with regard to see and treat (Figure 10) there was an increase in December 2023 to 30.1% up from 28.7% in November 2023. As stated in previous board reports the opportunity for see and treat is limited to increasing acuity of patients and the highest level of the clinical safety plan being in place across the reporting period. In comparison the national levels of see and treat for November and December 2023 was 30.4% and 31% respectively.

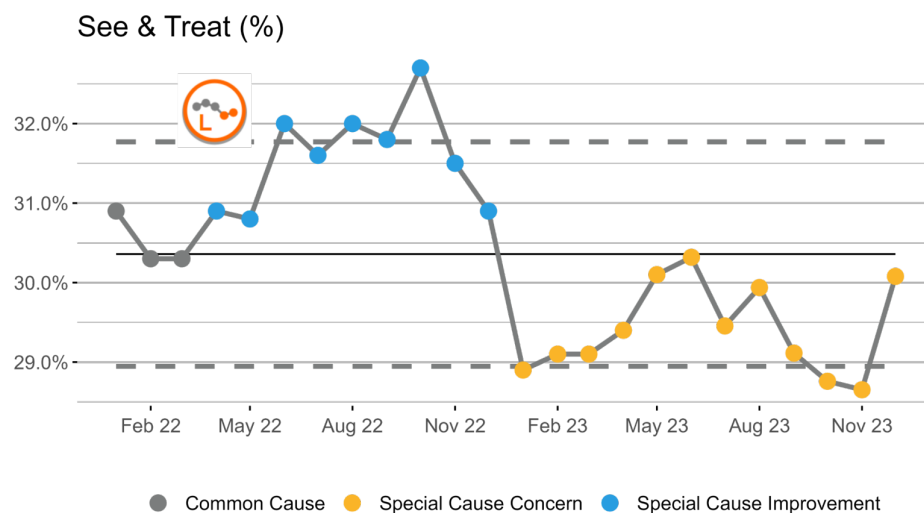


Figure 10: See and treat SPC chart

The Emergency Department (ED) conveyance rate which was 51.1% (November) and 49.4% (December) showed common cause variation in December after a prolonged period of special cause concern (Figure 11). The national comparison for November and December 2023 was 51.6% and 50.1% respectively.

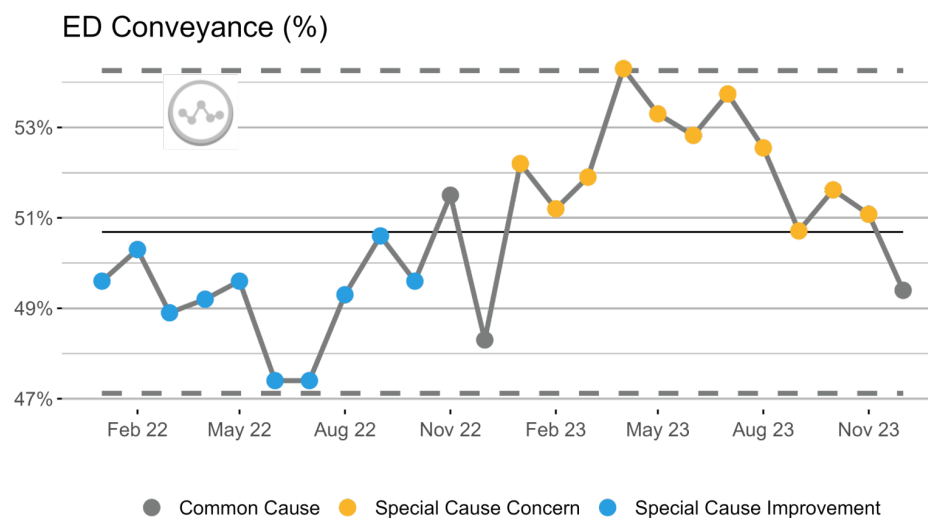


Figure 11: ED Conveyance SPC chart

3. National Context

The Ambulance Quality Indicators provide a national context for the ambulance sector and reflect how, comparatively, we are performing. Figure 12 shows our performance against key metrics compared to the national average and to other ambulance services nationally.

Metric/Month	Nov-23		Dec-23	
	LAS	National Average	LAS	National Average
Category 1	00:07:36	00:08:32	00:07:59	00:08:44
Category 2	00:41:19	00:38:30	00:52:06	00:45:57
Hear & treat	16.2%	13.2%	16.6%	14.3%
See & treat	28.7%	30.4%	30.1%	31.0%
See & convey	51.1%	51.6%	49.4%	50.1%

Figure 12: LAS performance compared to National performance

4. 2023/24 Operational Plan

The trajectory of improvements linked to the additional funding received for the 2023/24 financial year with actual performance to date is shown in figure 13.

Metric	Apr-23	April Actuals	May-23	May Actuals	Jun-23	June Actuals	Jul-23	July Actuals	Aug-23	August Actuals	Sep-23	September Actuals	Oct-23	October Actuals	Nov-23	November Actuals	Dec-23	December Actuals
All Incidents (AQI A7)	113,432	96,194	117,877	99,048	114,831	97,950	118,848	101,978	115,341	100,207	112,837	100,229	119,182	104,161	117,044	98,540	122,904	109,706
Incidents with Face-to-Face Response (AQI A56)	89,367	83,114	92,910	84,490	90,556	83,463	93,736	87,489	90,755	85,856	88,861	84,165	94,020	88,139	92,438	82,648	97,184	91,402
C2 Mean (Format = hh:mm:ss)	00:45:00	00:31:11	00:40:00	00:42:00	00:37:00	00:45:38	00:35:00	00:32:02	00:33:00	00:34:10	00:33:00	00:39:43	00:31:00	00:37:59	00:31:00 00:33:54*	00:41:18	00:34:00 00:44:49*	00:52:06
Total Time Lost to Handover Delays (over 30m)	124,961	321,516	116,768	365,192	121,477	316,768	84,936	184,237	74,086	130,803	77,340	148,999	54,345	173,166	43,906	167,046	51,872	199,747
Average Handover Time (Format = hh:mm:ss)	00:30:00	00:25:27	00:30:00	00:26:49	00:30:00	00:32:23	00:27:00	00:21:49	00:27:00	00:20:56	00:27:00	00:21:49	00:25:00	00:22:43	00:25:00	00:22:54	00:27:00	00:23:47
Calls Answered (AQI A1)	152,909	112,077	162,219	127,287	162,612	131,095	172,929	121,111	159,072	122,309	157,183	128,339	164,375	127,159	165,538	129,157	180,117	144,101
Call Answer Mean (seconds)	50	15	50	14	40	33	30	8	20	8	20	15	20	8	10	15	10	23
Total DCA resource hours	187,693	186,609	189,424	185,571	186,269	182,065	189,974	190,164	189,184	188,341	200,434	189,695	194,957	206,306	200,636	209,604	186,617	206,743
Total RRV resource hours	43,566	51,877	45,953	51,079	43,467	49,863	44,332	52,024	44,068	45,060	31,477	41,875	33,984	43,367	36,351	42,861	36,956	42,839

Figure 13: Actual performance against agreed trajectory for Category 2

5. Clinical HUB / Emergency Clinical Assessment Service (ECAS)

Hear and treat rates for November and December were 16.2% and 16.6% respectively. There is no national target for hear and treat and the SPC chart (Figure 14) within the IPR demonstrates that there is common cause variation. The national average for hear and treat was 13.2% in November and 14.3% in December.

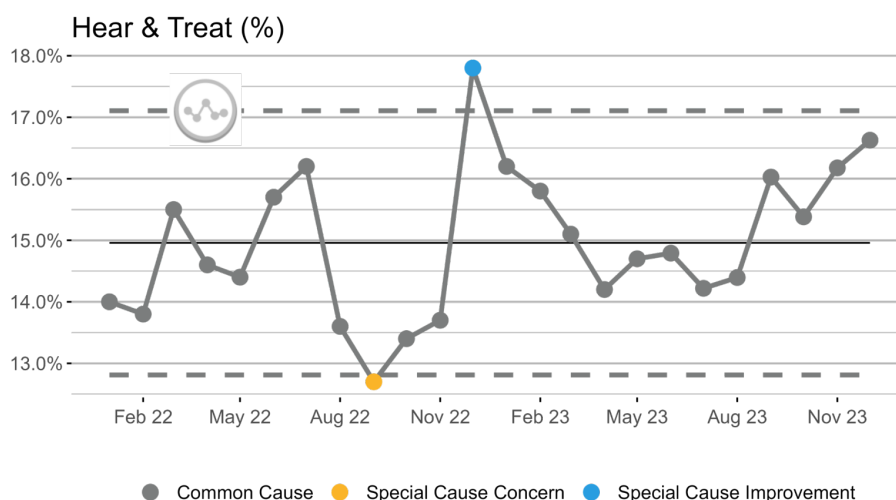


Figure 14: Hear & Treat SPC

The Future Dispatch Model (FDM), which has a Clinical Team Navigator working alongside a dispatch desk within EOC, has continued to support LAS sectors / ICS areas which have seen most pressure in the urgent and emergency system and CHUB resource availability. For those sectors where FDM was in operation in December an improvement in hear and treat rate to 18.8% was achieved. Plans now in place to embed consistent delivery of the future dispatch model 24 hours per day across all sectors in line with an agreed recruitment trajectory.

Improvements in the resourcing of the Clinical Hub has delivered over 10,000 hours of clinical telephone assessment each month in November and December 2023 which represents an increase of 1,000 hours per month since August 2023.

The additional hours, along with focused support and development of the clinicians, has resulted in an increased number of clinical assessments month on month. In December 2023 14,898 clinical assessments were undertaken compared with only 9,604 in August 2023

Since August 2023, 133 Clinical Advisor/Validators have been trained and there are plans for a further 30 to be trained before the end of March 2024. The current split staffing model (secondment/permanent), coupled with recruitment to our full establishment of Clinical Team Navigators, has meant that despite the large amount of recruitment and training there have been a smaller number than expected of permanent staff established. The recruitment trajectory is to achieve 150 Clinical advisors by January 2025 and there are plans to ensure resilient staffing whilst this recruitment is completed. We have increased recruitment from external clinical pools such as Nurses and are seeing increased rates of take up. This ensures that we are extending the range of clinical practice, knowledge and skills which will support the practice of the Clinical Hub.

In addition the Clinical Hub has launched a rota review in October 2023 to devise a working pattern that closely aligns to Team based working rotas in place within Ambulance Operations. This new rota pattern will include time for training and development and management activities.

In November and December 2023 we validated 5100 and 5300 category 2 calls respectively as part of the Category 2 segmentation activity.

Of the calls validated 2485 in November and 3082 in December were safely referred to suitable alternative care pathways and consequently avoided conveyance to hospital.

Figure 15 sets out the key metrics for cat 2 segmentation.

Metric	November	December	Since Last Update
% of eligible calls were dispatched on before Navigation could be undertaken	42.1%	37.6%	↓
% of eligible calls underwent Clinical Navigation	46.5%	50.2%	↑
% remained on the dispatch stack as a C2	20%	21%	↔
% sent for Validation	79.4%	77%	↔
% of all Clinically Validated calls were moved out of C2 (Closed, H&T or Other Service/category)	46%	45.4%	↔
% of calls undergoing clinical validation remained a C2 post assessment	53%	49.1%	↔
% of all Coded C2 Calls Closed	3.9%	4.65%	↑

Figure 15: Category 2 segmentation metrics for November & December 2023

As part of our alternative response model the Urgent Community Response cars are continuing to operate successfully in south west, north east and north central London. Eight response teams of Paramedics and external clinicians have worked together to manage patients within the community across November and December 2023. This service will be extended to north west and south east London ICB areas before the end of the financial year.

To date:

- 8567 patients have been attended by a UCR team to the end of December 2023.
- 70% of patients in November and December 2023 have been treated without conveyance to an emergency department.
- The UCR response continues to provide a faster response than if a double crewed ambulance (DCA) was dispatched to an equivalent patient in Category 2, 3 or 4 as demonstrated in Figure 16 below.

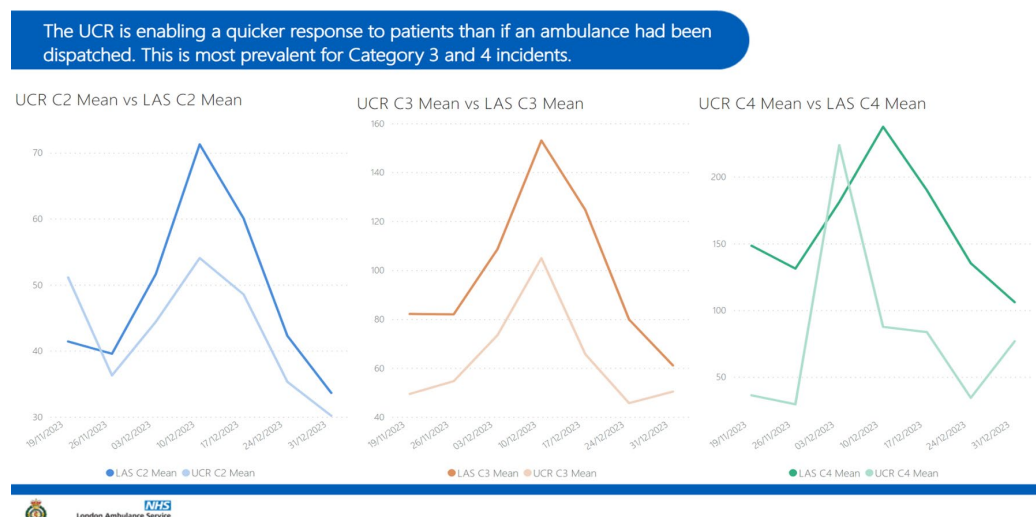


Figure 16: UCR response comparison to double crewed ambulances

6. Integrated Urgent Care (IUC)

In December 2023, the Integrated Urgent Care Team were offered 249,480 calls and answered 218,993 which is a substantial increase from 181,933 offered (+37%) and 171,675 answered (+26%) in November 2023. This increase in demand is 8.7% higher than the forecast for December which suggested 238,021 calls offered and is a reflection of the surges in demand experienced by the service throughout December. Staffing levels were adjusted to meet this additional demand.

We have continued to see special cause improvement in call abandonment rates although December 2023 increased to 11.8% compared to 5.3% in November 2023 (Figure 17). We are failing to meet the national target of 3% however the improvement trajectory continues to move towards meeting the target. A focus on staffing levels, reduced call handling times, and reduced absence rates has contributed to this. The LAS team is performing better than the national average and will continue work to improve performance in this area which remains some way off the national target.

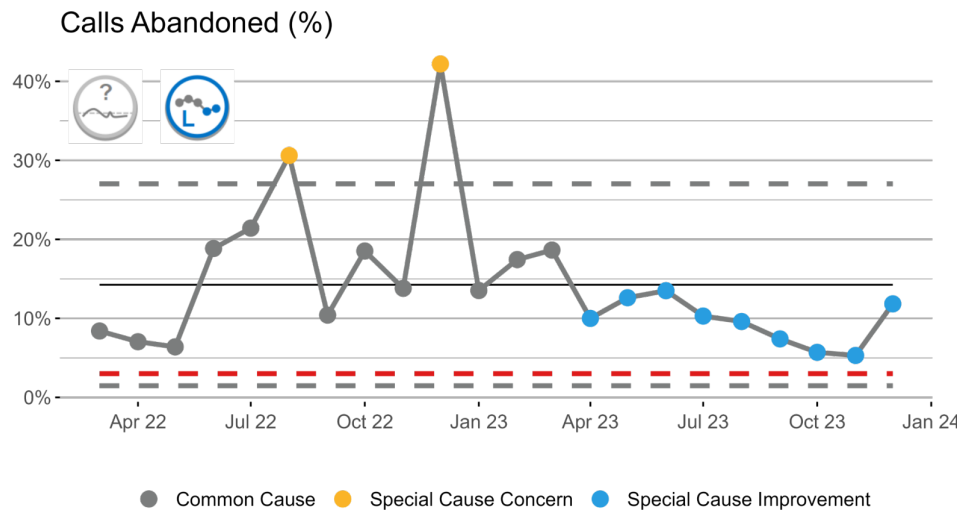


Figure 17: Calls abandoned SPC

Average speed to answer is still showing special cause improvement although failed to meet the national target of 20 seconds by a large margin of 188 seconds (Figure 18). The additional demand throughout December 2023 impacted performance against this metric which was 208 seconds compared to 56 seconds in November 2023. It also impacted 95th centile speed to answer which was 920 seconds in December 2023 compared to 386 seconds in November 2023. LAS remains well ahead of the national average for average speed to answer and it is closely monitored with additional recruitment, improved staff engagement, and local management continuing to drive improvement.

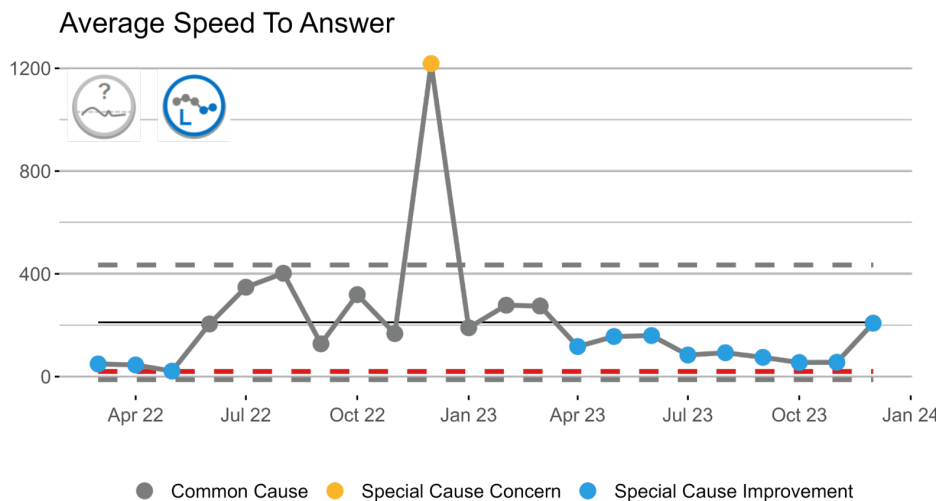


Figure 18: Average speed to answer SPC chart

The IUC senior team have reviewed the definitions of our KPIs. The purpose of this work has been to ensure each metric is tailored to our service and present a coherent and consistent picture for the purposes of internal reporting.

ED case validation remains high at 84.8% in December 2023 (Figure 19). This is a slight downturn from the special cause improvement in November 2023 which was 88.6% but still a healthy performance. The number of UCAS cases with an ED outcome dropped to 5.5% in December which is a special cause improvement and a result of correct use of the DOS alongside performance triangulation for clinicians.

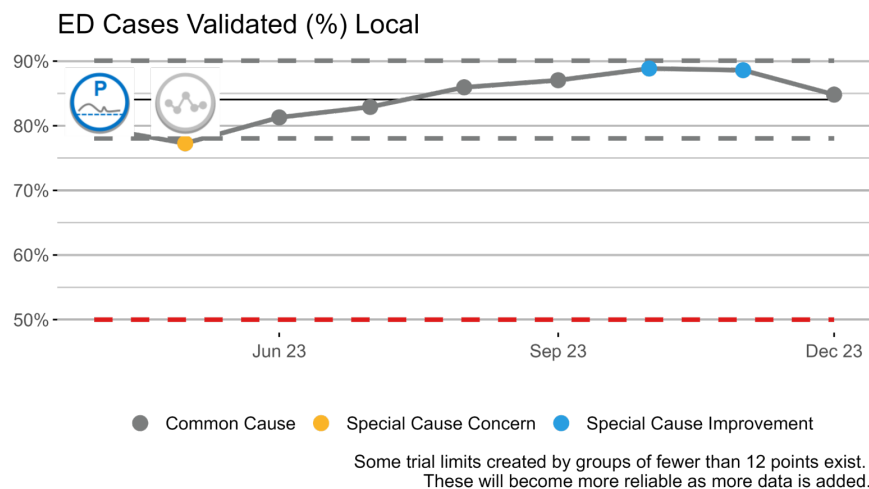


Figure 19: ED cases validated SPC chart

Ambulance validation remains in special cause improvement (Figure 20) and is reported as 98.9% in December 2023. Changes have been made to the structure of the CAS to ensure that the IUC ambulance validation rotas are filled. This has also been supported by a reduction in the number of cases with an ambulance outcome which was 9.1% in December 2023 against 9.9% in November 2023. This remains higher than desired however and is being improved through close monitoring, triangulation of clinician performance, and probing workshops for Health Advisors.

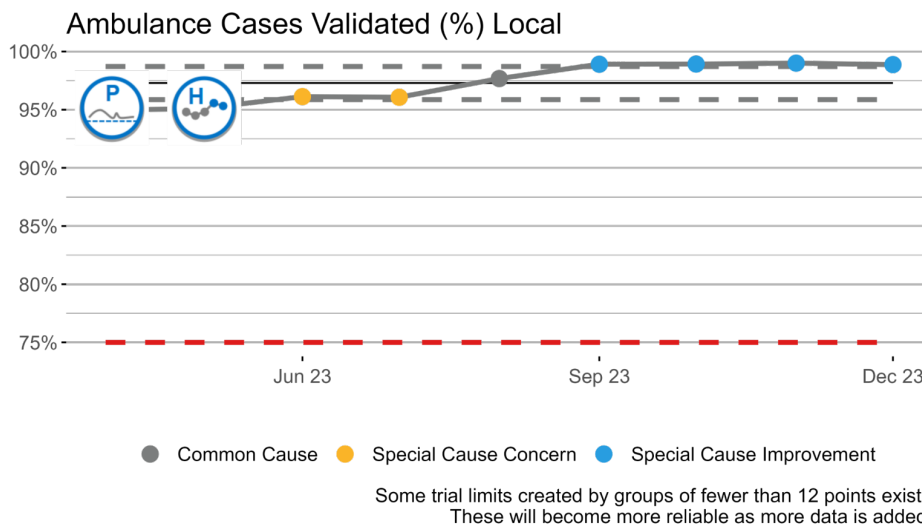


Figure 20: Ambulance cases validated SPC chart

Clinical Ringbacks within target has shown special cause improvement in November and December 2023 (Figure 21). For all ringbacks within target, December 2023 performance is 54.7%. Despite this improvement, it is off the target of 90% and work urgently continues to improve performance in this area. Rota management, clinical performance triangulation, and skill mapping are all being undertaken although high demand in the service has impacted performance in December.

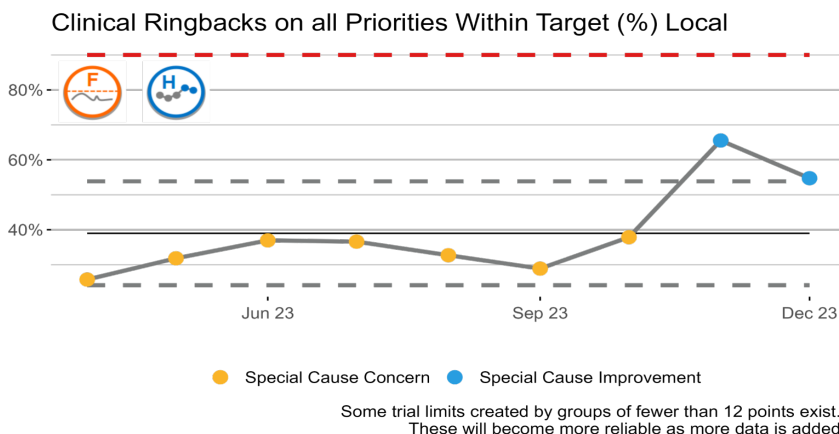


Figure 21: Clinical ringbacks on all priorities within target SPC chart

Cases closed with no onward referral continues to see rapid improvement and is reported as 58.9% in December 2023 (Figure 22). This is being achieved through addition probing workshops for health advisors and further support to maximise self-care.

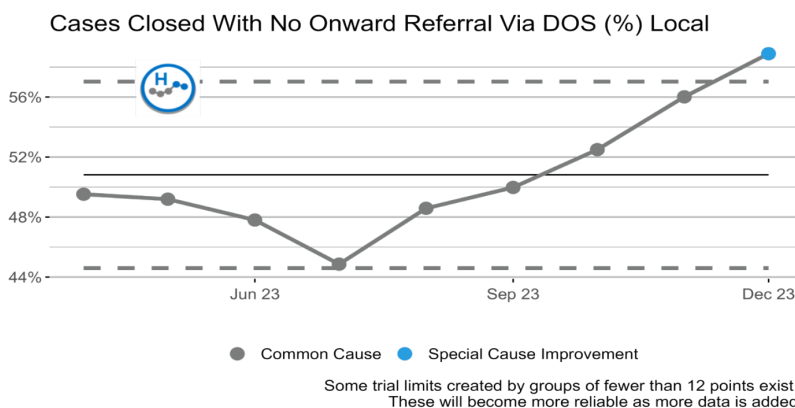


Figure 22: Cases closed with no onward referral via DOS SPC chart

7. Quality Regulation

The new framework for the Care Quality Commission (CQC) has launched in the East and London regions as of 8th January 2024.

