



# Trust Board Meeting in Public

<b>Schedule</b>	Thursday 6 June 2024, 12:30 — 16:00 BST
<b>Venue</b>	Prospero House, 241 Borough High Street, SE1 1GA and via MS Teams
<b>Organiser</b>	Committee Secretary

## Agenda

---

### Agenda

 0. DRAFT June 2024 Public Board Agenda.docx v0.4.pdf 1

---

12:30 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 26th March 2024  
For Approval - Presented by Andy Trotter

 2.1 March 24 Draft Public Board Minutes.pdf 3

---

2.2. Action log  
For Discussion - Presented by Andy Trotter

 2.2 Action Log - June 24 Public Board .pdf 13

---

12:35 3. Patient Story



For Information

---

3.1. Awaiting confirmation – possibly Tom Baverstock, Paramedic,  
discussing cardiac arrest

---


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

---

12:50 4.1. Report from the Chair- Verbal  
For Information - Presented by Andy Trotter

---

12:55 4.2. Report from the Chief Executive  
For Information - Presented by Daniel Elkeles

 4.2 CEO board report June 2024.pdf 14

---

5. Director and Board Committee Reports  
For Assurance

---

13:00 5.1. Performance  
5.1.1 Operational Performance Report  
For Assurance - Presented by Pauline Cranmer


 5.1 Cover Sheet\_Perf\_Report\_T.Board\_June2024.pdf 22

 5.1.1 Performance Board Report for June 2024 FINAL.pdf 24

---

13:20 5.2. Quality  
5.2.1 Quality Report: CMO and Deputy CEO  
5.2.2 Quality Assurance Committee Report  
For Assurance - Presented by Fenella Wrigley and Mark  
Spencer

 5.2.1 Cover Sheet.pdf 40

 5.2.1.1 Quality Report April 2024 (Reporting March 2024  
data) for Trust Board.pdf 41




 5.2.2 QAC Assurance report June 2024.pdf 90

---

13:40 5.3. People and Culture



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

 5.3.1 CPO June 2024 Public Board Paper.pdf	93
 5.3.2 PCC Assurance report 090524 F35.pdf	104
 5.3.3 060624 EDI Committee Board Assurance Report June 2024.pdf	107

---

14:05      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
- For Assurance - Presented by Bob Alexander, Rakesh Patel and Rommel Pereira

 5.4.1.1 Finance Director Report May 24.pdf	111
 5.4.2 FIC May 24 Assurance Report.pdf	113
 5.4.3 Audit Committee April 24 Assurance Report.pdf	115
 5.4.4 Charitable Funds Committee Board Assurance report May 2024.pdf	118

---

14:40      5.5. Corporate

- 5.5.1 Director's Report
- For Assurance - Presented by Mark Easton

 5.5 Director of Corporate Affairs Board Report June 2024.pdf	121
--	-----

---

14:50      5.6. Digital and Data

- 5.6.1 Digital and Data Committee Report- Verbal
- For Assurance - Presented by Sheila Doyle
- 

14:55      6. Planning – LAS Business Plan



For Approval

---



6.1. 6.4.1 LAS Business Plan 2024/25



For Approval - Presented by Roger Davidson

 6.4.1 Trust Board Cover Sheet Final Business Plan 2024-25.pdf	130
 6.4.1.1 Annual business plan 2024-25 final draft with Board feedback.pdf	132

---

6.2. 6.4.2 Business Plan Achievements for 2023/24

For Approval - Presented by Roger Davidson

 6.4.2 Trust Board Cover Sheet - 2023-24 achievements.pdf	144
 6.4.2.1 2023-24 Business plan achievements - summary report.pdf	146

---

15:25



7. Assurance

For Noting

---

7.1. Board Assurance Framework



For Approval - Presented by Mark Easton

 7.1 BAF June 24- Trust Board Cover sheet.pdf	176
 7.1.1 Draft 24-25 BAF -TB.pdf	178

---

7.2. London Ambulance Service Public and Patient Council (LASPPC) update



For Noting - Presented by Roger Davidson

 7.2 LASPPC update for Trust Board 6 June 2024.pdf	220
 7.2.1 Appendix 1- Agenda LASPPC 22 May 2024.pdf	223

---

7.3. Quality Account 2023/24

For Approval - Presented by Pauline Cranmer

 7.3 20240606 Quality Account Cover Sheet.pdf	224
 7.3.1 DRAFT 202324 Quality Account v0.9.pdf	226

---

15:45

8. Concluding Matters

---



**8.1. Any Other Business**  
For Noting

---

**8.2. Date of Next Meeting – Thursday 5th September 2024**  
For Noting - Presented by Andy Trotter

---

**8.3. Questions from Members of the Public**  
For Noting - Presented by Andy Trotter

---



## MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

12.30pm on Thursday 6<sup>th</sup> June 2024

at Prospero House, 241 Borough High Street, London SE1 1GA

### AGENDA

Time	Item	Subject	Lead	Action	Format
<b>1. Opening Administration</b>					
12.30pm	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
<b>2. General Business</b>					
12.30pm	2.1	Minutes of the Public Meeting held on 26 <sup>th</sup> March 2024	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
<b>3. Patient/Staff Story</b>					
12.35pm	3.1	Awaiting confirmation – possibly Tom Baverstock, Paramedic, discussing cardiac arrest		Inform	Present
<b>4. Chair and Chief Executive Report</b>					
12.50pm	4.1	Report from the Chair	Chair	Inform	Verbal
12.55pm	4.2	Report from the Chief Executive	CEO	Inform	Report
<b>5. Director and Board Committee Reports</b>					
1.00pm	5.1	<b>Performance</b> 5.1 Operational Performance Report: Chief Paramedic	PC	Assure	Report
1.20pm	5.2	<b>Quality</b> 5.2.1 Quality Report: CMO and Deputy CEO 5.2.2 Quality Assurance Committee Report	FW MSp	Assure	Report
1.40pm	5.3	<b>People and Culture</b> 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	<b>Finance</b> 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	<b>Corporate</b> 5.5.1 Director's Report	ME	Assure	Report
2.45pm	5.6	<b>Digital and Data</b> 5.6.1 Digital and Data Committee Report	SD	Assure	Verbal
<b>6. Planning – LAS Business Plan</b>					
2.55pm	6.1	6.4.1 LAS Business Plan 2024/25 6.4.2 Business Plan Achievements for 2023/24	RD	Approve	Report
<b>7. Assurance</b>					
3.25pm	7.1	Board Assurance Framework	ME	Approve	Report
3.35pm	7.2	London Ambulance Service Public and Patient Council (LASPPC) update	RD	Note	Report
3.45pm	7.3	Quality Account 2023/24	PC	Approve	Report
<b>8. Concluding Matters</b>					
3.55pm	8.1	Any Other Business	All	Note	Verbal
	8.2	Date of Next Meeting – Thursday 5 <sup>th</sup> September 2024	Chair	Note	
	8.3	Questions from Members of the Public	Chair	Note	



**London Ambulance Service**  
NHS Trust

**Meeting in Public**  
**LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS**  
held at 1.00pm on Tuesday, 26<sup>th</sup> March 2024 via MS Teams

<b>Present</b>		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and Non-Executive Director
Anne Rainsberry	AB	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Shera Chok	SC	Non-Executive Director
Daniel Elkeles	DE	Chief Executive
Rakesh Patel	RP	Joint Deputy Chief Executive and Chief Finance Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Damian McGuinness	DMG	Director of People and Culture
Pauline Cranmer	PC	Chief Paramedic Officer
Mark Easton	ME	Director of Corporate Affairs
Roger Davidson	RD	Director of Strategy and Transformation
<b>In Attendance</b>		
Meg Stevens	MSt	Head of Corporate Governance (Minutes)
<b>Apology for Absence</b>		
Bob Alexander	BA	Non-Executive Director
Clare McMillan	CM	Chief Digital Officer

<b>1. OPENING ADMINISTRATION</b>		
1.	<b>Welcome and Apologies</b>	
a.	The Chairman welcomed all present to the meeting.	
b.	Apologies for absence had been received from Bob Alexander and Clare McMillan.	
2.	<b>Declarations of Interest</b>	
a.	There were no new declarations of interest.	
<b>2. GENERAL BUSINESS</b>		
2.1	<b>Minutes of the Previous Public Board Meeting</b>	
a.	The Minutes of the previous public meeting of the Board held on 26 <sup>th</sup> March 2024 were approved as a correct record.	



2.2.	<b>Action Log</b>	
a.	There were no outstanding actions on the action log.	
<b>3. PATIENT AND STAFF STORY</b>		
3.1	<p><b>Individualised Care</b></p> <p>a. Alison Blakely, Director of Clinical Pathways and Assessments, and Mike Ward, Senior Operational Compliance Manager in EOC and the Clinical Hub, gave a presentation on individualised patient care by sharing the story of a patient who had phoned NHS 111 as she was feeling generally unwell and struggling to control her blood glucose. A Health Advisor had assessed the patient's symptoms via NHS Pathways and the system advised an ambulance was required due to what was described as "Diabetic - Low Blood Sugars". The call received a Cat 2 response priority.</p> <p>b. Upon receipt in the 999 Emergency Operations Centre, the call underwent Clinical Navigation – a process of rapid senior clinical review of information from either a 999 call or electronic call transfer from NHS 111. The clinician reviewing the call has the option of either upgrading the call, leaving the call as the original category or allocating a clinician to undertake a clinical telephone assessment to ensure the patient receives the right care in the right place.</p> <p>c. Based on the information received, the reviewing clinician concluded the patient may benefit from a telephone assessment in the first instance and two minutes after the call was received into EOC this took place using a triage system as a clinical decision support tool.</p> <p>d. The outcome of the clinical assessment was that the patient did not require a Cat 2 emergency ambulance response but did require further assessment within the next few hours. After consultation with the Senior Decision Maker on duty. It was decided that the patient would benefit from referral to an urgent community response for urgent bloods and medication advice.</p> <p>e. This was done and the urgent community team attended the patient, took bloods and gave the patient advice about medication while waiting for the blood results. The patient was able to wait at home for the outcome of the blood results, in the company of a relative.</p> <p>f. Alison Blakely observed that the story outlined the benefits to patients of an individualised response.</p>	
<b>4. CHIEF EXECUTIVE REPORT</b>		
4.1	<p><b>Report from the Chair</b></p> <p>a. The Chair said the Trust was operating in challenging times and while wanting to improve performance it was recognised that difficult times were ahead. There were, however, positive areas including recruitment and the introduction of teams based working. The results from the Staff Survey were also very encouraging and would help prioritise work plans going forwards.</p> <p>b. The Chair reported on a number of visits that he had undertaken including to ambulance stations at Barking, Ilford and Romford where he had been impressed by the positive relationships and attitude.</p>	

4.2	<p><b>Report from the Chief Executive</b></p> <p>a. The CEO said that after a couple of years with a dedicated focus on culture, morale and values, this work had clearly begun to deliver benefits as evidenced by the results of the latest annual NHS Staff Survey which shows more positive responses from LAS staff in 92% of all questions, especially those relating to teamwork and learning and development.</p> <p>b. Turning to performance, the CEO thanked the emergency call handling teams, whose hard work was making a real difference to the patients that LAS cares for. Over recent months, there have been some significant reductions in the average time taken to answer a 999 call, resulting in LAS having the shortest answering time in the country at the start of March.</p>	
<b>5. Director and Board Committee Reports</b>		
5.1	<p><b>Operational Performance Report</b></p> <p>a. The Chief Paramedic presented the March Performance Report.</p> <p>b. <b>999 Emergency Operations</b> Total contacts in January 2024 and February 2024 had decreased from the peak in December 2023. 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. The improvement in call answering was attributable to the staffing position within EOC which continued to improve during this period. The EOC transformation programme continues to be on track with good progress.</p> <p>c. <b>Ambulance Services</b> Category 1 performance has improved since the last 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.</p> <p>d. Category 2 performance 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.</p> <p>e. The category 3 target of 60 minutes has not been consistently hit. In January 2024 LAS 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.</p>	
5.2	<p><b>Quality</b></p> <p>a. <b>5.2.1 Quality Report: CMO and Deputy CEO</b></p> <p>b. The Chief Paramedic presented the Quality Report for March, noting that 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</p>	

	<p>and low harm. The top three no harm categories in January 2024 were medical equipment, clinical concern relating to an external provider and communication, care and consent. 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 framework, and where appropriate, referred on for enhanced investigations under PSIRF.</p>	
c.	<p>Medical equipment, medicines management/security and violence, aggression and abuse were the top three overall incidents reported.</p>	
d.	<p>The number of incidents reported within IUC has, like the rest of the service, increased over 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, Communication, Care &amp; Consent and Clinical Concern Regarding External Provider.</p>	
e.	<p>All reported incidents are reviewed to ensure transparent and supportive investigations are undertaken, in line with the Patient Safety Incident Response Framework, to identify and learn from themes.</p>	
f.	<p><b>5.2.2 Quality Assurance Committee Report</b>  The Committee had reviewed the Quality Report based on January 2024 data and had noted that there continued to be an increase in the reporting of patient safety incidents. In terms of no and low harm 111 incidents, it was noted that 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.</p>	
g.	<p>There were still a large number of overdue incidents open on the system longer than 35 days but assurance was received that focussed work with departments with a backlog was now underway.</p>	
h.	<p>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.</p>	
i.	<p>Overall, the Committee 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.</p>	
j.	<p>The Committee had 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%. The Committee 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 <math>\leq 30</math> minute C2 mean in line with trajectory. Whilst off track, it was noted that there had been a significant improvement and work would continue to reduce further in the next financial year.</p>	
k.	<p>The Committee had received an update on 999 performance noting ongoing work to improve response times with actions including reduction in hospital handover time and</p>	

	incentivised overtime targets at key times. It was confirmed that the 45 minute hospital handover process remains in place and has become embedded as business-as-usual.	
5.3	<p><b>People and Culture</b></p> <p>a. <b>5.3.1 Report from the Chief People Officer</b> The Chief People Officer reported that 68.4% of staff had responded to the annual staff survey – this was the highest response rate for an Ambulance Trust across the country. Out of the 97 questions that can be compared with 2022, 90 of them saw an improvement, while seven were less positive.</p> <p>b. The biggest improvements related to questions around Development, Leadership and Teamwork reflecting the investments made in teams based working and enabling teams the opportunity to improve effectiveness via team huddles. Overall, the results demonstrated a widespread improvement across all areas. The seven questions that saw a fall in positivity reflected a lack of the progress in respect of discrimination and harassment.</p> <p>c. Turning to recruitment and retention, recruitment to the Trust Workforce plan continues at a positive rate. Turnover has improved and is now below 9.8% and the number of frontline and call handling leavers has remained positively below plan.</p> <p>d. The Wellbeing Hub continues to provide support to all colleagues and volunteers five days a week 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.</p> <p>e. The internal 'Flu vaccination programme continued across the Trust with colleagues offered the vaccine at huddles, training days and contact centres.</p> <p>f. The Wellbeing Team are focusing 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.</p> <p>g. <b>5.3.2 People and Culture Committee Report</b> The Committee received a presentation on recruitment noting that progress continued to be strong against all trajectories. The international pipeline remains strong.</p> <p>h. Turnover has slightly improved and the number of frontline leavers (including international paramedics) has remained positively below plan. The stability or 'stay' rate measures has improved to 87%. 'Stay conversations' are scheduled at regular points to gather feedback about what is working well and any areas that could be improved. 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 had commenced. Emerging themes included pay and shift work/rotas.</p> <p>i. Progress continues with the EOC pilot aimed at encouraging BAME staff to apply for APP roles.</p>	

<p>j.</p> <p>k.</p> <p>l.</p> <p>m.</p> <p>n.</p> <p>o.</p> <p>p.</p>	<p>The Scheduling Transformation Board has now been formed and would be looking at the future operating model of the Scheduling team and overseeing the tender for a new rostering system contract.</p> <p>The committee had also received an update on improvements to the resolution hub. Work is underway to improve communication, turnaround times and training with the aim of increasing the number of cases resolved locally and informally.</p> <p>The committee received an update on the supporting attendance pilot. 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.</p> <p>The Ambulance Staff Charity has now finalised the bespoke training package in "Supporting each other and recognising emotions in others". This will be rolled out across the control rooms over March and April.</p> <p><b>5.3.3 EDI Committee</b> The committee had received an update on progress against the equality objectives for 2023/24 which included:</p> <ul style="list-style-type: none"> <li>• Strengthened governance structures, with an EDI Implementation Group and three working groups leading on key programmes of work (Recruitment Working Group, 'Just Culture' Working Group and a Reasonable Adjustments Working Group)</li> <li>• EDI Training continues to be rolled out with 60 % of staff having attended a session. An anti-discrimination statement and an anti-racism charter have been developed for approval by the Board.</li> <li>• A range of actions to 'de-bias' recruitment practices, including reviewing job descriptions and person specifications, shortlisting and interview practices. Independent panel members will sit on interview panels and will be required to certify that they are content the process was fair and transparent.</li> <li>• 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.</li> <li>• A new campaign 'safe to say' has been launched to encourage staff to share their workforce equality data</li> </ul> <p>The Committee welcomed the progress that had been achieved.</p> <p>The Committee had also received the Gender Pay Gap report which noted that the gender pay gap has reduced from 11.4% to 4.3% and that female headcount has increased by 7%. However, whilst more women have been appointed these have been to lower banded roles, less have been appointed to higher bands. The committee discussed the barriers to progression to higher grades, in particular noting the shift patterns for paramedics, and agreed 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.</p>	
<p>5.4</p> <p>a.</p>	<p><b>Finance</b></p> <p><b>5.4.1 Director's Report</b></p> <p>The Chief Finance Officer said that the Trust was forecasting to deliver a break even position by year-end. In terms of capital, the Trust would invest £30.3m during 2023/24 across the following areas.</p>	

	<ul style="list-style-type: none"> <li>• Further Investment in Fleet - £14.2m</li> <li>• IT and Telephony Development £2.9m</li> <li>• Estate and Maintenance Improvement - £5.9m</li> <li>• Equipment - £0.9m</li> </ul>	
b.	In relation to Fleet, the purchase of new double crew ambulances (DCAs) 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.	
c.	Turning to the estate, the new 111 site in South London continues to progress and will be ready for operational use by May 2024. A number of programmes of work were underway to upgrade the estate, including improving the working environment for operational staff and upgrading a number of support services environments. This includes expansion of a number of ambulance stations and workshops.	
d.	The Trust continues to make good progress against the Net Zero plan for 2023/24. A refresh of the Carbon Neutral Plan has been published that links in with the Trust's 5 year strategy.	
e.	<p><b>5.4.2 Finance and Investment Committee (FIC) Report</b></p> <p>FIC had reviewed the M11 Revenue Report noting that the Trust was forecasting to achieve its planned breakeven position for 2023/24 and the Committee were assured of the robustness of that forecast.</p>	
f.	The Trust's 2023/24 capital expenditure was projected to match current funding available and includes £8.1m for the South London 111 Centre. Capital spend was behind plan, but the Committee was assured that capital expenditure and funding would match for 2023/24.	
g.	The Trust's 2023/24 I&E plan requires £25m of cash releasing savings to be delivered. As at end of February 2024 the Trust was forecasting to deliver £24.5m of savings.	
h.	FIC had also received and discussed the draft 2024/25 financial plan recognising that a version would be submitted to NHSE on 21 March before the final Board approved plan is submitted in early May 2024. The Committee approved the submission of a draft plan but recognised that further contract discussions with local and national commissioner were required before submission of the final plan in May.	
i.	<p><b>5.4.3. Audit Committee Report</b></p> <p>Audit had introduced a new pre-meeting session on topics of interest and the first session had been led by Internal Audit on the topic of equality, diversity and inclusion.</p>	
j.	Key topics discussed at the February meeting included reflections on current risks and challenges with Audit Committee noting the difficulties associated with the IM&T infrastructure. Audit Committee had 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 ICSSs.	
k.	Audit Committee had received a progress update on internal audits scheduled for 2023/24 and had 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.	
l.	In terms of External Audit, it was noted that KPMG had substantially completed the value for assessment work and were satisfied, at this point, that no significant risks	

m.  n.  o.	<p>had been identified and that appropriate arrangements were in place to secure value for money against the domains set out in the NAO Code.</p> <p>The Audit Committee had also received reports on single tender waivers, losses and special payment and salary overpayments and had approved an updated version of the Salary Overpayments Policy.</p> <p><b>5.4.5 Charitable Funds Committee Report</b> The Committee had received an overview of charitable activities, in particular noting:</p> <ul style="list-style-type: none"> <li>• The Omaze campaign raised £2.6m and NHS Charities Together was taking a decision on how to allocate the funding between the different ambulance trusts</li> <li>• The winter fundraising draw had raised £1k</li> <li>• The 'conquer the O2' in January raised over £5k.</li> </ul> <p>The draft 2024-25 Charity Plan was shared with the committee but further work was required before sign off, including more detail around aspirations in terms of income growth.</p>	
5.5  a.  b.  c.	<p><b>Corporate Affairs – Director’s Report</b></p> <p>At the end of February 2024, there were 139 open complaints. 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.</p> <p>There is an ongoing concern regarding the high proportion of complaints relating to 'conduct and behaviour' which was discussed at the Clinical Quality Oversight Group meeting in February. A number of different initiatives are currently being worked up, including presentations 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.</p> <p>Turning to information governance, work to complete the annual Data Security and Protection Toolkit (DSPT) was progressing well with 49% of mandatory assertions evidence items either completed or near completion. There was confidence of reaching the target by the due submission date.</p>	
5.6  a.  b.	<p><b>Digital and Data Committee Report</b></p> <p>The committee had received a paper detailing the approach that LAS employs for booking resources on shifts, which differs from the practices observed in other Ambulance Trusts. 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 &amp; Data Strategy.</p> <p>A verbal update was provided on progress in developing the Digital and Data strategy. It was noted that significant work had been done since the previous version, particularly in identifying clear outcomes and establishing connections with the overarching Trust strategy. It was agreed that the next iteration of the strategy would</p>	

	<p>be presented to the committee in June, which would allow time for development and alignment with the various functional strategies.</p>	
c.	<p>The committee was presented with the findings of the CAD Data Quality Review. 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. 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.</p>	
d.	<p>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.</p>	
e.	<p>The Committee also received a report detailing an internal review of Business Intelligence metrics. 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. 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.</p>	
<b>6. ASSURANCE</b>		
6.1	<b>Board Assurance Framework (BAF)</b>	
a.	<p>The Director of Corporate Affairs presented the latest iteration of the BAF that had been reviewed by lead executives and assurance committees who met in March. As a result of these reviews, a number of updates had been made, including a proposed reduction in some risk scores:</p>	
b.	<p><b>Quality Assurance Committee</b> BAF risk 1.4 – We may not achieve our quality account standards. Reduction in risk from 16 (4x4) to 12 (3x4).</p>	
c.	<p><b>People and Culture Committee</b> 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).</p>	
d.	<p><b>Equality and Diversity Committee</b> 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).</p>	
e.	<p><b>Finance and Investment Committee</b> 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)</p>	



f.	<b>Digital and Data Committee</b> The Digital and Data Committee discussed the BAF, but decided to defer any decisions until more members were in attendance.	
<b>7. QUALITY PRIORITIES</b>		
7.2	<b>Proposed Quality Priorities for 2024/25</b>	
a.	The Chief Paramedic said that following consideration of progress against the 2023/24 priorities and quality intelligence (particularly from patient safety incidents, clinical audit and complaints) the Trust had identified a number of key quality priorities for 2024/25.	
b.	The proposed quality priorities for 2024/25 were related to four themes of improving efficiency, feedback and learning, reducing delays and improving outcomes.	
c.	Within these priorities, there were eleven activities and associated KPIs.	
d.	The Board approved the proposed quality priorities for 2024/25.	
<b>8. CONCLUDING MATTERS</b>		
8.1	<b>Any Other Business</b>	
a.	There was no other business.	
8.2.	<b>Date of Next Meeting</b>	
a.	The next public meeting of the Board would be held on 2 <sup>nd</sup> May 2024.	



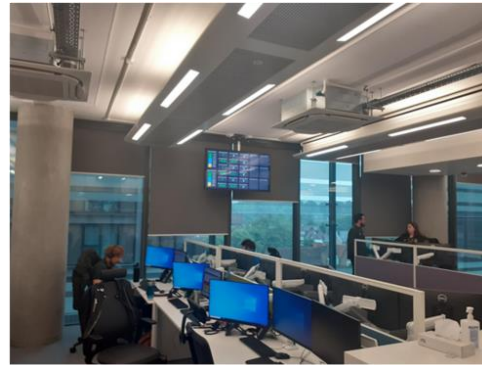
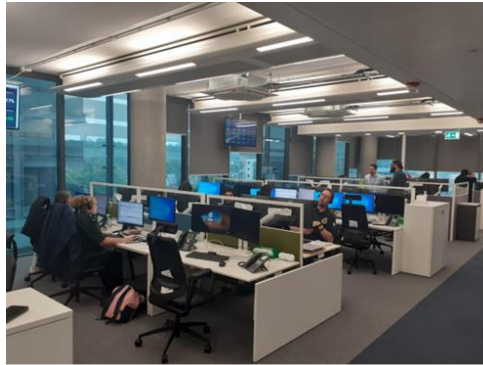
### ACTION LOG – June 2024 Public Board

Meeting	Action	Lead	Due	Update
	No outstanding actions.			

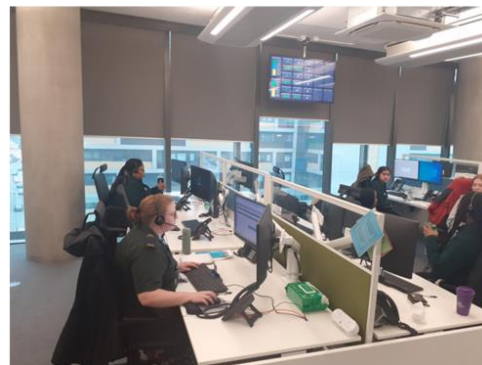
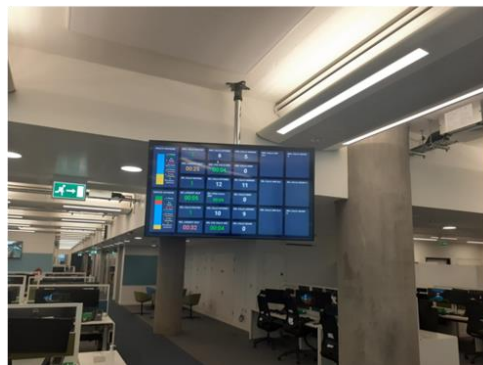
## London Ambulance Service NHS Trust Board meeting June 2024



### Report from the Chief Executive Officer



I am pleased to begin my report with news that we have opened our new Croydon 111 control centre at Bernard Weatherill House, with colleagues beginning their first shifts at this modern, specially designed facility on 22 May. This marks a huge milestone in the Integrated Urgent Care (IUC) we provide for London, with the new site helping us to deliver the best possible 111 service to the capital.



We have done considerable work to make sure it is the best possible facility for our teams, with specially built training areas, wellbeing hubs, fully accessible facilities and appropriate working spaces. I would like to thank the many teams who have worked incredibly hard to get us to this milestone.

## Responding to the significant incident in Hainault



On 30 April, our crews responded quickly and courageously to reports of a stabbing in Hainault, with the assailant still at large as we arrived on scene. Our teams treated five patients with a variety of injuries before taking them all to hospital. Tragically, despite the very best efforts of our teams, a 13-year-old boy died at hospital.

Our thoughts remain with the families of those who were hurt, and we send our deepest condolences to the friends and family of the young boy who sadly died.

I want to pay tribute to LAS colleagues who attended the scene at risk to themselves and to the courage of the police officers injured while protecting the public. I was proud that we received a letter of thanks from the Mayor of London Sadiq Khan for the work done by our clinicians at the scene.

### **Demand and performance update**

We have seen significant demand for our services in recent months and our teams have been working hard to meet this pressure and ensure everyone receives the care they need.

In April we saw around 10,000 more incidents than during the same month in 2023, while the 6,200 calls we answered on Friday 10 May made it our busiest day of 2024 so far. A combination of thunderstorms and high pollen count over the first May bank holiday weekend meant we treated more people for breathing difficulties or asthma attacks. As you might have seen, we used our social media channels to remind people how to use our services wisely and gave advice for people with respiratory illnesses.

Our call handling plays a vital role in ensuring we can effectively respond to demand, and I was delighted that in May, they were designated Accredited Centre of Excellence status. This is a distinguished award for high-performing agencies that demonstrate pride, teamwork, and innovation to put communities first.

Further supporting our work, I am very pleased to announce that we appointed Pauline Cranmer as our permanent Chief Paramedic in May. Pauline has held a number of strategic roles here at LAS since joining in 1994 as a technician, including Director of Ambulance Services and Director of Clinical Education, and was awarded the Queens Ambulance Medal in 2019. In addition to those achievements, she is also now the first female Chief Paramedic in the country.



On 21 April, many thousands of people came to the capital to take part in the London Marathon. We had hundreds of extra staff on duty in the event area and in our control room at Newham, with teams out on foot, on bicycles, in treatment centres and in ambulances to provide a fast response, ensuring those who needed help were reached quickly. We worked very well with St John Ambulance, the overall event provider.

I would like to congratulate the 10 LAS colleagues who ran for our London Ambulance Charity, raising an incredible £10,000 to help fund wellbeing support for our teams and training London communities in life-saving skills.

### **The Southern Ambulance Services Collaboration**

We are always looking to continue enhancing the care and services we provide to our patients and communities. I am therefore pleased to share the news of the launch of the [Southern Ambulance Services Collaboration](#) between us at London Ambulance Service (LAS), East of England Ambulance Service NHS Trust, South Central Ambulance Service NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust.

This formalised collaboration will see our teams working closely together to enable us to support each other more effectively, share best practice, and work together to provide high quality resilient care at the best value. I look forward to sharing our successes with you in future updates.

## Visits from our stakeholders

I am always pleased to welcome stakeholders to our sites so they can see first-hand the fantastic work across the Service to deliver outstanding emergency and urgent care.

Richard Meddings, the Chair of NHS England, returned to visit Waterloo HQ in April to complete the tour he started back in early March. On this visit, Richard paid a visit to the Tactical Operations Centre, where he was given a tour of our management desk for London's Air Ambulance and our Advanced Paramedic Practitioners for urgent and critical care. He also learned about how we manage patient flow and hospital handovers before going on to meet some of our specialist teams, including Advanced Paramedic Practitioner in Critical Care Nick Brown, Paramedic James Foster, Community Nurse from the Urgent Community Response car crew Ruth McDermott, and Team Manager Adam Lavin. Richard also met with Paramedic Cameron Terry, and Carly Lynch, a Nurse from the Mental Health Joint Response, who finished the visit. I was pleased that Richard was able to return, and he now has a great overview of the fantastic work going on across the different areas of the Trust to deliver outstanding emergency and urgent care.



In May, I was proud to show NHS Confederation Chief Executive Matthew Taylor the wide variety of work done by LAS teams. After a conversation about our five-year strategy and the huge potential for ambulance services to provide even greater support for the wider health sector, Matthew met with some of our specialist clinicians to hear their experiences of frontline care. Alongside listening in on a 999 call with an emergency call co-ordinator, Matthew was given a tour of some of the latest additions to our fleet including a new electric ambulance. I was pleased to see Matthew took so much out of the visit and [shared his key takeaways on X](#).

## Supporting our colleagues



To reassert our commitment to becoming an organisation where discrimination of any kind is not accepted and that we continue to aspire to become an anti-racist organisation, in May our Chair Andy Trotter and I signed our first ever Trust anti-discrimination charter. This charter sets out our overarching position statement and sits above our new anti-racism charter alongside our existing sexual safety charter.

Since we launched the sexual safety charter, we have taken many actions to demonstrate we are putting it into practice, including dismissing 12 people in the last year for inappropriate sexual behaviour. It has made a tangible difference, and I think we are heading in the right direction. We now need to make the same progress with becoming an anti-racist organisation and I hope signing a charter for this will be the start of a major programme of work.



In May, I was pleased to join the inaugural events of our new Women of Colour Support Group, which forms part of our Women's Staff Network. It was inspirational to be part of one of their development training sessions and see how members are supporting each other and building positive relationships. This will be hugely beneficial both to them and for all of #TeamLAS, as we work to become an increasingly diverse organisation.

I am thrilled to have welcomed a number of new teams to the Service in recent months who I know will add a huge amount to our organisation.



Our contract to host the National Ambulance Resilience Unit for the next five years came into force over Easter, and we have begun working with team members to transition them to LAS. We are looking forward to further enhancing their work to plan national approaches for clinical responses to major, significant, and complex incidents.

In April, I was also pleased to welcome team members who used to work for Emergency, Medical and Fire Solutions to LAS as we bought in-house our bariatric service. By taking this step, it means LAS will not have any contracts with private ambulance providers for the first time in many years, and only LAS clinicians will be going to LAS patients.

### **Celebrating our Teams**

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. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

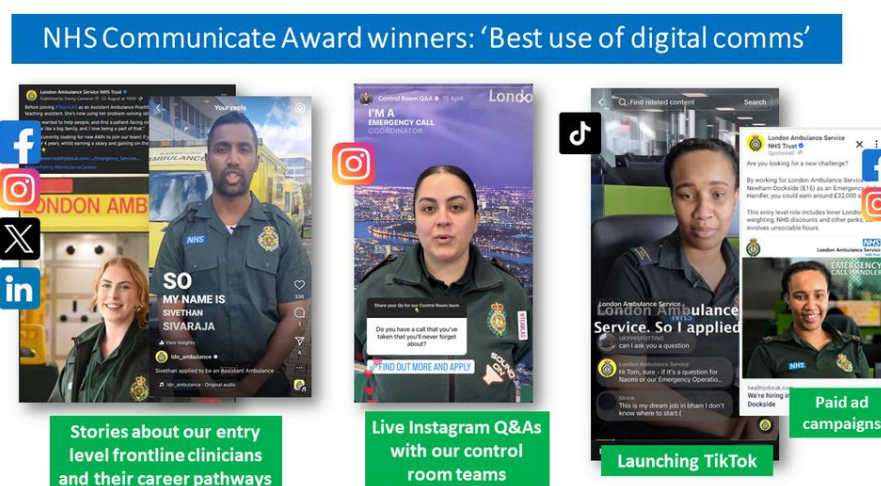
<b>Year</b>	<b>Month</b>	<b>Total number of letters and emails received</b>	<b>Financial YTD</b>	<b>Staff and volunteers recognised</b>	<b>Financial YTD</b>
2023	September	62	355	170	923
2023	October	127	630	321	1610
2023	November	126	756	340	1950



2023	December	117	873	319	2269
2024	January	139	1012	366	2627
2024	February	113	1081	299	2809
2024	March	137	1315	159	3265
2024	April	157	157	430	430

I am always very pleased to see our team members being recognised for their work, so I was delighted that our [Chief Medical Officer, Dr Fenella Wrigley, was presented with her MBE at Windsor Castle](#) in April. Fenella received the honour from Princess Anne at Windsor Castle, recognising her distinguished career caring for London since 1996. The honour is so well deserved. Fenella is totally dedicated to the health and wellbeing of our patients and consistently champions the growth and support of our staff.

I would also like to congratulate our Associate Director of Ambulance Operations for South East London, Cathy-Anne Burchett, who, after being awarded the King's Ambulance Medal in the New Year's Honours, attended her investiture service with HRH The Princess Royal at Windsor Castle in April. Cathy-Anne has made a big impact in her role since being appointed in 2021 and this is truly is well-deserved recognition.



I also want to congratulate our Digital Communications team, who won the 'Best use of digital communications and engagement' category at the national NHS Communicate Awards, for the excellent work they have done to encourage more people to join LAS and make sure our amazing staff are representative of the diverse city we care for. Our Internal Communications team also received a highly

commended award for implementing our internal LAS Connect platform for staff, which allows us to have rich conversations and share news with our teams.

In May, I was delighted to be at Waterloo HQ to see the first of the 78 public access defibrillators, which will be installed across our stations thanks to the support of our London Ambulance Charity. Early intervention can make a real difference to improving a patient's outcome when they are in cardiac arrest, so making more of these pieces of equipment accessible to the public will help save lives and support our mission of improving the health of the capital.

Once again demonstrating the vital importance of well-placed public access defibrillators, in May I was pleased to see our team members and local first-aiders reunited with [82-year-old David, who suffered a cardiac arrest during a Real Tennis competition at Hampton Court Palace](#). At the time, members of the club and Palace staff quickly fitted a nearby defibrillator to David's chest, thankfully restarting his heart before our ambulance crews arrived to take over. This quick intervention helped ensure a positive outcome, showing why our [London Lifesavers campaign](#) is so important. Please sign up if you would like to learn the simple steps to take when someone is in cardiac arrest.

Our London Lifesavers campaign is one of the many projects supported by the London Ambulance Charity, alongside wellbeing initiatives for staff and volunteers out on ambulances or answering 999 calls.



JOIN US FOR A

# DRAGON BOAT RACE

THURSDAY  
18th July 2024

£30 REGISTRATION FEE  
£150 fundraising target

SURREY QUAYS DOCKS  
SE16 7SX

Create your team of 11 rowers, compete on race day and fundraise for the London Ambulance Charity

**REGISTER NOW**

For more information email us at [londamb.lascharity@nhs.net](mailto:londamb.lascharity@nhs.net)

Charity No. 1061191

London Ambulance Charity

To support this work, the London Ambulance Charity is calling on Londoners to team up for a [fundraising afternoon of Dragon Boat racing on 18 July at Surrey Quays Docks](#). Please consider signing up if you can.



<b>Report to:</b>	<b>Public Board of Directors</b>			
<b>Date of meeting:</b>	6 June 2024			
<b>Report title:</b>	Performance report June 2024			
<b>Agenda item:</b>	2.1			
<b>Report Author(s):</b>	Pauline Cranmer, Chief Paramedic Officer			
<b>Presented by:</b>	Pauline Cranmer, Chief Paramedic Officer			
<b>History:</b>				
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<p>The attached report refers to the performance during March and April 2024.</p> <p>Category 1 performance at year end for 2023/24 achieved 7m29s, an improvement of 1m03s on the previous year's performance with Category 2 achieving 38m39s, an improvement of 13m22s on the previous year.</p> <p>Work continues to agree the Operating plan for 2024/25 with commissioners.</p> <p>The Emergency Operations Centre continues to demonstrate consistent call handling performance as a result of stabilised staffing.</p> <p>Some improvement has been seen in Category 2 performance, although, April was a busy month. Additional fleet and a realignment of resourcing hours earlier in the day has contributed to the improving picture. Performance for March and April was 33m11s and 34m53s respectively</p> <p>North Central London ICS performance remains a challenge in part driven by significant hospital handover delays in one Trust.</p> <p>Focus on appropriate Hear &amp; Treat saw a return of performance much improved on the national average and combined with the Category 2 segmentation work the LAS continues to lead the sector in managing patients safely via clinical assessment in the EOC.</p> <p>Integrated Urgent Care services continues to see high demand in particular in April, however commensurate performance is improving in call answering and safely managing patients in the Clinical Assessment Service. 64% of patients were contacted within their target timeframe.</p> <p>Of note in April 68% of patients calling IUC did not first contact their GP.</p>				

<p>Three significant incidents were declared during the reporting period</p> <ul style="list-style-type: none"> <li>• A fire in a block of flats in Erith</li> <li>• An attack with a bladed weapon in Hainault</li> <li>• A road traffic collision involving a number of patients.</li> </ul>
<b>Recommendation(s) / Decisions for the Board / Committee:</b>
The board are asked to approve the report.

Routing of Paper – Impacts of recommendation considered and reviewed by:					
Directorate	Agreed				Relevant reviewer [name]
Quality	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Finance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Deputy Chief Executive / Chief Paramedic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Medical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Communications & Engagement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Strategy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
People & Culture	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Corporate Affairs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	



## PUBLIC BOARD OF DIRECTORS MEETING Performance Report – June 2024

This report covers performance of the main service lines for the period of March and April 2024. It provides commentary against key metrics and our performance against them.

### 1. 2023 – 2024 performance delivery and Operating Plan overview

The LAS received additional funding in 2023/2024 financial year to improve performance and patient outcomes with a focus on Category 2. There has been an improvement in our response times and call answering (Figure 1) over the previous financial year.

Metric/Year	2022/23	2023/24	Improvement
Call Ans Mean (seconds)	64	12	52
Cat 1 (hr:min:sec)	00:08:32	00:07:29	00:01:03
Cat 2 (hr:min:sec)	00:52:01	00:38:39	00:13:22
Cat 3 (hr:min:sec)	01:47:39	01:16:03	00:31:36

**Figure 1: 2022/23 and 2023/24 performance comparison**

Linked to the extra funding the LAS delivered an operating plan at the start of the 2022/23 financial year against which actual performance has been monitored. The plan and actuals for the last financial year is shown in figure 2.

Metric	Apr-23	April Actuals	May-23	May Actuals	Jun-23	June Actuals	Jul-23	July Actuals	Aug-23	August Actuals	Sep-23	Sept Actuals	Oct-23	Oct Actuals	Nov-23	Nov Actuals	Dec-23	Dec Actuals	Jan-24	Jan Actual	Feb-24	Feb Actual	Mar-24	Mar Actual	
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	119,900	107,254	
Incidents with Face-to-Face Response (AQI A56)	89,367	83,114	92,910	84,490	90,566	83,463	93,736	87,489	90,755	85,856	88,861	84,165	94,020	88,139	92,438	82,648	97,184	91,402	95,620	91,506	88,659	84,397	94,630	89,004	
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	00:33:06	00:36:50	00:33:08	00:37:01	00:29:00	00:33:11
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	0	191,783	
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	00:20:00	00:23:12	
Calls Answered (AQI A1)	152,909	112,077	162,219	127,287	162,612	131,095	172,929	121,111	159,072	122,309	157,183	128,339	164,375	127,159	165,538	129,157	180,117	144,101	172,083	126,044	165,661	118,098	171,247	120,943	
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	10	1	
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	187,415	209,211	
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	37,172	44,263	

\* Revised cat 2 trajectory

**Figure 2: 2022/23 and 2023/24 performance comparison**

### 2. 2024 – 2025 Operating Plan

A new operating plan is under discussion with LAS Commissioners, NHSE (London Region) and the NHSE national ambulance teams. This plan has followed the same format as last

year and has the potential for change as discussions regarding funding remain ongoing. This will be shared once the final position is agreed.

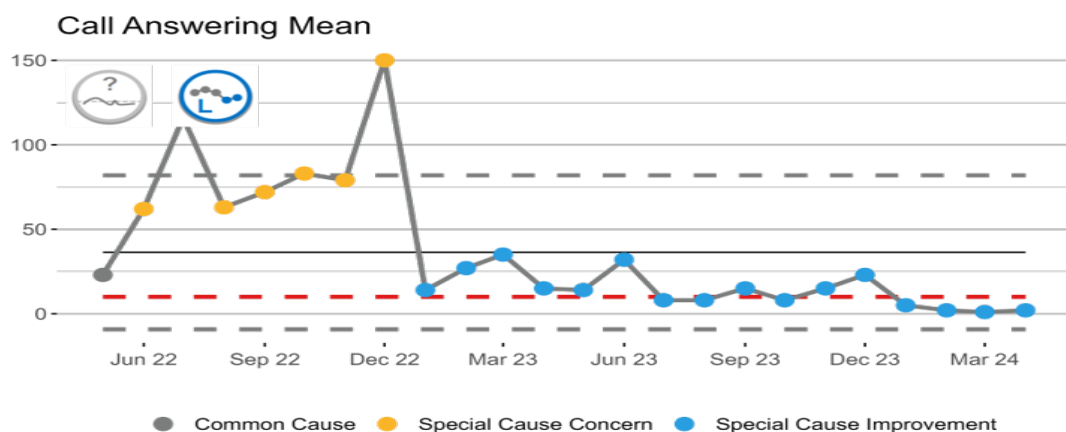
In developing this year's plan a number of assumptions have been made regarding expectations on growth in demand and efficiencies in delivery. These have been:

- The LAS will continue to work with ICSs and hospitals to reduce handover delays, however, the current plan has maintained the average from last year as this factor is not within LAS control. Improvements in this area would lead to further improvements in the category 2 mean.
- On conclusion of the funding conversations it may be necessary to amend the operating plan. This currently forecasts a category 2 mean outturn performance for this financial year of 36 minutes and 46 seconds.

### 3. 999 Emergency Operations

There were 156,278 total contacts in March 2024 and 160,249 in April 2024. The activity for March 2024 was only 161 contacts less than March 2023. In comparison April 2024 was 17,887 (13%) contacts higher than April 2023. The SPC for contacts shows a rising trend since January 2024 and shows common cause variation; although remains below the median.

The call answering mean has continued to be below the 10 second national standard for both March 2024 (1 second) and April 2024 (2 seconds). The target has now been met for the last 4 months with the SPC (figure 4) demonstrating common cause improvement since January 2023.



**Figure 4: Call answering mean SPC chart**

Emergency Call Handling staffing has reached 485 wte against a budgeted establishment of 500 wte. Emergency Resource Dispatch (ERD) staffing has now reached establishment. This coupled with the reduction in staff turnover within EOC which shows special cause improvement and met the target in April 2024 (12.9%) is ensuring a more stable workforce.

Progress has been achieved in the following areas:

- BAU – Call Answering Mean (CAM) MTD to 29 May is 2 seconds against 10 second target, 99th centile 1 minute 12 seconds. April CAM finished at 2 seconds, 99th centile 1 minute 2 seconds.
- Business Plan – New twice weekly Business Plan meetings started in May; Director 999 Ops setting line reports annual objectives against plan; 999 Operations Board has now commenced
- Teams Based Working – Implementation date of 1 July has been agreed; new rosters uploaded for all staff. Work continues to finalise huddles, Teams Days structures. The Mission Statement and Code of Conduct are making good progress
- Clinical Safety Plan (CSP) - The new CSP plan has bedded in and is being used effectively as required.

Continued focus on:

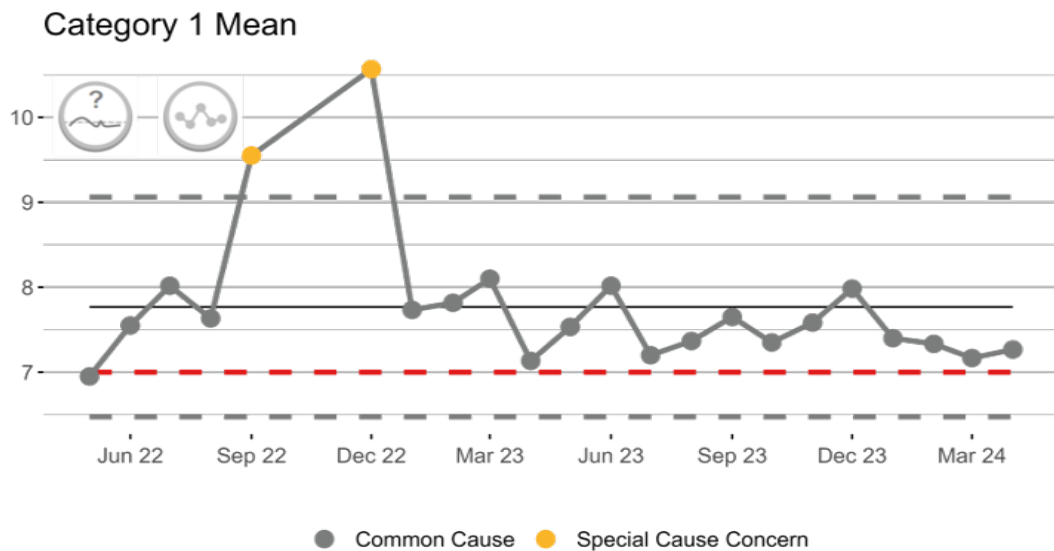
- Cat1 / Cat2 improvement – Scoping out several initiatives including cat2 auto-dispatch; EOC staff Quality Improvement focus groups planned for 3 and 7 June.
- Management Restructure – Restructure has been complete for some time with all posts filled, but substantive recruitment to DDO and GM posts remain delayed and planned by end Q2
- Statutory & Mandatory training – Exceeded 85% target for first time in a year in April 2024 at 87.51%, however, Safeguarding Level 2 remains below target at 80.08% with a recovery trajectory to improve to 85% by end Q2.

#### 4. Ambulance Services

The category 1 Mean SPC (figure 5) within the integrated performance report shows that the target is inconsistently met with common cause variation. There continues to be further improvement in category 1 performance from the previous reporting period at 7 minutes 11 seconds in March and 7 minutes and 17 seconds April 2024. The LAS continues to have 2<sup>nd</sup> best performance nationally with the national average for March and April was 8 minutes 20 seconds and 8 minutes 10 seconds respectively.

Although the common cause variation shows a stable system, actions are required to ensure that the target is met. Current activities are focused on:

- Continuous review of the balance between fast response vehicles (FRV) and double crewed ambulances (DCAs) to ensure the most timely response;
- Ensure FRV staff receive rest breaks to reduce out of service at the end of shift;
- Re-iterating with our frontline crews the withdraw at 45 minute policy to minimise lost operational hours waiting to hand patients over at hospital;
- Operational managers ensuring strict control over unauthorised and short notice absence
- Targeting of overtime where gaps in production of operational hours exist this is currently focussing at weekends and overnight periods where pressures in demand currently exist;
- Rapid improvement event concentrating on start of shift process which saw a reduction in time of 50%. This is now moving to the implementation phase.

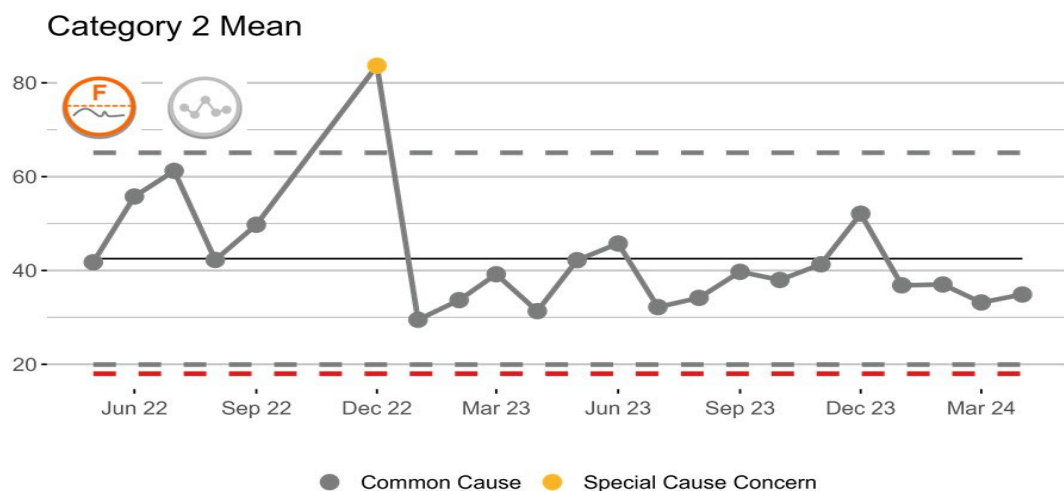


**Figure 5: Category 1 SPC chart**

Category 2 performance (figure 6) has shown an improvement in March and April 2024 from the previous reporting period at 33 minutes 11 seconds and 34 minutes 53 second respectively. The national average for March was 33 minutes 50 seconds and in April was 30 minutes 22 seconds.

Common cause variation continues although the target has not been met. Actions to improve our performance further, in addition to those highlighted in the category 1 section above, are:

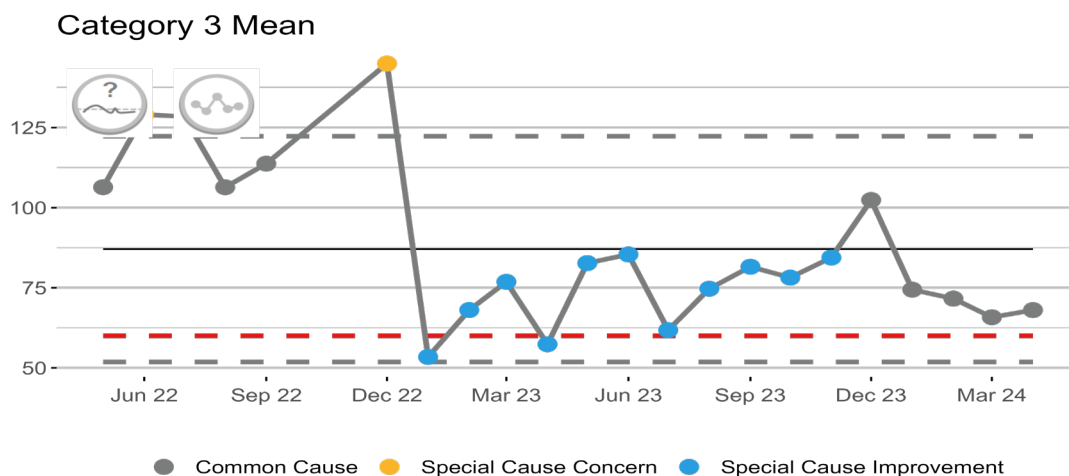
- Bespoke additional shifts have been introduced between 06:00hrs to 14:00hrs and 10:00hrs to 22:00hrs. This is to meet the challenges seen to performance due to demand during the day and early evening.
- Using data produced by the Clinical Audit & Research Unit (CARU) on STEMI and stroke patients, support is being provided to clinicians to consider reducing time on scene, once a clinical decision to convey has been made.
- Additional vehicle capacity is being rolled out by Fleet to support our fixed fleet, increasing the maximum number of clinicians that can be deployed across the 24 hour period.



**Figure 6: 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 7) common cause variation. In March 2024 we achieved a Category 3 mean of 1 hour 05 minutes 48 seconds and in April 2024 1 hour 07 minutes 58 seconds. This was significantly better than the national average of 2 hours 03 minutes 47 seconds and 1 hour 42 minutes 13 seconds for March and April respectively.

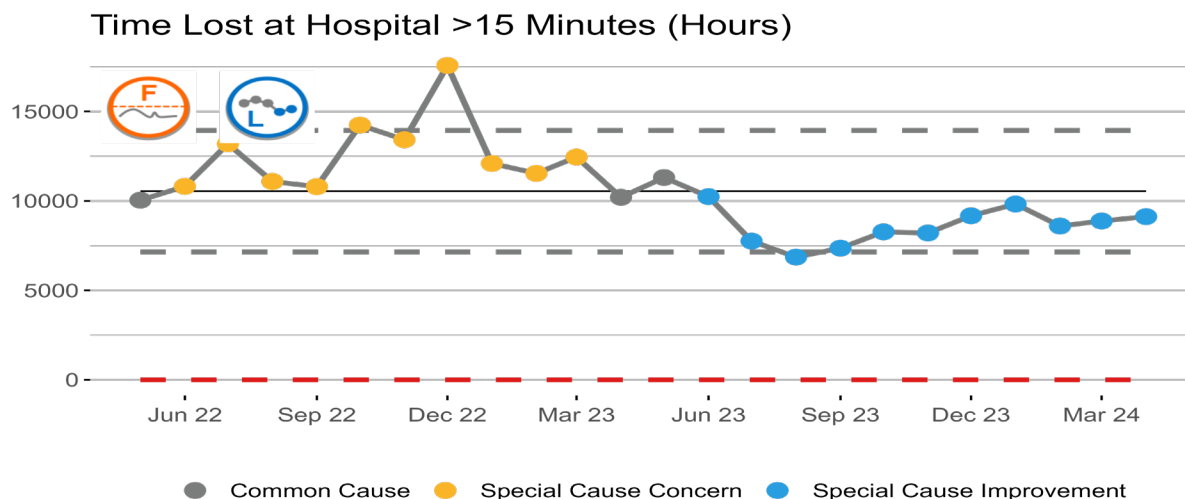


**Figure 7: Category 3 SPC**

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.

Time lost at hospital is shown in the SPC (figure 8) and continues to demonstrate special cause improvement, although the target has not been met. There is an upward trend since August 2023 in the total number of hours lost at hospital. However, the collaborative working with hospital trusts and the adoption of the withdraw at 45 minutes, means that hours lost in March (9368 hours) and April 2024 (9597 hours) are lower than the same months the previous year.

There remains a specific challenge within the north central London geography and this has been subject to localised interventions across both north central and north east London to mitigate risks to patient safety.



**Figure 8: 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 March and April 2023, is set out in figure 9.

Hospital site	Percentage of handovers over 30 mins
Barnet	46%
Charing Cross	2%
Chelsea & Westminster	3%
Croydon University Hospital (Mayday)	16%
Ealing	17%
Hillingdon	17%
Homerton	3%
King Georges, Ilford	35%
Kings College	33%
Kingston	33%
Lewisham	34%
Newham	61%
North Middlesex	59%
Northwick Park	31%
Princess Royal, Farnborough	26%
Queen Elizabeth II, Woolwich	18%
Queens, Romford	58%
Royal Free	29%
Royal London (Whitechapel)	31%
St Georges, Tooting	31%
St Helier	26%
St Marys, W2	6%
St Thomas'	7%
University College	13%
West Middlesex	6%
Whipps Cross	52%

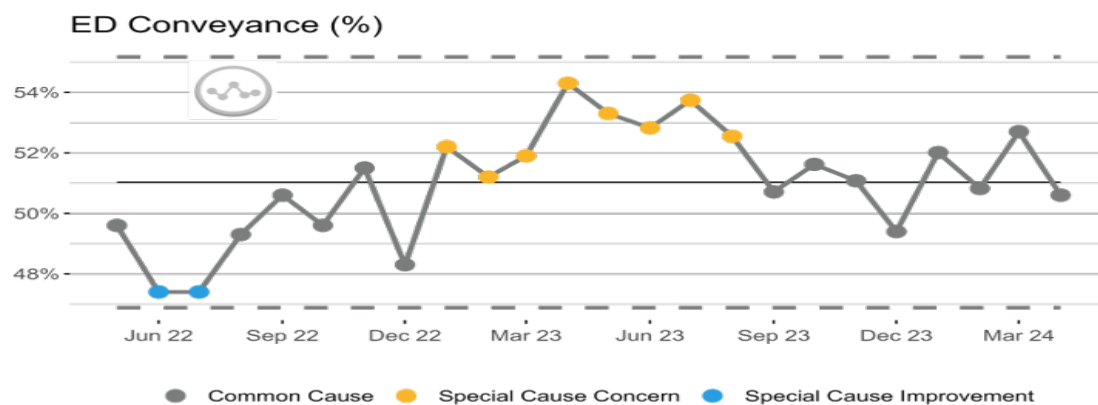
Whittington

26%

**Figure 9. Proportion of handovers over 30 minutes March/April 2024 (unvalidated data)**

There is no target for see and treat and the SPC (Figure 10) shows special cause concern. The see and treat percentages for March and April 2024 were 27.9% and 27.5% respectively. The national comparison for the reporting period were 30.3% in March and 30% in April 2024.

The Emergency Department (ED) conveyance percentage rate has continued to show common cause variation with 52.7% in March and 50.6% in April 2024. The national comparison for the same period was 51.6% and 50.1% respectively (Figure 11).



**Figure 11: ED Conveyance SPC chart**

## 5. National Context

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

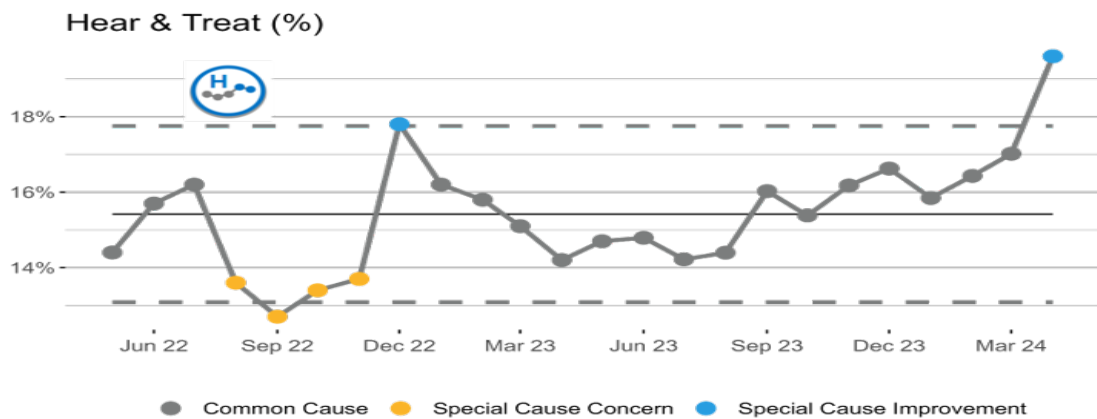
Metric/Month	Mar-24		Apr-24	
	LAS	National	LAS	National
Category 1	00:07:11	00:08:20	00:07:17	00:08:10
Category 2	00:33:11	00:33:50	00:34:53	00:30:22
Hear & Treat	17%	14%	19.6%	14.4%
See & Treat	27.9%	30.3%	27.5%	30%
Convey to ED	52.7%	50.8%	50.6%	50.8%

**Figure 12: LAS performance compared to National performance**

## 6. Clinical HUB / Emergency Clinical Assessment Service (ECAS)

Hear & Treat rates for March and April were 17.0% and 19.6% respectively demonstrating continued improvement month on month in the number of patients being supported to receive the care they need via telephone. While there is no national target for hear and treat, the SPC chart (figure 13) within the IPR demonstrates that there is Common Cause Improvement.

The national average for hear and treat was 14.1% in March and 14.4% in April.



**Figure 13: Hear & Treat SPC**

The Clinical Dispatch Support model (CDS, 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 CDS was in operation in March and April, Hear and Treat was often significantly higher than the monthly Trust average. 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 increase. In March we undertook a 'perfect two weeks' where we maximised clinical hub staffing to mirror our forecast resource level once fully established. This enabled us to deliver 5 CDS sectors across almost all shifts and saw us produce a significant increase in C2 segmentation, H&T and safety oversight of calls that require a face to face response.

In March and April we trained 48 new staff to undertake enhanced clinical telephone assessments. These staff are a combination of rotational and permanent Clinical Advisors. We have also provided training to clinical managers, mental health nurses and Urgent Care Response paramedics.

We are on track to deliver our recruitment trajectory ahead of the initial November forecast. This has been made possible by more staff choosing to join the clinical hub and for those who are with us on secondment, many have asked if they could stay. This will enable us to implement our Clinical Dispatch Support 24 hours a day, 7 days a week. In doing so we will also be able to introduce a number of process changes that will further enhance the number of patients receiving an enhanced clinical telephone assessment.

