



Public Trust Board

Schedule	Tuesday 26 September 2023, 9:30 — 12:15 BST
Venue	Methodist Central Hall, Storey's Gate, London SW1H 9NH and via MS Teams
Organiser	Committee Secretary

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2022/23 Quality Account

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LAS-Annual-Quality-Accounts-2022-23 vPublished.pdf

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Agenda



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

9.30am to 12.15pm on Tuesday 26th September 2023

Methodist Central Hall, Storey's Gate, London SW1H 9NH and via MS Teams

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
9.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
9.35	2.1	Minutes of the Public Meeting held on 20 th July 2023	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient Story					
9.40	3.1	Research project into heart attacks (to be presented by Prof. Rachel Fothergill and Adam Mellett-Smith)		Inform	Verbal
4. Chair and Chief Executive Report					
9.55	4.1	Report from the Chair	Chair	Inform	Verbal
10.00	4.2	Report from the Chief Executive	CEO	Inform	Report
10.05	4.3	Update from the Public and Patient Council	RD	Inform	Report
5. Director and Board Committee Reports					
10.10	5.1	Quality and Clinical Care 5.1.1 Performance Report 5.1.2 Quality and Clinical Care Reports 5.1.3 Quality Assurance Committee	FW/JM FW/JM MS	Assure	Report
10.50	5.2	People and Culture 5.2.1 Director's Report 5.2.2 People and Culture Committee 5.2.3 EDI Committee	DMG AR AR	Assure	Report
11.05	5.3	Finance 5.3.1 Director's Report 5.3.2 Finance and Investment Committee 5.3.3 Audit Committee	RPa BA RP	Assure	Report

11.20	5.4	Corporate 5.4.1 Director's Report	ME	Assure	Report
11.30	5.5	Data and Digital 5.5 Data and Digital Committee	SD	Assure	Report
6. Board Assurance Framework					
11.40	6.1	Board Assurance Framework	ME	Inform	Report
7. Concluding Matters					
11.50	7.1	Any Other Business	All	Note	Verbal
	7.2	Date of Next Meeting – Tuesday, 28 th November	Chair	Note	
	7.3	Questions from Members of the Public	Chair	Note	
Annual Public Meeting					
11.55 to 12.15	Approval of 2022/23 Accountability Statements: <ul style="list-style-type: none"> 2022/23 Annual Report and Accounts 2022/23 Quality Account 		RP JM	Approve Approve	Report Report



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 20 July 2023

For Approval

Presented by Andy Trotter



London Ambulance Service

NHS Trust

Public Meeting

LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS

held at 12.30pm on Tuesday, 20th July 2023

Prospero House, 241 Borough High Street, London SE1 1GA and via Zoom

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Anne Rainsberry	AB	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Amit Khutti	AK	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
John Martin	JM	Joint Deputy Chief Executive and Chief Paramedic & Quality Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Rakesh Patel	RPa	Chief Finance Officer
Damian McGuinness	DMG	Director of People and Culture
In Attendance		
Jaqueline Lindridge	JL	Director of Quality
Mark Easton	ME	Director of Corporate Affairs
Roger Davidson	RD	Director of Strategy and Transformation
Meg Stevens	MSt	Head of Corporate Governance (Minutes)
Apologies		
Daniel Elkeles	DE	CEO
Barry Thurston	BT	Director of IT

1. OPENING ADMINISTRATION		
1.	Welcome and Apologies	
a.	The Chairman welcomed all present to the meeting. Apologies for absence were received from Daniel Elkeles and Barry Thurston.	
2.	Declarations of Interest	
a.	There were no new declarations of interest.	
2. GENERAL BUSINESS		
2.1	Minutes of the Previous Public Board Meeting	
a.	The Minutes of the previous public meeting of the Board held on 25 th May 2023 were approved as an accurate record.	

2.2.	Action Log	
a.	There were no outstanding actions on the action log.	
3. PATIENT AND STAFF STORY		
3.1	Patient Story and Staff Story – Mental Health	
a.	RD said the patient and staff stories had been discussed in private because the complexity of the cases being reviewed meant there were significant patient confidentiality issues that precluded a discussion in public. The discussion in the private part of the meeting had highlighted a number of important themes, particularly the importance of different parts of the system working together as partners, and the need for joined up care and advocacy whilst also being able to provide individualised responses to patients.	
b.	It was noted that discussion of the stories was particularly pertinent in the context of recent proposals from the Metropolitan Police Service to withdraw police attendance from some health and mental health related calls. These included calls relating to concern for welfare, walk-outs/AWOL from health care facilities, provision of transportation and S.136 Mental Health Act patients. The implementation date of these changes was 31 st August 2023.	
c.	The Chair concluded that the Board had listened to two very powerful stories that raised a number of points around how LAS could best work with health and other partners across London in light of the MPS intention to withdraw from responsibility for a number of matters. The tight time scales would undoubtedly present a number of challenges but every effort would be made to look after patients and staff during the transition.	
4. CHAIR AND CHIEF EXECUTIVE REPORT		
4.1	Report from the Chair	
a.	The Chair opened by paying tribute to LAS staff for the swift and professional response to the recent tragedy in Windsor.	
b.	The Chair noted that the end of June had witnessed an exceptional increase in demand and seeing how the various LAS teams had responded to the challenge was very reassuring and he thanked everyone involved.	
c.	The Chair said he had undertaken visits to a number of EDs across London and had met with some CEOs and Chairs to talk about the challenges they are facing. He had also met with the NHSE Chief Operating Officer and NHS London about how LAS was performing, particularly in relation to response times. This was in the context of LAS undertaking lots of work to improve handover times to enable crews to get 'back on the road' and reduce demand through working closely with NHS and other partners.	
4.2	Report from the Chief Executive	
a.	FW presented the CEO's report noting that Daniel Elkeles was currently on leave. The report detailed key events over the past two months, including work on the Business Plan for 2023/24 which was grouped under three mission headings:	

	<ul style="list-style-type: none"> • Our care: delivering outstanding urgent and emergency care wherever and whenever needed • Our organisation: becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for • Our London: using our unique pan-London position to contribute to improving the health of the capital. 	
4.3	<p>Report from the Deputy Chief Executives</p> <p>a. In relation to 999 call answering, JM said that a number of actions were being taken through the EOC transformation programme to ensure that the mean target of ten seconds was consistently met. These included:</p> <ul style="list-style-type: none"> • recruitment of additional EOC staff • working with Operational Research for Health to establish baseline staffing and time of day requirements • understanding the underlying turnover rate and increasing retention • establishing a new team based working culture <p>b. Whilst the national 999 call answering target remains at 10 seconds, LAS is exceeding the agreed trajectory supported by additional funding received for the 2023/24 financial year.</p> <p>c. Turning to ambulance services, JM said that LAS remains one of the best performing services nationally for category 1 and was second best in the country for both May and June 2023. The improvement in performance since January 2023 has partially been as a result of a reduction in demand, following the national industrial action. However, other initiatives to improve performance included actions set out in the winter plan, introduction of the category 1 desk and increased staffing within EOC.</p> <p>d. Category 2 performance had failed to meet the target of 18 minutes. A category 2 improvement plan has been initiated with the following areas of focus:</p> <ul style="list-style-type: none"> • improving hospital handover times via a 45 minute handover process • C2 trajectories established by local group area • improvements to job cycle times • targeted overtime focussed on times and locations to provide greatest impact • minimising staff abstractions to reduce impact on daily performance • new approach to managing staff who cancel overtime at short notice <p>e. London Borough data for Categories 1 and 2 was provided in the accompanying Deputy CEO report. It was not the intention to publish this data on a monthly basis but was provided on this occasion for context.</p> <p>f. JM said that hospital handovers remain a challenge in meeting performance trajectories. Data on the percentage of conveyances which took more than 30 minutes for the ambulance crew to handover the patient in May and June 2023 was set out in the accompanying report. LAS was continuing to work in collaboration with the wider healthcare system on reducing delays at hospitals and was piloting a process with NWL and SEL systems which involved working collaboratively with hospital staff to agree a handover and leave patients in their care within 45 minutes at the latest.</p>	

g.	<p>Noting that a national review of 111 services was about to be undertaken, SD asked if there was any understanding about the scope and anticipated outcomes. FW responded that LAS had been visited by the review team who would use the output from this visit to scope the terms of reference and associated plan. As soon as any further information was available this would be shared with the Board.</p>	
h.	<p>SD also noted from the Director of People's report that there were very high attrition rates in EOC and 111 and asked what mitigations were in place. JM responded that efforts to improve recruitment and retention in EOC and 111 were progressing well with a range of initiatives including open days, visits to EOC and clear career paths. It was also to be noted that leavers from EOC were often moving into other LAS roles. In 111, there were a number of staff working on short term contracts to obtain transferrable skills prior to moving into other roles in the NHS. DMG added that there were opportunities to increase the establishment in 999 by transformation work that would be undertaken in the coming months.</p>	
i.	<p>In response to a question from AR about actions taken to address hospital handover delays, JM acknowledged that handover times were 'flat' with limited progress in terms of improvement. However, a new 45 minute handover policy had been launched in June that included a 'hard stop' at 45 minutes at which point ambulance staff would leave the patient in the care of the hospital to enable the crew to get back on the road. This new policy was currently being rolled out across the sector and it was anticipated that July data would show improvement in hospital handover times.</p>	
j.	<p>FW also noted that one side effect of industrial action was that there had been more senior clinicians in ED which had resulted in an improvement to handovers with patients navigated into alternative care.</p>	
4.4	<p>Update from the Public and Patient Council</p> <p>a. RD presented an update from the May meeting of the LAS Public and Patients Council. The Council had received an update on the implementation of teams based working, the LAS Business Plan for 2023/24 and plans for the launch of the new Five Year Strategy 2023/28.</p> <p>b. The Council had also received an update on the London Lifesavers programme, including how it would be rolled out in secondary schools. It was noted that work was also underway to deliver CPR training and health advice for children and young people.</p>	
5. DIRECTOR AND BOARD COMMITTEE REPORTS		
5.1	<p>Quality and Clinical Care</p> <p>5.1.1 Director's Report – Chief Paramedic and Quality Officer</p> <p>a. Work has commenced on the priorities set out in the Quality Report for 2023/24, including resuscitation training as part of core skills refresher training including a focus on decreasing time to first shock and high quality chest compressions.</p> <p>b. The Category 2 segmentation pilot, implemented on 9th November 2022, has seen over 18,500 cases validated, saving over 11,900 ambulance hours. A recent increase in focus on referrals has seen a 5% rise in the proportion of calls with an alternative response.</p>	

<p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p> <p>h.</p> <p>i.</p> <p>j.</p>	<p>Turning to quality assurance, the number of no harm incidents increased during Q3 but in Q4 the number reported returned to the mean. The top three no harm categories in May 2023 were medical equipment, clinical treatment and dispatch and call. The number of incidents reported within integrated urgent care had significantly increased in the last few months for both no and low harm incidents. However, the service has been continuing to encourage staff to report all incidents, especially when the service is experiencing high demand.</p> <p>There are 794 overdue incidents which have been open longer than 35 days. A Trust wide improvement plan is in place to recover this position, the benefit of which can be seen with the number of overdue incidents being the lowest since pre-2022.</p> <p>LAS has introduced Oliver McGowan training on learning disability and autism tier 1 across the Trust with 3,626 staff (48.44%) having already completed. The Trust is awaiting the national code of practice that will determine level 2 training requirements. An autism strategy has been developed that is currently being reviewed.</p> <p>Turning to Clinical Education, the newly established Clinical Education and Standards Education Governance Group took place at the beginning of June with representatives from across the Trust. One key focuses for the group will be to support the quality and consistency of educational delivery across the Trust, and to look for opportunities to share learning. Key themes discussed in the first meeting were new call handler training focusing on coping mechanisms for dealing with difficult calls, familiarisation and training for new vehicles and delivering clinical team manager intubation training across the Trust.</p> <p>5.1.2. Report of the Chief Medical Officer</p> <p>FW said that LAS continued to experience high levels of demand during May and June reflecting a number of major events, bank holidays and unseasonably warm weather with high pollen counts and air pollution. There were also ongoing issues associated with hospital handover delays which reduced available resources and impacted on the ability to achieve nationally set ambulance response standards.</p> <p>Work has continued with the five ICSs to improve response times and reduce conveyances to EDs, including:</p> <ul style="list-style-type: none"> • Increasing the use of alternative healthcare pathways to ensure patients are treated nearer home and avoid unnecessary conveyance to ED • Continuing the Category 2 enhanced clinical assessment pilot with senior decision makers supporting early referrals to alternative healthcare pathways where appropriate. This pilot has proved successful and is now being rolled out nationally. • Working closely with hospitals to minimise delays as we handover patient care to emergency departments EDs <p>The number of reported patient safety incidents continues to indicate a healthy reporting culture. The number of no and low harm incidents continues to be monitored to identify emerging themes which are reviewed and acted upon via the Trust's Safety Investigations Assurance and Learning Group. The number of no harm incidents in May 2023 remained at the expected mean with the top three themes being medical equipment, clinical treatment and dispatch. Specific programmes of work are in place to address these issues.</p> <p>Turning to health inequalities, FW noted that as the only pan-London acute provider LAS has a unique insight into the health inequalities experienced by Londoners. LAS</p>	
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	<p>was working collaboratively to reduce health inequalities including with ICSs, who have four core priorities to deliver in relation to reducing health inequalities:</p> <ul style="list-style-type: none"> • Improve outcomes in population health and healthcare • Tackle inequalities in outcomes, experience and access • Enhance productivity and value for money • Help the NHS support broader social and economic development. <p>k. LAS is working closely with partners and communities through the Association of Ambulance Chief Executives to ensure that the approach and action plan are aligned with objectives under four key areas:</p> <ul style="list-style-type: none"> • Public health capacity and capability building • Data, insight, evidence and evaluation • Strategic leadership and accountability • System partnerships <p>l. The Clinical Quality Oversight Group will monitor delivery of the health inequalities action plan with assurance given to the Trust Board through the Quality Assurance Committee.</p> <p>5.1.3. Report from the Quality Assurance Committee (QAC)</p> <p>m. MS said that the May meeting had spent time discussing the number of incidents of no harm and other harm categories over the past four quarters, using the new SPC mythology to explore trends. QAC had noted an increase in the number of events in 999 and IUEC during Q3 related to the increased demand levels during that time. QAC had highlighted the need to continue to build capacity and resilience into the system as winter planning progresses.</p> <p>n. In terms of 999, QAC had previously noted that performance relating to the call answering mean and face-to-face response times had deteriorated during the winter period. As a result the Executive had taken a series of actions to mitigate patient harm and to improve overall 999 performance. QAC noted that there had been an improved 999 performance from January 2023, although hospital handover delays continue to be challenging. QAC noted how demand surges like the recent heatwave had led to a deterioration in performance. On 15th June, the Trust had undertaken a 'circuit breaker' day whereby non-patient facing clinicians were focussed on patient facing duties to support the ongoing operational challenges. This was successful with REAP level being reduced from 4 to 3. REAP 3 had since been maintained.</p> <p>o. QAC had received a comprehensive update on a programme of work to establish quality improvement at LAS. The programme was being designed using an evidence based model for improvement, with systematic QI methods employed throughout the design phase. Next steps include developing the required infrastructure to support effective QI. It was felt that implementation of team working would hold substantial opportunities for embedding the QI process across the service.</p> <p>p. QAC received the Sexual Safety Report for 2022-23 with recommendations to improve sexual safety within the Trust. This report highlighted improvements in some areas but also noted continuing episodes of unacceptable behaviours. It was noted that work was underway to align sexual safety and safeguarding cases so that allegations could be considered via one process. QAC also approved the sexual safety tool kit for dissemination to AACE (Association of Ambulance Chief Executives) to support other ambulance trusts and guardians.</p>	
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q.	QAC had received a report detailing learning points and recommendations for future actions from the Coronation Weekend.	
5.2	<p>People and Culture</p> <p>5.2.1 Director's Report</p> <p>a. DMG said that the Trust's attraction strategy remains competitive both within the UK, with 590 staff awaiting interview or completion of pre-employment checks, and internationally, with 300 international employment offers currently in progress.</p> <p>b. Turnover continues on a downward trend at c.13%. The number of frontline leavers has remained positively below plan. However, call handling turnover rates remain an area of concern with rates of 22% in EOC and 38% in 111. A Workforce Retention Group has been established to provide direction and support regarding all aspects of improving staff retention with specific objectives to improve morale and engagement scores and ensuring the right support and resources are in place for managers to improve staff retention.</p> <p>c. The first day absence reporting service continues to embed with over 30,000 calls made since its launch in August. Supporting staff back to work has seen significantly improved since introduction of the service, with May recording the lowest absence since 2020.</p> <p>d. The work of the Supporting Attendance Group continues to focus on two areas; embedding of the first day reporting service and directorate improving attendance plans that focus on health promotion, management training and development and employee experience and engagement.</p> <p>5.2.2 Report from the People and Culture Committee</p> <p>e. AR said that the committee had received a presentation on the NHS Long Term Workforce Plan published at the end of June 2023. It was noted that the plan made minimal reference to paramedics and no mention of EOC but that a lot of what was described in the plan would increase other services reliance on paramedics. There was a focus on apprenticeships and it indicated that the LAS were on track with 4% growth in paramedics through the apprenticeship route.</p> <p>f. The committee also received a presentation on recruitment where it was noted 228 frontline staff have joined this year. 111 call handling recruitment is slightly behind the target for Q1, however there was confidence that this gap would be recovered.</p> <p>g. The committee heard about call handling turnover in EOC and proposals to improve call handler retention including increasing staff engagement, reducing the line manager to staff ratio and improved career pathways.</p> <p>h. The committee noted that the Goodshape first day absence reporting service continues to embed, with attendance levels overall improving since introduction of the service. The committee was advised that the overall level of absence continues to reduce and is consistently below 6%, with the current figure at 5.14%.</p> <p>i. The Committee received the Q4 Freedom to Speak Up Report. 47 concerns had been raised during that period, the majority of which were related to process, system and management issues around recruitment and not about clinical care.</p>	

j.	Turning to OD, the committee had discussed the Trust's cultural journey, which was acknowledged as having a strong start but with some areas still to be addressed. It was agreed that a report on culture would be brought to the September committee.	
k.	Noting the reference to OD/cultural work, AK observed that there are a number of different work streams such as the Well-Led Review and the FTSU review and that it would be helpful for the Board for these to be pulled together. AR agreed noting that a lot had happened since the launch of the OD programme and there was a sense that some of the coherence may have been lost and that it would be helpful to bring an update to a Board Development Day.	
5.3	<p>Finance</p> <p>5.3.1 Director's Report</p> <p>a. RPa said that for the financial year 2022/23, the Trust reported a full year I&E surplus of £0.1m against the NHS performance target of a breakeven position; a favourable variance of £0.1m. The Trust had agreed a breakeven financial plan for 2023/24. The in-month I&E position for April 2023 was a £1.8m surplus; £0.3m favourable to plan.</p> <p>b. The Trust invested £33.9m on capital expenditure in 2022/23, and utilised all of its available capital funding. The capital plan for 2023/24 had been set at £28.8m. Expenditure in April 2023 was £0.7m.</p> <p>c. RP also updated on the Fix the Basics Programme that had been developed to improve processes and reduce time wasted by front line staff. The programme was focussed on seven processes which, if got right, would significantly improve efficiency and the working lives of staff. The programme was adopting a QI approach and had already achieved some early 'wins', including creating three sub-Make Ready hubs which will reduce early shift vehicle movement. The first hub will be operational in Croydon in the next two weeks.</p> <p>5.3.2 Report from the Finance and Investment Committee (FIC)</p> <p>d. BA noted that the last meeting had been a FIC 'Light' which provided a general overview of financial issues. The next full meeting of the Committee would look at Q1 financial results and the links between activity, performance and money. There would also be a discussion about the risks to financial delivery across the rest of the year and the mitigations that need to be put in place to obviate from both a revenue and capital perspective. The Committee would also be looking at CIP identification given that a large percentage to date were non-recurrent.</p> <p>5.3.3 Report from the Audit Committee</p> <p>e. RP said that the June meeting had been largely focussed on the Annual Report and Annual Accounts that had been signed off after discussion of a number of challenging issues. External audit had provided robust scepticism, in particular relating to provisions in the accounts but had also noted some weaknesses and challenges in delivering value for money.</p> <p>f. Based upon the work completed, internal audit had given an overall moderate level of assurance that there is a sound system of internal control, designed to meet LAS's objectives and that controls were re being applied consistently.</p>	

g.	RP noted that going forwards, the internal audit programme would require a greater focus on data quality and the Committee had asked for further work to be undertaken on a number of clinical indicators.	
5.4	<p>Corporate Affairs – Director’s Report</p> <p>a. ME noted that there had been a reduction in complaints received from 223 in May-June 2022 to 161 in May-June 2023. There had also been an increase in the number of complaints closed from 89 in May-June 2022 to 180 in the same period in 2023.</p> <p>b. Turning to policies, following an exercise to review the number of overdue policies, the figure had improved to 74% of policies in date against a target of 85% by the end of July. Further work would be undertaken to ensure the target is met as quickly as possible.</p> <p>c. The Board noted that the Trust had submitted the 2022/2023 Data Security and Protection Toolkit in June and had received ‘Standards Met’ accreditation which provides assurances that the Trust is practicing good data security and that personal information is handled correctly.</p>	
5.5	<p>Digital and Data Committee</p> <p>a. SD said the new Digital and Data Committee had its first meeting on 13th July at which it had approved draft terms of reference.</p> <p>b. SD said the Committee had reviewed the Verita C1 action plan and had noted good progress in terms of implementation. It was anticipated that all actions would be completed by the end of August. The Committee had discussed how it would take assurance that all actions had been completed and it had been agreed that a detailed assurance report with associated evidence would be presented at the September meeting.</p> <p>c. The Committee also received an update on the new Data Quality Group that would provide assurance on a number of issues to the Digital and Data Committee.</p> <p>d. The Committee had also received an update on development of a refreshed Digital Strategy, with the final version scheduled to be presented at the September meeting. Consideration was also being given as to whether or not a Data Strategy should also be developed.</p> <p>e. SD confirmed that going forwards, the Board would receive a written update in line with other Board Committees.</p> <p>f. The Board approved the draft Terms of Reference that had been circulated with the papers.</p>	
6. QUALITY		
6.1	<p>Quality Report</p> <p>a. JL presented the Quality Report containing May 2023 data which provided an overview of quality performance via relevant quality KPIs and information across the organisation. JL particularly drew attention to the following:</p>	

	<ul style="list-style-type: none"> • Incidents: The number of no harm incidents increased during Q3 but during Q4 the number returned to the mean. • Hand Hygiene: The compliance rate for May 2023 was 98% and this score continues to exceed the Trust performance target of 90%. • Overdue Incidents: There are 794 overdue incidents which have been open on the system longer than 35 days (excluding SIs, PSIs & PSRs). A Trust wide improvement plan has been agreed to recover this position • Statutory & Mandatory Training: This has decreased slightly from the last reporting period but remains above the 85% target. <p>b. KB said the detailed content of the Quality Report had been reviewed in the Quality Assurance Committee where the 'read across' between demand and performance in terms of the time patients wait shows a service operating at its limit. This is particularly the case when there are spikes in demand such as a heatwave because of the limited amount of 'give' in the system. Improvements in performance were very much linked to drops in demand and overall the system remained fragile.</p>	
6.2	<p>Patient Safety Investigation Report</p> <p>JL presented a report summarising some of the improvements made in relation to Patient Safety Investigations in recent months.</p>	
7. BOARD ASSURANCE FRAMEWORK		
7.1	<p>Board Assurance Framework</p> <p>a. ME presented a draft 2023-24 Board Assurance Framework which aligned with the three missions and ten priorities outlined in the 2023-24 Business Plan.</p> <p>b. ME stressed that the document was still in draft form and would be developed and 'fleshed out' in the assurance committees prior to the September Board.</p>	
8. POLICIES		
8.1	<p>Policy for the Development and Implementation of Policy Documents</p> <p>a. ME presented a draft Policy for the Development and Implementation of Policy Documents which had been updated with the aim of simplifying and streamlining the policy approval process and making it easier to keep policies in date.</p> <p>b. SD queried how assurance would be obtained on the effectiveness of policies. ME responded that the assurance mechanisms outlined in the policy had not been changed and that monitoring of the effectiveness of policies depends on the nature of the policy. For example, HR policies would be subject to scrutiny by the People and Culture Committee in terms the effectiveness of HR arrangements. For others, such as those relating to fleet, there were metrics that could be reviewed.</p> <p>c. AR queried if approval of the FTSU policy should remain with the People and Culture Committee and this was agreed.</p> <p>d. The Board approved the revised and updated Policy for the Development and Implementation of Policy Documents subject to the amendment relating the FTSU policy approval route.</p>	

9. CONCLUDING MATTERS		
9.1	Any Other Business	
a.	Barry Thurston The Board gave their thanks and best wishes to Barry Thurston who would shortly be leaving the Trust.	
9.2.	Date of Next Meeting	
a.	The next public meeting of the Board would be held on 26 th September 2023.	
9.3	Questions from the Public	
a.	There were no questions from the public.	



2.2. Action log

For Discussion

Presented by Andy Trotter



ACTION LOG – September 2023 PUBLIC BOARD

Meeting	Action	Lead	Due	Update
	No outstanding actions.			



3. Presentation - research project into heart attacks



4. Chair and Chief Executive Reports



4.1. Report from the Chair (verbal)

For Information

Presented by Andy Trotter



4.2. Report from the Chief Executive

For Information

Presented by Daniel Elkeles



London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 26 September 2023

Report from the Chief Executive Officer



I'm very proud to begin my report with the news that London Ambulance Service is one of six trusts (and the only ambulance trust) to have been shortlisted in the ['Trust of the Year' category in the prestigious Health Services Journal Awards](#). I'm thrilled that the hard work and dedication of our teams has been recognised in this way, especially as an astounding 1,456 entries were submitted to these national awards. The Service was recognised by judges for having "faced unprecedented demands and pressures head on" with a focus on patient outcomes and staff wellbeing. We will be presenting to the awards judges in September, before the winner is announced in November.

We have collectively achieved a lot that we can be proud of in the last two years and there is even more to look forward to. I am pleased to say we will be launching our new five-year strategy to staff and stakeholders on Tuesday 26 September, where we will set out our new missions and commitments for the next five years. I am excited for you all to read our plans for the future.

Demand and performance update

I would like to thank all of our teams who helped prepare for and worked over the August Bank Holiday weekend and supported the annual Notting Hill Carnival.

This is a huge operation, with around 500 additional members of staff working across the weekend setting up and running our deployment centre, the frontline ambulance operations staff and the specialist paramedics out in the Carnival and our team running the Specialist Operations Centre.



We saw almost 650 patients in the Carnival footprint over the event's two days, which comes on top of the ongoing demand generated by a bustling capital city over a long weekend. As a result, on bank holiday Monday we treated over 1,800 Category 2 patients face-to-face. I was pleased to visit the different elements of our response and was truly impressed by all of the work teams were doing.



Notting Hill takes a huge amount of work from us and, although there were a small number of violent incidents within the crowd, on the whole it was an incredible event with a great atmosphere. I was very grateful for our teams who worked hard to keep people safe throughout. The [Mayor of London Sadiq Khan also tweeted his thanks](#) to emergency services for their work.

August also saw London Black Pride, the world's largest pride celebration for LGBTQ+ people of African, Asian, Caribbean, Latin American and Middle Eastern-descent. I was proud our LGBTQ+ network represented us at the event at the Queen Elizabeth Olympic Park. Our crews were also busy making sure anyone who needed our help received the care they needed.

After a very challenging spring and early summer, our response times have shown improvement in recent months thanks to the hard work of our teams across the

Service. As the [Evening Standard](#) reported, in July our response times to our Category 2 callers improved by 13 minutes and to our Category 1 patients by one minute on the previous month.

As was the case last year with the extreme heat, August proved quite challenging with call volumes nearing 6,000 every day across the sunny weekends towards the end of the month. Our increased use of alternative care pathways and the work we are doing on validating and reviewing many of our Category 2 patients helped us to even more effectively manage the number of patients we saw face-to-face.

Our performance data for August showed continued improvement, with our response time to our Category 1 patients the second best in the country and improving by two minutes on last year and our call answering almost one minute quicker than it was at the same time in 2022. Increasing our workforce and reducing our sickness rate helped us to achieve over 20,000 more vehicle hours in August 2023 than we did a year ago.

However the hot weather continued into September, with the week-long heatwave having a significant impact on people's health. Demand for our services rose considerably this month, adding additional pressure onto our crews. We shared advice on how the public can stay safe in the heat through interviews with ITV London, BBC London and the national BBC Breakfast programme, as well as on our [social media channels](#).

Measures such as our work to embed a patient handover process at emergency departments that takes a maximum of 45 minutes have made a significant difference for our crews and patients. The process is now business-as-usual in four of the five ICSs and will be live across South West London by mid-October.

As we embed improvements and look to the future, I have reviewed our Executive structure to make sure it best helps us to deliver everything that is asked of us. The changes include our Director of Quality Jaqui Lindridge taking a focus on quality improvement, our Chief Finance Officer Rakesh Patel taking on responsibility for urgent care and our Director of Urgent Care Jacqui Niner taking on the task of expanding our offer into primary care. All of our clinical governance functions are coming under the team reporting to our Chief Medical Officer Fenella Wrigley, with business information and consultant paramedicine standards coming under our Chief Paramedic Officer John Martin. We are also going to create a Transformation Board to bring together all the major programmes across the Trust.

I am delighted to share we have appointed Clare McMillan as our new Chief Digital Officer. Clare will be taking forward our ambitious digital strategy when she joins us in October.

As part of our continual work to further enhance the care we provide, we will be holding our first Quality Improvement Conference in October. This landmark event will be the first in an annual series where we will examine our successes and those achieved at other organisations.

In further support for our work, I am proud that North Central London Integrated Care System has awarded their 111 contract to the Service as the lead provider in partnership with London Central and West. The contract to provide their 111 and GP out-of-hours service from November 2023 covers five London boroughs and nearly 1.5 million people. It also means the Service will shortly be providing our 111 service in all five areas of London, being the lead or solo provider in four of them.



In August, we marked five years since we launched our 111 service at Barking for North East London and I was delighted to join the celebrations. The team at Barking have done sterling work since their launch, including answering more than three million calls.

As we look to the future of care in the capital, we are continuing to meet with colleagues from across the NHS, local authorities, and the Metropolitan Police to develop a clear implementation plan for the force's Right Care, Right Person approach to responding to people with mental health issues and broader health and social care needs. Our mental health joint response unit will be key to this process and I am pleased we have now secured the funding to have six of these cars running from 11am to 11pm daily.

When NHS England launched their winter plan in July, our Director of Ambulance Services Darren Farmer was [interviewed by Channel 5 News](#) about our preparations for these additional pressures and how we are expanding and improving our fleet. Our new vehicles – including 50 additional ambulances, 20 extra cars and a further three motorcycles – should give us 1,900 more vehicle hours every day.



I'm also thrilled to share news of the arrival of our new cutting-edge hybrid Volvo cars and 10 Ford Kugas. These vehicles will help us to meet our targets to be net zero carbon, while ensuring we are providing the best care to our patients from modern vehicles.

To make the preparation of our vehicles for our crews even more efficient, we have started opening the first of our new Make Ready hubs. Based near our ambulance stations, these sites minimise the distance between our vehicles and the crews who will be using them, reducing the amount of time they are off the road and improving our carbon footprint.



In further improvements to our estate, our newly expanded Brent Ambulance Station has become fully operational with the addition of eight ambulance and fast-response vehicle bays, a huge additional area for crews to pick up prepared ambulances made ready on site, a large secure drugs room, electric charging stations to power our new green vehicles, training facilities, offices and improved welfare facilities for colleagues.



It is always important for us to engage with our stakeholders to explain the situation in the capital, promote collaborative working and share learning and best practice. In July, we were delighted to welcome South Central Ambulance Service CEO, David Eltringham, to our Waterloo HQ for a tour of our operations centres and meetings with teams to discuss our work on mental health and the expansion of our electric fleet.

In August, I was pleased to host the Paramedic Chief of the Region of Waterloo in Ontario, Canada, John Riches, on a visit to our Waterloo HQ. We talked through international innovation in emergency services and I was proud to show John our forward-thinking approaches in our control centres.

Supporting our colleagues

At the start of the last financial year, we launched our most ambitious recruitment plan ever. While bolstering our team is really important, we feel the greatest benefit when staff turnover goes down too. So in August, I was very pleased to see we now have almost 4,400 staff in ambulance operations (around 300 hundred more than we had last year) with staff turnover reducing significantly in the last 12 months.



Alongside the work of the recruitment team, this success is testament to the hard work done by our colleagues in operations to address feedback from staff. Measures such as Teams Based Working are having a huge impact, with 1,500 staff now enjoying the benefits of weekly huddles, shaping their own rotas, having more time with their managers and increasing time for training and development.



While I'm pleased we are making good progress on increasing the diversity of our frontline workforce as part of our recruitment drive, there is more work to do to make us truly reflective of the capital. To help us with this, we have asked Sea-Change – a specialist consultancy who have done similar work with other blue light organisations – to carry out focus groups with staff from all ethnic backgrounds so we can understand why people choose to work on the frontline or decide against it.



During South Asian Heritage Month in July, I was pleased to join a virtual event to hear stories from our colleagues and their communities about their experiences. What was overwhelmingly clear was that we all have a part to play in making the Service an inclusive place to work where everyone feels like they are valued.

In August, NHS England London published a statement outlining their commitment to being an anti-racist organisation. We at the Service are focussed on being an inclusive and fair place to work, through our anti-discrimination training for all staff,

our bolstered staff networks and our growing work in the Equality, Diversity and Inclusion space. So, I was pleased to see the commitment from the [NHS London People Board](#), which pledges to identify and take action to tackle structural racism and wider health inequalities, embedding reflection and learning at all levels.

We have worked with staff to deliver our own commitment to being an anti-racist organisation with a number of promises to uphold that, which we were proud to publish this month:

‘London Ambulance Service is proud to care for the people who visit, work and live in our global city. We are resolute in our commitment to provide care with compassion, respect and fairness – regardless of a patient’s race, ethnicity or heritage.

‘Discrimination has no place in our service.

‘We are proud to celebrate the diversity of our staff, to support equity and commit to being anti-racist in all that we do.’

At the start of August, I was pleased to welcome the Chief Executive of Sussex Community NHS Foundation Trust Siobhan Melia to our Waterloo HQ as part of the national work she is leading to review the culture in ambulance services. We held a very informative focus group session with colleagues from frontline and corporate areas to really understand the lived experience of working at the Service and took the time to explain all of the work we've done to improve our culture, our values and our commitments.

In the same week, I had the pleasure of attending a round table discussion on behalf of the Association of Ambulance Chief Executives between paramedics from across the country (including London) and the Secretary of State for Health, the Right Honourable Steve Barclay. This listening exercise allowed the Health Secretary to hear first-hand from our paramedics about their experiences of working in the NHS, with a focus on career progression. Our teams spoke honestly about what needs to change to provide better progression and work life for our staff alongside better outcomes for our patients.

I am delighted our [London Ambulance Charity](#) has joined with the [Make a Smile Lottery](#) to help raise funds to pay for initiatives which support the wellbeing of our staff and volunteers. The scheme will help raise funds to pay for refreshments that can be sent out to our crews out on the road, alongside supporting wellbeing initiatives and providing grants to our team members who find themselves in unforeseen hardship.

