Trust Board Meeting in Public

Schedule	Tuesday 26 March 2024, 12:30 — 15:30 GMT
Venue	Prospero House, 241 Borough High Street, SE1 1GA and via MS Teams
Organiser	Committee Secretary

Agenda

Agenda

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

12.30pm to 3.30pm on Tuesday, 26th March 2024
at Prospero House, 241 Borough High Street, London SE1 1GA

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
12.30pm	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
12.30pm	2.1	Minutes of the Public Meeting held on 30th January 2024	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient/Staff Story					
12.35pm	3.1	Individualised Care	AB/FW	Inform	Present
4. Chair and Chief Executive Report					
12.50pm	4.1	Report from the Chair	Chair	Inform	Verbal
12.55pm	4.2	Report from the Chief Executive	CEO	Inform	Report
5. Director and Board Committee Reports					
1.00pm	5.1	**Performance** 5.1 Operational Performance Report: Chief Paramedic	PC	Assure	Report
1.20pm	5.2	**Quality** 5.2.1 Quality Report: CMO and Deputy CEO 5.2.2 Quality Assurance Committee Report	FW MSp	Assure	Report
1.40pm	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
2.05pm	5.4	**Finance** 5.4.1 Director's Report 5.4.2 Finance and Investment Committee Report 5.4.3 Audit Committee Report 5.4.4 Charitable Funds Committee Report	RPa BA RP BA	Assure	Report

2.40pm	5.5	**Corporate** 5.5.1 Director's Report	ME	Assure	Report
2.45pm	5.6	**Digital and Digital** 5.6.1 Digital and Data Committee Report	SD	Assure	Report
6.	**Quality**				
2.55pm	6.1	Proposed Quality Priorities 2024/2025	PC	Approve	Report
7.	**Assurance**				
3.15pm	7.1	Board Assurance Framework	ME	Approve	Report
8.	**Concluding Matters**				
3.25pm	8.1	Any Other Business	All	Note	Verbal
	8.2	Date of Next Meeting – Thursday, 2nd May 2024	Chair	Note	
	8.3	Questions from Members of the Public	Chair	Note	

1. Opening Administration

1.1. Welcome and apologies (verbal)

For Noting

Presented by Andy Trotter

1.2. Declarations of Interest (Verbal)

For Approval

2. General Business

2.1. Minutes of the public meeting held on 30th January 2024

For Approval

Presented by Andy Trotter

2.2. Action log

For Discussion

Presented by Andy Trotter

ACTION LOG – March 2024 Public Board

Meeting	Action	Lead	Due	Update
	No outstanding actions.			

3. Patient Story

3.1. Individualised Care

Presented by Fenella Wrigley

4. Chair and Chief Executive Report

For Information

Presented by Andy Trotter

4.1. Report from the Chair (verbal)

For Information

Presented by Andy Trotter

4.2. Report from the Chief Executive

For Information

Presented by Daniel Elkeles

London Ambulance Service NHS Trust Board meeting March 2024

Report from the Chief Executive Officer

After a couple of years with a dedicated focus on our culture, morale and values, I am really pleased to say that our staff have reported record improvements to their working lives over the past year, according to the latest annual NHS Staff Survey published this month.

The latest survey shows more positive responses from Team LAS in 92% of all questions, with improved positivity in 90 of 97 question areas especially relating to teamwork and learning and development. Feedback also showed improvements in all questions relating to the NHS People Promise – the seven commitments launched nationally in 2021 that aim to improve the experience of working in the NHS for everyone. This includes being compassionate and inclusive, staff having a voice that counts, and teams being recognised and rewarded.

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	6.63	4390	6.90	5184	Significantly higher
We are recognised and rewarded	4.98	4389	5.41	5172	Significantly higher
We each have a voice that counts	5.81	4375	6.07	5144	Significantly higher
We are safe and healthy	5.25	4372	5.45	5145	Significantly higher
We are always learning	4.45	4004	5.03	4517	Significantly higher
We work flexibly	5.21	4381	5.61	5142	Significantly higher
We are a team	6.05	4383	6.49	5177	Significantly higher
Themes					
Staff Engagement	5.80	4390	6.15	5180	Significantly higher
Morale	5.12	4390	5.48	5184	Significantly higher

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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More than 68 percent of our staff filled the survey in, which is quite incredible and means we can be sure the results truly represent what the majority of our staff feel about working for LAS.
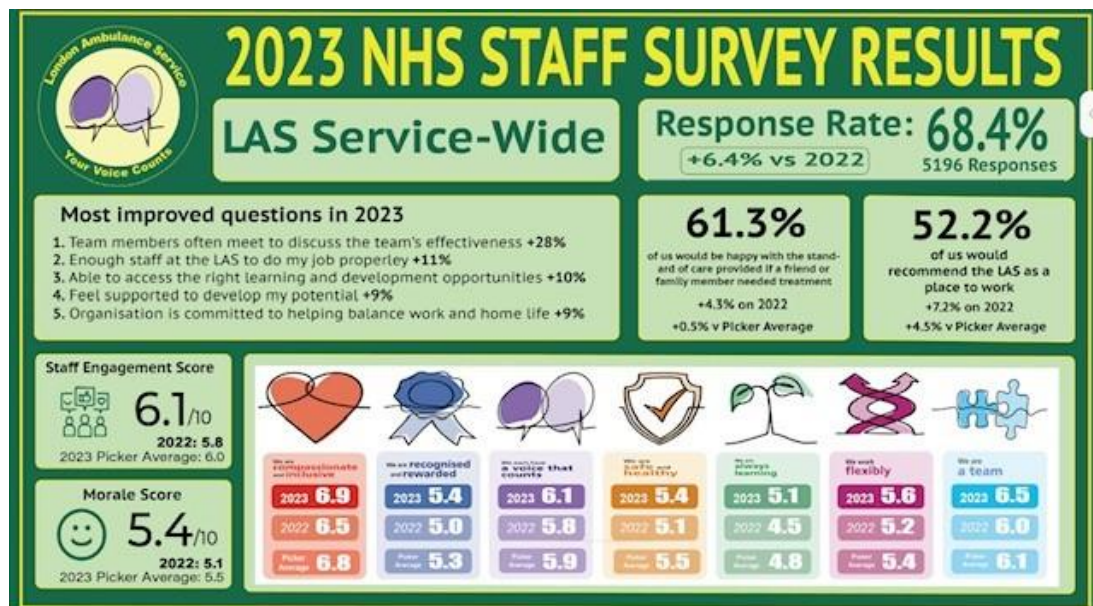
But of course, there's still work to do in improving working lives at LAS. That's especially true in the area of sexual safety at work and incidents of bullying and harassment. For the first time in the staff survey, staff were asked if they had experienced behaviour of a sexual nature from colleagues.

Work is on-going to set up an action plan to tackle this and make clear it is simply not acceptable here at LAS. Our culture absolutely must be one where everyone is treated with respect. It is vital that the whole ambulance sector takes the issue of unwanted sexual behaviour and inappropriate culture as a wake-up call and commits to making the necessary changes.

As a Trust we have made progress in some key areas, including a zero tolerance approach to sexual misconduct, our focus on Freedom to Speak Up, and pioneering a new approach to teams-based working which enables operational teams to work more closely together. But there is much more to do. There are still too many members of staff who may not feel safe at work all the time and where our values of teamwork, caring and respect are not lived up to.

That said, I'm so proud of all we've achieved as a Trust since the last survey and you can see this reflected in some of our results – the introduction of team-based working, our leadership training as part of the Our LAS work, improving our estate, replacing our ageing fleet, and giving our staff the tools to do their job. Alongside this, there's our work in increasing recruitment and diversity, being an inclusive place to work, our wellbeing offer, and setting our strategy for the next five years with mission two – our organisation – putting our staff at the heart of our future.

You can read more about our results here and view the full LAS and wider NHS reports here.

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Demand and performance update

I want to take this opportunity to praise our emergency call handling teams, whose hard work is making a very real difference to the patients we care for.

Over recent months, we have seen some significant reductions in the average time it takes for us to answer a 999 call, resulting in us having the shortest answering time in the country at the start of March at just one second (compared to a highest waiting time of 19 seconds).

We answer more calls each day than any other Trust and this is the first time that I can recall we have had the best answering response in the country against and although it is just a snapshot, we can see the very real impact the broader improvement is having for our very sickest patients.

Our January data shows that we were called to 1,197 patients during an out of hospital cardiac arrest (that was also up from previous months, so again – a very busy period for our teams). We achieved 'return of spontaneous circulation' (ROSC) in 30 per cent of patients and had a median time to dispatcher assisted CPR of 4 minutes and 1 second. This life-saving intervention in such incredible timeframes is thanks to our speed in answering of this calls, and a reflection of the timely care of our expert crews.

I'm also delighted that we're now able to transfer 999 callers straight to 111 if their concern can be treated better through that pathway. This means callers don't have to hang up and re-dial, improving their experience of using our services. There has been great teamwork between 999, 111 and IM&T to make this happen.

Meanwhile, the Clinical Hub continues to move towards a new operating model, where clinical advisors and clinical navigators have a focus on a specific area of London. This enables our clinicians to primarily work on the calls within the sector that they work operationally; so that staff know the pathways, the geography and the hospitals much better; and are able to undertake clinical shifts within that same area. It really does enable us to start sending the right response to our patients, and ensures our sickest patients get the fastest response.

This new approach, along with a closer relationship between the dispatch staff within the Emergency Operations Centre and the clinical hub staff working together, is having a real impact on our patients and demand. As a result, we are now continually seeing some of the highest hear and treat rates the Trust has ever seen. In fact, through this model, in the week commencing 11th March, individual sectors saw 24 percent of calls managed through hear and treat!

LAS to lead national ambulance group on complex and hazardous incidents
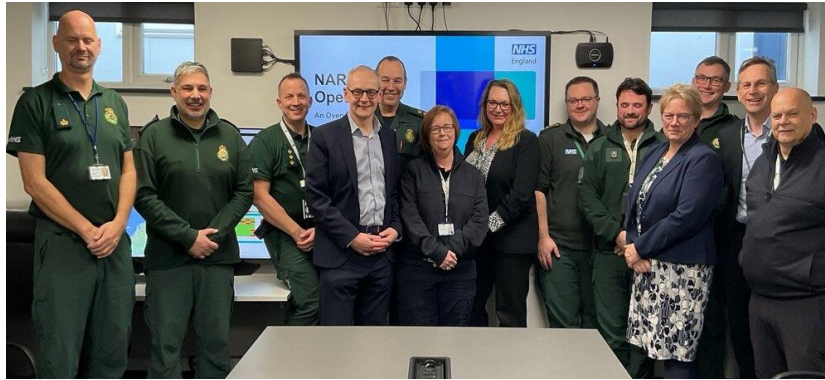
I am pleased to share that we will host a national unit which aims to ensure ambulance services across the country can provide the best frontline care to patients during the most complex incidents.

We have been awarded the five-year contract to host the NHS Resilience Interoperable Capabilities Team from April. This means that, working with NHS England and specialist resilience teams across the country, we will ensure the ambulance service can respond to a range of hazardous and demanding occurrences in the safest and most efficient manner possible.

I was thrilled to visit the team at their Ryton base in February, where I met experts who told me about how they deal with complex and major incidents and help to keep the people of this country safe and well cared for. This is an incredible opportunity for us, and we can't wait to get started.

Stakeholder visits to LAS

With such innovative work being done by teams across the Service, I've been pleased to welcome three MPs to LAS in recent months.

At the start of February, Ed Davey, Leader of the Liberal Democrats and MP for Kingston and Surbiton, visited New Malden Ambulance Station in his constituency. We talked Ed through our priority areas of work, before giving him a tour of the site and introducing him to some of our frontline crews. Ed finished his visit by receiving trained in basic life-saving skills, including how to give effective CPR and how to use a defibrillator, as part of our London Lifesavers campaign. You can find out how to become a London Lifesaver here.

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Later that month, we welcomed Emily Thornberry, Labour MP for Islington South and Finsbury and Shadow Attorney General, on a tour of Islington Ambulance station and gave her the opportunity to shadow one of our ambulance crews on a busy shift. I was pleased that Emily was able to complete a London Lifesavers training session as well.

We also welcomed Steve Tuckwell, Conservative MP for Uxbridge and South Ruislip, and Councillor Heena Makwana, South Ruislip Ward, Hillingdon, on a tour of Hillingdon Ambulance Station on 19 February. Steve and Heena heard about our priorities in Hillingdon and North West London and met with a range of frontline staff to hear more about their work.

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We recently welcomed NHS England Chair Richard Meddings who came to HQ to learn more about the Trust and how we operate. Richard met with frontline staff, listened into 999 calls in the Emergency Operations Centre and learned about the work of community joint response cars and mental health team. He then observed an ambulance shift with one of our crews.

I was pleased to give evidence at sessions with councillors at the Inner and Outer North East London's Joint Health Overview Scrutiny Committees (JHOSC), alongside North East London ADO Ben Evans and Director of Integrated Urgent and Emergency Care Jacqui Niner.

These were good opportunities to provide an update on our 999 and 111 operations to councillors, as well as explain our work to support the primary care sector across the sector and beyond.

Supporting and celebrating our colleagues

In February, Dr John Martin, our former Chief Paramedic and Deputy CEO, was announced as the new permanent Chief Executive Officer at South Western Ambulance Service Foundation Trust. This is a fantastic achievement for him and very well-deserved recognition of all the work he's done both here and at the College of Paramedics as their recent President.

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I was also very pleased to see John presented with the prestigious King's Ambulance Medal for Distinguished Service. John was awarded this honour while he was with us at LAS, honouring the work he had done to champion the paramedic profession and develop the profession for the benefit of emergency service workers and the patients they care for.

We are always looking to inspire the next generation of talent to join us at LAS. During National Apprenticeship Week in February, our apprenticeship team ran our very own LAS apprenticeship careers event at Redbridge Town Hall. More than 200 people attended throughout the day and had a really positive experience. The whole event was a true team effort so thank you to everyone who was involved.

On Monday 4 March, I was honoured to host our fourth annual Marie Curie Day of Reflection service with our Chair Andy Trotter in the Remembrance Garden at our Waterloo HQ. It gave us the chance to remember, grieve for and celebrate everyone – especially our colleagues – who died during the COVID-19 pandemic. We also took time to remember our serving colleagues who sadly died in the last year.

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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 292 new 'thank you' messages for 775 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	September	62	355	170	923
2023	October	127	630	321	1610
2023	November	126	756	340	1950
2023	December	117	873	319	2269
2024	January	139	1012	366	2627
2024	February	113	1081	299	2809

I am always pleased when we can reunite our patients with the colleagues who have helped them so that they can say 'thank you' in person. In November last year, the actions of our paramedics, St John Ambulance, and Chelsea Football Clubs' own medics, meant a football fan was saved after going into cardiac arrest at Chelsea's match against Manchester City. The patient Paul was reunited with the St John Ambulance volunteer who performed immediate chest compressions on him and our paramedic Billy Britton during a football match in February, where they were all welcomed as VIP guests.

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Funded by a grant provided by NHS Charities Together to London Ambulance Charity, our London Lifesavers campaign is training Londoners to learn the simple steps to take when someone is in cardiac arrest that can help save a life. Please consider signing up for a training session.

Film star Rosamund Pike also joined us special London Lifesavers training session recently to prepare for her new film role.

Rosamund was given life-saving training and spent an evening on an ambulance observing paramedics as they responded to sick and injured patients. She made a video recording for LAS, urging all Londoners to learn those life-saving skills and sign up to be a London Lifesaver. You can watch that video on our YouTube channel.

I also want to highlight the exemplary work of our Emergency Medical Technician Karen Rankin from Newham and Westham, who has been awarded Infection and Control Link Practitioner of the Year. Karen's dedication to promoting good infection

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control practices and undertaking quality improvement initiatives was commended by her local area and colleagues.

And finally, this month I was among a group of thrill-seeking Londoners who climbed to the top of the iconic O2 Arena in Greenwich to raise vital funds for our London Ambulance Charity. We battled the wind and rain and were eventually treated to brilliant sunshine after conquering the O2. Participants have so far raised an incredible £20,000 including Gift Aid for our charity, which supports staff by funding wellbeing initiatives for frontline crews, providing financial hardship support, and helps save more lives by training communities in life-saving CPR skills.

For more information about supporting London Ambulance Charity please visit our website.

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5. Director and Board Committee Reports

For Assurance

5.1. Performance

5.1.1 Operational Performance Report

For Assurance

Presented by Pauline Cranmer

PUBLIC BOARD OF DIRECTORS MEETING
Performance Report – March 2024

This report covers performance of the three main service lines for the period of January and February 2024. 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 (IPC) provides Statistical Process Control (SPC) charts which should be referred to in conjunction with this report.

1. 999 Emergency Operations

Total contacts in January 2024 (162,899) and February 2024 (151,809) decreased from the peak we saw in December 2023 (182,719) and shows common cause variation in the Integrated Performance Report. There is no target for activity.

The call answering mean was below the national target of 10 seconds in both January and February 2024 at 5 seconds and 2 seconds respectively. SPC (Figure 1) shows that we have been inconsistent in meeting the target across 24 months, although we continue to see special cause improvement in the last 13 months.
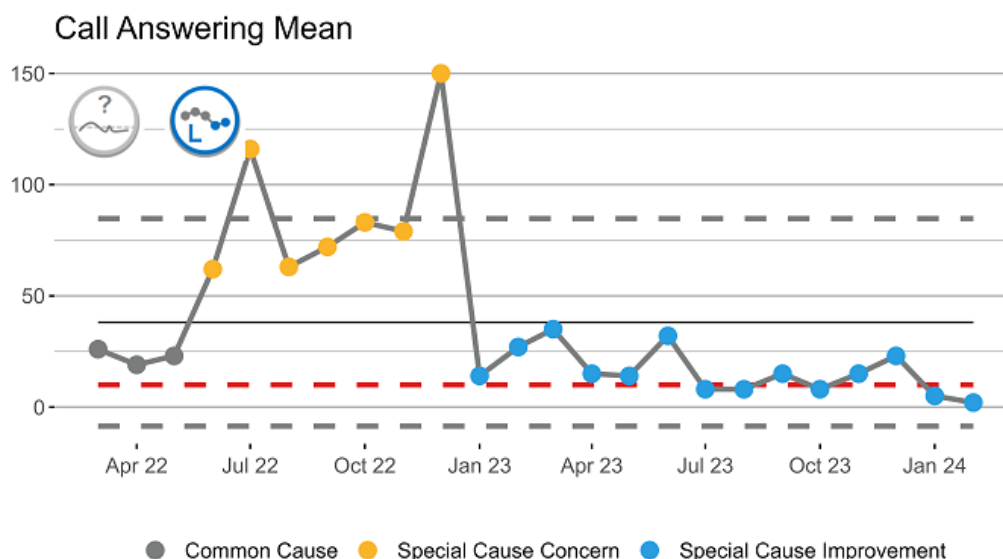
Figure 1: Call answering mean SPC chart

The improvement in our call answering is attributable to the staffing position within EOC which continued to improve during this period. Call handling staff during the period reached 453 whole time equivalents and emergency dispatchers reaching 182 whole time equivalents. The IPR demonstrates staff in post, turnover and sickness absence all show special cause improvement.

The EOC transformation programme continues to be on track with good progress seen in the following areas:

- **Business As Usual** – Call answering mean 2 seconds in February and year to date 13 seconds. Average daily call handling staffing is now circa 1600 hrs per day.
- **Call Handling** – The Cat 2 waiting estimates methodology has now changed. A new rest break monitoring tool has been tested and is due for deployment in March 2024
- **Dispatch** – Staffing remains good; a new Back to Basics initiative is being fed into the role-specific CSR and other dispatch initiatives. Routinely running with 22 desks open.
- **Staff Survey** – There has been significant improvement overall and plans are being developed to ensure continued improvements.
- **Absence** – Whole directorate sickness has reduced from 12.35% in December, to 9.9% in February with a CIP aspiration of 8%.
- **Teams Based Working** – There has been substantial work on the introduction of team based working with implementation due on 1 July 2024.