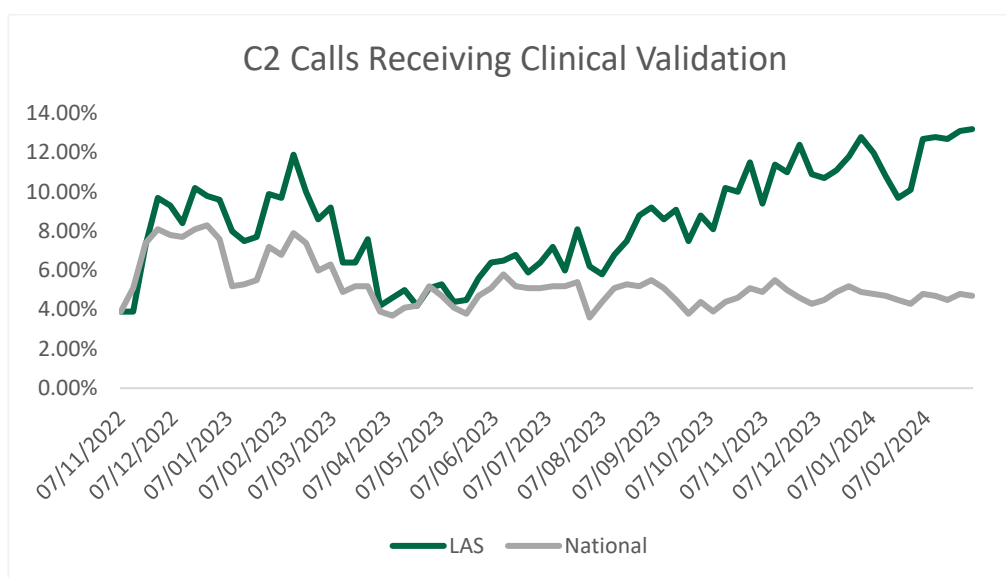
We have successfully completed our staff driven rota review and consultation where a majority vote has been cast. This is due to be implemented on 1<sup>st</sup> July 2024, and will see the clinicians in the Clinical Hub better aligned to the team in ambulance operations.

### Category 2 Segmentation

The LAS maintains its position as one of the foremost Trusts in C2 Segmentation, actively assisting other Trusts in refining their own models of delivery. Working closely with NHS England, we have recently welcomed visits from six other Trusts seeking insights and guidance. Additionally, as integral members of the national C2 Segmentation Steering group, we remain committed to fostering collaboration across all ambulance services, facilitating the exchange of knowledge and best practice.

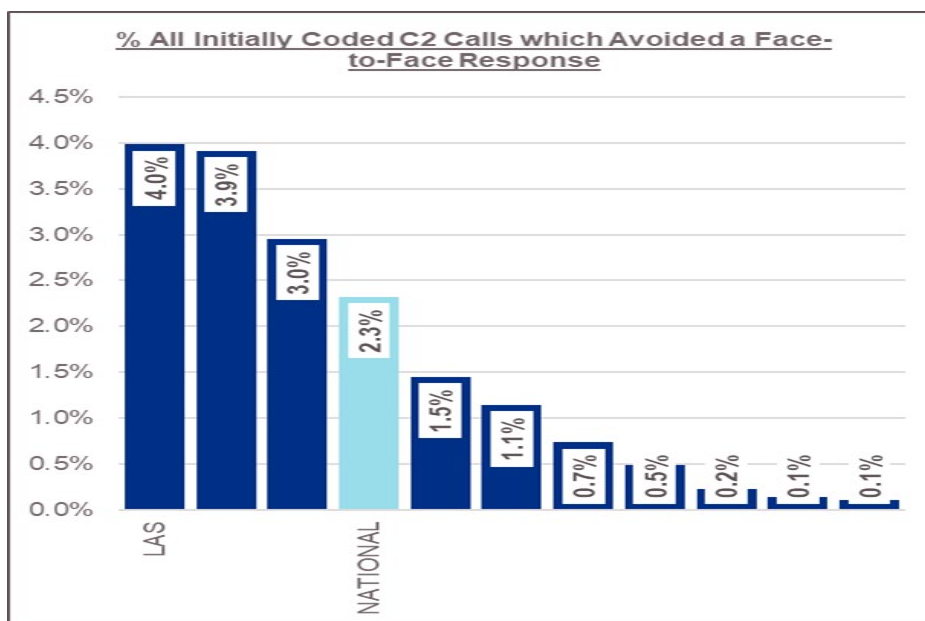
In August 2023 the Clinical Hub began a programme of intense transformation. This sees C2 segmentation and other work streams coming together to further improve the care we deliver to patients as is demonstrated in the above graph. To ensure these improvements are safe and effective, we have also enhanced the level of Quality Assurance. On average, over 250 audits are being undertaken each month compared to approximately 50 in July 2023. This ensures every clinician is audited at least twice per month. Data produced by our auditing software indicates the quality of assessments has been maintained with no increase in the rate of patient safety incidents or complaints.

In London, approximately 40% of the total number of C2 calls received are eligible for Clinical Navigation. Of these, 12% receive Clinical Validation (4.9% nationally) (figure14) of which an average of 44% of patients are safely cared for via alternative care pathways. By maximising opportunities for H&T, we are able to 'release' a significant number of DCA hours back to Ambulance Services to respond to higher acuity patients. On average this equates to c. 1,200 DCA hrs (2,400 people hours) per week.



**Figure 14: % of calls receiving clinical validation, LAS vs national**

On average this equates to around 4% of all Category 2 patients being cared for by telephone vs a national average of 2.3% (figure 15).



**Figure 15: Category 2 segmentation metrics for March & April 2024**

Of the calls validated, 44.1% in March and 46% in April 2024 (figure 16) were safely referred to suitable alternative care pathways and consequently avoided conveyance to hospital.

Metric	March	April	Since Last Update
% of eligible calls were dispatched on before Navigation could be undertaken	36%	36%	↓
% of eligible calls underwent Clinical Navigation	47%	52%	↑
% of all Clinically Validated calls were moved out of C2 (Closed, H&T or Other Service/category)	44.1%	46%	↑
% of calls undergoing clinical validation remained a C2 post assessment	54%	54%	↔
% of all Coded C2 Calls Closed	4%	4%	↔

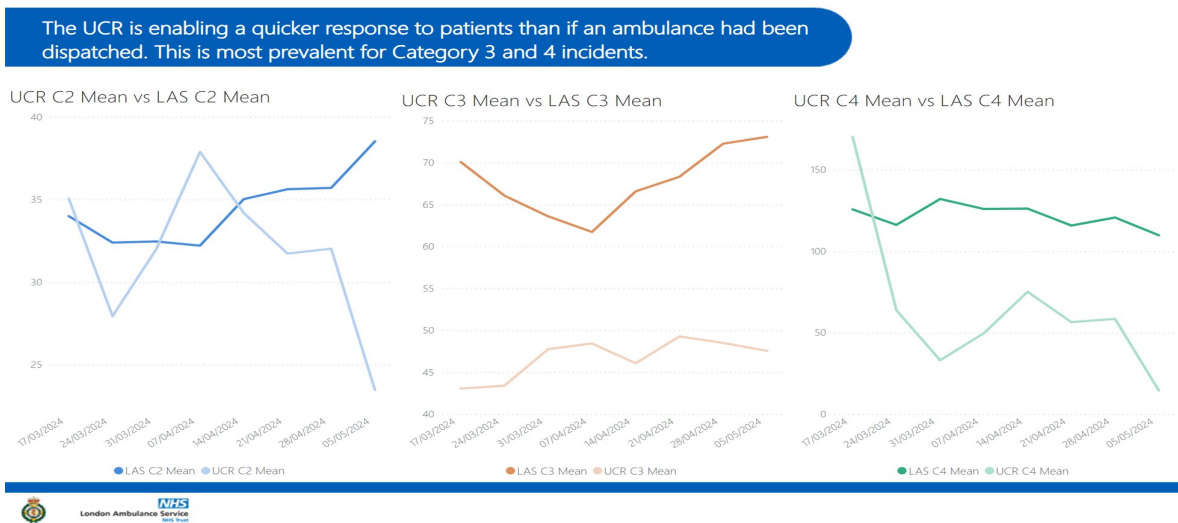
**Figure 16: Category 2 segmentation metrics for March & April 2024**

The success of the Urgent Community Response cars will see an additional car operate in South East London from mid-June. This will expand the current 9 cars to 10 and will operate in all 5 ICS areas across London. Teams consist of Paramedics and external clinicians working together to manage patients within the community.

To date:

- 11,090 patients have been attended by a UCR team to the end of April 2024.
- 67% of patients in March and April 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 17 below.

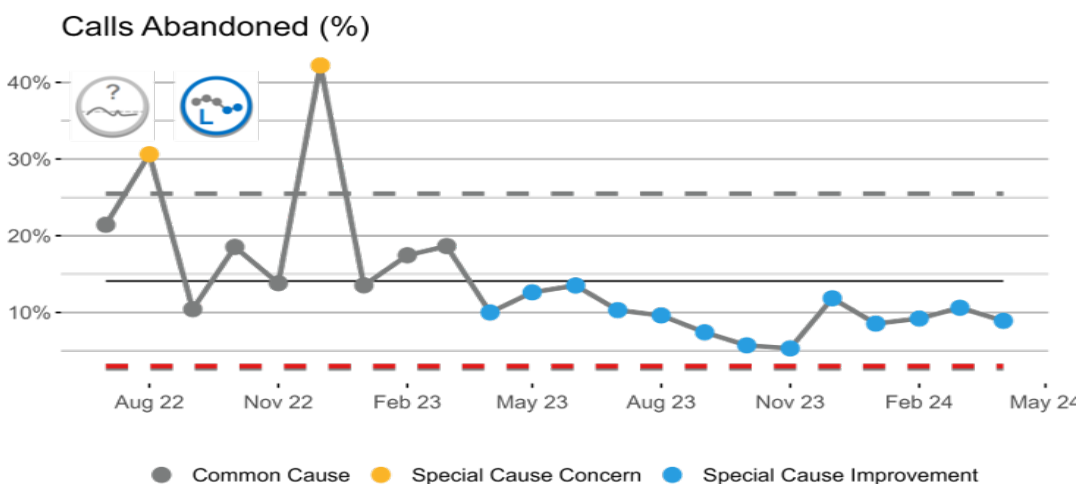


**Figure 17: UCR response comparison to double crewed ambulances**

### 7. Integrated Urgent Care (IUC)

The Integrated Urgent Care (IUC) directorate was offered 221k calls in April 2024 against an expected forecast of 171k calls. The high demand was experienced across all contracts with the bank holiday periods providing the highest increase in activity. Other contributory factors included a large increase in North East London (NEL) with patients reporting via the patient survey that continued challenges accessing primary care are resulting in increased demand on NHS 111. During the month, 67% of patients reported that they didn't contact their GP first and 29% said that they no longer contact their GP due to lack of appointments. An increase in activity in North West London (NWL) and North Central London (NCL) was also noted as LAS provided support to LCW, another provider in the alliance. In NWL, for example, LAS increased its share of calls by 7% in order to account for the performance challenges being experienced by LCW.

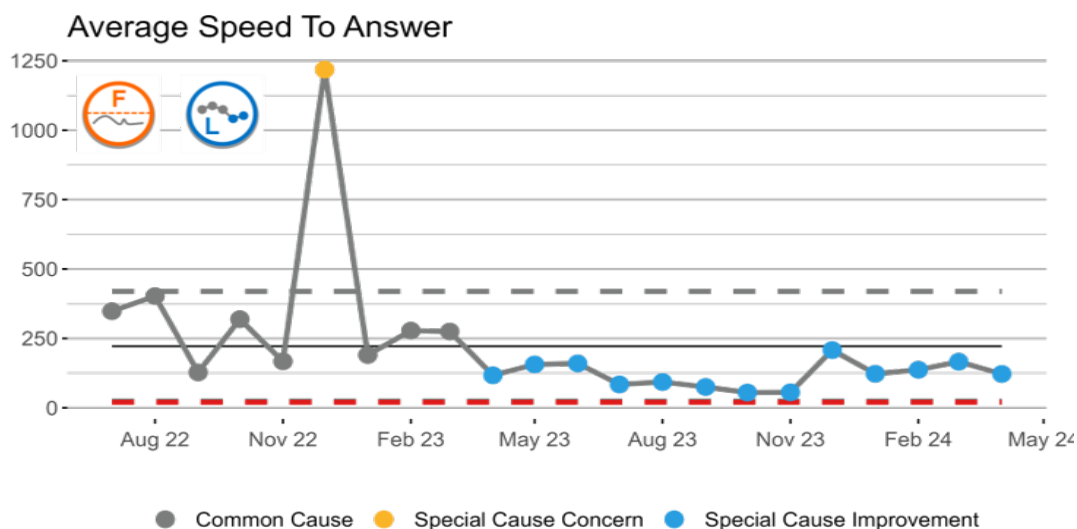
Abandonment rate (figure 18) dropped to 8.9% in April resulting in the service answering 201k of the calls offered pan-London. This is the 13th month below the mean and a notable improvement on the previous month (10.6%). In order to achieve this improvement, a number of initiatives have been introduced through the IUC transformation board.



**Figure 18: Abandonment rate SPC**

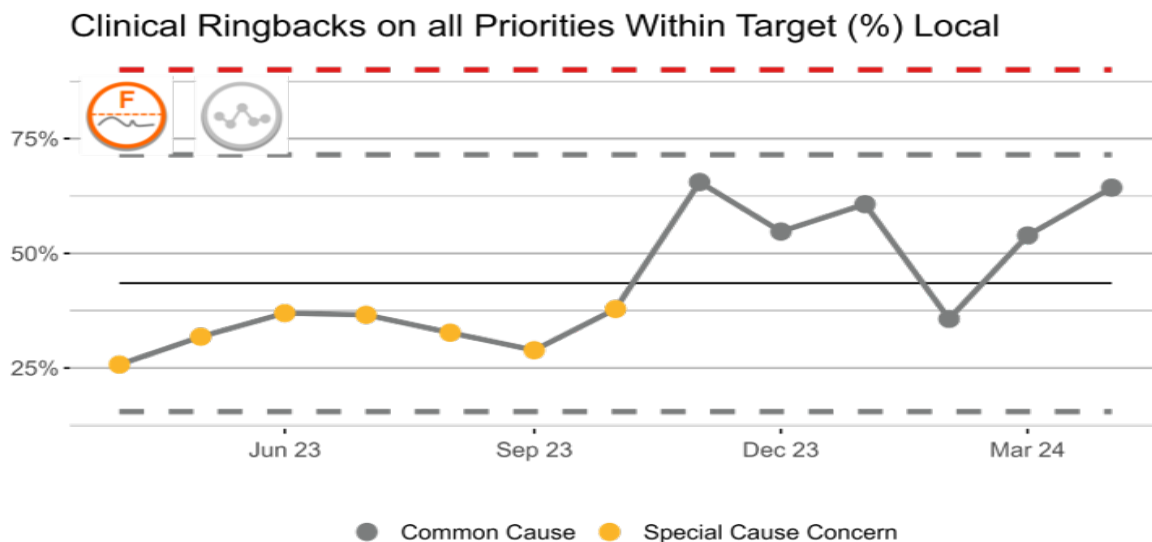
A greater focus on rota compliance and short-term forecasting has been introduced with a new 3-week forecast implemented alongside a weekly performance review meeting. A golden hour initiative has been put in place to ensure that all trained staff are managing the queue during peak periods and work is underway to improve the efficiency in the call answering team. A change to the reporting mechanism has also been introduced to remove any duplicated calls offered to LAS erroneously from the national platform. Whilst further work is needed to reach the 3% target, the impact of this improvement is reflected in improved patient experience data and highlights the continued provision of safe and effective care.

During the month, the average speed to answer (figure 19) was 122 seconds which is a reduction of 44 seconds from the previous month. The actions described above have helped to drive this transformation. Of the 67 patients who completed the patient survey during the month, 83% said they were satisfied with the service they received with 88% recommending the service to friends and family. This is an improvement from previous months and is reflected in the feedback that 84% of patients were happy with the waiting time they experienced for the service. Only 59 complaints were received in the month which is 0.01% of all calls taken.

**Figure 19: Average speed to answer SPC**

The Clinical Assessment Service (CAS) managed over 61k cases during April with 64.3% (figure 20) of patients being called back within the target timeframe (P1=20 min, P2=1 hour, P3= 2 hour, P4= 4 hour, R6 = 6 hour, R12 = 12 hour, R24 = 24 hour).

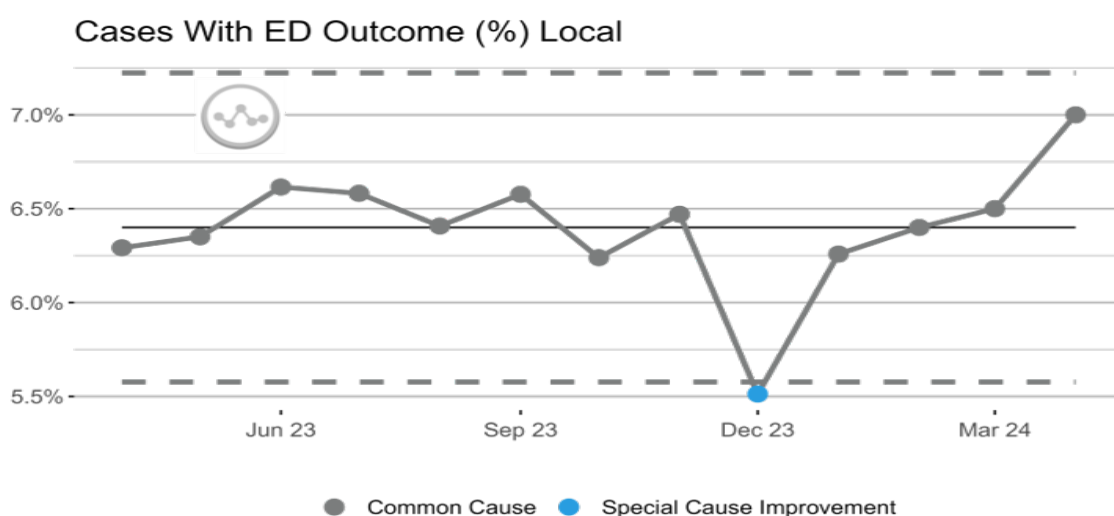




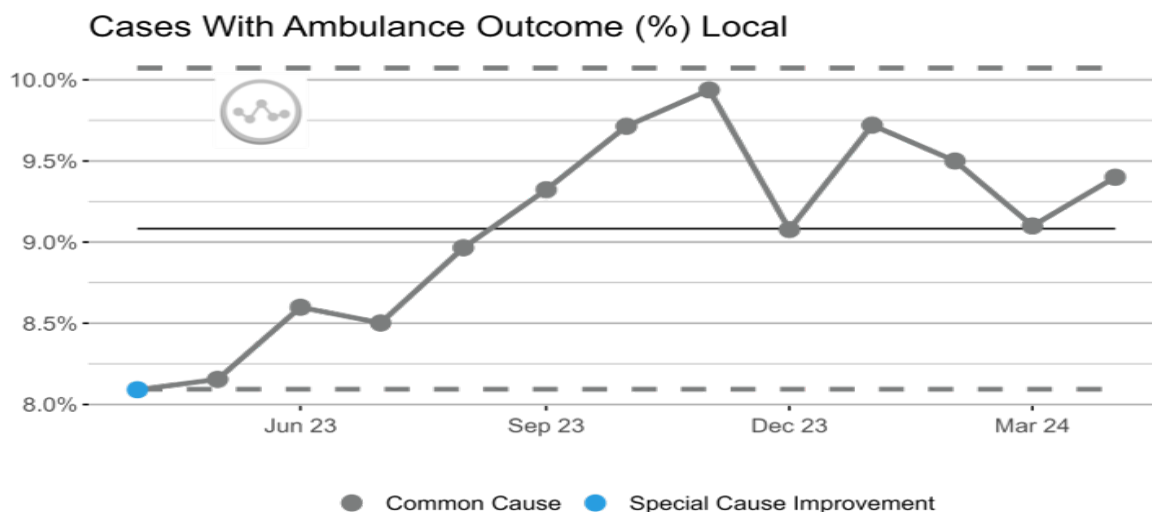
**Figure 20: Clinical ringbacks on all priorities within target SPC**

This represents the second best performance of the CAS and highlights a rapid improvement in the safety and effectiveness of the service. The changes implemented include the redesign of queue management, remapping of clinical priorities, improved rota compliance, and provision of circuit breakers. Work to complete skill mapping and closer performance monitoring of the CAS team is underway to capitalise on the progress made so far.

The improvements seen in CAS performance are reflected in the relevant quality metrics with only 262 incidents reported in the month (0.14% of calls) and 96.5% of those incidents resulting in no harm. Whilst it is recognised that some patients do wait a longer time for their CAS consultation than desired, a specific audit was completed during the month which established that no incidents of harm could be identified within a sample of patients at the 95th centile wait. Only 7% of total cases were referred to an Emergency Department (figure 21) and 9.4% of contacts received an ambulance dispatch (figure 22) which highlights effective use of system resources since over 50% of all CAS cases were closed without onward referral (consult and complete).



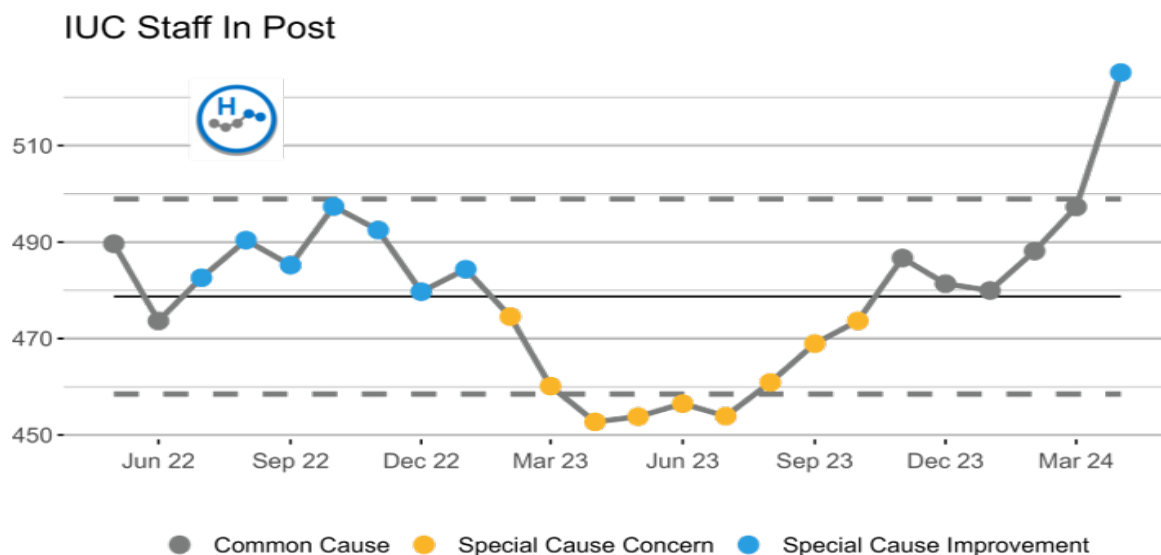
**Figure 21: Cases with ED outcomes SPC**



**Figure 22: Cases with ambulance outcome SPC**

The IUC team validated 87.5% of ED referrals and 99.5% of cat 3 and cat 4 outcomes prior to dispatch during the month against a target of 80% and 75% respectively. Following validation, it is estimated that this work saved over 600 ambulance dispatches and 150 Emergency Department arrivals per day across London. Most onwards referrals were directed towards primary care (around 40% during the month) which was also supported by the General Practice Support Service (GPSS). This new service managed 3.8k patients during the month and booked 1.9k GP appointments directly as well as 415 pharmacy consultations and 10 priority ambulances for very unwell patients who had called their GP. The service will continue to expand over the coming months and improve the role of IUC in navigating patients across the UEC landscape.

The development of the IUC team has been a key priority of the transformation programme and during April, the service saw staff in post increase to 525 wte, the highest ever level (figure 23).



**Figure 23: IUC staff in post SPC**

Turnover reduced to 19% in April 2024 (the lowest level since June 2021), and absence remained unchanged at 10.6%. Over 89% of staff are fully compliant with statutory and mandatory training and whilst there is still work to do in this area, the performance provides assurance that there is good oversight of the team which is aided through the recent expansion of clinical guardian audit tool and performance management methodologies.

In summary, the IUC directorate has experienced improvements across most metrics in April and is seeing broad improvements in the safety, effectiveness, and efficiency of the service. The changes implemented are in line with the business plan and quality plan for 2024/25 and support us to achieve the NWL and NCL alliance Improvement Plan requested by commissioners. This work is being coordinated through the transformation programme which runs until July.

## **8. Resilience & Special Assets**

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

On the morning of Saturday 16<sup>th</sup> March 2024 we responded to a fire on the 2<sup>nd</sup> floor of a 10 storey block of flats in Erith. We treated 7 patients in total, 3 of whom were conveyed to hospital with minor injuries and 4 who were discharged at scene. The incident was managed by our Special Operations Centre (SOC) South at Waterloo.

On the morning of Tuesday 30<sup>th</sup> April 2024 we responded to reports of an individual attacking members of the public with a sword in Hainault. Members of our Emergency Planning team, who are trained National Inter-agency Liaison Officers (NILO) responded to scene and to the Metropolitan Police Service's Special Operations Room (SOR) at Lambeth. Several of our Tactical Response Units were dispatched, who are trained and equipped to respond to active assailant incidents. This incident was believed non-terrorist related and a lone attacker, who severely injured 4 people, 2 of whom were police officers and killed a 13 year old child. The incident was managed by SOC North at Newham. Our Emergency Planning team have developed a set of Key Performance Indicators for the initial incident response to a Significant and/or Major Incident. This has been completed and a cold debrief is being facilitated by our Emergency Planning team on the 6<sup>th</sup> June 2024, with invites circulated to all the staff involved from the Emergency Operations Centre (EOC), the command team and Operations. The purpose of a cold debrief is to give staff an opportunity after the event to talk about the incident and to capture any lessons we can learn from, to enhance our response to future complex and multi-casualty incidents. We work in collaboration with the Wellbeing team, who are present during these debriefs, to ensure appropriate welfare support is available. A member of our Emergency Planning team will participate in any planned multi-agency debrief, which commonly occur following an incident of this type.

On Monday 13<sup>th</sup> May 2024 we responded to a two car road traffic collision in Mayfair. Six patients were injured however the incident was de-escalated once it became evident the injuries were all minor. Five of the six patients treated were conveyed to hospital, one was discharged at scene.

The summer event season is starting to increase in activity with two of the large scale, planned annual events since the last report; the Oxford v Cambridge Boat Race, on Saturday 30<sup>th</sup> March and the London Marathon, on Sunday 21<sup>st</sup> April. Each event had a variety of resources dedicated to it, including our Hazardous Area Response Team (for the Boat Race), a command team, a SOC team and ambulance foot teams. To ensure shared situational awareness with our partner agencies we locate an officer in the Event Liaison Team in the Transport for London operations centre and in the Metropolitan Police Service's SOR at Lambeth.

During the Boat Race a small numbers of patients were treated by LAS staff. During London Marathon LAS staff, alongside colleagues from St. John Ambulance treated 158 patients, 39 of whom were conveyed to hospital.

Additionally there was extensive planning, alongside colleagues from both IM&T and 111 management for the 111 Integrated Urgent Care transition on the 22<sup>nd</sup> May 2024 from Southern House to Bernard Weatherill House in Croydon and from the CM8 telephony system to CM10. The location move went smoothly. The CM8 to CM10 upgrade identified learning, which will be implemented as part of the plan to transition the 999 telephony to CM10.

## **9. Advanced Practice**

### **Critical Care**

The latest APP Critical Care (APPCC) programme recently celebrated a decade of service since its inception in 2004. The most recent 7 APP-CC recruits signed off for solo practice in May, with recruitment for a small number of additional staff commencing in June for a September MSc start.

APP-CC clinical supervisors will also undertake post-graduate medical education programmes later this year. Both programmes continue to engage in and produce research outputs, with the RAPID-MIRACLE trial ongoing and a number of planned research papers and conference presentations during the remainder of the year.

A pan-London Extra-Corporeal-Membrance-Oxygenation pathway is now accessible to the APP-CC group during daytime hours, offering an alternative treatment for a sub-group of cardiac arrest patients.

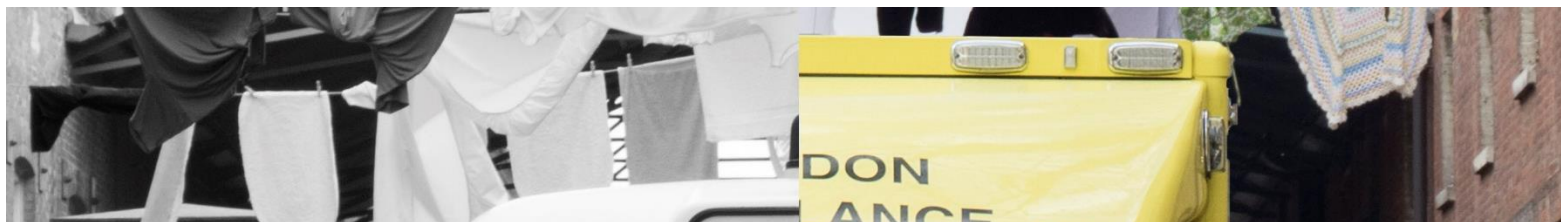
### **Urgent Care**

Fifteen new trainees for APP-UC commence induction in August 2024 following a successful recruitment campaign, with the majority due to study at St Georges for the MSc in September 2024. There are currently 13 prescribers within APP-UC with a further 7 due to on-board over the coming weeks. Governance for prescribing continues to strengthen, with monthly CPD sessions now in place supported by regular audit.



<b>Report to:</b>	<b>COMMITTEE NAME</b>			
<b>Date of meeting:</b>	Trust Board			
<b>Report title:</b>	Quality Report			
<b>Agenda item:</b>	5.2.1			
<b>Report Author(s):</b>	Dr Fenella Wrigley and Pauline Cranmer			
<b>Presented by:</b>	Dr Fenella Wrigley			
<b>History:</b>	The quality report slides have been discussed at both Clinical Quality Oversight Group and Quality Assurance Committee			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<p>This report summarises the key quality aspects around covering safe, effective, caring and well led – quality improvement</p>				
<b>Recommendation(s) / Decisions for the Board / Committee:</b>				
For noting and assurance				

<b>Routing of Paper – Impacts of recommendation considered and reviewed by:</b>					
<b>Directorate</b>	<b>Agreed</b>				<b>Relevant reviewer [name]</b>
Quality	<b>Yes</b>	X	No		
Finance	<b>Yes</b>		No		
Deputy Chief Executive / Chief Paramedic	<b>Yes</b>	X	No		
Medical	<b>Yes</b>	X	No		
Communications & Engagement	<b>Yes</b>		No		
Strategy	<b>Yes</b>		No		
People & Culture	<b>Yes</b>		No		
Corporate Affairs	<b>Yes</b>		No		



# London Ambulance Service – Quality Report



Report for discussion at the Trust Board  
Analysis based on March 2024 data, unless otherwise stated  
To be read in conjunction with the Integrated Performance Report



# Contents Page

Section	Content	Pages
<b>Executive Summary</b>	<ul style="list-style-type: none"> <li>Quality Assurance Summary</li> </ul>	3-5
<b>1. Safe</b>	<ul style="list-style-type: none"> <li>Patient Safety Incident Management</li> <li>Medicine Management</li> <li>Safeguarding</li> <li>Infection Control</li> <li>Health and Safety</li> <li>Statutory and Mandatory</li> </ul>	7-14 15-16 17-18 19 10-22 23
<b>2. Effective</b>	<ul style="list-style-type: none"> <li>NICE Guidance</li> <li>AQI and Clinical Audit</li> <li>PDR &amp; MCA Training</li> <li>EOC Call Handling Quality Assurance</li> <li>Language Line</li> <li>NEL &amp; SEL Audit Overview</li> </ul>	25 26-28 29 30 31 32-33

Section	Content	Pages
<b>3. Caring</b>	<ul style="list-style-type: none"> <li>Mental Health</li> <li>End of Life Care</li> <li>Maternity</li> </ul>	35 36 37
<b>4. Responsive</b>	<ul style="list-style-type: none"> <li>Frequent Callers</li> <li>EBS</li> <li>Complaints</li> <li>Patient and Public Engagement</li> </ul>	39 40 41 42
<b>5. Well Led</b>	<ul style="list-style-type: none"> <li>Learning from Excellence</li> <li>Risk Management</li> <li>Legal and Claims</li> <li>Trust Policies</li> <li>Freedom of Information</li> </ul>	44-45 46 47 48 49



## Quality Report Summary

SAFE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of No Harm 999 Incidents	Mar-24	713			<b>Incidents:</b> There has continued to be an increase in the reporting of patient safety incidents, specifically no and low harm categories. The top 3 no and low harm categories in March 2024 were Medical Equipment (143, down from 160 in last reporting period), Clinical Concern Regarding External Provider (131 up from 120 in last reporting period) and Medication error (87, up from 50 in last reporting period). Medication error incidents are associated with the introduction of the Midazolam PGD and the completion of a number of annual audits in March resulting in the identification of potential incidents. Categories of death reported incidents in March 2024 included 999 call handling, clinical assessment and delayed response. All of these are reviewed under the Learning from Death (LfD) framework, and where appropriate, referred on for enhanced investigations under PSIRF.
Number of No Harm 111 Incidents	Mar-24	189			<b>IUC:</b> The number of incidents reported within IUC has, like the rest of the service increased the last few months for both No Harm & Low Harm incidents. The top 3 incident categories in March 2024 were 111/IUC call handling (62), Communication, Care & Consent (61) and Clinical Concern Regarding External Provider (44).
OWR Hand Hygiene Compliance	Mar-24	99%			<b>Hand Hygiene:</b> The compliance rate for March 2024 was 99%. This score continues to exceed the Trust performance target (90%). All par one Group stations submitted data this reporting period with the overall submission for March was 743. This is a reduction on the previous submissions rating and notes that Deptford, who submitted 275 observations in January 2024, submitted zero in this reporting period.
Premises Cleaning Audit	Mar-24	90%			<b>Premises cleaning:</b> Overall Trust compliance for January 2024 was 90% which continues to achieve the Trust performance target of 90%. Three stations have not submitted data. Scores ranged from 86% to 100%.
Patient Safety - Medical Equipment Incidents	Mar-24	236			<b>Medical equipment incidents:</b> The top incident category in March 2024 was Medical Equipment where 236 incidents were reported during this period. This has been attributed to a number of incidents reported in relation to failing ETCO2 ports. A risk has been raised on the Trusts risk register and a number of mitigations have been implemented including: cleaning of ports, troubleshooting guides and liaison with the manufacturer.
Overdue 999 Incidents	Mar-24	991			<b>Overdue Incidents:</b> There are 991 overdue incidents which have been open on the system longer than 35 days (this excludes SIs, PSIs & PSRs). This breaks down further to: 669 Patient incidents, 124 Staff incidents, 186 Trust related incidents and 12 visitor incidents. The number has remained high despite the availability of education and training and offer of direct support to teams who have the largest numbers of overdue incidents.
Percentage of Safeguarding Training - Level 3	Mar-24	90%			<b>Safeguarding Level 2 &amp; 3 Training:</b> Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Safeguarding training (Level 1 Trust wide) is at 93%, Level 2 Adult and Children for EOC/111 has improved and is 82.5% and Level 3 Trust wide is 90%. EOC compliance has reduced the overall level 2 achievement noting that EOC is at 74% (an improvement from 60% during the last reporting period) and 111 at 91%.
Statutory & Mandatory Training Compliance	Mar-24	90%			<b>Statutory &amp; Mandatory Training:</b> This has remained constant from the last reporting period at 91% and remains above the 85% target. Of note, Information Governance is at 100%, Duty of Candour at 94.41% and IPC level 2 is 95.32%. Moving & Handling Level 2-Load Handling (3 years) remains with poor compliance at 3.74%.





# Quality Report Summary

## EFFECTIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
ROSC to Hospital (AQL) - Reported 4 Months in Arrears ROSC At Hospital	Nov-23	49%			In September 2023, LAS reported 28.4% for ROSC to hospital in the overall group, below the national average of 28.7% and in the Utstein comparator group, 46.5%, also below the national average of 52.2%*. For survival to 30 days, LAS reported 8.5% for the overall group, below the national average of 9.5%. For the Utstein comparator group, LAS reported 23.3% which was below the national average of 30.1%*.
Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	Sep-23	01:31:00			In September 2023, the LAS achieved a mean of 01:31 for the call to arrival at hospital***, surpassing the national average of 01:39. The LAS is ranked 4th among other ambulance services. NHS England did not publish Stroke Diagnostic Bundle data for June, the next data due to be published will be for November 2023 (in April 2024).
MCA Level 1 Training	Mar-24	96%			<b>MCA Level 1 Training:</b> is 96% with the current eLearning providing both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed.
Personal Development Review (PDR) Compliance	Mar-24	66%			In March, the PDR compliance was 66% which was the same as the last reporting period.
Operational Workplace Review (OWR) compliance:	Jan-24	68.13%			<b>OWR:</b> This is currently at 68.13% for January 2024 Trust wide which is an improvement on the last reporting period (66%) but remains below the Trust target of 85% and further action is required.
CPI Completion rates	Mar-24	84%			<b>CPI Completion rates:</b> Completion rates for February 2024 were at 80% which is a reduction when compared to the last reporting period (86%) and remains below the target of 95%.

## RESPONSIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of Complaints	Mar-24	94			<b>Complaints:</b> The total number of complaints overdue (excluding PSI) is 26/146 (18%). 66% of complaints due in January were responded to in time against a target of 75%.

## WELL - LED

KPI	Latest Month	Measure	Variation	Assurance	Comment
Percentage of all risks reviewed within 3 months	Mar-24	85%			The Trust's compliance is 84.8% for risks reviewed within the last 3 months which is below the 90% target. 100% of risks were approved within 1 month (target 90%)
Percentage of policies in date	Mar-24	85%			There are 75 (85%) policies in date across the Trust. 13 (15%) of policies are overdue.

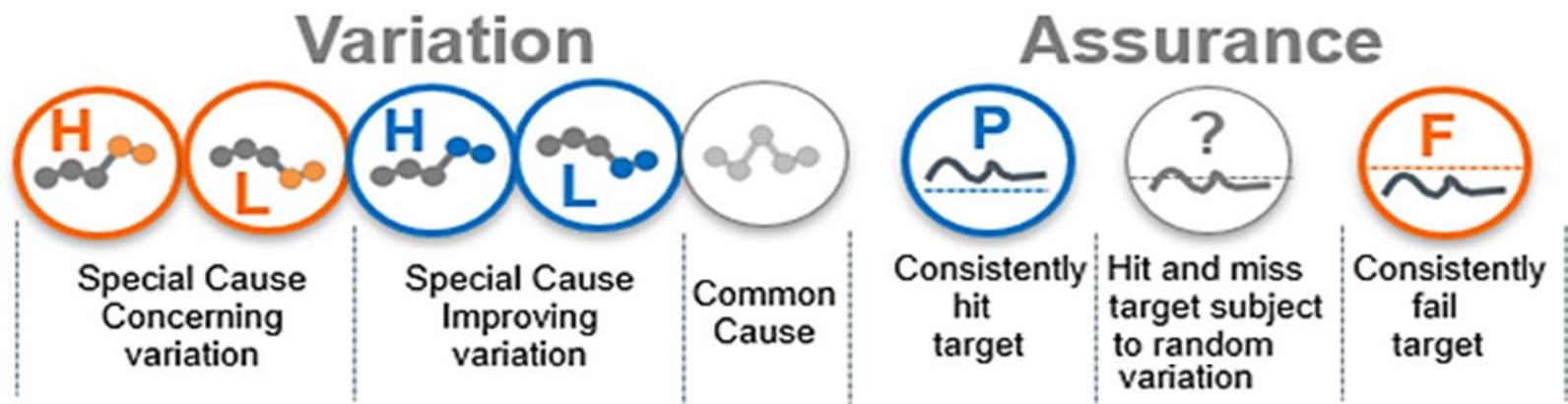


## Statistical Process Control (SPC) - Explained

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.

SPC is widely used in the NHS to understand whether change results in improvement. This tool provides an easy way for people to track the impact of improvement projects.



# 1. Safe

We must ensure we protect our patients and staff from abuse and avoidable harm. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Patient Safety
- Infection Control
- Medicine Management
- Safeguarding
- Health and Safety
- Clinical & Non Clinical Claims and Legal Inquests
- Outcome of Quality Visits (Environmental & Equipment)
- Statutory and Mandatory Training

***Outstanding Characteristic:*** People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

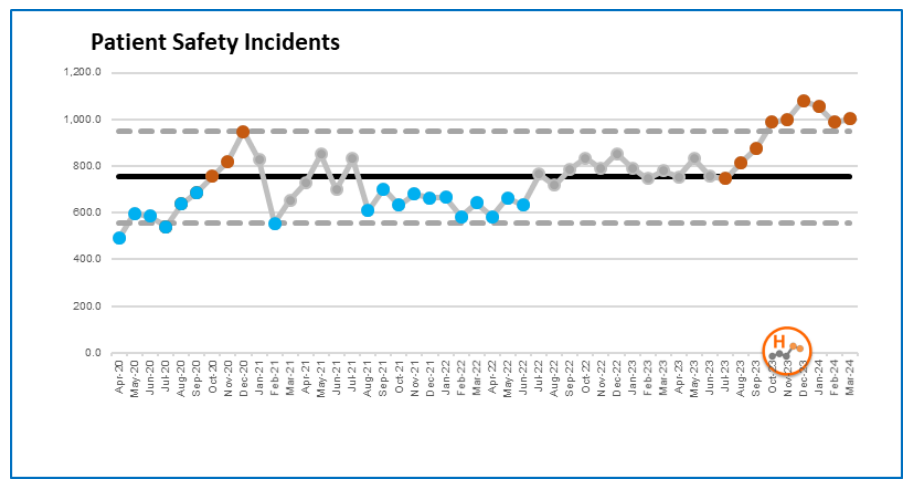


# 1. Safe - Patient Safety Incident Reporting Context

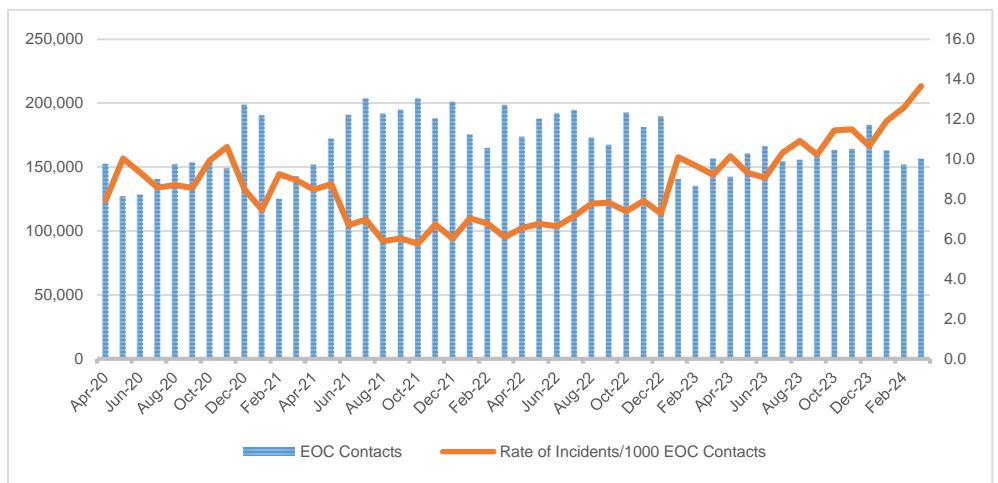
The number of patient safety incidents reported across the service remains steady when compared against the number of EOC contacts and face to face incidents.

Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley

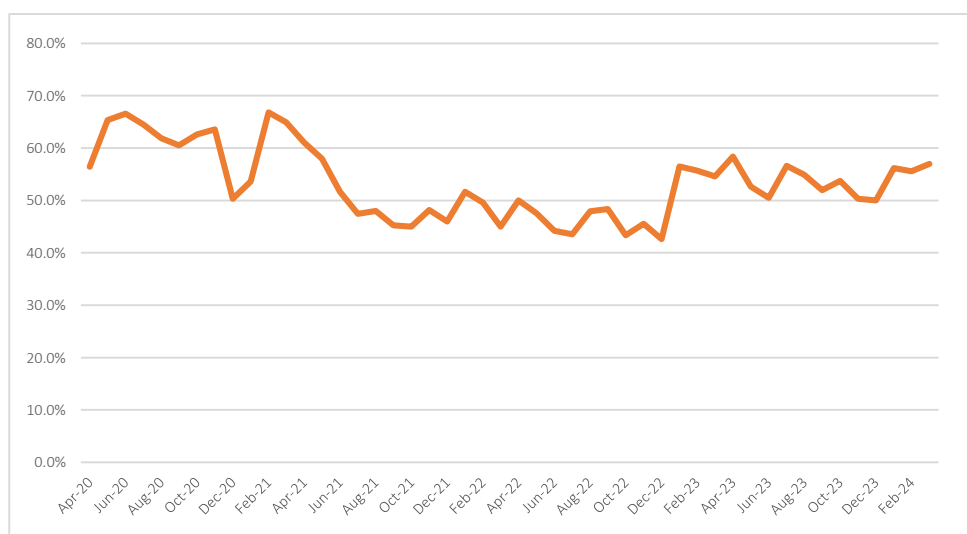
## Patient Safety Incidents Mar'24: 1002



## Rate of Incidents Reported / 1000 EOC Contacts Mar'24: 13.7



## % of EOC Contacts which resulted in a F2F Incident Mar'24: 57%



## Analysis

The number of patient safety incidents reported per month has varied between April 2020 to present. The number of reported patient safety incidents increased significantly in winter 2020 correlating to the second COVID-19 wave on the service.

The last few months we have seen continued to see an increase in the number of Patient Safety incidents reported. These increases are broadly spread across incident categories, and reflect a sustained improvement in reporting culture and increased use of incident reporting to raise concerns in relation to other providers (quality alerts).

In March 2024 there were 156,278 EOC contacts, of which 57% resulted in a face to face incident.



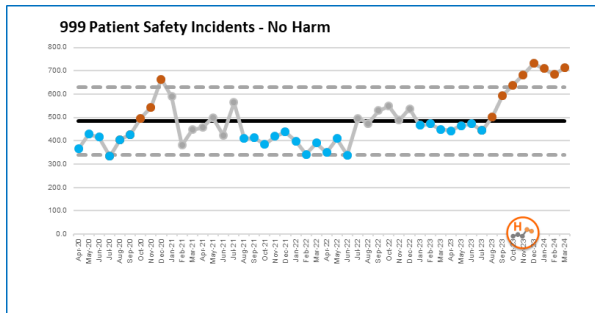
# 1. Safe – 999 Patient Safety Incident Management

The number of reported patient safety incidents indicates a good reporting culture, particularly with the number of no and low harm incidents. All incidents are reviewed to ensure enhanced investigations are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley

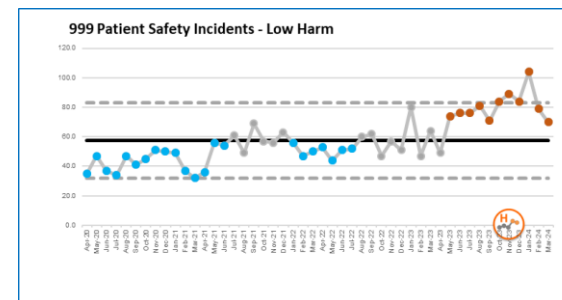
## No Harm Incidents

Mar'24: 713



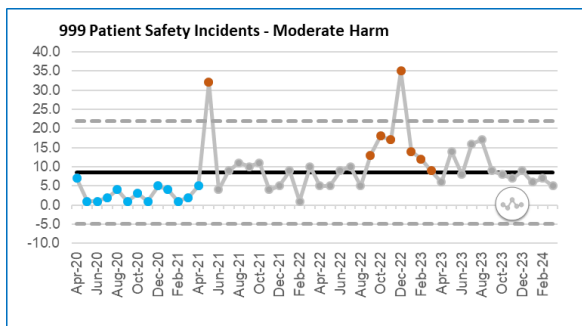
## Low Harm Incidents

Mar'24: 70



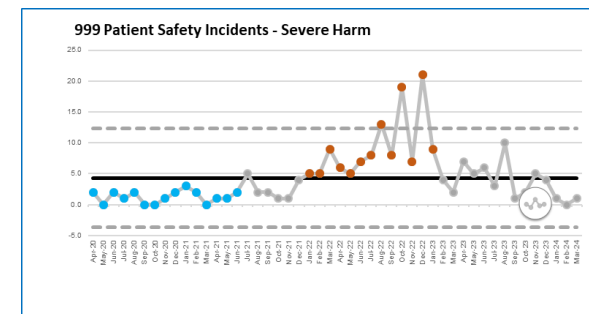
## Moderate Harm Incidents

Mar'24: 15



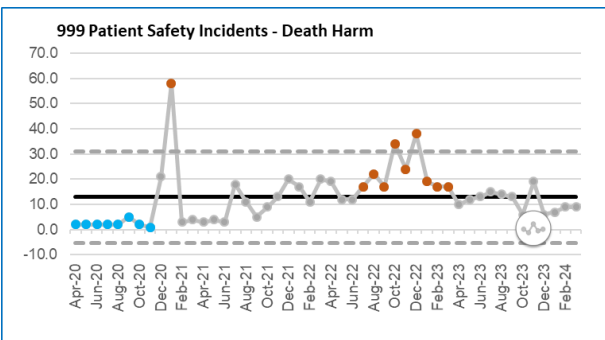
## Severe Harm Incidents

Mar'24: 1



## Death Harm Incidents

Mar'24: 9



## Analysis of SPC Charts

The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. This is reviewed and acted upon via the Trust's Safety Investigations Assurance and Learning Group (SIALG).

The top 3 no and low harm categories in March 2024 were Medical Equipment (143), Clinical concern regarding external provider (131) and Medication Error (87). A risk was raised on the Trusts risk register in relation to ETCO2 monitoring which accounted for a proportion of medical equipment incidents. Clinical concern regarding an external provider was introduced onto Datix in September and has continued to see an increase in reporting. Medication error has increased significantly since the last reporting period. This is mainly attributable to the completion of annual audits with bulk reporting of potential incidents and incidents associated with the newly introduced Midazolam PGD.

The number of death reported incidents has returned to common cause variation. These incidents undergo an Learning from Death (LfD) Review, and where appropriate these can be referred on for enhanced investigations under the PSIRF.

\*It is noted that harm levels change following appropriate review including LfD reviews and assessment against PSIRF and the Trust's Incident Management Policy.

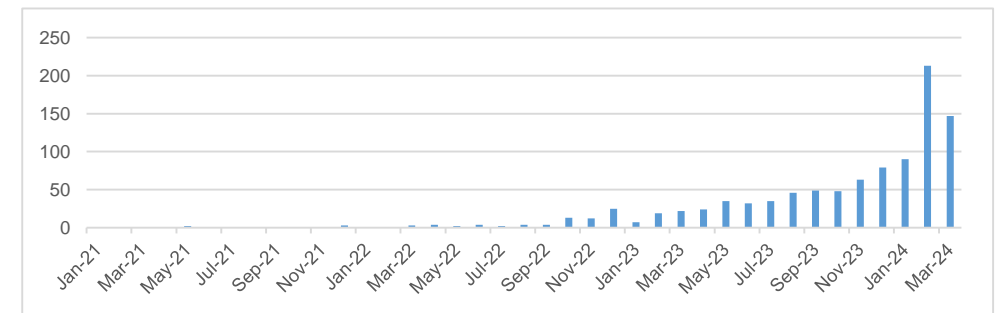


# 1. Safe – 999 Overdue Incidents

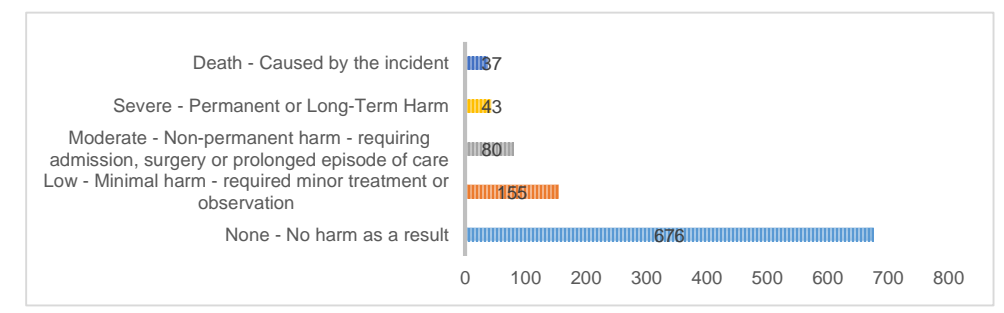
The number of overdue incidents on the Trust’s risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley

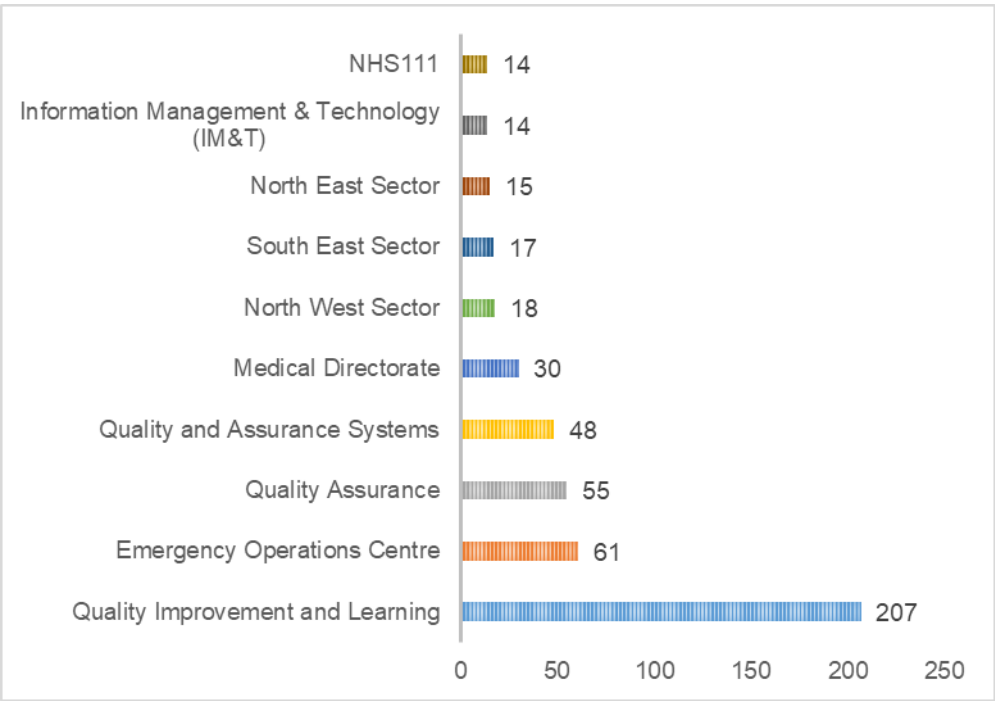
## Overdue Incidents by Reported Date



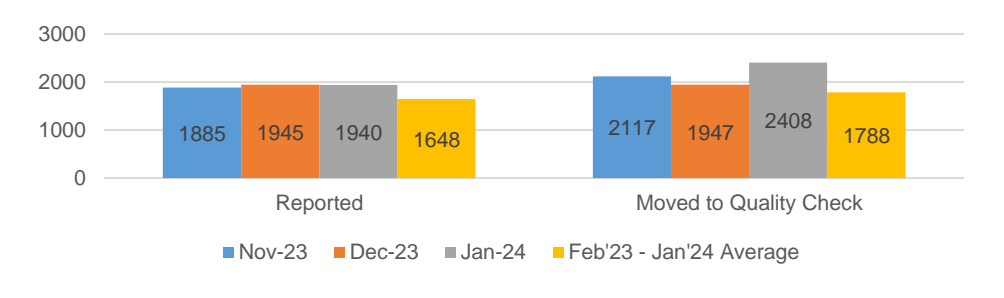
## Overdue Incidents by Level of Harm



## Top 10 Away for Review Overdue Incidents by Investigation Department



## Current Incident Flow vs 12 Month Average



## Analysis

There are 991 incidents (as of 17/04/2024) which have been opened on the system longer than 35 working days (this excludes incidents which are subject to an enhanced investigation i.e. PSII, PSR).

- This breaks down to:
- 669 Patient incidents
  - 124 Staff incidents
  - 186 Trust related incidents
  - 12 visitor incidents

Part of the increase in overdue incidents is associated with an increase in incident reporting in general meaning that there are more incidents that ever that require review.

The Quality Governance and Assurance Managers (QGAMs) and Quality Support Officers (QSOs) work with the sectors/depts. to support the investigation of incidents in a timely manner. The Quality Improvement and Learning team have developed a training package including incident investigation.

Targeted work has commenced with teams where high numbers of overdue incidents occurs including NETS and Pharmacy teams.

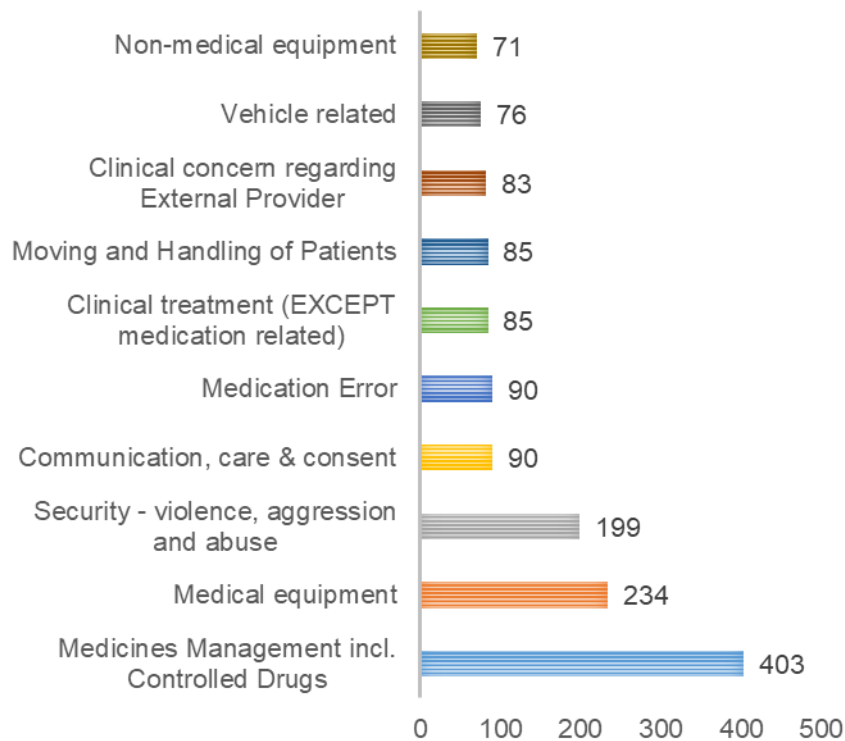


# 1. Safe – 999 Incident Category Analysis

Incident trends and themes are monitored by the Trust's Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

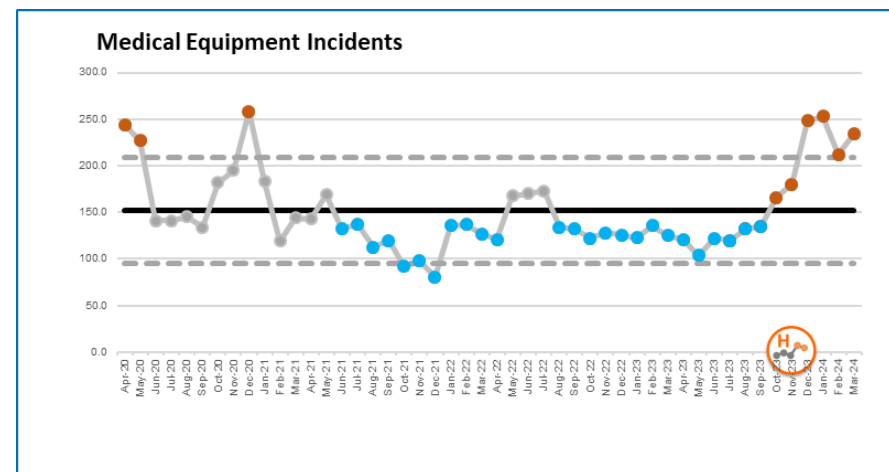
Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley

## Top 10 Incident Categories March 2024



## Medical Equipment Incidents

Mar'24: 234



## Analysis

The top 3 incident categories in March 2024 were Medicines Management, Medical Equipment & Security – violence, aggression and abuse

The number of medical equipment incidents had been decreasing indicating special cause variation (improvement) Aug'22 onwards, however the last four months have seen continued increase. This has been attributed to a number of incidents reported in relation to failing ETCO2 ports and missing equipment such as paediatric saturations probes. A risk has been raised on the Trusts risk register and a number of mitigations have been implemented including: cleaning of ports, troubleshooting guides and liaison with the manufacturer.

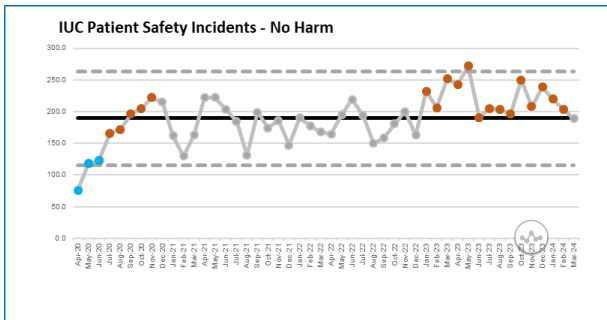


# 1. Safe – IUC Incident Management

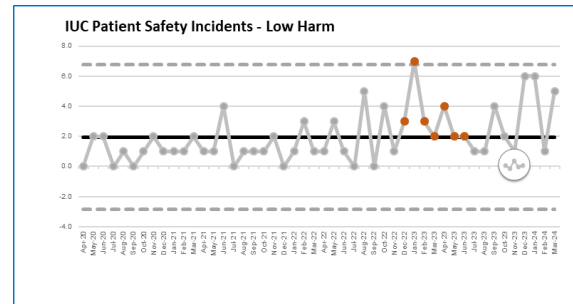
The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley

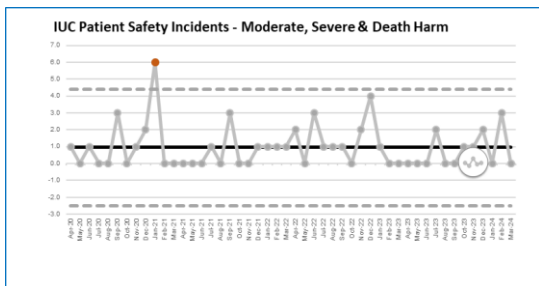
## No Harm Incidents Mar'24: 189



## Low Harm Incidents Mar'24: 5



## Moderate, Severe & Death Harm Incidents Mar'24: 0



## Analysis of SPC Charts

IUC have increased incident reporting for demographic errors where patients telephone numbers or addresses have been recorded incorrectly. This is being reviewed by the IUEC QGAM to ascertain the causal/ contributory factors.