In preparation for this, information has been shared with staff and managers across the Trust, with communication via the Trust intranet as well as Q&A sessions to explain the new framework in more detail. We are engaged with Ambulance Trust partners nationally on shared learning.

We will shortly be introducing a new regulatory module on our management system to improve our oversight of compliance and engagement across the Trust and inform our improvement plans.

The Trust remains in regular contact with the CQC, our last inspection was in December 2021 as part of a North East London (NEL) system inspection.

8. Quality Improvement

Quality Account & Quality Priorities

Planning for the Quality Account Priorities for 2024/25 continues with engagement with a variety of stakeholders, including staff, patient representatives, managers and commissioners.

The majority of this year's quality priorities are on track for completion for the November reporting period, with 4 rated as green and in control, and 4 rated as amber - off-track, but under control for completion.

2 Key Performance Indicators (KPI) are off track. Our KPI to achieve our C2 mean trajectory remains off track, however continues to demonstrate improvement against 2022/23 performance.

Our KPI to achieve 31% ROSC is off track and at risk. However, ROSC has remained consistently at 30% or higher since July 2023, representing an overall improved position since March 2023 (26%) with reduced variation month on month. The average scene to CPR time is trending down.

Figure 23 provides a RAG rated table against our quality priorities.

Quality Priorities		
1	Improve return of spontaneous circulation rates to 31%	
2	Deliver resuscitation update training to 85% of staff	
3	↑ Urgent Community Response provision	
4	Deliver spinal immobilisation training to 85% of staff	
5	Implement Clinical Guardian across 111	
6	Implement Category 2 Segmentation Programme	
7	Achieve a ≤30 minute C2 mean in line with trajectory	
8	Achieve a ≤10 second call answering mean in line with trajectory	
9	Achieve 90% hand hygiene audit compliance	
10	Implement audit software replacement	

Figure 23: RAG rating against quality priorities

9. LAS Improve

Following on from its launch at the Inaugural Annual Improvement Conference in October, implementation of LASImprove as our new approach to quality improvement continues with the development of a specialist Quality Improvement team. We have recruited two Senior Improvement Advisors and three Improvement Advisors, the first of whom start their new roles in January 2024.



Our initial focus for QI work as the team develops will be improving ambulance availability through work on reducing out-of-service and improving the start of shift process, as well as work on medicines management and the ambulance working day.

We are now running QI Clinics for staff involved in improvement work, with provision now in place for all staff undertaking QI projects as part of Our LAS Leaders 100 programme.

The 2024 Improvement Conference has now been planned for September 2024.

10. Freedom to Speak Up (FtSU)

55 concerns were raised in quarter 3. Themes include specific concerns in relation to behaviours in relation to worldwide conflict which were responded to with onsite support from senior management personnel.

Policy and procedure for FtSU have been updated, with the adoption of the national FtSU policy. In accordance with the FtSU improvement plan, two Deputy Freedom to Speak Up Guardians (1.5WTE) have been appointed and are now in post, bringing the team to 3.5 WTE. Recruitment for a further part-time Deputy FtSU Guardian is ongoing.

Assurance is given that all data has been submitted to the National Guardian Office Portal.

11. Safeguarding

The Safeguarding Assurance Group (SAG) continues to meet quarterly including external commissioner attendance. The Trust continues to actively participate in Brent Safeguarding boards.

All safeguarding policies are up to date, except for safeguarding allegations against staff which is currently undergoing amendments for alignment with the resolution hub framework. Staff awareness of safeguarding is evident, with referrals and concerns within the expected range.

Joint Targeted Area Inspection – Serious Youth Violence

We have participated in the Merton Joint Targeted Area Inspection in relation to serious youth violence in Merton. This included reporting on our joint work with Merton in response to serious youth violence and safeguarding, as well as a site visit from a CQC inspector. Initial feedback was positive in relation to our safeguarding processes and how these work to ensure appropriate information sharing with our partner agencies and that our referral content evidences the voice of the child. They were also complimentary of our training package, as well as the preventative work undertaken by our Public Education Team through their collaborative blue light project 'Safety First'.

Safeguarding Allegations Against Staff

Safeguarding allegations against staff have increased to 66 this financial year, mainly related to sexual safety, professional conduct, or inappropriate behaviour. The Trust has developed sexual safety and staff domestic abuse toolkits, these have been shared nationally and influenced the NHSE's sexual safety charter.

Training Compliance

Safeguarding training compliance is at 90.79% (level 1), 61.57% (EOC level 2), 90.22% (IUC level2) and 84.25% (level 3). Prevent training shows good compliance (Level 1: 93.20%, Level 2: 92.87%) and our first year of Oliver McGowan Training is approaching the target level (Tier 1: 79.06% completion). The LAS is actively responding to the draft code of practice consultation and planning for further training 2024/25.

Disclosure & Barring Service (DBS)

DBS recheck of staff with over three years since the last one is progressing well, with the majority signing up to the update service. As of 31st October 2023, the Trust has a 99.8% compliance rate for DBS checks. This represents the total number of recorded DBS checks in the Electronic Staff Record (ESR) as a % of those who are eligible for a check, 2,686 (40%) employees are currently subscribed to the update service (up 10% from June 2023). (Figures correct as of 16th Nov 2023).

12. Health, Safety and Security

Total of 120 RIDDOR incidents were reported to HSE during 2023/24 (up to end of December 2023). 68 (57%) of the 120 RIDDOR incidents reported were related to manual handling incidents. 33 (28%) of the 120 RIDDOR incidents reported were related to 'slips', 'trips' and 'falls' incidents. The Trust-wide RIDDOR reporting time frame (<15 days) compliance in December 2023 was 94%. Managing Safety courses continue with positive feedback. The MSK Working Group has met and a strategic risk assessment has been developed, along with updated Action Plans.

Current compliance for FFP3 fit testing is 68%, we now have 2 fit testers assisting with fit testing across the Trust until the end of the financial year.

A total of 563 physical assaults on staff have been reported for during 2023/24 (up to end December 2023). The greatest number of reported physical assaults (58%) occur due to the clinical condition of the patient; Police attended 52% of physical assault incidents. 12 successful prosecution for assault have been recorded during 2023/24 (up to end of December 2023). The recruitment of further Violence Reduction Officers positions has been agreed, for recruitment later this year. The LAS Violence Reduction Unit and EOC to meet with AACE Violence Reduction Hub to discuss and explore potential projects to support call takers facing abuse on calls.

Work is progressing to procure new body armour. Body Worn Video Camera (BWVC) distribution is 100% complete (65 sites have BWVC) and there are 806 new users since the launch of the BWV ESR Module leaving a total of 2313 trained BWV users. The team continue to work to improve uptake.

A Medical Devices Assurance Group is in place to oversee and lead on medical device management across the Trust. This is to ensure that high quality patient care continues to be delivered by the correct management of medical devices. A Head of Medical Devices post offer has recruited.

13. Emergency Bed Service (EBS)

In December, the EBS team dealt with 3,753 safeguarding and welfare concerns from our crews. This continues to be a historically high volume – an increase of 38% on the same period last year.

Falls and diabetes referrals in December show normal seasonal volumes. Work continues to develop an electronic method for reporting safeguarding concerns; a business case is almost finalised, and a provider has been engaged.

EBS continues to work closely with neonatal and maternity partners across London and beyond, to deliver both in-and ex-utero services, and to assist in the development and implementation of new In Utero Transfer guidelines for London.

14. Frequent Callers

651 Frequent Callers (FCs) were identified in December. This is fairly similar to last December's total of 640. However overall the trend is downward, decreasing roughly 15% over two years. Of these, 193 (30%) already have Universal Care Plans (UCPs); a significant improvement on 22% last year, 18% the year before.

The caseload is prioritised according to call volumes and other factors, with stepped interventions starting, where appropriate, with letters to the GP informing them the calling has come to notice, notification and discussion at local high-intensity user forums, escalating through second letters if no result, and often involving multi-disciplinary work to try to establish care plans or other settled and sustainable positions for more entrenched callers.

A letter, drafted by Head of FC Team, was sent out from LAS CEO to ICB CEOs in November asking for help in improving the number of 999 FCs with UCPs. This has resulted in discussions with FC Team and service partners in sectors, moving towards a number of improvement initiatives.

The FC Team have also engaged directly with the UCP provider to discuss improvements that will allow UCP to better support the LAS FC use case (e.g. clarity over consent, improved governance around review of plans etc).

Work is underway, in line with national work with FreCANN, to produce better data for internal and external reporting.

15. Clinical Education & Standards

The Education Governance Committee is progressing well, ensuring that Clinical Education & Standards have oversight & governance for education delivered across the Trust. Additionally, five vacant tutor posts have now been recruited to.

- Learners completed to date this financial year:

A total of 1066 learners have completed to date this financial year:

- NQP international = 101
- NQP Cumbria = 148
- NQP UK = 160
- EMT Upskill = 65
- AAP = 102
- NETS = 26
- HEI band AAPs = 50
- ECH = 148
- HA = 136
- CHUB = 47
- CHUB validation course = 83

- Core Skills Refresher: all below CSR's run until March 2024

- 3795 members of staff have completed 2022.3, 536 are showing as outstanding.
- 3074 members of staff have completed 2023.1, 1577 are showing as outstanding.
- 2047 members of staff have completed 2023.2, 2606 are showing as outstanding.
- 6016 members of staff have completed 2023.3, with an additional 557 booked in between up to 07/12/2023.

- Blue Light Driving (BLD) backlog:

- Total number on waiting list = 413
- Number on waiting list with a C1 = 83. Compared to 177 in June 2023.
- Number on waiting list without a C1 = 330

- Section 19:

Since April 2023; 216 assessments carried out in DCA and 244 in an FRU. We have offered approximately 480 spaces in a DCA since April but uptake has been poor, due to the operational delivery focus.

- Appraisals:

Departmental completion is below expected rates due to capacity restraints, with managers now supporting teaching duties to focus on delivery of the workforce plan.

- CE&S: October 81.95% and November 77.86%.

- Governance feedback requirement:

OfSTED target for completion 95%

- October 91.57% YTD.
- November 92.37% YTD.

QA audits: OfSTED target of <5%.

- October YTD 1.76%.
- November 1.55%.

OTLA completion (August 2023 - July 2024 reporting period): OfSTED target of 90% for the year

- October = 31, target was 45 by the end of October.
- November = 40 undertaken to date. Target was 60 by the end of November

OTLA grading: OfSTED target of 80% good or outstanding.

- October - 83%,
- November - 95%.

16. Resilience & Special Assets

Following the annual assurance review in November by the NHSE London EPRR team, the final report has been received. The LAS was rated substantially compliant for both the NHS core standards for EPRR and the Interoperable Capabilities. The review team recognised the hard work that the organisation had put into their EPRR and Business Continuity arrangements especially in light of the challenges of the last 12 months.

New Year's Eve saw additional LAS staff within the event footprint and the Special Operations Centre, Newham providing clinical care to those celebrating the central London fireworks event. As we move into 2024, event planning is initially focusing on the central London marches, followed by London Marathon in the spring, where the LAS are potentially providing care to marathon participants in sectors 1-3 of the course.



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – January 2024

Quality Report – reporting on November 2023 data

This report focuses on the quality of care provided by London Ambulance Service. It should be read in conjunction with the quality performance report (which we are currently refreshing) to provide the Trust Board with an overview of quality across the Trust.

The report covers three domains:

- Safe
- Effective
- Caring

1. Safe

In this section we will review the areas which are under the safe domain and how we protect our patients from abuse and avoidable harm. This is covered in the Quality Report pages 6 – 23.

1.1 Maintaining Patient Safety

As has been reported in the combined performance report, during last reporting period we continued to see pressures across the whole Urgent and Emergency Care and Health and Social Care systems.

Oversight of patient safety, at periods of high demand, is maintained through use of the 999 and / or Integrated Urgent Care Clinical Safety Plans (CSP). CSP provides a framework for LAS to maintain clinical safety and deliver the fastest response to our sickest and most seriously injured patients in situations where the demand for the service is greater than the available resources. The Clinical Safety Plan (CSP) has now been revised based on learning from winter 2022/23 and to align the LAS plan to national framework of 4 levels.

1.2 Safety incidents - 999

The number of patient safety incidents reported indicates a transparent and supported reporting culture. The top 3 'no harm' categories in November 2023 were medical equipment (128, up from 96 in last reporting period), dispatch and call handling (75, up from 53 in last reporting period) and access/transfer/handover issues (65, down from 77 in the last reporting period).

Medical equipment, controlled drug incidents (ampoule breakages and documentation) and security and violence are the top three overall incidents reported.

The medical equipment incidents primarily relate to missing equipment. "The Fixing the Basics Quality Improvement Programme" aims to identify and resolve Trust wide issues reported by end users using Quality Improvement (QI) methodology. One project, under Phase 1, was focused on "Equipment Availability" where a broad stakeholder group worked together to identify issues with the availability of medical equipment. As a result, a new monthly Supply Chain Fusion Group commenced aiming to work on processes around 'kitting up' empty ambulances, 'de-kitting' decommissioned vehicles and maintaining the relationship between the teams who assist with the 'Pallet to Patient' journey of our medical equipment. Results include:



- Revised minimum, maximum and current stock levels at each station.
- Reviewed process of getting medical equipment from our logistics warehouse out to hubs.
- 80% of Life Packs serviced, with warehouse teams being trained on how to do this themselves to save the need for an external contractor to come in.
- Implementation of an auto replenishment stock system at the hubs, which feeds back to the warehouse when stock levels drop below a certain point.
- Fine-tuned reporting methods via Datix and out of service to understand what equipment is missing, alongside reoccurring faults, using a daily dashboard

Phase 2 was commenced in January 2024 with one work stream being “Managing our Assets”. This piece of work will continue to work with the make ready and logistics teams to undertake the training required to scan assets on and off ambulances. It will also engage operational teams to identify a better process for reporting and sending back faulty equipment to the warehouse for repair. Work is also being undertaken to streamline reporting processes.

The “Fleet Tethering Programme” aims to tether ambulances to group stations, moving us away from the flexi-fleet model. By tethering the fleet, workshops, group stations and make ready have more ownership of the vehicles as they will “belong” to that group. Better accountability will be achieved when items of equipment get damaged or go missing. This programme has currently tethered 2/5 of London with the full roll out planned to be completed in February 2024.

The incidents relating to controlled drugs are reviewed by the medicines management team to identify trends. There have been no unaccounted for losses of morphine. Incidents relating to documentation errors and breakages are fed back to clinicians by their Clinical Team Manager so learning can take place. The number of ampoule breakages has increased slightly but this needs to be seen in the context of the roll out of an additional controlled drug which has doubled the number of transactions undertaken.

1.3 Safety incidents – 111 / integrated urgent care (IUC)

The number of incidents reported within 111 / IUC has increased over the last few months for both no harm and low harm incidents. This is attributed to the positive reporting culture being fostered by the local management teams within 111/ IUC and feedback being given to reporters. This ensures a positive experience for both staff reporting incidents and team managers in the incident management process.

The top 3 incident categories in November 2023 were communication, care and consent (79), call handling (65) and security – violence, aggression and abuse (27).

Within the communication, care & consent category this includes reporting where ambulances have been dispatched without having been able to contact the patient. There are also a number of communication issues with other downstream providers where there have been delays to make referrals. These are reported to the individual services and raised with the Integrated Care Board leads for review and learning.

In the call handling category, the main sub category is failure to record demographics. This includes where telephone numbers and names of Patient’s have not been recorded correctly within the clinical record. We are reminding staff of the importance of obtaining the correct demographics and this is



also covered thoroughly in training for new starters to ensure staff understand the importance of accurate documentation.

Sadly, we have seen an increase in verbal abuse being directed at our Health Advisors. This is a trend that has been seen across the region and not just LAS 111/ IUC. We are working closely with our Violence Reduction Unit to support staff affected by these calls. Where appropriate these abusive callers are reported using the correct mechanism. All staff are fully supported by local management through this process and welfare support offered.

1.4 Overdue incidents

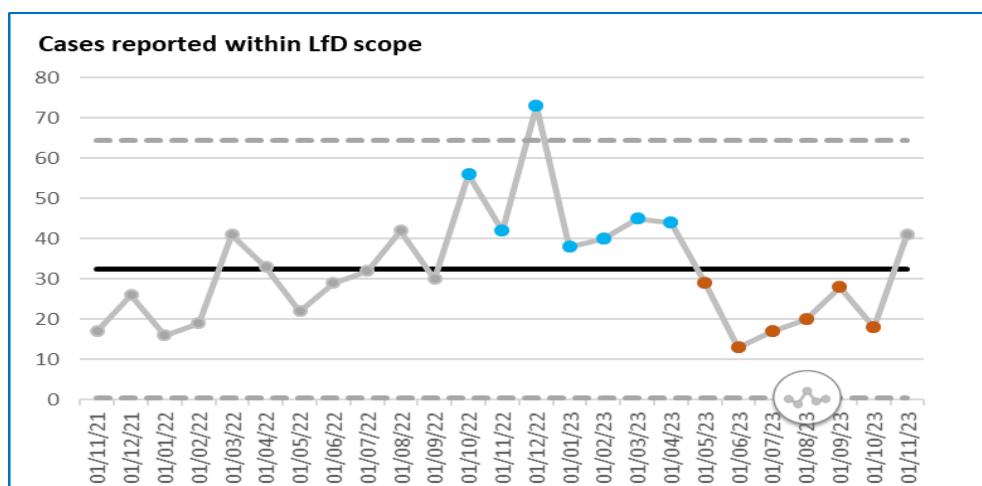
All reported incidents are reviewed to ensure transparent and supportive investigations are undertaken, in line with the Patient Safety Incident Response Framework, to identify and learn from themes. The number of reported patient safety incidents continues to indicate a healthy reporting culture.

There are 855 overdue incidents (a slight increase from 821) which have been open on the system longer than 35 days (this excludes those being managed under the PSIRF framework). This breaks down further to: 407 Patient incidents, 177 Staff incidents, 252 Trust related incidents and 19 visitor incidents. The improvement seen following the focus on reviewing and actioning overdue incidents has plateaued over the period of higher operational pressure and a quality improvement project has been commissioned in response to this.

1.5 Learning from Deaths – November 2023

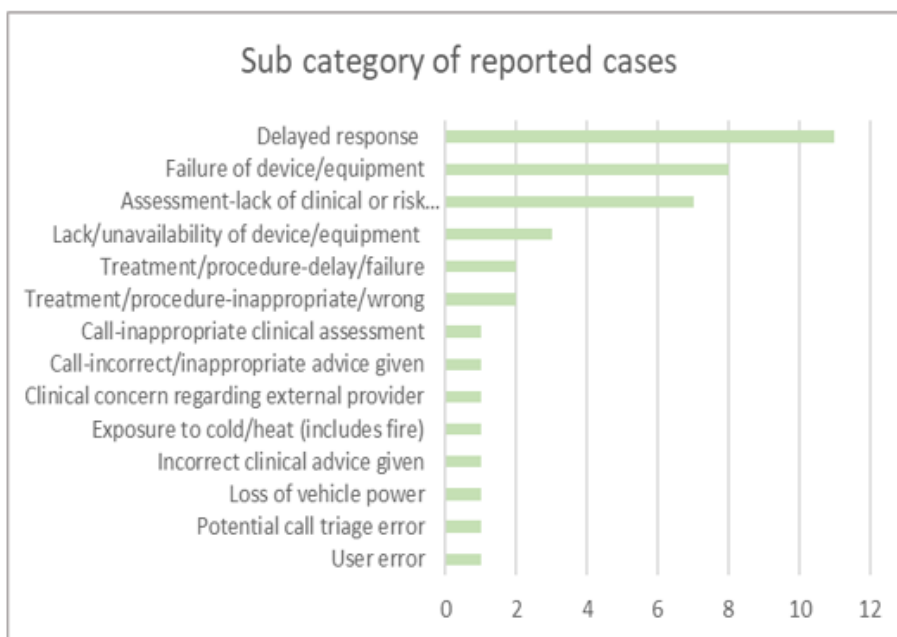
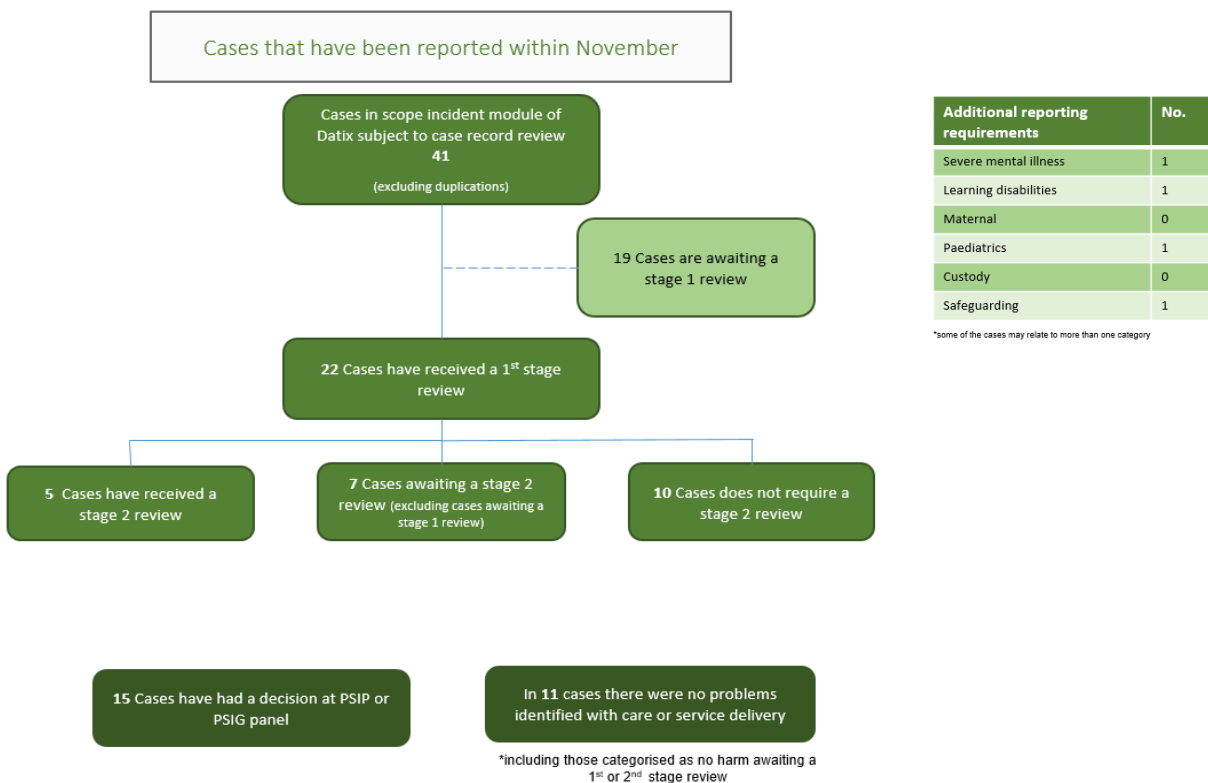
The National Quality Board *National guidance for ambulance trusts on Learning from Deaths 2019* and *National guidance on Learning from Deaths 2017* provides the framework and methodology to gain the information required.

LAS includes all deaths where ambulance service personnel, other health and care staff and/or families or carers have raised a concern about the care provided, including about end-of-life care.





The main sub category themes in November are: delayed response, clinical assessment, lack of equipment and failure of equipment. These have been common themes over the past 3 months.





- Delayed response: There has been an increase in comparison to the previous 3 months due to the increased service demand; these have been reviewed via the PSIRF framework and whilst the patient experience fell below the expected standard for LAS the cause was multifactorial.
- Clinical assessment cases: There is no theme in the actual condition and treatment reported.
- Lack of equipment cases: All 3 cases relate to different pieces of equipment – there is no common theme. Unannounced inspections are occurring as part of the governance for make ready to ensure adherence to stocking guidance. No harm in patient care was found any of the cases.
- Failure of equipment: Of the 8 cases, 6 cases relate to failure of the Life Pak 15 to read the end tidal, one case was due to a faulty bag-valve-mask device and in the final case the power of the Life Pak 15 faltered. No harm was identified in any of the 8 cases. Following an external recruitment process, the Trust have recruited a head of medical devices who will be starting soon and will be supporting the oversight and improvements outlined above.