2. Ambulance Services

The Category 1 Mean SPC (Figure 2) within the integrated performance report shows that the target is inconsistently met with common cause variation. The Category 1 performance has improved since the last performance report at 7 minutes 24 seconds in January and 7 minutes and 20 seconds in February 2024. The national average for January and February was 8 minutes 26 seconds and 8 minutes 25 seconds respectively.
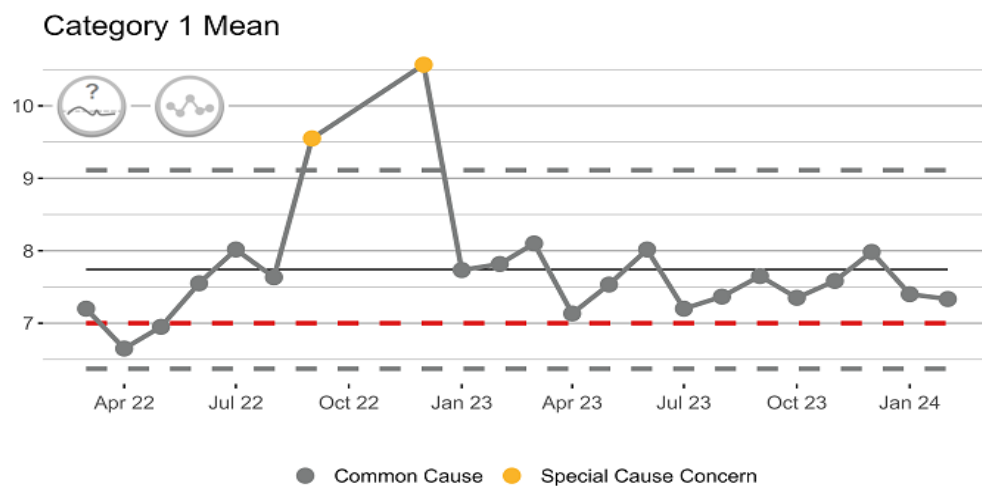
Figure 2: Category 1 SPC chart

Category 2 performance (Figure 3) has shown an improvement in January and February 2024 from the previous reporting period at 36 minutes 50 seconds and 37 minutes 01 second respectively. The national average for January was 40 minutes 6 seconds and in February was 36 minutes 20 seconds. The year to date performance was 39 minutes and 10 seconds and this was against the operational plan trajectory of 34 minutes for the financial year.
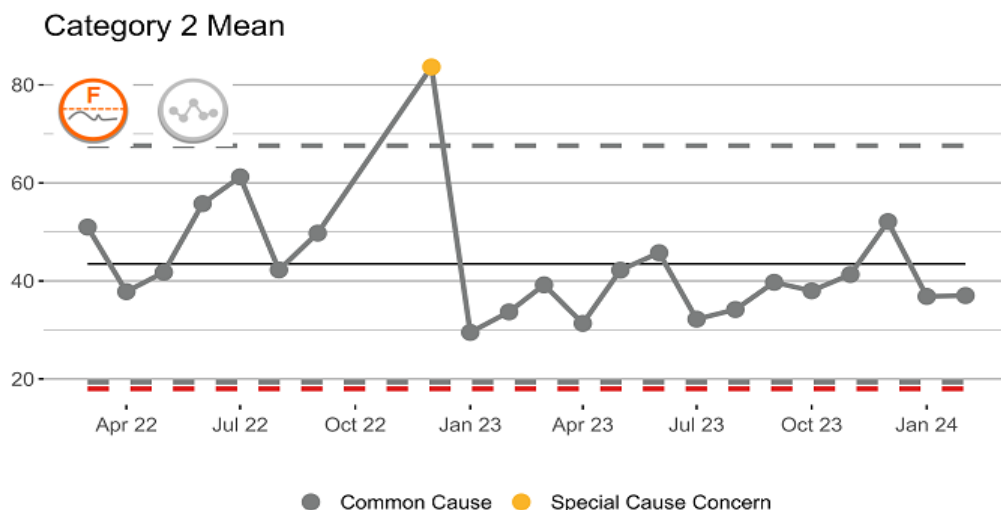
Figure 3: Category 2 SPC chart

The category 3 target of 60 minutes has not been consistently hit, however, the SPC chart in the IPR shows (Figure 4) common cause variation. In January 2024 we achieved a Category 3 mean of 1 hour 14 minutes 25 seconds and in February 2024 1 hour 11 minutes 37 seconds. Performance has improved from the previous reporting period and similar to that seen in August 2023 prior to winter pressures. This was significantly better than the national average of 2 hours 12 minutes 48 seconds and 2 hours 4 minutes 12 seconds for January and February respectively.
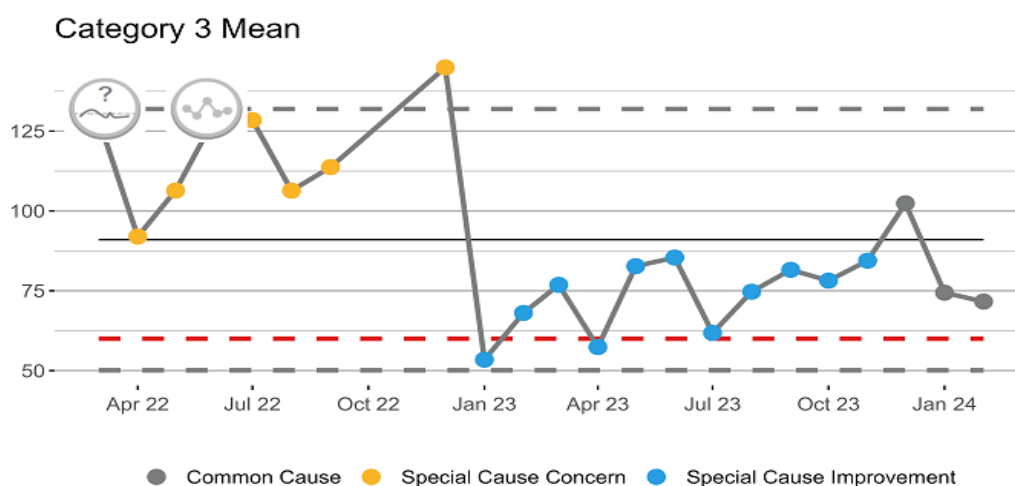
Figure 4: Category 3 SPC

The 2023/24 operating plan had a trajectory for zero hours greater than 15 minutes (the national standard) would be lost to handover at hospital during January and February 2024. There has been improvements across this financial year as a result of the 45 minute handover process although there was a loss of 10,104 hours in January and 9,065 hours in February 2024.

As a consequence, the SPC (Figure 5) shows continued special cause improvement although the target has not been met.

With the reduction in time lost at handover use of co-horting of patients has also reduced and is now used dynamically as and when required when specific hospitals have encountered pressures. We continue to support all hospitals with our stepped patient flow process to help mitigate the need for cohorting where possible.

Time Lost at Hospital >15 Minutes (Hours)
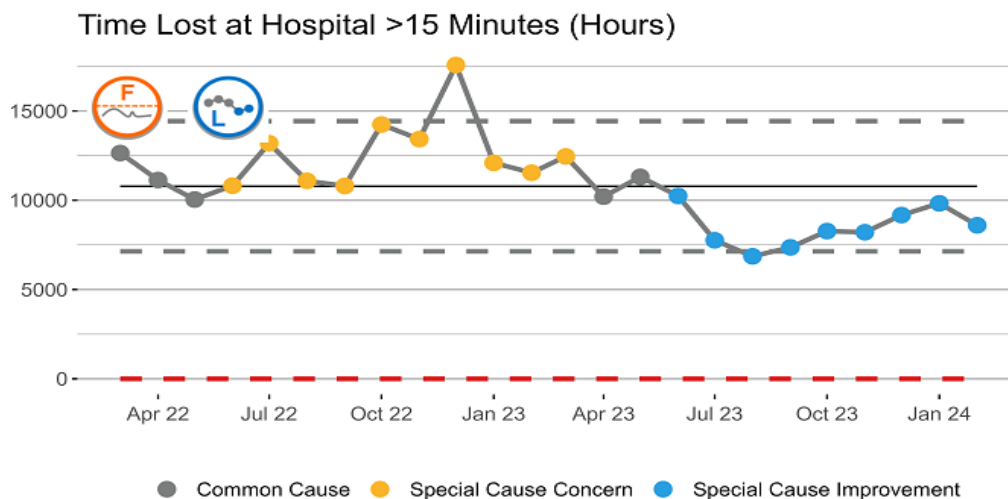
Figure 5: Time lost greater than 15 minutes SPC chart

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 6.

Hospital site	Percentage of handovers over 30 mins
Barnet	46%
Charing Cross	3%
Chelsea & Westminster	3%
Croydon University Hospital (Mayday)	21%
Ealing	18%
Hillingdon	17%
Homerton	3%
King Georges, Ilford	29%
Kings College	31%
Kingston	42%
Lewisham	31%
Newham	55%
North Middlesex	66%
Northwick Park	36%
Princess Royal, Farnborough	26%
Queen Elizabeth II, Woolwich	23%
Queens, Romford	60%
Royal Free	28%
Royal London (Whitechapel)	26%
St Georges, Tooting	29%
St Helier	30%
St Marys, W2	6%
St Thomas'	18%
University College	13%
West Middlesex	8%
Whipps Cross	51%
Whittington	24%

Figure 6. Proportion of handovers over 30 minutes November/December 2023 (unvalidated data)

There is no target for see and treat and the SPC (Figure 7) shows special cause concern. The see and treat percentages for January and February 2024 were 29.3% and 28.5% respectively. The national comparison for the reporting period were 30.5% in January and 30.4% in February 2024. There has been an increase in acuity as represented by the percentage of category 1 and 2 incidents and number of blue calls and this coupled with continued rates of hear and treat mean that there is less opportunity for see and treat cases.
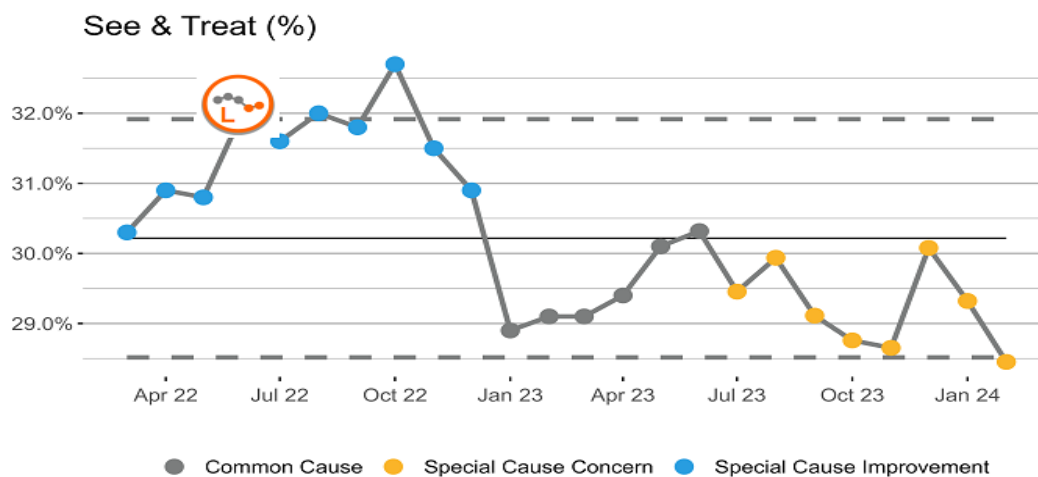
Figure 7: See and treat SPC chart

The Emergency Department (ED) conveyance percentage rate has continued to show common cause variation with 52% in January and 50.8% in February 2024. The national comparison for the same period was 51.6% and 50.1% respectively (Figure 8).
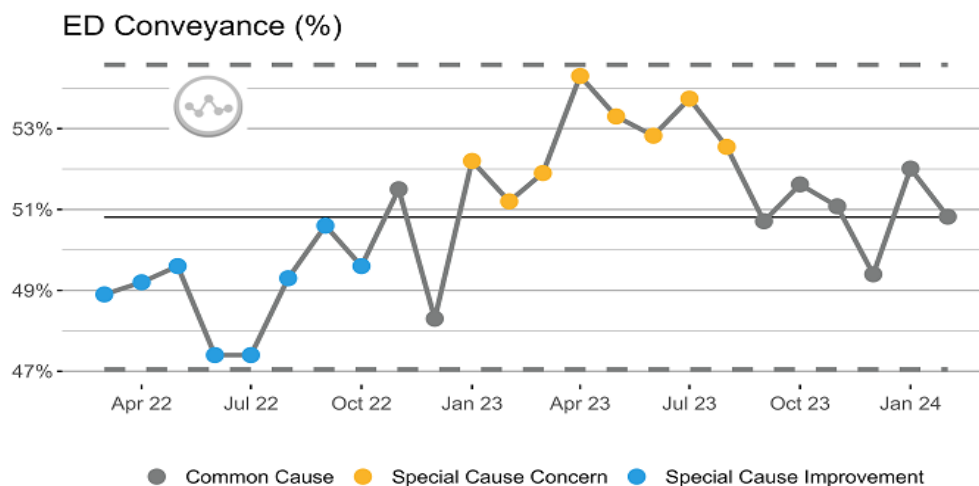
Figure 8: ED Conveyance SPC chart

3. National Context

The Ambulance Quality Indicators provide a national context for the ambulance sector and reflect how, comparatively, we are performing. Figure 9 shows our performance against key metrics compared to the national average and to other ambulance services nationally.

Metric/Month	Jan-24		Feb-24	
	LAS	National Average	LAS	National Average
Category 1	00:07:25	00:08:26	00:07:21	00:08:25
Category 2	00:36:50	00:40:06	00:37:01	00:36:20
Hear & Treat	15.90%	14.30%	16.40%	14.20%
See & Treat	29.30%	30.50%	28.50%	30.40%
See & Convey	53.10%	50.40%	52.80%	50.50%

Figure 9: 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 10.

Metric	Apr-23	Apr Act	May-23	May Act	Jun-23	Jun Act	Jul-23	Jul Act	Aug-23	Aug Act	Sep-23	Sep Act	Oct-23	Oct Act	Nov-23	Nov Act	Dec-23	Dec Act	Jan-24	Jan Act	Feb-24	Feb Act
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	121,064	108,737	112,322	100,990
Incidents with Face-to-Face Response (AQI A56)	89,367	83,114	92,910	84,490	90,556	83,463	93,736	87489	90,755	85,856	88,861	84,165	94,020	88,139	92,438	82,648	97,184	91,402	95,620	91,506	88,659	84,397
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	00:29:00 00:33:06*	00:36:50	00:29:00 00:33:08*	00:37:01
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	0	217,665	0	182,176
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	00:20:00	00:24:10	00:20:00	00:23:39
Calls Answered (AQI A1)	152,909	112,077	162,219	127,287	162,612	131,095	172,929	121,111	159,072	122309	157,183	128,339	164,375	127,159	165,538	129,157	180,117	144,101	172,083	126,044	165,661	118,098
Call Answer Mean (seconds)	50	15	50	14	40	33	30	8	20	8	20	15	20	8	10	15	10	23	10	5	10	2
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	199,992	217,128	192,987	200,389
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	41,014	44,234	40,058	40,293

Figure 10: Actual performance against agreed trajectory for Category 2

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

Hear and treat rates for January and February were 15.9% and 16.4% respectively. There is no national target for hear and treat and the SPC chart (Figure 11) within the IPR demonstrates that there is common cause variation. The national average for hear and treat was 14.3% in January and 14.2% in February.
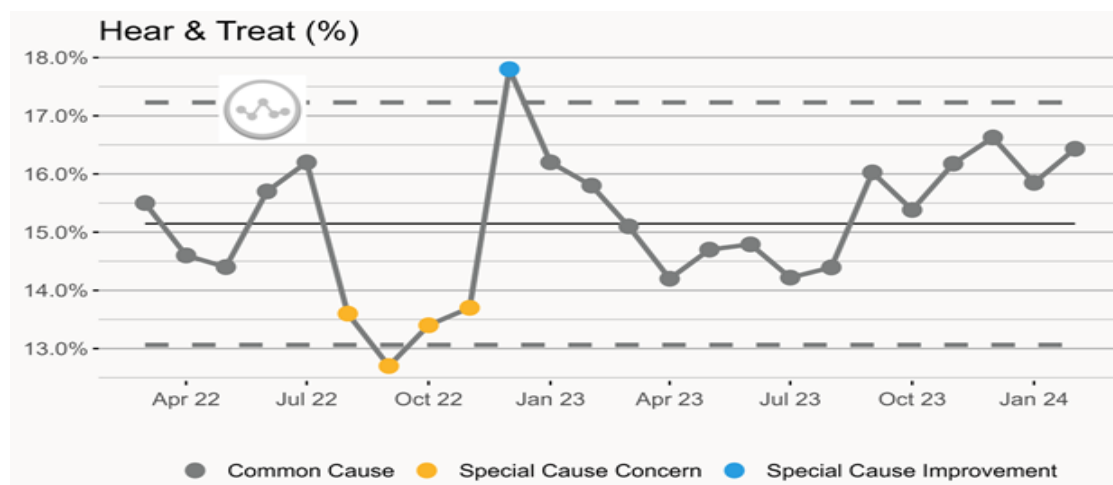
Figure 11: Hear & Treat SPC

The revised Dispatch Model (previously 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 February 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 continued to deliver over 10,000 hours of clinical telephone assessment each month in January and February 2024 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 a continued increase in the number of clinical assessments month on month. In February 2024 15,300 clinical assessments were undertaken compared with 13,500 in November 2023 and only 9,604 in August 2023.

Since August 2023, 157 Clinical Advisor/Validators have been trained and there are plans for a further 12 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 such as short term secondments for staff in Ambulance Services who have previously been trained to work in the Clinical Hub along with ad-hoc shifts where resource is insufficient to deliver the sector based clinical model.. We have increased recruitment from external clinical pools such as Nurses and are seeing increased rates of take up. 7 experienced nurses were successful in the latest round of external recruitment.

In addition the Clinical Hub rota review has now launched and is in a 90 day period of consultation with staff. This new rota pattern will include time for training and development and management activities.

In January and February 2024 we validated 6,750 and 6,050 category 2 calls respectively as part of the Category 2 segmentation activity. An Increase of c.1000 since the last reporting period.

Of the calls validated, 45.6% in January and 44.4% in February were safely referred to suitable alternative care pathways and consequently avoided conveyance to hospital. This represents c. 5.5% of all Coded Cat 2 calls.

Figure 12 sets out the key metrics for cat 2 segmentation.

Metric	January	February	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)	45%	44.1%	↔
% of calls undergoing clinical validation remained a C2 post assessment	54%	54%	↔
% of all Coded C2 Calls Closed	5.4%	5.5%	↑

Figure 12: Category 2 segmentation metrics for January & February 2024

As part of our alternative response model the Urgent Community Response cars are continuing to operate successfully in south west, north east, north central and now North West London. Nine response teams of Paramedics and external clinicians have worked together to manage patients within the community across January and February 2024.

To date:

- 9,697 patients have been attended by a UCR team to the end of February 2024.
- 70% of patients in January and February 2024 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 13 below.
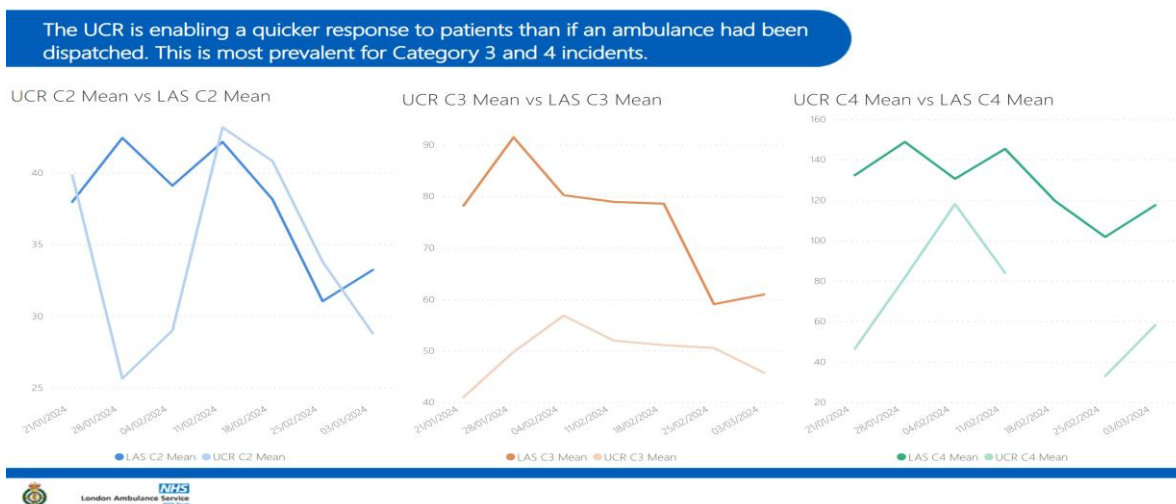
Figure 13: UCR response comparison to double crewed ambulances

6. Integrated Urgent Care (IUC)

In February, the IUC directorate saw a demand profile in line with recent activity trends but 29.3% higher than the forecast. Overall there has been an improvement in most areas of the service and this has been supported by the innovations and changes implemented as part of the transformation board.