Supervisors and team managers are working hard to ensure they report all incidents to help provide improved learning and promote a good reporting culture within LAS.

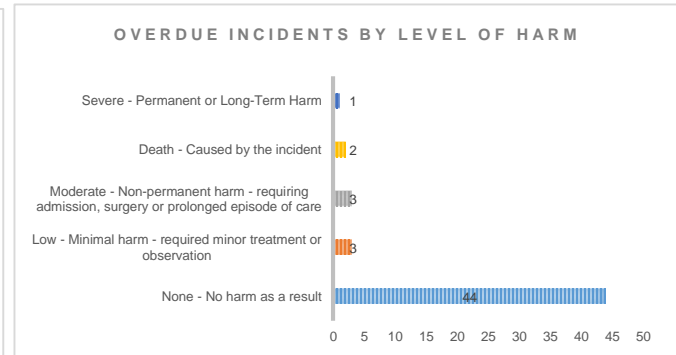
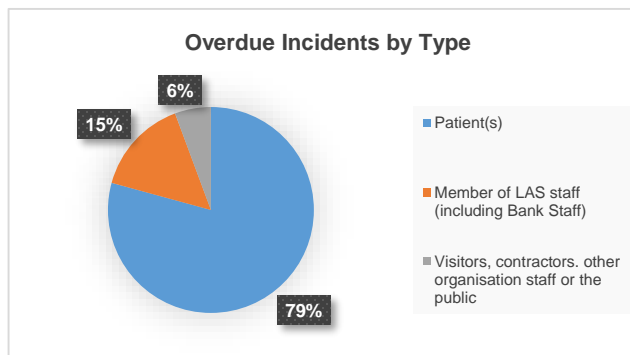
The number of incidents reported within IUC has increased the last few months for both No Harm & Low Harm incidents. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service is experiencing high demand.

## Incident Management

There are 53 incidents (as of 17/04/2024) which have been open on the system longer than 35 working days, (this excludes those incidents

- This breaks down to:
- 42 Patient incidents
  - 8 Staff incidents
  - 3 Visitor Incidents

75% of incidents are in the Local Review stage  
23% of incidents are in the Away for Review stage  
83% of incidents have been classified as No Harm





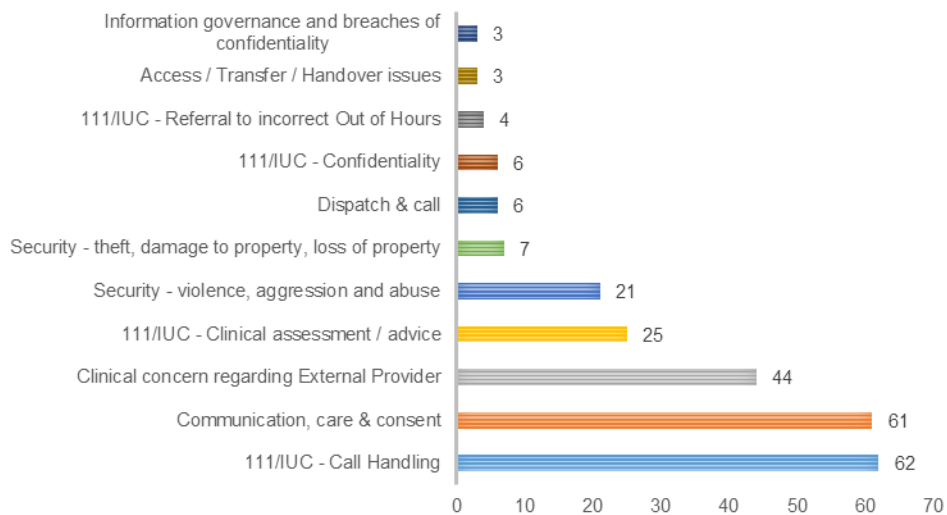


# 1. Safe – IUC Incident Management

Incident trends and themes are monitored by the Trust’s Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley

## Top 10 Incident Categories March 2024



## Analysis

The top 3 incident categories in March 2024 were IUC Call Handling, Communication, care & consent and Clinical Concern regarding external provider.

The number of Communication, Care and Consent incidents remained high and are largely attributed to authorised breaches in patient confidentiality and language line related incidents.

### Theme Management

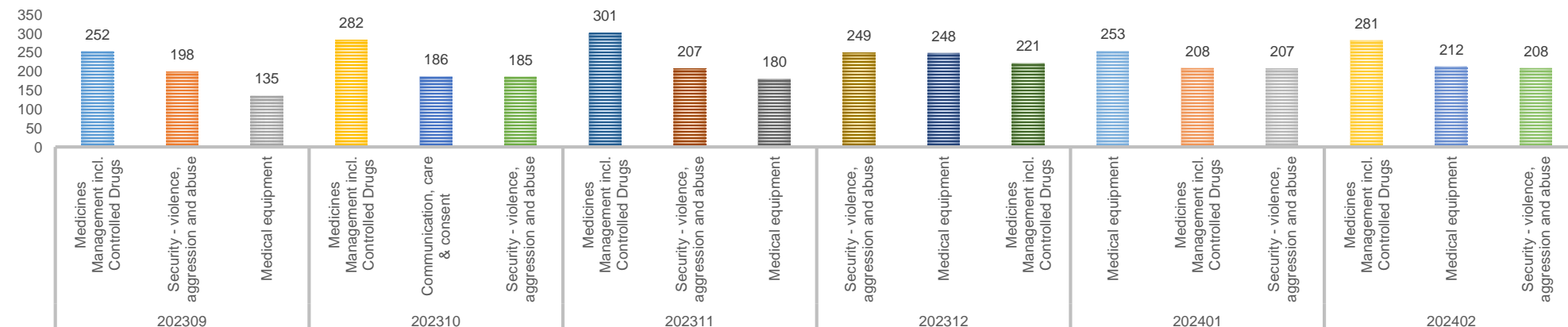
#### Communication Care & Consent

The Trust works closely with Language Line and feeds back concerns regarding accessibility of interpreters. There is also an established feedback processes for raising concerns about other healthcare providers which is also a common use of this incident category.

#### Call Handling

Themed work is required to explore the issue with the incorrect recording of demographics to better understand the contributory factors. Errors identified via audit are fed back via line management.

## Oct'23 – Mar'24 Top 3 Categories by Month





# 1. Safe – Patient Safety Incident Response Framework (PSIRF)

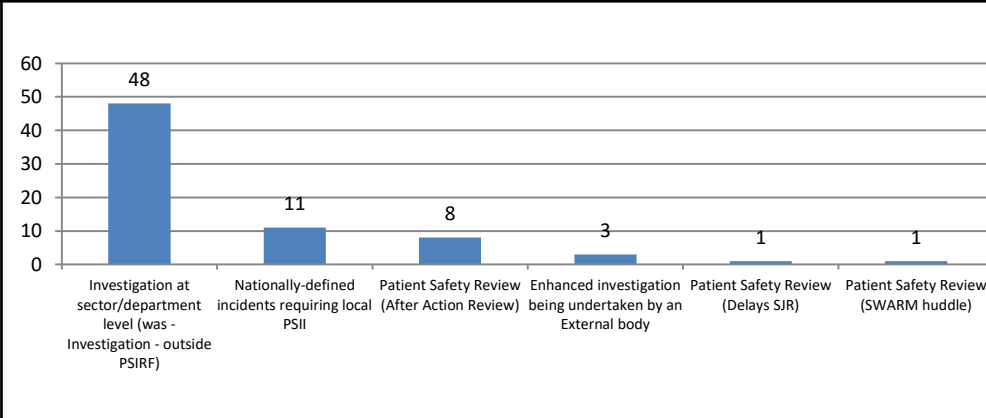
The Trust continues to develop and embed the Framework within supporting processes and governance structures. The Early Adopter programme has now ended and the final revised framework is due to be published imminently.

Owner: April Wrangles | Exec Lead: Neal Durge

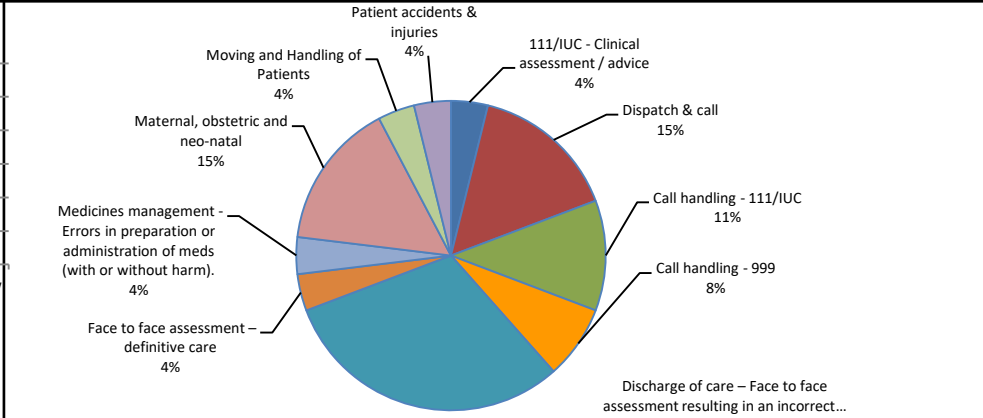
During March 2024, a total of 72 (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident response Plan (PSIRP). Of these **72, 24** were identified as requiring an enhanced level of investigation. The breakdown of the 24 is as follows:

National Priority – Patient Safety Incident Investigations (PSII)	Local Priority – Patient Safety Incident Investigations (PSII)
<p>11 incidents met the nationally defined criteria requiring local PSII</p> <ul style="list-style-type: none"> <li>4 incident met the nationally - Locally defined – Discharge of care – Face to face assessment resulting in an incorrect non conveyance</li> <li>2 Dispatch &amp; call priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care.</li> <li>2 incident met the nationally – Locally defined – Call handling – 111/IUC</li> <li>1 incident met the nationally – Locally defined – Call handling – 999</li> <li>1 incident met the nationally – Locally defined – Call handling – 111/IUC - Clinical assessment / advice.</li> <li>1 incident met the nationally defined – requiring local investigation - Patient accidents &amp; injuries</li> </ul> <p>3 incidents are being investigated by the NMSO in relation to Maternal, obstetric and neo-natal</p>	<ul style="list-style-type: none"> <li>There were no PSII's commissioned under the local priorities for the month of March 2024.</li> </ul>
Patient Safety Review (Non PSII)	Local Review
<ul style="list-style-type: none"> <li>8 AARs were commissioned during March 2024, 7 of which met the Trusts PSIRP and included:                     <ul style="list-style-type: none"> <li>X1 Locally defined call handling (111)</li> <li>X1 Locally defined call handling (999)</li> <li>X3 Locally defined discharge of care</li> <li>X1 Locally defined definitive care</li> <li>X1 Locally defined medicines management</li> </ul> </li> <li>1 AAR was commissioned under the category of dispatch and call.</li> <li>1 incident did not meet the Trust's PSIRP and is being investigated as a PSR - Delays SJR</li> <li>1 incident did not meet the Trust's PSIRP and is being investigated as a PSR – SWARM huddle</li> </ul>	<p>The remaining 48 incidents were referred to Sector/Department management teams to continue with a local investigation.</p> <p>The following mitigating actions have taken place:</p> <ul style="list-style-type: none"> <li>Taxi guidance released</li> <li>Continual monitoring of new category created on Datix ('clinical concern about an external provider') to better understand when concerns are being raised about another healthcare provider</li> <li>Themes from patient safety incident have been shared with managers via the Learning Assurance Group</li> </ul>

## Incidents by PSIP Outcome



## Themes of incidents discussed under PSIRF





# 1. Safe – Safety Investigation Actions

The number of safety investigation actions on the Trust's risk management system continue to be monitored centrally to ensure they are closed within their set timeframe.

Owner: April Wrangles | Exec Lead: Neal Durge

## Overdue Actions Update: March 2024

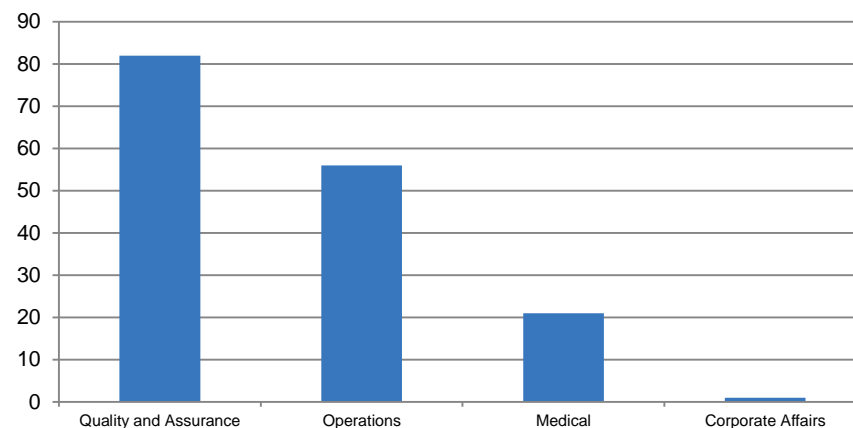
There continues to be a focus on SI, PSII and PSR actions, at the end of March there were **167** open actions, of these **0** were overdue. This significant improvement is due to engagement with action owners, enhanced escalation processes and supporting the closure administration of actions with assurance. There are certain processes in place to monitor and encourage prompt completion of actions including:

- Action owners are made aware of the overdue action by the Datix system which sends a reminder every 2 days.
- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.
- Overdue actions are also monitored at the Learning Assurance Group where escalations to departments are communicated, if required.

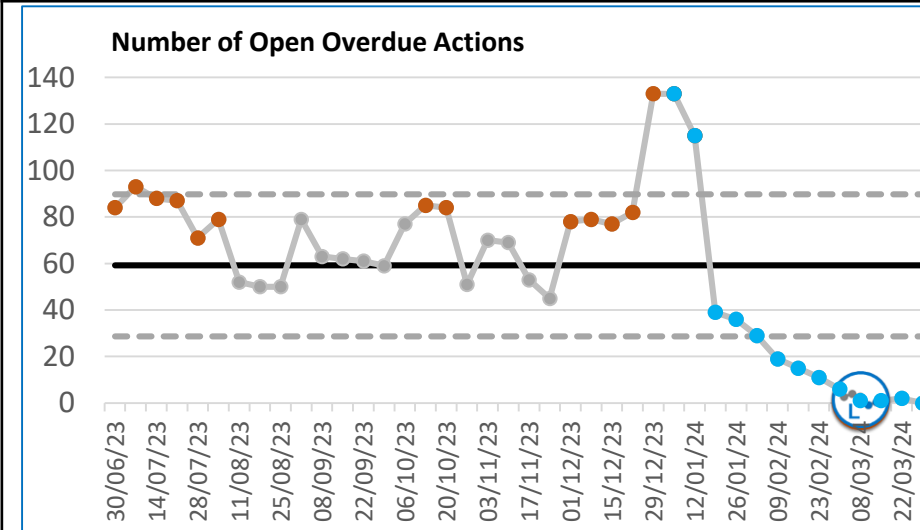
The 2 incidents which are oldest and highest in priority are as follows:

- **Action: Develop a tool which may be used by all clinical staff when providing medication therapy**  
Update: Original due date: 28 February 2020, current due date 30 April 2024.
- **Action: An audit of compliance should be introduced to monitor that staff are aware of the tools and that they are used in their practice.**  
Update: Original due date – 31 December 2019 current due date 31 October 2024.

## Open Actions by Directorate



## Overdue Actions

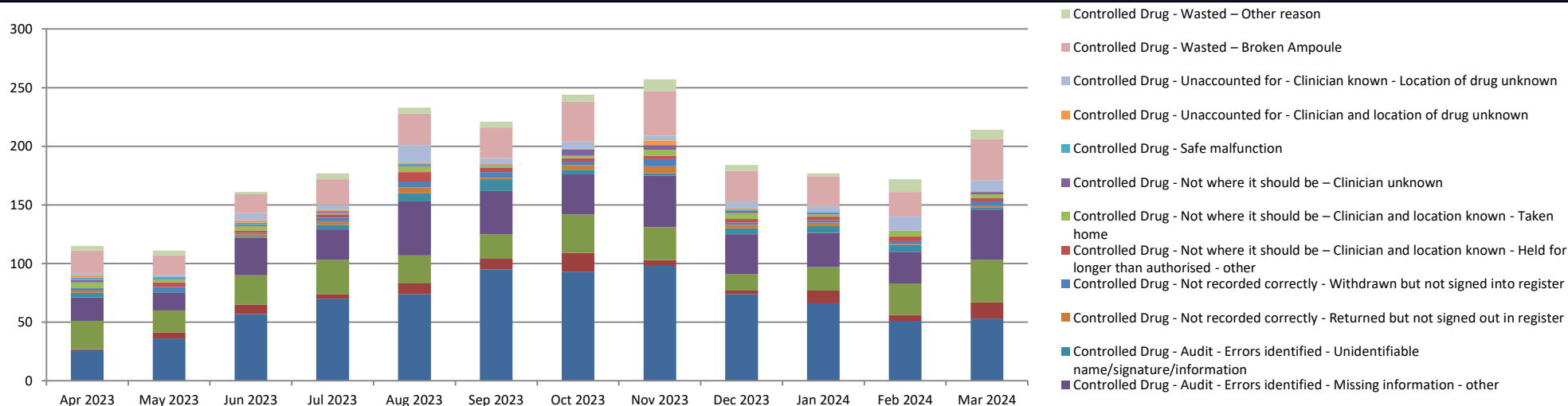




# 1. Safe - Medicine Management

Owner: Timothy Edwards | Exec Lead: Dr. Fenella Wrigley

## BI Controlled Drug Report



### Analysis

- No unaccounted loss of morphine
- Other controlled drug (CD) incidents
  - Documentation errors (n=164)
  - Breakages (n=35) or wastage (n=8)
  - Morphine retained off duty (n=8) or CDs left unsecured (n=5)
  - Use ketamine vial returned to safe (n=1)
- Other incidents
  - Drugs unsealed (n=5), loss or theft (n=4) or missing from stock (n=13)
  - Breakages & wastage (n=4), or out-of-date (n=1)
  - Kitprep discrepancy (n=5) or drugs usage form discrepancy (n=144)
  - Supply issues (n=2) or packs not sealed (n=5)
  - Drugs left unsecured (n=5)
  - Inappropriate administration of adrenaline (n=20), amiodarone (n=5), aspirin (n=2), atropine (n=1), benzylpenicillin (n=1), chlorphenamine (n=1), dexamethasone (n=1), glucagon (n=1), glucose (n=1), hydrocortisone (n=1), midazolam (n=22), paracetamol (n=4), pentrox (n=1), phenoxymethylpenicillin (n=1), salbutamol (n=1), TXA (n=1)
  - Non-LAS prescriber issue (n=1),

### Assurance & Actions

#### Assurance

- No unaccounted for loss of morphine
- Drugs retained off duty identified promptly
- Revision of midazolam PGD

#### Actions

- Revise midazolam PGD in response to feedback
- Monitor midazolam errors



# 1. Safe - Medicine Management Audits

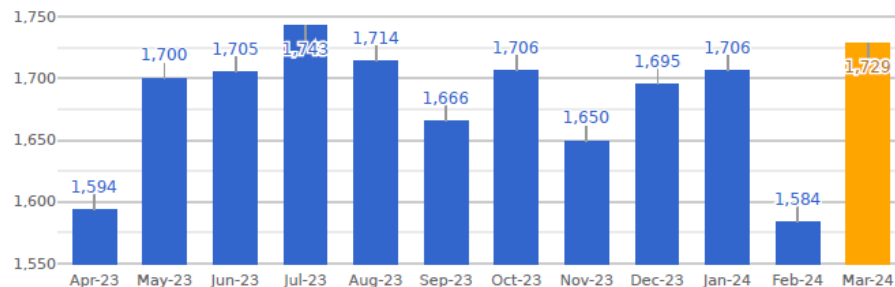
Owner: Gavin Mooney | Exec Lead: Dr. Fenella Wrigley

## Number of Inspections

Mar'24: 1729

This month we have carried out 1729 inspections across 66 areas – an average of 26.20 inspections per area.

Total monthly inspections (last 12 months)

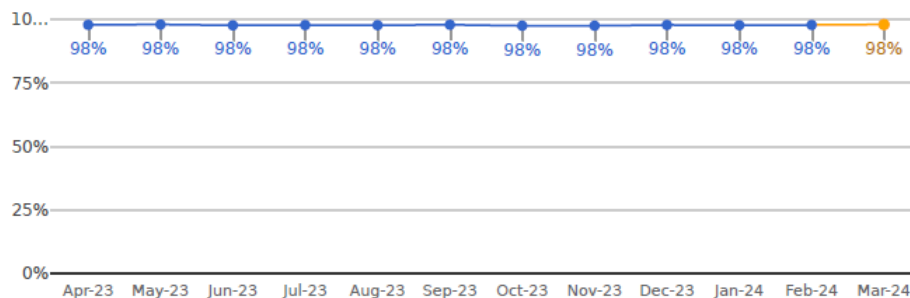


The average score across the organisation this month was 98%.

## Average Inspection Score

Mar'24: 98%

Average score (last 12 months)



## Assurance & Actions

The PW inspection results are based on the numbers of inspections which take place only.

Current work stream in situ to update the account holders for this audit tool. R&SA undertaking work relating to number of APP audits undertaken. The APP operational capacity to undertake these audits differs to regular Group Management Teams.

Action plans for lowest scoring stations / areas sit with respective SMT / QGAMs

## Average Inspection Score

Mar'24: 98%

## Ranking of Clinical Areas

### Highest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
1	APP Bamehurst	100% (3)	100% (9)
2	APP Friern Barnet	100% (3)	98% (26)
3	APP Westminster	100% (6)	100% (38)
4	Battersea	100% (29)	99% (355)
5	Clinical Education Centre - Dockside address	100% (1)	100% (3)

### Lowest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
62	West Ham	96% (32)	98% (372)
63	Islington	95% (30)	96% (347)
64	Waterloo	95% (27)	97% (352)
65	Deptford	94% (28)	95% (330)
66	New Malden	94% (32)	94% (372)

Numbers in brackets show number of inspections score is calculated from.

# 1. Safe - Safeguarding

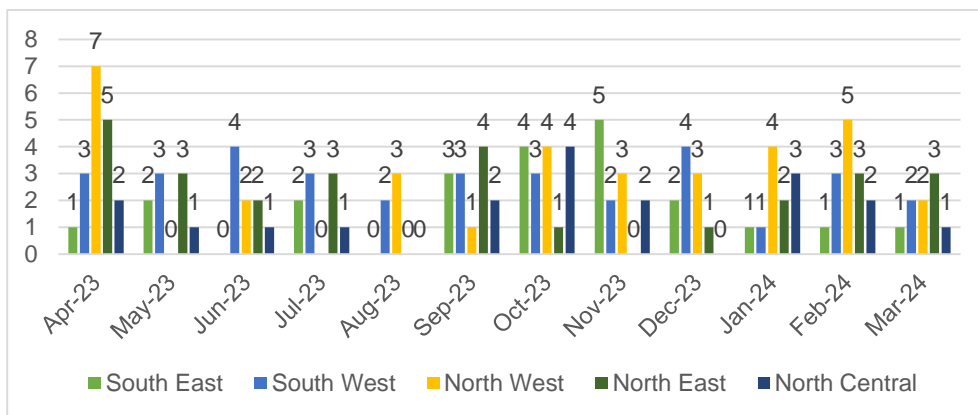
Owner: Alan Taylor | Exec Lead: Pauline Cranmer

## Safeguarding Adults and Children

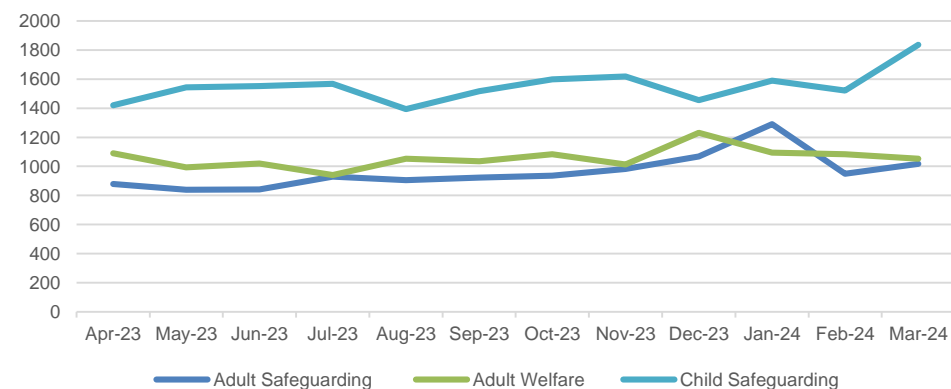
Compliance on Safeguarding Level 2 & Level 3 has been set at 85% by end of year. Discussions have been held with IUC & EOC management on improving their compliance rates and a recovery plan has been provided for IUC. EOC have now provided a recovery plan for level 2 achievement. A risk has been raised as insufficient progress has been made to date and the end of financial year target has not been met for level 2.

Standard 2: Training in Adults & Children Safeguarding & Workforce March 2024	Trust wide
Safeguarding Children & Adult Training Level 1 ( Trust wide)	93%
Safeguarding Adults & Children Level 2 EOC	74%
Safeguarding Adults & Children Level 2 IUC	91%
Safeguarding Adults & Children Level 3	90%

## Joint Agency Response Service Numbers Attended



## Safeguarding Referrals



The Joint Agency Response meetings are now managed directly by the Safeguarding Team. These are currently undertaken virtually and as a result we have been able to attend the majority of these Multi agency meetings.

All referrals have seen a ready increase. We are managing any issues identified with making referrals with the EBS team. Trust is looking to make referrals electronic in the coming year.



# 1. Safe – Safeguarding DBS Checks

Owner: Chris Randall | Exec Lead: Damian McGuinness

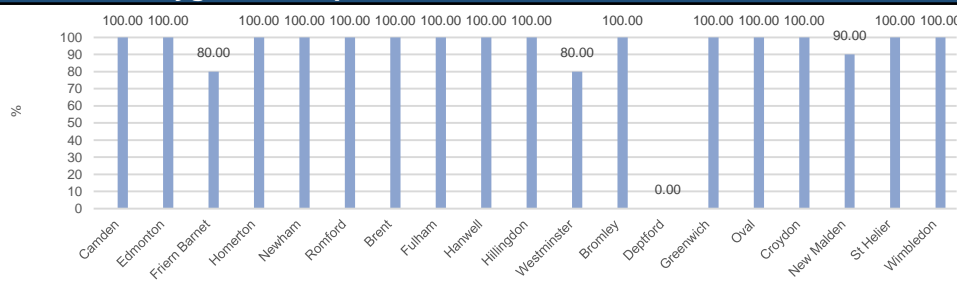
DBS Checks Assurance Template - As at 31st March 2024					
Team	Total number requiring DBS checks	Total number of recorded DBS checks	Percentage	DBS check in progress	Comments
Ambulance Services	4321	4321	100.0%	0	(1) 6 new-entrant paramedics, one 111 health advisor in classroom
Integrated Patient Care	1405	1404	99.9%	1	
Non-Clinical (Corporate Teams)	380	374	98.4%	6	
Emergency Responders	67	67	100.0%	0	
Ambulance Services (Bank)	320	320	100.0%	0	
Total	6493	6486	99.9%	7	



# 1. Safe - Infection Prevention and Control

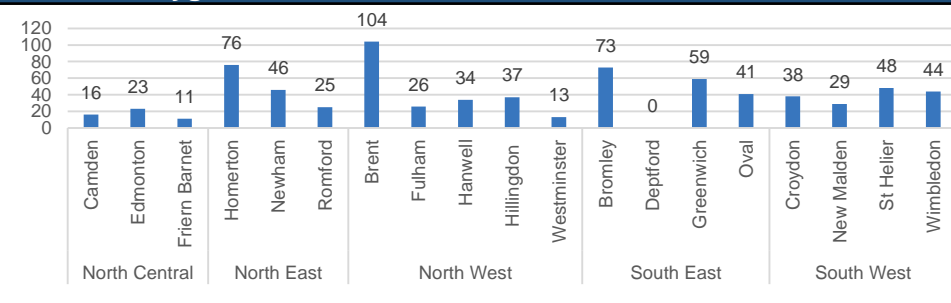
Owner: Claire Brown | Exec Lead: Dr. Fenella Wrigley

## OWR Hand Hygiene Compliance Mar'24: 99%



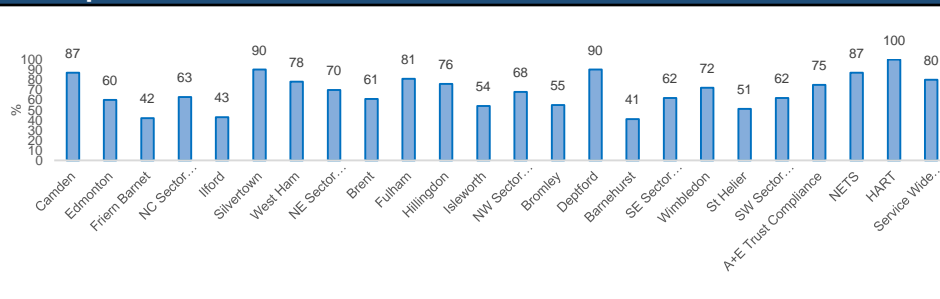
- The overall Trust OWR Hand Hygiene compliance for March 2024 is reported at 98.96% against the Trust target of 90%.

## OWR Hand Hygiene Submissions Mar'24: 743



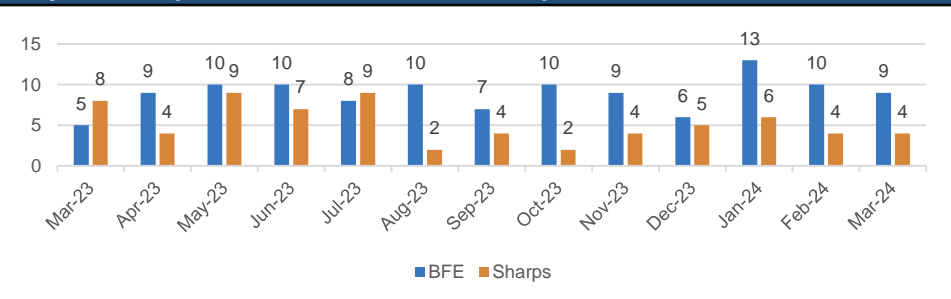
- 20/21 group stations submitted OWR data for March 2024 (Note: Newham encompasses Whipp's Cross data and Romford encompasses Ilford data in these graphs).
- A total of 743 submissions were recorded in March 2024.

## VP Deep Clean A&E Mar'24 : 80%



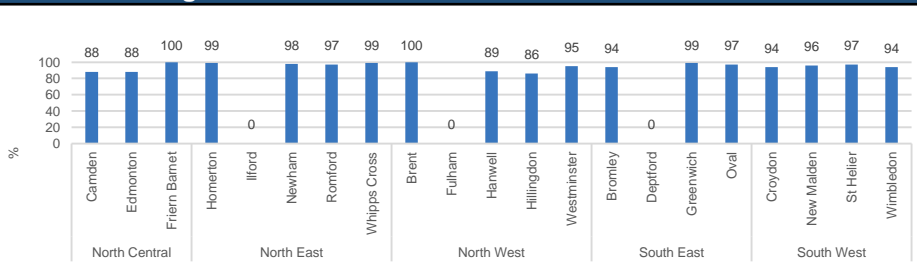
- Overall Trust compliance was 80% in March 2024 which is below the 95% target, with many groups falling below compliance.

## Body Fluid Exposure & Contaminated Sharps Incidents Mar'24: 18



A total of 18 incidents were reported via Datix for contaminated sharps injuries and exposure to body fluids (BFE) during March 2024. All incidents reviewed and 13 were deemed true occurrences.

## Premises Cleaning Audit Mar'24: 90%



- Overall Trust compliance for March 2024 was noted as 95%, which achieved the Trust target of 90%.

## Infection, Prevention & Control Training

IPC training compliance for Level 1 and Level 2 is monitored via ESR .

### Performance achieved:

- Level 1 – 92.6% compliance, meeting the Trust compliance target.
- Level 2 – 94.7% compliance, meeting the Trust compliance target.

### Assurance:

- Monitored via ESR
- Monthly CEO performance reviews
- Oversight at Quarterly IPCDG, IPCC and CQOG

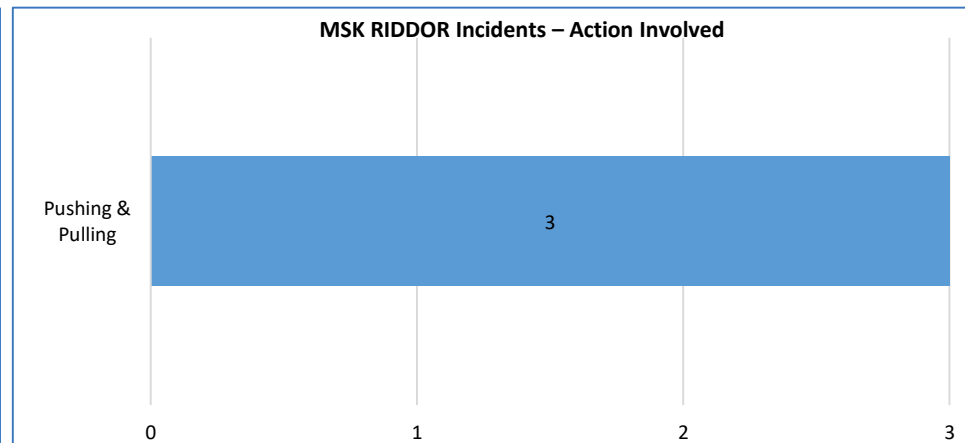
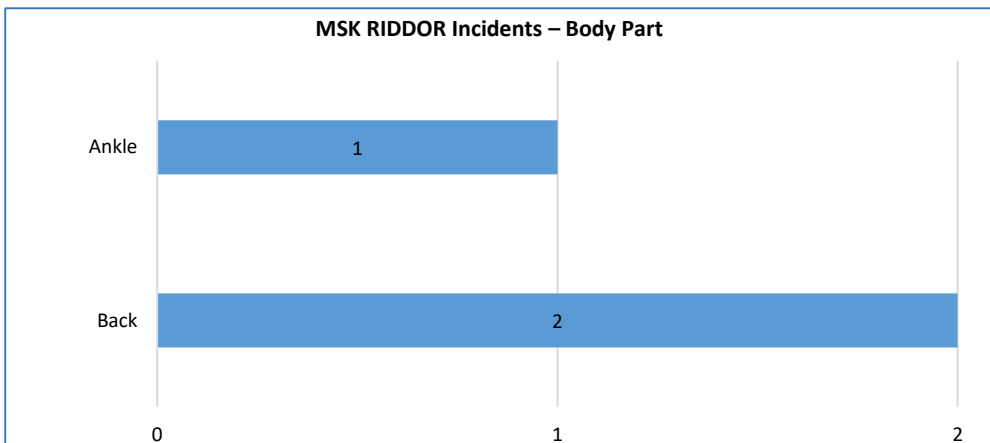
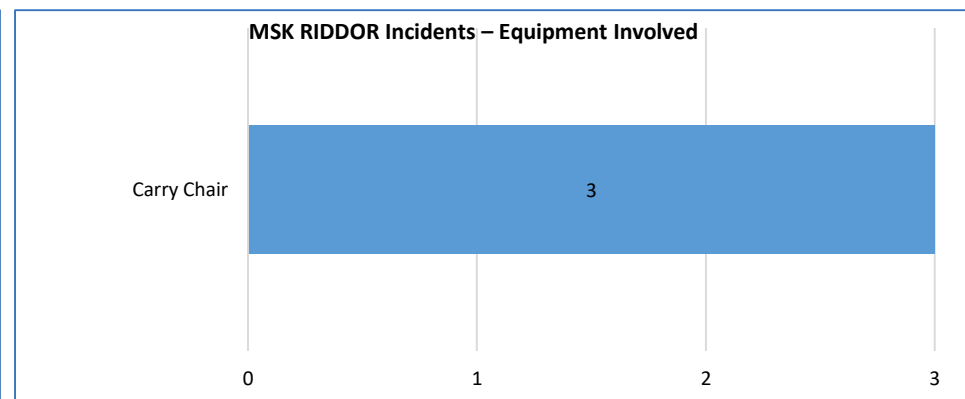
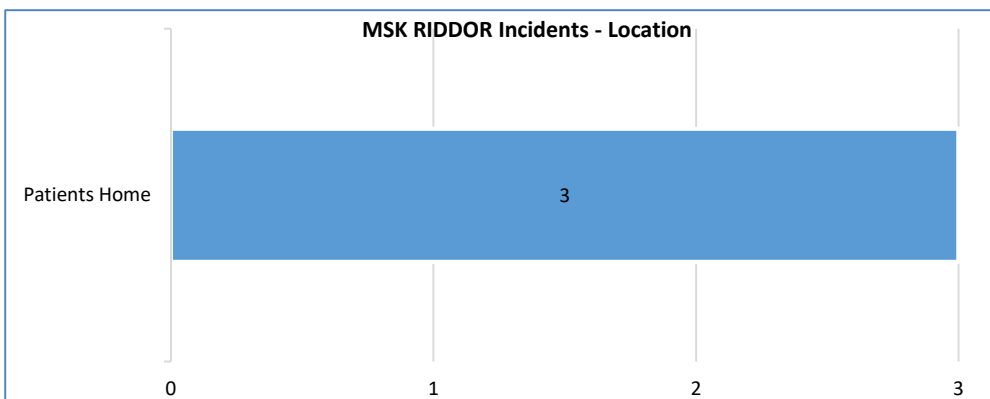




# 1. Safe – Health and Safety

Owner: Edmund Jacobs | Exec Lead: Jaqualine Lindridge

## Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – March 2024



**The above graphs provide details from the thematic analysis of 3 reported RIDDOR incidents in March'24 (2 of these incidents were occurred in February'24 and 1 incident was occurred in March'24 ). These relate to Manual Handling (MSK):**

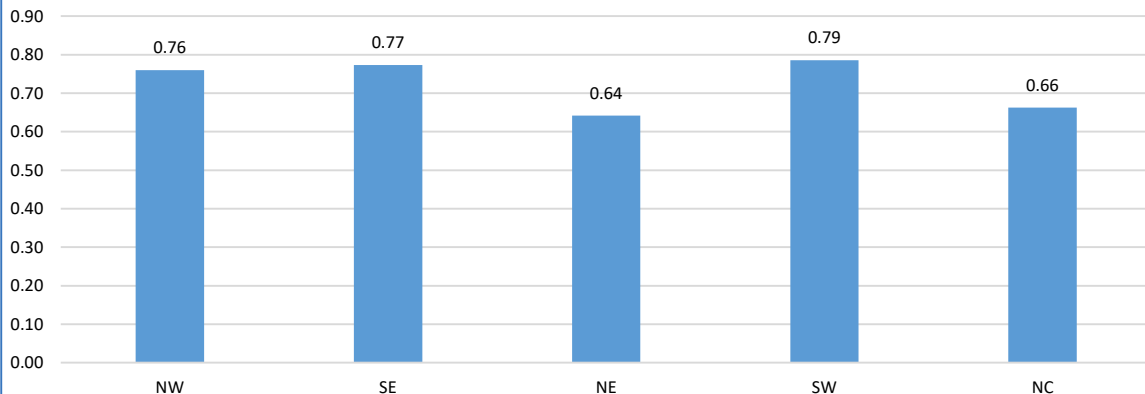
- 3 reported RIDDOR incidents occurred in Nursing Home (n=3).
- 3 reported RIDDOR incidents involved Carry Chair (n=3).
- 2 reported RIDDOR incidents resulted in Back injury (n=2) and 1 incident resulted in Ankle injury (n=1).
- 3 reported RIDDOR incidents were occurred during Pushing & Pulling (n=3).

\*\*\* Incidents reported under RIDDOR: Over seven day injuries, Serious injuries, Patient incidents, Occupational diseases, Dangerous occurrences.

\*\*\* All the above highlighted RIDDOR incidents are staff related.

# 1. Safe – Health and Safety Security

**Rate of number of reported Physical Assaults on Staff by Sector per 1000 face to face Attendances (YTD) – 2023/24**



Sector	Rate of Physical Assaults on Staff
NW	0.76
SE	0.77
NE	0.64
SW	0.79
NC	0.66

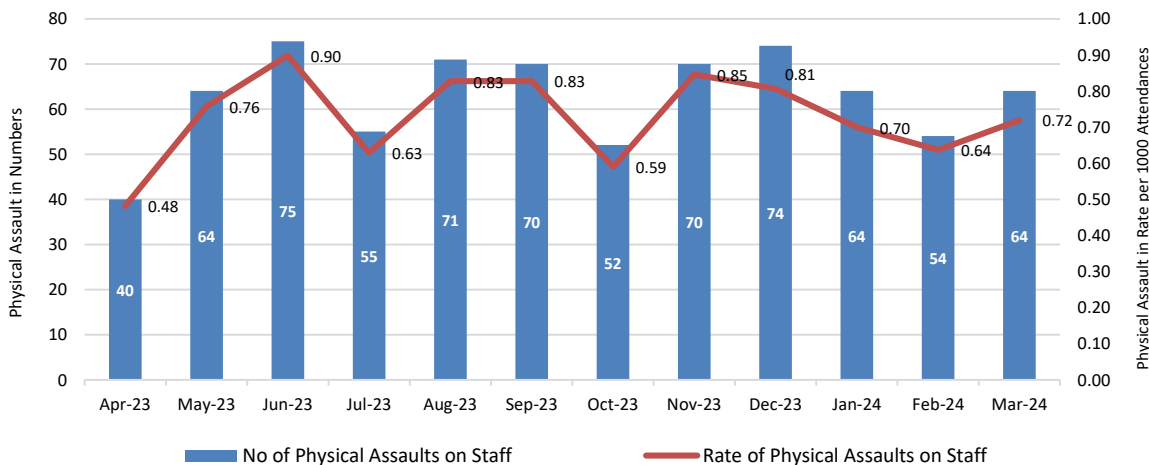
**Notes:**

- The graph and dash board (left side) provides the Rate of reported Physical Assault on Staff by Sector per 1000 face to face Attendances.
- According to the number of reported incidents: In all 5 sectors, approximately one physical assault incident occurred per every 2000 face to face attendances.

**Key Update:**

- Total of 9 RIDDOR reportable Violence & Aggression related incidents were recorded during 2023/24 (up to end of March'24).

**No of Physical Assaults on Staff vs Rate of Physical Assaults on Staff per 1000 face to face Attendances**



Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff	No of Non-Physical Assault on Staff	Rate of Non-Physical Assault on Staff
Apr-23	40	0.48	130	1.56
May-23	64	0.76	121	1.43
Jun-23	75	0.90	113	1.35
Jul-23	55	0.63	108	1.23
Aug-23	71	0.83	127	1.48
Sep-23	70	0.83	105	1.31
Oct-23	52	0.59	101	1.15
Nov-23	70	0.85	116	1.40
Dec-23	74	0.81	145	1.58
Jan-24	64	0.70	104	1.14
Feb-24	54	0.64	117	1.38
Mar-24	64	0.72	119	1.34

**Notes:**

- The graph and dash board (above) provides the Number of reported Physical Assault on Staff & the Rate of reported Physical Assault on per 1000 face to face Attendances over the last 12 months (March'23 to March'24).

NHS definitions of assault:  
**Physical assault** – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

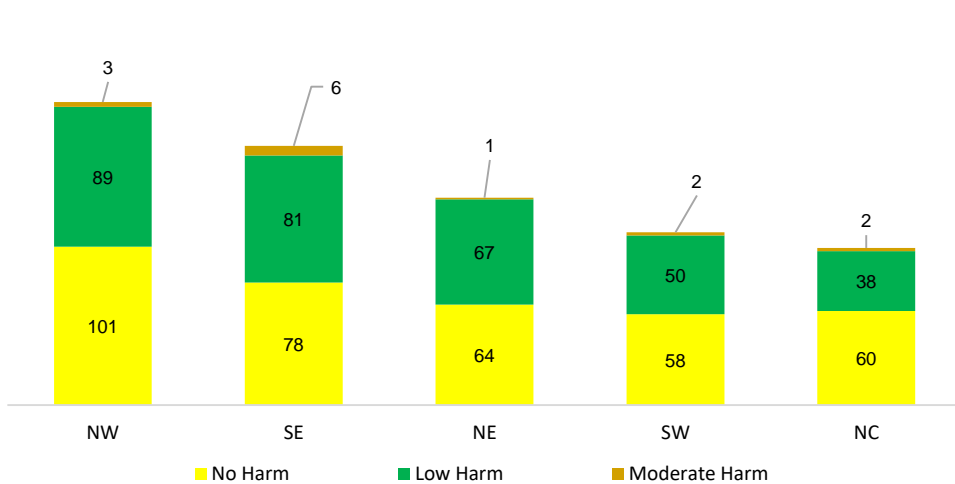
**Non-physical assault** – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

\*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This December result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.

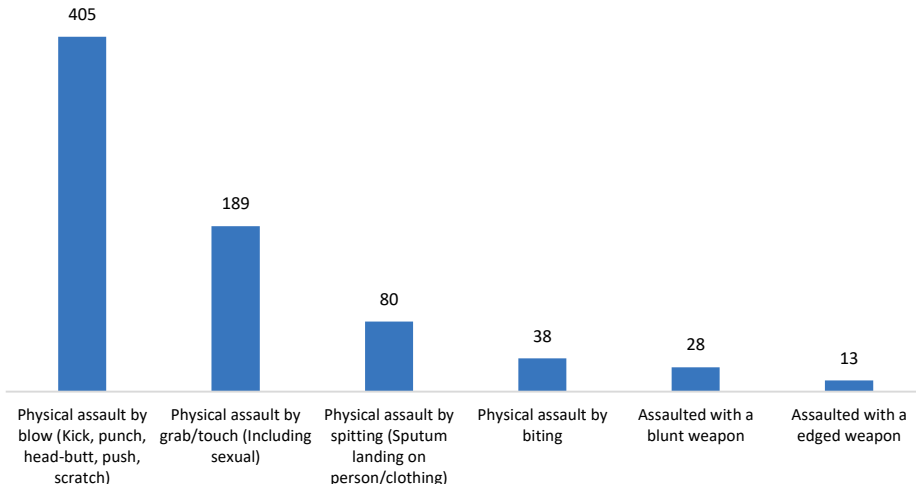


# 1. Safe – Health and Safety Physical Assaults

**Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2023/24**



**Number of reported Physical Assaults on Staff by Type (YTD) – 2023/24**



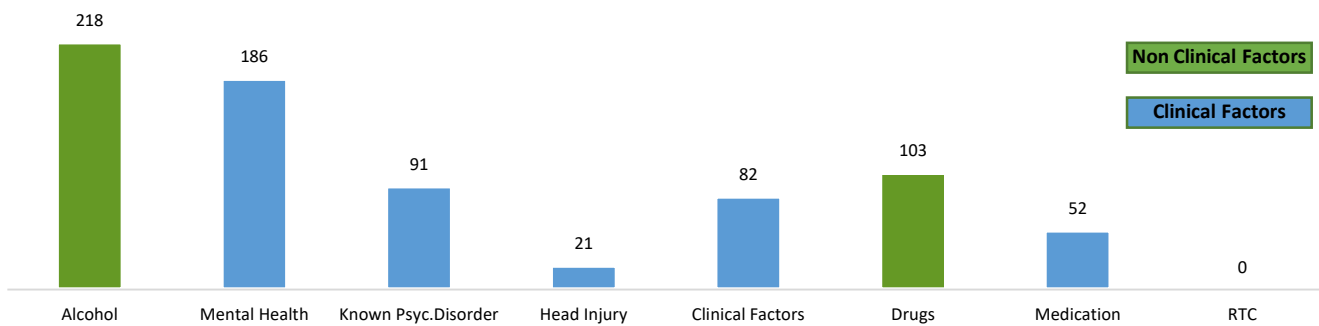
**Notes:**

- A total of 753 Physical Assaults on Staff were reported during 2023/24 (up to end March'24).
- 391 (52%) of the incidents were reported as 'No Harm/Near Miss incidents, 347 (46%) incidents were resulted in 'Low Harm' and 15 (2%) incidents were resulted in 'Moderate Harm'.
- 35 out of the 753 Physical Assault on Staff were caused by other (ex: family member of the patient / by standers etc).

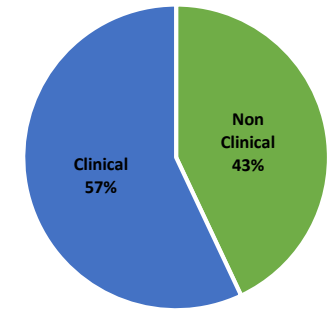
**Notes:**

- Physical Assault – by blows, kicks/ assault to staff (54% , n=405) accounted for the highest number of incidents reported during 2023/24 (up to end March'24).

**Number of reported Physical Assaults on Staff by Influencing Factors (YTD) 2023/24**



**Percentage Breakdown of Factors (YTD) 2023/24**



**Notes:**

- Clinical Factor: 432 (57%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=186), Known Psyc.Disorder (n=91), Head Injury (n=21), Clinical Factors (n=82), Medication (n=52).
- Non Clinical Factor: 321 (43%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=218), Drugs (n=103) and RTC (n=0).

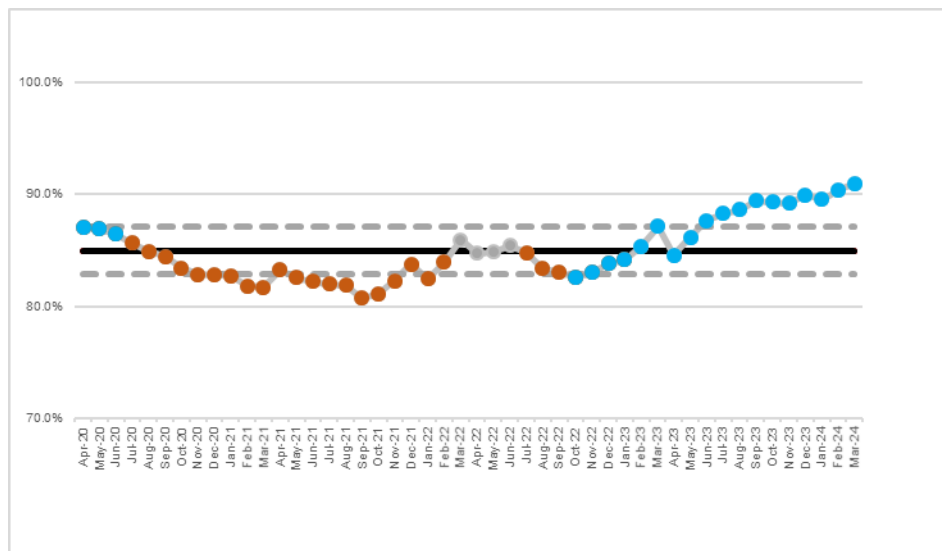


# 1. Safe - Statutory & Mandatory Training

Owner: Chris Randall | Exec Lead: Damian McGuinness

## Statutory & Mandatory Training Compliance

Mar'24: 91%



- Stat and mand training – as at 31<sup>st</sup> March we are currently tracking at **91%**, and remain above the 85% target. The recent external audit on statutory and mandatory training provided substantial assurance on design option and design effectiveness.

## Training Overview March 2024

Training Type	%
Display Screen Equipment (3 Years)	85.79%
Duty of Candour (3 Years)	94.51%
EPRR Incident Response (Clinical) (1 Year)	91.38%
EPRR Incident Response (EOC) (1 Year)	71.69%
EPRR JESIP Awareness E-Learning (1 Year)	74.54%
EPRR JESIP Commander Classroom (3 Years)	82.35%
EPRR LAS Operational Commander Foundation (3 Years)	83.66%
EPRR LAS Tactical Commander Foundation Course (3 Years)	64.29%
Equality, Diversity & Human Rights (3 Years)	0.00%
Equality, Diversity and Human Rights - 3 Years	94.50%
Fire Safety (2 Years)	93.75%
Fraud Awareness (No Renewal)	87.95%
Health & Safety Trust Board (1 Year)	73.33%
Health, Safety & Welfare (3 Years)	100.00%
Health, Safety and Welfare - 3 Years	93.46%
Infection Prevention & Control Level 1 (3 Years)	100.00%
Infection Prevention and Control - Level 1 - 3 Years	92.64%
Infection Prevention and Control - Level 2 - 1 Year	95.32%
Information Governance (1 Year)	100.00%
Information Governance and Data Security - 1 Year	94.76%
Medicines Management (1 Year)	66.61%
Medicines Management (NETS) (1 Year)	68.35%
Mental Capacity Act Level 1 (3 Years)	95.56%
Moving & Handling Level 1 (3 Years)	100.00%
Moving & Handling Level 2 (Load Handling) (3 Years)	3.74%
Moving and Handling - Level 1 - 3 Years	92.72%
Moving and Handling - Level 2 - 2 Years	93.88%
NHS Conflict Resolution (England) - 3 Years	89.45%
Oliver McGowan Training on Learning Disability and Autism Tier 1 (3 Years)	83.84%
Prevent Level 1 (3 Years)	100.00%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	93.15%
Preventing Radicalisation - Prevent Awareness - 3 Years	93.74%
Resuscitation - Level 1 - 1 Year	90.24%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	84.17%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	84.17%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	94.14%
Resuscitation - Level 3 - Newborn Immediate Life Support - 1 Year	94.14%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	94.14%
Resuscitation Level 1 (1 Year)	100.00%

## 2. Effective

To be effective we must ensure that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Clinical Ambulance Quality Indicators
- NICE and JRCALC Guidance Updates
- Clinical Audit Performance
- Handover to Green
- PDR & MCA Training

***Outstanding Characteristic:*** *Outcomes for people who use services are consistently better than expected when compared with other similar services.*



## 2. Effective – NICE Guidelines

Owner: Timothy Edwards | Exec Lead: Dr. Fenella Wrigley

### National Institute for Health and Care Excellence (NICE) Guidance – Update Report March 2024

At the time of writing, there are actions in progress for 1 articles of guidance. This includes activity from the December and January summaries. There are 4 articles of guidance which are overdue detailed review.

#### February 2024

The summary of NICE Guidance for February 2024 has been reviewed. Of the guidance released, no items required specialist review:

#### March 2024

The summary of NICE Guidance for March 2024 has been reviewed. Of the guidance released, 2 items required specialist review:

NG195 – [Overview: Neonatal Infection: Antibiotics for prevention and treatment](#)

NG240 – [Overview: Meningitis \(bacterial\) and meningococcal disease: recognition diagnoses and management.](#)

#### Actions Overdue

NG9 – [Bronchiolitis in children: diagnosis and management](#)

#### Review Overdue

NG197 – [Shared decision making](#)

NG218 – [Vaccine uptake in the general population](#)

NG136 – [Hypertension in adults: diagnosis and management](#)

CG109 – [Transient loss of consciousness \('blackouts'\) in over 16s](#)

NG51 – [Suspected sepsis: recognition, diagnosis and early management](#)

#### Awaiting Review

NG240 – [Overview: Meningitis \(bacterial\) and meningococcal disease: recognition diagnoses and management.](#)



## 2. Effective - Clinical Ambulance Quality Indicators

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Measures	Target / Range	RAG	YTD 23/24	10/2023	11/2023	12/2023	01/2024	02/2024	03/2024	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)			29%	31%	29%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)			52%	49%	49%					↔			LQ1b		
STEMI Care Bundle (AQI) (Reported every 4 months)	80%	R	74%	-	-					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)			96%	-	97%					↔			LQ3b		
Stroke on scene duration (CARU continual audit)			37	37	39	39				↔	—				
Survival to 30 days (AQI)			9%	8%	8%					↓					
Survival to 30 days UTSTEIN (AQI)			30%	23%	31%					↓					
STEMI On scene duration (CARU continual audit)			42	42	45					↓					
STEMI Call to Angiography - Mean (hh:mm) (AQI)			02:20	02:16	02:18					↓					
Stroke - Call to Arrival at Hospital - Mean (hh:mm)	01:50	G	01:29	01:28	01:34					↓					
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	-	80%	82%	84%	93%	80%		↓		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			Data not currently available							↔			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	-	97%	98%	97%	97%	98%		↑		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	-	96%	96%	96%	96%	97%		↑		✓	LQ12		
Documented Care - Mental Health (diagnosed) Compliance (CPI audit)	95%	G	-	96%	-	95%	-	95%		↓		✓	LQ12		
Documented Care - Mental Health (undiagnosed) Compliance (CPI audit)	95%	G	-	-	96%	-	95%	-		↑					
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	-	97%	97%	97%	97%	97%		↔	—	✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	-	96%	-	95%	-	96%		↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)	95%	G	-	95%	95%	95%	95%	96%		↑					
Documented Care - End of Life Care Compliance (CPI audit)	95%	G	-	-	94%	-	95%	-		↑					
Documented Care - Sickle Cell Crisis Compliance (CPI audit)	95%	R	-	94%	94%	92%	94%	94%		↔					



## 2. Effective - Clinical Ambulance Quality Indicators

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

### AQI Narrative

#### Cardiac Arrest:

In November 2023, the LAS was ranked 3<sup>rd</sup> nationally for ROSC to hospital in the overall group – achieving ROSC at hospital handover for 28.7% of patients (national average 26.7%). In the Utstein comparator group the figure was below the national average at 49.1% (national average 49.4%) with LAS ranking 5<sup>th</sup>.

We were above the national average for the survival at 30 days in the overall group (LAS: 10.0%; National: 8.5%) ranking 3<sup>rd</sup> and below the average for the Utstein comparator group (LAS: 28.3; National: 28.6%) ranking 5<sup>th</sup>.

Post ROSC Care Bundle data published in March (from October 2023) ranks the LAS 6<sup>th</sup> with 76.3%, slightly below the national average of 76.7%.

#### STEMI:

The mean call to angiography time has increased by 2 minutes in November 2023\*. Despite the increase, the LAS was the second best performing ambulance service for this measure in England by achieving a mean of 2:18 against the national average of 2:32.

STEMI Care Bundle data will next be published in June 2024 (for January 2024 performance).

#### Stroke:

In November 2023, the LAS achieved a mean call to arrival at hospital time of 01:34\*\*, which was 6 minutes longer than the previous month. While exceeding the national average of 01:40, the LAS is ranked 4<sup>th</sup> among other ambulance services.

NHS England released Stroke Diagnostic Bundle figures this month. Diagnostic bundle provision to suspected stroke patients has remained stable at 96.7%. However, the LAS dropped to the 9<sup>th</sup> place when ranked against other ambulance services, performing slightly below the national average of 97.6%.

\*\*Based on MINAP data which may not be a complete sample.

\*\*Based on SS NAP data which may not be a complete sample.







## 2. Effective - Clinical Audit Performance & Research

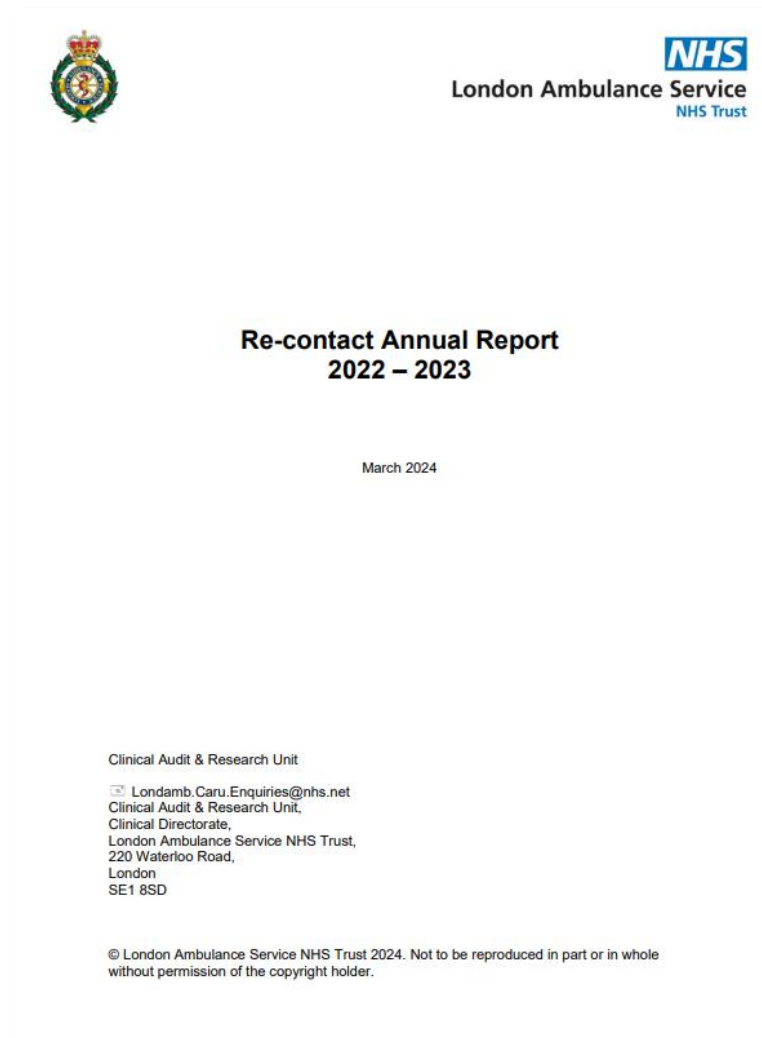
Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

### Research

- The Spinal Immobilisation Study is now live across all sectors. Training is opening to all DCA paramedics, APP and HART clinicians.
- New Malden and Richmond stations are now open to CRASH4, meaning that the entire South West sector is able to recruit eligible patients.
- RAPID-MIRACLE has now surpassed 250 patients.
- PARAMEDIC-3 recruited over 100 patients in March 2024.

### Clinical Audit

- We published a report summarising the findings and impact of the 2022-23 Re-contact Clinical Audit.
- In February and March 2024, CPI training was delivered to 30 paramedics on restricted duties and 6 registrants in a Management Development Role. CPI auditors reported 27 potential patient safety incidents via Datix reports and called EBS to discuss the potential for 10 retrospective safeguarding referrals.