1.6 Infection Prevention and Control (IPC)

Hand hygiene compliance rate for November 2023 was 92.3%, down from 97% in the last reporting period. This score continues to exceed the Trust performance target (90%). All ambulance group stations submitted data this reporting period with the overall submission for November was 321, which is over double the last reporting period which was 150.

Overall Trust compliance for premises cleaning November decreased very slightly from 97.4% to 97% but continues to exceed the Trust performance target of 90%. All stations achieved over the minimum score of 90%. A technical issue was identified as the cause of two stations having not submitted audits and this has been addressed and rectified.

1.7 Safeguarding

Compliance on Safeguarding Level 2 and Level 3 has been set at 85% with the agreement of our commissioners. Safeguarding training (Level 1 Trust wide) is at 91%. Level 2 Adult and Children training for 999 operations/111 is 70% and Level 3 Trust wide is 86%. 999 operations have shared their improvement plan which is being monitored through the local governance meeting, the Patient Safety and Clinical Effectiveness group and the Executive led "Focus, Forecasting and Review" meetings.

2. Effective

This section considers whether LAS is providing an effective service by which we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. This is covered in the Quality Report pages 24 - 33.



2.1 Clinical Performance Indicators (CPI)

Every month the Clinical Audit & Research Unit produce monthly CPI reports and progress charts. Clinical Performance Indicators (CPIs) are a tool used to continuously audit the care the Service provides to 9 different patient groups. The completion of the roll out of team based working in sectors has seen an improvement in the completion of CPIs with an increase to 82% in November 2023 from 72% in June 2023 when team based working was not pan-London. 8 group stations achieved 100% and should be congratulated on this. We have also seen an increase in the numbers of face-to-face feedback sessions. CPI training was delivered to 23 paramedics and the CPI auditor identified and reported 34 patient safety incidents and discussed 8 potential retrospective safeguarding referrals with the safeguarding team.

2.2 Clinical Ambulance Quality Indicators

Through our clinical registries we continue to monitor and report the care provided to patients experiencing either a cardiac arrest, ST elevation myocardial infarction (STEMI), or a stroke. We submit this data to the NHS England Ambulance Quality Indicators (AQIs) programme, enabling the benchmarking of the quality of care across all ambulance trusts in England. There is always a time lag in receiving national end-to-end patient data however this is now being produced monthly. The Quality report for November 2023 includes the July 2023 clinical outcomes data which were published on 14 December 2023.

In July 2023 for patients in cardiac arrest the proportion of patients who had return of spontaneous circulation (ROSC) on arrival at hospital was 30.5% against a national average of 27.6% and in the Utstein comparator group (patients with cardiac arrest of presumed cardiac origin where the arrest was bystander witnesses and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia) was 61.1% against a national average of 52.2%.

Overall 8.9% of cardiac arrest patients survived 30 days against a national average of 8.5% and for the Utstein group the survival was 27.8% against a national average of 26.6%.

The post ROSC care bundle was delivered to 80.9% of patients (national average 72.3%).

For our stroke patients the mean average time from call to arrival at hospital was 86 minutes against a national average of 93 minutes.

For our STEMI patients the mean average time from call to catheter insertion for angiography was 2 hours and 10 minutes against a national average of 2 hours and 23 minutes. This was an improvement of 13 minutes compared to June 2023 and 11 minutes compared to May 2023. The LAS provided the full care bundle to 71.2% of patients (compared to 76.4% national). The sector senior clinical leads are leading the improvements in the delivery of the STEMI care bundle. The challenge remains administration of analgesia and we have a number of pieces of improvement work on-going, being led by the SSCL and QGAMs, including use of case studies at the Team huddles, local teaching and case based discussions and use of positive feedback. Early information is this is resulting in an improvement (in particular in NCL) however we are waiting for the overall the results. In addition, a piece of work is underway to look at ePCR and see if prompts and mandatory fields could be used.



2.3 ST - Elevation Myocardial Infarction (STEMI or Heart Attack) Data – November 2023

A heart attack, or myocardial infarction (MI), is caused by a sudden blockage of the blood supply to the heart muscle. It is therefore vital that blood flow is quickly restored through clinical interventions such as primary percutaneous coronary angiography and stenting. This procedure is time critical and the target time from call to angiography target is 150 minutes. Our most recent data indicates:

- In November 2023, 277 patients were attended by LAS and had a confirmed STEMI, slightly more than the previous report
- 86% of patients subsequently confirmed as having an ST elevation myocardial infarction were categorised at the point of 999 call triage as a category 2. This is a 5% increase on the September 2023 data which indicates good call handling.
- 98% of the patients were conveyed to the correct destination and 73 % of patients had received the complete care bundle.
- The average clock start to on scene time was 40 minutes and the average time from clock start to hospital arrival was 101 minutes.

Category 2 calls continue to account for over 60% of 999 calls. Early dispatch to patients who have chest pain is a priority. The national category 2 segmentation process is now embedded in London and has increased double crewed ambulance (DCA) availability released through safely supporting patients to alternative healthcare options means other patients who need an emergency ambulance receive it faster.

2.4 Cardiac Arrest Data – November 2023

Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) which includes signs of breathing, coughing or movement or a palpable pulse or measurable blood pressure is the main objective for all out of hospital cardiac arrests, and can, in some cases, be achieved through immediate and effective treatment at the scene. The key to increasing the chances of achieving return of spontaneous circulation (ROSC) are the speed of starting basic life support and defibrillation when the patient is in a shockable rhythm. Our November cardiac arrest data indicates:

- 1112 patients in cardiac arrest were attended by LAS compared to 946 patients in September 2023
- 398 patients had resuscitation commenced.
- 81 patients were in a 'shockable rhythm' on arrival of LAS and defibrillation occurred within 3 minutes of arrival with the patient.
- For all patients in cardiac arrest return of spontaneous circulation was achieved in 29% of patients.

2.5 'Chain of survival'

Cardiac arrest survival increases the earlier we can start the 'Chain of Survival' with chest compressions and defibrillation – this is often started by our volunteer community first responders. The swift actions of passers-by can also make the difference between life and death. We are working hard to encourage members of the public to be trained in basic life support and become London



Lifesavers (find out more and register for training here: <https://www.londonambulance.nhs.uk/getting-involved/become-a-london-lifesaver/>).

2023	August	September	October	November	December
Year 8 school children trained			465	158	265
Total London Lifesaver Numbers	6,657	7,129	8,577	9,091	9,572
Public access defibrillators (PADs)	8,607	8,880	8,910	9,230	9,266
PAD activations	8	17	6	10	6
Return of spontaneous circulation	6	12	3	5	5

2.6 Mental Capacity Act (MCA) Training

Assessing a patient's mental capacity can be challenging when patients are injured, seriously unwell or distressed. This has been identified through the review of patient safety incidents. Capacity means the ability to use and understand information to make a decision and communicate any decision made. Compliance with training is good and the previous risk identified has now been closed.

2.7 Call handling quality assurance

Over the Autumn a high number of 999 emergency call handlers (ECH) have commenced. The quality assurance of calls is on-going with the quality assurance team supporting the new ECHs and working with performance managers and trainers to identify themes and trends and monitor improvement action plans which are in place. In November 2023 the data was submitted to the International Academy of Emergency dispatch for re-accreditation as an Accredited Centre of Excellence (ACE). This is the 3-yearly process where LAS has to submit evidence against 20 points of accreditation. ACE designation is reserved for high-performing agencies that consistently put in the work to achieve excellence.

In our 111 / IUC services whilst high numbers of audits continued to be undertaken in our integrated care services the number fell below the 100% for both health advisors and service advisors in November 2023 due to increased sickness and call demand. Team managers are undertaking 2 audits per month for their members of staff and good pass rates are being seen. Where learning is identified as part of the audits feedback is provided and supportive plans agreed to embed the learning.

3. Caring

This section considers whether the service we provide involves and treats people with compassion, kindness, dignity and respect. It is covered in the quality report pages 34 - 37

As the only pan-London acute provider LAS has a unique insight into the health inequalities being experienced by Londoners. The COVID-19 pandemic has exposed, widened and exacerbated existing health inequalities in our city. Too many Londoners are suffering ill health as result of social and economic challenges and this increases the demand for health and social care particularly through the urgent and emergency care pathways.



3.1 Health Inequalities

Since the last Trust Board the approach to tackling health inequalities, as part of the LAS Strategy, was agreed in the Transformation Board which is part of the Executive committee. It was agreed that the two main areas of focus would be to understand the experience of pre-hospital care provided by LAS to pregnant women and new mothers of BAME background and sickle cell patients. Third sector organisations who represent patient groups were contacted and invited to engage with us. We have received expressions of interest from three organisation groups, with whom we will be working. The organisation groups will be conduct patient engagement work and provide an output report with recommendations for the Trust and wider ambulance sector. Internally steering groups made up of subject matter experts, strategy team, LAS network representatives and operational colleagues are supporting the work.

3.2 Mental Health Care

Ensuring our patients presenting with mental health receive the best possible care is a key focus. We now have 5 - 6 mental health joint response cars operating each day taking a combined physical and mental health response to these patients.

We are expanding our mental health support for patients with recruitment of mental health specialists to work within the 999 emergency operations centre to assist with remote mental health assessments and support EOC staff managing mental health emergency calls. This is an exciting step and will see better care provision to mental health patients who do not require a face to face response.

There are 16 mental health specialists now in post, and a further 6 who have been offered posts within the LAS. The final 6.5 posts are now out to advert. They will also be able to provide specialist advice and decision making support within the control room.

3.3 Right Care Right Person (RCRP)

The beginning of November saw the launch of the Right Care Right Person (RCRP) programme across London. In preparation LAS worked closely with the Metropolitan Police Service (MPS), other NHS colleagues and local authorities around the implementation to ensure a collaborative approach to providing better care for mental health patients.

The multi-agency programme considered 4 areas:

- Concern for welfare of a person
- Patients who leave a healthcare setting before discharge
- Transportation for physical and mental health patients, and
- Patients detained under section 136 of the Mental Health Act.

On average the number of calls received is around 150 – 180 per day. There remains close working across all organisations to share learning and to date there have been no declared patient safety incidents.



3.4 Maternity care

We are on track to deliver face to face maternity training to over 150 clinicians per month through the teams based working. This is supplemented by monthly webinars and bespoke training.

In response to learning from patient safety incidents about breech births the LAS maternity team have led the updates to the JRCALC guidance – to support these changes a training package has been recorded and is available in the intranet.

Also, in response to feedback from clinicians both internally and externally Transwarmer mattresses are being rolled out across the operational Clinical Team Manager vehicles. In addition, the new maternity kits are now in place with new-born life support kit within the maternity kit bags which includes new born thermometers.

3.5 Frequent callers

We continue to work closely with the 5 Integrated Care Boards (ICBs) to ensure that frequent callers have urgent care plans to allow LAS to support the patient along a pre-agreed management plan. Of the 621 new and existing frequent callers 24% have an urgent care plan and 12% have contacted LAS over 50 times in 3 months. There is good engagement with ICBs who are supporting the development of urgent care plans.



London Ambulance Service
NHS Trust

Assurance report: Quality Assurance Committee

Date: 09/01/2024

Summary report to:	Trust Board	Date of meeting:	30/01/2024
Presented by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee	Prepared by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee

Matters considered:

Key topics discussed at the January meeting of the Quality Assurance Committee (QAC) were as below:

Quality Report

QAC had reviewed the Quality Report based on November 2023 data and noted a continued increase in incident reporting, particularly of no and low harm incident. QAC had discussed whether this was a reflection of an improved reporting culture within the Trust.

It was noted that there had been an increase in medical equipment reporting and a deep dive was being undertaken into this and the Medical Equipment Working Group was working to fully understand the issues.

In relation to the reported increase in death harm incidents, the narrative in the Quality Report noted that these incidents were most mostly dispatch related. QAC stressed the need to fully understand the reasons behind this increase and to make this clear in the narrative around the data reporting. It was confirmed that the quarterly Learning from Deaths report was currently being prepared and would bring this out in a clear manner, and that going forwards the narrative in the Quality Report would also do this.

In terms of increased incident reporting levels, QAC was informed that as teams based working becomes more embedded, it was likely that the Trust would see a continued increase in the number of incidents being reported, because of the link between teams based working and psychological safety.

In terms of mandatory training, QAC noted the month on month improvement since September 2022.

QAC noted that whilst Mental Capacity Act training was above target, in terms of application and when looking at the number of incidents it appeared that there were ongoing issues. It was acknowledged that there were differing levels of confidence among crews around application of documentation related to the Mental Capacity Act and a retrospective audit was being undertaken of all the notes where the Act had been used or should have been used to try and identify and address the deficiencies in terms of application of learning. It was also agreed that consideration should be given to including the consistent application of Mental Capacity Act training on the Corporate Risk Register.

In response to a query about why maternity face to face incidents were on a downward trend, QAC was informed that more queries were being managed on the telephone, reflecting work on education at the antenatal stage around when to call an ambulance.

It was confirmed that in quarter 4, a review of all of the content of the Quality Report would be undertaken to ensure it was more focussed and made more 'digestible', and covered the full breadth of services provided by LAS.

Quality Account Priorities – Update

QAC received an update on progress against the 2023/24 quality priorities noting that the majority of priorities were on track for completion, with 4 rated as green and in control, and 4 rated as amber - off-track, but under control for completion. 2 KPIs were off track; improve return of spontaneous circulation rates to 31% and achieve a ≤30 minute C2 mean in line with trajectory. It was confirmed that although there had been an improvement in C2 performance compared to last year, it was likely that the priority would remain as red.

In terms of quality planning for 2024/25, QAC agreed that it would be important to link these in the context of the sector wide focus on productivity and constrained funding. It was agreed that further discussion of this topic should take place at a Board development day.

999 Performance Update

QAC noted that performance had been stabilising and improving as LAS moved into January. A number of actions had supported this, including improved call handling in the control room and introduction of the new clinical dispatch model across all five sectors which was having a positive impact particularly in terms of enabling the use of alternative methods of response. This was borne out by the increase in hear and treat numbers in each of the sectors.

Resourcing available for ambulances has also been increased, specifically throughout the night hours. Work was also ongoing around tethering the fleet across the sectors over the coming months.

In terms of the 45 minute handover, this was now live in all 5 sectors and had contributed to a reduction in the number of hours lost whilst waiting to hand over.

In terms of Right Care Right Person, it was noted that roll out had gone smoothly although there was still an impact on resources, particularly in terms of a higher number of S.135 pre-bookings which was utilising quite a lot of capacity on a daily basis. Work was being undertaken to quantify the S.135 and S.136 work volume to understand the operational model and workforce required to meet this demand.

CQC Update

QAC had received an update on the new CQC assessment framework which goes live for all registered providers in London and East of England region on the 9th January 2024.

Clinical Safety Plan (CSP) Update

QAC had received an updated CSP, the changes to which had been based on learning from winter 2022/23. It was noted that the CSP provides a framework

for LAS to maintain clinical safety in situations where the demand for services is greater than the available resources via a set of tactical options that are flexible and immediate and enable LAS to dynamically react to situations to ensure patients with the most serious conditions or in greatest need remain prioritised to receive services.

Risks:**Board Assurance Framework**

QAC had approved a proposal to reduce two risks on the Board Assurance Framework:

Right Care Right Person – the increased workload had not been as high as anticipated and it was proposed to reduce the score from 16 to 12. The position was being carefully monitored through the daily huddles and Staffing and Forecasting to ensure that oversight was maintained. QAC agreed that the scoring should be reduced from 16 to 12 on the proviso that surveillance was maintained.

Quality standards in stoke, cardiac care and cardiac arrest – it was agreed to reduce the score from 16 to 12.

A potential new risk arising in relation to resourcing of S.136s was noted.



London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 30 January 2024

Report from the Chief People Officer

1. Executive Summary

Recruitment & Retention

Recruitment to the Trust Workforce plan continues at a positive rate. The current pipeline is at circa 550 candidates at conditional offer stage (400 of these are for frontline roles, and 150 call handlers).

Turnover has remained at 10% and the number of frontline leavers has remained positively below plan.

Wellbeing

The Wellbeing Hub continues to provide support to all colleagues and volunteers five days a week 0900-1700 with a full range of mental health support services for all colleagues, including an extended psychotherapy offer for colleagues who have complex or historic PTSD.

The internal 'Flu vaccination programme continued across the Trust with colleagues offered the vaccine at huddles, training days and contact centres. Although there was no internal Covid-19 vaccination programme, colleagues were encouraged to access the vaccine via the National Booking System, and the Trust was fortunate enough to host several clinics on our sites where external partners co-delivered the Covid-19 and flu vaccines.

In order to reflect the additional pressures that arise over the winter months, the Wellbeing team heavily promoted access to a range of financial and mental health support services, including 24/7 help for those in crisis. There was also an increase in the number of wellbeing support vehicle and wellbeing cafe shifts with enormously positive feedback from staff, particularly for the wellbeing support provided on Christmas Day and New Year's Eve. The Wellbeing Team were also able to utilise funds to ensure that all colleagues working over the Christmas period had some festive food on their station or site.

The Wellbeing Team have been working closely with colleagues from the People and Culture directorate to conduct a "Stay Conversations" pilot. These conversations aim to provide a better understanding of the experience of colleagues as they begin their LAS career and will take place within the first six months of their employment. To date more than 40 of these conversations have taken place – the themes will be analysed and presented to the Trust retention group with a view to deciding if the programme should continue, and what actions can be taken to improve the experience of new starters.

Preparations are underway for a larger focus on physical wellbeing in 2024, with initiatives including functional movement programmes, individual health plans and how we can promote

“Dry January”. To support this, nine members of the Wellbeing Team have now been trained in health coaching and will be able to support colleagues to achieve healthier lifestyles. There has also been a significant transition to the use of a new platform hosted by our physiotherapy provider which can help colleagues self-manage injuries where it is safe to do so and physiotherapy is not appropriate.

Supporting Attendance

Absence spiked in December increased to 7.5% largely due to seasonal increases in coughs, colds, flu and chest and respiratory problems, with mental health and related absence reasons also being a significant factor. Given the progress throughout the year in supporting staff back to work (absence <6%), this spike has been raised as a risk in the Supporting Attendance Group and the HRMs are undertaking an audit to identify trends/ themes and to provide assurance that any staff triggering the SAP process are being supported to improve attendance.

OD & Talent Management

As previously reported we had been successful in securing Greater London Authority for Jobs and Skills for London funding. We have just had our first cohort of Londoners onto the *Our LAS Inclusive Response Programme*, and they have made a fantastic start to their career pathways at the LAS.

These pre-apprentices were delighted to meet Chief Paramedic, Pauline Cranmer, as part of the programme and enjoyed an opportunity to ask her about her role and her experience of working in the Service.

In support of our pre-apprentices are a new programme team comprising: Employability Skills (ES) Trainer, ES Coach (x2 roles) and ES Learning Support. These new members of the OD & Talent Team come from wide and varied areas of the LAS including NETS, 111, Make Ready & Scheduling.

Our pre-apprentices have completed their week of listening shifts at Barking with our 111 colleagues, and early feedback is that they have found the experience to be insightful, inspiring and educational. We are now in the process of assessing individuals for our February cohort, and are in discussions with DWP partners to increase the pan of referrals to support people into work in the LAS from all over North East London.

Our next steps for the programme and stakeholder panel is to analyse the data from the current and future cohorts, now that the programme is underway, to start to gain an insight into the impact that the programme is having on increasing the diversity transitioning into frontline roles. As our commitment to Quality Improvement, the programme team and stakeholder panel will also be reviewing areas of success, strength, and areas for improvement from the January cohort, to inform any necessary changes for our next.

P&C Operations

Recruitment

In Q3 we have continued to see a very positive performance by the recruitment team with strong pipelines and fill rates.

- **Paramedic recruitment** - Year to date we have filled 314 of the 324 training places which is ten behind plan. The international pipeline remains strong with over 170 candidates offered. The next International Trip to Australia is planned for February, where interviews will take place over Melbourne, Brisbane and Sydney.
- **AAP Recruitment** - Year to date we have filled 183 of the 207 training places which is 24 behind plan. The pipeline is positive with over 75 candidates offered. The team have attended a number of recruitment events to continually improve the pipeline numbers.
- **Call Handling Recruitment** – Positive fill rate of 100% achieved in EOC call handling. The pipeline is strong with 80 candidates at offer stage and this will continue to grow with Super Saturday and assessment events on-going.

111 call handlers – we achieved a 98% fill rate in Q3 and the pipelines have improved with over 60 candidates at offer stage. The recruitment team have attended community events where they actively promote 111 and 999 roles to boost the pipelines and work continues with outreach events in the South, to boost the pipeline for Croydon.

Corporate/Specialist recruitment – there continues to be significant recruitment activity to support the frontline including recruitment into Advanced Paramedic Practitioners, CRU, TRU, HART, HEMS, PCN Programme, Mental Health and Community Resuscitation roles. We currently have over 80 candidates at conditional offer stage.

Retention

Turnover has remained at 10% during Q3 and the number of frontline leavers has remained positively below plan (-53fte). The stability rate which measures the 'stay' rate for staff over a 12 month period averages 85% for the year. We have low turnover rates across the Ambulance Sectors ranging from 6% to 10%, NETS (8%) and Resilience and Specialist Assets (6%). Call handling turnover remains an area of concern although we have seen improvements in 111 (now 27%, down from 40% six months ago) and 21% in EOC. There are a number of key retention initiatives in progress covering flexible retirement, stay conversations and personalised holistic health plans (piloting in 999 and 111 call handling) and a review of the internal exit interview process to improve intelligence on reasons for leaving.

Supporting Attendance

Ambulance Operations focus continues to show grip and dedication through the FFRs. 999 have improved health and wellbeing as part of their transformation planning and 111 plans are being developed on the back of MDT reviews.

The 'you said, we did' consultation will lead to refining the use of external management portal and GRS, freeing up time and capacity for attendance management and wellbeing management.

Employee Relations

A review was undertaken into the effectiveness and performance of the HR Hub and an improvement plan is underway that will focus on timeliness of decision making, customer service and improved triage processes. Since its' introduction, there have been reductions in

overall numbers of formal cases, though volumes are still high and there are opportunities to resolve more through informal approaches.

The HR Teams have now been devolved in operational areas (Ambulance Operations, 999 and 111) and are reporting to local operational leads. The teams are fully established and receive support and guidance in the management of their caseloads from the central team including the new head of Employee Relations. A training and development programme has commenced that will enable the teams to manage the change to devolved working in the most effective way.

Workforce Intelligence, Payroll & Pensions

DBS checks

As at 31st December 2023, the Trust has a 99.8% compliance rate for DBS checks. This represents the total number of recorded DBS checks in the Electronic Staff Record (ESR) as a % of those who are eligible for a check.

The DBS rechecking programme has been designed to recheck those substantive and bank staff who have a DBS check which is 3 years or older as at 31st March 2024. The programme is running from September 2023 to March 2024, after which we will then move on to those who have a check which is three years or over as at 31st March 2025. This will be circa 1,500 checks.

A key deliverable of the programme is to ensure that staff subscribe to the DBS Update Service. This brings a number of benefits to both staff and the Trust and once achieved means that we will not have to repeat the rechecking process in future years, thereby saving time and money. We currently have over 3,000 (45%) staff subscribed to the update service which is up 15% from June 2023.

The 2023/2024 programme is progressing very well with 98% of the 3,553 staff having been contacted. We have to date received 1,800 clearances with 15 returned with information which requires review by HR and the line manager. We are awaiting the results from a further 117 checks which should be completed during January.

Workforce Planning 2024/2025

Discussions are on-going to further develop the resourcing requirements for 2024/2025. As a number of teams are forecast to be fully established or have a minimum number of vacancies at the end of this financial year, most recruitment requirements are based on the need to replace leavers, internal movers and recruiting to any existing vacancies. This work will continue, reporting via the Trust's Workforce Group to identify the 2024/2025 recruitment numbers in Ambulance Operations, 999 and 111 Services. A bespoke executive & leadership management event is being organised for February to discuss 2024/2025 requirements and to ensure there is alignment.

Payroll & Pensions

The payroll team have had a very busy December preparing for the early payday which went very well. There has also been significant activity in the team to support the forthcoming increase in the London Living Wage for our 400 Make Ready staff, Cleaners and Fleet teams. We have published the draw-down (partial) retirement options for managers which started from 1st October and this provides useful information on flexible retirement covering both retire and return and draw-down (partial) retirement. Both of these flexible retirement options are key to retaining our skilled and experienced staff across the Trust. We have started running weekly pension Q&A drop-in sessions for staff and over 400 staff have subscribed to our Payroll and Pension Hub channels. More work has been undertaken to more widely publicise the benefits of the NHS pension scheme and this is now included in our induction material.