212k calls were offered in the month and 192k answered resulting in an abandonment rate of 9.49%. Whilst this is a slight increase from 8.50% in January, it represents a broader improvement from the 17.4% abandonment rate recorded in January 2023 (Figure 14).
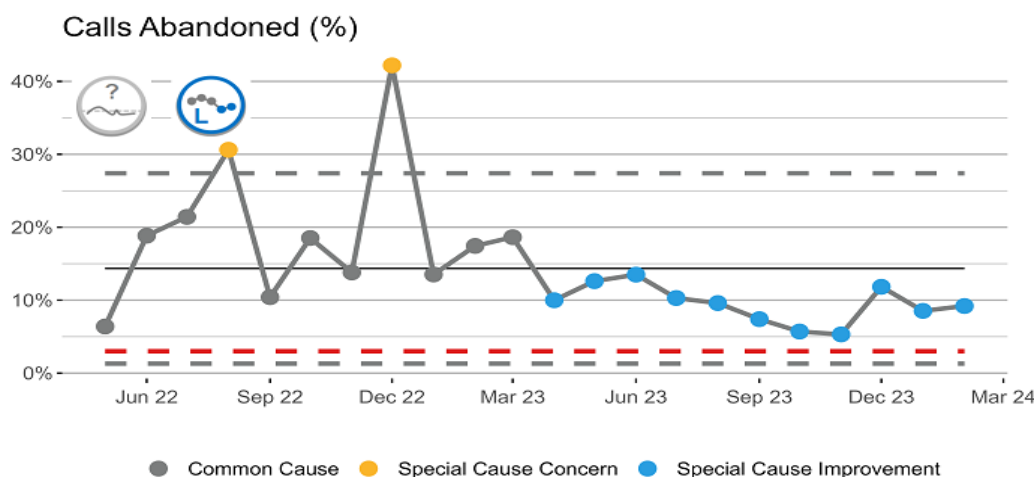
Figure 14: Abandoned Calls SPC

The team continue to focus on reducing the abandonment rate and have been conducting end-to-end reviews of the call handling pathway to align pathways and processes. There has also been an improvement of real-time performance management in the team with additional training provided and greater use of the Storm data to ensure that capacity is utilised across providers during peak periods.

Speed to answer was 136 seconds in February against a mean of 156 seconds (Figure15).
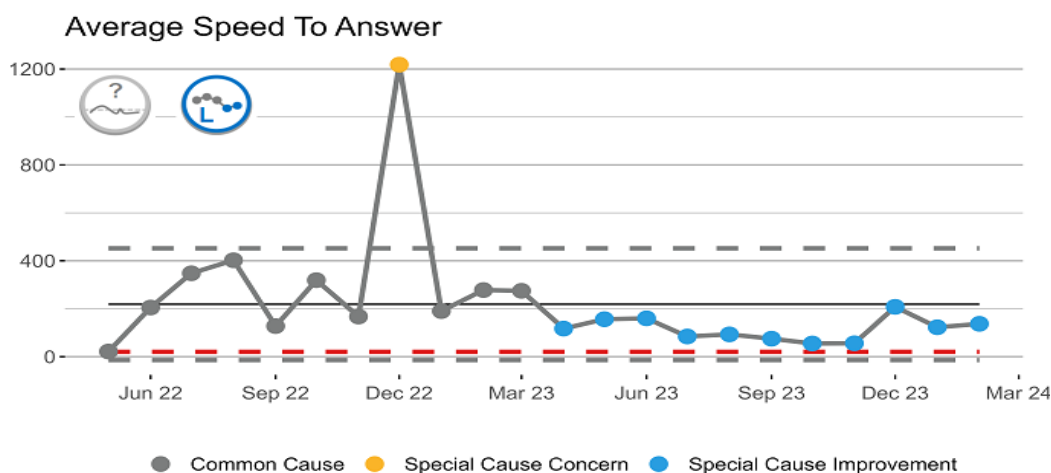
Figure 15: Average Speed to Answer SPC

Performance against this metric was impacted by periods of high demand, particularly on Mondays and Saturdays. Over 9k calls were offered on both Saturday 3rd and

Saturday 10th of February and average answer time increased to 219 seconds on Mondays due to peaks from 8am. Despite this, performance improved dramatically throughout the month reducing to an average of 94 seconds in the final week.

As part of the wider transformation programme, the rotas are currently being reviewed and an appraisal of the current forecasting process has been completed to ensure that rotas match demand as much as possible and resilience partners used to support. Weekly assurance meetings are also now in place to support with the identification and resolution of performance issues.

Of the 49k patients referred to the CAS (23.2%), only 8.29% received an ambulance disposition (reduced from 9.72% the previous month) and 16.2% received an ED or UTC disposition. Conversely, 40.0% were given self-care advice and closed without further action needed. The ED and ambulance performance is in line with previous months and represents a high acuity received by the service (7.74% of calls being triaged as respiratory symptoms and 3.44% being triaged as chest pain).

During the month, 21.5k ambulance validations were completed and 90.2% were stood down which equates to circa 19k ambulance dispatches avoided (Figure 16).
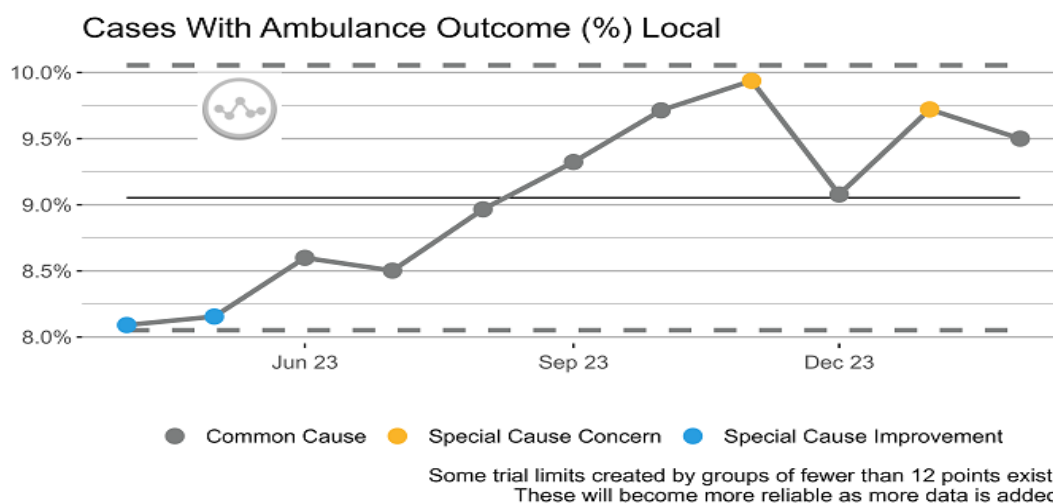
Figure 16: Ambulance Outcome SPC

Similarly, out of the 4.38k ED validations completed in the month, 94.3% were directed to a different service (Figure 17). This more effective use of system resources was achieved through continued training of the team, development of Clinical Guardian, and additional clinical floor walking and in-line support capacity.
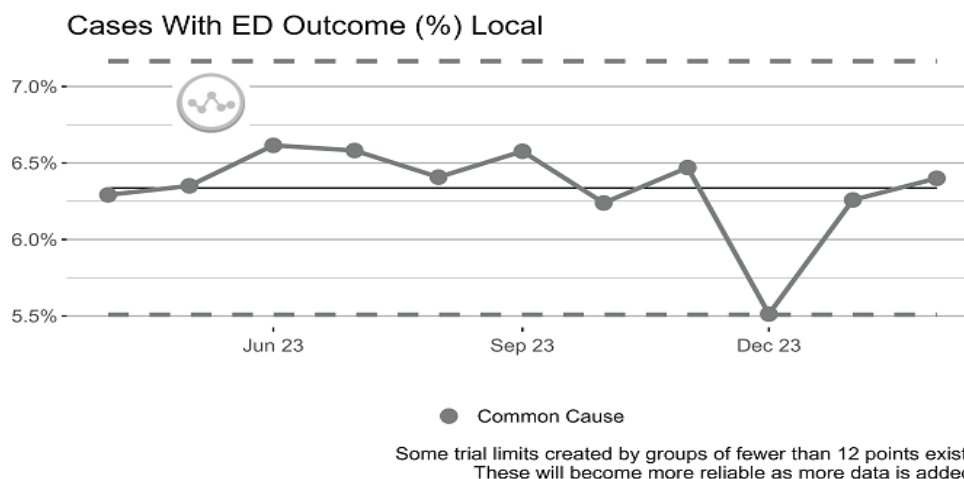
Figure 17: ED Outcome SPC

The reduction in this system demand is further supported by the continuation of the 999-111 warm transfer pilot, GP Support Service, community rapid response pilot, and ambulance crew direct access (*5).

Of the patients requiring a call-back 35.7% were contacted within the required timeframe which was not an improvement against the January performance (60.71%) (Figure 18). The reduction in performance is related to high demand and acuity as well as staffing levels. In future, the implementation of a new queue management process, review of the clinical prioritisation model, remapping of dispositions, completion of additional training with clinical teams, addition of a clinical floor walker role, and introduction of regular circuit breakers to manage periods of high demand are being put in place to improve performance.
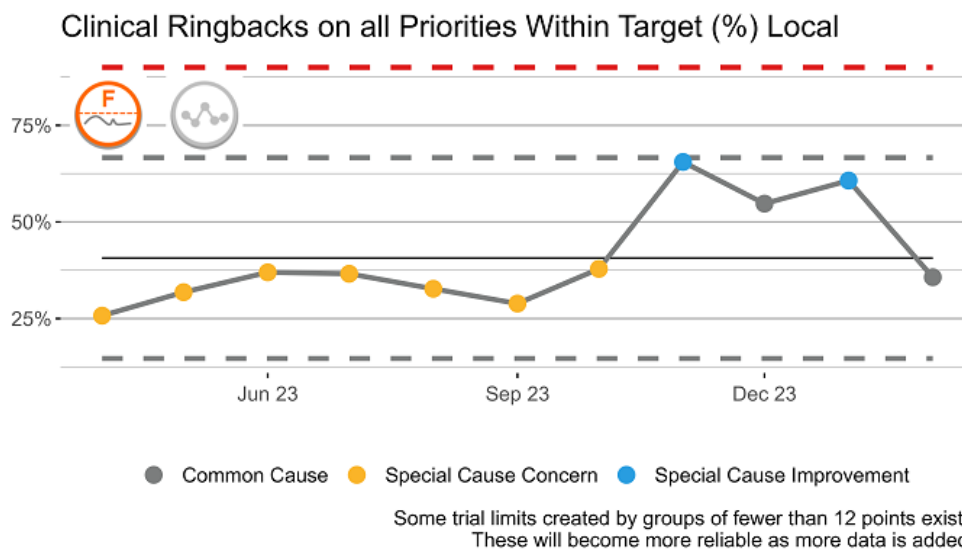
Figure 18: Clinical Ringbacks All priorities Within Target SPC

In February the number of staff in post across the team increased to 488 and reflects the wider recruitment taking place across the directorate. This resulted in 48.1k health advisor hours which is an increase of 9.2k hours from the previous month. There is a strong recruitment pipeline in place and a review is currently being undertaken to ensure that our adverts are as effective as possible and those in the recruitment pipeline are supported. We continue to utilise a flexible workforce through bank and agency partners and a review of the cost-efficiency of the model is taking place as part of the transformation programme.

Turnover in the month reduced slightly to 20% and absence rates also decreased to 9% (the lowest rate in 2 years) which reflects the staff engagement work being completed and the focus on team working.

During the month, engagement sessions have been conducted with the director team and staff as well as the introduction of new ways for staff to provide feedback and ask queries.

The reduction in turnover is also attributable to the extensive improvement in appraisal compliance with 68.8% of the workforce having had a recent appraisal (compared to 27% 18-months ago).

New staff bulletins have been developed and circulated and work is being planned to create a team away days. Greater focus has also been placed on describing the promotion opportunities available in the organisation such as the new apprenticeship route to paramedic from Health Advisor.

Training compliance remains high at 91.4% which is consistently above the target and the directorate has the most diverse workforce in the organisation with 62.4% from a BME background.

Overdue incidents have reduced to their lowest level of 36 in February. The focus of the team has seen the number of overdue incidents reduce from over 200 in April 2022. The number of incidents reported in the month has also decreased by 17 from January.

Throughout the month, 746 patients were contacted to provide feedback and 167 completed the survey which is aligned to regional and national requirements. 87% of patients said they would recommend the service to friends and family which is an increase from the previous month. Additionally, 89% of patients said that staff were helpful and caring. 91% of patients followed the advice they were given and 85% said that the advice was helpful. Only 16 patients reported that they followed the advice and it didn't improve their symptoms. The new method for patient feedback collection is working well and providing useful insights. This will be further improved when the new SMS-based feedback model is launched.

The IUC Transformation Board has been running throughout February and is being supported by Transformation Nous. Seven working groups have been set up and an extensive data analysis and validation exercise is being completed. The working groups are reviewing pathways, processes, operating models, reporting, and efficiency and many of the changes which has been implemented during the month are described above.

7. **Resilience & Special Assets**

Since the last report the Trust has responded to two declared Significant Incidents.

On the evening of Friday 29th December 2023 we responded to a fire in a residential property, occupied by squatters, in South Croydon. There were 3 patients in total, sadly 2 of whom were deceased and 1 who was conveyed to a major trauma centre with significant burns.

In the early hours of Friday 1st March 2024 we responded to a fire in a terraced residential property in South Kensington. There were 11 patients in total, including 5 police officers, of priority 2 and priority 3, all of whom were conveyed to local hospitals. Over 100 residents were displaced and we worked closely with the other emergency services and the local authority.

Following all Significant Incidents feedback is collated from all parties involved to develop lessons and learning in order to enhance our response. Our Emergency Planning team complete an Incident Process After Action Review to ensure all Significant Incident processes are adhered to.

The South Kensington fire incident identified a number of issues, including paging and hospital notifications. Following previous incidents that have identified hospital notification challenges experienced by staff in our Special Operations Control rooms; members of our Emergency Planning team conducted a workshop, facilitated by NHS England, with EPRR practitioners from London's Acute Trusts and Integrated Care Boards. The purpose of the workshop was to discuss why, when and how we declare Significant Incidents and the hospital alerting process.

Since the last report there have been a number of business continuity incidents relating to our technology infrastructure, which have impacted on telephony, our Cleric CAD system and the Airwave functionality. Our Head of Business Continuity

has conducted after action debriefs following these episodes and works in partnership with IM&T colleagues with the aim to limit both the duration and frequency of interruption.

Staff from Resilience & Specialist Assets and the wider Trust have participated in a number of recent exercises including:

- Exercise Felix Fort; an overnight multiagency Marauding Terrorist Attack (MTA) scenario on the 25th February, in the Glades shopping centre, Bromley
- Exercise Green Hal; a London Heathrow airport licensing exercise, conducted over several dates, which was a multiagency MTA scenario inside a terminal
- Exercise Green Saga; multiple dates in the Saga building in Folkestone, another multiagency MTA scenario with the police presence from the City of London Police
- Goodmayes; a London Fire Brigade led, multiagency MTA scenario, in a disused area of the hospital grounds.
- Several dates across January, February and March where attendees from HART supported the London Fire Brigade's Urban Search and Rescue (USAR) relicensing exercises in Lincoln.

Our Emergency Planning team are busy preparing for the summer events season, whilst maintaining a focus on the regular weekend protest activity in central London. Boat Race marks the first large scale event of the year, on Saturday 30th March, followed by the London Marathon on Sunday 21st April.

8. Advanced Practice

Critical Care

The latest APP Critical Care (APPCC) recruitment advert has recently closed. Following 118 applications, 25 will be invited to assessment centre in June. Meanwhile the latest cohort of 7 trainee APPCCs recruited last year are now midway through their 6 month mentoring period and due to sign off in April/May.

We continue to work with our partners at St Georges University to deliver HEE accredited and funded MSc education to APPs. Recent developments include 2 new clinical support managers working across both APP programmes to support the APP Operational Manager. This month also sees 3 full time clinical supervisors come into post to support essential governance processes.

Recent innovations in APPCC include; new medicines, a new ultrasound device and a new (ECPR) cardiac arrest pathway. The APPCC programme is represented in a research article published in the British Paramedic Journal this month and we continue to influence national prehospital critical care through engagement with the College of Paramedics Critical Care Special Interest Group.

Urgent Care

Following the appointment of a Consultant Paramedic in Urgent Care, a new Clinical Practice Development Manager for APP-UC has been appointed who will be managing a newly-formed substantive team of Clinical Supervisors to support the expanding APPUC team.

At the end of last year, twelve APP-UC undertook and passed the College of Paramedics Diploma in Primary and Urgent Care. This is a national professional examination, and demonstrates the high clinical standards in the urgent care programme.

The APPUC team is fast approaching a position (in summer this year) where they will have more than half who have completed the Master's Degree in Advanced Clinical Practice, including Independent Prescribing.   From this point, APP-UC will have opportunity to bring their additional skills in leadership, education and research back into the Trust.   We already have APPUC piloting rotational working within Clinical Education and Standards, Clinical Audit and Research Unit, and supporting CTM teams in huddles and mentoring/supervision on the road. This is a really exciting time, and we look forward to sharing the results of these pilot initiatives and future ones.

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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MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – March 2024

Quality Report

This report highlights issues relating to the quality of care provided by LAS. 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.

This 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 system.

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 in situations where the demand for services is greater than the available resources.

1.2 Safety incidents - 999

The number of patient safety incidents reported continues to indicate a good reporting culture. There has been an increase in the number of patient safety incidents, specifically no and low harm. The top 3 no harm categories in January 2024 were medical equipment (160, down from 247 in last reporting period), clinical concern relating to an external provider (120 up from 99 in the last reporting period) and communication, care and consent (88, down from 106 in the last reporting period). Categories of death reported incidents in January 2024 included 111 call handling, clinical advice, clinical assessment, clinical treatment and dispatch and call. All of these are reviewed under the Learning from Death (LfD) framework, and where appropriate, referred on for enhanced investigations under PSIRF.

Medical equipment, medicines management/security and violence, aggression and abuse were the top three overall incidents reported.

A number of the medical equipment incidents were attributed to possible malfunction of End Tidal CO_2 ports. A risk has been raised on the Trusts risk register and a number of mitigations have been implemented including: cleaning of ports and troubleshooting guides. Close working with the manufacturer is ongoing.

"The Fixing the Basics Quality Improvement Programme" is continuing. The "Fleet Tethering Programme" has been rolled out to all 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.

The incidents relating to controlled drugs continue to be reviewed by the medicines management team to identify trends. There have been no unaccounted 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 remains static and the pharmacy team is working with the ambulance pharmacy network to explore solutions for this.

1.3 Safety incidents – 111 / integrated urgent care

The number of incidents reported within IUC has, like the rest of the service increased the last few months for both No Harm and Low Harm incidents. This is due to the positive reporting culture being supported and shared by the local management teams within 111/ IUC and the proactive feedback being given to reporters. The top 3 incident categories in January 2024 were 111/IUC call handling (80), Communication, Care & Consent (73) and Clinical Concern Regarding External Provider (41).

In the call handling category, the main sub category continues to be recording of demographics. This includes where telephone numbers and names of Patient's have not been recorded correctly within the clinical record. The importance of the accuracy of the demographics is reiterated in training and updates to all staff.

The communication, care and consent category includes reporting where ambulances have been dispatched without having been able to contact the patient and communication issues with other downstream providers where there have been delays to make referrals. These incidents are shared with the individual services and Integrated Care Board leads for review and learning.

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 840 overdue incidents (a very slight decrease from 855) which have been open on the system longer than 35 days (this excludes Serious Incidents, Patient Safety Incident Investigations and Patient Safety Reviews). This breaks down further to: 435 patient incidents, 201 staff incidents, 190 Trust related incidents and 16 visitor incidents. Whilst this number is higher than aspirational, it is encouraging that this number did not increase following a challenging winter period.

1.5 Infection Prevention and Control (IPC)

The compliance rate for January 2024 was 97%. This score continues to exceed the Trust performance target (90%). All bar one Group station submitted data this reporting period with the overall submission for January being 930. This is a significant increase on previous monthly submissions to date and it is noted that Deptford achieved a total of 275 observations in this period.

Overall Trust compliance for January 2024 was 96% which continues to exceed the Trust performance target of 90%. Two stations have not submitted data. All stations that submitted achieved over the minimum score of 90%.

1.6 Safeguarding

Safeguarding provides assurance through the Safeguarding Assurance Group to the Clinical Quality Oversight Group.

Safeguarding referrals and concerns being raised by staff has risen but remains within expected range; demonstrating staff awareness of safeguarding issues and the importance of reporting these.

In January, the EBS team dealt with 3,976 safeguarding and welfare concerns from our crews. This continues to be a historically high volume – an increase of 23% on the same month last year. Falls and diabetes referrals show normal seasonal volumes.

We have continued to see an increase in safeguarding allegations against staff with a total 73 so far this financial year. The majority of these are around professional conduct like sexual safety or inappropriate behaviours. Mandatory sexual safety e-learning is being introduced to all staff in April 2024. The Trust is establishing a working group to aid improvements in this area. This will complement existing resources, such as the sexual safety charter, posters, and newsletters.

