Trust Board Meeting in Public

Schedule	Thursday 6 March 2025, 12:30 — 15:30 GMT
Venue	Prospero House, 241 Borough High Street, SE1 1GA and via MS Teams
Organiser	Committee Secretary

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Agenda

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

12.30pm on Thursday 6th March 2025
at Prospero House, 241 Borough High Street, London SE1 1GA

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
12.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
12.35	2.1	Minutes of the Public Meeting held on 6th December 2024	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient/Staff Story					
12.40	3.1	Patient Story- Integrated Urgent Care Coordination, Dr Johra Alam, Assistant Medical Director to present	FW	Inform	Present
4. Chair and Chief Executive Report					
1.00	4.1	Report from the Chair	Chair	Inform	Verbal
1.05	4.2	Report from the Chief Executive	CEO	Inform	Report
5. Director and Board Committee Reports					
1.10	5.1	**Performance** 5.1 Operational Performance Report: Chief Paramedic	PC	Assure	Report
1.30	5.2	**Quality** 5.2.1 Quality Report: CMO and Deputy CEO 5.2.2 Quality Assurance Committee Report	FW MSp	Assure	Report
1.50	5.3	**People and Culture** 5.3.1 Director's Report 5.3.2 People and Culture Committee report 5.3.3 EDI Committee Report	DMG AR AR	Assure	Report
2.10	5.4	**Finance** 5.4.1 Director's Report 5.4.2 Finance and Investment Committee Report 5.4.3 Audit Committee Report	RPa BA RP	Assure	Report

2.30	5.5	**Digital and Data** Digital and Data Committee Report	SD	Assure	Report
2.45	5.6	**Corporate Director's Report**	ME	Assure	Report
6.	**Assurance**				
3.00	6.1	Board Assurance Framework	ME	Approve	Report
3.10	6.2	EPRR Annual Compliance Self-Assessment	PC	Assure	Report
7.	**Concluding Matters**				
3.20	7.1	Any Other Business	All	Note	Verbal
	7.2	Date of Next Meeting – Thursday 1st May 2025	Chair	Note	

1. Opening Administration

1.1. Welcome and apologies (verbal)

For Noting

Presented by Andy Trotter

1.2. Declarations of Interest (Verbal)

For Approval

2. General Business

2.1. Minutes of the Public Meeting held on 6th December 2024

For Approval

Presented by Andy Trotter

London Ambulance Service NHS Trust

Meeting in Public
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
held at 12.30pm on Thursday 5th December 2024 at Prospero House, 241 Borough High Street, London SE1 1GA

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and Non-Executive Director
Mark Spencer	MS	Non-Executive Director *(by MS Teams)*
Bob Alexander	BA	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Shera Chok	SC	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Anne Rainsberry	AB	Non-Executive Director
Daniel Elkeles	DE	Chief Executive
Rakesh Patel	RPa	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
Clare McMillan	CM	Chief Digital Officer
In Attendance		
Nora Hussein	NH	Head of Corporate Governance
Rosie		*Patient Story item*
Apology for Absence		

1.OPENNG ADMINISTRATION		
1.	**Welcome and Apologies** The Chairman welcomed all present to the meeting.	
2.	**Declarations of Interest** There were no new declarations of interest.	
2. GENERAL BUSINESS		
2.1	**Minutes of the Previous Public Board Meeting** The Minutes of the previous public meeting of the Board held on 5th September 2024 were approved as a correct record.	

2.2.	**Action Log** There were no outstanding actions on the action log.	
3. PATIENT STORY		
3.1	The Board received feedback on a recent paediatric emergency call, highlighting the importance of timely response and communication with caregivers. The Chief Medical Officer (FW) introduced Rosie, a paediatrician and a mother, who experienced a distressing emergency situation with her two-year-old daughter, Phoebe. Rosie informed the Board that Phoebe, after a normal birth, developed respiratory distress at six days old, suspected to be bronchiolitis. She was initially taken to St. Helier Hospital, where her condition was observed but not deemed severe enough for mandatory admission. The hospital provided guidance on warning signs and allowed her to return home. At 3:00am, Phoebe's condition deteriorated significantly- she started grunting, a clinical indicator of impending respiratory failure. Rosie, recognising the severity, called 999, expecting an immediate Category 1 response. The triage system failed to recognise grunting as a serious symptom. The call handler's questions did not capture the severity of Phoebe's condition. Rosie, as a doctor, realised the questions were not aligned with emergency paediatric assessments. She was initially advised to call 111, causing delayed escalation. Upon re-evaluation, the call was upgraded, but ambulance wait time was 3 hours - unacceptable for Phoebe's state. Given the delay, Rosie decided to take a taxi to the hospital, despite having had a caesarean section and a five-year-old child at home. During the journey, Phoebe's breathing worsened. Upon arrival at St. Helier A&E, she was immediately placed on high dependency breathing support, with IV fluids and oxygen therapy. The paediatric team debated transferring her to intensive care due to the severity of her condition. She informed the Board that she formally complained in January 2023, concerned that non-medical caregivers might not recognise emergency symptoms as she did. Her main concerns were - was this a single case of human error, or a systemic issue in the 999-triage system? Could another child suffer a worse outcome due to misclassification? FW informed the Board that initially, the complaint response dismissed concerns, stating the triage protocol was followed correctly. However, subsequent investigations found that the triage algorithm lacked key indicators for paediatric distress.	

	FW informed the Board of systemic changes implemented: The 999-triage system was updated nationally and internationally: • "Grunting" was added as a critical symptom, triggering an urgent response. • More training for call handlers to recognise paediatric distress symptoms. • Automatic escalation of infants under four weeks old to a clinical assessment, bypassing non-emergency services. • The Clinical Hub now directly reviews cases where a medical professional expresses concern, ensuring critical re-evaluations happen faster. The Board heard that Rosie's experience led to national protocol improvements across all UK ambulance services and internationally. The Board noted that while Phoebe fully recovered, Rosie's trust in the emergency system was deeply shaken. Her experience led to systemic changes ensuring that future paediatric emergencies receive faster and more appropriate responses. The Chair highlighted that this case was an eye-opening example of the flaws in emergency response triage and demonstrated how patient complaints can drive critical improvements in emergency care. The Board thanked Rosie for attending to share her experience.	
4. CHIEF EXECUTIVE REPORT		
4.1	**Report from the Chair** The Chair recognised the pressure on healthcare professionals, particularly Emergency Response Staff. He praised the Chief Executive and his team for their proactive approach in launching and refining the Winter Plan, ensuring collaboration with other NHS sectors. He emphasised adapting strategies based on sector-wide feedback, while acknowledging the stress and resource challenges faced. Despite challenges, emphasised the team's collective responsibility to ensure patient and staff safety. The Chair recognised efforts in: • Operational improvements despite winter pressures. • Staff resilience and commitment to excellence. • Key successes in digital transformation, events, and finance management. • Ongoing efforts to enhance culture, quality, and local service delivery. The Board noted the Report from the Chair.	
4.2	**Report from the Chief Executive** The Chief Executive (DE) provided the Board with the following updates; NHS England is leading a nationwide engagement strategy to shape the next decade of healthcare policy. The Prime Minister and Health Secretary launched the plan at LAS headquarters.	

	LAS's success in operational efficiency and digital innovation made it a prime location for the launch. The Trust received a personal letter of appreciation from the Prime Minister. Following the General Election, LAS wrote to all London MPs, inviting them to visit local ambulance stations. Many newly elected MPs responded positively, leading to engagement sessions with five or six MPs in recent weeks. This raised LAS's profile in Parliament and strengthened relationships with policymakers. Over 1,300 nominations were received for the LAS Awards Ceremony and 250 individuals and teams were honoured. He recognised excellence across all operational and support functions, including frontline staff, corporate teams, and quality improvement initiatives. LAS won two Parliamentary Awards and received multiple shortlisting's at the Health Service Journal (HSJ) Awards. Special mention of Damian McGuinness (Chief People Officer), who has received multiple recognitions for his work in transforming LAS's workplace culture. LAS's charity efforts continue to grow, with new funding streams and partnerships helping sustain community health initiatives. The Board noted the Report from the Chief Executive.	
5. Director and Board Committee Reports		
5.1	**Performance**	
5.1.1	**Operational Performance Report** The Chief Paramedic Officer (PC) provided the Board with the following update Call volumes have surged by 9.6% compared to the same period in 2023. The average 999 call answering time improved significantly, dropping from 42 seconds in 2022/23 to 9 seconds in 2023/24. Response times for emergency calls have improved, but remain above pre-pandemic levels. The mean time from 999 call to CPR initiation reduced from 17:13 (2022/23) to 14:14 (2023/24). The mean time from 999 call to first defibrillation reduced from 15:34 to 12:56. Average time to handover a patient at a hospital remained at 24 minutes. Patient contact time per shift reduced by 2 minutes 21 seconds, meaning paramedics are able to respond to more calls .	

	The time for crews to become available after handover improved by 1 minute 30 seconds. Reduction in non-patient facing hours by 3.6% (less time waiting for vehicles and equipment). Increase in the number of patients seen per crew per shift from 4.7 to 5.1. More targeted use of Fast Response Vehicles to improve Category 1 response times. The Chair highlighted that while frontline operational teams are under immense strain, this intensity is not immediately evident within office settings He highlighted the importance of aligning strategic decision-making with real-time operational challenges. He emphasised the need for greater visibility of live system pressures at the executive level to ensure that leadership remains fully informed and responsive to the realities faced by frontline staff. The Board noted the Operational Performance Report.	
5.2 5.2.1	**Quality** **Quality Report** The Chief Medical Officer (FW) provided the Board with the following; Emergency call volumes remain high, particularly during September, October, and November 2024, due to: • Increased cases of viral illnesses, respiratory infections, chest pain, and hallucinations. • A notable rise in emergency calls for children aged 0–10, likely linked to the return to school in September and increased transmission of infections. • Mental health emergencies continue to rise, with a high volume of patients accessing emergency services via 999. Mental Health Joint Response Cars are now fully operational in five Integrated Care Systems (ICSs), with a sixth planned for January 2025. Mental Health Transport Vehicles have been introduced to ensure specialised, non-traumatic patient transfers for those experiencing acute mental health crises. Impact of the Mental Health Joint Response Cars: • 731 activations recorded in September 2024, with a utilisation rate of 82.3%. • 81% of patients seen by these teams were treated in the community or referred to alternative care pathways, reducing hospital admissions. 33% of out-of-hospital cardiac arrest patients achieving Return of Spontaneous Circulation (ROSC) sustained to hospital, compared to the national average of 28%. 30-day survival rate of 35.1% for patients receiving pre-LAS defibrillation, the highest recorded figure since tracking began. Vaccine stations available offering staff Influenza and Covid-19 vaccinations.	

	481 physical assaults on ambulance staff recorded since April 2024. ME highlighted a significant number of these assaults were linked to the clinical condition of the patient. The Chair questioned what could be done to encourage the use of body warn cameras highlighting that they can be switched off when required given concerns to staff and patient privacy. PC commented that the key benefits highlighted included increased staff protection, improved incident de-escalation, and enhanced evidential integrity in cases of patient interaction disputes or assaults. Challenges identified centered on data security, storage capacity, compliance with privacy regulations, and workforce engagement regarding camera usage and consent policies. She highlighted concerns were raised about staff reluctance to wear the cameras, despite promotional campaigns and positive case studies demonstrating their benefits. Some employees expressed concerns over privacy, while others only recognised their value after experiencing verbal or physical assaults. She added that the current cameras are uncomfortable and alternative options are being explored. The Chair suggested a campaign with good stories of body worn cameras should be explored. He encouraged the further work on exploring alternative cameras to continue.	
5.2.2	**Quality Assurance Committee Report** The Chair of the Quality Assurance Committee (QAC) provided an update on the committee's activities since the last board meeting. The Quality and Safety Committee received updates on: • Cardiac Arrest and STEMI (Heart Attack) Annual Reports. • Urgent Community Response (UCR) performance and hospital conveyance rates. • Quality Improvement Initiatives, including Start of Shift process efficiencies	
5.3	**People and Culture**	
5.3.1	**Report from the Chief People Officer** The Chief People Officer DMG, provided an update on the workforce and culture-related activities within the LAS, focusing on key metrics, staff well-being, diversity and inclusion initiatives, and ongoing efforts to enhance the organisational culture. He highlighted; The People Team received national recognition, winning the Healthcare People Management Academy Team Leader Award, sponsored by NHS England. DMG thanked the teams involved for their efforts and recognised the hard work undertaken. For the third consecutive year, the Trust was named the Apprenticeship Employer in London of the year and awarded the Adult Learning Award by the Mayor of London.	

	The staff survey response rate reached 71.4%, equalling the highest-ever response rate for LAS. Data validation is ongoing, with expectations to set a new record for engagement. Recruitment and retention efforts continue to improve, particularly in paramedic and frontline roles. Well-being initiatives, including mental health support programmes and flexible working policies, remain a priority. The Board congratulated the People Team for the awards.	
5.3.2	**People and Culture Committee Report** The Chair of the People and Culture Committee provided an update on the committee's activities since the last board meeting. She highlighted; The Committee was advised of lower-than-expected vaccination rates, currently at 30%, with COVID-19 uptake even lower. Given seasonal trends and previous years' data, there is a risk of higher sickness absence rates in the coming months. While paramedic recruitment has reached a 100% fill rate, financial constraints have necessitated a slowdown in recruitment, delaying new training cohorts until early next year. The Committee discussed potential interventions, including vaccination incentives, though evidence suggests minimal impact. The committee reaffirmed the professional obligation for staff to protect themselves and patients by being vaccinated. With rising demand, increasing absence rates, and recruitment delays, the Committee acknowledged resourcing risks for the winter period and committed to ongoing monitoring and potential further interventions. The Chair questioned whether vaccination rates are measured. PC responded that the team has reviewed successful vaccination models from high-performing stations and is implementing best practices, including station-based vaccination leadership and targeted staff engagement to encourage uptake.	
5.3.3	**Equality Diversity and Inclusion Committee** The Chair of the Equality Diversity and Inclusion Committee (EDI) provided an update on the committee's activities since the last board meeting. She highlighted; The Clinical Team Manager (CTM) and Incident Response Officers (IRO) recruitment process has demonstrated improvements in diversity of applicants, with lessons learned being shared across recruitment strategies. There is a recognised need to differentiate between inequalities caused by internal processes versus external social factors, ensuring that the Trust's role in addressing health disparities is clearly defined. A new priority was added to the Health Inequalities Action Plan, focusing on analysing response time disparities across boroughs to determine the root causes and address inequalities in service provision.	

	The Committee discussed the importance of partnership working in tackling broader health inequalities, particularly in areas outside the Trust's direct control, such as housing and environmental factors.	
5.4	**Finance**	
5.4.1	**Director's Report** Chief Finance Officer, (RPa) reported that the financial report covered the first seven months ending in October. he provided the Board with the following update. The Trust is broadly on plan, with a slight deficit but still within forecast. Despite winter and operational challenges, the forecast remains to break even. The expenditure trajectory typically rises during winter, and the team continues to monitor and manage costs effectively. A capital investment programme of £53 million is planned for the current year . Investment is planned for three facilities in Northeast London, including a new resilience hub to enhance operational efficiency. Ongoing investment in double-crewed ambulances, although at a slower pace than in previous years. The Chair questioned the viability of Waterloo as a workplace was raised, particularly considering congestion and alternative site options. RPa responded many corporate functions can be located elsewhere across Trust sites, meaning there is flexibility in their relocation. While Waterloo currently houses the 999 Emergency Operations Centre (EOC), there are other control centers across London that could potentially absorb capacity if required. The viability of maintaining workshops at Waterloo was questioned, with considerations for potential alternative locations. The capacity and infrastructure at alternative locations are being assessed to determine if they could support functions currently based at Waterloo.	
5.5	**Charity Accounts**	
5.5.1	**Charity Annual Report and Accounts** RPa gave the Board a summary of the Financial Performance: The Board noted: • The cash balance as at 31 March 2024 £1.2m, last year it was £1.1m. • Total 2023/24 income was £0.2m; last year it was £0.6m. • Total 2023/24 expenditure was £0.2m; last year it was £0.3m. The Board recognised the continued stability and strong governance of the charitable funds.	

	The Board approved the Charity Annual Report and Accounts. **ISA 260 Report from KPMG** The Board noted the ISA 260 Report from KPMG**.** **Audit Opinion from KPMG** The Board noted no additional concerns were raised by the auditors or the FIC. The Board noted the Audit Opinion from KPMG. **Representation letter** The Board approved the letter and delegate approval to the Chair of the CFC to sign the letter on its behalf.	
5.6	**Finance and Investment Committee Report** The Chair of the Finance and Investment Committee (FIC) provided a provided an update on the committee's activities since the last board meeting. He reported: • The Trust has responded well to the recent budget control total reset. • All directorates have adjusted effectively, and financial stability is being maintained. • The Trust remains assured in its glide path to break-even for both revenue and capital. • Initial focus on a 5-year financial strategy, but discussions included potential longer-term capital infrastructure needs. • The NHS 10-Year Plan will provide further strategic direction. • Consideration of potential spending review impacts on infrastructure and capital investment. • FIC recognised for their hard work in stabilising the Trust's financial position.	
5.7	**Audit Committee Report** The Chair of the Audit Committee provided a provided an update on the committee's activities since the last board meeting. He reported: • That progress was made in risk management and financial governance. • Highlighted cybersecurity as an area requiring ongoing attention. • A self-assessment against the Provider Governance Code was conducted in response to an audit recommendation.	
5.8	**Charitable Funds Committee Report** The Chair of the Charitable Funds Committee (CFC) provided a provided an update on the committee's activities since the last board meeting. He reported: • The CFC continues to act as the oversight body for governance, strategy, and audit functions. • No requirement at this stage to separate audit governance from the CFC due to the size of the charity. The Board formally approved the Charity Annual Report & Accounts.	

	No additional concerns were raised by the auditors or the Finance Committee.	
5.9	**Digital and Data Quality Committee Report** The Chair of the Digital and Data Quality Committee (D&DQ) provided an update on the Committees activities. She highlighted; Cybersecurity enhancements focus on strengthening network security, implementing advanced threat detection, and ensuring rapid incident response. Continuous monitoring and response plans address evolving threats. Digital strategy alignment with NHS guidelines, ensuring compliance with national frameworks while integrating new technologies to improve efficiency and patient care. Electronic Patient Record (EPR) system upgrades, improving interoperability and streamlining data sharing. Phase two rollout remains on track for completion by Q4 2024/25. Computer-Aided Dispatch (CAD) system resilience, including contingency plans and audits of system vulnerabilities to enhance reliability. AI and data analytics integration to optimize efficiency and resource allocation. AI-driven real-time analytics are being tested to improve response times. Federated Data Platform discussions highlighted a focus on acute care, with feedback provided on the need for ambulance and primary care inclusion in future developments. Digitally enabled projects update, including the successful deployment of the ambulance radio program control room solution and mobile data terminals, leading to the closure of two significant risks. Electronic safeguarding system implementation has improved referral times by an average of 40 minutes and enhanced governance over referral quality. Challenges with the My Clinical Feedback App, with delays attributed to resource constraints, competing priorities, and data-sharing concerns. Plans are in place to address these barriers. Transfer of Care Pilot with St. George's, examining how patient data is shared across care settings to improve efficiency and usability. Data Quality Audits, with a new roadmap established to track action completion before further audits resume. The Chief Digital Officer (CM) provided an update on the progress on Airwave communications, with a focus on system resilience and coordination across all ambulance services. The issue was escalated to the NHS England and the Home Office. A new contract with BT has been signed for the next seven years, aligning timelines with expected transition by 2029/30. Further details on implementation remain pending.	
5.10	**Q2 Business Plan Update- Update on Trust Business Plan for Q2** The Director of Strategy and Transformation (RD), presented the Board with an update on the Q2 Trust Business Plan.	

	The Q2 Business Plan Update aligns with the Trust's strategic mission and 10 key priorities for the year. The Trust has made 73 commitments under these priorities. Each objective has a designated owner for accountability. Recent owner changes were made to ensure continued leadership and responsibility for delivery. In early 2025, the Trust will enter Year 3 of its strategic plan. The long-term goal remains delivering all strategic objectives over a five-year period. Early preparations have started for the next business planning cycle to refine objectives for Year 3 and beyond. DE commented that a more detailed review of business plan will progress in February 2025, during which objectives for the next year will also be discussed. The Board: • Noted the Q2 Trust Business Plan progress update • Approved changes to the ownership of objectives	
5.11	**Corporate Affairs – Director's Report** The Director of Corporate Affairs ME, provided an update. He highlighted; The Trust has improved its complaint response time, now meeting the 75% target after previously being below the 62% mark in October. Efforts continue to ensure timely and effective resolution of patient complaints. The Information Governance Team, including cybersecurity leads, is actively managing compliance with DSPT (Data Security and Protection Toolkit) requirement. Based on an audit recommendation, the Trust expanded the number of Decision Makers. The Extended leadership group (ELG) members (increased from 80 to 300) must now submit declarations. SD, Non-Executive Director advised that optimism bias should be considered when working on DSPT submissions to ensure a realistic assessment of compliance and security measures. RP, Non-Executive Director highlighted the importance of the three lines of defence model, ensuring proper risk mitigation and governance structures are in place. The Board noted the reports.	
6. Assurance		
6.1	**Board Assurance Framework (BAF)** ME presented the latest iteration of the BAF that had been reviewed by lead executives and assurance committees.	

	He highlighted; • Updates from committee reviews, reflecting adjustments to risk assessments. • Digital risks have been reassessed, with some being closed. • The Right Care, Right Person initiative has been reviewed, leading to risk reduction, but a reference has been included under a different risk category due to its impact on resources and response times. • Capital risk levels have been reduced following reassessment. • A new Health Inequalities Risk has been introduced, which was discussed at the Corporate Risk Group and will now be monitored by the EDI Committee. The Board reviewed and approved the new BAF risks.	
9.	**CONCLUDING MATTERS**	
9.1	**Any Other Business** There was no other business. The Chair thanked the Board for their efforts.	
9.2.	**Date of Next Meeting** The next public meeting of the Board would be held on 6th March 2025.	

2.2. Action log

For Discussion

Presented by Andy Trotter

London Ambulance Service NHS Trust

TRUST BOARD IN PUBLIC – ACTION LOG – March 2025

Meeting	ACTION	LEAD	REFERENCE	UPDATE

No outstanding actions.

3. Patient Story: Intergrated Urgent Care Coordination - Dr Johra Alam

For Information

4. Chair and Chief Executive Report

For Information

4.1. Report from the Chair

For Information

Presented by Andy Trotter

4.2. Report from the Chief Executive

For Information

Presented by Daniel Elkeles

London Ambulance Service NHS Trust Board meeting March 2025

Report from the Chief Executive Officer

Before we begin, I would like to take this opportunity to share some personal news. As you may be aware, after more than three and a half years as Chief Executive of London Ambulance Service I have accepted the role of Chief Executive at NHS Providers. This wasn't an easy decision to make, but I will leave here with some fantastic memories and feeling enormously proud of the progress and transformations we have made.

Since 2021 we have reduced the time our patients wait for an ambulance, we have improved how quickly we answer calls in both 999 and 111, and have introduced a number of innovative new services to improve care and ensure we only take patients to hospital when necessary. But I am most proud of the strides we have made in improving the culture and working lives for Team LAS. Focusing on teamwork and inclusivity has allowed us to unlock these improvements, and I would like to thank each and every one of the team at LAS for all their hard work and commitment. LAS is an incredible organisation, and that is all down to them.

The process of recruiting a new Chief Executive will start shortly, and we will aim to appoint substantively before I go.

Demand and performance update

Although the days are getting gradually longer and warmer, it has been a long and challenging winter.

LAS experienced extraordinarily high demand for our services. As early as November, we were receiving more than 7,000 calls a day and 25 November saw us responding to more Category 1 – which include serious injuries and illnesses such as cardiac arrests – calls than we ever have in a single day. In December, we attended more than 16,000 of these Category 1 calls making it our third busiest December ever and the highest number of seriously sick patients recorded in a single month. December was also the seventh busiest month in the Service's history, with 999 call volumes at 92% of the unprecedented demand seen in March 2020 when the COVID pandemic hit the UK. In the first week of January this year, demand was 20% higher than at the same point last year.

Fortunately, LAS was prepared, thanks to our strong 999 Winter Plan we had developed in collaboration with our NHS partners. We have redoubled our efforts on performance and ensured we reached our sickest patients and answered 999 calls more quickly this year than we did last year. This was achieved by three changes: First, we put more staff in ambulances, cars and in our control rooms. We also increased the number of patients we treated over the phone to unprecedented levels. Finally, we worked with 28 emergency departments in London to take patients to the hospitals with the shortest waits.

The measures set out in our Winter Plan have been crucial in keeping patients safe and the positive impact it has had for patients has been recognised by our partners, as well as all the efforts of our teams to deliver it. As a result of both the continuing demand and the fact that performance has remained good despite the pressures across the whole London system, the plan has been extended to Tuesday 11 March, where it will be reviewed again at the next UEC Board meeting

LAS and the festive period

While much of the UK got into the celebratory spirit over the festive period, LAS teams were working on the frontline to keep London healthy and safe. I must again share my gratitude to those who were on operational shifts on Christmas day in particular.

Our dedicated staff still found a number of ways to get into the festive spirit. Paramedic and our Chief Elf Nigel Flanagan carried out his annual operation to deliver presents for children's spending Christmas at a hospital. Our Charity and Wellbeing Teams also worked together to secure donations worth £11,600 from Starbucks as well as a free drink for our staff on 5 December.

Darren Farmer awarded the King's Ambulance Service Medal

I'm pleased to share our Director of Ambulance Operations Darren Farmer was awarded the King's Ambulance Service Medal in the New Year Honours List. Since joining the Service in 1992 as a paramedic, Darren has provided exemplary service for over 30 years rising through the ranks to become Director of Ambulance Operations with responsibility for more than 5,000 members of frontline staff.

Darren is also known at LAS for his strong sense of compassion and commitment to staff welfare. This is frequently seen in his dealings with operational staff around some of the distressing calls they attend. Most recently in July 2023, he led the organisation as Gold commander for a major incident in Wimbledon involving several children injured in a primary school. Throughout the incident, Darren focused on ensuring timely support for LAS colleagues who responded at the scene and ongoing assistance in the aftermath. Congratulations to Darren for this well-deserved recognition.

Enhancing performance by delivering locally

In recent years we have focused our energy on transforming how our frontline teams work together under Teams Based Working, supporting us to achieve record improvements in our NHS Staff Survey. I've seen the early results of this year's staff survey and it looks like our markers for leadership and line management have improved once again. So it is very clear that for our teams to do their jobs well the focus needs to be not only on being an inclusive team, but also being one that has all the basics in place. Meaning that for Ambulance Operations, the management of vehicles, equipment and people are all done at a local level overseen by a team manager. This approach places decision-making and operational responsibility in the hands of our local teams, allowing us to adapt to the unique needs of our patients.

We are therefore introducing a localised delivery model, a shift in accountability and empowerment, bringing decision-making closer to those on the frontline from the central operations. After all, team managers and staff at each station know their people, vehicles and equipment better than anyone else, and with the right support from our centralised teams, they can solve issues more quickly and with less impact on our staff and patients.

Engagement with our stakeholders

With our teams working to meet such high levels of demand for our services, it is always important that our partners can see first-hand the fantastic work done across LAS to deliver outstanding emergency and urgent care.

At the start of December, the Health and Social Care Secretary Wes Streeting MP, NHS England's CEO Amanda Pritchard, Secondary Care Minister Karin Smyth MP and NHS England's National Director of Urgent and Emergency Care and Deputy Chief Operating Officer at NHS England Sarah-Jane Marsh visited our Waterloo HQ to and learn more about our Winter Plan. The group met a wide range of our teams to learn about how we were working to meet demand and saw first-hand how we have increased the number of clinicians who are able to 'hear and treat' patients over the phone to reduce the number of people going to A&E unnecessarily wherever possible.

In February, we welcomed Colin McGrath, Member of the Legislative Assembly in Northern Ireland and Health Spokesperson for the Social Democratic and Labour Party, to our Waterloo HQ. We were pleased to share our best practice approach to improving patient handover delays at emergency departments with Colin, who is working to take lessons from our work to improve approaches in Northern Ireland.

Later that month, we welcomed our first London MP of the year to their local ambulance station with Marsha de Cordova MP meeting crews at Battersea.

Invaluable support for saving lives

Our London Heart Starters campaign is aiming to fund 200 defibrillators in areas of the capital where they are needed most. These life-saving devices make a crucial difference when someone suffers a cardiac arrest. Our London Ambulance Charity has been awarded an incredible £142,000 by NHS Charities Together to boost this pioneering campaign, thanks to a successful partnership with Omaze.

Visit our London Ambulance Charity website to learn how you can host a defibrillator in your community and raise money for our life-saving Heart Starters campaign.

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.

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers recognised	Financial YTD

2024	January	139	1012	366	2627
2024	February	113	1081	299	2809
2024	March	137	1315	159	3265
2024	April	157	157	430	430
2024	May	163	351	410	913
2024	June	167	518	428	1341
2024	July	157	675	430	1771
2024	August	125	800	324	2095
2024	September	83	883	190	2285
2024	October	157	1040	387	2672
2024	November	48	1090	125	2798
2024	December	332	1422	838	3636
2025	January	235	1657	562	4198
2025	February	172	1829	446	4644

I was also very proud to receive a letter about our teams from Kevin McKenna MP who is a former critical care nurse and currently represents Sittingbourne and Sheppey for the Labour Party. In January, he witnessed LAS crews treating a patient caring for a patient outside Parliament in Westminster. Kevin was full of complimentary words about our crews' professionalism and clinical skills and I was pleased to share this with those involved.

Our colleagues in the 111 service also received some well-deserved praise on 23 January when the five Integrated Care Board Integrated Urgent Care (IUC) Commissioners and the IUC regional team came together to look at our performance. Looking through the figures it was clear the collaboration between the providers during planning for the extra demand of winter, and real time management by our duty teams within LAS paid off over the Christmas and New Year period. The IUC Commissioner

for North West London Pam Clarke said how well our teams had done and expressed her thanks for their work.

Ensuring staff safety

Despite all of this wonderful news about our teams, it is sad that I need to reiterate that it is simply unacceptable our crews face violence from a small minority of our patients. To protect our staff's safety as much as possible and in order to bring the perpetrators to justice, LAS have invested in extra security measures including improved CCTV on ambulances and body worn video cameras for every member of staff on the road.

In December, we shared the story of Paramedic James who was spat at by a patient he was trying to treat. The footage captured on his body worn camera played a role in charging and sentencing the patient.


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'It is frightening when a patient attacks you'

LONDON AMBULANCE SERVICE

Paramedic James says he was glad he was wearing a body-worn camera

1 hour ago

"Spitting is the lowest, most disgusting and most disrespectful thing you can do – not to mention the fear of infection risk. It's worse than being punched."

James, 26, a paramedic with London Ambulance Service (LAS), is not alone in facing assaults while on the job.

According to LAS, 739 physical assaults have occurred on staff between January and November this year, 40% of which involved drugs or alcohol.

To try and protect staff, LAS has introduced body-worn cameras, which frontline staff can turn on if they feel threatened or at risk of violence, aggression or abuse.

I would also like to remind you that LAS has England's first dedicated Violence Reduction Unit, which encourages colleagues to report all incidents of abuse to the police while supporting them through the investigation and court process.

The Year of the Inclusive Team

YEAR OF THE INCLUSIVE TEAM

Speaking on staff safety and wellbeing, I would like to turn our attention to the work we are doing around making people feel included and developing people's leadership skills. I am pleased to share that 2025 will be the Year of the Inclusive Team. As a Trust, it is important to ensure we are creating a fair and inclusive workplace, where colleagues feel safe, supported and happy to bring their whole selves to work, and have opportunities to thrive, progress and try new things.

To get going on this theme I asked all members of the Trust Extended Leadership Group to give themselves an Equality, Diversity and Inclusion objective for 2025, drawn from team discussions. My objective is 'to designate 2025 as the year of the inclusive team in LAS, with a robust programme of events and campaigns to improve our inclusiveness as evidenced by improvements in the 2025 staff survey.'

I am also working to establish an LAS Shadow Trust Board or Inclusion Council with around 20 members of frontline staff from across our organisation and our staff network leads. The members would meet with executive and non-executive directors to discuss and tackle a range of issues. I hope these initiatives will form the fundamentals of continuing with the Year of Inclusive Team as I passionately believe inclusivity makes a big contribution to efficiency even patient care.

Early indication of our staff survey results

An incredible 6,052 LAS staff responded to the NHS Staff Survey 2024, which is 72% of the workforce. This is a phenomenal achievement, smashing the high target from last year. We have now received the results back from the independent body running the survey and have action plans for each area of the Service. We will be able to share more details of our results when they are published nationally later this year.

5. Director and Board Committee Reports

5.1. Performance

Operational Performance Report

For Assurance

Presented by Pauline Cranmer

London Ambulance Service NHS Trust

Report To:	Public Board of Directors			
Date of meeting:	6 March 2025			
Report title:	Performance Report			
Agenda item:				
Lead Executive:	Pauline Cranmer, Chief Paramedic Officer			
Report Author:	Pauline Cranmer			
Purpose:	X	Assurance		Approval
		Discussion		Information

Key points, issues and risks for the Board

The attached report refers to Trust performance and activity year to date, and specifically 1 November 2024 to 31 January 2025.

The LAS has had 1,765,143 contacts this financial year to 31 January 2025 and is 9.4% higher than the same period in 2023/24.

Performance against national call answering standard over winter has remained below the 10 second target. In comparison to the previous year, November 2024 was better by 8 seconds and December 2024 by 15 seconds.

Year to date category 2 outturn performance, to 31 January 2025, was 39 minutes 11 seconds. This compares to 39 minutes 23 seconds for 2023/34.

Pressures over this winter period has seen an increase of 17.6% of hours lost greater than 15 minutes for hospital handover delays. This is the highest seen since the London wide implementation of the W45 process.

Hear and Treat performance continues to be maintained above 20% for November 2024 and January 2025 and 22% for December 2024. This is circa 5% improvement on the previous year. This continues to exceed the national average.

The IUC team answered 186,000 calls in January 2025, which was the second highest volume seen since December 2022. Performance against average speed to answer and number of abandoned calls have been maintained in light of this high demand and remained significantly better than was achieved in the same period in 2023/24.

As part of the NHSE England Emergency Preparedness, Resilience and Response Framework assurance process, the LAS submitted its self-assessment in September 2024. We have been advised that the LAS is fully compliant against 58 core standards and substantially compliant against the 135 interoperable capabilities standards. This is a significant result for the Trust.

Since the last report the Trust has responded to two declared Significant Incidents and 3 Business Continuity Incidents.

Recommendation/Request to the Board/Committee:

The Trust Board of Directors is asked to accept this report as assurance.

Routing of Paper i.e. previously considered by:

London Ambulance Service NHS
NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING
Performance Report – March 2025

This performance board report covers all key metrics for main service lines of the London Ambulance Service for the winter period 1 November 2024 to 31 January 2025.

1. Performance

The London Ambulance Service has continued to receive increased levels of total contacts in comparison to the same period last year. A number of days have seen over 7000 in 24 hours and this is comparable to what was seen in the early days of the Covid 19 pandemic. The comparison with the corresponding period last year is shown in figure 1.

	November		December		January		Year to Date (to 31/01/25)	
Financial Year	**Actual 2023**	**Actual 2024**	**Actual 2023**	**Actual 2024**	**Actual 2023**	**Actual 2024**	**Actual 2023**	**Actual 2024**
Total Contacts	164,255	180,664	182,719	191,052	162,899	172,408	1,613,993	1,765,143
Difference		10%		4.6%		5.8%		9.4%

Figure 1: 2023 vs 2024 monthly contacts comparison

Performance against key Ambulance Quality Standards are shown in figure 2, which also shows the national average for England each month.

Metric/Month	Nov-24		Dec-24		Jan-25	
	LAS	National	LAS	National	LAS	National
Category 1	00:07:32	00:08:38	00:07:49	00:08:40	00:07:20	00:08:16
Category 2	00:41:50	00:42:26	00:49:50	00:47:26	00:35:28	00:35:40
Category 3	01:50:34	02:41:56	02:11:54	03:02:00	01:26:19	01:55:25
Hear & Treat	20.4%	16.6%	22.2%	17.8%	20.5%	16.5%
See & Treat	25.8%	29.1%	26.3%	29.7%	26.2%	29.9%
Convey to ED	51.1%	49.7%	49.0%	48.2%	50.5%	48.9%
Call ans. mean	00:00:07	00:00:06	00:00:08	00:00:07	00:00:03	00:00:03

Figure 2: Monthly performance with national context

Although there has been the increase in activity, performance compared with the previous year has improved for category 1, our sickest patients. This year for November, December and January we saw a corresponding improvement of 4 seconds, 10 seconds and 5 seconds respectively.

There was a decline of 32 seconds in November 2024 for category 2 patients when compared to November 2023. However, in December 2024 and January 2025, there was an improvement to the same months the previous year of 2 minutes 16 seconds and 1 minute 10 seconds.

These improvements were driven by efficiencies that have been achieved in Ambulance Operations and through an increase in Hear and Treat rates which were 4.2%, 5.6% and 4.6% better in November 2024, December 2024 and January 2025 respectively, compared to the previous year.

2. 2025 Operating Plan overview

The LAS continues to monitor progress against the operating plan agreed at the start of the financial year (figure 3).

Metric	Apr-24	April Actuals	May-24	May Actuals	Jun-24	June Actuals	Jul-24	July Actuals	Aug-24	August Actuals	Sep-24	Sept Actuals	Oct-24	Oct Actuals	Nov-24	Nov Actuals	Dec-24	Dec Actuals	Jan-25	Jan Actuals
All incidents (AQI A7)	99,094	106,398	101,278	112,369	99,802	110,540	103,028	113,459	102,275	108,791	102,969	108,146	108,249	114,901	100,682	113,735	109,578	121,920	104,030	119,896
Incidents with Face-toFace Response (AQI A56)	83,234	85,530	85,064	91,352	83,835	89,168	85,518	90,767	84,883	88,132	85,456	86,539	88,961	91,886	82,556	90,543	89,843	94,868	84,445	95,304
C2Mean (Format = hh:mm:ss)	00:36:32	00:34:53	00:37:07	00:35:45	00:35:06	00:39:44	00:32:10	00:38:57	00:32:43	00:30:17	00:35:31	00:42:26	00:36:58	00:41:32	00:39:04	00:41:49	00:47:22	00:49:49	00:36:37	00:35:28
Average Handover Time (Format = hh:mm:ss)	00:24:00	00:24:02	00:24:00	00:23:40	00:24:00	00:23:05	00:24:00	00:22:44	00:24:00	00:22:04	00:24:00	00:23:14	00:24:00	00:24:02	00:24:00	00:24:10	00:24:00	00:24:40	00:24:00	00:25:20
Calls Answered (AQI A1)	110,568	116,678	125,033	126,575	130,141	129,663	122,314	132,025	124,124	119,952	129,522	129,105	129,003	135,790	130,679	134,326	143,717	146,452	127,967	130,050
Calls Answer Mean (seconds)	10	2	10	2	10	4	10	5	10	3	10	9	10	6	10	7	10	8	10	3
Total DCA resource hours	198,519	199,242	193,739	210,220	194,557	199,960	201,974	198,834	193,147	194,913	185,010	183,680	193,180	198,432	194,975	196,291	206,116	197,636	212,533	209,288
Total RRV resource hours	42,367	42,473	41,855	43,759	41,526	40,979	44,469	42,215	44,962	42,028	41,849	40,304	43,269	43,025	42,870	41,218	42,942	39,227	44,001	41,622
Hear & Treat	16.0%	20.0%	16.0%	19.0%	16.0%	19.0%	17.0%	20.0%	17.0%	19.0%	17.0%	20.0%	18.0%	26.3%	18.0%	20.4%	18.0%	22.2%	19.0%	20.5%

Figure 3: 2024/25 Operating plan trajectories with actuals (April 2024 to January 2025)

3. 999 Emergency Operations

Total contacts continue to show common cause variation (figure 4), although there continues to be an ongoing increase in demand since February 2023. December 2024 demonstrated special cause concern and relates to the spike seen in breathing problems seen during the month. There is no target for contacts.

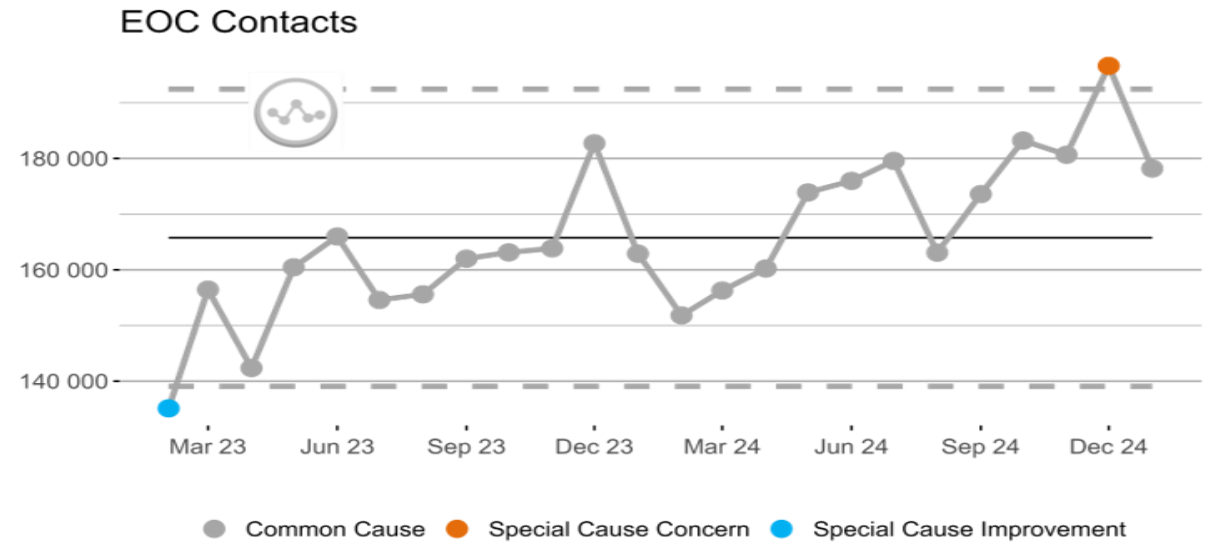


Figure 4: Total Contacts SPC

The call answering mean SPC (figure 5) continues to demonstrate special cause improvement and continues to exceed the national target of 10 seconds. The rise seen over the winter period is relational to the increase in contacts received. However, performance was significantly better across November 2024 and December 2024 compared to 2023/2024. The improvements seen were, 8 seconds in November, 15 seconds in December and 2 seconds in January.

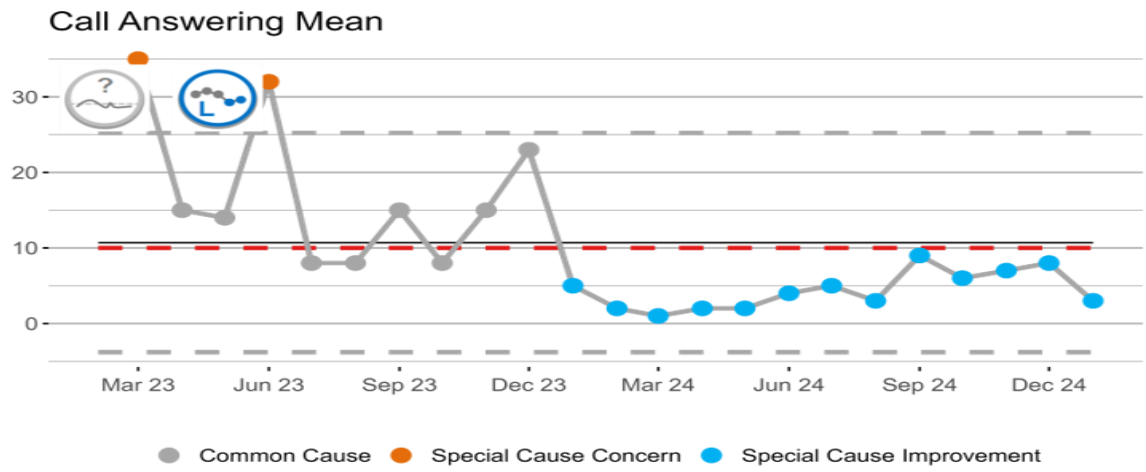


Figure 5: Call answering mean SPC

The dispatch reset program is now moving into a second phase following rolling out of training and mentoring for all dispatch staff. This entails performance monitoring and compliance to the principles across all teams. Where necessary additional mentoring will be provided and addressing outliers. The aim remains that the principles of adhering to dispatching to the oldest, highest priority patients and ensure the most effective use of frontline clinicians.

Call handling KPIs have now identified with data provided throughout EOC by watch, team and individual. The expected focus on this data will support teams in maximising performance with an expected benefit being delivered in particular to improvement of Category 1 performance.

The dispatch KPIs have now been identified and includes:

- Mean time to suggestions activated for category 1 and 2 incidents
- Number of FRUs activated to stand by points
- Number of rest breaks allocated
- Percentage of resources dispatched outside of group
- Percentage of crews stood down prior to arrival at category 3 to 5 incidents
- Percentage of time resources are green and available

The development of a dashboard for these metrics is now being developed.

The Incident Management and Service Delivery team are going through a transformation process. This is to align to the local delivery service model being implemented within Ambulance Services with key points related to improved management of real time resource and escalation across the service.

4. Ambulance Services

Since the last performance report the category 1 Mean SPC (figure 6) demonstrates common cause variation and the national standard of 7 minutes has been inconsistently met. The performance as shown in figure 2, has seen a small increase over the winter period and have been above the median in November and December 2024.

Action is being taken to ensure the distribution and effectiveness of fast response vehicles across different periods of the day. This will improve responsiveness without the

requirement for additional resources which would have an adverse impact on our category 2 patients.

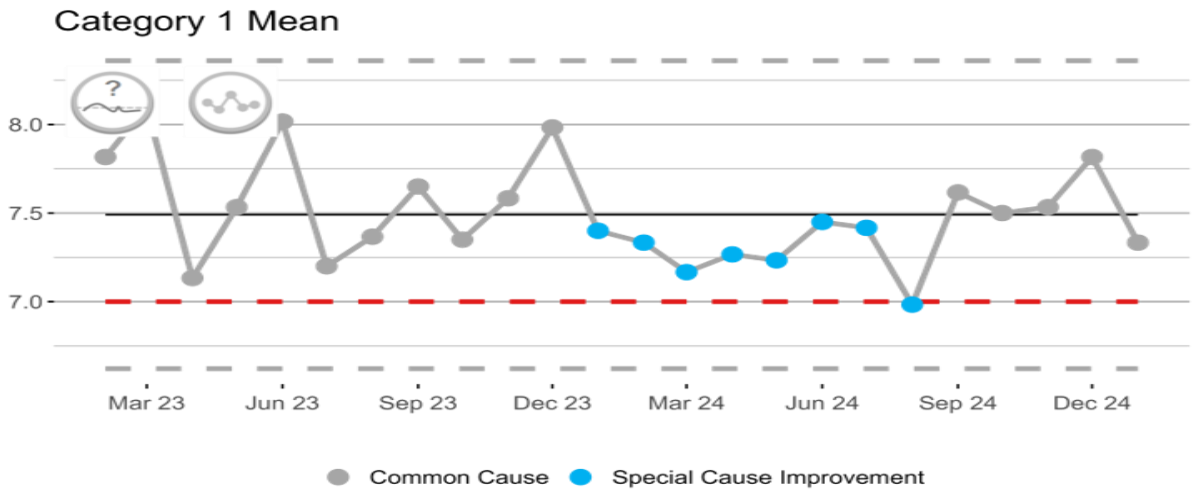


Figure 6: Category 1 mean SPC

The SPC chart for category 2 performance (Figure 7) shows common cause variation and the 18 minute national standard has not been met.