Scheduling

Winter Planning – there has been significant activity in the scheduling team to support winter planning activities, all of which are discussed twice weekly at the staffing and forecasting group. Positively, full relief planning has not been required this year due to all complexes being team-based working. There are some annualised hours/flexible hours staff to whom shifts have been released earlier this year (compared to last year) to improve staffing. Historically this has tended to be three weeks before Christmas which is when we normally open up the overtime requests. Scheduling have reviewed the staffing over the Christmas period and are liaising with Ambulance Services and other teams to prepare the Christmas Bulletins to maximise take-up of overtime (these need to be published in the next two weeks). The Head of Scheduling has reviewed the scheduling team staffing and have ensured that there is management cover during the key periods.

4. Health and Wellbeing

Occupational Health

Optima clinicians have been running clinics across London since May 2023 in order to ensure colleagues are up to date with their immunisations. There are now eight clinic locations across London, including at our training stations and in all five sectors on LAS estate. The Wellbeing Team and LAS lead for Occupational Health have also been working closely with the external provider on additional training in improving the quality of referrals and ensuring DNAs are avoided where possible.

Mental Health Provision

The Trust has a wide range of mental health resources and options to support colleagues over the summer. The LAS Wellbeing Hub remains the central point of contact, open five days a week via both phone and email and able to provide signposting to appropriate services. Our peer support network LINC has more than 100 highly trained members and 30 in the senior team who are able to conduct TRiM assessments.

Colleagues are able to directly access counselling, CBT and EMDR via Optima's 24/7 EAP line. Further advanced therapy, for conditions such as complex or historic PTSD is provided by the LAS Psychotherapist, who is also able to refer into two additional psychotherapists who specialise in trauma. We have also benefitted from the advice of KeepingWell NWL who are

able to refer colleagues for fast track IAPT services. These services will be heavily promoted over winter to ensure maximum colleague awareness and engagement at a time of heightened service pressures.

Wellbeing Activities

The Trust has been working with The Ambulance Staff Charity (TASC) to develop workshops for staff and managers in our contact centres that aim to enhance team and individual wellbeing. The content has now been finalised and a “train the trainer” model of delivery rolled out in the coming months.

Starting in January 2024, it is proposed that the Wellbeing Team – who are now fully accredited Health Coaches – offer colleagues in our contact centres the opportunity for a 1:1 conversation in order to develop their own personalised health plan. The plan will take a holistic approach to their health and cover a range of topics such as exercise, nutrition, sleep and alcohol and smoking cessation. The conversation will be supported by a bespoke Health and Wellbeing Catalogue that was developed with support from the OD & Talent Team. Here colleagues will be able to easily access the support and offers available to them, depending on the area of their health they wish to improve.

Colleagues will leave the session with their health plan, a copy of the catalogue and the offer of follow up coaching sessions to help them stay on track and encourage sustainability of their progress. The aim is to ensure these colleagues fully understand their own role in self-care, as well as how the Trust can support them to achieve their health goals. If the initial contact centre phase of the project is successful, this will be rolled out as an option to colleagues in ambulance sectors – potentially as an additional resource for colleagues returning from sickness.

5. Organisational Development & Talent Management

In driving forward the Culture Transformation Programme, our latest activities are highlighted here:

Our LAS Leadership Development Opportunities

We are about to launch the Our LAS Leadership Development Opportunities portfolio across the Service.

There will be three Leading with Values programmes to upskill and enhance leadership capability, namely:

- Our LAS, Our Aspiring Leaders Programme (Bands 4/5) in partnership with NHS Elect and inspired by the new NHSE Line Manager framework - [NHSE Line Manager Framework](#). This programme will be accredited and will include career conversations to examine participants' aspirations to be our future LAS leaders.
- The extension of the Our LAS, Our Leaders programme (Bands 6/7) to a further three cohorts from September 2024. Currently, there are seven cohorts (more than 160 colleagues) participating in this programme which offers a Middlesex University Advanced Diploma in Management Practice (NQF Level 6) upon successful completion. We have been receiving good feedback regarding the programme. There has been good partnership working between the OD & Talent team, Quality

Improvement team and Middlesex University. QSIR courses continue to be delivered to supplement learning to support all participants to ensure they are consistently working to the quality improvement methodology.

- We have also partnered with Henley Business School (HBS) to offer our senior leaders (Band 8/9) the opportunity to network and learn about High Performance Leadership with peers in other industries. The programme is accredited with HBS – one of the UK's most prestigious business schools - in partnership with the University of Reading.

Our LAS, Our e-Appraisal System

A formal evaluation is currently being designed to ascertain feedback on the system to drive improvements before planning an LAS-wide roll-out. We are also designing plans to increase system usage and revamp how we follow-up on appraisal compliance. Currently there are a total of 665 people that form part of the phase 1 and 2 of our implementation plan, which includes colleagues from the People and Culture Directorate, EDI Team, all those that were part of the stakeholder engagement panels (including their manager and their direct line reports), Homerton and New Malden. The OD & Talent team has facilitated several group drop-in and 1:1 sessions for colleagues, as well as recorded a training video.

Our LAS Muslim Staff Network

Two Co-Chairs of the network have now been appointed for Our LAS Muslim Staff Network. The team will now begin a handover process to the new Co-Chairs and provide specialist coaching on an interim basis. The network currently has more than 50 members.

NHS Graduate Management Training Scheme (GMTS)

The NHS GMTS is currently welcoming organisations to register their interest to host a graduate trainee commencing in September 2024. All directors were requested to express an interest in hosting a graduate as part of the 2024 cohort within the following six areas: General Management; Human Resources; Finance; Health informatics; Policy & Strategy; and Health Analysis. Six applications received so far, which are being consolidated to meet the 2 February 2024 submission deadline.

Learning & Development

We have supported colleagues across the Service with the following interventions:

- An away day for the Health, Safety & Security team on the subject of communication
- Networking with Barking and Havering NHS Trust for shared learning around supporting teams
- Trialling a new MBTI online personality profiling tool for self-directed learning with the Recruitment team in preparation for their Away Day in January
- Supporting the development of our Clinical Education Tutors through a commissioned piece of work around Understanding Self and Leading Teams

Damian McGuinness

Chief People Officer, London Ambulance Service NHS Trust.


NHS

London Ambulance Service

NHS Trust

Assurance report:
People and Culture Committee
Date: 11/01/2024
Summary report to:
Trust Board
Date of meeting:
11/01/2024
Presented by: Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee
Prepared by:
Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee
Matters for escalation:
Other matters considered:

WORKFORCE PLANNING AND RECRUITMENT

The committee received a presentation on recruitment noting that it had been a good October and November in terms of recruitment and the service is hitting its trajectories with plenty in the pipeline and no risks to highlight to the board.

It was noted that the Workforce Group were focussing on developing the plan for 2024/25 specifically the demand for recruiting 300 staff and on the skill mix, noting we are 8 weeks ahead of the curve in for planning compared to last year

It was reported that there is trip planned to Australia for February year and another planned for September.

Positive conversations with 111 team in terms of what is required, and recruitment is on track and the team is also working with 999 on their requirements. The committee noted that the improvement team had been stood down now work was progressing with teams locally on recovery plans.

The committee asked what proportion of our workforce international recruits over would be the next 2, 3 years, noting the committee's previous discussions on reducing reliance on international recruitment. The committee were advised that by end of year there should be a full establishment, meaning going into next year and should have lower requirement for paramedic required. The UK graduate numbers available will determine the number of international recruits that might be needed. It was noted that this year's numbers are looking similar to last years and therefore the committee should expect to see the start of a reducing requirement for international recruits - assuming UK graduate numbers stay the same or increase.

The committee also noted that these numbers relate purely to the workforce needs of LAS and that in reality paramedics were now in demand for a range of roles across the Capital. This could represent a risk if the effect was to reduce the LAS workforce to meet this new demand. The committee were advised that discussions were underway at regional level to consider a regional approach to planning paramedic numbers.

SCHEDULING

Work continues on the procurement of a new roster provider. There had been a significant change in costs from the current provider and this arrangement will need to conclude within two years. Full tendering process will start this financial year, following engagement with what is required before going to market. In developing the final specification a decision will need to be made on the method of booking onto the new system. Currently LAS books differently to other Trusts and this together with team based working will be reviewed prior to agreeing what will be needed.

The committee received an update from the Head of Scheduling on winter planning, noting that templates have been designed for ambulance operations which are currently being tested. The timescale for completing this work has been revised to Q1 2024. Greater flexibility in staffing has been received positively; staff can plan their hours to self-roster onto shifts that have been allocated.

The committee noted an increase in sickness in certain areas whilst also noting that this had not adversely affected operational delivery. It was noted that planning is now taking place for Easter.

EMPLOYEE RELATIONS

The committee received a presentation on progress with employee relations performance noting that the review of the Resolution Hub had been completed and actions and improvements were being implemented. These related to communication, making referrals and turnaround times. The committee were informed that a new Head of Mediation and Advocacy would be joining the Trust imminently.

The committee were advised that the number of ET cases was slightly down, and discussed a case that was lost recently relating to managing reasonable adjustments. There had been important learning from the case and work is now underway to review the Trust's approach and the training provided. In particular the new arrangements need to address the increasing number of candidates or members of staff who need support with neurodiversity, autism, and those staff who require a individualised approach due to specific needs. The committee received assurance that the Trust's OH provider and psychotherapy team were providing support, however it was noted that a more specialist resource may be needed to ensure the Trust can respond to individual needs appropriately..

The new policy will be presented to the committee in March.

The committee were advised that the tender for our legal services provide would include the need to provide specialise practice advice on disability issues and adjustments.

RETENTION AND WELLBEING

The committee received a report on retention and wellbeing. This included a follow up on an action relating to risk of low uptake of flu and Covid vaccinations on sickness absence. The committee were advised the risk was assessed at a score of 4, noting that it was difficult to quantify the risk, particularly as staff were reporting their absence as respiratory illness rather than flu or Covid.

The Chief Medical Officer advised the committee that there was a lot of flu and Covid in the wider community including a new variant of Covid. The current update of the flu vaccine amongst staff was noted as 43% compared to 53% last year and Covid vaccine update is very low at 15%. Despite outreach programmes set up for Covid vaccination and flu vaccination being available across the Trust vaccine fatigue remained. The committee noted the CMO's desire that these vaccinations be included in the green book in future.

The committee were advised that there was a lot of activity over the Christmas period to support staff, including wellbeing vehicles, which received very positive feedback from staff.

The committee received an update on retention, highlighting the improvement in turnover of 10% for December and positive reduction in 111 call handling turnover. A number of key initiatives had contributed to this including stay interviews. These conversations had been well received with only one member of staff declining to take part.

The key positives raised were; work life balance, career development, reward and recognition and health and wellbeing. The areas of improvement highlighted were shifts and rotas (including starting shift work for the first time), staying within their own team, more educational opportunities, more feedback, and a gendered uniform.

The committee were informed on plans to run one Assistant Ambulance Practitioner Course per year for 20+ BAME people, from the 111 and 999 workforce. Staff would be asked to make an expression of interest with successful colleagues being supported through the process. It was initially noted that the pilot would run in the first quarter of 2025/ 26, however the committee then agreed that we could be more ambitious with the timing and aim for Q2 of this year. It was agreed that a paper on this would be presented to the EDI Committee in January.

CLINICAL AND NON-CLINICAL EDUCATION

The committee received an update on clinical and non-clinical education, highlighting positive news on driving instructors being recruited and further instructors being interviewed.

The challenge of tutor recruitment remains and presents a challenge to the Trust's plans to the delivery of workforce.

SHORT TERM ABSENCE

The committee were presented with outcome of a deep dive on short term absence. The 6% benchmark which has been maintained for most of the year, has increased to 7.4% in December. It was noted that the Trust need's to aim for a 5% benchmark in order to have flexibility in the system to manage 6% seasonal peaks. It was noted that the LAS are one of the best performing organisations amongst the ambulance sector and although there is concern about seasonal spikes it performance had been better than previous years.

The committee were informed that the key drivers of short term absence was mental health issues together with a spike of coughs, colds and flu noted in November and December.

The committee were advised that an audit had been carried out to identify trends/ themes and to provide assurance that any staff triggering the SAP process are being supported to improve attendance against the policy. The audit picked up some anomalies and these were being addressed.

An update was provided on the absence management pilot noting that the Goodshape contract ends in August 2024. Following feedback from users, a group has been established to develop and pilot in-house model.

STAFF SURVEY UPDATE

The committee received a presentation on the staff survey results. It noted that when benchmarking across the sector the Trust is equal to the highest performing NHS Trust and equal first in the ambulance sector. The survey provided evidence that the culture programme is having a positive effect on working lives. The committee noted that out of 97 questions in the survey 90 showing an improvement, with deterioration in the remaining areas being very low.

The committee commended the executive for such an excellent result.

PEOPLE STRATEGY UPDATE

The Director of People and Culture presented an update on the People Strategy noting that the goals / objectives had been aligned to the missions of the LAS strategy. The delivery plan against the missions had also been amended to make it clearer and to enable progress to be tracked more clearly.

FREEDOM TO SPEAK UP REPORT

The committee discussed what they would like to receive in future and agreed that in addition to the regular report they would like to receive thematic reviews and to have 2 or 3 deep dives into these each year.

The committee also discussed the need to triangulate FTSU data with the data from the resolution hub in order that themes that may emerge can be better understood and addressed. It was agreed that this would be brought back to the committee

Key decisions made / actions identified:

See other commentary.

Risks:

Board Assurance Framework

The BAF extract including People and Culture risks was reviewed by the committee with the following comments:

The committee agreed a reduction in the scoring for BAF risk 2.4 relating to culture, from a 4 x 4 (16) to a 3 x 4 (12) based on the initial results from the survey and we are demonstrating the culture is improving.

BAF risk 2.3 relating to improving staff wellness was considered by the committee and although the results from the staff survey indicated a more positive position on burnout sickness absence for MH related issues was on the rise. Score remained unchanged

There was a discussion around BAF risk 2.12 relating to professional standards, with the committee agreeing that it would remain at the current score and would review it for the end of the year.

Assurance:

Assurance was received on recruitment, wellbeing of staff and staff retention.



London Ambulance Service

NHS Trust

Assurance report: Equality, Diversity and Inclusion Committee

Date: 16/01/2024

Summary report to: Trust Board

Date of meeting: 16/01/2024

Presented by: Anne Rainsberry, Non-Executive Director, Chair of Equality, Diversity and Inclusion Committee

Prepared by: Anne Rainsberry, Non-Executive Director, Chair of Equality, Diversity and Inclusion Committee

Matters for escalation:

Other matters considered:

UNDERSTANDING BIAS IN RECRUITMENT PROCESSES

The committee received a presentation and report from Sea Change. Sea Change have been commissioned to carry out an audit of LAS recruitment practices to enable LAS to address two key issues:

- To understand why people from ethnically minority backgrounds are less likely to be recruited into frontline ambulance service roles.
- To identify a talent acquisition approach to increase the proportion of people from ethnically minority backgrounds into the front-line ambulance service and more closely represent London's diverse communities.

The report looked at AAP recruitment and identified a number of potential issues that need further exploration:

- Potential data issues between Track and locally collected data
- The opportunity to be more proactive at recruitment fairs and to progress applications in real time; this would be greatly helped by having more diversity in the LAS staff attending fairs
- Making the website more intuitive for applicants, more representative and providing greater insight into life at LAS
- Greater potential to work with higher education providers to increase the diversity of applicants
- Investment in a dedicated team to progress this work

- The need to remove barriers to recruitment such as needing to fund a C1 driving license; this could include allowing applicants to reclaim the cost of obtaining the license once appointed.
- It was noted that due to timings of meetings Exco had yet to fully review and discuss the report

The committee discussed the report and concluded:

- There were some important findings which needed to be fully explored
- Data issues needed to be addressed. The data to support any decisions to support positive action such as in EOC, needed to be based on sound data
- The EDI team should lead the response to this work and the Directory of Strategy and communications should consider the resource implications and raise as appropriate in the business planning process
- The delivery plan for EDI signed off at the last committee should be reviewed in the light of the Sea Change recommendations and a revised plan brought to the March meeting.
- The Sea Change report and the LAS response should be brought to a Board development session

EDI PROGRESS REPORT

The committee noted the EDI progress report and were advised that a number of staff had recently left the team with new appointments starting in the coming weeks.

A paper on progress against the equality objectives (2023-2024) was presented to the committee, highlighting the Trust is on track and completed:

- Defined EDI initiatives to pilot with EOC and currently project plans scoped
- Governance structures strengthened with an EDI Implementation Group and two working groups leading on key programmes of work:
 - Recruitment (encompassing selection, progression) working Group- examining how LAS can make recruitment practices as open and fair as possible
 - 'Just Culture' Working Group- examining anti-discrimination practices and disciplinary practices
- Three new staff networks (International, Muslim and Armed Forces) have been established

- An EDI Data Pack has been developed to ensure data is used to drive improvement across the Trust
- Data declaration – several blanks in equality data for staff highlighted in the EDI data. A programme of work is being delivered to reduce the number of blanks and to ensure completeness of quality data.
- Gender Pay Gap Actions are now being completed/actioned (65% Complete, 15% In Progress, 20% future actions)

The committee welcomed the progress that had been achieved.

The committee received an update on the work that has been completed on the reasonable adjustments' framework. There has been a particular issue with the length of time some staff have had to wait for adjustments to be made. This was partly due to their being no central funds. It was agreed that a central budget of £50k would be created from April for this purpose and should be included in the business plan for 24/25.

The committee received an update on recruitment and the training of independent panel members. The committee were also informed on plans to run one Assistant Ambulance Practitioner Course per year for 20+ BAME people, from the 111 and 999 workforce. Staff would be asked to make an expression of interest with successful colleagues being supported through the process. It was initially noted that the pilot would run in the first quarter of 2025/ 26, however the committee then agreed that we could be more ambitious with the timing and aim for Q2 of this year.

OUR LAS INCLUSIVE RESPONSE – EMPOWERING DIVERSITY IN LAS FRONTLINE CAREER

The committee received an update on this work. The aim is to increase the diversity and inclusivity in frontline roles to ensure that they are more reflective of the communities we serve.

Pre-apprentices (referred by Job Centre Plus) complete a 4 week programme that is a combination of classroom and practical based learning, with the support of our programme staff to a guaranteed interview for our AAP Apprenticeship, upon the successful completion of the programme. The OLIR programme is delivered at Newham Dockside Education Centre.

The committee requested at further update at the May EDI Committee meeting.

EQUALITY DELIVERY SYSTEM

The committee received a paper on the Equality Delivery System which is an improvement tool for patients, staff and leaders of the NHS.

The EDS comprises of 11 specific outcomes that are grouped across the following three domains:

- Domain 1: Commissioned or Provided Services - This focuses on patient access and experience, reducing inequalities and enabling better health outcomes.
- Domain 2: Workforce Health & Wellbeing - This focuses on ensuring that all workforce.
 - members are fully supported in relation to health and wellbeing.
- Domain 3: Inclusive Leadership – This domain explores how leadership at LAS demonstrates a commitment to equality and how it works in a way that identifies equality issues and manages them.

This is the first EDS submission the Trust has made and it is part of LAS statutory duties to report on.

The committee discussed the triangulation of scores between this and WRES and WDES; The scores in the EDS are more positive. It was agreed that these should be reviewed to ensure scoring is consistent.

The committee also discussed Domain 1 and whether it should be considered by the EDI committee or QAC. It was agreed a separate meeting would be arrange to discuss this further.

Key decisions made / actions identified:

- - Sea Change report to be considered by EXCO and to come to a development board
 - EDI delivery plan to be revised in the light of the above
 - Central budget to be created to support reasonable adjustments for staff
 - Role of QAC and EDI to be discussed in respect of EDS

Risks:

The committee reviewed the BAF and risk 2.2. It was agreed that, whilst progress was being made on developing plans to improve, the risk rating should remain unchanged until demonstrable progress and therefore assurance is received.

Assurance:

The committee received assurance that there is working progress on Q3 . The committee wishes to receive further assurance on the implementation of the findings from the Sea Change audit.



London Ambulance Service NHS Trust Board meeting

Report from the Chief Finance Officer

Financial Position at the end of December 2023

Income and Expenditure Plan

The Trust posted a year to date surplus of £2.6m as to the end of Q3 against a surplus plan of £1.2m, a favourable variance of £1.4m. The Trust is forecasting to deliver the breakeven plan by year-end.

Capital Programme

The Trust will invest £30.3m during 2023/24. By the end of Q3 the Trust had spent £21.3m across the following areas.

- Further Investment in Fleet - £10.8m
- IT and Telephony Development £2.5m
- Estate and Maintenance Improvement - £7.9m
- Equipment - £0.9m

Cash Balance

The Trust had a closing cash balance of £42.0m at the end of Q3

Fleet

The trust continues to take delivery of its new vehicles which are arriving on a weekly basis with the last vehicle from the batch arriving in February 2024.

In addition vehicles arriving to the trust over the next couple of months include Fast Response Units (FRU), Clinical Team Managers Cars, 3 new Mass Casualty vehicles and Hazardous Area Response Team vehicles. These are all replacement vehicles which will support the disposal of our non-ULEZ fleet.

The first fully electric ambulance had a successful first shift on New Ye Eve and New Year's day and is now fulfilling a 12 hour shift regularly. The second one will arrive early February. They are taking around 4 hours to charge on a 22kWh charger.

The trust has opened its first in-house MOT bay at one of our workshop locations and we are regularly undertaking MOTs on our ambulances on this site.

Estates & Facilities

Our new 111 site in South London continues to progress at pace and will be ready for operational use early in the new financial year.

We have undertaken a number of projects and programmes of work to upgrade our estates and facilities pan London for operational staff use, as well as upgrading some of our support services estates. This includes expansion of a number of our current ambulance stations, expansion to one of our education centres, resilience upgrades for medicine packing and opened a number of new Make Ready Hubs within our existing estate.

Work is underway to renew leases which are expiring and identify new leases which would allow us to expand our footprint on existing sites to account for the increase in ambulance fleet numbers.

Logistics

Work continues to prioritise equipment and ensuring that ambulances are fully kitted. We are working closely with our Fleet and Make Ready colleagues to ensure that all new ambulances are fully kitted for deployment. The team continue to train and support the Make Ready team for the Pro Cloud Scanning App; which allows us to scan items on and off the vehicles and provides us with better visibility and accountability for our equipment.

The Medical Equipment Technicians, within our LSU Warehouse, have undertaken additional training, so that they can carry out essential maintenance/servicing in-house, on a wider range of our equipment. This enables us to have greater control, saves money and also turnaround times. Uniform delivery has been centralised and we are now due to add body armour to this internal capacity.

Sustainability

The Trust continues to make good progress against the Net Zero plan with over 75% of 2023/24 actions already completed. A new refresh of the Carbon Neutral Plan has been published with its new name of the "Green Plan". This Green plan links in with the Trust's new 5 year strategy launch in 2023 and complement each other with the delivery of key sustainable outcomes.

Over the next 3 months, the sustainability team will be calculating the data for 2023/24 and getting an understanding of whether it hit its Year 2 target of a 5% reduction in carbon emissions.

Make Ready

Make Ready continue to progress well having made efficiencies in travelling times by opening extra preparation hubs and are currently looking at ways to improve further on these efficiencies by changing their operating model in line with the operational rota changes.

The programme to allocate a fixed number of ambulances (based on their required) to sectors has continued with three sectors adopting this process. The improvement in fully prepared vehicle availability is significant and has been sustained.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.



PUBLIC BOARD OF DIRECTORS MEETING

Report of the Director of Corporate Affairs

The Corporate Affairs Directorate incorporates Patient Experience, Legal Services, Information Governance, and Corporate Governance.