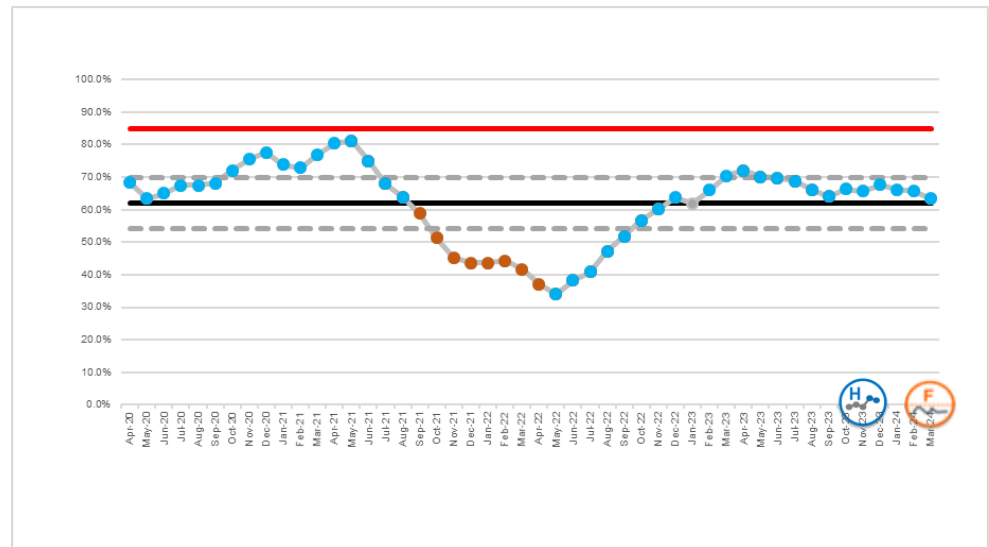


# 2. Effective – PDR & MCA Training

Owner: Various | Exec Lead: Pauline Cranmer & Damian McGuinness

## Staff Appraisals

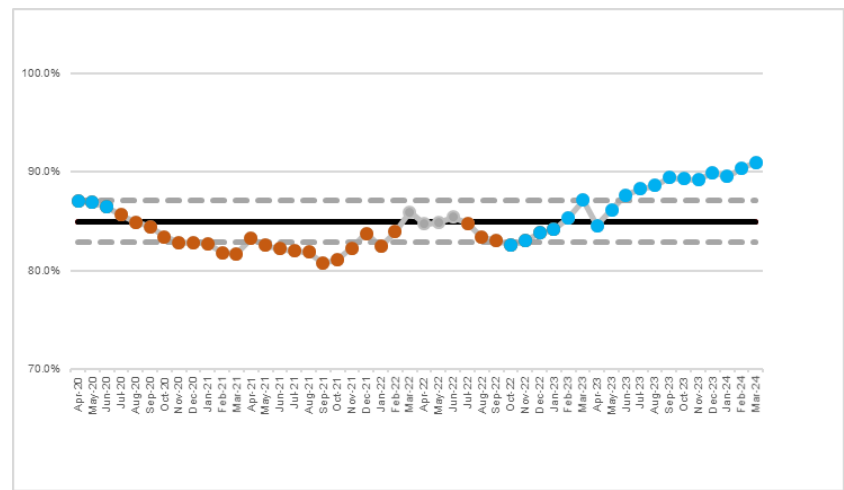
Mar'24: 64%



In March, our appraisal compliance remains at 66%. The 'Our LAS' appraisal process is underway to empower better, efficient conversations between leaders and their team members throughout the year, not just a one-off appraisal session. The 4S's form – aiding discussion around an employees' successes, struggles, setting goals and support requirements – is available on the intranet and colleagues are invited to 90-minute training sessions to convert their learning into practice. There has been good progress with the design and development of the new 'Our LAS' e-appraisal & talent management system. A formal evaluation is currently being designed to ascertain feedback on the system to drive improvements before planning an LAS-wide roll-out. We are also designing plans to increase system usage and revamp how we follow-up on appraisal compliance. Currently there are a total of 665 people that form part of the phase 1 and 2 of our implementation plan, which includes colleagues from the People and Culture Directorate, EDI Team, all those that were part of the stakeholder engagement panels (including their manager and their direct line reports), Homerton and New Malden. The OD & Talent team has facilitated several group drop-in and 1:1 sessions for colleagues, as well as recorded a training video.

## Mental Capacity Act Training Level 1

Mar'24: 96%



MCA level 1 – Current compliance is at 96%.

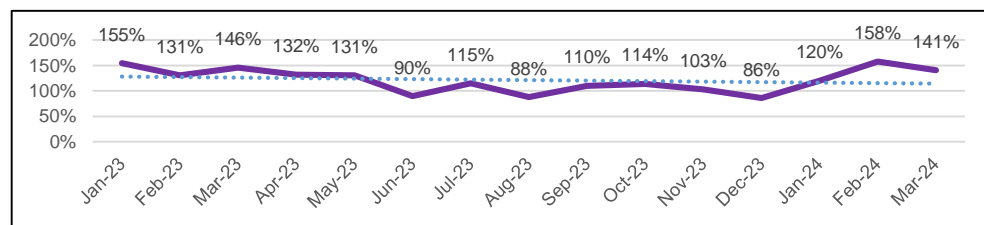
The current eLearning provides both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed.

# 2. Effective – EOC Call Handling Quality Assurance

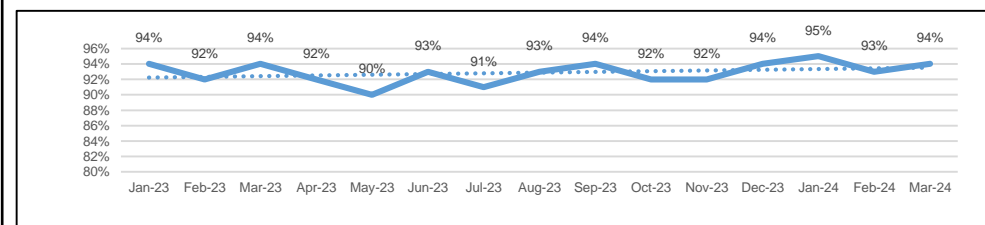
Owner: Sue Watkins | Exec Lead: Dr. Fenella Wrigley



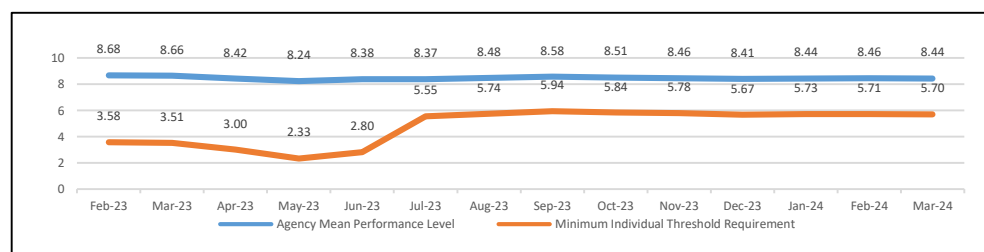
## % of Emergency (MPDS) calls reviewed against requirements Mar'24: 141%



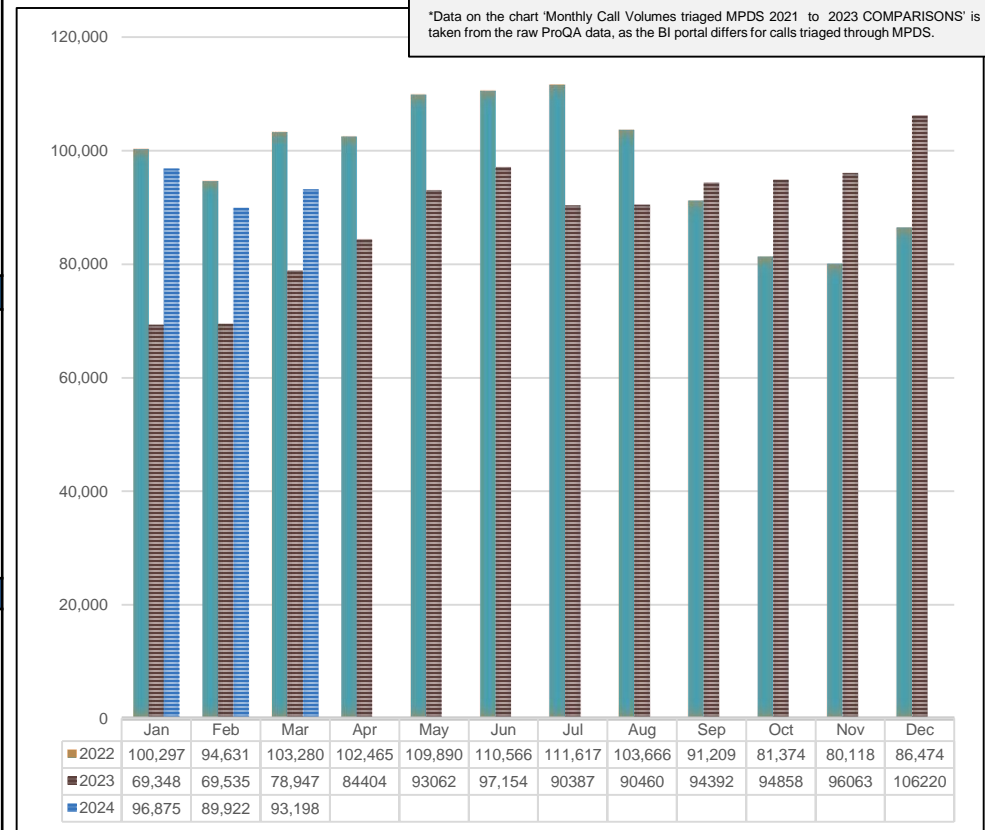
## Overall Compliance with MPDS (Call Handling) protocols Mar'24: 94%



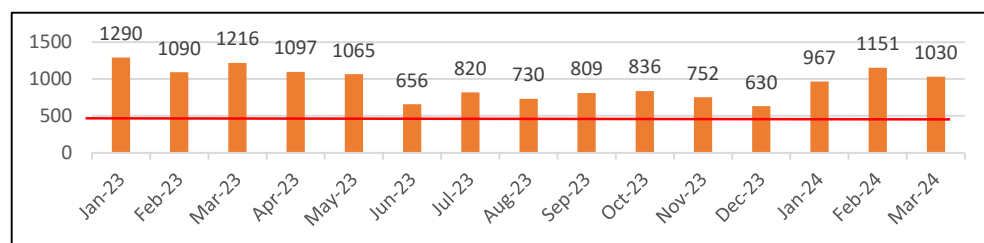
## Call Handler Performance Threshold (scored from 0 (poor) to 10) Mar'24: 8.4



## Monthly Call Volumes Triaged MPDS



## Calls audited against the IAED Agreed C-19 Target of 833 Calls (Focussed and Random)



### Analysis

- Quarter 4, January to March 2024 saw staffing challenges improve within the QA department, with sickness reducing. These increased hours meant that the low number of audits being achieved for December were rectified, and pleasingly Jan, Feb and March all attained the required levels of random audit. The ACE re-accreditation was subject to the requirement to increase the audit volumes, and we await the outcome of the assessment process following this final submission. This quarter saw a huge amount of work undertaken with the Academy and appointed assessor on the ACE re-accreditation.
- The demand and capacity review to look at the staffing requirements versus the increased activity in the QA department has commenced. Data is being gathered into staff demographics within EOC, the call handler new entrant recruitment and turnover rates in order to identify trends and variation affecting the Quality Assurance department. The review will also look at the impact of increased volumes of QA requests from Governance, Legal and Safeguarding, and the increasing requirement for additional support to EOC staff.

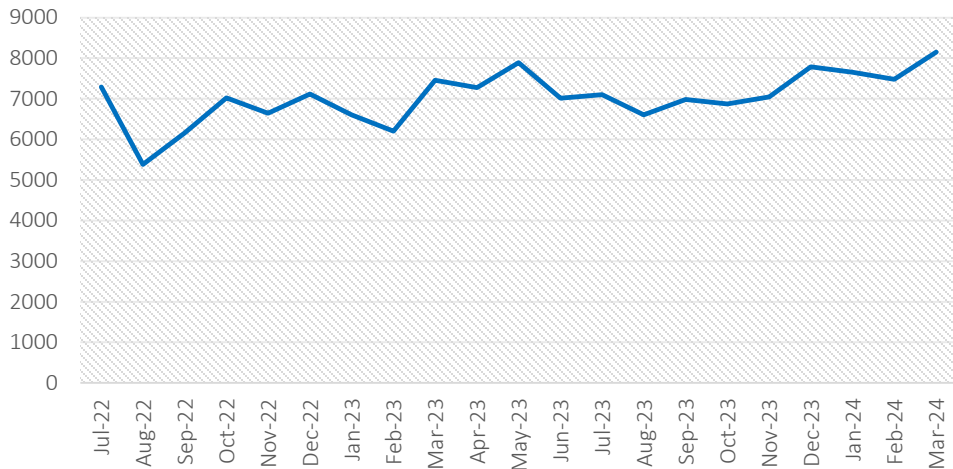


## 2. Effective – Trust Wide Language Line

Owner: John Light Exec Lead: Dr. Fenella Wrigley

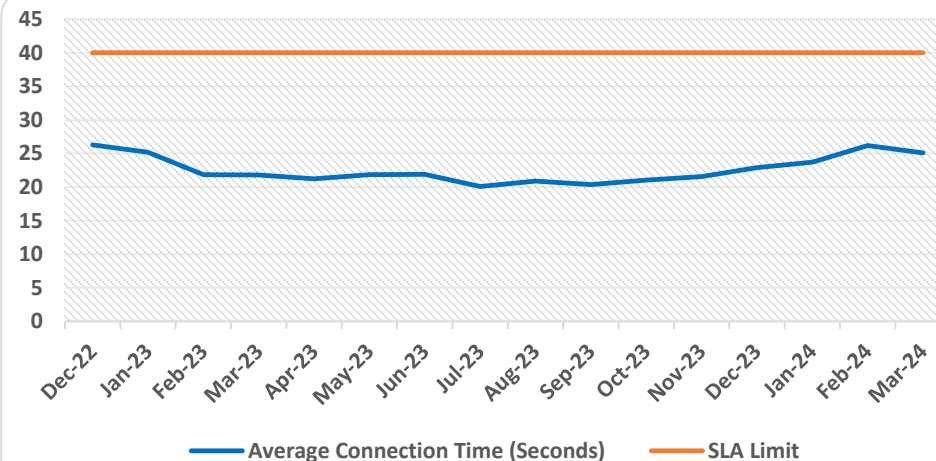
**Total Number of Calls**

Mar'24: 8148



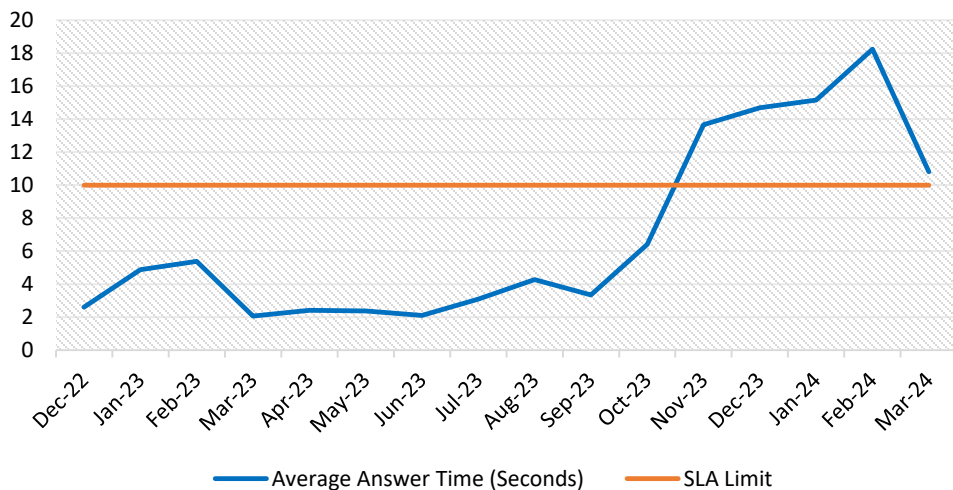
**Average Connection Time**

Mar'24: 25.1



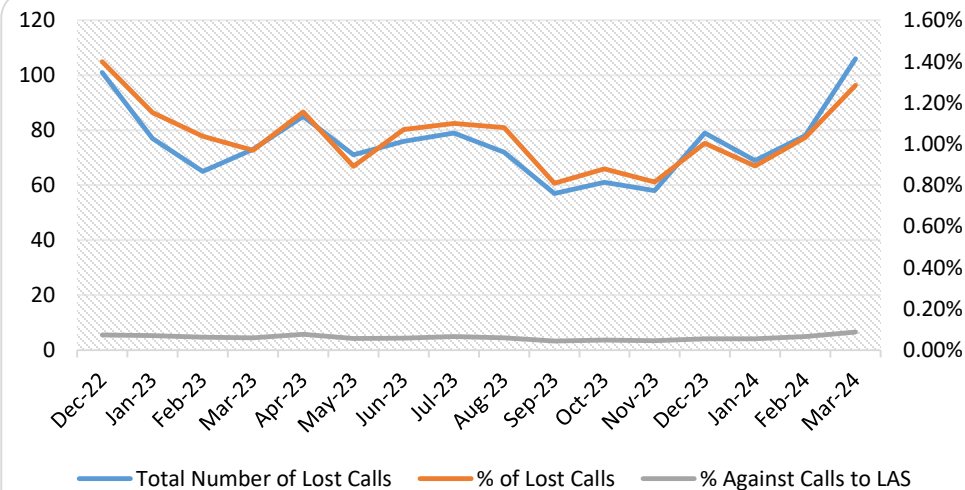
**Average Answer Time**

Mar'24: 10.8



**% Lost Calls Against Calls to LAS**

Mar'24: 0.09%





## 2. Effective – NEL Quality Audit Data

Owner: Jacqui Niner | Exec Lead: Rakesh Patel & Dr. Fenella Wrigley

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Floor Walkers	117	117	100%	109	93%	<ul style="list-style-type: none"> <li>NCFW advised the HA to go down the wrong Pathway which resulted in the wrong Disposition being reached</li> <li>NCFW advised to carry on with call without speaking to the patient who was there at the time. Did not advise to probe to find out why the patient could not answer any questions. (3 not sure answers would prompt HA to seek clinical advice).</li> </ul>
Service Advisors	223	223	100%	217	97%	<ul style="list-style-type: none"> <li>Unsafe Disposition</li> <li>New or Worsening symptoms not asked</li> <li>Lack of probing</li> </ul>
Health Advisors	960	960	100%	814	85%	<ul style="list-style-type: none"> <li>Working outside of remit</li> <li>Unsafe/Inappropriate Disposition reached</li> <li>Wrong Pathway selected</li> <li>No worsening advice given</li> <li>Did not ask patient if they had a new or worsening condition</li> <li>Missed out questions</li> <li>Inadequate probing</li> <li>Local policy not followed</li> <li>Incorrect Pathway chosen</li> </ul>

We achieved 100% compliance for Floor Walker, Health Advisor and Service Advisor audits for March 2024. We had a very good uptake of Auditing hours for the month again which helped us to reach full compliance. Team Managers carried out 2 audits per member of their staff. Unfortunately the percentage of passed audits decreased slightly for Health Advisors but increased for Service Advisors and Floor Walkers. Any Call Handling staff who have had audit issues identified, are provided with a high level of support and managed under the policy if needed.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	33	33	100%	30	91%	<p>Consistently high safe and appropriate advice / plan given</p> <p>2 FAIL &amp; 1 PARTIAL - all clinical safe for the patient</p> <p>Line manager aware of issues &amp; agreeing plan with CVTN/SCA</p> <ul style="list-style-type: none"> <li>ETC validation process not followed</li> <li>Incorrect use of Aastra / NHSP</li> </ul> <p><u>Health Advisor – Calls coming to advice line</u></p> <ul style="list-style-type: none"> <li>Improvement seen with appropriateness of clinical advice calls coming though to headset</li> <li>Where there are issues same issues of trust in NHSP &amp; processes</li> <li>Issues with SBAR handover being identified &amp; escalated to both Clinical &amp; Non Clinical SMT</li> </ul>
NHS Pathways Clinician	33	33	100%	33	100%	

Role	Required	Completed	% Completed	Number Passed	Areas for Reflection	% Passed	Learning / Findings / Action
GP	128	128	100%	127	1	99%	<ul style="list-style-type: none"> <li>Always use an interpreter, even if you speak the language in question – language proficiency varies and therefore may pose a safety risk, and the call cannot be audited</li> </ul>
ACP	241	241	100%	237	4	98%	<ul style="list-style-type: none"> <li>Remember to use the correct code when closing cases – e.g. a case was closed as home management when in fact the patient had been advised to attend ED</li> <li>Sciatica/cauda equina syndrome – when closing a case as sciatica remember to always exclude red flags for cauda equina</li> </ul>

## 2. Effective – SEL Quality Audit Data

Owner: Jacqui Niner | Exec Lead: Rakesh Patel &amp; Dr. Fenella Wrigley

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	117	37	32	35	95	<ul style="list-style-type: none"> <li>2 SA audits fell below the 85% pass rate</li> <li>Themes identified from the failed audits were; failing to operate within the boundaries of their role and failing to provide worsening.</li> </ul>
Health Advisors	610	388	64	363	94	<ul style="list-style-type: none"> <li>25 HA audits fell below the 85% pass rate.</li> <li>Themes identifies from the failed audits were; failing to manage the clinical situation safely, failing to operate within the boundaries of their role and failing to obtain appropriate information.</li> </ul>

Any Call Handling staff who have audit issues identified are being provided a high level of support and managed under the appropriate policy if needed.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	61	61	100%	57	94%	<p>All clinicians communicate clearly and professionally &amp; supportive of new staff ensuring they are using SBAR &amp; declaring main reason for the call. Consistently high safe and appropriate advice / plan given</p> <p>All CAT 2/3 Ambulance validations dealt with safe and appropriately</p> <p>3 FAIL &amp; 2 PARTIAL</p> <ul style="list-style-type: none"> <li>CTN not following agreed LAS &amp; pan London process for CAT3 / ETC validation.</li> <li>CTN gave wrong advice regarding which NHSP to use</li> </ul> <p><u>Health Advisor – Calls coming to advice line</u></p> <ul style="list-style-type: none"> <li>Improvement seen with appropriateness of clinical advice calls coming though to headset</li> <li>Where there are issues same issues of trust in NHSP &amp; processes</li> <li>Improvement seen with compliance of a SBAR handover</li> </ul>

Role	Required	Completed	% Completed	Number Passed	Areas for Reflection	% Passed	Learning / Findings / Action
GP	128	128	100%	127	1	99%	<ul style="list-style-type: none"> <li>Always use an interpreter, even if you speak the language in question – language proficiency varies and therefore may pose a safety risk, and the call cannot be audited</li> </ul>
ACP	241	241	100%	237	4	98%	<ul style="list-style-type: none"> <li>Remember to use the correct code when closing cases – e.g. a case was closed as home management when in fact the patient had been advised to attend ED</li> <li>Sciatica/cauda equina syndrome – when closing a case as sciatica remember to always exclude red flags for cauda equina</li> </ul>

## 3. Caring

We must ensure that the service involves and treats people with compassion, kindness, dignity and respect. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Mental Health
- Maternity
- End of Life

***Outstanding Characteristic:*** *People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.*



### 3. Caring – End of Life Care

Owner: Diane Laverty | Exec Lead: Dr. Fenella Wrigley

#### Education Feedback

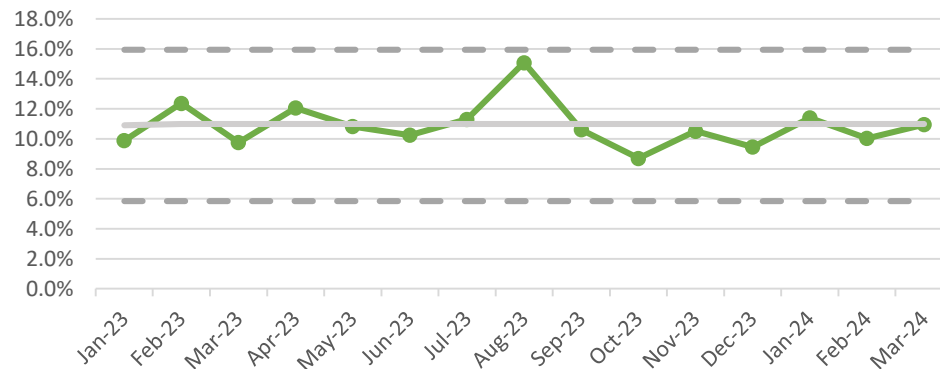
CTN participants, induction.

*‘Very informative and relatable to paramedics/ambulance role’*

*‘Very helpful and covered a worrying area really well. Thank you!’*

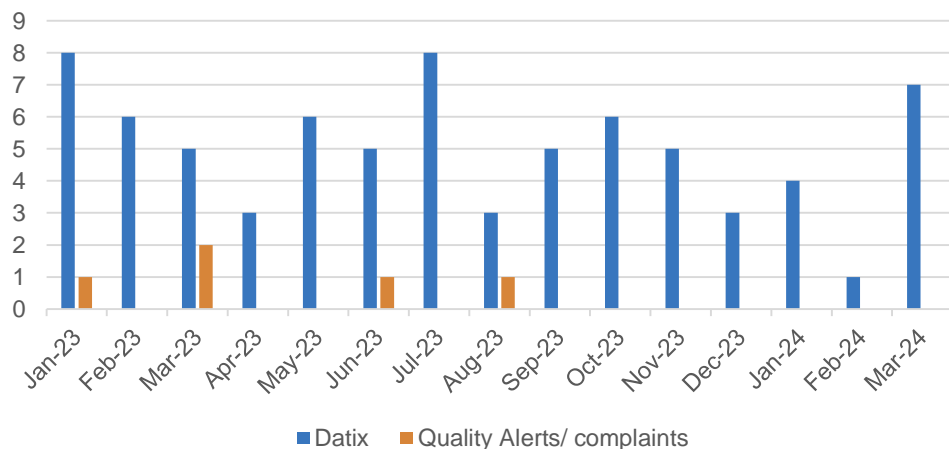
#### ED Conveyance

Mar'24: 10.9%



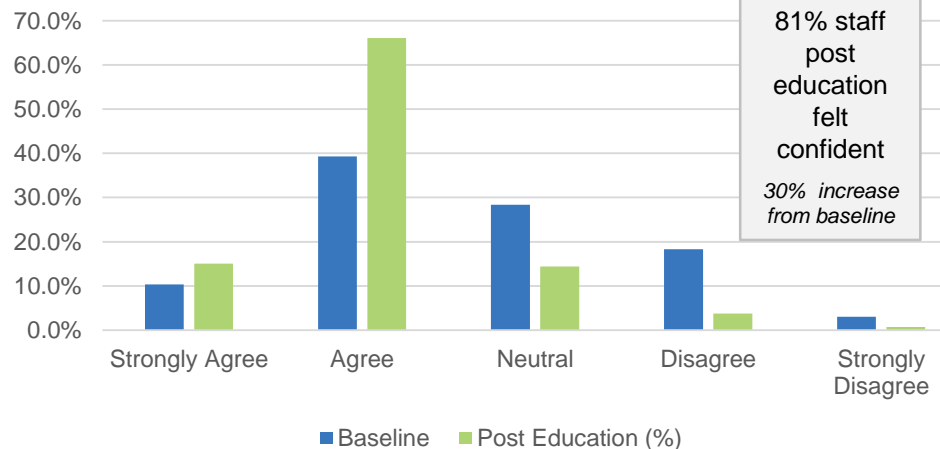
#### Incidents

Mar'24: 7



#### Staff Confidence

Mar'24: 81%



- Successful EOLC CTN training delivered
- BI data limited to ePCR and MPDS coding only so under-representative of EoLC cases
- Review of JRCALC EoLC Guidance underway with national group
- New team formed in light of staff leaving and maternity leave pending.





### 3. Caring – Mental Health

Owner: Carly Lynch | Exec Lead: Dr. Fenella Wrigley

Mental Health Demand	Stakeholder Engagement
<ul style="list-style-type: none"> <li>The latest pan-London quarterly meeting with ICB and mental health provider trust colleagues was held in January to discuss LAS mental health demand and Appropriate Care Pathways.</li> </ul>	<ul style="list-style-type: none"> <li>The team presented to the Outer North Central London Royal College of Nursing Spring learning event .</li> <li>The team continue to engage with partners around the Right Care, Right Person work.</li> </ul>
Mental Health Joint Response Cars	Training & Education
<ul style="list-style-type: none"> <li>The Mental Health Joint Response Cars (MHJRCs) continue to transition to Business as usual.</li> <li>The team are have recruited additional mental health practitioners to the team as well seconded paramedics.</li> <li>To date the team have seen over 22,233 patients with an Emergency Department Conveyance of 18%.</li> </ul>	<ul style="list-style-type: none"> <li>The team continue to deliver training sessions to ambulance teams as part of their teams based working training days and have included sessions on Mental Health Act and Mental Capacity Act.</li> <li>The team also presented at the three Clinical Team Managers conferences and the presentation was well received.</li> </ul>

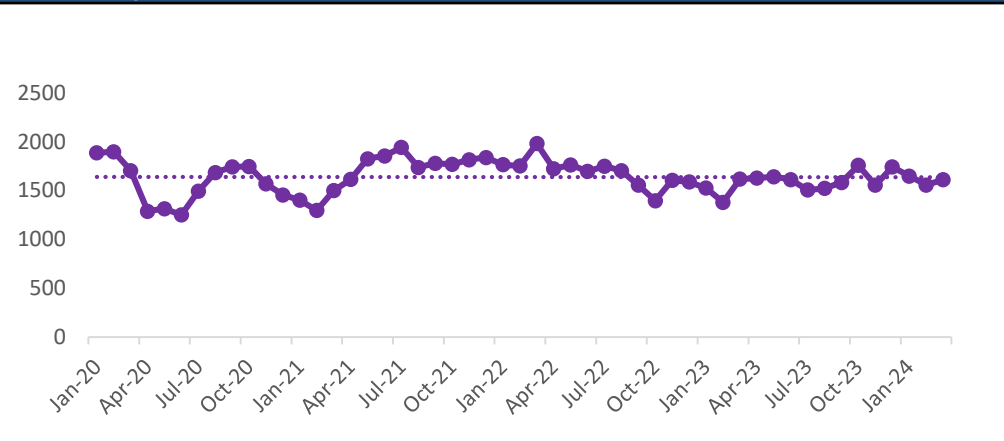
# 3. Caring - Maternity

Owner: Stacey Robinson | Exec Lead: Dr. Fenella Wrigley

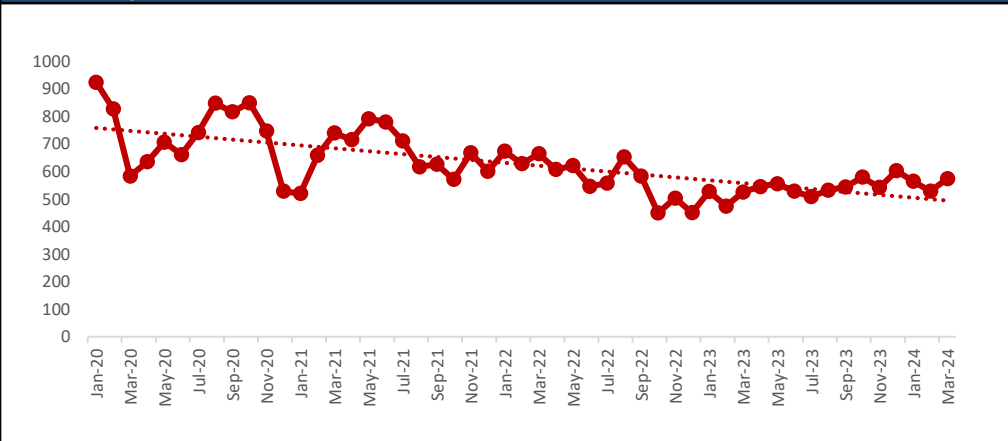
## Maternity Performance Review Dataset:

Proposal to have maternity report now included into Director of clinical pathways and transformation new report. This will include new measurements and metrics for reporting.

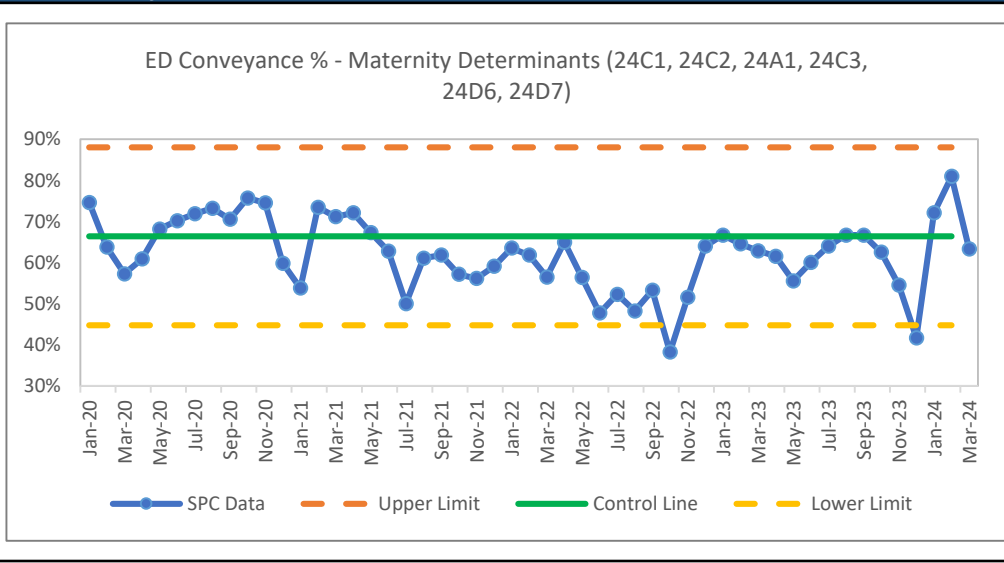
### Maternity Calls Mar'24: 1610



### Maternity Face to Face Incidents Mar'24: 574



### ED Conveyance



### Maternity Team Headlines

	Jan	Feb	Mar
F2F training participants	142	111	132
F2F teaching hours	48	36.5	30
Webinar participants		35	52
Site visits		Queens	
Incidents reported total	48	56	50
Moderate harm TBC	1	1	0
Severe harm TBC	0	0	0
Therapeutic cooling >37/40	1	0	0
Stillbirth	1	1	1
Neonatal death		1	2
Maternal death*		1	1
MNSI (open cases)	9	8	8
Complaints open	2	2	0
*up to 12 months postnatal		MND twins	

## 4. Responsive

As an organisation we must ensure we are responsive and that services meet people's needs. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Frequent Callers
- Complaints

***Outstanding Characteristic:*** *Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.*



# 4. Responsive – Frequent Callers

Owner: Alan Hay | Exec Lead: Pauline Cranmer

National definition of a **frequent caller** is anyone aged 18+ years who:

- Calls 5+ times in one month from a private dwelling; or
- Calls 12+ times over a three month period from a private dwelling

New & existing callers: 589

% Frequent Callers with UCP: 34%

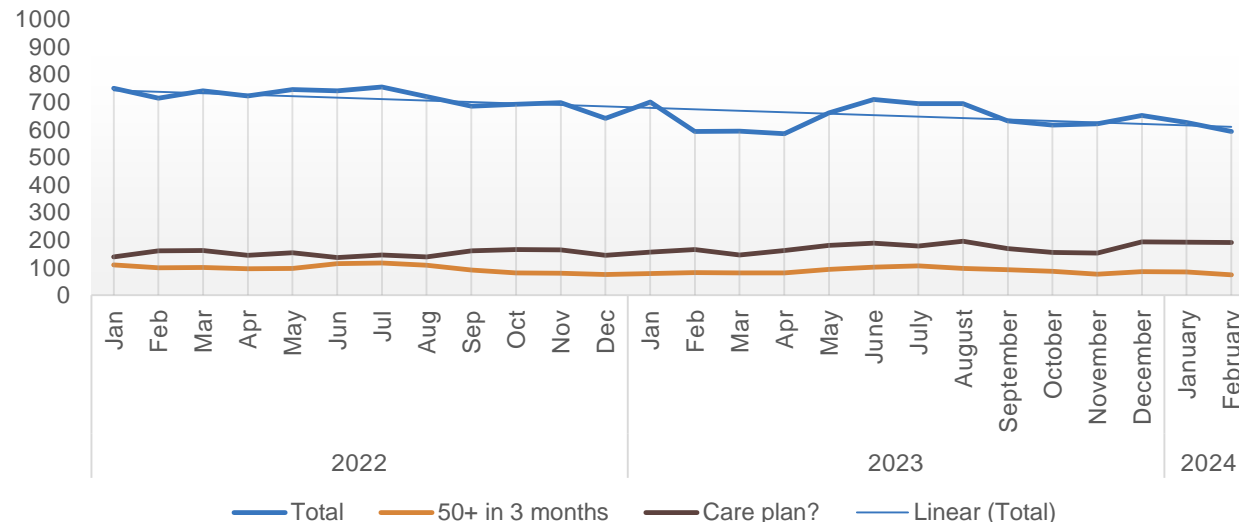
% of FCs making 50+ calls in 3/12: 11%

## Highlights & Lowlights

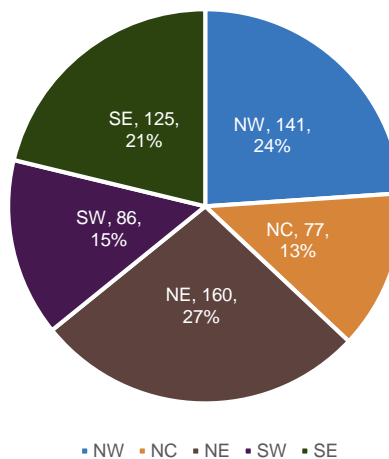
### Highlights / lowlights

- Volume of callers slightly falling, in part due to trial of new data definition in NCL.
- UCP% continues to increase – above 3 percentage point increase from last month, one third of all FCS have a plan, with one sector (SW) above 50%
- Work continues with sectors / ICBs to look at ways to improve UCP take-up – possible initiative in NCL to allow for population of UCPs via Marie Curie nurses.
- NB: Next month will see a significant change in this data. In line with national guidance, we will move from 5x calls to 5x incidents. This will have the effect of significantly reducing the overall size of the cohort, effectively removing lower-level concerns where e.g. lots of ETA calls on a single day have triggered the threshold. There will be comms to all internal and external stakeholders.

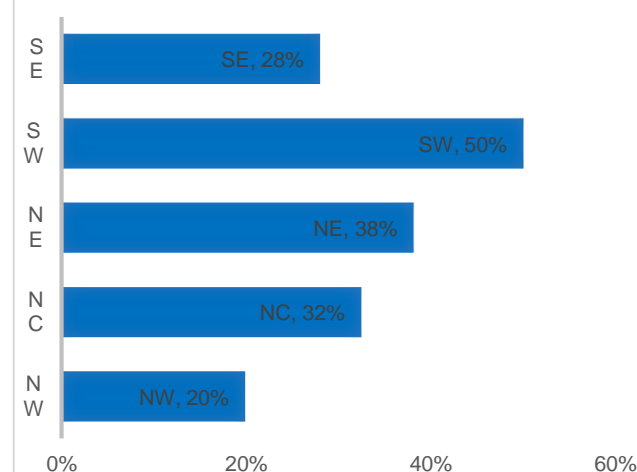
### Frequent Callers London



### SECTOR SHARE



### % FCS WITH UCP BY SECTOR





## 4. Responsive – EBS

Owner: Alan Hay | Exec Lead: Pauline Cranmer

EBS works to deliver the trust's safeguarding referral process, as well as arranging falls and diabetes referrals, and coordinating and facilitating of ex-utero transfer in London, Kent, Surrey and Sussex and in-utero transfers in London.

### Referrals

March 2024

- Total adult safeguarding and welfare referrals: 2,069
- Total child safeguarding referrals: 1,835
- Perinatal referrals: 221
- Falls and diabetes referrals: 1200

	Safeguarding		Perinatal			Falls & Hypo		Total referrals
	Adult SG /welfare	Child SG	London NTS	KSS NTS	IUT	Falls	Hypo	
April	1969	1421	94	25	21	1033	76	4639
May	1833	1543	110	24	45	1024	73	4652
June	1860	1551	107	29	42	982	70	4641
July	1871	1568	104	31	47	1028	45	4694
August	1959	1394	123	50	54	998	76	4654
September	1957	1517	98	36	60	794	57	4519
October	2020	1599	110	30	53	1031	66	4909
November	1995	1617	111	24	48	853	62	4710
December	2298	1455	135	40	50	788	66	4832
January	2386	1590	128	38	45	892	58	5137
February	2033	1522	91	28	44	997	56	4771
March	2069	1835	133	36	52	1146	54	5325

### EBS Update

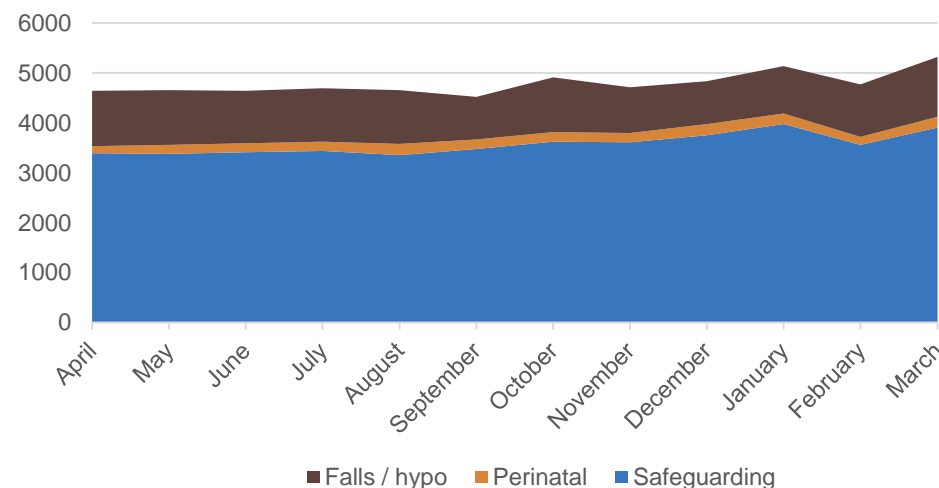
#### Highlights / lowlights

- Safeguarding referrals have continue to be historically high, particularly for children; this is system-wide. Also a high volume of referrals from EOC.
- There remains a backlog of Falls referrals. Plans to work through those have been delayed due to recruitment delays and operational demand. All falls referrals are for patients who were safe to be left at home.
- We have two out of three vacancies filled, one remains in a difficult pre-employment phase, and A2R completed for potential agency staff to offer medium term resilience
- GP Notification pilot is out for evaluation with external consultants PPL. Ongoing discussions about further automation of this.

#### Current focus:

- Working through recruitment issues to optimise staffing
- Plan to move to SharePoint in May

### EBS Activity YTD March 2024



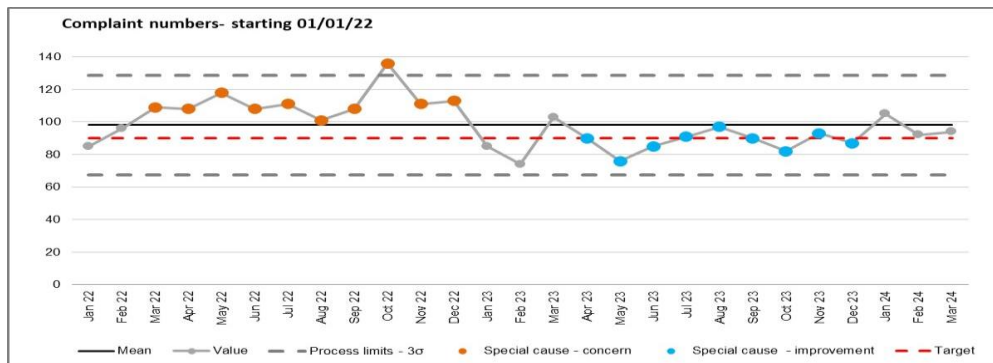


# 4. Responsive - Complaints

Owner: Jonathan Elwood | Exec Lead: Mark Easton

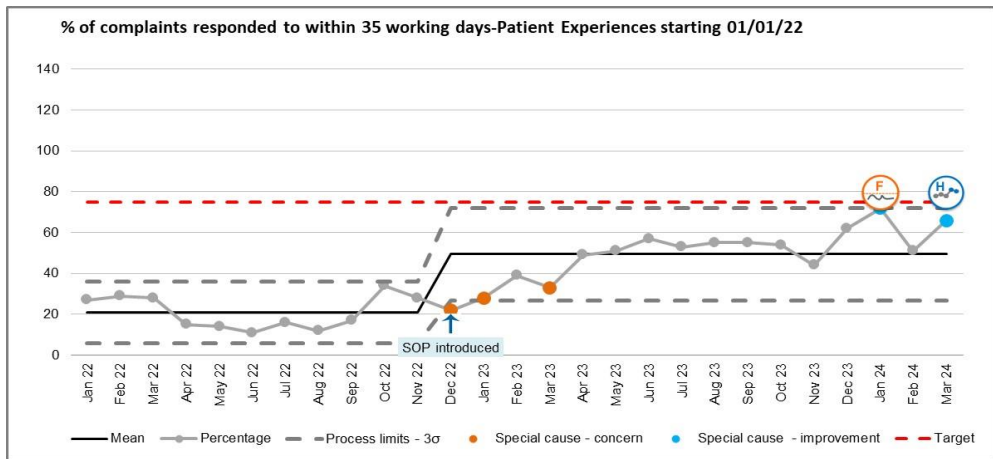
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

## Complaints received



There were **94** complaints received in March. The themes are highlighted in the graph opposite. The Trust received an average of **90** complaints a month in this financial year.

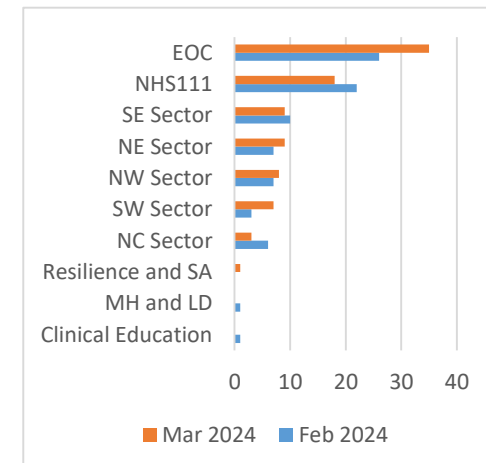
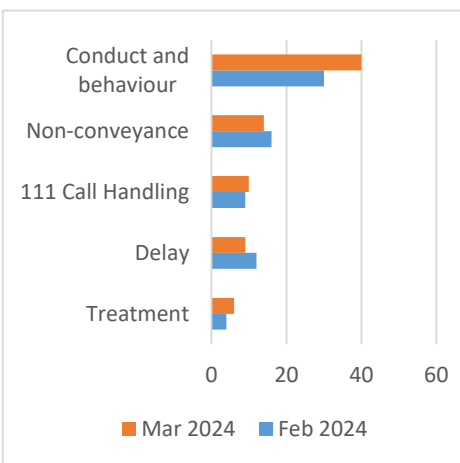
## Complaints closed within target of 35 working days



At end of March, the total number of complaints overdue (excluding PSIs) is **26** out of a total of **146** open complaints. **66%** of complaints due in March were responded to in time. The Trust target is 75%.

## Themes & Caseload

### Complaints by area and subject:



The theme of conduct & behaviour is being addressed through escalation to the Learning and Assurance Group and CQOG and an action plan developed to include a revised crew statement process, a dashboard style report available to local management teams and engagement at local quality meetings with the aim of understanding and ultimately reducing complaints in this area.

## Learning from Complaints

#ECHtrriage	9	#decisionmaking	6
#opsclinical	8	#ECHmanner	4
#documentation	8	#111delay	4
#communication	7	#immobilisation	3
#opsmanner	7	#111clinicianmanner	3

ECH triage issues were identified through Quality Assurance (QA) reviews and feedback arranged through the QA process. Clinical learning was identified through the clinical review rota staffed by QGAMS, SSCLs, SCLS and Clinical Advisors. The learning is now shared via the Sector Clinical Leads to the Clinical Team Managers following the review, rather than at the conclusion of the complaint investigation, so that learning is shared in a more timely manner.



# 4. Responsive – Patient & Public Engagement

Owner: Public Education Team | Exec Lead: Claire Proudlock

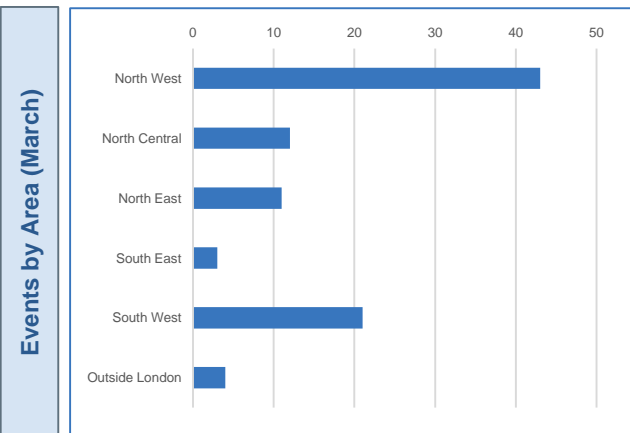
The work we do through attending public engagement events supports the development of our reputation with patients and members of the public as well as the long term future development of our organisation through raising awareness of career opportunities available as part of the London Ambulance Service.

## Public Engagement Events

During March 2024 the Public Education Team attended 94 events, including, **Your Life You Choose**, **Safety First**, **Junior Citizen’s Schemes** and **Scouts associations**, across 11 London boroughs.

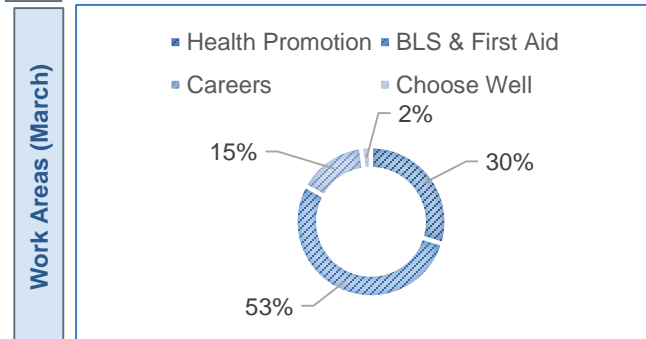
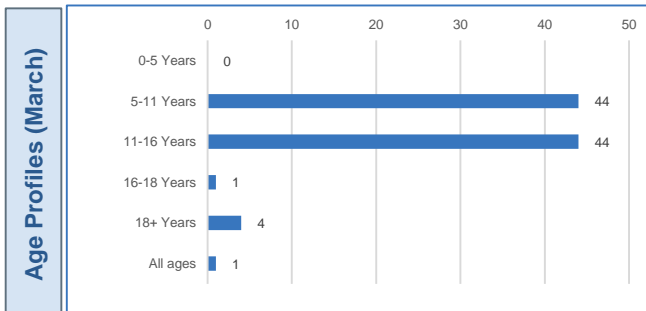
We supported 10 members of staff in different roles to attend educational visits they had been invited to. These included visits to **primary and secondary schools** and attendances at several **Careers** events.

In March we began trialling the London Ambulance Service **Charity Challenge** badge with a carefully selected pilot group of Scouts, Girlguides and St John’s Ambulance. The project is lead by the LAS **Public Education** team & the London Ambulance **Charity** team.



## Public Engagement Activities

Supplementary information	
No. of public engagement events: March 24	94
Approximate audience numbers: March 24	10,850
Public engagement hours: March 24	435.5
No. of events: April 23 to April 24	614
Approx. audience numbers: April 23 to April 24	84,321
Public engagement hours: April 23 to April 24	3,041.9



## Headlines from March 2024

### Volunteering & CPD with Public Education

During March 2024 we have continued to welcome volunteers across many of our projects, including five new first-time volunteers. In addition, mentees from SW OPC have been utilising their CPD days to gain an insight into the work of the Public Education Team. Currently the team offer regular webinars about JCS, and are looking to expand training for volunteers. We are working on updating our training for new volunteers to support them with learning about our other projects (*YLYC, EAKC, Your Stance, Safety First*) as a face-to-face training.

### Feedback from events:

#### Loxford School (YLYC)

“Just wanted to send a brief email to say thank you to your team for the workshop they delivered at Loxford yesterday, it was very well delivered, good amounts of interactions which allowed students to have a greater understanding of the topic and some insightful information which the year group has taken away.”

#### La Petite Ecole Francaise (Kensington and Chelsea JCS)

“Very patient and supportive instructors. Well organised and structured. Very constructive experience for the children. Has increased their awareness, sense of responsibility and understanding of their environment. Excellent experience – very valuable.”

#### Servite RC Primary School (Kensington and Chelsea JCS)

Good opportunities for children to share their own experiences. Very inclusive of a pupil who uses they / them pronouns – thank you.”

## 5. Well Led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

In this section we examine whether the actions we are taking to support the Quality of the organisation are having the necessary impact.

***Outstanding Characteristic:*** *The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.*





## 5. Well Led – Learning From Our Actions

Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley



In March 2024, 130 **Excellence Reports** were submitted.

**Key themes** identified from March reports include:

- Working above and beyond
- Outstanding patient care
- Thank you

### Working above and beyond

I GB'd a C1 to neighbouring sectors for an 11 month old male. This crew were x-ray and offered to cover the call despite it being out of area. Report from the attending FRU said baby was quite unwell and this would be a blue call. Thanks for going above and beyond to help the little guy when no one else could!

This individual helped me open SOC for a declared SIGNIF. They were calm under pressure and created an atmosphere that helped me remain calm under pressure. She was reassured and her calm exterior and knowledge of incidents helped me feel like we were running a good incident. It was my first time in SOC and her being in there with me was really amazing as she helped me remain calm under pressure.

They used their own time and money to create individual food packages for their colleagues during Ramadan. The packages have been given out for free to staff on duty who are breaking fast. They have also arranged non-uniform charity collection days for each Watch. All of this has contributed greatly to team morale.



### Outstanding patient care

Today I witnessed excellent team work resulting in a rescue of a fully submerged patient from a dock area. This was a difficult rescue which involved quick thinking a good team working. Following no initial luck with the extended reach pole we deployed into the water with a reach pole. Staff identified from the top where bubbles were seen and with a team effort they were able to locate the patient and pull him up to surface level. Despite a difficult extrication and manual handling the team worked with Police and LFB to extricate the patient to the side so that resuscitation could be started safely away from the waters edge. I witnessed the team provide excellent clinical care despite still be dressed in SRT kit. Although the ending was unfortunate the team providing the best chance possible for the patient in the most difficult of situations.

### Thank you

I would like to say a big thank you to this person for everything they do for Camden group staff. They works hard day in, day out, to support staff at Camden and it is felt and appreciated by all. They have a huge amount of experience and knowledge. They are an invaluable member of the team working behind the scenes to keep things running and we would be lost without her!

This person supported the APPUC to run an interview and assessment day following a relatively short-notice cancellation of the pre-booked venue. They have such a positive attitude to problem solving, taking it all in her stride and seeking to work out a solution that is complementary to all parties. She is by no means a pushover, and is steadfast in finding the best solution for all involved whilst retaining the high standards she expects of her centre and staff. Thanks so much for supporting us. You are a real star and shining example of the LAS values in action



## 5. Well Led – Learning From Our Actions

Owner: April Wrangles | Exec Lead: Dr. Fenella Wrigley



Some further examples of excellence reports from March:

**End of life care** – Delivered great person centered care to a patient experiencing the end of life, good recognition that patient required further anticipatory medications prior to moving. Both crew members supported family on scene and delivered patient care holistically and with dignity providing reassurance to both patient and family members in a delicate environment.

Excellent compassion and showed best interest decision making for a palliative care patient. I attended the same patient today who had glowing praises for you and really appreciated the empathy you showed her.

**Call Handling** – This was just the latest example of their exceptional handling of our emergency calls. He has one of the most calming and reassuring tones that I have heard in the control room. This helps him to have a high level of control over the call as well as providing a very high level of patient and caller care. On this particular call, he was helping a very distressed patient who was struggling with their mental health who was constantly on the verge of disconnecting the call and harming himself. This individual kept him on the phone, calming and reassuring him until our crew arrived.

**Staff Support/Welfare** – Since taking up the role of Team Manager, they has gone out of their way to support staff. She has such a friendly manner, is always approachable and always tries her best to improve both out complex and the LAS. She is new to becoming a manager and is doing amazingly well at it! Having someone that is always willing to listen with an open door approach is invaluable to supporting our staff.

This person managed my recent sickness. She handled my situation where I felt quite vulnerable, very delicately, and seemed to have an unspoken understanding of the overwhelming ripple effect that it was having. I am very appreciative of the compassion I received, advise, behind the scenes management, and professionalism she showed me. I have not been part of the CHUB community for very long, but have personally felt it's positive wellbeing culture, and they are an asset to the team of EOC managers.





## 5. Well Led - Risk Management

Owner: April Wrangles | Exec Lead: Dr Fenella Wrigley

### Risk Management

The Trust has Risk Management KPIs which are used to monitor compliance against the Trust's Risk Management Strategy and Policy as well as the Risk Management Procedure.

The team have continued to focus on this area, compliance is remaining consistent although not yet within the required Target levels.

#### The Trust's compliance as at 8 April 2024 was:

- **87.8% of risks reviewed within the last 3 months (target 90%)**
- **100.0% of all risks approved within 1 month (target 90%)**

### Actions and assurance:

The risk team are liaising with all areas of the Trust to ensure regular risks review meetings take place. In December 2021, due to REAP 4 pressures, the regularity of these meetings was reduced from Monthly to every two Months. The team have continued to maintain KPI Compliance.

All risks with a risk score of 15 and above are managed via the Trust's Risk Compliance and Assurance Group (RCAG) monthly to ensure actions are being taken to mitigate against the risk and bring the risk score down to its target level.

In the last month, there was 1 red risk on the Corporate (Trust Wide) Risk Register.

The movement of the red risks on the Corporate (Trust Wide) Risk Register are demonstrated in the table below:

### Corporate (Trust wide) Risk Register

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost certain	0	1	1	0	0	2
Likely	0	0	2	0	0	2
Possible	0	1	8	12	0	21
Unlikely	0	0	2	7	1	10
Rare	0	0	1	0	0	1
<b>Total</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>19</b>	<b>1</b>	<b>36</b>

ID	Sector / Department	Description	Opened	Initial Risk Score	Dec 23 Risk Score	Jan 24 Risk Score	Feb 24 Risk Score	Mar 24 Risk Score	Change in Risk Score:	Closed Date
1358	Pharmacy	There is a risk of difficulty in obtaining medicines that are part of drugs packs which may result in frequent medicines and formulation changes which may lead to clinicians being unfamiliar with the contents of drugs packs at point of care.	24/02/2023	12	15	15	15	15	→	
1340	Information Management & Technology (IM&T)	There is a risk that the trust will run out of MDT's to fit in new vehicles, and to replace faulty units, as the supplier, AttoBus have ceased manufacturing of all electronic equipment and are no longer able to supply LAS with their MDT hardware. This could mean that trust vehicles will need to be withdrawn from operational use.	02/11/2022	16	16	16	5		↓	16/02/2024
1407	Office of the Director of Operations	There is a risk of significant new/additional demand coming to LAS from the MPS, which may lead to the LAS being overwhelmed with extra workload. This may lead to an impact to patient care both at call handling, and in terms of response. This may impact both 'normal' LAS demand, and the patients sat within this new demand profile.	24/09/2023	16	16	16	8	8	→	



## 5. Well Led - Legal Clinical & Non Clinical Claims

Owner: Jonathon Elwood | Exec Lead: Mark Easton

This report provides a brief update on legal activity where this is relevant to the quality agenda within the Trust.

- The Legal Team continue to work to ensure consistency in data capture, investigation and shared learning with relevant teams within the Trust, including patient experience, quality and patient safety.
- The independent review of our processes and how we link with client departments especially the clinical directorate, will report in early February. This will be followed by a team away day to incorporate learning from the resulting action plan.
- The Legal team are now producing a quarterly spreadsheet to identify live claims, reasons for settling or denying claims and capturing the trends and learnings to be shared across the relevant directorates.
- The legal team now meet with all relevant departments on a monthly basis to identify themes, trends and opportunities for learning from claims and inquests.

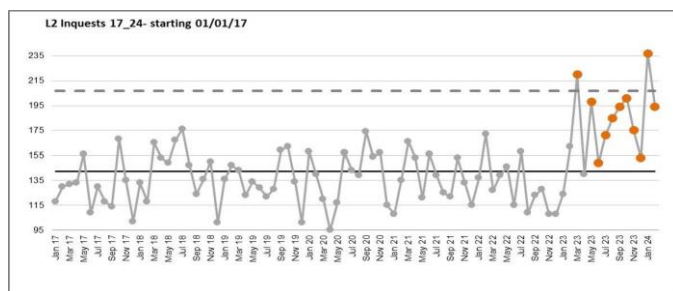
### Inquests

The number of new inquests notified to the Trust remained high in March. This was also a busy month for high risk inquests but no new PFD reports were received. Numbers remain within the expected range given the backlogs Coroners across London are holding. Data from all inquests is being analysed to identify issues, which can be used to promote learning across the Trust.

**Inquest numbers are set out in the table below:**

	In Month March	Year to date 01/04/2023 – 31/03/2024
Inquests opened (L1)	185	2185
Inquests closed (L1)	183	1945
Inquests opened (L2)	16	145
Inquests closed (L2)	5	110
PFDs received	0	1

The graph below shows the recent trend of rising numbers of inquests in 2023/24.



### Claims

- Claims numbers remain consistent with previous reporting periods (based on notification of potential claims). Comparison with previous years is difficult due to the 3 year limitation on making a claim in most cases and the additional time given to potential claimants as a result of changes to reporting rules during the pandemic.
- We still haven't seen the anticipated rise in clinical and employers liability cases during the next 12 to 24 months as a result of the pandemic. Our panel firms for claims (Solicitors appointed by NHS Resolution) continue to advise that they are seeing a small rise in claims relating to Covid 19 in other Trusts.
- The Legal team now meet monthly with the Health & Safety team to identify problematic claims as early as possible and identify trends and learning.