Compliance on Safeguarding Level 2 and Level 3 has been set at 85% in agreement with commissioners. Safeguarding training (Level 1 Trust wide) is at 91%, Level 2 Adult and Children for EOC/111 is 76.5% and Level 3 Trust wide is 84%. EOC compliance has reduced the overall level 2 achievement noting that EOC is at 63% and 111 at 90%. There is an improvement plan in place to address this which is being monitored by the Director of 999 Emergency Services.

1.7 Health and Safety

A total of 138 RIDDOR incidents were reported to HSE during 2023/24 (up to end of February 2024). 77 (56%) of the 138 RIDDOR incidents reported were relating to manual handling incidents. 40 (29%) of the 138 RIDDOR incidents reported were relating to slip, trips and falls incidents. The Trust wide RIDDOR reporting time frame (<15 days) compliance in February 2024 was 100%.

A total of 686 Physical Assaults on Staff have been reported for during 2023/24 (up to end of February 2024). The greatest number of reported physical assaults (57%) occur due to the clinical condition of the patient; police attended 53% of physical assault incidents. 14 successful prosecutions for assault have been recorded during 2023/24 (up to end of February'24). Work is progressing to procure new body armour.

The Head of Health Safety & Security, Security Management & Violence Reduction Specialist and the Violence Reduction Manager continue to hold violence reduction predictive risk assessment (PRA) workshops to support managers producing PRAs for their areas. This is in line with the HSE

requirement and as part of the work to comply with the NHSE Violence Prevention & Reduction Standard. Body Worn Video Camera distribution is 100% complete, and uptake has improved significantly over the last year.

2. Effective

This sections 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. Completion rates for December 2023 were at 84% which is an improvement when compared to the last reporting period (80%) but still remain below the target of 95%. The ambulance group station with the lowest completion (35%) has been supported to develop a plan to improve the completion rates. 13 group stations achieved 100% completion, most notably, in the South West where three out of four groups achieved 100%. Staff feedback (face to face) for December was 232 with the year to date total at 2928.

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. The current Quality report includes the September 2023 clinical outcomes data which were published on 8 February 2024.

In September 2023 for patients in cardiac arrest the proportion of patients who had return of spontaneous circulation (ROSC) on arrival at hospital was 28% against a national average of 29%.

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 47% against a national average of 50%.

Overall 9% of cardiac arrest patients survived 30 days against a national average of 9% and for the Utstein group, survival was 23% against a national average of 27%.

For our stroke patients the mean average time from call to arrival at hospital was 91 minutes against a national average of 99 minutes.

For our STEMI patients the mean average time from call to catheter insertion for angiography was 2 hours and 17 minutes against a national average of 2 hours and 31 minutes. The LAS provided the full care bundle to 71.2% of patients (compared to 76.4% national). The sector senior clinical leads are continuing to focus on feedback and sharing good practice with regards to the delivery of the STEMI care bundle. This includes the use of case studies at the Team huddles,

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local teaching and case based discussions, and individual feedback.

2.3 Cardiac Arrest Data – January 2024

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 are the speed of starting basic life support and defibrillation, when the patient is in a shockable rhythm. Our November cardiac arrest data indicates:

- 1197 patients in cardiac arrest were attended by LAS
- 423 patients had resuscitation commenced
- The median time to dispatcher assisted CPR was 4 minutes and 1 second compared to 4 minutes and 29 seconds in December 2023
- 80 patients were in a 'shockable rhythm' on arrival of LAS and defibrillation occurred within 2 minutes of arrival with the patient.
- For all patients in cardiac arrest return of spontaneous circulation was achieved in 30% of patients compared to 27% in December 2023.

2.4 '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/).

	October 2023	November 2023	December 2023	January 2024	February 2024
Total London Lifesavers Number Trained	8,577	9,091	9,572	10,779	12,808
Number of School Children Trained	465	158	265	749	1,623
Public access defibrillators (PADs)	8,910	9,230	9,266	9,456	9,547
PAD activations	6	10	6	10	7
Return of spontaneous circulation	3	5	5	7	5

In February 2023 the number of London Lifesavers was 4613 and the number of public access defibrillators was 7800. The increase we have seen in 12 months will help to save more lives.

2.5 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. The current Mental Capacity compliance is at 93%.

2.6 Call handling quality assurance

Following some challenges between October and December 2023 where a lower number of audits were undertaken than the required 710; January has seen both the audits and compliance levels above the Academy standards.

In our 111 services NEL achieved 100% of call handling audits for health advisors with a pass rate of 86% whilst SEL completed 86% of their required audits and achieved a pass rate of 87%. All Health Advisor staff who have audit issues identified are being provided a high level of support and opportunity for reflection and learning. 100% of the required audits for clinicians have been undertaken with pass rates for Clinical Navigators at 80% and NHS pathway clinicians at 90%. The learning from the audits is shared in the clinical update sessions as well as individually where there is individual learning for the clinician to reflect on.

2.7 Clinical Supervision

Following the publication of the Lord Carter review and the AACE Clinical Supervision framework for UK ambulance services we have been working to further embed clinical supervision for all of our patient facing staff. Clinical supervision is actively part of our daily practice in the form of review's including Occupational Workplace Review's. However, we need to broaden this to include: facilitated discussion, reflective practice and also formulise the recording of these interactions with our staff.

Our Advanced Paramedic Practitioners in both urgent and critical care have already built on and embedded what clinical supervision looks like for this group of staff including: clinical supervision shifts, peer to peer supervision, reflections and utilising an e-portfolio to record interactions. Clinical Supervisors have also been implemented as per AACE guidance to oversee these clinicians' and to provide a consistent supervisory relationship, guiding professional development at an advanced practice level.

We are going to develop our managers, across different areas in the Trust, to become Clinical Supervision Facilitators to enable further and continued support for all of our patient facing staff. A Level 6 or Level 7 university module on Clinical Supervision will be completed to ensure staff have the knowledge and tools to support these discussions to provide guidance and support to staff and create a safe space for learning.

2.8 Clinical Audit and Research

The latest Clinical Audit report focusing on the assessment and management of patients, who have experienced an overdose or poisoning, was published in January. The results demonstrate some excellent areas of practice, particularly documentation of clinical observations and further care pathway decisions. However, areas such as a full overdose history, mental health assessment and social history documentation require improvement. The recommendations include:

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- encouraging the assessment and documentation of a full overdose history by considering how aspects, such as alcohol consumption and substance exposure time, are documented on ePCR;
- reminding clinicians of the importance of completing a mental health assessment for patients who have intentionally overdosed;
- clarifying that every patient should at least have a rhythm strip reading recorded, and
- aligning JRCALC guidance with LAS specific practice concerning the administration route of naloxone for respiratory depression and cardiac arrest.
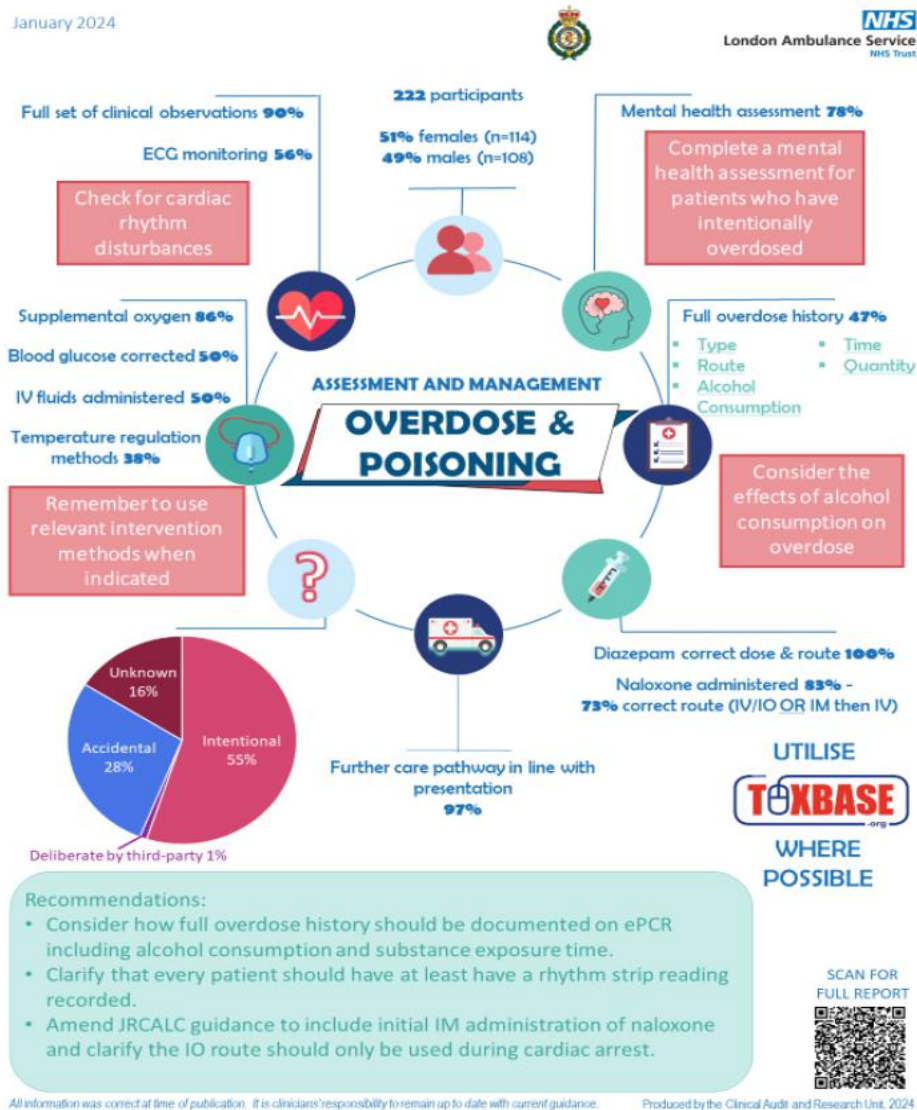
3. <u>Caring</u>

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

3.1 Health Inequalities

The Health Inequalities work is progressing in line with the agreed timescales and key highlights include:

Workstream 1 – AACE health inequalities maturity matrix

- Completion of the AACE health inequalities maturity matrix (part of a research project led by the University of Sheffield) which was done on the basis of the health inequalities workshop with over 40 representatives from frontline staff as well as evidence gathered from relevant subject matter experts across LAS.
- The matrix submission is being finalised ready for submission to AACE.

Workstream 2 – patient deep dives

- The engagement work conducted by two third sector partners, Sickle Cell Society and Croydon Sickle Cell and Thalassaemia support group, are progressing in line with the plan with the next workshop planned. There will be three LAS representatives taking part in the experience listening session. Identifying third sector organisations representing black mothers with recent experience of using 999 or 111 is in progress.

Workstream 3 – identifying and agreeing LAS's PLUS5 priorities (based on CORE20PLUS5 framework)

- The third strand of the health inequalities work focuses on the identification of the PLUS5 priorities for LAS based on the CORE20PLUS5 model adopted by the NHS. A workshop with frontline clinicians is planned for pre-Easter to score a long list of patient groups affected by health inequalities in line with pre-agreed criteria. This will produce the LAS LAS PLUS5 shortlist.

Once the work on all three work streams is completed, an overarching plan for LAS contribution to the reduction of health inequalities for Londoners will be finalised and presented for discussion at relevant fora before being approved for implementation over the next four years (to deliver on LAS five-year strategy commitments by 2028).

3.2 Mental Health Care

The mental health joint response cars operate each day taking a combined physical and mental health response to these patients. To date these teams have attended 21,339 patients with an emergency department conveyance of 17%.

The mental health team are continuing to deliver mental health training as part of the Team based working training and for the Clinical Team Navigators.

There continues to be close working with partners on the embedding of the Right Care Right Person programme.

3.3 Frequent callers

626 Frequent Callers (FCs) were identified in January, significantly fewer than last January's total of 700. This continues the overall downward trend, decreasing roughly 15% over two years. Of these,

London Ambulance Service **NHS**

NHS Trust

192 (31%) already have Universal Care Plans – 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 meetings to try to establish care plans or other settled and sustainable positions for more entrenched callers.

4.0 Quality Regulation

The Trust remains in regular contact with the CQC, and has received no further regulatory visits since the system inspection in December 2021. In February, we hosted the National Ambulance CQC Learning Meeting in London in which we shared learning and ideas from around the country.

5.0 Quality Account & Quality Priorities

Two quality priorities have now been delivered, with Clinical Guardian and the Category 2 Segmentation Programme now in place. The majority of remaining priorities are on track for completion later this year. Our ambitions to achieve a 30-minute Category 2 mean and a Return of Spontaneous Circulation rate of 31% are behind schedule, with further work to be undertaken next financial year. The 2022/23 Quality Account is on track for publication within the statutory deadline.

6.0 Quality Improvement

Following a recent successful recruitment campaign, we have begun establishing a dedicated improvement team, with further appointments planned for 2024-25. We now have 3 QSIR associates who are accredited to deliver training across the Trust. To date, we have trained over 150 staff in the one-day QI fundamentals course and a further 35 have completed the 5-day practitioner course with more booked over the next few months. 1 to 1 coaching has been successfully delivered to various staff across the Trust, including those undertaking projects as part of the 100 Leaders programme.

We have entered into a provider agreement with Surrey and Sussex Healthcare NHS Trust to commence a strategic partnership from April 2024, to further develop our quality management systems and improvement approach.

The first multidisciplinary QI Programme Board took place at the beginning of March 2024, with our focus on projects addressing efficiency and waste.

Assurance report: **Quality Assurance Committee**

Date: **26/03/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**05/03/2024**
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 January 2024 data. There had continued to be an increase in the reporting of patient safety incidents, specifically no and low harm categories, mostly related to medical equipment of which a significant proportion was related to Lifepak 15 and CO_2 monitoring. In terms of no and low harm 111 incidents, the number reported within IUC had increased during the last few months. There was no comparative increase in moderate harm and above and it was believed that the increase in reporting was attributed to a good reporting culture. Compliance with hand hygiene and premises cleaning audits remained good. There were still a large number of overdue Incidents open on the system longer than 35 days. QAC received assurance that focussed work with departments with a backlog was now underway. Turning to complaints, It was noted that the biggest single category related to conduct and behaviour – this was acknowledged to be a broad category encompassing a range of different issues but a joint working initiative had commenced that brought together the team that manage complaint responses and operational staff to discuss individual cases and identify themes and/or trends. It was noted that a lot of work is underway with staff around demonstrating respect in interactions together with empathy and listening skills. Overall QAC felt that the Quality Report was more positive than previous iterations and demonstrated an organisation that was 'getting to grips' with itself with issues moving in the right direction. **Quality Account Priorities – 2023/24 Update** QAC received an update on progress against the agreed quality account priorities for 2023/24, noting that work on three priorities was complete, and the majority of remaining KPIs were on track for completion.

However, two KPIs were off track. The first related to improving the return of spontaneous circulation rates to 31%. QAC agreed that it was important to have assurance around this and it was agreed to undertake a deep dive into cardiac arrest, including a review of comparator data.

The second KPI off track related to achieving a ≤30 minute C2 mean in line with trajectory. Whilst off track, QAC noted that there had been a significant improvement and work would continue to reduce further in the next financial year.

999 Performance Update
QAC had received an update on 999 performance noting ongoing work to improve response times with actions including reduction in hospital handover time and incentivised overtime targets at key times. The 45 minute hospital handover process remains in place and has become embedded as business-as-usual.

Fleet availability remained a key limitation but there was a robust fleet replacement and growth plan that will continue to deliver improvement through Q1 of 2024.

C1 response times continue to remain consistently good.

Proposed Quality Priorities for 24/25
QAC noted that the proposed quality priorities for 2024/25 which were grouped under four themes:

• Improving efficiency
• Feedback and learning
• Reducing delays
• Improving outcomes

QAC challenged a draft priority to reduce out of service by 2%, querying if this was sufficiently robust. In response, it was noted that whilst some improvements to out of service would be relatively straight forward, other improvements would take time – for example vehicle equipment which would require investment and cultural change. Improvements to out of service would require changes in both practice and behaviours around processes at the beginning and end of shifts. In addition, there was a need to address some long standing cultural issues.

Update from the Patient Safety Incident Sub-Group
QAC received an update on patient safety incidents noting that overall there had been an increase in patient safety incidents in Q3 compared to Q2 and Q1. It was noted that a new category for incidents had been created on Datix called 'clinical concern about an external provider' to aid understanding when concerns were being raised about another healthcare provider.

QAC reviewed summary data on reviews of patient safety incidents that had occurred in December and January. In discussing the incident reviews, QAC observed the high demands on staff, both physical and for innovation and on the spot thinking.

As a result of discussing one particular incident, it was agreed that a thematic review should be undertaken.

QAC sought and received assurance that individual crew members involved in incidents and the wider staff body do receive feedback and education on issues emerging from the incident.

Risks:

Board Assurance Framework
QAC approved a proposal to BAF risk 1.4 (We may not achieve our quality account standards) from 16 (4x4) to 12 (3x4) in light of the assurance it had received earlier in the meeting on progress against the in-year quality account standards.

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

London Ambulance Service NHS Trust Board meeting
26th March 2024

Report from the Chief People Officer

1. Executive Summary

Staff Survey

The NHS Staff Survey is the biggest and longest running workforce survey in the world. The 2023 survey ran for 9 weeks in autumn 2023.

This year (68.4%) of us responded to the survey – which is over 5000 people – this is the highest response rate for an Ambulance Trust – meaning our results are a strong reflection of opinion amongst colleagues. Out of the 97 questions that can be compared with 2022, 90 of them saw an improvement, while 7 were less positive.

Our biggest improvements are found in questions relating to Development, Leadership and Teamwork and in all areas of the NHS People Promise and the staff survey themes saw improvement.

Our results this year demonstrated widespread improvement across all areas – with this chart produced by the National Survey Coordination Centre showing our scores are significantly higher across the board.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	6.63	4390	6.90	5184	Significantly higher
We are recognised and rewarded	4.98	4389	5.41	5172	Significantly higher
We each have a voice that counts	5.81	4375	6.07	5144	Significantly higher
[We are safe and healthy]	5.25	4372	[5.45]	[5145]	[Significantly higher]
We are always learning	4.45	4004	5.03	4517	Significantly higher
We work flexibly	5.21	4381	5.61	5142	Significantly higher
We are a team	6.05	4383	6.49	5177	Significantly higher
Themes					
Staff Engagement	5.80	4390	6.15	5180	Significantly higher
Morale	5.12	4390	5.48	5184	Significantly higher

The table below shows our top 10 questions with improved positivity when compared to 2022. Our biggest improvement (+27.8%) reflects our investment in teams based working, and in particular enabling teams the opportunity to improve effectiveness via team huddles.

Question	2022 Positivity Score	2023 Positivity Score	Difference
Team members often meet to discuss the team's effectiveness	26.4%	54.3%	+27.8%
Enough staff at organisation to do my job properly	19.5%	30.6%	+11.1%
Able to access the right learning and development opportunities when I need to	48.2%	57.9%	+9.7%
Feel supported to develop my potential	46.3%	54.9%	+8.7%
Organisation is committed to helping balance work and home life	26.9%	35.6%	+8.6%
Immediate manager gives clear feedback on my work	58.7%	66.7%	+8.0%
Immediate manager encourages me at work	62.7%	70.6%	+7.9%
Immediate manager asks for my opinion before making decisions that affect my work	42.9%	50.2%	+7.3%
Would recommend organisation as place to work	45.0%	52.2%	+7.2%
Received appraisal in the past 12 months	59.1%	66.1%	+7.1%

The improved scores are representative of culture programme objectives / achievements – with significant improvements in questions around teamwork, leadership and learning and development. Also there was a notable increase (7.2%) in the number of colleagues recommending the LAS as a place to work features in this list.

However, 7 questions out of the 97 that can be compared saw a fall in positivity this year, ranging from (0.1%) to a maximum of (2%). Whilst arguably not statistically relevant (percentage declines) it should be noted that sadly we haven't made the progress we hoped for with respect to discrimination and harassment. We will be revisiting this as we set out our culture programme objectives for 2024/25.

Sexual Safety

Finally for the first time the NHS staff survey asked colleagues their experiences of sexual harassment from both colleagues and members of the public. As widely previously reported the ambulance sector were perceived to be outliners in terms of harassment within the NHS community within this domain. The staff survey results evidenced these assumptions.

As a Trust we have been working towards eliminating this form of harassment for some years now. Our zero tolerance stance and our own sexual safety charter and work in this area are widely credited within the NHS community as positive interventions, and we lead the way in terms of both reporting of incidents and action taken to address such incidents.

We have introduced a number of interventions since the launch of own charter two years ago which include

- Safeguarding & Sexual Safety Risk Assessment form and focused triage within the Resolution hub with key leads.
- Introduced sexual safety letter (inc charter) to all new staff
- Strengthen Professional Standards guidance in relation to sexual safety and for trust tutors
- Introduced Safer Recruitment Triage panel to consider all positive DBS disclosures for all new recruits to the Trust.