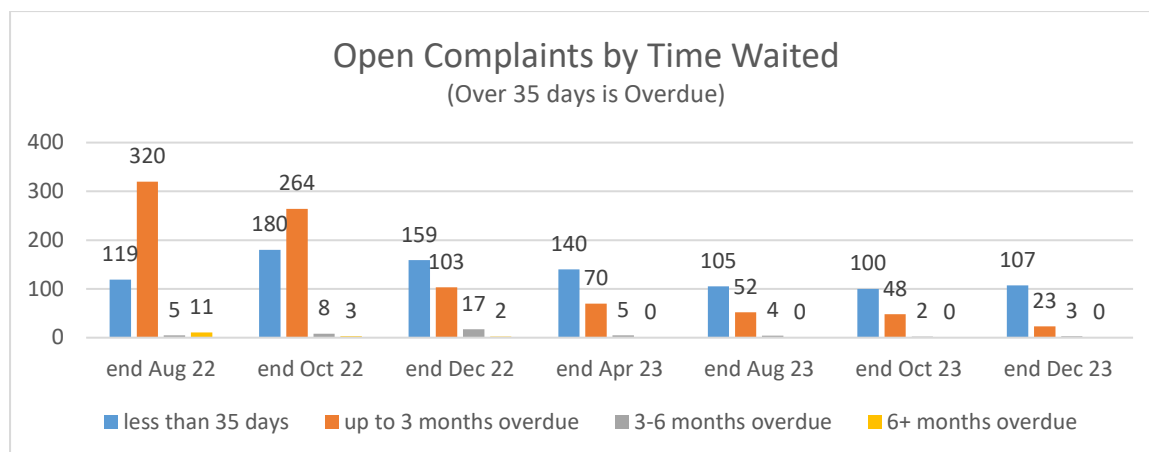
This report summarises the Directorate activity from November 2023 to December 2023.

PATIENT EXPERIENCE**Complaints**Complaints received November – end of December 2023

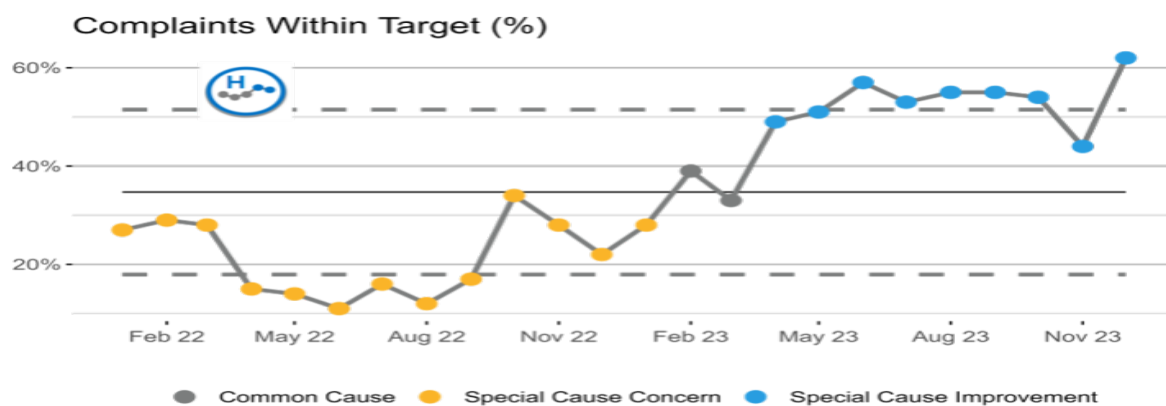
192 (213 in same period 2022)

Complaints closed November – end of December 2023

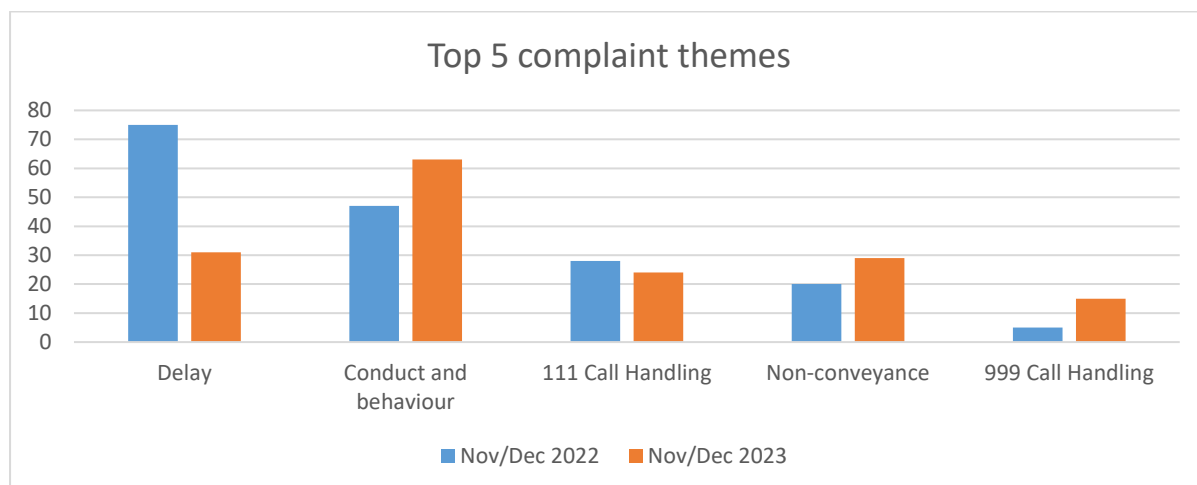
150 (318 in same period 2022 due to complaints backlog project)



At the end of December 2023, there were 133 open complaints.



In December, 62% of complaints were closed within the 35 working day Trust target which is the highest reported since monitoring began using Statistical process control (SPC) charts. The team continue to work towards the Trust target of 75% of complaints closed within timeframe.



The top five themes of complaints received are similar to the same period last year however there continues to be a significant reduction in complaints about delays, specifically relating to ambulance delays ^[1]. Work regarding the continued theme of 'conduct and behaviour' is in progress including a review of the crew 'statement' and reflection process, identifying the key factors and behaviours involved and providing assurance that learning has taken place.

^[1] Delay subject code includes delay in an ambulance attending, delay in 111 calling back, delay caused by attending wrong address, delay on scene.

LEGAL SERVICES

Inquests opened 1 November - 31 December 2023

Level 1^[i] Inquests – 317

Level 2^[ii] Inquests – 27

Claims opened 1 November – 31 December 2023

Employers Liability – 2

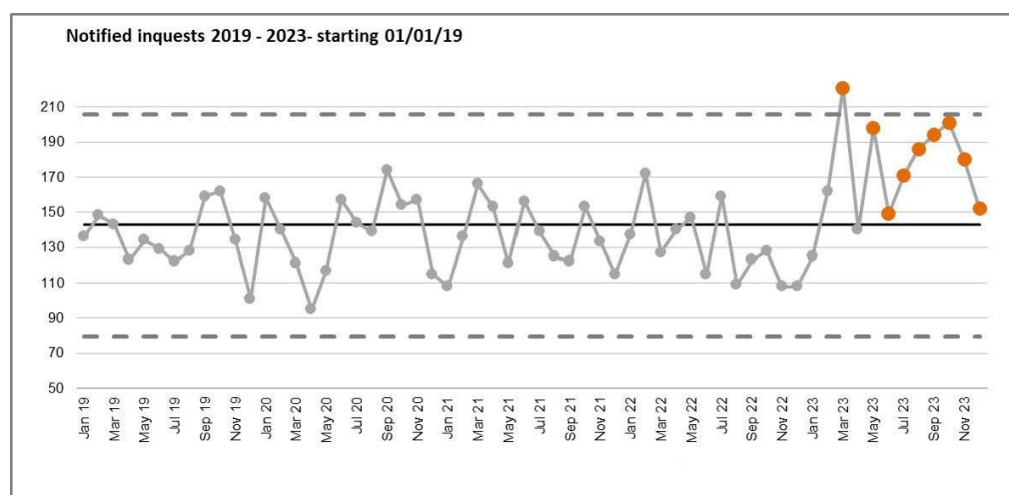
Public Liability – 0

Clinical Claims – 4

Miscellaneous/Human Rights Act – 3

The number of Inquests notified to the Trust in November and December saw a decrease from the previous period, as the chart below illustrates. This is expected in the run up to the holiday period and numbers are anticipated to rise again in the New Year. The legal team continue to work with individual Coroners to try to limit the increase in last minute notifications and requests for information, which adds unnecessary complexity for the team and identified witnesses.

A number of complex inquests are due to be held in the first quarter of 2024 and the legal team will provide updates and stakeholder briefings as these progress.



November and December has seen small numbers of claims in the usual categories notified to the Trust. There has been a small increase in notifications of potential Human Rights Act Claims.

External consultants were appointed in December 2023 to evaluate the legal provision in house, consider the existing skill mix, workload, pressure points, work processes and methods

utilised by the team. A specific review of the latest Prevention of Future Death will also be undertaken. The lead consultant has interviewed several members of the legal, clinical and patient experience teams. A draft report is expected by the end of January. The final report is expected by mid-February.

The Legal Team are attending a training session organised by Bevan Brittan on Friday 19 January 2024. The NHS Resolution (NHSR) Safety and Learning Lead for London will talk about the LAS scorecards and NHSR Technical Claims Lead will discuss the management of claims at NHSR. The Bevan Brittan will provide additional training on inquest trends and themes.

Following a review of the use of Datix, several changes have now been implemented to provide more accurate data and reporting.

Members of the legal and patient experience teams have established monthly meetings to improve information sharing between teams and to avoid duplication of work.

ⁱ Level 1 Inquests are less complex inquests (with no issues identified for the Trust) which can be dealt as a documentary hearing. Live witnesses not usually required but sometimes LAS witness are called to give live factual evidence.

ⁱⁱ Level 2 Inquests are more complex where the Trust is an Interested Party, live witness evidence from attending crew and often senior management is required, and SI report or PSII reports are involved. There may be PFD and reputational risks for the Trusts.

INFORMATION GOVERNANCE

The Trust has an annual programme to ensure compliance with the Data Security and Protection Toolkit (DSPT), which is an online self-assessment tool that allows Health Care organisations to measure their performance against the National Data Guardian's 10 data security standards. It is a requirement that any organisation that has access to NHS patient data and systems completes the DSPT. The current DSPT 2023 – 2024 was released on 30th August 2023 with all mandatory assertion evidence items requiring completion by 30th June 2024.

The DSPT also requires that the Trust continue working on a cultural change to assess Data Security and Awareness Training compliance and to be able to evidence that all staff have an appropriate understanding of Data Security and Awareness/Cyber Security Training instead of relying upon certification proof of training. To facilitate this Information Governance and Cyber Security content is being made available to all staff via multiple channels. Increased resource is being given to the development of face to face training channels for all staff, with staff being given advice and guidance on how to feedback any concerns relating to Data Security they may have. However, the completion of annual Data Security Awareness training by all staff remains fundamental to our approach, with the Trust currently reporting a 95% compliance rate.

Each year the Trust must complete an audit of predesignated evidence item assertions within the DSPT, which in itself is an evidence item requirement of the DSPT. The audit will commence on the 23rd February 2024. Work has begun to complete the assertion

evidence items included within the audit, which will be facilitated by Binder Dijker Otte (BDO LLP).

On 28th February 2024, the Trust must also submit a baseline submission of the DSPT. This is not a full assessment of the DSPT submission. It is an interim assessment to indicate the progress Trust have made completing the DSPT. It can also highlight areas of submission which may require additional focus ahead of the final DSPT submission.

The focus within the IG team has been, and will continue to be, on the gathering of applicable evidence towards DSPT compliance. Weekly meetings are in place to assign responsibility for evidence assertion completion within the Team. The IG Team has also been liaising with the IM&T Team on a regular basis to help facilitate the completion of any IM&T/Cyber related evidence assertion items.

IG incidents are reported via Datix, which is the Trust risk management system. Where there has been an incident resulting in the compromise to patient or staff identifiable data and depending on the seriousness of such incident, a report is made on the Data Security and Protection Toolkit (DSPT) within 72 hours of the notification of the incident reaching the IG Manager in line with the General Data Protection Regulations (GDPR) requirements.

Dependent on the nature of the incident, the information provided on the DSPT is sent to the Information Commissioner's Office, the Department of Health and Social Care, NHS England and/or the National Cyber Security Centre.

Since 1st April 2023, nine incidents have been assessed as reportable to the ICO. Of these incidents, three are still open between the Trust and the ICO, with the remaining six having been closed by the ICO with investigations completed and no further action required. All remaining open cases are still awaiting a response from the ICO.

The Trust continues to embed data privacy by design into new projects by undertaking a data protection impact assessment (DPIA), a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information governance and security framework.

POLICIES

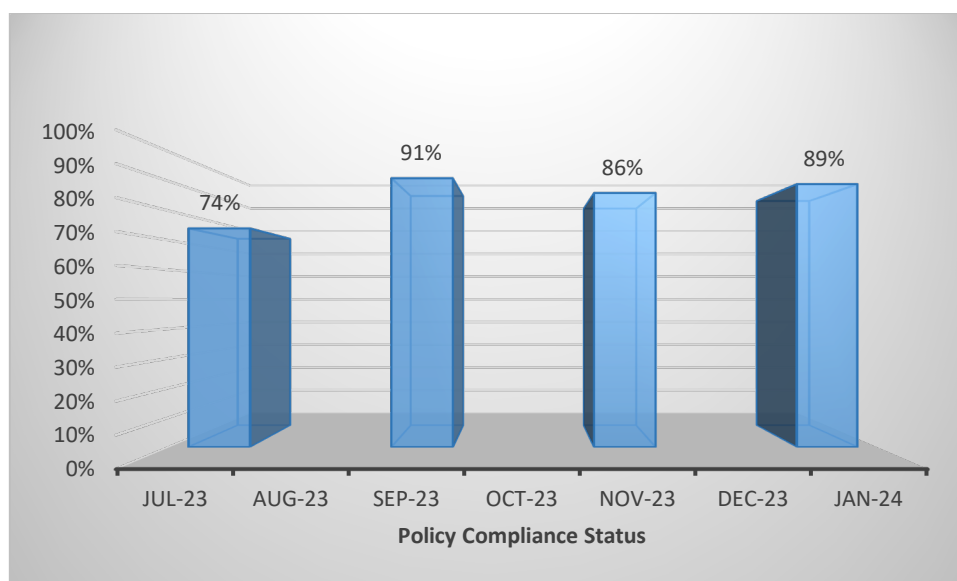
The Corporate Governance team has continued working with directorates on the review and update of their policies, to keep them in date and reduce the consequences of operating with out of date or inaccurate policies.

Policy owners are being advised in advance when policies are due for review and guided on the review process. As part of the review process policy owners are asked to consider whether policies are still required or can be reclassified to a procedure or guidance documents. The provision of a 6-month extension is also being considered as part of this process, which can be applied to policies requiring a full review with more extensive changes required.

Following a recent review of policy compliance, the position has improved from 74% in July 2023 to 89% in January 2024. This position will continue to be monitored by the Corporate Governance team.

It was reported at the beginning of 2023 that 13 policies were two or more years out of date. Directorates were requested to urgently review and update these policies and bring these back

into compliance. There are currently two policies that fall under this category, which are in the final stages of approval and are expected to come back into compliance by January 2024



We have, or we are chasing for, dates for out of date policies to be brought into compliance.

FREEDOM OF INFORMATION

Introduction

This report offers an overview of the Freedom of Information (FOI) requests received by LAS during the period spanning from 1 April 2023 to 30 November 2023.

FOI Request Overview

Key findings:

1. Total FOI Requests:

During the specified timeframe, the Trust received a total of 375 FOI requests.

2. Request Handling:

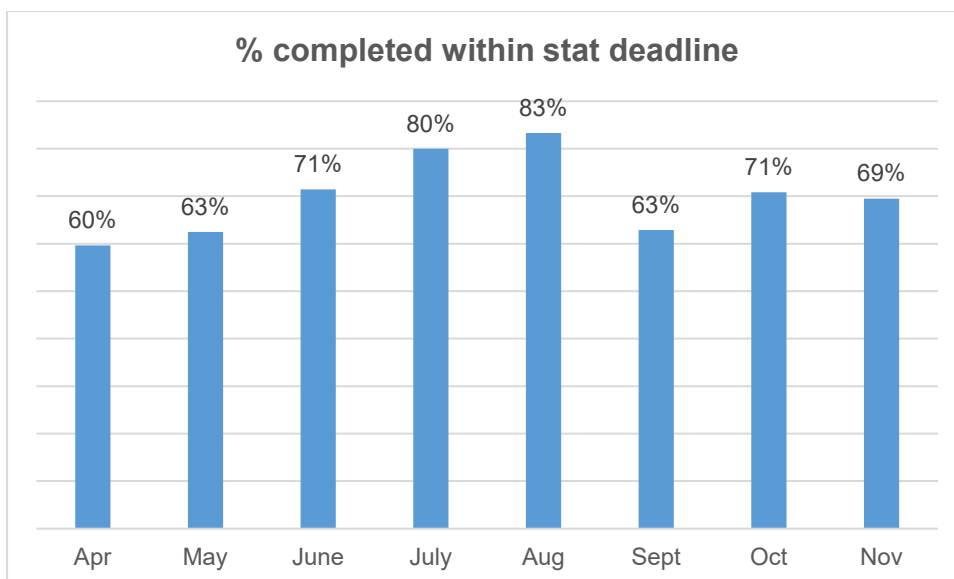
To date, the FOI team has successfully completed and closed 363 out of the total 375 requests.

3. Monthly Averages:

The Trust has received an average of 46 FOI requests per month.

4. Compliance Metrics (Apr – Nov 2023):

- Compliance within statutory deadlines stands at 62%.



Factors Influencing Compliance Rate

As previously reported, the compliance rate has been impacted by various factors. Challenges include delays in securing stakeholder contributions, staff annual leave, and other unforeseen staff absences.

Commitment to Improvement:

Despite challenges, the FOI team remains committed to improving the request handling processes. Efforts are ongoing to identify opportunities for enhancement.

Sources of Information Requests

This section provides a detailed breakdown of FOI requests based on their origin:

Source	Number of request received Apr-Nov
Media - (Journalists/Media professionals)	42
MPs/ Councillors	8
Individuals	280
Organisations (including campaign groups)	45

Collaborative efforts with stakeholders persist as the team actively seeks improvements, with a targeted aim to achieve an 85% compliance rate with statutory deadlines by the end of FY 2023/2024.

Mark Easton
Director of Corporate Affairs



Report Title		2023/24 Board Assurance Framework Risk			
Meeting:		Trust Board			
Agenda item:		6.1	Meeting Date:	30 January 2024	
Lead Executives:		Mark Easton, Director of Corporate Affairs			
Report Author:		Frances Field, Corporate Governance Manager			
Purpose:			Assurance	x	Approval
		x	Discussion		Information

Report Summary

The attached BAF has been reviewed by the lead executives and by assurance committees who met in January, since it was last seen by the Board in November. As a result of these reviews updates were made to the controls, assurances and actions, including some proposed reductions in risk scores:

Quality Assurance Committee (QAC)

- **BAF risk 1.1** - We may not achieve the quality standards required in stroke, cardiac care and cardiac arrest, following discussions at ExCo and review by the QAC, the current risk score has been **reduced** from 4 x 4 (16) to 3 x 4 (12).
- **BAF risk 1.6** - Right Care, Right Person initiative (RCRP); following discussions at ExCo on 3 January, and review the QAC, the risk score has been **reduced** from 4 x 4 (16) to 3 x 4 (12).

People and Culture Committee (PCC)

- **BAF risk 2.4** - We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks, following discussions at the PCC the risk score has been **reduced** from 4 x 4 (16) to 3 x 4 (12).

Finance and Investment Committee (FIC)

The FIC agreed to reduce a number of scores, and also agreed some BAF risks were appropriately transferred to the Digital Committee.

- **BAF risk 2.8** - Operations may be affected by the shortage of Mobile Data Terminals (MDT's). **Reduction** of current score from 3 x 5 (15) to 2 x 5 (10).
- **BAF risk 2.9** – Fix the Basics. Reduction in score from 12 (4x3) to 9 (3x3).
- **BAF risk 2.10** – This year's financial plan. Reduction in score from 12 (3x4) to 8 (2x4).
- **BAF risk 2.11** – Capital Plan. Reduction in score from 12 (3x4) to 8 (2x4).
- **BAF risk 3.2** - Our environmental targets for carbon reduction. Reduction in the score for this year from 12 (3x4) to 8 (2x4).

Digital and Data Committee (D&DC)

Following discussions at the last D&DC it has been agreed that the following risks currently assigned to the FIC will now be supervised by the Digital Committee:

- **BAF risk 2.6** – We may suffer a critical systems failure unless we replace radio and telephony systems.
- **BAF risk 2.8** – Operations may be affected by the shortage of Mobile Data Terminals (MDT's).

Recommendation/Request to the Board:

The Board is asked to review and approve the new BAF risks, and the comments of assurance committees with associated scoring of risks in the attached 2023-24 BAF.

Routing of Paper i.e. previously considered by:

ExCo and assurance committees.

Corporate Objectives and Risks that this paper addresses:

The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to the delivery of the Trust's strategic objectives.

Board Assurance Framework – Trust Board 30 January 2024

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed											
Mission Priority	Overall Risk	Selected Risks from the Business Plan		uncon ^d	Q2	Q3	Q4	Cur rent	Committee	Owner	Pge
Rapid and Seamless Care	16	1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	16	16		12	QAC	FW	3
		1.2	We may not achieve Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC	25	16	16		16	QAC	PC	6
		1.3	Our 111 services may not achieve timely call back and clinical assessment	25	15	15		15	QAC	JN	8
		1.6	We may receive an unmanageable increase in 111 and 999 calls as a result of the introduction of the RCRP initiative	20	16	16		12	QAC	FW	11
A learning and teaching organisation	16	1.4	We may not achieve our quality account standards	20	16	16		16	QAC	JL	14
		1.5	We may not improve data quality, embed data governance and implement the C1 improvement plan	20	16	16		12	Digital	PC &CM	16
Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for											
Mission Priority		Risks		uncon ^d	Q2	Q3	Q4	Cur rent	Committee	Owner	Pge
Inclusive and Open Culture	16	2.1	We may not achieve our recruitment and retention targets	20	12	8		8	P&C	DM	17
		2.2	We may not improve the diversity of our staff and improve equality standards	16	16	16		16	EDI	RD	18
		2.3	We may not improve staff wellness measured by sickness absence and burnout.	20	16	16		16	P&C	DM	19
		2.4	We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks.	20	16	16		12	P&C	DM	21
	20	2.5	We may not be adequately prepared for cyber attacks	25	15	15		15	AC	CM	22

Improved Infrastructure		2.6	We may suffer a critical systems failure unless we replace radio and telephony systems	20	15	15		15	Digital	CM	23
		2.7	CAD implementation ¹	16	4				Digital	CM	24
		2.8	Operations may be affected by the shortage of Mobile Data Terminals (MDT's)	20	15	15		10	Digital	CM	25
		2.9	We may not improve productivity through the "Fixing the Basics" programme	15	12	12		9	FIC	RP	27
Well-led across the organisation		2.10	We may not meet our financial plan including CIP for 2023/24	20	16	16		8	FIC	RP	28
		2.11	We may not deliver our capital plan including new ambulance stations and Bernard Wetherill House	20	20	20		8	FIC	RP	29
		2.12	We may not make the organisational changes required including: team based working (EOC) and professional standards	20	16	16		16	P&C	FW	30
		2.13	We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2024/25	20	20	20		20	FIC	RP	31
Mission 3: Using our unique pan-London position to contribute to improving the health of the capital											
Mission Priority		Risks		uncon^d	Q2	Q3	Q4	Curr ent	Committee	Owner	Pge
Green and sustainable future	16	3.1	We may become liable for increased costs because of ULEZ if we are not compliant by March 2024	20	8	8		8	FIC	RP	32
		3.2	We may fail our environmental targets for carbon reduction	16	12	12		8	FIC	RP	33
A system leader and partner	16	3.3	We may not play our full part in leading and delivering London's health and care system	16	16	16		16	Trust Board	RD	34

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1-3	Low risk
	4-6	Moderate risk
	8-12	Significant risk
	15-25	High risk

¹ The risk is closed following the post implementation review which went to the Digital Committee in September.