Celebrating our colleagues

I am very proud of our staff and volunteers and am always delighted to see how many thank you messages we receive from members of the public for the exemplary care they have received from our teams. Since my last report, we have received 90 new thank you messages for 236 members of staff and volunteers. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers recognised	Financial YTD
2023	January	125	1211	344	3152
2023	February	52	1263	179	3331
2023	March	50	1313	136	3467
2023	April	42	42	111	111
2023	May	67	109	175	286
2023	June	82	191	33	319
2023	July	45	237	111	602
2023	August	45	282	125	727



I am especially pleased when we can arrange for our team members to be reunited with the patients they have cared for so that they can be thanked in-person. This was the case in July, when the paramedics and call handler [who helped save the life of Gerardo Folie](#) after he had a cardiac arrest at home caught up with Gerardo and his family at our Waterloo HQ.

Since my last report, we have seen a significant amount of media coverage showcasing the high-quality care our staff and volunteers provide to their patients.

I am delighted the Service has been a part of the ground-breaking Channel 4 documentary series [Emergency](#), which began airing in August. Watched by millions

of people, the programme's four episodes focus on the London Major Trauma System and show the minute-by-minute decisions trauma teams make to treat the most serious cases. The series is a great opportunity to show the public how professional and skilled our teams are and I'm hugely proud of how our crews have come across. You can see some profiles of our colleagues involved in the filming across our [social media channels](#).

You may have seen some of the publicity around the programme, with our Advanced Paramedic Practitioner, Kevin Cuddon, appearing in TV Choice magazine talking about the incident he was filmed responding to and how he copes with the stress of treating life-threatening injuries. Advanced Paramedic Practitioner Pete Kingsley was also interviewed on [BBC London Radio](#) about his involvement in caring for one of the featured patients

In July, I was deeply moved to see coverage in [The Guardian](#) about our Emergency Operations Centre call supervisor, Estelle Williams, who saved her 71 year-old Dad's life after performing CPR on him at home when he suffered a cardiac arrest. This is such an amazing story of how these skills can save lives, including of the ones we love.

The incredible work done by our teams has also been on show in [BBC One's Critical Incident](#). Two episodes in the series have focussed on how our colleagues responded to the Westminster Bridge and London Bridge terrorist attacks, with another featuring our paramedic Charlotte Miller talking about how she has waived her right to anonymity to describe the night she was sexually assaulted by the patient she was trying to care for. These episodes really show how our teams act so selflessly and courageously in the hardest of circumstances.

There has been much to celebrate across the Service since my last report. I would like to firstly congratulate our Organisational Development and Business Partner Shohail Shaikh, who alongside his co-chairs of the NHS Muslim Network, Riyaz Patel from NHS England and Halima Dagia from Nottingham University Hospital, has been shortlisted for the Outstanding achievement of the year award at the 2023 [National BAME Health and Care Awards](#), in their capacity as co-chairs of the National NHS Muslim Network.

Our award winning apprenticeship scheme celebrated another milestone in July as the first 40 students graduated from the University of Cumbria's Paramedicine Course. Offering this entry route enables us to attract candidates who may not otherwise have been able to access paramedic training and helps us achieve our ambition of having a more diverse workforce delivering emergency healthcare to London.

In August, after years of work, the team behind the ARREST trial published their results in [The Lancet](#). Co-ordinated at the Service by our Clinical Audit and Research Unit and led by our Head of Clinical Audit and Research Rachael Fothergill, the study looked at the outcomes for non-STEMI cardiac arrest patients following different pathways. The headline results showed no difference in survival or neurological outcomes in patients conveyed to a cardiac arrest centre compared to a

local emergency department. I would like to thank Rachael alongside the more than 600 clinicians at the Service and 860 of our patients who were involved in this hugely important piece of research.

I would also like to congratulate long serving medic Ron Dhesi, [who raised £2,400 in just two hours to provide a defibrillator at Woolwich Gurdwara](#) where his older brother sadly passed away after suffering from a cardiac arrest in December. Ron has since led a training session for worshippers at the site so that the community can learn how to use the defibrillator and perform CPR.



4.3. Update from the Public and Patient Council

For Information

Presented by Roger Davidson



London Ambulance Service

NHS Trust

Report to:	Trust Board			
Date of meeting:	26 September 2023			
Report title:	London Ambulance Service Public and Patient Council (LASPPC) update			
Agenda item:	4.3			
Report Author(s):	Jai Patel, Head of Stakeholder Engagement			
Presented by:	Roger Davidson, Director of Strategy and Transformation			
History:	N/A			
Purpose:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board / Committee's attention:				
<p>The London Ambulance Service Public and Patients Council (LASPPC) was established in 2020 and is one of many ways the Trust engages patients and local communities with its work.</p> <p>In line with the LASPPC's terms of reference, this paper provides an update from the latest meeting (August 2023)</p>				
Recommendation(s) / Decisions for the Board / Committee:				
The Board is asked to note the contents of this paper.				

Routing of Paper – Impacts of recommendation considered and reviewed by:				
Directorate	Agreed			Relevant reviewer [name]
Quality			No	N/A
Finance			No	N/A
Chief Operating Officer Directorates			No	N/A
Medical			No	N/A
Communications & Engagement	-		-	-
Strategy			No	N/A
People & Culture			No	N/A

LONDON AMBULANCE SERVICE PUBLIC AND PATIENTS COUNCIL UPDATE FOR THE TRUST BOARD

1. The latest London Ambulance Service Public and Patients Council (LASPPC) meeting took place in person on 23 August 2023.
2. Isabel Fallshaw-Daniels, Learning Disabilities and Vulnerabilities Specialist updated members on the recent meeting of the learning disabilities and autism subgroup, where they discussed and approved the trust's new autism strategy. Isabel also told members that the subgroup felt LAS could do more to help people with a learning disability or autism diagnosis to understand what constitutes an emergency and when people should call 999 versus 111. Isabel mentioned she was seeking support from the LAS Public Education team to explore what materials the trust can share. Lastly, Isabel said that she is working to widen the membership of the subgroup to include carers and people who represent individuals with profound and multiple learning disabilities.
3. Daniel Elkeles started his update by giving an overview of demand and performance. After a very challenging spring and early summer, response times improved in July. He told members that August was proving to be a mixed picture and the Service was taking action to maximise the number of staff in the control rooms and on the road. He also mentioned that LAS was in a better place, compared to August last year, due to a recruitment drive and reduced staff turnover and sickness rates. He also briefly updated members on the Service's efforts over the previous two years to improve workplace culture, from developing trust values to raising the profile of equality, diversity and inclusion, becoming an accredited London Live Wage Employer, transforming the appraisal and resolution processes, increasing the workforce, as well as introducing teams-based working. He said all of this work had contributed to being shortlisted by the Health Service Journal (HSJ) as Trust of the Year. He finished his update by telling members that LAS was awarded the North Central London 111 contract. Members were pleased with the update and wanted to know what actions were in place to ensure that LAS continues to improve workplace culture. Members asked Daniel whether comparisons between LAS and other ambulance trusts on performance-related issues were helpful. They also asked whether there was any learning from other ambulance trusts he wanted to incorporate at LAS.
4. Roger Davidson, Director of Strategy and Transformation, spoke to members about launching the trust's new strategy. He briefly gave members an overview of the content and talked about the launch on 26 September. He explained how the Service will continue to build upon the extensive staff, public and patient engagement conducted during the development stage of the strategy. This included specific plans to ensure that staff across the organisation have the opportunity to hear about the strategy and understand what it means for them. Roger also spoke about the implementation of the strategy, which will be monitored by establishing a Transformation Board, and he was keen to discuss how to involve council members in this. Members commented that they were pleased to hear that improving workplace culture and a commitment towards becoming a learning organisation was one of the key commitments in the strategy. Questions from members focused on whether there were any plans to include developing corporate partnerships in the strategy and if the trust had

conducted an Equality and Health Inequalities Impact Assessment (EHIA). There was also a general discussion about whistleblowing policies and the importance of a good organisational culture in giving people the confidence to feel like they can speak up and report concerns.

5. Council members received an update from Beata Malinowska, Deputy Director of Strategy and Transformation, on the newly created North West London (NWL) 111 Patient Advisory Group (PAG). LAS has worked with the NWL Integrated Care Board (ICB) to bring together a range of patients and public representatives from across NW London to provide insight and feedback on the NWL 111 service and help inform how care is delivered. Beata talked members through the process of how the group was developed and the method used for recruiting patient and public representatives from across NWL. She also outlined what topics and issues the group would focus on over the next 12 months. Members asked questions about the channels used to recruit patient and public representatives. They also requested that the co-chairs of the NWL 111 PAG attend a future meeting of the Council to provide an update on their work.
6. Christina Wright, Public Education Manager, spoke to members about refreshing the trust's public education programme and asked members a series of questions to help get their input. Before the meeting, she shared a paper which gave a brief overview of the team's work and included feedback already received from stakeholders and partners. Members suggested that the programme should include events and activities for older adults. There was a discussion on educating the public on defibrillator usage and a suggestion from a member on helping make connections with a carers networks to run some education activities.
7. There was a short discussion about the Council's sub-groups and Terms of Reference. Members asked for the Council sub-groups list and Terms of Reference to be recirculated so that they can review them in more detail and provide feedback at the November LASPPC meeting.



5. Director and Board Committee Reports



5.1. Quality and Clinical Care

5.1.1 Performance Report

5.1.2 Quality and Clinical Care Directors Reports

5.1.3 Quality Assurance Committee

For Assurance

Presented by Fenella Wrigley, John Martin and Mark Spencer



PUBLIC BOARD OF DIRECTORS MEETING Performance Report – September 2023

This report covers performance of our three main service lines for the period of July and August 2023. This provides commentary against national standards and performance against the Operating Plan agreed with NHSE at the start of the 2023/24 financial year.

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

1. 999 Emergency Operations

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

The number of contacts and calls answered have remained below the median and are now showing special cause improvement as we have seen a reduction since January 2023 following industrial action. Although the general trend has been on an upward trajectory since January 2023, the pattern of contacts is trending in line with the same period in 2022 albeit at a lower level. The expectation is that call volumes will continue to gradually increase across the remainder of the financial year in light of winter pressures. There is no associated targets for these metrics and reduced contacts is seen as being directly linked to call answering mean and ambulance operations targets.

Call answering mean was eight seconds for the months of July and August 2023. The national target for call answering mean is 10 seconds and therefore this has been achieved. The SPC shows special cause improvement although the target is shown as variable based on past data points from the previous two years.

Better performance has been achieved through the implementation of the Emergency Operations Centre (EOC) improvement programme which focuses on both recruitment to call handling and emergency resource dispatchers and processes. The Operational Research for Health (ORH) review has now been received and approved. This establishes a baseline of staffing requirements including by hour of day and we will be recruiting up to these levels.

Additional work continues to understand reasons for turnover and how retention can be improved. This is linked to implementing a new team based working environment which we believe will bring about a better working culture.

Hear and treat rates for July and August were 14.2% and 14.4% respectively. The SPC chart within the IPR demonstrates that there is common cause variation and therefore without interventions is unlikely to bring about sustained change. The line management of the clinical hub / Emergency Clinical Assessment Service (ECAS) has transferred to the Director of Clinical Assessment and Pathways to support these changes. We have now introduced senior clinical decision makers into EOC to support the quick and safe identification of patients where more appropriate care may be

delivered through an alternative care pathway (ACP). In addition over the past two weeks we have trialled, in the north east sector, co-locating clinicians with emergency resource dispatchers to provide clinical support around the complex dispatch decisions. The first week of the trial has seen a substantial increase in hear and treat in the trial dispatch area and reduced delays for our sickest and most vulnerable patients. We are continuing with the trial whilst we prepare for wider implementation. By implementing these changes we will ensure patients receive the right care and deliver increased hear and treat rates as we move into the winter pressure period.

The percentage of see and treat for July and August 2023 was at 29.5% and 29.9% respectively. There is strong correlation with the ED conveyance rate which was 53.7% (July) and 52.3% (August). The SPC charts within the patient outcome section of the IPR show both as special cause for concern and warrant further investigation to understand these trends.

During periods of pressure we will use the Clinical Safety Escalation Plan (CSEP) to ensure patients are kept safe. At the highest levels of escalation some of our patients will be signposted to other services or given advice over the phone. This will mean the opportunity to see and treat patients at home will reduce and a proportional Emergency Department (ED) conveyance increase.

Face to face activity levels this year have remained lower than those seen in the previous 24 months but patient acuity appears higher. This means a higher number of patients we attend face to face (i.e. those patients who have not been able to be managed by hear and treat) are conveyed as they are similarly not clinically suitable for see and treat.

We will undertake further analysis of the correlation between these factors and will report on these at a later date. Of note, whilst the percentage of people we are conveying to hospital has increased during the summer, the overall number of Type 1 attendances at EDs across London has not significantly increased. This has happened because LAS has been operating at lower escalation levels which has been possible because of increased availability of ambulance resource as a result of our recruitment, increased operational hours and release of ambulances from hospitals due to the reducing time to handover. When we are operating at the highest escalation levels we ask clinically appropriate patients to make their own way to hospital. It is better care for patients if we do provide pre-hospital care and much easier for hospitals if the patients arrive at ED having received an initial assessment and treatment rather than self-presenting. So, whilst we are always looking at ways to see if we can find alternative places to ED for patients that would meet their needs better we are confident that we are taking appropriate patients to hospital and the overall trend of conveying fewer patients to hospital over time continues.

2. Ambulance Services

Category 1 performance in July was 7 minutes and 12 seconds and 7 minutes and 22 seconds in August 2023. We have not met the national target of 7 minutes.

The SPC shows that meeting the target is inconsistent and that our performance is within common cause variation.

There is correlation between demand, call answering mean and our category 1 performance. We have continued to focus on maximising our use of solo responders in EOC to ensure getting to our sickest patients as quickly as possible.

Category 2 performance has not met the target of 18 minutes and we can see common cause variation. Performance for July and August was 32 minutes and 2 seconds and 34 minutes and 10 seconds respectively.

Over the last two months we have been using targeted overtime and incentives to increase operational hours of both double crewed ambulances and fast response vehicles. Take up of these incentives has been lower over August mainly due to previous payments received by staff through the national pay award and previous incentive schemes and a period of peak annual leave. Productive hours are now increasing again during September 2023.

We have worked collaboratively with Integrated Care Boards (ICBs) and provider Trusts to introduce an agreed process of a maximum handover time at hospitals of 45 minutes. This has been adopted by 4 of the 5 ICBs and we have seen a continued reduction in the time lost at hospital as demonstrated in the SPC chart within the IPR.

The percentage of conveyances which took more than 30 minutes for the ambulance crew to handover the patient at hospital in July and August 2023, is set out in table 1.

Hospital site	Percentage of handovers over 30 mins
Barnet	29%
Charing Cross	3%
Chelsea & Westminster	2%
Croydon University Hospital (Mayday)	8%
Ealing	13%
Hillingdon	12%
Homerton	3%
King Georges, Ilford	32%
Kings College	29%
Kingston	12%
Lewisham	19%
Newham	45%
North Middlesex	50%
Northwick Park	9%
Princess Royal, Farnborough	12%
Queen Elizabeth II, Woolwich	6%
Queens, Romford	56%
Royal Free	19%
Royal London (Whitechapel)	22%
St Georges, Tooting	26%
St Helier	26%
St Marys, W2	8%
St Thomas'	15%
University College	12%
West Middlesex	6%
Whipps Cross	44%
Whittington	16%

Table 1. Proportion of handovers over 30 minutes July/August 2023 (unvalidated data)

There continues to be a focus on improving the overall job cycle time with a focus at local level both on time at scene and handover to green (post-handover of patients at hospital) to improve efficiencies.

Further attention is being given to how we tackle the top three elements of out of service; single resources at start of shift, vehicle availability at start of shift and requests for facilities time during shift. We are looking to revise processes prior to winter.

3. 2023/24 Operational Plan

The trajectory of improvements linked to the additional funding received for the 2023/24 financial year with actual performance to date is shown at table 2.

We have continued to exceed the call answering mean in the trajectory whereas category 2 met the trajectory in July, although missed the trajectory in August by 1 minute 10 seconds.

In August 2023, NHSE provided an additional £3.8m to produce an additional 400 double crewed ambulance hours per day. This is shown in brackets in the August trajectory column. The ability to produce these additional hours in August was limited and will be included in future trajectories and actuals.

Metric	Apr-23	April Actuals	May-23	May Actuals	Jun-23	June Actuals	Jul-23	July Actuals	Aug-23	August Actuals
All Incidents (AQI A7)	113,432	96,194	117,877	99,048	114,831	97,950	118,848	101,978	115,341	100,207
Incidents with Face-to-Face Response (AQI A56)	89,367	83,114	92,910	84,490	90,556	83,463	93,736	87,489	90,755	85,856
C2 Mean (Format = hh:mm:ss)	00:45:00	00:31:11	00:40:00	00:42:00	00:37:00	00:45:38	00:35:00	00:32:02	00:33:00	00:34:10
Total Time Lost to Handover Delays (over 30m)	124,961	321,516	116,768	365,192	121,477	316,768	84,936	184,237	74,086	130,803
Average Handover Time (Format = hh:mm:ss)	00:30:00	00:25:27	00:30:00	00:26:49	00:30:00	00:32:23	00:27:00	00:21:49	00:27:00	00:20:56
Calls Answered (AQI A1)	152,909	112,077	162,219	127,287	162,612	131,095	172,929	121,111	159,072	122,309
Call Answer Mean	50	15	50	14	40	33	30	8	20	8
Total DCA resource hours	187,693	186,609	189,424	185,571	186,269	182,065	189,974	190,164	189,184 (201,584)	188,341
Total RRV resource hours	43,566	51,877	45,953	51,079	43,467	49,863	44,332	52,024	44,068	45,060

Table 2: Actual performance against agreed trajectory for Category 2

We have reviewed how we have been categorising calls from the Metropolitan Police Service (MPS) received via a dedicated IT link. Of the c55,000 calls we have received since April we have concluded that 2,638 haven't counted against the right call category (counted as category 2 when they should have been category 3). As a result we have agreed with NHSE that we will leave them out of activity reporting. We are putting in place new processes to ensure we do categorise all the Police calls correctly and plan to have this in place for October.

The category 2 performance for August improved by 11 seconds as a result and has made a 10 second improvement on year to date performance.

4. National Context

The Ambulance Quality Indicators provide a national context for the ambulance sector and reflect how, comparatively, we are performing. Table 3 shows our performance against key metrics compared to the national average and to other ambulance services nationally.

Metric/Month	July 2023		August 2023	
	LAS	National Average	LAS	National Average
Category 1	00:07:12	00:08:21	00:07:23	00:08:17
Category 2	00:31:50	00:32:13	00:34:11	00:31:30
Hear & treat	14.2%	11.8%	14.4%	11.8%
See & treat	29.2%	30.6%	29.9%	31.3%
See & convey	54.8%	52.9%	53.9%	52.2%

Table 3: LAS performance compared to National performance

5. Integrated Urgent and Emergency Care

This report provides the Trust Board with an update regarding the 111 Call Answering and Clinical Assessment Service (CAS) performance, key issues, events, and activities since the last formal meeting.

In July 2023 111 saw 192,336 calls received with 172,544 calls answered. This fell to 179,343 calls received and 162,072 calls answered in August 2023. Although there is no target number of calls received this represents 0.2% above forecast in July and 7.5% above forecast in August.

The IPR shows that there is common cause variation for calls received and calls answered and therefore appears to demonstrate normal seasonal variation.

The SPC for abandoned calls is failing to meet the national target of 3%. The individual contracts that we hold for 111 across London have a range of KPIs for abandonment rate, however, we are looking to meet the national target as an exemplar. There is common cause variation and to reduce the abandonment rate we are expanding our recruitment of Health and Service Advisors to increase capacity.

Turnover remains higher than other areas of the Trust albeit common cause improvement is shown in the IPR for August 2023. We are undertaking a deep dive to understand the reasons for turnover in 111, this has commenced in September 2023. It is recognised that turnover in call centre environments are likely to be higher than other settings and therefore consideration is being given as to what the right level of turnover should be.

The national target for average speed to answer a call is less than 20 seconds. In July and August we achieved 84 and 93 seconds respectively. Although we continue to see common cause variation the increase in staffing numbers as described above should help us more consistently deliver the national targets. Our ambition is to recruit to sufficient numbers by November 2023 to ensure consistent performance in answering the calls across the winter period against our forecasted demand.



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – September 2023

Report of the Chief Medical Officer

Maintaining Patient Safety

We continued to see high demand during July, August and September 2023 contributed to by a large number of events across London including Notting Hill Carnival and warm weather that has continued well into September. During the periods of Industrial Action in our hospitals LAS have provided support to ensure patients continued to have access to the urgent and emergency care system. At times of extreme pressure we have utilised the clinical safety escalation plan in order to ensure we are providing the best possible response to our sickest and most seriously injured patient which includes advising patients where to access the best care for their condition when an emergency ambulance is not immediately required. We have continued to review our care to patients where there is a delay to call answering, clinical telephone assessment or ambulance dispatch. This is undertaken both in real time, in the form of clinical safety reviews, to ensure the patient's condition has not changed and retrospectively to look at the end to end care and experience for the patients through continuous re-contact audits, incident reports, quality alerts and patient and staff / volunteer feedback.

During the summer we continued to work collaboratively with our 5 Integrated Care Systems to ensure we could refer patients to the right pathway for their clinical condition and where possible utilise pathways closer to home and so reduce our conveyance to emergency departments. We do, however, recognise that some patients have had to wait longer than they should for an ambulance service response and we are very sorry.

Our focus has been on:

- Increasing the utilisation of alternative healthcare pathways to ensure patients are treated nearer home and unnecessary conveyance to emergency departments are avoided. This has been supported by a bespoke training package 'Right Care Right Place First Time' delivered as part of the core skills refresher programme for 2023. We are also supporting other healthcare professionals to access alternative pathways; maximising the number of patients who are able to receive an enhanced telephone clinical assessment (with video consultation); working across the integrated care and 999 systems to deliver seamless transfer of care and working to develop new alternative pathways for ambulance clinicians to refer or take patients to.
- We have further developed our category 2 segmentation clinical assessment programme and have doubled our senior decision maker support to 16 hours per day including weekends. The senior decision maker support the more complex referrals to alternative healthcare pathways and monitor unsuccessful referral data which is then shared with ICSs to analyse and support their own local ACP improvement plans



London Ambulance Service

NHS Trust

- ✓ Total patients assessed in last reporting period (31 July 2023 - 27 August 2023) = 2,894
 - ✓ Patients who receive an alternative to category 2 response on clinical validation = 51%
 - ✓ Patients with a 'Hear & Treat' response on clinical validation = 44%
 - ✓ Since the pilot start, on average = 1,460 Ambulances saved per month (2,400 double crewed ambulance (DCA) hours or 4,800 personnel hours)
- As the next stage, as part of the EOC improvement programme, we have introduced the future dispatch model (FDM) which co-locates the clinicians with the highly skilled dispatchers in the emergency operations centre. Initial feedback is positive with both teams highlighting the benefit of the collaborative approach.
 - We have seen some reduction in the number of delays faced by crews waiting to handover at hospitals since the introduction of the 45-minute handover process was implemented at a number of hospitals. We are continuing to work with hospitals to ensure every patient, who is not in a cohort area, is handed over to the emergency department within 45 minutes. This enables our ambulance clinicians to respond to the next emergency patient. The length of time some patients are held in a cohort area continues to be monitored and we are working with the individual hospitals to reduce this further and ensure patients remain safe. The 45 minute handover process is not yet pan London and currently excludes hospitals in the south west area but plans are in place for roll out to this area in September.

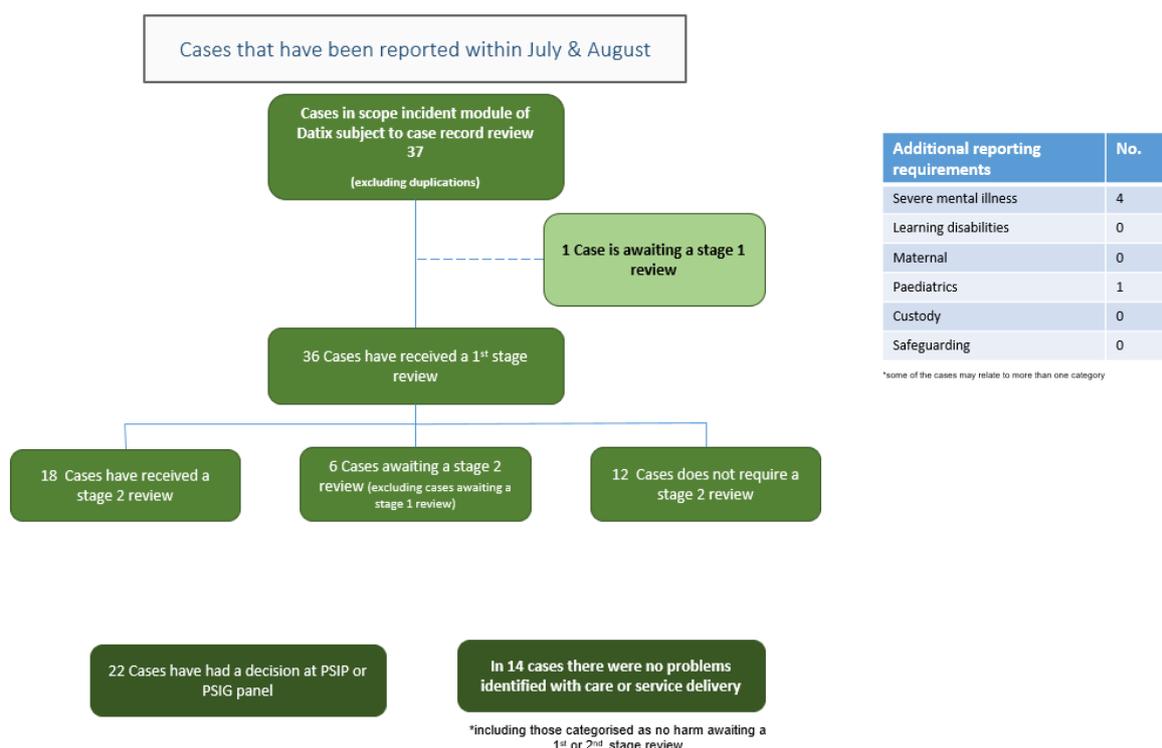
All reported clinical incidents are reviewed to ensure transparent and supportive investigations are undertaken, in line with the Patient Safety Incident Response Framework, to identify and learn from themes. The number of reported patient safety incidents continues to indicate a healthy reporting culture. The number of no and low harm incidents continues to be monitored.

Incident trends and themes are monitored by the Trust's Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents. The top 3 incident categories in July 2023 were medicines management, security – violence, aggression and abuse & medical equipment. The number of medical equipment incidents has been decreasing over the last few months indicating early impact of the 'Fix the Basics' programme and team based working huddles. The medicines incidents relate to documentation errors and breakages – there were no unaccounted for loss of controlled drugs.

The improved reporting of incidents within LAS 111/ Integrated Urgent Care has continued and supervisors and team managers are working hard to ensure they report all incidents to enable themes to be identified, provide learning and support a healthy reporting culture. The main themes are communication, care and consent and call handling and clinical assessment advice. The communication, consent and care incidents are largely attributable to authorised breaches of confidentiality and language line related incidents.



Incidents which are initially reported as death undergo a Learning from Deaths (LfD) review and, where they meet the criteria, an enhanced investigation is undertaken using the Patient Safety Incident Framework. The LfD reviews identify the contributory factors (or causes) that may have led to a patient's death. A case being reviewed under the learning from deaths process does not indicate that errors were made but that there may be opportunity for learning. It is very rare that there is a single cause, in most cases there are several factors. During the review process often the initial categorisation and severity will be assessed and amended as the review progresses.



The themes of the cases are reported in line with the national and local categories. Each case undergoes a detailed review working with clinicians, families and carers and other healthcare providers who have been involved in the care of the patient. In July the initial incident reports did not identify any themes but each case enables us to share learning and understanding and continue to improve the quality of the care we provide to patients and their families. The Learning from Deaths (LfD) forms part of the quarterly thematic review presented to the Quality Assurance Committee.

Developing improved models of care

It is important that all patients receive the right care in the right place at the right time by the right clinician.

Urgent Community Response (UCR)

We have continued with the provision of 8 UCR cars across south west, north east and north central London, with paramedics and external clinicians working together. Outcomes remain



positive with reduced conveyance and faster response for these patients, many of whom are vulnerable. Discussions are on-going with south east and north west area community teams and integrated care boards to discuss the model for their patients.

- 5994 patients have been attended to by a UCR team from October 2022 to August 2023.
- The conveyance rate for this model ranges between 14%-30%, across the three areas where it operates. Patient safety and re-contacts are closely monitored and there are no cases to report relating to this model.
- Case mix remains primarily Category 3 patients, with a high proportion still coming from category 2. The conveyance rate / discharge on scene / referred from scene rates remain consistent across both categories of calls

Mental Health Care

We have now recruited to all the nurse positions for mental health joint response car and, once training is complete, we will be able to deploy 6 cars each day. Additional posts have been agreed for a mental health role in the 999 emergency operations centre and these clinicians will support the mental health joint response unit cover where there is absence due to annual leave or sickness.

LAS is continuing to work closely with the Metropolitan Police Service, other NHS colleagues and local authorities around the implementation of Right Care Right Person (RCRP) programme which is a collaborative approach to providing better care for mental health patients.

Maternity

Improving maternity care for Londoners is a key priority for us and a significant amount of work is being undertaken by our maternity team including:

- 248 clinicians received maternity training in the month of August
- The JRCALC breech guideline, which has been written by the LAS maternity team in conjunction with other ambulance trusts, has been released this month. The new guidance contains essential learning from recent cases.
- The maternity team is working with NHSE to create a regional 'Born Before Ambulance Arrival' pathway which will be better for patients, LAS and maternity units ensuring mothers and babies are in the right place and the right time with timely assessments.
- Training regarding the use of trans-warmer mattresses is being rolled out for all Clinical Team Managers prior to them being available on CTM cars in the near future. This will help to mitigate the risk hypothermia in new-born babies which can have detrimental outcomes.
- LAS published an article, jointly with North West Ambulance Service, in the British Paramedic Journal highlighting the risk for mothers and babies in the pre-hospital setting.



Staff development

The training of the 7 new advanced paramedic in critical care began at the start of September and the 12 additional advanced paramedics in urgent care are continuing their mentorship and development as they transition to solo practice.

The LAS continues to implement the resuscitation and clinical leadership package for Clinical Team Managers with over 75% of the CTMs now trained. The feedback from those who have participated in the course has been universally positive with over 95% saying they are better equipped to manage and lead care for this group of patients.

Health Inequalities

Continuing our commitment to improve the quality of individualised care for our patients who have Sickle Cell disease and we are engaged with the pan-London development of personalised digital care plans which will be accessible through Urgent Care Plans which is already an embedded tool within LAS.

Infection Prevention Control

The annual Director of Infection Prevention and Control report (2022 – 23) has been approved through Clinical Quality Oversight Group and shared with Quality Assurance Committee for assurance. In addition the NHSE Infection Control Board Assurance Framework was shared with Quality Assurance Committee. The August hand hygiene compliance was reported as 98% and IPC statutory and mandatory training is achieving over the Trust target of 90% for the last quarter. We are continuing our focus on 'Bare Below the Elbows' and how this can be achieved in a pre-hospital setting.

Medicines Management

Training has already commenced and the Trust is shortly going live with the administration of midazolam, which will be given intramuscularly by paramedics, for seizure management. This is an exciting evidence based change and LAS are the first ambulance service in the UK to introduce it for non-specialist paramedics.

There is a feasibility pilot commencing of the inhaled analgesic methoxyflurane (pentrox) within some specialist teams.

Our advanced paramedics in critical care are now administering, under strict governance, rocuronium which is a paralysing agent for post cardiac arrest management to ensure best outcomes for patients who have return of spontaneous circulation.

Patient outcomes

The LAS Clinical Audit and Research Unit (CARU) has continued to review the care provision for cardiac arrest, ST- Elevation Myocardial Infarction and stroke patients on a monthly basis. These Care Packs are shared with Sector Senior Clinical leads and Clinical Team Managers to facilitate clinical feedback and learning within their teams.



Stroke Care – June 2023

The health outcomes of patients who suffer an acute stroke can be improved by recognising the symptoms of a stroke or transient ischaemic attack (TIA), making a diagnosis quickly, and by early transport of a patient to a stroke centre capable of providing further tests, treatment and care, including an early CT scan of the brain and ‘clot-busting’ drugs (thrombolysis) for those who are eligible. A time critical patient refers to FAST positive patients whose symptoms were less than 10 hours old when leaving the scene of the incident, where a stroke consultant deemed the patients to be time critical (as part of a video consultation) or where the onset time of symptoms was not recorded.

- LAS attended 1239 suspected stroke patients
- 1134 were FAST positive and 731 of these were identified as time critical
- 99% of patients were conveyed to a hyperacute stroke unit directly after an average on scene time of 37 minutes. The average clock start to hospital arrival time for time critical FAST positive patients was 87 minutes

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

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

- In July 2023, 297 patients were attended by LAS and had a confirmed STEMI, slightly more than the previous report
- 81% of patients subsequently confirmed as having an ST elevation myocardial infarction were categorised at the point of 999 call triage as a category 2
- 98% of the patients were conveyed to the correct destination and 71% received the complete care bundle
- The average clock start to on scene time was 27 minutes and the average time from clock start to hospital arrival was 85 minutes

Cardiac Arrest Data – July 2023

Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) which includes signs of breathing, coughing or movement or a palpable pulse or measurable blood pressure is the main objective for all out of hospital cardiac arrests, and can, in some cases, be achieved through immediate and effective treatment at the scene. The key to increasing the chances of



achieving return of spontaneous circulation (ROSC) are the speed of starting basic life support and defibrillation when the patient is in a shockable rhythm. Our July cardiac arrest data indicates:

- 861 patients in cardiac arrest were attended by LAS
- 321 patients had resuscitation commenced
- 55 patients were in a 'shockable rhythm' on arrival of LAS and defibrillation occurred within 2 minutes of arrival with the patient
- For all patients in cardiac arrest return of spontaneous circulation was achieved in 30% of patients

Cardiac arrest survival increases the earlier we can start the 'Chain of Survival' with chest compressions and defibrillation – this is often started by our volunteer community first responders. The swift actions of passers-by can also make the difference between life and death. We are working hard to encourage members of the public to be trained in basic life support and become London Lifesavers (find out more and register for training here: <https://www.londonambulance.nhs.uk/getting-involved/become-a-london-lifesaver/>). This can be through face to face training or by completing online training from the Resuscitation Council UK after which they can then sign up to the app provided by GoodSAM. Signing up to the GoodSAM app means trained volunteers can be alerted to emergencies locally, where they can use their knowledge to help a person in cardiac arrest while an ambulance is on the way.

	April 2023	May 2023	June 2023	July 2023	Aug 2023
London Lifesaver Numbers	5135	5213	5782	6397	6657
Public access defibrillators (PADs)	7802	7803	7803	8463	8607
PAD activations	15	5	7	7	8
Return of spontaneous circulation	8	4	4	5	6

National data (Ambulance Quality Indicators):

There is always a time lag in receiving end-to-end patient data. The most recent data published is April 2023 which was published in September 2023. This data had not been released in time for the July quality report.

In April 2023 the LAS achieved ROSC on arrival at hospital in 28.9% of patients (ranking 5 of 8 in England), and achieving the national average of 28.9%. We achieved an average ROSC on arrival at hospital for the Utstein group of 50.0% (against a national average of 51.4%), ranking 4 of 8 in England. Survival at 30 days post out of hospital cardiac arrest for all patients is 10.7% against the national average of 9.3% and 35.9% for the Utstein Group against a national average of 33.0 %.



For patients with an ST elevation myocardial infarction the LAS' time for the 'Call to Balloon' measure for April 2023 was 02 hours 33 minutes (4th in England) against a national average of 02 hours and 28 minutes which is just outside the national target of 02 hours and 30 minutes.