- Held a managers sexual safety conference
- Developed a Sexual Safety Tool kit for managers
- Developed a Domestic Abuse Tool kit for managers
- Developed 5 minute briefing on sexual safety for manager
- Hold a monthly Directors, FTSU, and Safeguarding & P&C meeting to discuss any blockages in case progress or Sexual safety issues.
- Produced a sexual safety newsletter for all staff
- Developed sexual safety training package for all new team managers
- Delivered sexual safety sessions with FTSU at several group and directorate meetings
- Produced several poster in relation to sexual safety
- Included sexual safety in Our Culture booklet
- Held Sexual safety drop ins within EOC
- Agreed FTSU & Sexual Safety Ambassadors
- Secured 1-hour e learning on sexual safety within CSR for 2024. Developed package and will go live for clinical staff as well as all staff within trust in April 2024.
- Developed a Sexual Safety Policy (due to be published in Q1 2024/25)
- In addition, our culture programme plans for 2024/25 will include the review of our education offer with particular focus on moral courage and bespoke training for leaders in positions of influence.

In addition, we have been showcasing our work to a number of Trusts/ ICB's and sit on the NHSE cross system sexual safety charter implementation group, as well are the National Ambulance Sexual Safety Community of Practice working group.

2. Executive Summary – BAU

Recruitment & Retention

Recruitment to the Trust Workforce plan continues at a positive rate. The current pipeline is at circa 520 candidates at conditional offer stage (368 of these are for frontline roles, and 145 call handlers). Course fill rates remain positive across all roles with 96% during January and 92% in February.

Turnover has improved and is now below 9.8% and the number of frontline and call handling 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 Wellbeing support services for all colleagues. The Trust also has 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. The programme concludes on March 31st.

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 understand the experience of colleagues as they begin their LAS career and will take place within the first six months of their employment. More than 50 of these conversations took place, with the results presented to the relevant directors, the Trust Retention Group and People and Culture committee.

The Wellbeing Team are focusing heavily on a more holistic approach to Wellbeing in 2024 and have all undertaken training to become accredited Health Coaches. So far more than 30 colleagues have attended a 1:1 meeting to develop an individual Health Plan with a proportion continuing to have further sessions to enable them to reach their goals. The Team is in the process of recruiting a physical wellbeing lead who will focus on promoting exercise and physical activity opportunities Trust wide. This is combined with a number of other initiatives including healthier food on our Wellbeing Support vehicles and cafes, greater promotion of physiotherapy and chair massage in our control rooms.

Supporting Attendance

Absence in February slightly reduced largely due to decreases in anxiety, stress and depression (-7%), back problems (-29%), infectious diseases (-11%) and heart/cardiac problems (-40%). Anxiety, stress and depression represents 21% of overall sickness followed by coughs/colds (11%) and back/musculoskeletal problems (9%).

OD & Talent Management

National Apprenticeship Week in February was marked with a job fair at Redbridge Town Hall. The event attracted more than 200 Londoners to find out about joining the LAS and specifically our frontline ambulance apprenticeship career pathway and the support available to individuals via our pre-apprenticeship programme. The Trust Board was briefed on the pre-apprenticeship programme at its last meeting.

Other teams from across the LAS supported the job fair with information stands, including Recruitment, Clinical Education, Freedom To Speak Up, London Lifesavers and our Staff Networks. We also had external stands hosted by trade unions, our local college partnership, University of Cumbria, and Job Centre Plus. Twenty frontline clinicians from the Ilford group station also attended. They provided our visitors with a true picture of being a LAS colleague.

Our apprenticeships programmes were also recognised at The Learning Awards in February. Colleagues from the apprenticeships and clinical education teams along with guests from the University of Cumbria were in attendance. This prestigious annual global awards event recognises innovation and achievement in workplace learning and attracts hundreds of entries from across the globe. The LAS received the silver award in recognition of our paramedic apprenticeship pathway that has now had more than 150 apprentice graduates become LAS paramedics.

P&C Operations – Detail

Recruitment

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 360 of the 372 training places which is twelve behind plan. The international pipeline remains strong with over 140 candidates offered. Following the most recent International Trip to Australia in February where interviews took place over Melbourne, Brisbane and Sydney. We

have made an additional 160 offers to support our International pipeline for our 2024/2025 workforce plan.

- **AAP Recruitment** - Year to date we have filled 218 of the 237 training places which is 19 behind plan. The pipeline is positive with over 90 candidates offered. The team have attended a number of recruitment events to continually improve the pipeline numbers. During February the team also supported the Our LAS Inclusive Response Programme Event, where over 70 potential candidates attended to with an interest to apply for the pre-apprenticeship programme, supporting them into AAP roles.

- **Call Handling Recruitment** – Positive fill rates continue at 100% during January and February in EOC call handling. The pipeline is strong with 84 candidates at offer stage and this will continue to grow with Super Saturday and assessment events on-going.

  111 call handlers – we achieved a 95% fill rate in January and 90% in February 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 90 candidates at conditional offer stage.

Retention

Turnover has improved to 9.8% in February and the number of frontline leavers and call handlers has remained positively below plan. The stability rate which measures the 'stay' rate for staff over a 12 month period averages 85% for the year. There are a number of key retention initiatives in progress covering flexible retirement, stay conversations and personalised holistic health plans (initially piloted in 999 and 111 call handling) and a review of the internal exit interview process to improve intelligence on reasons for leaving.

Supporting Attendance

Since January 2024 a stakeholder group, chaired by the deputy CPO, has been meeting to establish possible internal options for further supporting absence.

The objectives for the group are as follows;

- To implement and monitor a pilot internal supporting absence service at specified locations, including the testing of feasible delivery options
- Utilise learning from the pilot to develop and potentially implement a Trust-wide Service
- Improve the employee experience of reporting absence and any appropriate follow up support
- Improve the line manager experience of recording and supporting employee absence
- Demonstrably improve Trust-wide adherence to the supporting attendance policy
- The pilot will be evaluated for effectiveness via monitoring sickness levels, customer satisfaction, manager satisfaction, adherence to sickness management triggers and timelines suggested in Supporting Absence Policy

Workforce Planning 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. The 2024/2025 training plan has been designed and recruitment pipelines are being built to deliver next year's requirements.

Payroll & Pensions

The payroll and pension's team have had a very busy February with significant activity in the team to support the London Living Wage payments for our 400 Make Ready staff, Cleaners and Fleet teams and the on-boarding of the NARU team. The team received a very positive 'green' rating for the recent Auditor's Payroll Data Analytics Review with no management recommendations. We have seen increases in the take-up of draw-down (partial) retirement and have been supporting these staff to ensure they have a smooth process and positive experience. The weekly pension Q&A drop-in sessions for staff continue and over 420 staff have subscribed to our Payroll and Pension Hub channels. We have also been more widely publicising the benefits of the NHS pension scheme via our induction events and on the Pulse.

Scheduling

The Scheduling Transformation Board has been formed to shape the future operating model of the Scheduling team, to oversee the tender for a new rostering system contract, and to improve the experience at work for Scheduling team members.

- The Board will meet fortnightly, chaired by the Chief People Officer, and will include Scheduling colleagues and key stakeholders from around the Service.

- The Board will examine the potential benefits and problems of moving the Scheduling team away from the current structure to a Teams Based Working model, with colleagues assigned to sector desks, allowing closer working with local management teams in sectors, similar to how the EOC Scheduling function operates.

- The Board will also work proactively to support the Scheduling team in dealing with issues causing concern with Operational colleagues, such as processes for dealing with 'singles' to minimise 'Out of Service' time.

   Scheduling Transformation Board Objectives

- Devise and implement a teams-based model of working for the scheduling team that in turn supports TBW across the organisation and ensures the needs of all Trust departments are met.
- Review the management structure and reporting lines of the scheduling team to ensure the new model is best supported.
- Ensure local management teams have appropriate involvement with Scheduling activities in order maximise cover, for example potential utilisation of GRS to book and cancel overtime or closer working with the core Scheduling team to minimise out of service due to single staffed DCAs.

- Advise and oversee the re-tender for the Trust rostering system contract to begin in November, in addition to any associated training and communication needs.
- Identify and implement opportunities to improve the experience at work for colleagues in the Scheduling team
- Ensure all governance requirements are met and documented.
- Consider what audit processes should be introduced and any associated KPIs/feedback gathered and recorded to ensure optimal experience for colleagues when interacting with the Scheduling team.

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 eight clinic locations across London, including at our training stations and in all five sectors on LAS estate. All colleagues who require immunisations or who have gaps in their records have now been written to. 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 via self or manager referral routes. 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.

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 course is now being rolled out to staff and managers, delivered by a qualified counsellor at TASC who is also training the LAS Wellbeing Team to deliver future sessions.

The Wellbeing Team are now fully accredited Health Coaches and are offering colleagues 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 is supported by a bespoke Health and Wellbeing Catalogue. 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. So far more than 30 Health plan conversations have taken place, with a number taking up an offer of further coaching sessions in order to achieve their health goals.

The Wellbeing Team continue to work with the International Recruitment team delivering induction presentations to new international recruits to ensure they are aware of the support available to them even before they start with the Trust. These colleagues are also offered the opportunity to join the international paramedic buddy scheme where new starters are paired with a current LAS employee, preferably from their own country of origin, to help integrate them into the Trust and living in London.

The Promoting Physical Activity group continues to meet, involving key stakeholders Trust wide. The focus of the group has become identifying opportunities for discounted gym membership and exercise groups, as well as the developing the role of a physical wellbeing lead, which is currently being recruited to. The Group is also looking at wider support for the various staff led social sporting activities.

5. Organisational Development & Talent Management

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

Culture Transformation Programme

NHSE Culture Review of Ambulance Trusts:

Following the publication of the review in February, the Culture Group has been considering the actions it needs to monitor and implement in 2024/5 in response to the following key recommendations to improve the culture in ambulance trusts:

- Balance operational performance with people performance at all levels;
- Focus on leadership and management culture and develop the ambulance workforce;
- Improve the operational environment, line management and undergraduate training;
- Translate the NHS equality, diversity and inclusion (EDI) improvement plan into a bespoke plan for the sector;
- Target bullying and harassment, including sexual harassment and enable freedom to speak up; and
- Prioritise, support and development human resources and organisational development functions.

These key recommendations - as well as further improvement in the NHS Staff Survey 2024 results and changes to team culture during the Year of the Team 2024 – will drive the Trust's Culture Transformation Programme and further progress updates will be reported to the Trust Board in the coming months.

The Terms of Reference for the Culture Transformation Programme Team – comprising OD & Talent Team members - have been agreed and will be used weekly to measure the

progress against outcomes in response to information from a variety of work streams and stakeholders.

Trust-wide Leadership Development Programme:

We have received **207** expressions of interest to our Leadership Development opportunities;

- Our LAS, Our Aspiring Leaders (Band 4/5) in partnership with NHS Elect – **58**
- Our LAS, Our Leaders (Band 6/7) in partnership with Middlesex University – **81**
- Our LAS, Our Senior Leaders (Band 8/9)- High Performance Leadership in partnership with Henley Business School; and a Postgraduate Certificate in Medical and Healthcare Leadership in partnership with the University of Cumbria – **68**

All colleagues who have expressed an interest in any of these programmes have been notified of their success with their applications and will be enrolled in the coming weeks.

Our LAS, Our Leaders 100 Programme:

This programme, in partnership with Middlesex University, has seen more than 150 colleagues work towards an Advanced Diploma in Management Practice.

Cohort one completed their final module in January and have submitted their summative project plans and draft project reports for marking prior to the final submission deadline in April .The finale module of the current programme will be attended by cohort seven in June.

A draft programme evaluation questionnaire has been created and awaits approval from Quality Assurance prior to being shared with Middlesex University. Conversations are ongoing around a collaborative project showcase with the Quality Improvement Team to mark the conclusion of this innovative programme in September 2024.

September will also see this programme extended to a further three cohorts.

Our LAS Talent Mentoring Programme:

Currently there are 33 mentors and 36 mentees on the Our LAS Talent Mentoring Programme following its launch in October.

A work-based project entitled *Enhancing Your Potential* (one of the projects highlighted above as part of the Leaders 100 Programme) aims to increase mentoring uptake over the next six months.

In addition, the OD & Talent Team is working on an exciting GLA Collaboration venture with the launch of a mentoring platform to match mentees with mentors across nine organisations.

Learning & Development

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

- An away day for our Recruitment Team colleagues, learning about different personality types as well as understanding ourselves and others as a means to building trust for improved team working

- A half-day Myers Briggs Type Indicator session with the Strategy team to learn about effective communication and how our different personality types contribute to team working
- A training session for the Medicines Packing Unit around building confidence to have difficult conversations
- One to one feedback sessions with the Clinical Education Centre Managers to support their understanding of personality type and what this means for team working
- Presentation skills support for our Recruitment Team Leaders
- On-going training sessions from our core training programme for colleagues Trust-wide around Interview Skills for Interviewers, Recruiting with Values for Managers, The Stress Assessment Toolkit and Supporting Attendance Policy training.

Damian McGuinness

Chief People Officer, London Ambulance Service NHS Trust.

London Ambulance Service
NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**19/03/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**07/03/2024**
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:	**RESOURCING**

The committee received a presentation on recruitment noting that progress continued to be strong against all trajectories and the years plan on track to be met.

To date 360 of the 372 training places for paramedics have been filled which is 12 behind plan. The international pipeline remains strong with over 140 candidates offered. The next International Trip to Australia commenced in February, where interviews for 200 candidates will take place across Melbourne, Brisbane and Sydney. To date 95 offers have been made with another week of interviews remaining. Positive discussions have been had with a number of Australian University, to strengthen relationships for future pipelines. AAP Recruitment also remains strong with 218 of the 237 training places which is 19 behind plan. The pipeline is positive with over 90 candidates offered. EOC and 111 call handling have achieved 100% and 95% fill rates respectively.

Turnover has slightly improved (circa 10%) and the number of frontline leavers (including international paramedics) has remained positively below plan. The stability or 'stay' rate measures has improved to 87%.

The committee received an update on the stay conversations These are scheduled at regular points to gather feedback about what is working well and any areas that could be improved. There has been a pilot in 111 and EOC with the aim of better understanding why these areas have high numbers of leavers within their first year of employment. A sample of 52 new starters who were between 3 and 6 months of employment in any of the four contact centres were recruited to the |

programme and were randomly chosen from a complete list of new starters provided by Workforce Intelligence. The themes that emerged included:

- Pay was mentioned frequently by all staff, but more often by 999 than 111 staff.
- Shift work/Rotas (including night shifts and long hours) were frequently mentioned by all staff – 111 staff were keen for more flexibility and 999 staff were keen to stay with their own teams.
- Mental Health calls were frequently mentioned as a stressor.
- Staff felt more feedback from coaches and specifically line managers would assist confidence.

Progress continues with the EOC pilot aimed at encouraging BAME staff to apply for APP roles; there will be 3 cohorts of 18 and the aim is to ensure that 50% of all those appointed will be from BAME backgrounds. To date over 100 colleagues met in person across the four contact centres with demand being too high to accommodate all staff. BME engagement was over 50% Issues raised staff raised included whether standards were being lowered, how the programme might be different and the fact that a number of applicants didn't have a driving license.

The committee particularly sought assurance on the EOC pilot and explored what processes were being put in place to ensure that BAME candidates were supported and encouraged. The committee wished to ensure there was proper evaluation of the pilot so that learning could be shared and rolled out to other areas.

SCHEDULING

The Scheduling Transformation Board has now been formed and is beginning to shape:

- the future operating model of the Scheduling team

- to oversee the tender for a new rostering system contract, and

- to improve the experience at work for Scheduling team members.

The committee discussed the current complexity of the current scheduling system and how this links to a range of other systems across the Trust including ESR, CLERIC and the Trust data warehouse. The committee explored the risk that the current provider is moving to a cloud-based solution, and this is associated the a proposed significant increase in cost to the Trust. Discussions are ongoing.

EMPLOYEE RELATIONS

The committee received an update on the improvements to the resolution hub. Work is underway to improve communication, turnaround times and training. The aim is to increase the numbers of cases that are resolved locally and informally without the need for referral forms to be submitted. In order to strengthen the Resolution Hub two new roles have been created one role that equips LAS with

expertise in managing reasonable adjustments to complement the policy document that has been agreed and the second post is a Resolution Hub Manager.

There are 18 Active ET cases. Profile of types of claims and applicant status broadly in line with previous reports – unfair dismissal and discrimination claims of all types make up biggest proportion.

ATTENDANCE AND WELLBEING

The committee received an update on the supporting attendance pilot. A stakeholder group has been meeting to establish possible internal options for supporting attendance that could replace Goodshape when their contract with the Trust ends in August 2024. A number of new processes have been developed with the aim of ensuring that staff receive early support, particularly around mental health, and these will be piloted.

The Ambulance Staff Charity (TASC) have now finalised the bespoke training package designed for the LAS in "Supporting each other and recognising emotions in others". This will be rolled out across the control rooms over March and April, with a train the trainer model delivered by the lead counsellor at TASC for the Wellbeing and OD & Talent teams.

The Wellbeing Team have now completed training in Level one Health Coaching and have already delivered more than 20 health plan conversations to colleagues in the contact centres. This work will be fully evaluated and then rolled out to Ambulance Operations colleagues.

The Wellbeing Team has also secured additional funding from the LAS Charity and Estates teams to improve wellbeing spaces at the contact centres.

PEOPLE STRATEGY UPDATE

The committee received an update from the OD team on the culture programme. The OD programme has now been scoped in more detail and covers leadership, talent management and team development. The committee requested that this bee considered in further detail at its next meeting.

FREEDOM TO SPEAK UP REPORT

The committee had a further discussion on the future reporting of FTSU data. It requested that data is triangulated and is presented in a way where all the key diversity characteristics can be reviewed by theme and type of concern.

| 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:

BAF risk 2.12 relating to team based working was considered by the committee and agreed to reduce this from 16 to 12 in the light of the staff survey results |

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

Equality, Diversity and Inclusion Committee Assurance Report

Summary report to:	Trust Board	Date of meeting:	12/03/2024
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

| Other matters considered: | **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. Progress to note included:

- Governance structures strengthened with an EDI Implementation Group and three 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
    - Reasonable Adjustments Working Group to develop and implement the policy, guidance and process
- EDI Training continues to be rolled out with 60 % of staff having attended a session. The remain sessions are to be scheduled in Q1 of 24/25
- An anti-discrimination statement and an anti-racism charter has been developed for approval by the Board. .
- A range of actions to 'de-bias' recruitment practices, including reviewing JD's person specification, shortlisting and interview practices. Independent panel members will sit on interview panel and will be required to certify that they are content the process was fair and transparent. |
|---|---|

- Progress continues with the EOC pilot aimed at encouraging BAME staff to apply for APP roles; there will be 3 cohorts of 18 and the aim is to ensure that 50% of all those appointed will be from BAME backgrounds.
- A new campaign 'safe to say' has been launched to encourage staff to share their workforce equality data

The committee welcomed the progress that had been achieved.

The committee particularly sought assurance on the EOC pilot and explored what processes were being put in place to ensure that BAME candidates were supported and encouraged. The committee wished to ensure there was proper evaluation of the pilot so that learning could be shared and rolled out to other areas.

GENDER PAY GAP REPORT

The committee received the Gender Pay Gap report. The report summarised progress as:

- The gender pay gap has reduced from 11.4% to 4.3%
- The mean hourly rate has increased from 89p to 95p to every £1 men earn.
- Female headcount has increased by 7%
- The picture on progress is mixed. More women have been appointed to grades 2,3,5,6 and 8C however less have been appointed to 4,78A, 8B,8D and VSM
- Women occupy 52% of the lowest paid jobs – a decrease from 60%
- Women occupy 41% of the highest paid jobs and modest increase from 40%

The committee discussed the barriers to progression to higher grades. In particular shift patterns for paramedics is seen as a barrier to women who may require greater flexibility when returning from maternity leave for example. The committee agreed that a group led by the Chief Paramedic should be established to explore the issue and to consider solutions to be considered by the committee in July.

ANTI-DISCRIMINATION STATEMENT & ANTI-RACISM CHARTER

As part of the work on just culture the committee consider the anti-discrimination statement and charter. These set out the Trust's commitment to identifying and eliminating all forms of discrimination. The committee approved the statement and recommended it be considered by the Trust Board. See appendices 1 and 2.

TERMS OF REFERENCE

The committee received and discussed revised terms of reference. These expand the membership and scope of the work of the committee to cover health inequalities, in addition to workforce inequalities. The committee agreed the new terms but requested that the views of the chair of QAC be consulted and also proposed changes to quorum arrangements to ensure the correct balance of expertise was in attendance.