Mission Priority: Rapid and Seamless Care	BAF Risk: 1.1
We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 23/24				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Progress with priorities to be monitored on a monthly basis via patient safety incidents and national benchmarking	<ul style="list-style-type: none"> Weekly patient safety incident group reviews cases, PSIRF thematic reports, Serious Incident Learning Assurance Group. Multi-disciplinary forum for incident discussion and identification of learning
Guideline and process developed for referring patients to primary care with unrecognised hypertension as part of responding to the rise in incidents of cardiovascular disease and stroke	<ul style="list-style-type: none"> Governance managed through Clinical Advisory Group Pilot in SE London launched to share incidental findings with GPs, relating to previously undiagnosed hypertension, and also raised blood glucose levels. Information shared via MS form to registered GP. This also addresses one element of the CORE20PLUS5 standards relating to hypertension. Learning will inform further expansion, or improvement followed by expansion.
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	<ul style="list-style-type: none"> Monthly Cardiac Arrest Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to Cardiac Arrest patients. Annual Cardiac Arrest report. Daily and weekly review of Category 1 performance Monthly monitoring through: <ul style="list-style-type: none"> Integrated Performance Report, Sector Focus Feedback Reviews (bimonthly) Quality Report Feedback to all staff involved in management of cardiac arrest from Clinical Audit Team Monitoring of Community First Responder outcomes and LifeSaver numbers to reduce time to defibrillation

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed

	<ul style="list-style-type: none"> • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • New cardiac arrest checklist includes ROSC care bundle prompts and handover metrics and tools. • CTM training includes post ROSC importance to enable further discussion with their teams during OWR and CPI feedback. • Monitoring of advanced care interventions by APP – Critical Care
<p>NHS England AQI: Outcome from acute STEMI</p> <ul style="list-style-type: none"> • Time from call to angiography for confirmed STEMI patients: Mean and 90th centile • Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia) 	<ul style="list-style-type: none"> • Monthly STEMI Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to ST-elevation myocardial infarction (STEMI) patients. • Annual STEMI report. • Monthly monitoring through: <ul style="list-style-type: none"> ➢ Integrated Performance Report, ➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report t • Feedback to LAS from Pan London Cardiac networks • Local oversight of STEMI care bundle improvement led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases. • Clinical update and Insight share cases • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.
<p>Robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities, including cardiac arrest acute coronary syndrome and stroke.</p>	<ul style="list-style-type: none"> • Monitored through Annual Clinical Audit Programme and Research Programme. • Monitored through Quality Oversight Group and Clinical Audit and Research Steering Group (CARSG). • Annual Independent Review of clinical audit practices by CARSG's Patient and Public representative. • Monitoring of individual research projects by external Sponsors. National critical friend review of research and governance practices in progress.
<p>Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)</p>	<ul style="list-style-type: none"> • Monthly Stroke Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to stroke care. • Early work of exploring optimisation of stroke pathway with thrombectomy

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	<ul style="list-style-type: none"> • Annual Stroke report. • Local oversight of Stroke care led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases. • Feedback to LAS from Pan London Stroke networks • Clinical update and Insight share cases • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • Pilot for video stroke triage live in NC and NE London – LAS clinician and stroke clinician discussion prior to conveyance. Learning for LAS clinicians, and more patients identified into the right pathways (ED, TIA, Stroke)
Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90 th centile	<ul style="list-style-type: none"> • Monthly Stroke Care Pack. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to the most appropriate destination and timescales. • Monthly monitoring through: <ul style="list-style-type: none"> ➢ Integrated Performance Report, ➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
<ul style="list-style-type: none"> • Improve return of spontaneous circulation rates to $\geq 30\%$ 	Reduce by 60 seconds the time it takes from call connect to the start of chest compressions. – March 31 st 2024. London lifesaver training being delivered across London
<ul style="list-style-type: none"> • Deliver resuscitation update training to 85% of staff 	Resuscitation training and updates being delivered in all CSRs. CTM huddles and case reviews. March 31 st 2024
Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction	Senior Sector Clinical Leads working on care bundles for cardiac arrests and ST –elevation Myocardial infarction. March 31 st 2024
Develop a Health Inequalities Action Plan	This has already been completed by Alison Blakely and has been to board. Delivery of plan by March 31 st 2024

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Mission Priority: Rapid and Seamless Care	BAF Risk: 1.2
We may not achieve Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC that will result in damage to LAS reputation, partner and organisations and potential patient harm.	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 23/24				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Weekly NHSE London / Commissioner performance meeting	Executive attendance at meeting
Flexible approach to use of staff including roles and hours/rotas	Quality directorate have established risk and incident hub to interrogate and learn.
Senior (operation) and clinical oversight of delays and incidents to identify risk and harm through pre-set processes	Patient safety incident response framework fully embedded in organisation.
Redeployment scheme for corporate staff utilised in times of high demand	At REAP 4 all clinicians working operationally 50-100% of time.
Twice weekly staffing and resourcing meeting to review operational	Chaired by Directors – review of staffing levels by hour to identify and mitigate risks
Ongoing communication with acute hospitals on handovers understanding current system pressures and instigating timely divert processes.	Monitored at weekly North West London Gold System call
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
The use of volunteers is maximised	
LAS input to national solutions to reduce handover delays	Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework
Weekly NHSE London / Commissioner performance meeting	Senior attendance at NASMED and QiGARD and Ambulance Capacity Meeting
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Appointment of Pathways Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Real time balancing of patient transport destinations recognising live system pressures at individual ED sites co-ordinated via the Intelligent Conveyance Desk.	Tactical Operations Centre grip report produced bi-daily
Placing of hospital ambulance liaison officers (HALO) at certain challenged ED sites to improve the handover process between triage nurses and ambulance staff.	Daily reporting process detailing handover issues – HALO at certain challenged ED's
Cohorting process in place to release crews, handing over patients care to ambulance colleagues.	Tactical operations centre reporting on all cohorting activity – Cohorting process in place
Rapid release procedure to release crews covering a CAT 1 and high Cat 2 call in the community, handing over patient care to hospital staff.	Datix reporting of all rapid release activity

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Further actions

Action	Date by which it will be completed
Reduce conveyance to Emergency Department to under 50% in all ICSs	31 March 2024
Continual Review of dispatch process (999 operations) to assess the safe management of higher acuity patients at times of high demand	Ongoing
Enforce new 45 minute handover protocol with appropriate escalation when required.	Complete
Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response	Ongoing
Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	Ongoing
Maximise use of same day emergency care (SDEC) to reduce unnecessary conveyance of patients to ED's	Ongoing

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Mission Priority: Rapid and Seamless Care	BAF Risk: 1.3
Our IUC services may not achieve timely call back and clinical assessment	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
IUC Queue Management & CAS Reporting	<p>Operating a combined IUC CAS & Validation queue with variety of “views” for external partners and ability to allocate workload to specific clinicians on duty to drive focus on higher acuity patients in real time.</p> <p>New ways of Duty Navigator supporting HA/SA’s taking calls to manage complex calls. The senior team are exploring new methods used in other IUC areas to create improved streaming of cases, but also consider what actions within the CSEP plan can be deployed for short periods with the need to review/ switch off any actions when agreed levels are reached.</p> <p>GP Leads working on programme of development for duty Navigators, senior management are working with BI as currently reports show response based on initial assessment timeframe and review and change of priority by a clinician is not being recognised. I.e. NHS Pathways outcome = P1, clinical review = P3, case now shows as P3 in the queue but report will show as a breached P1.</p>
Finance / CAS Profile – funding agreed with NEL & SEL based on their available budget was with caveat that current response times would not be met without significant reduction of activity. This work being undertaken jointly with LAS & Commissioner management & GP Clinical Lead to CAS adjust CAS profile and revert to being an Urgent Care & OOH primary care provider as originally commissioned.	Joint working group in place with commissioner Management and GP Clinical Leads to review and reduce current CAS workload in hours. Performance has improved based on real time monitoring as a result of this work. In July 2023, LAS have obtained written agreement from NHS Pathways to work outside licence without penalty if agreed by provider/ commissioner/ region. First change of booking outside of specified timeframe (with exclusion criteria) for 2 and 6 primary care outcome dispositions has been implemented as BAU following sign off from commissions, ICB GP leads, LAS CAG and NHSE London leads. The group will explore further opportunities with support from ICB and regional IUEC Clinical Leads, with learning being shared fed into NHS Pathways.
CAS Priorities/ KPI’s NEL and SEL differ from National KPI’s and each London/ UK provider has different local mapping & response times, this is not reflected in National reporting.	Joint working group with management and clinical GP Leads for commissioning and LAS have reviewed local mapping, challenge is National reporting does not incorporate local

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<p>Internal BI are working to create reports to incorporate clinical input. This results in NWL/SWL & NCL creating poor reflection on performance as comparison is not like for like.</p>	<p>mapping & how services have been commissioned. I.e. local = 1 hr response but reports from national = 20 minutes so shows a breach.</p>
<p>National Review, IUC metrics being considered at National level in recognition of current KPI's / response rates being unaffordable and in some cases unnecessary for a non-emergency service.</p>	<p>NHS England have launched a National review of NHS 111 and NEL/SEL commissioners are also considering future ICB procurement.</p> <p>The work we are doing to this will include whole IUC and CAS may revert to traditional OHH metrics with 2 hour = Urgent and 6 hour = Routine which is more manageable.</p> <p>Adjusting National call answering KPI's and supporting local CAS configuration to respond based on clinical decision and not initial NHS Pathways assessment.</p>
<p>Introduction of IUC rostering tool to improve rota fill through equitable access and easy booking via app. Also improved grip by local management to increase/ decrease core rota to manage sessional workforce more effectively in response to demand.</p>	<p>Phased implementation has reduced over rostering/ spend. Allocation wizard is now in use to improve equity and reduce admin of rota allocation allowing direct/ sessional allocation prior to agency and using combined with clinical guardian information triangulated performance/ productivity / quality outputs used to influence allocation.</p>
<p>Individual performance and management, monitoring & review to ensure appropriate standards are met to deliver high quality care and achieve performance.</p>	<p>Progress has been made on producing productivity reports with the BI team but work is ongoing and not yet ready for Ops/Clinical leads to use. Team are now using Clinical Guardian/ Rotamaster information allows monthly review of workforce quality/productivity & reliability to inform rota allocation and identify areas of concern. New configuration on Adastra used to highlight key timings/ events with most recent flagging when a clinician has been on a case for 20 minutes to allow the Navigator to offer support.</p>
<p>Real time management and clinical safety & oversight</p>	<p>Adastra has had additional flags/ highlights to draw attention to specific case types to focus on priority cases i.e. Frailty/ EoL or crew on scene call back. Introduction of Senior IUEC Navigator located next to the IDM within TOC working across 111 and 999 CTN's to support safe management of workload and resource has improved safety (further development ongoing).</p>
<p>Remote & Network/ Partnership Workforce offers greater resilience and opportunity to utilise wider system experienced workforce without generating rate war whilst building relations with system providers.</p>	<p>LAS now has technical ability for LAS or partner clinicians to work remotely directly onto our Adastra clinical queue and in July 2023 new VDI telephony was introduced for all to work on LAS telephony/ recording. Although a core site based clinical workforce is required the offer to work remotely improves retention and access to partner workforce increased capacity significantly and reduces use of agency. LAS now have four partners providing clinical assessment service and a framework is being developed to allow</p>

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	greater pool of providers to work with having completed due diligence and governance.
Escalation – throughout Covid & high pressures IUC was tethered to 999 however this is resulting in over escalation and change of service flow or use of IUC capacity to support 999 when IUC has not reached triggers.	<p>Renewed Clinical Safety Plan (CSEP) to reduce blanket approach to changes that may impact on KPI's i.e. ED Validation in response to events in 999 or other parts of the system when the IUC triggers have not been met. Internal discussion needed to</p> <p>IUC Navigator and Clinical On Call Teams undertake clinical review of queues and decision to escalate needs to consider level of acuity and timeframes to avoid impacting on higher acuity/ system to manage lower acuity.</p>

Further actions

Action	Date by which it will be completed
IPR Reporting being developed to support accurate reporting to Board will be used by Operational Teams when available. Discussed in FFR, joint working with Nic Daw to bring key information together in a format that reflects true performance and teams can act upon.	November 2023
IM&T Workshop agreed priority – accurate reporting/ Dashboard in call centres with current metrics & portal for IUC similar to Gold/ Ambulance/ EoC to show accurate real time and reflective performance.	Completed
<p>Structure Review to support increased capacity to focus on performance – Dep Director of Performance in response to growth in IUC service, Lead Provider role and need to manage multiple contractual performance objectives across multiple ICB/ contracts & feed into internal performance forums.</p> <p>Review of overall IUC structure as complexity of IUC and new primary care work requires additional senior leadership/ capacity.</p> <p>Establish new IUC page on the IPR set up.</p>	Partially completed: <ul style="list-style-type: none"> • Two deputy directors now in post • January 2024 • February 2024

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed

Mission Priority: Rapid and Seamless Care	BAF Risk: 1.6
<p>Risk that the organisation will receive an unmanageable increase in calls to both 111 and 999, and a significant spike in activity, as a result of the introduction of the Right Care, Right Person initiative with the Metropolitan Police Service (MPS) on 1st November 2023. The MPS will identify calls which they are no longer attending through their core principles, and in turn will redirect some calls to other services, in the categories of: Concerns for welfare, patients missing from health facilities (acute trust and MH facility), requests for transportation and MH section patients.</p>	
<p>An initial audit identified c.700 calls for 'welfare' related calls in a 24hr period, which will sit within the RCRP principles. Of these, the police currently respond to c.315 calls (already refusing and referring the remaining cases) and from 1st November 2023 will respond to c.195 under the new principles. The difference therefore is a cohort of calls which may arrive to LAS for response as additional demand not currently seen by LAS.</p>	
<p>If the c.120 calls arrive with LAS, there is a risk to:</p> <ul style="list-style-type: none"> - The above figures are representative demand from the audit undertaken, but actual demand is still widely unknown and may be in excess or indeed less than this number - LAS ability to answer / triage call additional demand, sometimes with limited information available - Negatively impact on the ability of the LAS to respond to critically unwell calls for other patients due to the increased volume of patients coming to LAS from MPS - Staff safety impact due to a potential reduction in the types of calls attended face to face by MPS, including where they have been requested to support LAS crew staff. - Additional staff may be required from the 111 HA and 999 Emergency Call Co-Ordinator workforce (to enable triage process), impacting on finances within those two teams - Additional clinicians may be required from the 999 Clinical Hub team, to support the RCRP Pod and triage oversight process to ensure patient safety 	
<p>A corporate risk has been developed relating to the same subject, which is referenced as 1407.</p>	
<p>Whilst this BAF entry relates directly to the Rapid and Seamless Care Mission, there is also overlap with the BAF entry relating to being a system partner.</p>	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/12/23				
L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Discussions with MPS, NHS Partners and Social Care Partners setting out the key risks to patients, the LAS and the health system as a whole and identify solutions. This is via NHSE MPS and Health Partners Board; the RCRP Met Police Board, and a number of subgroups (comms, data, policy and people/training).	Feedback and actions Risks being raised via the formal partnership meetings are followed up with action and learning/improvement noted in formal minutes.
Ability to measure changes in incoming demand to understand impact	Current demand from MPS is now measurable, so a change in this will now also be measurable. A dashboard with live data now exists to monitor in live time the impact.

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LAS have worked with MPS and agreed calls will be transferred electronically via existing link between the two systems. This will ensure patients don't have to hang up and redial; but will also ensure we are able to closely identify changes in volumes.	LAS have agreed process to manage CADLINK calls (electronic link) and this will be expanded to manage the additional demand likely to be seen via RCRP. As above, this will also allow measurement of any changes to demand.
Identified calls passed through the electronic CADLINK from MPS to LAS from 1st Nov.	All MPS Calls which need a possible ambulance response have been confirmed will come via CADLINK.
Identified the volume of calls from members of the public and how these will be managed by the police and volume of these calls that will land with the LAS	Retrospective review complete and now ongoing review in place.
New process developed to enable both 111 and 999 call handling / health advisor triage for additional demand.	A process already exists, but this will be refined and enhanced given the extra demand and need for the appropriate triage to be undertaken for these patients
Patient safety oversight in place– to ensure patients remain safe whilst they wait for initial triage after the calls land within LAS CAD, there will be a role in place to oversee the METPOL overall stack.	A business as usual model is being drawn up for a proposal to embed a clinician into MPS, for them to do their 'normal' role but within MPS to also be a point of escalation in both directions using the learning from RCRP launch
Welfare calls received from healthcare partners have increased. This has been manually counted and examples provided by on duty teams for review and escalation.	42 calls audited from a 4/7 period – 24 from acute hospital trusts, the rest from other partners / public. Formally raised to RCRP NHS Partners board. Letter sent by NHS Partners to acute trusts about managing own demand and risk assessments.

Further actions

Action	Date by which it will be completed
Identify if changes can be made to CAD via Cleric so that only critically unwell patients would be accepted through this link, and other patients (not critically unwell) would be required to call 999 for formal triage.	No longer being scoped – CAD changes at the MPS system are not currently possible. This will be reviewed again in the coming months with a potential MPS CAD change.
Set up report to capture MPS CADLINK calls, as well as calls relating to RCRP from other NHS/Social care stakeholders to measure increased demand and trends	Report relating to calls from MPS is now set up and reporting successfully. Reporting on calls from other partners, especially social care is proving more problematic as they often come from individuals as opposed to via the 'agency' and as such are difficult to measure or locate within our system. Partially Completed Complete December 2023 (update Jan 2024)
Understand the next phases of RCRP and timeframes associated with them and their launch	The next meeting with the MPS Board members is 15 th December where an answer to this question should be confirmed. January 2024 – this meeting was postponed, and the next is set for February 2024
CAD / cleric changes to enable these calls to present into their own queue within the CAD system are being scoped by the IM+T team. The management of them	This was not possible, but the process for these calls to be managed as its own work stream is complete with individual staff assigned to it, within the EOC and clinical team each day.

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed

once they land within LAS CAD is a separate work stream and will work regardless of where the calls sit within the system.	Complete
Additional staff will be put in place in the initial weeks whilst the extra demand is understood.	Complete and will continue
RCRP Pod in Met Police Control Room will be staffed with an LAS clinician for the first 4 weeks post launch. This will enable safety oversight, trend analysis and better understanding of impact	Complete and will continue
Welfare call increase from acute trusts - LAS have proposed some interim steps to manage this demand. LAS have also requested formal communication from NHSE to acute trusts to manage own demand and risk assessments and not pass directly to LAS.	Complete – will be monitored and a longer term solution identified should it be required if demand continues to increase for these calls.

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed

Mission Priority: A learning and teaching organisation	BAF Risk: 1.4
There is a risk that we may not achieve our quality account standards due to competing operational pressures and commitment required for delivery which may lead to non-compliance against our statutory duty under the Health Act 2009 and subsequent Health and Social Care Act 2012.	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Quality priorities are monitored via a monthly highlight report and via CQOG	<p>Overall, the majority of quality priorities are on track for completion, with 2 rated as green and in control, and 4 rated as amber - off-track, but under control for completion.</p> <p>Off track Our KPI to achieve our C2 mean trajectory remains off track, however continues to demonstrate improvement against 2022/23 performance.</p> <p>Our KPI to achieve 31% ROSC is off track and at risk. However, ROSC has remained consistently at 30% or higher since July 2023, representing an overall improved position since March 2023 (26%) with reduced variation month on month which is positive.</p>
<p>Cardiac Arrest Management</p> <p>ROSC rates measured monthly.</p> <p>Resuscitation training is classified as mandatory.</p>	<ul style="list-style-type: none"> • CSR contains a focus on decreasing time to first shock and high quality chest compressions, both of which are evidence based interventions to improve cardiac arrest survival. ROSC rates for July and August were reported as 30%, with 31% achieved in October. • Training compliance is measured across the Trust, compliance currently exceeds 90% for adult, paediatric and newborn life support against a target of 85%
<p>Care after a fall</p> <p>Conveyance and incidents attended are reported and monitored.</p> <p>Spinal immobilisation training is classified as mandatory.</p>	<ul style="list-style-type: none"> • 8 UCR cars are in operation, with 7899 patients seen by end of November 23. Alternative models of delivery to reduce reliance on external clinicians are being scoped. • The training package has passed quality assurance and was released in early December 2023.

<p>Hear and treat consultations</p> <p>Clinical triangulation meetings occur monthly.</p> <p>Category 2 segmentation pilot implemented on the 9th November 2022.</p>	<ul style="list-style-type: none"> • Clinical guardian has been mobilised in UCAS for GP and ACP consultations, NEL and SEL for Pathways consultations, and in the Clinical Hub for MTS consultations where Adastra has been used. • Hear and treat rate of c.4% of all coded C2 calls. MTS audit requirements being met for all validation clinicians.
<p>Reducing delays</p> <p>W45 now in place in all operational sectors.</p> <p>Emergency Call Handler recruitment continues at pace, and the Call Answer Improvement Group has commenced work.</p>	<ul style="list-style-type: none"> • Tactical Operations Centre grip report produced bi-daily • In the November reporting period, Call Answering Mean was 15 seconds, above the improvement trajectory of 10 seconds and national standard of 10 seconds. <p>This KPI cross-references BAF risk 1.2</p>
<p>Infection prevention and control</p> <p>Submissions and compliance are reported bi-monthly as part of the quality report.</p> <p>Weekly meetings with InPhase, access to building audits and developing reporting</p>	<ul style="list-style-type: none"> • Oversight at IPCC and escalation to CQOG. • Hand Hygiene and Monthly Cleaning audits are now live.

Further actions

Action	Date by which it will be completed
<ul style="list-style-type: none"> • Progress C1 and C2 improvement plans 	March 2024
<ul style="list-style-type: none"> • Undertake improvement work in relation to the UCR dispatch process 	March 2024

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed

Mission Priority: A learning and teaching organisation	BAF Risk: 1.5
We may not improve data quality, embed data governance and implement the C1 improvement plan	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 23/24				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Actions from the Verita report on CAT 1 reporting are being monitored and reported by the Data Quality and Assurance Team	A Digital Committee has been formed whose terms of reference will include responsibility for Data Quality
Actions from the BDO audit review on Data Integrity are being monitored and reported by the Data Quality Assurance Team	Being monitored by internal auditors BDO for implementation
	QAC and IGG have had their terms of reference updated, and a new officer-level data quality group was established in July 2023.
Two substantive posts have been filled in the Data Services Team	New team formed in August 2023
Departmental training on data quality has been completed for all BI staff	Confirmation of training received by the Datix training manager
Daily IDM management of C1	IDM report issued 3x a day
Twice weekly review and operational staffing for a 3 week window.	Ambulance ops performance group Tuesday and Staffing and forecasting Tuesday and Thursday

Further actions

Action	Date by which it will be completed
The data quality policy will be revised to and approved take account of revised accountabilities and structures.	Completed
Recruiting a Head of Data Services Team (awaiting start date) and Director of BI	March 2024
Specialist firm employed to fully document the ETL process in both 111 and 999s. Work underway and will be complete in 999s end of May and 111 mid-June.	999 documentation Completed Completed

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority: Inclusive and Open Culture	BAF Risk: 2.1
Failure to achieve our recruitment and retention targets may compromise our ability to deliver high quality services to patients	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Recruitment and retention plan in place	P&C report performance to the Trust Board and PCC demonstrating we are making some progress but slightly below plan on recruitment
International Recruitment Partner in Place	P&C Director's update to the Trust Board and PCC showing positive impact sustained. Now developed internal processes which negates the need for external partner.
Retention Workstream in place meets monthly.	P&C Report to the Trust Board and PCC detailing retention
Vacancy management and recruitment systems and processes	P&C Report to Trust Workforce Group and PCC
Working with NHS England and Ambulance Sector on joint campaigns	P&C Report to Trust Workforce Group and PCC

Further actions

Action	Date by which it will be completed
Review team structures and operational roles to improve support for staff and provide progression opportunities for a more diverse workforce	End of Q4
Recruit 480 additional paramedics	End of Q4
Recruit 300 Assistant Ambulance Practitioners (AAP) from our local population	End of Q4
Develop the operational plan for the blended learning / digital education plans.	End of Q4
Develop workforce plan for establishing Driving Education Academy	End of Q4
Identify sites for expanding our education provision both short and long term	End of Q4
Develop guidance for use across the Trust for inclusion objectives, reasonable adjustments and a commitment to anti-racism	End of Q4
Outreach Programmes to support with Recruitment and address EDI objectives e.g. Princes Trust, Job Centres, Local community centres, Football Academies	End of Q4
Submission for Silver accreditation of the Armed Forces Covenant which will support further recruitment of Ex-military staff into roles within LAS	End of Q3

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority:	Inclusive and Open Culture	BAF Risk:	2.2
<p>We may not improve the diversity of our staff and indicators for Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap potentially due to policies, processes and behaviours that display unfair treatment. This could result in high turnover, high sickness rates, staff not comfortable with the working environment and LAS not representing the communities LAS serves.</p>			

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Established process and reporting for WRES, WDES, GPG	Reports and action plans reported to EXCO, EDI Committee and Trust Board
EDI related policies, processes and guidance to address WRES and WDES indicators	Improvement on Staff Survey Results with BME indicators reported Trust wide.
Re-design and facilitation of new EDI training packages for all staff and leadership	3 Training programmes in the course catalogue EDI Objectives for all staff
Recruitment campaigns that attract diversity	Inclusive recruitment initiatives, De-bias toolkit, De-bias recruitment and selection training pack. EDI recruitment interventions paper to pilot in EOC approved by ExCo and EDI Committee.
ESR data complete with no blanks and not knowns	Data dashboard reported into the EDI Committee and data declaration campaign work commenced

Further actions

Action	Date by which it will be completed
Proactive approach to encourage all staff to improve and record their protected characteristics, on ESR thereby reducing the difference seen in staff survey.	On-going
Introduction of Inclusion Ambassadors to sit on Trust wide interview panels	March 2024
Commissioning of deep dive into attraction and recruitment (Sea Change)	March 2024
Anti-discrimination charter is in progress	March 2024
Develop a model for equitable and fair recruitment and selection process for LAS	March 2024
Implement WRES,WDES, GPG action plans	March 2024

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority: Inclusive and Open Culture	BAF Risk: 2.3
Failure to proactively mitigate stress at work and burnout will lead to avoidable increases in sickness absence and turnover	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 23/24				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Attendance Workstream established as part of PCC and meets bi-monthly.	Exception Reporting to PCC
Wellbeing Strategy and Inputs	Monitoring of progress via PCC
On-going operational management and robust Sickness absence policy management	Highlights reported to PCC and Board via directors' report and in month assurance through FFR's
Risk assessments for at risk staff groups	Reported via Health and Safety Directorate
Staff wellbeing clinics / Staff counselling / OH support	Feedback reported to Board in PCC Directors report
Freedom to Speak Up Guardian	Reports to PCC.
Safer staffing guidance and escalation pathway to ensure operational oversight and appropriate mitigation in safe deployment of staff. This includes the out of hours, assessment, assurance and escalation for safe staffing guidance.	Daily performance reviews / meetings / reports
The Trust Board will have direct oversight in relation to managing this risk with Assurance provided by PCC / QAC.	Daily performance reviews / meetings / reports
2023/24 workforce plan agreed	Trust Workforce Group
Continuing to regularly review and increase the staff wellbeing offerings	Wellbeing team working to NHSE wellbeing framework – regular meetings with NHSE
Continuing to use temporary staff and offer staff overtime to ensure no disruption to delivery of services	Continuous monitoring of staff sickness/absence - GRS
Promotion of the Flu programme with Trust wide flu clinics	Progress of programme reported to Board in PCC Directors report
Wellbeing team working to NHSE People plan and suicide prevention rules	Well-being Steering Group
Established Health and Wellbeing hub for all staff to call for general advice and signposting of services.	Wellbeing team working to AACE suicide prevention rules – Regular meetings with NHSE

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Further actions

Action	Date by which it will be completed
Refresh Wellbeing strategy that aligns to LAS People Strategy	Q4 23/24
Review of first day absence reporting system	Q4 23/24
Review of teams and associated scheduling	Proposed structure of review by Q4 23/24
Immunisation records to be validated and outstanding vaccinations to be addressed	Complete - Staff with gaps in immunisation records offered catch up appointments. Review position end of 2024.
Actions from reviewing wellbeing offerings Pilot project underway to identify best practice model in management of absence including fast access to mental health pathway.	Complete New model established by Aug 2024
Complete stress risk training (risk:1048) New stress mgt policy in place and stress risk assessment training being rolled out.	Complete Review 12/24.