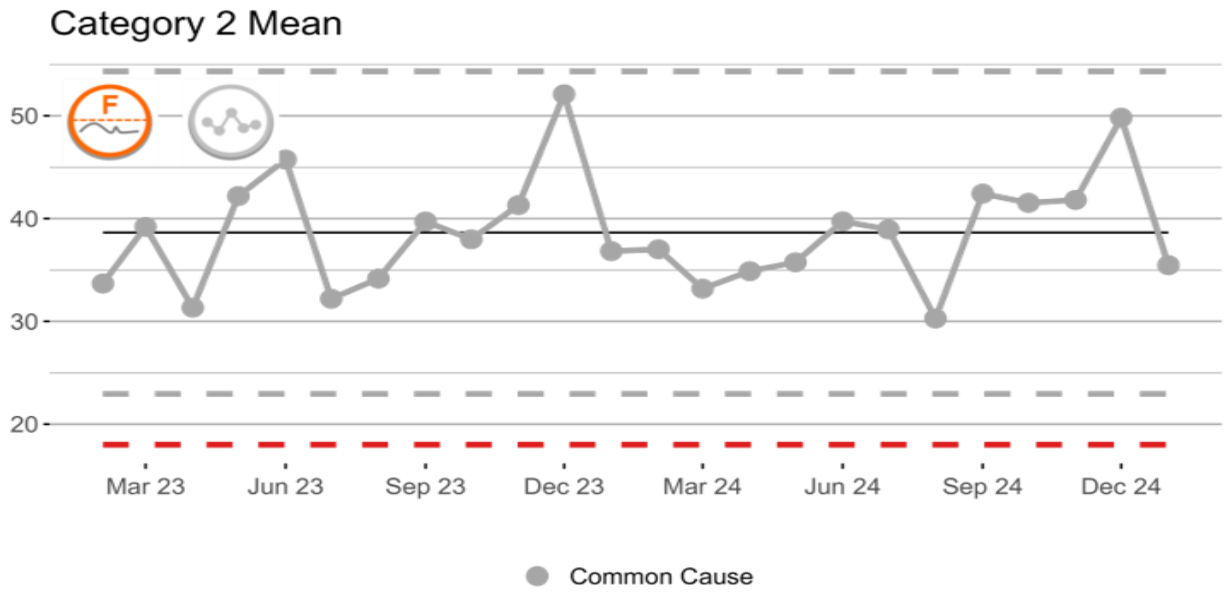


Figure 7: Category 2 SPC chart

The Ambulance Services team has continued throughout the 3 months to maximise the availability of patient contact time, by developing programs of work to minimise the amount of non-patient facing operational hours.

In particular, the time lost at the start of shift via the QI initiative, was trialled at St Helier and saw a reduction of 50% of its unproductive time. As a consequence this initiative is in the process of rolling out to all main group stations before the end of this financial year.

In addition at the holistic operating model pilot sites (now renamed Local Delivery Model) there has been a refocusing on the reduction of other aspects of unproductive time. This has led to improvements at Hillingdon of a drop in out of service from an average of 15%, pre pilot, to 10.6% after commencement.

Both of these factors are now rolled into the Local Delivery Model and form part of Local Group Managers having responsibility and accountability for the production and management of their local ambulance hours.

These initiatives have formed part of the efficiencies that have been building across the year and are the basis for our assumptions for productivity and efficiency we are expecting to achieve across the next financial year.

The category 3 target of 60 minutes has not been consistently hit, with common cause variation shown (figure 8). Performance for the 3 months of this reporting period are shown in figure 2 and although there has been an increase in response times across the winter period, the LAS remains significantly better than the average for England.

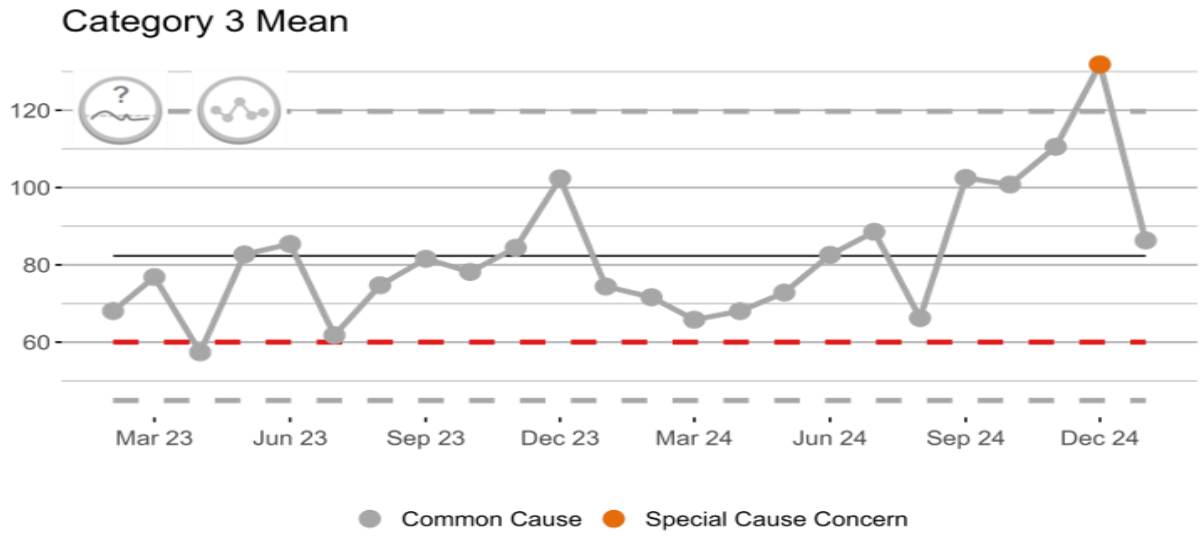


Figure 8: Category 3 SPC

Time lost at hospital has increased over the winter period. The SPC (figure 9) now demonstrates common cause variation as opposed to special cause improvement in the last board report. This is as a consequence and is consistent with pressures seen across the healthcare system. The average time to handover was 25 minutes 20 seconds in January 2025 and is the highest seen since the introduction of the withdraw at 45 minutes process.

The total time lost to handover delays from 1 November 2023 to 31 January 2024 was 28,297 hours. This increased by 17.6% to 33,301 hours for the same period this year. There were 1350 instances of patients being held on the back of ambulances this winter which was a substantive increase to that seen in 2023/24.

As part of the winter plan there has been system working where challenges have been impacting on service delivery. Using the escalation process agreed, it has been possible to mitigate some of the pressures seen. However, there have been specific hospitals where there has been sustained executive to executive engagement and included involvement of ICBs and NHSE (London Region). This continues whilst agreement is being determined to find more sustainable solutions.

During this period proactive movement of resources across London has been used as a means to support affected geographical areas during this period. As a consequence work is being undertaken to ensure the “right sizing” of our resources in each of the ICB and

borough geographical areas to ensure that we provide a consistent level of service to all patients.

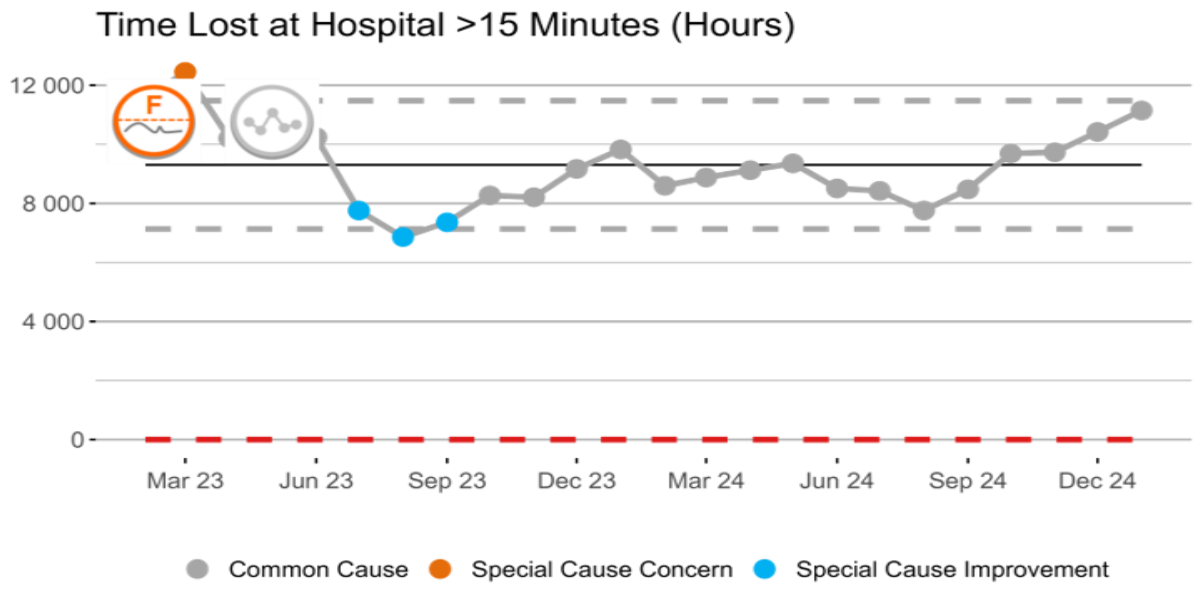


Figure 9: Time lost greater than 15 minutes SPC chart

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

Clinical Hub have an internal Hear and Treat target of 17-19% for the financial year of 24/25. Detailing our performance monthly evidences a consistent and improving H&T trajectory reaching 20.4% in November, 22.2% in December and 20.5% in January 2025.

Since November, we have consistently undertaken over 4,400 assessments per week, with a peak of 5,132 in January. This is following the 24/7 implementation of Clinical Dispatch Support in September 2024 and an updated process for the management of Category 3 calls.

In collaboration with the Business Intelligence Team, an automatic report has been developed in order to be able to view and monitor productivity and outcomes. The ability to access accurate reporting enables dynamic responses to changes in productivity, staffing and quality/risk.

Figure 10 highlights continued special cause improvement in our Hear and Treat (H&T) rate.

A robust H&T rate supports patient safety and experience; ensuring patients are directed to the most appropriate pathway or clinician. This supports Category 1 & 2 response enabling resource availability for the patients with the highest clinical need.

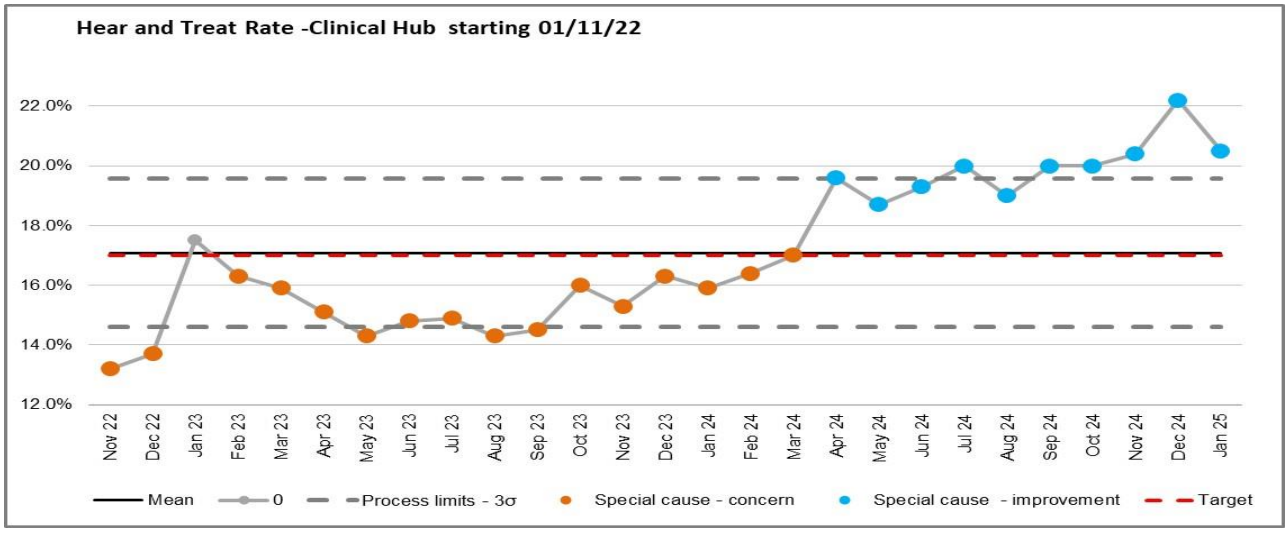


Figure 10 – Clinical Hub Hear and Treat Rate

We maintained a healthy H&T rate over the period of November to January despite experiencing peaks in seasonal respiratory illnesses such as COVID-19, Influenza and RSV. These, alongside other high clinical acuity presentations are characteristically challenging to resolve via Hear and Treat.

The availability and accessibility of Alternative Care Pathways (ACPs) remain key challenges in our Hear and Treat (H&T) capability. To mitigate this we launched our first Integrated Care Coordination (ICC) hub in North Central London in January, to enhance real time collaboration with NCL clinicians and system partners to maximise ACP utilisation.

The ICC Hub promotes shared decision making between Clinical Hub clinicians and Senior Clinical Decision Makers (specialist Doctors), identifying and maximising ACP pathway use. Initial data gathered in February reflects the H&T rate in the ICC sector of North Central London as 1.9% higher than the remaining sector average.

Any pathway challenges are identified and addressed within regular ICB focus groups to drive system wide improvement.

The ICC Hub supports operational response, with Senior Clinical Decision Makers supporting crews in pre-conveyance decisions.

Early data indicates an increased rate of treatment on scene, with a See and Treat percentage 1.9% higher and a patient conveyance rate 3.7% lower than the remaining sector average.

Future developments include expanding our capacity at our Pinner remote site to support a North West London ICC Hub, along with scoping discussions with North East London ICB.

In December, a 24/7 Clinical Safety Officer role was introduced over the winter period, to provide increased oversight for patient safety and proactive management of demand.
We have continued to maintain our Quality Assurance target by undertaking 100% of our planned audits for both Clinical Advisors (1458) and Clinical Support Desk advice (162) in the period of November to January.

Category 2 Segmentation

The LAS continues to uphold its position as a leading Trust in C2 segmentation and continues to support other Trusts in implementing and refining their delivery models.

A key challenge in optimising C2 validation opportunities is the dispatch of an ambulance before Clinical Navigation has occurred.

On 6th February we implemented NHSE Category 2 segmentation modified principles, developed to maximise the opportunity for clinical navigation and validation of eligible Category 2 calls. Early data suggests no negative impact on performance.

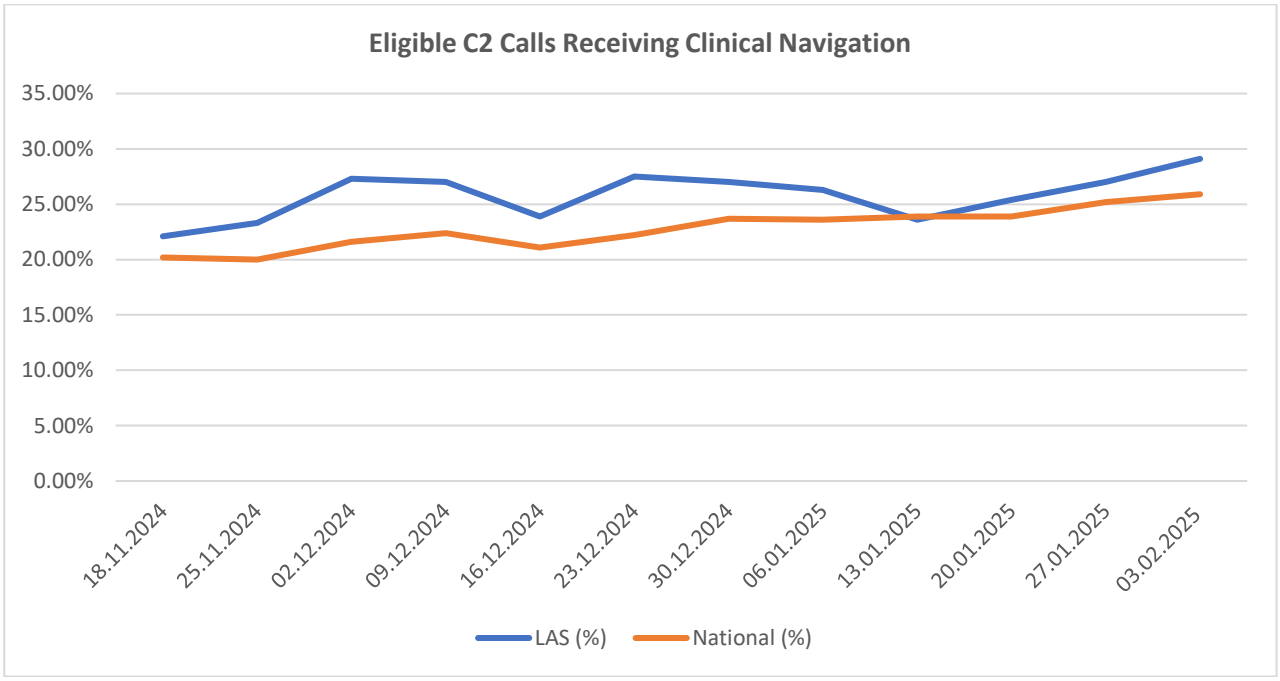


Figure 11: % of calls receiving clinical validation, LAS vs National

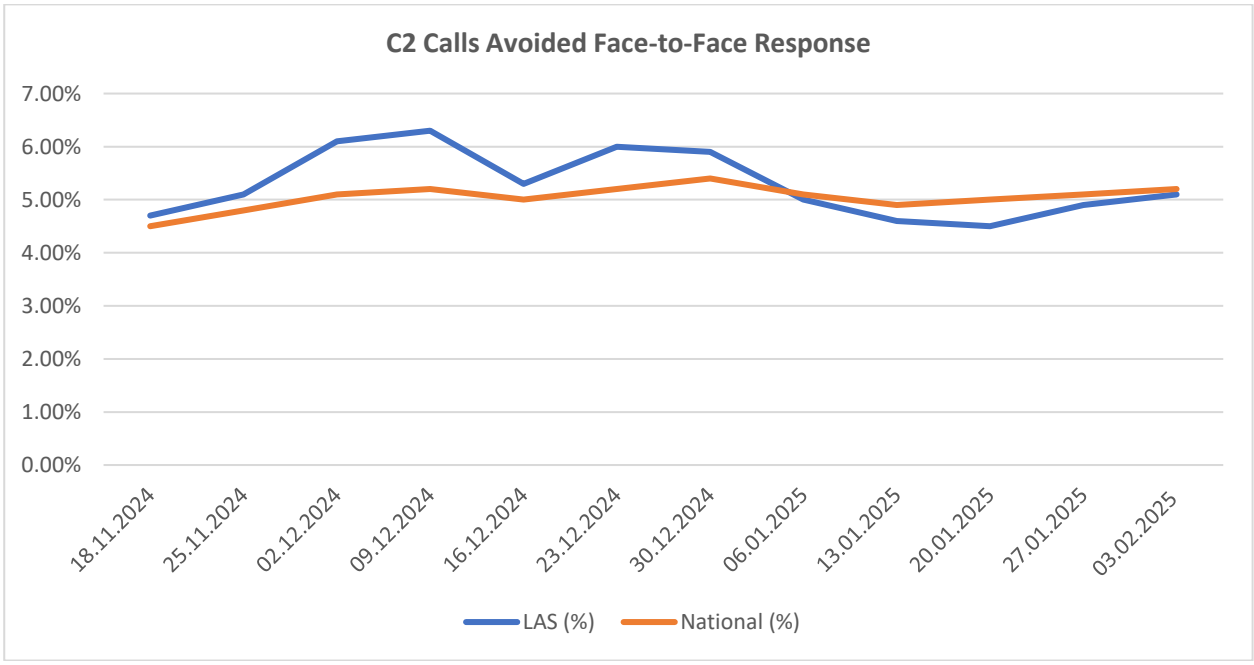


Figure 12: Category 2 Segmentation Metrics.

6. Integrated Urgent Care

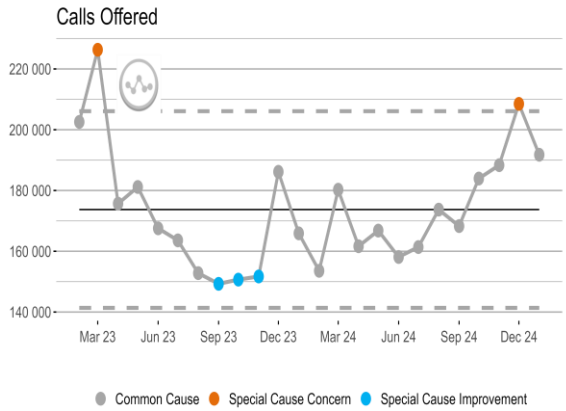


Figure 13: Calls Offered

In January 2025, the Integrated Urgent Care (IUC) directorate were offered 192k calls (Figure 13) across the 5 London ICS areas. This represents a reduction of 16.7k calls since December 2024 but a large increase from the previous year.

Despite the reduction from the previous month, this is still the second highest call volume since March 2023 and 15.6% greater than January 2024. The increase in demand is due to the additional volume being managed in NCL and NWL as well as seasonal variation and year-on-year increase.

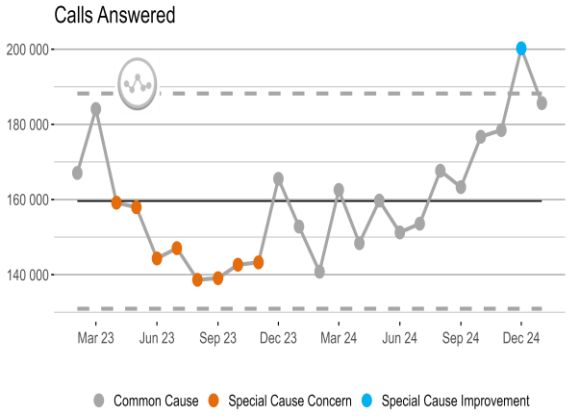


Figure 14: Calls Answered

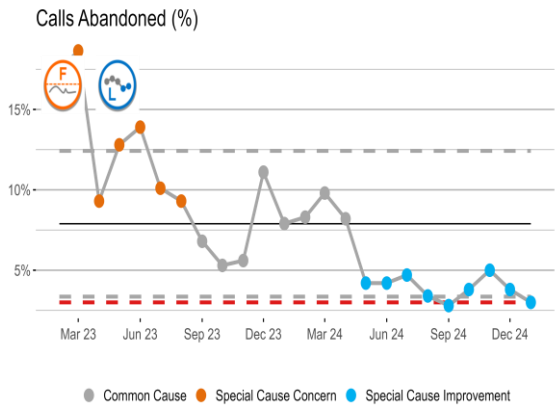


Figure 15: Calls Abandoned

In January 2025, 186k calls were answered (figure 14) which is the second highest volume since December 2022. The increase in call volume as described above and reduction in abandonment rate has supported this performance.

In January 2025, the service achieved an abandonment rate (figure 15) of 3.0% and therefore met the local, regional, and national KPI target. This is the 9th consecutive month of improvement against the mean and the 11th month of improvement. It is also the second best performance recorded by the service.

This improvement in performance was supported by rota fill reaching 86% and sickness absence reducing to 16%. Absence had impacted rota fill but was managed internally through sickness management protocols, enhanced infection prevention and control (IPC) measures, and rota backfill arrangements.

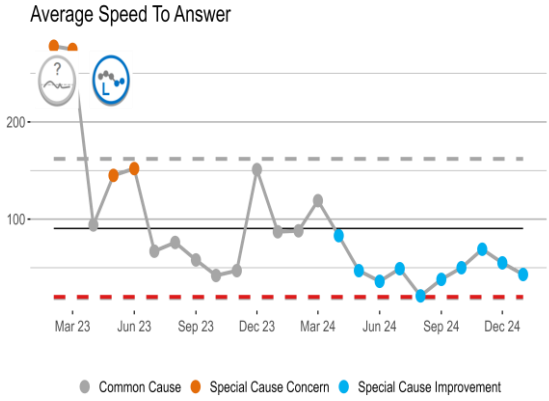


Figure 16: Average Speed to Answer

Average Speed to answer (figure 16) also decreased in January 2025 by 12 seconds to 43 seconds. This represents the 10th month of overall improvement although the 20 second KPI was not met. This is the 5th best performance recorded although further work is needed to achieve the target.

To achieve this, the team continue to work on reducing clinical and non-clinical support line average speed to answer, sickness rates, and appropriate aux usage.

The 95th centile average speed to answer also reduced by 42 seconds to 244 seconds in January 2025.

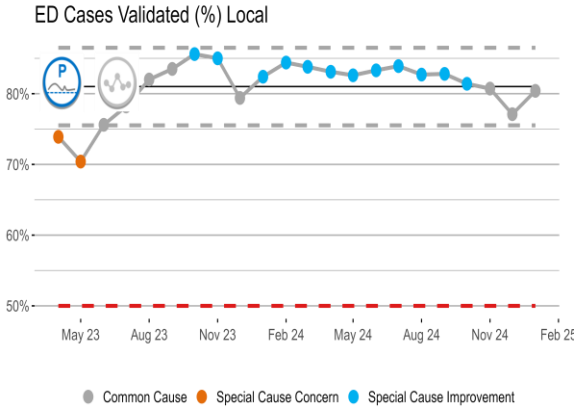


Figure 17: ED Cases Validated

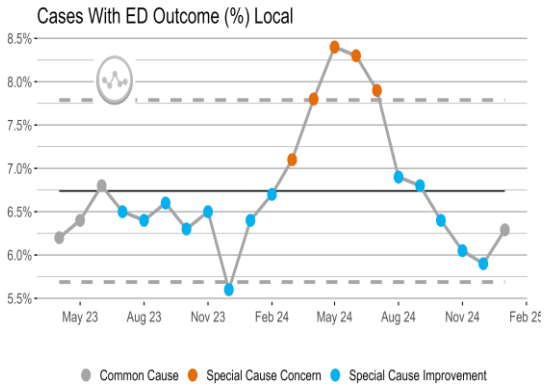


Figure 18: Cases with ED Outcome

Emergency Department referral (figure 17) validations by a CAS clinician increased to 80.4% in January 2025 which represents a recovery of the position from previous months. The continued focus on the delivery of this activity, well above the 50% regional and national target evidences the commitment to supporting effective navigation and system utilisation. This is reflected in the IUC Quality Priorities

The number of patients receiving an ED outcome (figure 18) has increased by 0.39% to 6.29% in January 2025. This small change is still below the mean of 6.74%. The increase is a reflection of changing acuity of patients and regular audits of all clinical and non-clinical staff ensure continued compliance.

In January, 4.6k ED attendances were prevented across London as a result of this work.

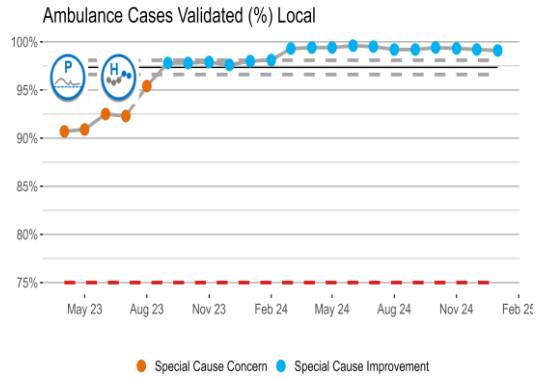


Figure 19: Ambulances Cases Validated

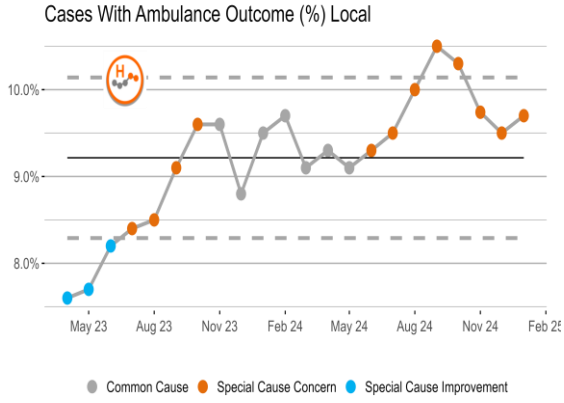


Figure 20: Cases with Ambulance Outcome

In January 2025, ambulance validation (figure 19) rates continued to perform very strongly at 99.1%. This is well above the local, regional, and nation target of 75% and represents the 17th consecutive month of improvement. The focus of IUC on delivering this activity supports the effective use of resources across the wider organisation.

Of the validations completed, 88% were stood down which prevented over 18k DCA dispatches. This is reflected in our quality priority for 24/25.

Ambulance outcome increased by 0.20% in January 2025 (figure 20) and reached 9.70% of cases. Despite the increase, this is much lower than the 12% England national average. The LAS IUC team is one of the best performing providers in terms of ambulance referrals.

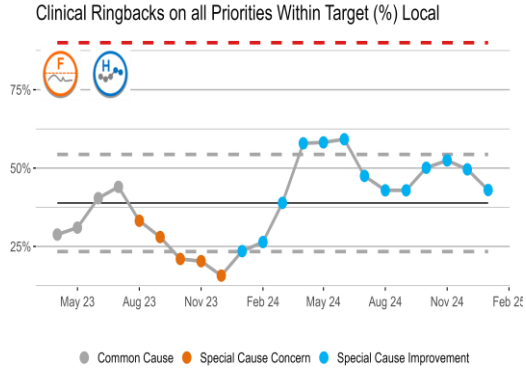


Figure 21: CAS Performance

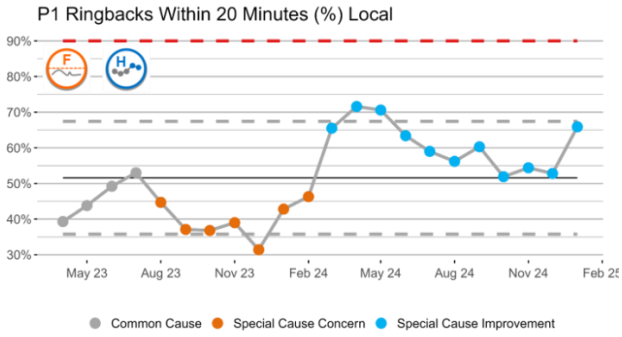


Figure 22: P1 Ring backs

CAS performance (figure 21) achieved 43.0% in January 2025 which is the 13th consecutive month of overall improvement despite being a reduction of 6.60% from the previous month. This is lower than the local, national, and regional target of 90% however continues to be higher than the LAS mean and is aligned with the national average. Work to improve CAS productivity continues to work towards an improving position.

Whilst overall CAS performance reduced slightly, P1 CAS performance (figure 22) improved by 13.1% to 65.9% of all patients called within 20 minutes. This is the best performance recorded since May 2024 and the third best performance recorded. Whilst the 90% local, regional, and national target has not been met. Nationally, P1 performance in January 2025 was 40.9% so LAS performed very favourably.

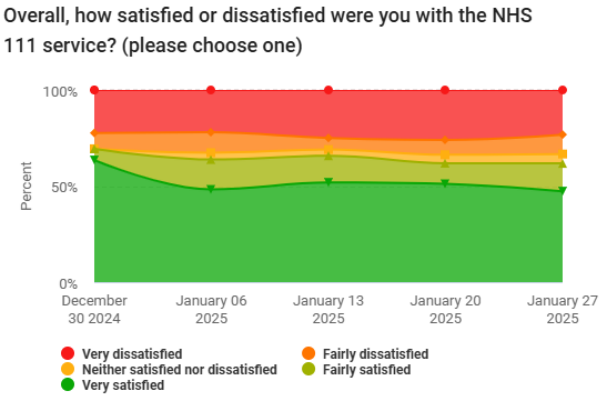


Figure 23: Patient Satisfaction

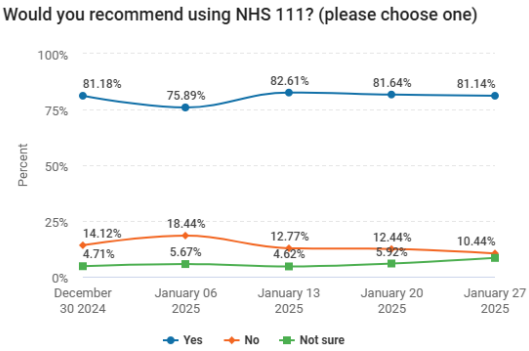


Figure 24: Patients Recommending Service

In January, 62% of patients reported they were satisfied or very satisfied with the service (figure 23) they received and 81% reported that they would recommend the service (figure 24). 1,847 surveys were completed with around 50k SMS sent to patients within 30 mins of ending their call with 111.

The General Practice Support Team received 7.5k calls during the month and booked 451 appointments with 197 navigated to pharmacy and 127 sent to NHS111. It is estimated that 164 ambulance dispatches and 73 ED attendances were avoided as a result of the care navigation by the GPSS team.

7. Resilience & Special Assets

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

On Tuesday 3rd December 2024, the LAS responded to a fire in a 5-storey block of flats off of Borough High Street. The Specialist Operations Centre (SOC) within the control room at Dockside, Newham managed the incident and in total 5 patients with minor injuries were conveyed to hospital.

During Thursday 30th January 2025, we responded to a road traffic collision (RTC) involving a bus and a car, in Norwood, SE27. Once again SOC at Dockside, Newham managed the incident. In total 10 patients were treated; 4 discharged at scene and 6 who were conveyed; 1 with serious injuries.

There have been a number of declared business continuity (BC) incidents since the last report.

On Saturday 30th November 2024 there was a partial failure at both Trust's 111 sites with RedBox, the audio call recording system. The issue only affected 111 call recording and only on certain operator positions. Actions were taken to move call handlers to working positions, whilst the server was restored.

On Wednesday 18th December 2024 there was a power outage affecting the entirety of Dockside, Newham. Both the Clinical Education and EOC BC plans were put in place and worked well. However, it was identified that the water pumps in the building were not connected to the generator, resulting in a loss of facilities. Assistance was sought from a nearby hotel and options are being reviewed to add the water pump to the generator.

There have been 3 declared incidents relating to our Airwave Control Room Operator Position (CROP) on Wednesday 13th November 2024, Thursday 23rd January 2025 and Saturday 1st February 2025. In all cases the issue was linked to the national Ambulance Radio Programme (ARP). BC plans were successfully enacted, and several lessons were identified to raise with ARP, which is being undertaken by IM&T.

On Tuesday 14th January 2025 the LAS participated alongside multi-agency partners in Exercise Lignum Vitae within the O2 Arena in Greenwich. The exercise live play element was a simulated detonation of two person borne Improvised Explosive Devices (IED). Participants included the London Fire Brigade, Metropolitan Police Service, British Transport Police, City of London Police, as well as the O2 Arena security team and private medical provider. The aims and objectives of the exercise were based around the recommendations of the Manchester Area Inquiry, the Lord Harris report and learning from other incidents.

The exercise provided the opportunity to test both Ten Second Triage in a large scale, multi-agency environment, and the deployment of specialist and non-specialist resources to treat casualties within a complex, concert venue.

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS-funded services must show they can effectively respond to major, critical and business continuity incidents while maintaining services to patients.

The NHS core standards for EPRR are the minimum requirements commissioners and providers of NHS-funded services must meet.

The NHS core standards for EPRR cover 10 core domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans
4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Co-operation
9. Business continuity
10. Hazardous material (HAZMAT) and chemical biological radiological nuclear (CBRN)

In addition NHS ambulance trusts are required to assure themselves against an additional domain; ‘interoperable capabilities’, which includes:

- Hazardous area response teams (HART)
- Special operations response teams (SORT)
- Mass casualty vehicles (MCV)
- Command and control
- Implementation of the joint emergency services interoperability principles (JESIP).

The LAS submitted its self-assessment in September 2024 and received the outcome in December 2024. The Trust was assessed as ‘fully compliant’ against the 58 core standards and ‘substantially compliant’ against the 135 interoperable capabilities standards.

For the three amber ratings received, an action plan has been devised and submitted, for implementation and monitoring throughout the year.

5.2. Quality

For Assurance

5.2.1. Quality Report

For Assurance

Presented by Fenella Wrigley

London Ambulance Service NHS Trust

Report to:	Trust Board			
Date of meeting:	6 March 2025			
Report title:	Quality Report			
Agenda item:				
Report Author(s):	Dr Fenella Wrigley			
Presented by:	Dr Fenella Wrigley			
History:	The quality report has been presented to the Clinical and Quality Oversight Group and Quality Assurance Committee.			
Purpose:	X	Assurance	☐	Approval
	☐	Discussion	☐	Noting

Key Points, Issues and Risks for the Board / Committee's attention:

This report focuses on the quality of care provided by London Ambulance Service. The report covers four domains:

- Safe
- Effective
- Caring
- Well Led – Quality Regulation

<u>Areas of highlight:</u>

Mental Health Patients:

- The number of patients contacting 999 with acute mental health crises has continued to be higher than last year
- The MHJRC have just celebrated 10 years of service

Reported incidents:

- The total number of reported incidents remains circa 2000 per month, with over half being designated as patient safety incidents
- Tops categories for the reporting period are as follows
    - Medicines management – specifically drug administration errors
    - reports of violence/aggression – specifically direct verbal abuse
    - medical equipment – specifically failure of device/equipment
- For hear and treat in 999 during the months of December and January, there were a total of 58 incidents reported on the Trust Incident Management and Learning System (Datix). Of these, 54 were no or low harm. 4 moderate or above incidents were referred to PSIG

for discussion. None of the cases reviewed met the threshold for a Patient Safety Investigation under the national framework

- In 111 / IUC the total number of incidents reported in December 2024 was 337 compared to 348 reported in November 2024. The top 3 incident categories in December 2024 were 111 / IUC Call Handling, Clinical Concern Regarding External Provider and Communication, Care & Consent.

Overdue incidents:

- The number of overdue incidents has decreased from 524 (34%) to 410 (30%).

Medicines Management

- The total of 212 controlled drugs (CD) incidents were reported in December 2024. This is a slight increase on the preceding two months but remains within statistical process control limits
- The majority of incidents are in relation to errors when completing the CD register.

Safeguarding

- We have a contractual target for training compliance of 85%. Our level 1 training compliance is at 87% and both level 2 and 3 are above 75%. Additional places for training have been made available to enable compliance to be met by end of financial year

Health & Safety

- The LAS Trust Board Annual Health and Safety Training took place on 6th February 2025 a was well received.

Infection control

- The overall hand hygiene rate for January 2025 was 95%. This score continues to exceed the Trust performance target (90%).
- Premises cleaning audit compliance was reported at 95%, exceeding the Trust's target of 90%.

Clinical AQI

- In July 2024 30% of patients achieved ROSC which was sustained to hospital arrival, well above the national average of 28%. 12% of patients in the overall group survived for 30 days against a national average of 11%. LAS was the second-best performing Trust for survival rates. In the Utstein comparator group (patients with cardiac arrest of presumed cardiac origin where the arrest was bystander witnesses and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia), this value was 53%, surpassing the national average of 50%.
- For our STEMI patients, in July 2024, the LAS achieved an average time of 02 hours and 49 minutes for the Call to Angiography measure* against an average of 2 hours and 30 minutes

CPI audits

- In December 2024, 8 group stations achieved 100% completion, and 16 stations were at 96% or higher for compliance. 6 group stations were noted to have provided a high number of face-to-face feedback sessions

CARU:

- Since the last report CARU have published three clinical audit reports looking at our use of Anticipatory Medicines; the administration of paracetamol for patients aged 12 – 15 year olds, and the care provided to paediatric patients with pyrexia who were discharged at the scene
- The research team continue to be busy, giving the patients we treat the opportunity to be involved in clinical research that is aimed at improving outcomes for them and others.

Recommendation(s) / Decisions for the Board / Committee:

For discussion and assurance

Routing of Paper – Impacts of recommendation considered and reviewed by:					
Directorate	**Agreed**				**Relevant reviewer [name]**
Quality	**Yes**	X	No		Via Clinical Quality oversight Group
Finance	**Yes**	X	No		Via Clinical Quality oversight Group
Chief Paramedic	**Yes**	X	No		Via Clinical Quality oversight Group
Medical	**Yes**	X	No		Via Clinical Quality oversight Group
Operations	**Yes**	X	No		Via Clinical Quality oversight Group
Communications & Engagement	**Yes**	X	No		Via Clinical Quality oversight Group
Strategy	**Yes**	X	No		Via Clinical Quality oversight Group
People & Culture	**Yes**	X	No		Via Clinical Quality oversight Group
Corporate Affairs	**Yes**	X	No		Via Clinical Quality oversight Group

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – March 2025

Trust Quality Report – reporting on December 2024 data

This report focuses on the quality of care provided by London Ambulance Service (LAS). The Trust's Quality Assurance and Improvement Dashboard report containing the December 2024 data provides an overview of the quality performance through relevant key performance indictors (KPIs) and information including the quality improvement agenda across the organisation.

The report covers four domains:

- Safe
- Effective
- Caring
- Well Led – Quality Improvement

1.0 Safe

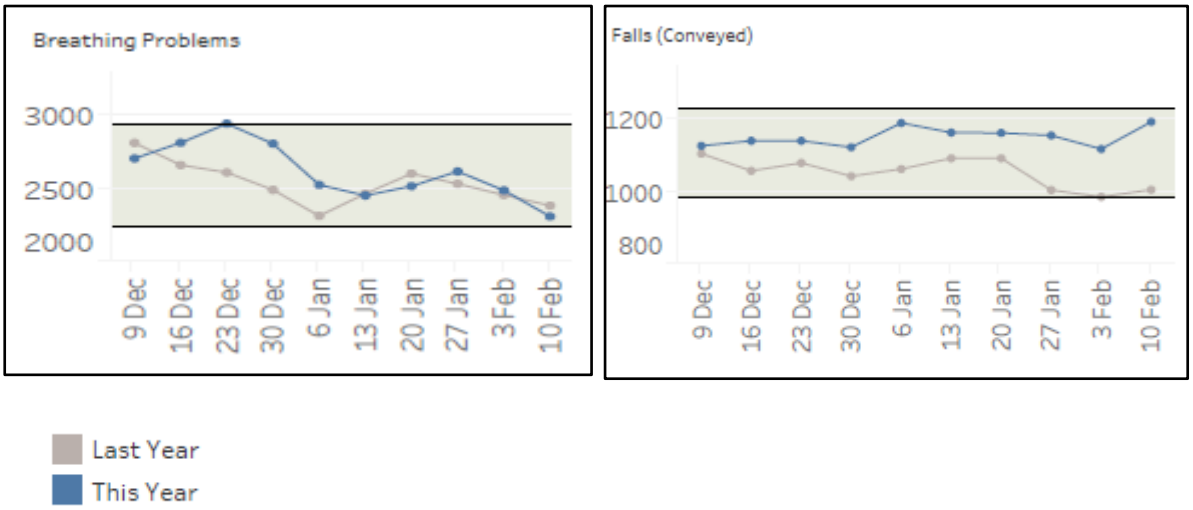
This section reviews the areas which are under the safe domain and how patients are protected from abuse and avoidable harm.

1.1 Clinical Demand and maintaining safety

As we moved into Winter we worked collaboratively with all the 5 Integrated Care Systems., NHS England London Region and all the Urgent and emergency Care Boards in London to prepare for what was expected to be an increase in demand. Together we agreed a Winter Plan which saw LAS increasing capacity for both ambulances and hear and treat, maximising the use of local healthcare pathways where clinically appropriate and a revised Patient Flow Framework to mitigate against demand pressures and reduce congestion in the busy emergency departments. The Clinical Safety Plan was used to ensure that we were prioritising our response to the sickest and most seriously injured patients but also included, for the first time, some Pan-London actions which could be utilised when needed. The plan is continuing until mid-March and feedback is being gathered to refine it for next Winter.

December 2024 saw the highest number of Category 1 calls (approximately 16000) we had ever seen which meant we were managing around 500 Category 1 calls per day on most days in December. In addition, we saw a very significant increase in patients' accessing care through 111 and 999 with breathing difficulties (compared to last year) which reflected the high numbers of circulating respiratory viruses in the community. Whilst viral illnesses are frequently a trigger for an exacerbation of an underlying respiratory condition, we know that air quality is also an important factor, and one which LAS is very committed to supporting the improvements around through the use of electric vehicles and work with the NHSE air quality programme. We also saw a higher number of patients who had fallen – this is not uncommon in more elderly or frail patients who have viral illnesses and we were able to utilise the urgent community response to respond to these patients and where possible keep them safely in their own home. We are working closely with partners to ensure there is sufficient capacity for

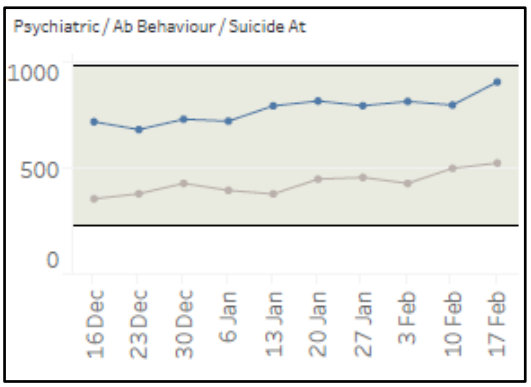
these patients to be assessed in their own home without the need for an emergency ambulance.



1.2 Mental health patients and Right Care Right Person

Patients with mental health issues make up a growing proportion of the patients London Ambulance Service cares for. More than two million Londoners are reported to experience poor mental health every year. The number of patients contacting 999 with acute mental health crises has continued to be higher than last year. The Trust continues to receive around 300-400 electronic referrals daily from the Metropolitan Police Service (MPS). This excludes patients who call 999 directly and have already interacted with police. Many of these calls will relate to patients with Mental Health concerns.

We have Mental Health Nurses working in our Clinical Hub who are able to give expert advice and support to both patients and our staff and we are continuing to work closely with our partners across the wider health system to improve the support and care we offer to those patients who present to us from the Police with lower acuity health needs through access to Single Point of Access pathways and Mental Health advice lines.



We have continued to ensure our relationship with partner agencies is maintained including sharing of data which we are collating.

In the period December 2024 – January 2025, there were 7 incidents reported on the Trust incident management and learning system (Datix). Of the 7, 6 were reported as No Harm while 1 was reported as Low Harm. This incident report was unrelated to the application of RCRP by the MPS.

Our mental health joint response car, which brings together mental health experts and paramedics has celebrated a decade of providing specialist mental health care across the capital. The unit was initially launched as a single car in south east London in November 2018 and has now expanded to six response cars across London. 28,000 patients have been treated by the team since the unit expanded in February 2020 during the Covid pandemic.

This specialist team can ensure patients with mental health conditions get appropriate treatment quickly and, where possible, avoid the distress of attending busy Emergency Departments when they could receive better care elsewhere.

Today, the Service has a team of more than 40 clinicians including experienced paramedics and mental health nurses / specialists. Of the patients they attend, only 18% are conveyed to an Emergency Department.

In December, 5 of the 6 planned Mental Health Transport Ambulances were in operation. The sites they operate from are Hanwell, Fulham, Richmond. Islington and Greenwich. The final resource will be operation before the end of the financial year and operating from Becontree.

All operate on late shifts starting from around 14:00 and a total of 250 patients were attended in December 2024.

1.2 Safety incidents – 999 (page 5 – 12)

There continues to be a positive reporting culture with around 2000 incidents reported in December 2024 which 1100 were patient safety incidents. This equates to a safety incident being reported in 0.4% of contacts.

Whilst most incidents reported are within the no or low harm severity grading the number initially reported as moderate and death harm incidents continued to remain high during this reporting period. All moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups and the Trust continues to review all of these cases and commission Patient Safety Investigations and learning responses.

In relation to the top three categories per 100k patient contacts:

- North Central has the highest rates of medicine management incidents – specifically drug documentation errors
- South East has the highest rates of violence/aggression incidents – specifically directly verbal abuse
- North Central has the highest rates of medical equipment incidents – specifically missing or failure of device / equipment

London Ambulance Service NHS Trust

1.3 Safety incidents – 999 Clinical Hub (page 5 – 12)

The number of clinical assessments carried out by the Clinical Hub continues to rise. In December 2024 and January 2025, an average of 21,500 clinical telephone assessments were completed each month, representing a 39% increase compared to the previous year.

Despite this growth, the number of incident reports has not increased. During the months of December and January, there were a total of 58 incidents reported on the Trust Incident Management and Learning System (Datix). Of these, 54 were no or low harm. 4 moderate or above incidents were referred to PSIG for discussion. None of the cases reviewed met the threshold for a Patient Safety Investigation under the national framework.

When measured per 1,000 clinical telephone assessments, the incident rate was 0.97 in December 2024 (n=21) and 0.65 in January 2025 (n=14).

Themes from incidents form the basis of our monthly CPD and learning plan. All Clinical Hub staff have access to ParaFolio where they are able to undertake and record their learning electronically.

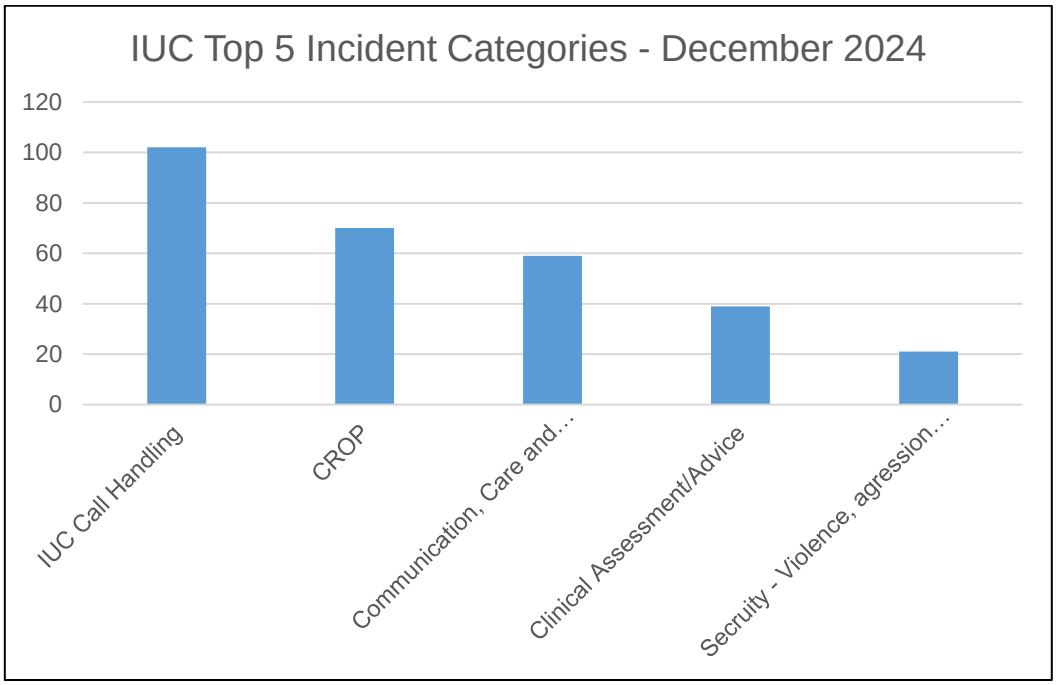
1.4 Safety incidents – 111 / integrated urgent care (IUC) (page 5 – 12)

The total number of incidents reported in December 2024 was 337 compared to 348 reported in November 2024. Three of the incidents graded as death (0.9%), one incident graded as severe (0.3%) and 333 of the incidents reported in December were graded as no Patient harm (98.8%).