BOARD ASSURANCE FRAMEWORK

The committee discussed the BAF. It agreed to reduce risk 2.2 "we may not improve the diversity of our staff or meet our diversity standards" from 16 to 12 in light of progress that had been made.

Key decisions made / actions identified:	- The gender pay gap report was approved - The anti-discrimination statement and charter were approved - The revised terms of reference were discussed and amended - The BAF was discussed and risk 2.2 reduced

Risks:	The committee discussed the BAF. It agreed to reduce risk 2.2 "we may not improve the diversity of our staff or meet our diversity standards" from 16 to 12 in light of progress that had been made.

Assurance:	The committee received assurance that there is working progress on Q3 . The committee wishes to receive further assurance on progress on reducing any bias in disciplinary action at its next meeting.

London Ambulance Service

NHS Trust

Anti-Discrimination

STATEMENT

London Ambulance Service NHS Trust is proud to care for people who visit, work and live in our global city. We are proud to celebrate the diversity of our staff and resolute in our commitment to provide care with compassion, respect and fairness – regardless of a person's background or situation, or how they identify. Discrimination of any form has no place in our organisation and services. We commit to supporting equity, being anti-racist, creating safe environments and tacking discrimination in all that we do.

This requires colleagues to:

1. Speak up against discriminatory and harmful language, actions and processes regarding themselves or others
2. Be active and visible allies and not a bystander to discrimination
3. Listen, reflect and act when colleagues or patients share that they feel discriminated against
4. Take steps to educate themselves and learn about the experiences of colleagues and patients who may be different to them
5. Live and uphold our core values: Caring, Respect and Teamwork and the behaviours connected to them

The Trust commits to:

1. Acting on all concerns of discrimination seriously, efficiently and sensitively
2. Enabling an anti-discrimination culture, where all staff feel safe, able to speak up and that they belong
3. Eliminating discrimination and discriminatory outcomes from its processes, policies, practices and procedures
4. Engaging with its staff communities to build trust and positive tangible change
5. Equipping and upskilling our senior leaders and manager to uphold an anti-discriminatory culture

This commitment upholds and aligns to:

The Resolution Framework	Sexual Safety Charter	Anti-racism Charter	Our Values	'See me first'	Freedom to Speak Up

London Ambulance Service
NHS Trust

ANTI-RACISM CHARTER

What is the charter?

The Anti-Racism Charter is London Ambulance Service NHS Trust's commitment to you – as an employee, student, volunteer, apprentice, patient, service user, contractor or anyone engaging with LAS – that racism **will not** be tolerated in any form. This is regardless of your heritage, ethnicity, culture or nationality. In our organisation you will be treated fairly, with respect and compassion. We will uphold your right to work in an environment free from racial discrimination, abuse, harassment, racist language or behaviour.

You have the right to feel safe, respected and included at work

You should never feel uncomfortable, frightened or intimidated because of your race, culture, nationality or heritage. We want everyone to feel safe and comfortable, respected and valued, proud of who they are. We are proud of our diversity and we will actively work in an anti-racist way to foster a positive and safe environment. Doing this is essential to living by our Trust's values – Caring, Respect and Teamwork – and to achieving the missions set out in our five-year strategy which describes an increasingly inclusive organisation.

The Trust commits to providing an anti-racist environment

We will always take your concerns seriously, with empathy and with understanding, because we know it is not always easy to speak up. We will provide you with appropriate support and work with you to deal effectively with the situation, bringing about meaningful change and a resolution wherever possible. We will provide the tools and the training to equip managers and leaders to uphold an anti-racist culture.

We want everyone linked to LAS to commit to the following standards and support the anti-racism charter by:

- Speaking up against racism, discriminatory or harmful language, practice, policy and behaviours
- Being active and visible allies and not a bystander to racist behaviour
- Listening, reflecting and acting when colleagues feel treated unfairly
- Engaging in in learning that enhances understanding of different cultures, nationalities and heritage and the people you work with
- Treating others with fairness and respect regardless of someone's differences

If you are experiencing or witnessing racist behaviour - either yourself, towards a colleague or any person affiliated with the Trust- please speak to a manager or a Freedom to Speak Up Guardian via londamb.speakup@nhs.net.

If you would like any advice and want to discuss any issue related to this in a safe space, contact the EDI Team via londamb.edimailbox@nhs.net.

Daniel Elkeles
CHIEF EXECUTIVE OFFICER

Andy Trotter OBE
CHAIR

London Ambulance Service NHS Trust
Anti-Racism CHARTER

5.4. Finance

5.4.1 Director's Report

5.4.2 Finance and Investment Committee Report (to follow)

5.4.3 Audit Committee Report

5.4.4 Charitable Funds Committee Report

For Assurance

Presented by Bob Alexander, Rakesh Patel and Rommel Pereira

London Ambulance Service NHS Trust Board meeting

Report from the Chief Finance Officer

Financial Position at the end of February 2024

Income and Expenditure Plan

The Trust posted a year to date surplus of £1.3m as to the end of February 2024 against a surplus plan of £0.4m, a favourable variance of £0.9m. 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 February 2024 the Trust had spent £23.9m across the following areas.

- Further Investment in Fleet - £14.2m
- IT and Telephony Development £2.9m
- Estate and Maintenance Improvement - £5.9m
- Equipment - £0.9m

Cash Balance

The Trust had a closing cash balance of £48.0m at the end of February 24.

Fleet

Double Crew Ambulances (DCAs) ordered in the late 2022/23 and the first quarter of 2023/24 have been now been received. This has enabled the Trust to decommission older ULEZ non-compliant DCAs and increase the overall numbers from 530 to 580.

The Trust continues to commission hybrid/fully electric cars – 32 Volvos for Clinical Team Managers and Advanced Practitioner Paramedics and 6 fully electric Nissans for LGMs have been delivered to stations over the last month.

Estates & Facilities

Our new 111 site in South London continues to progress at pace and has secured planning permission. It will be ready for operational use by May 2024.

We are completing a number of programmes of work to upgrade our estate. This includes improving the working environment for operational staff and upgrading a number of our support services environments. This includes expansion of a number of our current ambulance stations, workshop upgrades, Medicines Packing Unit resilience and Logistics Supply Unit capacity, two additional Make Ready hubs and opened the expanded Education Centre facilities at Brentside and Newham Dockside.

Support has been provided to the NHS REACT (National Ambulance Resilience Unit) contract team with new Lease and Licence agreements for the premises currently used to deliver the service.

Logistics

We continue to prioritise equipment to ensure 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. As a result, there has recently been an increased adherence and compliance with scanning; which has seen a significant increase in scanning daily, plus an increase in the weekly stock takes at hubs.

The Medical Equipment Technicians, within our LSU Warehouse, have undertaken further equipment training, so that they can carry out essential maintenance/servicing in-house, on an even wider range of our equipment. This enables us to have greater control, saves money and also improves turnaround times. Uniform delivery has been centralised and we are now due to add body armour to this internal capacity. In addition we are currently exploring the option to centralise our pouch/bag packing, within our LSU facility, to improve efficiencies.

Sustainability

The Trust continues to make good progress against the Net Zero plan for 2023/24. 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. The Trust is currently developing the 2024/25 targets.

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.

All five sectors have gone live with fixed fleet – each ambulance station has a pre-determined number of DCAs that operate out of the station only.

The phased transition to full AfC terms and conditions is progressing with the next step change in April 2024.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.

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Assurance report:	**Audit Committee**	**Date:**	**09/02/2024**

Summary report to:	Trust Board	**Date of meeting:**	**26/03/2024**
Presented by:	Rommel Pereira, Non-Executive Director, Chair of Audit Committee	**Prepared by:**	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**

| **Matters considered:** | **Pre-Meet Session – EDS**

Going forwards, Audit Committee would start with a short session led by either internal audit, external audit or counter fraud on a variety of areas intended to support leadership learning in areas of best practice. The first session was led by BDO and was on the topic of Equality Diversity and Inclusion. A number of internal staff members attended the session.

The Audit Committee agreed that the session had been very helpful and would be used to inform the internal audit and a gap analysis later this year.

Key topics discussed at the February meeting of the Audit Committee were:

Reflections on Current Risks and Challenges

Audit Committee noted that there had been a number of issues with airwaves which was a nationally provided services using old technology. The Trust was working closely with NHSE on the matter.

In relation to the 30 minute C2 target, Audit Committee noted that this was unlikely to be achieved at year end, reflecting a mismatch between resources and ambition. December had been difficult due to high levels of demand, but performance had improved in January although the last few days had been very difficult.

Audit Committee also noted that there was a significant risk around 2024/25 in terms of finances with a lack of information around funding that was compounded by legacy issues relating to contracting with five ICSs.

Audit Committee noted the combined pressures of short/medium term financial, performance, clinical, reputational risks and additional responsibilities of NARU and Southern Ambulance collaboration and that this would be explored further at the Board.

SIRO Report

The Committee received the routine report from the SIRO including an update on progress against the Data Security and Protection Toolkit. |
|---|---|

Overview of Technology and Cyber Security Issues

Audit Committee received a high level overview of activities undertaken by the IT Risk, Governance and Cyber Team.

Audit Committee looked forward to status reports on Cyber Essentials Plus accreditation, the CAD security review (including data quality) and asked that this also be conducted for ePCR.

Internal Audit

Internal Audit Progress Report for 2023/24 - The Audit Committee received a progress update on audit reports scheduled for completion in 2023/24, noting that fieldwork was scheduled to start shortly on three reviews.

The Committee discussed the proposed audit of Integrated Care Systems, noting that a large piece of work had just been commissioned relating to how the Trust interacts and engages with the ICS and it was therefore agreed that this audit could be deferred at this stage.

It was also agreed that the terms of reference for the Data Quality audit were unclear and required review.

Internal Audit Follow Up Report – As at 5th February, seven recommendations were overdue. In general, however, Internal Audit noted that there was a good level of engagement from management.

Audit Committee had also discussed whether some areas of the Trust would better benefit from a deep dive rather than an audit and it was agreed that this should be reviewed further.

Final Internal Audit Report: Culture – Freedom To Speak Up – Internal Audit summarised that this report had been very positive with substantial assurance against the design opinion and moderate assurance against design effectiveness.

Draft Internal Audit Plan for 2024/25 – Audit Committee reviewed the draft internal plan which had been prepared after close scrutiny of the BAF and individual meetings with key executives. The Committee made a number of points on the plan which it was agreed would be reviewed and used to develop a further iteration, including clinical audits focused on process and control effectiveness.

External Audit

External Audit Progress Report – it was noted that KPMG's audit of the Trust's 2022-23 annual report and accounts had been selected to be inspected by the FRC's Audit Quality Review team as part of a cyclical round of inspections that they undertake of all firms delivering audits of major local public bodies. Following a review process in October and November 23, confirmation had been received of the following gradings:

•   Financial statements audit: 2 – limited improvements required

- Value for money: 1 – good

Audit Plan for the Year Ending 31st March 2024 – Audit Committee received an update on a risk in last year's audit relating to a provision. A paper further down the agenda set out how management proposed to treat the provision in year and in the year end accounts for 23/24, as a result of which it was proposed to remove this as a significant risk from the audit approach in this year's audit plan.

The other change from last year's audit plan was a reduced risk in relation to the transition to the new accounting standard for leases, around which the Trust had provided a sufficient level of assurance.

It was noted that the one significant change for this year was related to the transition to new valuers for the estate and KPMG's real estate valuation specialist would be included in the audit team to provide assurance around the methodology and the calculations being performed.

The Audit Committee approved the Audit Plan.

Turning to the value for money risk assessment, KPMG had substantially completed the work and were satisfied, at this point, that no significant risks had been identified and that appropriate arrangements were in place to secure value for money against the domains set out in the NAO Code.

Next Pre-Meet Session - External audit
Audit Committee requested that the next pre-AC thought leadership session be on audit approach (including VfM audit testing and benchmarking insights) from KPMG and a briefing from the executive on the new Provider Selection Regime.

AC noted FRC focus areas and NHSE disclosure requirements with respect to the year end and Annual Report & Accounts.

Local Counter Fraud Service

LCFS updated on key workstreams in the 23/24 work plan and also presented draft 2024/25 LCFS work plan which set out the proposed counter fraud activities to be undertaken during the period. Audit Committee approved the plan.

Financial Reporting

Single Tender Waivers – the Committee received a report noting that two STWs had been approved in Q3 of 2023/24.

Losses and Special Payments – the Committee noted that losses and special payments in the quarter totalled £571k, which was £16k higher than in the previous quarter.

Salary Overpayments – it was reported that £255k of overpayments had occurred in the three months to end December 2023. The total overpayments owed to the Trust as at December 2023 was £1,479k.

The Audit Committee also received and approved an updated version of the

Salary Overpayments Policy. The new version clarified line management responsibilities, escalation routes and reporting requirements.

Review of the Audit Committee Self-Assessment – Audit Committee reviewed the output from the self assessment exercise reviewing the scoring and associated comments for each category.

Internal audit confirmed that they had discussed the findings of the self-assessment, including the need to make recommendations coming out of audits more discerning. External audit confirmed that they had reviewed the findings and would be addressing the points made.

Internal Audit and LCFS Contract Extensions
Audit Committee agreed management's proposals for one year extensions with the current providers, but asked for greater value and insight from a refreshed internal audit team.

Risks:

Board Assurance Framework (BAF)

The Committee received an update on the latest version of the BAF that had been reviewed by Board Committees and Trust Board in January 2024.

The Committee observed good progress in reducing risk scores.

NHS London Ambulance Service
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Assurance report:	Charitable Funds Committee	Date:	02/02/2024

Summary report to:	Trust Board	Date of meeting:	26/03/2024
Presented by:	Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee	Prepared by:	Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee

Matters for escalation:	Nothing to report

| Other matters considered: | **Charitable Activities Update**

The Committee received an overview of charitable activities; The following were noted;

- The Omaze campaign raised 2.6 million. NHS charities together had a Board meeting following the CFC meeting to make a decision on how the funding is going to be allocated. The committee felt that it would be helpful to have a letter from the Chair to NHS Charities after they pronounced.
- The winter fundraising draw in less than three weeks had raised over 1000 pounds in prizes donated. In comparison to last year's winter fundraising plan, this year was more successful.
- The 'conquer the O2' in January raised over 5000 pounds.

Charity Plans 2024 -25

The 2024-25 Charity Plan was shared with the committee however; there is still work to be done. It was agreed that when the committee meet in May a more holistic finished article would be submitted. The charity plan will include how the 4-5 expenditure piece is going to happen and income aspiration growth based on the work of the people recruited to bring more money in.

The plans will include revising the mission statement for the charity so that there is a much clearer and compelling case for what the charity is trying to do and to include saving lives in London through various measures on cardiac arrest and the sustainability of the historical collection. |
|---|---|

Finance Report

The Committee received the Charities Finance report noting the current funds balance and expenditure to date.

Key decisions made / actions identified:

Volunteer Proposal

The committee all agreed to allow the LAS Charity to be the umbrella for the community volunteers and to the process as outlined in Mark Faulkner's report.

Hardship Applications

It was agreed that the criteria in which the CFC is being asked to review hardship applications needs tightening up. When the committee look at individual cases, it is imperative to know what the guidance and guardrails are. Certain information needs to be provided to the committee before the committee can make a decision.

Risks:

Risks and mitigations against the Charity were presented and considered.

Assurance:

The Committee received assurance on the Charities activities and financial position.

5.5. Corporate

5.5.1 Director's Report

For Assurance

Presented by Mark Easton

London Ambulance Service **NHS**
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 January 2024 to February 2024.

CORPORATE GOVERNANCE

The Public Board meetings for 2024/25 have been arranged and the dates published on our website. Following board development discussions, this year we are planning four public board meetings on:

2 May
5 September
5 December
6 March

Two of these meetings are planned for our Newham site at Dockside.

PATIENT EXPERIENCE

Complaints

Complaints received January – end of February 2024

196   (150 in same period 2023)

Complaints closed January – end of February 2024

189   (264 in same period 2023 due to complaints backlog project)

Open Complaints by Time Waited
(Over 35 days is Overdue)
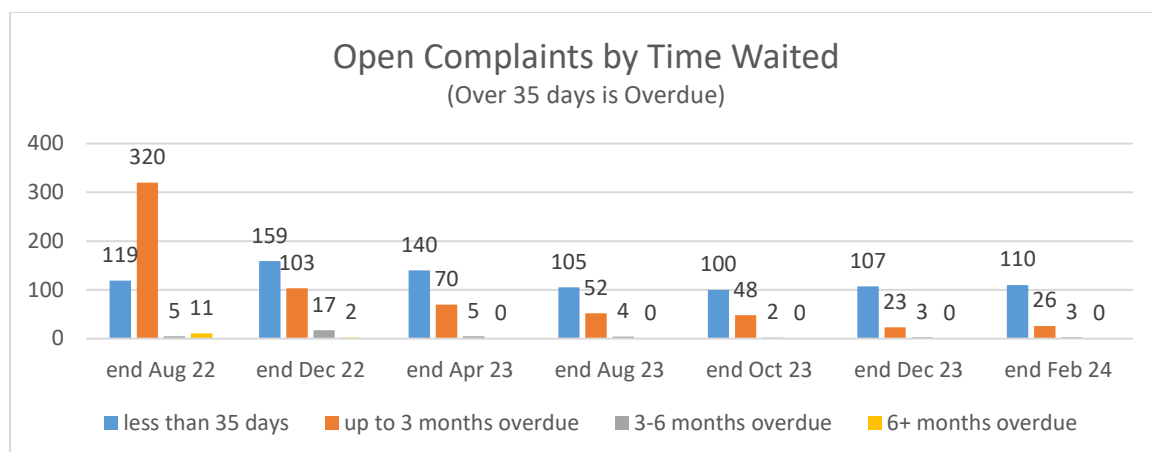
At the end of February 2024, there were 139 open complaints.

% of complaints responded to within 35 working days-Patient Experiences starting 01/01/22
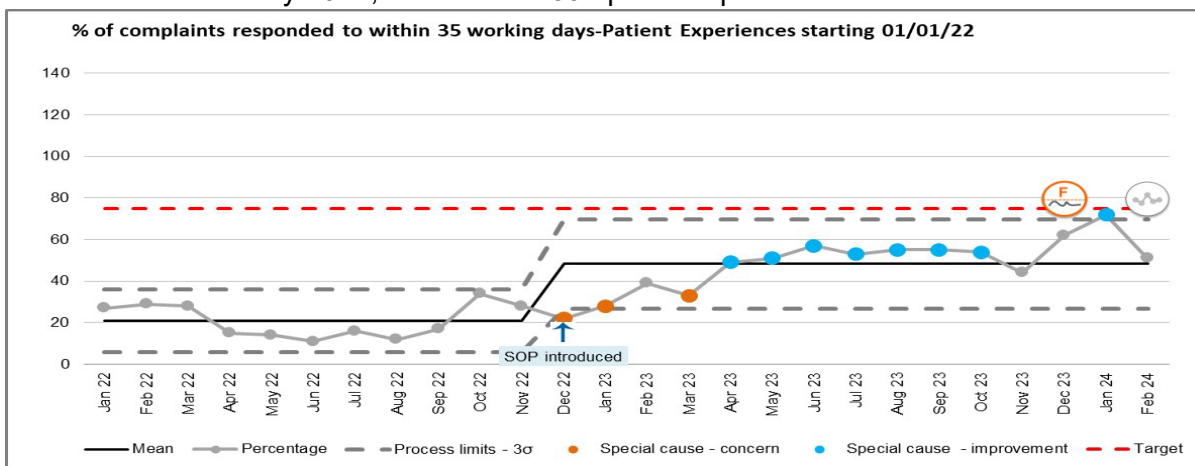
In January, 72% of complaints were closed within the 35 working day target which is just outside the target of 75%. Performance dipped in February to 51% due to a combination of annual leave and sickness in the Patient Experience team.
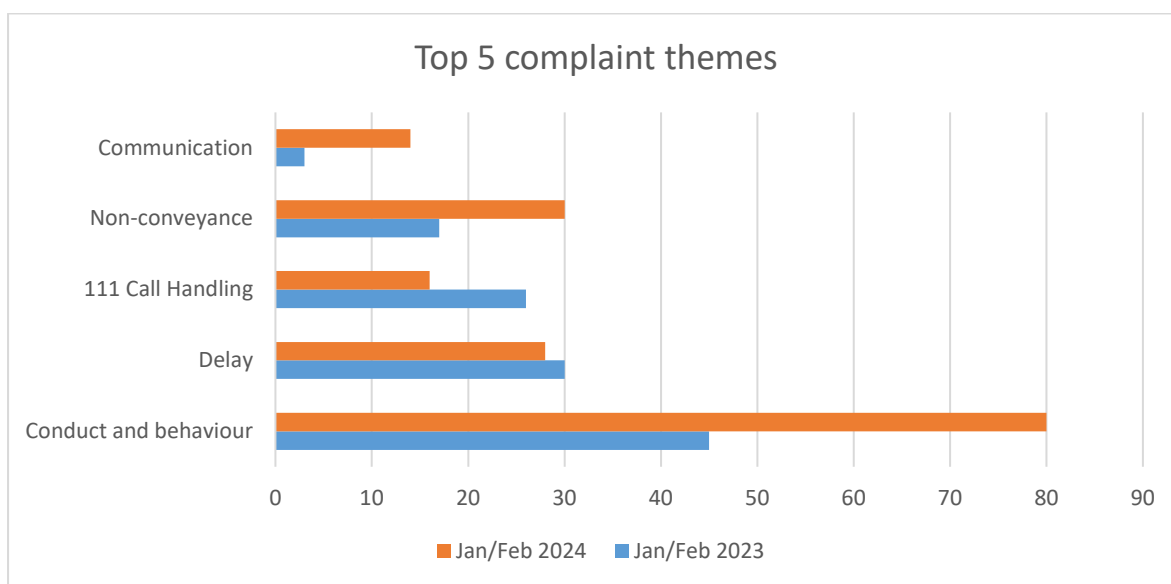
There is an ongoing concern regarding the high proportion of complaints relating to 'conduct and behaviour' as evidenced above. This was also discussed at the Clinical Quality Oversight Group (CQOG) meeting in February. The Patient Experience management team are currently working on a number of different initiatives including arranging to present at sector Quality meetings/huddles as well as designing a complaints dashboard accessible to local managers to provide more effective oversight of open complaints and monitor the staff affected. A further update on progress and any identified improvements will be provided at CQOG in April and included in the next Board report.