Claims numbers are set out in the table below:

	In Month January	Year to date 01/02/2023 – 31/01/2024
Claims (Clinical) Opened	5	45
Claims (EL) Opened	2	22
Claims (PL) Opened	0	5
Claims (any)closed	6	87



## 5. Well Led - Trust Policies

Owner: Frances Field | Exec Lead: Mark Easton

Policies are a key component of the Trust's control framework. The Trust's compliance rate has improved significantly since the beginning of 2023 and is currently at 85% in March 2024. This position will continue to be monitored by the Corporate Governance team.

### Policy Compliance

The Corporate Governance team has created a comprehensive Policy Register that is used to keep track of the status of current policies and capture any new and recently reviewed policies.

Following a recent review of policy compliance the position has improved from 53% in March 2023 and is currently at 85% for March 2024. This position will be monitored by the Corporate Governance Team, who will remind policy leads in advance when policies are due for a review. Policy status reports will continue to be presented to ExCo, escalating any areas of concern, in order to maintain the policy compliance level.

	In Date		Overdue	
	Count	Percentage	Count	Percentage
March 2024	75	85%	13	15%

### Policy Position by Directorate

	Policies in date		Policies under review		Total
	Count	Percentage	Count	Percentage	
Director Corporate Affairs	11	85%	2	15%	13
Chief Finance Officer	6	67%	3	33%	9
Director of Communications and Engagement	3	100%	0	0%	3
Chief Medical Officer	13	87%	2	13%	15
Chief Paramedic & Quality Officer	3	100%	0	0%	3
Director of Quality and Improvement	19	100%	0	0%	19
Chief People Officer	11	65%	6	35%	17
Director of Resilience and Special Assets	3	100%	0	0%	3
Chief Information Officer	4	100%	0	0%	4
Director of 999 Emergency Services	2	100%	0	0%	2
<b>Total</b>	<b>75</b>	<b>85%</b>	<b>13</b>	<b>15%</b>	<b>88</b>



## 5. Well Led – Freedom of Information

Owner: Meg Stevens | Exec Lead: Mark Easton

The Freedom of Information Act 2000 provides public access to information held by public authorities. It does this in two ways:

- public authorities are obliged to have a publication scheme and respond to requests for information under the act within 20 working days; and
- members of the public are entitled to request information from public authorities.

The Act covers any recorded information that is held by a public authority. The Act does not give people access to their own personal data such as their health records or HR files.

### Freedom of Information Response & Requests

This paper provides an update in respect of the Trust's current position on FOI requests, covering period from 1 April 2023 to 29 February 2024.

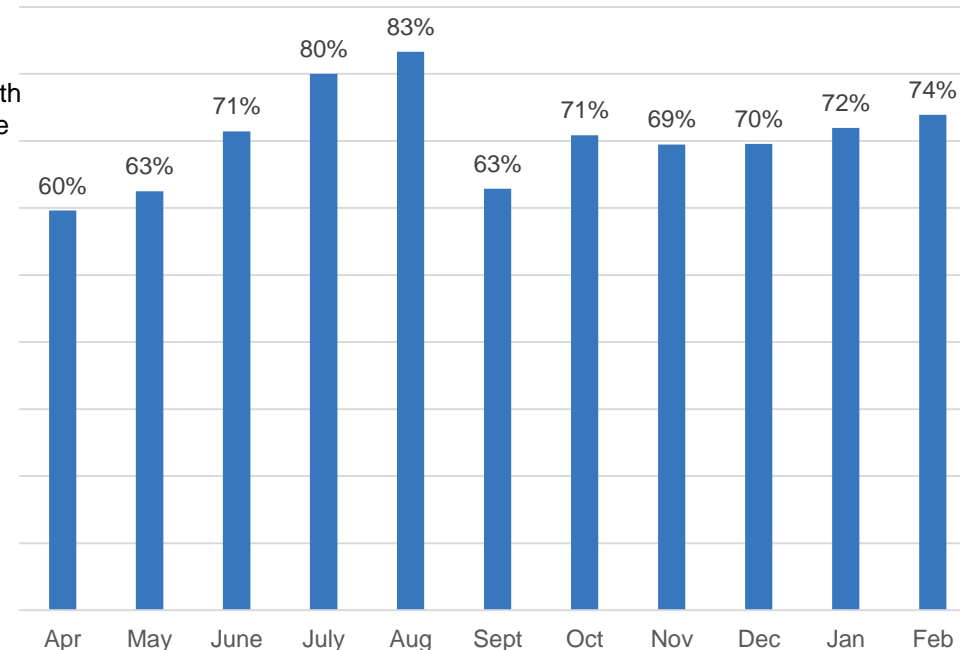
#### Key Points:

- There were a total of 549 requests received over the period reported.
- Overall compliance rate for reported period is 70%
- Compliance within the statutory deadline is occasionally impacted by delays with getting input, annual leave or sickness, and the approval process when multiple authorisers are involved.

#### Top five themes based on FOI responses provided

- LAS Rank structure and epaulettes
- Private ambulance and taxi spend
- Mental Health ambulances/LAS vehicle fleet
- Sexual assaults/harassment (staff and patients)
- Just stop oil protest

#### % completed within statutory deadline in reported period





**London Ambulance Service**  
NHS Trust

**Assurance report:** **Quality Assurance Committee**

**Date:** **06/06/2024**

<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>28/05/2024</b>
<b>Presented by:</b>	<b>Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee</b>	<b>Prepared by:</b>	<b>Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee</b>

### 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 CO2 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  $\leq 30$  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.



	<p>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.</p>
<b>Risks:</b>	<p><b>Board Assurance Framework</b> 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.</p>



**London Ambulance Service**  
NHS Trust

## London Ambulance Service NHS Trust Board meeting 6<sup>th</sup> June 24

### Report from the Chief People Officer

#### 1. Executive Summary

##### **Recruitment & Retention**

Recruitment to the Trust Workforce plan continues at a positive rate. The current pipeline is at circa 1,000 candidates at conditional offer stage (500 of these are for frontline roles, and 200 call handlers). Course fill rates remain positive across all roles with 99% achieved in April.

Turnover has improved and is now below 9.5% and the number of frontline and call handling leavers has remained positively below plan.

##### **Workforce Plan 2024/2025**

The workforce plans for 2024/2025 have been based finalised on zero growth i.e. recruiting to 1<sup>st</sup> April 2024 levels throughout 2024/2025 except for specialist and advanced paramedics where there is an objective to increase the total by 60fte.

##### **OD & Talent Management**

Our apprenticeships programmes were 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.

The OD&T team have launched the first, out of our three Our LAS Leadership Development Programmes, which is the *High Performance Leadership* programme aimed at supporting our senior leaders (Band 8 and 9 colleagues), in partnership with Henley Business School. Following a successful Trust-wide engagement strategy, we received expressions of interest from more than 200 colleagues for each of our programmes aimed at leaders at every level.

We are now assigning colleagues into cohorts for the start of the Our Aspiring Leaders (bands 4/5) programme, in partnership with NHS Elect; and the Our LAS, Our Leaders (bands 6/7) programme, in partnership with Middlesex University, for courses commencing in June 2024 and September 2024 respectively

### **Health and Wellbeing**

Optima clinicians have been running clinics across London since May 2023 in order to ensure colleagues are up to date with their immunisations with particular focus on measles immunisation status. There are now eight clinic locations across London, including at our training stations and in all five sectors on LAS estate.

### **Employee Relations**

In the Trust Business Plan we have committed to improving the employee experience and engagement – two core significant governance interventions have been introduced in May that we believe we meet this objective

#### a) Employee Relations KPIs

Stage	Action	Timescale
Resolution Hub	Completion of triage process	5 working days
Mediation/Round Table	Meeting to be arranged	4 working weeks
Formal Investigations	Conduct and employee concern	4 working weeks
Hearing stage	Notification of investigation outcome and hearing date arranged	3 working weeks
Hearing Outcome	Notification of outcome	1 working week

#### b) People Scorecard

KPI	Trend	Target	Frequency	System	Currently available
Staff in post (FTE)	↑	N/A	Monthly	ESR	Yes
Vacancy (%)	↔	5%	Monthly	ESR	Yes
Sickness (monthly) (%)	↓	6%	Monthly	ESR	Yes
Sickness (12 monthly) (%)	↑	6%	Monthly	ESR	Yes
Sickness (short-term) (%)	↔	3%	Monthly	ESR	Yes
Sickness (long-term) (%)	↓	3%	Monthly	ESR	Yes

Turnover (12 monthly) %	↑	10%	Monthly	ESR	Yes
Stability (12 monthly) %	↔	90%	Monthly	ESR	Yes
Stat and Mand training compliance(%)	↓	85%	Monthly	ESR	Yes
Appraisal compliance (%)	↑	85%	Monthly	ESR	Yes
CISO Compliance (%)	↔	85%	Monthly	ESR	Yes
OWR Compliance (%)	↓	85%	Monthly	ESR	Yes
Recruitment time to hire (weeks)	↑	TBC	Quarterly	TRAC	Manual - In development
Freedom To Speak Up (number of referrals)	↔	N/A	Monthly	In Phase	Manual - In development
ER - Hub Referrals (number)	↓	N/A	Monthly	ER tracker	Yes
ER - average time triage processing (days)	↑	5.00	Monthly	ER tracker	Manual - In development
ER - average time formal investigation (weeks)	↔	4.00	Quarterly	ER tracker	Manual - In development
ER - average time formal hearing (weeks)	↓	3.00	Quarterly	ER tracker	Manual - In development
EDI - % BME staff	↑	TBC	Monthly	ESR	Yes
EDI - % staff with disability	↔	TBC	Monthly	ESR	Yes
EDI - % female	↓	TBC	Monthly	ESR	Yes
EDI - WRES recruitment (ratio)	↑	1.0	6 monthly	TRAC	Manual
EDI - WRES conduct (ratio)	↔	1.0	6 monthly	ER tracker	Manual
EDI - WDES recruitment (ratio)	↓	1.0	Monthly	ESR	Manual

## P&C Operations

### Recruitment

We ended Q4 continuing with our positive performance with strong pipelines and fill rates. We achieved a 94% fill rate across all available course spaces for the financial year 23/24.

- **Paramedic recruitment** – we ended the 23/24 financial year having filled 445 of the 457 training places which is twelve behind plan. Moving in the new recruitment plan, we continue with strong pipelines with circa 140 international candidates and circa 140 UK Graduates.
- **AAP Recruitment** - we have filled 249 of the 270 training places which is 21 behind the 23/24 plan. The pipeline is positive with over 95 candidates offered, this includes candidates obtained from the Our LAS Inclusive Response Programme (pre-apprentices). The Call Handler to AAP programme commenced during April, and we continue to work through the circa 100 applications we received.
- **Call Handling Recruitment** – Positive fill rate of 98% achieved in EOC call handling for the 23/24 recruitment plan. For the New Year the pipeline is strong with 120 candidates at offer stage.

111 call handlers – we achieved a 90% fill rate overall and the pipelines continue to remain strong with over 70 candidates at offer stage. The recruitment team have attended community events where they actively promote 111 and 999 roles to boost the pipelines.

**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 200 candidates at conditional offer stage.

### Retention

Turnover has improved to 9.5% in April 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 87% 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.

The stay interview pilot has completed and was positively received. This initiative has now moved into BAU and there is a commitment to hold 40 interviews per month (jointly by wellbeing and HR teams). There are plans to roll this out more widely across some sectors in the coming months.

The flexible working policy has been revised to reflect recent changes to legislation. This makes the process easier and more flexible for employees. Employees will not need to explain what effect, if any, the requested change would have/how that might be dealt with, will be

entitled to make two requests in any 12 month period (previously one), an employer will not be permitted to refuse a request unless the employee has been consulted and the timing of the employer's decision has been reduced to two months.

Achieving all staff on AfC Conditions and maintaining London Living Wage - positive progress has been made to move TUPE staff across to AfC terms and conditions and this has already been achieved for a number of teams.

## Employee Relations

In the Trust Business Plan we have committed to improving the employee experience and engagement by reducing the mean length of formal case management to within a timeframe of 12 weeks. To enable us to achieve this we have broken down the key milestones in the process and the following are some indicative KPIs which need to be finalised and these will then be used to manage our performance.

Stage	Action	Timescale
Resolution Hub	Completion of triage process	5 working days
Mediation/Round Table	Meeting to be arranged	4 working weeks
Formal Investigations	Conduct and employee concern	4 working weeks
Hearing stage	Notification of investigation outcome and hearing date arranged	3 working weeks
Hearing Outcome	Notification of outcome	1 working week

## Workforce Intelligence, Payroll & Pensions

### DBS checks

As at 30th April 2024, the Trust has a 99.8% compliance rate for DBS checks. This represents the total number of recorded DBS checks in the Electronic Staff Record (ESR) as a % of those who are eligible for a check.

### Payroll & Pensions

Significant activity in April supporting the move to Agenda for Change terms and conditions for our Make Ready staff, Cleaners and Fleet teams. We have also 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 Pensions Team are supporting circa 80 flexible retirement requests and have issued guidance on partial retirement to help staff to more easily navigate the process.

## Workforce Planning 2024/2025

The workforce plans for 2024/2025 have been based on zero growth ie recruiting to 1<sup>st</sup> April 2024 levels throughout 2024/2025 except for specialist and advanced paramedics where there is an objective to increase the total by 60fte. Recruitment and training plans are in place to deliver the workforce requirements and Ambulance Operations have set up a monthly tracking meeting to ensure that they maintain staffing levels within budget. This monthly review will enable early identification of expected over/under establishment so that agile and informed decisions about recruitment can be taken. Work is due to start to identify as early as possible staffing requirements for 2025/2026.

## People Scorecard

With a particular focus on triangulation of data we have refreshed the set of workforce key performance indicators which will be reported in the FFR (Feedback Focus Reviews) pack. The current KPIs cover vacancy, staff in post, sickness, leavers, stat and mand training, appraisal, some EDI data and a summary of the Employee Relations cases. Whilst this provides some insight, there are other areas which will help us to provide greater visibility and insights to triangulate data, better explain performance and help to pinpoint areas for improvement. This will include turnover and stability, recruitment time to hire, Freedom to Speak Up, WRES and WDES KPIs (recruitment and employee relations) and time to process employee relations cases (hub referrals and triage, investigation and hearing stages).

KPI	Trend	Target	Frequency	System	Currently available
Staff in post (FTE)	↑	N/A	Monthly	ESR	Yes
Vacancy (%)	↔	5%	Monthly	ESR	Yes
Sickness (monthly) (%)	↓	6%	Monthly	ESR	Yes
Sickness (12 monthly) (%)	↑	6%	Monthly	ESR	Yes
Sickness (short-term) (%)	↔	3%	Monthly	ESR	Yes
Sickness (long-term) (%)	↓	3%	Monthly	ESR	Yes
Turnover (12 monthly) %	↑	10%	Monthly	ESR	Yes
Stability (12 monthly) %	↔	90%	Monthly	ESR	Yes
Stat and Mand training compliance(%)	↓	85%	Monthly	ESR	Yes
Appraisal compliance (%)	↑	85%	Monthly	ESR	Yes
CISO Compliance (%)	↔	85%	Monthly	ESR	Yes
OWR Compliance (%)	↓	85%	Monthly	ESR	Yes
Recruitment time to hire (weeks)	↑	TBC	Quarterly	TRAC	Manual - In development
Freedom To Speak Up (number of referrals)	↔	N/A	Monthly	In Phase	Manual - In development
ER - Hub Referrals (number)	↓	N/A	Monthly	ER tracker	Yes
ER - average time triage processing (days)	↑	5.00	Monthly	ER tracker	Manual - In development

ER - average time formal investigation (weeks)	↔	4.00	Quarterly	ER tracker	Manual - In development
ER - average time formal hearing (weeks)	↓	3.00	Quarterly	ER tracker	Manual - In development
EDI - % BME staff	↑	TBC	Monthly	ESR	Yes
EDI - % staff with disability	↔	TBC	Monthly	ESR	Yes
EDI - % female	↓	TBC	Monthly	ESR	Yes
EDI - WRES recruitment (ratio)	↑	1.0	6 monthly	TRAC	Manual
EDI - WRES conduct (ratio)	↔	1.0	6 monthly	ER tracker	Manual
EDI - WDES recruitment (ratio)	↓	1.0	Monthly	ESR	Manual

## 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.
- While the 2023 NHS Staff Survey results are more positive than 2022, the Scheduling team's results still have some room for improvement. The team have already been through a significant period of change with the move to People and Culture and are soon to have a number of changes in the management team. Handling this sensitively is a priority for the Board, with the goal of improving the working lives of team members.
- 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 to 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 now eight clinic locations across London, including at our training stations and in all five sectors on LAS estate. All colleagues who have incomplete immunisation records have now been written to and asked to book on for an appointment to bring them up to date. The programme will continue to operate over 24/25. Both Occupational Health providers continue to provide evidence of good performance, with all KPIs being met on a regular basis.

##### **Mental Health Provision**

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

Colleagues are able to directly access counselling, CBT and EMDR via Optima's 24/7 EAP line. Further advanced therapy, for conditions such as complex or historic PTSD is provided by the LAS Psychotherapist, who has recently recruited an additional psychotherapist to her team. We have also benefitted from the advice of KeepingWell NWL who are able to refer colleagues for fast track IAPT services.

##### **Wellbeing Activities**

The Wellbeing Hub continues to attract very positive feedback from colleagues using the service. Following a call to the Hub, every colleague is sent an email asking them to rate their experience with the Hub from 1 (very poor) -5 (excellent). Over the first 4 months of this year, all ratings have been either 4 (17%) or 5 (83%). Similarly, there is evidence that the Wellbeing Cafes and Support Vehicles (WSVs) are positively impacting colleague wellbeing with a rating of 9.3/10 for the WSVs and 9.6/10 for the cafes.

The Wellbeing Team aim to be as accessible as possible to all colleagues, and as well as attending Ambulance Operations team huddles in person, now produce short monthly videos

highlighting different support services. Most recently, the team focussed on financial support, partly in response to higher numbers of queries about financial wellbeing from colleagues. As well as signposting to services that are available free of charge, the team have also built a partnership with HSBC who have offered colleagues a number of webinars on a range of financial advice topics. For those who prefer to have a confidential conversation and receive advice about their specific situation, the wellbeing team have procured 50 bookable sessions with the financial advice and debt expert at the Ambulance Staff Charity.

## **5. Organisational Development & Talent Management**

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

### **Apprenticeships & Employability**

We continue to create an internal pipeline of paramedics via our frontline ambulance apprenticeship career pathway – in April 2024 our 12<sup>th</sup> Paramedic Degree Apprenticeship cohort commenced, seeing a further 40 Emergency Medical Technicians start this part of the pathway.

Our 2024/25 recruitment for our Assistant Ambulance Practitioner apprentices is now underway. This is the entry point for our frontline ambulance apprenticeship career pathway – we plan to recruit 240 apprentices into these roles in this financial year.

The *Our LAS Inclusive Response* programme continues to have great success in engaging with our local communities to attract more diverse Londoners to our frontline roles. The programme team has been involved in various community outreach activities and in April our fourth pre-apprentice cohort started.

### **Team Effectiveness**

We have delivered a range of face-to-face sessions, supporting teams in Ambulance Operations, Emergency Operations Centres (EOC), People and Culture, South West Leadership team and the Planning and Modernisation Team. Subjects we covered included: culture, values/behaviours, psychological safety, personality type profiling for more effective team working and building trust in teams.

### **NHS Graduate Management Training Scheme (GMTS):**

We have been successful in our application for the September 2024 intake and have been allocated an HR trainee. The GMTS are still receiving more candidates to allocate, therefore there may be additional allocations. We now progress to Stage 2 of the application process with the creation of an orientation plan, job description and high level deliverables.

### **Our LAS, Our Leaders 100 Programme:**

Cohort one has completed the programme and these colleagues have been invited to attend a graduation ceremony at Middlesex University on 25 June to receive a certificate for a Level 6 Advanced Diploma in Management Practice. Evaluation of the programme will be attained

through collaboration with Middlesex University by way of 1 to 1 meetings and focus group discussions.

### **Appraisal Compliance**

To increase appraisal compliance the ODT team has:

- Offered 1:1 support, face-to-face meetings and training for individuals and teams across the LAS;
- Recorded a webinar on ESR called *Appraise with Values* for all colleagues, especially those who have been unable to attend the live sessions;
- Created a research project with recommendations as part of the Quality Improvement project process of the *Our LAS, Our Leaders 100 programme*; and
- Drafted an Appraisal Compliance Improvement Plan in response to the Our LAS Culture Programme 2024/25 Leadership & Culture Management priority of “Appraisals; Improve our simple-to-follow appraisal process that covers the four S’s”.

In addition to this we will be holding fortnightly meetings with our Workforce Intelligence colleagues to create a roadmap for the e-appraisal platform for the next two years. This will inform the Appraisal Compliance Improvement Plan as well as increase the rate of transition from manual to e-appraisal.

### **Learning & Development (L&D)**

#### **Audio & Video L&D Offers**

We have filmed a short video providing an overview of the Freedom to Speak Up Team for the Virtual Trust Induction.

#### **E-learning**

We continue to create E-Learning modules in partnership with our SMEs to upskill our colleagues across the LAS and provide ‘flexible’ learning opportunities. Recent additions are:

- *Mastering Good Medicine Distribution Practice* - designed to empower colleagues with the knowledge and skills needed to ensure the safe, efficient, and compliant distribution of pharmaceutical products.
- Pathways Clinical Coding System (PaCCS) - for call handlers which covers the technical aspects of using the PaCCS triage software.

#### **L&D sessions**

We have supported the delivery of:

- Three virtual core skills training sessions: Interview Skills for Interviewers, Planning a Recruitment Campaign and Stress Assessment Toolkit;
- Four Tackling Discrimination & Promoting Inclusivity Phase 1 sessions; and
- Three team sessions: MBTI and psychological safety in teams.

## **6. Clinical Education & Standards**

In 2023/24 a total of over 1,500 learners completed their training supporting Ambulance Operations, NETS, 999, 111 and CHUB Services. In addition, over 4,700 employees have completed the latest Core Skills Refresher (CSR) training which ensures that they are up to date with the statutory and mandatory training and clinical updates.

Blue light training – during the last 12-month period, over 630 staff have undertaken the blue light training with over 400 completing the course internally and 200 externally. This will reduce the stress of staff either driving or attending all the time and makes the resourcing of vehicles more efficient. As at April 2024, there are a total of 403 employees on the waiting list, 47 of those hold a C1 licence and are ready to undertake a course. CE&S will continue to use an external provider in order to manage down the waiting list as staff gain their C1 licence. and an options paper has been submitted for review and approval which will support the management of this waiting list.

The consultation is in progress imminent to imbed Operational Placement Centres (OPC) into Teams Based Working (TBW).

The LAS continued to invest in quality education and training for its workforce in 2023/24. For 2024/25 this will continue through an enhanced education bursary of up to £5,000 per person which will greatly benefit our growing and diverse staff.

**Damian McGuinness**

**Chief People Officer, London Ambulance Service NHS Trust.**


**NHS**

# London Ambulance Service

NHS Trust

**Assurance report:**
**People and Culture Committee**
**Date: 09/05/2024**
**Summary report to:**
**Trust Board**
**Date of meeting:**
**09/05/2024**
**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 noted the continued excellent progress on recruitment and has received substantial assurance that the plan will be met in full. Progress is also being made on turnover with a reduction of 3% to 10% in the last two years. Turnover varies across the service with 111 call handling and 999 call handling continuing to see much higher levels. However, both of these services have seen some reduction over recent months. The committee discussed the workforce stability index ( % of staff who stay beyond one year) and the committee requested that consideration be given to what levels of stability would be desirable for these services – whilst recognising that the nature of the roles will mean higher levels of turnover than other parts of the service.

There has been extremely positive progress on the Call handler to Front line programme. There has been significant interest with over 100 staff enquiring 51% of whom identify as BME. Support will be provided to those applicants who either need to obtain a C1 licence and/or maths and English GCSEs. Interviews will begin to take place later this month with the first programme beginning in the Autumn.

## SCHEDULING

The committee received an update on the transformation of scheduling. The move to sector-based working will be governed by the rota change timeline, but earlier partial integration will be enabled by the establishment of sector scheduling teams. The committee was also updated on the procurement of the supporting technology. Procurement will begin this summer and input and assurance will also be sought from the digital committee.

## **WORKFORCE PLANNING**

The committee received a presentation on the workforce plan for 24/25. It noted that this is based on zero growth and the service will be recruiting to 23/2024 levels throughout 2024/2025 except for specialist and advanced paramedics where there is an objective to increase the total by 60fte. This plan currently delivers 37-minute category 2 performance and will change if this is revised to 30 minutes following further discussion with commissioners.

The committee discussed what workforce productivity assumptions had been used to arrive at the plan and further detail will be considered at the next meeting.

## **EMPLOYEE RELATIONS**

The committee received an update on the management of current employment tribunal cases. It noted the breakdown of cases and requested that further detail be provided on the nature of discrimination claims and how these could be tracked more effectively. The committee was particularly keen to understand when such claim arose – were they issues raised in the internal process or did they arise once a claim had been lodged. The committee would like visibility on whether there is opportunity to address these issues earlier in the process.

Standards and timeframes have also been set for the resolution, mediation and formal hearing of cases with the aim of speeding up what currently can be very lengthy timelines.

## **SUPPORTING ATTENDANCE**

The committee received an update on the supporting attendance pilot. This has recently been evaluated and the conclusion has been to not proceed with roll out of the new model. Discussions will now continue with the current provider on an alternative model.

## **CLINICAL EDUCATION**

The committee requested further information on the breadth of the clinical education programme and has requested a future deep dive into the area.

### **CULTURE PROGRAMME**

The committee discussed the lack of continuing progress on improving appraisal rates. Rates improved substantially in the last two years from around 44% to 65%- however progress has now flatlined. The committee were advised that the new approach had been well thought through and the lack of further improvement was an issue of compliance. Further steps will be taken over the coming months to address this.

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 be considered in further detail at its next meeting.

The committee received a presentation on the Trust's OD programme. It asked for further detail about how this linked to the Trust's culture programme and in particular how visible the programme is to front-line staff. It was agreed that staff engagement with the culture programme will be a future agenda item for the committee.

### **FREEDOM TO SPEAK UP REPORT**

The committee noted the progress on FTSU. A recent survey of staff has highlighted that whilst staff are aware of the opportunity to raise concerns many are unclear about how to do so. The committee requested assurance that further measures will be put in place to address this.

#### **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 and there were no further changes at Q4.

#### **Assurance:**

Assurance was received on recruitment, wellbeing of staff and staff retention. Further assurance was requested on workforce planning assumptions, staff engagement and FTSU awareness.



# London Ambulance Service

NHS Trust

**Assurance report:** Equality, Diversity and Inclusion Committee

**Date:** 06/06/2024

**Summary report to:** Trust Board

**Date of meeting:** 14/05/2024

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

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

## Matters for escalation:

## Other matters considered:

### EDI PROGRESS REPORT

The committee noted the EDI progress report which highlighted a significant amount of activity and it was agreed to focus time on areas of priority such as the WRES data and deep dive in to Conduct Cases.

A paper on progress against the equality objectives (2023-2024) was presented to the committee, highlighting the Trust is on track. Progress to note included:

- Business Plan Deliverables agreed, approved and a robust action plan aligned to enable theses.
- The Reasonable Adjustment Policy & Guidance drafted, consulted on and close to implementation.
- Launch of the Anti-Discrimination Statement and Anti-Racism Charter
- 30+ Independent Panel Members recruited, bespoke training developed and will focus on EOC recruitment.
- Tackling Discrimination and Promoting Inclusivity training is ongoing delivered to 67% of the Trust; in addition bespoke LAS training developed and delivered to teams.
- A range of actions to 'de-bias' recruitment practices, including reviewing JD's person specification, shortlisting and interview practices is ongoing.
- There is good progress with the EOC pilot aimed at encouraging BAME staff to apply for AAP roles, almost 50% are from BME backgrounds, exceeding the set 40% target.



- A myriad of cultural/religious events marked and celebrated.
- Women of Colour Programme launched.
- WRES/WDES Data and People Scorecard produced.
- Gender Pay Gap Report produced with action plan.
- Launch of Period Dignity at LAS.

The committee acknowledged the progress that had been achieved and asked for a focus on what the WRES data is showing and the outcome of the deep dive on conduct cases by ethnicity. They also asked about the EDI Policy which should be presented at the July meeting.

### **WRES/WDES DATA**

Data has been produced up to 31 March 2024 and the Trust is on target to comply with the national deadlines by 31 May 2024. Next steps are to complete the Report and Action Plan by October 2024.

The WDES Data over all shows a positive improvement in the experiences of disabled people in the Trust, including improvements on the Reasonable Adjustment indicator. Further implementation of Flexible Working, Reasonable Adjustment Policies will drive ongoing improvements, and this will continue to be tracked through staff surveys.

WRES Data shows continued improvement in some areas, such as, the Trust has an increasingly diverse workforce, shifting from 21% to 24%. However there is deterioration across a number of indicators The notable ones are:

- In 2022/23 1.9 times more likely to be appointed if white when compared to BME – 2023/24 data shows you are 2 times more likely
- In 2022/23 1.5 times more likely to enter in to a formal disciplinary if from BME background – 2023/24 data shows you are 2 times more likely.

The planned activity relating to debiasing recruitment processes, active engagement with BME communities and targeted training opportunities are the response to this and post implementation we would hope to see a change. However there will be a review of the actions needed to shift the dial on the indicators to ensure they are robust and SMART.

The conduct cases are discussed below.

### **CONDUCT CASES – DEEP DIVE BY ETHNICITY**

The EDI Committee was presented with the findings of the deep dive. BME employees are twice as likely to go through formal disciplinary than their white counterparts. The common reasons are related to timekeeping, theft, misuse of property, failure to disclose, drugs error and AWOL and a significant number of cases are in EOC.

	<p>The Committee acknowledged the data and asked Executive Committee to consider targeted actions to mitigate and manage this.</p> <p><b>SEA CHANGE ACTION PLAN</b></p> <p>A robust multi-prong action plan has been produced that responds to the findings of the Sea Change consultation work. This covers;</p> <ul style="list-style-type: none"> <li>▪ reviewing of our Recruitment processes to debias and actively support employees from BME backgrounds</li> <li>▪ to ensure our engagement is targeted, effective and reaching the communities we are trying to reflect</li> <li>▪ to improve our website, materials, digital and physical presence</li> </ul> <p>The EDI Committee noted the progress and agreed progress will be reported periodically.</p> <p><b>BOARD ASSURANCE FRAMEWORK</b></p> <p>The committee discussed the BAF. It agreed to keep the risk at 12, however the BAF will be reviewed in light of the Business Plan deliverables for the next meeting.</p>

<p><b>Key decisions made / actions identified:</b></p>	<ul style="list-style-type: none"> <li>▪ EDI Policy to come to the July meeting.</li> <li>▪ The gender pay gap report was approved</li> <li>▪ The WRES/WDES reports were approved.</li> <li>▪ Reasonable Adjustments Policy &amp; Guidance approved.</li> <li>▪ ExCo was asked to take forward work to manage and mitigate evident unfairness in Conduct Cases.</li> </ul>

<p><b>Risks:</b></p>	<p>The committee discussed the BAF. It agreed to reduce risk to 12 in light of progress that had been made.</p>
----------------------	---

**Assurance:**

The committee received assurance that there is working progress on EDI agenda and forward planning. The committee wishes to receive further assurance on progress on further mitigating actions relating to the Conduct Deep Dive review.



## London Ambulance Service NHS Trust Board meeting

### Report from the Chief Finance Officer

#### Financial Position at the end of April 2024

#### Income and Expenditure Plan

The Trust posted a deficit of £0.9m to the end of April 2024 against a deficit plan of £0.3m, an adverse variance of £0.6m. The Trust is below plan largely due to a shortfall of Cost Improvement Plan schemes compared to target. The Trust is forecasting to recover this position and deliver the breakeven plan by year-end.

#### Capital Programme

The Trust will invest £51.3m during 2024/25. By the end of April 2024 the Trust had spent £1.4m across Fleet, Estates and Medical Equipment.

#### Cash Balance

The Trust had a closing cash balance of £8.7m at the end of April 24.

#### Fleet

The commissioning of our new Double Crew Ambulances (DCAs) continues and 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 a number of new vehicles including 9 cars for our specialist paramedic responses who provide critical and urgent care, mental health vehicles and vehicles for Hazardous Response Team.

#### Estates & Facilities

Our new 111 site in South London (Bernard Weatherall House) is now operational. The Trust is now developing detailed plans to implement the 2024/25 Capital Programme.

Ongoing 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 priorities 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 continues to be increased adherence and compliance with scanning. We are on target for over 15,000 scans this month, plus an increase in the weekly stock takes at hubs.

## Sustainability

The Trust continues to make good progress against the Net Zero plan for 2023/24 and we are in progress of reviewing the data to confirm we met the targets. A 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 complements each other with the delivery of key sustainable outcomes. The Trusts 2024/25 target is to decrease our carbon emissions by a further 6% and Heads of each department are working with our sustainability manager to achieve this.

## Make Ready

Make Ready continues to see the benefit of the extra preparation hubs that were opened in 2023/24 and we are continuing to see sustained improvement in prepping rates which has also been benefited by the implementation of fixed fleet and local ownership.

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 improving local ownership and relations between the support services and operations.

## Rakesh Patel

**Chief Finance Officer, London Ambulance service NHS Trust.**



**London Ambulance Service**  
NHS Trust

**Assurance report:** **Finance and Investment Committee** **Date:** **16/05/2024**

<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>06/06/2024</b>
<b>Presented by:</b>	<b>Robert Alexander, Non-Executive Director, Chair of Finance and Investment Committee</b>	<b>Prepared by:</b>	<b>Robert Alexander, Non-Executive Director, Chair of Finance and Investment Committee</b>

### Matters considered:

FIC received and reviewed the following papers at the meeting on 16 May:

#### Month 12 Finance Report

- The in-month Income and Expenditure (I&E) position for month 12 is a £1.1m deficit; £0.7m adverse to plan.
- The Year to date I&E position at month 12 is a surplus of £0.2m; this is £0.2m favourable to plan.
- The Trust has delivered £25.1m of efficiency reductions to the end March 2024, against a target of £25.0m.

#### Month 12 Capital Report

- The Trust had capital resources of £35.0m available for investment in 2023/24. This includes an additional £4.5m of capital allocation awarded in March 2024 from slippage in NWL and other London sectors.
- The Trust spent £34.9m on capital investment in 2023/24 against allocation of £35.0m.

#### Month 12 CIP Report

- The Trust's 2023/24 I&E plan requires £25.0m cash releasing savings to be delivered. As at the end of March 2024 (month 12), the Trust has delivered £25.1m of CIP, of which £14.7m is recurrent savings and £10.4m is non-recurrent savings.
- In the month of March, the Trust is £0.4m ahead of plan delivering £2.8m savings against a plan of £2.4m.

#### Month 1 2024/25 Finance Report

- The in-month Income and Expenditure (I&E) position for month 1 is a £0.9m deficit; £0.6m adverse to plan.
- The Trust has a capital plan of £51.3m for the year. Spend in month 1 was £1.4m.

- The Trust has delivered £1.3m of efficiency reductions to the end April 2024.
- The Trust had a closing cash balance of £8.7m at end of April.
- The Trust is forecasting to achieve its I&E and Capital plan for the year.

**Month 1 2024/25 Capital Report**

- The Trust has capital resources of £51.4m available for investment in 2024/25.
- The Trust spent £1.5m on capital investment in M1 2024/25.

**Month 1 2024/25 CIP Report**

- As of 9th May, there are plans to deliver £15.3m of recurrent savings from the target of £30m. This is an improvement of circa £2.7m from the previous position as of 19th April reported to April FIC.

**Risks:****Finance Related BAF Risks**

The BAF was being updated to reflect the 2024/25 Business Plan. The BAF for Q1 2024/25 will then be reviewed by the assurance committees and Trust Board in July 2024.



**London Ambulance Service**  
NHS Trust

## Assurance Audit Committee report:

**Date:** 26/04/2024

<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>06/06/2024</b>
<b>Presented by:</b>	<b>Rommel Pereira, Non-Executive Director, Chair of Audit Committee</b>	<b>Prepared by:</b>	<b>Rommel Pereira, Non-Executive Director, Chair of Audit Committee</b>

### Matters considered:

#### Reflections on Current Risks and Challenges

The Audit Committee held an active discussion about funding and the difficulties in securing the resources required to reduce the Cat 2 response times which have an impact on quality. They also discussed the fragile nature of the Trust's digital and telephone infrastructure.

#### Overview of Risk and Compliance issues

The Audit Committee received an Information Governance Group (IGG) oversight relating to the IGG topics :

- Data Security and Protection Toolkit 2023 – 2024
- BDO Data Security and Protection Toolkit 2023 – 2024
- Data Security and Awareness/Cyber Security Training
- Information Commissioners Office (ICO) Complaints
- Information Commissioners Office (ICO) Accountability Framework
- DPIAs and Data Sharing

#### Overview of Technology and Cybersecurity issues

The Audit Committee received high level overview showing the key activity that the IT Risk, Governance & Cyber Team are undertaking within the areas listed below, in order to provide a higher level of assurance and best practice within cyber security, so as to significantly improve the Trust's security posture.

#### Internal Audit

The Audit Committee received the following:

- IA Progress Report
- Follow Up Report
- IA Annual Report
- IA Audit Plan 2024/25
- KFS Fixed Asset Register
- Data Security & Protection Toolkit – Final Report
- Mandatory & Statutory Training

#### External Audit Update

The Audit Committee noted the Progress Report which detailed they since the last meeting:

- Planning procedures for the 2023-24 audit had been completed.
- Held inquiries of management to understand developments to date



in the 2023-24 financial year.

- Completed the interim audit visit and testing of certain month 9 balances.
- Received and accepted the Group Audit Instructions from the National Audit Office.

#### **Local Counter Fraud Update**

The Audit Committee received the LCFS update, noting that the majority of the work agreed in the 2023/24 work plan has been completed and the proactive review in Medicines Management would be finalised shortly.

#### **2023/24 Revaluation of Land and Buildings**

The Audit Committee received an update on the Trusts land and building assets at fair value. For financial year 2023/24 this requirement will be addressed via:

- The commissioning of an independent and professional valuer to value the Trust's land and building assets as at 31 March 2024; and
- An internal impairment review undertaken on land and building assets which are under construction as at 31 March 2024.

#### **Accounting Policies**

The Audit Committee approved the Trust's 2023/24 Accounting Policies:

- Critical judgements in applying accounting policies. The material judgement is the non-consolidation of the Trust's charity.
- Sources of estimation uncertainty in applying accounting policies. The sources of estimation uncertainty relate to the valuation of provisions, property plant and equipment, accruals and deferred income, income recognition, and the annual revaluation of the Trust's land and building assets.
- The Trust's Accounting Policies.

#### **Annual Report Timetable**

The Audit Committee approved the 2023/24 Annual Report and Accounts, which would be presented for Audit Committee and Board for approval on 21st June 2024.

#### **Counter Fraud and Corruption Policy**

The Audit Committee noted the amendments made to the previous version and approved the updated policy.

#### **2023/24 Q4 Single Tender Waiver Report**

In Q4 there were 28 STWs, for the following reasons:

- 5 waivers relating to continuity of service;
- 13 waivers relating to cost benefit analysis;
- 10 waivers relating to monopoly supplier.

#### **2023/24 Q4 Losses and Special Payments**

Total payments for the Quarter were £0.8m, and for the year were £2.1m, as follows:

- Losses due to theft of £13k, damaged vehicles of £1,475k, and

equipment of £206k

- Fruitless payments to VCS, an ambulance conversion company, of £208k
- Ex-gratia payments to members of the public of £16k
- Payments to current and –ex employees due to employment tribunals of £36k and settlement agreements agreed of £152k.

#### **2023/24 Salary Overpayments**

- £279k of overpayments occurred in the three months to end March 2024.
- The total overpayments owed to the Trust at end March 2024 is £1,616k (£285k owed by ex-employees and £1,331k owed by current employees).
- Total overpayments recovered in the quarter to December through salary deductions is £67k and through debt collection is £4k.

#### **Declarations of Interest**

In the last Counter Fraud Functional Standard Return, submitted in May 2023, the Trust was assessed as red against NHS Requirement 12, which focusses on policies and registers for gifts, hospitality, and conflicts of interests. This rating was based on LAS not having an effective system in place for requesting and collating declarations of interest from its decision makers.

Since May 2023 a process has been put in place to ensure that all ‘decision makers’ are asked to complete declarations when starting in the Trust and thereafter annually or if there are any changes in their circumstances.

As at 17th April 2024, 85% of these staff had made a declaration of interest.

Following a meeting between LCFS and Corporate Affairs in November 2023, LCFS commented that whilst progress had been made and that the Trust’s Requirement 12 position had moved from red to amber, there were five outstanding points that they hoped would be addressed by the end of the financial year.

#### **Terms of Reference**

Audit Committee members were invited to review the content and propose appropriate revisions prior to presentation to the Trust Board for formal ratification.

It was approved to amend the quorum to the effect that for the Committee to be quorate, at least two NED members must be present.

#### **Risks:**

#### **Board Assurance Framework (BAF)**

No updates to the BAF since the March Board. Work would commence on constructing the 2024/25 BAF.



## London Ambulance Service NHS Trust

**Assurance report:** **Charitable Funds Committee**

**Date:** **07/05/2024**

<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>06/06/2024</b>
<b>Presented by:</b>	<b>Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee</b>	<b>Prepared by:</b>	<b>Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee</b>

### 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 fundraising event at the O2 which had over 70 participants and raised over £20K.
- NHS Charities Together gave an update on the Omaze funding. Pending Board approval, this will be an initial grant of around £1.8m to be shared with each ambulance charity equally. Subject to Board approval, plans will be in place from June to distribute funds on a non-competitive basis. The criteria and process are still to be finalised but will cover reducing inequalities in Out-Of-Hospital Cardiac Arrest and response to locally identified need. More details will be shared in the next month following the Board meeting.

#### Charity Plans 2024 -25

The 2024-25 Charity Plan, which had been created in alignment with the LAS Trust 5-year strategy, was shared with the committee. The draft plan had been co-designed in a Charity Planning workshop, which included key stakeholders including the Director of Strategy and Transformation, Director of Communications and Engagement, and Charity Operational Group members, including a layperson representative. It is intended that the 2024-25 Charity plan be used as a foundation for charity development and growth throughout the next fiscal year.

The committee agreed that they are happy with the broad content of the plan; however, the mission statements/strategic objectives should be reworked to make them broader in content. It was also noted that in the section in the plan on the budget, expenditure could only be permitted after the receipt of income. It was also noted that the plan should include reference to the figures being rounded to the nearest thousand.

The committee felt that the Charity was getting better at events that bring in cash, and a big event coming up would be the sponsored walk, which would be on a larger scale than previously organised.

#### **Public Access Defibrillator Campaign Plan**

The committee received an update on the campaign to raise £410K to fund more than 200 defibrillators in areas where they are needed most. The campaign aligns with the already in progress London Lifesavers campaign and will strengthen relationship with communities in London to help recruit volunteer Community First Responders in designated areas. It will also further the work to reduce health inequalities in the survival rates of out of hospital cardiac arrests. The campaign will also work to promote careers in LAS.

#### **Finance Report**

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

#### **London Ambulance Charity Reserves Policy**

The committee noted an updated version of the LAS Charity Reserves Policy.

### **Key decisions made / actions identified:**

#### **Trustee Training for the Board**

It was agreed that a time needs to be found in a Board Development Day agenda to deliver Charity Trustee training to all Board Members in their Trustee capacity.

#### **Hardship Applications**

The committee received a presentation on the Hardship Fund – There for You. It was agreed that there was a need for a more systematic approach and the use of a range of criteria against which assessment and decisions could be made in order to bring more clarity and certainty to the process.

The committee agreed the following set of rules;

- There should be a financial cap of £3k on applications to the fund.
- There should not be more than one application from the same applicant.
- LAS staff should have been in post for one year before an application would be considered.

**Risks:**

Risks and mitigations against the Charity were presented and considered noting two new risks;

- Potential difficulty to meet the ambition of growing the newly adopted Community First Responder Volunteer Programme.
- Expected income of £100,000 from HHS Charities Together as a result of the OMAZE campaign is currently unconfirmed.

**Assurance:**

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



## 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.

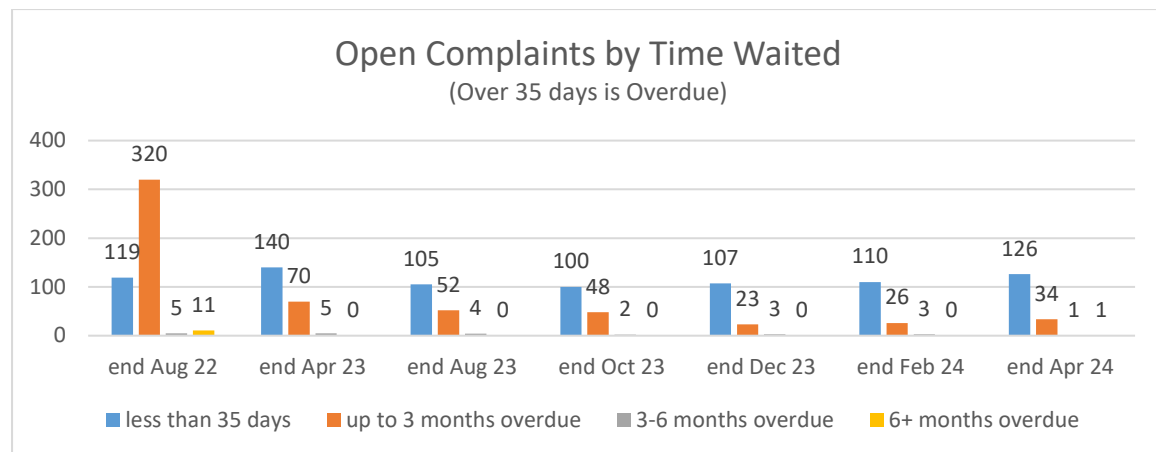
This report summarises the Directorate activity from March 2024 to May 2024.

**PATIENT EXPERIENCE****Complaints**Complaints received March – end of April 2024

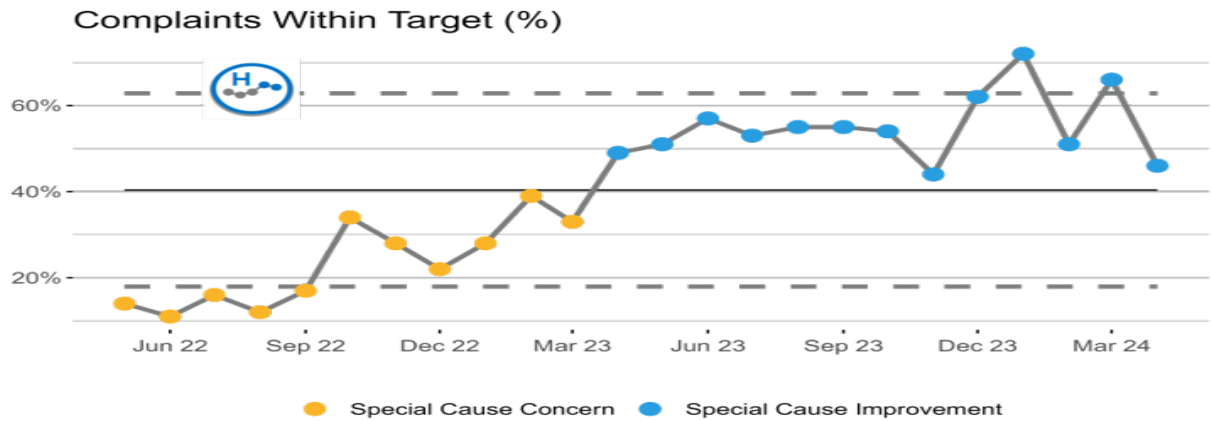
198 (190 in same period 2023)

Complaints closed March – end of April 2024

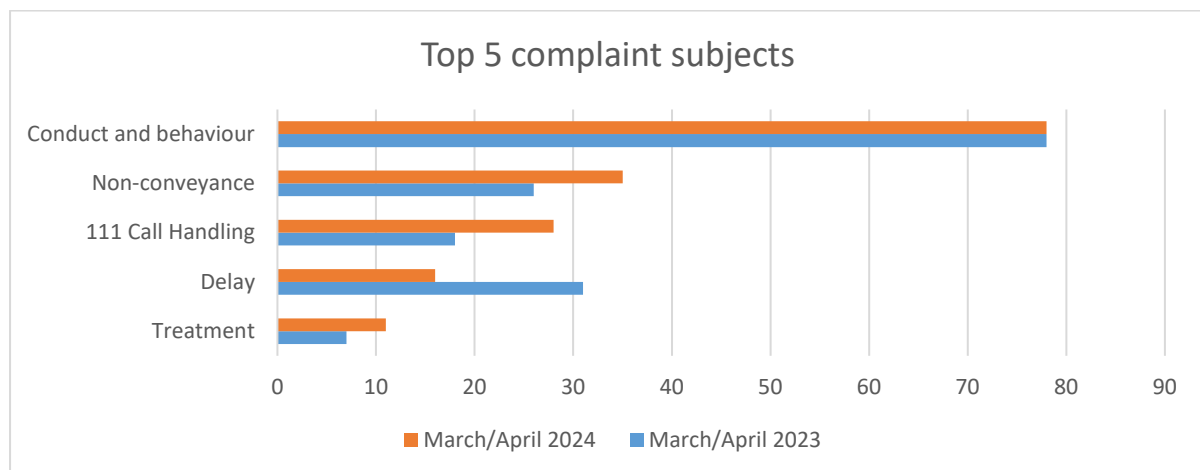
173 (166 in same period 2023)



At the end of April 2024, there were 163 open complaints.



In March, 66% of complaints were closed within the 35 working day target, which is just outside the target of 75%. Performance dipped in April to 46% due to temporary short staffing in the team caused by annual leave. Performance continues to be closely monitored.



Following the concern raised at CQOG regarding the high proportion of complaints relating to 'conduct and behaviour', the Patient Experience team have started a trial with Ilford complex in using a re-designed crew comments form to encourage a recollection of events and reflection, rather than a formal 'statement'. Early conversations with Clinical Team Managers have been introduced to encourage closer working relationships and further support for staff affected during the complaints process as well as to identify staff who also may be the subject of previous complaints/concerns.

The Patient Experience team have successfully recruited to the Head of Patient Experiences and Patient Experiences Manager roles, which were being covered by acting up and a secondment respectively.

**LEGAL SERVICES**

Inquests opened 01 March 2024 – 30 April 2024

Level 1 Inquests – 395

Level 2 Inquests – 20

Claims opened 01 March 2024 – 30 April 2024

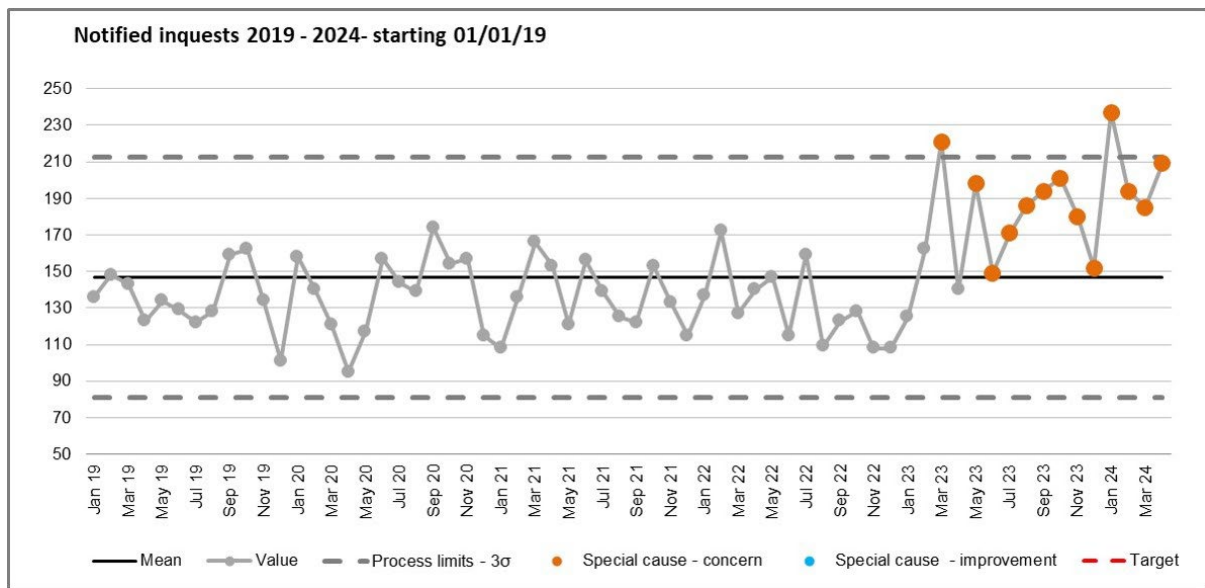
Employment Liability - 9

Public Liability - 0

Clinical Claims - 5

As expected, the number of Inquests notified to the Trust in March and April were slightly down on January and February (439).

The chart below shows the level of sustained high numbers of notified inquests during 2023/24.



The information below provides further detail on Employers liability cases as reported to the recent Health and Safety Committee.



### Legal Services – Report to Health & Safety Committee – April 2024

1. Total number of live EL claims – **37** (please see attached spreadsheet)

Total number of new EL claims opened from 16 January to 11 April 2024 – **7**

2. Types of live EL cases

Themes	No. of cases	Admissions	Denied	Investigations ongoing
Defective work equipment	12	7	2	3
Manual Handling	5	5	0	0
Lifting work equipment	5	1	3	1
Assault	3	1	0	2
Falls	3	2	0	1
Trips	3	2	1	0
Tail lift	3	1	1	1
Sharps	1	1	0	0
Slip	1	0	0	1
COSHH	1	0	0	1

Defective equipment, manual handling and lifting work equipment remain popular trends; two claims concerning assault were brought in March.

A Legal Away Day is scheduled to be held in July to discuss the recommendations in the recent external report of legal services.

The Legal Team will be attending a training session organised by Bevan Brittan in July. The focus will be on Disclosure obligations.

A 'witness familiarisation for criminal proceedings' document has been prepared to assist witnesses attending and giving evidence at Criminal Trials. The finalised version will be circulated. A similar document is being prepared for those attending Court of Protection matters.

<sup>i</sup> 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.

<sup>ii</sup> 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.

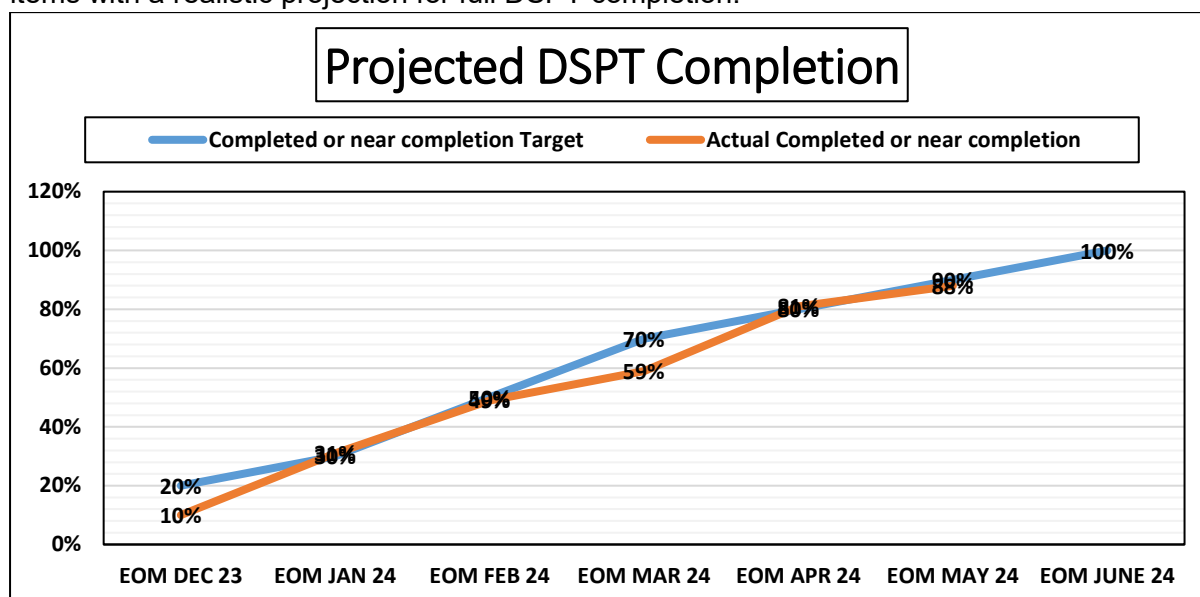
## INFORMATION GOVERNANCE

### Data Security and Protection Toolkit (DSPT) 2023 – 2024

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 30<sup>th</sup>

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, **88%** either have been completed or are near completion, which is a 39% increase since the previous report. Although the completion rate is tracking slightly below target for EOM May 2024, the Information Governance Team are confident of reaching the 90% target by EOM May 2024,

The percentage total for May 2024 was correct at the time this report was written [22<sup>nd</sup> May 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 93% compliance rate.

The IM&T and IG Teams are working closely together to action any remaining requirements to ensure DSPT completion before the 30<sup>th</sup> June 2024 deadline and have no concerns regarding the Trust attaining DSPT compliance for the third consecutive year.

### **BDO Data Security and Protection Toolkit Audit 2023 – 2024**

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 was

conducted by BDO and commenced on 23<sup>rd</sup> February 2024. The audit consisted of 49 mandatory evidence assertion items included within the DSPT, with evidentiary items sent to the auditor for each item.

A closing meeting was held with the auditor on 28<sup>th</sup> March 2024, where the auditor verbally confirmed they were happy with the evidence provided, however additional evidence was requested on a number of evidence items, which were supplied by the Trust. The Trust received a final report from BDO on 16<sup>th</sup> April 2024 with the below results:

Overall risk assessment	Overall confidence level in the DSP Toolkit submission
<p style="text-align: center;"><b>Substantial</b></p> <p><b>0 Critical Risk Recommendations</b>  <b>0 High Risk Recommendations</b>  <b>0 Medium Risk Recommendations</b>  <b>3 Low Risk Recommendation</b></p>	<p style="text-align: center;"><b>High</b></p>

The above results are an improvement on the 2022 – 2023 DSPT, where the Trust received a moderate overall risk assessment rating. They also provide a high level of assurance that the Trust is in line with the requirements of the DSPT assessment and has very strong data security and protection controls.

All recommendations are currently in the process of being addressed and will be completed in a timely manner.

### **Information Commissioners Office (ICO) and Breach Reporting**

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 1<sup>st</sup> April 2024, no incidents have been reported to the ICO. However, there are 4 open cases dating from 17<sup>th</sup> August 2023 to the 6<sup>th</sup> February 2024. Of these four open cases, three 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.

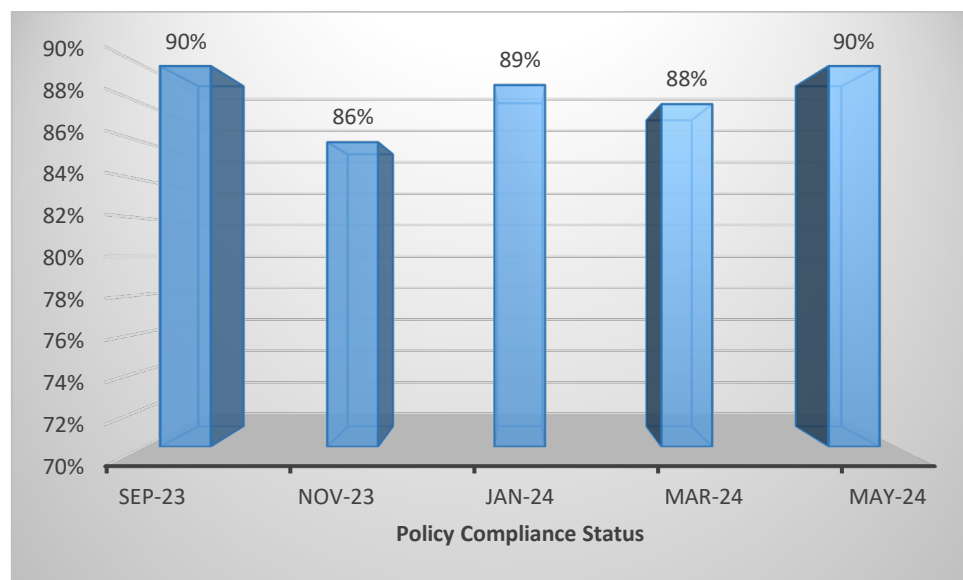
The Trust continues to embed data privacy by design into new projects by undertaking a data protection impact assessment (DPIA), a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information governance and security framework.

## 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.

The Trust's policy compliance position is back up to 90%, and very out of date policies (more than six months) have been eliminated. The Corporate Governance Team are working with policy leads to further improve this, providing reminders for policies that are due for review to avoid policies going out of date.



## FREEDOM OF INFORMATION

### Introduction

This report presents an overview of the Freedom of Information (FOI) requests received by LAS during the period from 1 April 2023 to 31 March 2024.

### FOI Request Overview

#### Key highlights:

#### 1. Total FOI Requests:

During this period, the Trust received a total of 594 FOI requests.