The top 3 incident categories in December 2024 were 111 / IUC Call Handling (107), Clinical Concern Regarding External Provider (70) and Communication, Care & Consent (59).

The ‘Clinical Concern Regarding External Provider’ category has consistently remained among the top three reported incidents. These concerns primarily relate to downstream providers and instances where general practices direct patients to call 111 for ambulance transport to the hospital.

All reported incidents are escalated to the relevant external services through the quality alert process and are formally raised with Integrated Care Board (ICB) clinical leads for review and shared learning.



1.5 Overdue incidents (page 5 – 12)

The number of overdue incidents has decreased from 524 (34%) to 410 (30%). This is a significant improvement when considering the Trust position in April 2024 and is on track for meeting the end of year 25% target.

Improvement work continues with regular reporting and feedback being provided to those areas with overdue incidents and specific support has been given to corporate areas.

1.6 Learning from Deaths (page 15 - 18)

Where incidents require a Learning from Death review, if they meet the nationally defined criteria, an enhanced investigation is undertaken using the Patient Safety Incident Framework. The harm grading is subject to change following this more in-depth review.

These cases undergo a detailed review working with clinicians, families and carers and other healthcare providers who have been involved in the care of the patient. A case being reviewed under the learning from deaths process does not necessarily indicate that any errors were made but that there may be internal or cross-organisational opportunity for learning. The process enables us to share learning and understanding and continue to improve the quality of the care we provide to patients and their families.

During Q3 there were 266 cases which underwent a Stage 1 review using the national Learning from Death process. Of these 134 cases required a second stage review following which 4 cases had an AAR, 1 case had a SCHWARM huddle, 12 cases were included into a commissioned Thematic, 1 case was reviewed in a multi-disciplinary team review meeting, 14

had a more detailed investigation commissioned using the Patient Safety Investigation Framework and 4 were investigated alongside another provider or organisation.

A total of 203 from the 266 cases had no concerns with care delivery identified.

The learning opportunities identified from the reviews included clinical assessment and treatment and delayed response and referrals. A thematic has been completed on delayed responses and a cross directorate action plan is in place and being monitored through the Clinical Quality Oversight Group. A clinical assessment refresher is being included in the 2025 – 2026 Core Skills Refresher.

1.7 Medicines Management (page 28)

The total of 212 controlled drugs (CD) incidents were reported in December 2024. This is a slight increase on the preceding two months but remains within statistical process control limits. There have been no losses of schedule 2 controlled drugs. Most of the reported cases are in relation to errors when completing the CD register and further training is being provided. Medicines administration, checks and drug calculations are covered in the current Core Skills Refresher.

1.8 Safeguarding (page 29)

Safeguarding continues to provide assurance through the Safeguarding Assurance Group (SAG) to Clinical Quality Oversight Group. All the safeguarding policies have been reviewed and updated as required.

The Safeguarding Team focus has been on the introduction of a new electronic safeguarding referrals process which went live on 12 November 2024. The working group continue to meet weekly to address issues and make improvements to this bespoke service and the trust continues to work with the supplier to make further improvements and streamline processes for staff.

We have a contractual target for training compliance of 85%. Our level 1 training compliance is at 87% and both level 2 and 3 are above 75%. Additional places for training have been made available to enable compliance to be met by end of financial year. Our compliance with the Oliver McGowan Learning Disability and autism Training is at 90% and Prevent is at 94%.

1.9 Health Safety and Security (page 30)

The Health Safety and Security Team have delivered 10 sessions of Managing Safety courses to total of 195 staff members and 10 sessions of Corporate Induction during 2024/25 (up to end of January 2025), all with positive feedback.

The Stress Assessment Toolkit Training provides support to Managers undertaking stress risk assessment for staff they manage. The course has been updated to include practical sessions from 2025.

The LAS Trust Board Annual Health and Safety Training took place on 6th February 2025 and was well received.

The Trust Health and Safety Policy has been signed and dated by the LAS CEO and the Director of Corporate Affairs.

1.11 Infection Prevention and Control (IPC) (page 31)

Hand hygiene compliance for January 2024 was recorded at 95%. These audits are conducted by local teams and subsequently shared with operational staff. The Trust is actively working to enhance adherence to the Bare Below Elbows policy among front-line clinical staff.

Furthermore, compliance with the six-weekly deep cleaning of vehicle preparations was reported at 88%. Challenges in meeting the Trust's target of 95% have been attributed to ongoing adjustments in staff roles and responsibilities, as well as the implementation of rotational shift patterns.

Premises cleaning audit compliance was reported at 95%, exceeding the Trust's target of 90%.

The Infection Prevention and Control (IPC) annual work programme remains on track for completion by 31st March 2024. The development of the future work programme is underway and will be finalised in consultation with the Infection Prevention and Control Committee (IPCC).

Effective

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

2.1 Clinical Performance Indicators (CPI) (page 36)

Every month the Clinical Audit and Research Unit produce CPI reports and progress charts. CPIs are a tool used to continuously audit the care the Service provides to different patient groups.

The Clinical Audit and Research Unity (CARU) have launched a new Clinical Performance Indicator (CPI) Application. This allows pre-population of some aspects of care (when ePCR allows) enabling auditors more time to focus on aspects of care that require clinical judgement. In addition, a query function has been introduced that allows auditors to 'pause' a CPI audit and raise a query with CARU or the appropriate specialist clinical audit/other auditors, and an inbuilt quality assurance functionality which will allow feedback on the accuracy of CPI audits.

In December 2024, 8 group stations achieved 100% completion, and 16 stations were at 96% or higher for compliance. 6 group stations were noted to have provided a high number of face-to-face feedback sessions.

Areas for learning from the CPI audits are shared with the Sector Senior Clinical Leads to incorporate into local training sessions and team huddles.

2.2 Clinical Ambulance Quality Indicators (page 33 and 35)

Through our clinical registries we continue to monitor and report the care provided to patients experiencing either a cardiac arrest and ST elevation myocardial infarction (STEMI). We submit this data to the NHS England Ambulance Quality Indicators (AQIs) programme, enabling the benchmarking of the quality of care across all ambulance Trusts in England. There is still a time lag in receiving national end-to-end patient data of up to 5 months. The Quality Assurance and Improvement report for this period includes the July 2024 clinical outcomes data which were published on 12 December 2024.

In July 2024 30% of patients achieved ROSC which was sustained to hospital arrival, well above the national average of 28%. 12% of patients in the overall group survived for 30 days against a national average of 11%. LAS was the second-best performing Trust for survival rates. In the Utstein comparator group (patients with cardiac arrest of presumed cardiac origin where the arrest was bystander witnesses and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia), this value was 53%, surpassing the national average of 50%.

For our STEMI patients, in July 2024, the LAS achieved an average time of 02 hours and 49 minutes for the Call to Angiography measure* against an average of 2 hours and 30 minutes.

**This is based on MINAP data which is subject to change during the revision period*

The new Falls Care Bundle AQI is now in place. In September 2024 the Falls Care Bundle achieved for 44.7% of patients in which is a 7 % increase from the June 2024 data and just above the national average for September (44.2%).

2.3 Cardiac Arrest data – December 2024

Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) which includes signs of breathing, coughing, movement, a palpable pulse or measurable blood pressure is the main objective for all out of hospital cardiac arrests, and can, in some cases, be achieved through immediate and effective treatment at the scene. The key to increasing the chances of achieving return of spontaneous circulation (ROSC) are the speed of starting basic life support and defibrillation when the patient's heart is in a shockable rhythm. Our December 2024 cardiac arrest data indicates:

- 1001 patients in cardiac arrest were attended by LAS
- 345 patients had resuscitation commenced
- The median time from 999 call to dispatcher assisted basic life support (chest compressions) was 3:56 and the mean response time was 6 minutes and 27 seconds
- Mean time from arrival on scene to first LAS defibrillation was 3 minutes
- For all patients in cardiac arrest return of spontaneous circulation (ROSC) was achieved in 44% of patients with 30% sustaining ROSC to hospital

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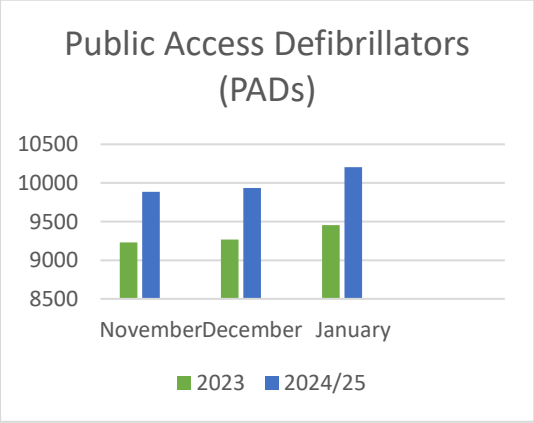
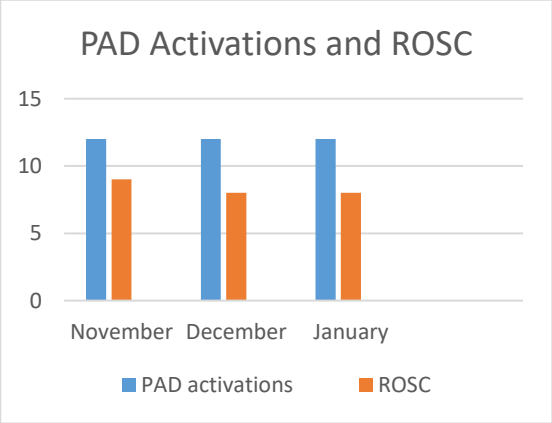
2.4 'Chain of Survival'

Out of Hospital Cardiac arrest (OHCA) survival increases the earlier we can start the "chain of survival" with early identification of cardiac arrest, CPR and defibrillation. High quality CPR and early time to first shock are vital if we want to increase OHCA survival. These two elements in the chain of survival are often carried out by our volunteers, Emergency Responders, Community First Responders and GoodSam responders. We are working hard to encourage members of the public to be trained in recognition of cardiac arrest, learning CPR and giving them the confidence to use a defibrillator, through our London Lifesavers programme.

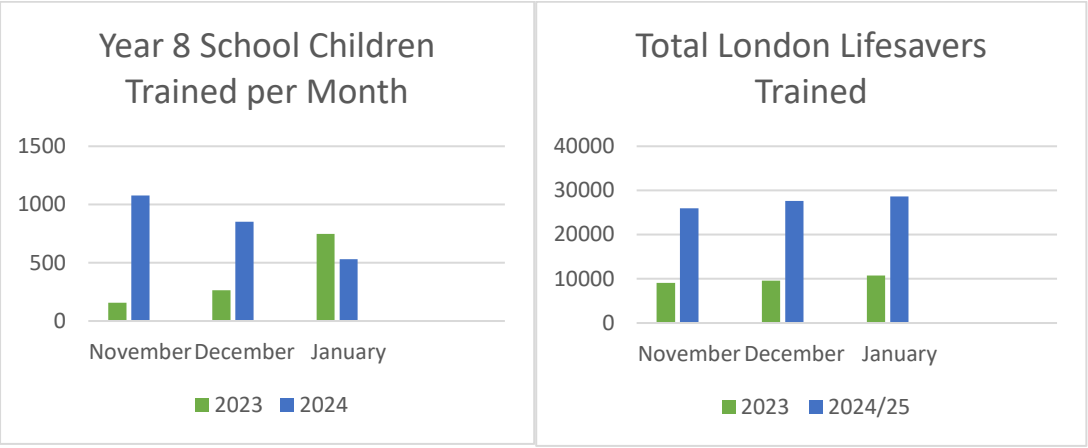
Find out more about becoming a London and register for training here - https://www.londonambulance.nhs.uk/getting-involved/become-a-london-lifesaver/about-london-lifesavers/ .





* PADs numbers are a combination of circuit registered and LAS data base registered.

In October 2023 we launched our London Lifesavers schools programme aimed at giving all year 8 pupils in London the skills and knowledge to step in and help save the life of someone in cardiac arrest. We know in countries where CPR is taught in all schools they have almost double the survival rates than countries which do not. We are also placing defibrillators in underserved areas across London through our London Heart Starters project. We have identified 150 priority boroughs where there are either no defibrillators (defibrillator deserts) or below the number we would expect per population and we are working with councils, members of the public and businesses to place defibrillators in residential areas. We are targeting residential areas as 75% of OHCA happen in the home so by placing defibrillators within easy reach of homes we can start to reduce the time to first shock. Find out more about supporting our campaign here https://www.londonambulancecharity.org.uk/Appeal/heartstarters



*In January 25 we visited 8 schools with 5 being SEN schools with very small classes hence why the numbers are less in 2025 than 2024.

2.5 STEMI – December 2024

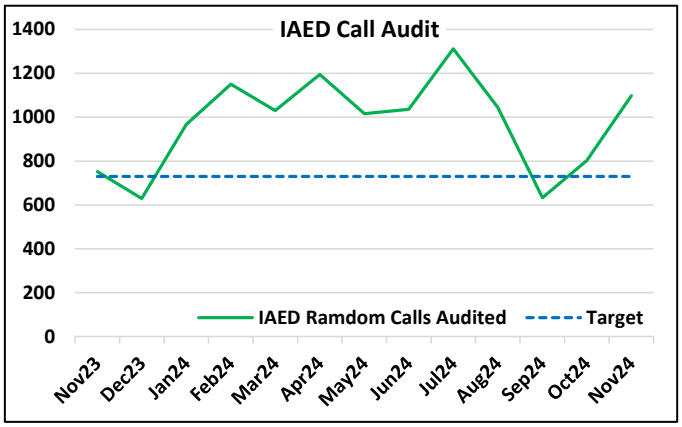
A heart attack, or myocardial infarction (MI), is caused by a sudden blockage of the blood supply to the heart muscle. It is therefore vital that blood flow is quickly restored through clinical interventions such as primary percutaneous coronary angiography and stenting. This procedure is time critical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

Our most recent data indicates:

- In December 2024, 302 patients were attended by LAS and had a confirmed STEMI, slightly more than the previous report.
- 100% of these patients had the ECG uploaded onto their clinical record.
- 100% of the patients were conveyed to the correct destination with 95% being conveyed to a Heart Attack Centre.
- 76 % of patients had received the complete care bundle with 88% receiving analgesia.
- The mean call to arrival at hospital was stable at 1 hour and 50 minutes.

2.6 Emergency 999 Call Handling (page 40)

The number of 999 call audits being undertaken for compliance has increased following a slight drop over the summer when the quality assurance team focus was on supporting new staff. This is despite 999 call volume remaining very high. Compliance standards were maintained at 95% which is above the expected target of 93%. Individual feedback is provided to 999 call handlers where learning is identified



2.7 111 Quality Audits (page 39 - 41)

There has been good compliance with undertaking audits in both NEL and SEL 111 for all staff groups. Themes identified are shared with specific groups as learning opportunities and support is provided on an individual basis required.

2.8 Clinical Audit and Research (page 46 - 47)

Clinical audit is a tool to improve clinical quality and patient care and plays an important role in ensuring that the highest standard of care is delivered to patients across the National Health Service (NHS). It enables organisations to demonstrate the quality of their services and identify areas for improvement or where further education may be needed. Importantly, it can reduce variability in practice and improve standards of clinical care. It is common practice to find results being used to inform local protocols and national ambulance clinical practice guidelines.

Since the last report CARU have published three clinical audit reports looking at our use of Anticipatory Medicines; the administration of paracetamol for patients aged 12 – 15 year olds, and the care provided to paediatric patients with pyrexia who were discharged at the scene. The learning from these clinical audits is shared with sector based clinical / quality teams and clinical team managers to discuss at team days and team huddles.

The research team continue to be busy, giving the patients we treat the opportunity to be involved in clinical research that is aimed at improving outcomes for them and others.

- In January we reached the milestone of recruiting 250 patients into the Spinal Immobilisation Study (a randomised controlled trial comparing movement minimisation with triple immobilisation - hard collar, blocks and scoop - for trauma patients with suspected cervical spine injury).
- The CRASH4 trial (exploring whether administering intramuscular Tranexamic Acid (TXA) to older patients with mild symptomatic traumatic brain injury can improve outcomes) will be expanded to another 4 ambulance station groups as a result of several hospitals in the NE sector recently coming on-board. Local management teams have been approached for approval and are expected to be able to join shortly. We have recruited 252 patients into this trial so far.

- After closing to recruitment in late 2024, all outstanding RAPID-MIRACLE data has been uploaded to the study database for analysis. 333 patients were enrolled in total.
- A meta-analysis of three cardiac arrest trials was published in December comparing the administration of adrenaline in intraosseous and intravenous routes. This included results from the PARAMEDIC-3 trial and, despite differing methodologies, results broadly agreed with each other. LAS was, by far, the largest recruiter for the PARAMEDIC-3 trial and made a significant contribution to the evidence base.

3.0 Caring

This section considers whether the service we provide involves and treats people with compassion, kindness, dignity and respect.

3.1. Health Inequalities

As the only pan-London acute provider, LAS has a unique insight into the Health Inequalities being experienced by Londoners. The LAS Health Inequalities work is progressing in line with the agreed timescales and there is a supporting engagement plan.

3.1.1 Sickle Cell Disease

The Sickle Cell Improvement Plan continues to be implemented, with key milestones achieved in Q3. A clinical education module has been developed, based directly on the findings and feedback from patient engagement, which will be delivered to all front line clinicians during 2025/26.

Collaboration continues with the pan London Sickle Cell Improvement Group and local hospitals to enable direct access to Sickle Cell units.

3.1.2 Maternal Health

The patient engagement phase of the Maternal Health work stream has commenced in partnership with 2 external voluntary, community, and social enterprise organisations. Healthwatch Barking and Dagenham and Tower Hamlets Council for Voluntary Service / Flourishing Communities have started engaging with patients.

The aim of the patient engagement to ascertain the experience of women and birthing people accessing urgent and emergency care via 111 and 999 services. In addition, it will also focus on the experience of women and birthing people when receiving care from LAS during pregnancy and 12 months' post-partum. The findings will inform the development of an action plan that will aim to address identified areas of improvement.

English language proficiency is a cross cutting theme and this is being explored within maternal health through collaboration with Happy Baby Community, an organisation that supports new and expectant mothers and birthing people who have arrived in the UK to seek asylum. We recognised that this migrant population face a language barrier that we aim to address by creating a multi-lingual maternity leaflet to provide important information on the services that LAS provides.

London Ambulance Service NHS Trust

3.1.3 5 year 'Reducing Health Inequalities Action Plan'

Each component part of LAS' Reducing Health Inequalities action plan has now been created and agreed with the LAS Executive team and Non-Executive Directors through the Equality Diversity and Inclusion committee. Actions have been created following analysis of LAS activity in each area and the potential interventions that could be implemented in practice.

3.1 Alternative Care Pathways and Care Co-ordination

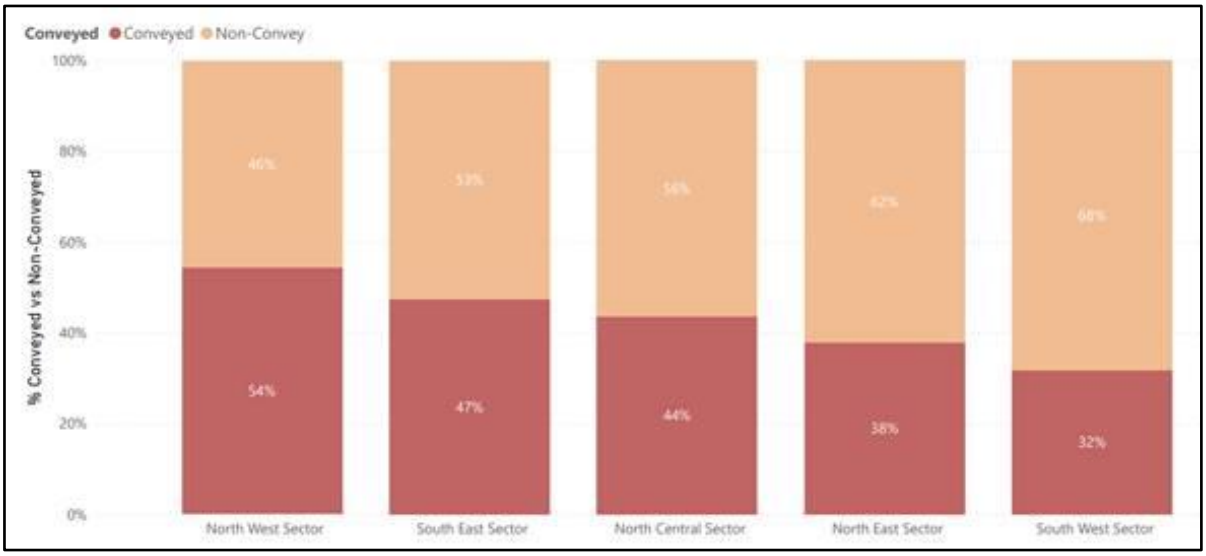
3.2.1 LAS Urgent Community Response Cars

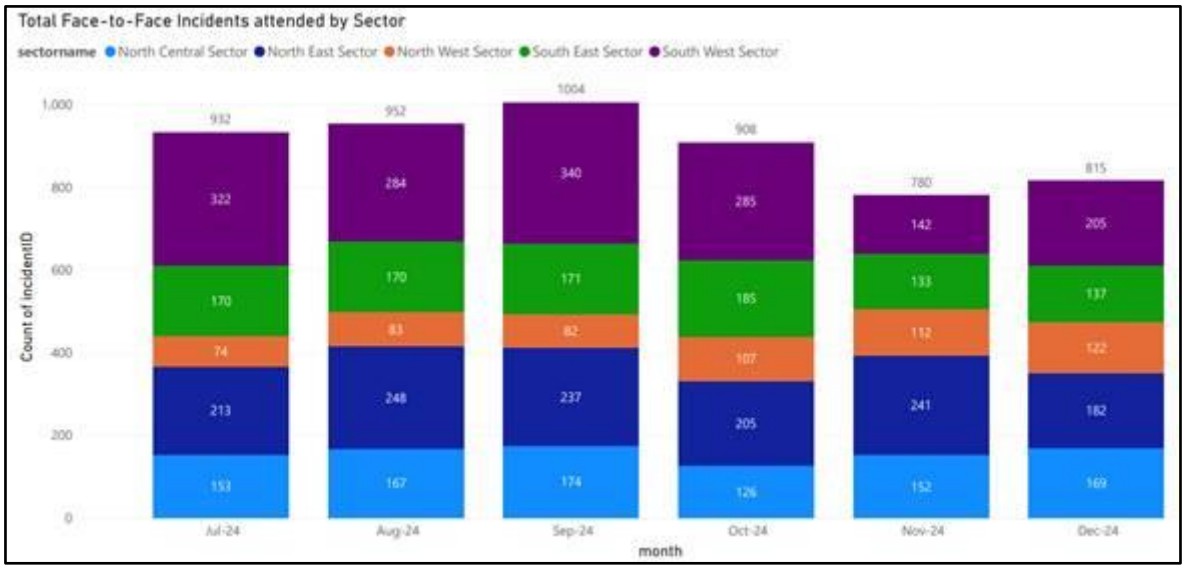
A total of 9 Urgent Community Response (UCR) cars are currently in operation across all operational sectors. This has reduced from 10 due to providers in South West London deciding to withdraw from our collaboration.

815 patients were attended during December 2024 and a total of 226 ambulance conveyances were saved.

Collaboration between LAS and external UCR providers continue with weekly / monthly sessions in place. We continue to work together to maximise the number of patients the LAS UCR team see as this results in a smaller percentage of patients require conveyance to an emergency department.

Below shows conveyance/non conveyance percentage (including Category 1's) and total face to face incidents LAS UCR cars attended.





3.2.2 Integrated Care Coordination (ICC) Hub

We have continued our work with North Central London ICB to further develop our LAS hosted, jointly delivered Integrated Care Coordination (ICC) Hub in Friern Barnet Ambulance Station. On 6th January 2025 we moved from a temporary office space to a larger bespoke room with 8 workstations.

Staffed by LAS Paramedics and Nurses, ED Consultants, GPs and in future other speciality leads (e.g. UCR, Frailty etc.), the ICC Hub intention is to support more patients to receive the care they need via the most appropriate care pathway both on scene (See and Treat) and via remote clinical telephone assessment (Hear and Treat).

To support our crews to make more safe and appropriate referral decisions, we have introduced Call Before Convey (known as a 'Partner in Care Call' in LAS). Crews are now able to have a telephone discussion with the Senior Clinical Decision Maker (SCDM) prior to conveyance of all cases that do not require a Priority Call and transport under emergency conditions. Our clinicians will discuss their plan with the doctor who will provide support and guidance to explore opportunities to optimise referral into alternative care pathways where clinically appropriate.

SCDMs work in the ICB and are able to call on their knowledge of local system structures and professional relationships to overcome some of the more challenging aspects of referral including accessibility and capacity.

Since the ICC Hub has gone live, we have seen an improvement in the number of patients receiving the care they need closer to home with no increase in recontact calls or patient safety incidents.

3.2.3 Point of Care Testing (POCT)

Our POCT pilot started on 30th September for North West London (NWL) and 12th November for North East London (NEL) in partnership with Northwick Park and Barts Health REACH

team. The pilot is supported by NHSE and will run for 6 months until 31st March 2025. To date, there have been 14 saved conveyances where the POCT result led the REACH Consultant to refer the patient to a community pathway instead. There were an additional 6 patients that were referred to Same Day Emergency Care instead of the Emergency Department due to the usage of POCT. Even when the patient was conveyed to the Emergency Department the feedback is the journey through the ED is smoother as the blood results are available.

4 Quality Regulation

The Trust remains in contact with the Care Quality Commission (CQC) and we had an engagement meeting in January 2025. LAS led the national working group with CQC to provide input into the new single assessment framework for ambulance services. The final framework is awaited. We are not subject to any enforcement action.

London Ambulance Service
NHS Trust

The Quality Report

Trust Board

December 2024 data

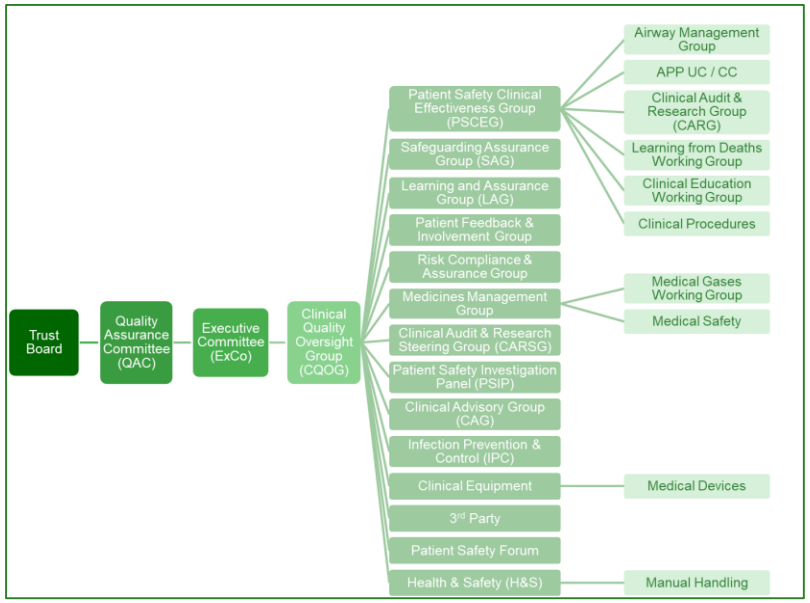
We are the capital's emergency and urgent care responders

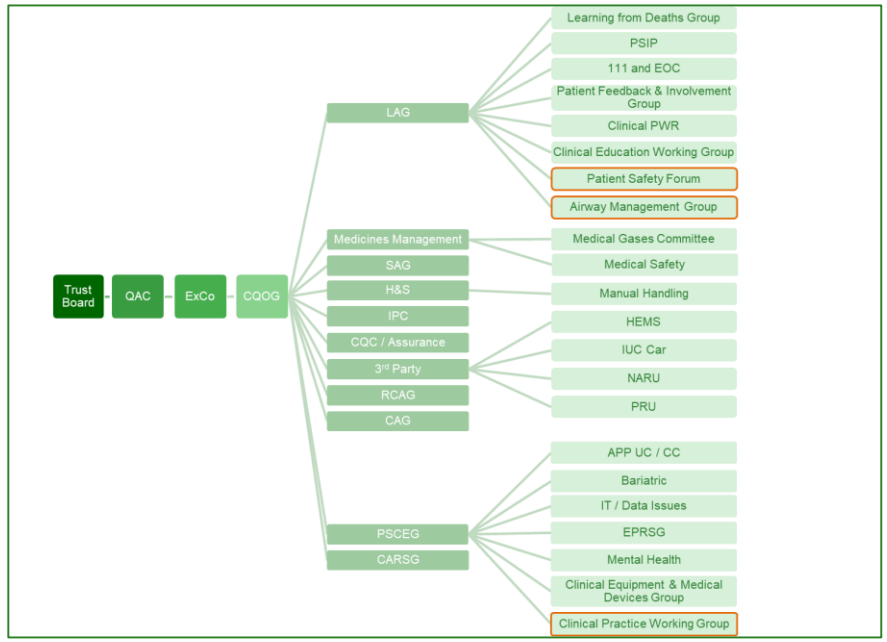
Index

Introduction & Purpose

The quality report has evolved over recent months and forms part of the quality directorate development work. This latest iteration aims to bring together all of the elements of quality and multiple papers into a single escalation report from CQOG to QAC and in so doing demonstrate that there is sufficient oversight and assurance in regard to quality across the LAS. This report will then, in turn, shape the structure of the committees that report into CQOG, the flow of quality intelligence and the degree of oversight obtainable at CQOG and QAC.

As the report is a work in progress, **there are a number of intentionally blank placeholder slides marking where additional Quality information will be displayed once the baseline committees and reporting structures are introduced** and amended covering areas that I believe are vital to fully understanding how safe the organisation is but previously have sat outside of this report. Other slides are works in progress as we refine the presented data with the teams





Summary

		Jul-24	Sep-24	Nov-24	Comment
SAFE	Reported Incident Volumes				There has been an increase in the number of incidents reported during this period.
	Level of Incident Harm				The number of reported severe harm and death harm incidents saw an increase during this reporting period.
	Sector variation in Incidents				
	Medicines Management				Continue to see a high number of controlled drug reported incidents.
	Health & Safety				
	Safeguarding				Not meeting required target for level 2 safeguarding. IUC compliance has dropped compared to the last reporting period.
	Infection Control				Five group stations did not submit hand hygiene OWR data. Make Ready service wide compliance below target.
EFFECTIVE	Clinical AQI				
	Performance AQI				Call to angiography time has increased and is 19 minutes longer than the national average ranking LAS in last place nationally. STEMI care bundle compliance of 72.6% ranks LAS seventh.
	CPI Audits				
	Call Handling				
	111 - NEL				
	111 - SEL				
	EPRR				
	Alternative pathways				

	Recent Quality issues which QAC should be aware of, or which don't have a QI plan
	Areas where Quality is not of the level required and which are being reviewed
	No serious areas of concern with Quality of Care

WORK IN PROGRESS

Clinical AQI (AMB-CO)	Dec23	Jan24	Feb24
Stroke (median)	7	3	6
Stroke (90th centile)	8	6	7
Stroke (mean)	7	5	5
STEMI (90th centile)	6	3	5
STEMI (mean)	5	7	6
Cardiac Arr ROSC	7	1	3
Cardiac Arr ROSC (Ulstein)	7	5	2
Cardiac Arr 30day surv	7	1	5
diac Arr 30day surv (Ulstein)	5	1	7
STEMI care bundle		4	
Cardiac Arr care bundle		4	
(Trust Ranking)			

Performance AQI (AMB-SYS)	Sep24	Oct24	Nov24
C1 mean	2	2	2
C2 mean	10	8	8
C3 mean	3	2	4
C4 mean	10	6	6
999 call answer mean	9	6	7
Clin Validation mean	4	6	6
C5 Clin Assessment mean	4	3	4
H&T / All Incidents	2	2	2
S&T / All F2F	8	7	9
Non ED / Conyeyed	9	9	8
(Trust Ranking)			

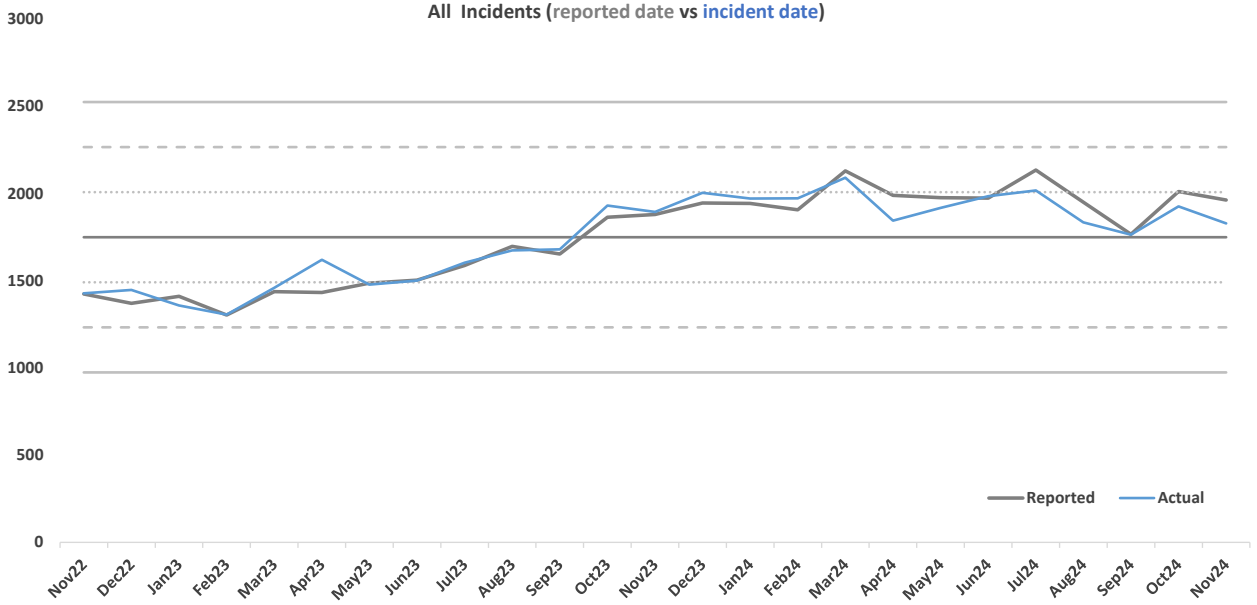
London Ambulance Service
NHS Trust

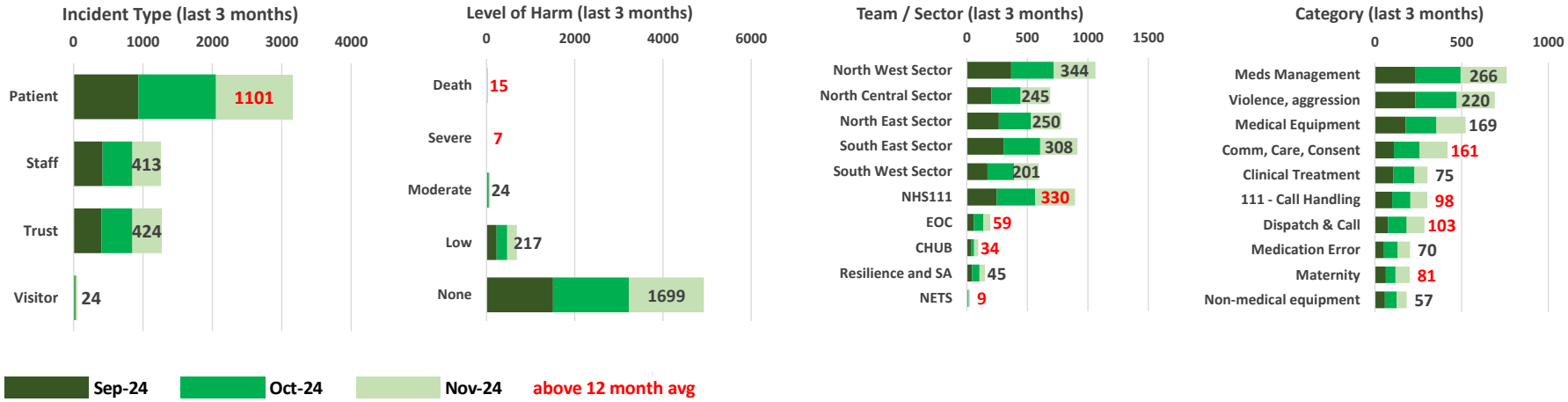
Patient Safety & Incidents

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

All Incidents





Circa 2000 incidents are being reported by staff per month on the Datix system which remains in special cause variation, noting an increase in the number of incidents compared to the previous reporting period.

This would be in keeping with the year-on-year increase in the number of reported incidents that previously saw a doubling of the total number of incidents in the preceding 5 years.

Just over half the incidents reported are designated as patent safety incidents.

A comparison between the actual date of the incident and the date of reporting has been added to identify late or cluster reporting as a cause for variation and to identify peaks in workload for the patient safety team, which may impact their ability to meet timelines

The Northwest sector remains the highest reporter of incidents.

Of note, there was an increase in incident reporting for NHS111 in this period.

Top categories for this reporting period include:

- Medicines management
- Reports of violence/aggression
- Medical equipment

Core objectives:

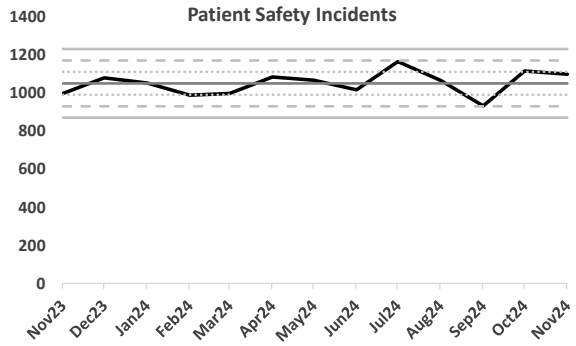
Work continues to support the trust's business plan objective of reducing the number of overdue incidents.

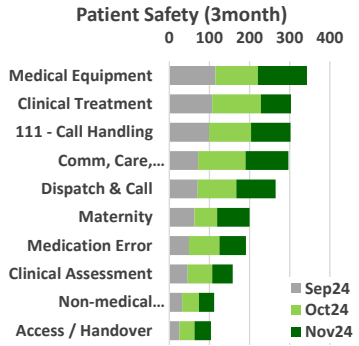
Responding to incidents in a timely manner will further increase the positive reporting culture within the Trust.

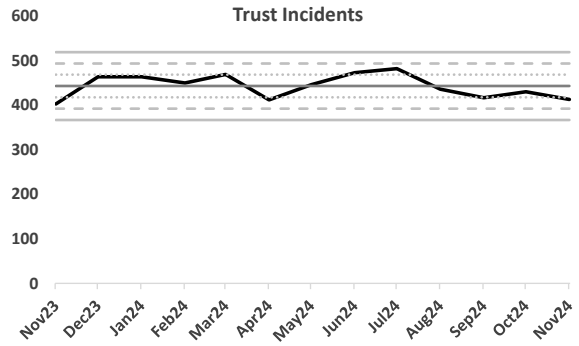
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

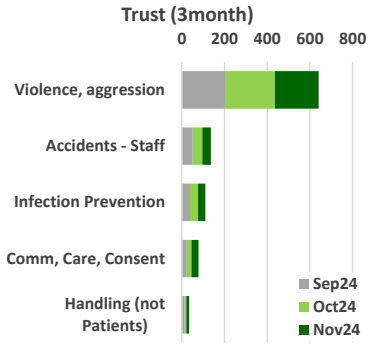
No concerns for escalation

Incidents by Type (reported date)



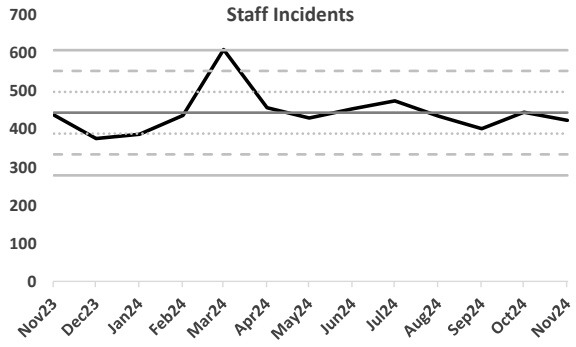


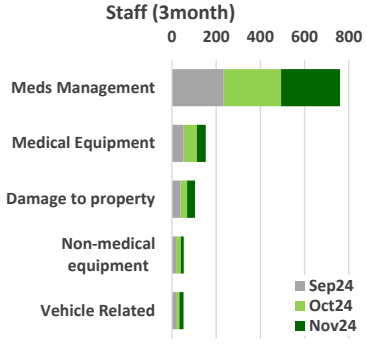


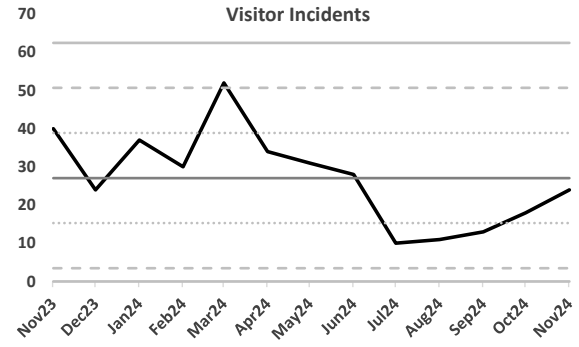


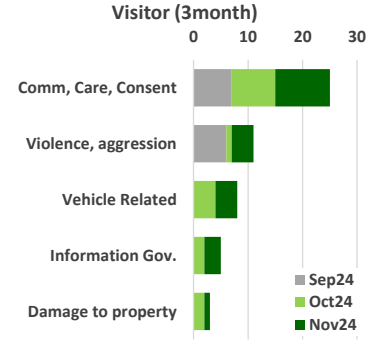
Common cause variation is evident across all four reporting types.

The central patient safety team review new incidents reported on a daily basis. This is with a view to flag those of immediate concern but also to ensure that they are reported under the correct category/type and purify the data.









The number of visitor incidents is being monitored by the central patient safety team with a view to quality assure the data at the point of reporting.

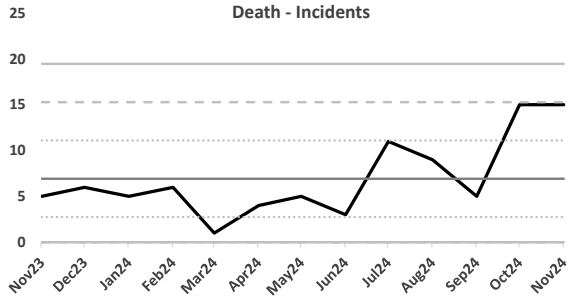
Visitor incidents are usually errors at the reporting stage whereby incidents have been reported to raise a concern about a visitor/non LAS staff member and not due to incidents affecting this cohort.

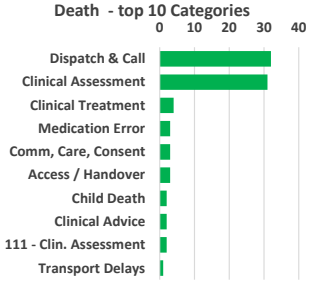
The number of visitor incidents has increased since the introduction of LFPSE with the increase in the number of questions being asked by the system for patient safety incidents.

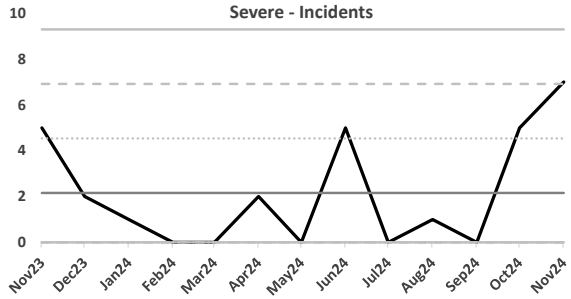
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

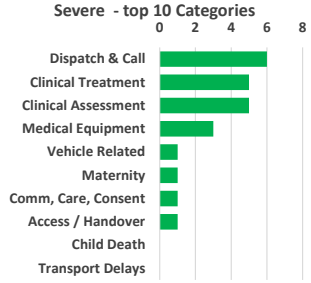
Incidents by Harm (reported date)

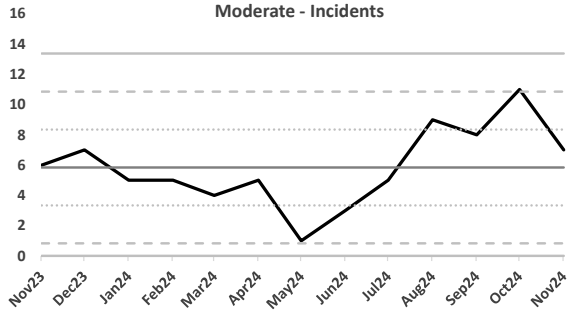
The number of **reported** severe harm and death harm incidents saw an increase during this reporting period. The top reporting category in this group is **delayed response**.

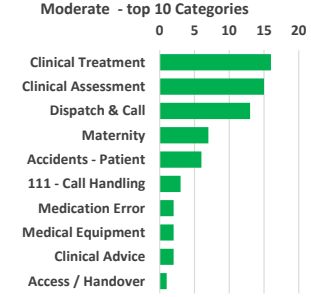












PSIP Outcomes - Last 6 months

	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24
Enhanced Inv. - External			4	3	2	1
Loc-defined - Local PSII					1	1
Nat-defined - Local PSII	3	5	6	8	6	7
Nat-defined - Alt. Team						
Patient Safety Review						
PSR - After Action Review	3	9		8	4	6
PSR - Complaint Response		1			2	
PSR - Delays SJR						
PSR - MDT		2			1	
PSR - SWARM Huddle		1	1		1	
	6	18	11	19	17	15

PSIRF Themes - Last 6 months

	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24
111 - Clin. Assessment						
Clinical assessment				1		
Clinical treatment (EXCEPT meds)						
Communication, care & consent						
Dispatch & call	1	3	1	3	4	2
Local – Call Handling - 111/IUC			1			
Local – Call Handling - 999		2		1	3	5
Local – Cardiac Arrest / Airway Mgmt		1				1
Local – Cardiac Arrest / Recognition		1			1	
Local – F2F - incorrect non conveyance	2	2	3	5	3	2
Local – 999/111 clin assess. incorrect advice		2	1	1	1	
Local – F2F - definitive care	1	1	1	3	3	
Local – F2F - immobilisation				1		1
Local – F2F - extremes of age	1			1		1
Local – Medicines Management		2				1
Local – Emergency Patient Safety Incidents						
Maternal, obstetric and neo-natal			4	3	1	
Non-medical equipment						
Patient accidents & injuries	1					
	6	14	11	19	16	13

This page displays data relating to when incidents are reported as opposed to when they actually occurred.

Initially reported harm gradings may change following reviews.

The number of reported severe harm and death harm incidents saw an increase during this reporting period. The top category for these incidents is recorded as dispatch and call, **specifically delayed response**.

15 severe harm incidents were reported in this period by CARU following an annual review of recontact cases where patients presented in cardiac arrest on recontact and were conveyed to the hospital.

The continued high numbers reported in the LfD data for Paediatrics and safeguarding requires further investigation and a thematic on paediatric harm has been commissioned by the NEDS at the last QAC.

The trust continued to commission a high number of national PSIIs during this reporting period as well as two local PSIIs.