The Acting Head of Patient Experience and the Head of Legal now meet on a monthly basis to discuss themes and learning arising from complaints and inquests.

LEGAL SERVICES

<u>Inquests opened 01 January 2024 – 29 February 2024</u>

Level 1 Inquests – 439

Level 2 Inquests – 24

<u>Claims opened 01 January 2024 – 29 February 2024</u>

Employment Liability - 3

Public Liability   - 0

Clinical Claims   - 7

As expected, the number of Inquests notified to the Trust in January and February 2024 saw an increase.

The chart below shows the level of sustained increase in notified inquests during 2023/24.
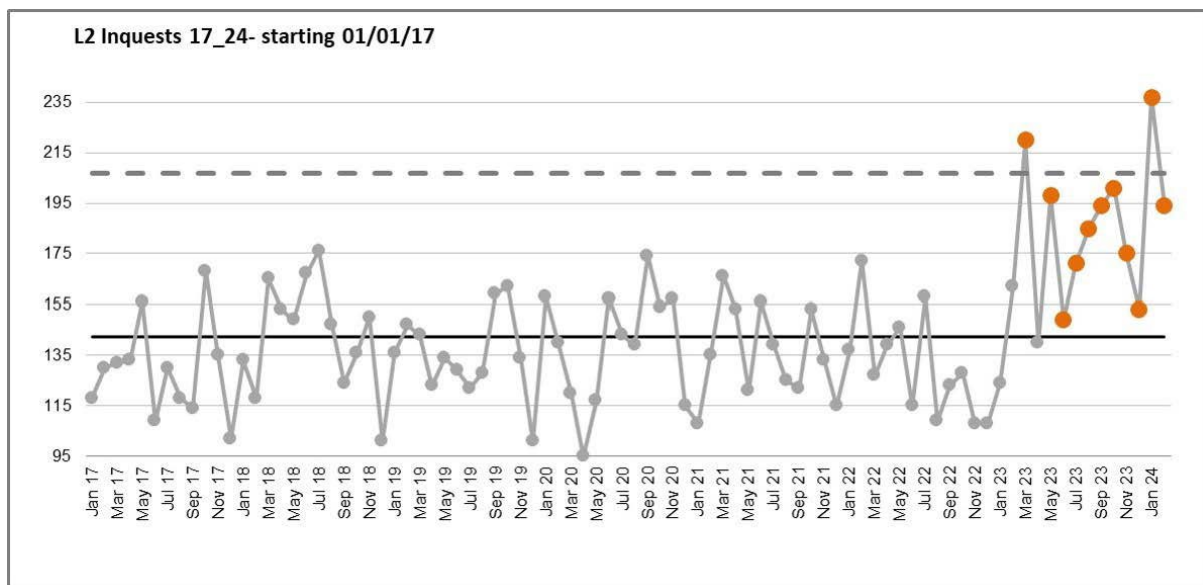
Total number of new EL claims opened from October 2023 to January 2024 (16/01) – **6**

The current EL claims either under investigation or recently closed by the Trust are broken into the following categories.

Category	No. of cases	Admissions	Denied	Investigations ongoing
Defective work equipment	11	6	2	3
Manual Handling	6	5	1	0
Lifting work equipment	5	1	3	1
Assault	2	1	1	0
Falls	2	2	0	0
Trips	4	3	0	1
Tail lift	3	1	1	1
Sharps	1	1	0	0

An initial draft report has been received from the external consultants who were appointed in December 2023 to evaluate the in-house legal provision. This is currently undergoing fact checking prior to being finalised. The Legal Team are arranging an away day in May to discuss and plan implementation of the recommendations of the report.

The Legal Team will be attending a training session organised by Bevan Brittan on 25 April 2024. The focus will be on claims – breach and causation.

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

The Head of Legal will be meeting with the Head of Legal at North West Ambulance Service NHS Trust to look at their processes and how we can develop the LAS Legal 'in-house' processes.

[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 below table charts the progress made completing the mandatory assertions evidence items with a realistic projection for full DSPT completion:
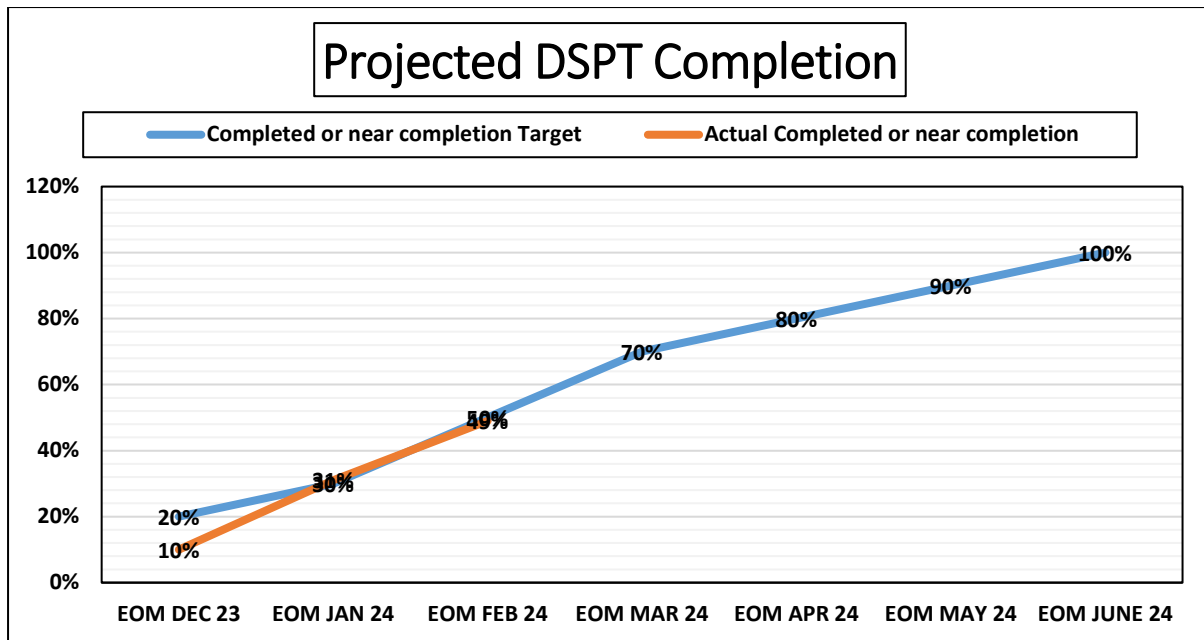
Of the 108 mandatory assertion evidence items included in the DSPT, 49% have either been completed or are near completion. Although the completion rate is tracking slightly below target for EOM February 2024, the information Governance Team are confident of reaching the 70% target by EOM March 2024,

The percentage total for February 2023 was correct at the time this report was written [11th March 2024] and all reporting totals are calculated at the end of each month.

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 94% compliance rate.

Each year the Trust must complete an audit as part of the criteria for completion of the DSPT. The purpose of this audit is to provide an independent high level review of the assertions and evidence items in the DSPT and to identify how compliance could be improved. The audit will be facilitated by Binder Dijker Otte (BDO LLP).

The scope for the audit has been received and accepted by the Trust. The audit commenced on the 23rd February 2024 and a provisional closing meeting planned for 15th March 2024. Work has begun sharing the assertion evidence items included within the audit and the Information Governance Team will ensure that all evidence is supplied to the auditor in a timely manner. Once the audit has been completed the Trust will receive a draft report of the audit results which will be assessed and once satisfied, signed off by the Information Governance and IM&T Teams. The Trust will then receive a final report of the audit results, which will be reported at the next IGG.

On 27th February 2024, the Trust submitted the DSPT baseline assessment. 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, ten incidents have been assessed as reportable to the ICO. Of these incidents, four 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. Three of the remaining open cases are still awaiting a response from the ICO. The fourth relates to an ongoing internal investigation within the Trust, of which the ICO are aware. The ICO have requested an update when the investigation has been completed.

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 88% in February 2024. This position will continue to be monitored by the Corporate Governance team.

Of note is the revised Fit and Proper Person Policy which requires substantial revision following the new guidance issued at the end of last year and which will be submitted to ExCo for review shortly, then the Board for approval.
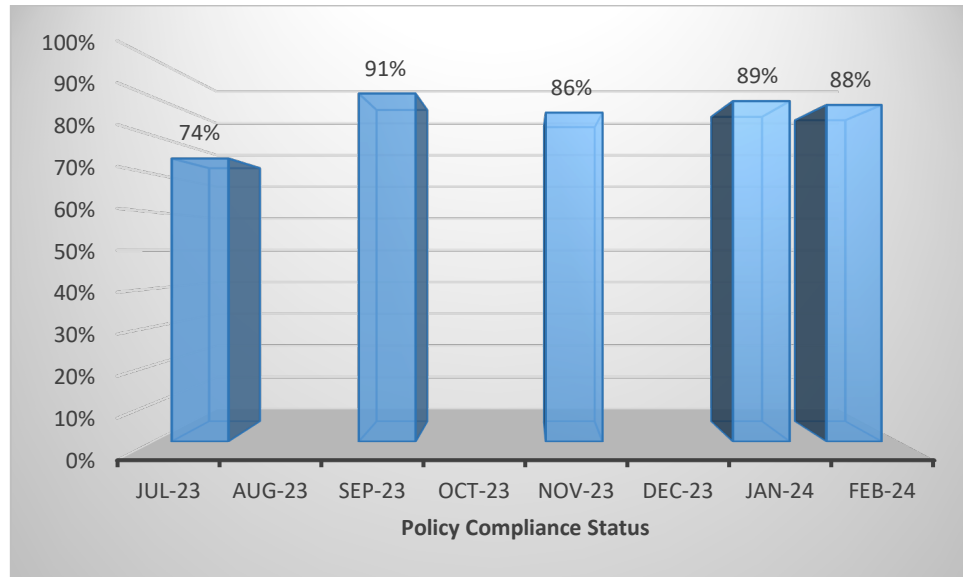
FREEDOM OF INFORMATION

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 31 December 2023.

FOI Request Overview

Key findings:

1. **Total FOI Requests:**
    During the specified timeframe, the Trust received a total of 503 FOI requests.

2. **Request Handling:**
    To date, the FOI team has successfully completed and closed 334 out of the total 503 requests.

3. **Monthly Averages:**
    The Trust has received an average of 46 FOI requests per month.

4. **Compliance Metrics (Apr – Dec 2023):**
    *   Compliance within statutory deadlines stands at 66.4%.

- The below table gives the breakdown of FOIs received by month and the number responded to within the statutory 20 working day timeframe.
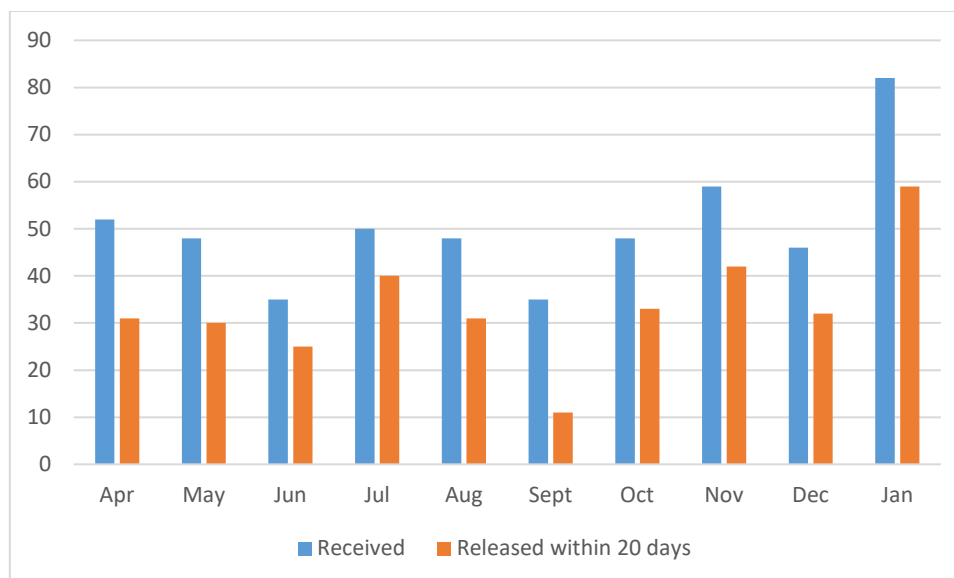
Factors Influencing Compliance Rate
As previously reported, the compliance rate has been impacted by various factors. Challenges include delays in securing stakeholder contributions and staff annual leave.

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)	53
MPs/ Councilors	9
Individuals	378
Organisations (including campaign groups)	63

Collaborative efforts with stakeholders persist as the team actively seeks improvements, with a targeted aim to achieve a 70% compliance rate with statutory deadlines by the end of the financial year 2023/2024.

Mark Easton
Director of Corporate Affairs

5.6. Data and Digital

5.6.1　　Data and Digital Committee Report

For Assurance

Presented by Sheila Doyle

London Ambulance Service **NHS**

NHS Trust

Assurance report:	**Digital & Data Quality Committee**	**Date:**	**15/03/2024**
Summary report to:	Trust Board	**Date of meeting:**	**26/03/2024**
Presented by:	Sheila Doyle, D&DQ Chair	**Prepared by:**	Sheila Doyle

Matters for escalation:	**Review of non-standard Call Sign process**

The committee received a paper detailing the unique approach that LAS employs for booking resources on shifts, which differs significantly from the practices observed in other Ambulance Trusts. This variance primarily stems from the assignment of dynamic call signs to individuals or crews, rather than a fixed call sign being allocated to the vehicle. Consequently, LAS has diverged from the standard practices for many years, affecting its ability to adopt national product solutions.

The introduction of the National Control Room Solution presents an opportunity for the Trust to standardise its call sign procedures and synchronise with the broader Ambulance sector regarding digitally enabled initiatives. A comprehensive program of work is under development to facilitate this change, in line with the strategic principles outlined in the Digital & Data Strategy. This initiative is anticipated to unlock future opportunities for LAS to fully leverage national solutions.

Other matters considered:	**Digital & Data Strategy Update**

A verbal update was provided on the progress of developing the Digital and Data strategy. It was highlighted that significant work has been done since the previous version, particularly in identifying clear outcomes and establishing connections with the overarching Trust strategy.

Discussions within the committee centred around the alignment of the Digital and Data Strategy with other functional strategies, such as those in Finance and People. It was recommended that further collaboration and refinement be carried out under the guidance of the Director of Strategy & Transformation.

Regarding the timeline for the publication of the strategy, it was agreed that the next iteration would be presented to the committee in June or July 2024. This timeline allows for thorough development and further alignment / integration with the various functional strategies.

Data Quality CAD Assurance Review

The committee was presented with the findings of the CAD Data Quality Review, conducted in February, which reviewed data processes, characteristics, and cohesion and assessed the level of assurance in each area.

It was observed that two out of three aspects of the review provided significant assurance, but there was a need for significant improvement in data processes. The report highlighted challenges related to documentation, change control processes, and the necessity for a standardised operating procedure to delineate data flows between different systems.

Members of the committee acknowledged that implementing the recommendations outlined in the report would bolster the assurance layer. They also raised the question of whether improvements could be made "upstream," meaning ensuring data is accurate and of high quality from the outset, rather than requiring clean-up at a later stage of the process.

Additionally, the committee recommended conducting a review of the change control processes to identify opportunities for further enhancements that could strengthen data ownership and process controls.

Progress Report on Data Quality Work Plan

The committee received a summary report from the Data Quality Group, which outlined the progress made in addressing outstanding internal audit actions and the development of a workplan for 2024/25. A data quality review of ePCR is in progress, the findings from this review are expected to be shared with the committee during the next meeting scheduled for May.

Internal Review of Business Intelligence Metris.

The committee received a report detailing an internal review of Business Intelligence metrics, specifically focusing on Hear and Treat Rate (%), DCA utilization rate (%), and IUC priority 1 call backs within 20 minutes (%). These metrics are sourced from various systems, and the review outlined the process of how data flows from these source systems to the data warehouse through the Extract, Transform, and Load process, as well as through data extraction scripts to generate business intelligence reports.

The findings of the review were summarized using RAG ratings, with all metrics rated as Amber overall. Notably, no errors in the code were identified during the review. Additionally, an analysis of Hear and Treat Data since April 2023 found no significant issues impacting reporting for this metric.

The review brought attention to gaps in governance and change control processes, data entry input errors, and inconsistency in metric definitions. The committee was informed that efforts are underway to address these issues.

During discussions, the role of Product Owners and Data Stewards in ensuring data quality and integrity was highlighted. These roles would serve as custodians of the product and possess a comprehensive understanding of data flows, enabling them to advise on the impact of changes on data quality.

The committee emphasised the importance of automation and standardisation in driving consistency, thereby enabling assurance to be provided to relevant stakeholders. It was emphasised that linking the findings from the previous report on CAD data quality with the BI metrics report is crucial for ensuring internal congruence and implementing appropriate controls throughout the data flow process.
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Risks:	**BAF Risks**
	The committee reviewed three risks and agreed:
	Risk 2.6 (we may suffer a critical IT failure unless we replace, upgrade, and modernise our infrastructure and systems) had been rewritten to encompass wider infrastructure rather than just telephony and radio. The risk had been scored at 15 and is expected to move into the 2024/25 plan with a tolerance rating of 10 by Q2.

	Risk 2.8 (Operations may be affected by the shortage of Mobile Data Terminals) – it was agreed to keep this at a risk score of 10 until the metric had moved to 50% of the fleet update which was expected during the Summer. Risk 1.5 (We may not improve data quality, embed data governance, and implement the C1 improvement plan) needs to be redrafted and updated.

Assurance:	The Data Quality and Business Intelligence (BI) metrics reviews stand out for their thoroughness and depth. While these reviews have pinpointed areas within our governance and processes requiring attention, they have not identified any material issues akin to the C1 coding error.

6. Quality

For Information

6.1. Proposed Quality Priorities 2024/2025

For Information

Presented by Pauline Cranmer

London Ambulance Service
NHS Trust

Report Title	Proposed Quality Priorities – 2024/25			
Meeting:	Trust Board of Directors			
Agenda item:	6.1		Meeting Date:	26th March 2024
Lead Executive:	Pauline Cranmer, Chief Paramedic Officer			
Report Author:	Jaqui Lindridge, Director of Quality Improvement			
	Lee Hyett-Powell, Head of Quality Regulation and Improvement			
	Amy Pitcher, Quality Compliance Manager			
Purpose:		Assurance	X	Approval
		Discussion		Information

Report Summary

Proposed Quality Priorities for 2024/25

In accordance with the NHS (Quality Account) Regulations 2010, we have identified a number of potential quality priorities for 2023/24. In order to shape these we have considered the following:

- Progress against the 2023/24 quality priorities
- Quality intelligence, in particularly learning from patient safety incidents, clinical audit and complaints
- Trust business plans and our Trust strategy
- Stakeholder feedback
- The three domains of quality

We propose four quality priorities for the next financial year:

- Improving efficiency

- Feedback and learning

- Reducing delays

- Improving outcomes

Within these priorities, we propose 11 KPIs which are presented here for approval.