LAS continues to be performing well in terms of mean Stroke Call to Door time (1 hour and 23 minutes), below above the national average of 1 hour and 28 minutes.

Whilst this data demonstrates some areas of improvement despite the continued high demand further work continues to ensure the best possible outcomes for our patients.

Clinical audit Annual Report 2022-23

The annual clinical audit report 2022-23 has been presented to the Clinical Quality Oversight Group and the Quality Assurance Group.

NHS Trusts use clinical audit to determine if care is provided in line with expected standards. NHS England have recently highlighted the importance of clinical audit in helping to deliver their new Continuous Quality Improvement Strategy (NHS Impact, Improving Patient Care Together) and have identified that clinical audit will be a part of their forthcoming Clinical Effectiveness Programmes Strategy and Quality Strategy. Clinical audit is key to the NHS England Levelling Up Agenda and the London Ambulance Service NHS Trust (LAS) is leading the way for ambulance services with all LAS clinical audit activity undertaken, or facilitated, by the Clinical Audit and Research Unit (CARU).

Throughout 2022-23, CARU continued to deliver a comprehensive clinical audit agenda. The on-going Clinical Performance Indicator (CPI) and Continuous Re-contact clinical audit programmes provided assurance and facilitated clinical improvement within the Service and across a range of different patient groups. These continuous audits additionally provided an established mechanism for our clinicians to receive constructive, individualised feedback on their clinical performance. LAS also continued to monitor patient care through our clinical quality monitoring registries. Data from these registries provide internal assurance as well as being used nationally to benchmark the delivery of our clinical care against other ambulance services in England.

In addition to the CPIs and other areas of continuous clinical audit, CARU undertook a number of specific clinical audit projects during 2022-23 prompted by recommendations from previous audits, changes to clinical guidelines, and areas identified (through reviews of near misses and potential patient safety incidents) as requiring improvement. The projects covered a range of clinical areas, including our clinical response to the COVID-19 pandemic, chronic obstructive pulmonary disease, paediatric pain management and transient loss of consciousness. These are shared with the Quality Assurance Committee for assurance.

To ensure that learning was taken forward, CARU communicated the findings and recommendations with staff through infographics and Clinical Update articles. Quick response



(QR) codes were included on all of the infographics to enable staff to easily and directly access outcomes and recommendations of clinical audit projects via Trust issued iPads.

It is important to recognise the continued participation of clinicians in clinical audit throughout what has been another extremely demanding year on the LAS, as well as all clinical audit activity undertaken by the LAS during 2022-23.

Research

As the Trust Board has heard the results of the ARREST trial were published at the end of August in The Lancet. ARREST was a prospective, parallel, multicentre, open-label, randomised superiority trial. Patients (aged ≥ 18 years) with return of spontaneous circulation following out-of-hospital cardiac arrest without ST elevation were randomly assigned (1:1) at the scene of their cardiac arrest by London Ambulance Service clinicians using a secure online randomisation system to expedited delivery to the cardiac catheter laboratory at one of seven cardiac arrest centres or standard of care with delivery to the geographically closest emergency department at one of 32 hospitals in London, UK. The ARREST trial showed that in patients without STEMI, expedited transfer to a cardiac arrest centre after resuscitated OHCA was not associated with decreased 30-day mortality compared with standard of care.

Also at the end of August 2023, we had a paper on intraosseous access in cardiac arrest published in Resuscitation journal.

Clinical Information

After a successful phased roll-out in South West London, the London Care Record Mobile Viewer iPad application which was designed from the ground up by LAS Clinicians, launched Trust-wide on the 9th August 2023. This now means all our clinicians (including those working within 111 and Clinical Hub) now have access to the London Care Record which contains a vast amount of clinical information (e.g. hospital discharge letters) to help our clinicians inform care.

A new national-first application (My Clinical Feedback) has successfully launched within one clinical team for feedback which has been very positive so far. This will allow our clinicians for the first time to receive clinical feedback from hospital outcome data for the patients that they have attended, helping promote clinical development. We aim to roll this out across all of north west London later this year.



PUBLIC BOARD OF DIRECTORS MEETING

Report of the Chief Paramedic Officer

1.0 Regulatory Update

The Care Quality Commission (CQC) conducted an update webinar for providers in August. Key highlights for the Trust were:

- During the transition phase, the current framework will remain.
- London is now within the 'East Region'.
- The South region will be the first to roll out the new approach with all regions rolled out by the end of March 2024.
- They will have a new staffing structure within each of the regions, which is supported by a central hub.
- During the transition phase they will be using a planned and responsive approach. There will be a set of minimum priority quality statements that will be assessed. A responsive approach will be based on risk and information of concern.
- A new portal will enable benchmarking against other Ambulance Trusts.
- 230 providers will be invited to test the portal for submitting notifications and all providers will have access by end of March 2024.

The Trust remains in regular contact with the CQC and has received no further regulatory visits since the system inspection in December 2021.

2.0 Clinical Education & Standards (CE&S)

Number of learners who successfully completed their courses in June to August 2023:

- Newly Qualified Paramedic (International) - 69
- Newly Qualified Paramedic (Internal) – 54
- Emergency Medical Technician upskill - 28
- Associate Ambulance Practitioner – 46
- Non-Emergency Transport Service – 16
- Emergency Call Handler – 62
- Health Advisor – 37
- Clinical Hub - 33

131 students have undertaken a blue light driving course (126 successful). There are still 287 awaiting a course, of these 172 do not hold a C1 license currently.

Since January 2023, 439 Section 19 driving assessments have been carried out.

There continues positive Operational Placement Centre (OPC) feedback. For June 2023, 54 learners completed their placement. 92% score the overall experience 8 out of 10 or higher. 96% rate their mentor 8 out of 10, with 71.4% rating their mentor 10 out of 10.

The newly established Education Governance Group is progressing well, ensuring oversight of education delivered across the Trust. A new regulated Motorcycle Response Unit (MRU) riding course award is in development with FutureQuals with plans to implement within the next 18 months. Defibrillators and response equipment is now on all marked driver training vehicles. Mandatory paperwork required by Trust drivers will be made electronic from September with the anticipated benefit in reducing time taken to report collisions.

Monitoring of education continues with assessment quality assurance audits, 17 submitted with no assessment breaches. Year to date only 1 breach out of 67 assessments (1.4% of a less than 5% target). 50% of tutors have completed observation of teaching and learning support, the aim is to achieve the 80% Ofsted target.

The directorate is currently recruiting to a variety of roles to support and enhance the department's capability to deliver the workforce plan requirements, enhance the visibility of educators in sector operations, and the ongoing development of apprentices.

3.0 Quality Account & Quality Priorities

Progress on the 2023/24 priorities continues and a comprehensive six month report will be provided to the quality assurance committee in November. A brief highlight to date is as follows:

- Currently Return Of Spontaneous Circulation (ROSC) average is 29% with a target of 31%
- 90.59% compliance for Adult Resuscitation level 3, 87.89% compliance for Paediatric Resuscitation level 3, 88.03% compliance for Newborn Life Support level 3.
- Training and familiarisation for the paramedic and nurse role within the Urgent Community Response (UCR) cars has continued. More than 150 paramedics are now familiarised and trained. 4526 patients in total assessed via the model, at end of June 2023. With a stable conveyance rate stable at c.30%, so 70% of patients enabled to remain at home and discharged or referred to another service.
- Clinical Guardian operational in Urgent Clinical Assessment Service (UCAS) for General Practitioner and Advanced Care Practitioner consultations, and in

Emergency Clinical Assessment Service (ECAS) with some final training taking place.

- Audit system “InPhase” has been through the testing phase and is live for auditing from July 1st.
- To attract more clinicians and to improve the pipeline of staff into the Hear & Treat environment, implementation eligible frontline paramedics to undertake an eight week development placement in the Category 2 Segmentation team.

4.0 Quality Assurance - Trust Wide (see Quality Report)

The Trust’s Quality Report, containing July 2023 data, provides an overview of the quality performance through relevant quality Key Performance Indicators (KPIs) and information including the quality improvement agenda across the organisation.

Incidents: The number of ‘no harm’ incidents returned to the mean with the top 3 ‘no harm’ categories remaining the same in July 2023. These were Medical Equipment (66, down from 73 in May), Clinical Treatment (55, down from 63 in May), Dispatch & Call (45, down from 55 in May). ‘Moderate harm’ incidents have increased.

The number of ‘no harm’ incidents reported within Integrated Urgent & Emergency Care (IUEC) has fallen since May, returning closer to the mean. There has been a delay in closing overdue incidents due to staffing levels in the governance team which has now been rectified. The top 3 incident categories remained the same in July 2023 and were noted as Communication, Care & Consent (99), Call Handling (75) and Clinical Assessment/Advice (24).

Hand Hygiene: The compliance rate for July 2023 remained at 98% and this score continues to exceed the Trust performance target (90%). Four stations did not submit data this reporting period. Overall submission for July was 229, which is an improvement from May. 12 out of the 16 stations who submitted scored 100% in their audits and this has been escalated for review for accuracy.

Overdue Incidents: There are 671 overdue incidents (down from 794) which have been open on the system longer than 35 days. This breaks down further to: 325 Patient incidents, 145 Staff incidents, 192 Trust related incidents and 9 visitor incidents. During July 2023, the number of incidents reported was higher than the average and the number of incidents moved to quality check was also higher than the average.

Statutory & Mandatory Training: This has increased from the last reporting period from 86% to 89% and remains above the 85% target. The Trust achieved an average of 85% for the period of April 2022 to March 2023.

The Trust’s compliance is 93.1% for risks reviewed within the last 3 months which is above the 90% target. 100% of risks were approved within 1 month (target 90%).

5.0 Safeguarding

The Trust focus on safeguarding continues with both the safeguarding annual report and Trust annual sexual safety report completed.

Sexual safety continues to be a concern with increased reports. There have been 45 allegations to the end of August, primarily concerning staff on staff sexual safety or domestic abuse concerns. There are no incidents involving patients. A Sexual safety toolkit has been produced and shared nationally with other Ambulance Trusts, which NHS England adapted to form their own toolkit that was published in recent weeks.

All staff will have their Disclosure & Barring Service (DBS) checked over a one year period from August. This will be monitored via the Safeguarding Assurance Group (SAG).

Safeguarding training is a continuous cycle of training and we are compliant with targets for mental capacity, prevent and safeguarding level 1 and 3.

Compliance with safeguarding level 2 is currently 68.7% which is below target with a continued focus to achieve the 85% level.

Oliver McGowan Training on Learning Disability and Autism Tier 1 across the Trust has increased to 4,944 staff (64.69%) having already completed. The Trust is awaiting the national code of practice that will determine level 2 training requirements.

An autism strategy has been developed that is to be submitted to the next Clinical Quality Oversight Group (CQOG).

6.0 Quality Improvement & Learning

During July and August 2023, 157 patient safety incidents were reviewed against the Trusts Patient Safety Incident Response Plan (PSIRP).

The following investigations have been commissioned:

- 13 Patient Safety Incident Investigations (PSIIs)
 - 5 of which met the National Learning from Deaths criteria and are being investigated as nationally defined PSIIs.
 - 8 met the locally defined priorities including:
 - 4 call handling (999),
 - 2 medicines related,
 - 2 incidents were considered as 'emergent', 1 related to a patient with learning disabilities and the other was in relation to a bariatric patient.
- 3 cases being investigated by Healthcare Safety Investigation Branch (HSIB)
- 7 cases where the Trust are supporting external investigations
- 21 After Action Reviews
- 11 Delays thematic (Structured Judgment Reviews)
- 4 Swarm huddles
- 1 Case Review

- 1 case is being included in an open thematic
- 96 incidents are being managed and investigated by local teams at a local level.

The Trust currently have thematic reviews underway on:

- Response delays
- Medication errors
- Falls
- Cleric implementation
- Ventricular fibrillation (cardiac arrest)
- Ineffective breathing incidents
- Chest pain incidents
- Bariatric patients

There are currently 19 PSIs which have been open for more than 6 months, 5 are currently in the final review stage and 1 has been opened for 18 months. There are currently 50 overdue actions. A task and finish group is currently being formed to target overdue actions and understand the barriers for timely action completion. The current position on stage 1 duty of candour is 84%. The Trust is at 91% for stage 2.

INSIGHT magazine, containing 21 cases of learning was released in July 2023. A case based discussion event was held in August 2023 which had over 70 participants from across the Trust.

7.0 Freedom to Speak Up (FtSU)

In quarter one of the year, 41 concerns were raised to the Guardian. Concerns relate to systems/processes, culture, and workplace safety. Four concerns were raised relating to sexual safety & harassment. Operational staff raised 59% of the total number of concerns.

The Guardian has been supporting the Association of Ambulance Chief Executives (AACE) strategic lead in relation to FtSU and volunteers, and how best the Trusts can support volunteers to speak up.

The Guardian and FtSU Coordinator are visible and engaging across the sectors promoting the speaking up culture. The Guardian has visited multiple sites across the organisation having confidential FtSU conversation and maintained ongoing communications with the Communications team, particularly focusing on encouraging staff to continue to speak up and planning for FtSU month (October). The Guardian is putting together another FtSU ambassador workshop to further encourage psychological safety, to share Trust processes, and explore case studies.

8.0 Health Safety and Security (HS&S)

The HS&S team have delivered four sessions of managing safety courses to 89 staff and five sessions of corporate induction. The Trust Board also had a session on safety for senior executives. The stress assessment toolkit training continues to be a helpful tool to support managers undertaking stress risk assessment for staff that they manage. The team continue to work collaboratively with the Welsh Ambulance Service team. The collective aim being to provide outstanding occupational health and safety management practice for staff safety and patient care. This has led to positive and ongoing sharing of good practice and the development of cross Trust mentoring.

66 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents have been reported to the Health and Safety Executive (HSE) this year up to August 2023. 35 (53%) of the incidents reported were related to manual handling incidents, 18 (27%) were related to slip, trips and falls incidents. The Trust wide RIDDOR reporting time frame (less than 15 days) compliance in August 2023 was 83%.

The exercise equipment group has concluded a staff survey to better understand what staff would like the Trust to consider in terms of access to fitness equipment facilities. A strategic risk assessment has been undertaken to support the feasibility of fitness equipment at agreed locations, and a predictive risk assessment is in draft for Ilford ambulance station which will be the first location to house exercise equipment as part of a trial site. The next steps will result in the conclusion of the work undertaken by the group, and that physical fitness will be incorporated as part of business as usual within the wellbeing agenda.

A total of 300 physical assaults on staff have been reported until end of August 2023. The greatest number of reported physical assaults (57%) occur due to the clinical condition of the patient; police attended 57% of physical assault incidents. Three successful prosecutions for assault have occurred.

We now have 2,058 staff trained in body worn video cameras and 62 sites live, with 6 sites remaining to be installed.

9.0 Emergency Bed Service (EBS) & Frequent Callers

In August, the EBS team dealt with 3,415 safeguarding and welfare concerns. This continues to be a historically high volume, an increase of 28% on the same period last year. Indications are that this is attributable largely to an increase in child concerns relating to mental health, self-harm and suicidality. A fuller investigation of this will be discussed at the Safeguarding Assurance Group (SAG).

1,074 falls and diabetes referrals were made.

Work continues to develop an electronic method for reporting safeguarding concerns; a business case is being developed and provider options are being explored.

In May, a new GP Notification service was launched for non-conveyed patients, where the assessment findings are communicated by email to the GP together with a link to the relevant paperwork. This is being piloted with South East sector clinicians. Over 140 notifications have been made to date.

694 frequent callers were identified in August. Of these 195 (28%) already have care plans. Following national agreement the definition of a frequent caller has been revised to five incidents per month.

10.0 Resilience & Special Assets (R&SA)

Since the last report, the Trust has responded to:

- Four Significant incidents:
 - Road Traffic Collision (RTC) with 6 patients
 - Road Traffic Collision (RTC) with 4 patients
 - Construction site accident 40 metres below ground with 5 patients and requiring Hazardous Area Response Team (HART). Cold debrief reflected on the environment involved and discussion of the national entry control system for confined space, and the recording of patient treatment and accessing of clinical guidelines at the patient's side in an environment not suitable for an iPad.
 - Heat related incident (Richmond marathon) with 12 patients. HART deployed All Terrain Vehicle to access patients.

- Two Business Continuity Incidents (BCI):
 - Airwave functionality issue
 - Adastra outage

- One large scale public event, Notting Hill Carnival, spanning two consecutive days treating 650 patients in partnership with St John Ambulance. HART tested the new Airbox system for situational awareness in real-time during this event.

A cold debrief was conducted alongside NHS England following the Wimbledon major incident. The key recommendation is to develop an effective process to track patients and their status from scene to hospital. This requires an internal review of the Cleric dispatch system and refresher training with the Incident Response Officers about ongoing reporting during an incident.

In early September, Multi-agency training commenced for the revised Marauding Terrorist Attack (MTA) Joint Operating Principles (JOPs). The training is being delivered to personnel from the London Fire Brigade, Police Services including the Metropolitan, British Transport and City of London and all levels of commanders, specialist advisors and control room managers from the London Ambulance Service. The new national 10 second triage tool is being rolled out to all operational staff, and includes an e-learning package to be delivered in the autumn and a face to face element to be delivered in the spring of 2024.



London Ambulance Service
NHS Trust

Assurance report: **Quality Assurance Committee**

Date: **26/09/2023**

Summary report to:	Trust Board	Date of meeting:	05/09/2023
Presented by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee	Prepared by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee

Matters considered:

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

Body Worn Video Cameras (BWVC)

QAC received an update paper on the rollout of BWVCs noting that distribution of this equipment was underway and all operational ambulance stations would have access to BWVCs by end of September 2023.

Seatbelts

QAC noted that a bulletin had been published requiring, with immediate effect, that when the trolley bed is used to convey a person the Harness must be used in all cases. If an ambulance was found not to have a harness fitted, this was required to be rectified immediately with the vehicle taken out of use.

Patient Safety Incident Response Framework (PSIRF)

QAC received an update on patient safety investigations and thematic reviews closed in June and July 2023 noting that the identified themes and learning points would be taken forward through the various learning channels across the Trust. It was noted that the outcome of two patient safety investigations had been considered in depth at the Patient Safety Incident Sub-Group held just prior to QAC.

QAC noted that overall the Trust was now in a much better place in terms of the number of cases waiting to be reviewed. There were, however, a relatively large number of open investigations partly caused by vacancies within the team that undertakes and supports the reviews.

It was noted compliance with Duty of Candour had improved since Q4 and was currently 89% representing a significant improvement on the previous position.

QAC had spent some time discussing the relationship between handover delays and patient harm incidents and had agreed to review the way the data was presented in order to make the linkage clearer.

Quality Report

QAC had reviewed the August Quality Report noting key points as:

- the number of patient safety incidents had remained above the mean since July 2023. This has been attributed to demand levels remaining high, combined with an improved reporting culture. Further analysis is being undertaken but it was noted that the top three incident categories remains stable.
- overdue safety investigation actions remain high and of concern, with improvement work continuing to recover this position.
- overall, the number of overdue incidents continues to reduce
- safeguarding training compliance is under target for level 2 at 73% at Trust level.
- statutory and mandatory training compliance is 89% for July
- the number of policies in date is in a significantly better position

QAC noted that the top 3 incident categories in July 2023 were medicines management, security (violence, aggression and abuse) and medical equipment. The number of medical equipment incidents has been decreasing the last few months although this might be common cause variation rather than an actual improvement.

It was noted that there had been an improvement in issues associated with medical equipment but this improvement had been offset by efforts to put more ambulances on the road. By Xmas the additional vehicles should all be in place and a pilot would be undertaken in two sites around 'tethering' vehicles to the group who would 'own' the vehicles alongside responsibility for vehicle preparation and the Make Ready team. This should have the effect of reducing medical equipment errors.

Turning to health & safety and reference to the number of staff being attacked in the course of their work, it was noted that there was no evidence in relation to whether or not the wearing of BWVCs increased the chance of being attacked, but that proved helpful in securing convictions.

999 Performance Improvement

QAC had noted that whilst LAS 999 performance relating to C1 is consistently good, there were ongoing challenges in relation to C2 response times. A number of improvement measures had been put in place, including the C2 validation pilot, increasing resourcing and overtime incentives, in order to achieve a sustained response. Data analysis for June and July demonstrated that there has been a reduction in the number of long waits but there were still some patients waiting over 100 minutes and clinical safety oversight measures previously outlined to QAC remained in place for this group.

Focussed work was being undertaken around variation in C2 response times over the course of the day which had demonstrated that the most challenged times are shift handovers in the morning and evening. The roll out of Teams Based Working, with overlapping rotas, should ensure the additional cover required to reduce the impact of handovers.

Annual Reports

QAC had reviewed three annual reports:

- Safeguard Annual Report
- Annual Clinical Audit Report
- DIPC Annual Report

Lucy Letby Verdict

QAC had received a paper summarising the incidents that had led to the conviction of LL and the key emerging themes that relate firstly to patient safety concerns, governance and speaking up and, secondly, patient safety incident reporting and investigation.

In relation to Patient safety concerns, governance and speaking up, it was noted that NHSE had written to Trusts to remind of the importance of listening to concerns and following whistleblowing procedures, and had made five specific recommendations in relation to supporting staff to enable them to speak up.

QAC had confirmed that LAS has a full time FTSUG, an executive lead for safeguarding and a NED lead for FTSU, meaning that there were a number of forums through which concerns could be raised. An action plan was already in place to improve the FTSU service in response to the national Speaking Up report, and work was underway on looking at better reporting and how to use the available data most effectively. In addition, the Board would be receiving a development session from the National FTSUG in February 2024.

In addition, the FTSU team was being increased in size and would be proactively spending time in different parts of the organisation and would be reviewing if more could be done in terms of incidents raised.

It was confirmed that work was underway to pull together everything currently being done in relation to the two key themes and a gap analysis would then be undertaken to identify areas that might need further review.

Medical Director – Clinical Governance

It was confirmed that a Medical Director was being seconded into LAS as Medical Director for Clinical Governance and would, once in post, attend QAC meetings.

Risks:

Board Assurance Framework

QAC was noted to have four risks on the BAF:

- We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.
- We may not achieve Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC
- Our 111 services may not achieve timely call back and clinical assessment
- We may not achieve our quality account standards

The main concern was the risk relating to achievement of the quality account standards where significant improvements were required against a number of indicators.



Report Title		Quality Report			
Meeting:	Trust Board				
Agenda item:	5.1.3	Meeting Date:	26 th September 2023		
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer				
Report Author:	Various Authors				
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval	
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Information	
Report Summary					
<p>The number of patient safety incidents has remained above the mean since July 2023. This has been attributed to demand levels remaining high, combined with an improved reporting culture. Further analysis is being undertaken to examine the concerning special cause variation (shift). 78 incidents were assessed against the Trust PSIRP in July, leading to 11 enhanced investigations being commissioned. Themes include delayed attendance, non-conveyance and clinical assessment. Overdue safety investigation actions remain high and of concern, with improvement work continuing to recover this position. A focussed piece of work is taking place to resolve this shortly.</p> <p>The top 3 incident categories in July 2023 were medicines management, security – violence, aggression and abuse and medical equipment incidents for 999 services, and communication, care and consent, call handling and clinical assessment/ advice for 111 services. The number of overdue incidents continues to reduce overall, with 999 overdue incidents down to 671, down from 794 and IEUC overdue incidents at 111 for July.</p> <p>Safeguarding training compliance is at 92% for level 3, however under target for level 2 at 73% at Trust level. IEUC have implemented a successful improvement plan and are now compliant in L2, further support is required to improve compliance in EOC and an improvement plan has been commissioned. Statutory and mandatory training compliance is 89% for July. There is focussed work being undertaken to support compliance with training within NETS and make ready. Special cause variation (improving) is evident in PDR compliance levels, which were 76% for July, further improvement is required to achieve the target of 85%</p> <p>50% of complaints were closed within time for the 3rd month running and the team continue to aim for the 75% trust target. Improvements have been made in the way in which learning is captured and shared using the incident management system, which is anticipated to enhance the quality of reports and effectiveness of learning.</p>					
Recommendation/Request to the Board/Committee:					
The Board is asked to note, discuss and approve the Quality Report.					
Routing of Paper i.e. previously considered by:					
Clinical Quality Oversight Group – 5 th September 2023 Quality Assurance Committee					



London Ambulance Service – Quality Report



Report for discussion at the Trust Board
Analysis based on July 2023 data, unless otherwise stated
To be read in conjunction with the Integrated Performance Report



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2. Effective	<ul style="list-style-type: none"> NICE Guidance AQI and Clinical Audit PDR & MCA Training EOC Call Handling Quality Assurance Language Line NEL & SEL Audit Overview 	25 26-28 29 30 31 32-33

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Quality Report Summary

SAFE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of No Harm 999 Incidents	Jul-23	430			Incidents: The number of no harm incidents returned to the mean with the top 3 no harm categories remaining the same in July 2023. These were Medical Equipment (66, down from 73 in May), Clinical Treatment (55, down from 63 in May) & Dispatch & Call (45, down from 55 in May). Moderate harm incidents have increased
Number of No Harm 111 Incidents	Jul-23	203			The number of No harm incidents reported within IUEC has fallen since May, returning closer to the mean. There has been a delay in closing overdue incidents due to staffing levels in the Governance team which have now been rectified. The top 3 incident categories remained the same in July 2023 and were noted as Communication, Care & Consent (99), Call Handling (75) and Clinical Assessment/Advice (24).
OWR Hand Hygiene Compliance	Jul-23	98%			Hand Hygiene: The compliance rate for July 2023 remained at 98% and this score continues to exceed the Trust performance target (90%). Four stations did not submit data this reporting period (Hillingdon, Brent, Deptford and St Helier). Overall submission for July was 229, up from May which was 191. 12 out of the 16 stations who submitted scored 100% in their audits and this has been escalated for review for accuracy.
Premises Cleaning Audit	Jul-23	95%			Premises cleaning: Overall Trust compliance for July increased very slightly from 94% to 94.9% and continues to exceed the Trust performance target of 90%. 2 stations did not achieve the minimum score of 90%. These were Edmonton (75.81%) and Hanwell (87.69%). Both IUEC and EOC have been actioned with submission improvements.
Patient Safety - Medical Equipment Incidents	Jul-23	122			Medical equipment incidents: The top 3 incident categories in July 2023 remain the same although the top 2 have switched positions- Medicines Management incl CD (222 up from 134), Security, violence, aggression and abuse (167 down from 190) and Medical Equipment (122 up from 104). This change could be attributed to the QGAMs proactively managing CD incidents and errors. The number of medical equipment incidents has been decreasing the last year indicating special cause variation from Aug'22 onwards.
Overdue 999 Incidents	Jul-23	671			Overdue Incidents: There are 671 overdue incidents (down from 794) which have been open on the system longer than 35 days (this excludes SIs, PSIs & PSRs). This breaks down further to: 325 Patient incidents, 145 Staff incidents, 192 Trust related incidents and 9 visitor incidents. During July 2023 the number of incidents reported was higher than the average and the number of incidents moved to Quality Check was also higher than the average.
Percentage of Safeguarding Training - Level 3	Jul-23	92%			Safeguarding Level 2 & 3 Training: Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Safeguarding training (Level 1 Trust wide) is at 92%, Level 2 Adult and Children for EOC/111 is 73% and Level 3 Trust wide is 92%.
Statutory & Mandatory Training Compliance	Jul-23	89%			Statutory & Mandatory Training: This has increased slightly from the last reporting period from 86% to 89% and remains above the 85% target. The Trust achieved an average of 85% for the period of April 2022 to March 2023. The highest training level is Information Governance at 95.87% compared to the lowest (Moving & Handling Level 2-Load Handling (3 years) at 3.75%.

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



Quality Report Summary

EFFECTIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
ROSC to Hospital (AQI) - Reported 4 Months in Arrears ROSC At Hospital	Mar-23	26%			In March 2023, the LAS attended 1,055 patients in cardiac arrest and attempted resuscitation for 362. 26.0% of patients achieved ROSC which was sustained to hospital arrival, below the national average of 27.8%. LAS was the second-best performing Trust in terms of overall survival, with 9.4% of patients surviving for 30 days against a national average of 8.3%.
Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	Mar-23	01:33:00			In March 2023, the LAS achieved a time of 01:33 for the call to arrival at hospital measure which was 10 minutes longer than the previous month but exceeds the national average of 01:39. As a result, the LAS has been ranked 4 th place against other ambulance services after being in the top 2 for 3 consecutive months
MCA Level 1 Training	Jul-23	91%			MCA Level 1 Training: is 91% with the current eLearning provides both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed.
Personal Development Review (PDR) Compliance	Jul-23	67%			In July, the PDR compliance dropped from 70% in the last reporting period to 67%.
CPI - Completion Rate (% of CPI audits undertaken)	Jun-23	72%			CPI Completion rates: Completion rates for June 2023 were at 72% and still remain below the target of 95%. The lowest area of completion was Deptford and Croydon at 21% compared with Romford, Bromley, MRU and Cru all achieving 100%. All aspects of documented care were above the 95% target except sickle cell compliance which was at 93%. Staff feedback (face to face) for June 2023 was 246 with the YTD total at 826.
Operational Workplace Review (OWR) compliance:	Jul-23	63.55%			OWR: This is currently at 63.55% for July 2023 Trust wide. This remains below the Trust target of 85% and further action is required.

RESPONSIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of Complaints	Jul-23	91			Complaints: The Patient Experience team have maintained closing over 50% of complaints in time for the last three months and continue to aim for 75% compliance as per the Trust target. The total number of complaints overdue is 55/146 (37%) and is continuing to be closely monitored. 66 complaints were due in July 2023, 53% were responded to in time.

WELL - LED

KPI	Latest Month	Measure	Variation	Assurance	Comment
Percentage of all risks reviewed within 3 months	Jul-23	93%			The Trust's compliance is 93.1% for risks reviewed within the last 3 months which is above the 90% target. 100% of risks were approved within 1 month (target 90%)
Percentage of policies in date	Jul-23	79%			There are 71 (79%) policies in date across the Trust which is an increase of 13 since the last reporting period. 19 (21%) of policies remain overdue.

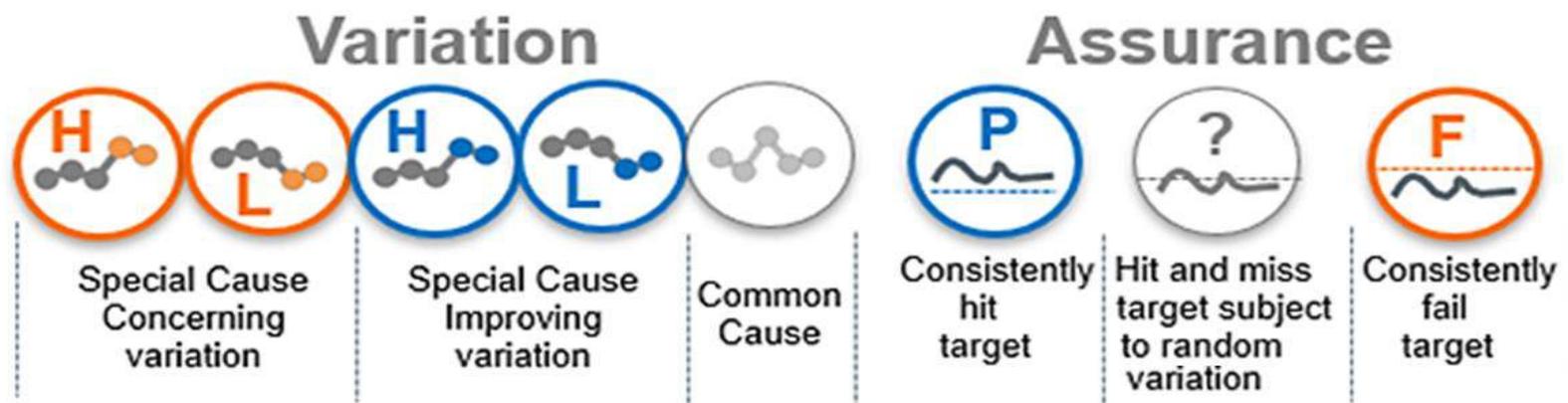


Statistical Process Control (SPC) - Explained

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

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

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



1. Safe

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

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

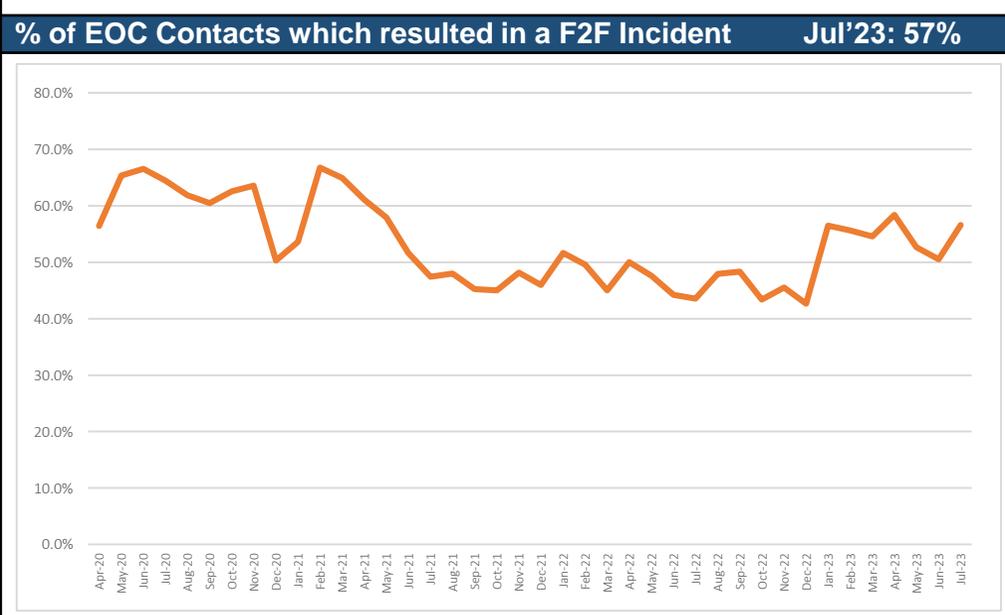
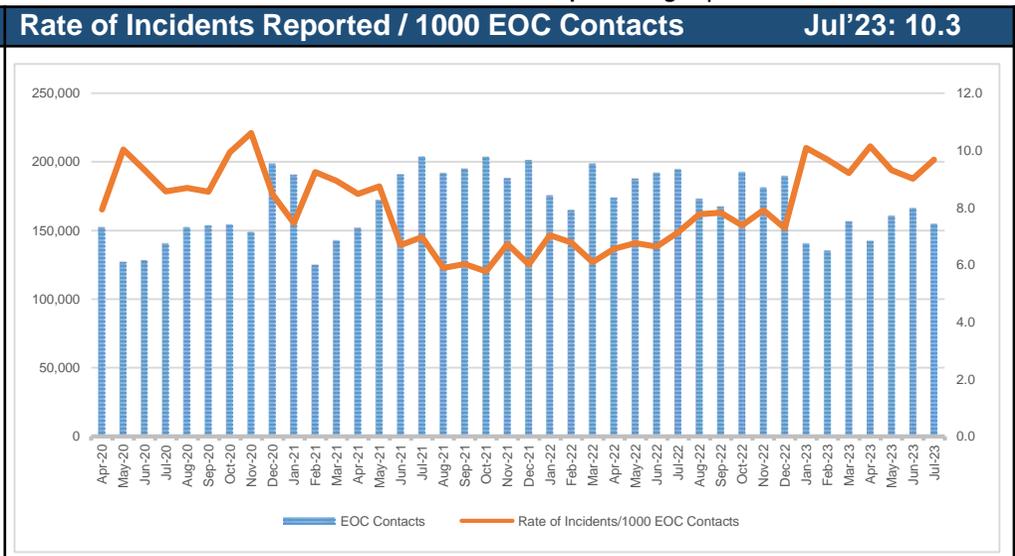
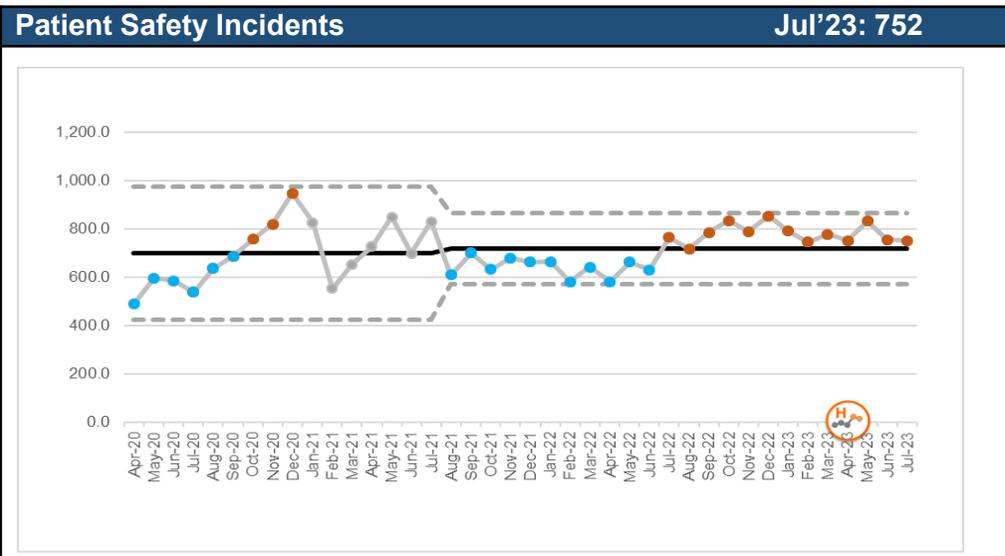
- Patient Safety
- Infection Control
- Medicine Management
- Safeguarding
- Health and Safety
- Clinical & Non Clinical Claims and Legal Inquests
- Outcome of Quality Visits (Environmental & Equipment)
- Statutory and Mandatory Training

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

1. Safe - Patient Safety Incident Reporting Context

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

Owner: April Wrangles | Exec Lead: Dr. John Martin



Analysis

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

Between Aug'21 – Jun'22, the overall number of patient safety incidents reported had been below the mean, however the last few months this has increased which can be attributed to recent demand levels, the implementation of the new CAD system Cleric in September 2022 and a positive reporting culture.