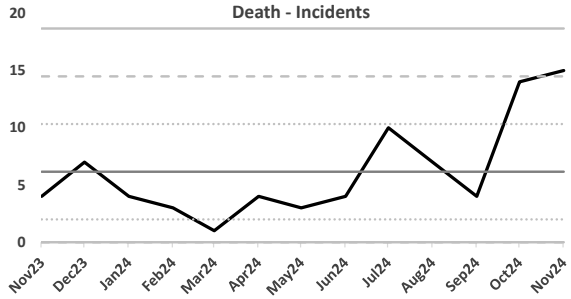
Themes from commissioned learning responses include:

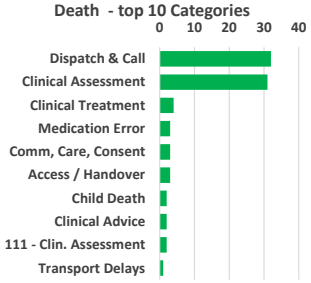
- STEMI patient's being conveyed to a HAC. 29 cases have been reviewed as part of an MDT.
- Call handling – recognition of ineffective breathing.
- Delayed response
- Cardiac arrest management

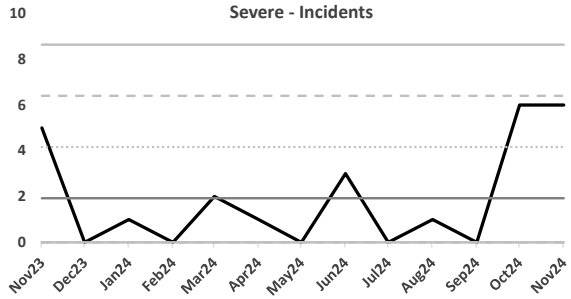
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

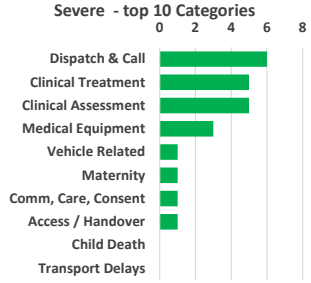
Incidents by Harm (incident date)

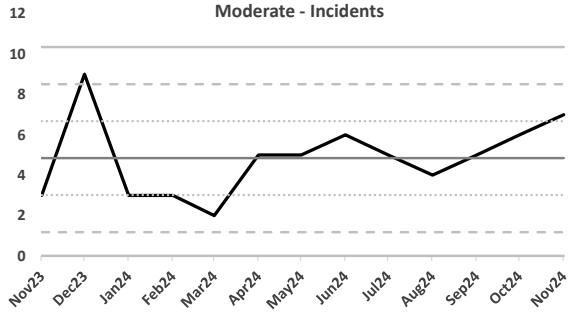
The number of moderate, severe and death harm incidents by incident date saw an increase during this reporting period.

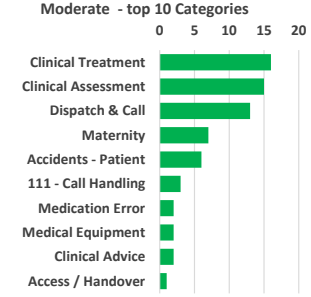












Not all incidents are reported in the same month that they occurred. Reasons include:
- Notification of a case from the coroner
- Completion of an annual audit
- Complaint received at a later time from a patient/family.

This slide depicts when reported incidents occurred and allows a more accurate correlation with strategic decision-making.

The number of death, severe and moderate harm incidents that occurred during the reporting period saw an increase.

15 incidents were identified via the continuous re-contact audit, 9 of which related to cases where patients were found deceased within 24 hours of contact with the LAS.
- In 5 cases, callers were referred to NHS111
- In 2 cases the patient underwent hear and treat
- in 2 cases and ambulance discharged on scene.

Case examples include:
- 68-year-old who had been found on the floor by a care giver. An assessment was undertaken by the clinical hub and a decision made not to send an ambulance. Red flags were not cleared.
- 89-year-old presented with leg pain and was warm transferred to NHS111. The call returned as a category 3. During a welfare ringback, it was identified that the patient was in cardiac arrest.

9 incidents reported during this period were in relation to a **delayed response**.
- 1 hour 35 minute response time to a category 2 for a patient with breathing problems. Cardiac arrest on the arrival of the ambulance.
- 37 minute response time to a category 1, 81-year-old in cardiac arrest. Deceased following resuscitation.

15 incidents were reported suggesting a potential call triage error. 8 have been reported with a harm grading of death.

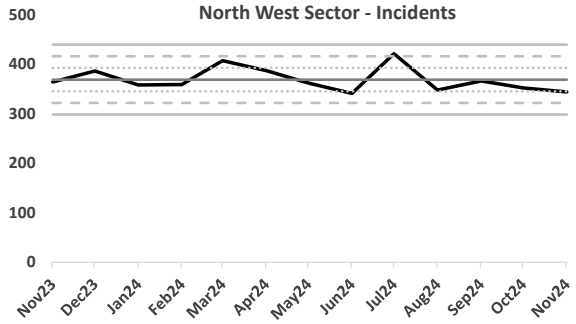
Other incidents of note:
- Failure of suction device during airway management for an 81-year-old in cardiac arrest
- Concern raised by a hospital trust in relation to the assessment and management of an unwell 4-month-old.

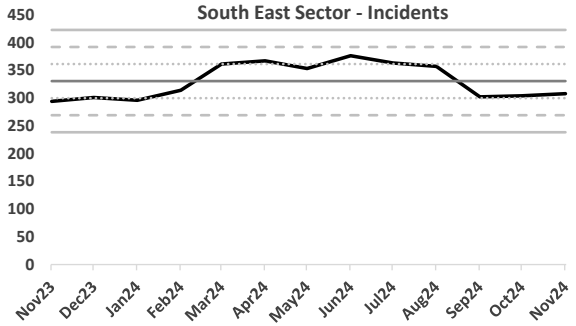
NB. moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups where LfD reviews are undertaken. Therefore the harm grading is subject to change.

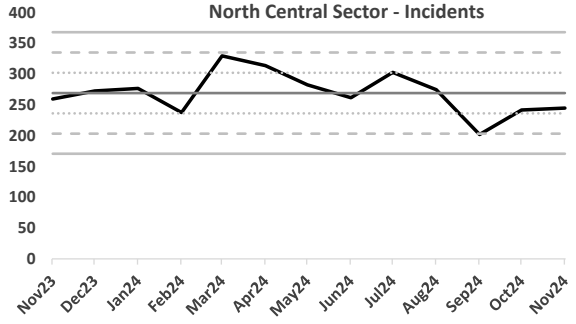
Safe | Effective | Caring | Improve | **Priority** | **Owner** AW | **Exec Lead** FW

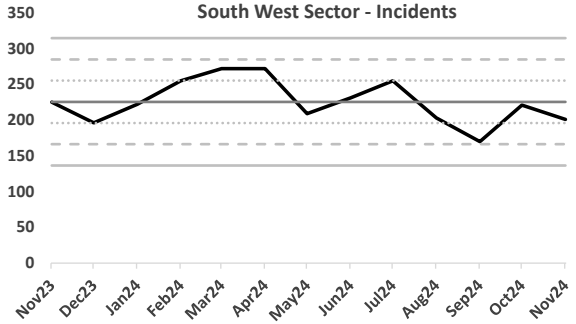
Incidents by Sector (reported date)

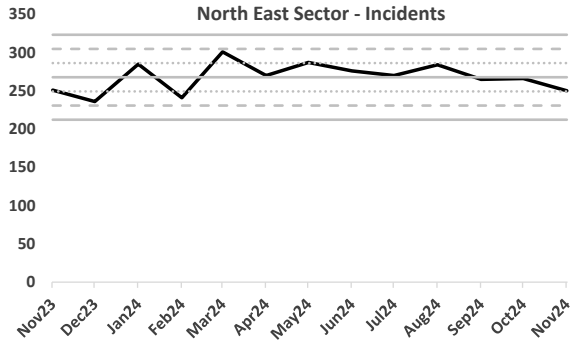
NHS111 has seen an increase in the number of incidents reported.

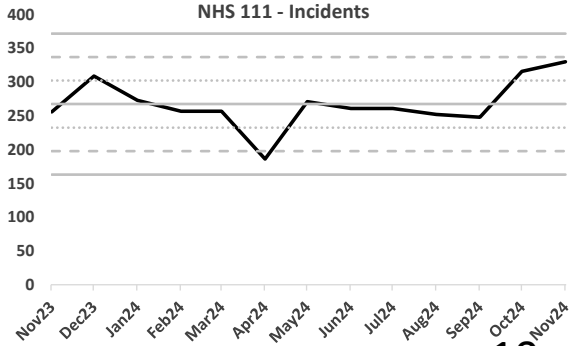












Breakdown of data by Team for last 3 months

	NW	NC	NE	SE	SW	111
Patient	546	302	354	421	294	734
Staff	229	145	210	243	142	127
Trust	271	233	191	222	143	14
Visitor	8	3	13	9	6	10
Patient %	52%	44%	46%	47%	50%	83%
Staff %	22%	21%	27%	27%	24%	14%
Trust %	26%	34%	25%	25%	24%	2%
Visitor %	1%	0%	2%	1%	1%	1%
Death	5	3	4	5	0	2
Severe	3	1	1	2	0	0
Moderate	5	2	2	5	2	1
Low	69	34	45	65	26	6
None	464	262	302	344	266	725
Death/Sev/Mod %	2.4%	2.0%	2.0%	2.9%	0.7%	0.4%
Patient Contacts	67,268	36,950	55,592	58,273	36,600	
Death (per 100k)	7	8	7	9	0	
Severe (per 100k)	4	3	2	3	0	
Moderate (per 100k)	7	5	4	9	5	
Death/Sev/Mod (per 100k)	19	16	13	21	5	

Incident Categories (per 100k)

Meds Management	275	449	183	251	230	
Violence, aggression	180	192	218	252	210	
Medical Equipment	186	214	205	172	183	
Comm, Care, Consent	65	65	56	60	55	
Clinical Treatment	86	95	74	105	96	
111 - Call Handling	0	3	0	2	0	
Dispatch & Call	54	35	27	36	46	
Medication Error	71	65	45	96	49	
Maternity	45	54	76	48	66	
Non-medical equipment	61	60	63	50	96	
Clinical Assessment	54	92	45	26	44	
Vehicle Related	54	62	41	41	57	
Damage to property	30	54	56	38	46	
Accidents - Staff	27	57	47	41	52	
Infection Prevention	31	35	34	53	46	
Access / Handover	54	62	41	27	19	
Information Gov.	16	16	22	17	8	
111 - Clin. Assessment	3	5	0	2	0	
Buildings, IT	10	11	9	5	5	
Accidents - Patient	31	22	14	21	33	

The North West is the largest sector with over 1000 staff, The North East and South East have circa 950. the South West just under 700 and North Central is the smallest with just over 600. However, there are a number of additional challenges noted within that sector.

The North West and South East continue to be the highest reporting sectors.

NHS111 has seen an increase in the number of incidents reported during this period, but the majority are low/no harm.

The South West has the lowest death/seve/mod incidents per 100K patient contacts after 111.

The highest proportion of death/seve/mod incidents were within South East which also saw the highest number of these incidents per 100k patient contacts.

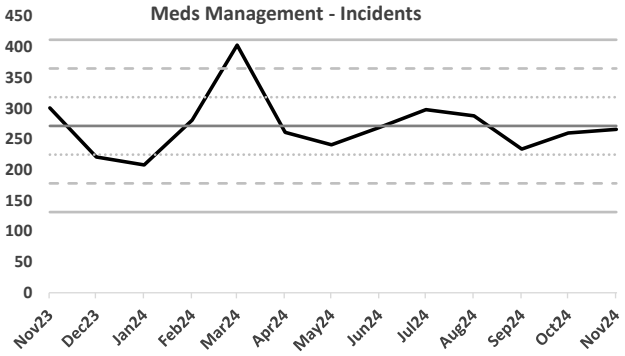
In relation to the top three categories per 100k patient contacts:

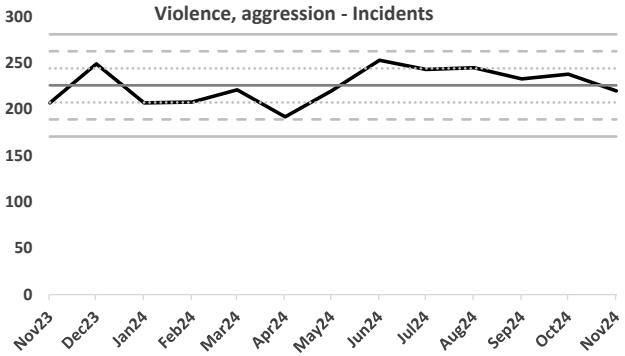
- North Central has the highest rates of med management incidents
- South East has the highest rates of violence/aggression incidents
- North Central has the highest rates of medical equipment incidents

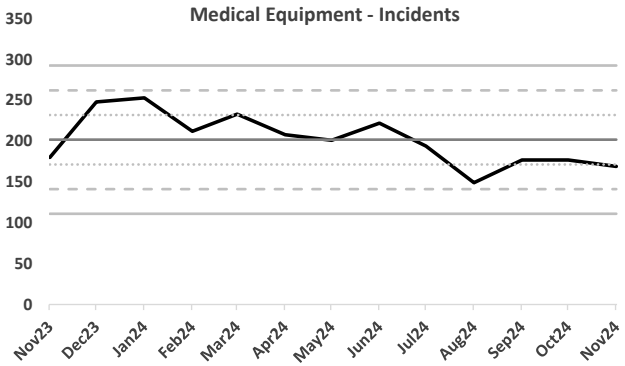
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

Incidents by Category (reported date)

No concerns for escalation







Categories	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24	Total
Meds Management	221	208	281	403	261	241	269	298	288	234	260	266	3230
Violence, aggression	249	207	208	221	192	220	253	243	245	233	238	220	2729
Medical Equipment	248	253	212	233	208	201	222	194	149	177	177	169	2443
Comm, Care, Consent	162	154	150	148	121	138	134	121	109	109	149	161	1656
Clinical Treatment	88	93	85	85	96	86	93	112	91	107	121	75	1132
Medication Error	59	56	52	92	213	87	66	159	119	52	80	70	1105
Dispatch & Call	96	84	74	63	64	84	81	125	109	75	108	103	1066
111 - Call Handling	83	81	78	63	51	70	75	86	91	99	105	98	980
Non-medical equipment	54	60	61	74	82	88	68	69	73	58	68	57	812
Vehicle Related	62	77	87	74	84	68	74	49	59	45	48	50	777
Maternity	38	46	47	48	51	45	48	61	57	63	56	81	641
Clinical Assessment	54	45	59	51	53	55	42	51	47	46	61	51	615
Damage to property	52	45	43	68	49	52	53	46	41	48	40	52	589
Access / Handover	81	56	50	40	48	58	41	35	34	28	46	46	563
Accidents - Staff	39	53	50	46	44	48	44	50	44	51	45	40	554
Infection Prevention	29	56	36	55	41	57	40	46	38	39	43	38	518
Information Gov.	24	27	27	24	27	16	31	38	29	16	36	30	325
111 - Clin. Assessment	38	27	19	28	17	28	22	30	26	15	30	37	317
Buildings, IT	19	17	24	23	16	21	31	26	19	25	27	28	276
Accidents - Patient	15	10	12	13	20	34	15	28	28	23	15	27	240
Handling (not Patients)	9	16	18	10	11	14	9	13	15	13	8	13	149
Clinical Advice	7	13	8	11	8	5	7	6	7	3	9	11	95
111 - Confidentiality	8	15	9	7	6	14	7	3	5	7	4	4	89
Estates (Incl. Facilities)	7	4	5	10	4	6	8	7	8	11	3	5	78
111 - Incorrect Referral	5	7	3	4	5	4	10	12	5	2	2	9	68
Transport Delays	6	5	8	8	5	0	3	6	5	2	7	4	59
Palliative Care	2	4	1	7	3	5	2	5	6	10	5	4	54
Staff Welfare	4	3	2	4	3	3	2	4	3	4	2	3	37
Accidents - Public	1	2	1	3	2	4	3	0	0	0	1	1	18
Child Death	0	1	1	0	1	0	0	1	0	0	0	1	5
CCTV Loss/Failure	0	1	0	0	0	0	2	0	0	0	0	1	4
Handling (Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0
External Provider	0	0	0	0	0	0	0	0	0	0	0	0	0

Red = Highest count per month, Green = Lowest count per month

Medicines management incidents continue to be the highest reported incident category.

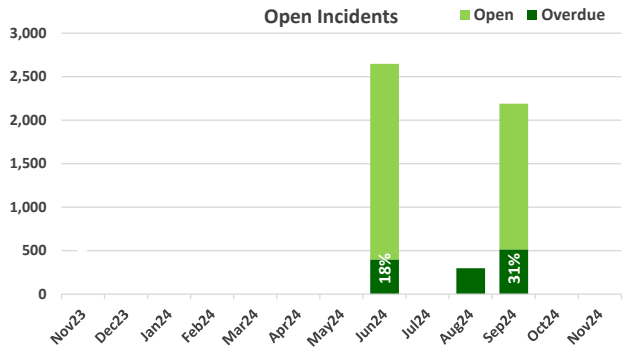
There has been a reduction in the number of violence/aggression incidents during this reporting period.

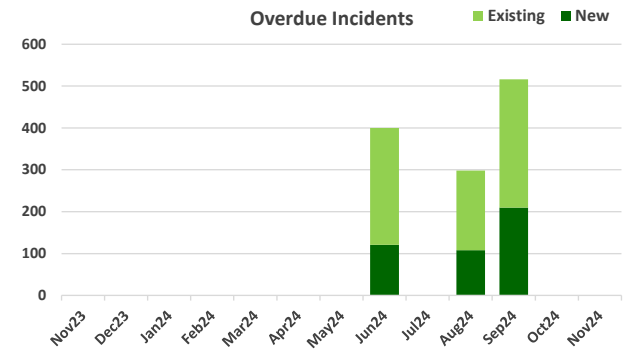
The discrepancy between the LfD figures for paediatrics on slide 5 and the low numbers of child deaths reported her need to be better understood

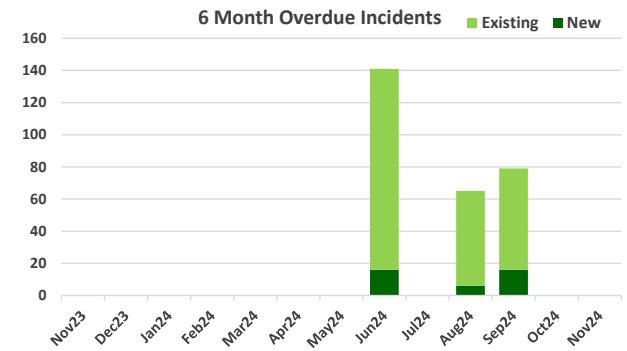
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

Overdue Incidents (reported date)

The number of overdue incidents has reduced but remains outside the Trusts target of 25%







	1-2	2-3	3-6	6+	All
Low Harm	16	9	10	6	41
Moderate Harm		2	4		6
No Harm	170	71	67	52	360
Severe Harm		2	1		3
Grand Total	186	84	82	58	410

	1-2	2-3	3-6	6+	All
Member of LAS staff (including Bank Staff)	36	16	27	12	91
Patient(s)	120	52	48	37	257
The Trust	28	14	6	8	56
Visitors, contractors. other organisation staff or the public	2	2	1	1	6
Grand Total	186	84	82	58	410

	1-2	2-3	3-6	6+	All
North West Sector	37	25	8	5	75
North Central Sector	26	8	6	3	43
South East Sector	29	7	4	1	41
North East Sector	23	6	5	1	35
Non Emergency Transport (NETS)	7	5	15	2	29
NHS111	14	5	4	4	27
Emergency Operations Centre	14	2	3		19
Resilience and Specialist Assets	6	6	2	2	16
South West Sector	10	1	3	1	15
Central Ops Management	3	4	5		12
Information Management & Technology (IM&T)		1	4	7	12
Clinical Hub (CHUB)	2	7	1	1	11
Make Ready	2	1	3	4	10
Medical Directorate			5	3	8
Frequent Caller Team			2	4	6

The number of overdue incidents has reduced during the last reporting period to 410 (was 524). This represents 29.82% of all open incidents being overdue.

SE and NW sectors are the largest reporting sector. Proportionately they have some of the lowest numbers of overdue incidents when compared to those that are open.

Improvement work is ongoing, meeting with corporate areas of the Trust whom own overdue incidents.

Focused work has been completed with corporate overdue incidents which has supported the reduction of these numbers during this reporting period

Support documents/aid memoirs have been developed to assist with managers completing investigations.

Regular reporting and feedback is being provided to those areas with overdue incidents.

London Ambulance Service
NHS Trust

Complaints & Compliments

We are the capital's emergency and urgent care responders

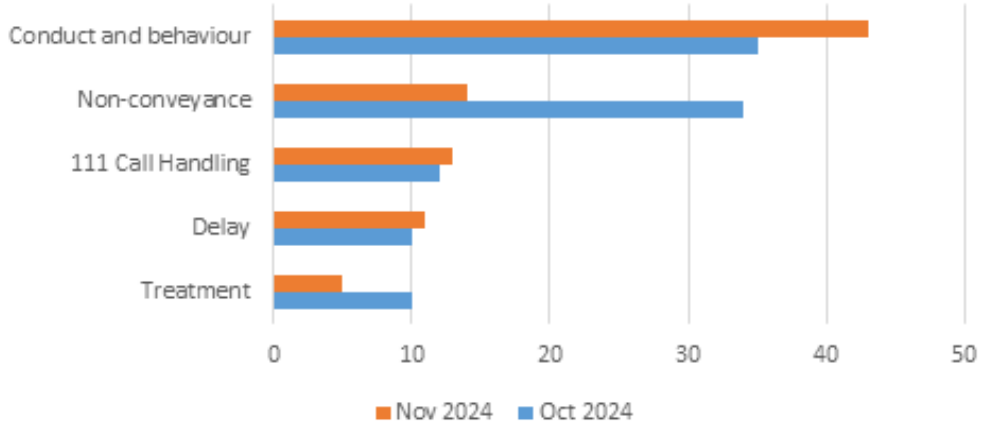
Safe | Effective | Caring | Improve

Priority | Owner WC | Exec Lead

Complaints

Top 5 complaint themes remain consistent. Patient Experiences Department linking in with Head of Professional Standards regarding themes from conduct and behaviour complaints. Non conveyance subject code also includes EOC referrals to NHS111

Top 5 complaint subjects received in November 24 compared to October 24:



Recent theme: Fallers/vulnerable patients being referred to NHS111

45543 – 8yr old, fell off skate board, incorrectly triaged as traumatic injury, not falls. Cat 5 - incorrect referral to NHS111 when patient was still on floor.

46997 – 85 year old, fall at home, fainted and injured hip. Cat 5 referral to 111. 111 referred back as Cat 1 as 'fit now' (inaccurate). Fractured neck of femur

47058 – 84 year old, on ground in public place, head injury. Cat 3 – initially given incorrect 111 advice but then correctly retained for clinical call back

47066 - 74 year old, herniated disc, on floor, unable to get up. Cat 3 - incorrectly referred to NHS111. 3 hours later, same symptoms. Cat 3 ambulance response.

47226 – 65 year old. Fall from bicycle, able to get up but unable to move – Cat 5 (should have been Cat 3) referred to NHS111 or MOW. Arranged own taxi to ED with broken tibia.

47277 – 29year old, fainted and fallen on floor, alone and unable to get up, pregnant. Cat 5 referral to 111. Incorrect referral to NHS 111. Husband subsequently took patient to ED.

Learning identified:

Further guidance issued regarding the meaning of 'vulnerable'

Calls regarding bikes/scooters/skateboards should be triaged using 'Falls'

Patients considered vulnerable no longer referred to 111 at CSP Blue.

New PHSO investigations:
No new investigations to notify the group since the last meeting.

Update on C33411 – PHSO outcome: Not Upheld
Concerns from complainant that patient's Asperger's syndrome not taken into account during video consultation by Clinical Hub. PHSO found that the assessment was appropriate and Category 2 was maintained.

Update on C40905 – PHSO outcome: No detailed investigation but recommendation of financial remedy for distress: £450
Concerns regarding RCRP initiative which meant that caller was passed between MPS, 999 and 111 and there was a delay in gaining access to patient (who was already deceased).

London Ambulance Service
NHS Trust

Learning from Deaths

Replacing the separate LfD report

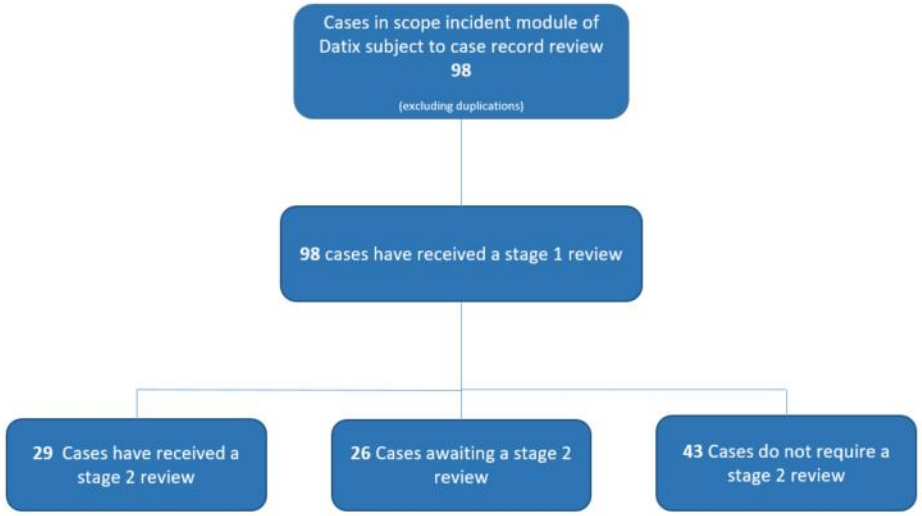
We are the capital's emergency and urgent care responders

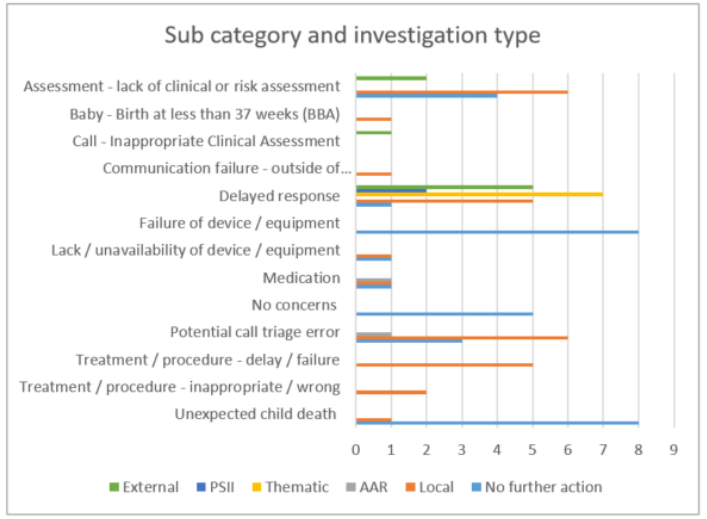
Safe | **Effective** | Caring | Improve

Priority | **Owner** CE | **Exec Lead** FW

Learning From Deaths - October

We are currently reviewing approximately 100 cases at stage 1. More than half demonstrate no problem with service delivery





Additional reporting requirements	No.
Severe mental illness	5
Learning disabilities	3
Maternal	1
Paediatrics	13
Custody	0
Safeguarding	16

*some of the categories may relate to more than 1 category

The graph shows the investigation type by the call sub-category agreed after the 79 cases were reviewed and/or discussed at either the Patient and Safety Investigation Group (PSIG) and/or the Patient Investigation Safety Panel (PSIP).

79 Cases have had a decision at PSIP or PSIG panel

In **56** cases there were no problems identified with care or service delivery (2 cases are yet to have a harm level)

*including those categorised as no harm awaiting a 2nd or specialist review

Learning From Deaths

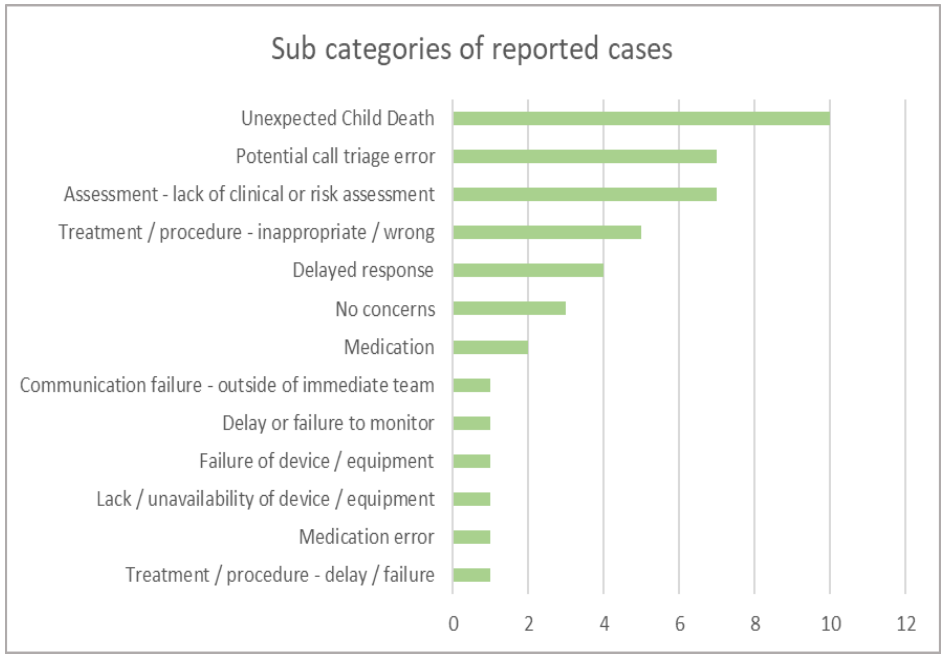
	Apr24	May24	Jun24	Jul24	Aug24	Sep24
C1 calls double 90th centile	0	0	1	0	1	0
C2 calls double 90th centile	5	2	2	4	7	2
All C3 cases	3	3	4	3	7	3
All C4 cases	0	0	0	0	0	1
Recontact within 24 hours	9	11	17	6	7	7
Severe mental illness	8	6	6	7	10	6
Learning disabilities	1	1	6	6	1	1
Maternal	3	2	3	0	0	2
Paediatric	14	10	13	13	8	13
Custody	0	0	0	1	0	1
Safeguarding	21	12	17	15	18	15

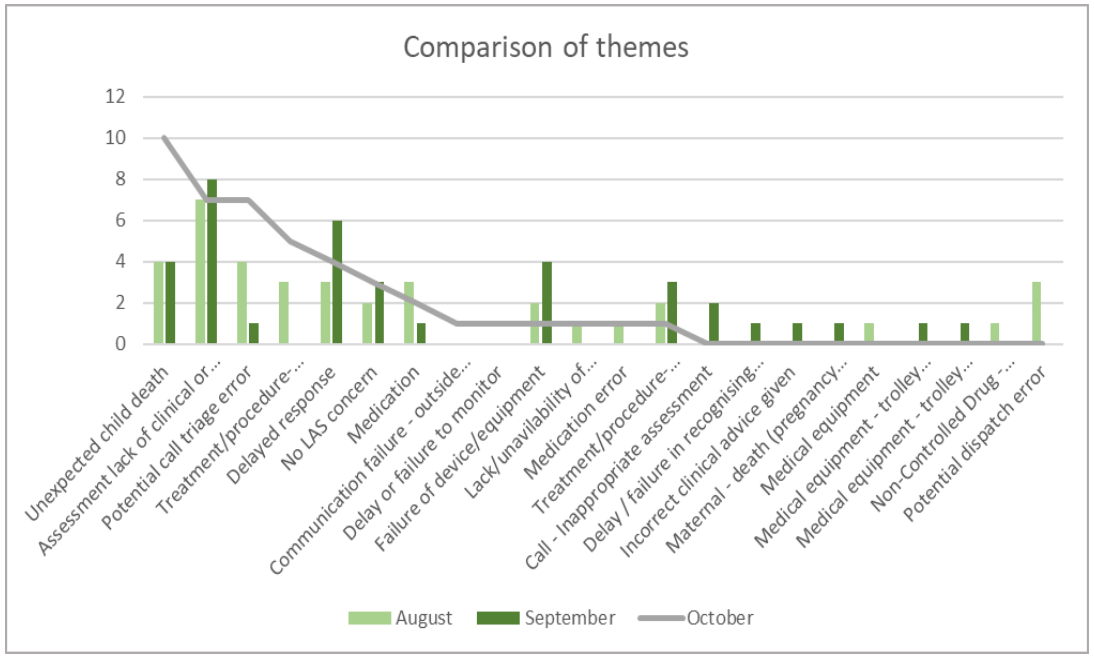
WORK IN PROGRESS

Safe | Effective | Caring | Improve | Priority | Owner CE | Exec Lead FW

Themes for cases that have been reported within October

The cases **reported** in and **reviewed** in October differ





The main sub category themes in October were: clinical assessment, potential call triage error and treatment/procedure inappropriate/wrong. These are different to September with a reduction in reported delayed responses and increase in treatment and triage concerns.

Clinical assessment cases: Of the 7 cases, 3 were re-contact cases where the patient remained at home: 1 of these cases an appropriate capacity assessment was completed and the patient was referred to their GP, 1 case a red flag was missed as pathfinder was not used and the remaining case was haemoptysis where the patient should have been conveyed to hospital. Of the 4 remaining cases no concerns were identified in 2 cases, 1 had a difficult airway and 1 case was regarding the conveyance of a PE patient. Of the 7 cases no harm was identified in 6 of the cases

Potential call triage error: Of the 6 cases 2 cases involved difficulty breathing not being identified, 1 case had learning disabilities with haematemesis, 1 case was CSREF with sepsis, 1 case was a P2 for a chemotherapy patient and the remaining case was a cardiac arrest in a mental hospital where there was a crash team and the call did not require dispatch.

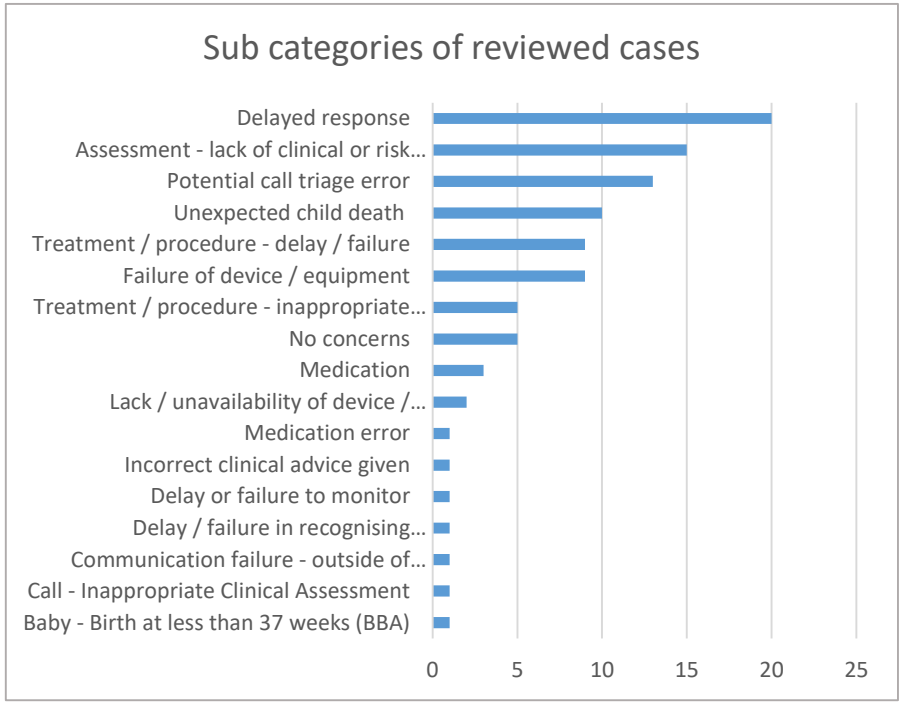
Treatment/procedure inappropriate/wrong: All of the 5 cases relate to the management of cardiac arrest:, difficulty in securing airway, choking with a dnar present, ventilation ratio for a paediatric patient, commencing resuscitation when not indicated, incorrect 2nd dose of Amiodarone

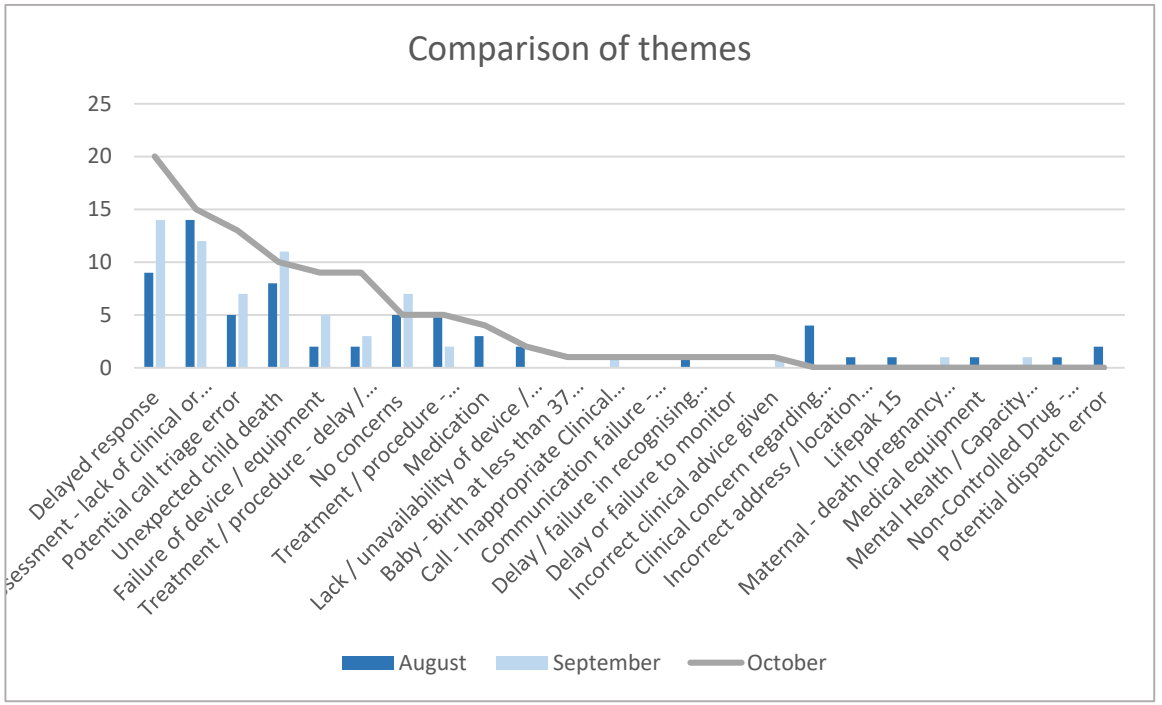
*Unexpected child deaths are all reviewed, however the disparity between months is due to reporting from local boroughs. No harm was found in any of these cases

Safe | Effective | Caring | Improve | Priority | Owner CE | Exec Lead FW

Themes for cases that have been reviewed within October

The cases **reported** in and **reviewed** in October differ





The main sub-category themes in October were: delayed response, clinical assessment, and potential call triage error:

Delayed response: Of the 20 cases, 5 cases were x90th centile. 6 of these cases are part of a delays thematic.

Clinical assessment cases: Of the 15 cases, 4 were re-contacts within 24 hours. After review there were no concerns identified in 5 cases. 1 case the patient declined conveyance to hospital with an appropriate capacity assessment and referral to GP, 3 cases the Patients declined conveyance without an appropriate capacity assessment (1 patient had learning disabilities, and 1 NQP missed red flags by not using the pathfinder tool). 1 case no Atropine was administered in a bradycardic patient, 1 case related to management of DIB, 4 cases relate to cardiac arrest management: a patient was moved to the floor before defibrillation pads were applied, completion of verification of fact of death in 2 patients, 1 airway management concern.

Potential call triage error: 3 cases there were no concerns with, 1 mh case did not require dispatch as crash team on site, 5 cases should have been a higher priority: HCP welfare due to concerns with cardiac monitor, chemo patient with sepsis, 111 referral for septic patient, learning difficulty patient with haematemesis. 1 case ineffective breathing was not identified, 2 cases were categorised as expected death inappropriately, 1 case were DIB was audible was a Discon3 which should have been a Discon2.

*Unexpected child deaths are all reviewed, however the disparity between months is due to reporting from local boroughs. No harm was found in any of these cases

London Ambulance Service
NHS Trust

Legal & HM Coroner Cases

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | Improve | Priority | Owner TS | Exec Lead FW

Legal Department

An increase in workload is anticipated in the next 6 to 8 months based on current challenges across the trust.

- **Jan to Dec 2024** – Total inquests: 2290
- (220 more cases compared to the same period on 2023)
- No PFDs have been issued to LAS in 2024

- **January 01 to 22 January 2025** - Total Inquests – 134
- Claims – 3 (including 1 clinical claim, 1 potential clinical claim and 1 public liability claim)

- There has been an increase in pre-PFD requests from coroners – by responding this has avoided PFDs being issued.

Case of note – Jan 25 – case LP.
This inquest concluded yesterday. HM Senior Coroner for East London determined that the Deceased died due to a combination of COPD in conjunction with multi-drug toxicity resulting in respiratory distress. He recorded a conclusion of Accidental Death.

However the Coroner expressed concerns about whether given the unusual nature of this call and the circumstances of its termination, it would have been appropriate for LAS to alert the MPS, who may have attended sooner. He has asked us to provide further information regarding our procedures and any additional learning to be taken from this case within 28 days. The case manager will be preparing a PFD submission with the assistance of the relevant teams for executive review in due course. The Coroner will consider his position on a Preventing Future Death Report on review of our submission.

Key Themes:

- Cat 2 response times
- Delay
- Call handling issues – information taken during 999 triage – eg noting down pertinent information from caller, probing questions, application of relevant protocols.
- NHS 111 Triage
- Incorrect dispatch
- Inappropriate triage on scene.
- Capacity assessment/information consent particularly in context of non-conveyance
- Strep A from 2023
- Suicide cases on the rise.

The legal department have written to the Chief Coroner in December regarding REAP 4 and impact on frontline staff

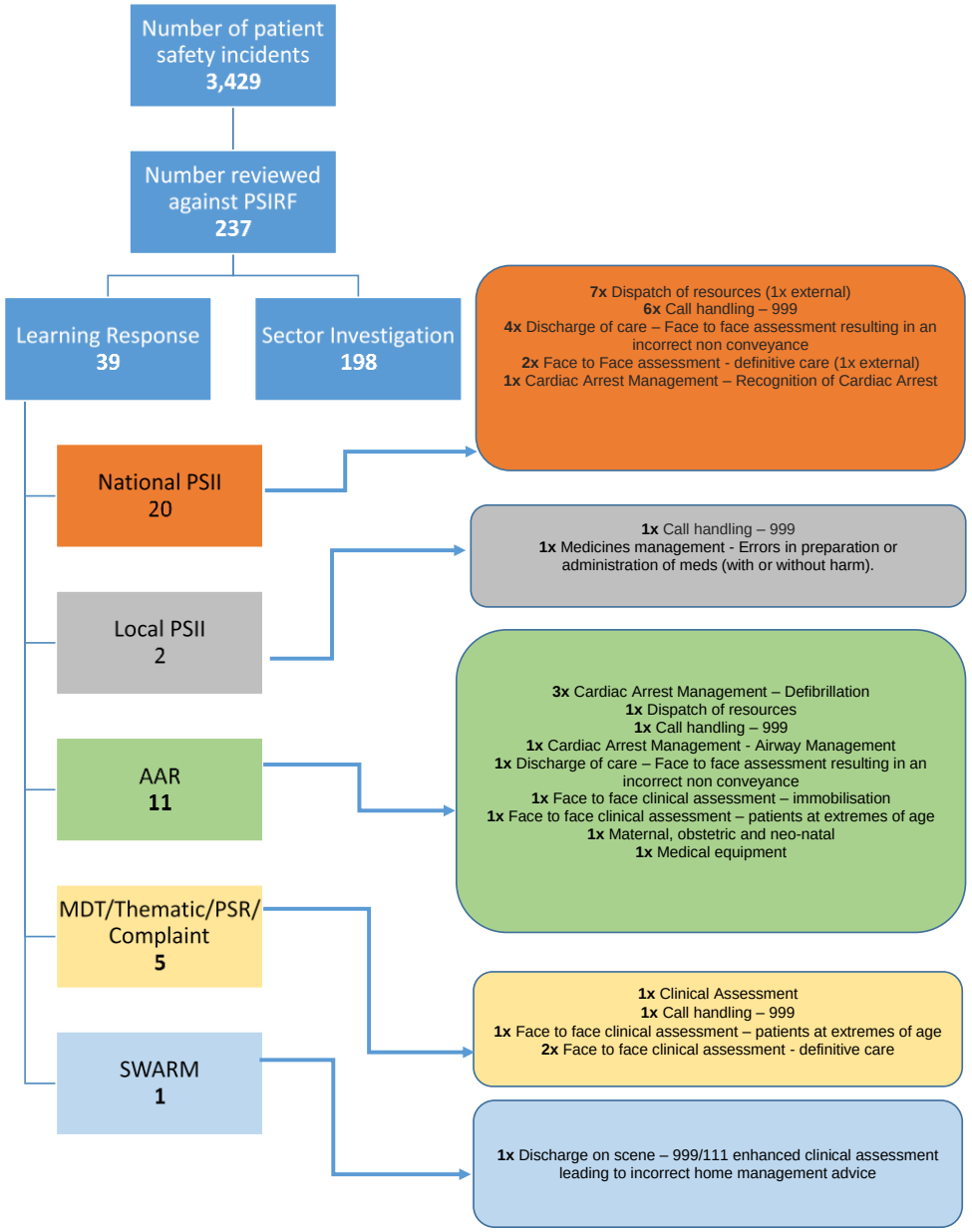
London Ambulance Service
NHS Trust

Learning

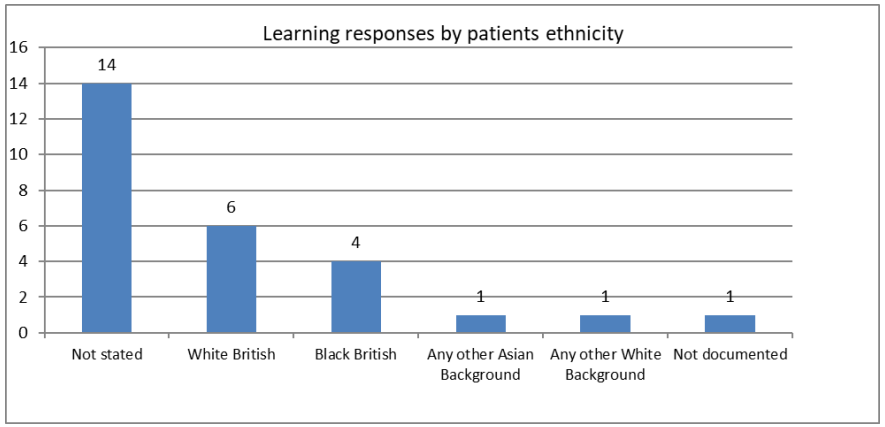
We are the capital's emergency and urgent care responders

Owner: AW **Exec Lead:** FW

Patient Safety - Learning Responses Q3



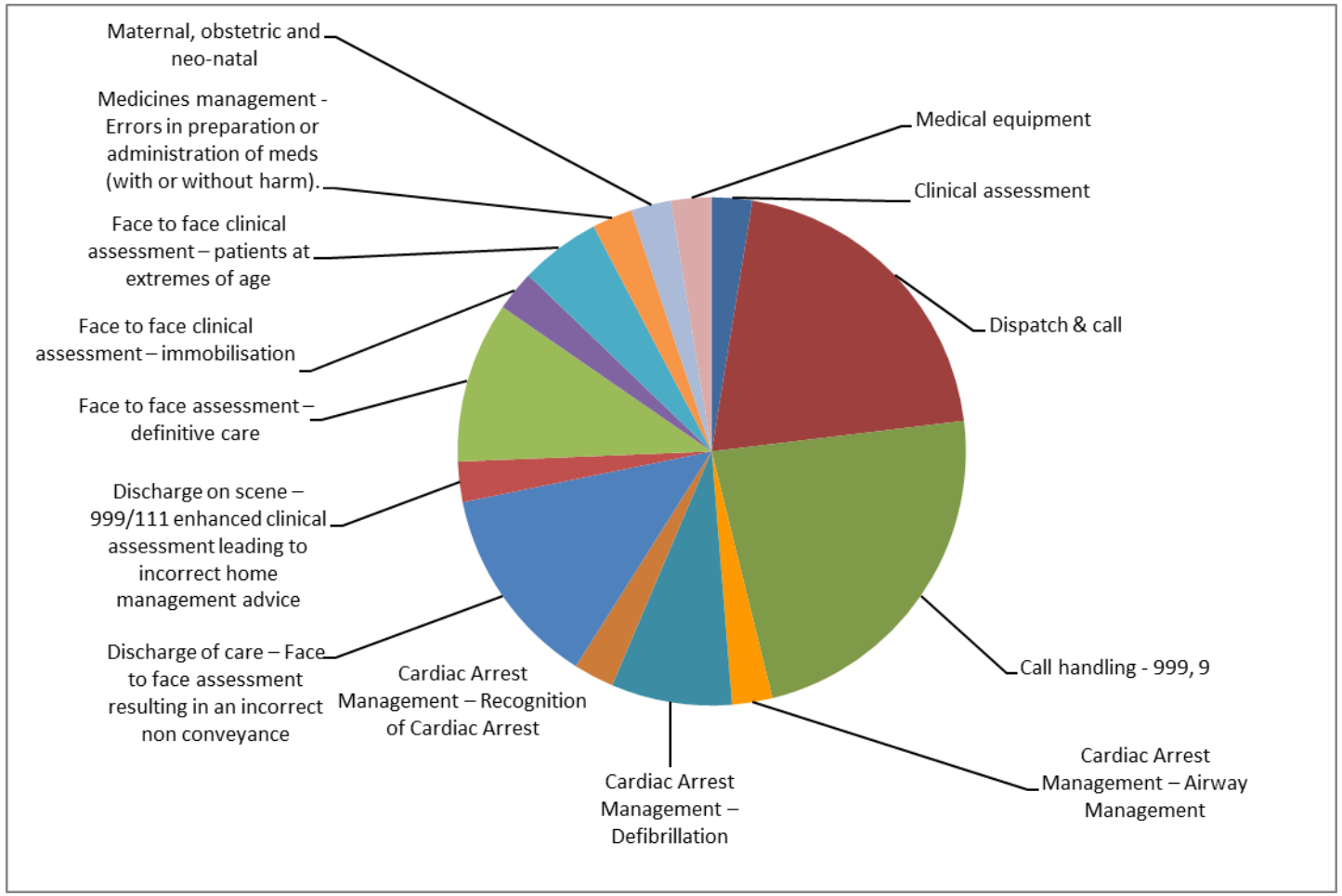
Quarter	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
Trust Total	50	29	40	38



WORK IN PROGRESS

Owner: AW **Exec Lead:** FW

Patient Safety - Enhanced investigation themes Q3



Safe | Effective | Caring | **Improve** | Priority | Owner | Exec Lead

Dissemination of learning and improvements

- Lead Investigator Drop-In Sessions (LIDS) has now been fully embedded and as supplementary training for existing lead Investigators. The most recent session was held on complaints and Patient Safety Investigation Reporting Framework (PSIRF). Complaints that are being investigated under PSIRF are discussed at a weekly meeting between PED and Quality team for monitoring.