#### 2. Request Handling:

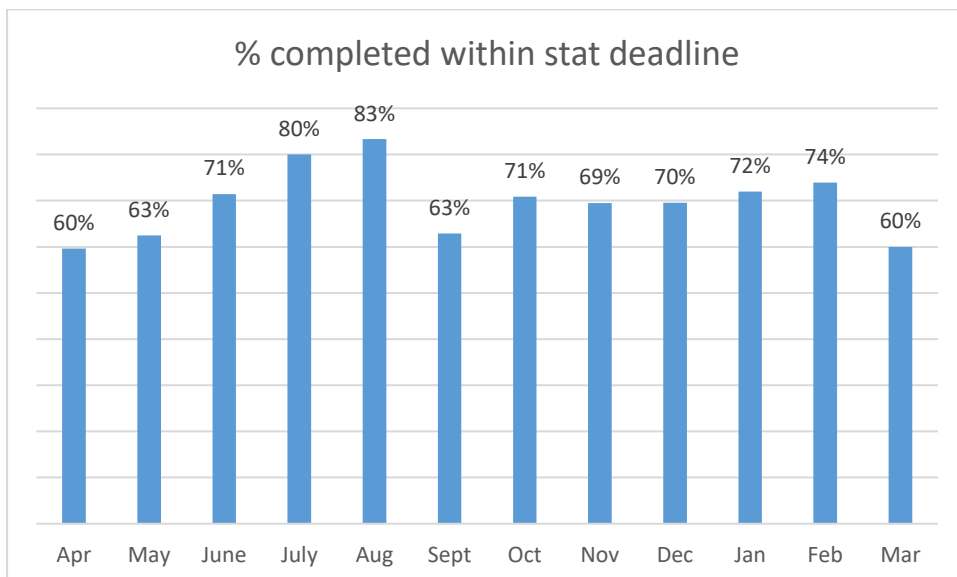
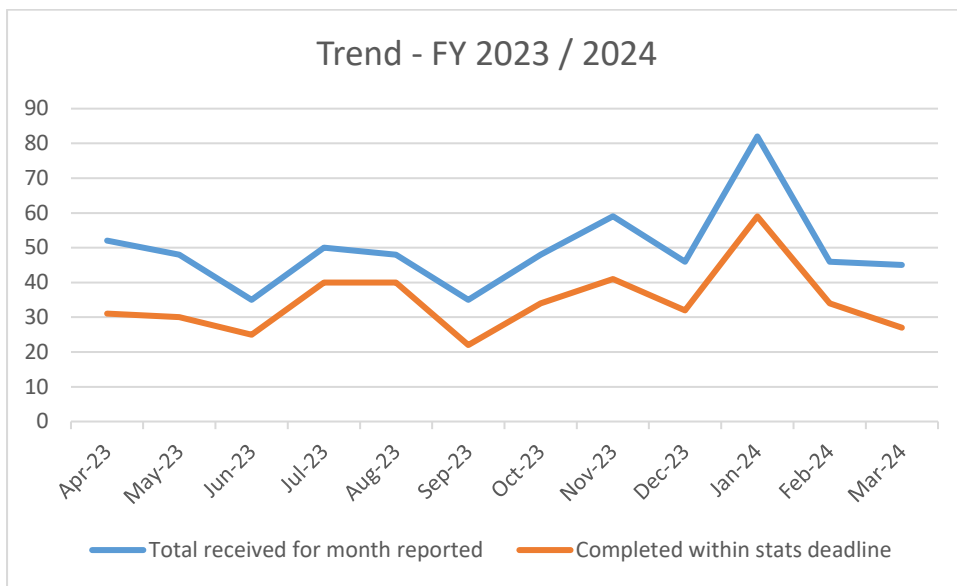
To date, we have successfully completed and closed 530 requests.

**3. Monthly Averages:**

On average, the Trust received about 49 FOI requests per month.

**4. Compliance Metrics (Apr 2023 – Mar 2024):**

- Overall compliance within statutory deadlines for the whole period FY 2023/2024 stands at 70%.
- The diagram below illustrates the compliance trend within the statutory 20 working days timeframe. While there was a decline in compliance rate, it is attributed to factors such as annual leave and delays in receiving inputs from Subject Matter Experts (SMEs), and occasionally at the approval level.



**Factors Influencing Compliance Rate**

As previously highlighted, our compliance rate was influenced by various factors including securing stakeholder contributions and managing staff availability due to annual leave.

**Commitment to Improvement:**

Corporate Governance management are aware of the challenges, and are actively addressing them. Efforts are underway to manage backlogs, enhance performance, and restore momentum in our FOI responses.

**Sources of Information Requests**

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

Source	Number of request received Apr-Nov
<b>Media - (Journalists/Media professionals)</b>	66
<b>MPs/ Councilors</b>	9
<b>Individuals</b>	440
<b>Organisations (including campaign groups)</b>	79

Mark Easton  
Director of Corporate Affairs



# London Ambulance Service

NHS Trust

Report Title		Annual business plan for 2024/25			
Meeting:	Trust Board				
Agenda item:	6.4.1	Meeting Date:	02.05.2025		
Lead Executive:	Roger Davidson				
Report Author:	Beata Malinowska				
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval	
	<input checked="" type="checkbox"/>	Discussion		Information	
Report Summary					
<p>This report contains LAS annual business plan for 2024/25 which constitutes the second year of the delivery of LAS five year strategy.</p> <p>The 2024/25 annual business plan has been developed over the last three months on the basis of the robust engagement process with the objective owners (SROs), relevant SMEs across the Trust, finance and contracting teams and ExCo. Key points of engagement included:</p> <ul style="list-style-type: none"> <li>• An all-day finance and business planning workshop on 26<sup>th</sup> February with all LAS departments shaping presenting and refining their commitments for 2024/25 aligning them with the implementation of the five year strategy and funding available for 2024/25.</li> <li>• Alignment with the agreed IM&amp;T expenditure and capacity plan</li> <li>• Alignment with BAF</li> <li>• Alignment with annual quality objectives</li> <li>• Individual discussions between strategy team and objective owners to refine and finalise outstanding objectives along the way</li> <li>• ExCo meetings where discussions and challenge were provided to refine the list further and approve its final version being presented to the Board on 2<sup>nd</sup> May</li> </ul> <p>The 2024/25 plan needs to be considered alongside the report summarising the achievements and delivery of the 2023/24 business plan which you have been sent with the Trust Board papers.</p> <p>An analysis of the 'partially achieved' and 'not achieved' objectives from 2023/24 plan has been conducted and informed the 2024/25 plan.</p> <p>Next steps after the Board approval:</p> <ul style="list-style-type: none"> <li>• Quarterly progress reports will be produced for ExCo and Trust Board information</li> <li>• The overall delivery will be monitored by ExCo and the Transformation Board as part of the established process of co-ordination of LAS five year strategy delivery</li> </ul>					
Recommendation/Request to Trust Board:					

Trust Board members are asked to review and agree annual business plan for 2024/25.

All the feedback received from discussion at the Trust Board meeting will be considered and incorporated into the final version of the plan which is planned to be formally approved and published at the next public Trust Board in July.

**Routing of Paper i.e. previously considered by:**

ExCo on 24.04.2024

**Corporate Objectives and Risks that this paper addresses:**

Annual business planning process and LAS five year strategy implementation.





**London Ambulance Service**  
NHS Trust

# Business plan for 2024/25 commitments

**STRATEGY IMPLEMENTATION - YEAR 2**



# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
1	Rapid and seamless care	1	<b>Improve delivery of ST-elevation myocardial infarction (STEMI) care bundle to 80% by the end of financial year</b>	Fenella Wrigley	Alison Blakely
1	Rapid and seamless care	2	<b>Achieve Return to Spontaneous Circulation mean of 30% by end of financial year</b>	Fenella Wrigley	Mark Faulkner
1	Rapid and seamless care	3	<b>Achieve consistent mean call-connect to hands-on-chest time of 4mins 15 secs by the end of the financial year to improve Return to Spontaneous Circulation</b>	Fenella Wrigley	Stuart Crichton
1	Rapid and seamless care	4	<b>Improve Category 1 performance in comparison to last financial year</b>	Pauline Cranmer/ Fenella Wrigley	Darren Farmer/ Stuart Crichton
1	Rapid and seamless care	5	<b>Increase activation of public access defibrillators by Emergency Operations Centre by 5%</b>	Fenella Wrigley	Stuart Crichton/ Mark Faulkner
1	Rapid and seamless care	6	<b>Improve Category 2 performance in comparison to last financial year</b>	Pauline Cranmer	Darren Farmer
1	Rapid and seamless care	7	<b>Improve our performance on 999 call answering to a mean of less than 10 seconds by end of the year</b>	Fenella Wrigley	Stuart Crichton
1	Rapid and seamless care	8	<b>Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe</b>	Fenella Wrigley	Jacqui Niner
1	Rapid and seamless care	9	<b>Achieve a mean answering time for 111 of less than 3 minutes by the end of the financial year</b>	Rakesh Patel	Jacqui Niner



# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
1	Rapid and seamless care	10	<b>Achieve a hear-and-treat rate of at least 17% each quarter by delivering a Future Dispatch Model across all 5 sectors</b>	Fenella Wrigley	Alison Blakely
1	Rapid and seamless care	11	<b>Assess the case for change for a triage system and if approved and funding secured begin implementation</b>	Fenella Wrigley	Stuart Crichton
1	Rapid and seamless care	12	<b>Deliver first phase of electronic controlled drugs registers to improve clinical safety and efficiency</b>	Fenella Wrigley	Sumithra Maheswaran
1	Individualised Clinical Response	13	<b>Trial a care co-ordination hub in one Integrated Care System area with co-location of LAS and specialist clinicians enabling 'one-call' referral</b>	Fenella Wrigley	Alison Blakely
1	Individualised Clinical Response	14	<b>Introduce six mental health ambulances to improve the management of mental health emergencies and support for patients subject to section 136</b>	Pauline Cranmer	Darren Farmer
1	Individualised Clinical Response	15	<b>Maintain 10 urgent community response cars across London</b>	Fenella Wrigley	Alison Blakely
1	Individualised Clinical Response	16	<b>Achieve mean response of less than 120 minutes to fallers still on the ground and make referrals to other services within 60 minutes of 999 call where clinically appropriate</b>	Fenella Wrigley	Alison Blakely
1	Individualised Clinical Response	17	<b>Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds</b>	Roger Davidson	Beata Malinowska
1	Outstanding care and leadership of	18	<b>Develop and successfully integrate National Ambulance Resilience Unit (NARU) into LAS - transition the service and develop and launch NARU strategy</b>	Pauline Cranmer	Natasha Wills

# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
	major incidents and events				
1	Outstanding care and leadership of major incidents and events	19	<b>Roll out NHSE 10 second triage tool for managing incidents, improving our response and bringing greater clarity to the initial stages of multi-agency or major incidents</b>	Pauline Cranmer	Natasha Wills
1	Outstanding care and leadership of major incidents and events	20	<b>Invest in digital tools to support our response to major incidents, including implementing a digital logging solution by end Q3</b>	Pauline Cranmer	Natasha Wills
1	A learning and teaching organisation	21	<b>Invest in career development across organisation, including implementing a band 6 rotation programme by Q2, and increasing number of advanced or specialist paramedic roles by 5%</b>	Damian McGuinness/ Pauline Cranmer	Darren Farmer (rotations) and Tim Edwards (specialist paramedic roles)
1	A learning and teaching organisation	22	<b>Increase by 10% the proportion of applicants from an ethnic minority background to jobs in ambulance operations and 999, agreeing and implementing an action plan which will include implementation of a new call handler to associate ambulance practitioner recruitment programme</b>	Damian McGuinness/ Roger Davidson	Jules Potter (call handler to AAP rec programme)/ Kulvinder Hira
1	A learning and teaching organisation	23	<b>Implement a strategic partnership for developing improvement capability and capacity and deliver the Trust's first rapid process improvement workshop using LAS Improve methods</b>	Pauline Cranmer	Jaqui Lindridge



# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
1	A learning and teaching organisation	24	<b>Introduce performance metrics for emergency dispatch to ensure greater consistency for patients</b>	Fenella Wrigley	Stuart Crichton
1	A learning and teaching organisation	25	<b>Complete all commissioned learning responses within nationally-defined timeframes, plus reduce overdue open incidents to 25% of total open incidents (excluding those considered for learning response), both by end March 2025.</b>	Fenella Wrigley	Neal Durge
1	A learning and teaching organisation	26	<b>Deliver via our Clinical Audit and Research Unit one clinical audit per quarter, two annual reports in Q3 and prepare application for one further research study</b>	Fenella Wrigley	Neal Durge
1	A learning and teaching organisation	27	<b>Develop a clinical supervision model to support all clinical staff</b>	Pauline Cranmer	Hannah Curror
2	An inclusive and open culture	28	<b>Improve employee experience and engagement by reducing the mean length of formal case management to within a timeframe of 12 weeks</b>	Damian McGuinness	All ExCo directors
2	An inclusive and open culture	29	<i>Focus LAS Culture Programme on improving teamwork (the Year of the Team)</i>	Damian McGuinness	Simon Stewart
			<b>Achieve c200 managers completing leadership courses</b>		



# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
2	An inclusive and open culture	30	<i>Focus LAS Culture Programme on improving teamwork (the Year of the Team)</i>	Damian McGuinness	Simon Stewart
			<b>Achieve management ratio maximum of 1:15</b>		
2	An inclusive and open culture	31	<i>Focus LAS Culture Programme on improving teamwork (the Year of the Team)</i>	Damian McGuinness	Simon Stewart
			<b>Achieve 85% of people with completed appraisals</b>		
2	An inclusive and open culture	32	<b>Continue strengthening staff networks, agreeing plans so they deliver a proactive agenda and grow their total membership by 20%</b>	Roger Davidson	Kulvinder Hira
2	An inclusive and open culture	33	<b>Improve the likelihood (currently 2x less likely) of Black and ethnic minority candidates being successful at interview stage, by supporting the career advancement of colleagues</b>	Roger Davidson	Kulvinder Hira
2	An inclusive and open culture	34	<b>Improve the proportion of disabled colleagues who say in the NHS staff survey that reasonable adjustments were made and reduce the number of concerns raised on this topic</b>	Roger Davidson	Kulvinder Hira
2	An inclusive and open culture	35	<b>Develop and deliver an improvement plan against the six Equality, Diversity and Inclusion High Impact Actions with specific focus on all leaders to be held accountable for reducing discrimination and creating an inclusive LAS</b>	Roger Davidson	Kulvinder Hira
2	An inclusive and open culture	36	<b>Implement a sexual safety action plan leading to significant improvements in response to this question in the staff survey with the aim of reducing incidences</b>	Pauline Cranmer	Alan Taylor

# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
2	Well-led across the organisation	37	<b>Implement a professional standards group to oversee and ensure registrants are supported through investigations and these are completed in a timely way</b>	Fenella Wrigley	Mark Faulkner
2	Well-led across the organisation	38	<b>Take a proactive approach to support the good health of staff, including recognising many have high levels of exposure to trauma, which will be reflected in reducing sickness levels to less than 6%.</b>	Damian McGuinness	All ExCo directors
2	Well-led across the organisation	39	<b>Implement electronic safeguarding referrals</b>	Pauline Cranmer	Jaqui Lindridge
2	Well-led across the organisation	40	<b>Maintain a response rate of 75% to complaints within 35 working days</b>	Mark Easton	Jonathan Elwood
2	Well-led across the organisation	41	<b>Complete phase 2 of teams-based working in ambulance operations, including establishing a devolved operations model, a robust plan to provide leadership capacity and capability with a dashboard providing team level detail on all objectives and</b>	Pauline Cranmer	Darren Farmer
2	Well-led across the organisation	42	<b>Complete implementation of Emergency Operations Centre teams-based working by Q3 including implementation of new rotas, line management structures, and structured team time</b>	Fenella Wrigley	Stuart Crichton
2	Well-led across the organisation	43	<b>Implement teams-based working within the clinical hub, including new rotas, structured team time and structured clinical time</b>	Fenella Wrigley	Alison Blakely



# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
2	Well-led across the organisation	44	<b>Deliver 111 transformation programme to improve the productivity in both call answering and clinical assessment</b>	Rakesh Patel	Jacqui Niner
2	Well-led across the organisation	45	<b>Develop and agree a revised rest break policy for Emergency Operations Centre, 999 and 111 operations</b>	Pauline Cranmer	Stuart Crichton Darren Farmer Jacqui Niner Damian McGuinness
2	Well-led across the organisation	46	<b>Complete Tactical Operations Unit review and implement recommendations to ensure effectiveness of services provided including incident management desk, patient flow and central support unit</b>	Fenella Wrigley	Stuart Crichton
2	Well-led across the organisation	47	<b>Improve productivity in ambulance operations by reducing out-of-service and reducing job cycle time in comparison to last financial year</b>	Pauline Cranmer	Darren Farmer
2	Well-led across the organisation	48	<b>Centralise Make Ready packing function to Rainham to deliver improved efficiency and quality</b>	Rakesh Patel	Rakesh Patel
2	Well-led across the organisation	49	<b>Deliver a new internal communications and engagement strategy that aims to increase campaign awareness by 5%, key channel effectiveness by 5% and offers regular opportunities for staff voice to be heard through face-to-face and online events both locally and centrally</b>	Roger Davidson	Claire Proudlock





# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
2	Well-led across the organisation	50	<b>Deliver key performance indicators on the new Heathrow contract (assuming successful tender)</b>	Pauline Cranmer	Darren Farmer
2	Well-led across the organisation	51	<b>Deliver on the procurement of Integrated Urgent Care contracts pan-London and be successful in securing 111 contracts for North East London and South East London in 2025/26</b>	Rakesh Patel	Jacqui Niner
2	Well-led across the organisation	52	<b>Deliver the 2024/25 Income and Expenditure plan</b>	Rakesh Patel	All Board directors for their area
2	Well-led across the organisation	53	<b>Deliver a £30 million cost reduction programme</b>	Rakesh Patel	All Board directors for their area
2	Well-led across the organisation	54	<b>Deliver the 2024/25 capital plan</b>	Rakesh Patel	All Board directors for their area
2	Improved infrastructure	55	<b>Introduce SMS capability to support with customer contact and feedback, where use cases will include text messaging for patient demographics and information (linked to the NHS App) and gathering patient feedback electronically to reduce manual overheads</b>	Clare McMillan	Clare McMillan
2	Improved infrastructure	56	<b>Work with London region to connect information gathered at call handling within IUC and publish to the London Care Record for ease of access to information for cross-system use</b>	Clare McMillan	Clare McMillan
2	Improved infrastructure	57	<b>Commission 185 new vehicles - 92 DCAs, 16 mental health vehicles, 26 HART vehicles, 5 bariatric ambulances, 15 driver training units and 31 cars for frontline staff</b>	Rakesh Patel	Rakesh Patel



# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
2	Improved infrastructure	58	Complete detailed plans and submit planning permission for Bow Ambulance Station for September 2024	Rakesh Patel	Rakesh Patel
2	Improved infrastructure	59	Deliver expansion of 2 ambulance stations	Rakesh Patel	Rakesh Patel
2	Improved infrastructure	60	Develop and implement with Transport for London a programme for electric vehicle charging infrastructure, including identifying sites and early installation	Rakesh Patel	Rakesh Patel
2	Improved infrastructure	61	Improve IT infrastructure, including reducing the use of outdated technologies, reduction in single points of failure, and reduction in major outages. Upgrade of telephony for 111, 999 and corporate services by Q2 and resilience achieved across our data centres by Q3	Clare McMillan	Clare McMillan
2	Improved infrastructure	62	Evaluate and utilise new emerging technologies, including AI to improve patient care or productivity	Clare McMillan	Clare McMillan
2	Improved infrastructure	63	Implement new business intelligence data platform to deliver better productivity and performance reporting – gathering requirements Q1, business case Q2, and delivery Q4	Clare McMillan	Clare McMillan
2	Improved infrastructure	64	Deliver the roll out of My Clinical Feedback App across London by the end of March 2025 so all frontline clinicians can learn from outcome information regarding their patients	Clare McMillan/ Fenella Wrigley	Mark Faulkner
2	Improved infrastructure	65	Deliver a new call sign structure to align LAS to the rest of UK ambulance trusts. This will support the delivery of a new national	Clare McMillan	Clare McMillan

# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
			control room solution to replace legacy infrastructure and provide a more reliable service, due in Q3		
3	A system leader and partner	66	Implement a new operating model for managing our contribution to our five integrated care systems with better use of data and coordinated engagement	Roger Davidson	Beata Malinowska
3	A system leader and partner	67	Develop the General Practice Support Service (GPSS) further, securing agreement and funding to run a pilot of LAS answering phone and navigating patients requiring same day urgent primary care for 100,000 population	Rakesh Patel	Jacqui Niner
3	A system leader and partner	68	Work with our system partners to proactively reduce hospital handover delays in comparison to last year by implementing a new patient flow process and by supporting LAS crews with cohorting and accessing alternative care pathways	Fenella Wrigley /Pauline Cranmer	Stuart Crichton/ Darren Farmer
3	A system leader and partner	69	Reduce by 5% face to face interactions with identified cohort of frequent callers by March 2025	Pauline Cranmer	Jaqui Lindridge
3	Proactive at making London healthier	70	Improve bystander intervention in cardiac arrest: - training 10,000 more London Lifesavers, - increasing availability of public access defibrillators, - creating an expanded Community First Responder scheme with first 50 new volunteers recruited this year	Roger Davidson/ Fenella Wrigley	Mark Faulkner/Claire Proudlock



# Business plan for 2024/25 draft commitments

## Strategy year 2



Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer
3	Proactive at making London healthier	71	<b>Publish and implement a five-year action plan for reducing health inequalities, including confirming our PLUS5 patient priorities, with plans to listen to and act upon patient views</b>	Roger Davidson	Beata Malinowska
3	Proactive at making London healthier	72	<b>LAS Charity to agree and begin to implement a new mission, focussed on improving cardiac arrest survival, with associated work plan for the charity and a fundraising target of £350,000</b>	Roger Davidson	Claire Proudlock
3	Green and sustainable for the future	73	<b>Complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028</b>	Rakesh Patel	Rakesh Patel
3	Green and sustainable for the future	74	<b>Achieve ULEZ compliance across our diesel fleet by September 2024</b>	Rakesh Patel	Rakesh Patel





# London Ambulance Service

NHS Trust

Report Title		Achievements – 2023/24 business plan delivery		
Meeting:	Trust Board			
Agenda item:	6.4.2	Meeting Date:	06.06.2024	
Lead Executive:	Roger Davidson			
Report Author:	Beata Malinowska			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion		Information

## Report Summary

This report contains a summary of achievements that LAS committed to deliver in its 2023/24 annual business plan which constitutes the first year of the delivery of LAS five year strategy.

The Trust has delivered and made considerable improvement in a number of key areas such as:

- We have consistently achieved targets for conveying stroke patients to HASU
- Chest compression advice was being given by emergency call handlers in 4 minutes and 30 seconds (mean)
- Dispatch was fast and clinicians were on scene in 9 minutes
- Return of spontaneous circulation was achieved in 33% of patients
- 90% of patients had the full post cardiac arrest care bundle
- We were successful in answering the calls in 12 seconds in 23/24, down from 64 seconds in 22/23 with last three months of 2024/25 achieving 5 sec in Jan, 2 sec in Feb and 1 sec in March
- We improved our Cat 1 response time to 7 min 29 sec
- Delivered over 10,000 hours of clinical telephone advice each month, an increase of 1,000 since July 2023
- 6 Mental Health cars are now operational, with one in each ICB area, plus an additional car covering central London.
- We were successful in winning NARU contract
- We successfully delivered the roll out of the 'My Clinical Feedback' app in NW London
- The Trust wide turnover rate is now below the agreed KPI of 10%.
- 68.4% of LAS staff responded to the annual staff survey – which is over 5000 people – this is the highest response rate for an ambulance trust.
- Out of the 97 questions in the annual staff survey that can be compared with 2022, 90 of them saw an improvement.
- For ambulance ops staff in post had increased by 684 WTE in 23/24 (net) - of which 410 were clinical.

- Teams Based Working was successfully completed in Ambulance Operations in October 2023.
- We delivered a £150k surplus and invested £35m in estates, IT, vehicles and medical equipment during the year.
- We successfully delivered a pilot for GP Support Service (GPSS).
- We developed a model of working with five London ICSs.
- We achieved 5% reduction of CO2 emissions.
- London Life Savers campaign trained over 10,000 Londoners in CPR, including 4697 Year 8 pupils across 33 schools (wave 1 & 2 priority boroughs)

Overall, 46 objectives have been fully completed, 11 have improved but are not fully completed and 5 were deferred to 2024/25 delivery.

A gap analysis has been conducted on those that were not completed and they have all been re-assessed and reflected in the 2024/25 annual business plan.

#### **Recommendation/Request to Trust Board:**

Trust Board members are asked to review and approve the report.

#### **Routing of Paper i.e. previously considered by:**

ExCo on 24.04.2024  
Trust Board (development) 2.05.2024

#### **Corporate Objectives and Risks that this paper addresses:**

Annual business planning process and LAS five year strategy implementation.



**London Ambulance Service**  
NHS Trust

# 2023/24 business plan achievements report

**IMPLEMENTING LAS FIVE YEAR STRATEGY – YEAR ONE**



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



## Introduction

Last year we launched our five-year strategy 2023-2028 outlining our vision for the future, setting ourselves three missions focussed on our care, organisation and health of London. Our missions – underpinned by 10 priorities – are:

1. Delivering outstanding emergency and urgent care whenever and wherever needed.
2. Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.
3. Using our unique pan-London position to contribute to improving the health of the capital.

Each year we produce a business plan that outlines the specific steps we will take towards our three missions and our ten priorities. This report gives an update on business plan implementation in 2023/24 – the first year of our strategy - and the extent to which we delivered what we set out to do.

We are pleased to report strong progress against our year one plan. Of the 62 commitments we made at the beginning of the year, 46 were completed in full, 11 were improving and five were deferred to the following year because circumstances meant they could not be delivered in this year. What we achieved meant significant improvements in services for patients and the public, with key steps forward including:

- **Quicker call answering:** Improved 999 call response times, significantly cutting down from 64 seconds to an average of 12 seconds, by hiring more call handlers to work in our Emergency Operation Centres.
- **Improved 999 response times:** Category 1 calls by more than a minute, and 13 minutes for Category 2 calls.
- **Improved stroke and cardiac arrest Response:** Achieved rapid transport and care for stroke patients, meeting the goal of 110 minutes on average to reach specialised treatment. Also, 90% of cardiac arrest patients received comprehensive post-cardiac arrest care.
- **Faster emergency responses:** Reduced the time for emergency call handlers to give life-saving chest compression instructions to under 5 minutes, speeding up the response to cardiac arrests and improving the chances of survival.
- **More clinical assessments over the phone:** Greatly increased the amount of clinical advice provided over the phone, helping assess and navigate patients to appropriate care more efficiently, thereby keeping ambulance responses for those who need us most.
- **Expanded specialist mental health support:** We have six mental health cars now in operation covering each Integrated Care Board (ICB) with an additional car covering central London and clinicians available to attend mental health emergencies.
- **Developing a Green Ambulance Service:** Cut carbon emissions by 5%, including advancing our efforts to become the NHS Trust with the most electric and low-emission vehicles.
- **Training thousands in lifesaving skills:** Through our London Lifesavers campaign we have trained over 10,000 people, including school children and members of the public, in Cardiopulmonary resuscitation (CPR) and using defibrillators, aiming to improve cardiac survival rates across the capital.





# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



Mission	Priority	Commitment 2023/24	How did we do?	RAG rating	Exec owner	Reference number
1	Rapid and seamless care	<b>Heart attack and stroke national performance measures to improve:</b> <ul style="list-style-type: none"> <li>• <b>Heart attack (STEMI) care bundle and achieve 80% consistently</b></li> <li>• <b>Convey stroke patients to HASU and achieve mean of 110 minutes</b></li> </ul>	Final figures for 2023/24 have been delayed (the latest data available is from November 2023) but we have had routine delivery of the target to convey stroke patients to HASU, with a mean of 110 minutes and 90% of patients had the full post cardiac arrest care bundle	Completed	Fenella Wrigley	1
1	Rapid and seamless care	<b>Reduce by 60 seconds the time taken between call connect and start of chest compressions for patients in potential cardiac arrest bringing the mean below 5 minutes from call connect</b>	<p>In 2023/24 we have achieved the following:</p> <ul style="list-style-type: none"> <li>• Chest compression advice was being given by emergency call handlers in 4 minutes and 30 seconds (mean)</li> <li>• Dispatch was fast and clinicians were on scene in 9 minutes</li> <li>• Return of spontaneous circulation was achieved in 33% of patients</li> </ul> <p>In 22/23 ROSC rates fluctuated but remained close to the 30% national target. All variations were within normal control limits, suggesting the fluctuations were within normal range. Improvements were suggested through a reduction of 60 seconds on the time taken</p>	Completed	Fenella Wrigley	2



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>between call connect and start of chest compressions.</p> <p>Work to date has focussed around improving call answer mean (through recruitment of call handlers) and reducing time to 'got location', by enhancing location matching guidance and training. Using the CARU methodology, time to dispatcher assisted CPR in 23/24, we achieved the following mean results:</p> <p>Apr 23 - 4 minutes 51 seconds Dec 23 - 5 minutes 03 seconds Jan 24 - 4 minutes 31 seconds Feb 24 - 4 minutes 30 seconds</p> <p>We have achieved our 'below 5 minutes' target and we will be looking to improve further in 2024/25.</p>			
1	Rapid and seamless care	<b>Call answering – deliver 10 second mean</b>	<p>We were successful in achieving 12 seconds in 23/24, down from 64 seconds in 22/23.</p> <p>Last 3 months: Jan 5 seconds Feb 2 seconds March 1 second</p> <p>Instrumental to this was the recruitment of hundreds of 999 call handlers. At the start of the financial year we had 350 999 Call Handlers, we closed the year with 470.</p> <p>In addition, there was an increase of dispatchers in post from 151 WTE to 185 WTE. We now regularly operate with 22 dispatch desks open instead of 17 or less.</p>	Completed	Fenella Wrigley	3



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



London Ambulance Service  
NHS Trust

1	Rapid and seamless care	<b>Deliver performance less than 7- 8 minutes throughout the year</b>	Clarifying averages for 22/23 was challenged by a discrepancy in how we reported Cat 1 calls. This year we can confirm there has been continuous delivery against this standard, with the average response to C1 calls improving to 7 minutes and 29 seconds for the year.	Completed	Pauline Cranmer	4
1	Rapid and seamless care	<b>Deliver Category 2 mean of 30 minutes, including working with systems to reduce hospital handover delays</b>	<p>In 22/23 we ended the year 8th in the UK with a mean time of 40 minutes and an average of 33 minutes. This is against an average UK position of 32 minutes, with recruitment as a plan to increase capacity.</p> <p>Strong staffing numbers were in place in 23/24 with incentivised overtime to further support nights and weekends. Additional work took place to maximise fleet availability, as well as other business plan priorities that complement this objective (see 'All clinically suitable patients in Cat 2,3,4 are assessed and navigated by a Clinician to the most appropriate response'). We end the year with a mean time of 38 minutes and 39 seconds for category 2 patients.</p> <p>This objective has been carried over to our 2024/25 annual business plan.</p>	Deferred	Pauline Cranmer	5
1	Rapid and seamless care	<b>All clinically suitable patients in Cat 2,3,4 are assessed and navigated by a Clinician to the most appropriate response</b>	<ul style="list-style-type: none"> <li>Delivered over 10,000 hours of clinical telephone advice each month, an increase of 1000 since July 2023.</li> <li>Increased the number of clinical assessments being undertaken month in month - March 2024 = 17999 compared to 9,376 August 2023. 92% increase</li> </ul>	Completed	Fenella Wrigley	6



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<ul style="list-style-type: none"> <li>• This has been achieved through updated processes, cleric changes and oversight.</li> <li>• Increased the number of calls closed with a H&amp;T disposition from 2820 in July 2023 to 5074 in March 2024</li> <li>• Future Dispatch has been launched between the Clinical Hub and EOC teams, meaning clinicians are co-located with the dispatch team.</li> <li>• This enables calls to be clinically reviewed and safety reviewed, and decisions on the correct response or suitability for onward assessment and referral made jointly and with a smaller subset of LAS geography to allow for better and improved oversight.</li> <li>• The increased staffing which is planned for the year will enable this to launch in all sectors 24/7</li> <li>• In April 2024, the overarching SOP for clinical assessment was approved in PSCEG. No significant change has occurred in the number of recontacts or clinical incidents with harm.</li> </ul> <p>The number of audits has increased and remained at 200+ per month. In March, we completed 351, compared to 97 in August 23</p>			
1	Rapid and seamless care	<b>Make decision on which 999 triage system (Pathways / AMPDS) to use in the future</b>	<p>Scoping work has started to lay foundations for the decision in 2024/25.</p> <p>This objective has been carried over to our 2024/25 annual business plan.</p>	Deferred	Fenella Wrigley	7



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



1	Rapid and seamless care	<b>Deliver EOC transformation programmes including scope implementation of AI system to enhance call auditing</b>	<p>IM&amp;T and 999 Operations colleagues have been meeting a variety of AI firms, and building the business requirements. A paper summarising the various firms will be developed.</p> <p>This objective has been carried over to our 2024/25 annual business plan.</p>	Improving	Fenella Wrigley	<b>8</b>
1	Rapid and seamless care	<b>90% of patients requiring urgent clinical assessment (Priority 1,2,3) will receive a call back within 1 hour</b>	<p>At the end of March 2024, 53.90% of patients requiring a clinical call back (KPI 5a and 5b) received this within the required timeframe (excluding Cat 3 and 4 validations). This is an improvement from 25.75% in April 2023, however it is not yet at the required target. As such this objective has been carried over to the 2024/25 business plan.</p> <p>During the year, a number of innovations were put in place to drive improvements in CAS performance and these have now been incorporated into the IUC Transformation Programme. These included local disposition mapping, enhanced training, and greater information review. Actions such as clinical skill mapping, improved forecast compliance, additional training and performance management, new leadership roles on each shift, and review of staff sourcing models are being completed to deliver this objective.</p>	Deferred	Rakesh Patel	<b>9</b>
1	Rapid and seamless care	<b>Deliver KPIs for timeliness and outcomes for clinical assessment function</b>	<p>At the end of March 2024, 53.90% of patients requiring a clinical call back (KPI 5a and 5b) received this within the required timeframe (excluding cat 3 and 4 validations). This is an</p>	Deferred	Rakesh Patel	<b>10</b>

# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>improvement from 25.75% in April 23 however is not yet at the required target. As such this objective has been carried over to the 2024/25 business plan.</p> <p>Other Clinical Assessment Service national ADC KPIs have been achieved such as KPI 7 Ambulance Validation (88.70% in March24 against a target of 75%) and KPI 8 ED Validations (60.60% in March24 against a target of 50%). This shows there is partial delivery of this priority with KPI 5a and 5b still non-compliant.</p>			
1	Individualised clinical response	<b>Define and implement new processes for gathering user feedback (user feedback is already being undertaken by LAS 111), in particular hearing from people impacted by health inequality</b>	<p>Integrated Urgent Care have been collecting patient feedback throughout 23/24 and have used it to inform the transformation workstreams. Building on the existing processes for collecting feedback for 111 patients, a number of technological solutions to streamline this process have been assessed.</p> <p>Roll out of InPhase for auditing is now complete, and the team has been testing and building its functionality for the product's patient feedback survey. Surveys have been constructed within InPhase for APP(UC) and IUEC and are being made ready to test, subject to final governance arrangements. An automated sms messaging solution will be trialled for 111 patient feedback in 2024/25 with a view to evaluate it and make a decision on the final approach to both 1s and 9s feedback.</p>	Improving	Roger Davidson/ Pauline Cranmer	11



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>Parallel to that, there are two qualitative patient deep dives planned for sickle cell patients who have been identified as part of the health inequality reduction work for LAS. The approach adopted by LAS focuses on working in partnership with third sector organisations who have close links to specific communities – in this case Sickle Cell Society and Croydon Support Group for patients with Sickle Cell and Thalassaemia. The work will be used as a blueprint for future qualitative deep dives for specific patient groups.</p> <p>This objective has been carried over to our 2024/25 annual business plan.</p>			
1	Individualised clinical response	<b>Have Mental Health Clinicians available 18/24 and 6 Mental Health Joint Response cars operating 7 days a week.</b>	<p>6 MH Cars are now operational, with one in each ICB area, plus an additional car covering central London.</p> <p>MH provision within EOC is now present for ca. 12 hours most days of the week. The advert for remaining MH posts to provide additional support closed on 28/01 so further recruitment will be completed in Q1 2024/25.</p>	Completed	Fenella Wrigley	<b>12</b>
1	Outstanding on major incidents and events	<b>Implement learning from our after action reviews and other key inquiries including Manchester Arena.</b>	<p>This objective has been completed, with on-going action required when national guidance is published. A gap analysis has been produced and is ready for submission to commissioners.</p> <p>*see business plan details for R&amp;SA for 25/26.</p>	Completed	Pauline Cranmer	<b>13</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



1	Outstanding on major incidents and events	<b>Develop a specialist cadre of Commanders at a strategic and tactical level</b>	<p>Both Strategic and Tactical Commanders have undertaken the national Joint Operating Principles. This involved multi-agency training sessions completed by commanders from across the blue light agencies for the response to marauding terrorist attack incidents.</p> <p>The Strategic Commanders completed a table top exercise in January 2024. A cohort of MTA Tactical Commanders has been identified and training is ongoing. They have undertaken testing and exercising. An operational model for MTA commander response is under review internally.</p> <p>CBRN Tactical Commanders have undergone security clearance and have been allocated courses with additional support from CBRN Incident Support Officers.</p> <p>The majority of CBRN Strategic Commanders have undertaken training; others are waiting for courses. Operational Commanders have had familiarisation from HART. We are now compliant in the annual compliance audit.</p>	Completed	Pauline Cranmer	<b>14</b>
1	Outstanding on major incidents and events	<b>Place a successful bid for the NARU contract</b>	<p>The successful bid for the 5 year contract to host NARU was submitted in December 2022.</p> <p>Ongoing implementation activities are underway with the team expected to be fully embedded by 01/04/2024. There will be activities that roll into the new financial year, as</p>	Completed	Pauline Cranmer	<b>15</b>





# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			the innovation and the realisation of our tender is achieved.			
1	A learning and teaching organisation	<b>Deliver the five quality indicators standards set by our Trust Board for 2023 / 24</b>	<p>At the beginning of the year we identified five areas on which to focus our improvement efforts for the 2023-2024 financial year. These priorities were developed based on our business plan, feedback from our stakeholders and internal sources of quality intelligence. This was an ambitious programme of improvement; we have made progress and demonstrated improvement against all of these priorities. In some cases achieving what we set to achieve and in other areas we recognise that good progress has been made, but there is more work to do. We have completed and achieved five of the ten KPIs:</p> <ul style="list-style-type: none"> <li>* Deliver resuscitation update training to 85% of staff</li> <li>* Implement Clinical Guardian across 111 &amp; 999</li> <li>* Implement Category 2 Segmentation Programme</li> <li>* Achieve 90% hand hygiene audit compliance</li> <li>* Implement audit software replacement</li> </ul> <p>Work continues into 2024/25 on the remaining 5 KPIs.</p>	Completed	Pauline Cranmer	<b>16</b>
1	A learning and teaching organisation	<b>Link LAS clinical data and hospital data together for one whole ICS area and produce clinical feedback app</b>	<p>The creation and pilot of the My Clinical Feedback app in North West London has been successfully completed.</p> <p>The work to date has been presented at an AACE session and picked up by a number of</p>	Completed	Fenella Wrigley/ Roger Davidson	<b>17</b>

# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			other ambulance trusts for development. The roll out to all five sectors will progress in 2024/25.			
1	A learning and teaching organisation	<b>Scope and implement a more user friendly incident reporting system</b>	<p>We have sourced a replacement reporting system, which is dependent on funding. A business case has been written and is due to be presented. Funding options are included as part of the business case which will see a phased implementation.</p> <p>Datix has now been added to iPads. It is a legacy system which will need to be replaced. IT support has been retracted for upgrades and the system is unstable. There is an associated risk on the register.</p>	Completed	Fenella Wrigley	<b>18</b>
2	Inclusive and open culture	<b>Improve compliance with the NHS workforce race equality standards and workforce disability equality standards</b>	<p>Both WRES and WDES reports and action plans have been developed, approved and published on the Trust website with the national deadlines of 31st October.</p> <p>The action plans are monitored by the EDI Implementation Group and assurance provided to the Board through the EDI Committee.</p> <p>The Trust is also reporting on the Equality Delivery System for the first time.</p> <p>WRES and WDES 24/25 figures will be available at the end of April '24.</p>	Completed	Roger Davidson	<b>19</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



2	Inclusive and open culture	<b>Increase the proportion of new recruits from ethnically diverse backgrounds by at least 8%</b>	<p>Work is underway to scope this as a long term programme. Research on BME students' entry into universities has been conducted and we are at the stage of scoping the next phase and establishing other ways to attract and recruit more BME paramedics through internal progression routes.</p> <p>We are also reviewing our recruitment processes to improve equity of access, de-biasing processes and improving experience during interview.</p> <p>We end 2023/24 having recruited more than 500 Black, Asian and minority ethnic (BAME) staff, representing over 38% of all our new starters. Therefore we have delivered 6% of the 8% target (75% completed).</p>	Improving	Roger Davidson	<b>20</b>
2	Inclusive and open culture	<b>Devise and implement action plan for staff retention</b>	<p>The Trust wide turnover rate is now below the agreed KPI of 10%. Sectors retention ranging from 6% -10%.</p> <p>Call handling retention remains higher than desired, however it is now in a period of reduction. Aside from career progression interventions, the retention group also introduced flexible retirement guidance for managers, revised wellbeing and financial wellbeing guidance. Stay interviews and 'Personalised Holistic Health and Wellbeing Plans' have also been introduced.</p>	Completed	Damian McGuiness	<b>21</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



2	Inclusive and open culture	<b>Continue overall improvement for LAS and aim to be in top 1/3 across all people promise areas</b>	<p>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.</p> <p>Out of the 97 questions that can be compared with 2022, 90 of them saw an improvement. Collectively the Trust is now comfortably in the top 1/3 within the sector, however for the people promise score of inclusivity there is more work to be done.</p>	Completed	Damian McGuinness	<b>22</b>
2	Inclusive and open culture	<b>Launch mandatory 'Tackling discrimination and promoting inclusivity' training workshops with circa 50% of staff undertaking it by year end</b>	<p>We have achieved our target of 50% of staff undertaking the 'Tackling discrimination and promoting inclusivity' training course.</p> <p>Additional course dates were added to the course calendar until the end of March so more staff could participate. The Trust has a record of all those who attended and feedback is collated.</p>	Completed	Roger Davidson	<b>23</b>
2	Inclusive and open culture	<b>Strengthen LAS service in response to national recommendations</b>	<p>We have increased the establishment of our Freedom to Speak Up team and increased the number of staff able to case-manage concerns from one to three, by introducing two Deputy FtSU Guardians.</p> <p>We have also implemented supervision for our FtSU Guardians, introduced mandatory 'Speak Up' training, and adopted the national FtSU Policy.</p>	Completed	Pauline Cranmer	<b>24</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			Following a positive internal audit of the FtSU service, we are now working to make raising an FtSU concern as easy as possible, whilst implementing a dedicated application.			
2	Inclusive and open culture	<b>Increase number of WTE available for frontline ambulance operations by 300 WTE by year end</b>	Staff in post has net increased by 684 WTE in 23/24 - of which 410 were clinical.	Completed	Damian McGuinness	<b>25</b>
2	Inclusive and open culture	<b>Increase number of WTE call handler / dispatch staff by 150 WTE by year end</b>	Staff in post has net increased by 166 WTE in 23/24	Completed	Damian McGuinness	<b>26</b>
2	Inclusive and open culture	<b>Increase number of WTE clinicians in EOC doing clinical assessments by 72 WTE by year end</b>	<p>Staff in post has net increased by 44 WTE in 23/24, including:</p> <p>CTN staff November 2022, 25.43 WTE - March 2024, 44.03 WTE</p> <p>Clinical Advisor staff July 2023, 77.73WTE - March 2024, 98.84WTE.</p> <ul style="list-style-type: none"> <li>• A challenge with CA posts is that while more have been recruited than is visible from these numbers, a large volume of the CTN recruitment came from the CA pool of staff, and as such, our vacancy rate increased.</li> <li>• There is a recruitment plan with an associated education package in place to hire 137 WTE CAs by the end of March 25, with the</li> </ul>	Improving	Damian McGuinness	<b>27</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>aim to expand to 150FTE with additional funding.</p> <ul style="list-style-type: none"> <li>• Of note, a number of external applications from nurses were successfully appointed to the CA role in the last recruitment round. In April 2024, we will interview an additional 12 external nurses</li> </ul>			
2	Inclusive and open culture	<b>Achieve sickness absence rate of 6% or less on average during the year</b>	<p>Absence closed the year on a rolling percentage of 6.5% - slightly higher than planned due to winter pressures.</p> <p>This objective has been carried over to 2024/25 annual business plan.</p>	Improving	Damian McGuinness	<b>28</b>
2	Inclusive and open culture	<b>Map out clear career pathways across all areas of LAS and develop a staff retention plan</b>	<p>We are finalising a clear clinical pathway for all roles and functions, from emergency call handler to paramedic. The focus remains with underrepresented groups in the paramedic profession, to ensure the future is as diverse as possible. This will be rolled out in 24/25, beginning with pilots in call handling to front line interventions.</p> <p>A plan has been produced for the call handler to AAP programme.</p>	Completed	Damian McGuinness	<b>29</b>
2	Inclusive and open culture	<b>Agree and implement a revised rest-break policy</b>	<p>Policy was reviewed however proposals for any changes to following the completion of team based working actions.</p> <p>Decision to be taken in 2024/25 and ownership of policy confirmed then.</p>	Deferred	Damian McGuinness	<b>30</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			This objective has been carried over to 2024/25 annual business plan.			
2	Well-led across the organisation	<b>Roll out team based working across all 21 ambulance operational groups</b>	<p>The TBW programme launched in two phases; phase 1 centered around staff engagement and phase 2 is around co-design.</p> <p>Teams Based Working was completed in Ambulance Operations on 9th October 2023. This means that we have removed the concept of relief from Ambulance Operations and all 21 groups now have alignment of managers and their teams to ensure strong support.</p>	Completed	Pauline Cranmer	<b>31</b>
2	Well-led across the organisation	<b>Launch a team based working programme in EOC</b>	A Teams Based Working programme was launched in 23/24. A comprehensive staff engagement exercise was undertaken in the second half of 23/24, and 5 working groups have now been launched to put the findings into action. This will include a new EOC-wide roster, team huddles to share updates, Teams Days to improve time as a team and training, clearer career pathways and a new comms approval method and emphasis on improving two-way communication. These initiatives will all go live on 1 July 2024.	Completed	Fenella Wrigley	<b>32</b>
2	Well-led across the organisation	<b>Devise a plan to demonstrate progress towards 80% of managers having line reporting responsibility for fewer than 15 WTE staff.</b>	<p>+80% of teams now have span of managerial control less than 1:15. Core outliners in our call centres are subject to improvement via transformation programmes to be achieved either in Q4 or Q1 2024/25.</p> <p>Further work to be done in education centres and NETs</p>	Completed	Damian McGuiness	<b>33</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



2	Well-led across the organisation	<b>Deliver an NVQ Leadership framework for all more senior leadership roles</b>	Host of NVQ leadership courses introduced in Q3 23/24	Completed	Damian McGuinness	<b>34</b>
2	Well-led across the organisation	<b>Deliver 2023 / 24 control total including £25m CIP programme</b>	The Trust has delivered a £150k surplus	Completed	Rakesh Patel	<b>35</b>
2	Well-led across the organisation	<b>Deliver 2023 / 24 capital plan</b>	The Trust invested £35m in estates, IT, vehicles and medical equipment during the year.	Completed	Rakesh Patel	<b>36</b>
2	Well-led across the organisation	<b>Develop medium term financial strategy to underpin the five year strategy 2023 / 28</b>	The Medium Term Financial Plan will be finalised following agreement for 24/25 financial and operating plan in May 24.	Completed	Rakesh Patel	<b>37</b>
2	Well-led across the organisation	<b>Participate in well-led self-assessment and implement actions coming from this</b>	<p>Following the well-led self-assessment, which was supported by NHS England, we have completed work on 15 of the 16 recommendations.</p> <p>All of the deliverables for this financial year have been completed either on time or earlier than scheduled. The final recommendation, the development of an accountability framework, is being progressed and is on track to be completed by the due date of August 2024.</p>	Completed	Fenella Wrigley	<b>38</b>
2	Well-led across the	<b>Review leadership structure and implement resulting changes</b>	The appointment of deputy CEOs, and the creation of a new position as Chief Strategic and Communications Officer has seen a	Completed	Daniel Elkeles	<b>39</b>





# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



	organisatio n		revitalised leadership structure with increased governance and efficiencies.			
2	Well-led across the organisatio n	<b>Set up a pan LAS professional standards group</b>	<p>Following the recent implementation of the updated HCPC Standards of Proficiency in September 2023, the HCPC Standards for Conduct, Performance and Ethics have now been updated (October 2023) and will be in effect from September 2024.</p> <p>An LAS professional standards group has been established. The group has met and a Terms of Reference has been agreed with ExCo.</p> <p>A job description and person specification have been drafted for the Head of Professional Standards position and are currently with recruitment. The group will continue to meet while this post is recruited to.</p> <p>This objective has been carried over to 2024/25 annual business plan.</p>	Improving	Fenella Wrigley	<b>40</b>
2	Well-led across the organisatio n	<b>Improve data quality, responding to current audits and independent reports</b>	<p>Of the 38 actions from the Category 1 review and the Data Integrity review, 34 have been completed and 4 are now in progress.</p> <p>Following the appointment of the new Head of Data Services (HoDS) who is joining the Trust on 1/4/24, three actions which were previously on hold are now in progress and revised timescales for these will be provided in Q1, once the work plan for the HoDS has been established.</p>	Completed	Pauline Cranmer	<b>41</b>

# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



2	Well-led across the organisation	<b>Review governance and improve student experience – 85% of theory-based portfolio marking to be completed and returned to the learner within 4 weeks of submission</b>	<p>Education Sector Support Managers, Sector Support and Higher Education institute tutors are now in post and holding tripartite meetings for apprenticeship learners and are becoming embedded as business as usual.</p> <p>Work is ongoing with the provider of AtLAS, our student management system and portfolio platform, to improve how tutors identify outstanding work submitted by learners which requires marking.</p> <p>A recent manual review of the marking at Brentside showed that only 46 pieces of work had not been marked which is well within the set target of 85%. We are looking to automate the process for next year and are considering other platforms.</p>	Completed	Pauline Cranmer	<b>42</b>
2	Well-led across the organisation	<b>Engage staff in identifying their priorities from fixing the basics and act upon this information, including reducing Out of Service time by 5%</b>	<p>The programme developed identified a number of efficiencies including: development of new Make Ready hubs, processes for locating missing equipment and improvements to Make Ready processes.</p> <p>Tethered fleet has also had a positive impact.</p>	Completed	Rakesh Patel	<b>43</b>
2	Well-led across the organisation	<b>Reduce lost time across the Organisation (e.g. start of shift, on-scene time)</b>	<p>The out of service percentage has seen significant reductions over the last few months as a result of the implementation of fixed fleet across Ambulance Operations.</p> <p>Rates have fallen from 20% in Autumn to 16% by year end. This has directly led to greater ambulance availability and improved patient waiting times.</p>	Completed	Pauline Cranmer	<b>44</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



2	Improved Infrastructure	<b>Devise future operating model for the scheduling system, engage staff and embed new system</b>	<p>A tendering exercise has been undertaken and Cloud 21 was employed to review how the scheduling team works and also to conduct due diligence to establish whether an alternative software system could be used. The analysis work is now complete and a report has been submitted for review.</p> <p>In terms of the future operating model, a Transformation Board has been established which includes key stakeholders (e.g. Amb ops, EOC, 111, Make Ready). Working practices have been assessed and the structure of LAS scheduling department is being reviewed with the view that the revised Team Based Working Model for scheduling will go live Q1 24/25.</p> <p>This objective has been carried over to 2024/25 annual business plan.</p>	Improving	Damian McGuinness	45
2	Improved Infrastructure	<b>Move into new 111 EOC at Bernard Weatherill House, Croydon</b>	<p>The project is on track to relocate in May as per the revised timetable, coinciding with CM10 implementation.</p> <p>In March 2024, final testing was underway ready for the move and the staff transition has been planned in detail.</p>	Completed	Rakesh Patel	46
2	Improved Infrastructure	<b>Work up design and achieve planning permission for new ambulance station in Bow</b>	<p>The Trust intends to submit planning permission in Q3 of 2024/25.</p> <p>This objective has been carried over to 2024/25 annual business plan.</p>	Improving	Rakesh Patel	47



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



2	Improved Infrastructure	<b>Agree, pilot and implement a replacement for the mobile data terminals</b>	<ul style="list-style-type: none"> <li>* MDVS rollout is continuing at a rate of 4 vehicles/day throughout the entirety of 2024</li> <li>* 280 out of 936 vehicles are now installed (30%) as of 5/4/24</li> <li>* &gt;50% of our Fleet on MDVS by mid-to-late June, when the new service wrapper will come into effect</li> <li>* Installs are currently forecasted to continue until mid-February 2025</li> </ul>	Completed	Clare McMillan	<b>48</b>
2	Improved Infrastructure	<b>Agree a programme for replacement of the radio system and complete implementation of the new telephone system</b>	<p>The delivery of this objective has been split into two separate ones:</p> <p>1. CM10 Telephony</p> <ul style="list-style-type: none"> <li>- Operational Acceptance testing (OAT) underway and successful to date.</li> <li>- Network Readiness Assessment (NRA) commences 22nd April to 3rd May. This will prove the LAS network can consume and manage increased telephone call levels, 3x above busiest periods for the trust.</li> <li>- Go-live on track for 111 Barking and Croydon 22nd May and 999 Waterloo and Newham 19th June.</li> </ul> <p>2. Control Room Solution (Ambulance Radio Programme)</p> <ul style="list-style-type: none"> <li>- Infrastructure implementation tasks ongoing and on schedule, including setting up the Barking Room for TTT and training. This</li> </ul>	Improving	Clare McMillan	<b>49</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>includes cabling, SWO switch installations, racking etc.</p> <p>- Impact Assessment now received from Terrafix and ARP quantifying the call-sign and text activation development work as 75 days of effort across 6 months. ARP have rebase-lined the project plan to reflect how that is still achievable for an early November go-live.</p> <p>Once we approve the Impact Assessment and engage Cleric, that work will commence.</p> <p>This objective has been carried over to 2024/25 annual business plan.</p>			
2	Improved infrastructure	<b>Develop further, our new clinical and operational systems, link them using the NHS number internally, with partners and with the London Care Record.</b>	Delivered in September 2023.	Completed	Clare McMillan	<b>50</b>
2	Improved infrastructure	<b>Develop and scope for investment and building of LAS capabilities in automation and AI driven automation</b>	<p>We have explored a range of new digital technologies, including Robotic Process Automation (RPA) and AI to scope use cases for efficiencies, productivity and customer experience in 111 and 999.</p> <p>Several demos have been presented by suppliers. Work is on-going to define use cases and requirements. Potential use cases are call auditing for 9s. Still to be defined for 1s.</p>	Improving	Clare McMillan	<b>51</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>Working with P&amp;C on AI Chatbot for HR internal LAS enquiries, including The Pulse (intranet), possibly MS Teams and iPad capability.</p> <p>Until new stakeholders have been engaged and requirements firmed up, no more engagement with other suppliers will take place.</p> <p>This objective has been carried over to 2024/25 annual business plan.</p>			
3	A system leader and partner	<b>Work up and implement at least one pilot supporting primary care in London to deliver Fuller Stocktake</b>	<p>GP Support Service (GPSS) pilot has been in place since October '23 and has mobilised in 3 practices from East Merton PCN (Wide Way, Colliers Wood, and Tamworth House) being offered 24,317 calls to date.</p> <p>20 staff are delivering the service alongside a team supervisor and a governance/management structure is in place. An initial review was completed in January and presented at NHS Confederation.</p> <p>Data analysis of the first 3000 calls handled by GPSS showed that there was reduced demand for urgent care and the UEC system. During the pilot period, GPSS had taken 80% of the same day calls for Wide Way practice. No clinical incidents were reported, and patient satisfaction improved at Wide Way practice.</p>	Completed	Fenella Wrigley/ Rakesh Patel	<b>52</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>The pilot data showed there was a reduction of 15 CAS consultations, 231 fewer 111 calls (24% reduction), 302 fewer ED attendances, 11 fewer ambulance dispatches and 360 more pharmacy referrals (300% increase).</p> <p>The service will continue to be expanded in 24/25. The next phase is to roll out to the whole of East Merton PCN and to PCNs in North West London. An interview with The Times newspaper regarding GPSS is scheduled for May 2024.</p>			
3	A system leader and partner	<b>Agree and implement an operating model on how the LAS interacts effectively at the right levels in the 5 ICS.</b>	<p>The ICS operating model has been developed with emphasis on the feedback information flows between our ICS partners and internal teams.</p> <p>The model development has been based on a robust internal and external engagement including interviews and workshops with 45 LAS staff and interviews with 20 ICS leaders. It focused on mapping 'As is' state of LAS's relationships and interfaces with ICSs and has outlined a proposed model for LAS that would increase efficiency and streamline existing meetings structure, consolidate our data into 'one single source of truth' for our interactions with the partners with clear and joined up narrative. It has been agreed that the implementation will be phased with next two phases to be completed in 2024/25.</p> <p>The first step in implementation will be delivered in Q1 and will focus on establishing</p>	Completed	Roger Davidson	<b>53</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<p>five internal sector meetings for 9s and 1s each month to agree key insights, data packs content and narrative for each of the sectors. One hour at ExCo each month will be dedicated to reviewing our partnership opportunities, challenges and transformation across all five sectors based on the insights from each sector meetings.</p>			
3	A system leader and partner	<b>Link our ECR to move hospital emergency department systems where there is demand</b>	<p>ToC phase 2 has commenced. A delivery partner (Moorhouse) and technical supplier (Integrella) have been selected and discovery has now commenced, with deliverable by June 2024 of pilot selection and rollout plan.</p> <p>LAS is also doing our own detailed discovery on each hospital handover process. Pilot go-live planned for Oct 2024.</p>	Completed	Clare McMillan	<b>54</b>
3	A system leader and partner	<b>Review our maturity across other ambulance Trusts using national tool</b>	<p>The work has been completed and the outcomes shared with AACE.</p> <p>The maturity report generated by the completion of the AACE matrix tool, evaluated LAS as:</p> <ul style="list-style-type: none"> <li>• 'Developing' for building public health capacity and capability domain</li> <li>• 'Maturing' for three remaining domains: Data, Insight, Evidence and Evaluation as well as Strategic leadership accountability and System partnerships.</li> </ul> <p>An action plan, created on the basis of this report, will feed into the overall LAS health</p>	Completed	Roger Davidson	<b>55</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			inequalities reduction plan that will be finalised and implemented in 2024/25.			
3	Green and sustainable for the future	<b>Ensure we have achieved compliance by March 2024 in line with Mayor's commitments</b>	<p>The Trust has placed orders for an additional 83 ULEZ compliant lightweight DCAs to be delivered in 2024/25.</p> <p>The objective is on track to be delivered by Sep 24 as per the derogation.</p> <p>This objective has been carried over to 2024/25 annual business plan.</p>	Improving	Rakesh Patel	<b>56</b>
3	Green and sustainable for the future	<b>Reduce annual carbon emissions by 5% (about 5,000 tonnes CO2e) through interventions in estates, fleet, clinical, digital, logistics and staff engagement</b>	<p>The Trust has developed baseline CO2 emissions and assessed emissions during 23/24 against this value.</p> <p>The 5% reduction has been achieved through introduction of new vehicles (including hybrid and fully electric), installing energy efficient boilers and staff education and engagement.</p>	Completed	Rakesh Patel	<b>57</b>
3	Green and sustainable for the future	<b>Install EV charging point across 40 sites</b>	The Trust has installed EV charging points across 40 sites.	Completed	Rakesh Patel	<b>58</b>
3	Proactive at making London healthier	<b>Agree and implement new London Lifesavers campaign, recruiting 7,000 new life savers and launching a new schools programme.</b>	During 2023-24, our London Lifesavers campaign exceeded our planned 7,000 LLS target and successfully trained 10,231 members of the public who learned how to perform CPR & how use a defib and feel confident to use these skills to save a life. This included:	Completed	Roger Davidson	<b>59</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



			<ul style="list-style-type: none"> <li>* 4697 Year 8 pupils across 33 schools (wave 1 &amp; 2 priority boroughs)</li> <li>* 1951 members of the public trained at pop-up events across the Capital, including train stations, Park Runs, the Science Museum, Tower of London, House of Parliament, fire stations, supermarkets and mosques.</li> <li>* 3566 additional Lifesavers trained (eg. Emergency Life Support sessions and NHS staff using the QR code)</li> </ul> <p>2023 / 24 highlights:</p> <ul style="list-style-type: none"> <li>- Schools LLS project launched 16th October 2023 at City Hall &amp; launch of joint TFL/ LAS/ Mayor of London CPR video along with media publicity.</li> <li>- Launched wave 1 and wave 2 schools priority boroughs, training two secondary schools per week. These are Boroughs identified as high priority for health inequalities in cardiac arrest incidence &amp; survival, defib accessibility, deprivation and ethnicity</li> <li>- Pop up event held at the Science Museum to celebrate NHS 75th Birthday on 27 July 2023.</li> <li>-Parliamentary London Lifesavers event held on 25th October 2023.</li> <li>- Various MPs and Ministers of State trained as LLS during Ministerial visits.</li> <li>- Over 200 LLS Trainers completed 3 hour training.</li> <li>- Discussions have been held with 4 Major Banks to run LLS training, with the first session to be held at a Barclays branch.</li> </ul>			
--	--	--	---	--	--	--



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



3	Proactive at making London healthier	<b>Improve accessibility to Public Access Defibrillators to make a total of 10,000 in the capital</b>	<p>As of the end of 23/24 we had 9277 defibrillators registered.</p> <p>The number is slightly less than the 10,000 target due to a database cleanse and removing duplication.</p> <p>We continue to work with organisations to ensure all defibrillators in London are registered with the circuit. The public are much more aware of the importance of defibrillators due to the LLS campaign and so the numbers are increasing every day.</p> <p>We commenced planning for our defib campaign which will launch in 24/25 and aims to raise £250,000-£300,000 over two years to place 2000 defibs in targeted locations across London. The campaign will focus on areas that have been impacted by health inequalities in defib availability and training.</p>	Completed	Roger Davidson	<b>60</b>
3	Proactive at making London healthier	<b>Use data to create targeted prevention programme for children and young people (violence reduction, substance misuse, what to do in an emergency) as well as promoting careers in the LAS</b>	<p>In the Public Education strategy, which was presented at the Transformation Board on the 24th January, we set a focus on broadening our education programmes for the public, addressing specific needs and concerns of the communities we serve, using data and outreach activities.</p> <p>Following a broad raft of work in this area, the team were advised to work with our London Lifesavers team to bring these two workstreams together – this work is ongoing.</p>	Completed	Roger Davidson	<b>61</b>



# 2023/24 business plan achievements report

## Implementing LAS five year strategy – year 1



3	Proactive at making London healthier	<b>Review our communications to public on using 999 and 111 services and devise a new campaign</b>	<p>During the year, we introduced a refreshed monthly reporting dashboard that allows us to track and review the efficacy of our communications, including messaging around demand and encouraging people to use the right service for their need.</p> <p>We have undertaken a professional review of public perception of our organisation and efficacy of our public messaging to inform the work of the Communications and Engagement team. Using face to face focus groups and in depth interviews across a cross section of our communities, with former patients and people who have never needed our services, we tested how effective our messaging on 999 and 111 services are. We will share the results of this in Q1 of 2024/25 and use it to inform any new campaign.</p>	Completed	Roger Davidson	62
---	--------------------------------------	--	--	-----------	----------------	----





Report Title		2024/25 Board Assurance Framework Risk		
Meeting:		Trust Board		
Agenda item:		Meeting Date:		6 June 2024
Lead Executives:		Mark Easton, Director of Corporate Affairs		
Report Author:		Frances Field, Corporate Governance Manager		
Purpose:		Assurance	x	Approval
		x	Discussion	Information

### Report Summary

Attached is the draft Board Assurance Framework for 2024-25. It is still a work in progress as it has not been reviewed by all Board assurance committees although FIC and QAC have commented on drafts and the Digital Committee will be seeing it 5 June.