In July 2023 there were 154,581 EOC contacts, of which 57% resulted in a face to face incident.

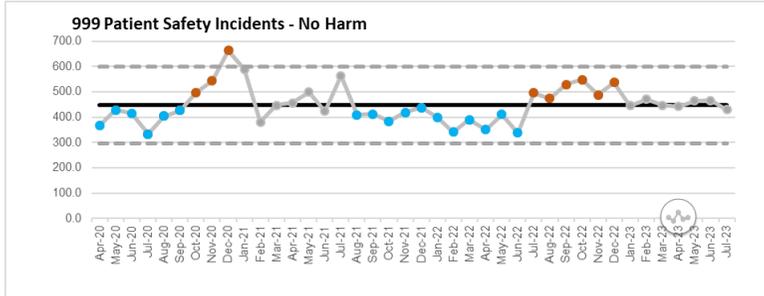
1. Safe – 999 Patient Safety Incident Management

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

Owner: April Wrangles | Exec Lead: Dr. John Martin

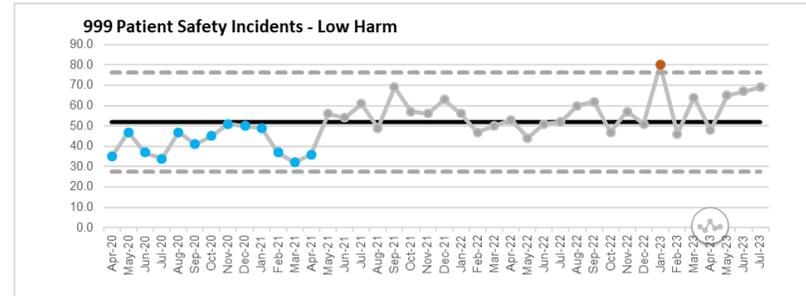
No Harm Incidents

Jul'23: 430



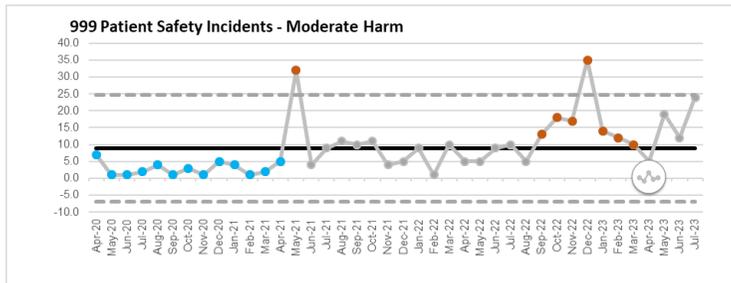
Low Harm Incidents

Jul'23: 69



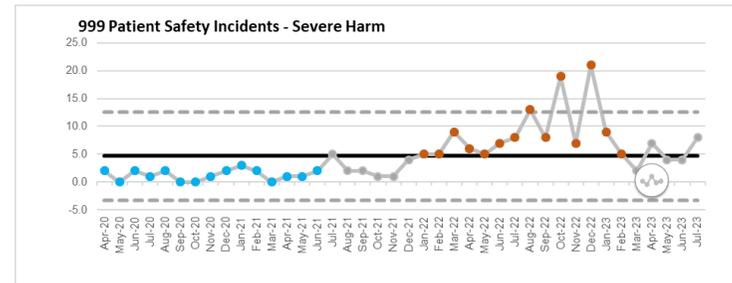
Moderate Harm Incidents

Jul'23: 24



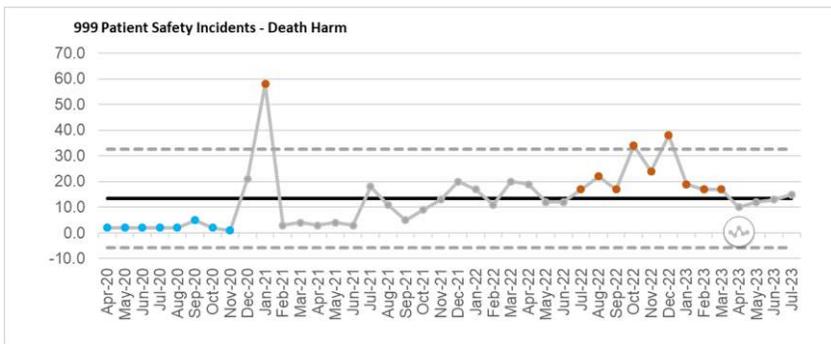
Severe Harm Incidents

Jul'23: 8



Death Harm Incidents

Jul'23: 15



Analysis of SPC Charts

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

The number of no harm incidents reported has returned to the mean. The top 3 no harm categories in July 2023 were Medical Equipment (66), Clinical Treatment (55) & Dispatch & Call (45) (compared to 179 in December 2022).

The number of moderate harm incidents has increased.

There continues to be a high number of incidents reported as death which can be attributed to delays occurring due to the high levels of demand; 53% of the incidents reported as Death* in July were categorized as Dispatch & Call. These incidents undergo a Learning from Death (LfD) Review, and where appropriate these can be referred on for enhanced investigations under the PSIRF.

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

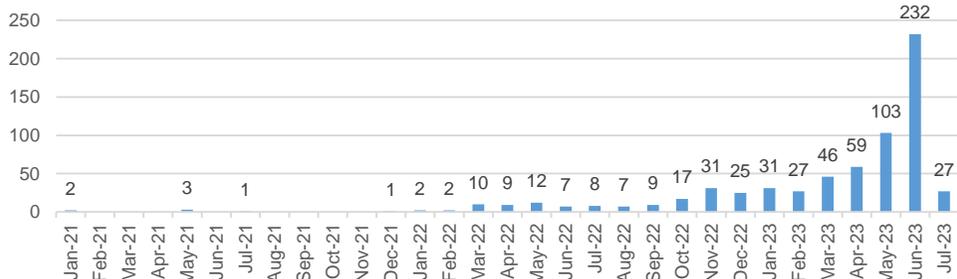


1. Safe – 999 Overdue Incidents

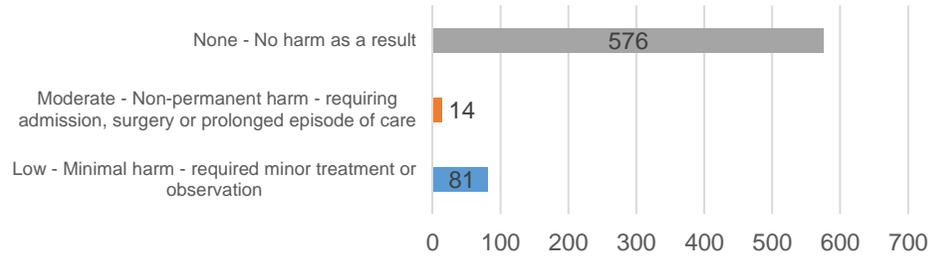
The number of overdue incidents on the Trust’s risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

Owner: April Wrangles | Exec Lead: Dr. John Martin

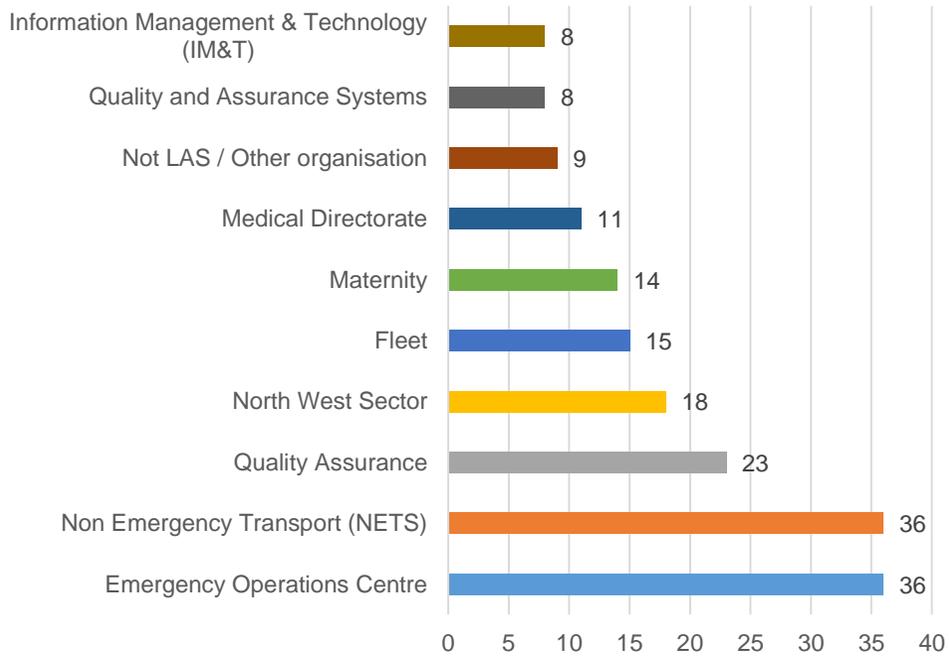
Overdue Incidents by Reported Date



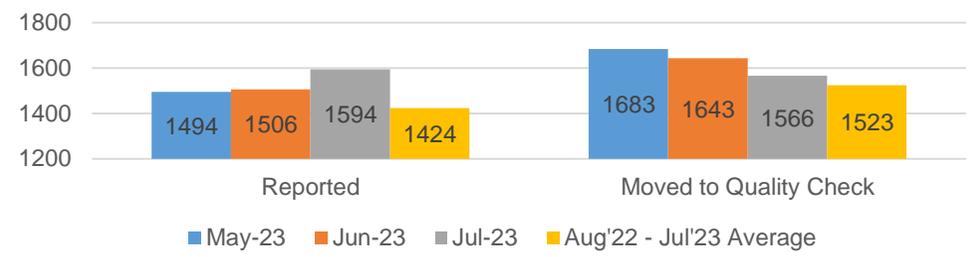
Overdue Incidents by Level of Harm



Top 10 Away for Review Overdue Incidents by Investigation Department



Current Incident Flow vs 12 Month Average



Analysis

There are 671 incidents (as of 07/08/2023) which have been opened on the system longer than 35 working days (this excludes incidents which are subject to an enhanced investigation i.e. PSII, PSR). This breaks down to:

- 325 Patient incidents
- 145 Staff incidents
- 192 Trust related incidents
- 9 visitor incidents

On average between Aug22 – Jul'23, 1424 incidents were reported monthly on the system and 1523 incidents were investigated and moved to Quality check for final closure. During July 2023 the number of incidents reported was higher than the average and the number of incidents moved to Quality Check was also higher than the average.

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

The improvement seen following the recent focus on overdue incidents has plateaued. A quality improvement project has been commissioned in response to this.

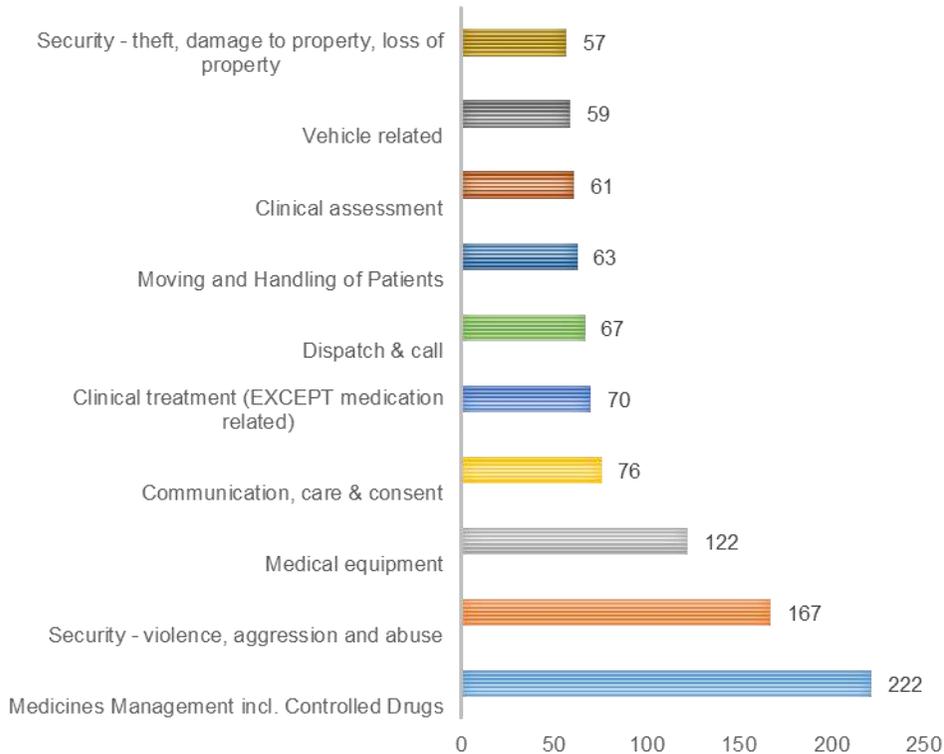


1. Safe – 999 Incident Category Analysis

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

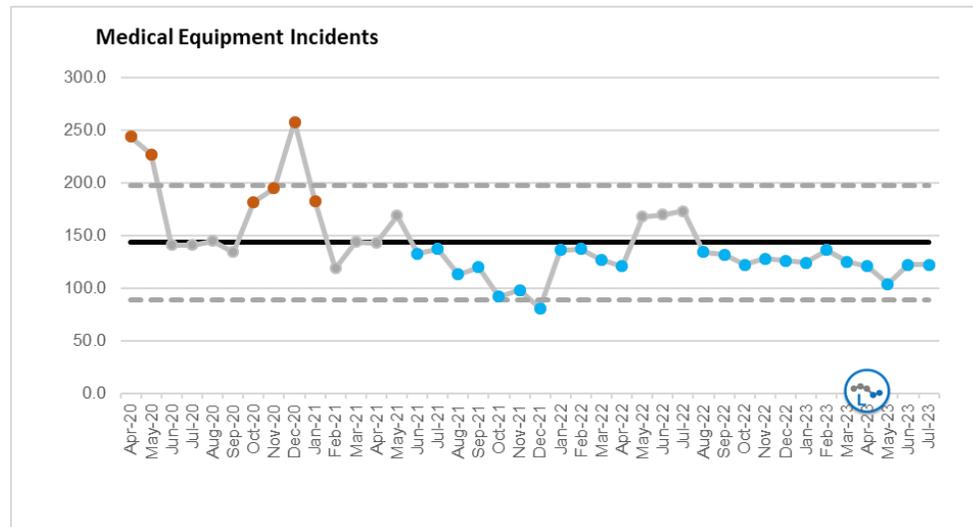
Owner: April Wrangles | Exec Lead: Dr. John Martin

Top 10 Incident Categories July 2023



Medical Equipment Incidents

Jul'23: 122



Analysis

The top 3 incident categories in July 2023 were Medicines Management, Security – violence, aggression and abuse & Medical Equipment.

The number of medical equipment incidents has been decreasing the last few months indicating special cause variation (improvement) Aug'22 onwards.

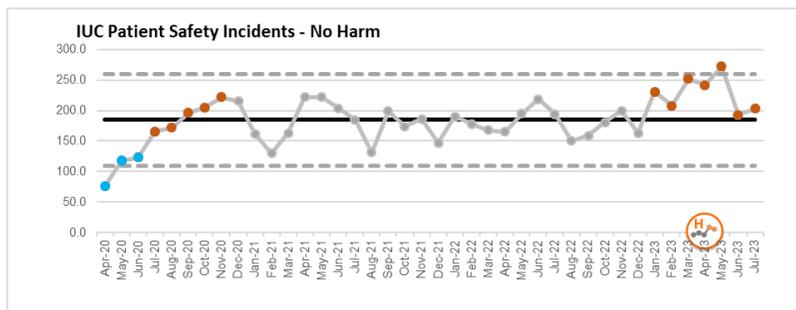


1. Safe – IUC Incident Management

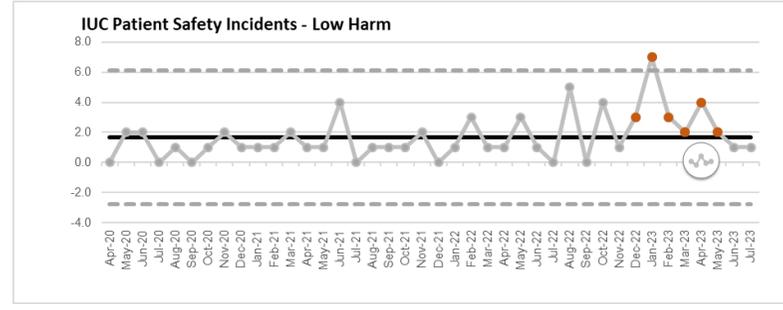
The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

Owner: April Wrangles | Exec Lead: Dr. John Martin

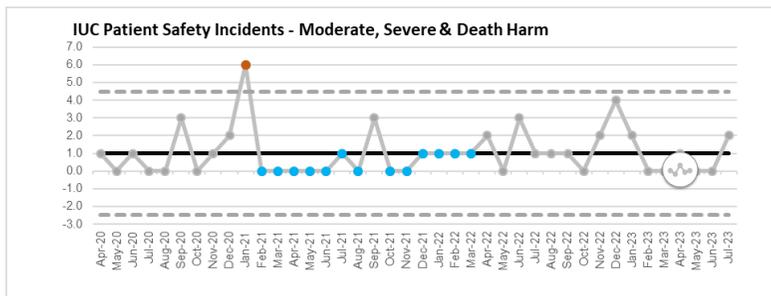
No Harm Incidents Jul'23: 203



Low Harm Incidents Jul'23: 1



Moderate, Severe & Death Harm Incidents Jul'23: 2



Analysis of SPC Charts

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

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

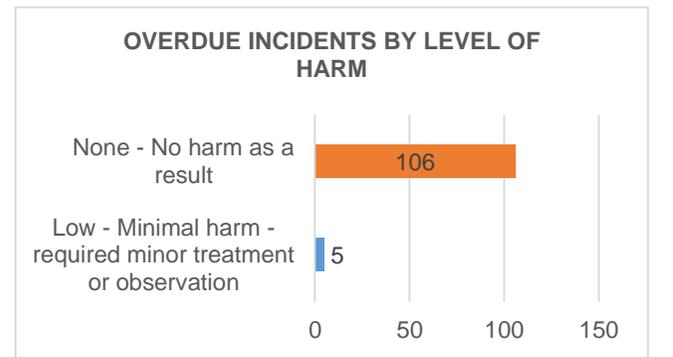
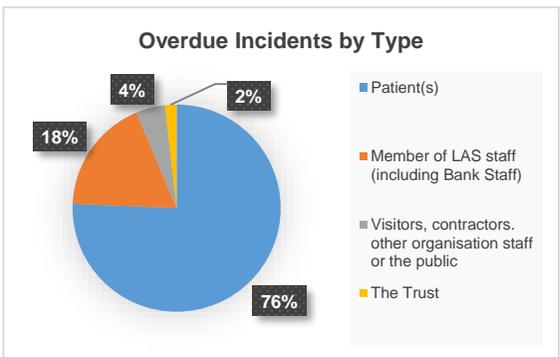
The number of incidents reported within IUC has significantly increased the last few months for both No Harm & Low Harm incidents. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix,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

Incident Management

There are 111 incidents (as of 07/08/2023) which have been open on the system longer than 35 working days, (this excludes PSIs & COVID-19 reviews)

- This breaks down to:
- 84 Patient incidents
 - 20 Staff incidents
 - 5 Visitor Incidents
 - 2 Trust related incidents.

81% of incidents are in the Local Review stage
19% of incidents are in the Away for Review stage
95% of incidents have been classified as No Harm



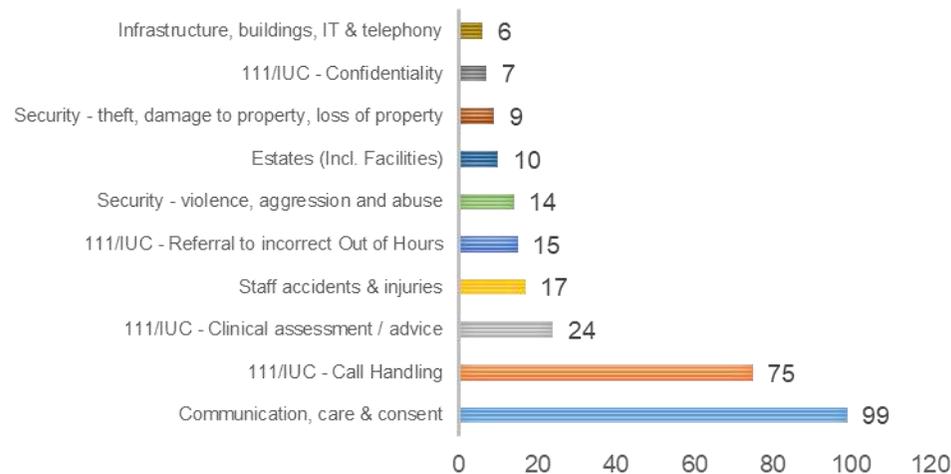


1. Safe – IUC Incident Management

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

Owner: April Wrangles | Exec Lead: Dr. John Martin

Top 10 Incident Categories July 2023



Analysis

The top 3 incident categories in July 2023 were Communication, Care & Consent, Call Handling and Clinical Assessment/Advice.

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

Theme Management

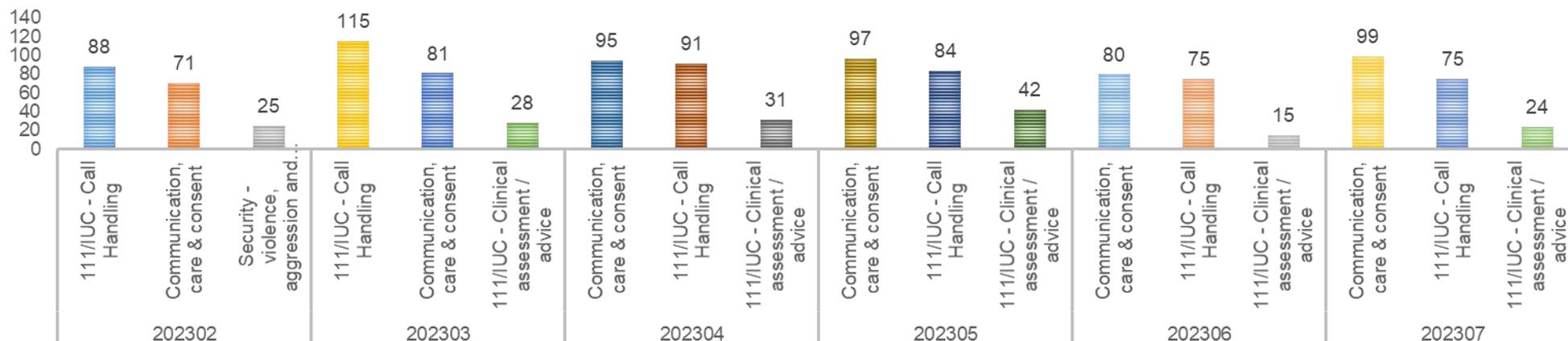
Communication Care & Consent

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

Call Handling

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

Feb'23 – Jul'23 Top 3 Categories by Month



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

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

Owner: April Wrangles | Exec Lead: Dr. John Martin

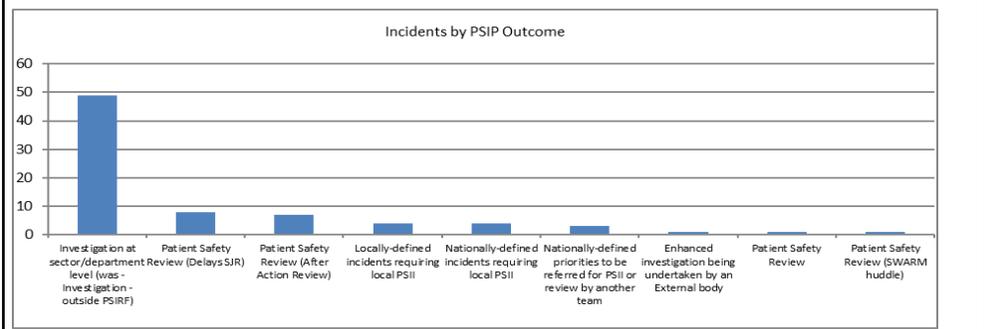
During July 2023, a total of 78 (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident Response Plan (PSIRP).

Of these 78, 11 were identified as requiring an enhanced level of investigation. The breakdown of the 11 is as follows:

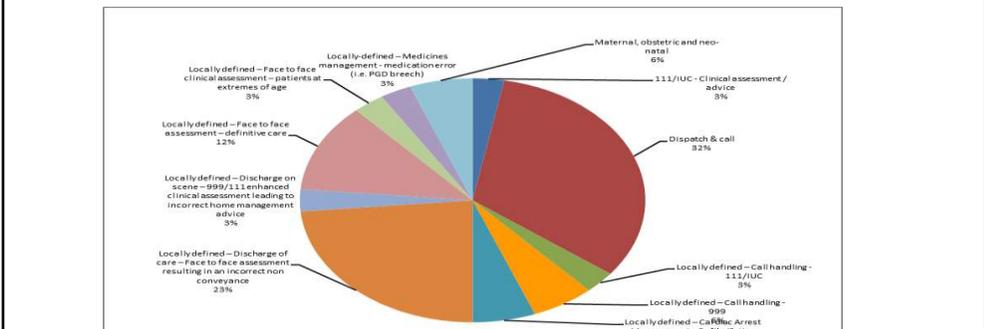
National Priority – Patient Safety Incident Investigations (PSII)	Local Priority – Patient Safety Incident Investigations (PSII)
<ul style="list-style-type: none"> 4 incidents met the nationally - defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care. 3 incidents met the nationally – defined priority to be referred for PSII or review by another team including HSIB. 1 Enhanced investigation being undertaken by an External body 	<ul style="list-style-type: none"> 4 incidents met the locally - defined priority requiring an internal investigation.

Patient Safety Review (Non PSII)	Local Review
<ul style="list-style-type: none"> 1 incident did not meet the Trust’s PSIRP and is being investigated as a PSR – Case Review. 7 incidents did not meet the Trust’s PSIRP and is being investigated as a PSR – After Action Review. 8 incidents did not meet the Trust’s PSIRP and is being investigated as a PSR – Structured judgement review into Delays. 1 incident did not meet the Trust’s PSIRP and is being investigated as a PSR – Swarm. 	<p>The remaining 49 incidents were referred to Sector/Department management teams to continue with a local investigation.</p> <p>The following mitigating actions have taken place:</p> <ul style="list-style-type: none"> Continual monitoring of 10D2 and 10D4 determinants, with weekly email bulletin communicated referencing the use of FRU's for these determinants. Themes from patient safety incident have been shared with managers via the Monthly Managers Incident and Learning meeting which is hosted by the Quality Improvement and Learning Team.

Incidents by PSIP Outcome



Themes of incidents discussed under PSIRF





1. Safe – Safety Investigation Actions

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

Owner: April Wrangles | Exec Lead: Dr. John Martin

Overdue Actions Update: July 2023

There continues to be a focus on SI, PSII and PSR actions, at the end of May there were 151 open actions, of these 71 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

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

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

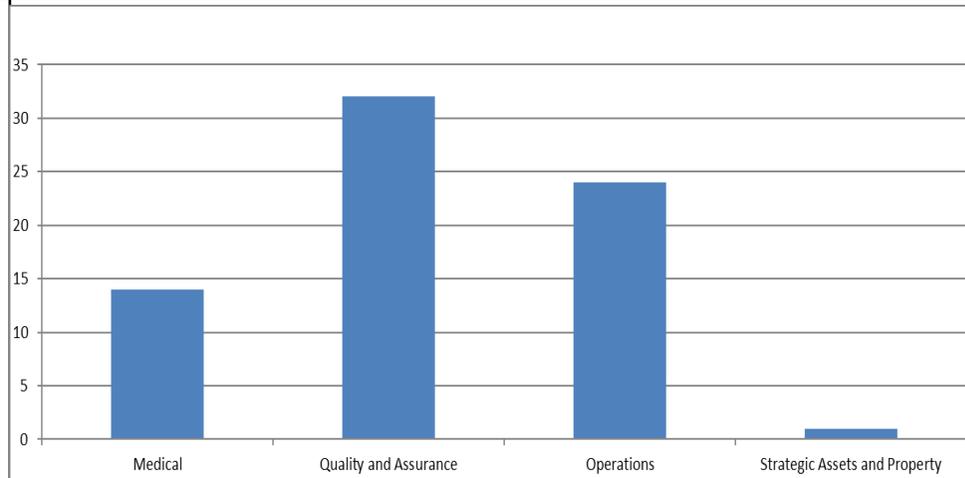
- **Action: OP60 to be updated – Procedure 3**

Update: Original due date: 31st October 2019. Procedure is in the process of being approved.

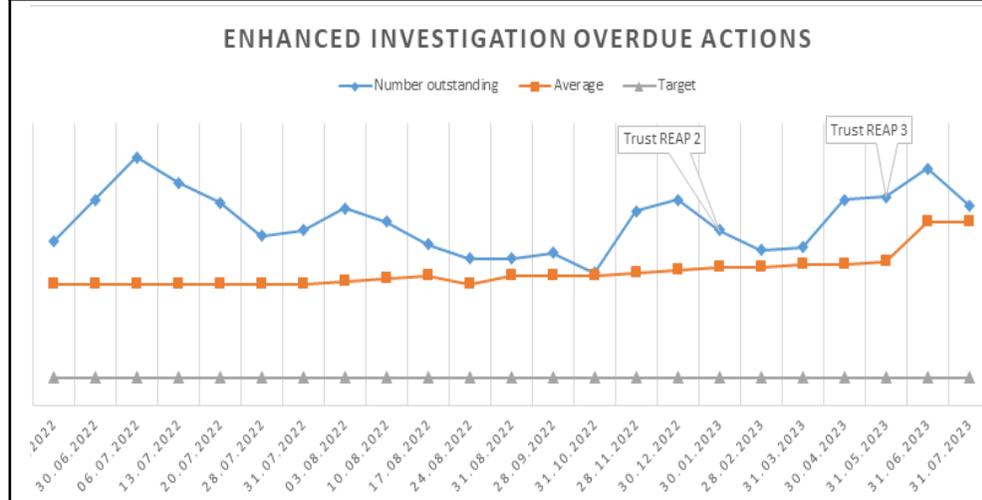
- **Action: Consideration given to revising OP60 with regards to what constitutes new information**

Update: Original due date – 31st October 2019. Procedure is in the process of being approved.

Open Actions by Directorate



6 Month Rolling Overdue Actions

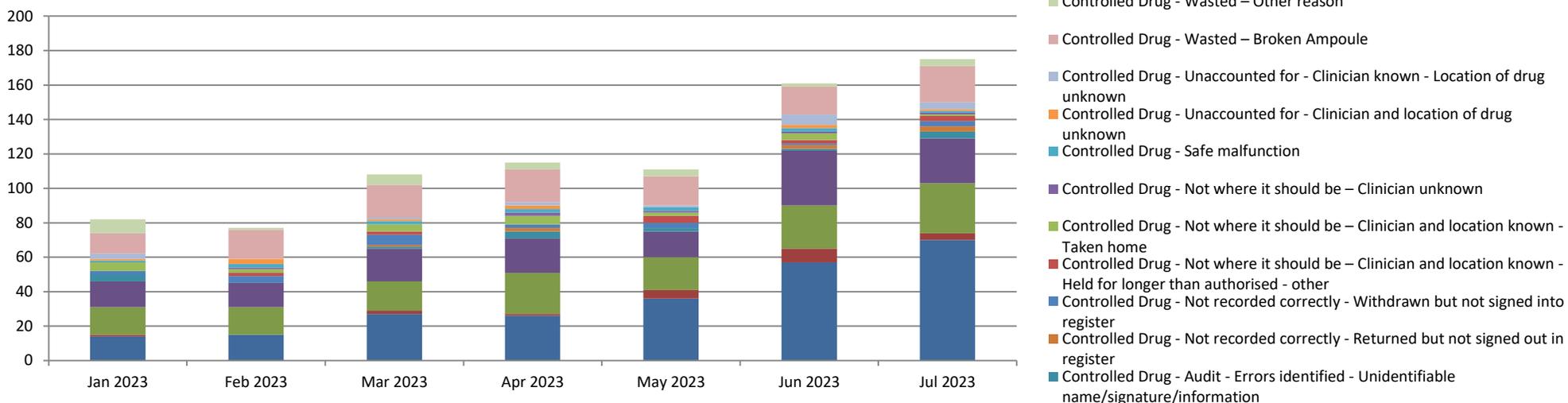




1. Safe - Medicine Management

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

BI Controlled Drug Report



Analysis

- No unaccounted loss of morphine
- Other controlled drug (CD) incidents
 - Abloy key loss (n=1), CD safe malfunction (n=3) or CDs left unsecured (n=4)
 - Documentation errors (n=141)
 - Breakages (n=20) or wastage (n=4)
 - Morphine retained off duty (n=5)
 - Inappropriate administration of or reaction to morphine (n=7)
- Other incidents
 - Drugs left unsecured (n=8), loss or theft (n=4), damage (n=8) or missing from pack (n=3)
 - Documentation errors (n=4) and Kitprep discrepancies (n=11)
 - Drug contamination (n=2) or supply issues (n=2)
 - Inappropriate administration of GTN (n=3), adrenaline (n=9), diazepam (n=6), hydrocortisone (n=4), paracetamol (n=3), TXA (n=2), glucose (n=1), ipratropium (n=1), aspirin (n=1), amiodarone (n=1), naproxen (n=1), ondansetron (n=1), oxygen (n=1)
 - Non LAS prescriber issues (n=7) and reports of psychoactive drugs (n=2)

Assurance & Actions

Assurance

- No unaccounted for loss of morphine
- Drugs retained off duty identified promptly
- Reduction in breakages and morphine retained off duty

Actions

- Review of potential forthcoming drugs shortages and mitigating actions put in place
- Multi-dose drugs pack trial commenced.