- Weekly EOC Training for Dispatchers and Call handlers introduced to enhance their knowledge on Incident reporting, PSRIF and human factors methodology

- Fortnightly patient harm drop-in introduced with the Medical Director for Clinical Quality and Safety Governance with PSIG members and the Quality Governance and Patient Safety team.

- Quarterly Patient Safety Forum events launched for relevant stakeholders.

- In November 2024 cased based discussion was held and the following cases were presented;
  - A deteriorating patient
  - A paediatric seizure at home
  - A Post Office collapse – unconscious patient
  - Multiple contacts When to challenge – Nausea and vomitting?
  - Missing equipment – No ECG electrodes on Vehicle

Safe | Effective | Caring | **Improve** | Priority | Owner TL | Exec Lead FW

Learning from Patient Safety Incidents

In addition to the system improvement plans and organisational learning, the following improvements have been made to the Trust as the result of patient safety incidents.

- The LAS implemented the expanded High-Risk ACS Heart Attack Centre (HAC)
  Implementation criteria include:
  - Update of Cardiac Care Circular 021 saved both on the trust's intranet page and via JRCALC+
  - Update of all LAS training materials where HAC pathways are taught
  - Communication plan regarding the release of the update and new guidance
  - Educational article in the Trust's Clinical Update magazine highlighting ECG pattern and HAC [89'pathway changes.
  - High Risk ACS pathway - Patient's presenting with global ST Depression, elevation in aVR who present with chest pain (or a similar descriptor) are correctly and appropriately conveyed to a HAC under the high-risk ACS pathway.

- Developed alternative care pathway with Pembridge Hospice to increase the availability of support for ambulance clinicians attending palliative/end-of-life are patients in this area of London

- Mandating the labelling of all unlabelled syringes. The Medicines Management Group reviewed the case and considered mandating the labelling of all unlabelled syringes (exclusion of pre-filled syringes) when drawing up any medicine for administration. To help mitigate a similar drug error in occurring.

- Information Booklet on 10D2 and 10D4 designed and shared with emergency resource dispatchers, performance managers – dispatch, watch managers, operational delivery managers, clinical team navigators, incident & delivery managers, location group managers, clinical team managers and FRU coordinators (for dissemination to all FRU trained staff). This information included will be as follows:
  - Data supporting the continuation of 10D2/4 requiring solo responder dispatch.
  - Information supporting the clinical risk posed to this group of patients. Including the messaging that 10D2/4 calls are a high-risk patient group in need of early assessment, this is the role of the solo responder in these cases.
  - Information regarding the appropriateness of taxi referrals
  - The benefit of FRU's providing an early update to EOC when on scene with this group of patients.
  - If an FRU is on scene with the Patient, the dispatch of an available DCA should still occur, regardless of whether an FRU has provided a report.
  - Reminder of the 'RESP' priority types.
  - The requirement to send an FRU after 8 minutes if a DCA is unavailable, even if this depletes category 1 cover.
  - The benefit of clinical safety flags being applied by CTN's in assisting the ERD's and PMD's where possible.

- Back to Basics CSR for all EOC ERD. The EOC transformation project examined the dispatch of vehicles nearing the end of their shift and remind staff of their responsibilities when dealing with suspected duplicate calls. Learning topics covered
  - Allocation of rest breaks to protect the end of shifts and ensure suitable resources are dispatched regardless of time left of shift.
  - Duplication calls process review and learning objectives set.
  - Covers compliance with OP023.

- Reiterate Decision making aids at Huddles. Reiteration of the Transient Loss of Consciousness (TLOC) pathway and the use of the Paramedic Pathfinder and Patient Referral Tool is a stipulation for non-registrant clinicians and recommended for use by registrant clinicians. Team Huddle slides were created and presented to clinicians in daily huddles from the 29/3/24 to the 06/04/24 covering all 9 sector teams and addressing the safe discharge at scene / use of decision-making tools.

- Recognition ineffective breathing (999 EOC) e-learning released to all staff (to be completed by all staff by 31 October). In addition to recognition ineffective breathing, it also covers the appropriate use of the pre-triage sieve. LAS has been identified as taking longer than some other Trust's at PTS and this has been attributed to inappropriate clarifying questions which are covered later in the process.

Safe | Effective | Caring | **Improve** | Priority | Owner TL | Exec Lead FW

Learning from Patient Safety Incidents

Continued

- Toxbase® training and access to bulletin. The medicines management team discussed the potential for ToxBase® training and its application into frontline clinical practice for defined clinical grades at the medicines management group. An interim mitigation bulletin was released to remind all clinicians to access the bulletin via the clinical support desk.

- PD09 (999 EOC) Updates:
  - Aide memoir cards attached to all phones used by PD09 in EOC
  - OP023 Procedure for the Dispatch of Resources by EOC has been updated
  - A 999 Operations bulletin has recently been released https://lanhs.interactgo.com/page/8132?SearchId=6077257
  - EOC have recently introduced team huddles, and we are looking to prepare teaching materials on this issue

- Implementation of MPDS Version 14 (EOC 999). Some of the learning included was as follows; DIB in infants, button battery ingestion, management of pre-term births, management of obstetric emergencies, management of bleeding.

- 999 to 111 seamless transfers implemented, to ensure callers are transferred between 999 and 111 call taking staff. Pilot ongoing for back pain patients (C5) and Protocol 26 (C5) determinants to be warm transferred to NHS111 for further assessment. This has been anecdotally improving patient experience of being 'caught in systems' and provides a level of assurance to the trust that patients do get assessed by NHS111 as it was understood that when the CSREF instruction have been provided up to 50% of patients then do not contact NHS111.

- Collapse behind locked doors process updated (EOC 999). LFB concerns re: protracted on scene times with LAS not dispatched led to the LFB firmly applying the agreed MOU. As a result of a number of patient safety incidents, R&SA have provisionally agreed with LFB that if the caller is on scene reporting an access issue, the call has been triaged as C1 or C2 HRD (with FRU such as 10D2/10D4) it is likely that the LAS will provide a reasonable response time. Therefore, if the category of call and responders ENR communicated to the LFB, they will activate at call handling. In relation to other C2's that are not considered high-risk determinants the call will be highlighted to the CHUB for clinical assessment of risk and if appropriate flagged for solo dispatch, then LFB requested.

- Call Handling (999 EOC) CSR commenced. This covers cardiac arrest management in several different ways; face-to-face CPR practice, a Gazetteer workshop, an auditor for the day session which includes a cardiac arrest call, PAD activation practice.

- Updated OP023 (999 EOC). Several updates in relation to multiple different patient safety investigations, of varying themes. These can be easily identified within the policy by looking for a red icon of an exclamation mark surrounded by a triangle

- Surgical Emphysema. Surgical Emphysema included in LAS' Vimeo channel for existing staff CPD/self-directed learning: how to recognise, treat and document information

London Ambulance Service
NHS Trust

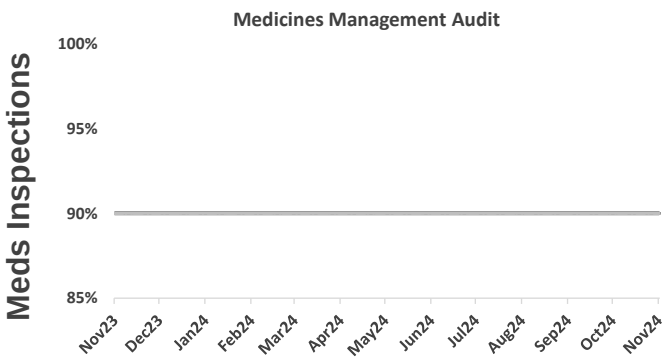
Highlight reports from subordinate committees

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | Improve | Priority | Owner TE | Exec Lead FW

Medicines Management

Continue to see a high number of controlled drug reported incidents but remains within common cause variation.



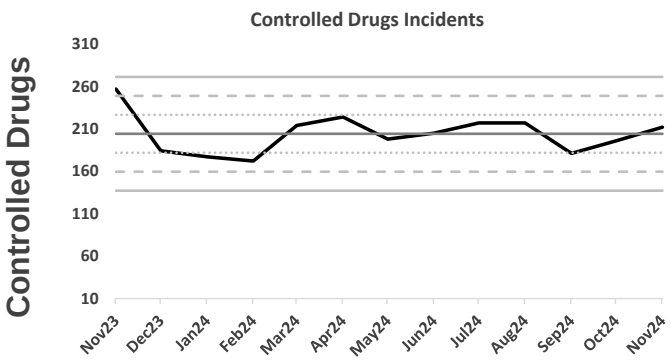
	1 month		12 months	
	Score	Count	Score	Count

	1 month		12 months	
	Score	Count	Score	Count

Medicines Management

- Total of 212 reported incidents relating to controlled drugs (CD). This represents an increase on the preceding two months but remains within statistical process control limits.
- A number of CD incidents relate to issues with midazolam administration.
- Ongoing delivery of CSR encompassing medicines administration checks and drug calculations.
- No unaccounted for losses of schedule 2 CD.

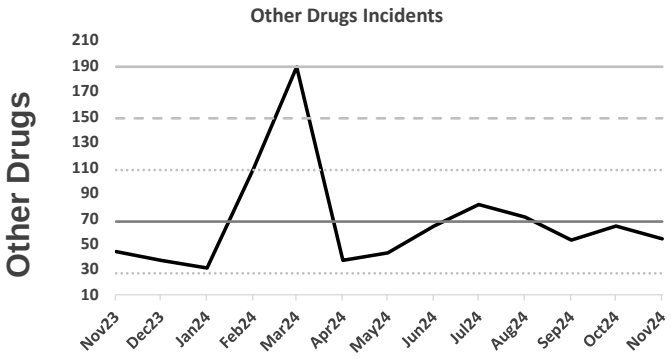
*Audit data currently unavailable



	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24
CD - Incorrect record	6	6	3	3	5	6
CD - Safe malfunction	0	1	4	1	1	2
CD - Unaccounted for	7	7	8	6	5	4
CD - Wasted	32	37	45	43	43	38
CD - Wrong location	8	11	4	10	9	8
CDA - No documentation	14	13	10	5	7	12
CDA - No information	28	23	29	32	30	44
CDA - No signature	29	33	32	20	19	30
CDA - Not corrected	80	76	76	60	74	64
CDA - Unidentifiable	1	10	6	1	3	4
Total	205	217	217	181	196	212

CD = Controlled Drugs CDA = Controlled Drug Audit

NW	NC	NE	SE	SW	other
8	6	4	2	4	5
2	2	0	2	0	3
21	3	1	3	0	9
66	28	54	57	22	11
9	9	8	10	7	7
10	32	1	15	2	1
47	45	14	49	23	8
32	47	20	29	26	9
107	147	52	60	43	21
4	7	2	6	5	1
306	326	156	233	132	75



	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24
Abloy	3	3	4	2	3	1
MS - Damaged cabinet	0	0	0	0	0	0
MS - Loss/Theft	1	7	6	1	5	5
MS - Unsecure	6	6	1	8	4	4
NCD - Damage	16	42	31	19	21	15
NCD - Discrepancy	4	4	2	4	9	5
NCD - Expired	0	0	0	0	0	1
NCD - Missing	12	10	15	11	10	14
NCD - Other	18	5	10	8	12	8
SDP - Contaminated	1	2	2	0	0	1
SDP - Sharps	3	2	0	0	0	0
Total	64	81	71	53	64	54

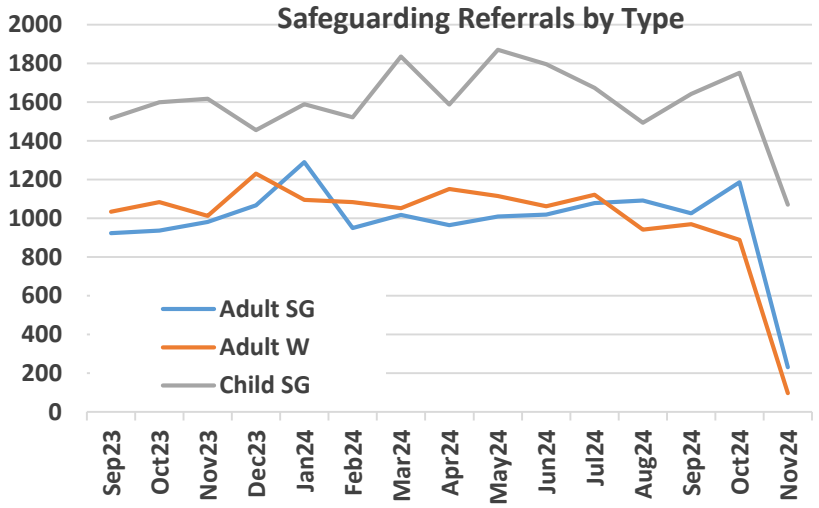
MS = Medicine Security NCD = Non Controlled Drugs SDP = Secure Drug Packs

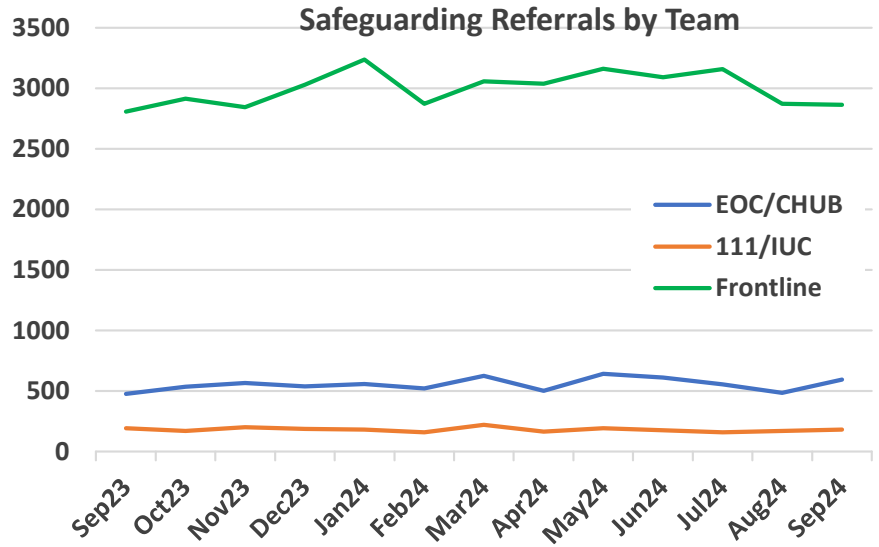
NW	NC	NE	SE	SW	other
2	3	0	3	3	5
0	0	0	0	0	0
8	3	2	4	6	2
3	8	2	4	6	6
21	38	31	13	14	27
2	7	4	6	2	7
1	0	0	0	0	0
12	12	16	19	9	4
11	11	3	10	6	20
0	0	3	0	0	3
0	0	0	1	2	2
60	82	61	60	48	76

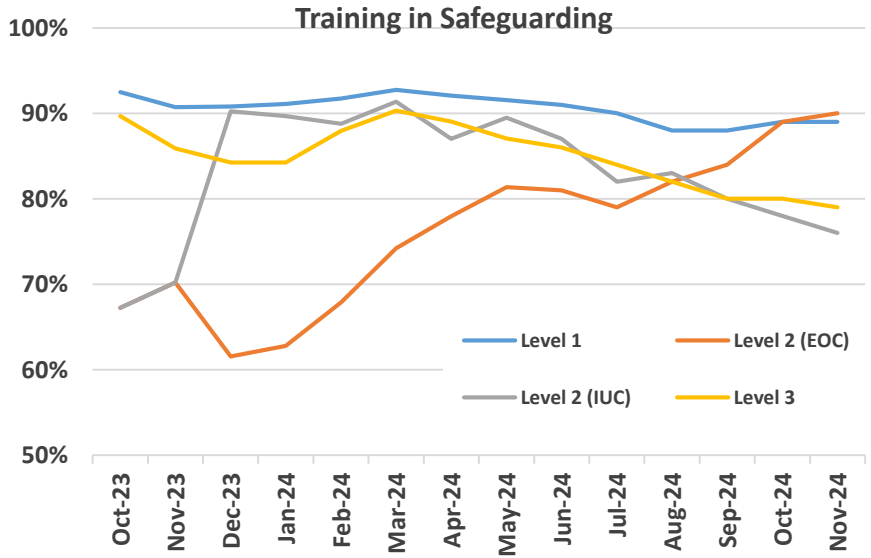
Safe | Effective | Caring | Improve | Priority | Owner AT | Exec Lead PC

Safeguarding

Not meeting required target for level 2 safeguarding. IUC compliance has dropped compared to the last reporting period.







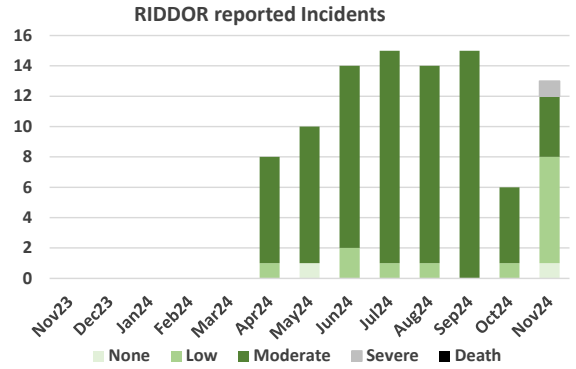
- From November 11, Safeguarding referral support was moved from EBS into the safeguarding team.
- We are continuing to embed the new process and make it easier for staff to make safeguarding referrals
- Electronic safeguarding has been introduced across the whole trust and is working well in most cases.
- Training in level 2 (IUC) and level 3 safeguarding has shown a steady decline, further clarity and an action plan should be sought from the safeguarding team.

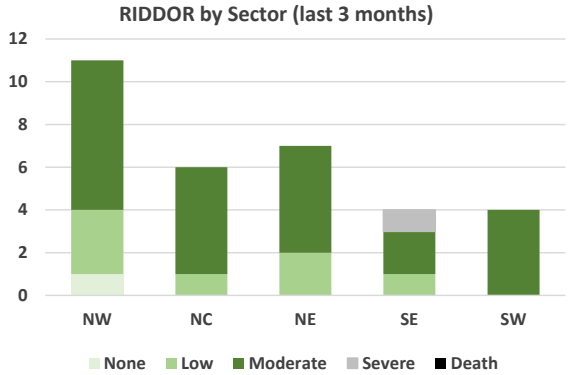
Safe | Effective | Caring | Improve | Priority | Owner EJ | Exec Lead PC

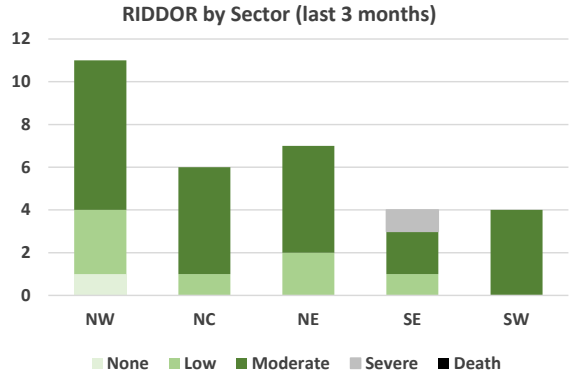
Health & Safety

Ongoing challenges with new body armour. recall, processes. Risk being raised in relation to body armour.

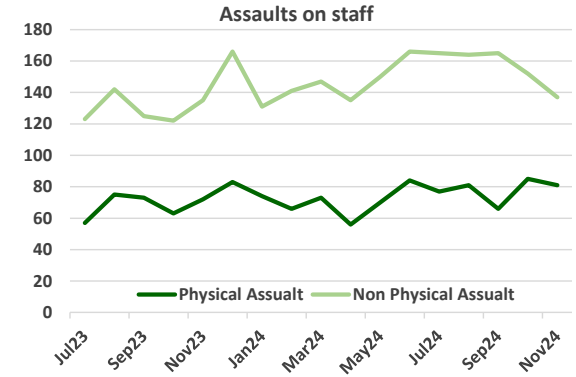
H&S - RIDDOR

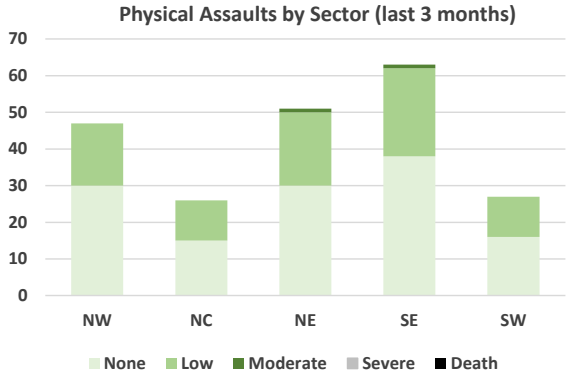


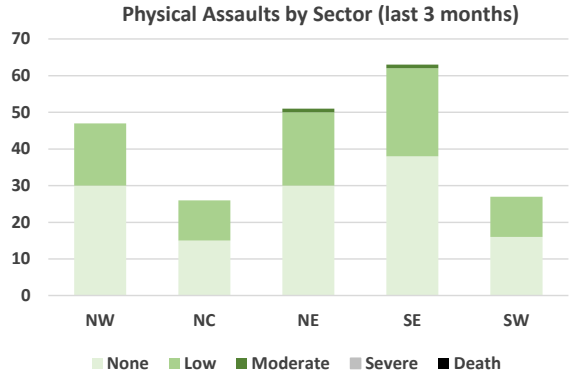




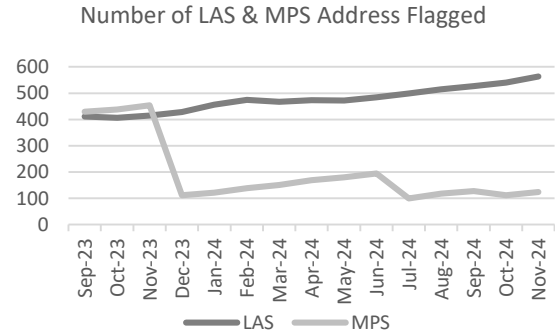
H&S - Assaults







Location Alert Register



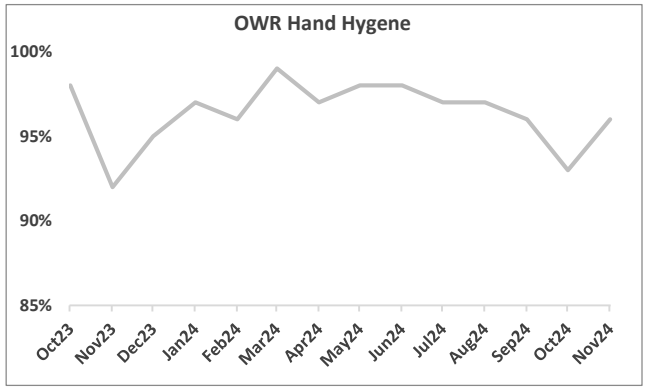
- Current compliance for FFP3 fit testing is 68% due to the 2-year revalidation period. The ongoing plan is to bring fit testing in house, and this will be delivered through group station teams, and arrangements are progressing to purchase more fit testing machines (Porta counts) before a programme of training can be delivered. The quantitative fit testing, consumables and training has been awarded, and the tender was approved, we are working through delivery times and training implementation programme.
- HS&S, Wellbeing Team and Staff Side took part across the Trust in promoting support through information and signposting to staff during National Stress Awareness Day (06/11/24).
- HS&S Department made a smooth transition from Quality Improvement Directorate to Corporate Affairs Directorate on 1st November 2024.
- Number of incidents of violence and abuse towards staff continues to rise across the Trust likely to increase further over holiday period. This is in part thought to be due to increased reporting. The severity of the assaults shows a slight decrease
- There have been 5 successful prosecutions this year
- Reporting shows that LAS staff are increasing the use of restraint, and a training gap has been identified. Risk drafted for RR, currently being reviewed by Ambulance Op's.
- Firmware Update on the BWC equipment has caused some problems with downloading, working with contractor on solution. The renewal of BWV camera batteries is underway; 22 out of 65 sites completed
- Ongoing challenges with new body armour. recall, processes. Risk being raised in relation to body armour.
- The Health, Safety & Security (HS&S) Team have delivered one session of Corporate Induction and one session of Managing Safety course to 21 staff members during November 2024.
- The Stress Assessment Toolkit Training provides support to Managers undertaking stress risk assessment for staff they manage. The course has been updated to include practical sessions from November 2024.

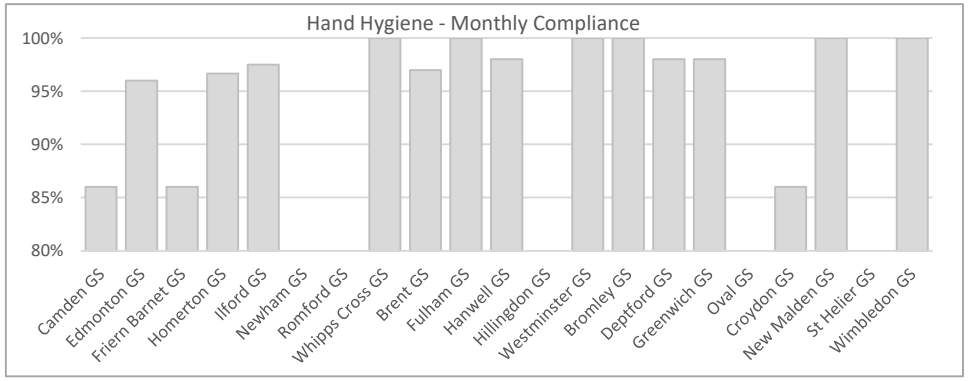
Safe | Effective | Caring | Improve | Priority | Owner: IPC | Exec Lead: FW

Infection Control

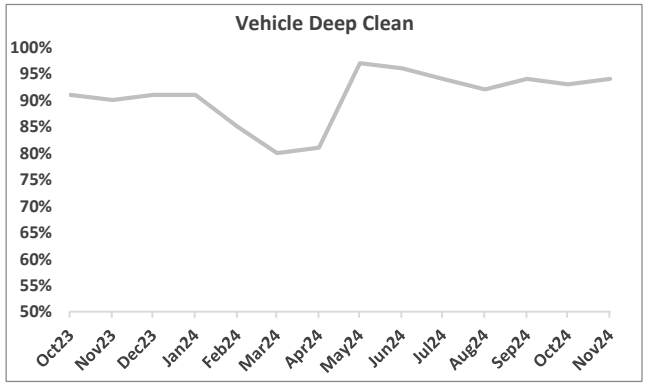
Five group stations did not submit hand hygiene OWR data. Make Ready service wide compliance below target.

Hand Hygiene

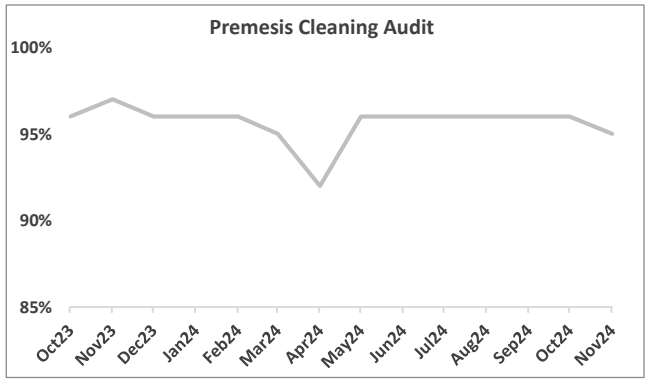


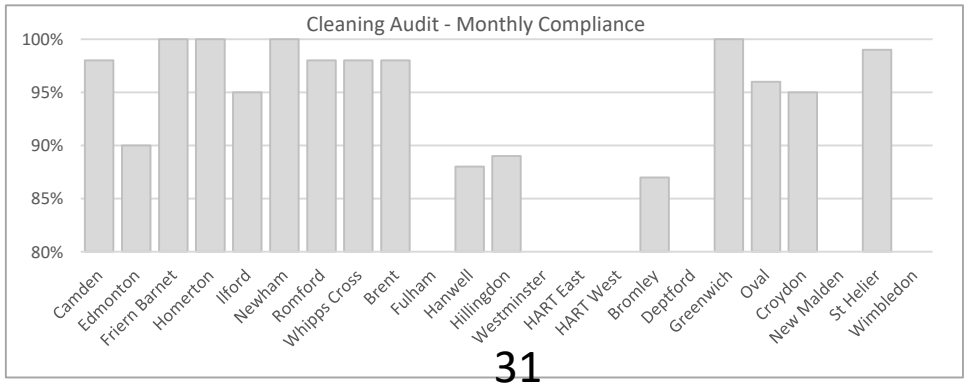


Veh. deep clean



Premises clean audit





- Hand Hygiene Trust compliance is reported as 96%, these data are locally collated. Validation audits conducted by IPC team and observational review continues to highlight that local data must be viewed with caution due to prolific bare below elbows non-adherence.
- Body fluid exposure (BFE) and contaminated sharps incidents remain common cause in November 2024.
- A theme related to IV cannulation processes was noted in relation to contaminated sharps injuries. Regarding BFE two themes are reported, one links to post IV cannula flushing and the other occurred because of airway management, where facial protection was not worn. Datix review continues with involvement of local management teams as required.
- Level 1 IPC Statutory/Mandatory Training is reported as 90% on ESR, this just meets the Trusts required target, offering no margin for reduced compliance.
- Five Group Stations did not submit Hand Hygiene OWR data this month.
- Make Ready Service wide compliance did not reach Trust target, with a score of 94%
- Five Group Stations did not complete their station cleaning audits this month.
- These audit data will be raised to IPCC, CQOG.

London Ambulance Service
NHS Trust

Quality Performance Data - 999

We are the capital's emergency and urgent care responders

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

No concerns for escalation

Clinical AQI (AMBCO)

National AQI Clinical Outcomes	Jun23	Jul23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24
Stroke median time call to hosp arrival (mins)	80	77	81	83	80	85	91	79	81	80	85	82	84	84				
Stroke 90-centile time call to hosp arrival (mins)	147	140	140	139	137	149	181	148	140	135	146	144	160	152				
Stroke mean time call to hosp arrival (mins)	93	87	91	92	89	94	107	93	90	87	94	92	97	95				
STEMI 90th centile time from call to PPCI (mins)	195	197	194	202	196	185	225	194	203	197	209	221	189	224				
STEMI mean time from 999 call to PPCI (mins)	148	133	137	142	136	141	154	153	150	142	150	159	141	169				
Cardiac arrest ROSC by hosp arrival	26%	31%	30%	28%	31%	29%	27%	30%	33%	32%	29%	33%	30%	30%				
Cardiac arrest (Utstein) ROSC by hosp arrival	61%	61%	58%	47%	49%	49%	50%	52%	59%	52%	64%	56%	71%	53%				
Cardiac arrest survival at 30 days	8%	9%	13%	8%	8%	10%	7%	11%	11%	12%	11%	12%	13%	12%				
Cardiac arrest (Utstein) survival at 30 days	36%	28%	33%	23%	31%	28%	26%	34%	26%	35%	35%	36%	52%	23%				
STEMI received care bundle		71%			77%			85%			76%			73%				
Cardiac arrest post-ROSC care bundle		82%			81%			89%				89%						
Red = worst month, Green = best month, PROV = provisional										PROV	PROV	PROV	PROV	PROV				
Ranking across Ambulance Trusts (inc IOW)																		
Stroke median time call to hosp arrival	4	3	9	5	5	7	7	3	6									
Stroke 90-centile time call to hosp arrival	5	7	8	3	4	5	8	6	7									
Stroke mean time call to hosp arrival	4	4	6	3	4	5	7	5	5									
STEMI 90th centile time from call to PPCI	3	7	4	4	5	2	6	3	5									
STEMI mean time from 999 call to PPCI	5	2	2	2	2	3	5	7	6									
Cardiac arrest ROSC by hosp arrival	8	3	4	6	5	4	7	1	3									
Cardiac arrest (Utstein) ROSC by hosp arrival	2	2	4	7	8	7	7	5	2									
Cardiac arrest survival at 30 days	9	4	4	5	9	3	7	1	5									
Cardiac arrest (Utstein) survival at 30 days	3	6	4	7	6	6	5	1	7									
STEMI received care bundle		7			7			4										
Cardiac arrest post-ROSC care bundle		4			4			4										
Red = lowest trust, Green = highest trust																		

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

No concerns for escalation

Performance AQI (AMBSYS)

National AQI performance data	Jun23	Jul23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24
C1 mean	8.0	7.2	7.4	7.7	7.4	7.6	8.0	7.4	7.4	7.2	7.3	7.2	7.5	7.4	7.0	7.6	7.5	7.5
C2 mean	46	32	34	40	38	41	52	37	37	33	35	36	40	39	30	42	42	42
C3 mean	85	62	75	82	78	82	102	74	72	66	68	73	83	89	66	103	101	111
C4 mean	160	120	130	158	131	145	166	130	121	121	121	127	139	152	130	179	160	180
999 call answer mean	33	9	8	15	9	15	23	5	3	2	2	3	5	5	4	9	7	7
Clin Validation mean	82	57	60	61	55	56	61	42	40	34	35	38	44	42	35	45	43	40
C5 Clin Assessment mean	39	73	53	44	44	42	42	34	34	31	35	37	37	38	31	36	37	43
H&T / All Incidents	15%	14%	14%	16%	15%	16%	17%	16%	16%	17%	20%	19%	19%	20%	19%	20%	20%	20%
S&T / All F2F	35%	34%	35%	35%	34%	34%	36%	35%	34%	34%	34%	34%	34%	34%	33%	33%	33%	32%
Non ED / Conyeyed	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%	5%	5%

Red = worst month, Green = best month

Ranking across Ambulance Trusts (inc IOW)	Jun23	Jul23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24
C1 mean	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
C2 mean	11	6	8	8	6	9	10	6	8	7	9	9	9	9	7	10	8	8
C3 mean	2	2	2	2	1	2	2	2	1	1	3	2	2	3	2	3	2	4
C4 mean	7	6	8	7	3	6	5	4	4	3	7	4	7	8	8	10	6	6
999 call answer mean	9	7	6	10	5	10	11	7	3	2	4	4	5	5	4	9	6	7
Clin Validation mean	11	8	8	7	7	8	8	7	7	5	7	5	7	7	7	4	6	6
C5 Clin Assessment mean	5	9	6	6	6	6	4	3	4	3	5	4	6	4	5	4	3	4
H&T / All Incidents	2	2	2	2	2	2	2	3	1	1	1	2	2	1	2	2	2	2
S&T / All F2F	6	7	6	8	8	6	7	7	8	8	7	7	7	8	7	8	7	9
Non ED / Conyeyed	10	10	10	10	10	10	9	9	9	9	9	9	9	9	9	9	9	8

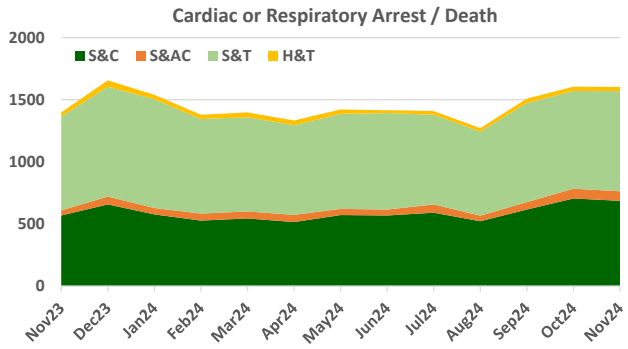
Red = lowest trust, Green = highest trust

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

AQI Performance

Call to angiography time has increased and is 19 minutes longer than the national average ranking LAS in last place nationally. STEMI care bundle compliance of 72.6% ranks LAS seventh.

Cardiac Arrest



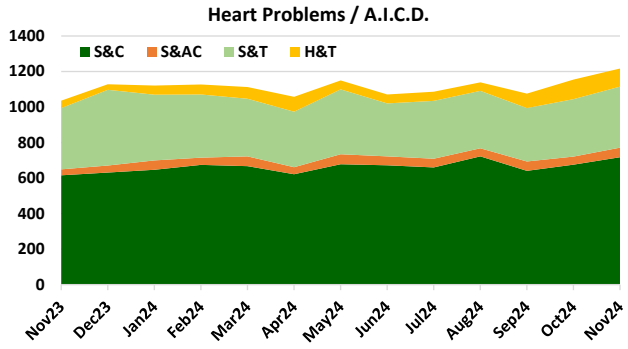
Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	4,251	47%	5%	48%	5.3	42	45	89
Cat 2	2	100%	0%	0%	8.3	54	-	-
Cat 3	247	0%	0%	100%	8.8	-	-	88
Cat 4	0	-	-	-	-	-	-	-
Cat 5	111	4%	0%	96%	9.0	55	-	72

Quality Performance - last 3 months

	ROSC by hospital arrival		
	ROSC	count	%
NW	89	269	33%
NC	50	146	34%
NE	50	193	26%
SE	58	210	28%
SW	44	135	33%
OTHER	40	117	34%
LAS	331	1070	31%

Heart



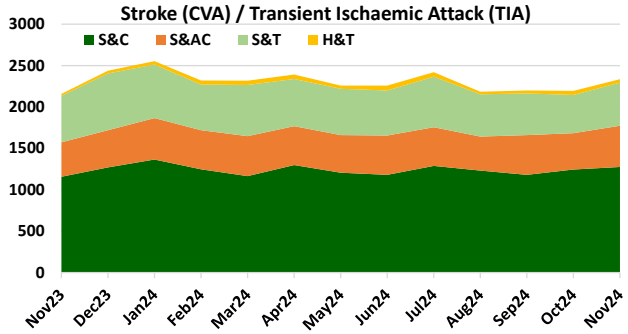
Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	69	67%	10%	23%	6.8	36	34	69
Cat 2	2,659	66%	5%	30%	11.7	38	38	73
Cat 3	417	58%	4%	39%	11.9	40	39	71
Cat 4	0	-	-	-	-	-	-	-
Cat 5	6	33%	17%	50%	12.8	46	52	84

Quality Performance - last 3 months

	STEMI care bundle		
	ROSC	count	%
NW	0	0	#DIV/0!
NC	0	0	#DIV/0!
NE	0	0	#DIV/0!
SE	0	0	#DIV/0!
SW	0	0	#DIV/0!
OTHER	0	0	#DIV/0!
LAS	0	0	#DIV/0!

Stroke



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	6	83%	17%	0%	6.8	57	25	-
Cat 2	6,407	56%	22%	22%	11.9	45	35	82
Cat 3	149	57%	9%	34%	13.3	46	49	80
Cat 4	1	100%	0%	0%	16.1	33	-	-
Cat 5	40	55%	13%	33%	9.3	41	33	58

Quality Performance - last 3 months

	Stroke diagnostic bundle		
	ROSC	count	%
NW	0	0	#DIV/0!
NC	0	0	#DIV/0!
NE	0	0	#DIV/0!
SE	0	0	#DIV/0!
SW	0	0	#DIV/0!
OTHER	0	0	#DIV/0!
LAS	0	0	#DIV/0!

Cardiac Arrest:

In July 2024, the LAS reported that 30.4% of cardiac arrest patients had ROSC on arrival at hospital in the overall group (2nd best figure nationally) and 53.1% in the Utstein group (ranking 5th in the country). The LAS figures for both measures were well above the national averages of 27.6% and 50.4% respectively.

For the 30 days survival measure, the LAS ranked 4th nationally in the overall group (with 12.3% of cardiac arrest patients surviving to 30 days). In the Utstein group, the LAS reported survival to 30 days figure of 23.3% which was below the national average of 31.7% and ranked 8th in the country.

NHS England did not publish compliance data for post-resuscitation care bundles this month.

STEMI:

The reported mean time for Call to Angiography in July 2024 was 02:49*. This was substantially longer than the national average of 02:30 and ranked the LAS in the last place nationally.

STEMI care bundle AQI figures were published this month. In July 2024 a full care bundle was provided to 72.6% of suspected STEMI patients attended by the LAS clinicians. The LAS is currently ranking 7th nationally for this measure.

Stroke:

In July 2024, the LAS recorded a Call to Arrival at Hospital time of 01:35**. This was above the national average of 01:33, placing the LAS in the 5th position among other ambulance services.

**Based on MINAP data which may not be a complete sample and could change during the revision period.*

***Based on SSNAP data which may not be a complete sample and could change during the revision period.*

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

CPI Audits

CPI completion rates has dropped for the North West sector to 82%

Audited rate of compliance to care	Apr23	May23	Jun23	Jul23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24
Completion rate	82%	83%	72%	78%	78%	77%	80%	82%	84%	93%	80%	83%	86%	93%	83%	90%		
Cardiac arrest	97%	97%	96%	97%	97%	97%	97%	98%	97%	97%	98%	98%	97%	98%	97%	98%		
Discharged at scene	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	97%	97%	97%	96%	97%	97%		
Mental health (Diagnosed)	95%		96%		95%		96%		95%		95%		96%		95%			
Mental health (Undiagnosed)		96%		95%		95%		94%		96%		96%		95%		95%		
Sepsis	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%		
DIB	96%		96%		96%		96%		95%		96%		95%		95%			
Elderly falls	94%	95%	95%	95%	94%	94%	95%	95%	95%	95%	96%	96%	95%	95%	95%	95%		
End of life care		94%		95%		95%		95%		95%		96%		95%		96%		

Red = below median, Green = above median

Completion rate by sector	Apr23	May23	Jun23	Jul23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24
North West	83%	95%	75%	82%	82%	83%	98%	87%	81%	83%	85%	92%	90%	98%	90%	82%		
North Central	94%	93%	66%	82%	79%	97%	76%	75%	79%	90%	77%	89%	98%	95%	95%	99%		
North East	90%	96%	89%	99%	94%	91%	95%	89%	83%	98%	95%	91%	84%	89%	85%	90%		
South East	83%	75%	61%	65%	50%	59%	54%	64%	81%	98%	66%	68%	73%	88%	68%	91%		
South West	98%	99%	80%	98%	97%	81%	94%	100%	96%	99%	85%	79%	92%	100%	97%	99%		

Red = below median, Green = above median

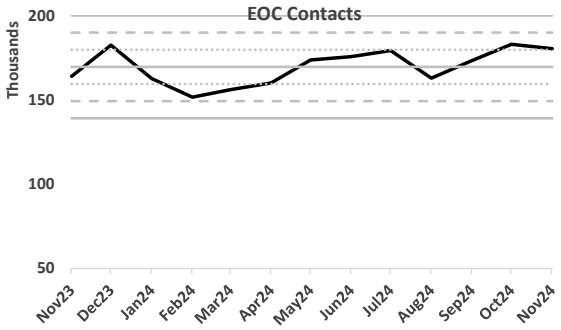
Safe | **Effective** | Caring | Improve

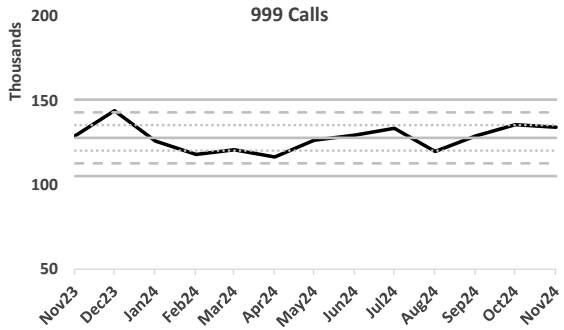
Priority | Owner SW | Exec Lead FW

Call Handling

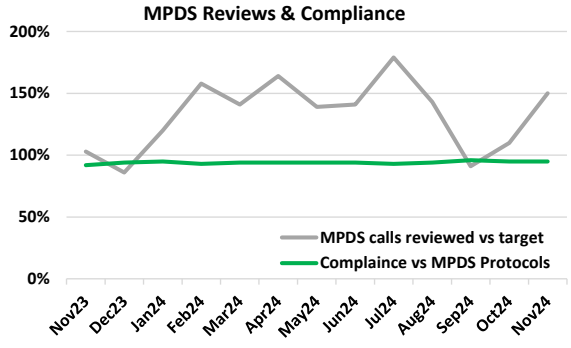
No concerns for escalation

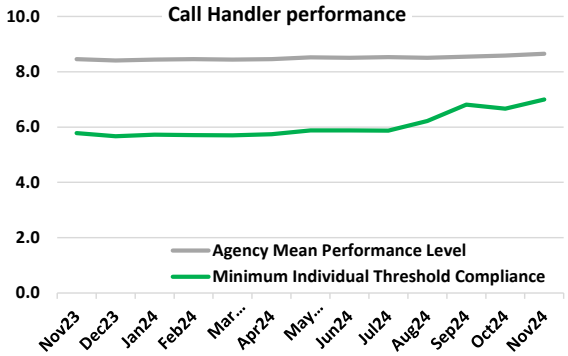
Call Volumes

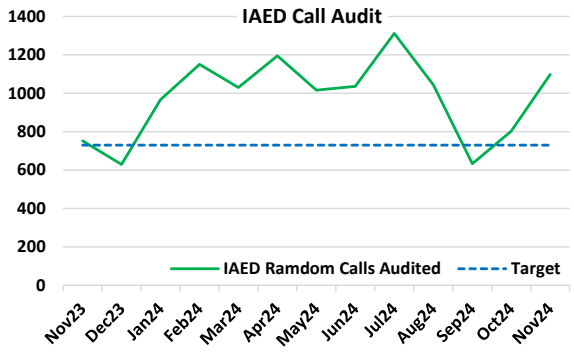




CH Performance







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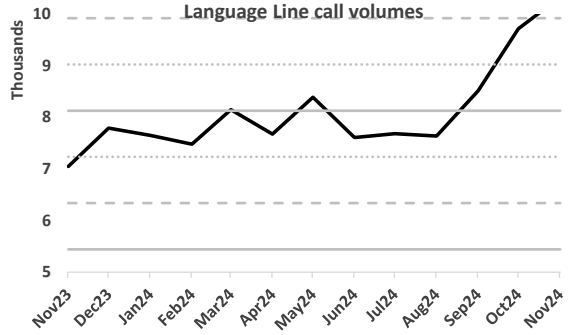
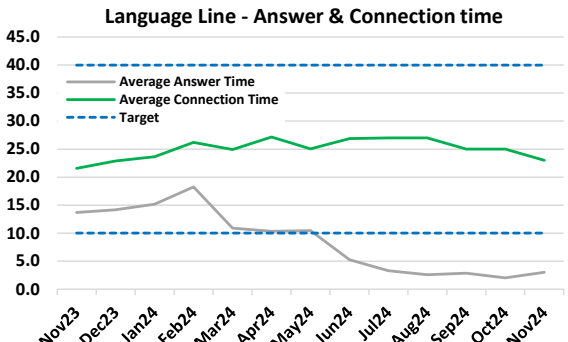
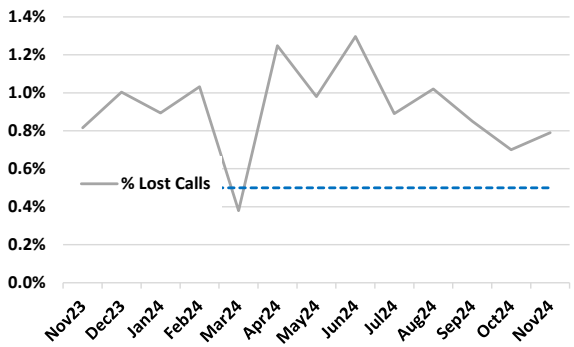






- November saw EOC maintain the ACE compliance standards required for the IAED, with an overall 5% non-compliance (target less than 7%).
- 74% of eligible staff have undertaken the Ineffective Breathing online training package, and a push to get the remaining 204 staff complaint is underway.
- The recruitment for the vacant QAM post is underway, with interviews and assessment centres planned for mid to late Dec 2024.
- The 2025 business planning will incorporate the departmental requirements for additional QAM staff to meet the increasing needs for audit, reports and training/supervision of rising numbers of new entrants into EOC.