Theme	KPI
Improving efficiency	FDM in all sectors 24/7
	95% cat 3 and 4 ambulances validated
	Reduce out of service by 2%
Feedback and learning	Implement learning from AARs and Inquiries (e.g. Manchester Arena)
	Deliver first Rapid Process Improvement Workshop
	Location Matching: < 80 secs

Improving outcomes	80% Compliance STEMI Bundle	
	Health Inequalities KPIs to be developed following completion of deep dives.	
Reducing delays	C2 <37 Minute mean	
	Undertake QI project to reduce long waits for C1 and C2 patients	
	90% of P1-3 patients receiving call back within 1 hour	

Recommendation/Request to the Board/Committee:

The Board is asked to consider and approve the proposed quality priorities for 2024/25

Routing of Paper i.e. previously considered by:

Clinical Quality Oversight Group – High level themes (20th February 2024)
2024/25 Business Planning Workshop
Quality Assurance Committee 5th March 2024
Deputy CEO SLT 5th March 2024

Corporate Objectives and Risks that this paper addresses:

This paper addresses the requirements for the Trust to have quality priorities in accordance with statutory requirements.

Proposed Quality Priorities for 2024/25

Theme	Quality Domain(s)	Strategic Mission(s)	Source	Activity	KPI	Lead Directorate
Improving efficiency	Safe	**Our Care**: Rapid and seamless care **Our Organisation**: Well led across the organisation	Efficiency data Incident data Staff Feedback	Ensuring patients receive the right care at the first point of contact (999)	Future Dispatch Model implemented in all sectors 24/7	Clinical Assessment & Pathways
				Improve ambulance validation compliance (IUC)	95% cat 3 and 4 ambulances validated	Integrated Urgent Care
				Improve ambulance availability	Reduce out of service by 2%	Quality & Improvement
Feedback and learning	Experience Effective	**Our Care**: A learning and teaching organisation **Our London**: A system partner and leader	Patient feedback Staff feedback Incident data	Capture learning and embed improvements from significant and major incident debriefs, for both Ambulance Services and EOC/ SOC	Implement learning from AARs and Inquiries (e.g. Manchester Arena)	Resilience & Specialist Assets
				Deliver strategic improvement partnership with SASH	Deliver first Rapid Process Improvement Workshop	Quality & Improvement
Improving outcomes	Effective	**Our Care**: Rapid and seamless care	Incident data AQIs	Enable improvements to ROSC rates by reducing 'Time to Hands on Chest'	Location Matching: < 80 secs	999 Operations

				by focusing on improving location matching.		
		Our Care: Individualised clinical responses	Staff feedback

Patient feedback | Improve delivery of STEMI care bundle. | 80% Compliance | Medical Directorate |
| | | | | Respond to service user feedback for reducing health inequalities experienced by sickle cell patients and new mothers from BAME backgrounds based on the patient experience deep dives. | KPIs to be developed following completion of deep dives. | Strategy & Transformation |
| **Reducing delays** | Safe

Effective

Experience | **Our Care**: Rapid and seamless care

Our Care: Individualised clinical responses | Patient feedback

Staff feedback

Incident data

AQIs | Improve ambulance response times | C2 <37 Min | Ambulance Operations |
| | | | | | Complete a QI project aiming to reduce long waits for C1 and C2 patients | 999 Operations |
| | | | | Ensure timely clinical assessment (111) | 90% of P1-3 patients receiving call back within 1 hour | Integrated Urgent Care |

7. Assurance

For Noting

Presented by Andy Trotter

7.1. Board Assurance Framework

For Noting

Presented by Mark Easton

Report Title	**2023/24 Board Assurance Framework Risk**		
Meeting:	Trust Board		
Agenda item:	7.1	**Meeting Date:**	26 March 2024
Lead Executives:	Mark Easton, Director of Corporate Affairs		
Report Author:	Frances Field, Corporate Governance Manager		
Purpose:	X	Assurance	X	Approval
	X	Discussion		Information

Report Summary

Since last seen by the Board in January, the attached BAF has been reviewed by the lead executives and by assurance committees who met in March.   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 1.4 –** We may not achieve our quality account standards. Reduction in risk from 16 (4x4) to 12 (3x4).

People and Culture Committee (PCC)

- **BAF risk 2.1** - We may not achieve our recruitment and retention targets. Reduction in score from 8 (2x4) to 4 (1x4).
- **BAF risk 2.3** - We may not improve staff wellness measured by sickness absence and burnout. Reduction in score from 16 (4x4) to 12 (3x4).
- **BAF risk 2.12** - We may not make the organisational changes required including: team based working (EOC) and professional standards. Reduction in score from 16 (4x4) to 12 (3x4).

Equality and Diversity Committee (EDI)

- **BAF risk 2.2** - We may not improve the diversity of our staff and improve equality standards. Reduction in score from 16 (4x4) to 12 (3x4).

Finance and Investment Committee (FIC)

- **BAF risk 2.10 -** We may not meet our financial plan including CIP for 2023/24. Reduction in score from 8 (2x4) to 4 (1x4).
- **BAF risk 3.2 -** We may fail our environmental targets for carbon reduction. Reduction in score from 8 (2x4) to 4 (1x4)

Digital and Data Committee (D&DC)

- **BAF risk 2.6** relating to critical IT infrastructure and systems, has been rewritten to encompass infrastructure risks rather than just telephony and radio. The risk had been scored at 15 and moves into the 2024/25 plan with a rating off 10 by Q2.

- **Risk 2.8** relating to MDTS –Risk score to remain at 10 (2x5) until the metric moves to 50% of the fleet update which is expected in Q2 of 2024/25.
- **BAF risk 1.5 –** We may not improve data quality, embed data governance and implement the C1 improvement plan. Actions updated to align with the digital quality action plan.

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 – March 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	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	16	QAC	PC	6
		1.3 Our 111 services may not achieve timely call back and clinical assessment	25	15	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	12	12	QAC	FW	11
A learning and teaching organisation	16	1.4 We may not achieve our quality account standards	20	16	16	12	12	QAC	JL	14
		1.5 We may not improve data quality, embed data governance and implement the C1 improvement plan	20	16	16	16	16	Digital	PC &CM	17
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	12	2.1 We may not achieve our recruitment and retention targets	20	12	8	4	4	P&C	DM	19
		2.2 We may not improve the diversity of our staff and improve equality standards	16	16	16	12	12	EDI	RD	20
		2.3 We may not improve staff wellness measured by sickness absence and burnout.	20	16	16	12	12	P&C	DM	21
		2.4 We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks.	20	16	16	12	12	P&C	DM	23
Improved Infrastructure	15	2.5 We may not be adequately prepared for cyber attacks	25	15	15	15	15	AC	CM	24
		2.6 We may suffer a critical IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer	20	15	15	15	15	Digital	CM	25

				uncon^d	Q2	Q3	Q4	Current			
			and storage services, critical applications and telephony								
		2.7	CAD implementation[1] Closed	16	4				Digital	CM	27
		2.8	Operations may be affected by the shortage of Mobile Data Terminals (MDT's)	20	15	15	10	10	Digital	CM	28
		2.9	We may not improve productivity through the "Fixing the Basics" programme	15	12	12	9	9	FIC	RP	29
Well-led across the organisation	20	2.10	We may not meet our financial plan including CIP for 2023/24	20	16	16	4	4	FIC	RP	30
		2.11	We may not deliver our capital plan including new ambulance stations and Bernard Wetherill House	20	20	20	8	8	FIC	RP	31
		2.12	We may not make the organisational changes required including: team based working (EOC) and professional standards	20	16	16	12	12	P&C	FW	32
		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	20	FIC	RP	33

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**	**Current**	**Committee**	**Owner**	**Pge**
Green and sustainable future	8	3.1	We may become liable for increased costs because of ULEZ if we are not compliant by March 2024	20	8	8	8	8	FIC	RP	34
		3.2	We may fail our environmental targets for carbon reduction	16	12	12	4	4	FIC	RP	35
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	16	Trust Board	RD	36

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

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[1] The risk was closed following the post implementation review which went to the Digital Committee in September 2023.

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

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					Current					Tolerance by Q4 23/24			
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	4	=	20	3	x	4	=	12	3	x	4	=	12

Controls	Assurances
Progress with priorities to be monitored on a monthly basis via patient safety incidents and national benchmarking	• 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	• 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	• 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:
	  ➢ 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

	• 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

NHS England AQI: Outcome from acute STEMI
• 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)
	• 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:
	  ➢ 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.

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.	• 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.
Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	• 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

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

	• 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 90th centile	• 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:
	  ➤ Integrated Performance Report,
	  ➤ Sector Focus
	  ➤ Feedback Reviews (bimonthly)
	  ➤ Quality Report

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
• Improve return of spontaneous circulation rates to ≥30%	December 2023 ROSC was 27%
• London lifesaver training being delivered across London	Achieved: recruitment of 7000 Lifesavers planned for 2023/24 and we are currently training in 2 schools per week
• Reduce by 60 seconds the time it takes from call connect to the start of chest compressions	Achieved: This has been achieved
• Deliver resuscitation update training to 85% of staff	Achieved: Resuscitation training and updates being delivered in all CSRs. CTM huddles and case reviews. March 31st 2024
Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction - March 31st 2024	Senior Sector Clinical Leads working on care bundles for cardiac arrests and ST –elevation Myocardial infarction. 73% pan London as of November 2023.
Develop a Health Inequalities Action Plan - Delivery of plan by March 31st 2024	Achieved: This has already been completed.

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

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.	Completed
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

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

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

Uncontrolled					Current					Tolerance by Q4 23/24				
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	5	=	25	3	x	5	=	15	2	x	5	=	10

Controls	Assurances
IUC Queue Management & CAS Reporting	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.

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.

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.** |
| **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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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.	mapping & how services have been commissioned. I.e. local = 1 hr response but reports from national = 20 minutes so shows a breach. Adastra Queues and views for users have been revised to the associated case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable and aligned with contractual resilience partnership working.
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.	NHS England have launched a National review of NHS 111 and NEL/SEL commissioners are also considering future ICB procurement. 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. Adjusting National call answering KPI's and supporting local CAS configuration to respond based on clinical decision and not initial NHS Pathways assessment.
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.	Phased implementation has reduced over rostering/ spend. Alocation wizard is now in use to improve equitability 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.**
Individual performance and management, monitoring & review to ensure appropriate standards are met to deliver high quality care and achieve performance.	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.
Real time management and clinical safety & oversight	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). Case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable to support apposite resource management in queue navigation and case prioritisation, as well as in being aligned with contractual commissioner reporting.

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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.	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 greater pool of providers to work with having completed due diligence and governance.** Increased staffing from resilience partners to meet validation activity in a timelier response – Request initiated and rota fill expected to increase from Mid-March 2024 to meet demand and release resource to support wider CAS Call back times.
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.	**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 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.

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.	Completed, IPR in place for Feb and Mar 24
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
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.	Completed. New deputy directors in post, GPSS team being recruited for primary care workload, and improvements made to data analysis

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Review of overall IUC structure as complexity of IUC and new primary care work requires additional senior leadership/ capacity. Establish new IUC page on the IPR set up.	
Transformation Program of work initiated with key structure deliverables over the next 6 months (To 31/07/2024). Key work streams will deliver benefits within the earlier and mid phases of the programme. Work streams • Case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable to support apposite resource management in queue navigation and case prioritisation, as well as in being aligned with contractual commissioner reporting • Adastra Queues and views for users have been revised to the associated case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable and aligned with contractual resilience partnership working • Increased staffing from resilience partners to meet validation activity in a timelier response – Request initiated and rota fill expected to increase from Mid-March 2024 to meet demand and release resource to support wider CAS Call back times • Initiated the modelling of Clinical staff requirement by role skillset using historical NHSP Dx coding to establish baseline hourly requirement by role to ensure adequate staffing requirement mapped to demand	July 2024 Workstreams have been set up and these actions partially completed.

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Mission Priority: Rapid and Seamless Care   BAF Risk: 1.6

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.
 	
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.
 	
If the c.120 calls arrive with LAS, there is a risk to:
  - 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
 	
A corporate risk has been developed relating to the same subject, which is referenced as 1407.
 	
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.

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.	Closed: 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	Achieved: 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.
Understand the next phases of RCRP and timeframes associated with them and their launch	Achieved: Phase 2 is planned for implementation at the beginning of 2024-25
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 once they land within LAS CAD is a separate work stream and will work regardless of where the calls sit within the system.	Achieved: 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

Additional staff will be put in place in the initial weeks whilst the extra demand is understood.	Achieved: 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	Achieved: 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.	Achieved: – 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					Current					Tolerance by Q4 23/24			
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	4	=	20	3	x	4	=	12	2	x	4	=	8

Controls	Assurances
Quality priorities are monitored via a monthly highlight report and via CQOG	We currently have two of the Trust priorities which are complete (Implement Clinical Guardian and Implementation of the Category 2 Segmentation Programme). Overall, the majority of remaining priorities are on track for completion, with 3 rated as green and in control, and 3 rated as amber - off-track, but under control for completion. **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, although ROSC has remained largely at 30% or higher since July 2023, the figure for September was 28.4%.
Cardiac Arrest Management ROSC rates measured monthly. Resuscitation training is classified as mandatory.	• 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 a slight drop to 28% in September. • Training compliance is measured across the Trust, compliance currently exceeds 92% for adult, paediatric and newborn life support against a target of 85%. This has been extended to NETS on CSR for Resuscitation level 2
Care after a fall Conveyance and incidents attended are reported and monitored.	• There are now 9 UCR cars are in operation across 4 ICB areas. 10 cars have been agreed for the programme. The SEL car is in progress and will be launched in March 2024.

Spinal immobilisation training is classified as mandatory.	• Dispatch improvements have also been made and CHUB are included in order to flag suitable calls. • A 'perfect day' is being planned to test the model and its opportunities • Spinal immobilisation training has been launched as part of CSR2023.1a (e-learning). This currently shows 46.17% compliance and rising. As a mandatory learning package this will continue to run until all relevant staff have accessed the training..
Hear and treat consultations Clinical triangulation meetings occur monthly. Category 2 segmentation pilot implemented on the 9th November 2022.	• This KPI is noted as completed. Clinical Guardian continues to facilitate high quality clinical audits and learning to maximise the safety of our CAS • This KPI is also noted as complete. Continued hear and treat rate of c.4% of all coded C2 calls. MTS audit requirements being met for all validation clinicians
Reducing delays W45 now in place in all operational sectors. Emergency Call Handler recruitment continues at pace, and the Call Answer Improvement Group has commenced work.	• 100% of operational staff now working under Teams Based Working • Tethered fleet being rolled out across sectors • Call answering mean in December was 23 seconds and 5 seconds in January • ECH recruitment continues This KPI cross-references BAF risk 1.22
Infection prevention and control Submissions and compliance are reported bi-monthly as part of the quality report. Weekly meetings with InPhase, access to building audits and developing reporting	• Significant improvement in data submissions for hand hygiene audit noted in January • Overall Trust annual target for data submissions is on trajectory • Trust hand hygiene compliance has achieved above 90% in all quarterly reporting • Hand Hygiene and Monthly Cleaning audits are now live

Further actions

Action	Date by which it will be completed
• Progress C1 and C2 improvement plans	March 2024
• 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					Current					Tolerance by Q4 23/24				
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	4	=	20	4	x	4	=	16	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 BI business 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	Completed. The HoDS will be in post on 1 April 2024. The Director of BI has been appointed and will be joining the Trust on 2 June 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 and IUC documentation Completed
Produce internal system assurance reviews: Cleric CAD	Completed in March 2024
Produce internal system assurance review: EPCR	Q1 2024/25
Develop the DQA work plan for 2024/25	Apr-24

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

Supporting leads to implement 13 remaining actions from previous reviews (internal & external)	*37 actions have closed since June 2023. Remaining actions will be completed by Q2 2024/25.*
Cat 1 Misreporting – Monitoring of BAU actions from the recommendations	Ongoing to Sep-24
Data Integrity Review – Monitoring of BAU actions from the recommendations	Ongoing to Sep-24
IUEC internal review – 4 recommendations	Fleet internal review - 4 recommendations
Fleet internal review - 4 recommendations	Mar-24
Workforce internal review closed	Completed
Datix internal review- 2 recommendations	Q1 2024/25
BI-999 -2 outstanding actions	Q1 2024/25
CARU internal review – Monitoring of BAU actions	Ongoing to Sep-24

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						Current						Tolerance by Q4 23/24			
L	x	C	=	Score		L	x	C	=	Score		L	x	C	=	Score
5	x	4	=	20		1	x	4	=	4		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
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.

Uncontrolled						Current						Tolerance by Q4 23/24				
L	x	C	=	Score		L	x	C	=	Score		L	x	C	=	Score
4	x	4	=	16		3	x	4	=	12		2	x	4	=	8

Controls	Assurances
Established process and reporting for WRES, WDES, GPG and EDS	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.	March 2024
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					Current					Tolerance by Q4 23/24			
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	4	=	20	3	x	4	=	12	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	Completed - 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.	Completed 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.	Completed Review 12/24.

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: 2.4
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						Current						Tolerance by Q4 23/24				
L	x	C	=	Score		L	x	C	=	Score		L	x	C	=	Score
5	x	4	=	20		3	x	4	=	12		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: • 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

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

Mission Priority: Improved Infrastructure	BAF Risk: 2.5
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	Completed

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 IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer and storage services, critical applications and telephony	

Uncontrolled					Current					Tolerance by Q2 24/25				
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
3	x	5	=	15	3	x	5	=	15	2	x	5	=	10

Controls	Assurances
Migration of infrastructure to Tier three data centres	IMT Delivery Board in place which oversees the work and reports to the Board via the Chief Digital Officer's report
Upgrade of data network to include resilience and failover at Corsham and Farnborough	Demonstrated CAD resilience and recovery
Dependencies mapped and managed between core infrastructure programmes: CM10, Network Readiness Assessment and Data Centre Essentials	No downtime upgrade successfully completed for CAD
Upgrade programmes in delivery: CM10 (Telephony), MDTs	Agreed strategic direction for data centres and infrastructure
Upgrade or decommission plan for all out of support servers (Windows 2012 R2 and below)	Upgrade and maintenance plan for all critical systems
Network Readiness Assessment for Voice and Data	Network Readiness Assessment for voice and data ahead of CM10
Application lifecycle plans for out of support critical applications	

Further actions

Action	Date by which it will be completed
999 and 111 on supported CM10 telephony platform	May 2024
Commission external review of the current infrastructure and map the "as is"	June 2024
Topology of architecture (spine and leaf) to be used as a baseline for changes and future plans	June 2024
Develop a data centre strategy and roadmap with sufficient investment utilising cloud options	September 2024
Revised set of desktop images based on profiles: Admin, CAD user, etc.	August 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					Current					Tolerance by Q4 23/24				
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	5	=	25		x		=		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

Operations may be affected by the shortage of Mobile Data Terminals (MDT's)

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.

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.

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 of legacy MDTs currently tracking very high to the point where we need to start looking at disposal of old stock
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	Completed
Rollout of NMA to the entire LAS fleet	Started, running at 4 vehicle conversions per day and on-track to complete late 2024
Gap in controls	
Legacy system architecture	Whilst the back-end system is old, it is running on new hardware and has a support contract in place

Further actions

Action	Date by which it will be completed

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

Enabling works for NMA Lite Pilot	Completed
Pilot replacement interim solution (NMA Lite) on 30 Android Devices	Completed
Equip up to 80 new vehicles with the new NMA equipment	Completed
Rollout NMA to remainder of LAS Fleet	31/03/2025

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

Mission Priority: Improved Infrastructure	BAF Risk: 2.9
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					Current					Tolerance by Q4 23/24				
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	3	=	15	3	x	3	=	9	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	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: 2.10
We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2023/24	

Uncontrolled					Current					Tolerance by Q4 23/24				
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	4	=	20	1	x	4	=	4	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						Current						Tolerance by Q4 23/24				
L	x	C	=	Score		L	x	C	=	Score		L	x	C	=	Score
5	x	4	=	20		2	x	4	=	8		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
3	x	4	=	12

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	Completed
Delivery of Hillingdon and Wimbledon TBW-AO	Completed
Completion of phase 1 TBW-AO	Completed
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	Completed
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						Current						Tolerance by Q4 2025				
L	x	C	=	Score		L	x	C	=	Score		L	x	C	=	Score
5	x	4	=	20		5	x	4	=	20		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					Current					Tolerance by Q4 23/24				
L	x	C	=	Score	L	x	C	=	Score	L	x	C	=	Score
5	x	4	=	20	2	x	4	=	8	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						Current						Tolerance by Q4 23/24					
L	x	C	=	Score		L	x	C	=	Score		L	x	C	=	Score
4	x	4	=	16		1	x	4	=	4		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						Current						Tolerance by: Q4 23/24				
L	x	C	=	Score		L	x	C	=	Score		L	x	C	=	Score
4	x	4	=	16		3	x	4	=	12		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

8. Concluding Matters

8.1. Any Other Business

8.2. Date of Next Meeting – Thursday, 2nd May 2024

Presented by Andy Trotter

8.3. Questions from Members of the Public

Presented by Andy Trotter