The BAF has been extensively reviewed in the light of the new business plan objectives. The draft BAF is a combination of risks carried forward from last year with updated risk descriptions and scores, and new risks.

New risks include:

1.6 We may not achieve targets for commissioned learning response timeframes and overdue incidents impacting our ability to rapidly adopt any derived learning.

2.4 We may not improve the sexual safety of staff unless we fully implement the action plan we have identified.

2.8 There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30.

2.9 There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution.

3.2 There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London if the current fragmented commissioning and tendering of 111 contracts by 5 ICSs continues

Some new risks require further work to set out the controls, assurance and actions.

As we did last year, it is intended to track risk scores by quarter so we can monitor progress towards the target risk score by year end.

<b>Recommendation/Request to the Board:</b>
The Board is asked to consider the proposed draft BAF for 2024-25 and note that it shall be reviewed further by assurance committees as part of the next cycle.
<b>Routing of Paper i.e. previously considered by:</b>
ExCo and some assurance committees.
<b>Corporate Objectives and Risks that this paper addresses:</b>
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 – DRAFT 2024 - 2025

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed							
Risks		uncon <sup>d</sup>	Current	Target	Committee	Owner	Notes
1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	12	12	QAC	FW	
1.2	We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to:	25	20	12	QAC	PC	New risk with sub scoring of causes
	• Insufficient funding from commissioners;	25	25	8			
	• Constrained capacity in the UEC system and handover delays at hospitals	25	20	12			
	• underachievement of productivity initiatives	25	20	8			
1.3	We may not be able to achieve the IUC target of 75% of all CAS cases being contacted within the required timeframe and answer 111 in less than 3 minutes by the end of the financial year.	16	12	8	QAC	JN	Revised risk description
1.4	The introduction of RCRP poses a risk to our performance and financial model as the LAS has seen an increase in demand, and complexity of the cases received. This places a pressure on the organisation that is currently unfunded, and may compromise care to patients, especially those with mental health conditions.	20	12	9	QAC	FW	Revised risk description
1.5	We may not improve the quality of the care we provide if we do not complete delivery of our quality priorities	20	12	8	QAC	JL	Revised risk description
1.6	We may not achieve targets for commissioned learning response timeframes and overdue incidents impacting our ability to rapidly adopt any derived learning.	20	16	8	QAC	FW	New risk proposed by Fenella
1.7	We may not improve data quality, embed data governance and follow through on the data quality action plan.	20	16	12	Digital	PC &CM	Updated wording
Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for							
Risks		uncon <sup>d</sup>	Current	Target	Committee	Owner	Notes
2.1	We may not achieve a positive trajectory on the interventions that increase representation and reduce disparities for underrepresented groups.	16	16	8	EDI	RD	Updated wording
2.2	We may not improve in the NHS People Plan domain regarding <i>Looking after our people</i> - particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.	20	12	12	P&C	DM	Updated wording

2.3	We may not improve our organisational culture in addressing bullying and / or harassment underpinned by poor underdeveloped management and leadership practices.	20	12	12	P&C	DM	Updated wording
2.4	We may not improve the sexual safety of staff unless we fully implement the action plan we have identified.				P&C	PC	New Risk
2.5	There is a risk that the organisation may experience a cyber-attack, and struggle to recover service in a timely manner, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage.	25	15	10	AC	CM	Updated wording
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.	20	15	10	Digital	CM	Updated wording
2.7	Operations may be affected by the shortage of Mobile Data Terminals (MDT's)	20	10	5	Digital	CM	To be maintained until 50% implemented
2.8	There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30.	20	20	15	Digital	CM	New risk proposed by CM
2.9	There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution	TBA	TBA	TBA	Digital	CM	New risk
2.10	We may not deliver the £30m CIP and productivity programme.	20	20	4	FIC	RP	
2.11	There is a risk that we may not implement the capital programme to optimise the opportunity afforded by the funding in this financial year.	20	16	4	FIC	RP	

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

Risks	uncon <sup>d</sup>	Current		Committee	Owner	Notes	
3.1	We may not be able to complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028.	15	15	4	FIC	RP	Amended by Rakesh
3.2	There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London if the current fragmented commissioning and tendering of 111 contracts by 5 ICSs continues	20	12	4	FIC	RP	New risk



3.3	Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to maximise the value and benefits of implementing the new ICS partnership model across LAS which would hinder our ability to spread innovation and solve common challenges.	16	12	8	Trust Board	RD	New wording
-----	---	----	----	---	-------------	----	-------------

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

**Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed****BAF Risk: 1.1**

We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4				
243/25				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Progress with priorities to be monitored on a monthly basis via patient safety incidents and national benchmarking	<ul style="list-style-type: none"> <li>Weekly patient safety incident group reviews cases,</li> <li>PSIRF thematic reports,</li> <li>Serious Incident Learning Assurance Group.</li> <li>Multi-disciplinary forum for incident discussion and identification of learning</li> </ul>
Guideline and process developed for referring patients to primary care with unrecognised hypertension as part of responding to the rise in incidents of cardiovascular disease and stroke	<ul style="list-style-type: none"> <li>Governance managed through Clinical Advisory Group</li> <li>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.</li> </ul>
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	<ul style="list-style-type: none"> <li>Monthly Cardiac Arrest Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to Cardiac Arrest patients.</li> <li>Annual Cardiac Arrest report.</li> <li>Daily and weekly review of Category 1 performance</li> <li>Monthly monitoring through: <ul style="list-style-type: none"> <li>Integrated Performance Report,</li> <li>Sector Focus</li> <li>Feedback Reviews (bimonthly)</li> <li>Quality Report</li> </ul> </li> <li>Feedback to all staff involved in management of cardiac arrest from Clinical Audit Team</li> </ul>

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

	<ul style="list-style-type: none"> <li>Monitoring of Community First Responder outcomes and LifeSaver numbers to reduce time to defibrillation</li> <li>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.</li> <li>New cardiac arrest checklist includes ROSC care bundle prompts and handover metrics and tools.</li> <li>CTM training includes post ROSC importance to enable further discussion with their teams during OWR and CPI feedback.</li> <li>Monitoring of advanced care interventions by APP – Critical Care</li> </ul>
<p>NHS England AQI: Outcome from acute STEMI</p> <ul style="list-style-type: none"> <li>Time from call to angiography for confirmed STEMI patients: Mean and 90<sup>th</sup> centile</li> <li>Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Annual STEMI report.</li> <li>Monthly monitoring through: <ul style="list-style-type: none"> <li>Integrated Performance Report,</li> <li>Sector Focus</li> <li>Feedback Reviews (bimonthly)</li> <li>Quality Report t</li> </ul> </li> <li>Feedback to LAS from Pan London Cardiac networks</li> <li>Local oversight of STEMI care bundle improvement led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases.</li> <li>Clinical update and Insight share cases</li> <li>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.</li> </ul>
<p>Robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities, including cardiac arrest acute coronary syndrome and stroke.</p>	<ul style="list-style-type: none"> <li>Monitored through Annual Clinical Audit Programme and Research Programme.</li> <li>Monitored through Quality Oversight Group and Clinical Audit and Research Steering Group (CARSG).</li> <li>Annual Independent Review of clinical audit practices by CARSG's Patient and Public representative.</li> <li>Monitoring of individual research projects by external Sponsors. National critical friend review of research and governance practices in progress.</li> </ul>
<p>Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90<sup>th</sup> centile</p>	<ul style="list-style-type: none"> <li>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.</li> </ul>

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

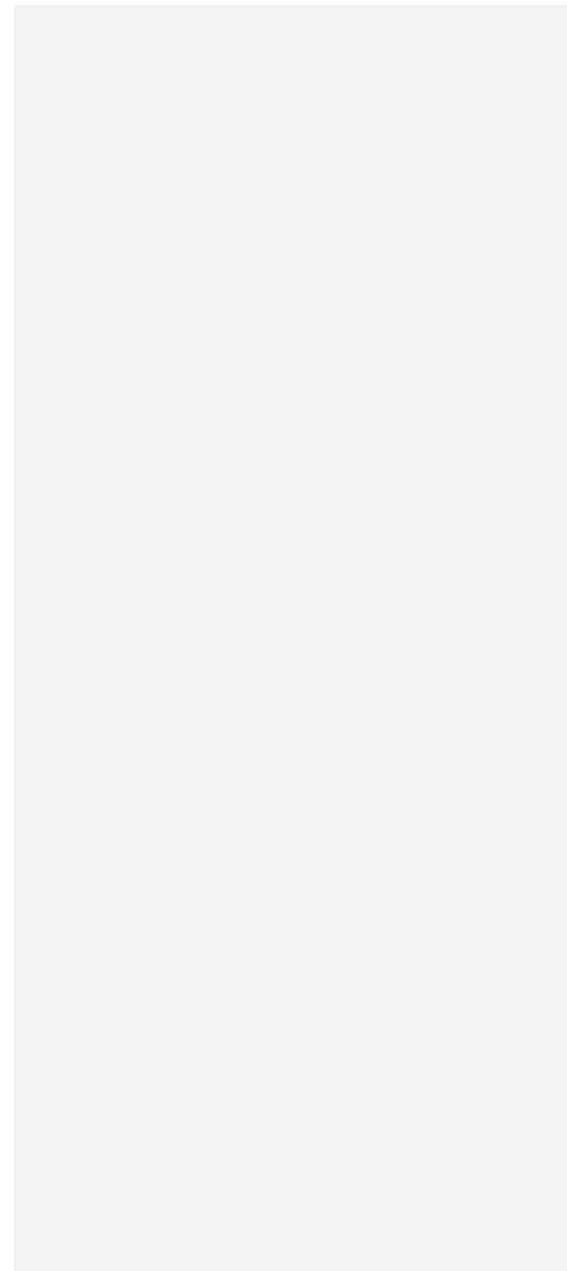
	<ul style="list-style-type: none"> <li>• Monthly monitoring through: <ul style="list-style-type: none"> <li>➤ Integrated Performance Report,</li> <li>➤ Sector Focus</li> <li>➤ Feedback Reviews (bimonthly)</li> <li>➤ Quality Report</li> </ul> </li> </ul>
--	---

**Further actions**

Action	Date by which it will be completed
Cardiac arrest management:	
<ul style="list-style-type: none"> <li>• Improve return of spontaneous circulation rates to <math>\geq 30\%</math></li> </ul>	December 2023 ROSC was 27%
<ul style="list-style-type: none"> <li>• London lifesaver training being delivered across London</li> </ul>	Achieved: recruitment of 7000 Lifesavers planned for 2023/24 and we are currently training in 2 schools per week
<ul style="list-style-type: none"> <li>• Reduce by 60 seconds the time it takes from call connect to the start of chest compressions</li> </ul>	Achieved: This has been achieved
<ul style="list-style-type: none"> <li>• Deliver resuscitation update training to 85% of staff</li> </ul>	Achieved: Resuscitation training and updates being delivered in all CSRs. CTM huddles and case reviews. March 31 <sup>st</sup> 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 1: Delivering outstanding urgent and emergency care wherever and whenever needed****BAF Risk: 1.2**

We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to:

- Insufficient funding from commissioners;
- Constrained capacity in the UEC system and handover delays at hospitals;
- Underachievement of productivity initiatives

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

• Insufficient funding from commissioners;	25	25	8
• Constrained capacity in the UEC system and handover delays at hospitals	25	20	12
• underachievement of productivity initiatives	25	20	8

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	Review a twice weekly forecasting & Planning meeting to ensure hours match anticipated demand.
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. Additional calls convened to support specific ICB systems challenges.
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
LAS input to national solutions to reduce handover delays	Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework
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

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

Real time balancing of patient transport destinations recognising live system pressures at individual ED sites co-ordinated via the Patient Flow 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
Implementation of pre-planned redirection of patients to protect challenged hospital trusts	Senior oversight from clinical and operational leadership teams and collegiate working with ICB leads.
Work with our system partners to reduce hospital handover delays, working with specific hospitals where needed and supporting LAS crews to utilise W45, cohorting and alternative healthcare pathways through sharing case examples	Senior oversight from clinical and operational leadership teams, working with consultants for REACH, ICB leads to maximise utilisation of appropriate care pathways.
Introduce clinical dispatch support across most challenged sectors, to support safe patient focused dispatch decisions at times of peak pressure.	Twice daily review of clinical support in the EOC

**Further actions**

Action	Date by which it will be completed
Maintain conveyance to Emergency Department under 50% in all ICSs	Ongoing
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.	Ongoing
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**

**BAF Risk: 1.3**

We may not be able to achieve the IUC target of 75% of all CAS cases being contacted within the required timeframe and answer 111 in less than 3 minutes by the end of the financial year. We may not be able to achieve a target of 75% of all CAS cases being contacted within the required timeframe by the end of the financial year. Our IUC services may not achieve timely call back and clinical assessment

Formatted: Space Before: 3 pt, After: 3 pt  
 Formatted: Font: (Default) Arial, 11 pt, Highlight  
 Formatted: Font: 11 pt

Uncontrolled				
L	x	G	=	Score
4	x	4	=	16

Current				
L	x	G	=	Score
3	x	4	=	12

Tolerance by				
L	x	G	=	Score
2	x	4	=	8

Controls	Assurances
Hear and Treat daily reporting	Monitored through IDM grip report, CEO daily report and daily exec huddle
Clinical Hub improvement plan in place, including reference to increased activity, productivity and efficiencies	Improvement plan monitored through senior team improvement meeting
Clinical Hub roster review and implementation of team's based working principles	On track for delivery in July 2024
Care Coordination hub initial scoping and ICB engagement	Initial scoping complete and buy in from NWL ICB to trial a care coordination approach over winter 2024/25. NWL and LAS co-chairing the steering group, and this now forms part of the NWL winter planning approach also.
Multiple pathways already in place across London for LAS staff to refer patients in to (through H+T or F2F assessment)	The care coordination hub and increasing H+T will complement this work which is already in place
9 UCR cars already in place in London	9 cars are already in place, with a 10 <sup>th</sup> currently being scoped within the SEL region.
New Focus and Feedback Review meeting for Clinical Assessment and Pathways Directorate	New FFR bi-monthly now in place where this work will be monitored and scrutinised by exec colleagues

**Further actions**

Action	Date by which it will be completed
Improved H+T reporting to enable a better understanding of live picture and activity. This is dependent on the business intelligence team capacity. Currently utilising manual reporting for various aspects within the clinical hub.	Q2 2024
Implement new rosters and team's based working within Clinical Hub	July 2024
The final 2 UCR cars will be placed in areas of London where the population warrants this type of response, utilising existing data from the LAS and	



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

subsequently engaging with commissioners and service leads in those areas of London.

**BAF Risk: 1.3**

We may not be able to achieve the IUC target of 75% of all CAS cases being contacted within the required timeframe and answer 111 in less than 3 minutes by the end of the financial year. We may not be able to achieve a target of 75% of all CAS cases being contacted within the required timeframe by the end of the financial year. Our IUC services may not achieve timely call back and clinical assessment

Formatted: Space Before: 3 pt, After: 3 pt  
 Formatted: Font: (Default) Arial, 11 pt, Highlight  
 Formatted: Font: 11 pt

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4				
24/25 Q4 23/24				
L	x	C	=	Score
22	x	4	=	88

Formatted Table

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. 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
Review of CAS priorities	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 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
Introduction of IUC rostering tool and improved grip by local management	Phased implementation has reduced over rostering/ spend. Allocation 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

Commented [FF3]: Asked Rakesh if can provide details for new risk. Robert Ham is proposing split into two risks

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

	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). 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.
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
Staff rostering to meet expected demand	In order to reduce the mean call answering time in IUC, detailed modelling work has been completed to provide a short, medium, and long term forecast. The IUC scheduling team work to fill the rota based on these forecasts and are measured on variance to forecasted staffing requirement.  By improving rota compliance, it will ensure that we have the right number of Health Advisors and Service Advisors on duty at any one time to meet demand
Reduction in absence and turnover	The IUC management team have been successful in reducing absence rates and turnover through effective management of teams. This ensures that there are fewer last minute cancellations, reduced use of bank, and less training demand on the team therefore improving productivity
Improved calls answered per hour	As part of the wider transformation programme, staff are set a target of calls answered per hour and will be supported to achieve that target with management interventions taken if required. Through answering a standard number of calls per hour in line with the wider team mean, there will be increased capacity within the team to answer calls waiting.
Reduction in average handling time through process improvement and training	Reducing AHT has been achieved through a focus on effective staff training and removal of unnecessary parts of the calls flow. A regular review of the Directory of Services (DoS) and Adastra call flow is conducted and inappropriate steps removed such where possible. In addition,

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

	staff are trained how to deal with difficult calls and ensure that calls are managed effectively. The reduction in AHT leads to improved calls answered per hour and a quicker mean answer time.
Provision of more effective and timely in-line clinical support and non-clinical floorwalkers	Work has been completed to measure and manage the timeliness of in line clinical support to ensure that if/when call handlers need to access clinical advice directly during their call, this is provided sooner. This provision of advice leads to a reduction in average handling time and enables staff to answer calls sooner and reduce the mean answering time.  In addition, a non-clinical floorwalker has been introduced to ensure there is senior support for HAs and SAs when taking calls. These roles enable staff to raise concerns and queries to reduce their handling time and improve calls per hour.
Provision of a 'storm trooper' role to manage call split across contracts	In order to ensure that call volume is split between contracts and providers most effectively, a new role has been introduced to manage the diversion of calls. This ensures that if a subcontractor or other provider within the alliance has the ability to manage calls better, more calls are diverted to them to achieve an overall benefit to the system. This ensures that the mean answer time is reduced for patients regardless of location.
Operation of 'golden hour' initiatives	During periods of peak demand, the golden hour initiative has been developed to ensure that all staff able to take calls (including management staff and training staff) cancel other commitments to attend. This has increased capacity at peak times substantially and reduce the mean answer time across all contracts

**Further actions**

Action	Date by which it will be completed
<p>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.</p> <p>Work streams</p> <ul style="list-style-type: none"> <li>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</li> <li>Introduction of 'Our IUC Team' programme focussing on improving efficiency and teamwork</li> <li>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</li> <li>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</li> </ul>	<p>July 2024</p> <p>Workstreams have been set up and these actions partially completed.</p>

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

- 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

Continuation of above actions as managed through the transformation board:

- Improved calls per hour through staff management and benchmarking
- Reduction in AHT through process efficiencies and removal of call flow work
- Greater roster compliance and golden hour during peak times through better forecasting and rota fill
- Reduction in staff absence and turnover through additional support and wellbeing across the teams as well as manager intervention when needed
- Continuation of storm trooper role for call balancing with suggested move to automatic balancing via storm platform
- Provision of more in-line clinical support and non-clinical floorwalkers to ensure that staff have the support they need to reduce AHT and improve calls per hour.
- Continuation of golden hour initiative to increase capacity at peak times
- Introduction of 'Our IUC Team' programme focussing on improving efficiency and teamwork

Transformation programme due for completion in August 2024

Uncontrolled				
£	x	G	=	Score
5	x	4	=	20

Current				
£	x	G	=	Score
3	x	4	=	12

Tolerance by 31/12/23				
£	x	G	=	Score
1	x	4	=	4

Controls	Assurances
Engagement with commissioners to agree options for future procurement	Meetings are being held at an executive level to better understand how the procurement exercise will be conducted and how the IUC model will be commissioned in future. This is being done to consider how IUC can be aligned with wider the UEC system and work across London
Continued focus on achieving KPIs outlined in current contract	Through the transformation programme, there is continued focus on delivering the performance required in the current contracts in order to put LAS in the best position for any future procurements
Development of bid which outlines the system benefit of awarding to NHS provider working across the UEC sector pan-London	As part of the preparation for any future procurement, work is being undertaken to understand how LAS can prepare a bid which emphasises the benefit of working as part of the wider UEC system aligned with 999 services pan-London

**Further actions**

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

<p>Continuation of above actions as managed through the transformation board:</p> <ol style="list-style-type: none"><li>1. Improved calls per hour through staff management and benchmarking</li><li>2. Reduction in AHT through process efficiencies and removal of call flow work</li><li>3. Greater roster compliance and golden hour during peak times through better forecasting and rota fill</li><li>4. Reduction in staff absence and turnover through additional support and wellbeing across the teams as well as manager intervention when needed</li><li>5. Continuation of storm trooper role for call balancing with suggested move to automatic balancing via storm platform</li><li>6. Provision of more in-line clinical support and non-clinical floorwalkers to ensure that staff have the support they need to reduce AHT and improve calls per hour.</li><li>7. Continuation of golden hour initiative to increase capacity at peak times</li><li>8. Introduction of 'Our IUC Team' programme focussing on improving efficiency and teamwork</li></ol>	<p>Transformation programme due for completion in August 2024</p>
---	---

**Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed****BAF Risk: 1.4**

The introduction of RCRP poses a risk to our performance and financial model as the LAS has seen an increase in demand, and complexity of the cases received. This places a pressure on the organisation that is currently unfunded, and may compromise care to patients, especially those with mental health conditions.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4				
24/25 <del>31/12/23</del>				
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.
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.

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

	Letter sent by NHS Partners to acute trusts about managing own demand and risk assessments.
<a href="#">Internal LAS fortnightly review group meeting – ability to review ongoing challenges with RCRP and to escalate externally should that be required.</a>	<a href="#">Regular review and multi-team approach including Clinical, EOC, Clinical Hub, Operations, MH team, Patient Experiences, 111/CAS.</a>
<a href="#">Newly set up LAS / MPS / NHS weekly touchpoint meeting</a>	<a href="#">Ability to discuss escalation issues in quick time and ensure all partners aligned and sighted on challenges</a>
<a href="#">External escalation process formalised</a>	<a href="#">Escalation process formalised for LAS to raise items of note to the MPS for review in terms of decision making. This is over and above the 'real time' escalation already in place for on duty teams, and allows for learning and improvement to take place with regards to response and collaborative working. A log is kept internally within LAS for collation of themes and to ensure follow up</a>
<a href="#">Regular 'round table' meetings with MPS strategic and operational leads for RCRP</a>	<a href="#">Regular monthly meetings now in place – shared chairing between LAS and MPS leads for RCRP. Shared awareness, shared learning, shared problem solving approach</a>
<a href="#">Case submitted to NHSE for additional funding for the RCRP activity</a>	<a href="#">Using the data now held re: new and increased demand, along with CADLINK data, welfare calls now coming to LAS and the additional staff to oversee this activity; as well as the staffing required to go on the additional MH ambulances to respond to the new s136 demand which the organisation will start to see with the final pillar of RCRP.</a>

**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.
Additional staff will be put in place in the initial weeks whilst the extra demand is understood.	Achieved: and will continue

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

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.
<u>LAS to present case studies at the next MPS RCRP Strategic Board – to define cases where people are currently falling through potential gaps in process, identified through the joint working described above. For example, cases where the caller is not describing a health emergency but where the MPS are also not attending such as a concern for welfare or a person missing from an acute trust ward.</u>	<u>July 2024 Partners Board</u>



**Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed****BAF Risk: 1.5**

We may not improve the quality of the care we provide if we do not complete delivery of our quality priorities

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by June 25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Quality priorities are monitored via a monthly highlight report and via CQOG	<p>Two of the Trust priorities which are fully complete – Hear and Treat and Infection, prevention and control.</p> <p>Cardiac arrest management is partially delivered to date. The resuscitation training KPI has been delivered, with 92% of staff trained against a target of 85%. Our ambition to achieve 31% ROSC is close to completion, and we await data for March 2024 at the time of writing. We achieved 33% in February. Work on ROSC will continue into 2024/25 as we aim to improve ROSC further to 30% next year.</p> <p>Care after a fall is also partially delivered. We have delivered 9 of the 10 UCR cars we aimed for, and the team are working to resolve some fleet and staffing challenges to enable the 10<sup>th</sup> car to go live in quarter one of 2024/25. Overall, 10320 patients have benefited from the UCR service, enabling up to 75% of those patients to access care closer to home, and without hospital admission or ED attendance. The spinal immobilisation training has commenced. 75% of staff completed this prior to the end of the financial year. The training is a mandatory requirement for relevant staff and assurance mechanisms are in place to ensure all relevant staff obtain this competency.</p> <p>We did not achieve our ambition to achieve a &lt;30 minute mean category two, concluding the year at 38 minutes and 39 seconds. We have made significant improvements in the timeliness of our responses since the previous financial year and have set a business plan deliverable to improve our category two mean further next financial year. We also did not achieve</p>

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

	our ambition to reduce our call answer time to a mean of less than 10 seconds. We made considerable improvements in our performance, and closed the year with a mean of 12 seconds which represents a significant improvement on our previous year's performance of 64 seconds. Our call answering performance is now significantly more stable and was consistently below 10 seconds for the duration of quarter four.
<b>Cardiac Arrest Management</b> ROSC rates measured monthly. Resuscitation training is classified as mandatory.	<ul style="list-style-type: none"> <li>• 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.</li> <li>• ROSC rates for February were 33%.</li> </ul>
<b>Care after a fall</b> Conveyance and incidents attended are reported and monitored. Spinal immobilisation training is classified as mandatory.	<ul style="list-style-type: none"> <li>• 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 before the end of quarter one 2024/25.</li> <li>• Dispatch improvements have also been made and CHUB are included in order to flag suitable calls.</li> <li>• Spinal immobilisation training has been launched as part of CSR2023.1a (e-learning). This currently shows 75% compliance. As a mandatory learning package this will continue to run until all relevant staff have accessed the training.</li> </ul>
<b>Reducing delays</b> W45 now in place in all operational sectors. Emergency Call Handler recruitment continues at pace, and the Call Answer Improvement Group has commenced work.	<ul style="list-style-type: none"> <li>• 100% of operational staff now working under Teams Based Working</li> <li>• Tethered fleet being rolled out across sectors</li> <li>• Call answering mean in quarter 4 fell consistently within the target time This KPI cross-references BAF risk 1.22</li> </ul>

**Further actions**

Action	Date by which it will be completed
<ul style="list-style-type: none"> <li>• Progress C1 and C2 improvement plans</li> </ul>	Carried into 2024/25
<ul style="list-style-type: none"> <li>• Undertake improvement work in relation to the UCR dispatch process and implement 10<sup>th</sup> UCR car</li> </ul>	End of June 25
<ul style="list-style-type: none"> <li>• Complete delivery of spinal immobilisation training</li> </ul>	End of June 25

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

**BAF Risk: 1.6**  
 We may not achieve targets for commissioned learning response timeframes and overdue incidents impacting our ability to rapidly adopt any derived learning

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Detail to be advised	

**Further actions**

Action	Date by which it will be completed

**Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed****BAF Risk: 1.75**

We may not improve data quality, embed data governance and follow through on the data quality action plan

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Actions from the Verita report on CAT 1 reporting are being monitored and reported by the Data Quality and Assurance Team	A Digital Committee has been formed whose terms of reference will include responsibility for Data Quality
Actions from the BDO audit review on Data Integrity are being monitored and reported by the Data Quality Assurance Team	Being monitored by internal auditors BDO for implementation
	QAC and IGG have had their terms of reference updated, and a new officer-level data quality group was established in July 2023.
Two substantive posts have been filled in the Data Services Team	New team formed in August 2023
Departmental training on data quality has been completed for all BI staff	Confirmation of training received by the 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 joined the Trust 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 review: Cleric CAD	Completed in March 2024.
Produce internal system assurance review: EPCR	Q1 2024/25

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

Develop the DQA work plan for 2024/25	Apr-24
<i>Supporting leads to implement 13 remaining actions from previous reviews (internal &amp; external)</i>	<i>37 actions have closed since June 2023. Remaining actions will be completed by Q2 2024/25.</i>
<ul style="list-style-type: none"> <li>• Cat 1 Misreporting – Monitoring of BAU actions from the recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing to Sep-24</li> </ul>
<ul style="list-style-type: none"> <li>• Data Integrity Review – Monitoring of BAU actions from the recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing to Sep-24</li> </ul>
<ul style="list-style-type: none"> <li>• IUEC internal review – 4 recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Q1 2024/25</li> </ul>
<ul style="list-style-type: none"> <li>• Fleet internal review - 4 recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Mar-24</li> </ul>
<ul style="list-style-type: none"> <li>• Workforce internal review closed</li> </ul>	<ul style="list-style-type: none"> <li>• Completed</li> </ul>
<ul style="list-style-type: none"> <li>• Datix internal review- 2 recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Q1 2024/25</li> </ul>
<ul style="list-style-type: none"> <li>• BI-999 -2 outstanding actions</li> </ul>	<ul style="list-style-type: none"> <li>• Q1 2024/25</li> </ul>
<ul style="list-style-type: none"> <li>• CARU internal review – Monitoring of BAU actions</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing to Sep-24</li> </ul>

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

<b>BAF Risk: 2.1</b>
We may not see a positive trajectory on the interventions that increase representation and reduce disparities for underrepresented groups. Cause This could be as some of the programmes are process and policy led which can be measured, however the more challenging element of driving change is changing the hearts and minds which takes longer, are harder to measure and requires accountability

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Established process and reporting for WRES, WDES, GPG, EPG, EDS and Annual Equality Report	Reports and one action plan reported to EXCO, EDI Committee, and Trust Board
Implementation of six EDI High Impact Actions	Meeting national requirements and success measures – Reported to ExCo and EDI Committee
Implementation of Sea Change action plan	Monitored via the Sea Change working group and reported to the EDI Committee
Implementation of Reasonable Adjustments Policy and Guidance and manage a centralised process and budget (approved May 2024)	Monitored by Reasonable Adjustments working group and progress reported to EDI Committee
Implementation of Anti – Racism Charter and Anti-Discrimination Statement (Launched May 2024)	Monitored via the Just Culture working group and progress reported to EDI Committee
Establish a Sexual Safety oversight group to advise on and monitor changes to Trust process to create a safer environment for all staff	Action plan developed in May 2024

**Further actions**

Action	Date by which it will be completed
Develop and publish pay gap reports aligned to GLA reporting (Oct 2024) – data as of March 2024	October 2024
Introduction of Inclusion Ambassadors	March 2025
Develop a streamlined EDI action plan aligned with national reporting	October 2024
Develop and implement the reasonable adjustments process and infrastructure	July 2024
Explore provision for reasonable adjustments training for managers	September 2024
Raise the profile of the Race agenda through engagement activities	March 2025

**Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for****BAF Risk: 2.2**

We may not improve in the NHS People Plan domain regarding *Looking after our people* - particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically. We may not improve staff wellness measured by sickness absence and burnout. **DMG to re-draft.**

Uncontrolled					Current					Tolerance by Q4 23/24				
L	x	G	=	Score	L	x	G	=	Score	L	x	G	=	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

**BAF Risk: 2.2**

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

We may not improve in the NHS People Plan domain regarding *Looking after our people* - particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically. We may not improve staff wellness measured by sickness absence and burnout. DMG to re-draft.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

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

**Further actions**

Action	Date by which it will be completed
Refresh Wellbeing strategy that aligns to LAS People Strategy	Q4 23/24



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

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****BAF Risk: 2.3**

We may not improve our organisational culture in addressing bullying and / or harassment underpinned by poor underdeveloped management and leadership practices

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
4	x	3	=	12

Controls	Assurances
Protected time to support Leadership Development (24 hours a month)	ESR tracking – and local reporting
Post Our LAS Programme Review.	P&C Director's update to the Board and PCC
Dashboard reporting: <ul style="list-style-type: none"> <li>• EDI/CDI</li> <li>• LEAP</li> <li>• WRES and WDES data</li> <li>• Retention</li> <li>• Staff survey engagement scores</li> </ul>	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**

**BAF Risk: 2.4**

We may not improve the sexual safety of staff unless we fully implement the action plan we have identified

Uncontrolled				
L	x	C	=	Score
	x		=	

Current				
L	x	C	=	Score
	x		=	

Tolerance by Q4 24/25				
L	x	C	=	Score
	x		=	

Controls	Assurances
Detail to be advised	

**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****BAF Risk: 2.5**

There is a risk that the organisation may experience a cyber-attack, and struggle to recover service in a timely manner, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage.

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Technical cyber protection & detection tools deployed/monitored daily	Cyber Committee checks assurances and reports to the board
Implementation of Artificial Intelligence threat detection software	Devices deployed to Corsham & Bow.
Cyber security team in place to identify/mitigate cyber threats or incidents	Cyber Committee checks assurances and reports to the board
Achievement of at least 'Met Standards' in DSPT	Reported annually by NHSe
Legacy systems being replaced	DSPT assurance level reported in annual report
Unsupported software being replaced	Annual Pen Test carried out and reported to the Board
All issues related to Cyber logged on Trust Content Management System	Demonstrable response to cyber threats
Process in place to address all CareCerts issued by NHSe	DSPT assurance level reported in annual report
Cyber security monitoring and assurance	Integrated into BAU daily checks
Monitoring of additional external resources, including BitSight & NCSC	Cyber Committee checks assurances and reports to the board
Regular Table Top Cyber exercises undertaken within IM&T	Documented and reported to the Head of Business Continuity

**Further actions**

Action	Date by which it will be completed
Compliance with DSPT 2024	June 2024
Implementation of replacement Zero Trust Security Service Edge software (iBoss)	June 2024
Implement MFA for all NHS Shared Services	June 2024
Complete deployment of new audit/vulnerability monitoring software on all LAS owned devices	June 2024
Infrastructure refresh completion of migration to ARK data centre	July 2024
Implementation of Firewall configuration audit software	July 2024
Hardening of internet facing systems	August 2024
Onboarding of 3 <sup>rd</sup> party suppliers to the Privileged Access Management system	September 2024
Publish a paper on our ability to recover critical services, in a timely manner, following a cyber-incident	September 2024
Implementation of Trustwide Cyber Awareness Training	October 2024

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

Project to investigate the re-architecture of the CAD environment	December 2024
Attainment of Cyber Essentials + accreditation	January 2025
Implement MFA for all legacy systems, where technically possible.	March 2025

**Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for****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. ~~We may suffer a critical systems failure unless we replace radio and telephony systems~~

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q2 24/25				
L	x	C	=	Score
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

**Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for****Mission Priority: Improved Infrastructure** **BAF Risk: 2.7**

~~CAD Implementation~~ ~~The Digital and Data Quality Assurance Committee agreed that this risk could now be closed following the receipt of the project closure and lessons learnt report.~~

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
	x		=	

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

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

**Further actions**

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

**BAF Risk: 2.7**

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
	x		=	

4	x	5	=	20
---	---	---	---	----

Current				
L	x	C	=	Score
	x		=	

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

2	x	5	=	10
---	---	---	---	----

Tolerance by Q4 24/25				
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
<b>Gap in controls</b>	
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
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****BAF Risk: 2.8**

There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by Q4 24/25				
L	x	C	=	Score
5	x	3	=	15

Controls	Assurances
Contract with ARP and subcontractors for the component parts of the Airwave network covering 24/7/365	ARP are regularly reviewing and replacing component parts of the infrastructure

**Further actions**

Action	Date by which it will be completed
Upgrade the ICCS to the new Control Room Solution under the national programme	November 2024
Regular review of the Airwave Infrastructure	Ongoing

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

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
3	x	3	=	9

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

Controls	Assurances
Fixing the Basics Programme Board established	Programme Board has structured project plan including key deliverables and timescales. The programme board will report on regular basis to ExCo on progress and request for support.
Fixing the Basics Programme will follow a quality improvement methodology.	Update FIC on progress against delivering targets 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

**BAF Risk: 2.9**

There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution

Uncontrolled				
L	x	C	=	Score
	x		=	

Current				
L	x	C	=	Score
	x		=	

Tolerance by Q4 24/25				
L	x	C	=	Score
	x		=	

Controls	Assurances
Detail to be advised	

**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

**Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for****BAF Risk: 2.10**

We may not deliver the £30m CIP and productivity programme

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Work with Budget managers to develop CIP Programme building on the transformation programmes	Delivery against the CIP plan is scrutinised through: ExCo, FIC, Trust Board
	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 CIP plan to identify £30m savings	July 2024
Implement Vacancy panel	May 2024

**Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for****BAF Risk: 2.11**

There is a risk that we may not implement the capital programme to optimise the opportunity afforded by the funding in this financial year.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Submit 2024/2025 financial plan for submission to NHSE as per national timetable	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
Continual liaison with commissioners and the London Regional Office to secure additional funding	Regular oversight of CIP delivery by CIP Programme Board( 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
Continue negotiations with commissioners and London Regional Office to secure income	Q2 2024/25
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**

<b>BAF Risk: 3.1</b>
We may not be able to complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028

Uncontrolled				
L	x	C	=	Score
54	x	3	=	15

Current				
L	x	C	=	Score
5	x	3	=	15

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Memorandum of understanding in place with the Mayor's office to provide a dispensation from ULEZ standards until October 2025. This is staggered by vehicle type	Signed MOU
Delivery of 83 DCAs	Delivery by mid 2024

**Further actions**

Action	Date by which it will be completed
Exploring additional funding streams for replacement ambulances	Ongoing
Decommission non-compliant fleet	Ongoing
Development of Green plan actions	July 2024

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

**BAF Risk: 3.2**  
 There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London if the current fragmented commissioning and tendering of 111 contracts by 5 ICSs continues

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	1

Controls	Assurances
Detail to be advised	

**Further actions**

Action	Date by which it will be completed

**Mission 3: Using our unique pan-London position to contribute to improving the health of the capital****BAF Risk: 3.3**

Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to maximise the value and benefits of implementing the new ICS partnership model across LAS which would hinder our ability to spread innovation and solve common challenges

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

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

**Further actions**

Action	Date by which it will be completed
Reviewing our maturity on health inequalities using a national tool	<del>End December 2023</del> Completed and submitted to AACE in March
Plan pilot for supporting primary care in line with fuller stock take	Completed as per business plan achievements for 202/24 (in submission papers for 6 <sup>th</sup> June Board) End March 2024
Begin to implement estates modernisation strategy	End March 2024 - estates modernisation has started
Agree an operating model with how the LAS interacts with the 5 ICS	End March 2024 Completed
Build on Strategy engagement to further strengthen links with partners	Ongoing

**Commented [FF4]:** Beta M comment, check with Rakesh




**NHS**

# London Ambulance Service

NHS Trust

<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	6 June 2024			
<b>Report title:</b>	London Ambulance Service Public and Patient Council (LASPPC) update			
<b>Agenda item:</b>	7.2			
<b>Report Author(s):</b>	Jai Patel, Head of Stakeholder Engagement			
<b>Presented by:</b>	Roger Davidson, Chief Strategy and Transformation Officer			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<p>The London Ambulance Service Public and Patients Council (LASPPC) was established in 2020 and is one of many ways the Trust engages patients and local communities with its work.</p> <p>In line with the LASPPC's terms of reference, this paper provides an update from the latest meeting (May 2024).</p>				
<b>Recommendation(s) / Decisions for the Board / Committee:</b>				
The Board is asked to note the contents of this paper.				

Routing of Paper – Impacts of recommendation considered and reviewed by:				
Directorate	Agreed			Relevant reviewer [name]
Quality			No	N/A
Finance			No	N/A
Chief Operating Officer Directorates			No	N/A
Medical			No	N/A
Communications & Engagement	-		-	-
Strategy			No	N/A
People & Culture			No	N/A

## **LONDON AMBULANCE SERVICE PUBLIC AND PATIENTS COUNCIL UPDATE FOR THE TRUST BOARD**

1. The London Ambulance Service Public and Patients Council (LASPPC) meeting took place on 22 May 2024 (agenda attached, Appendix 1).
2. The Council received a short briefing from Daniel Elkeles on demand and performance, the launch of the Southern Ambulance Services Collaboration, the opening of the new 111/Integrated Urgent Care (IUC) facility in Croydon at Bernard Weatherill House and the appointment of a permanent Chief Paramedic- Pauline Cranmer, the first female Chief Paramedic in the country. Daniel also updated members on the Service's Workforce Race and Disability Equality Standards Data for 2023/24 and told them about the Trust's new anti-discrimination charter.
3. Dame Christine Beasley updated the group on the paper reviewing the membership of the LASPPC. The Council was established in June 2020 with the objective to firstly provide a voice for patients, the public and carers in the design, development and delivery of Trust services and secondly advise the Trust on ways to gain broader engagement. The context for the review of the membership is that the role of the LASPPC needs to fit into a wider Trust strategy on how we gather views from patients and the public to ensure we are collecting feedback on our services and making efforts to strengthen the voice of people impacted by health inequalities. At the same time, having a membership which is representative of London and its communities demographically and geographically.
4. Members provided feedback on the recruitment process, composition of membership, and suggestions for revising the current terms of reference, structure and content of meetings. A discussion paper will now be drafted incorporating the feedback provided by members and presented at a special meeting in July 2024 for further comment and review. The plan is to then submit, for approval, a formal paper to the Trust Board in September 2024, which sets out proposals for a new membership model and amended Terms of Reference.
5. Jonathan Holmes from Private Public Limited updated members on a GP notifications pilot evaluation which has been commissioned by LAS to tackle health inequalities. The pilot has been running for the past six months, where paramedics in South East London have been using a new piece of software on their ipads. With the patients consent, they pass through to the person's GP any reported risk factors such as elevated blood pressure, hyperglycaemia fibrillation or signs of frailty, The GPs then sets up an appointment to diagnose a condition, provides medication to help and prevent future life-threatening conditions.
6. Alison Blakely, Director of clinical assessment and pathways, updated the members on the implementation of Right Care, Right Person (RCRP). She gave

members some history and background to the model and spoke about the initial concerns and challenges LAS and other health and care agencies had around implementing it. She also outlined the detailed operational planning that LAS undertook to help support the delivery of RCRP from 1 November 2023. Post-launch, Alison mentioned there are still some challenges that are arising from RCRP, and LAS continues to meet regularly with the Metropolitan Police Service (MPS) to discuss operational issues as they arise. Both partners have developed an escalation process to help both organisations learn from incidents that have been resolved and further improve joint working. This works alongside our real-time escalation process for live cases. The process enables LAS, MPS and other blue light partners to work through challenges efficiently and put in processes that work for our crews and partners while ensuring our patients are getting the care they need.

7. Angela Cross Durrant gave members an update on the Violence Reduction & Staff Safety Programme Board. She talked about the various initiatives to help reduce violence and aggression experienced by staff and secure prosecutions where that occurs. The group also monitors the Trust's compliance with NHS England's Violence Prevention and Reduction Standard.



**Meeting of the London Ambulance Service Public and Patients Council on  
Wednesday 22 May 2024 1.30pm – 3.30pm  
[H10 Hotel London Waterloo \(Oxford Circus room\),  
284-302 Waterloo Rd, London SE1 8RQ](#)**

## Agenda

Item	Owner		Time
1.	Arrival – refreshments		1.30pm
2.	<b>Welcome</b>  <b>Observers: TBC</b>  <b>Apologies:</b>	<b>Michael Bryan</b> Co-Chair LASPPC	Verbal  1.35pm
3.	<b>Notes and actions of the last meeting</b>  <b>Declarations of Interest – not previously declared or pertinent to the agenda</b>	<b>Michael Bryan</b> Co-Chair LASPPC	Papers attached  Notes & Actions (001)  1.40pm
4.	Update on LASPPC membership review	<b>Dame Christine Beasley</b> Co-Chair LASPPC  <b>Dipannita Betal</b> Senior Stakeholder Engagement Manager	Paper attached for discussion (002)  1.45pm
5.	Update from LAS CEO – including time for Q&A	<b>Daniel Elkeles</b> LAS Chief Executive	Verbal  2.15pm
6.	Report about the violence reduction group.	<b>Angela Cross Durrant</b>	Verbal  2.30pm
7.	GP Notifications Pilot Evaluation	<b>Jonathon Holmes</b> Private Public Ltd (PPL)	Presentation  2.40pm
8.	Update on Right Care, Right Person	<b>Alison Blakely</b> Director of Clinical Pathways & Clinical Transformation	Presentation  2.55pm
9.	<b>A.O.B</b> - members to raise any local issues / updates	All	Verbal  3.25pm
	Meeting ends		3:30pm

**Next meeting: Wednesday 28 August 2024 1:30pm – 3:30pm (virtual)**



# London Ambulance Service



NHS Trust

Report Title		Quality Account 2023/24		
<b>Meeting:</b>	Trust Board			
<b>Agenda item:</b>	7.3	<b>Meeting Date:</b>	6 <sup>th</sup> June 2024	
<b>Lead Executive:</b>	Pauline Cranmer, Chief Paramedic Officer			
<b>Report Author:</b>	Various Authors			
<b>Purpose:</b>		Assurance	<b>X</b>	Approval
		Discussion		Information
Report Summary				
<p><b>Background</b></p> <p>Our Quality Account for 2023/24 is presented here for approval, subject to the inclusion of further stakeholder statements. It has been prepared and structured in accordance with the National Health Service (Quality Accounts) Regulations 2010. The Quality Account includes a report on our progress against our Quality Account Priorities for 2023/24, presents our priorities for 2024/25, reports on key performance metrics and highlights other improvement work for the last financial year.</p> <p>The draft content has been shared with the chairs of the LAS Patient and Public Council, as well as the following stakeholders, in accordance with statutory requirements:</p> <ul style="list-style-type: none"> <li>Commissioners</li> <li>Healthwatch</li> <li>Overview and scrutiny committee</li> </ul> <p>Statements from stakeholders have been requested, and will be included in the final document where received. Please note that some data may require updating prior to publication, the data included in this report is up to date at the time of submission.</p> <p><b>Progress on 2023/24 quality priorities</b></p> <p>We have completed delivery of the Cardiac Arrest Management, Hear and Treat, and Infection Prevention and Control priorities. Both the Reducing Delays and Care after a Fall priorities require further work, which is planned to take place in 2024/25.</p>				
Quality Priority	Key Performance Indicator (KPI)			Status
Cardiac Arrest Management	Improve Return of Spontaneous Circulation rates to 31%			Complete
	Deliver resuscitation update training to 85% of staff			Complete

<b>Care After a Fall</b>	Increase Urgent Community Response (UCR) provision to 10 cars	<b>Partially complete</b>
	Deliver spinal immobilisation update training to 85% of staff	<b>Partially complete</b>
<b>Hear &amp; Treat</b>	Implement Clinical Guardian across 111 & 999	<b>Complete</b>
	Implement Category 2 Segmentation Programme	<b>Complete</b>
<b>Reducing Delays</b>	Achieve a $\leq 30$ minute C2 mean in line with trajectory	<b>Partially complete</b>
	Achieve a $\leq 10$ second call answering mean in line with trajectory	<b>Partially complete</b>
<b>Infection Prevention and Control (IPC)</b>	Achieve 90% hand hygiene audit compliance	<b>Complete</b>
	Implement audit software replacement	<b>Complete</b>

Continued progress against these priorities will be monitored via the Quality Improvement Programme Board.

#### **Quality Priorities: 2024/25**

Work has commenced on delivery of this year's quality priorities and this will be monitored via the Quality Improvement Programme Board.

#### **Approval and publication**

Following approval, the Quality Account will be published no later than 30<sup>th</sup> June 2024, in accordance with the statutory timeline.

#### **Recommendation/Request to the Board/Committee:**

The Board is asked to approve the quality account content for 2023/24.

#### **Routing of Paper i.e. previously considered by:**

Clinical Quality Oversight Group – 23<sup>rd</sup> April 2024  
 Executive Committee – 8<sup>th</sup> May 2024  
 Quality Assurance Committee – 28<sup>th</sup> May 2024



# London Ambulance Service



NHS Trust

## Contents

Part 1: Statement on Quality .....	2
Foreword and Statement on Quality .....	2
About Us.....	4
Care Quality Commission: Inspection and ratings .....	6
Statement of Directors Responsibilities .....	7
Part 2: Improving the quality of our services .....	8
Looking back: Our progress on our Quality Priorities for 2023/24 .....	8
Cardiac arrest management.....	8
Care after a fall.....	11
Hear & treat consultations.....	12
Reducing delays.....	14
Infection Prevention & Control (IPC) .....	16
Core Quality Account Indicators Report.....	18
Ambulance Quality Indicator performance - C1-C4 response .....	18
Ambulance Quality Indicator performance – STEMI, Stroke & Cardiac Arrest care bundles .....	18
Patient safety incidents .....	19
Clinical Effectiveness, Audit and Research.....	20
Looking Forward: Our Quality Priorities for 2024/25 .....	24
Improving efficiency .....	24
Feedback and learning.....	25
Improving outcomes.....	26
Reducing delays.....	26
Part 3: Further information on quality and improvement.....	28
Statements from stakeholders .....	37
Glossary .....	42

## Part 1: Statement on Quality

### Foreword and Statement on Quality

We are pleased to introduce the Quality Account for London Ambulance Service NHS Trust for 2023/24. Here we summarise our work to improve the quality of our care, keep our patients safe and improve staff wellbeing.

In September 2023 we launched our ambitious new five-year strategy, which outlines three missions, the first which is to deliver outstanding emergency and urgent care whenever and wherever needed. As we strive to deliver a better quality of care for our patients, our plans take into account their changing needs, recognising that London's population is getting older and there are more people living with a range of long-term conditions.

We heard from patient representatives that people would like our clinical teams to offer more personalised care, with greater awareness of specific needs in areas such as neurodiversity and mental health. To address these challenges, our care looks to provide more individualised clinical responses, which means more paramedics working in cars alongside mental health and community nursing specialists, as well as more advanced paramedic practitioners who can do more to treat patients on-scene.

A top priority is also to be a learning and teaching organisation, and promoting a just culture where all staff feel confident to raise issues and report incidents. Our strategy commits to implementing quality improvement as business as usual, and throughout the development of our vision, we put the delivery of safe, effective patient care, and improving the working environment for and development of our workforce at the centre of our planning.

Last year, we set ourselves five quality priorities in support of our organisation's mission to deliver outstanding emergency and urgent care whenever and wherever needed:

- Cardiac arrest management
- Care after a fall
- Hear & treat consultations
- Reducing delays
- Infection Prevention & Control (IPC)



We have made good progress. We have delivered resuscitation update training to staff and improved our return of spontaneous circulation rates. We have also increased the number of Urgent Community Response (UCR) teams we deploy, and are achieving high hand hygiene audit compliance. We have implemented the category 2 segmentation pilot, which is an important part of our plans to ensure we are able to provide the right response to our patients. We have also introduced a new approach to auditing calls in our 111 service, ensuring our clinical assessments are safe and effective, and providing better access to feedback for our staff.

We set ourselves challenging improvement targets for our response times, and whilst we did not achieve all that we set out to, we have significantly improved both our response to category 2 patients, and the speed at which we answer 999 calls in comparison to last



year, with more work to be done in the coming year. Looking forward to 2024/25 we have set ourselves four priorities on which we will focus our quality improvement efforts: Improving efficiency, feedback and learning, reducing delays and improving outcomes. We outline our progress and plans for the coming year in detail in part 2 of this report.

In the autumn we launched our new improvement approach, LASImprove, at our inaugural Annual Quality Improvement Conference. Teams across the Trust have put quality improvement methodology to good use in 'fixing the basics', focussing on areas based on staff feedback. This led to the introduction of mini make ready hubs which is improving the availability of clinical equipment and infection control standards. The next step in our improvement journey is establishing a strategic partnership with Surrey and Sussex Healthcare NHS Trust, to enable us to learn from their success in embedding improvement as business as usual and adopting lean methodology.

We recognise that supporting our staff is key to achieving our ambitions for better quality of care for patients. Over the last year, we have made real improvements to our staff welfare by introducing teams-based working across all of our ambulance stations. We are pleased to report that this new way of working is having a positive effect on the wellbeing of our people, and we are now working on introducing teams-based working into our control centres. We are delighted that our staff survey results are much improved this year, with our staff reporting record improvements to their working lives over the past year, including being more supported to develop their careers and a greater sense of teamwork. Our staff scores improved in all questions relating to the NHS People Promise – the seven commitments that aim to improve the experience of working in the NHS, and we continue our work on areas which are less positive.

In recognising the progress we have made during the last year, we would like to take this opportunity to publicly thank all our staff, volunteers, partner agencies and system partners, who have and continue to work incredibly hard in delivering high quality emergency and urgent care to the people of London.

Signed by Daniel Elkeles, CEO and Pauline Cranmer, Chief Paramedic

## About Us

### What we do, our visions, values and purpose

We are the capital's emergency and urgent care responders.

We are the largest ambulance service in the UK, serving the city's nine million residents as well as those who visit from other parts of the UK and abroad. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

Each year we receive more than two million emergency 999 calls and two million urgent 111 calls. We provide care to a million patients face-to-face at the scene and treat 180,000 people over the phone.

London Ambulance Service was created in 1965 and today we have over 10,000 people working, studying and volunteering with us.

Our patient-facing workforce ranges from 999 and 111 call handlers to paramedics and other ambulance clinicians as well as clinical specialists: nurses, midwives, mental health nurses, pharmacists, doctors and advanced paramedics.

Behind the scenes are the mechanics keeping ambulances on the road, the vehicle preparation teams getting every ambulance clean and stocked, the warehouse staff ensuring we have the best equipment, the medicines packing and pharmacy team providing our clinicians with the right drugs, plus all our housekeeping teams. Alongside this are vital support functions from human resources and finance to estates and communications.

Our other work includes:

- Planning for, and responding to, major and significant incidents (with our partners)
- Providing paramedics to work for London's Air Ambulance
- Educating the public in life-saving skills and use of public access defibrillators
- Working with NHS and blue light partners, local authorities and the Mayor to encourage a healthier population and a safer London
- Coordinating Adult Critical Care Emergency Support Service (ACCESS), a pioneering specialist ambulance service for transporting critically ill patients between hospitals that has been adopted as the model for the whole of London
- Finding hospital beds for seriously ill patients and ensuring their safe transfer to the best place for care

[Insert map from page 7 of the strategy document] – Which shows each sector and station locations

**The people we serve** – [Insert map & text from LAS strategy document]

### Our values

Our LAS Values and Behaviours were created through conversations and feedback from thousands of our staff and volunteers across London Ambulance Service. The result is a

set of values and behaviours that are possible to put into practice every day so that together, we put Caring, Respect and Teamwork at the heart of everything we do for Londoners.

**[Insert graphic of LAS Values]**

DRAFT

## Care Quality Commission: Inspection and ratings



Last rated  
4 March 2022

### London Ambulance Service NHS Trust



#### Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well-led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at <https://www.cqc.org.uk/provider/RRU>  
We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)

We were not inspected by the Care Quality Commission during 2023/24 and the CQC has not taken any enforcement action against the Trust during that time. We remain in regular contact with the CQC and further details and copies of our past inspection reports are available via this link: [www.cqc.org.uk/provider/RRU](http://www.cqc.org.uk/provider/RRU)

## Statement of Directors Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS England has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the Quality Accounts requirements 2023/24 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2023 to March 2024
  - Papers relating to quality reported to the board over the period April 2023 – March 2024
  - Feedback from commissioners dated 20th May 2024
  - The national staff survey
- The quality report presents a balanced picture of the NHS trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

**Chair and Chief Executive Officer**

## Part 2: Improving the quality of our services

### Looking back: Our progress on our Quality Priorities for 2023/24

At the beginning of the year we identified five areas on which to focus our improvement efforts for the 2023-2024 financial year. These priorities were developed based on our business plan, feedback from our stakeholders and internal sources of quality intelligence. This was an ambitious programme of improvement, and we have made progress and demonstrated improvement against all of these priorities. We have completed delivery of the Cardiac Arrest Management, Hear and Treat, and Infection Prevention and Control priorities. Both the Reducing Delays and Care after a Fall priorities require further work, which is planned to take place in 2024/25.

Quality Priority	Key Performance Indicator (KPI)	Status
Cardiac Arrest Management	Improve Return of Spontaneous Circulation rates to 31%	Complete
	Deliver resuscitation update training to 85% of staff	Complete
Care After a Fall	Increase Urgent Community Response (UCR) provision to 10 cars	Partially complete
	Deliver spinal immobilisation update training to 85% of staff	Partially complete
Hear & Treat	Implement Clinical Guardian across 111 & 999	Complete
	Implement Category 2 Segmentation Programme	Complete
Reducing Delays	Achieve a $\leq 30$ minute C2 mean in line with trajectory	Partially complete
	Achieve a $\leq 10$ second call answering mean in line with trajectory	Partially complete
Infection Prevention and Control (IPC)	Achieve 90% hand hygiene audit compliance	Complete
	Implement audit software replacement	Complete

The following section will report on each quality priority key performance indicator.

#### Cardiac arrest management

##### Improve return of spontaneous circulation rates

We are committed to continually improving survival rates from out of hospital cardiac arrest, and sought to improve return of spontaneous circulation rates (ROSC) to 31%. We

have made good progress and achieved higher ROSC rates than we did in the previous three years. In February and March we were pleased to report that our ROSC rate was 33% and 32% respectively, an improvement on the previous year<sup>1</sup>. We have seen a reduction in the variation in ROSC rates, reflecting better and more consistent care provision for our patients, as well as an improvement in delivery of the ROSC care bundle.

We have seen increases in bystander life support rates over recent years. We are proud of this but need to stretch ourselves even further to see further improvements in ROSC rates. To achieve this we have commenced our London Life Savers Schools Program to achieve a generational shift in training members of the public in bystander life support. This has seen us train the first 1,600 children in the first six months of the project. Schools have been targeted where we are seeing low bystander life support rates in the community and lower cardiac arrest survival. Further to this an active program of improvement has begun within our operations centres to ensure that dispatcher assisted resuscitation advice is given as quickly as possible, this is where the call handler (dispatcher) advises the caller how to perform life support prior to the arrival of the ambulance service. This work has already seen marked improvement in time to 'hands on chest' and will continue to form part of our improvement work in the coming year.

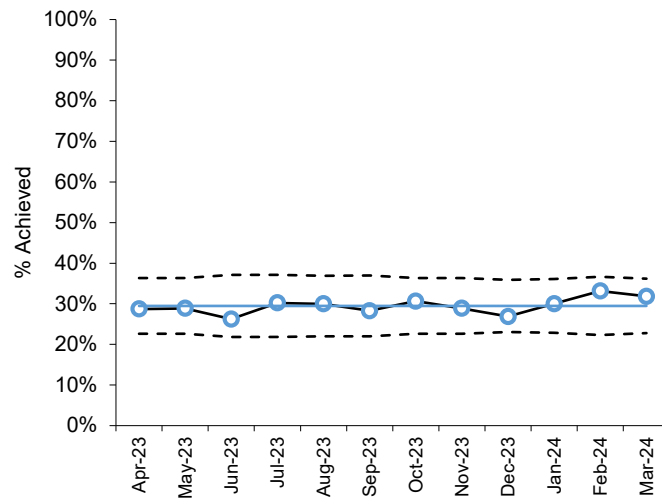
We have continued to work with the Circuit, the national defibrillator database, to ensure that as many Public Access Defibrillators as possible are listed on this database and that we have a robust process to advise 999 callers of the location of their nearest defibrillator. Further to this we have brought in-house our team of community responders, members of the public who are volunteer responders for us. This service was previously supplied by St John Ambulance. Our aim is to grow this scheme across the Capital. We continue to work with the GoodSAM app to develop a community of life savers across London who can be an initial response to the patient in cardiac arrest, by responding to a GoodSAM alert.

Our response to Category 1 patients (which is the majority of cardiac arrests) remains one of the best in England and our focus has continued to be on time from arrival to defibrillation. In the past year we undertook focussed work to improve the use of defibrillator data to allow clinicians to review their management and use this feedback to improve their care. Over the coming year, we intend to upgrade the software used for this to make this easier, and in doing so improve download rates and enable more responsive feedback for clinical teams to use to drive improvements in time to first shock and the provision of the most effective cardiopulmonary resuscitation (CPR). Our ROSC target for 2024/25 will be 30% reflecting our intention to continually improve survival from out of hospital cardiac arrest in London.

---

<sup>1</sup> Data subject to validation. Validated data will be published via Ambulance Clinical Outcomes dataset ([AmbCO](#)) in due course, and may differ from the unvalidated data presented here.

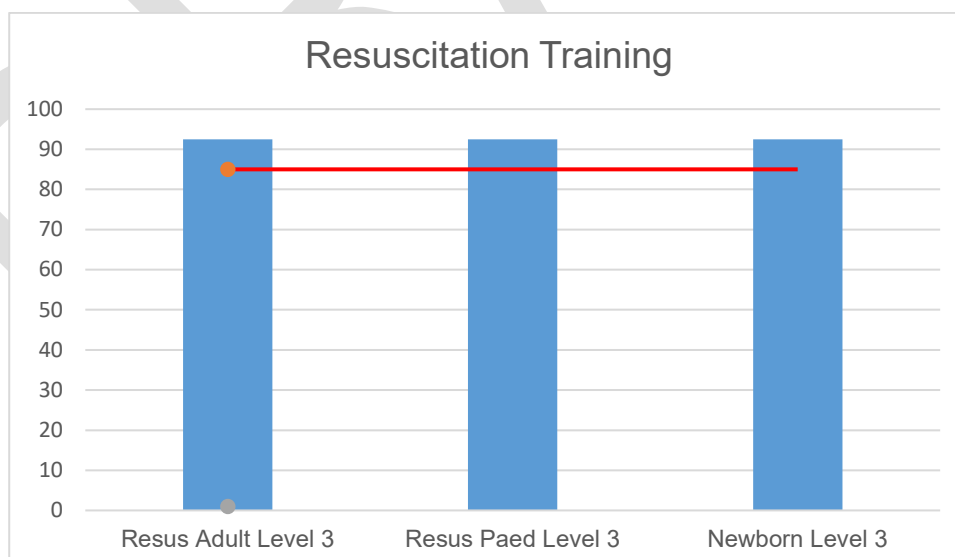
### ROSC Sustained to Hospital



### Deliver resuscitation update training

We set out to deliver resuscitation updates covering adult and paediatric life resuscitation and newborn life support at level three to 85% of our ambulance clinicians. We are pleased to report that we have met and exceeded this target, with over 92% of ambulance clinicians trained in all three areas.

Resuscitation training continues with the release of our new 2024 training package which provides further and ongoing updates for clinical staff, this is delivered alongside new starter training, which includes a practical assessment when joining the trust.