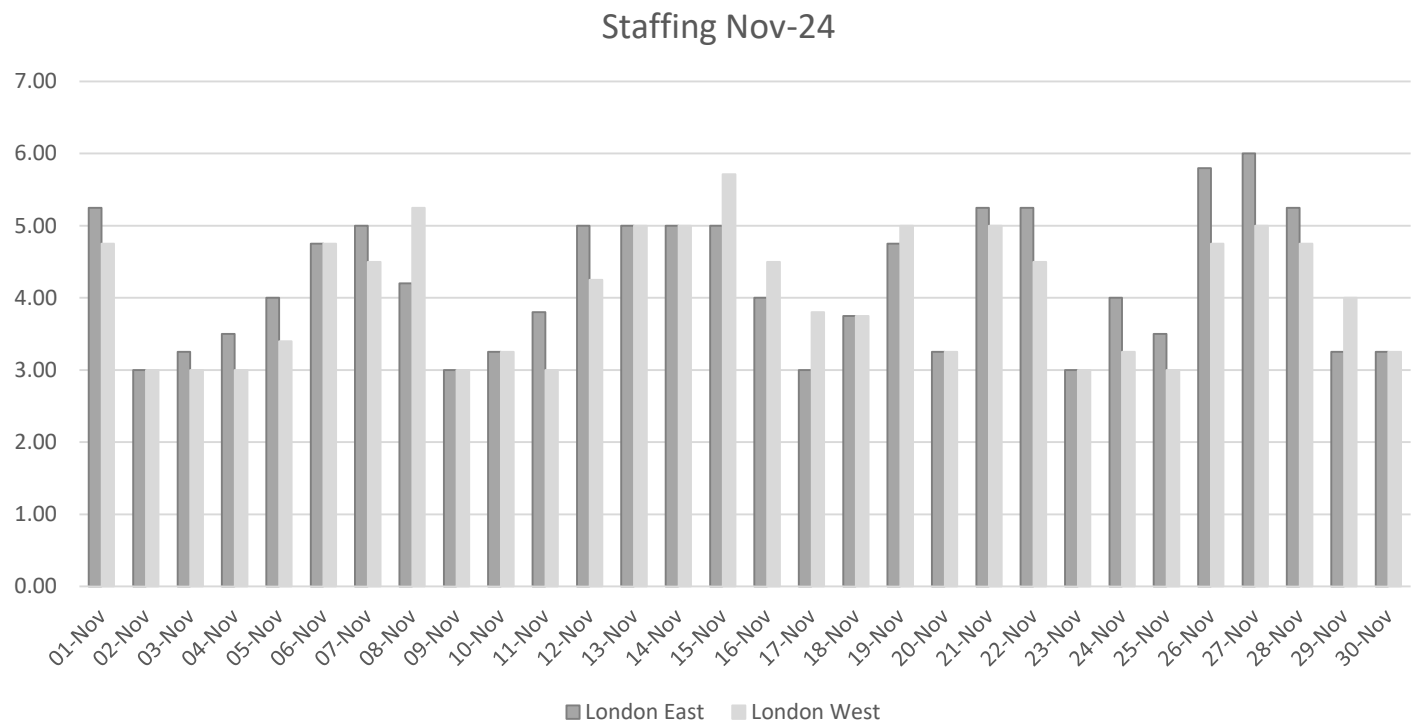
Safe | **Effective** | Caring | Improve

Priority | Owner: AW | Exec Lead: FW

No concerns for escalation

EPRR

CATEGORY	Nov-24
SWAH: Manmade Structures	39
Operational Support: Clinical Support	37
Hazardous Materials: Fire	26
Hazardous Materials: HAZMAT	23
Water Operations: Inland Water Rescue	20
Operational Support: Manual Handling Support	12
Operational Support: Standby	5
Confined Space: Low Risk	3
Hazardous Materials: CBRN	3
Support To Security Operations: Security Operations	2
Hazardous Materials: High Risk Transfers	1
Hazardous Materials: Infectious Diseases	1
SWAH: Natural Features	1



London Ambulance Service
NHS Trust

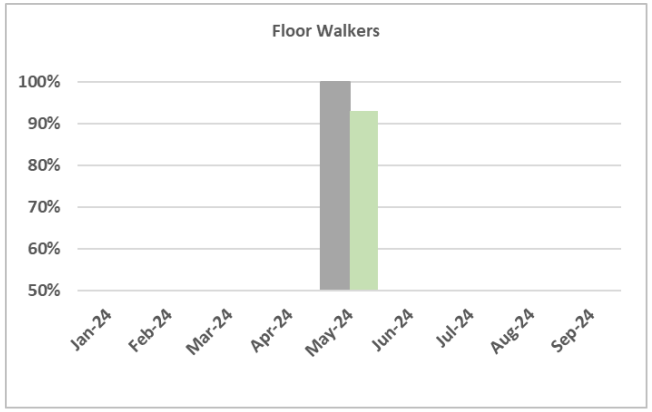
Quality Performance Data - 111

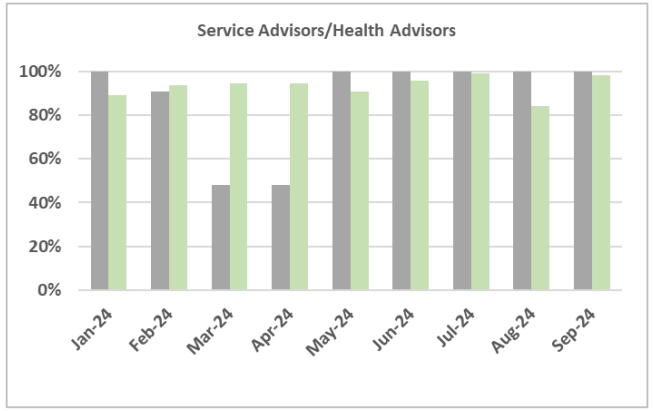
We are the capital's emergency and urgent care responders

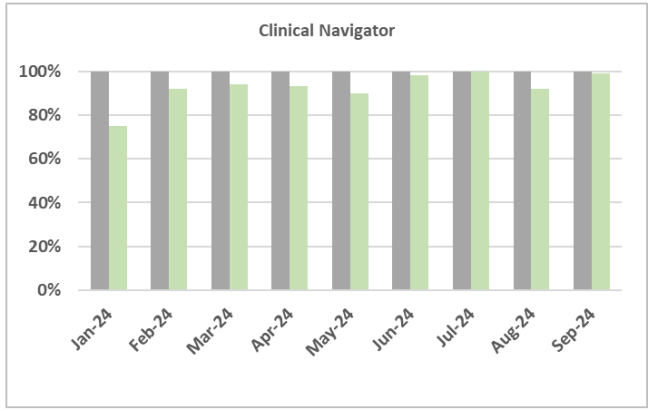
Safe | **Effective** | Caring | Improve | Priority | Owner JN | Exec Lead FW/RP

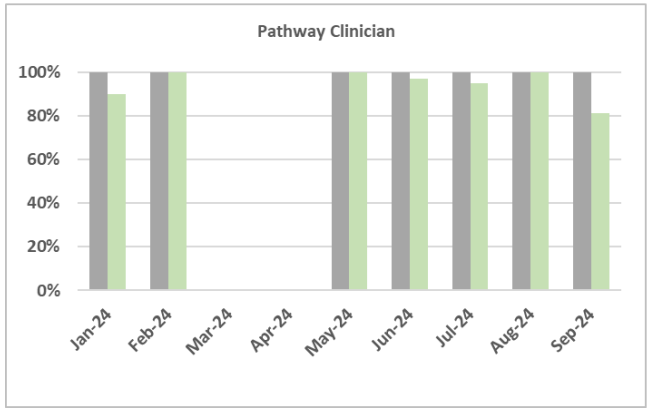
111 Quality Audit - SEL

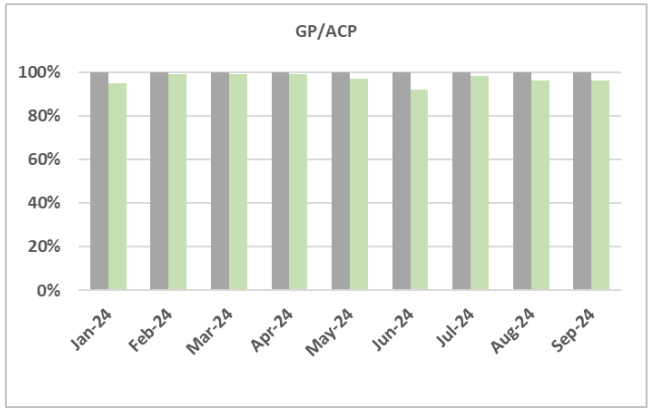
No concern for escalation











Service / Health Advisors

- Not to talk over the Patient
- The need to confirm worsening care advice is understood
- Policy not followed for dental pain and face swelling

Clinical Navigator & Pathway Clinician

- Ensure 1st party call where possible
- Need to confirm patients DOB/ address - not just the name
- Incorrect use of the early exit function

GP/ACP

- Ensure notes are detailed and all symptoms recorded
- No need to cut and paste SCR into medical record
- No clarification of patient demographics prior to assessment

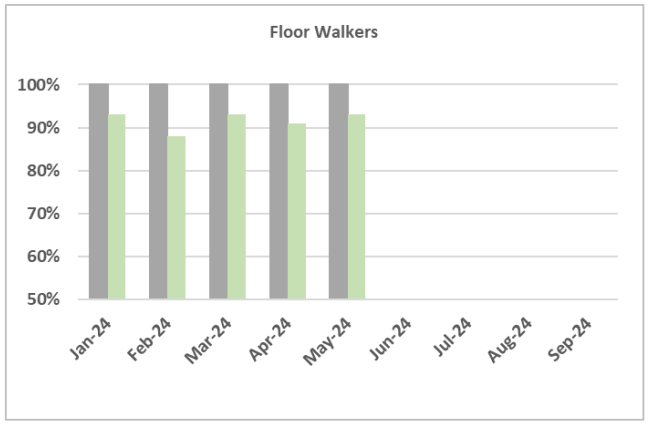
Completion rate Pass rate

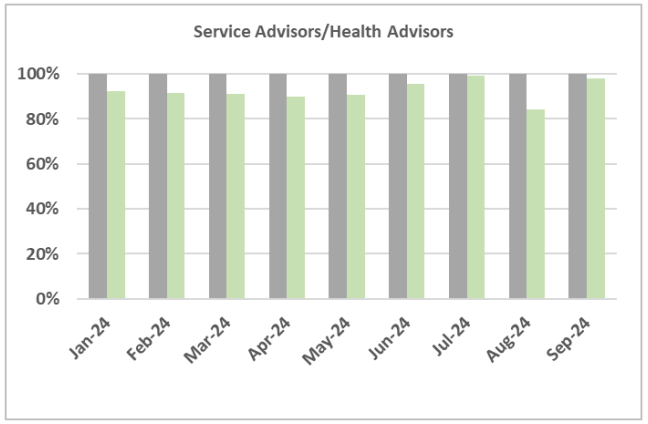
WORK IN PROGRESS

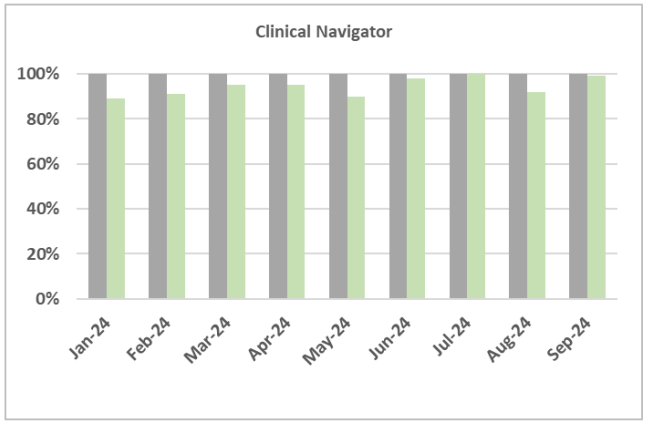
Safe | **Effective** | Caring | Improve | Priority | Owner JN | Exec Lead FW/RP

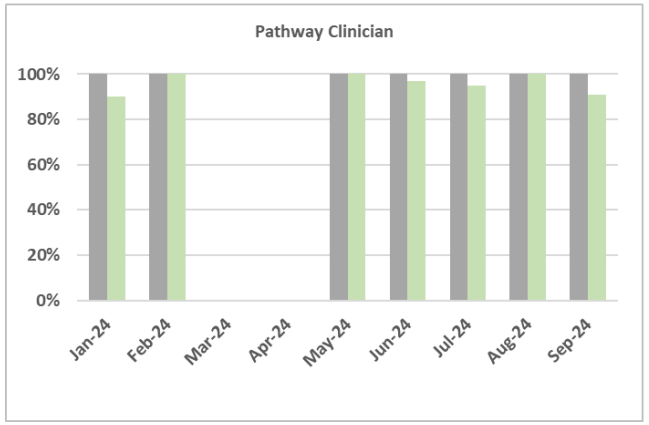
111 Quality Audit - NEL

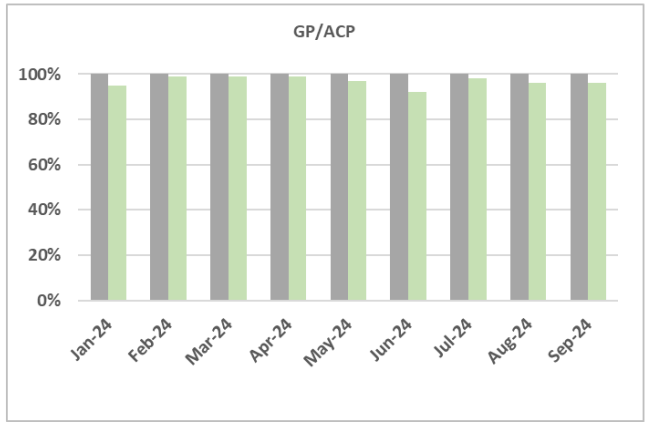
No concerns for escalation











Completion rate Pass rate

Service / Health Advisors

- Not to talk over the Patient
- The need to confirm worsening care advice is understood
- Policy not followed for dental pain and face swelling

Clinical Navigator & Pathway Clinician

- Ensure 1st party call where possible
- Need to confirm patients DOB/ address - not just the name
- Incorrect use of the early exit function

GP/ACP

- Ensure notes are detailed and all symptoms recorded
- No need to cut and paste SCR into medical record
- No clarification of patient demographics prior to assessment

WORK IN PROGRESS

Owner: JN **Exec Lead:** FW/RP

NWL - 111

November CQRG data

1. Safe	◦ Number of calls answered reflect an increase from October 2024 by 2136 (4.8%). ◦ A total of 50 Incidents were reported in November 2024. Equating to 0.01% of calls. ◦ In November, the prevalent reported categories continued to be Failed/incorrect referral, Demographics and Delay in Care. ◦ M-Pox workaround version two from NHS Pathways disseminated to team. • Continued fortnightly recruitment meetings chaired by clinical lead to review current staffing across LCW. • Finalisation of Christmas rotas in progress. • No potential risks identified within top 20 prescription items issued. Higher risk antibiotic co-amoxiclav was in position 8 for October (position 1 is the highest) and moved to position 10 which is encouraging given the winter pressures.
2. Effective	• Audit completion rate increased from last month. Health Advisors at 100% and Clinical staff at 100%. • Audit compliance rate for Health Advisors 87% and Clinical staff 94%. • Smart Triage Service URTI and Minor Injuries pathways continue to be turned off (URTI was switched off 29.10.24) whilst National Pathways review.
3. Caring	• A total of 197 patients responded to the patient survey, participation rate of 3% A 0.3% participation decrease from October 2024. 86% of patients were satisfied with the service. • Flu vaccination campaign started for all staff • Continued focus on wellness and team engagement. • Team working through Staff survey action plans • Wellbeing Café attend sites to provide refreshments. • Massage and Yoga sessions available for staff. • 1:1s with staff continue to enable support to be given. • Safeguarding supervision is available on request. • bimonthly safeguarding drop-in supervision meetings (next in Jan 25). • Open doors and team forums are being held by the London Management team. These initiatives aim to support our teams in the lead-up to our busiest time of the year.
4. Responsive	• In total, 28 complaints and HCP Feedback were received in November 2024. Equating to 0.06% of call volume. • Weekly internal Patient Safety Investigation Group (PSIG) meetings continue. Meeting is stood down if there are no cases to discuss. No PSIG meetings were required in November. • To stay current with our monthly audits, we are temporarily seeking assistance from operational and clinical coaches across the Network. This will help us focus on the previous month's audits rather than a month in arrears, while there are gaps in the quality assurance team. • Informative patient feedback via 'iwantgreatcare' website. Review of other potential ways to improve feedback rates.
5. Well Led	• Communications disseminated to the teams regarding the relocation of the London IUC to new premises planned for Spring 2025. We are presently in a managed office space and this move will be important in terms of; Integration of the whole of IUC in one building, the wellbeing of the teams as well as assisting with our retention strategy. Plans for the premises include 2 faith rooms with built in wudu facilities, and 1 wellbeing/breastfeeding room. In addition, there will be 2 training suites, meeting rooms and IT hubs to assist in the smooth running of the services. • PPG were finalists in the European Contact Centre & Customer Service Awards and subsequently won Bronze for best cross-functional collaboration. • IUEC risk review compliance remains at 100%. • Work stream to reduce Average Call Handling for staff via reducing Adastra pop-ups where no longer required. • Pathways 45 and Doc Works roll out across LAS and Network Partners. • Network Partners to join clinical guardian. • Winter planning meetings with senior team to address rota, demand and assessing any risks. • Workforce and productivity meetings are conducted to monitor trends and patterns compared to the previous week. Clinicians identified as outliers receive feedback and undergo a process of induction, base working, and a period of monitoring. Clinical lead involved to ensure that tailored feedback can be given to individuals or to answer queries raised.

Owner: JN **Exec Lead:** FW/RP

NCL - 111

December CQRG data

1. Safe	• Number of calls answered in December 2024 saw an increase of 16.6% to 40,165 calls. • A total of 61 Incidents were reported in December 2024. Incident reporting decreased by 15 incidents, equating to 0.15% incidents per volume. • In December, the prevalent reported categories are Concern regarding other Provider with 21 incidents reported, IUC Call Handling with 15 incidents reported and Communication, Care and Consent with 7 incidents reported. • One open PSII. • Electronic Safeguarding Referrals through Adastra went live in November. • IUC risk review compliance remains at 100%. • Continued fortnightly recruitment meetings chaired by clinical lead to review current staffing across NCL and imbedding of new platform to aid tracking mandatory compliance (less reliance on manual processes which can be time consuming).
2. Effective	• Amoxicillin and nitrofurantoin remain the top drug prescribed medications compared with November. • New PCC Base at Royal Free (live on 26th November) continues to run smoothly. Awaiting Controlled Drugs licence from Home Office to be able to store these on site. Continue to keep and dispatch these from our St. Charles' site. • Audit completion rate for Health Advisors and Clinicians exemplary at 100%. Compliance rate of 89% - 99%. • Smart Triage Service URTI and Minor Injuries pathways continue to be turned off whilst National Pathways review with a hope to turn on once completed.
3. Caring	• Pastoral support is always offered to staff involved in Incidents, feedback and concerns/complaints • Safeguarding supervision is available on request and there are bimonthly safeguarding drop-in supervision meetings (next in Jan 25). • Programme of Wellbeing continues. • Wellbeing Café attend sites to provide refreshments. • Massage and Yoga sessions available for staff. • 1:1s with staff continue to enable support to be given • Starbucks and NHS Charities Together collaboration • Festive treats distribute at all sites for all staff over festive period. • Launch of automated surveys went live in December. • Patient survey 85% of patients were satisfied or very satisfied with the service which is a decline of 1% since last month.
4. Responsive	• In total, 21 complaints and HCP Feedback received in December 2024. Equated to 0.05% of call volume. • LAS hold Weekly internal Patient Safety Investigation Group (PSIG) meetings continue. Meeting is stood down if there are no cases to discuss. Three PSIG meetings were required in December with one NCL case presented. Awaiting outcome decision. LCW hold SWARM meetings where required. • There are low numbers of patient feedback via 'iwantgreatcare' website, and we are in discussion with the company to get QR codes in our bases to align and improve the numbers received in real time.
5. Well Led	• Review of current internal local assurance meetings with a proposed plan to start in the new year aimed at improving the efficiency and vision of these meetings. This initiative seeks to enhance efficiency and foster a better shared understanding of LCW activities, identifying potential risks and shared learning. • Winter planning meetings continue with senior team to ensure to address rota comparing with demand and assessing any risks. • Winter Quiz sent to all members of staff over the festive period with prizes given out to the winners. • Regular workforce and productivity meetings in place to monitor trends and patterns compared to the previous week. Clinician outliers are fed back to and go through a process of induction, base working and a period of monitoring. Personalised feedback is given to triage clinicians on a weekly basis. • Continuation of onboarding Network Partners onto clinical guardian platform.

Owner: JN **Exec Lead:** FW/RP

NWL – 111

January CQRG – Nov data

1. Safe	◦ Number of calls answered reflect an increase from October 2024 by 2136 (4.8%). ◦ A total of 50 Incidents were reported in November 2024. Equating to 0.01% of calls. ◦ In November, the prevalent reported categories continued to be Failed/incorrect referral, Demographics and Delay in Care. ◦ M-Pox workaround version two from NHS Pathways disseminated to team. • Continued fortnightly recruitment meetings chaired by clinical lead to review current staffing across LCW. • Finalisation of Christmas rotas in progress. • No potential risks identified within top 20 prescription items issued. Higher risk antibiotic co-amoxiclav was in position 8 for October (position 1 is the highest) and moved to position 10 which is encouraging given the winter pressures.
2. Effective	• Audit completion rate increased from last month. Health Advisors at 100% and Clinical staff at 100%. • Audit compliance rate for Health Advisors 87% and Clinical staff 94%. • Smart Triage Service URTI and Minor Injuries pathways continue to be turned off (URTI was switched off 29.10.24) whilst National Pathways review.
3. Caring	• A total of 197 patients responded to the patient survey, participation rate of 3% A 0.3% participation decrease from October 2024. 86% of patients were satisfied with the service. • Flu vaccination campaign started for all staff • Continued focus on wellness and team engagement. • Team working through Staff survey action plans • Wellbeing Café attend sites to provide refreshments. • Massage and Yoga sessions available for staff. • 1:1s with staff continue to enable support to be given. • Safeguarding supervision is available on request. • bimonthly safeguarding drop-in supervision meetings (next in Jan 25). • Open doors and team forums are being held by the London Management team. These initiatives aim to support our teams in the lead-up to our busiest time of the year.
4. Responsive	• In total, 28 complaints and HCP Feedback were received in November 2024. Equating to 0.06% of call volume. • Weekly internal Patient Safety Investigation Group (PSIG) meetings continue. Meeting is stood down if there are no cases to discuss. No PSIG meetings were required in November. • To stay current with our monthly audits, we are temporarily seeking assistance from operational and clinical coaches across the Network. This will help us focus on the previous month's audits rather than a month in arrears, while there are gaps in the quality assurance team. • Informative patient feedback via 'iwantgreatcare' website. Review of other potential ways to improve feedback rates.
5. Well Led	• Communications disseminated to the teams regarding the relocation of the London IUC to new premises planned for Spring 2025. We are presently in a managed office space and this move will be important in terms of; Integration of the whole of IUC in one building, the wellbeing of the teams as well as assisting with our retention strategy. Plans for the premises include 2 faith rooms with built in wudu facilities, and 1 wellbeing/breastfeeding room. In addition, there will be 2 training suites, meeting rooms and IT hubs to assist in the smooth running of the services. • PPG were finalists in the European Contact Centre & Customer Service Awards and subsequently won Bronze for best cross-functional collaboration. • IUEC risk review compliance remains at 100%. • Work stream to reduce Average Call Handling for staff via reducing Adastra pop-ups where no longer required. • Pathways 45 and Doc Works roll out across LAS and Network Partners. • Network Partners to join clinical guardian. • Winter planning meetings with senior team to address rota, demand and assessing any risks. • Workforce and productivity meetings are conducted to monitor trends and patterns compared to the previous week. Clinicians identified as outliers receive feedback and undergo a process of induction, base working, and a period of monitoring. Clinical lead involved to ensure that tailored feedback can be given to individuals or to answer queries raised.

Owner: JN **Exec Lead:** FW/RP

SEL - 111

November Data

Safe	• Number of calls answered in November 2024 saw a slight increase of 0.25% to 44,507 calls. • A total of 84 Incidents were reported in November 2024. Incident reporting increased by 8 incidents, with the incidents per 1000 calls increasing to 1.9. • In November, the prevalent reported categories are Communication, Care and Consent with 22 incidents reported, IUC Call Handling with 15 incidents reported and Security Violence and Aggression with 13 incidents reported. • No open PSIIs. • Electronic Safeguarding Referrals through Adastra went live in November. • During November 2024, 17 health and safety incidents were reported: 17 reported incidents resulted in 'No Harm/Near Miss'. No RIDDOR reported incidents. • 15 drop in sessions on hate crime and malicious communication were held. • In November, KPI% met increased for priorities P1, R6 and R24 seen. 99% of R24 calls contacted within KPI timeframe.
Effective	•Audit completion rate for Service Advisors, Health Advisors, NHS Pathways Clinicians, GPs, ACPs and Clinical Team Navigators exemplary at 100%. Compliance rate of 90% - 97%. •PDR compliance has shown an increase from September 2024. •StatMan Compliance in November remains compliant.
Caring	• Language line saw call volume of 10,330 and continues to meet the contractual KPIs at 99.21%. Instances when interpreters are not available, continue to be reported via Datix. • Programme of Wellbeing continues. • Wellbeing Café attend sites to provide refreshments. • Massage and Yoga sessions available for staff. • 1:1s with staff continue to enable support to be given 1:1s with staff continue to enable support to be given. • Safeguarding supervision is available on request.
Responsive	• In total, 24 complaints and HCP Feedback received in November 2024. equated to 0.05% of call volume. • 94% of patients were satisfied or very satisfied with the service which is an improvement of 12% since last month. • Bi-weekly ICB incident reviews continue. • Weekly internal Patient Safety Investigation Group (PSIG) meetings continue. Meeting is stood down if there are no cases to discuss. No PSIG meetings were required in November.
Well Led	• IUEC risk review compliance remains at 100%. • Work stream to reduce Average Call Handling for staff via reducing Adastra pop-ups where no longer required. • Pathways 45 and Doc Works roll out across LAS and Network Partners. • Network Partners to join clinical guardian.

London Ambulance Service
NHS Trust

Research & Clinical Audit

We are the capital's emergency and urgent care responders

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

CARU

No concerns for escalation

Research

- The RAPID-MIRACLE study closed to recruitment in October. CARU will continue to work on the study over the next few months, including following-up recruited patients and finalising data validation.
- The results of the PARAMEDIC-3 trial were published in The New England Journal of Medicine, one of the world's most prestigious medical journals, in October. The LAS contributed 2,339 patients to the trial, almost a third of all recruitments.
- The Spinal Immobilisation Study continues to recruit strongly and has moved into the full trial phase. More than 360 LAS clinicians have volunteered to be trial-trained and have recruited 220 patients into the study so far.
- CRASH-4 has seen strong engagement from our clinicians who have enrolled 241 patients into the trial to date.

Clinical Audit

- The Clinical Annual Reports (2023-24) for Cardiac Arrest and STEMI were published on 5th December:
  - Survival from out-of-hospital cardiac arrest has increased, with the figures being more similar to pre-pandemic levels. Our data suggests this is largely as due to an improved response provided by LAS in a number of key areas including a dramatic reduction in call answering times (from 42 seconds down to 9 seconds), faster delivery of dispatcher-assisted CPR instructions (a 12 second decrease), a reduction of over three minutes in the time taken to arrive on-scene, and the faster provision of CPR and defibrillation by our clinicians.
  - For STEMI patients we saw a substantial decrease of 11 minutes in the time from the 999 call to arrival of the first LAS resource. As a consequence, this made a notable difference to the time taken for patients to arrive at specialist Heart Attack Centres and to receive pPCI (143 minutes).
  - Development of the new Clinical Performance Indicator (CPI) application is going well, with the planned launch date being 2nd January 2025.
  - In early December we released a clinical audit that examined Maternal Assessment and use of the Obstetric Emergencies Card. We found some excellent areas of practice, particularly around documentation of clinical observations. However, some aspects of assessment, such as recording patient medical history and the use of a pre-alert, where indicated, require improvement. The recommendations for improvement include: encouraging the documentation of patients' medical history, including relevant pregnancy history; highlighting to clinicians that NEWS2 should not be used for pregnant patients or up to 4 weeks postpartum, and reminding clinicians of the criteria for a pre-alert for maternity

London Ambulance Service
NHS Trust

Advanced Practice & Specialist Services

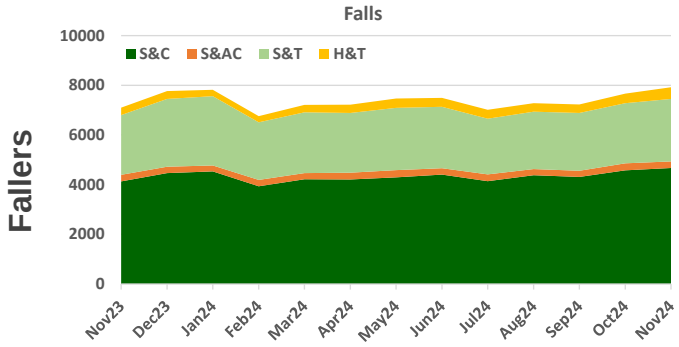
We are the capital's emergency and urgent care responders

Safe | Effective | **Caring** | Improve | Priority | Owner | Exec Lead FW

No concerns for escalation

Summary 1 of 2

Falls



Operational Performance - last 3 months

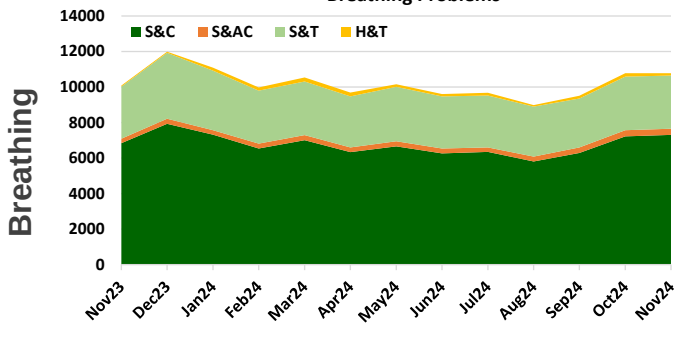
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	1,062	73%	11%	16%	6.0	39	43	73
Cat 2	13,787	68%	4%	28%	11.8	51	47	82
Cat 3	6,119	51%	2%	46%	12.1	53	50	82
Cat 4	25	52%	0%	48%	29.5	40	-	70
Cat 5	619	37%	1%	62%	12.3	60	90	79
ALL	21,612	63%	4%	34%	11.6	51	47	82

Quality Performance Jul24

Compliance to care - CPI - Elderly falls

	%
NW	95%
NC	96%
NE	96%
SE	94%
SW	96%

Breathing Problems



Operational Performance - last 3 months

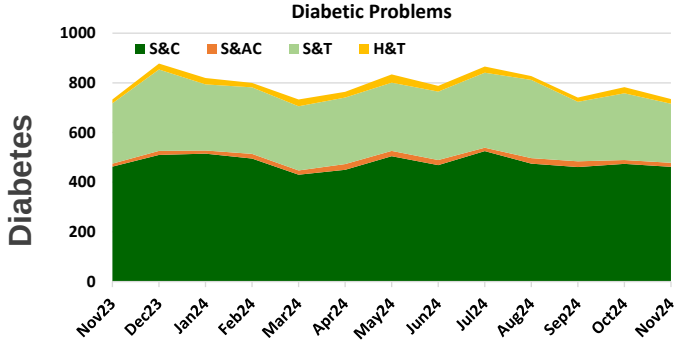
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	11,686	73%	4%	24%	6.4	37	38	70
Cat 2	18,601	65%	3%	32%	11.6	41	40	81
Cat 3	213	43%	2%	55%	11.7	43	47	75
Cat 4	1	0%	0%	100%	13.2	-	-	47
Cat 5	83	51%	0%	49%	11.0	40	-	67
ALL	30,584	68%	3%	29%	9.6	40	39	77

Quality Performance Jun24

Compliance to care - CPI - DIB

	%
NW	95%
NC	95%
NE	96%
SE	95%
SW	95%

Diabetic Problems



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	353	58%	3%	39%	5.8	48	34	80
Cat 2	1,780	65%	2%	32%	11.3	43	38	84
Cat 3	24	50%	4%	46%	15.9	54	16	64
Cat 4	3	67%	0%	33%	69.2	27	-	164
Cat 5	38	39%	0%	61%	10.7	41	-	63
ALL	2,198	64%	2%	34%	10.6	44	37	83

Quality Performance -

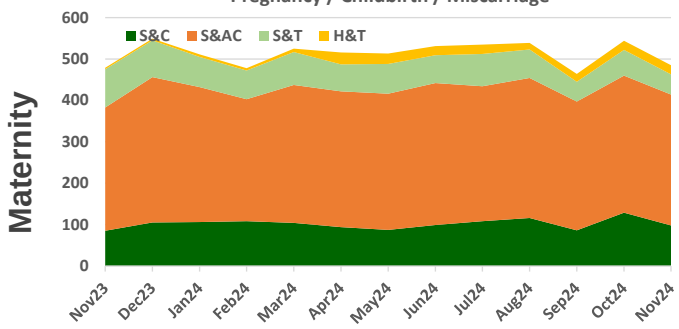
	%
NW	
NC	
NE	
SE	
SW	

Safe | Effective | **Caring** | Improve | Priority | Owner | Exec Lead: FW

Summary 2 or 2

No concerns for escalation

Pregnancy / Childbirth / Miscarriage



Operational Performance - last 3 months

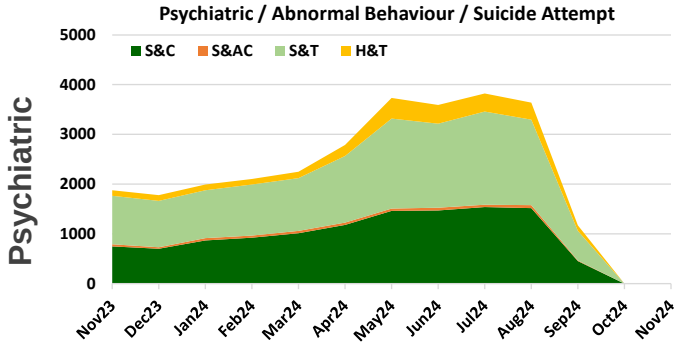
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	1,036	19%	72%	9%	6.3	30	26	54
Cat 2	303	19%	67%	14%	9.3	35	27	62
Cat 3	73	67%	5%	27%	7.5	31	28	45
Cat 4	0	-	-	-	-	-	-	-
Cat 5	18	33%	50%	17%	5.7	16	29	43
ALL	1,430	22%	67%	11%	7.0	31	26	55

Quality Performanc Jul24

Compliance to care - CPI - Discharged at Scene

	%
NW	96%
NC	97%
NE	97%
SE	96%
SW	97%

Psychiatric / Abnormal Behaviour / Suicide Attempt



Operational Performance - last 3 months

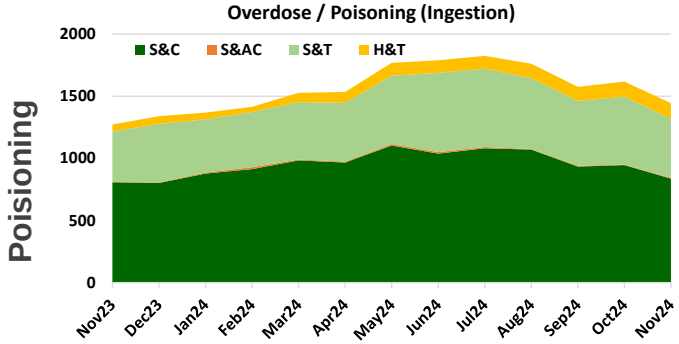
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	33	52%	15%	33%	7.2	53	37	86
Cat 2	285	51%	1%	48%	12.9	43	61	87
Cat 3	556	40%	1%	60%	12.0	52	79	75
Cat 4	0	-	-	-	-	-	-	-
Cat 5	186	35%	2%	62%	12.6	50	75	78
ALL	1,060	42%	1%	56%	12.2	49	60	79

Quality Performanc Jun24

Compliance to care - CPI - Mental Health (diagnosed)

	%
NW	95%
NC	94%
NE	96%
SE	96%
SW	95%

Overdose / Poisoning (Ingestion)



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	240	72%	0%	28%	5.4	35	-	65
Cat 2	2,896	66%	0%	33%	11.3	42	51	70
Cat 3	1,063	55%	0%	44%	11.9	41	41	54
Cat 4	1	100%	0%	0%	19.2	43	-	-
Cat 5	78	46%	3%	51%	11.5	40	24	66
ALL	4,278	63%	0%	36%	11.2	41	45	64

Quality Performanc Jul24

Compliance to care - CPI - Mental Health (undiagnosed)

	%
NW	97%
NC	94%
NE	95%
SE	96%
SW	94%

Maternity

- The maternity team continue to support with training and governance processes at LAS as well as building relationships across the system.
- 45 reported low/no harm incidents in November including HIE/MNSI case (no LAS care concerns).
- **Site visits** - RLH maternity – second visit to review route and signage. UCLH – visit to Early Pregnancy Assessment Unit and maternity. Signage reviewed.
- Maternity team are reviewing incident outcome codes and Datix triggers to reduce reporting burden where appropriate.
- Practice Development Midwife AH leaving in January which reduces team capacity to provide training via TBW with 2.15 WTE remaining in team. Seeking authority to recruit replacement.
- **Training** - TBW training delivered to 8 teams. Joint training arranged with GSTT and PRUH.
- **Media opportunity** - BBC filming of maternity training at Homerton.

Mental Health

Mental Health Joint Response Cars (MHJRC)

- During the month of November, the MHJRC's had 762 activations, a utilisation rate of 81.6% with a See and Treat rate of 83.23%.
- There have been no reported patient safety incidents relating to the MHJRC.

Training and Education

- The team have continued to offer training and education and this month have delivered bespoke training to EOC and the final sessions of simulation training.
- The North East London MHJRC staffing position has now been resolved and recruitment is now being undertaken.
- New staff have been successfully onboarded to the team.
- New rota has seen an increase in resilience to ensure maximum coverage.

London Ambulance Service
NHS Trust

3rd Party Oversight & Alternative Pathways

We are the capital's emergency and urgent care responders

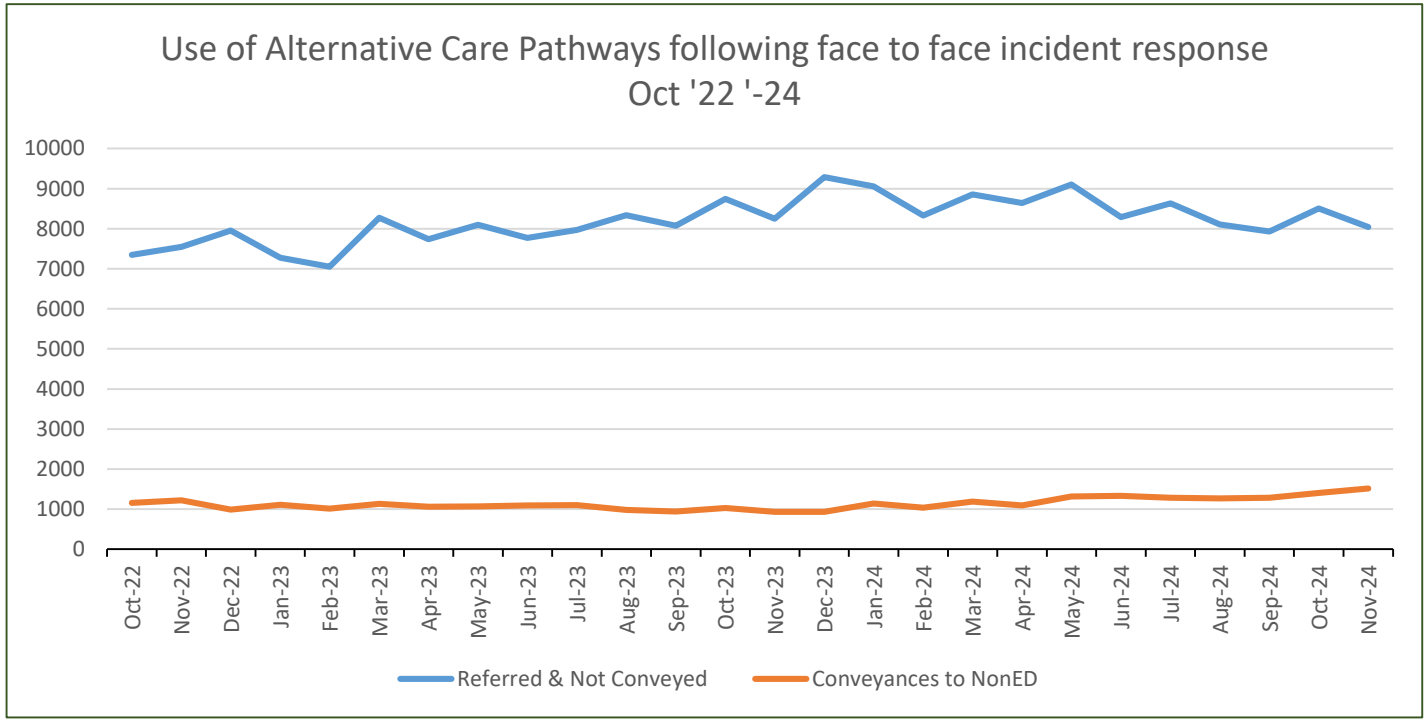
Safe | Effective | **Caring** | Improve

Priority | Owner GMJ | Exec Lead FW

No concerns for escalation

Alternate Pathways

- Face to face incident response, conveyance to Non ED outcome: overall conveyance to Non ED services has remained relatively stable, with a slight upward trend in the last 6 months (percentage of all incidents increased from 1.4% to 1.7%). This represents conveyance to Urgent Treatment Centres (UTC) and Same Day Emergency Care (SDEC) units, an increase driven by adoption of the 'Trusted Assessor' model.
- Face to face incident response, referred and not conveyed outcome: overall onward referral of patients to other services has gradually increased over the past 2 years. The majority accounts for community service referrals, with a smaller number of patients making their own way to non ED services. The slight downward trend in the last 6 months could be explained by the increase in hear and treat numbers.
- Clinicians are able to report feedback via MiDoS; 339 reports were submitted in October. The overall issue most frequently reported was an unanswered phone, for Urgent Community Response services a lack of service capacity prevented referral and for SDEC the majority were suggestions for improvement.



MiDoS

MiDoS enables LAS clinicians to search for ACPs, in October '24, 15,419 searches were recorded, a monthly increase of 1,264

Safe | Effective | **Caring** | Improve | Priority | Owner GMJ | Exec Lead FW

No concerns for escalation

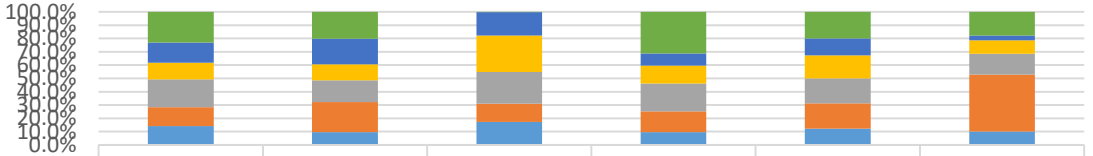
Alternate Pathways

- Data reporting limits full understanding of patient outcomes, a programme to change the coding system for patient/incident outcomes is being proposed. This is a significant project, impacting numerous directorates in the Trust but will allow increased accuracy, reporting to service level and aid partnership working and ACP improvement activity
- SDEC underreported in NEL due to REACH service but significant increase due to Queens SDEC unit who received 137 referrals in Oct, double the most consistently used SDEC in London, Croydon with 58 referrals.
- Frailty Services Direct access to 4 frailty units for LAS, anticipated to increase with the introduction of the regional frailty programme and pan London standardised criteria. Current data limited in accuracy, frailty coding is not developed and for 2 services only the ED code is available. Community frailty pathways also exist but coding does not capture these.

Non-ED Conveyance outcome October-November '24 by ICB (face to face response) and Hear and Treat

	SDEC	Frailty Unit	UTC
Hear & Treat	55	0	630
NHS South West London ICB	296	0	204
NHS South East London ICB	84	2	175
NHS North West London ICB	354	0	706
NHS North East London ICB	542	0	401
NHS North Central London ICB	98	0	129

Community services pathway utilisation by percentage Oct- Nov '24 by ICB (face to face response) and H&T



	UCR	District Nurse	EoLC	Mental Health	GP	Pharmacy
H&T Referrals	23.0%	20.2%	0.3%	31.3%	19.9%	17.8%
NHS South West London ICB	15.1%	19.3%	17.6%	9.0%	12.9%	3.7%
NHS South East London ICB	12.5%	11.9%	27.3%	13.4%	17.1%	10.0%
NHS North West London ICB	21.1%	16.5%	23.7%	20.9%	18.9%	15.5%
NHS North East London ICB	14.1%	22.5%	13.8%	15.6%	19.0%	42.9%
NHS North Central London ICB	14.1%	9.6%	17.3%	9.7%	12.2%	10.0%

London Ambulance Service
NHS Trust

Quality Team Performance

We are the capital's emergency and urgent care responders

Owner: AW **Exec Lead:** FW

Compliance with Targets

Breached learning responses

Learning Response	Number open	Percentage (n) breached due date	Percentage (n) open >6 months
PSII	32	31% (10)	16% (5)
PSR	56	68% (38)	59% (33)

Duty of Candour Stage 1

Type of investigation	Total Number	DoC stage 1 Compliant	%	% compliance in Q3 (comparator)
PSII (excluding NMSI)	50	50	**100%**	**97%**
PSR (excluding 'delays' SJRs)	26	25	**96%**	**95%**
Investigations outside of PSIRF but graded as moderate and above in severity	22	20	**91%**	**74%**

Duty of Candour Stage 2

Type of investigation	Total Number	DoC stage 2 Compliant	%	% compliance in Q3 (comparator)
PSII (excluding NMSI)	51	49	**96%**	**96%**
PSR (excluding 'delays' SJRs)	56	54	**96%**	**100%**

WORK IN PROGRESS

Owner: AW **Exec Lead:** TL

Compliance with Targets

The Trust's compliance against the 72 hours working target for uploading confirmed PSIIs onto the STEIS database was 100%. There were no de-escalations requests made in Q3.

A total of 55 learning response were completed in Q3. The executive summaries of these cases have been shared via the Learning Assurance Group and via the Learning from Experience space on LASConnect. A breakdown of those learning responses is as follows:

- 26 PSII investigations
- 22 Patient Safety Reviews – After Action Review (AAR).
- 5 Patient Safety Review (SWARM huddle)
- 2 Patient Safety Reviews (Complaint Response)

WORK IN PROGRESS

London Ambulance Service
NHS Trust

Risk

Corporate Risk Register & New Risks of Note

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | Improve

Priority | Owner TL | Exec Lead FW

Risks > 15

For awareness. Full details available on the relevant risk registers via datix

Corporate Risk Register

ID	Title	Current Rating	Risk Level	Notes
1427	Risk to patient safety due to continued pressure at North Middlesex	16	High	
1457	Clinical Ed - Inability to meet the training plan	16	High	
1476	LFB Collapse Behind Locked Doors - MOU	15	High	
1499	Duplicate emergency calls	15	High	
1504	Delayed response at shift changeover	16	High	Thematic review
1515	ECG interpretation	15	High	

A thematic review ion delayed response at shift changeover is being finalised.

All Risks 15 or greater are reviewed in RCAG for assurance and to monitor mitigations and progress.