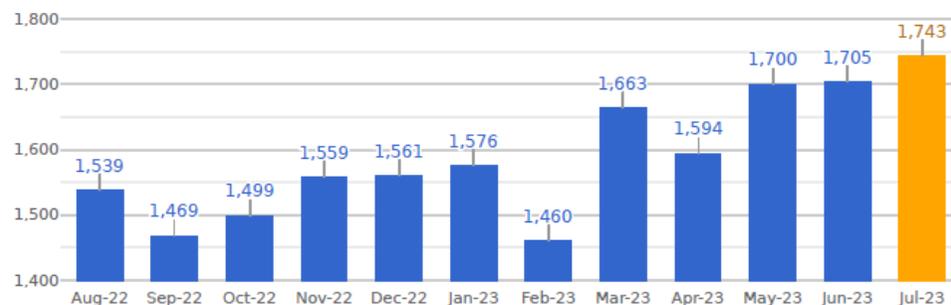
1. Safe - Medicine Management Audits

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

Number of Inspections

Jul'23: 1743

Total monthly inspections (last 12 months)



Assurance & Actions

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

R&SA undertaking work relating to number of APP audits undertaken. The APP operational capacity to undertake these audits differs to regular Group Management Teams.

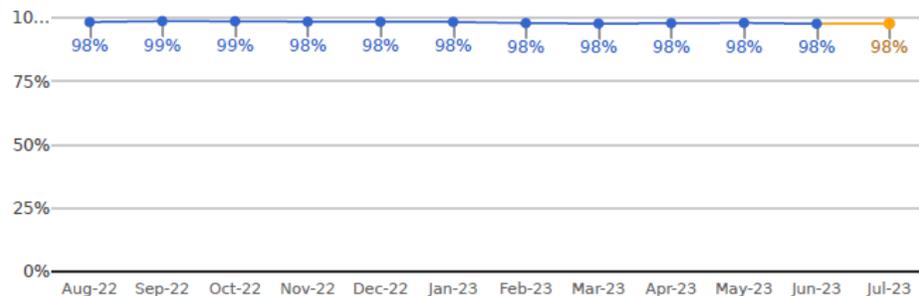
Action plans for lowest scoring stations / areas sit with respective SMT / QGAMs

Average Inspection Score

Jul'23: 98%

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

Average score (last 12 months)



Ranking of Clinical Areas

Highest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
1	APP Barnehurst	100% (1)	100% (4)
2	APP Brent	100% (1)	98% (5)
3	APP Friern Barnet	100% (5)	99% (29)
4	APP Westminster	100% (1)	100% (20)
5	Battersea	100% (31)	99% (342)

Lowest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
60	Hanwell	95% (33)	98% (379)
61	Islington	95% (31)	98% (309)
62	Kenton	95% (21)	97% (289)
63	New Malden	95% (34)	96% (359)
64	Putney	90% (31)	97% (352)



1. Safe - Safeguarding

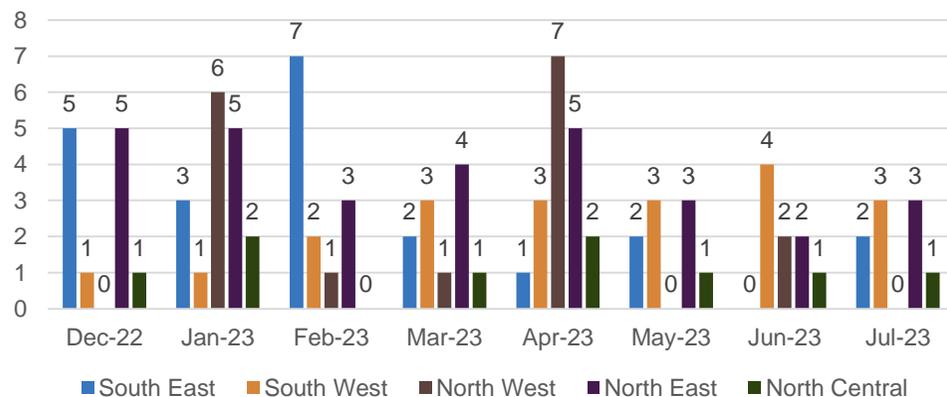
Owner: Alan Taylor | Exec Lead: Dr. John Martin

Safeguarding Adults and Children Level

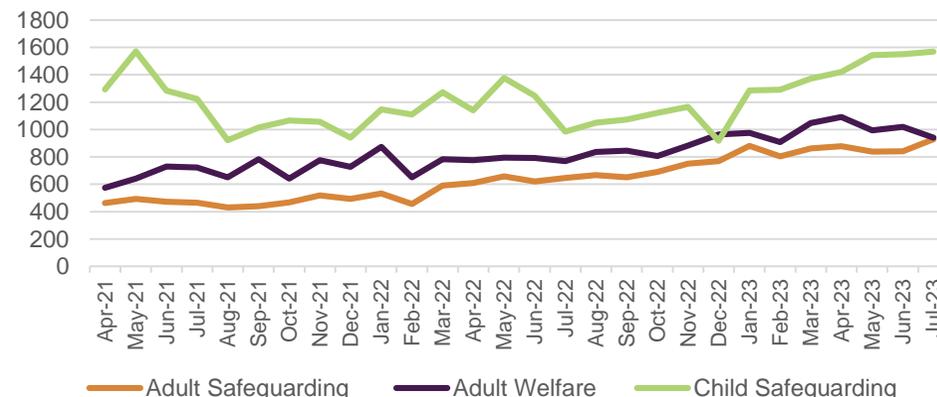
Compliance on Safeguarding Level 2 & Level 3 has been set at 85% by end of year in agreement with commissioners. Recovery plans are in place for level 2. Level 1 & Level 3 achieved compliance.

Standard 2: Training in Adults & Children Safeguarding & Workforce July 2023	Trust wide
Safeguarding Children & Adult Training Level 1 (Trust wide)	92%
Safeguarding Adults & Children Level 2 (EOC/111)	73%
Safeguarding Adults & Children Level 3	92%

Joint Agency Response Service Numbers Attended



Safeguarding Referrals



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

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



1. Safe – Safeguarding DBS Checks

Owner: Chris Randall | Exec Lead: Damian McGuinness

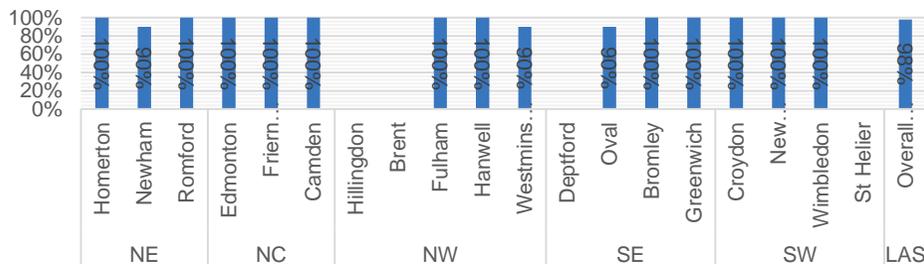
TEAM	COMPLIANCE				Frontline	Non-frontline	Classroom
	Total number requiring DBS checks	Total number of recorded DBS checks	Percentage	DBS check to be completed			
Ambulance Services	4479	4479	100.0%	0			
Integrated Patient Care	1351	1351	100.0%	0			
Non-Clinical (Corporate Teams)	309	300	97.1%	9		2	7
Emergency Responders	83	83	100.0%	0			
Ambulance Services (Bank)	370	370	100.0%	0			
Total	6592	6583	99.9%	9	0	2	7



1. Safe - Infection Prevention and Control

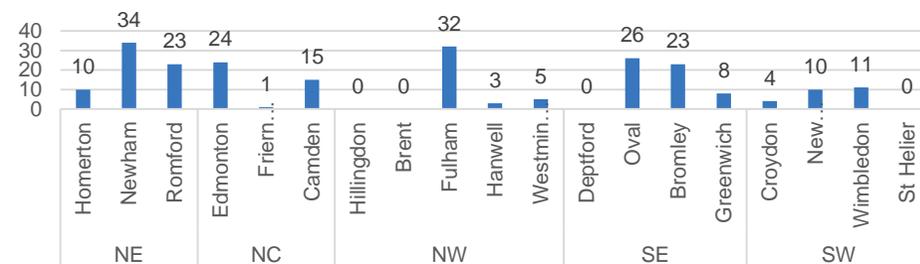
Owner: Claire Brown | Exec Lead: Dr. Fenella Wrigley

OWR Hand Hygiene Compliance Jul'23: 98%



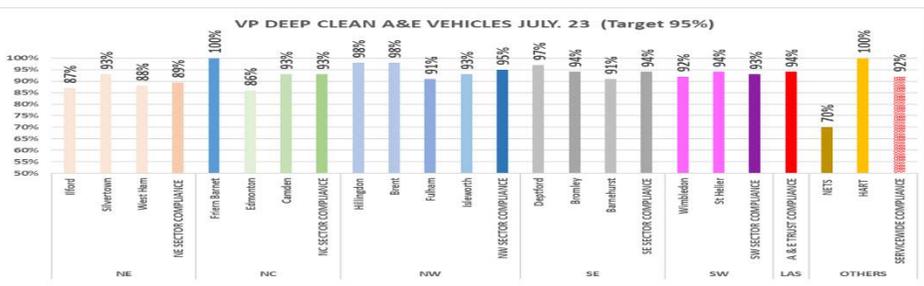
The overall Trust OWR hand hygiene compliance for July is reported at 98%, exceeding the Trust target of 90%. 12 of the 16 stations reported IPC OWR compliance as 100%. The IPCT have escalated a request for these results to be re-reviewed for assurance of the reporting accuracy, acknowledging the transition of this data to InPhase.

OWR Hand Hygiene Submissions Jul'23: 229



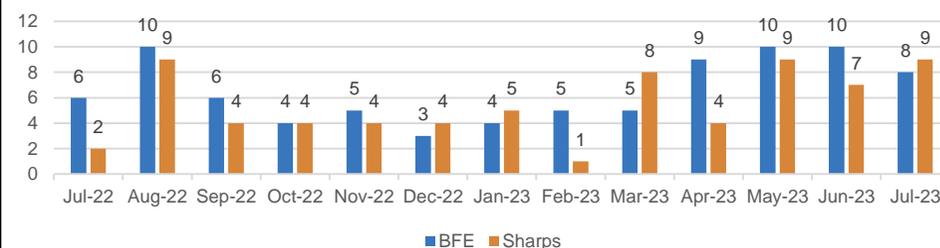
15/19 group stations submitted OWR data for July 2023. Overall submissions totalled 229

VP Deep Clean A&E Jul'23: 94%



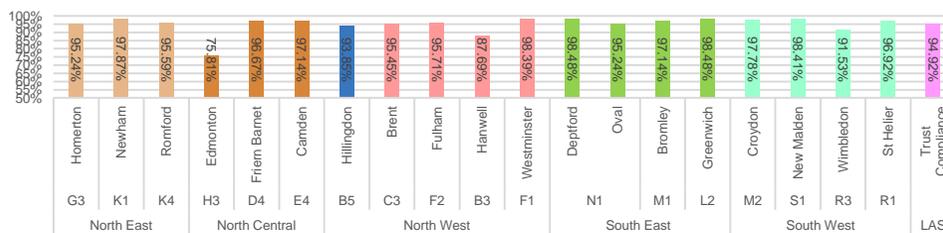
Emergency vehicle compliance for July 2023 was reported at 94%, under the Trust performance target of 95%. Overall Trust compliance for July 2023 was reported as 92%, remaining under the Trust performance target of 95%.

Body Fluid Exposure & Contaminated Sharps Incidents Jul'23: 18



A total of 18 incidents were reported via Datix for contaminated sharps injuries and exposure to body fluids (BFE) during July 2023. Of these, 17 were deemed to be a true body fluid exposure or contaminated sharps injury.

Premises Cleaning Audit Jul'23: 95%



Overall Trust compliance for July 2023 was 94.9% achieving the Trust performance target of 90%.

Infection, Prevention & Control Training

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

Performance achieved in July 2023:

- Level 1 – 92.48% compliance, meeting the Trust compliance target.
- Level 2 – 92.83% compliance, meeting the Trust compliance target.

Assurance:

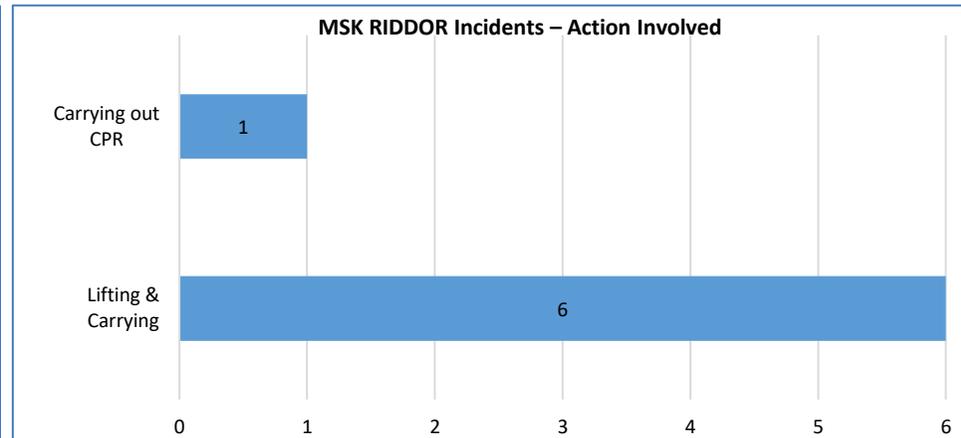
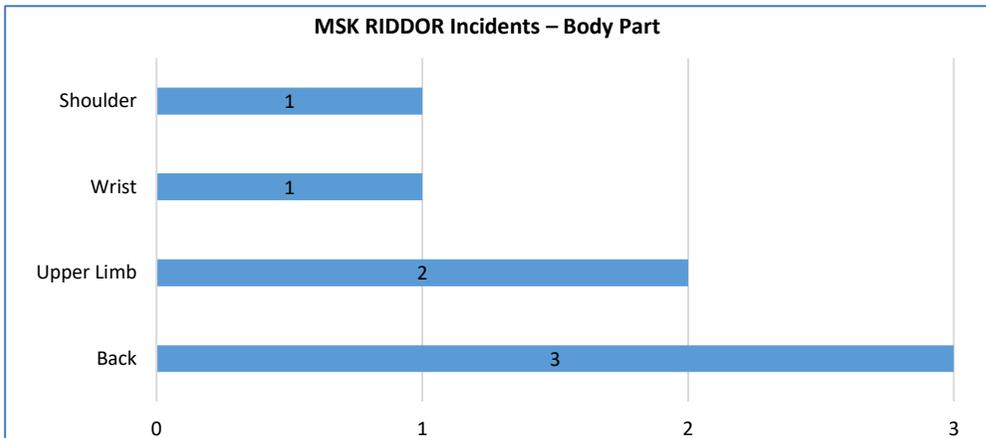
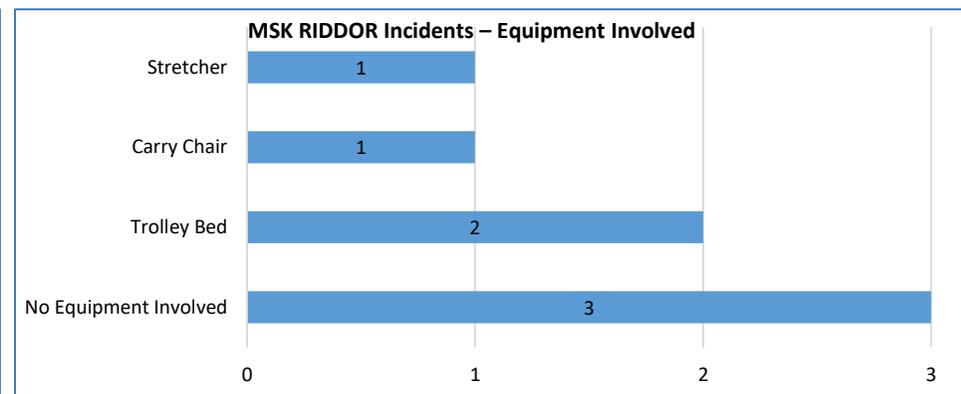
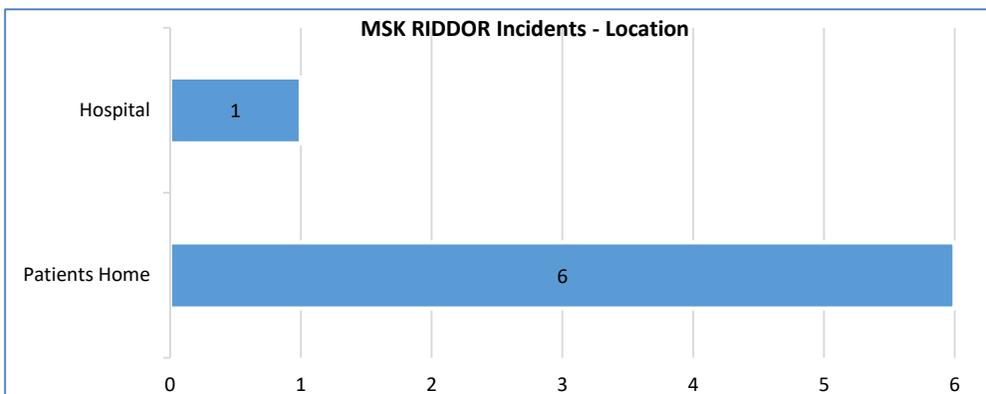
- Monitored via ESR
- Monthly CEO performance reviews
- Oversight at Quarterly IPCDG, IPCC and QOG



1. Safe – Health and Safety

Owner: Edmund Jacobs | Exec Lead: Jaqualine Lindridge

Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – July 2023



The above graphs provide details from the thematic analysis of 7 reported RIDDOR incidents in July'23 (3 incidents were occurred in June'23 & 4 incidents were occurred in July'23). These relate to Manual Handling (MSK):

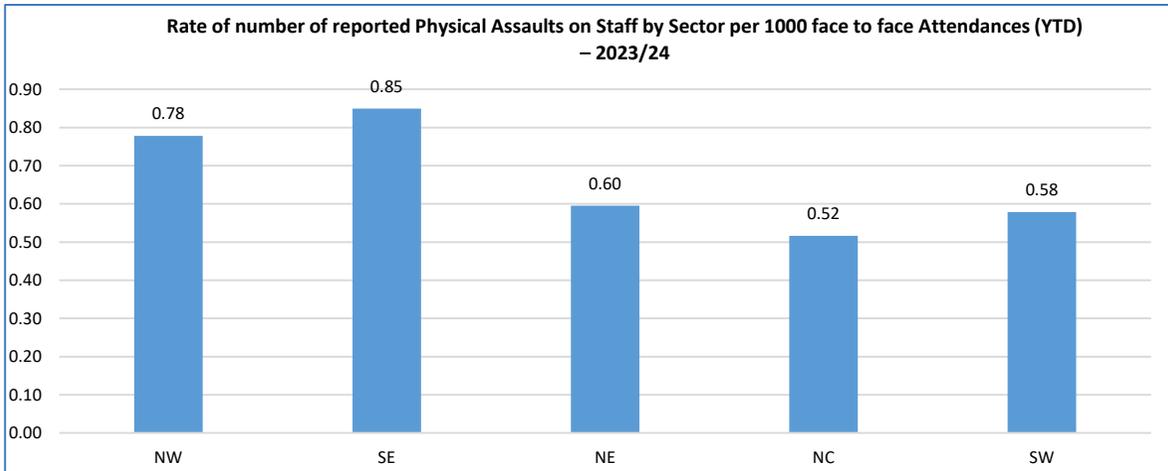
- 6 reported RIDDOR incidents occurred in Patients Home (n=6) and 1 incident occurred in Hospital (n=1).
- 1 reported RIDDOR incident involved Carry Chair (n=1), 2 incidents involved Trolley Bed (n=2), 1 incident involved Stretcher (n=1) and 3 incidents involved No equipment (n=3).
- 3 reported RIDDOR incidents resulted in Back injury (n=3), 2 incidents resulted in Upper Limb injury (n=2), 1 incident resulted in Shoulder injury (n=1) and 1 incident resulted in Wrist injury (n=1).
- 6 reported RIDDOR incidents were occurred during Lifting & Carrying (n=6) and 1 reported incident occurred while Carrying out CPR (n=1).

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

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

1. Safe – Health and Safety Security

Owner: Edmund Jacobs | Exec Lead: Jaqualine Lindridge



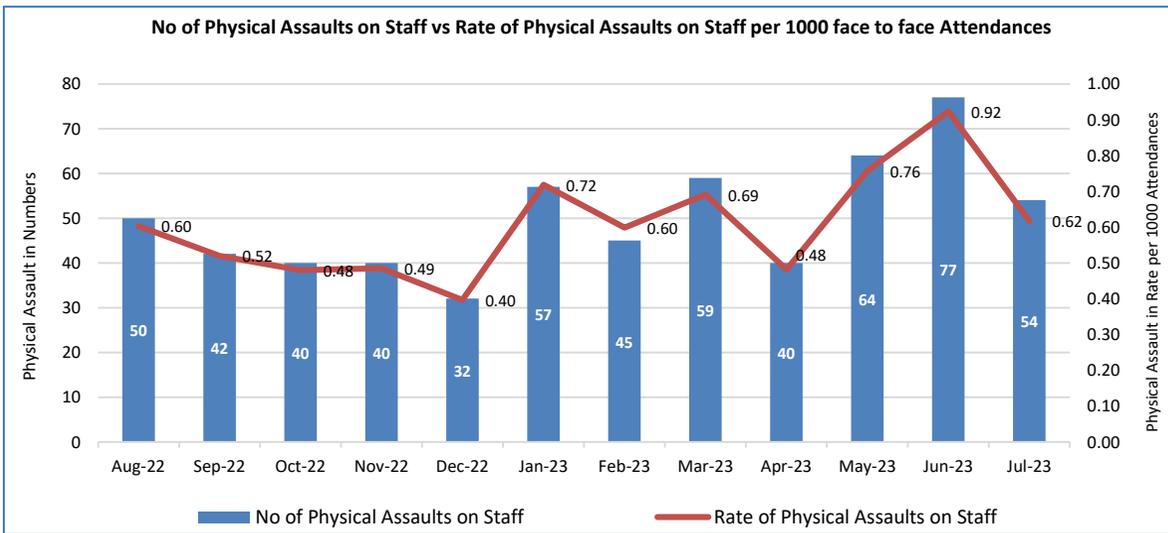
Sector	Rate of Physical Assaults on Staff
NW	0.78
SE	0.85
NC	0.52
NE	0.60
SW	0.58

Notes:

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

Key Update:

- Total of 5 RIDDOR reportable Violence & Aggression related incidents were recorded during 2023/24 (up to end of July'23).



Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff	No of Physical Assault on Staff	Rate of Physical Assault on Staff
Aug-22	50	0.60	83	1.00
Sep-22	42	0.52	58	0.72
Oct-22	40	0.48	90	1.08
Nov-22	40	0.49	73	0.89
Dec-22	32	0.40	59	0.73
Jan-23	57	0.72	94	1.18
Feb-23	45	0.60	97	1.29
Mar-23	59	0.69	94	1.10
Apr-23	40	0.48	129	1.55
May-23	64	0.76	121	1.43
June-23	77	0.92	108	1.29
July-23	54	0.62	100	1.14

Notes:

- The graph and dash board (above) provides the Number of reported Physical Assault on Staff & the Rate of reported Physical Assault on per 1000 face to face Attendances over the last 12 months (July'22 to July'23).

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

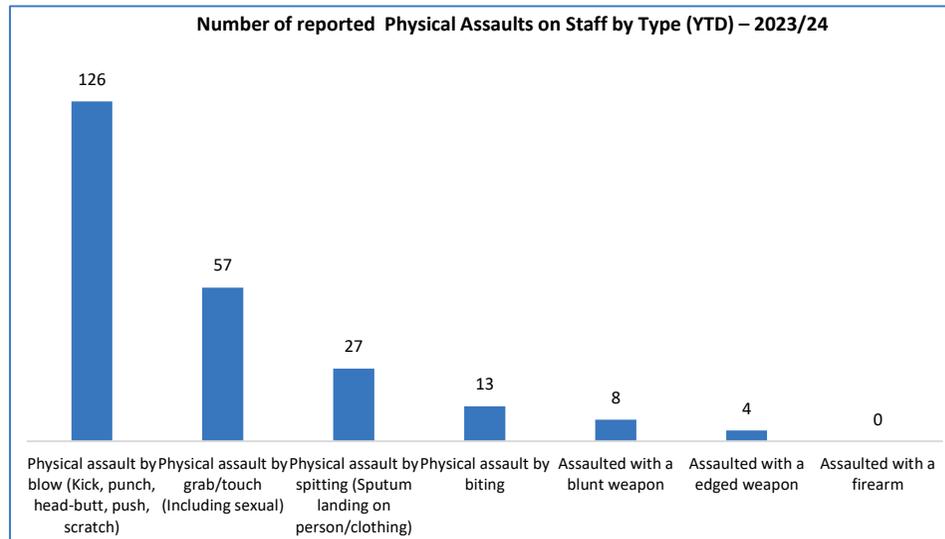
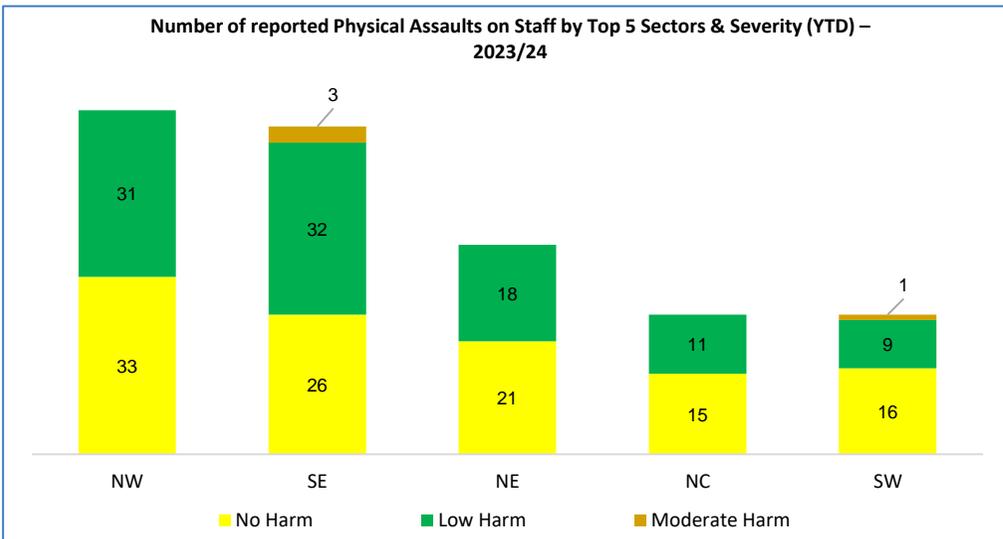
Non-physical assault – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

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



1. Safe – Health and Safety Physical Assaults

Owner: Edmund Jacobs | Exec Lead: Jaqualine Lindridge

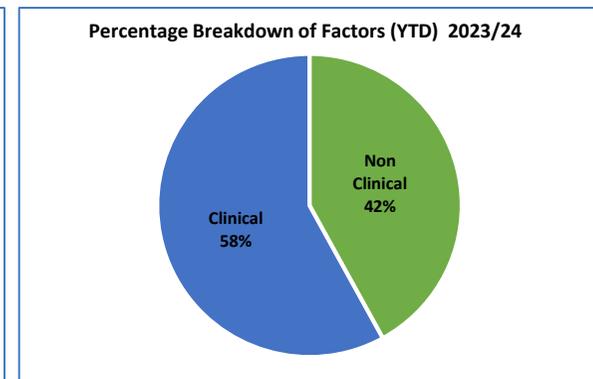
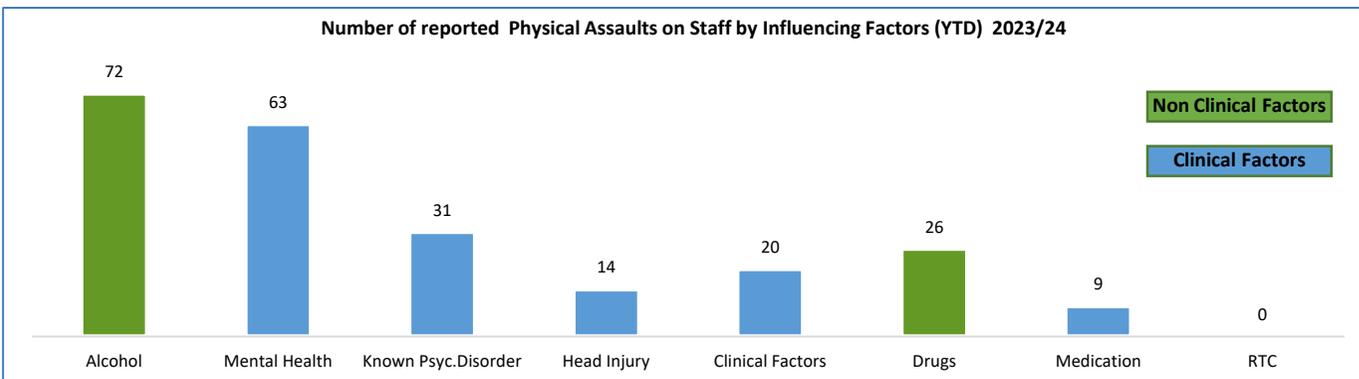


Notes:

- A total of 235 Physical Assaults on Staff were reported during 2023/24 (up to end July'23).
- 124 (53%) of the incidents were reported as 'No Harm/Near Miss incidents, 107 (45%) incidents were resulted in 'Low Harm' and 4 (2%) incidents were resulted in 'Moderate Harm'.
- 11 out of the 235 Physical Assault on Staff were caused by other (ex: family member of the patient / by standers etc).

Notes:

- Physical Assault – by blows, kicks/ assault to staff (54% , n=126) accounted for the highest number of incidents reported during 2023/24 (up to end July'23).



Notes:

- Clinical Factor: 137 (58%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=63), Known Psyc.Disorder (n=31), Head Injury (n=14), Clinical Factors (n=20), Medication (n=9).
- Non Clinical Factor: 98 (42%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=72), Drugs (n=26) and RTC (n=0).

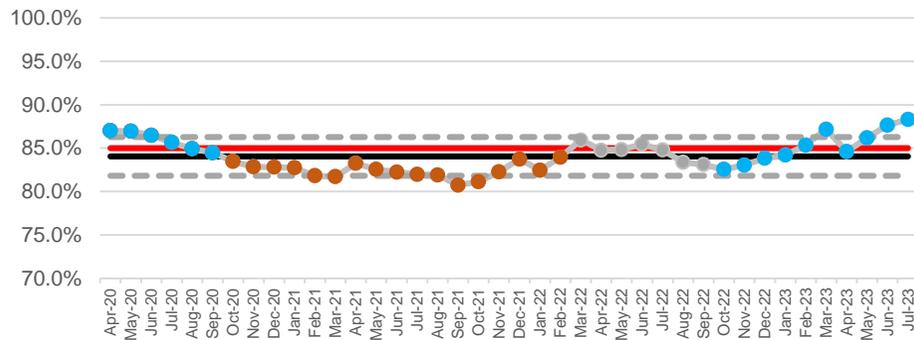


1. Safe - Statutory & Mandatory Training

Owner: Chris Randall | Exec Lead: Damian McGuinness

Statutory & Mandatory Training Compliance

Jul'23: 88%



- As at 31st July we are currently tracking at 89%, and remain above the 85% target.
- We achieved an average of 85% for the period April 2022 to March 2023.

Training Overview July 2023

Training Type	%
Display Screen Equipment (3 Years)	83.88%
Duty of Candour (3 Years)	92.73%
EPRR Incident Response (Clinical) (1 Year)	83.96%
EPRR Incident Response (EOC) (1 Year)	70.81%
EPRR JESIP Awareness E-Learning (1 Year)	87.58%
EPRR JESIP Commander Classroom (3 Years)	66.99%
EPRR LAS Operational Commander Foundation (3 Years)	69.52%
EPRR LAS Tactical Commander Foundation Course (3 Years)	70.37%
Equality, Diversity & Human Rights (3 Years)	93.48%
Fire Safety (2 Years)	93.46%
Fraud Awareness (No Renewal)	84.63%
Health & Safety Trust Board (1 Year)	70.59%
Health, Safety & Welfare (3 Years)	94.13%
Infection Prevention & Control Level 1 (3 Years)	91.92%
Infection Prevention & Control Level 2 (1 Year)	92.74%
Information Governance (1 Year)	95.87%
Medicines Management (1 Year)	89.21%
Medicines Management (NETS) (1 Year)	23.53%
Mental Capacity Act Level 1 (3 Years)	90.48%
Moving & Handling Level 1 (3 Years)	91.51%
Moving & Handling Level 2 (Load Handling) (3 Years)	3.75%
Moving & Handling Level 2 (People Handling) (2 Years)	85.41%
NHS Conflict Resolution (3 Years)	87.93%
Oliver McGowan Training on Learning Disability and Autism Tier 1 (3 Years)	56.08%
Prevent Level 1 (3 Years)	92.67%
Prevent Level 2 (3 Years)	92.26%
Resuscitation Level 1 (1 Year)	88.35%
Resuscitation Level 2 Adults (1 Year)	64.71%
Resuscitation Level 2 Paediatrics (1 Year)	64.71%
Resuscitation Level 3 Adults (1 Year)	90.94%
Resuscitation Level 3 Newborn (1 Year)	89.52%
Resuscitation Level 3 Paediatrics (1 Year)	89.37%

2. Effective

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

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

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

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



2. Effective – NICE Guidelines

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

National Institute for Health and Care Excellence (NICE) Guidance – Update Report July 2023

At the time of writing, there are actions in progress for 3 articles of guidance. This includes activity from the June and July summaries. There are 5 articles of guidance which are overdue detailed review, 3 articles of guidance awaiting review, and 5 actions with delayed implementation due to service pressures. There are 2 articles of guidance on hold as JRCALC is currently re-writing clinical guidance for these areas, and the NICE updates are likely to be included in the next update of these guidelines.