We have also begun updating our our Non-Emergency Transport Service (NETS) and developed a resuscitation training package at level two for this staff. Uptake is currently at 87%.



## Care after a fall

### Increase Urgent Community Response (UCR) provision

We sought to implement 10 UCR cars by the end of the financial year. Due to constraints in vehicle availability as well as challenges with staffing relating to the Trust band 6 paramedic workforce, and external nursing workforce within community teams, we were able to operationalise nine of these, with the remaining car anticipated to commence operation in Q1 of 2024/25. As at the end of March 2024, 10320 patients have benefited from this service, which enables between 65% and 75% of people seen to remain at home, avoiding an attendance at an emergency department and/ or admission to hospital.

Having been established as an effective clinical service, improvement work is ongoing to refine both the dispatch and staffing model. To optimise access to the service and ensure the right patients are attended by this resource, clinicians in our clinical hub are now able to directly refer patients to the UCR team following telephone assessment. In order to develop the most sustainable staffing strategy and contribute to the Trust clinical career pathway, models which include utilising Specialist Paramedics in Primary Care<sup>2</sup> are being developed. This allows our band 6 paramedics, through a formal development programme to gain experience and knowledge within a primary care setting, and in turn once qualified, will enable these staff to undertake frontline work as a solo response to this same cohort of patients. This will also become a feed for the LAS' advanced paramedic practice programme; enabling a clear clinical pathway from entry level through to consultant practice.

Feedback from our patients who have used the service has been incredibly positive across the year:

*"I'm 56 years old, very morbidly obese and I had fallen on the floor. The problem is once I'm on the floor I can't get up because my knees and arms aren't strong enough. I therefore had to call the ambulance who brought me an inflatable cushion (I'm sorry, I can't remember the name of it) to help me get to a sitting position from which I could then stand up. The only injuries I sustained were to my dignity and my pride!!!!"*

*"Absolutely outstanding service. Highly professional and reassuring attitude. Both operatives were reassuring, efficient and sympathetic and I felt totally reassured and relieved. I cannot commend them highly enough they were marvellous. Thank you."*



<sup>2</sup> Formerly known as First Contact Practitioners, these are paramedics who work rotationally in Primary Care as well as the Ambulance Service.

## Deliver updated spinal immobilization update training

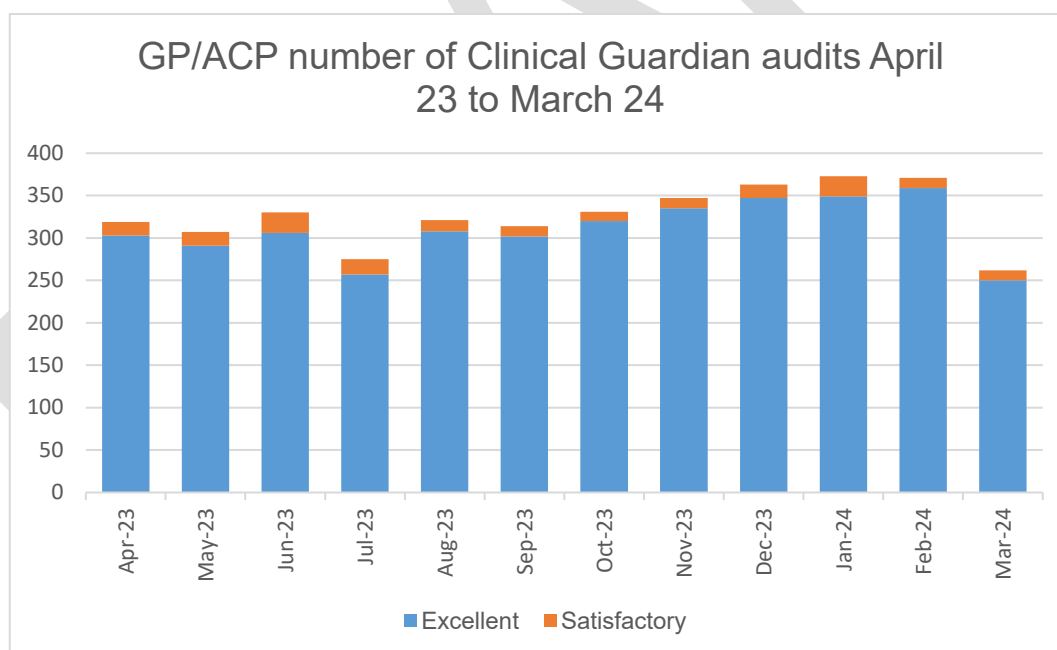
We intended to deliver new and updated spinal immobilisation e-learning to 85% of ambulance clinicians by the end of the financial year. Training delivery commenced in October, a little later than planned and as a result, we fell below the 85% target, concluding the year at 75% compliance. We are committed to completing implementation of this training, and have incorporated it into mandatory training for this staff group. Compliance is expected to be achieved by Summer 2024 and will be monitored via the Quality Improvement Programme Board.

## Hear & treat consultations

### Implement Clinical Guardian

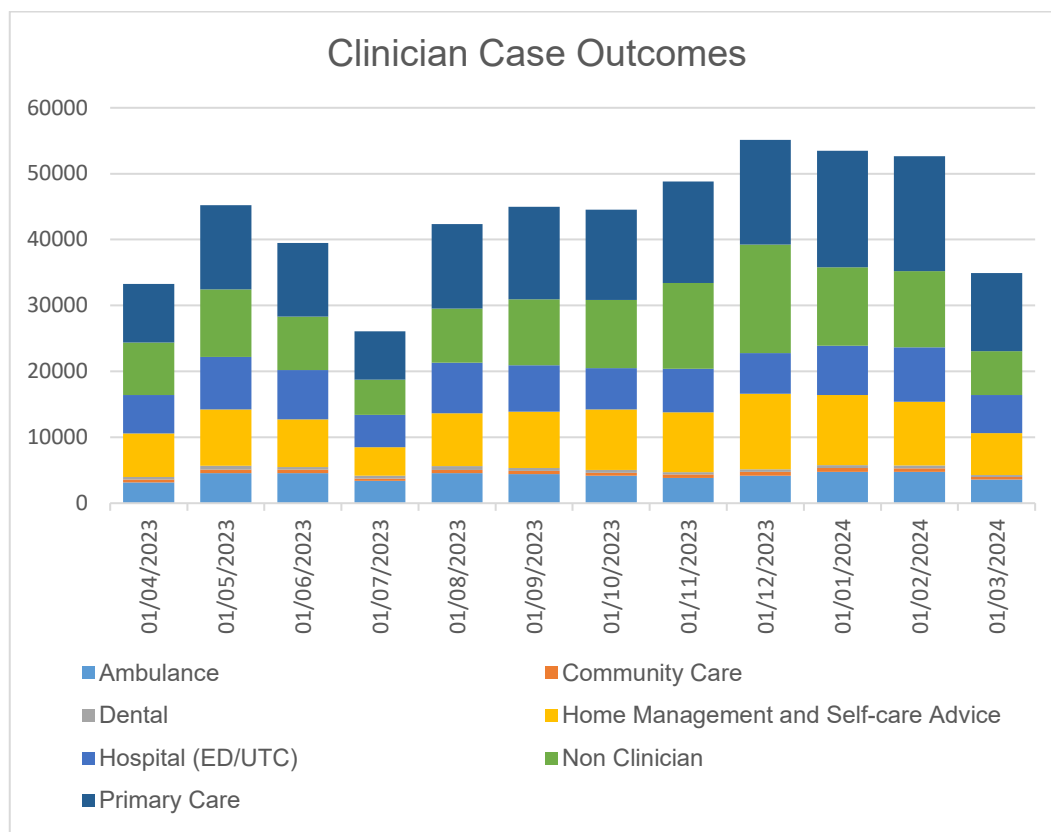
We set out to implement Clinical Guardian, an electronic clinical assessment audit tool, across our clinical assessment services (CAS) in both our 999 and 111 call centres. This has been fully implemented in our 111 and urgent clinical advice service for consultations, and we are now able to track clinician outcomes more effectively, with high quality audits and learning optimising the safety of our CAS.

These audits provide oversight into the quality of calls made, and we have sustained a significant proportion of calls being recognised and fed-back to clinicians as being 'Excellent'.



Each clinician is able to log in through their Clinical Guardian portal to review their audits and interact with feedback and auditors to support their own reflective practice. In addition to this, each clinician is also able to review their case consultation outcomes, and see how their performance compares to that of colleagues via benchmarking. This outcome monitoring is used as part of newly developed clinical triangulation process, where case audits, outcomes, performance and clinical are analysed together to improve the standard

of care we provide and ensure we are consistently achieving the right outcomes for patients.



Clinical Guardian has also been implemented in the clinical hub, and is used for all Manchester Triage System consultations where Adatastra is utilised. Manual quality assurance reviews remain in place for consultations which are conducted as part of clinical safety reviews outside of the Adatastra system to ensure consistency of audit. To increase the number of cases audited, a remote quality assurance process has been developed and is currently being tested. The improvements in call auditing have supported the development of regular audit and learning, and continuous professional development fora, and the development of a departmental improvement plan to ensure audit results lead to improvement and learning. On average, over 250 audits are being undertaken each month compared to approximately 50 in July 2023. This ensures every clinician is audited at least twice per month.

### Implement the Category 2 Segmentation Programme

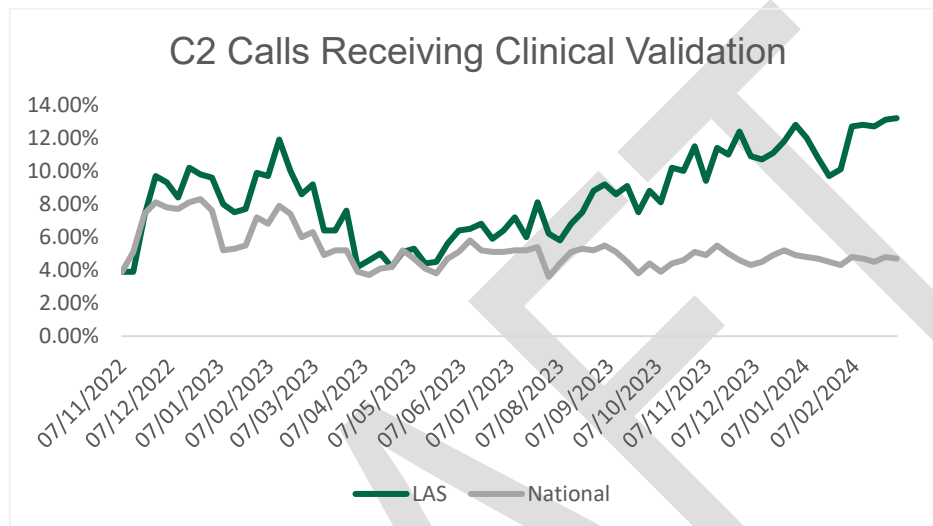
We sought to embed the NHS England Category 2 Segmentation Pilot, which we began as an early adopter in November 2022. This enhanced model of care allows for increased clinical oversight of category 2 calls through a combination of rapid review (Clinical Navigation) and where appropriate, assessment over the telephone (Clinical Validation).

The principles of navigation and validation are to better assess the patients' needs and to establish the most appropriate care pathway for their presenting condition. The outcome of navigation may be one of the following;

- Escalate the incident to a higher responding priority

- Await the attendance of an ambulance as a category 2 call
- Referral for clinical validation
- Attendance by a specialist resource (for example the mental health joint response car, urgent community response, advanced paramedic practitioner, or non-emergency transport service)

In London, approximately 40% of the total number of C2 calls received are eligible for clinical navigation. Of these, 13% receive clinical validation (4.9% nationally) of which an average of 44% of patients are safely cared for via alternative care pathways.



In operational terms, through the optimisation of our C2 segmentation model, around 1,300 additional DCA hours each week are being made available to respond to our sickest patients.

We have maintained our position as one of the foremost Trusts in C2 Segmentation, actively assisting other Trusts in refining their own models of delivery. Working closely with NHS England, we have recently welcomed visits from six other Trusts seeking insights and guidance. Additionally, as integral members of the national C2 Segmentation Steering Group, we remain committed to fostering collaboration across all ambulance services, facilitating the exchange of knowledge and best practice.

In August 2023 the Clinical Hub began a programme of intense transformation and the delivery of our Clinical Dispatch Support model. This sees C2 segmentation and other work streams coming together to further improve the care we deliver to patients as is demonstrated in the above graph. Our quality assurance data indicates the quality of assessments has been maintained with no increase in the rate of patient safety incidents or complaints. Our focus is now to further enhance this success by building capacity and capability across the clinical workforce within our Emergency Operations Centres (EOC).

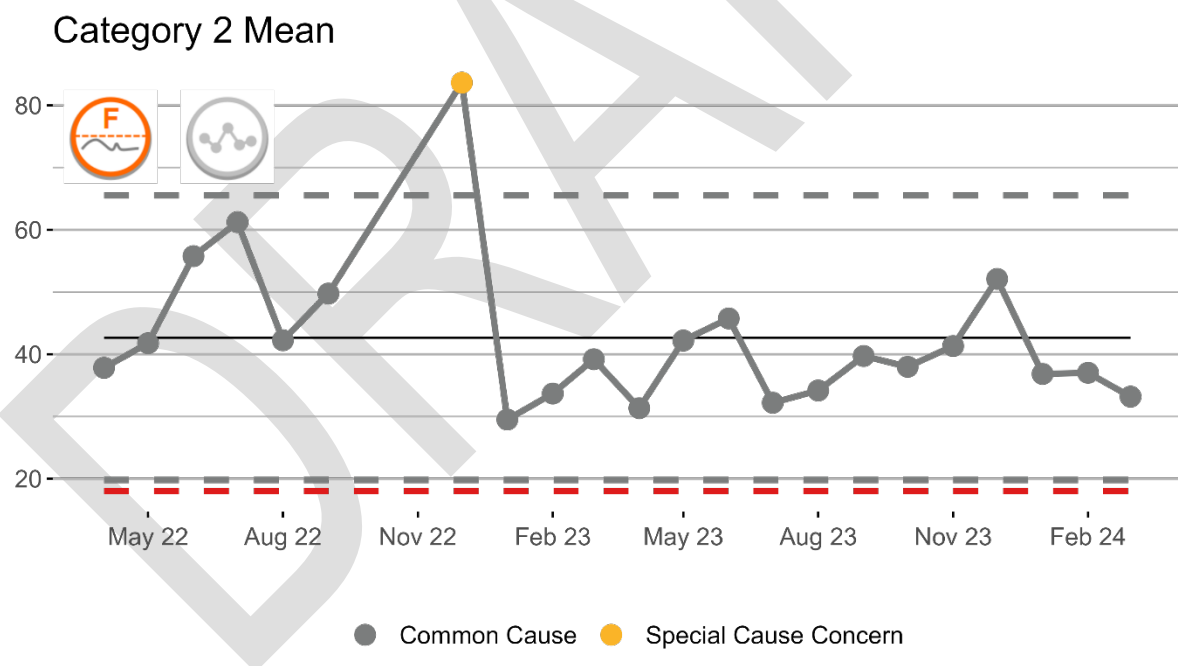
## Reducing delays

**Achieve a  $\leq 30$  minute C2 mean**

Our intention was to deliver a mean response time to our category two patients of less than 30 minutes, in line with the trajectories we set. We concluded the year with a mean response time of 38 minutes and 39 seconds.

This year, we have implemented a new incentive structure to support production at times of greatest need and to match our fleet availability. We have allocated improvement trajectories for all station groups, to maintain local ownership and focus on this improvement priority. We have implemented a 45 minute handover process in partnership with acute hospital trusts across London to minimise the impact of prolonged hospital handover delays on patients awaiting an ambulance response. We have refined our staffing model to better reflect patient need and have implemented a fixed fleet model to improve our vehicle availability. Increases in operational staffing through recruitment, reducing sickness levels and better staff retention have allowed us to deploy more ambulances than ever before. Throughout the Winter we operated a dedicated out-of-service cell to reduce the time ambulances were out of commission and unavailable to patients.

Whilst we fell short of our improvement aim, we recognise that these actions have led to a sustained improvement in our category two response times when compared to last year. We are carrying forward our improvement efforts into the coming year, and have reset a formal improvement priority for reducing delays.

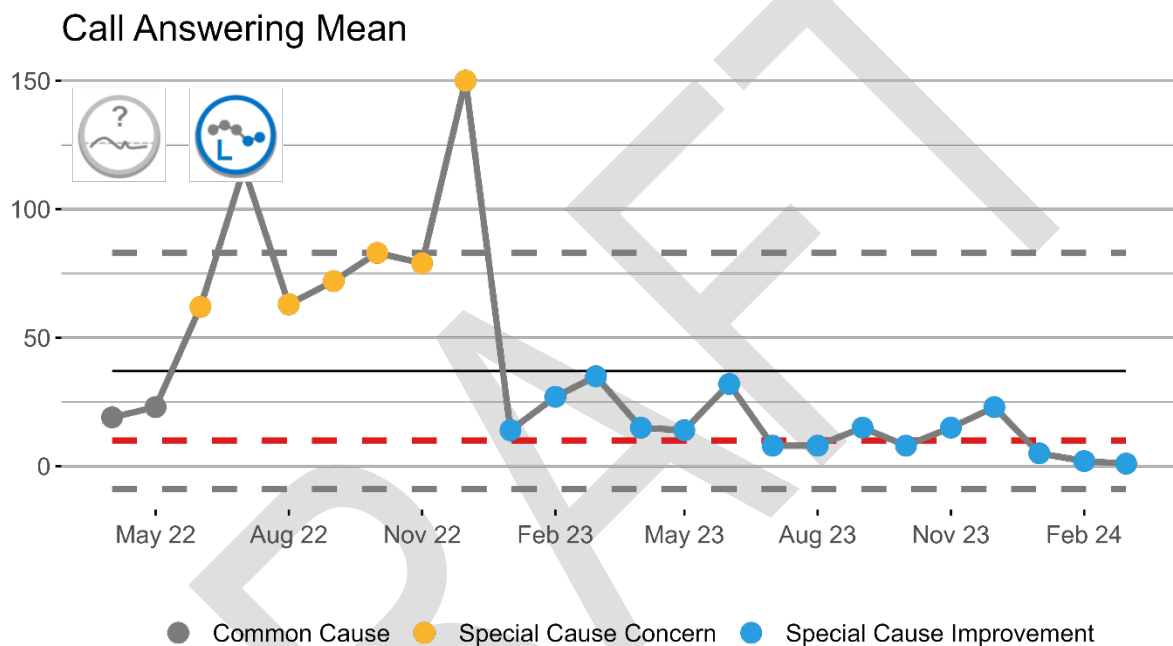


### **Achieve a $\leq 10$ second call answering mean in line with trajectory**

We set out to improve the average time it takes us to answer 999 calls to less than 10 seconds, in line with the trajectory we set ourselves. At the end of the year we averaged 12 seconds for the year, slightly longer than we intended but a significant improvement on our 2022/23 average of 64 seconds. We have undertaken much improvement work in the emergency operations centre, and whilst we did not quite achieve the overall target level, we are pleased that call answering times have improved significantly and remained stable

at an improved level at the end of the year, with average call answering times remaining well below 10 seconds throughout quarter four, and this will be monitored by the EOC Improvement Board.

We have recruited Emergency Call Handlers at pace increasing our staff numbers from 338.62 at the start of 2022/23 to 470.15 WTE by the end of March 2024. We have also established a Call Answer Improvement Group which is coordinating work to improve call handling processes to improve efficiency and patient safety. We now turn our efforts to establishing teams based working in the Emergency Operations Centres (EOC) and continue the improvement work across the service, supported by the EOC Improvement Team.



## Infection Prevention & Control (IPC)

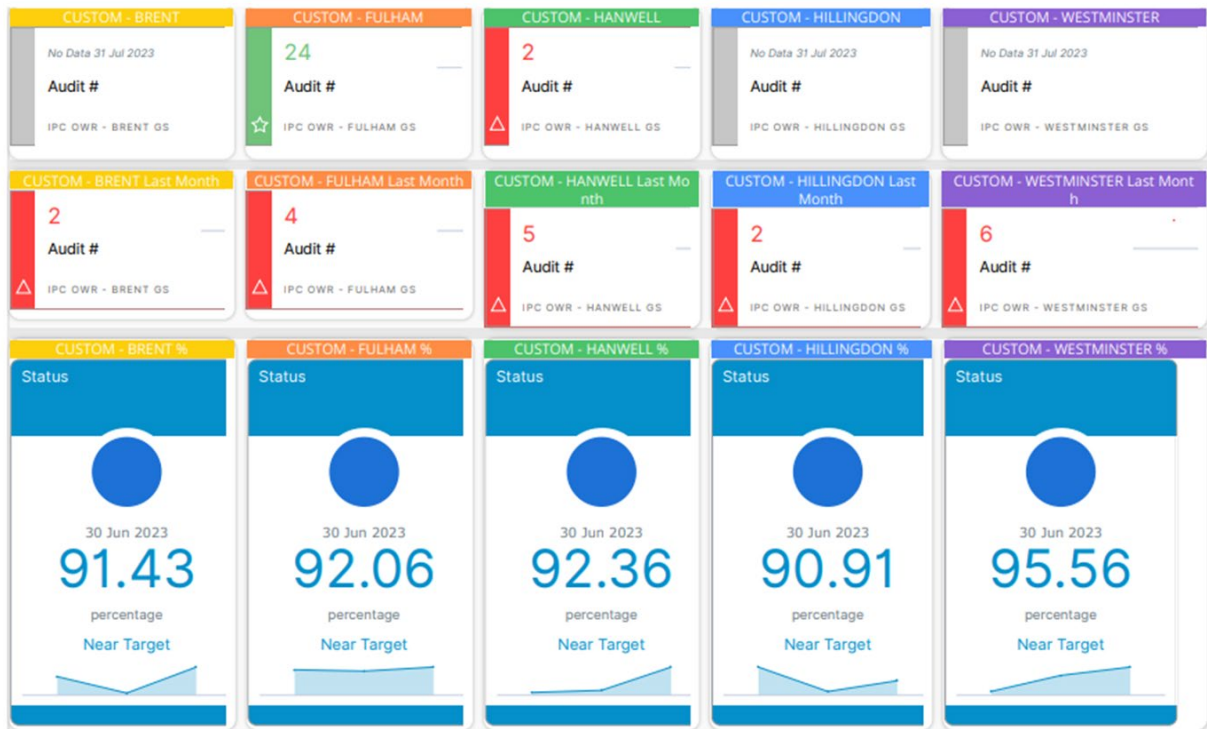
### Achieve 90% hand hygiene audit compliance

We aimed to achieve a 90% compliance rate for hand hygiene, this rate is recommended as a national standard. This was monitored monthly and all sectors consistently achieved 90% or above. The overall annual compliance rate for the Trust 2023/2024 was reported as 97%. Furthermore, we exceeded the overall annual target for hand hygiene data submissions, ensuring the reliability of our data. 4,014 Hand Hygiene audits were submitted in 2023/24. We recognise that there is continuing work needed to ensure reported compliance rates accurately reflect hand hygiene practices in the clinical area.

### Implement audit software replacement

This year we implemented a new audit software solution, which has been fully aligned to our IPC audit plan and has a user friendly single sign on (SSO). Hand hygiene audits, monthly site cleaning audits and quarterly environmental audits are completed with ease and the software enables teams to review real-time results. A Trust wide implementation

programme was developed which included training, communications and coaching support to all staff. Further developments included the IPC Team becoming Super Users, enabling them greater control and oversight of their audits. A suite of reporting dashboards (see example below) have been created and embedded, with IPC practitioners providing quality checks for the audits. This software solution has enabled the Trust to complete more accurate audits which has led to better audit actions with a higher impact on the areas that matter. The system triangulates our audit results with CQC self-assessments enabling the Trust to achieve our broader continuous improvement ambitions.



DRAFT

## Core Quality Account Indicators Report

### Ambulance Quality Indicator performance - C1-C4 response

During 2023/24 we did not meet our mean or 90<sup>th</sup> centile response standard, however our position has improved from the previous financial year, and our performance was better than the national average in all metrics except category 2. Reducing delays will continue to be a quality priority for 2024/25.

Metric	Standard	Performance		
		Provider 2022-23 <sup>3</sup>	Provider 2023-24	England 2023/24
C1 Mean	7 minutes	00:08:08	00:07:29	00:08:27
C1 90th Centile	15 minutes	00:14:02	00:12:40	00:15:02
C2 Mean	18 minutes	00:47:40	00:38:39	00:36:23
C2 90th Centile	40 minutes	01:48:54	01:27:10	01:18:15
C3 Mean		01:41:03	01:16:03	02:04:14
C3 90th Centile	120 minutes	04:19:24	03:06:45	04:56:55
C4 Mean		03:24:40	02:16:08	02:30:48
C4 90th Centile	180 minutes	07:29:50	04:41:17	05:59:45

The London Ambulance Service considers that this data is as described for the following reasons: this data is captured from a number of sources, such as the computer aided dispatch system, electronic and paper care records, and our vehicles' Mobile Data Terminals. A variety of Data Quality process are then undertaken in order to provide assurances over the data's accuracy.

### Ambulance Quality Indicator performance – STEMI, Stroke & Cardiac Arrest care bundles

The Trust submitted the following information to NHS England for the reporting period 2022/23 and 2023/24 regarding the provision of an appropriate care bundle to STEMI patients and those resuscitated after cardiac arrest, as well as a diagnostic bundle for stroke patients.

	2022-23		2023-24*	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	70.6%	73.6% (63.5-87.4)	73.5%	77.6% (62.2-94.9)

<sup>3</sup> 2022/23 Response Time Performance excludes Oct'22 and Nov'22 data please see the Annual Governance Statement 2022/23 for further explanation. This was due to a data coding error which led to incorrect reporting of some category 1 response times between August 2020 and September 2022. This error was identified following implementation of our new computer dispatch system, reported to NHS England and was subsequently subject to independent review.



Stroke patients	96.1%	96.6% (93.3-98.8)	96.3%	97.6% (92.9-99.6)
Cardiac Patients**	84.0%	77.2% (62.1-84.0)	80.9%	76.6% (62.6-80.9)

*\*At the point of preparation of this Quality Account, NHS England published data for April to November 2023.*

*\*\* Post – resuscitation patients only*

## Patient safety incidents

The number and rate of patient safety incident reports during 2022/23 and 2023/24 are as follows:

<b>999 &amp; Ambulance Operations</b>	<b>2022/23</b>	<b>2023/24</b>
Total Patient Safety Incident Reported	6580	8229
Rate of Patient Safety Incidents/1000 EOC contacts (average)	3.16	3.96

<b>111 &amp; Integrated Urgent and Emergency Care</b>	<b>2022/23</b>	<b>2023/24</b>
Total Patient Safety Incident Reported	2368	2665
Rate of Patient Safety Incidents/1000 111 contacts (average)	1.36	1.78

The number and rate of patient safety incident reports resulting in severe harm or death during 2022/23 and 2023/24 are as follows:

<b>999 &amp; Ambulance Operations</b>	<b>2022/23</b>	<b>2023/24</b>
Total Patient Safety Incident Reported (EOC contacts)	6580	8229
Total Patient Safety Incidents – Severe or Death	176	90
Rate of Patient Safety Severe or Death Incidents /100 Patient Safety Incidents (average)	2.68	1.09

<b>111 &amp; Integrated Urgent and Emergency Care</b>	<b>2022/23</b>	<b>2023/24</b>
---	----------------	----------------

Total Patient Safety Incident Reported (111)	2368	2665
Total Patient Safety Incidents – Severe or Death	9	6
Rate of Patient Safety Severe or Death Incidents /100 Patient Safety 111 incidents (average)	0.38	0.23

The data above was captured on the Trust's risk management system, Datix. The number of patient safety incidents throughout 2023/24 continued to rise and since September 2023 all weeks were above the mean with the highest reporting month being December 2023. Whilst operational demand was high during this period, the rise in reported cases was largely attributed to an increase in reporting about external NHS providers, increased reporting following clinical audits, including cardiac arrest management and stroke care, and issues with medical equipment. Medical equipment incidents rose by 57.4% (876 to 1379) when compared to 2022/23, peaking in December 2023 and with subsequent months remaining high and above November 2023 levels. The largest reported sub category was 'failure of device/ equipment'. During the latter part of 2023/24 the LifePak 15 monitor was the most frequently reported device with issues noted in relation to end-tidal carbon dioxide (ETCO<sup>2</sup>) monitoring. A risk was raised on the Trust's risk register and an action plan implemented to ensure ETCO<sup>2</sup> ports remained clean to reduce contamination. Delayed response incidents were the sixth most reported category, having previously been the top category. This is a demonstration of the focused work by the Trust to improve Category 2 response times and reduce hospital handover delays. Whilst the overall rate of patient safety incidents per contact has increased, the rate of those being of severe harm or death has decreased which is suggestive of a positive reporting culture.

All patient safety incidents are reviewed to ensure that a proportionate learning response is applied, in line with the Patient Safety Incident Response Framework. The London Ambulance Service has taken actions to improve the quality of our service by continuing to review patient safety incidents relating to delays via a Structured Judgement Review (SJR) process to ensure consistent and robust oversight of delays and identify any system-wide learning. Additionally targeted work has been undertaken with associated system improvement plans on the identification of ineffective breathing during 999 call triage, the management of patients who have sustained a fall, dispatch of solo responders to high risk determinants (those with chest pain) and the management of bariatric patients. Improvement work continues in all areas.

### **Clinical Effectiveness, Audit and Research**

The Trust has a 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. During 2023/24, we examined the care provided to a wide range of conditions including cardiac arrest, acute coronary syndromes, stroke and severe sepsis, difficulty in breathing, mental health, sickle cell crisis, end of life care, overdose and poisoning and medicines administration. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Our research program continued to perform strongly (see part 3, appendix 1). We collaborated on successful bids for funding and have had twenty-one publications in peer-reviewed scientific journals, as well as presenting at international conferences.

We continued to support the development of the NHS England Ambulance Quality Indicators, working with NHS England on behalf of the National Ambulance Service Clinical Quality Group. Our Head of Clinical Audit & Research continues to Chair the National Ambulance Research Steering Group, and sits on various committees with key partners and stakeholders (including the British Heart Foundation and the UK Resuscitation Council) to continue to champion and develop prehospital research nationally, encourage collaboration and influence changes to national policy and practices.

### Clinical audit

During 2023/24, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the Trust participated in 100% of national clinical audits in which it was eligible to participate. The national clinical audit and national confidential enquiries that the Trust was eligible to participate in during 2023/24 are as follows:

1. **National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)**
2. **NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:**
  - Outcome from cardiac arrest
  - Outcome from acute ST-elevation myocardial infarction (STEMI)
  - Outcome from stroke

The national clinical audits that the Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

<b>National Clinical Audit</b>	<b>Number of cases submitted*</b>	<b>Percentage of cases submitted as eligible for inclusion</b>
National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	2,913	100%
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	a) 7,647	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital a) Overall group b) Utstein comparator group	a) 2,913 b) 346	100%

NHS England AQI: Outcome from cardiac arrest – 30-day survival a) Overall group b) Utstein comparator group	a) 2,854 b) 335	100%
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care a) 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)	a) 451	100%
NHS England AQI: Outcome from acute STEMI a) Time from call to angiography for confirmed STEMI patients: Mean and 90 <sup>th</sup> centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 845 b) 804	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90 <sup>th</sup> centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 3,017 b) 3,914	100%
a)		

*\*At the point of preparation of this Quality Account, OHCAO and NHS England reported data were available for April to November 2023.*

The Trust considers that the data in the table above is as described for the following reasons: data is captured (from the clinical records completed by LAS ambulance clinicians attending patients) as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported to NHS England.

The reports of the above national clinical audits were reviewed by the provider in 2023/24 and the Trust has taken actions to improve the quality of healthcare provided (see part 3, appendix 2).

## Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1<sup>st</sup> April 2023 to 31st March 2024 that were recruited during that period to participate in research approved by a research ethics committee was 1,457. In addition, 47 staff participated in NIHR portfolio studies as participants.

DRAFT

## Looking Forward: Our Quality Priorities for 2024/25

In 2024/25 we continue our improvement journey, and have identified four priority improvement areas. In identifying our priorities, we have considered our progress against the 2023/24 quality priorities, our quality and performance metrics, our business plans and strategic commitments, and what matters to our staff, patients and the communities we serve.

Our quality themes for 2023/24 are: Improving efficiency, feedback and learning, improving outcomes and reducing delays, within which we have set ourselves 11 quality priorities:

Theme	Quality Priority
Improving efficiency	Implement the Future Dispatch Model in all five of our operational sectors
	Ensure that 95% of category three and four ambulance dispositions are validated prior to dispatch
	Reduce the time that ambulances are out-of-service by 2%
Feedback and learning	Implement learning from after action reviews and inquiries, following significant and major incidents
	Implement a strategic partnership for developing improvement capability and capacity, and deliver the Trust's first rapid process improvement workshop (RPIW) using LASImprove methods
Improving outcomes	Reduce the time taken to match locations for 999 calls to less than 80 seconds
	Improve delivery of the ST segment elevation myocardial infarction care bundle to 80% compliance
	Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds
Reducing delays	Improve our category two response time in comparison with last financial year
	Complete a quality improvement project aiming to reduce long waits for category one and two patients
	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe

### Improving efficiency

Over the next year, we will aim to improve the efficiency of our services to ensure that our patients receive the right response in a timely manner. To achieve this we will:

#### ***Implement the Future Dispatch Model in all five of our operational sectors***

Following on from the success of our Future Dispatch Model pilot last year, we will implement this new way of working across the whole of our 999 ambulance service next

year. This will enable greater clinical oversight of patients awaiting an ambulance response and enable us to ensure that those with a serious emergency receive a face to face response in a timely way, enhancing the **safety** of our service.

**Lead directorate:** Clinical Assessment and Pathways

***Ensure that 95% of category three and four ambulance dispositions are validated prior to dispatch***

To ensure that patients receive the right response to meet their needs, we will clinically validate more calls initially assessed as requiring a category three or four ambulance response, aiming to validate 95%. By clinically validating these cases, we will ensure that access to lower acuity services can be enabled where clinically appropriate, ensuring only patients in need of an emergency ambulance are placed on the 999 ambulance pathway, enhancing the **safety** and **effectiveness** of our service.

**Lead directorate:** Integrated Urgent and Emergency Care

***Reduce the time that ambulances are out-of-service in comparison by 2%***

In order to improve the efficiency of our 999 ambulance service, we will use quality improvement methodology to reduce the amount of time which our ambulance vehicles are out-of-service, and unavailable to be used to respond to a patient. This will enhance the **safety** and **effectiveness** of our service, and contribute to improved patient **experience** as a result of fewer delays.

**Lead directorate:** Quality and Improvement

**Feedback and learning**

We have a strategic ambition to become a learning organisation, and to embed continuous quality improvement as business as usual. Over the next year, our steps in achieving this will be to:

***Implement learning from after action reviews and inquiries, following significant and major incidents***

Here we will develop our processes to capture learning and embed improvements from significant and major incident debriefs, after action reviews (AARs) and national inquiries following major events. This will enhance the **safety** of our services and promote the most **effective** care we can provide during such incidents.

**Lead directorate:** Resilience and Specialist Assets

***Implement a strategic partnership for developing improvement capability and capacity, and deliver the Trust's first rapid process improvement workshop (RPIW) using LASImprove methods***

To support our aim to develop effective quality management and improvement across the Trust, we will commence a multi-year strategic partnership with Surrey and Sussex Healthcare NHS Trust, who will coach us in achieving this aim. As part of this, we will

adopt new improvement methodologies and deliver the organisation's first rapid process improvement workshop (RPIW) in quarter four. This work will enable us to enhance the **safety** and **effectiveness** our services, and improve the patient **experience**.

**Lead directorate:** Quality and Improvement

### **Improving outcomes**

Over the next year, we will aim to improve the effectiveness of our services to ensure that our patients achieve the best outcomes from, and experience of our care that they can. To achieve this we will:

#### ***Reduce the time taken to match locations for 999 calls to less than 80 seconds***

Last year we set ourselves the ambitious target to achieve a 31% return of spontaneous circulation (ROSC) rate, and we will continue our improvement work over the coming year to improve this further. Specifically, we will focus on improving the speed at which location match our 999 calls, aiming to reduce this time to less than 80 seconds. By reducing this time, the our emergency call handlers will be able to start CPR instructions more quickly over the phone, improving survival chances for patients in cardiac arrest, enhancing the **safety** and **effectiveness** our services.

**Lead directorate:** 999 Operations

#### ***Improve delivery of the ST segment elevation myocardial infarction care bundle to 80% compliance***

ST segment elevation myocardial infarction (STEMI – a type of heart attack) affects a significant number of Londoners each year, and we are want to make sure our patients receive the most **effective** care possible. Over the next year, we will undertake improvement work across all five of our operational sectors, aiming to improve compliance with the STEMI care bundle to 80% or higher.

**Lead directorate:** Clinical Assessment and Pathways

#### ***Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and Minority Ethnic backgrounds***

In the coming year we will respond to feedback from sickle call patients and new mothers from Black and Minority Ethnic backgrounds, following the patient experience deep dives. Here we aim to improve patients' **experience** of our and reduce health inequalities.

**Lead directorate:** Strategy and Transformation

### **Reducing delays**

Over the next year, we will continue our improvement work to reduce delayed responses and the impact that they have on our patients. To achieve this we will:



***Improve our category two response time in comparison with last financial year***

Last year we aimed to reduce our average category two response times to less than 30 minutes. As we acknowledged earlier, whilst we made significant improvements we fell short of this aim. Our improvement work continues next year, recognising the challenges we face we will aim to reduce our average response times in comparison with last year, further improving the **safety** of our services.

**Lead directorate:** Ambulance Operations

***Complete a quality improvement project aiming to reduce long waits for category one and two patients***

To further improve the **safety, effectiveness** and **experience** of care for our patients, alongside a focus on reducing average response times we will also undertake focused work to reduce individual cases of long waits for both category one and two patients, using quality improvement methodology.

**Lead directorate:** 999 Operations

***Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe.***

To improve our responsiveness to patients within our 111 and Integrated Urgent and Emergency Care service, over the next year we will focus on ensuring that our priority one, two and three patients all receive a clinical assessment within their respective commissioned timeframes. This will enhance the **safety, effectiveness** and **experience** of the service.

**Lead directorate:** Integrated Urgent and Emergency Care

Our progress against these priorities will be monitored and reported on a monthly basis throughout the year to ensure we deliver meaningful improvement on each objective. A full report will be included in next years' annual Quality Account.

## Part 3: Further information on quality and improvement

Throughout 2023/24 we undertook several programmes of improvement work aiming to improve the quality of our services.

### Teams-Based Working in Ambulance Operations

Teams-Based Working (TBW) has been implemented for staff working in Ambulance Operations to develop stronger teams to deliver high quality, effective patient care, improve our culture and create an environment for staff to thrive, improving their work-life balance.

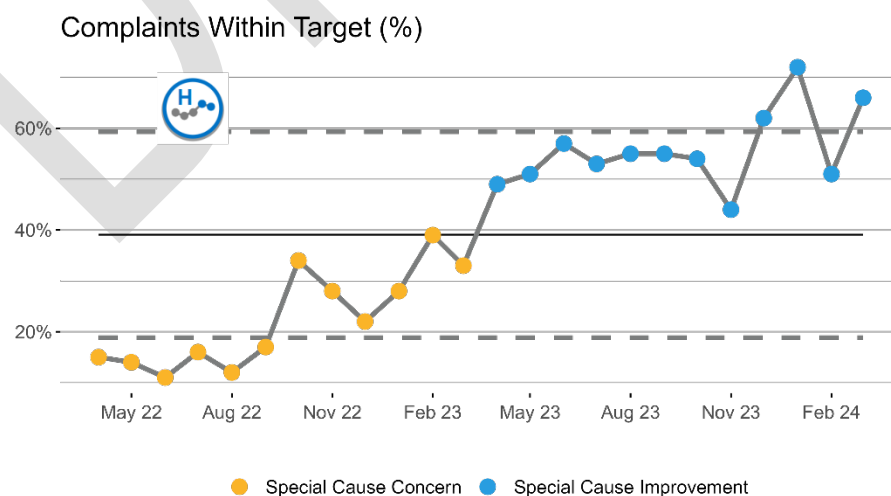
This project had a number of key aims:

- Staff work with a consistent team and their managers on every shift
- Eliminate “relief” working
- Reduce the number of consecutive night shifts and introduce late shifts into rosters
- Introduce regular huddles to provide information, updates and support across teams and implement training days to allow teams to train together

The implementation of Teams Based Working has resulted in improved information sharing within teams and retention of staff within Ambulance Operations. Staff satisfaction and engagement has improved, as evidenced through the NHS staff survey and sickness absence has decreased.

### Patient Experiences Improvement Project

Our patient experiences team undertook a project to improve our response to complaints by reducing the number of overdue complaints. The process of responding to complaints was reviewed and a new standard operating procedure was tested and implemented. As result, the number of overdue complaints have reduced significantly, and the team continue working to improve this further.



### Inaugural Quality Improvement Conference

We held our first annual quality improvement (QI) conference in October 2023. Attended by around 160 people from LAS and beyond, we celebrated our improvement success and heard about projects such as *Fixing the basics* and *Teams Based Working*. We were also privileged to hear from colleagues from Surrey and Sussex Healthcare NHS Trust and East of England Ambulance Service NHS Trust, who inspired us with their improvement journeys. Feedback from delegates was overwhelmingly positive as we launched LASImprove, our new QI methodology. The second annual QI conference will take place in September 2024.



### **Tackling Discrimination & Promoting Inclusivity**

Data shows that sometimes our patients are on the receiving end of treatment and decisions that are influenced by racism, with serious consequences for quality of care, patients and their families. We created a bespoke training session, in collaboration with Freedom to Speak Up, our Equality Diversity and Inclusion team, mental health, clinical and education leads. This was delivered by independent facilitators with support from Trust staff and included data and case examples relevant to LAS.

We aimed to raise awareness of the issue of bias, explore what racism is, how it may arise and how it can show up in interactions with colleagues and patients. We also sought to increase understanding of the impacts of bias and racism on patient care and patient outcomes as well as teamwork and colleague wellbeing. Delegates on the course also learned skills in recognising racism and speaking up as a bystander, as well as recognising their own biases and how they may show up in interactions with colleagues and patients.

### **Graduate paramedics from Cumbria**

Working in partnership with University of Cumbria, we have developed a state of the art programme with brand new facilities to educate our future paramedics. This apprenticeship degree programme is fully funded, and provides an opportunity for our valued staff to qualify as paramedics whilst working within the LAS. The programme recognises staff members existing experience in the ambulance service, and benefit from a variety of learning opportunities from classroom based learning to on the job, hands-on apprentice experience.

Our results have been fantastic, with a very high standard compared to national averages. Learners are achieving remarkable results, with around of third of all learners achieving a first class degree, which is testament to the high standard of learning. Many learners come from Black, Asian and Minority Ethnic backgrounds, which is helping us to develop a workforce who better represent our communities, with 65% of these learners achieving a first class degree.

The success of providing these opportunities for career progression contributes to one of the highest workforce retentions for any NHS Trust in London with currently over 90% of staff retained annually.

### **Stroke Care**

This year our focus has been on appropriate dispatch of clinical resources and the provision of the most appropriate clinical care on scene, in a timely manner.

Our sector clinical development plans aimed to increase care bundle delivery, reduce mean on scene times and increase the percentage of appropriate patients taken to a Hyper Acute Stroke Unit (HASU). To achieve this, our teams focused on education, using huddles to share messages around minimising on scene time and delivery of care bundles. Our teams in South West London have been testing individual clinician feedback from clinical team managers where care bundles have been missed. Our teams in North East London have been focussed on sharing rapid feedback and improvement opportunities, as well as developing patients stories and case studies where optimum care has been received. Our teams in North West London have used focussed communication where opportunities to improve pathway use have been identified, with clarification on the criteria for HASU admission. We have also used clinical newsletters and shared messages in our huddles to promote use of the stroke video triage pathway in North East London.

As a result there has been an overall increase in the diagnostic bundle being delivered to all suspected stroke patients, and a reduction in the average on scene time for time critical patients. The cumulative efforts have resulted in a significant decrease in the average call to hospital time for FAST positive patients.

### **Fixing the Basics**

The Fixing the Basics project responded to staff concerns on a range of issues that were effecting their working lives. The project identified issues using quality improvement techniques and worked on areas where incremental gains could be made to improve the efficiency of service.

Using the Model for Improvement, Plan, Do, Study, Act cycles were run over 30 day periods to identify issues, agree on aims, and establish baseline data before moving into the implementation and reflection stages. Data was analysed using Statistical Process Control alongside qualitative data sources and improvement monitored. Using this approach the team supported the following improvements:

- Three new Make Ready hubs to decrease vehicle movements and increase Make Ready capacity to prepare vehicles.
- Implementation of night mobile mechanics, which improved fleet availability overnight.
- Changes to re-fuelling procedures, which improved efficiency at the start of shift.
- Reviewed and refreshed of the Fuel Policy including clear directions for use of bunkered fuel to minimise downtime.
- Developed in-house servicing of some equipment, for example LP15 monitors
- Implemented a Central Asset Management training programme to ensure Make Ready staff were able to effectively scan equipment and improve the visibility of inventory.

- Centralised the uniform delivery process
- Commissioned a digital version of vehicle checks to replace paper-based processes.

DRAFT

## Appendix 1: Research Activity

Research projects ongoing from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024:

RAPID-MIRACLE is a prospective observational study that validates the MIRACLE2 score in the prehospital setting. The MIRACLE2 tool was designed by researchers at KCH in collaboration with LAS to predict neurological outcomes for patients in out-of-hospital cardiac arrest. The tool aims to stratify patients based on the nature of their cardiac arrest, taking account of variables like age, shockable rhythm and adrenaline administration.

ARREST: a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.

CRASH-4: a placebo controlled, randomised-controlled trial investigating the role of tranexamic acid in the management of older patients with mild, symptomatic, traumatic brain injury.

PARAMEDIC-3: a randomised-controlled trial that aims to identify the best route (intravenous vs. intraosseous) for the administration of adrenaline in out-of-hospital cardiac arrest.

SPINAL IMMOBILISATION STUDY: A randomised controlled trial, which aims to determine whether movement minimisation is non-inferior to triple immobilisation (hard collar, blocks and scoop) for trauma patients with suspected cervical spine injury.

PROTECTeD: this study aims to develop evidence based and ethically grounded guidelines for termination of resuscitation by ambulance service staff in the UK.

HOTZONE: a mixed-methods study examining the causes and timeframes in which casualties to die prior to reaching hospital to establish options for the delivery of interventions that may be beneficial during certain mass casualty incidents.

SEE-IT: a feasibility randomised controlled trial that aims to determine the clinical and cost effectiveness of using GoodSAM video streaming to target emergency medical resources.

CATNAPS: a multi-method study aiming to develop a new approach to fatigue management for UK ambulance services that meets the needs of staff and operations, and is most likely to improve patient and staff safety.

OPTIMAL-CARE: a study involving a survey and qualitative interviews with LAS staff to identify the perceived value and impact of electronic palliative care coordination systems.

PHOTONIC: an observational study aiming to evaluate the use of prehospital video triage services for suspected stroke patients.

AMRES: a study utilising explorative data analysis with an aim to understand workforce retention and its impact on safety in NHS Ambulance Trusts.

RADOSS: a mixed-methods observational project aiming to reduce avoidable attendances at emergency departments by generating a risk prediction tool for use by ambulance crews.

PARAID: a mixed-methods study aiming to evaluate the services and care provided by paramedics in England to people in the last year of life.

DRAFT

## **Appendix 2: Clinical audit activity and learning outcomes**

### **National clinical audits**

The reports of the national clinical audits were reviewed by the provider in 2023/24 and the Trust has taken actions to improve the quality of healthcare provided:

- Released monthly and annual reports and infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended response times

### **Clinical audit projects**

The reports of **7 local clinical audits** were reviewed by the provider in 2023/24 and the Trust plans to take/has already undertaken the following actions to improve the quality of healthcare provided against each audit as detailed below:

#### ***The use of Entonox***

- We proposed incorporating relevant learning and information into mandatory training for clinicians relevant to pain relief to reiterate the indications and contraindications for Entonox use
- We suggested aligning all JRCALC and LAS specific pages related to Entonox to present clear standardised guidance throughout
- We requested that the UK ambulance service Entonox Guidelines include information relating to the age of capability to self-administer for paediatric patients

#### ***Sepsis***

- Enhancements to the electronic Patient Care Record (ePCR) were advised to include red and amber flags which assist in identifying the risk of sepsis
- Clarification was sought on the national guidelines for sepsis regarding when fluid and oxygen administration is required
- We proposed reviewing and updating the LAS Sepsis Screening Tools

#### ***Identification of stroke***

- Mandatory training for clinicians will include information on the use of appropriate condition coding, destination, accurate FAST assessment and TIA guidelines
- We recommended issuing a Medical Bulletin with a TIA Guidelines reminder
- The query that matches the LAS Stroke Registry with the Sentinel Stroke National Audit Programme has been amended to improve matching accuracy
- We have made enhancements to the Stroke Registry data extract to ensure patients conveyed to hospital after midnight are captured

#### ***Overdose and Poisoning***

- An ePCR solution has been proposed to encourage the assessment and documentation of a full overdose history
- We have requested clarification as to whether every patient who has taken an overdose should have at least have a rhythm strip reading recorded



- We have proposed aligning national guidance with LAS specific practice concerning the administration route of naloxone for respiratory depression and cardiac arrest

### ***Hip Fracture***

- We have proposed continual audit of observations for patients over the age of 65 who have fallen
- We will suggest mandatory training for clinicians on the importance of neurovascular function, assessment of pressure sores and dehydrations and the importance of analgesia and appropriate splinting and immobilisation of hip fractures

### ***Administration of Ketamine***

- The existing ketamine guidance will be reviewed and updated to include a range of doses for orthopaedic manipulation and trapped patients
- The aide memoire has been circulated to remind clinicians of the dosing strategies

### ***Advanced Paramedic Practitioner – Urgent Care Patient Group Directions***

- We have recommended an education framework and standard for documentation completion is compiled and distributed to staff

In addition, a further **4 local clinical audits** have been started by the provider in 2023/24, as well as a programme of continuous clinical audit:

### ***Allergic reaction and anaphylaxis***

This clinical audit will determine if patients presenting to the LAS with an allergic reaction were identified, assessed and managed correctly, in accordance with the national guidelines. There have been two previous clinical audit projects looking at anaphylaxis patients with the most recent only looking intramuscular adrenaline administration. This is the first clinical audit looking at mild/moderate allergic reactions and the complete clinical care for anaphylaxis patients since 1998.

### ***Anticipatory medicines***

The LAS attended over 6,000 palliative and end of life care (EoLC) patients in 2023. However, this figure is likely to be an under-representation of the total number of palliative and EoLC patients the LAS attends, since this figure relies on clinicians' appropriate recognition and coding. Themes from these incidents included wrong dosage, issues with referrals and contacting other health care professionals, and the doctrine of double effect. This clinical audit aims to assess whether the administration and non-administration of anticipatory medicines is in accordance with the national and local guidelines, as well as assess whether clinicians are referring these patients to suitable alternative care pathways.

### ***Maternal assessment and obstetric emergencies***

The LAS responds to approximately 12,500 maternity calls a year, with staff attending a range of obstetric emergencies. Clinicians on scene are required to perform a rapid assessment that informs decision making regarding management and/or conveyance of the patient. This clinical audit aims to ensure LAS clinicians are identifying complications and red flags as per the newly introduced Maternal Assessment and Obstetric Emergencies Action Card, maternity policy and clinical practice guidelines.

### ***Paracetamol administration to patients aged 12-15 years***

A previous Paediatric Pain Management Re-audit identified some 12 year old patients administered the wrong dose of paracetamol, implying a guideline change was not well known nor adhered to. This clinical audit aims to determine if patients aged 12 – 15 years old are being administered paracetamol in line with the updated national guidelines.

### ***Continuous quality monitoring***

We are continuously auditing the care provided to four patient groups: those who suffer a cardiac arrest, heart attack (ST elevation myocardial infarction), suspected stroke (including FAST positive stroke), or were discharged of our care but re-contacted the within 24 hours having severely deteriorated or died unexpectedly. Findings from these four continuous audits are shared internally and staff receive feedback to support learning where indicated.

In addition, the Trust also regularly monitors compliance with clinical guidelines in relation to the administration of oramorph, antimicrobials, repeat medications, medication of potential misuse, medication safety indicators and high-risk medication prescribing.

### ***Clinical Performance Indicators (CPIs)***

London Ambulance Service undertakes a programme of local Clinical Performance Indicators which, during 2023-24, monitored the care provided to 24 patient groups. The Trust audited the records completed by all clinicians for patients in cardiac arrest; with difficulty in breathing; a mental health condition; severe sepsis; in sickle cell crisis; receiving end of life care; elderly fallers and patients discharged on-scene.

In addition, the Trust has specific audits focusing on the care provided by our Advanced Paramedic Practitioners (APPs). APPs specialising in Critical Care audit the records for adult patients with a (non-traumatic) cardiac arrest, acute behavioural disturbance and major trauma. Our Urgent Care APPs audit their use of naproxen, prednisolone, prochlorperazine and salbutamol inhalers, as well as paediatric assessment; abdominal pain; transient loss of consciousness; headache; wound care, and palliative and end of life care.

Finally, the CPIs allow for quality assurance of the documentation of 1.7% of all clinical records completed by ambulance clinicians. Staff receive individual clinical feedback from these audits, highlighting areas of good practice and those in need of improvement.

## Statements from stakeholders

### London Ambulance Service Patient and Public Council

Thank you for sharing the London Ambulance NHS Trust Quality Account for 2023/24.

The London Ambulance Service Public and Patients' Council (LASPPC) recognises that this account has been produced at a time where the London Ambulance Service continued to experience extremely high levels of demand as well as industrial action over December, January and February.

The Council would like to acknowledge and thank staff and volunteers from across the Service for their outstanding commitment and dedication to patients across London during this challenging time. In light of this sustained pressure and demand, the Council has been impressed by the progress made in the quality priorities set last year (2023/24) and pleased to have worked collaboratively with the Trust on a number of these priorities.

The Council has worked collaboratively with the Trust on developing the priorities for the year, and are proud that council member representatives have provided a voice for patients and the public in a number of the Trust's committees and working groups. We have supported a number of key initiatives across the organisation, as well as providing input on the delivery and implementation of the service through our regular Council meetings. Council members were also pleased to see the launch of the Trust's ambitious 5 year strategy and participate in the first Quality Improvement Conference in October.

Reports from regular council meetings are also presented to the Trust board. We have been impressed with the level of engagement the Trust has done to involve the Council in the year's quality priorities and we would like to express our appreciation and thanks to your staff who have made progress whilst continuing to manage an increase in demand and through periods of industrial action. We also acknowledge their determined commitment to delivering high quality services to patients and we look forward to seeing this relationship becoming stronger throughout the upcoming year.

In looking forward to the quality priorities of 2024/25, the Council can confirm that our members were involved in the development of these priorities, and during these development sessions members welcomed, but also fed into, the four priority areas set out for the year. We are also pleased that council member representatives sit on the new Quality Improvement Board, which has oversight of quality improvement activities across the Trust. These priorities demonstrate that patients are truly at the heart of the Service and we are looking forward to another year of working together closely as the Trust sets out to achieve them.

Christine Beasley Co-Chair  
Michael Bryan Co-Chair

## Commissioners' Statements



North West London

Jennifer Roye  
Interim Chief Nurse  
15 Marylebone Road  
London NW1 5JD

Tel: 020933504798  
Email: [nhsnw.headsofquality@nhs.net](mailto:nhsnw.headsofquality@nhs.net)

20 May 2024

Chief Executive  
Daniel Elkeles  
Chief Executive Officer  
London Ambulance Service NHS Trust  
220 Waterloo Road  
London SE1 8SD

Sent by email: [daniel.elkeles@nhs.net](mailto:daniel.elkeles@nhs.net)

Dear Mr Elkeles

**Re: London Ambulance Service NHS Trust Quality account 2023/24**

The NHS North West London Integrated Care Board (NWL ICB) and Associate Commissioners welcome the opportunity to respond to the London Ambulance Service NHS Trust (LAS) Quality Account 2023/24.

Looking back at the 2023/24 quality priorities, the ICB commends the Trust for improvements including: ambulance response times, 'Hear & Treat', NHS Staff Survey, 'Team Based Working', Infection prevention and control (IPC), against the backdrop of sustained high service demand.

The ICB has reviewed the following quality priorities identified by the Trust for 2024/25 as aligned to the Quality Strategy:

### **Priority 1: Improving efficiency**

Demand for ambulance services has risen dramatically over recent years, with growing pressure anticipated for future years. The ICB recognises that disparity between increasing demand and limited ambulance resources presents a major challenge for maintaining patient safety and a high-quality service. Therefore, the Trust is to be commended for proactively devising interventions that address this challenge such as implementing the Future Dispatch Model that will provide clinical oversight for patients waiting for an ambulance and reducing the time ambulances are out-of-service, with an overall benefit of more ambulances available to respond to our patients thereby enhancing safety, effectiveness and overall experience.

### **Priority 2: Feedback and learning**

The ICB supports the organisational culture evolution and ambition for LAS to become a learning organisation, through improved processes that capture learning from after action reviews and inquests to aid future improvement. Ambulance services occupy a unique position in serving large health populations, each spanning footprints of multiple integrated care systems and LAS should be recognised in its efforts of modelling effective collaborative and 'system working' through the strategic partnerships with Surrey and Sussex Healthcare NHS Trust in quality improvement programmes.

**Priority 3: Improving outcomes**

The ICB commends the Trust for recognising the profound correlation between clinical outcomes and timely delivery of care interventions. We support the Trust's ambition of reducing the time taken to match locations for 999 calls to less than 80 seconds, thereby improving survival chances for patients in cardiac arrest and other emergencies.

**Priority 4: Reducing delays**

We acknowledge the positive collaborative work the Trust and ICBs have undertaken in recent times to reduce ambulance handover delays and response times. However, we are mindful that additional work is required for further reduction as delays expose patients to significant risk of harm as they wait for treatment. The ICB is supportive of the quality improvement projects aimed at reducing delays for patients in the community waiting for an ambulance, as this will enhance patient safety, care experience and improve clinical outcomes.

The ICB is satisfied that the overall content of the quality account meets the required mandated elements.

On behalf of NWL ICB, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB would like to thank LAS for sharing their 2023/24 Quality Account and we commend your achievements over the previous year. We look forward to continuing to work in partnership with you in 2024/25.

Yours Sincerely



Jennifer Roye  
**Interim Chief Nurse**  
**NHS North West London**



#### **SEL ICB London Ambulance Service NHS Trust 2023/24 Quality Account Statement**

SEL ICB wishes to thank London Ambulance Service NHS Trust for sharing their 2023/2024 Quality Account with us and welcomes the opportunity to provide a commissioner statement. We are pleased that the working relationship between SEL ICB and the Trust continues to flourish particularly around quality and the implementation of the National Patient Safety Incident Response Framework (PSIRF), which the Trust pioneered as an early adopter. We confirm that we have reviewed the information contained within the Quality Account and, where possible, information has been cross referenced with data made available to commissioners during in year.

The ICB commends the Trust for their hard work and their continuous efforts focused on the delivery of high-quality responsive care despite the pressures on staff and services due to the recent industrial action across the NHS.

SEL ICB would like to acknowledge the Trust celebration of ten years of saving lives with highly trained advanced paramedics pushing boundaries across the busy capital. This is testimony to the ambition of the Trust to pioneer new advancements to be able to respond to life-threatening emergencies on scene and is a role model for other trusts to learn from across the country.

The ICB acknowledges the progress made on the wellbeing of staff and the positive impact Teams-Based Working has had across Ambulance Stations and the plan to extend this to other divisions. The demonstrable improvement in NHS staff survey scores is welcomed for the NHS People Promise areas; however, there appears to be a clear disparity in happiness between staff on the road and staff in the call centres and offices. We look forward to seeing improvements on focussed activities with the 999 staffing personnel and the implementation of the recommendations and actions from the NHS culture review of ambulance services.

The Trust's continuous commitment to improving cardiac arrest management is welcomed and the focus on reducing delays to category 2 response times remains a focus in the priorities for 2024/25 and the ICB looks forward to seeing further progress in these areas.

SEL ICB would like to acknowledge the part the Trust has played in developing a SEL approach to quality through participation in the SEL System Quality Group (SQG). The ICB welcomes the ongoing commitment of the Trust at the SQG during 2024/25 and looks forward to our continued partnership over the coming year as the Trust enters its 60<sup>th</sup> year in operation.

1 Chair: Richard Douglas CB

Chief Executive Officer: Andrew Bland





Paul Larrisey  
Interim Chief Nurse  
Caldicott Guardian  
NHS South East London Integrated Care System

2 Chair: Richard Douglas CB

Chief Executive Officer: Andrew Bland



## Glossary

AAR	After action review
ACCESS	Adult Critical Care Emergency Support Service
ACP	Advanced Clinical Practitioner
APP-UC	Advanced Paramedic Practitioner (Urgent Care)
APP	Advanced Paramedic Practitioner
AQI	Ambulance Quality Indicator
CAS	Clinical assessment services
CHUB	Clinical HUB
CPI	Clinical performance indicator
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
ECG	Electrocardiogram
ED	Emergency Department
EOC	Emergency operations centre
EoLC	End of Life Care
ETCO <sup>2</sup>	End-tidal carbon dioxide
ePCR	Electronic Patient Care Record
FAST	Face, Arms, Speech Test
FCP	First Contact Paramedic
GP	General Practitioner
GTN	Glyceryl trinitrate
HASU	Hyper Acute Stroke Unit
IPC	Infection, prevention and control
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KCH	Kings College Hospital
KPI	Key Performance Indicator
LAS	London Ambulance Service
LASPPC	London Ambulance Service Patient and Public Council
MHJRC	Mental Health Joint Response Car
NETS	Non-Emergency Transport Service
NIHR	National Institute for Health and Care Research
NHS	National Health Service
NHSE	NHS England
OHCAO	Out-of-Hospital Cardiac Arrest Outcomes
OOS	Out of service
PDSA	Plan, do, study, act
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
RPIW	Rapid process improvement workshop



ROSC	Return of spontaneous circulation
SJR	Structured Judgement Review
SPC	Statistical process control
SP-PC	Specialist Paramedic – Primary Care
SSNAP	Sentinel Stroke National Audit Programme
SSO	Single sign on
STEMI	ST Segment elevation myocardial infarction
TIA	Transient ischaemic attack
UCR	Urgent Community Response
WTE	Whole time equivalent

DRAFT