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Mission Priority:	Inclusive and Open Culture	BAF Risk:	2.4
We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks, if we do not monitor impact.			

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 23/24				
L	x	C	=	Score
4	x	3	=	12

Controls	Assurances
Protected time to support Leadership Development (24 hours a month)	ESR tracking – and local reporting
Post Our LAS Programme Review.	P&C Director's update to the Board and PCC
Dashboard reporting: <ul style="list-style-type: none"> • EDI/CDI • LEAP • WRES and WDES data • Retention • Staff survey engagement scores 	P&C Director's update at OPMS / PCC / Trust Board
Statutory mandatory and PDR compliance (reporting)	P&C Director's update at OPMS / PCC / Trust Board
Chief Executive's blog / Staff Communication bulletin and leadership development days	References in various Director reports that go to the Board / Board sub committees
Training sessions available for all leadership delivered by the EDI team	

Further actions

Action	Date by which it will be completed
Develop 2023-2028 People and Culture Strategy as assigned metrics	By Q4 23/24 (in conjunction with EDI Team)
Aligned EDI/CDI Strategy and delivery plan / system of measurement	Complete. EDI Policy and Workforce Strategy Delivery plan approved by PCC. Review progress 12/24.
Comprehensive review of all Policies EQIA	Ongoing – December 2024

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Mission Priority: Improved Infrastructure	BAF Risk: 2.5
We may not be adequately prepared for cyber attacks	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Technical cyber protection, detection and remediation deployed to identify any threats	Included in the Cyber Committee's report to the Board. Functional and need review
Implementation of Artificial Intelligence threat detection software – single device in Bow.	Another device has been delivered to Corsham, as a resilient service
Cyber security team in place to identify and mitigate cyber threats or incidents	Cyber Committee checks assurances and reports to the board
Procedure checked twice a year by NHSD	Cyber Committee checks assurances and reports to the board
Legacy systems being replaced	DSPT assurance level reported in annual report
Unsupported software being replaced	Annual Penetration test carried out and reported to the Board via the Cyber Committee
All issues related to Cyber logged on Trust CMS (Content Management System)	Demonstrable response to three cyber threats out of hours in the current year
Process in place to address all CareCerts issued by NHS Digital	No current assurances to the Board
	Enterprise Architecture Council (EAC) now in place
	Technical Design Authority (TDA) now in place
Cyber security monitoring and assurance	Integrated into BAU daily checks

Further actions

Action	Date by which it will be completed
Hardening of internet facing systems	March 2024
Infrastructure refresh completion of migration to ARK data centre	March 2024
Compliance with DSPT 2023	Complete

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority: Improved Infrastructure	BAF Risk: 2.6
We may suffer a critical systems failure unless we replace radio and telephony systems	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Review of CAD infrastructure and report on telephony system.	Reports provided to COLT and FIC and accepted. Reported to the Board via the Finance and Investment Committee.
Annual winter maintenance by CAD vendor on existing database	Telephony resilience tested and proven to work. Data centre network resilience to HQ and BOW tested and works.
Replacement of legacy infrastructure and operating systems	Regular reporting on progress reports to the Board via the Finance and Investment Committee
Migration of infrastructure to Tier three data centres	IMT Delivery Board in place which oversees the work and reports to the Board via the Director of IT's updates.
EOC controls upgraded to CM8 telephone system	No high priority events outstanding for the telephone system
Upgrade of data network to include resilience and failover at Corsham and Farnborough	Demonstrated CAD resilience and recovery
Go live testing for a four a week period before go live date	Testing completed successfully and Cleric went live

Further actions

Action	Date by which it will be completed
Completion of Corsham migration	Completed
Completion of Farnborough migration	March 2024
999 and 111 on supported CM10 telephony platform	April 2024

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Mission Priority: Improved Infrastructure	BAF Risk: 2.7
CAD Implementation- The Digital and Data Quality Assurance Committee agreed that this risk could now be closed following the receipt of the project closure and lessons learnt report.	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
	x		=	

Tolerance by Q4 23/24				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
ExCo continues to receive a fortnightly assurance report from the Programme Team	Lessons learnt report to Digital Committee
QAC clinical review	Review of changes to CAD required underway.

Further actions

Action	Date by which it will be completed
Conduct an after action review of the project with stakeholders	
Internal audit and Verita review of data quality to be submitted to Audit Committee and any lessons learnt to be identified.	

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Mission Priority: Improved Infrastructure	BAF Risk: 2.8
<p>Operations may be affected by the shortage of Mobile Data Terminals (MDT's)</p> <p>The Trust are looking to establish a new solution to replace the existing Mobile Data Terminals (MDTs) in trust emergency vehicles (to provide information between CAD and Ambulances) to follow the national rollout of radio and mobile data systems to all Trusts. However, that programme of work has been considerably delayed and the Trust finds itself with legacy system still in operation that is no longer available to purchase, and devices are rapidly reaching the end of their economic life.</p> <p>Without an appropriate solution LAS will not be able to fit new vehicles with MDTs or replace those that break in service, potentially resulting in vehicles being withdrawn from service.</p>	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
2	x	5	=	10

Tolerance by Q4 23/24				
L	x	C	=	Score
1	x	5	=	5

Controls	Assurances
Purchased all available MDT stocks from incumbent supplier	Completed.
Manage and monitor the existing MDT spares stock with our installer (Telent), and assist in expediting repairs with incumbent supplier (Attobus)	Active engagement with Telent and Attobus Current stock numbers being provided on an ongoing weekly basis. Stock figures currently tracking above initial predictions and being monitored weekly
The national Mobile Data Vehicle Solution (MDVS), which will replace MDTs is currently due to start 01/09/2023	Weekly meeting established alongside Project Board and Working Group
Pilot National Mobile Application Lite to identify interim MDT solution	Completed
Deployment of NMA in 20 double crewed ambulances by end of September	Completed
Rollout of 80-90 DCA's with NMA by Christmas 2023	On-track
Rollout of NMA to the entire LAS fleet	Planned and on-track to start first week of January 2024 and run throughout the year

Further actions

Action	Date by which it will be completed
Enabling works for NMA Lite Pilot	Complete
Pilot replacement interim solution (NMA Lite) on 30 Android Devices	Complete

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Equip up to 80 new vehicles with the new NMA equipment	Complete
Rollout NMA to remainder of LAS Fleet	31/03/2025

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Mission Priority: Improved Infrastructure	BAF Risk: 2.9
We may not improve productivity through the fixing the basics programme to; reduce vehicle defects, improve quality of uniforms, reduce delays to booking on, improve access to equipment and streamline refuelling and identify new areas for continuous improvement.	

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
3	x	3	=	9

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	3	=	6

Controls	Assurances
Fixing the Basics Programme Board established	Programme Board has structured project plan including key deliverables and timescales. The programme board will report on regular basis to ExCo on progress and request for support.
	Update FIC on progress against delivering targets
Fixing the Basics Programme will follow a quality improvement methodology.	The use of the PDSA model will allow us to test and implement change whilst focusing on end user feedback

Further actions

Action	Date by which it will be completed
Engage staff to assess if the programme has improved morale as a result of specific improvements made through this project. This will be a continuous feedback loop and will be undertaken through surveys, interviews and site visits.	Continuous
Assess improvement against approved KPI's	Continuous
Engage staff to identify new areas for improvement programmes	Complete

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority: Well-Led Across the Organisation	BAF Risk: 2.10
We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2023/24	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by Q4 23/24				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Draft 2023/20224 financial plan for submission to NHSE as per national timetable (yet to be published)	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
Continual liaison with commissioners and the London Regional Office	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC
Management of Capital Plan	Regular reporting to Capital Steering Group (ExCo) and FIC

Further actions

Action	Date by which it will be completed
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash)	Completed
Deliver 2023 / 24 control total including £25m CIP programme	Q4 2023/24
Continue negotiations with commissioners and London Regional Office to secure income	Completed
Develop medium term financial strategy to underpin the five year strategy 2023 / 28	Q4 2023/24
Chief Financial Officer to provide update on Capital Plan to FIC	Completed

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority: Well-Led Across the Organisation	BAF Risk: 2.11
We may not deliver our capital plan including relocating to Bernard Wetherill House for 111 Services and increased footprint of ambulance stations	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
South London 111 Programme Board Set up	Bi weekly Programme Board which governs the weekly project board meetings. Full Project team in place. Regular updates to ExCo and FIC
Bow Ambulance Business Case	Full business case to be reviewed and approved at ExCo and FIC

Further actions

Action	Date by which it will be completed
Deliver 2023 / 24 capital plan	March 2024
Work up design and achieve planning permission for new ambulance station in Bow	August 2024
Move into new 111 Call Centre at Bernard Wetherill House, Croydon	May 2024
Increase footprint of at least 2 further ambulance stations to increase capacity	March 2024
Understand financial requirement for Phase 1 of Estates Modernisation programme	March 2024

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority: Well-Led Across the Organisation **BAF Risk:** 2.12

We may not make the organisational changes required including: team working and professional standards

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 23/24				
L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Team Based working set as value for the organisation	CEO led oversight and challenge on progress
Teams Based Working Ambulance Operations (TBW-AO)– programme support in place, weekly working group meeting, weekly steering group.	TBW-AO – Clear Gantt chart for delivery
Teams Based Working EOC (TBW-EOC) in development	TBW-AO – weekly progress checks with reporting on variation to plan
Teams Based Working IUC (TBW-IUC) in development	Leadership review concluded need for professional standards function
Professional standards agreed in leadership review	Staff survey results
Single point of access for professional regulator enquires	Professional regulator enquiries database established

Further actions

Action	Date by which it will be completed
Delivery of Deptford & Camden groups TBW-AO	Complete
Delivery of Hillingdon and Wimbledon TBW-AO	Complete
Completion of phase 1 TBW-AO	Complete
Finalisation of Staffside agreement TBW-AO	30 November 2023
Commissioning of phase 2 TBW-AO	Reduced version now in place
TBW-EOC – initial staff engagement	Complete
TBW-EOC – establish design principles	30 November 2023
TBW-EOC – co-design and implement solutions	31 March 2024
Transformation papers and review of TBW approach in IUC	31 March 2024
Professional standards function development	Ongoing

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Mission Priority: Well-Led Across the Organisation	BAF Risk: 2.13
We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2024/25	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by Q4 2025				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Draft 2024/2025 financial plan for submission to NHSE as per national timetable (yet to be published)	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
Continual liaison with commissioners and the London Regional Office	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC
Management of Capital Plan	Regular reporting to Capital Steering Group (ExCo) and FIC

Further actions

Action	Date by which it will be completed
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash) as per national timetable	31 March 2024
Deliver 2024 / 25 control total including developing and implementing a CIP programme	31 March 2024
Negotiations with commissioners	31 March 2024

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital

Mission Priority: Green and Sustainable Future BAF Risk: 3.1

We may become liable for increased costs because of ULEZ if we are not compliant by March 2024

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by Q4 23/24				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Memorandum of understanding in place with the Mayor's office to provide a dispensation from ULEZ standards until October 2025. This is staggered by vehicle type	Signed MOU
Delivery of 128 Light Weights DCAS, 4 electric ambulances and 55 ULEZ compliant hybrid cars	Delivery by End March 2024
Plan to replace all non-compliant vehicles in line with schedule agreed by TFL and the Mayor's office	Signed MOU

Further actions

Action	Date by which it will be completed
Exploring additional funding streams for replacement ambulances	31 March 2024
Decommission non-compliant fleet	31 March 2024

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital

Mission Priority: Green and Sustainable Future	BAF Risk: 3.2
We may fail our environmental targets for carbon reduction this year.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Sustainability Programme Board	Board updates Sponsor Executive Director and updates to ExCo where needed
Fleet Modernisation Programme	Detailed replacement programme which also looks for ongoing EV opportunities
Green Plan	Four year green strategy outlining how to meet our net zero targets by 2040 being refreshed and will be presented to Trust Board in Sept 2023
	Updates on progress provided to FIC

Further actions

Action	Date by which it will be completed
Reduce annual carbon emissions by 5% (about 5,000 tonnes CO2e) through interventions in estates, fleet, clinical, digital, logistics and staff engagement	Completed for 2022/23. March for 23/2024
Install EV charging point across 40 sites	Completed

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital**Mission Priority: A System Leader and Partner BAF Risk: 3.3**

Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to build the relationships required to spread innovation and solve common problems

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: Q4 23/24				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Internal and external engagement plan in progress and being developed to build the consensus for the strategy	Reviewed by Executive Committee (ExCo)
	Specific topics reviewed by Board sub committees as appropriate e.g. P&C and FIC
	Approach to be reviewed at planned Board Development days

Further actions

Action	Date by which it will be completed
Reviewing our maturity on health inequalities using a national tool	End December 2023
Plan pilot for supporting primary care in line with fuller stock take	End March 2024
Begin to implement estates modernisation strategy	End March 2024
Agree an operating model with how the LAS interacts with the 5 ICS	End March 2024
Build on Strategy engagement to further strengthen links with partners	Ongoing

				Q3 PROGRESS UPDATE			
						Deliverable(s) complete	
						Deliverable(s) On track	
						Deliverable(s) Off track - under control	
						Deliverable(s) Off track - significant delay	
LAS Strategy Mission		Strategy commitments	Specific actions	Lead	Q3 update	RAG status for Q3 deliverables (key above)	Change request(s)
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	1	Rapid and seamless care	<p>Heart attack and stroke national performance measures to improve:</p> <p>Heart attack care bundle and achieve 80% consistently</p> <p>Convey stroke patients to HASU and achieve mean of 110 minutes.</p>	Fenella Wrigley - Mark Faulkner	<p>An SSCL is now in post for acute pathways. There was a slight increase in the conveyance of stroke patients to HASU, but remains within tolerance at 84 minutes (November data is not yet available but in September we were at a mean of 92 minutes so within the target).</p> <p>The STEMI bundle remains below target at 73% as reported by CARU for November 2023. The challenge in the bundle is analgesia and we have a number of pieces of work in train in sector being led by SSCL and QGAM around improvement including use of case studies at the Team huddles, local teaching and case based discussions and use of positive feedback. Early information is this is resulting in an improvement (in particular in NCL) however we are waiting for the overall results. In addition a piece of work is under way to look at ePCR and see if prompts and mandatory fields can be used.</p>	Deliverable(s) Off track - under control	N
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	2	Rapid and seamless care	Reduce by 60 seconds the time taken between call connect and start of chest compressions for patients in potential cardiac arrest bringing the mean below 5 minutes from call connect	Stuart Crichton	<p>Work to date has focussed around improving call answer mean (through recruitment of call handlers) and reducing time to 'got location', by enhancing location matching guidance and training. Using the CARU methodology, time to dispatcher assisted CPR in Q3 was below 5 minutes:</p> <p>September - 4 minutes 56 seconds</p> <p>October - 4 minutes 53 seconds</p> <p>November - 4 minutes 44 seconds</p>	Deliverable(s) On track	N
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	3	A learning and teaching organisation	Deliver the five quality indicators standards set by our Trust Board for 2023 / 24	Jaqui Lindridge	<p>Overall, the majority of quality priorities are on track for completion, with 4 rated as green and in control, and 4 rated as amber - off-track, but under control for completion. 2 KPIs are off track.</p> <p>Our KPI to achieve our C2 mean trajectory remains off track, however continues to demonstrate improvement against 2022/23 performance.</p> <p>Our KPI to achieve 31% ROSC is off track and at risk. However, ROSC has remained consistently at 30% or higher since July 2023, representing an overall improved position since March 2023 (26%) with reduced variation month on month which is positive.</p>	Deliverable(s) Off track - under control	

Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	4	A learning and teaching organisation	Link LAS clinical data and hospital data together for one whole ICS area and produce clinical feedback app	Roger Davidson	Work in NWL roll out is progressing in line with the plan, starting with Hanwell. The work to date has been presented at an AACE session and picked up by a number of other ambulance trusts for development	Deliverable(s) On track	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	5	Individualised clinical responses	Define and implement new processes for gathering user feedback (user feedback is already being undertaken by LAS 111), in particular hearing from people impacted by health inequality	Jaqui Lindridge and Roger Davidson	1. A cross-dept working group has developed an options appraisal paper for a tech solution for gathering feedback data from 111 service. The recommendation is to explore how InPhase tool could be utilised to support this work and whether there would be a relevant SMS messaging bolt on that we could purchase to activate InPhase for messaging. 2. Parallel to that, there are two qualitative patient deep dives planned for two areas of health inequality - sickle cell patients and BAME maternity patients which will commence in Q4 3. Roll out of InPhase for audit is now complete, and the team are now turning their attention to use of the product's patient feedback survey functionality. A pilot with IEUC is being planned for Q4, and an opportunity analysis for use of the InPhase with APPUC is underway.	Deliverable(s) On track	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	6	A learning and teaching organisation	Scope and implement a more user friendly incident reporting system	Jaqui Lindridge change requested to Neal Durge	Currently in the process of finalising a business case and this is under final consultation for comments. A preferred system has been identified and costings obtained.	Deliverable(s) Off track - under control	Y - Ownership change request to move from Jaqui Lindridge to Neal Durge
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	7	Rapid and seamless care	Call answering deliver 10 second mean	Stuart Crichton	Work to date has focussed around our Emergency Call Handler (ECH) recruitment programme. We have 121 more ECHs at the end of Q3 22/23 than we did in Q3 21/22 (429, up from 308). This has seen Call Answer Mean significantly improve: December MTD to 28/12 - 24 seconds (December saw a significant demand spike due to viral respiratory illness) November - 15 seconds October - 8 seconds September - 15 seconds A further 80 ECHs will be recruited in Q4. As a result, we have high confidence that CAM will reduce below 10 seconds by year end.	Deliverable(s) On track	N
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	8	Rapid and seamless	CAT 1 - Deliver performance between 7-8 minutes throughout the year	Darren Farmer	Continuous delivery against this standard	Deliverable(s) On track	

Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	9	care	Deliver Cat 2 mean of 30 minutes	Darren Farmer	Focus remains on maximising fleet availability. Strong staffing numbers in place with incentivised overtime to further support nights and weekends. Delivery of C2 at 41 mins for month of November, 3 minutes over the national average. Driven by surged activity through the month with an early start to the party season and a prolonged cold snap.	Deliverable(s) Off track - significant delay	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	10	Rapid and seamless care	All clinically suitable patients in Cat 2,3,4 are assessed and navigated by a Clinician to the most appropriate response	Fenella Wrigley - Alison Blakeley	Delivered over 10,000hrs of clinical telephone advice across each month, an increase of 1000 since August 2023. Increased the number of clinical assessments being undertaken month in month (Dec 2023 = 14,898 @ CSP Purple compared to 9,604 August 2023 @CSP Red). This has been achieved through updated processes and oversight. Increased the number of calls closed with a H&T disposition from 2685 (August 2023) to 4482 (December 2023) Future Dispatch has been launched between the Clinical Hub and EOC teams, meaning that clinicians are colocated with the dispatch team. This enables calls to be clinically reviewed and safety reviewed and decisions on the correct response or suitability for onward assessment and referral made jointly, and with a smaller subset of LAS geogrpahy to allow for better and improved oversight. The increased staffing which is planned for the year (see 57) will enable this to launch in all sectors 24/7.	Deliverable(s) On track	
	11	Rapid and seamless care	Make decision on which 999 triage system (Pathways / AMPDS) to use in the future	Stuart Crichton	As this is a national piece of work and as such is taking place through national ambulance groups. They review benefits realisations where services have made a change in triage tool. A paper outlining our approach aligned with the national piece of work will be developed for LAS in Q4 and taken to ExCo and Digital and Data Committee by end of March. Implementation will commence in 2024/25.	Deliverable(s) On track	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	12	Rapid and seamless care	Deliver EOC transformation programmes including s cope implementation of AI system to enhance call auditing	Stuart Crichton	A meeting was held with IM&T on 13 December to provide AI auditing requirements. A meeting is scheduled with firm offering a tool called Call Miner with auditing functionality on 19 January. During Q4 a paper will be developed scoping the implementation of an AI system to enhance call auditing, however, implementation itself will not be in year 24/25.	Deliverable(s) On track	N

Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	13	Individualised clinical response	Have Mental Health Clinicians available 18/24 and 6 Mental Health Joint Response cars operating 7 days a week.	Carly Lynch	6 MH Cars are operational, one in each ICB area, plus an additional car covering the central London patch. EOC MH cover has increased, and further recruitment to this role is underway. MH provision within EOC is now present for c. 12 hours most days of the week. Work continues to stabilise the volume of cars operational each day. 3WTE equivalents job offers made and recruitment checks ongoing. Advert for remaining posts closes on 28/01 so recruitment may roll into 24/25.	Deliverable(s) Off track - under control	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	14	Individualised clinical response	Have 10 joint response cars in operation pan London so all clinically appropriate non injured elderly fallers get tailored response 12 hours per day	Georgina Murphy Jones and Tim Edwards	8 cars are operational in London (3x SWL, 2x NCL, 2x NEL). Final planning conversations are happening within NWL to begin the model there in early 2024. Further conversations have happened within the NW and SE ICB areas. The NWL UCR Car, which will run from Brent station, should launch by early February; and conversations relating to launching the model within the SEL ICB area are ongoing with providers and LAS. An updated dispatch process has been initiated, which has increased dispatch to the operational cars, utilising the Clinical Hub to identify suitable cases through the Future Dipatch Model. They are able to flag 'UCR' suitable calls for dispatch now. The recruitment of Specialist Paramedics continues and the plan to rotate these onto the UCR cars as part of their LAS clinical time is now being worked through.	Deliverable(s) Off track - under control	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	15	Individualised clinical response	Increase the number of Urgent Care Advanced Paramedic Practitioners in operation by 2 per day (an additional 2 x12hr shifts)	Natasha Wills	There is an advert currently out to recruit to the required numbers to achieve 2 additional per 12 hour shift. Please note recruitment opportunities are limited due to the need to align with the universities terms.	Deliverable(s) Off track - under control	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	16	Individualised clinical response	Mobilise new pan London critical care transport service with Barts Trust.	Darren Farmer	No update needed	Deliverables Complete	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	17	Rapid and seamless care	90% of patients requiring urgent clinical assessment (Priority 1,2,3) will receive a call back within 1 hour	Jacqui Niner	Actions underway to support improved response within 3 months. Key areas are; a. Local Mapping & Protocol Review - review undertaken Sept- December, sign off & commence implementation Jan 24. b. Efficiencies - review of internal processes, introduction of streaming, training		

Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	18	Rapid and seamless care	Deliver KPIs for timeliness and outcomes for clinical assessment function	Jacqui Niner	<p>& guidance on queue management / allocation and use of ACPs and duty team sessions on managing safety & KPI's. 6 month programme of improvement</p> <p>c. Productivity - triangulation meetings using productivity/ quality & conduct performance for HA/SA and clinicians to identify outliers and need for training/ support to ensure all are operating to standards required to deliver performance.</p> <p>d. Information - workshop 12/1/24 for deep dive to generate informative/ accurate reporting. Develop performance dashboard to support real time performance metric monitoring.</p>	Deliverable(s) Off track - significant def	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	19	Outstanding care and leadership of major incidents and events	Implement learning from our after action reviews and other key inquiries including Manchester Arena	Natasha Wills	No update needed	Deliverables Complete	
Mission 1- Delivering outstanding emergency and urgent care whenever and wherever needed	20	Outstanding care and leadership of major incidents and events	Develop a specialist cadre of Commanders at a strategic and tactical level.	Natasha Wills	<p>MTA Tactical Commanders identified an now undertaking training. Will take 6 months to complete.</p> <p>Strategic Commanders all undertook the national JOPs as have the Tactical Commanders.</p> <p>Strategic Commanders to undertake a table top exercise this coming Thursday 18th January 2024.</p> <p>CBRN Tactical Commanders undergoing security clearance and being allocated courses.</p> <p>Strategic CBRN majority have undertaken training. Others waiting for courses. Operational Commanders have had familiarisation from HART. Completed.</p>	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	21	Inclusive and open culture	Improve compliance with the NHS workforce race equality standards and workforce disability equality standards	Roger Davidson - Kulvinder Hira	Both WRES and WDES reports and action plans have been developed, approved and published on the Trust website with the national deadlines of 31st October. The action plans are monitored by the EDI Implementation Group and assurance provided to the Board through the EDI Committee. The Trust is also reporting on the Equality Delivery System for the first time.	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	22	Inclusive and open culture	Increase the proportion of new recruits from ethnically diverse backgrounds by at least 8%	Roger Davidson - Kulvinder Hira	<p>The current improvement trajectory indicates 4% increase (as per IPR) with scope for further improvement by the end of the financial year.</p> <p>Work is underway to scope this as a long term programme. Research on BME students entry into universities has been conducted and we are at the stage of scoping the next phase and establishing other ways to attract and recruit more BME paramedics through internal progression routes.</p>	Deliverable(s) Off track - under control	

Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	23	Inclusive and open culture	Devise and implement action plan for staff retention	Damian McGuinness - Athar Khan	<p>* Trustwide turnover rate is now below 10% and number of frontline leavers has remained positively below plan.</p> <p>* Stay Interviews and Personalised Holistic Health and Wellbeing Plan pilots have been developed and scheduled to launch in Dec/Jan 2024.</p> <p>* Monthly pension sub-group has met three times and created and publicised flexible retirement guidance for managers.</p> <p>* NHS Shared Business Services Telephone Exit Interview analysis now built into Trust retention reporting.</p> <p>* Preparation of leaflets detailing the Wellbeing and Financial Wellbeing support available to colleagues launched in time for winter.</p>	Deliverable(s) On track	No
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	24	Inclusive and open culture	Continue overall improvement for LAS and aim to be in top 1/3 across all people promise areas	Damian McGuinness - Patrick Brown, change request to Jules Potter	<p>* 2023 NHS Staff Survey fieldwork completed. LAS achieved 68.4% response rate which is highest for an ambulance trust amongst those using Picker.</p> <p>* Awaiting survey results which will be received, analysed and shared in Q4</p>	Deliverable(s) On track	Y - ownership change request from Patrick Brown to Jules Potter
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	25	Inclusive and open culture	Launch mandatory 'Tackling discrimination and promoting inclusivity' training workshops with circa 50% of staff undertaking it by year end	Roger Davidson - Kulvinder Hira	The training is on target and has been extended to end of March so more staff can attend and we achieve the maximum attendance by staff. The Trust has a record of all those attended and feedback is collated.	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	26	Well-led across the organisation	Roll out team based working across all 21 ambulance operational groups	Darren Farmer	No update needed	Deliverables Complete	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	27	Well-led across the organisation	Launch a team based working programme in EOC	Stuart Crichton	<p>A Teams Based Working Programme has been launched in EOC.</p> <p>Phase 1 of EOC Teams Based Working completed in November. This involved an extensive engagement exercise, where staff were asked through a variety of methods 'What would make EOC a consistently great place to work?'. Over 200 staff were involved in phase 1.</p> <p>Phase 2 is now underway. Five Staff Working Groups are being set up to co-design initiatives in relation to: Teams and Working Patterns, Staff Input and Communication, Setting Expectations, Professional Development and Working Environment. The working patterns group are leading on a roster review, which will better match 999 call demand and capacity.</p>	Deliverable(s) On track	N

Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	28	Well-led across the organisation	Devise a plan, to demonstrate progress towards 80% of managers having line reporting responsibility for fewer than 15 WTE staff.	Damian McGuinness - Patrick Brown, change request to Jules Potter	Objective achieved - +80% of teams now have span of managerial control less than 1:15. Core outliners in our call centres are subject to improvement via transformation programmes to be achieved either in Q4 or Q1 2024/25. Further work to be done in education centres and NETs.	Deliverable(s) On track	Y - ownership change request from Patrick Brown to Jules Potter
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	29	Improved infrastructure	Devise future operating model for the scheduling system, engage staff and embed new system	Damian McGuinness - Gareth Hughes	Procurement support process complete (Cloud 21) tendering exercise to start q4. Scoping operation model with key directors in Q4.	Deliverable(s) Off track - under control	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	30	Inclusive and open culture	Ensure roll out of body worn cameras to all stations by end of year	Jaqui Lindridge	BWV is now available at all station sites. The VRU continue to promote take up and use of the cameras. A business case is being prepared to ensure continued licencing and access to supplementary equipment for 2024 onwards.	Deliverables Complete	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	31	Well-led across the organisation	Deliver an NVQ Leadership framework for all more senior leadership roles	Patrick Brown - change request to Jules Potter	Work continues to meet strategic goal of co-design and deliver a values driven trustwide leadership development programme.	Deliverable(s) On track	Y - Ownership change request from Patrick Brown to Jules Potter
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	32	Inclusive and open culture	Strengthen LAS service in response to national recommendations	John Martin proposed change to Jaqui Lindridge (Carmen Peters)	We are in the process of recruiting 2 WTE Deputy FtSU Guardians, and have offered roles to 2 individuals (1.5 WTE) Further recruitment is planned for Q4 to recruit the remaining 0.5 A gap analysis using the NGO review tool was completed by ExCo in Q3, and the results will be used to inform strategy during Q4. An NGO Board development session is planned for February 2024.	Deliverable(s) On track	Y - Ownership change request from John Martin to Jaqui Lindridge
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	33	Well-led across the organisation	Deliver 2023 / 24 control total including £25m CIP programme	Rakesh Patel	The Trust is ahead of the I&E plan at the end of Q3.	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	34	Well-led across the organisation	Deliver 2023 / 24 capital plan	Rakesh Patel	The Trust is on track to deliver the capital plan and is on track as at end of Q3	Deliverable(s) On track	

Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	35	Well-led across the organisation	Develop medium term financial strategy to underpin the five year strategy 2023 / 28	Rakesh Patel	The plan is due to be presented to January FIC	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	36	Improved infrastructure	Move into new 111 EOC at Bernard Weatherill House, Croydon	Rakesh Patel	The project is on track to relocate in May as per the revised timetable	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	37	Improved infrastructure	Work up design and achieve planning permission for new ambulance station in Bow	Rakesh Patel	The business case will be presented to FIC in January. However, the Trust has not identified the total funding required.	Deliverable(s) Off track - under control	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	38	Improved infrastructure	Increase footprint of at least 2 further ambulance stations to increase capacity	Rakesh Patel	The Trust has increased footprint at Brent Ambulance Station and Cody Road (on a short-term licence as an interim).	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	39	Improved infrastructure	Agree, pilot and implement a replacement for the mobile data terminals	Mark Verrier - Ray Wells (PM); change request to Claire	This workstream is progressing on track and will deliver MDVS into 90 vehicles by end end of Q3. BAF Risk 2.8 has reduced to 15 and a recommendation will be presented to RCAG in Jan to reduce this further	Deliverable(s) On track	Y - Ownership change request from Mark Verrier to Clare McMillan
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	40	Improved infrastructure	Agree a programme for replacement of the radio system and complete implementation of the new telephone system with go live date in April 2024	Mark Verrier - Ray Wells (PM) Isaac Imhanwa (PM) Stefano Valloni (Lead)	CM10 Telephony CM10 Tiger Call Logger, CM10 IX Message integration and Cleric wall boards for telephony have been delivered. Operational Acceptance Testing has been delayed but is still forecast to be complete in Q3 (Dec 20th) CRS Engagement with the National ARP team has now commenced with infrastructure install, testing, and training plan to be complete in Q4	Deliverable(s) On track	CM10 Telephony A change request was submitted and approved to amend delivery date to May 2024 (due to BWH go live) and associated extension costs
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	41	Improved infrastructure	"Develop further, our new clinical and operational systems, link them using the NHS number internally, with partners and with the London Care Record.	Mark Verrier - Jamie Collinson Bobby Syme	No update needed	Deliverables Complete	

Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	42	Improved infrastructure	Develop and scope for investment and building of LAS capabilities in automation and AI driven automation	Mark Verrier - Safi Ayeni (Lead) - change request to Clare McMillan	A number of meetings have been held with key stakeholders (Senior Clinicians, EBS, IM&T) to review options and explore how information can be extracted from the database as required. We are on track to carry out a proof of concept in Q4. Future use of AI will be an output of the Digital Strategy	Deliverable(s) On track	Y - Ownership change request from Mark Verrier to Clare McMillan
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	43	Well-led across the organisation	Participate in well-led self assessment and implement actions coming from this	Jaqui Lindridge	The majority of recommendations have been implemented, or aligned with existing programmes of work. The remaining two deliverables relate to a board engagement programme and accountability framework.	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	44	Well-led across the organisation	Review leadership structure and implement resulting changes	Daniel Elkeles	No update needed	Deliverable(s) complete	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	45	Well-led across the organisation	Set up a pan LAS professional standards group	Fenella Wrigley - Mark Faulkner	Following the recent implementation of the updated HCPC Standards of Proficiency in September 2023, the HCPC Standards for Conduct, Performance and Ethics have now been updated (October 2023) and will be in effect from September 2024. Consequently, NHS England launched a new allied health professional (AHP) preceptorship standards and framework (November 2023) to ensure clarity and offer best practice. A review of these new guidances will be undertaken by the Professional Standards group in January 2024, and any relevant changes reported to ExCo.	Deliverable(s) On track	N
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	46	Well-led across the organisation	Improve data quality, responding to current audits and independent reports	John Martin - proposed change to Pauline Cranmer	Progress against all current audits and reports continues in line with plans. Of the 38 actions from the Category 1 review and the Data Integrity review 31 have been completed with remaining 7 due before the end of the financial year.	Deliverable(s) On track	Y - ownership change request from John Martin to Pauline Cranmer
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	47	Well-led across the organisation	Review governance and improve student experience – 85% of theory-based portfolio marking to be completed and returned to the learner within 4 weeks of submission	Pauline Cranmer - proposed change to Hannah Curror	Education Sector Support Managers, Sector Support and Higher Education institute tutors are now in post and holding tripartite meetings for apprenticeship learners and are becoming imbedded as business as usual. Work is ongoing with the provider of AtLAS, our student management system and portfolio platform, to improve how tutors identify outstanding work submitted by learners which requires marking.	Deliverable(s) On track	Y - ownership change request from Pauline Cranmer to Hannah Curror

Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	48	Inclusive and open culture	Increase number of paramedics enrolled on band 7 development programme by 10% with First Contact Practitioners (FCPs) increasing by 30+WTE	John Martin (proposed change to Pauline Cranmer) and Fenella Wrigley	<p>As at Q3 we have not met the 30WTE+ FCP increase (15 WTE short of the target) and the overall number of paramedics enrolled on Band 7 development programme (Incl of FCPs, UC APPs and CC APPs) has increased by 37.5% since April 2023.</p> <p>FCPs: No further recruitment in Q3, 15 WTE outstanding. Recruitment is determined by start dates of HEI course required for FCP qualification; the next course starts April '24, advert to recruit is planned for release wk 22/01/24. To support recruitment of FCPs into the programme a new leadership structure is now in place (1x8b and 2x8a WTE posts appointed in Q3). FCP numbers are now 7 qualified and 34 trainees (total of 41 WTE, there was one drop out in 2023/24);</p> <p>APPs: We have recruited 7 advanced paramedics critical care and 15 advanced paramedics urgent care since April '23</p> <p>CC – current WTE = 38.15, we will be advertising to take the WTE to 40, this will be an advert for approx. 5/6 WTE depending on the outcome of the Clinical Supervisor advert.</p> <p>UC – current WTE 56.5, we are advertising to take the WTE to 79.5, this will be a recruitment for approx. 25/26 again depending on the outcome of the Clinical</p>	Deliverable(s) Off track - under control	Y - ownership change request from John Martin to Pauline Cranmer
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	49	Inclusive and open culture	Increase number of WTE available for frontline ambulance operations by 300 WTE by year end	Damian McGuinness - Athar Khan	<p>Performance v plan - On track to deliver net increase of 300 FTE (Operational net increase 200)</p> <p>Recruitment pipelines and fill rates are very strong.</p> <p>High level 2024-25 Workforce Plan produced and shared with Clinical Education and Recruitment.</p> <p>International trip planned for February/March</p>	Deliverable(s) On track	No
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	50	Inclusive and open culture	Increase number of WTE call handler / dispatch staff by 150 WTE by year end	Damian McGuinness - Athar Khan	<p>Performance v plan - On track to deliver net increase of 150 FTE</p> <p>Recruitment pipelines and fill rates are very strong.</p> <p>High level 2024-25 Workforce Plan produced and shared with Clinical Education and Recruitment.</p>	Deliverable(s) On track	No
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	51	Inclusive and open culture	Increase number of WTE clinicians in EOC doing clinical assessments by 72 WTE by year end	Alison Blakeley and Damian McGuinness	<p>CTN Staff - November 2022, 25.43 WTE - January 2024 41.74 CTNs with 5 further WTE in training. This takes the Clinical Hub CTN posts to full establishment.</p> <p>Clinical Advisor staff - was 75.9WTE - January 2024 87.66WTE.</p> <p>A challenge with CA posts is that whilst more have been recruited than is visible from these numbers, a large volume of the CTN recruitment came from the CA pool of staff and as such our vacancy rate increased.</p> <p>There is a recruitment plan with associated education package in place, to take to 150 WTE CAs by end of March 25.</p> <p>Of note, a number of external applications from nurses were successfully appointed to the CA role in the last recruitment round.</p>	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	52	Inclusive and open culture	Achieve sickness absence rate of 6% or less on average during the year	Damian McGuinness - Simon Steward	* Early October call handling operational issues with GoodShape addressed and responses now back within the normal range. * Absence levels continue to be <6.5% * some seasonal increases being seen in the numbers.	Deliverable(s) Off track - under control	N/A

Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	53	Inclusive and open culture	Map out clear career pathways across all areas of LAS and develop a staff retention plan	Damian McGuiness - Jules Potter	*Working closely with Retention Working Group * Pilot for P&C roles is in progress * Talent system is still in pilot stage - full rollout in 2024-25	Deliverable(s) Off track - under control	Y - Ownership change request from Patrick Brown to Jules Potter
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	54	Well-led across the organisation	Engage staff in identifying their priorities from fixing the basics and act upon this information, including reducing Out of Service time by 5%	Rakesh Patel	The programme is on track	Deliverable(s) On track	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	55	Inclusive and open culture	Agree and implement a revised rest-break policy	Damian McGuiness	ExCo to review if we will look to negotiate a new policy in q4.	Deliverable(s) Off track - under control	
Mission 2 - Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for	56	Well-led across the organisation	Reduce lost time across the Organisation (e.g. start of shift, on-scene time)	Darren Farmer	Ongoing focus on outliers in JCT elements and OOS. Development of dashboard at team level to indicated. H2G has reduced since August. OOS now reducing with fleet rollout delivering	Deliverable(s) On track	
Mission 3 - using our unique pan-London position to contribute to improving the health of the capital	57	Green and sustainable for the future	Ensure we have achieved compliance by March 2024 in line with Mayor's commitments	Rakesh Patel	The trust is on track to deliver this by Aug 24 as per the derogation. The Trust has placed orders for an additional 88 DCA to be delivered in q2/3 in 24/25	Deliverable(s) On track	Derogation for end of Aug completion - change of the delivery timeline to Aug '24 for this objective
Mission 3 - using our unique pan-London position to contribute to improving the health of the capital	58	Green and sustainable for the future	Reduce annual carbon emissions by 5% (about 5,000 tonnes CO2e) through interventions in estates, fleet, clinical, digital, logistics and staff engagement	Rakesh Patel	This is on track and is significantly dependent on replacing vehicles	Deliverable(s) On track	
Mission 3 - using our unique pan-London position to contribute to improving the health of the capital	59	Green and sustainable for the future	Install EV charging point across 40 sites	Rakesh Patel	No update needed	Deliverable(s) complete	

<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	60	<p>Proactive at making London healthier</p>	<p>Agree and implement new London Lifesavers campaign, recruiting 7,000 new life savers and launching a new schools programme.</p>	<p>Roger Davidson - Sam PJ / Helen L</p>	<p>Progress is going well: Schools campaign: launched 16th Oct re-start a heart day at City Hall with 5 schools attending and multiple media publicity (inc BBC London evening News, BBC news press, Evening Standard, socials, local press) Launch of the joint CPR video with TFL / MoL / LAS Pop-ups - Multiple pop ups during Q3 incl train stations, Park runs, House of Parliament, LFB Open days etc (approx over 1000 members attending pop-ups)) Businesses - Discussions held with 4 Major Banks to run LLS training. 1st training session held at Barclays Canary Wharf. LLS training delivery summary: Q1 - 1,022 members of the public trained and registered as LLS Q2 - 1,369 members of the public trained and registered as LLS Q3 - (for Oct and Nov 1,960 members of the public trained and registered as LLS) - awaiting December figures Q4 - we need to train 2,649 members of the public during Dec - March 2023 (662 average per month) to achieve our 7,000 target. We believe we are on track to achieve this target as we have a number of schools booked in for training as well as pop-up events.</p>	<p>Deliverable(s) On track</p>	<p>No</p>
<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	61	<p>Proactive at making London healthier</p>	<p>Improve accessibility to Public Access Defibrillators to make a total of 10,000 in the capital</p>	<p>Roger Davidson - Sam Wilcox</p>	<p>As of the end of November 2023 we have 9230 PAD registered. Work is continuing with the circuit to ensure all PAD in London are registered. We have agreed a launch date of February 14th for our defib campaign which aims to raise £250,000-£300,000 over 2 years to place 2000 defibs in targeted locations across London. Focusing on areas we have already identified as suffering from health inequalities.</p>	<p>Deliverable(s) On track</p>	<p>No</p>

<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	62	<p>Proactive at making London healthier</p>	<p>Use data to create targeted prevention programme for children and young people (violence reduction, substance misuse, what to do in an emergency) as well as promoting careers in the LAS</p>	<p>Claire Proudlock</p>	<p>The Public Education strategy is to be presented at the Transformation Board on the 24th January and is focused on Broadening our education programmes for the public to address specific needs and concerns of the communities we serve, using data and outreach activities. We are reporting data and performance from public education on a monthly basis (allowing us to review progress and set objectives). The team will link in this year with the Mayor's Violence Reduction Unit to explore any further opportunities or projects where LAS can support knife crime prevention.</p> <p>The Safety First programme relaunched with funding currently until December 2024. Priority areas and schools have been identified using data around violent crime, intentional fire setting and drug offences. Currently schools are offered the choice of sessions on knife crime, drugs & alcohol or choose well, with the intention to launch an additional option of mental health & wellbeing after the Easter holidays. The project also actively seeks bookings from Pupil Referral Units, special education schools and other forms of alternate provision. Your Stance visits have also relaunched after a break following the end of the 2022/23 academic year. These visits teach young people at risk of serious youth violence how to respond to an emergency situation. Visits are planned to take place in pupil referral units or in the youth justice system with young people who are either at high risk of being involved in/witnessing violent crime, or who have a previous history of weapons offences, violence, or may have been the victim of weapons related violence themselves.</p>	<p>Deliverable(s) On track</p>	
<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	63	<p>Proactive at making London healthier</p>	<p>Review our communications to public on using 999 and 111 services and devise a new campaign</p>	<p>Claire Proudlock</p>	<p>The Public Education strategy also includes an innovative approach to helping Londoners to navigate urgent and emergency care services (999 + 111), including targeted resources for those who have a disability, sensory loss, low literacy or are non-English speakers can access and understand information about our services. We are working with the Strategy Team and Emergency and Urgent Care services to engage with patients and learn from their experiences with our services, and are undertaking a broad review of public perception of our organisation and efficacy of our public messaging to inform the work of the Communications and Engagement team.</p>	<p>Deliverable(s) On track</p>	
<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	64	<p>A system leader and partner</p>	<p>Work up and implement at least one pilot supporting primary care in London to deliver Fuller Stocktake</p>	<p>Fenella Wrigley - Johra Alam</p>	<p>Pilot in SWL has been up and running since early October. In excess of 2000 calls have been taken. A financial and quality evaluation is underway. Looking to expand this pilot.</p>	<p>Deliverables Complete</p>	

<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	65	<p>A system leader and partner</p>	<p>Agree and implement an operating model on how the LAS interacts effectively at the right levels in the 5 ICS.</p>	<p>Roger Davidson - Beata Malinowska</p>	<p>The work is progressing in line with the project plan.</p> <ol style="list-style-type: none"> 1. The approach and short, medium and long term actions agreed at the November Transformation Board. 2. The team has started engaging with ADOs and STPMs to map all the ICS meetings that they attend and identify key areas for improvement and support from the central Comms, Engagement and Strategy&Transformation teams. 3. Procurement for the external piece of work with ICS mapping concludes on 19.12 and the work will commence in January '24. 	<p>Deliverable(s) On track</p>	<p>No</p>
<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	66	<p>A system leader and partner</p>	<p>Link our ECR to move hospital emergency department systems where there is demand</p>	<p>Mark Verrier - Paul Shack</p>	<p>LAS supported the review of the Transfer of Care Service Specification Document. LAS Project team established. ITT process underway.</p> <p>Plan for Q4: Finalising the ITT process and performing supplier evaluations. Expected to select a supplier and start the design stage.</p> <p>The overall programme will not be delivered in Q3 or Q4 this year and instead is planned for delivery in Q2 FY24/25 pan-London by NHSE (no longer within LAS control) - change request as per column H</p>		<p>The delivery of this objective is no longer within LAS control and has been transferred to NHSE for pan-London. Request to remove it from the LAS business plan.</p>
<p>Mission 3 - using our unique pan-London position to contribute to improving the health of the capital</p>	67	<p>A system leader and partner</p>	<p>Review our maturity across other ambulance Trusts using national tool</p>	<p>Roger Davidson - Beata Malinowska</p>	<p>The work is progressing in line with the project plan.</p> <ol style="list-style-type: none"> 1. November - workshop with frontline staff to identify key areas of opportunity and challenges for the selected domains of the matrix. 2. Approach to health inequalities was presented at the December Transformation Board. 3. Expressions of interest for third sector organisations to work with us on patient experience deep dives for BAME pregnant women and mothers and sickle cell patients are due on 12th January with an update to ExCo on 17th Jan 	<p>Deliverable(s) On track</p>	<p>No</p>