Other Risk Registers

ID	Title	Current Rating	Risk Level	Notes
1024	Lack of Commanders at Tactical and Operational Level	15	High	

London Ambulance Service
NHS Trust

CQC & Assurance

londamb.lascqcevidence@nhs.net

We are the capital's emergency and urgent care responders

Owner: AP **Exec Lead:** FW

Compliance

	Quality Statement	KPI	Target	Last month	Current month	Variation	Improvement
SAFE	Learning Culture	Overdue Incidents	0	410	365	-45	
		Reported Patient Incidents	-	1103	1206	+103	
		Reporting Staff Incidents	-	413	395	-18	
		Controlled Drugs Incidents	-	266	284	+18	
		Medication Errors	-	70	96	+26	

	Quality Statement	KPI	Target	Open Incidents	Overdue Incidents	Overdue %
SAFE	Learning Culture	Open/Overdue Incidents	-	1327	365	27.51%

Owner: AP **Exec Lead:** FW

Compliance

	Quality Statement	KPI	Target	Last month	Current month	Variation	Improvement
SAFE	Safe & Effective Staffing	PDR	85%	80.11%	80.14%	+0.03%	
		OWR	85%	70.42%	70.74%	+0.32%	
		CISO	85%	81.71%	81.82%	+0.11%	
		Vacancy Rate	<5%	1.64%	2.71%	+1.07%	
		Staff Turnover	<10%	8.30%	8.33%	+0.30%	
		Sickness	<5%	7.03%	8.42%	+1.39%	
		Stat & Man Training	85%	87.72%	87.56%	-0.16%	

Owner: AP **Exec Lead:** FW

Mandatory Training Compliance

Organisation	Head Count	StatMan Training %
Total	**8647**	86.63%
308 999 Operations L3	913	85.29%
308 C&E Communications & Engagement L3	27	71.69%
308 CAF Corporate Affairs L3	44	82.48%
308 CAP Clinical Assessment & Pathways L3	275	85.35%
308 CD Clinical Directorate L3	134	80.52%
308 CEO Chief Executive L3	9	82.64%
308 CPO Chief Paramedic Officer - Corporate L3	321	69.62%
308 CPO Chief Paramedic Officer - Operations L3	5047	89.51%
308 FIN Finance L3	56	86.49%
308 IM&T Information Management & Technology L3	127	89.09%
308 IPC Integrated Patient Care L3	843	76.41%
308 MD Medicines L3	38	79.20%
308 NED Chair & Non Executive L3	1	59.17%
308 P&C People & Culture L3	157	88.78%
308 S&T Strategy & Transformation L3	13	90.91%
308 SAP Strategic Assets & Property L3	642	80.06%

Owner: **Exec Lead:**

Compliance

	Quality Statement	KPI	Target	Last month	Current month	Variation	Improvement
SAFE	Infection Prevention & Control	Hand Hygiene Submissions	241	188	222	+34	
		Hand Hygiene Compliance	90%	96.2%	97.3%	+1.1%	
		Station Cleaning Submissions	21	44	41	-3	
		Station Cleaning Compliance	90%	95.7%	96.4%	-0.7%	
	Safeguarding	Safeguarding Training Level 1	85%	89.05%	86.94%	-2.11%	
		Safeguarding Training Level 2	85%	73.15%	72.49%	-0.66%	
		Safeguarding Training Level 3	85%	78.93%	76.14%	-2.79%	

Owner: AP **Exec Lead:** FW

Compliance

	Quality Statement	KPI	Target	Quarter 1	Quarter 2	Quarter 3	Variation Qtr 2– Qtr 3
SAFE	Quality Visit	Trust Compliance	90%	89.87%	90.43%	92.37%	+1.94%
	Quality Visit	HART Quality Visit Compliance	90%	83.93%	84.55%	87.97%	+3.42%

Please note the question below on the Quality Visit v2024 questionnaire:
"There are no medical gas cylinders stored outside of a medical gas storage facility"

The compliance value needed to pass should have been YES, but was set at NO. This was corrected on 14/11/24.
Brent, Brixton, Fulham, Greenford, Hanwell and Isleworth sites compliance scores were affected by a small percentage.

Safe | Effective | Caring | **Improve**

Priority | Owner TL | Exec Lead FW

Insights from recent EEAST CQC inspection

For information

- Unannounced inspection believed to be triggered by a number of risk flags for the CQC including: Inadequate rating in 2022 and the changes in Chief Exec and Senior Leadership team over the last 12 months.
- Medicines was a focus for the inspection team and there were 4 CQC Pharmacists who went to their central store to inspect.
- The CQC went back to the stations they previously visited in 2022 to identify if improvements had been made rather than every station/sector
- They visited all EOC sites and continue to have a large focus on EOC. In particular call performance, sickness rates and leadership.
- C2 performance time was another focus.
- The CQC requested 247 different items of information post inspection, the largest EEAST had seen. This equated to over 400 documents. Predominately Policy & SOPs, Culture, Stack numbers.
- The CQC are now focussing on a Well Led inspection within EEAST, in particular EOC and have requested focus groups w/c 20/02/25 consisting of: call handlers / dispatches / CAS / EOC Managers
- EEAST felt the inspection lack proportionality to risk – with the inspectors concerned re: 3 missing vials of morphine in a 12 month period.

In terms of a CQC update:

- The CQC have put together a specialist team looking at ambulances & system problems (ED handover delays, transition from IUEC to 999 etc). The team are receiving training at the end of January with the aim to mobilise soon. It will be a focussed inspection and not looking at every quality statement.
- Whilst this is classed as a specialist team, we were unable to find out the percentage of those staff who have ambulance sector experience, however they did state that they were supported by a Specialist Advisor Paramedic (Inspector).
- Assessments still continue based on risk, particularly going back to sites that haven't been rated or they might need a follow up.
- Particular focus during inspections of how Ambulance, ED's & ICB's are working together re: handover delays

This is informal information from the national CQC meeting.

EEAST were inspected in November 2024

There is an ongoing well led inspection there.

Medicines management is a key focus

Delays at hospital will likely be a key focus

We should expect the CQC to confirm if we have made the improvements they have previously flagged

London Ambulance Service
NHS Trust

Quality Task & Finish Groups

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | **Improve**

Priority | Owner: Estates | Exec Lead: RP

Abloy Keys

Medicines management has been a key focus of the CQC

Abloy keys are computerised keys used by staff to access the ambulance drug packs and other restricted items. Each key has a set permission level which entitles it access to particular drug bags or CDs. The system is managed by estates.

The medicines management group identified last year that non registrant staff had keys that enabled access to CDs and potentially that keys of staff who have left the trust are unaccounted for.

After many months of being able to progress this issue it was escalated to CQOG and a task and finish group was commissioned.

The group is chaired by quality and includes

- Central Quality
- Sector Quality
- Estates
- Operations
- Medicine Management

The current actions are in progress:

- Full audit of all abloy keys in circulation and who is in possession of them
- Full audit of key permissions
- Comparison and cross reference of the two
- Audit of access to CD cabinets by unauthorised persons – non registrants with the wrong permissions
- Review of current policy
- Recommendations for new policy

5.2.2. Quality Assurance Committee Report

For Assurance

Presented by Mark Spencer

London Ambulance Service NHS Trust

Assurance report:	**Quality Assurance Committee**	**Date:**	**28/01/2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**06/03/2025**
Presented by:	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**	**Prepared by:**	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**

Matters considered:

Quality Report and Summary

The committee noted;

- Safeguarding as a key area in the quality report, noting the need for improved compliance with safeguarding training and the importance of providing training at times that operational staff can attend.
- Medicines management was identified as a critical area, with issues such as errors in completing the controlled drug register and the need for better tracking of electronic drug usage forms.
- Issues around documentation quality. It was reported that there were controlled drug incidents, primarily due to errors in documentation.
- The need for improved clinical and non-clinical decision-making, highlighting examples where decision-making was not as good as it should be.
- The importance of a positive reporting culture, noting that many serious patient safety incidents are discovered through the review process of reported incidents. It was emphasised the need for better follow-up on learning actions and the integration of learning into practice.

It was reported that the number of Patient Safety Incidents was increasing as was the number of harm incidents rising, mainly linked to delayed responses and cases identified via the recontact audit.

Concerns were raised about the increasing rate of assaults on staff. It was noted that consideration is being given around making body-worn cameras mandatory to address this issue.

Chief Paramedic Performance Report

The Committee noted;

A summary of key performance metrics and analysis of the improvements in the long delays to some Cat 2 calls. The data refers up to December 2024.

That demand was 10% higher than anticipated.

An increase was noted in ambulance "holding" of patients instead of hospital corridors, due to hospital policies and noted that hospitals reluctant to accept patients into corridors due to fire safety concerns.

The number of ambulances out of service reduced to its best-ever performance. The future target is 9%. It was also reported that the time-on-scene and handover times improving, helping overall patient flow.

Quality and Safety Assurance

CARU Audits

Obstetric Emergencies Audit showed strong performance on clinical observations but areas for improvement in history-taking and pre-alerting hospitals.

End-of-Life Care Audit showed strong performance in anticipatory medicine administration. It was felt that there needs to be better documentation of pain levels in non-verbal patients. LAS to transition to internal leadership for end-of-life care training after the retirement of Macmillan Nurse Consultant.

In summary, both audits showed positive results and identified areas for improvement, which will be shared with the clinical teams for further learning and development.

Quality Improvement and Health Inequalities

The Committee noted;

The update on the Start of Shift quality improvement program, highlighting the progress made in improving the timing of the start of shift at various stations. The engagement with the Estates team and the positive feedback from the crews were also discussed.

It was reported significant improvements in the timing of the start of shift at various stations, including Camden, Isleworth and Homerton. The engagement with the Estates team has been instrumental in supporting these improvements, with surveyors and contractors involved in the process to ensure timely completion of necessary building work.

The engagement and involvement of the crews in the improvement process have been key to the success of the program.

	It was agreed to ask information governance colleagues to conduct research on the security status of Microsoft Co-pilot to ensure compliance with data security standards. This action aims to address the concerns raised about the potential risks of using AI-based summarisation tools.
Key decisions made / actions identified:	Body Worn Cameras to be discussed at ELG the potential decision to make body worn cameras mandatory for staff. Investigate and address the issue of reporting culture so that patient safety incidents are not discovered through review processes but through initial reporting. Information governance colleagues to research the security status of the Microsoft Co-pilot product associated with Teams. To address corridor care and ambulance care with National Team
Risks:	Risks and mitigations were presented and considered. It was proposed to reduce the scores on the Board Assurance Framework in two areas, productivity and cardiac arrest, which the committee supported.
Assurance:	The Committee received assurance on the reports presented.

5.3. People and Culture

For Assurance

5.3.1. Director's Report

For Assurance

Presented by Damian McGuinness

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board
Meeting 6th March 2025
Report from the Chief People Officer

Executive Summary

Core activity for the Workforce and OD teams has been supporting the *Local Delivery Model* consultations, which span over multiple directorates. The consultations aim is to empower local managers by granting responsibility and accountability for the resources they are responsible for - as well as the performance and clinical quality of the care their teams provide. This shift necessitates a new operating model for many of our corporate services. This is a significant change programme and as such the OD team designed a comprehensive consultation support package, which has been well received, offering more than 70 engagement touchpoints and impactful feedback.

A number of other *Our LAS Culture Change Programme* initiatives have also taken place recently, notably a refresh for career pathways for Ambulance Operations, 111, and 999, with a focus on internal quality assurance and role competencies.

The Wellbeing Team has continued to work to meet the objectives of the 2024-26 workplan, which has included health coaching support for colleagues who wish to make positive health changes, a wide range of financial support options, including 1:1 debt advice and support and Q&A webinars on mortgages, budgeting and retirement, functional movement sessions on a 1:1 and group basis to more than 200 colleagues in both Ambulance Operations and EOC, provided wellbeing support via phone and in person (with an excellent rating of 97%) and presentations designed for students working on placement aimed at preparing them for the workplace.

Recruitment to the Trust Workforce plan continues at a positive rate. Course fill rates remain positive across all roles with 97% achieved in Quarter 3 and turnover levels are below 9% with stability rates now above 90% and the number of frontline leavers has remained positively below plan.

The draft workforce plan for 2025/2026 has been produced and this is based on a flat cash scenario i.e. recruiting to 1st April 2024 levels. This has been developed through a collaborative approach across recruitment, clinical education, operations and finance and is monitored and reviewed on a monthly basis.

The multi-award winning London Ambulance Service (LAS) apprenticeship scheme continues to have success and receive recognition. In November 2024 we were named the Mayor of London's Apprenticeship Employer of the Year for the third year running and also in November we received the Employer of the Year award in the health category at the Multicultural Apprenticeship Awards, recognising the contribution our apprenticeships are making within multicultural communities.

P&C Operations

1. Recruitment

- We ended Q3 continuing with our positive performance with strong pipelines and fill rates. We achieved a 97% fill rate across all available course spaces.

- **Paramedic recruitment** – Q3 has seen 100% course fill rates across both UK Graduate and International recruitment. Our UK Grad pipeline currently sits at 24 in conditional offer and 14 with confirmed start dates for the end of the financial year. Across our international pipeline we have 94 at conditional offer and 14 with confirmed start dates.

- **AAP Recruitment** – Advertising has recommenced from February 25. We have also recruited 15 candidates through the Our LAS Inclusive Response Programme (pre-apprentices)

- **Call Handling Recruitment**

  Positive fill rates in EOC Call Handling during Q3 filling 100% of available training spaces, recruitment within these areas has been on hold, and will recommence again in February, to replenish pipelines for 25/26 workforce plan.

  Corporate/Specialist recruitment – there continues to be recruitment activity to support the frontline including recruitment into Advanced Paramedic Practitioners, CRU, TRU, HART, HEMS, PCN Programme, Mental Health and Community Resuscitation roles.

2. Retention

Turnover has remained at 8.5% in January and the number of frontline leavers has remained positively below plan. The stability rate which measures the 'stay' rate for staff over a 12 month period averages 93% for the year. The positively received stay interview pilots have now moved into BAU and are being jointly held held each month by wellbeing and HR teams. There are plans to roll this out more widely across some sectors in the coming months. Other key retention initiatives in progress include flexible retirement, personalised holistic health plans and the streamlining of the flexible working process (now managed in ESR and providing greater oversight on the circa 600 requests submitted in the last 12 months).

3. Employee Relations

To meet the commitment in the Trust's Business Plan to improve employee experience and engagement for those colleagues requiring resolution, there have been a number of improvements to the Resolution Hub. New initiatives that have now been tested and are fully operational include: better use of technology to submit, process and track; Requests for Resolution (RfRs); the introduction of completely independent panels to triage RfRs; and additional recruitment to the team of volunteer resolution advocates and mediators who will support early resolution where appropriate.

To improve the management of ER cases, we have delivered a number of Trust-wide training sessions over the past year including investigations training (which has increased our pool of investigators), managing disabled employees (reasonable adjustments), managing redeployment, pregnancy and maternity discrimination and employment law updates. Further training sessions are arranged to take place throughout this year including chairing hearings for disciplinaries and appeals, investigations training, managing complex sickness absences, managing disabled employees (reasonable adjustments).

4. Workforce Intelligence, Payroll & Pensions

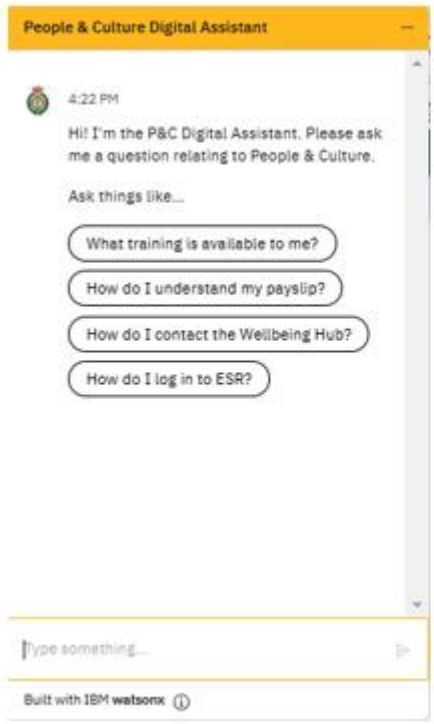
Workforce Planning – further development of the 25/26 plan has taken place facilitating the production of the detailed training plan at an earlier stage which has been very beneficial. The collaborative and multi-disciplinary approach across Corporate and Operational teams to both design the plan and to ensure that data systems are aligned across Finance and Workforce has continued and there are fortnightly discussions in place to track performance against plan and to ensure that staffing levels are maintained within budget. This enables early identification of expected over and under establishment so that any further agile and informed decisions about recruitment can be taken. There is a regular review of leavers and internal movers and subsequent refresh of plan and forecast. There is strong visibility of the planning position at Transformation Boards, Ambulance Workforce Group, Trust Workforce Group, People & Culture Committee and Executive and Board level.

People Scorecard

With a particular focus on triangulation of data, the set of workforce key performance indicators which feature in the FFR packs (Feedback Focus Reviews) has been further refreshed now covering KPIs for vacancy, staff in post, sickness, leavers, stat and mand training, appraisal, turnover, stability, employee relations data and ten equality, diversity & inclusion indicators covering ethnicity, disability and gender. This data provides greater visibility and insights, better explains performance and helps to pinpoint areas for improvement.

Technology

P&C Digital Assistant - the People & Culture team have worked in partnership with East and North Hertfordshire and IBM to deliver a digital assistant for all Trust staff. This new digital technology will provide all LAS staff with the ability to ask P&C related questions and access vital information at a time which suits them. In addition, it will reduce the administrative burden on our HR teams and free up their time to focus on more value-added and complex HR activities. The new P&C digital assistant will be available for our 8,500 employees and managers, 24 hours a day and 365 days a year and contains a bank of common questions and answers relating to People & Culture and is also able to search People & Culture policies to find answers for specific questions. Since launching in December we have received over 1,900 questions with a recognition rate for responses has of 83% currently. 41% of questions have been asked out of hours (1700-0900 Monday to Friday and weekends).



Intelligent Automation - Implementing digital workers in the People & Culture Directorate

With the focus on driving down costs to meet control totals, we have been investigating technological changes to drive new ways of working to improve efficiency. The natural next step is to look at opportunities where high volume low-level processes would benefit from automation i.e. a digital worker. In P&C the opportunities are considerable and to date 32 processes have been identified which are suitable for automation. The next step is to adopt this automation as a 12-month proof of concept to fully test the technology by automating ten priority P&C processes based on time saved across most P&C functions (some of the processes will benefit multiple teams). This has been agreed by ExCo with a view to mobilising the project in Q1 of 2025/2026.

DBS checks

As at 31st December 2024, the Trust has a 99.9% 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.

5. Health and Wellbeing

Occupational Health

Both external Occupational Health (OH) providers continue to meet their Key Performance Indicators (KPIs) and are preparing for an increase in referrals over the winter months. Optima, our core OH and Employee Assistance Programme (EAP) provider, has also offered additional services including psychological surveillance and group reflective practice sessions. We continue to offer a comprehensive programme of physiotherapy and tailored support to colleagues with musculoskeletal injuries via our physiotherapy provider, The Psychotherapy Network (TPN)

Mental Health Provision

Colleagues are able to access counselling directly, including trauma-focused therapies such as Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) via Optima's 24/7 EAP line or manager referral. Further advanced therapy, for conditions such as complex or historic Post Traumatic Stress Disorder (PTSD) is provided by the LAS' psychotherapist. We have also benefitted from the advice of Keeping Well North West London which is able to refer colleagues for fast track Improving Access to Psychological Therapies (IAPT) services. Peer support and signposting to specialist services is also available to all colleagues via our Wellbeing Hub and LINC peer support network.

Wellbeing Activities

As well as preparing to deliver the Winter Wellbeing plan, the Wellbeing Team has continued to work to meet the objectives of the 2024-26 workplan, which has included;

- Collaborative working with HR Teams and managers including drop-in meetings, attendance at team huddles and training days and sickness case reviews.
- Health coaching support for colleagues who wish to make positive health changes.
- A wide range of financial support options, including 1:1 debt advice and support and Q&A webinars on mortgages, budgeting and retirement.
- Led by our Physical Wellbeing Lead, a Physical Trainer (PT) programme, where more funding has been secured for 60 colleagues to be trained as accredited PTs. The Physical Wellbeing lead has also run functional movement sessions on a 1:1 and group basis to more than 200 colleagues in both Ambulance Operations and EOC.
- Providing wellbeing support via phone and in person – feedback on the LAS Wellbeing Hub continues to be consistently high with a good or excellent rating of 97%. The Wellbeing Support Vehicles (WSVs) tour A&Es, providing colleagues with a peer conversation and free refreshments are also very popular, as are our Wellbeing Cafes in the EOCs and IUECs. More than 1000 colleagues have provided feedback on our Wellbeing Support Vehicles (WSVs), with an average rating of 9.2/10 and 75% stating they had a conversation about their wellbeing with the WSV operative.
- Presentations designed for students working on placement, delivered by the wellbeing team aimed at preparing them for the workplace.
- Work is ongoing with the Pan-London Trauma response team to ensure that the Trust aligns with and benefits from existing resources available in the wake of major or significant incidents.
- Monthly stress risk assessment toolkit training sessions are held in collaboration with the Organisational Development and Talent Management team, and Health, Safety and Security colleagues. To ensure stress risk assessments more accessible to managers, the Wellbeing Team has filmed short scenarios that illustrate how the assessment should be completed

Freedom to Speak up

Over a total of 44 concerns were raised by staff in Q3. This increase on from Q2 attributed to the FTSU month, winter pressures, and the improved visibility and engagement of the FTSU team. This increase in concerns was particularly notable in the SE and SW areas, where the team had spent come considerable time promoting the service. The Guardian and wider team continue to champion sexual safety on a local and national level, with twenty of the FTSU

ambassadors now trained in sexual safety support in line with the Trust's sexual safety charter. The LAS FTSU Guardian has recently handed over the Chair of the National Ambulance Sexual Safety Community of Practice (NaSSCOP) for NHSE/AACE and internally ensures that FTSU data is anonymously and confidentially shared to ensure themes and trends can be triangulated across the Trust.

7. Organisational Development & Talent Management (OD&TM) Team

In driving forward the Our LAS Culture Change Programme, our latest activities are highlighted here.

7.1 Talent Management:

7.1.1 Career Pathways (Ambulance Operations/ 111/ 999)

The team has finished the first phase of career pathways in Ambulance Operations, 111 and 999. This included showing the full position count across these three areas with the aim of understanding the number of positions, staff groups and unique job titles that exist. The team was able to take this information and plot all unique job titles by banding to show the 'as is' career pathways and highlighting the different specialisms in alignment with the College of Paramedics – Career Framework.

The next phase of this work will be focused on internal quality assurance around job titles, ESR alignment and reporting lines to ensure all roles are captured, undertaking an audit on job titles, completing a levelling activity and scoping the technical, behavioural and educational competencies associated which each of the role. This work aims to give a 'tangible' insight into how colleagues across the Trust can access the diverse range of careers on offer.

7.1.2 Organisational Change - Consultation Support Package

The team has designed, developed and are delivering a robust and meaningful consultation support package, which aims to provide tangible support to colleagues undergoing organisational change. This package includes a range of support from dedicated:

- Values Based Interview Skills Sessions
- Personal development Sessions – including; boost your confidence, coping with uncertainty, managing stress and building personal resilience, communication skills and more.
- 1-2-1 Bespoke Support – including application and interview skills, mock interviews and career coaching conversations
- Signposting to 'on the go' learning opportunities and internal and external wellbeing support services

This package has had more than 70 engagement touch points so far, and offered more than 45 sessions. Post session evaluations are conducted to assess impact. So far feedback shows that over 93% of all participants state there has been a significant increase to their knowledge by attending a session and 90% would recommend these sessions to other colleagues.

7.2 Leadership Development Programmes

In terms of our **commissioned leadership programmes** the following update is provided:

- High Performing Leaders (Henley Business School) Band 8b-9 - **40 colleagues** over five cohorts
- PGCert Health & Medical Leadership (Cumbria University) Band 8a - **39 colleagues**, over three cohorts
- Advanced Diploma Practice Management (Middlesex University) Band 6-7 – 197 colleagues in total (**137 colleagues** (cohorts 1-7) and **68 colleagues** (cohorts 8-10))
- Aspiring Leaders Programme (NHS Elect) - Band 4-5 - **47 colleagues** across three cohorts.
- **323 colleagues** across the trust have enrolled/completing/completed a leadership programme
- **50 performance managers** completed module one of the PM development programme

7.3 Apprenticeships & Employability

7.3.1 Apprenticeships

The multi-award winning London Ambulance Service (LAS) apprenticeship scheme continues to have success and receive recognition. – In November 2024 we were named the Mayor of London's Apprenticeship Employer of the Year for the third year running and also in November we received the Employer of the Year award in the health category at the Multicultural Apprenticeship Awards, recognising the contribution our apprenticeships are making within multicultural communities.

Our efforts continue to expand our non-clinical apprenticeship opportunities. In November 2024 five new apprentices joined our fleet team and have embarked on their journey on the motor vehicle service and maintenance apprenticeship programme.

7.3.2 Employability

Our employability programmes continue to have a great success supporting unemployed Londoners into roles in the LAS. Since January 2024, 112 job seekers have completed the programme. Of those 76% are from ethnic minorities; 20% with a disability; and 46% female. 46% of the Londoners who completed the programme have been offered positions within the LAS.

7.4 Learning and Development

7.4.1 Tackling Discrimination & Promoting Inclusivity (TDPI) Phase 2

The OD&TM team continues to work closely with the Equality, Diversity and Inclusion (EDI) and Clinical Education teams to organise facilitators, coordinate schedules and secure available training rooms for the TDPI Phase 2 sessions. A further 54 sessions have been scheduled from April onwards.

In addition, we continue to actively support individual colleagues, and managers in booking their teams onto these sessions to maximise attendance and ensure available spaces are filled.

Feedback from TDPI Phase 2 has been positive, with colleagues noting that the session promotes deeper self-reflection and increased self-awareness. Colleagues also highlight the engaging content, practical relevance, and the valuable discussions enhance learning.

8. Clinical Education & Standards

As of Q3 2024/2025, Clinical Educations and Standards have delivered the following training:

Newly Qualified Paramedics (NQPs)	261
EMT to NQP (Cumbria)	125
Internal upskill Emergency Medical Technicians (EMTs)	102
Assistant Ambulance Practitioners (AAPs)	80
Experienced Clinicians	21
Non-Emergency Transport Service (NETS)	11
Critical Care Transfer Service	17
Emergency Call Handlers (ECH)	143
111 Call Handlers	104

A further 81 frontline staff and 20 Emergency Call Handlers have started their training courses.

As of 31st January 2025 the Core Skills Refresher (CSR) 2024/2025 face to face session (Resuscitation, Moving and Handling, EPRR, and Learning Disabilities and Autism) has been delivered to 4011 frontline staff and the course remains available until the end of Q4.

The 2025/2026 CSR subjects have been agreed and work is underway to develop these sessions.

The LAS continues to invest in quality education, training and development for its workforce in 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 workforce. The 2024/2025 Registrant CPD funding is also available from NHSE at £1,000 per registrant.

To support the delivery of the Trust training plan, Clinical Education and Standards are continuing the recruitment campaign with a view to filling all vacant tutor posts.

Damian McGuinness

Chief People Officer, London Ambulance Service NHS Trust.

5.3.2. People and Culture Committee Report

For Assurance

Presented by Anne Rainsberry

London Ambulance Service NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**17/02/2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**23/01/2025**
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:

DIRECTORATE PERFORMANCE

The committee noted the following:

- The recruitment pipeline remains strong with all areas on track to meet or exceed plan. T
-
- Turnover has further improved from an average of 13% in April 2022 to 8% at the time of the meeting. Turnover is particularly low in front line roles c.5.5% whilst turnover in 111 remains much higher 26.4%. The committee discussed that higher turnover would be expected in call centre rolls but also noted that further reduction would be desirable.
- Sickness absence continues to track above plan at 8%.
- The procurement for new scheduling software was under way and the committee was briefed on the process and any potential risks and their mitigation.
- The committee chair briefed the meeting with the chair of audit and risk to review the management of employment tribunals. They received assurance on this process but have also requested a further strengthening of the governance around the decision to appeal tribunal decisions.
- The resolution hub has been relaunched with new processes aimed at improving response times and the active management of cases.
- The second phase of the talent management initiative has commenced creating career pathways, which will encompass Ambulance Operations, EOC and 111.

- The in-house Centre of Excellence for Leadership and Culture (CELC) has progressed with five leadership competencies and associated criteria mapped to NHS staff survey questions and the design of the learning experience underway. Between October and December, team effectiveness interventions delivered to 122 colleagues across eight teams.
- Appraisal compliance has improved and is 80.1% - focus over winter will be on the corporate areas.
-

DEEP DIVE – IMPROVING SICKNESS ABSENCE

- The committee were briefed on the measures being taken to respond to rising sickness absence rates- 8.4% as of December 2024
- A Sickness Recovery Group has been mobilised i and will continue up until the end of February 2025. The aim to stabilise and improve sickness rates
- Highest rates are mental health (24%) and coughs, colds and flu (10%)
- The focus is to support line managers to actively manage sickness absence through a range of support and interventions

LOCALISED DELIVERY MODEL

- The committee received a briefing on the implementation of teams-based working and the local delivery model to support this.
- A range of functions will be devolved to local teams including scheduling and VRC
- Formal consultation is underway to consult staff and their representatives on the changes proposed.

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Key decisions made / actions identified:	See other commentary.

Risks:	**Board Assurance Framework** The committee reviewed the BAF. The committee debated changing risk levels but have decided to review this at their next meeting with the benefit of the staff survey results.
Assurance:	Assurance was received on directorate performance , managing sickness absence and of the new delivery model. Assurance was not received on vaccination rates

5.3.3. EDI Committee Report

For Assurance

Presented by Anne Rainsberry

London Ambulance Service NHS Trust

Assurance report:	Equality, Diversity and Inclusion Committee	Date:	14/01/2025

Summary report to:	**Trust Board**	**Date of meeting:**	**20/02/2025**
Presented by:	**Anne Rainsberry, Non-Executive Director, Chair of EDI**	**Prepared by:**	**Anne Rainsberry, Non-Executive Director, Chair of EDI**

Matters considered:

1. **Student Placement Feedback:**
   - an update on the process for student placements, including a two-pronged approach with QR codes for feedback and monthly drop-in sessions was received.
2. **EDI Progress Report:**
   - Significant progress in EDI objectives, with 170 ELG members completing their objectives.
   - Focus on increasing female representation, understanding neurodiversity, and promoting inclusive leadership.
3. **Sustaining Positive Recruitment Impact:**
   - Discussion on the effectiveness of independent panel members (IPMs) and the stepping up support package.
   - Proposal for giving feedback to unsuccessful BME candidates in internal vacancies considered, with a tiered approach suggested for better accountability.
4. **Shadow Engagement Board Proposal:**
   - Introduction of a new shadow board to strengthen staff voice in leadership decisions.
   - Aimed to complement the existing Staff Council and focus on inclusion and leadership development.
5. **Health Inequalities:**
   - Progress on sickle cell training and engagement with patient groups.
   - Maternal health engagement with two chosen organizations to gather patient feedback and improve care.

Risks and Action:

Next Steps:

- Review staff survey results in the next meeting to consider potential adjustments to the BAF risk score for EDI.
- Continue monitoring the progress of EDI initiatives and health inequalities projects, with regular updates to the committee.

5.4. Finance

For Assurance

5.4.1. Director's Report

For Assurance

Presented by Rakesh Patel

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting

Report from the Chief Finance Officer

Financial Position at the end of January 2025

Income and Expenditure Plan

The Trust received income of £599.4m and incurred costs of £599.5m for the 10 months to end of January 2025. This position was a year-to-date Income & Expenditure deficit of £0.1m. The Trust is forecasting to deliver a breakeven plan for the full year. The Trust has continued to maintain the cost control processes introduced in early summer 2024.

Capital Programme

The Trust will invest £60.9m during 2024/25. By the end of January 2025 the Trust had spent £28.8m across Fleet, Estates and Medical Equipment.

Cash Balance

The Trust had a closing cash balance of £23.1m at the end of January 2025.

Fleet

The Fleet department has commissioned 59 DCAs, 7 HART vehicles, 5 Specialist Paramedic Primary Care cars, 3 sector cars and 4 CRU vans since October 2024 and will commission further vehicles in 25/26.

Estates & Facilities

The Trust is continuing to develop the plans for the East London Resilience Hub which will house the Resilience and Specialist Asset team and relocate them from Cody Road. Freeing up space in Cody Road will enable it to be upgraded into a modern ambulance station with office capacity for corporate teams.

Development is also underway to repurpose a Trust leased building adjacent to Cody Road to create a fit for purpose Fleet Service Hub and new Make Ready Facilities. This will allow for the collocation of a number of fleet workshops to provide a more efficient service and continue to expand our in-house MOT offering for Ambulances.

The trust has identified an opportunity to lease a new development close Heathrow Airport to address the capacity concerns of the local operational teams as they continue to expand their service. The development would consolidate a number of local teams and provide a fit for purpose ambulance station in an ideal location.

Logistics

The Team are continuing to Asset Tag high value medical devices and are reviewing active RFID tags and the tracking of Medical Gasses. This will be developed over the course of the year.

A new operating model is being rolled out to de-centralise the current Vehicle Resource Centre (VRC), Central Support Unit (CSU) and Scheduling Department. This new model gives local operational managers the resources required to manage their day to day operations at a more local level. A small team will remain centrally to coordinate corporate functions.

Sustainability

A new sustainability strategy is being drafted and will be shared once complete. The Trust is continuing to work towards a 6% decrease in 25/26 as per the current Green Plan.

Make Ready

The Make Ready Team are implementing a new roster and introducing new roles to better align with the operational requirement for cleaning and preparing more vehicles. The Make Ready Team will be working on full Agenda for Change Terms and Conditions from 1st April 2025 as per the TUPE agreement.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.

5.4.2. Finance and Investment Committee Report

For Assurance

Presented by Bob Alexander

London Ambulance Service NHS Trust

Assurance report:	Finance and Investment Committee	Date:	06/03/2025

Summary report to:	**Trust Board**	**Date of meeting:**	**20/02/2025**
Presented by:	**Bob Alexander, Non-Executive Director, Chair of FIC**	**Prepared by:**	**Bob Alexander, Non-Executive Director, Chair of FIC**

Matters considered:

Financial Performance and Forecast:

- the financial performance for month 10 showed no surprises, and the organization is on track to deliver a year-end break-even position.
- The control total mechanism framework has broadly worked, with targets being met within the range.

Balance Sheet and Provisions:

- the in-year position is balanced without relying on balance sheet adjustments.
- There is some provision for unforeseen circumstances, but it is uncertain if it will be sufficient.

Capital Expenditure:

- There have been delays in signing leases, but these are expected to be resolved soon.
- The organization successfully received an £8,000,000 cash injection for capital expenditure.

Cost Improvement Plans (CIP):

- The organization is on track to deliver £30 million in CIPs, with a significant portion being recurrent.
- Next year's CIP targets, especially for corporate areas, will be challenging.

Contract Awards:

- Approval was sought for extending the lease on an ambulance station in Islington, with considerations for EV charging capabilities and potential future cost increases.
- A new sourcing model for agency staff was discussed, ensuring rigorous onboarding and quality checks.

- A 10-year contract for providing enhanced services at Heathrow was approved, with provisions for renegotiation in case of significant changes.

Action Items:

- **Estates Strategy** – executives to bring an updated estates strategy to the March meeting.

Key Discussions:

- The importance of productivity metrics beyond Cat 2 and Cat 1 times was emphasized to assure against external scrutiny.
- The need for a formal process to review business case benefits realization was highlighted.
- The potential impact of national programs and the importance of collaboration among ambulance trusts were discussed.

Risks:

FIC BAF risks had shown a steady decline during the year as action was taken to mitigate risks.

5.4.3. Audit Report

For Assurance

Presented by Rommel Pereira

London Ambulance Service NHS Trust

Assurance report: Audit Committee

Date: 06/03/2025

Summary report to:	**Trust Board**	**Date of meeting:**	**17/01/2025**
Presented by:	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**	**Prepared by:**	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**

Alert:

Nothing beyond risks reflected in Board Assurance Framework

Advise:

1. Business Continuity and Resilience:

- **Testing and Resilience:** The team discussed the challenges of conducting a full shutdown and failover test due to legacy infrastructure. They agreed on testing backup telephony and implementing a backup telephony service for 111.
- **Layers of Resilience:** Emphasis on understanding and documenting layers of resilience, including responses to potential power outages and IT system failures.
- **Action Plan:** Directors agreed to work on a detailed resilience plan and report back to the committee.

2. Cybersecurity:

- **Incident Response:** A recent cyber incident involving a staff member highlighted the need for robust training and awareness. The team is rolling out a new cyber awareness training program.
- **CAD System Vulnerabilities:** A pen test revealed further work required to the CAD environment, which are planned.
- **Cyber Resilience Report:** The report benchmarked the trust against other ambulance services, identifying areas for improvement.
- **DSPT Compliance:** The team is addressing remaining vulnerable areas to meet the new Cyber Assessment Framework standards by June.

3. AC considered external audit's early indication of audit risks, materiality and timetable and Counter Fraud's regular report.

Assure:

4. Financial Systems:

- **Key Financial Systems Audit:** The audit of AP and AR systems showed strong controls, with only minor queries identified.
- **Salary Overpayments:** The team is implementing a new approach to improve recovery rates and reduce overpayments.

5. Contract Management:

- **Procurement and Contract Management Review:** The review highlighted the need for further strengthening of supplier due diligence and centralized oversight of contract management processes.
- **Ongoing Assurance:** The team is considering adding regular checks for supplier certifications and compliance as part of contract management

6. Medical Devices:

- Progress is being made on outstanding recommendations, with a focus on improving servicing and spot checks.

7**. Risk**

- The review of the BAF led to the cyber and DSPT risks increasing from 15 to 20 and consideration is being given to differentiate 3rd party supplier risks.

5.5. Digital and Data

5.5.1. Director's Report

Presented by Clare McMillan

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board Meeting

6th March 2025

Report from the Chief Digital Officer

Executive Summary

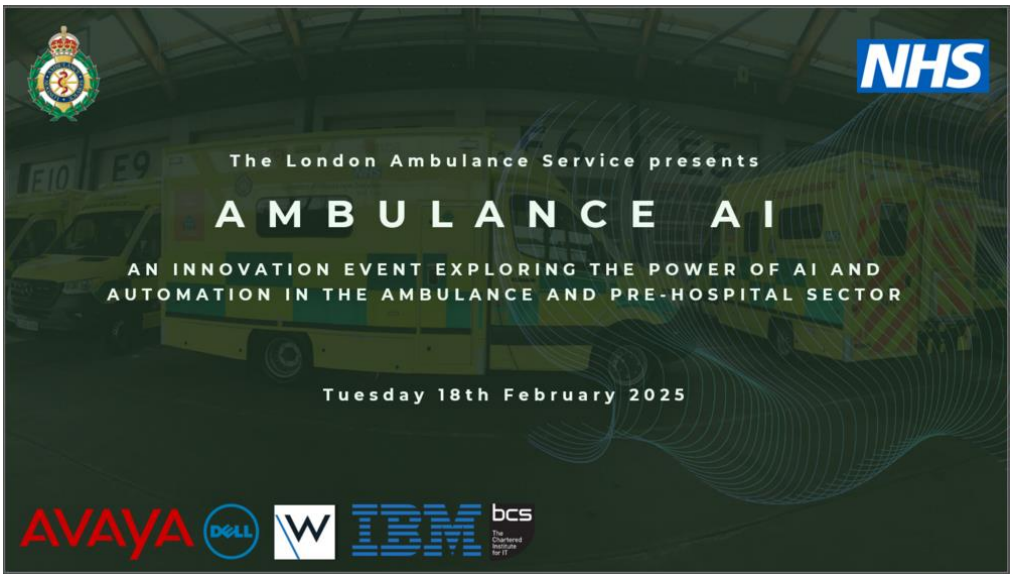
The NHS is undergoing significant transformation to meet the challenges of evolving patient needs, workforce constraints, and technological advancements. These changes have profound digital implications that the Digital Committee should be sighted on to ensure alignment with strategic goals.

This paper provides a high-level overview of the key digital impacts, opportunities, and risks associated with these changes and outlines strategic recommendations for consideration and covers both LAS schemes, National and Regional programmes of work.

The paper covers:

- Ambulance AI
- Southern Ambulance Services Collaboration
- NHS 111 *5

Ambulance AI



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On Tuesday 18th February 2025, the LAS digital team hosted an industry event alongside a number of partners to explore the use of AI and automation technology to solve several key problems facing the ambulance and pre-hospital care sector.

Experts from various fields discussed wide-ranging problem statements, including challenges with access to patient information, opportunities to reduce administrative burdens, and achieving a healthy work/life balance for our frontline colleagues.

This innovative event brought together experts from across industry, the ambulance sector, academia, and thought leaders to work collaboratively using AI and automation – and everyone collaborated enthusiastically to tackle these challenges.

Participants worked through three problem statements with the winning team suggesting a great idea to solve the challenges of end of shift arrangements and meal breaks like shift overruns and missed breaks. The solution – an automated 'tap in and tap out' system. It will be exciting to seeing how we incorporate this into our plans for the next year. The outcome of the day was a strong commitment to ongoing collaboration, supported by an open-source document (where all of the content and learning from the day is shared) to facilitate future efforts.

We will also use the outputs to support the AI workstream within the Southern Ambulance Services Collaboration.

Southern Ambulance Services Collaboration

As previously reported, digital is a key part of the SASC manifesto for year 1 with a commitment to identify and develop two to three use cases of AI technology in EOCs, with the aim to improve patient care and support staff wellbeing. The outcome will include a joint bid for funding from a national funding stream (NHS Tech Fund or similar).

There have been a number of workshops across the collaboration to baseline the different systems, processes and digital infrastructure in each trust; develop a map of opportunities to deploy digital tools and AI to improve patient care and staff wellbeing; agree a methodology for selecting priorities; and develop 2-3 use cases to take forward using the below as a starting point.

London Ambulance Service
NHS Trust

The use cases that have been prioritised to take forward

- Quality of care: Utilise transcription of calls to create a written record and allow for automated call auditing
- Staff training: Use digital tools and AI to train staff replicating high volumes, stressful scenarios, and unpredictable surges in demand
- Clinical review: Utilise ambient listening and transcription to detect and highlight key information, red flags, and priority incidents to suggest the most appropriate outcome

NHS 111 *5

The digital NHS 111*5 project went live on the 27th of November, 2024, transfers key information from ePCR to create a case within Adastra for a clinician ring back. This removes the need for the on-scene clinician to call 111*5 and speak to a health advisor, helping reduce time on-scene, improve workflow efficiency and user experience. The solution leverages the London Care Record in order to enable the 111 clinicians to view the ePCR for patients who are receiving a ring-back directly. The solution is working across all InTune iPads. The launch of the *5 solution ties in with the wider work with the Local Medical Committees (LMCs).

74% of referrals requested a clinician ring back, and 26% of referrals have allowed the crew to leave scene allowing the 111 clinician to call the patient back directly, helping release significant on-scene time and improve operational efficiency. There have been no known adverse reports relating to this digital pathway since go-live.

Engagement with the pathway continues to improve with time, with approximately 35% of total call volume to 111*5 being utilised via the digital pathway. The qualitative and quantitative assessment is being undertaken within the CMO leadership team.

5.5.2. Digital and Data Committee Report

For Assurance

Presented by Clare McMillan

London Ambulance Service NHS Trust

Assurance report:	**Digital & Data Quality Committee**	**Date:**	**24/09/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**06/03/2025**
Presented by:	**Sheila Doyle, D&DQ Chair**	**Prepared by:**	**Sheila Doyle**

Matters for escalation:

- **Hosting Shared Services for Five Ambulance Trusts**: The committee discussed the emerging opportunity for LAS to host core systems for five ambulance trusts on a single platform. This would help recover costs from over-invested infrastructure. However, a thorough analysis of opportunities, risks, and feasibility should be presented to the board for consideration.
- **Cybersecurity**: Cybersecurity has been escalated to one of the highest-rated risks in the BAF. The committee suggested a formal Board-level discussion on cyber resilience, risk levels, and incident response plans.

Other matters considered:

- **CDO Strategic Update:** The committee noted significant progress on the Target Operating Model, including the planned IT Operations Centre, which will feature a Network Operations Centre (NOC) and Security Operations Centre (SOC). They also discussed financial constraints, including a 10% headcount reduction, with consultation expected by March 2025. The committee emphasised the importance of robust incident management in the new IT Operations Centre model, particularly concerning clinical safety.
- **Southern Ambulance Services Collaboration (SASC):** Update was provided on the SASC, highlighting three core problem areas where AI and digital technologies are being explored as potential solutions. These include Ambient Listening & Transcription for Call Quality Auditing, AI-Enhanced Clinical Review for Red Flag Identification, and Real-Time Call Training for Staff Development.
- **Data Quality Update**: Team capacity has improved, and all legacy data quality audits have been formally closed, marking an important milestone in data quality efforts.
- IBM, the successful bidders to develop the business case for the **Data Warehouse Replacement**, have completed initial knowledge-sharing sessions with BI leads and nominees. A draft business case is expected in February, with final submission in March.
- **CCIO Report**: The committee was updated on ePCR enhancements, iPad disposal, and process automation. Work is ongoing to improve transfer of care, mental health assessments, and system integrations.

	• NHS 111 & GP notifications are now being automated reducing manual workload and increasing efficiency in data processing. Early results show a 33% reduction in call-based processing. • **Digital Portfolio Update**: The committee was informed that an infrastructure assessment is scheduled for February to validate improvements in resilience and performance. • An AI-focused event is planned in February, bringing together NHS digital leaders and AI experts. • Several business cases are being developed to enhance LAS's IT capabilities, including an Alerting & Monitoring System, Virtual CAD & 111 Desktop, and Resilient Telephony Backup for NHS 111.
Risks:	**BAF Risks** The committee reviewed the **Board Assurance Framework (BAF)** and agreed on the following key points: • **Infrastructure Resilience Risk (2.6):** The risk remains high due to ongoing infrastructure dependencies. The committee noted that this risk might persist indefinitely, similar to cybersecurity risks, but specific controls and mitigation measures will evolve over time. The decision on reducing the risk score was deferred until the March 2025 meeting, following the completion of the Data Centre Essentials Programme. • **Airwave Communications System Risk (2.8):** This risk remains high due to its dependency on external systems and potential vulnerabilities. • **Data Quality Risk (1.7):** The risk score can be reduced reflecting the considerable progress made in improving data quality over the past year.
Assurance:	• **Data Quality Audits**: All legacy data quality audits have been formally closed. • **Insightful Board Programme**: Overview of the assessment process and self-assessment completed by the Digital & Data Committee

5.6. Corporate

For Assurance

5.6.1. Director's Report

For Assurance

Presented by Mark Easton

London Ambulance Service NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Director of Corporate Affairs

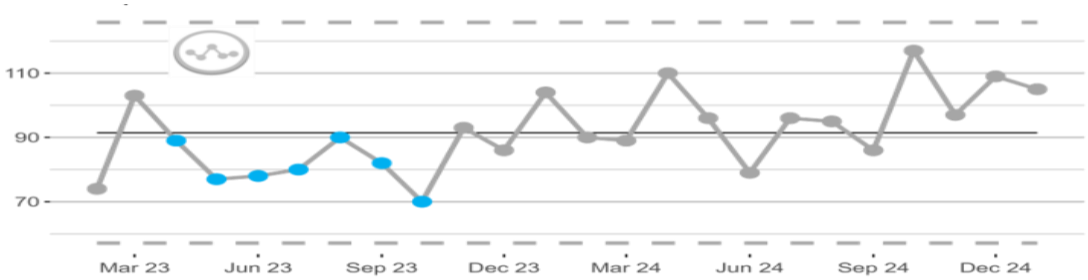
The Corporate Affairs Directorate includes Patient Experience, Legal Services, Information Governance, Corporate Governance and, from November, responsibility for the Health, Safety and Security team.

This report summarises Directorate activity to January 2024.

PATIENT EXPERIENCE

Complaints received

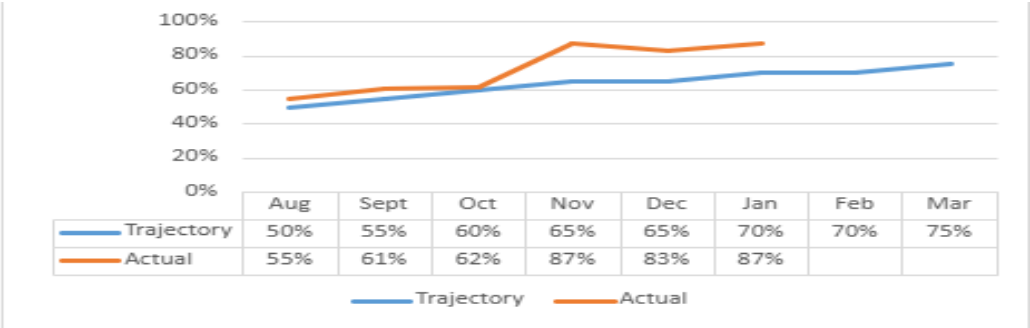
The monthly average for this financial year is 99 complaints received per month. At the end of January, there were 127 open complaints of which 9 were overdue (7%).



The themes of complaints remain consistent with previous reporting periods including conduct and behaviour, ambulance delays and EOC referrals to 111.