June 2023

The summary of NICE Guidance for February 2023 has undergone review. Of the guidance released, 2 items required specialist review:

QS8 – [Depression in adults](#)

CG57 – [Atopic eczema in under 12s: diagnosis and management](#)

July 2023

The summary of NICE Guidance for July 2023 has undergone review. Of the guidance released, 0 items required further review

Actions Overdue

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

Actions Outstanding

NG222 – [Depression in adults: treatment and management](#)

QS64 – [Fever in under 5s](#)

Review Overdue

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

QS90 – [Urinary tract infections in adults](#)

CG181 – [Cardiovascular disease: risk assessment and reduction, including lipid modification](#)

TA878 – [Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19](#)

NG191 – [COVID-19 rapid guideline: managing COVID-19](#)

Awaiting Review

NG197 – [Shared decision making](#)

QS8 – [Depression in adults](#)

CG57 – [Atopic eczema in under 12s: diagnosis and management](#)

Review On Hold – Awaiting JRCALC Guideline Update

QS74 – [Head injury](#)

NG232 – [Head injury: assessment and early management](#)



2. Effective - Clinical Ambulance Quality Indicators

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

Measures	Target / Range	RAG	YTD 21/22	02/2023	03/2023	04/2023	05/2023	06/2023	07/2023	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	31%	R	27%	28%	26%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	R	42%	60%	54%					↔			LQ1b		
STEMI Care Bundle (AQI) (Reported every 4 months)	85%	R	68%	-	71%					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%	R	95%	-	-					↔			LQ3b		
Stroke on scene duration (CARU continual audit)	00:30	R	36	37	37					↔					
Survival to 30 days (AQI)			9%	9%	9%					↓					
Survival to 30 days UTSTEIN (AQI)			26%	37%	36%					↓					
STEMI On scene duration (CARU continual audit)			42	40	44			41		↑					
STEMI Call to Angiography - Mean (hh:mm) (AQI)	02:10	R	02:29	02:52	02:34					↓					
Stroke - Call to Arrival at Hospital - Mean (hh:mm)	01:10	R	01:34	01:23	01:33					↓					
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	-	84%	77%			72%		↓		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			Data not currently available							↔			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	-	97%	97%			96%		↓		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	-	97%	96%			96%		↓		✓	LQ12		
Documented Care - Mental Health (diagnosed) Compliance (CPI audit)	95%	G	-	96%	-		-	96%		↓		✓	LQ12		
Documented Care - Mental Health (undiagnosed) Compliance (CPI audit)	95%	G	-	-	95%	-		-		↑					
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	-	97%	97%			97%		↓		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	-	96%	-		-	96%		↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)	95%	G	-	95%	95%			95%		↓					
Documented Care - End of Life Care Compliance (CPI audit)	95%	G	-	-	-	-		-		↑					
Documented Care - Sickle Cell Crisis Compliance (CPI audit)	95%	R	-	-	-			93%		↓					



2. Effective - Clinical Ambulance Quality Indicators

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

AQI Narrative

Cardiac Arrest:

In March 2023, the LAS attended 1,055 patients in cardiac arrest and attempted resuscitation for 362. 26.0% of patients achieved ROSC which was sustained to hospital arrival, below the national average of 27.8%. In the Utstein comparator group, this value was 53.7%, well above the national average of 49.0%.

LAS was the second-best performing Trust in terms of overall survival, with 9.4% of patients surviving for 30 days against a national average of 8.3%. We also performed well in the Utstein comparator group for survival at 30 days, achieving a survival rate in this group of 35.8% against a national average of 26.5% (ranking 3rd place).

STEMI:

In March 2023, the LAS recorded a time of 02:41 for the Call to Angiography measure. This was an increase of 25 minutes from February's figure, and ranked the LAS in 8th place against all other ambulance services (falling from 3rd in February). This time was also 8 minutes longer than the national average of 02:33.

NHS England did not publish STEMI Care Bundle data for March. The next set of data is due to be released in September (for April 2023).

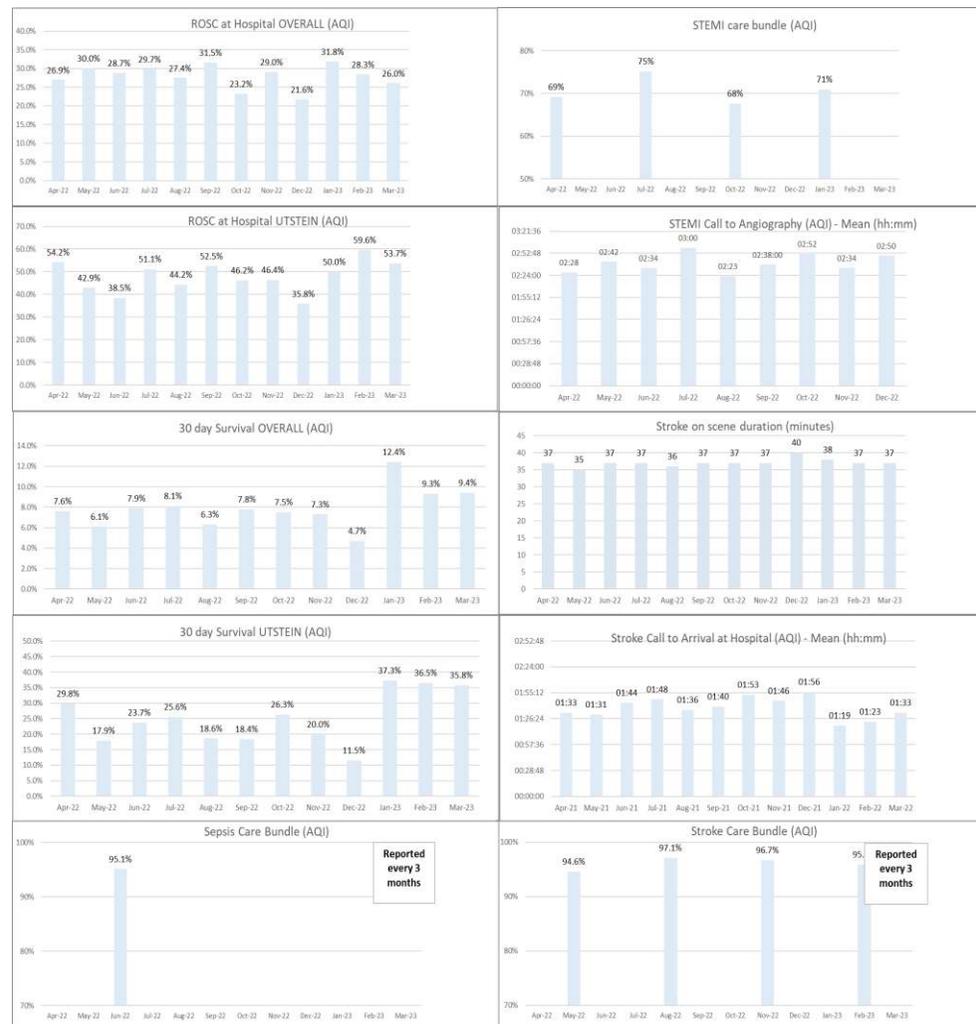
Stroke:

The LAS achieved a time of 01:33 for the call to arrival at hospital measure in March 2023**, which is 10 minutes longer than the previous month but is below the national average of 01:39. The LAS dropped to the 4th place* when ranked against other ambulance services, after being in the top 2 for 3 consecutive months.

NHS England did not publish Stroke Diagnostic Care Bundle figures for March. The next set of data is due to be released in October (for May 2023).

*March 2023 data is unavailable for SCAS and WMAS.

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





2. Effective - Clinical Audit Performance & Research

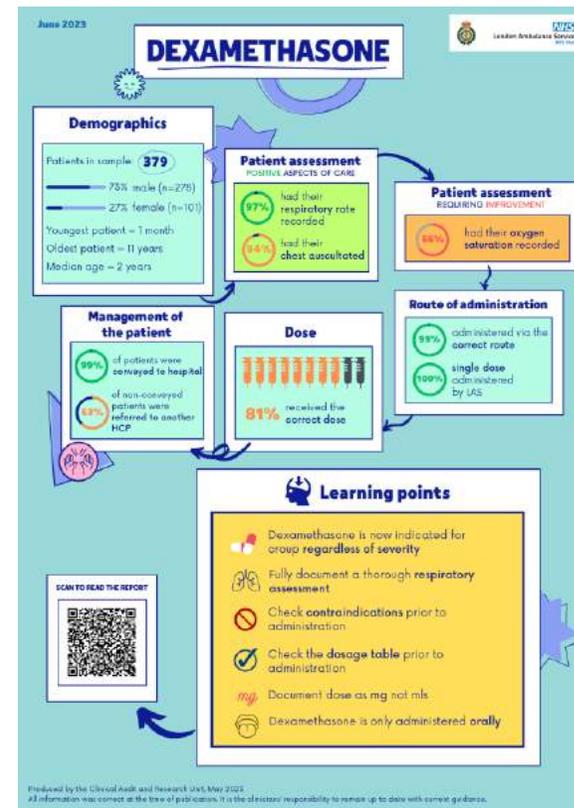
Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Research

- The LAS continued to recruit patients into PARAMEDIC-3, CRASH-4 and RAPID-MIRACLE during June and July 2023.
- We continue to lead recruitment nationally in PARAMEDIC-3, recruiting 97 patients in June and 76 patients in July.
- We recruited 5 patients into CRASH-4 in June and 6 patients in July, and are regularly in the top recruiting Trust's for this study.
- We are beginning preparations to open the Spinal Immobilisation Study in August, and expect to begin recruiting patients into this study in September

Clinical Audit

- In June we published our latest clinical audit report which focuses on the administration of dexamethasone. This clinical audit demonstrates that overall LAS clinicians are administering dexamethasone as per national guidelines, although with slightly lower compliance than four years ago. Relevant assessments are being regularly completed, and the majority of patients are managed appropriately post-administration. The recommendations include sharing findings with clinicians and re-auditing this area of care in the future.
- We also celebrated Clinical Audit Awareness Week which is a national campaign to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare. As we have done in previous years, CARU took the opportunity to thank all of the staff that have helped with clinical audit projects and shared a summary of completed clinical audit projects published over the last 12 months.
- The Strategy, Process and Application of Clinical Audit in the London Ambulance Service Policy was reviewed and published on the Pulse.
- In July we disseminated our Clinical Audit Annual Report 2022-23 which summarises clinical audit projects published in 2022-23 and continuous clinical audit activity. You will find an overview of national clinical audit submissions as well as details regarding staff engagement and patient and public involvement in clinical audit. The report also demonstrates clinical audit assurance and outlines the direction for clinical audit in 2023-24.
- CPI training was delivered to 17 paramedics on restricted duties, 7 Team Coordinators, 3 Clinical Team Managers and 1 OPC Mentor, as well as 12 new Urgent Care APPs.

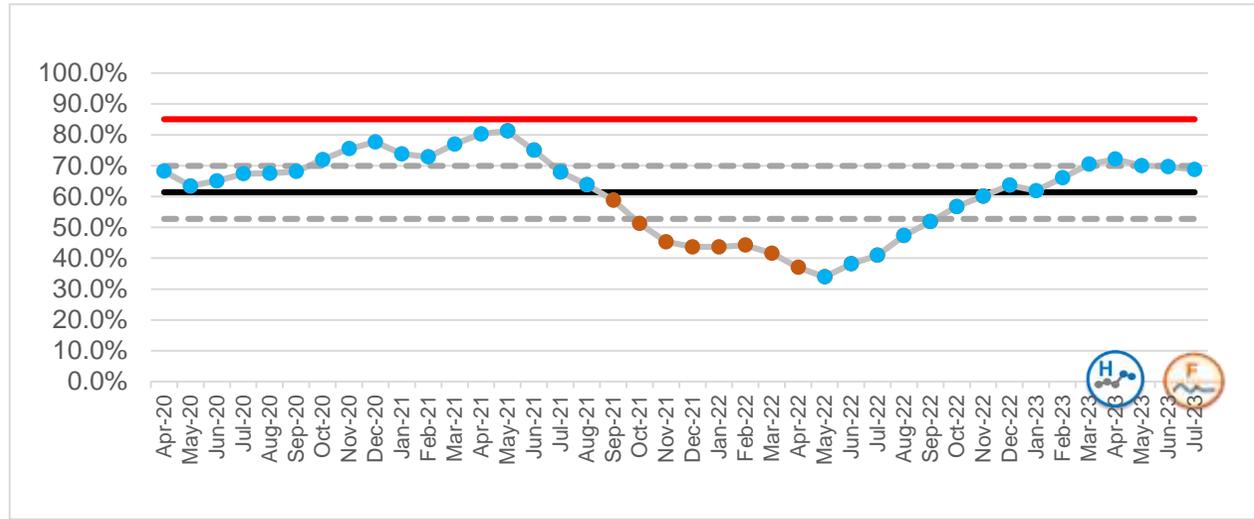


2. Effective – PDR & MCA Training

Owner: Various | Exec Lead: Dr. John Martin & Damian McGuinness

Staff Appraisals

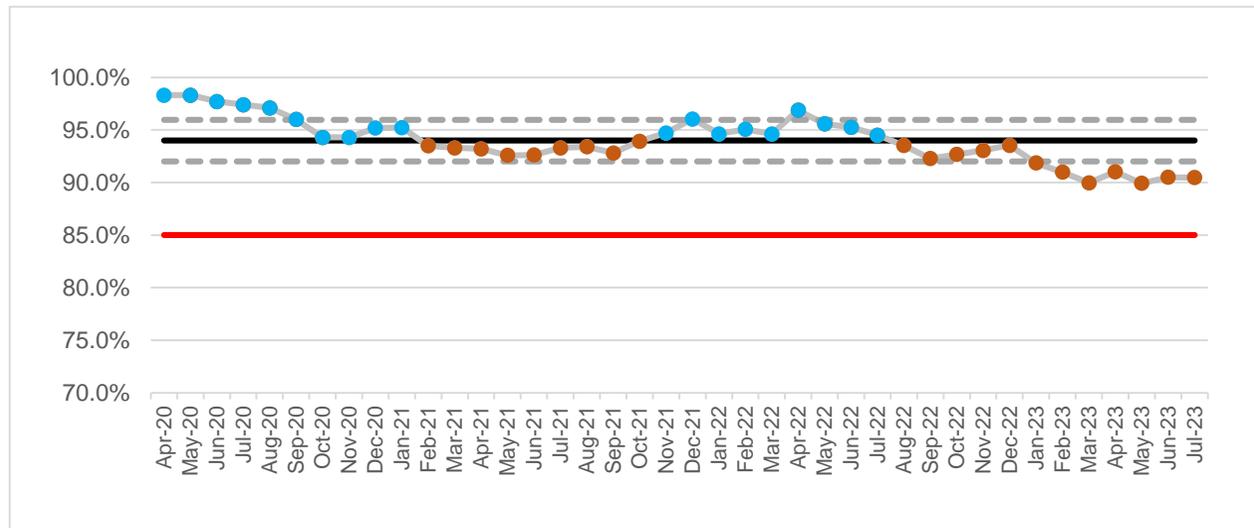
Jul'23: 67%



In July, our Appraisal compliance is at 67%. The 'Our LAS' appraisal process is underway to empower better, efficient conversations between leaders and their team members throughout the year, not just a one-off appraisal session. The 4S's form – aiding discussion around an employees' successes, struggles, setting goals and support requirements – is available on the intranet and colleagues are invited to 90-minute training sessions to convert their learning into practice. There has been good progress with the design and development of the new 'Our LAS' e-appraisal & talent management system. Appraisals are important for wellbeing and development and this purpose-based system which we have jointly designed with our third party partner Actus will streamline the process and make it easier to focus on having quality conversations.

Mental Capacity Act Training Level 1

Jul'23: 91%



MCA level 1 – Current compliance is at 91%.

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

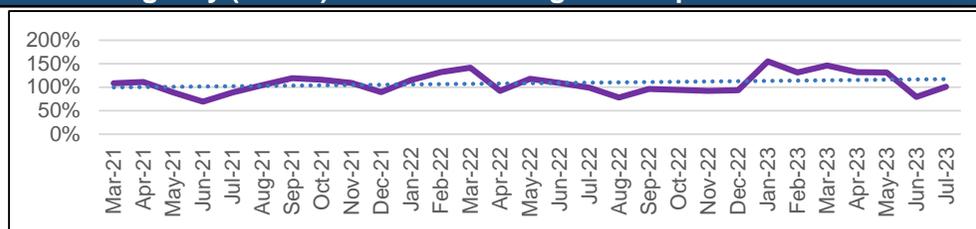


2. Effective – EOC Call Handling Quality Assurance

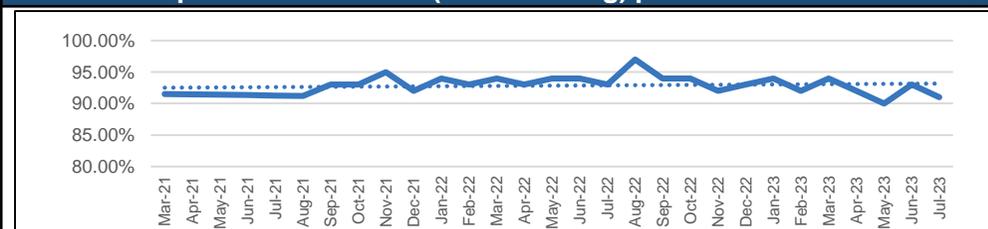
Owner: Sue Watkins | Exec Lead: Dr. John Martin



% of Emergency (MPDS) calls reviewed against requirements Jul'23: 101%



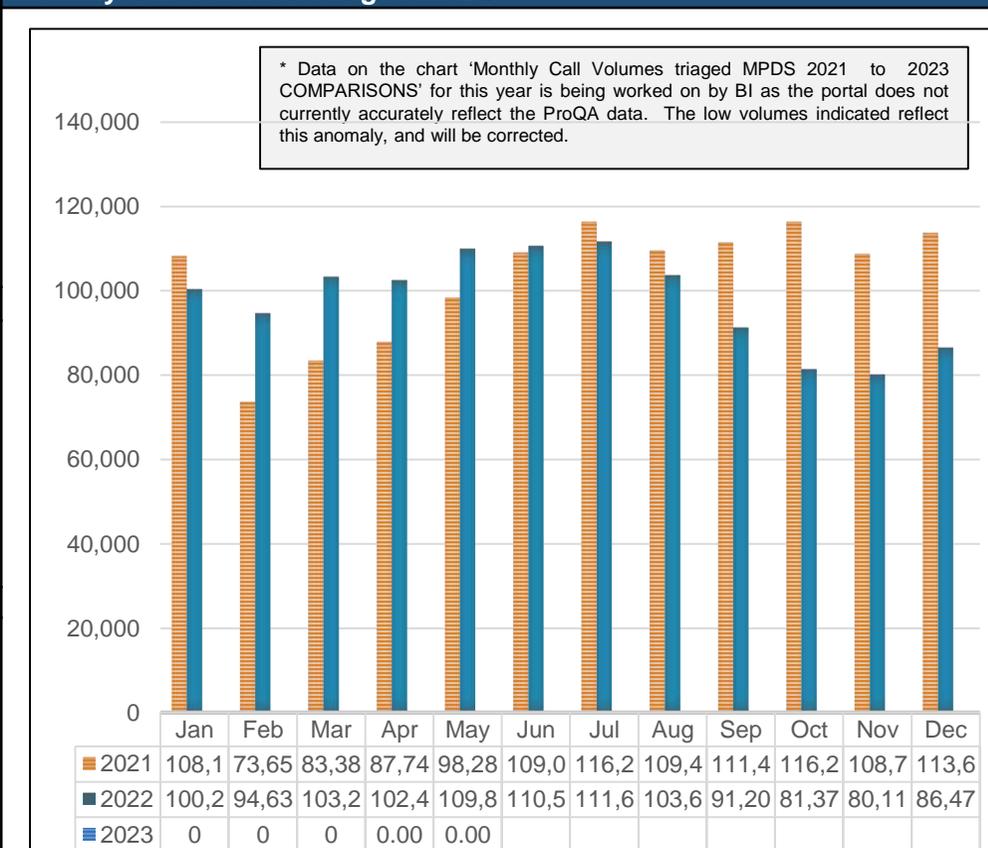
Overall Compliance with MPDS (Call Handling) protocols Jul'23: 91%



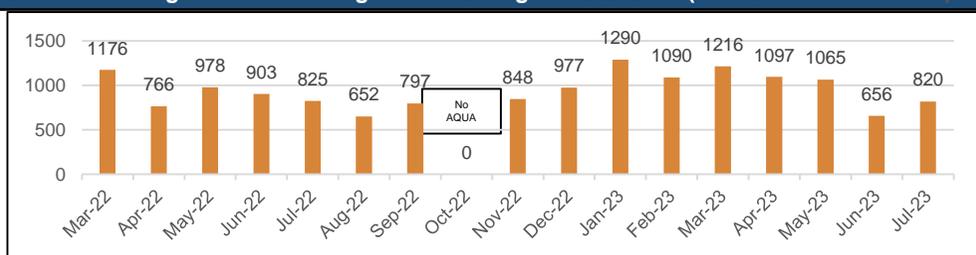
Call Handler Performance Threshold (scored from 0 (poor) to 10) Jul'23: 8.3



Monthly Call Volumes Triaged MPDS



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



Analysis

- We have seen a high number of new entrants enter the EOC in the recent months. It has been identified that owing to the increased staff undergoing training and mentoring, along with the increased call volumes, non-compliance against the Academy standards has increased from 7% to 9% in July. QA Managers are working hard with the teams to identify issues and trends and put action plans in place. Audit volumes for June into July have been affected by departmental absence
- QA Managers continue to spend additional time with the new entrants, and identified the particular challenges across EOC. The team are confident that, once established in EOC, with their continued support and guidance the compliance will return to the Academy standards.
- Work continues to gather data the evidence towards the November 2023 submission for ACE re-accreditation, the 3 yearly process where the LAS has to meet twenty points of accreditation to be successful. We are on track for this to be submitted.

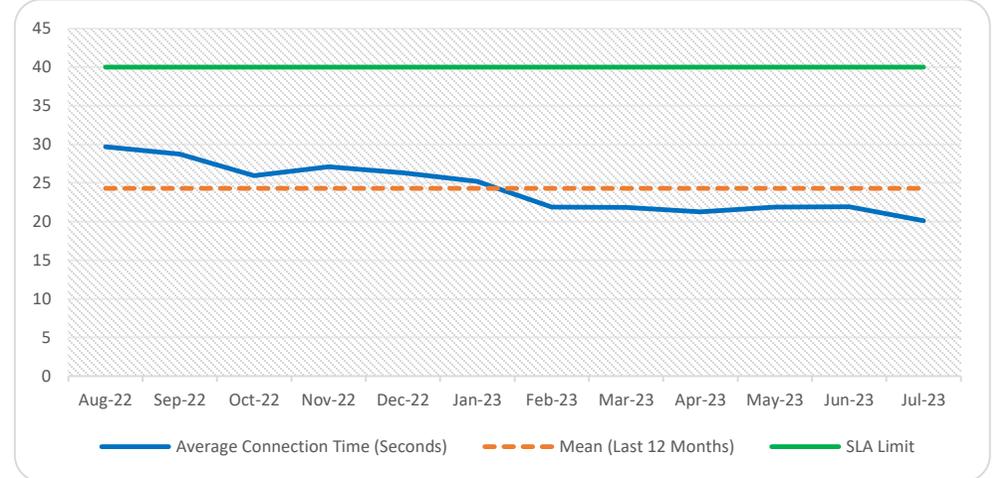
2. Effective – Trust Wide Language Line

Owner: John Light Exec Lead: Dr. John Martin & Dr. Fenella Wrigley

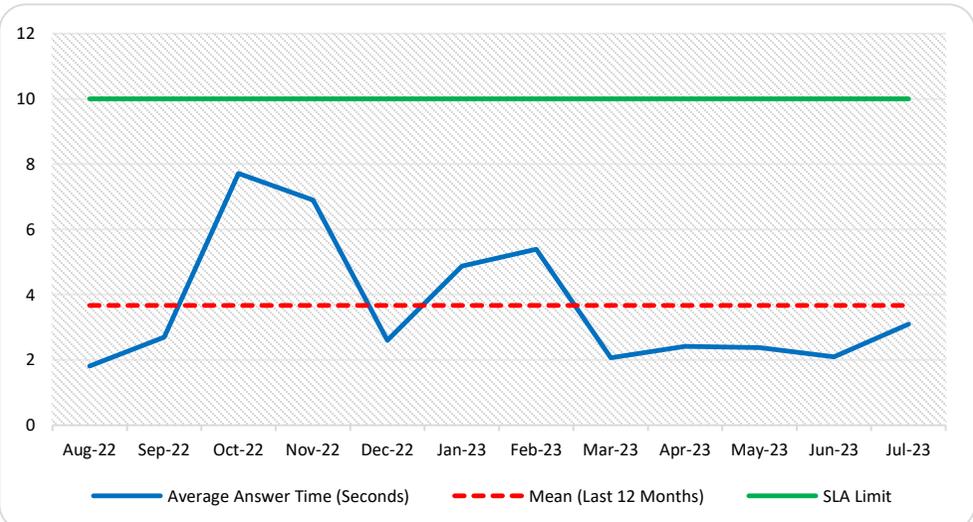
Total Number of Calls Jul'23: 7098



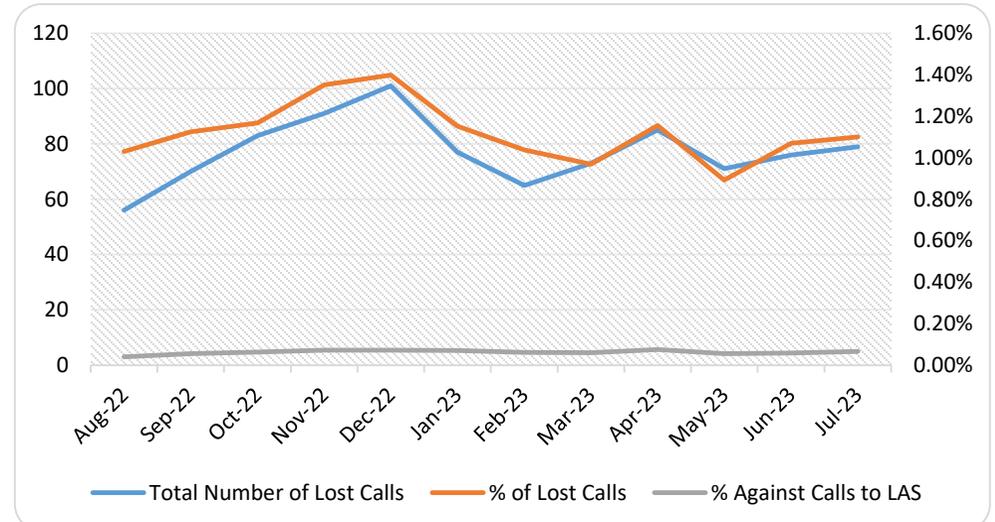
Average Connection Time Jul'23: 20.1



Average Answer Time Jul'23: 3.1



% Lost Calls Against Calls to LAS Jul'23: 0.07%





2. Effective – NEL Quality Audit Data

Owner: Jacqui Niner | Exec Lead: Dr. John Martin & Dr. Fenella Wrigley

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Floor Walkers	106	106	100%	94	89%	Wrong Advice given on which Pathway to use for patient symptoms, Wrong information given for repeat prescription request, Incorrect information provided regarding HCP being with patient at time of the call & No probing around question raised by HA and the HA was subsequently informed to use an incorrect pathway
Service Advisors	216	216	100%	213	99%	Unsafe disposition, No Worsening advice given & Questions missed
Health Advisors	920	920	100%	828	90%	Wrong Pathway chosen, Wrong service referred to, Missed questions, Patient not present/asleep during the assessment, Inappropriate/Unsafe disposition reached, Working outside of remit, Local policy not followed, No worsening advice given & No assessment conducted

We achieved the target of 100% for all staff audits for July 2023. Good uptake of auditing hours throughout the month. Team Managers carried out 2 audits per member of their staff. Any Call Handling staff who have had audit issues identified, are provided with a high level of support and managed under the policy if needed.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Floor Walkers	39	39	100%	36	92%	Consistently high safe and appropriate advice / plan given, All CAT 2/3 Ambulance validations & ETC validations dealt with safe and appropriately & 3 PARTIAL – KFC process not followed, *6 process used incorrectly for SEL patient & CAT 2 sent when further probing required for Anaphylaxis <u>Health Advisor – Calls coming to advice line</u> 21% inappropriate for Clinical Advice (22% last month) including; - Continue to see issues with Health Advisors not trusting the NHSP system or the processes put in place by LAS. - Calls still coming though to the clinical head set that should have been directed to the NCFW initially
NHS Pathways Clinician	36	36	100%	34	94%	100% of cases (36/36) had clinical safe outcomes, All clinician were empathetic and respectful of their patients, Consistency see in call length time from last month, 97% of audits DoS information was provided as per documentation / service requested Clinical questioning & using the supporting information to fully understand the clinical rationale for the reason the question is within NHSP. If you do seek further support / guidance please remember to document who you spoke to if not via the headset. Further documentations / clearer clinical rationale other than "for further assessment" needs to be clear for the receiving treatment centre

Role	Required	Completed	% Completed	Number Passed	Excellent	Satisfactory	Areas for Reflection	% Passed	Learning / Findings / Action
GP	45	45	100%	39	10	29	6	86.6%	Learning: <ul style="list-style-type: none"> Documenting appropriate and relevant information Specific documentation in relation to the patient group/symptom. reframing questions to improve patient understanding - use of medical jargon confusing.
ACP	52	52	100%	47	16	31	5	90.4%	Excellence: <ul style="list-style-type: none"> Holistic approach to care. good structure. empathy with patient needs.



2. Effective – SEL Quality Audit Data

Owner: Jacqui Niner | Exec Lead: Dr. John Martin & Dr. Fenella Wrigley

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	99	109	100	90	83	<ul style="list-style-type: none"> 19 SA audits fell below the 85% pass rate Themes identified from the failed audits were; failing to manage the clinical situation safely, failing to operate within the boundaries of their role and failing to provide worsening.
Health Advisors	483	516	100	439	85	<ul style="list-style-type: none"> 77 HA audits fell below the 85% pass rate. Themes identifies from the failed audits were; failing to manage the clinical situation safely, failing to operate within the boundaries of their role and failing to navigate the system safely.

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

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Team Navigator	42	42	100%	38	90%	<p>All clinicians communicate clearly and professionally & supportive of new staff ensuring they are using SBAR & declaring main reason for the call. Also evidence seen of protecting the CAS Q depending on Escalation Level.</p> <p>Consistently high safe and appropriate advice / plan given All CAT 2/3 Ambulance validations dealt with safe and appropriately</p> <p>4 Partial – 1 x CTN advises HA to book a slot outside of time frame (licence requirement) 3 x CTN changing disposition without full clinical validation</p> <p>Increase in inappropriate calls (24%) coming from the Health Advisors regarding checking the NHSP disposition / trusting the system and pan London process in place. Also not using the non clinical floorwalker / processes regarding call back patients who have hung up in them.</p> <p>This has been raised with SMT</p>

Role	Required	Completed	% Completed	Number Passed	Excellent	Satisfactory	Areas for Reflection	% Passed	Learning / Findings / Action
GP	45	45	100%	39	10	29	6	86.6%	<p>Learning:</p> <ul style="list-style-type: none"> Documenting appropriate and relevant information Specific documentation in relation to the patient group/symptom. reframing questions to improve patient understanding - use of medical jargon confusing.
ACP	52	52	100%	47	16	31	5	90.4%	<p>Excellence:</p> <ul style="list-style-type: none"> Holistic approach to care. good structure. empathy with patient needs.

3. Caring

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

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

- Mental Health
- Maternity
- End of Life

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



3. Caring – End of Life Care

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

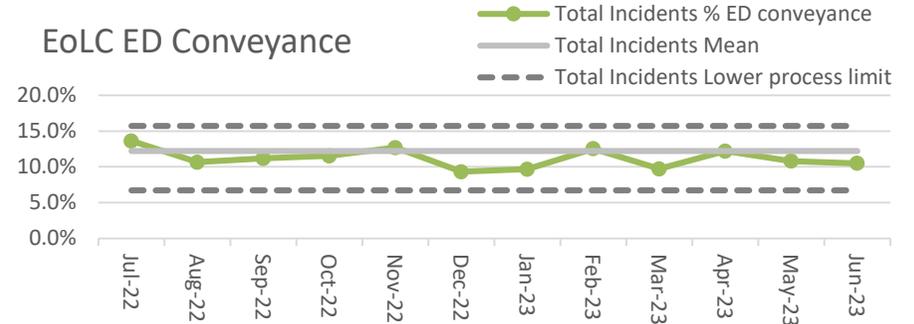
Education Feedback

‘Really enjoyed the session in general. I find the personal examples especially when it comes to communication skills from Di to be really helpful. Thank you!’