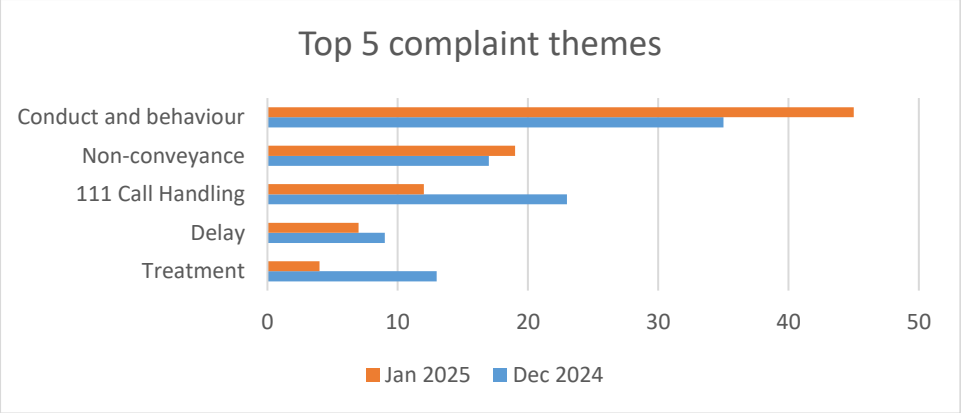
Complaints closed

The business plan objective is to *maintain a response rate of 75% to complaints within 35 working days.* A trajectory has been set for achieving this target by the end of the financial year. The team are currently on track to meet this objective:



	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	50%	55%	60%	65%	65%	70%	70%	75%
Actual	55%	61%	62%	87%	83%	87%		

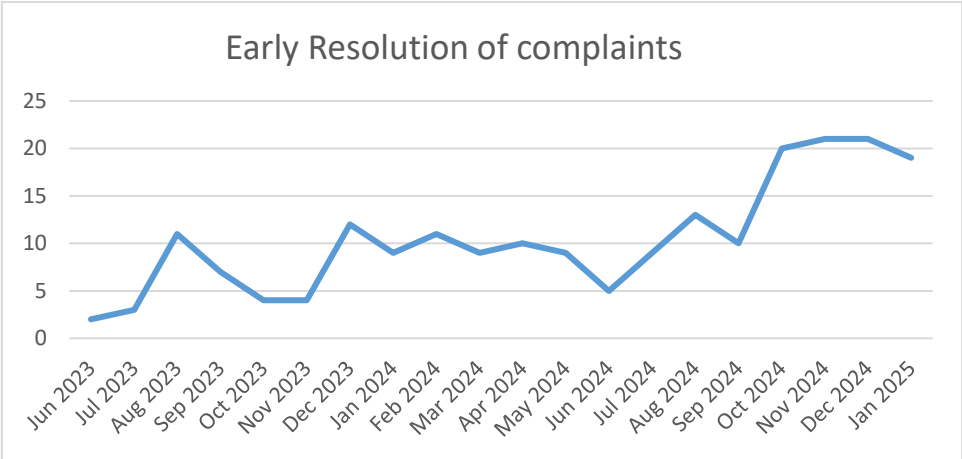
Top 5 complaint subjects received in January 25 compared to December 24:



The recent theme of fallers/vulnerable patients being referred to NHS111 task and finish group met and agreed key actions, and has reported to the Clinical Quality Oversight Group. Further guidance is being issued regarding vulnerable patients.

Early Resolution

The PHSO complaints standards recommends that Trusts use *Early Resolution* for applicable complaints. The LAS has adopted this recommendation and its increased use has assisted with the improvement in performance.



LEGAL SERVICES

Inquests opened 01 November 2024 – 31 January 2025

Level 1 Inquests – 529

Level 2 Inquests – 18

Claims opened 01 November 2024 – 31 January 2025

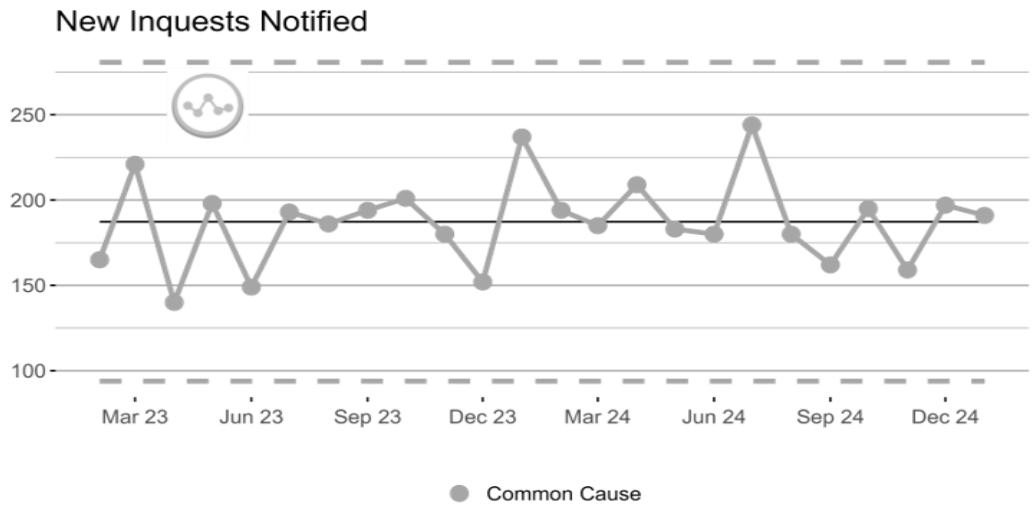
Employment Liability – 7

Public Liability - 1

Clinical Claims - 8

As expected, the number of Inquests notified to the Trust remained high. The Legal Team continue to handle more complex Inquests.

The chart below shows the level of sustained high numbers of notified inquests during 2024/2025.



The Head of Legal and other stakeholders are reviewing and updating TP015 – Procedure for responding to enquiries from Coroners, Police, the IOPC and others in relation to interviews, the preparation of statements and giving evidence at Inquests and other Court Hearings. TP 015 will be separated into three documents, a concise TP015 policy and two operational guides for criminal and civil enquiries.

Bevan Brittan will deliver an FOIA training session to the senior managers in Legal and FOI Team on 11 March 2025.

On 26 March 2025, the Legal Department, with the assistance of Capsticks and NHSR will deliver a learning event to the Health and Safety Team about the Life of a Claim. The focus will be on Liability to Third Party (LTPS) Claims. NHSR in collaboration with Capsticks will explore how LAS may improve knowledge of data insights from claims to improve safety.

The NHSR will also provide an update and review of Clinical Negligence Scheme for Trust (CNST) scorecards and how this can be interpreted and used as a catalyst for learning alongside other safety insights.

The updated 'Legal Page' will be on LAS Connect by March 2025. This will include links to all relevant legal guidance, policies and videos to assist LAS staff when attending court proceedings.

In the last three months, the Legal Department has received an increase of further concerns/legal submissions from Coroners across London. The Head of Legal will start tracking these to identify themes, feed into internal learning meetings and raise awareness at other committees.

HMC Senior Coroner for East London, Mr Graeme Irvine and his team of area/assistant Coroners have been invited to visit the LAS. This will be an opportunity to show HMC Senior Coroner and his team the developments in our control rooms, how the systems operate to promote clinical safety. HMC Senior Coroner will also be meeting senior members of the legal, clinical and governance team.

The Head of Legal and the Head of the Health and Safety Team attended a training session on ' Duty to Prevent Sexual Harassment' delivered by Bevan Brittan.

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

[ii] Level 2 Inquests are more **c**omplex 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) 2024 – 2025

The Trust has an annual programme to ensure compliance with the Data Security and Protection Toolkit (DSPT), which is an online self-assessment tool. As of September 2024 the DSPT has adopted the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. The decision to change the DSPT and align it with the CAF has been made to allow the setting out of broad principles which will provide assurance of Data Security and Protection.

The interface on the DSPT, sets out CAF-aligned requirements in terms of Objectives, Principles and Outcomes. Each objective comprises of a number of principles and are divided into 47 contributing outcomes.

The objectives are as follows:

- Objective A – Managing risk
- Objective B – Protecting against cyber-attack and data breaches
- Objective C – Detecting cyber security events
- Objective D – Minimising the impact of incident

- Objective E – Using and sharing information appropriately

The process of submitting assessments to NHS England has not changed. National assurance will continue to be based on the Trust commissioning an independent audit of their self-assessments. To this end arrangements have been made with BDO LLP for an audit, with an opening meeting set for 10th March 2025.

The Trust's baseline submission for the DSPT was completed in December 2024, in line with NHS requirements. The final submission of the full DSPT is scheduled for completion by 30 June 2025.

Work is well underway to ensure a timely and compliant submission. The necessary documentation is being reviewed and updated to meet NHS data security and governance standards. The process remains on track, with key stakeholders engaged to address any outstanding actions.

Because of the more stringent standards this year, especially around cyber security, a monthly update and risk report is being presented to ExCo to ensure DSPT compliance.

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 1st April 2024, five incidents have been reported to the ICO. Three of these cases are now closed following confirmation from the ICO that appropriate steps had been taken by The Trust to mitigate the impact of the breach. The Trust is currently awaiting a response from the ICO on the remaining two cases. There are also 4 open cases dating from 17th August 2023 to the 6th February 2024. All four of these open cases are either awaiting an initial response from the ICO, or awaiting a response following updates sent.

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.

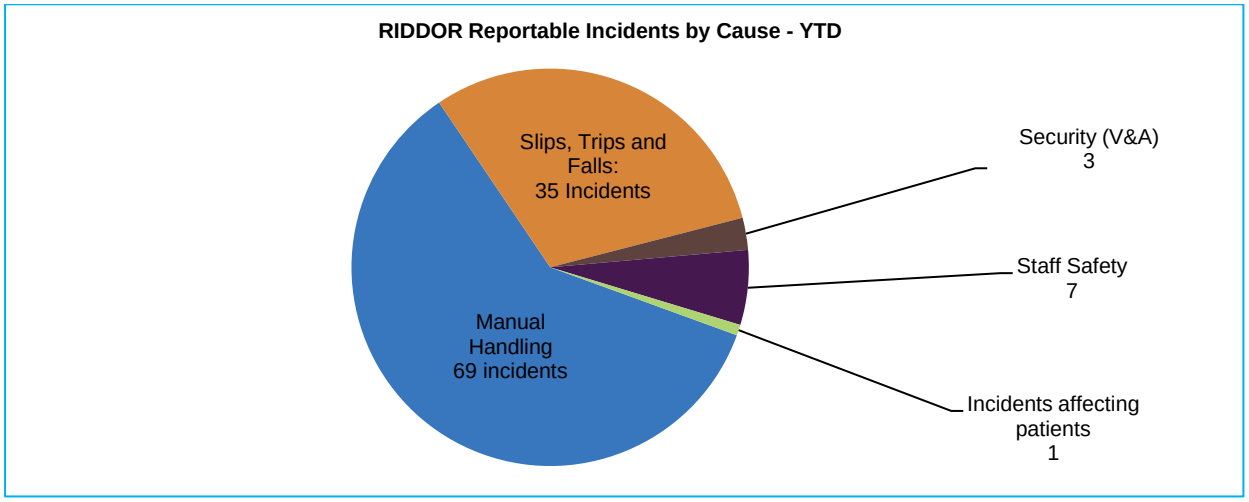
FREEDOM OF INFORMATION

In the three months November to January we received 141 FOI requests of which 74 are closed and 18 are overdue. The department has been impacted by long-term sickness absence but we have managed to secure temporary cover and are now in the process of catching up on the backlog.

HEALTH, SAFETY & SECURITY

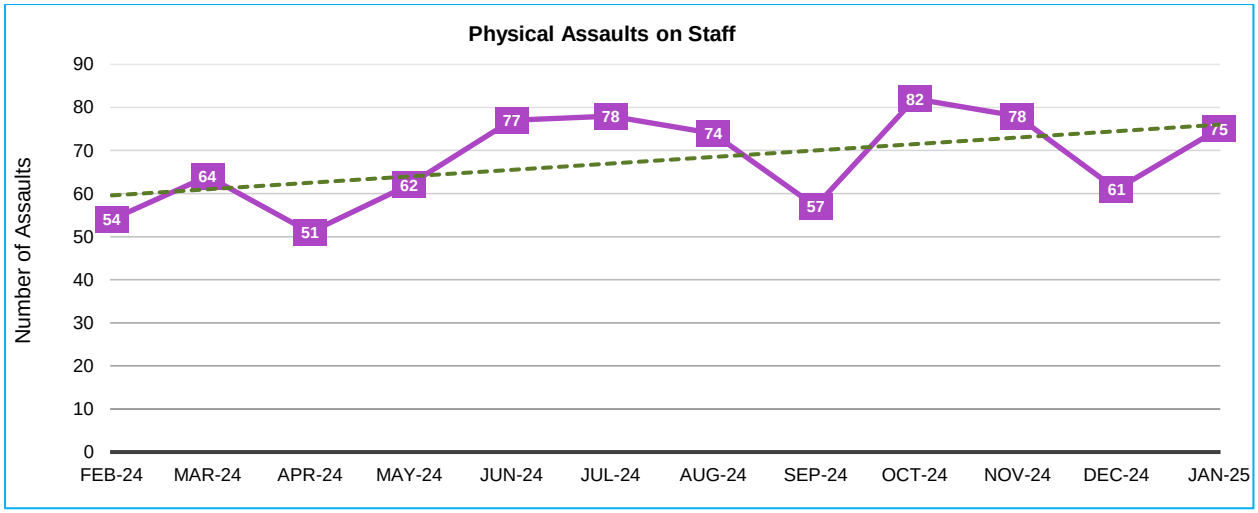
The HS&S Team have delivered 10 sessions of Managing Safety courses to total of 195 staff members and 10 sessions of Corporate Induction during 2024/25 (up to end of January 2025), all with positive feedback. The Stress Assessment Toolkit Training provides support to managers undertaking stress risk assessment for staff they manage. The course has been updated to include practical sessions from 2025. The course is available on a monthly basis via the OD& Talent via the Pulse. The Executive Board annual H&S Training took place on 6th February 2025. The Trust Health & Safety Policy has been updated, signed and dated by the CEO and the Director of Corporate Affairs.

Total of 115 RIDDOR incidents were reported to HSE during 2024/25 (up to end of January 2025). Manual Handling Incidents account for the highest number (60%) of RIDDORs reported across the Trust during 2023/24. Total of 8 RIDDOR incidents were reported to HSE during January 2025. The Trust wide RIDDOR reporting time frame (<15 days) compliance in January 2025 was 75%.



Current compliance for FFP3 fit testing is 68% due to the 2 year revalidation period. We have now taken receipt of 8 Porta count Machines with 4 more to follow, along with the associated accessories required. The first Fit Tester Training was delivered on the 24 January at Newham Dockside, with a further 9 other dates booked across the Trust over the following 3 weeks.

A total of 695 Physical Assaults on Staff have been reported for during 2024/25 (up to end of January 2025). The greatest number of reported physical assaults (58%) occur due to the clinical condition of the patient during 2024/25; Police attended 58% of physical assault incidents during 2024/25 (up to end of January 2025).



The Board received its statutory health and safety training in January.

Mark Easton
Director of Corporate Affairs

February 2024

6. Assurance

For Approval

6.1. Board Assurance Framework

For Approval

Presented by Mark Easton

London Ambulance Service NHS Trust

Report Title	2024/25 Board Assurance Framework Risk			
Meeting:	Trust Board			
Agenda item:		**Meeting Date:**	6 March 2025	
Lead Executives:	Mark Easton, Director of Corporate Affairs			
Report Author:	Frances Field, Corporate Governance Manager			
Purpose:		Assurance	**x**	Approval
	x	Discussion		Information

Report Summary

The BAF has been reviewed by the lead executives and by assurance committees since it was last seen by the Board in December 2024. As a result of these reviews some updates have been made to the controls, assurances and actions, including some changes to risk scores:

Quality Assurance Committee (QAC)

Change to risk score:

1.1 We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest. Risk score reduced from 4 x 4 (16) to 3 x 4 (12).

1.2 Sub Heading on Productivity (note the overall risk remains at 20)

We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to: Underachievement of productivity initiatives. Risk score reduced from 5 x 4 (20) to 3 x 4 (12).

Finance and Investment Committee (FIC)

Reduction to risk scores as a result of progress made with mitigating the risks:

2.10 We may not deliver the £30m CIP and productivity programme. Risk score reduced from 4 x 4 (16) to 3 x 4 (12).

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. Risk score reduced from 2 x 4 (8) to 1 x 4 (4).

2.12 The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2024/25. Risk score reduced from 4 x 4 (16) to 3 x 4 (12).

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. Risk score reduced from 3 x 4 (12) to 2 x 4 (8).

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. Risk score reduced from 4 x 4 (16) to 3 x 4 (12).

Digital and Data Committee (D&DC)

Changes to risk score:

1.7 We may not improve data quality, embed data governance and follow through on the data quality action plan. Risk score reduced from 3 x 4 (12) to 2 x 4 (8).

Audit Committee

2.5 An in-depth review of our cyber and information risk BAF entry, and the revised measures and standards in the DPST has led us to:

- Agreed updated wording of the risk to include information security elements and the implications for DSPT;
- Agreed a higher risk rating from 3x5(15) to 4x5(20)
- Agreed a more realistic tolerance for year-end would be 15 rather than 8.

Change to risk description:

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.

Wording changed to:

There is a risk that vulnerabilities within the organisation may expose us to service disruption through a cyber-attack, or information security breach, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage. The vulnerabilities also put at risk our DSPT compliance.

People & Culture Committee (P&CC)

The committee updated some risk descriptions but wanted to review the position March before considering changing risk scores.

EDI Committee

No change until results of staff survey are published.

Recommendation/Request to the Board:

The Board is asked to review and approve the new BAF risks, and the comments of assurance committees with associated scoring of risks in the attached 2024-25 BAF.

Routing of Paper i.e. previously considered by:

ExCo and assurance committees.

Corporate Objectives and Risks that this paper addresses:

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

Board Assurance Framework – February 2025

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed											
	Risks	**Uncon[d]**	**Q1**	**Q2**	**Q3**	**Q4**	**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	12	16	16		12	12	QAC	FW	4
1.2	We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to:	25	20	20	20		20	12	QAC	PC	7
	• Insufficient funding from commissioners to meet demand, including pressure from RCRP	25	25	25	25		25	8			
	• Constrained capacity in the UEC system and handover delays at hospitals	25	20	20	20		20	12			
	• Underachievement of productivity initiatives	25	20	20	20		12	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	12	12		12	8	QAC	JN	9
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	12	9		9	9	QAC	FW	13
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	12	12		12	8	QAC	FW	16
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	16	16		16	8	QAC	FW	18
1.7	We may not improve data quality, embed data governance and follow through on the data quality action plan.	20	12	12	12		8	8	Digital	CM	20
Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for											
	Risks	**Uncon[d]**	**Q1**	**Q2**	**Q3**	**Q4**	**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
2.1	We may not achieve the changes required to make the LAS a fully-inclusive and supportive workplace which increases representation and reduces disparities for under-represented groups, especially resolution of the gender pay gap in LAS, how we ensure that people	25	16	20	20		20	12	EDI	RD	22

	who have a disability are supported, and how do we ensure that people from a BME background are able to progress in LAS.										
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.	20	12	12	12		12	12	P&C	DM	24
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	12		12	12	P&C	DM	26
2.4	We may not improve the sexual safety of staff unless we fully implement the action plan we have identified.	20	16	16	16		16	12	P&C	PC	27
2.5	There is a risk that vulnerabilities within the organisation may expose us to service disruption through a cyber-attack, or information security breach, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage. The vulnerabilities also put at risk our DSPT compliance.	25	15	15	15		20	15	AC	CM	28
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	15	15		15	10	Digital	CM	30
2.7	Operations may be affected by the shortage of Mobile Data Terminals (MDT's) CLOSED	20	10	5			5	5	Digital	CM	31
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	20	20		20	15	Digital	CM	33
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. CLOSED	20	12	12			4	4	Digital	CM	34
2.10	We may not deliver the £30m CIP and productivity programme.	20	20	20	16		12	4	FIC	RP	36
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	12	8		4	4	FIC	RP	37
2.12	The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2024/25	20	16	16	16		12	4	FIC	RP	38

2.13	We have a legacy staff scheduling system (GRS) which has limited support. Until it can be replaced there is a risk that system failures may cause significant inefficiencies affecting operational performance.	15	12	12	12		12	9	P&C D&D	DM	39
Mission 3: Using our unique pan-London position to contribute to improving the health of the capital											
Risks		**Uncon[d]**					**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
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	12	12		8	4	FIC	RP	40
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	16	16		12	8	FIC	RP	41
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	12	12		12	8	Trust Board	RD	43

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

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

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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 24/25				
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	• Weekly patient safety incident group reviews cases, • PSIRF thematic reports, • Serious Incident Learning Assurance Group. • Multi-disciplinary forum for incident discussion and identification of learning
Guideline and process developed for referring patients to primary care with unrecognised hypertension as part of responding to the rise in incidents of cardiovascular disease and stroke	• Governance managed through Clinical Advisory Group • Pilot in SE London launched to share incidental findings with GPs, relating to previously undiagnosed hypertension, and also raised blood glucose levels. Information shared via MS form to registered GP. This also addresses one element of the CORE20PLUS5 standards relating to hypertension. Learning will inform further expansion, or improvement followed by expansion.
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids	• Monthly Cardiac Arrest Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to Cardiac Arrest patients. • Annual Cardiac Arrest report. • Daily and weekly review of Category 1 performance • Monthly monitoring through: ➢ Integrated Performance Report, ➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report • Feedback to all staff involved in management of cardiac arrest from Clinical Audit Team • Monitoring of Community First Responder outcomes and LifeSaver numbers to reduce time to defibrillation

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

	• Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • New cardiac arrest checklist includes ROSC care bundle prompts and handover metrics and tools. • CTM training includes post ROSC importance to enable further discussion with their teams during OWR and CPI feedback. • Monitoring of advanced care interventions by APP – Critical Care
NHS England AQI: Outcome from acute STEMI • Time from call to angiography for confirmed STEMI patients: Mean and 90th centile • Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	• Monthly STEMI Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to ST-elevation myocardial infarction (STEMI) patients. • Annual STEMI report. • Monthly monitoring through: ➢ Integrated Performance Report, ➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report t • Feedback to LAS from Pan London Cardiac networks • Local oversight of STEMI care bundle improvement led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases. • Clinical update and Insight share cases • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.
Robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities, including cardiac arrest acute coronary syndrome and stroke.	• Monitored through Annual Clinical Audit Programme and Research Programme. • Monitored through Quality Oversight Group and Clinical Audit and Research Steering Group (CARSG). • Annual Independent Review of clinical audit practices by CARSG's Patient and Public representative. • Monitoring of individual research projects by external Sponsors. National critical friend review of research and governance practices in progress.
Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90th centile	• Monthly Stroke Care Pack. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to the most appropriate destination and timescales. • Monthly monitoring through: ➢ Integrated Performance Report,

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	➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
• Improve return of spontaneous circulation rates to ≥30%	November 2024 ROSC was 31%
• London lifesaver training being delivered across London	Achieved: recruitment of 7000 Lifesavers planned and we are currently training in 2 schools per week October 1736 – total LLS = 24374 November 1615 – total LLS = 25989 December 1414 – total LLS = 27403
• Reduce by 60 seconds the time it takes from call connect to the start of chest compressions	This has been achieved
• Deliver resuscitation update training to 85% of staff	Achieved: Resuscitation training and updates being delivered in all CSRs. CTM huddles and case reviews.
Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction	Senior Sector Clinical Leads working on care bundles for cardiac arrests and ST –elevation Myocardial infarction. Overall care bundle - 76% pan London as of November 2024.
Develop a Health Inequalities Action Plan	Achieved: This has already been completed.

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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 to meet demand;
- The impact of the Right Care Right Person initiative;
- 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
3	x	4	=	12

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

• Insufficient funding from commissioners to meet demand;	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

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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
Productivity improvement program within Ambulance Operations: Achieved Q3 improvement, now further objective implemented for Q4	31/3/25
Increased recruitment plan within Ambulance Operations	31/3/25
Robust application of Clinical Safety plan	Ongoing
Agreement and Implementation of Winter Plan to manage increased demand, and challenges within the Hospital System	31/1/25

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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

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
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	Productivity reports are in place for all clinical and non-clinical teams and used alongside the role cards in 1:1s and appraisals. Teams are also now using Clinical Guardian/ Rotamaster information which allows monthly review of workforce quality/productivity & reliability to inform rota allocation and identify areas of concern. New configuration on Adastra used to highlight key timings/ events with most recent flagging when a clinician has been on a case for 20 minutes to allow the Navigator to offer support
Real time management and clinical safety & oversight	Adastra has had additional flags/ highlights to draw attention to specific case types to focus on priority cases i.e. Frailty/ EoL or crew on scene call back. IUC Navigator and Clinical On Call

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	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. New SDM role works alongside navigator and on-call for senior oversight. This is supported by improve floor walking roles.
The use of a remote and networked partnership workforce offers greater resilience and opportunity to utilise experienced staff from across the system. The addition of resilience partners to protect performance during peak times further supports service delivery. Close management of these contracts and suppliers ensures continued efficacy.	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 Heath 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 where possible. In addition, 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.

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

	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
Improved data quality and oversight	A review of the data quality in the service has been conducted and found a number of duplicates which have now been removed from our reporting. Work is ongoing to establish the cause of the duplicate calls however there is no more certainty that the service is providing the most accurate data possible. In addition, a range of new reporting, forecasting, and workforce data tools and dashboards have been developed to ensure that the operational and management teams all have oversight of the service performance. All management staff have received training on how to use and access the dashboards and all new staff joining the service have an additional module in their training course to introduce the service metrics and targets. This greater grip on the service performance enables teams to focus on where improvements can be made and take actions in real time..
Standardisation of scheduling and rostering processes including sooner escalation	Work has been undertaken to standardise and formalise the actions taken by the scheduling and rostering team to maintain safe staffing levels. This includes the creation of a SOP and adjustments to process for sending out shift requirements. Shifts are sent 6-weeks in advance for substantive, session, AH, and agency staff and then escalations made to resilience partners where gaps remain. Combined with more accurate forecasting, this is leading to greater oversight and grip on performance and safety

Further actions

Action	Date by which it will be completed

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Transformation Program of work initiated with key structure deliverables over the next 6 months (To 31/07/2024). Key work streams will deliver benefits within the earlier and mid phases of the programme. Work streams • Case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable to support apposite resource management in queue navigation and case prioritisation, as well as in being aligned with contractual commissioner reporting • Introduction of 'Our IUC Team' programme focussing on improving efficiency and teamwork • Adastra Queues and views for users have been revised to the associated case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable and aligned with contractual resilience partnership working • Increased staffing from resilience partners to meet validation activity in a timelier response – Request initiated and rota fill expected to increase from Mid-March 2024 to meet demand and release resource to support wider CAS Call back times • Initiated the modelling of Clinical staff requirement by role skillset using historical NHSP Dx coding to establish baseline hourly requirement by role to ensure adequate staffing requirement mapped to demand	August 2024 Action completed and moved into BAU structure .
Continuation of above actions as managed through the transformation board: 1. Improved calls per hour through staff management and benchmarking 2. Reduction in AHT through process efficiencies and removal of call flow work 3. Greater roster compliance and golden hour during peak times through better forecasting and rota fill 4. Reduction in staff absence and turnover through additional support and wellbeing across the teams as well as manager intervention when needed 5. Continuation of storm trooper role for call balancing with suggested move to automatic balancing via storm platform 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. 7. Continuation of golden hour initiative to increase capacity at peak times 8. Introduction of 'Our IUC Team' programme focussing on improving efficiency and teamwork	Transformation programme completed and added to standard governance process.
Data quality review commissioned for late 2024 to support further assurance of the accuracy of data across IUC. This will be supported by a redesign and relaunch of the telephony structure in early 2025. The more accurate telephony design will improve data assurance and ability to adjust the telephony pathway being used such as additional IVR menus and messaging.	Ongoing - April 2025
A range of actions are captured in the IUC Digital Board including the provision of automated comfort calling, automated patient survey, and call back options. Options for the use of AI across IUC is also being planned through the Trust AI board	Ongoing - April 2025

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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	3	=	9

Tolerance by Q4 24/25				
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. Letter sent by NHS Partners to acute trusts about managing own demand and risk assessments.

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Internal LAS fortnightly review group meeting – ability to review ongoing challenges with RCRP and to escalate externally should that be required.	Regular review and multi-team approach including Clinical, EOC, Clinical Hub, Operations, MH team, Patient Experiences, 111/CAS.
Newly set up LAS / MPS / NHS weekly touchpoint meeting	Ability to discuss escalation issues in quick time and ensure all partners aligned and sighted on challenges
External escalation process formalised	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
Regular 'round table' meetings with MPS strategic and operational leads for RCRP	Regular monthly meetings now in place – shared chairing between LAS and MPS leads for RCRP. Shared awareness, shared learning, shared problem solving approach
Case submitted to NHSE for additional funding for the RCRP activity	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.

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

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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.
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.	Achieved- the Board is now dissolved and there is now a monthly partners meeting with the ability to scale up as required.

N.B. Now planned actions have all been achieved we are now in the monitoring phase.

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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 report to the monthly Quality Improvement Programme Board. This report is standardised and includes key achievements, milestones, key risks and issues as well as key concerns and potential barriers.	Assurance is provided to the Clinical Quality Oversight Group and Quality Assurance Committee.
Improving efficiency	• Cat 3 & 4 validation is above plan and continues to sit around 98%. Improvements have been implemented to maintain this position. • Clinical Dispatch Support is live in all Sectors. A rota review for increased staffing has been agreed and will go live in July. • The reducing OOS improvement project has begun with engagement sessions and idea generation events. 8 test of change objectives have been identified.
Feedback and learning	• KPIs are being developed to address outstanding actions for learning from AARs and Inquiries • The first Rapid Process Improvement Workshop is planned for January 2025. Preparatory training and coaching from SASH has commenced. Planning for the RPIW will start around early December based on improvement priorities agreed by the Trust Guiding Team.
Improving outcomes	• 29 new performance managers have been appointed with KPI meetings arranged. Call to 'got address' data shows the Location matching <80 seconds KPI is being met. • An improvement collaborative for STEMI bundle compliance has been arranged to start on 29th July. Work has begun in relation to SSCL KPIs and a supporting video is planned for July 2024 also. • Timeline for health inequalities reduction plan has been created and stakeholder engagement sessions have been undertaken

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Reducing delays	• BI have been commissioned to develop a Cat/Cat 2 portal report and heat map to support data driven improvements. An accelerated design day using QI methodology is being planned for July. • Activities have been planned to deliver the P1-3 call back KPI including a Queue Management Process, review of clinical staffing, performance management and review clinical rotas

Further actions

Action	Date by which it will be completed
• Progress C1 and C2 improvement plans	Carried into 2024/25
• Complete delivery of spinal immobilisation training	End of June 25

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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
Learning responses	
Increased Lead Investigator (LI) cohort Provide training in line with PSIRF requirements (12 hours ftf and x2 e-learning packages) Established monthly LI drop in sessions to trouble shoot issues Created LI supervision pool teams group for rapid allocation Developed SOP for LI allocation Accurate LI database for tracking availability and compliance with training Created sector Datix dashboards to enable monitoring and oversight of learning responses in respective areas. Moved all reporting to Datix for standardised approach and enable enhanced audit Weekly data sent of open and overdue learning responses sent to key stakeholders Enhanced DoC monitoring and audit Weekly meetings with PED and Legal regarding learning responses and associated complaint/inquest for early escalation Development of an escalation process for overdue learning responses. Standing agenda item on 1:1s with supervisors Implementation of sign off process. Agreement with Ops in relation to abstractions and stand downs for LIs	Weekly monitoring and tracking via SPC Bi monthly reporting via CQOG and QAC Feedback from external sources including CQC, ICB, Coroner, patients/families/local authority. Staff survey links with outcomes to questions about how responsive the organisation is when a concern is raised.
Overdue incidents	
Established monitoring Contacted sectors/teams with highest numbers overdue Escalation via Chief Paramedic Officer Monthly Datix investigation training	Bi monthly reporting via CQOG and QAC Reporting within quality report Reporting within FFR and sector based quality reports

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Targeted training to corporate areas without governance leads. Communication regarding use of 'to do list' function on Datix Change of metrics to report % overdue which allows for proportionate action	Staff survey links with outcomes to questions about how responsive the organisation is when a concern is raised. Incident reporting trends – increase would suggest positive reporting culture

Further actions

Action	Date by which it will be completed
<u>Learning responses</u> Tracking the last 10 closures AND last 10 breeches– identification of time taken in each stage of review and action appropriately Undertake time observation of investigation process to identify waste and non-value adding processes. Implementation of escalation process Horizon scanning and notification of those who are near overdue Defining the role of the supervisor to support standardised approach Produce a quick reference guide for LIs to be shared when allocated learning response Development of LI refresher training Development of LI 'contract' Meeting with supervisors with overdue cases and implement SMART action plans to clear overdue cases Inclusion Review of all overdue learning responses and closing of incidents, which mirror previous incidents for which learning responses have already been commissioned, and reinvestigation will yield no additional learning. Introduction of new AAR/SWARM template and family letter template to allow AARs/SWARM to be written up in a much shorter period of time. Directorates now have a nominated individual who will coordinate identifying the most appropriate action owners in their area speeding up the process for Lis Close oversight of timelines by central quality team with early interventions and reminders	End of Q4 2024/25
<u>Overdue incidents</u> Creation of Dashboards that can be used by all managers to view incidents assigned to their respective areas – associated comms piece. Bi-weekly meetings with team leads with those with most % overdue Understand barriers for corporate teams with high % overdue Development of an aid-memoire to be distributed to all managers with hints/tips and FAQ on incident investigation	End of Q4 2024/25

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Communication about ‘standard work’ and the move to make incident reviewing form part of daily/weekly standard actions.	

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BAF Risk: 1.7
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
2	x	4	=	8

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

Controls	Assurances
A data quality group was established in July 2023 which undertakes an over view of data quality issues.	The Digital and DQ Committee receives reports from various sources on 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
Departmental training on data quality to be rolled out to new BI team staff members	Training completion of new staff to be monitored by BI Business Manager
Data quality issues picked up through daily performance reviews and referred back to BI/F&P/CAD teams for investigation.	Performance discussed routinely at 8.30 and 5pm meetings. Gold Dashboard is monitored throughout the day

Further actions

Action	Date by which it will be completed
Produce internal system assurance review: EPCR	Completed
Reviewing draft Digital & Data Strategy –strengthening the Data related outcome to stress that data quality becomes part of everyone's responsibility.	Completed
Reinstate Data Quality ESR training module to all staff with responsibility for data entry/validation (induction, mandatory training)	Completed
Review content of ESR training module to make specific and relevant to LAS data	Q1 2025/26
Annual External Audit on data quality is completed for 2024/25	This has been de-scoped from the audit plan for 2024/5 but engaged with the plan for
Analyst vacancy to be filled within Data Quality Assurance Team	Completed
Develop the DQA work plan for 2024/25 and 25/26	Completed & shared with the digital committee
• Cat 1 clock starts–Validation of clock starts	Completed as agreed by the Committee

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• BDO Data Integrity Review – Monitoring of BAU actions from the recommendations	Complete as agreed by the Committee
• IUEC internal review – 3 recommendations	Complete
• Fleet internal review - 2 recommendations	Complete
• Workforce internal review	Closed
• Datix internal review- 2 recommendations	Closed
• BI-999 -2 outstanding actions	Business Case to be written for March 2025 for data platform refresh
• CARU internal review	Closed
Project to investigate the re-architecture of the CAD environment	Complete
Completion of the CAD re-architecture project	June 2025
Attainment of Cyber Essentials + accreditation	June 2025
Implement MFA for externally facing legacy systems, where technically possible.	March 2025

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BAF Risk: 2.1
We may not achieve the changes required to make the LAS a fully-inclusive and supportive workplace which increases representation and reduces disparities for under-represented groups, especially resolution of the gender pay gap in LAS, how we ensure that people who have a disability are supported, and how do we ensure that people from a BME background are able to progress in LAS

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

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

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
Develop and implement the EDI Programme aligned with business plan deliverables and high impact actions	Meeting national requirements and success measures – Reported to ExCo and EDI Committee and monitored by the EDI Implementation Group
Implementation of the recruitment interventions and response to sea change recommendations	Monitored by the Recruitment working group
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
Deliver the five business plan objectives: 1. 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.	March 2025
2. Continue strengthening staff networks, agreeing plans so they deliver a proactive agenda and grow their total membership by 20 per cent.	March 2025

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3. 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.	March 2025
4. 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.	March 2025
5. 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.	March 2025

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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

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

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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.

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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: • EDI/CDI • LEAP • WRES and WDES data • Retention • Staff survey engagement scores	P&C Director's update at OPMS / PCC / Trust Board
Statutory mandatory and PDR compliance (reporting)	P&C Director's update at OPMS / PCC / Trust Board
Chief Executive's blog / Staff Communication bulletin and leadership development days	References in various Director reports that go to the Board / Board sub committees
Training sessions available for all leadership delivered by the EDI team	

Further actions

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

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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
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**
Working group established with representation from across the Trust chaired by the Chair Paramedic.	Providing a report on progress to the Equality Diversity & Inclusion (EDI) Committee
The Trust Board will have direct oversight in relation to managing this risk with	Assurance provided by People & Culture Committee (PCC). Quality Assurance Committee (QAC).
Monthly review meetings of all cases involving sexual misconduct to ensure progress to conclusion	Progress report to Safeguarding Assurance group / PCC
Freedom to Speak up Guardian	Reports via PCC
Sexual Safety Ambassadors in all areas of the Trust	Reports via PCC
Update and republish Sexual Safety Charter	Trust wide expectations of behaviour.

Further actions

Action	**Date by which it will be completed**
Deliver investigation and Hearing training to managers with a focus on managing concerns of sexual misconduct.	End of Q3 2024/5
Deliver Clumsy, Creepy Criminal discussion training to all team manager (cascaded through Directorate leads).	End of Q3 2024/5
Sexual safety e-learning	End of Q4 2024/5
Tackling Discrimination part 2, with a focus on sexual misconduct and active bystander training	End of Q4 2024/5
Development of Professional Standards approach for the Trust	End of Q2 2024/5

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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. **Proposed change**: There is a risk that vulnerabilities within the organisation may expose us to service disruption through a cyber-attack, or information security breach, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage. The vulnerabilities also put at risk our DSPT compliance

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	5	=	15

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
Implementation of replacement proxy software	Traffic to and from the internet fully monitored and controlled.
Implementation of new asset monitoring software	Full visibility of all LAS owned devices.

Further actions

Action	Date by which it will be completed
Compliance with DSPT 2025	June 2025
Implementation of replacement Zero Trust Security Service Edge software (iBoss)	Complete
Implement MFA for all NHS Shared Services	Complete
Complete deployment of new audit/vulnerability monitoring software on all LAS owned devices	Complete

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Infrastructure refresh completion of migration to ARK data centre	March 2025
Implementation of Firewall configuration audit software	February 2025
Hardening of internet facing systems	April 2025
Onboarding of 3rd party suppliers to the Privileged Access Management system	April 2025
Publish a paper on our ability to recover critical services, in a timely manner, following a cyber-incident	March 2025
Implementation of Trustwide Cyber Awareness Training	February 2025
Document the re-architecture of the CAD environment	January 2025
Complete the re-architecture of the CAD environment	June 2025
Attainment of Cyber Essentials + accreditation	April 2025
Implement MFA for all legacy systems, where technically possible.	March 2025
Reconfigure LAS backup solution	April 2025

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BAF Risk: 2.6
We may suffer a critical IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer and storage services, critical applications and telephony.

Uncontrolled				
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	Complete
Commission external review of the current infrastructure and map the "as is"	Complete
Topology of architecture (spine and leaf) to be used as a baseline for changes and future plans	Complete
Develop a data centre strategy and roadmap with sufficient investment utilising cloud options	March 2025
Revised set of desktop images based on profiles: Admin, CAD user, etc.	June 2025 –aligned to Windows 11

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BAF Risk: 2.7
Operations may be affected by the shortage of Mobile Data Terminals (MDT's) **THIS RISK IS CLOSED AS THE PROJECT HAS REACHED ITS BAF MILESTONE**

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
1	x	5	=	5

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
Gap in controls	
Legacy system architecture	Whilst the back-end system is old, it is running on new hardware and has a support contract in place

Further actions

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

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Equip up to 80 new vehicles with the new NMA equipment	Completed
Over 50% of both new and legacy fleet upgraded with NMA equipment	Completed
Rollout NMA to remainder of LAS Fleet	31/12/2024

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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	Complete
Regular review of the Airwave Infrastructure	Ongoing
Replacement of the radio handsets	TBC

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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

THIS RISK IS CLOSED AS IT HAS REACHED ITS TOLERANCE SCORE AND ALL ACTIONS ARE COMPLETE

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	=	4

Controls	Assurances
	Extensive functional, non-functional and User Assurance Testing has either already been successfully carried out, or planned to be carried out, prior to go-live
All other ambulance trusts will have gone live on CRS ahead of LAS go live in November 2024	CRS Implementation Lead has been appointed within EOC to manage operational impact and mitigation
ARP assurances that each migration has been more seamless than the last, and that they are now taking place with no significant issues	Migration Planning Workshops are to be setup jointly with ARP to design our granular, detailed Migration Plan. This will ensure a very high level of assurance is adhered to on the go-live day(s), in terms of checks, regular go/no-go calls, and a 'war room' with all senior stakeholders present that are deemed necessary
CRS go-live day(s) itself is a very heavily supported exercise resource-wise, with ARP supplying tens of dedicated resources across both sites to ensure the implementation, lifting and shifting, and investigation of any issues is as expedient as possible	The Migration Planning Workshops will also produce a Fallback Plan, to be enacted in the event that something major goes wrong when moving CROP positions from the current system to the new one
	All 600+ staff will have been trained on the new system prior to go-live. This means they will be able to switch, mid-shift, from using the current system to using the new system, with minimal (if any) impact on their ability to carry out their duties. Alternatively, Ops may decide upon a rollout approach whereby members of staff do not start using the new system until their next shift post-go live (TBC from Migration Planning Workshops

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Further actions

Action	Date by which it will be completed
Extensive functional and non-functional testing	Completed
Development work complete and smoke testing between LAS and Terafix	July 2024
Staff Training to commence	1st August 2024
All staff training complete	18th October 2024
Installation of Redbox LifeX software	August 2024
Connectivity testing complete	30th August 2024
Building of CROPs	September 2024
UAT	October 2024
Go Live	4th November 2024

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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
3	x	4	=	12

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	Completed
Implement Vacancy panel	Completed

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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
1	x	4	=	4

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	Completed
Chief Financial Officer to provide update on Capital Plan to FIC	Completed

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BAF Risk: 2.12
The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2024/25

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	=	4

Controls	**Assurances**
Monthly financial performance review sessions between senior operational managers and CFO	Delivery against the I&E is scrutinised through: ExCo, FIC, Trust Board
Where appropriate, development of mitigation schemes and financial recovery plans	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC
Work with NHSE and ICSs to maximise income	Delivery against the I&E is scrutinised through: ExCo, FIC, Trust Board

Further actions

Action	**Date by which it will be completed**
Work with operational managers	Ongoing
Liaise with NHSE and commissioners to maximise income	Ongoing

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BAF Risk: 2.13
We have a legacy staff scheduling system (GRS) which has limited support. Until it can be replaced there is a risk that system failures may cause significant inefficiencies affecting operational performance.

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
4	x	3	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Daily Meetings with current supplier/LAS Scheduling Team/IM&T during periods of interruption.	Reports provided to Gold on a daily basis.
Internal GRS Support Group established to immediately convene when there are any outages and provide a route of escalation for internal stakeholders.	Reported to Trust Gold/Exec team as required
Rolled back SQL database to previous version	Decision made in collaboration with LAS IM&T department, which has resulted in a reduction in GRS reporting issues.
Daily Review of system by Scheduling Team	Escalated to Head of Scheduling
Agreed plan of proactive maintenance	

Further actions

Action	Date by which it will be completed
New rostering system tender due to begin January 2025, introduction of new product starts in Q1 2025. If new supplier, operational November 2025.	Q1 2025

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

BAF Risk: 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

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
2	x	4	=	8

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	All delivered and in process of being commissioned to go out.

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	Complete and actions are in place

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
2	x	4	=	8

Controls	**Assurances**
The LAS IUC team is part of alliance arrangements in NCL and NWL with a single contract shared between providers including PPG and LCW. This means that the LAS IUC team is the only provider in NEL/SEL and the lead provider in NCL and NWL. The service has influence and leadership roles across all ICB areas and a role in coordinating shared learning and innovation which reduces the risk of fragmentation	The LAS IUC service and wider organisation has a strong relationship with commissioners in each London ICB as well as in the London Region team. This ensures that the LAS team is a stakeholder in conversations about the future direction and strategy of IUC services across London. Where there are opportunities to further integrate the service and align contracts, LAS is in a strong position to influence these conversations.
The IUC LAS team have seen extensive improvements across all contract areas which has led to LAS being seen as a leading provider of 111 and CAS services across London. Where commissioners look to procure a single service, LAS would be in a favourable position to bid for that contract.	There are many models in use across the UK where 999 and 111 services are integrated across ICBs and Regions. This helps to support the case for change in London and offers examples of innovative ways of working whether fragmentation is reduced
The LAS IUC team already have extensive experience of reporting both independent performance and London-wide activity and performance which provides assurance that the service is in a position to be able to manage a pan-London contract. It also reduces the impacts of the fragmented commissioning landscape given our oversight of the data from the whole region. The availability of the STORM and PRM platforms also enables load sharing and balancing across the region to reduce the impact of fragmented services	The LAS IUC team have taken extensive steps to further integration across multiple pathways such as 999-111 warm transfer, General Practice Support Service, Ambulance Validation, and HCP calls. This highlights LAS as a key innovator and driver of integration to make the chase for change.
The LAS IUC team have expanded the provision of services across London to confirm our position as a pan-London provider working to integrate care across the 5 ICSs and other services	A number of pan-London services are in place such as 111Online, and systems such as the London Care Record integrate services further. The LAS IUC CAS operates a pan-London model with DoS and direct referrals managed by two CTNs.

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

The LAS IUC team have also commissioned services which support further integration of patient care across services and across London	The IUC team have launched the General Practice Support Service and 999-111 Warm Transfer pathway to support integration of 111 with other urgent and emergency care services. This further supports the pan-London position of the service and shows the impact of the 111 service on the wider urgent and emergency system.

Further actions

Action	Date by which it will be completed
Continued engagement with commissioners to move towards pan-London commissioning of IUC services	Apr25
Continued improvement in performance across LAS IUC services to ensure that we are in the best position ahead of tenders	Apr25
Continued development of innovations to integrate services, data, and patient pathways across London to reduce risk of fragmentation and ensure LAS are leading innovations in pan-London IUC provision	Apr25

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	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 6th June Board)
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	Completed
Build on Strategy engagement to further strengthen links with partners	Ongoing

6.2. EPPR Annual Compliance Self-Assessment

London Ambulance Service NHS Trust

Report to:	**COMMITTEE NAME**			
Date of meeting:				
Report title:	NHS England EPRR annual assurance 2024/25 LAS self-assessment submission			
Agenda item:				
Report Author(s):	Natasha Wills			
Presented by:	Pauline Cranmer			
History:	Audit Committee			
Purpose:	X	Assurance	☐	Approval
	☐	Discussion	☐	Noting

Key Points, Issues and Risks for the Board / Committee's attention:

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS-funded services must show they can effectively respond to major, critical and business continuity incidents while maintaining services to patients.

NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England asks commissioners and providers of NHS-funded care to complete an EPRR annual assurance process. This process incorporates four stages:

1. organisational self-assessment against NHS core standards for EPRR;
2. local EPRR assurance;
3. regional EPRR assurance;
4. national EPRR assurance.

The NHS core standards for EPRR are the minimum requirements commissioners and providers of NHS-funded services must meet.

These core standards are the basis of the EPRR annual assurance process. Commissioners and providers of NHS-funded services must assure themselves against the core standards.

The NHS core standards for EPRR cover 10 core domains:

1. governance
2. duty to risk assess
3. duty to maintain plans
4. command and control
5. training and exercising
6. response
7. warning and informing
8. co-operation
9. business continuity
10. hazardous material (HAZMAT) and chemical biological radiological nuclear (CBRN)

In addition NHS ambulance trusts are required to assure themselves against an additional domain; 'interoperable capabilities', which includes:

- hazardous area response teams (HART)
- special operations response teams (SORT)
- mass casualty vehicles (MCV)
- command and control
- implementation of the joint emergency services interoperability principles (JESIP).

The LAS submitted its self-assessment in September 2024 and received the outcome in December 2024. The Trust was assessed as 'fully compliant' against the 58 core standards and 'substantially compliant' against the 135 interoperable capabilities standards.

For the three amber rating received and action plan has been devised and submitted, for implementation and monitoring throughout the year.

Recommendation(s) / Decisions for the Board / Committee:

This has already been submitted to Audit Committee, who were satisfied. As per the assurance requirements this is being brought to the Public Board for recording.

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

7. Concluding Matters

For Noting

7.1. Any Other Business

For Noting

7.2. Date of Next Meeting – Thursday 1st May 2025

For Noting

Presented by Andy Trotter

Questions from the public

Additional Information