Urgent Care APP

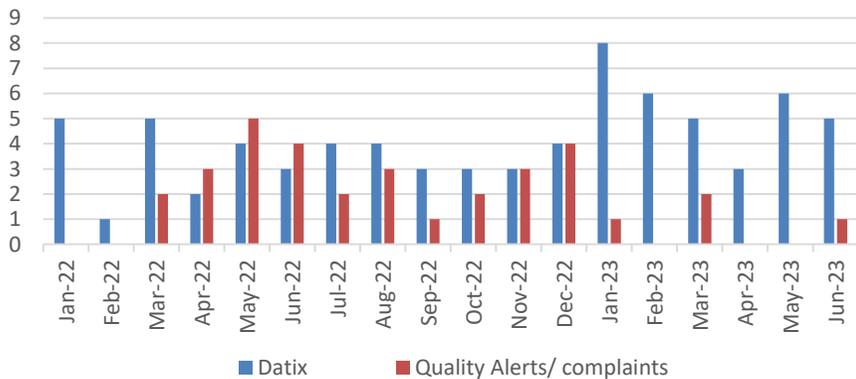
ED Conveyance

Jun'23: 11%



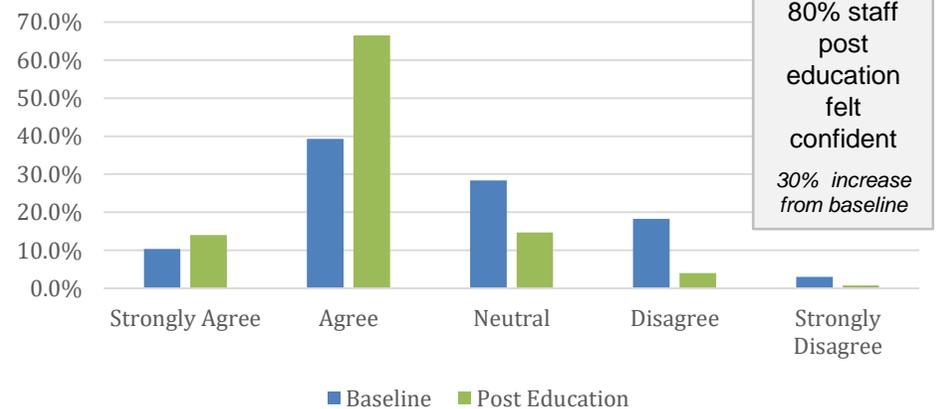
Incidents

Jun'23: 5



Staff Confidence

Jun'23: 80%



- New Urgent Care APP cohort taught at induction
- BI data limited to ePCR and MPDS coding only so under-representative of EoLC cases
- EoLC conference hosted and attended/evaluated well
- Reduction in team capacity due to staff member on secondment



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

3. Caring – Mental Health

The reduction in reported call volumes are due to the ePCR data not being available to BI within their Data Warehouse. Interrogation of the ePCR for reporting is not possible currently, due to the pressure it puts on the BI systems, however a solution is being reviewed

Mental Health Demand	Stakeholder Engagement
<ul style="list-style-type: none"> The latest pan-London quarterly meeting with ICB and mental health provider trust colleagues to discuss LAS mental health demand and Appropriate Care Pathways. North West London remains our busiest footprint for mental health demand. The team continue to work with Business Intelligence colleagues to ensure ePCR data relating to mental health calls is reflected in the data warehouse to ensure a full overview of mental health demand. 	<ul style="list-style-type: none"> The team continue to meet with the Metropolitan Police mental health team on a monthly basis to discuss key themes and strengthen relationships. The team recently attended the Cavendish Square Chief Operating Officers meeting to discuss the Metropolitan Police's response to their Right Care, Right Person approach. The mental health team will have representation on the various subgroups. The team attended a workshop on the digitalisation of the Mental Health Act pathway to provide considerations for on-going work in the pre-hospital setting.
Mental Health Joint Response Cars	Training & Education
<ul style="list-style-type: none"> The Mental Health Joint Response Cars (MHJRCs) continue to transition to Business as usual. The team held interviews for mental health Paramedic secondments and have offered places to successful candidates. To date the team have seen over 18,700 patients with an Emergency Department Conveyance of 16%. Representatives from the team attended the NHS Parliamentary Awards as part of the Mental Health category as part of the shortlist. 	<ul style="list-style-type: none"> The team have delivered a training session to the new urgent care advanced paramedics. The team continue the 12 month rolling CPD programme with the most recent topic being Eating Disorders



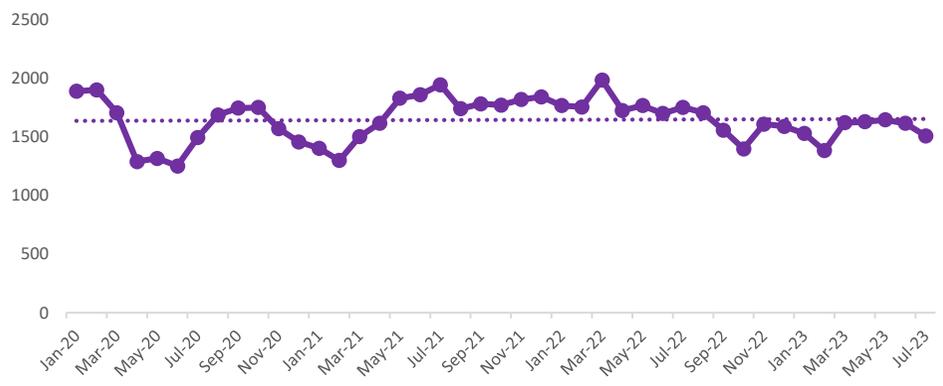
3. Caring - Maternity

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

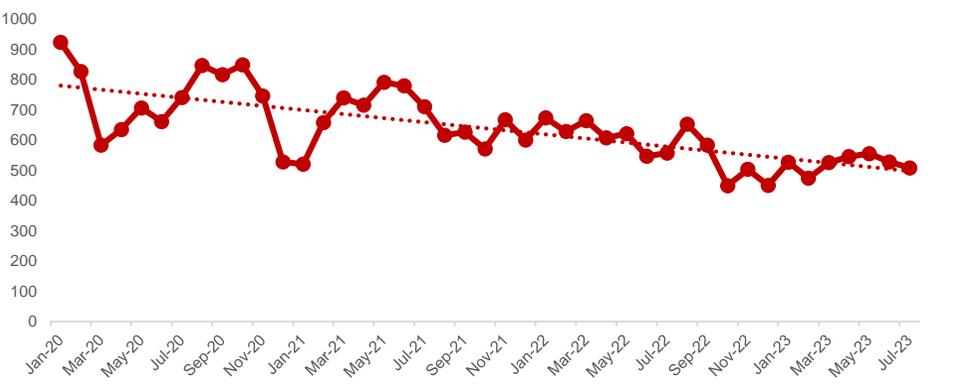
Maternity Performance Review Dataset:

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

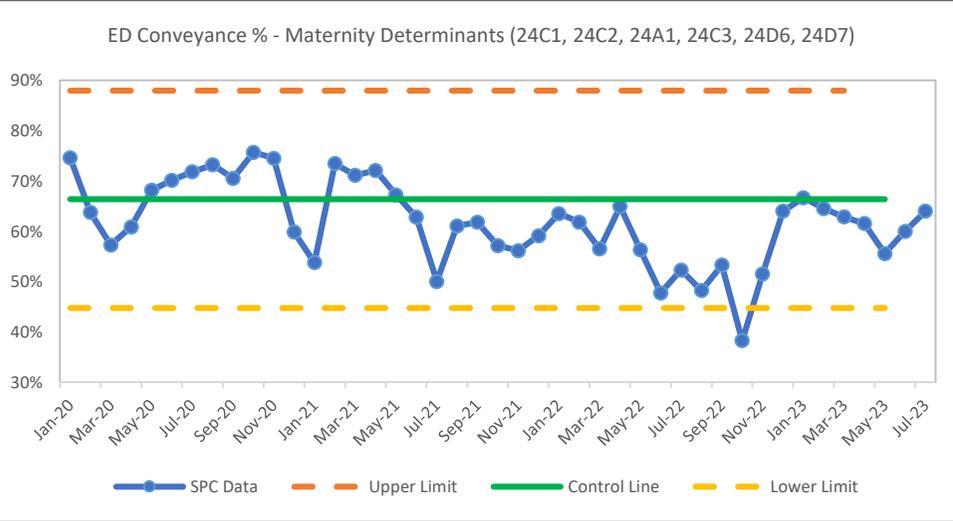
Maternity Calls Jul'23: 1506



Maternity Face to Face Incidents Jul'23: 508



ED Conveyance



Maternity Team Headlines

The launch of teams based working has led to the maternity team committing to CPD training for several group stations. It is predicted that by the end of the year we will have trained an extra **707 clinicians** across Oval, Edmonton and Greenwich. These are huge numbers and an extensive commitment from the maternity team that will likely dictate our 3 year education cycle for maternity across the trust.

Newborn Life Support courses have been procured and allocated to 30 clinicians across maternity CTM leads, clinical tutors and advanced paramedics in critical care.

Focus groups have been set up to work with stakeholders and service users on how best to support women choosing to birth out of guidelines. This is a significant concern for the ambulance service as we are often called when the birth is complex and is an obstetric emergency.

Upcoming changes in National JRCALC guidelines: Management of Breech Birth and Post Partum Haemorrhage.

4. Responsive

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

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

- Frequent Callers
- Complaints

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



4. Responsive – Frequent Callers

Owner: Alan Hay | Exec Lead: Dr. John Martin

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

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

New & existing callers	694
NHS numbers matched	100%
Stakeholder meetings online	89

Sector	Patients	Calls last month	Calls last quarter	Calls last 12 months	Patients with care plan
NC total	123	1561	6267	15976	39
NE total	170	1650	5049	13362	63
NW total	158	1442	4288	11541	33
SE total	119	1317	4603	12630	31
SW total	105	840	2771	7894	23

Highlights & Lowlights

- Coincidence of some unplanned absence, retirement, paternity, and summer A/L means team is slightly depleted during August.
- Review underway to understand impact of new FC definition
- All IDPs reviewed and up-to-date
- Further FOIs that look to originate in service user concerns re. SIM project
- One Frequent Caller Lead has retired and returned on 0.5WTE; JD being reviewed then will attempt to recruit to remainder 0.5



4. Responsive – EBS

Owner: Alan Hay | Exec Lead: Dr. John Martin

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

Referrals

July 2023	Safeguarding		Perinatal			Falls & Hypo		Total referrals
	Adult SG	Child SG	London NTS	KSS NTS	IUT	Falls	Hypo	
• Total adult safeguarding referrals: 1,904	1559	1047	93	38	51	1083	83	3954
• Total child safeguarding referrals: 1,560	1490	1080	102	35	44	1093	53	3897
	1510	1141	104	33	65	971	65	3889
• Perinatal referrals: 68	1663	1190	107	34	66	943	44	4047
	1757	949	74	29	50	840	55	3754
• Falls and diabetes referrals: 1,053	1896	1328	81	32	25	947	66	4375
	1661	1263	82	32	20	940	68	4066
	1908	1372	103	36	38	1061	62	4580
	1969	1421	94	25	21	1033	76	4639
	1833	1543	110	24	45	1024	73	4652
	1862	1552	107	29	42	982	70	4644
	1904	1560	104	31	37	1028	45	4709

EBS Update

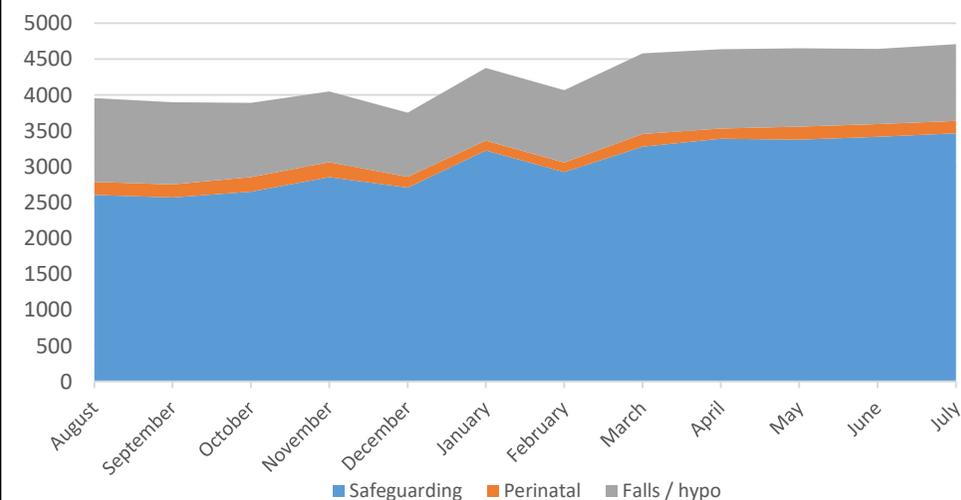
Highlights / lowlights

- Safeguarding referrals have continue to be historically high, particularly for children. Indications are this is predominantly increase in MH / suicidality / self-harm; this is system-wide. Also a high volume of referrals from EOC.
- Falls volumes remain seasonally normal
- GP referral pilot continues in SE.
- Staffing issues especially on nights are likely to impact in next period – plans being discussed to draft light duties staff etc.

Current focus:

- Ongoing work on ePCR Safeguarding Process
- Rollout of GP Notification Process

EBS Activity YTD May 2023



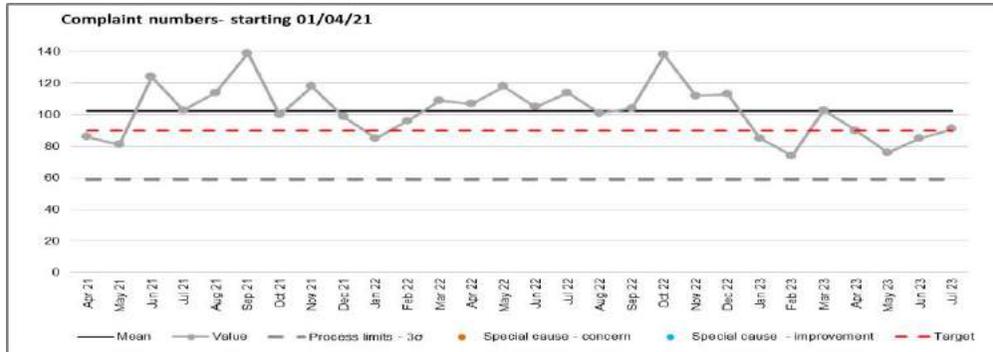


4. Responsive - Complaints

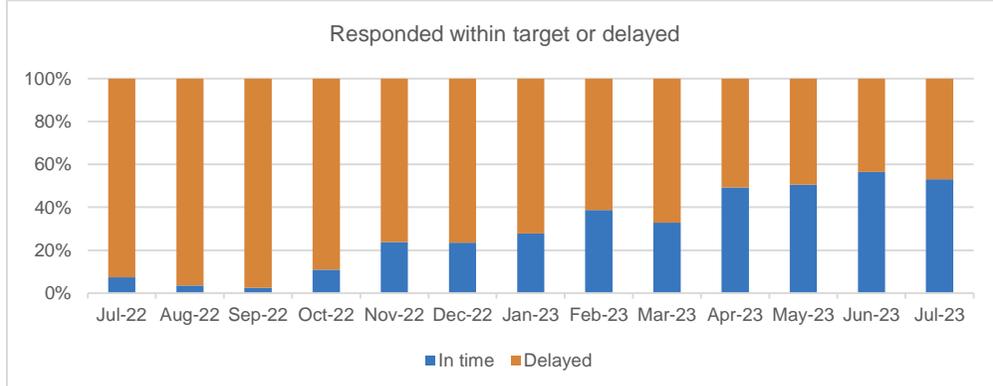
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

Owner: Jonathan Elwood | Exec Lead: Mark Easton

Complaints



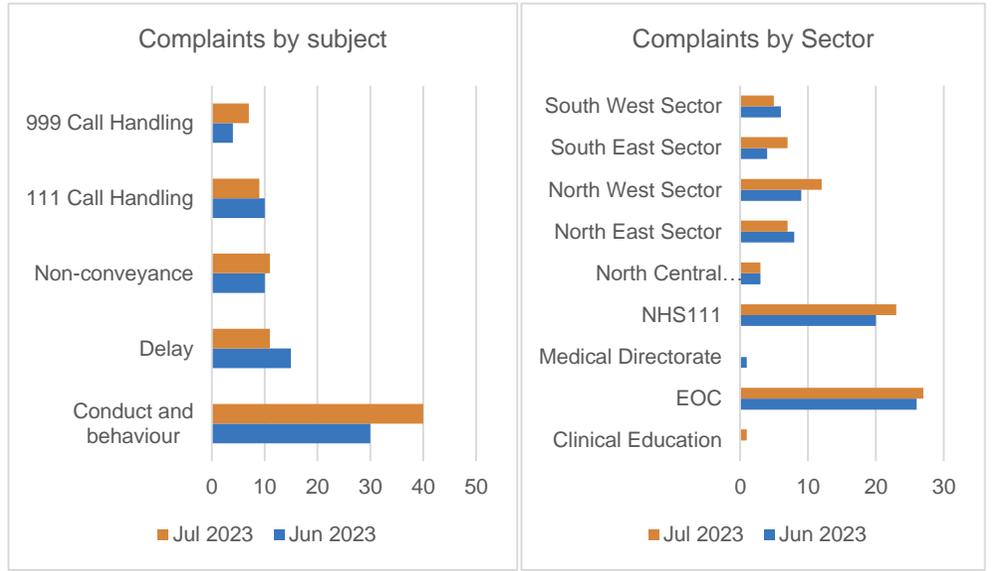
Complaints closed:



Month	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
In time	6	3	2	7	23	19	25	26	21	33	43	43	35
Delayed	75	82	78	57	74	62	65	41	43	34	42	33	31
% in time	7	4	3	11	24	23	28	39	33	49	51	57	53

The total number of complaints overdue is 55/146 (37%) and is continuing to be closely monitored. 66 complaints were due in July 2023, 53% were responded to in time.

Themes & Caseload



Update

The team have maintained closing over 50% of complaints in time for the last three months and continue to aim for 75% compliance as per the Trust target.

The team have introduced a similar way of capturing learning to the Quality Improvement and Learning team through the use of #s and this will be used to inform reports for monitoring groups such as the Safety Incident and Assurance Learning Group (SIALG) and the Clinical Quality Oversight Group (CQOG).

Key learning points identified from complaints resolved in July:

- A complaint that was also investigated under the Patient Safety Incident Response Framework (PSIRF) included recommendations for JRCALC to be reconfigured to make decision support tools more accessible, Mandatory Core Skills Refresher to additionally include training on decision support tools and an approved request for change to enable the outcome of decision support tools to be recorded on the ePCR (to be implemented in November 2023).
- The learning from a complaint investigation regarding a patient with learning disabilities is to be included, in an anonymised form, in a thematic review by our Quality Improvement and Learning team.

4. Responsive – Patient & Public Engagement

Owner: Public Education Team | Exec Lead: Roger Davidson

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

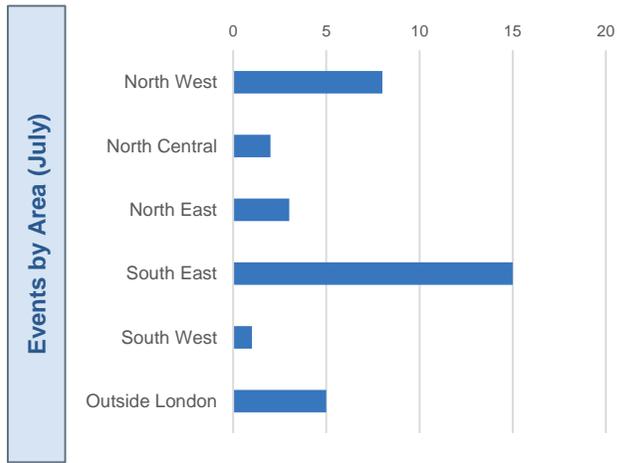
Public Engagement Events

The public education team attended 34 events in July 2023. This number is reduced compared to previous months, in part due to the end of the academic year as well as event cancellations.

The team attended several events as part of our longstanding collaborative projects; **Your Life, You Choose, Safety First, Junior Citizen’s Scheme** in Bromley borough and the **East Area Knife Crime Project**.

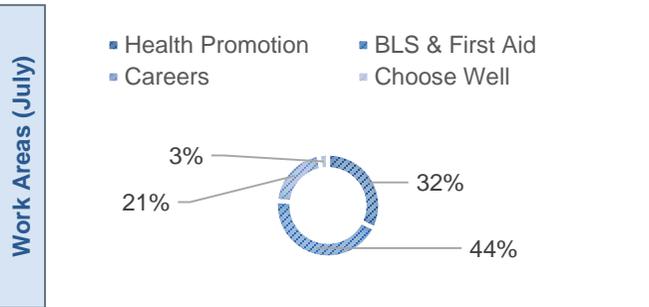
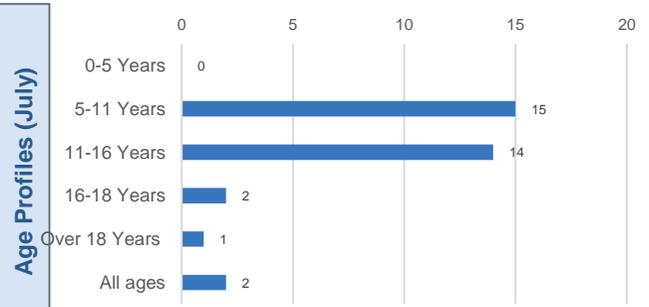
We also trialed a new partnership with **Buzzers Summer Schools**, and our light duties staff visited 6 of their summer school sites within the South East Sector.

Unfortunately 11 days of engagement had to be cancelled in July, due to a combination of NEU strikes, schools cancelling and staff sickness within the Public Education Team.



Public Engagement Activities

Supplementary information	
No. of public engagement events: July 23	34
Approximate audience numbers: July 23	6,628
Public engagement hours: July 23	142.5
No. of events: April 23 to July 23	184
Approx. audience numbers: April 23 to July 23	31,020
Public engagement hours: April 23 to July 23	900.5



Headlines from July 2023

Feedback from staff on light duties:
 Since January 2023, the public education team have had several operational staff on light duties working with them.
“Thank you so much for your support. I’ve enjoyed working with you all” – Emma
“Thank you both for being so accommodating and supportive during my time working with you. I have really enjoyed it!” - Megan

Public Education Officer recruitment:
 We are in the process of finalising arrangements for our 3 new substantive Public Education Officers to join our team at the end of August. Funding has also been approved for two 15-month secondments to continue the projects as part of the London Safety Centre (most notably Safety First). These roles has been offered and the additional Public Education Officers should hopefully start with the team in October this year.

Placements for University of Cumbria:
 Placements for Cohorts 3, 4 and 5 have now all been completed, with a total of 103 EMTs/Student Paramedics attending a 3 day placement with the Public Education Team

Public Education Strategy 2023 - 2028:
 A final draft of the document that outlines the Public Education strategy for the years 2023 to 2028 has been submitted for review and awaiting approval

5. Well Led

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

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

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



5. Well Led – Learning From Our Actions



In July 2023, 129 **Excellence Reports** were submitted.

Key themes identified from July reports include:

- Outstanding patient care
- Working above and beyond
- Staff support/Welfare

Outstanding patient care

My colleague and I attended a running call this morning to a pedestrian vs car where the patient was trapped underneath the car. My colleague was **extremely quick to send a concise windscreen report** and request further resources to scene. They managed the **scene extremely well** and prompted me to park in the fend off position behind the car and put our hi-vis on. I've only been in the job for three months as a trainee AAP, so **I was reassured** that I was crewed with someone who acted so **calm and professionally**. Unfortunately the patient was **ROLE'd** on scene, but I was **impressed with how my colleague managed the situation**.

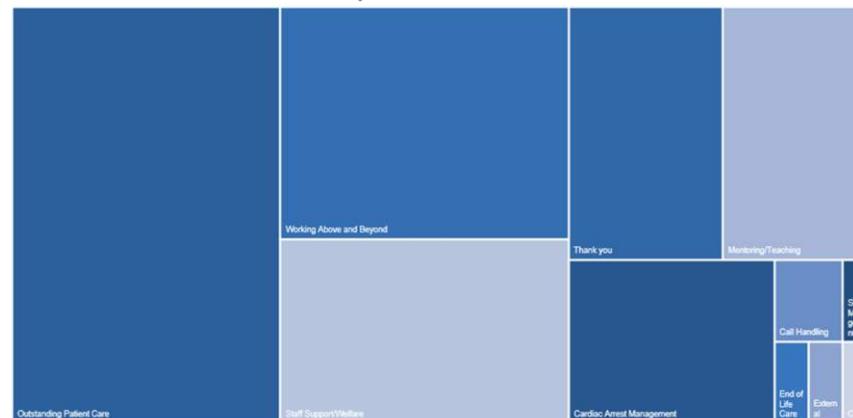
My colleague and I were first on scene to a patient with multiple stab wounds. During our treatment they provided **excellent patient care** during an extremely stressful situation. They were **brilliant at anticipating and providing the necessary equipment**, consumables and medications to senior clinicians on scene whilst also **planning and managing patient extraction**. If they hadn't told me this was their first stabbing I would never have known.

Working above and beyond

I have worked with this colleague for about 7 months and have been **blown away again and again by their professionalism, kindness, eagerness to learn and caring attitude for all staff and patients**. They were recently seconded into a management role (a secondment that has recently come to an end) and whilst in this role, I regularly received **words of praise and compliments** from their own staff and peers from within and outside the SW sector. In such a short amount of time, **they truly made a difference to the team**; listening to staff, caring and being inquisitive about how best to move forward and improve. They are a huge asset to our SW team as well as ambulance ops in general. Recently following an incident, they did not hesitate to come and **support the team** in any way they could and unsurprisingly their offer of support has continued to me and the wider team, for which I am very thankful. **Thank you** for everything you do.

Owner: April Wrangles | Exec Lead: Dr. John Martin

July 23 - Excellence themes



Staff support/Welfare

I was collecting a new laptop and they were **very helpful**. When I took the laptop away I started to have issues with it and before I had even had a chance to contact IM&T, they sent me a MS Teams message to follow up and make sure I wasn't having any issues. I had never had someone from IM&T follow up before so this was **really appreciated**. Further to this I was in fact experiencing some problems. They offered to log into my screen remotely and fix them straight away. There was one thing they couldn't fix remotely and he came up later that day to help me with that as well. My laptop has been fine ever since. They **were fantastic** and I'm very pleased to have them supporting us in EOC and LAS wide.

They were **incredible in providing support** to a colleague who is experiencing difficulties in their personal life. They **demonstrated a high level of empathetic and active listening skills** which allowed their colleague, who had been completely shut down and overwhelmed up to this point, to open up and discuss some of their issues- helping them come to a decision on whether they could continue working. The **capacity to care** for and support our staff that was displayed by them, was wonderful to see and I feel they would make an incredible addition to the complex management and/or LINC teams.



5. Well Led – Learning From Our Actions

Owner: April Wrangles | Exec Lead: Dr. John Martin



Some further examples of excellence reports from July:

Cardiac arrest Management – A patient was in a precarious position. They used his initiative and years of experience to organise the parking of his FRU and the ambulance to create several large workable platforms. Working with the police who freed the patient from the top, using the vehicles as platforms they successfully, albeit in an unorthodox manner rescued the patient. Advanced life support followed and it is my understanding the patient achieved ROSC.

Thank you – I was part of a meeting with them and I wanted to express how impressed I was with his professionalism in a difficult situation. I would like to commend him on his excellent work ethic, his commitment to team work and his attitude towards supporting his colleagues. He was an excellent ambassador for Make Ready and I really wanted to say a big thank you.

Mentoring/Teaching – They have been providing mentorship to a student paramedic requiring significant input and support that has involved developing management/action plans and additional input throughout their placement, This has involved communicating with university representatives in a multi discipline style. They have shown real commitment in supporting this student and provided them free time to manage this to best support the student and their determination has been exemplary.





5. Well Led - Risk Management

Owner: April Wrangles | Exec Lead: Dr. John Martin

Risk Management

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

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

The Trust's compliance as at 09 August 2023 was:

- 93.1% of risks reviewed within the last 3 months (target 90%)
- 100.0% of all risks approved within 1 month (target 90%)

Actions and assurance:

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

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

In the last month, there were 7 red risks on the Corporate (Trust Wide) Risk Register.

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

Corporate (Trust wide) Risk Register

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost certain	0	0	1	0	0	1
Likely	0	0	4	3	1	8
Possible	0	1	8	14	0	23
Unlikely	0	0	2	5	2	9
Rare	0	0	0	0	0	0
Total	0	1	15	22	3	41

ID	Sector / Department	Description	Opened	Initial Risk Score	May 23 Risk Score	Jun 23 Risk Score	Jul 23 Risk Score	Aug 23 Risk Score	Change in Risk Score:	Closed Date
1271	Office of the Director of Operations	There is a risk of reduced availability of Ambulances caused by patient handover delays at receiving hospitals which may lead to increased Ambulance response times in turn causing poor patient experience and potential harm as well as reputational damage if not properly managed.	05/10/2021	20	16	16	16	16	➔	
1340	Information Management & Technology (IM&T)	There is a risk that the trust will run out of MDT's to fit in new vehicles, and to replace faulty units, as the supplier, Attobus have ceased manufacturing of all electronic equipment and are no longer able to supply LAS with their MDT hardware. This could mean that trust vehicles will need to be withdrawn from operational use.	02/11/2022	15	20	20	20	20	➔	
1358	Pharmacy	There is a risk of difficulty in obtaining medicines that are part of drugs packs which may result in frequent medicines and formulation changes which may lead to clinicians being unfamiliar with the contents of drugs packs at point of care.	24/02/2023	12	12	15	15	15	➔	
1359	Office of the Director of Operations	There is a financial and operation risk related to the availability of equipment through losses and breakages that occur through day to day operational delivery.	27/02/2023	16	16	16	16	16	➔	
1361	Resilience and Specialist Assets	<p>There is a risk that HART will be unable to staff against the NHS EPRR HART core standards (H8 Organisations must maintain a minimum of six operational HART staff on duty, per unit, at all times). This is due to a number of factors;</p> <p>This constitutes a risk against compliance with the standards and a risk of not being able to form a Safe System of Work against the Health and Safety at Work Act 1974.</p> <p>The average turnover of staff is 13% for 2022. There is no reason to believe this will not progress through 2023.</p> <p>The recruitment process takes approx. 4 months. Initial training takes approx. 3 months and is dependent on national course availability. There are a total of 88 National course places available across England each financial year and we need to bid against other NHS Ambulance Trusts for those places.</p> <p>The shortest time between the authority to recruit and new staff on duty is a 7-month lead time.</p>	02/02/2023	20	16	16	16	16	➔	
1366	First Responders (CFR/VFR)	There is a risk that Public access defibrillators are not being deployed to a potential cardiac despite there being an alert on cleric to the call handler. This is caused by the lack of specific training provision in call handler education. This may lead to a patient not receiving appropriate care in the form of shock, pre LAS arrival if the patient is in cardiac arrest.	09/03/2023	15	15	15	15	9	↓	
1377	CCIO Team	There is a risk of data not saving in ePCR caused by an issue in the Apple operating system (affecting ePCR) which may lead to incomplete clinical records and possible downstream risk of harm.	01/11/2022	16	16	16	16	12	↓	



5. Well Led - Legal Clinical & Non Clinical Claims

Owner: Jonathon Elwood | Exec Lead: Mark Easton

- This report provides a brief update on legal activity where this is relevant to the quality agenda within the Trust.
- The Legal Team continue to work to ensure consistency in data capture, investigation and shared learning with relevant teams within the Trust, including quality and patient safety
- The Team have now recruited to the previously vacant posts.

Inquests

- 159 new Inquests opened in this period (Level 1 and Level 2).
- Number of new inquests being opened remains high.
- The Legal Services Manager is working with the Clinical Team to draft new templates for witness statements.
- Legal Services Manager and the Clinical Team are working collaboratively to identify high profile inquests from an early stage and also identify and disseminate learning.
- The Legal Services Manager is working with Clinical Team, DAC Beachcrofts, HM Coroner and NHS Resolution to produce a short instructional video about inquests. The purpose of the film will provide more details on what to expect as a witness at an inquest and it will also describe the process of giving evidence in a Coroner's Court.
- The Legal Services Manager is working with our external legal suppliers to put together training sessions for the Legal Team and wider Trust.
- As discussed with the Chief Medical Officer, the Legal Services Manager will arrange for NHSR Team to attend a meeting with senior management at LAS to discuss core BI data.
- The Team has identified an increase the number of Inquests involving the NHS 111 service (including more requests from Coroners for clarification on systems and processes used by NHS 111).

The number of new inquests notified to the Trust continues to be high but not outside the expected range given the backlogs Coroners across London are holding. Data from inquests is being used to identify issues, which can be used to promote learning across the Trust.

Inquest numbers are set out in the table below:

	In Month July	Year to date 01/07/2022 – 31/07/2023
Inquests opened (L1)	155	1725
Inquests closed (L1)	122	1642
Inquests opened (L2)	4	130
Inquests closed (L2)	0	51
PFDs received	0	1

Claims

Claim numbers remain consistent with previous periods (based on notification of potential claims). Comparison with previous years is difficult due to the 3 year limitation on making a claim in most cases and the additional time given to potential claimants as a result of changes to reporting rules during the pandemic.

It continues to be the case that as a result of the pandemic we anticipate that we will see a significant rise in clinical and employers liability cases during the next 12 to 24 months. These might be either directly related to exposure to the Covid 19 virus or in relation to delays in responding to calls as a result of pressures on the service. Our panel firms (Solicitors appointed by NHS Resolution) are advising that they are seeing a significant rise in claims relating to Covid 19 in other Trusts.

The Legal Services Manager is working collaboratively with the Head of Health, Safety & Security to identify problematic claims as early as possible and identify trends and learning.

Claims numbers are set out in the table below:

	In Month July	Year to date 01/08/2022 – 31/07/2023
Claims (Clinical) Opened	1	24
Claims (EL) Opened	3	30
Claims (PL) Opened	0	5
Claims (any)closed	3	9



5. Well Led - Trust Policies

Owner: Victoria Moore | Exec Lead: Mark Easton

Policies are a key component of the Trust's control framework. The Trust's compliance is on an improving trajectory but requires further action to obtain a compliant position.

To assist with this an updated version of Trust Policy TP001 "Policy for the Development and Implementation of Procedural Documents" was agreed by the Trust Board which supported a more streamlined approach to policies.

Policy Compliance

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

The team are also aware of a number of policies that are progressing through the internal review and approval process including a number of People and Culture related policies. There are also a number of policies being considered for reclassification from a policy including policies relating to vehicle and personal use equipment.

	In Date		Overdue	
	Count	Percentage	Count	Percentage
July 2023	71	79%	19	21%

Policy Position by Directorate

	Policies in date	Percentage	Policies overdue	Percentage	Total
Director Corporate Affairs	9	69%	4	31%	13
Chief Finance Officer	7	63%	4	37%	11
Director of Communications and Engagement	2	67%	1	33%	3
Chief Medical Officer	14	93%	1	7%	15
Chief Paramedic & Quality Officer	1	33%	2	67%	3
Director of Quality	18	100%	0	0%	18
Director of People and Culture	13	72%	5	28%	18
Director of Resilience and Special Assets	2	67%	1	33%	3
Chief Information Officer	4	100%	0	0%	4
Director of 999 Emergency Services	1	50%	1	50%	2
Total	71	79%	19	21%	90



5. Well Led – Freedom of Information

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

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

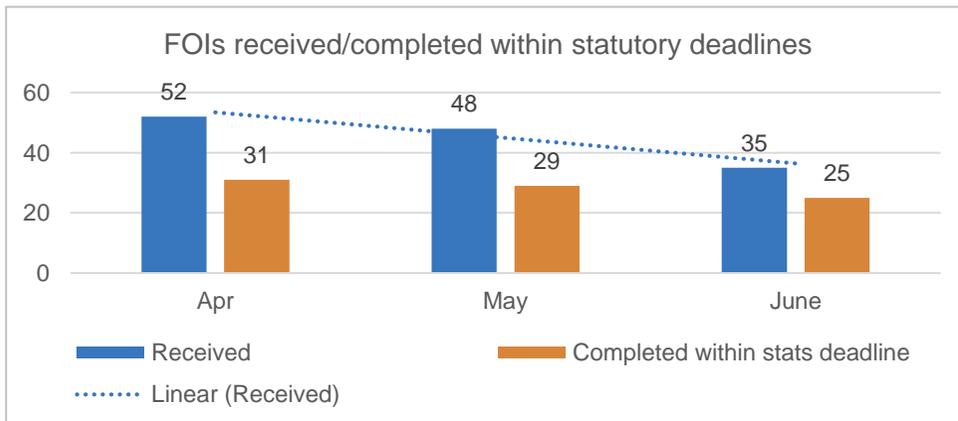
The Act covers any recorded information that is held by a public authority. The Act does not give people access to their own personal data such as their health records or HR files.

Freedom of Information Response & Requests

This is an update in respect of the Trust's current position on FOI requests for the period from 01 April 2023 to 30 June 2023

Key Points:

- In the period 1 April 2023 to 30 June 2023 we received a total 135 requests. This is an increase of 38% compared to the same period last year.
- We continue to monitor FOI performance on a regular basis. We also hold a monthly oversight meeting with the Head of Corporate Governance and the Director of Corporate Affairs to present on the FOI position.



Top five themes in FOI requests:

1.NHS Industrial Action – requests related to impact on Trust costs and activity levels

2.Ambulance delays – requests related to factors that impact on ambulance responsiveness e.g. campaign group protests

3.Kit list – request related to kit carried in ambulances

4.Fleet – relates to Trust's fleet list including both in and out of service fleet

5.Trust spend – relates to information on spend with suppliers/contract values, call-off contracts, paid and unpaid invoices



London Ambulance Service



NHS Trust

Safeguarding

ANNUAL REPORT 2022 -23



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INTRO

Who are we and what do we do?

In 2022/2023 the London Ambulance Service NHS Trust (LAS) has continued to ensure the safeguarding of children and “adults at risk”. The Trust serves a population of 8.78 million, covering 607 square miles and is made up of 32 boroughs. The Trust has responded to over 2.2 million, 999 calls throughout the year, as well as 2.2 million calls into our Integrated Urgent Care services via 111. When appropriate both service areas raised safeguarding referrals and concerns via the Trusts reporting process. The Trust remained committed to ensuring all persons within London were protected at all times and ensured best practice. The Safeguarding Team has worked hard to support operations and other departments during periods of high demand, whilst maintaining the safeguarding functions. This has been achieved by amending working practices, whilst continuing to monitor, review, promote and raise the standard of safeguarding practice across the Trust. By being adaptable, present and accessible this has enabled us to increase the

profile of safeguarding and the team both internally and externally during 2022/23. This report provides evidence of the Trusts commitment to effective safeguarding processes and procedures. The report details the achievements and learning as well as the structure and assurance measures in place to ensure compliance with the Care Quality Commission, & Ofsted Key Lines of Enquiry, the Children Act 1989/2004, the Care Act 2014 and the NHS contract requirements. The Trust has 64 Safeguarding Boards it engages with. Whilst it is not possible for the Trust to attend all Boards we do support local Strategy and Joint Agency Review meetings and provide information to support the work of the Boards. The Trust has Brent Children and Adult Boards as its lead Safeguarding Board. Scrutiny of the Trusts practice is assured through Brent. Reports and audits provided for Brent are also available to other boards across London.

THE TRUST WOULD LIKE TO THANK ALL STAFF WHO HAVE PLAYED A PART IN PROTECTING CHILDREN AND ADULTS A RISK THROUGHOUT THIS YEAR.



TWITTER

363
FOLLOWERS

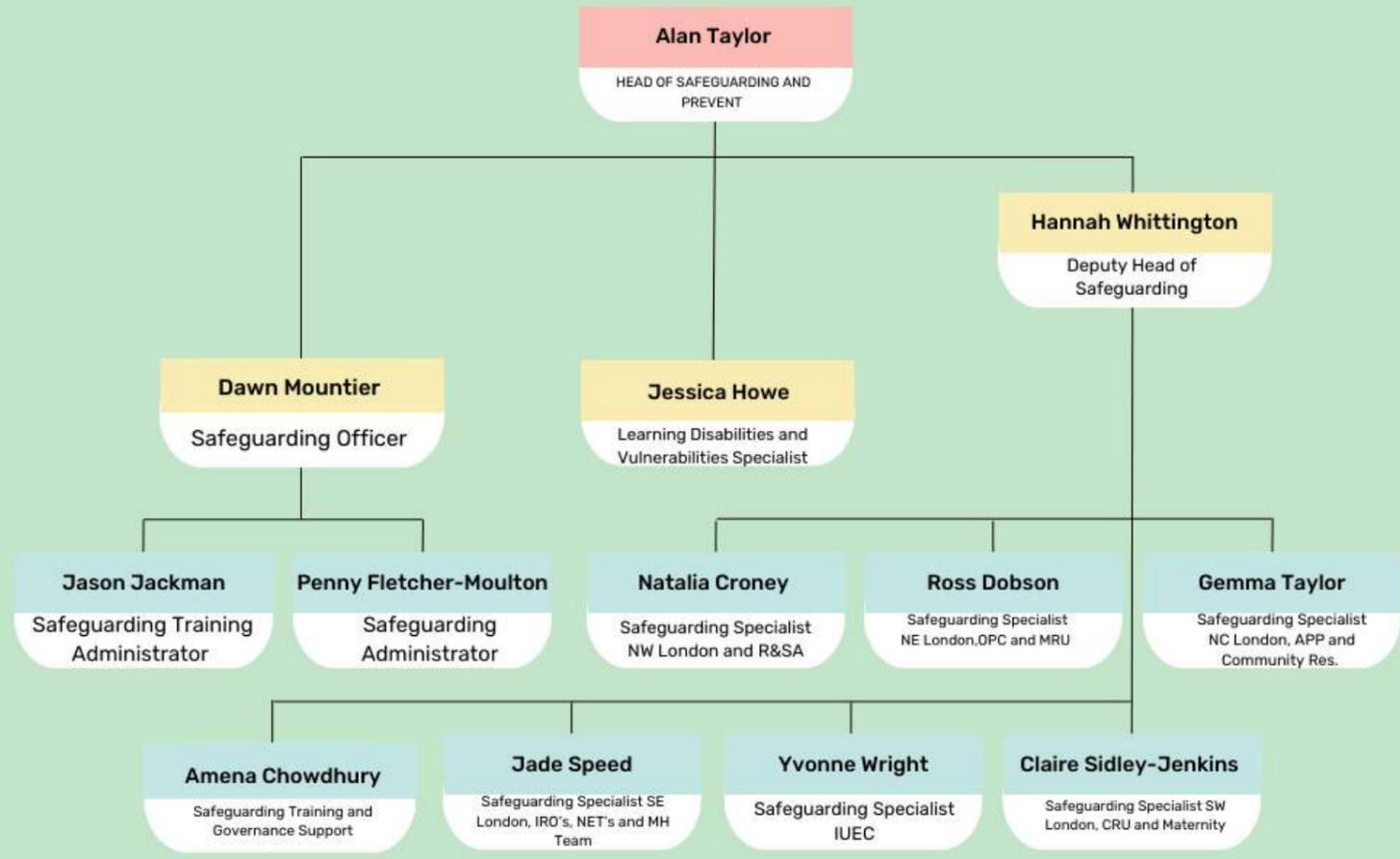


FACEBOOK

739
FOLLOWERS



TEAM STRUCTURE



THE SAFEGUARDING TEAM



The Safeguarding Team are responsible for all the Trust safeguarding processes and functions, providing expert, evidence based clinical leadership on all aspects of the safeguarding agenda. The team has a responsibility for ensuring the development and implementation of systems and processes across all areas of the Trust, working with partner agencies in line with local and national standards and legislation. Delivering safeguarding training and education and raising the standard of safeguarding concerns/referrals.

The team ensures the implementation of appropriate CQC core standards and other relevant external targets including standards contributing to national and local inspections and assessments of safeguarding arrangements.

The team provides information and support to partner agencies for example in undertaking safeguarding investigations, Serious Case Reviews (SCR) now known as Local Child Safeguarding Practice Reviews (LCSPR), Safeguarding Adult Reviews (SAR), Care Proceedings, Child Death Overview Panels (CDOP's), Section 42 enquiries, Domestic Homicide Reviews (DHR), Multi –Agency Safeguarding Hub enquiries (MASH) and Multi-Agency Risk Assessment Conference (MARAC).

The Emergency Bed Service (EBS) managed by Alan Hay, processes all safeguarding concerns from staff and sends to the relevant local authority or partners. They have a close working relationship with the Safeguarding Team.

LEFT TO RIGHT: Alan Taylor, Head of Safeguarding and Prevent. John Martin, Chief Paramedic and Director Lead for Safeguarding. Dr Mark Spencer, Non-Executive Director (NED) for Quality inc. Safeguarding



LAS SAFEGUARDING SUCCESSES 2022/23

The team have had a busy and productive year, with several successes we would like to share with you:

1. LAS Safeguarding Conference was held in November 2022 for 200 internal staff and external partner agencies. The focus of the 2022 conference was **THINK FAMILY**. We had professional speakers sharing their knowledge with us as well as powerful and thought provoking talks from those with lived experience. We have secured funding to hold a conference in 2023.

2. Quarterly newsletter published and shared Trust wide. Our Safeguarding Specialists have also created and developed their own sector publications to share sector specific case studies and learning that is reflective of the local community and safeguarding themes in the area.

3. Continued to deliver safeguarding training, enabling us to reach our **91.11%** target trajectory for level 3 by the end of March 2023. We will share the entirety of our training figures further on in the report.

4. Sharing our learning and expertise externally. Several of our specialists have been asked to speak at several organisations and universities.

5. Expanded the Safeguarding Team to include a Safeguarding

Specialist for Intergrated Urgent Emergency Care. Yvonne Wright been appointed to this post, she is an experienced Social Worker and has previous knowledge of working within Integrated Urgent Care.

6. Safeguarding Visibility Calendar was well recieved. It contained a series of continual professional development (CPD) sessions, Q+A sessions, visibility tours held throughout 2022-23.

7. Learning Diabilities strategy and workplan agreed and underway. This included the **“ASK THE QUESTION”** campaign launched across the Trust.

9. The META VERSE comes to LAS Safeguarding! We have secured funding for the use of VR headsets in our offer of safeguarding CPD for 1 year. Training to start in June 2023.

BELOW: LAS Safeguarding Conference 2022 - LADS LIKE US Team visibility poster 2022



10. Excellant feedback on the NHS Staff Survey, with the team coming out top across the directorate and the Trust.



SAFEGUARDING GOVERNANCE AND ASSURANCE

RISKS

1. RISK OF DELAYED REFERRALS DUE TO AVAYA TELEPHONY SYSTEM ISSUES
2. UNRESTRICTED ACCESS FOR STAFF ON DESKTOPS AND SERVICE DEVICES TO INAPPROPRIATE OR ILLEGAL CONTENT
3. ASSOCIATED RISK - COMPLIANCE RATE FOR LEVEL 3 IUEC

COMMITTEES

SAFEGUARDING ASSURANCE GROUP (SAG) WHICH REPORTS TO QUALITY OVERSIGHT GROUP (QOG) THAT REPORTS TO QUALITY ASSURANCE GROUP (QAG) OF THE TRUST BOARD.

BELOW: Ask the Question campaign poster
LEFT: Team visibility poster 2022



REPORTS

- SAFEGUARDING ANNUAL REPORT
- SAFEGUARDING HEALTH OUTCOMES FRAMEWORK (SHOFT)
- SAFEGUARDING ADULTS RISK ASSESSMENT TOOL (SARAT)
- QUALITY REPORTS INCL. SECTOR REPORTS
- CARE HOME REVIEW GROUP

AUDITS

- BORN BEFORE ARRIVAL (BBA) AUDIT
- CONTEXTUAL SAFEGUARDING AUDIT
- SELF-NEGLECT AUDIT

POLICIES

- SAFEGUARDING CHILDREN POLICY TP018
- SAFEGUARDING “ADULTS AT RISK” POLICY TP019
- DOMESTIC ABUSE POLICY TP102
- SUPERVISION POLICY TP119
- CHAPERONE POLICY TP118
- PREVENT POLICY TP108
- ALLEGATIONS AGAINST STAFF POLICY HR039



SAFEGUARDING TEAM AUDITS 2022/23

**THIS YEAR WE COMPLETED
5 SAFEGUARDING AUDITS IN
RELATION TO EMERGING THEMES
AND AREAS OF INTEREST.**

**BORN BEFORE ARRIVAL,
SELF-NEGLECT, CONTEXTUAL
SAFEGUARDING, TRAINING
FEEDBACK & FALLS FROM HEIGHT**

**IN THIS REPORT WE WILL FOCUS
ON TWO OF THESE AUDITS AND
THEIR FINDINGS**

THANK YOU TO AMENA CHOWDHURY, SAFEGUARDING TRAINING AND GOVERNANCE SUPPORT & CLAIRE SIDLEY-JENKINS, SAFEGUARDING SPECIALIST FOR SW LONDON AND NATALIA CRONEY SAFEGUARDING SPECIALIST FOR NW LONDON ON THEIR WORK FOR THE FOLLOWING AUDITS THAT HAVE CONTRIBUTED TO THIS REPORT

BORN BEFORE ARRIVAL AUDIT

BACKGROUND:

In August 2021 LAS attended a woman who was in the advanced stages of labour and reported to be approximately 38 weeks pregnant. The woman informed crew that she had also had private scans whilst in the UK but wasn't booked at any maternity unit in the UK. She reported that they were visiting from Poland and that they had been in the UK for a couple of weeks to visit the partner's relatives and that they planned to return to Poland in the week.

Soon after LAS arrival, the mother delivered at her friend's house with her partner and friend present. Following an uncomplicated delivery, crew contacted two local maternity units who advised that they were unable to send a midwife immediately and encouraged crew to convey mother and baby. This was relayed to the mother and she declined conveyance stating that she was concerned about the risk of COVID-19 and that she had also had a previous unhappy experience with her last child as such she wanted a home birth.

The second maternity unit informed the crew that they would send a midwife to attend the home later on that day. There were no names or contact numbers of professionals

spoken to documented and the crew subsequently left the mother and baby without physically handing care over to a midwife. Crew attempted to complete a safeguarding referral by contacting EBS, they informed the call handler that the mother had a two year old child in Poland, however this was not reflected in their documentation on ePCR. The crew member and the call handler were noted to be reassuring each other that there was no safeguarding risk around this family, with the crew member stating "they seem like a friendly bunch". A safeguarding referral was not sent. Crew went green at 17:04 and the maternity unit confirmed that a midwife attended at 18:00 to check on the wellbeing of mother and baby. They reported that the mother was reluctant to provide any information and did not want the baby registered in the UK; she was advised this was a legal requirement and the birth needed notification.

The following day, the police and social workers attended the property to do a welfare visit, however the mother refused to open the door. LAS subsequently attended the property with the police 4 days later as the mother had refused access to midwives earlier in the day – they subsequently forced the door and found mother hiding with baby in the property, baby was admitted to NICU under a police protection order and was noted to be underweight and hypoglycaemic. It transpired that the mother had another child removed from her care 2 years prior in the UK and that she had a 3 year old living in Poland. She had a history of substance misuse and was also noted to be using a false name during our first attendance.

HYPOTHESIS:

Ambulance crew may not always check what level of antenatal care a woman has had such as; whether

they have booked for maternity care or what level of engagement they have had and whether the level of engagement is appropriate to their gestation, which in turn, increases the risk of safeguarding concerns going unnoticed or not escalated appropriately. There are several factors that support this hypothesis.

Firstly, ambulance crews are often called to emergencies where there may not be time to fully assess a patient's medical history or background. This means that they may not be aware of any previous antenatal care that a woman has received, which could be important in identifying any underlying health concerns or risk factors.

Secondly, ambulance crews may not feel confident in identifying and escalating safeguarding concerns appropriately.

Thirdly, communication between crew and the woman / family may also be impacted by language barriers, learning difficulties etc.

CONCLUSION:

The findings of this audit support the hypothesis. Factors impacting crew's ability to check/document the level of antenatal care a woman has had include time constraints, lack of confidence in identifying and escalating safeguarding concerns appropriately and communication barriers.

The findings show that we need to take steps to improve documentation around the level of antenatal care a woman is receiving upon contact. It is important to address these factors to ensure that pregnant women receive the appropriate level of care and protection during emergency situations.

HIGHLIGHTS

OF THE **432** BBA's REVIEWED BTW APRIL 2019- MARCH 2022

331

WERE DEFINED AS TRUE BBA INCIDENTS

200

HAD AN UNKNOWN BOOKING STATUS

117

WERE CONFIRMED AS BOOKED

14

CONFIRMED AS NOT BOOKED

60%

OF NOT BOOKED HAD NO REF. TO SAFEGUARDING ON

PAPERWORK

42%

UNKNOWN IF ANY SAFEGUARDING CONCERNS

RECOMMENDATIONS FROM BBA AUDIT

TO DEVELOP AND IMPLEMENT GUIDELINES AROUND
MATERNITY SAFEGUARDING

COMPLETED AND CAN BE FOUND IN THE LAS MATERNITY
POLICY AND PATIENT CARE HANDBOOK

PROMOTE AND IMPROVE RECORDING OF THE OBSTETRIC
SUMMARY AND SAFEGUARDING SECTIONS IN LAS
ELECTRONIC PATIENT CARE RECORDS

ONGOING, LEARNING AND BEST PRACTICE INCLUDED IN
SAFEGUARDING TRAINING AND ADDITIONAL CPD
SESSIONS

SHARE LEARNING WITH EXTERNAL PARTNERS

THE AUDIT WILL BE SHARED WITH THE NATIONAL
MATERNITY NETWORK AS WELL AS OUR COLLEAGUES IN
OTHER AMBULANCE TRUSTS THROUGH THE
NATIONAL AMBULANCE SAFEGUARDING ASSURANCE
GROUP



SELF-NEGLECT AUDIT

BACKGROUND:

The audit aimed to look at the self-neglect referrals made by the London Ambulance Service over a 12 month period (May 2021- April 2022) and determine if there are common themes within the referrals and identify any learning.

Self-neglect was identified in the safeguarding annual report 2021/22 as the highest referral category for raising a safeguarding concern in adults for London Ambulance Service. Self-neglect being the highest referral category indicates that there is a greater likelihood that crew and staff will encounter situations of self-neglect therefore it is important that we take an in depth look at the common/emerging themes within self-neglect.

The care and support statutory guidance (March 2020) states that self-neglect is a form of abuse and neglect. It defines self-neglect as: "... a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding" (section 14.17) 2

This may include people, either with or without mental capacity, who demonstrate:

- lack of self-care (neglect of personal hygiene, nutrition, hydration and/ health, thereby endangering their

safety and wellbeing)
 • lack of care of one's environment (squalor and hoarding)

- refusal of services that would mitigate the risk of harm.

Self-neglect can arise due to a range of mental, physical, social and environmental factors. it may be a longstanding pattern or a recent change and be linked to loss, past trauma and/ or low self-esteem with responses shaped by rationalisation, shame or denial. however, contributing elements may include:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change

AIM:

To investigate the self-neglect referrals between May 2021-April 2022 and identify if there are any emerging common themes.

HYPOTHESIS:

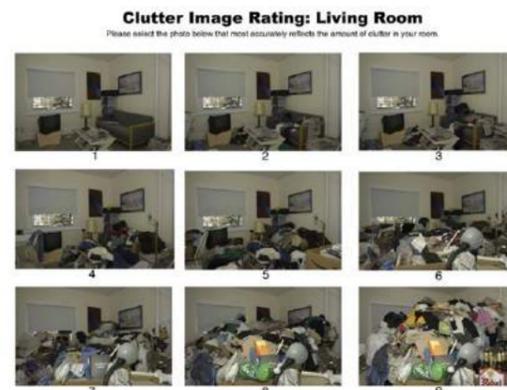
It is predicted there will be an increase in safeguarding referrals made for self-neglect concerns. this would be reflective of what has been reported on a national scale by self-neglect organisations.

METHODOLOGY:

A retrospective audit was completed to look at the number of safeguarding referrals and themes within self-neglect referrals completed by LAS staff during a 12 month period (May 2021-April 2022). Over the 12 month period there were a total of **2,745** referrals made by LAS. A **sample of 350** was created through random selection. All self-neglect referrals were completed either by frontline staff, eoc staff along with 111/iuec staff.

Findings were determined using data provided by Alan Hay (Head of EBS & Frequent Caller Team) and the datix system, which is used to record safeguarding referrals. Calls are currently recorded through EBS under the umbrella of self-neglect and it was then filtered into the themes of **LIVING ENVIRONMENT, HEALTH AND PERSONAL HYGIENE** in order to fully analyse data. The category of "living environment" has been broken down further into sub-categories of; hoarding, squalor and infestation.

When looking at hoarding clinicians use the clutter index rating to gage the level of hoarding and the severity of the concern when passing over their referral to our Emergency Bed Service who process our referrals 24/7. The below image shows an example of the clutter index that staff follow which is recommended by the London Fire Brigade.



HIGHLIGHTS

BTW APRIL 2019- MARCH 2022 THERE WERE **348** REFERRALS MADE BY LAS IN RELATION TO SELF-NEGLECT

AUGUST 2021 WAS THE LOWEST REFERRAL MONTH WITH **23**

MARCH 2022 WAS THE HIGHEST REFERRAL MONTH WITH **40**

AGE GROUP WITH THE HIGHEST REFERRALS **70-79**

REFERRALS RECORDED PHYSICAL DISABILITY AS PT. CARE AND SUPPORT NEED

66% OF LOCAL AUTHORITIES SAMPLED REPLIED TO OUR REQUEST FOR FEEDBACK. DATA COLLECTED SHOWED **3** REFERRALS WERE CONVERTED TO A S.42 ENQUIRY

RECOMMENDATIONS FROM THE SELF-NEGLECT AUDIT

HOLD A CPD SESSION AROUND THE THEME OF SELF NEGLECT TO SHARE LEARNING WITH THE WIDER TRUST
A CPD SESSION WAS HELD ON SEPTEMBER 2022, WHICH WAS RECORDED AND AVAILABLE ON OUR INTERNAL IN-TRANET FOR VIEWING

CONTINUE TO BUILD ON OUR EXISTING PARTNERSHIPS WITH LOCAL AUTHORITIES TO IMPROVE CONSISTENCY OF FEEDBACK

AS OF MARCH 2023 WE HAVE A FEEDBACK PROCESS IN PLACE TO PROCESS FEEDBACK FROM LOCAL AUTHORITIES AND SHARE WITH REFERRERS. WE CONTINUE TO BUILD ON OUR EXTENAL RELATIONSHIPS AND PARTNERSHIP WORKING



SAFEGUARDING ACTIVITY 2022/23 PART 1



THANK YOU TO DAWN MOUNTIER
LAS SAFEGUARDING OFFICER FOR
PROVIDING THE FIGURES FOR THIS
PORTION OF THE REPORT

OF THE CHILD DEATHS WE ATTENDED
MOST COMMON MODES OF DEATH
WERE:
UNKNOWN/FOUND NOT BREATHING
MEDICAL CONDITION
CO-SLEEPING
SUICIDE
NEO-NAT

WE ATTENDED MORE MALE DEATHS
THAN FEMALE

Throughout the year as a team we have continued to engage with our external partners and assist in requests for information as well as contributing to statutory reviews. We would like to take this opportunity to thank our internal partners for all their work in support the work of the team, in particular our Senior Sector Clinical Leads who support our work in relation to child death reviews through their clinical reviews.

CHILD DEATHS (JAR'S)

In 2022/23 we attended 144 Joint Agency Review (JAR's). These meetings are attending by our Safeguarding Sector Specialists and we attend reviews for any child we have ROLE'd (recognition of life extinct) on scene or attended the call prior to their unexpected death. On review of our documentation, the two most common modes of death recorded on LAS paperwork were UNKNOWN/FOUND NOT BREATHING or MEDICAL CONDITION.

IN TOTAL
FOR
2022/23 WE
ATTENDED
144 JOINT
AGENCY
REVIEWS
MEETINGS
IN RELATION
TO CHILD
DEATHS

MODE	TOTAL	GENDER	AGE
UNKNOWN/ FOUND NOT BREATHING	61	M - 31 F - 30	0-1 = 35 2-5 = 7 6-10 = 7 11-17 = 12
MEDICAL CONDITION	52	M - 33 F - 19	0-1 = 8 2-5 = 6 6-10 = 15 11-17 = 23



SAFEGUARDING ADULT REVIEWS

In 2022/23 we contributed and attended 37 Safeguarding Adult Reviews (SAR's). This is an increase of 18 from last year where we received 22 requests.

From these 37 reviews we had no LAS specific recommendations for ourselves as a Trust from the published reports.

However following internal review we recognise we can improve awareness in relation to adult mental health and safeguarding, as well as recognising safeguarding concerns for those who misuse substances, with an aim to encourage a trauma informed approach.

IN 2022/23 WE
ATTENDED 37
SAFEGUARDING
ADULT
REVIEWS
ACROSS
LONDON

WE HAVE ENGAGED IN SAFEGUARDING ADULT REVIEWS IN THE FOLLOWING BOROUGH'S

ENFIELD - EALING - CAMDEN - HACKNEY
HILLINGDON - BARKING&DAGENHAM
KENSINGTON & CHELSEA - HAVERING
WESTMINSTER - NEWHAM - KINGSTON
MERTON- CROYDON - BEXLEY
BROMLEY - SOUTHWARK - LEWISHAM

IN TOTAL FOR 2022/23 WE ATTENDED 23 DOMESTIC HOMICIDE REVIEWS

DOMESTIC HOMICIDE REVIEWS

In total we attended 23 Domestic Homicide Reviews across the London boroughs, this is an increase from last year, where we attended 13.

From these 23 reviews we had no LAS specific recommendations for ourselves as a Trust from the published reports. Following an internal review, we did recognise the need to improve our recognition of domestic abuse and our response to these incidents.

As a service we are looking to improve our domestic abuse practice and are working with external partner agencies to seek their expertise and advice on this.

WE HAVE ENGAGED IN DOMESTIC HOMICIDE REVIEWS WITH THE FOLLOWING BOROUGH'S

BROMLEY - WESTMINSTER
LAMBETH - BEXLEY
CROYDON - EALING
HOUNSLOW - NEWHAM
BARNET



LEARNING THEMES FOR LAS ACROSS STATUTORY REVIEWS

MISSED OPPORTUNITIES TO EXPLORE SOCIAL SITUATIONS AND TO USE PROFESSIONAL CURIOSITY

MISSED REFERRALS IN RELATION TO THOSE WHO MISUSE SUBSTANCE

MENTAL CAPACITY TOOL NOT USED WHEN APPROPRIATE AND INDICATED

SAFEGUARDING CONSIDERATION AND ASSESSMENT MISSED FOR PATIENTS WITH A MENTAL HEALTH DIAGNOSIS

SAFEGUARDING SPECIALIST HIGHLIGHTS 2022/23



12 SAR'S

1 SPR

2 DHR'S

NATALIA CRONEY

LAS SAFEGUARDING SPECIALIST FOR NORTH WEST LONDON AND RESILIENCE & SPECIAL ASSETS

KEY LEARNING FOR NW IN 2022/23

IMPACT OF PARENTAL MENTAL HEALTH ON THE CHILD
'SAFEGUARDING IS EVERYONES RESPONSIBILITY'
SELF-NEGLECT AND WHEN TO REFER

GOOD PRACTICE AREAS FOR NW

PROFESSIONAL CURIOSITY
CONTEXTUAL SAFEGUARDING
MAKING EVERY CONTACT COUNT

FOCUS FOR 2023/24

DOMESTIC ABUSE AND SAFEGUARDING
SAFEGUARDING AND MENTAL ILL HEALTH
TRANSITIONAL SAFEGUARDING

GEMMA TAYLOR

LAS SAFEGUARDING SPECIALIST FOR NORTH CENTRAL LONDON, ADVANCED PARAMEDIC PRACTITIONERS AND COMMUNITY RESPONDERS

KEY LEARNING FOR NC IN 2022/23

RECOGNITION OF SAFEGUARDING FOR THE HOMELESS COMMUNITY, LEARNING DISABILITY POPULATION AND FREQUENT CALLERS

GOOD PRACTICE AREAS FOR NC

COLLABORATIVE FEEDBACK SESSION WITH CLINICAL COLLEAGUES
RELATIONSHIPS WITH EXTERNAL PARTNERS

FOCUS FOR 2023/24

HIGHLIGHT EXCELLENT PRACTICE FOR SAFEGUARDING AND MH ASSESSMENTS
ENCOURAGE SG AS PART OF ROUTINE CLINICAL PRATICE



12 SAR'S

0 SPR

1 DHR'S



ROSS DOBSON

LAS SAFEGUARDING SPECIALIST FOR NORTH EAST-LONDON , OPERATIONAL PRACTICE CENTRE AND MOTOR CYCLE RESPONSE UNIT

KEY LEARNING FOR NE IN 2022/23

REFRESH KNOWLEDGE ON CHILD DEATH PROCESS
RECOGNITION OF UNCONCIOUS BIAS FOR SUBSTANCE MISUSE

GOOD PRACTICE AREAS FOR NORTH EAST

USING PROFESSIONAL CURIOSITY
FEEDBACK PROCESS WELL RECEIVED

FOCUS FOR 2023/24

VISIBILITY IN SECTOR, OPC & UNIVERSITY
REGULAR SECTOR NEWSLETTER
SUPPORTING ELECTRONIC REFERRAL PROJECT

6

SAR'S

1

SPR

2

DHR'S

JADE SPEED

LAS SAFEGUARDING SPECIALIST FOR SOUTH EAST LONDON, INCIDENT RESPONSE OFFICERS, NON-EMERGENCY TRANSPORT AND MENTAL HEALTH TEAM

KEY LEARNING FOR SE IN 2022/23

IMPROVING CHILD DEATH PROCESSES/KNOWLEDGE
WHEN IS ABUSE SAFEGUARDING
PARENTAL DEATH AND SAFEGUARDING

GOOD PRACTICE AREAS FOR SOUTH EAST

INVOLVEMENT IN IRO TRAINING
SAFEGUARDING SUPERVISION AND SECTOR ENGAGEMENT IN FEEDBACK

FOCUS FOR 2023/24

INCREASE VISIBILITY IN SECTOR
PROMOTE SAFEGUARDING SUPERVISION
SHARE GOOD PRACTICE AND LEARNING



4

SAR'S

0

SPR

5

DHR'S



CLAIRE SIDLEY-JENKINS

LAS SAFEGUARDING SPECIALIST FOR SOUTH WEST, MATERNITY AND CYCLE RESPONSE UNIT

KEY LEARNING FOR SW IN 2022/23

RECOGNITION OF SELF-NEGELCT AND SUBSTANCE MISUE
ACE'S AND TRAUMA INFORMED CARE
RECOGNITION OF CARE AND SUPPORT NEEDS

GOOD PRACTICE AREAS FOR SOUTH WEST

SIGNIFICANT IMPROVEMENT IN L3 TRAINING COMPLIANCE
ACROSS SW SECTOR – (NOV 2022 86.88% TO APRIL 2023 94.97%)

FOCUS FOR 2023/24

PROMOTE ONGOING LEVEL 3 REFRESHER TRAINING
THROUGH WEEKLY VISIBILITY
DELIVER SPECIALISED CPD ACROSS THE SECTOR

12

SAR'S

1

SPR

2

DHR'S

YVONNE WRIGHT

LAS SAFEGUARDING SPECIALIST INTEGRATED URGENT EMERGENCY CARE (IUEC)

KEY LEARNING FOR IUEC IN 2022/23

CONSENT AND WHEN TO USE BEST INTERESTS
CONSIDERING SAFEGUARDING WHEN CALLS CANCELLED
RECOGNITION OF CARE AND SUPPORT NEEDS FOR ADULTS
RECOGNITION OF RISK TO CHILDREN AND ADULTS IN DOMESTIC ABUSE CALLS

GOOD PRACTICE AREAS FOR IUEC

DEDICATED IUEC SPECIALIST IN POST TO SUPPORT AND EDUCATE
ADDITIONAL TRAINING FOR CTN'S, CURRENT AND NEW TO POST
SAFEGUARDING VIDEO FOR IUC LEARNING PLATFORM

FOCUS FOR 2023/24

ROLL OUT OF NEW L2 MAND. TRAINING CONTENT
PROMOTE SAFEGUARDING SUPERVISION FOR IUC, EMERGENCY OPERA-TION CENTRE & CLINCIAL HUB
IMPLEMENTATION OF CP-IS IN EOC





London Ambulance Service NHS Trust



Safeguarding

This certificate has been awarded to:

In recognition of excellence in safeguarding London's Patients in need of protection and support.

Alan Taylor

Head of Safeguarding and Prevent



RECOGNISING GREAT PRACTICE

THE LAS SAFEGUARDING TEAM RECOGNISE THE WORK OF OUR COLLEAGUES WHO DEMONSTRATE **EXCELLENT SAFEGUARDING PRACTICE.** THROUGHOUT THE YEAR WE HANDED OUT A TOTAL OF **64** CERTIFICATES AND BADGES TO ACKNOWLEDGE THIS GREAT WORK.

- 16 NORTH WEST
- 16 NORTH EAST
- 7 IUEC
- 4 SOUTH EAST
- 19 SOUTH WEST
- 2 NORTH CENTRAL



PATIENT STORY 'SF'

INTEGRATED URGENT EMERGENCY CARE CASE

THEMES

Domestic Abuse including coercive control.

Neglect including acts of omission.

BACKGROUND

SF was 18 years old who had recently returned to college following a sickle cell crisis and prolonged absence. On arrival, staff were concerned at patient's change in health and demeanour.

The college welfare officer called 111 and described SF as very weak, unable to open a water bottle. They also said that SF was unable to speak freely as 'mother seems to be very controlling'. SF was only in college as they refused mother's request for home work unless they spoke to patient directly to discuss. SF had told the welfare officer, her phone had been taken from her and she had not had any food today.

CONCERNS FOR SF

1. Due to health issues relies on mother to support – has care and support needs.
2. As they were only just 18, not used to managing by themselves – more accepting of controlling behaviour?
3. Out of education – known risk factor for abuse.
4. Not being seen by others increases risk as no one to raise concerns.
5. Difficult to speak with SF directly –

unable to hear patient's own account of situation and their wishes.

ACTIONS TAKEN BY LAS

• A 111 GP spoke to SF directly, after some persistence, although voices could be heard in the background & this appeared to make SF reluctant to engage.

• The case was sent to EOC for dispatch. The original EOC call taker did not raise safeguarding concerns but another who took a call for ETA, rang EBS to advise they are concerned about the notes and risk that mother could cancel the call meaning SF would not be seen. EBS asked the call taker to discuss with their supervisor about updating the case for LAS to attend to the home address for welfare check.

• When Crew attended the home they were initially refused entry, and then told only 1 person could go up, but to not disturb patient as she was now asleep & recovering from chest infection – crew noted room sparsely furnished, hospital bed and cameras on landing & SF's bedroom.

• Due to the inability to safely complete a welfare check and observations by crew, a second visit was made following discussion with the CTM, with Police in attendance, Patient now awake and looking anxious. Mother very obstructive and filming. Cameras on landing

had been removed. Mother asking what Hospital they were going to but refused to give any demographic information to police or crew. Patient only communicating with hand squeezes, seemed very "spaced out" when asked if frightened, squeezed crew members hand firmly. Conveyed to Hospital whilst Police spoke to mother.

• Safeguarding referrals were made by IUC & EOC, with crew providing valuable updating information. EBS sent through the referral and a later update as this patient contact covered several hours and multiple staff engagements.

LEARNING POINTS FOR LAS

- Importance of speaking directly to patient.
- Professional curiosity – being aware of background noise, change in caller demeanour.
- Risk Vs protective factors – SF was kept at home and away from view.
- Communication between teams – Important for IUC to flag any concerns to EOC regarding dispatch requests & for EBS to have timely updates regarding any cases where safeguarding is a factor.
- Importance of checking notes, particularly when calls are being considered for cancellation or downgrade.
- Flag cases to safeguarding specialist for excellence award when good practice identified.



**IN 2022/23 LAS
MADE 33,002
REFERRALS FOR
CHILDREN AND
ADULTS AT RISK
THIS IS A 16%
INCREASE ON LAST
YEAR**

The total number of safeguarding referrals/concerns raised for this year is 33,002.

COMPARISON WITH 2021/22

Overall here is a 16% increase in safeguarding referrals/concern raised on 2021/22's total of 28,301.

- There is a 1% increase in child safeguarding referrals since 2021/22
- There is 47% increase in adult safeguarding concerns since 2021/22
- There is a 20% increase in adult welfare concerns since 2021/22

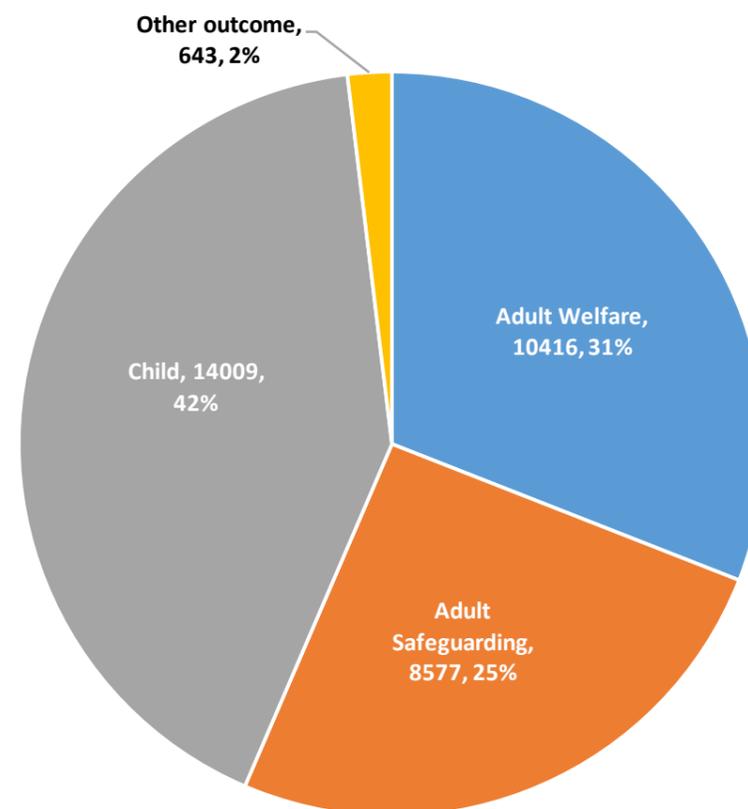
The large increases in adult referrals, after the pandemic years saw a decrease in adult referral volumes (so for example between 2020 and 2022 there was a decrease of 28% in welfare referrals). It's not possible to draw definite conclusions on a single year's variation but it seems likely this is a reversion to pre-pandemic referral patterns and increased training compliance.

A further 643 concerns categorized as 'other outcome' were not passed to the local authority - just 2% of the overall total. As they did not meet the threshold for referring. The majority of these were either mental health referrals with no safeguarding aspect, welfare concerns where the person or a carer was advised to refer, or cases where we could not proceed because of consent requirement. All these 'other outcome' referrals are quality assured by a safeguarding specialist.

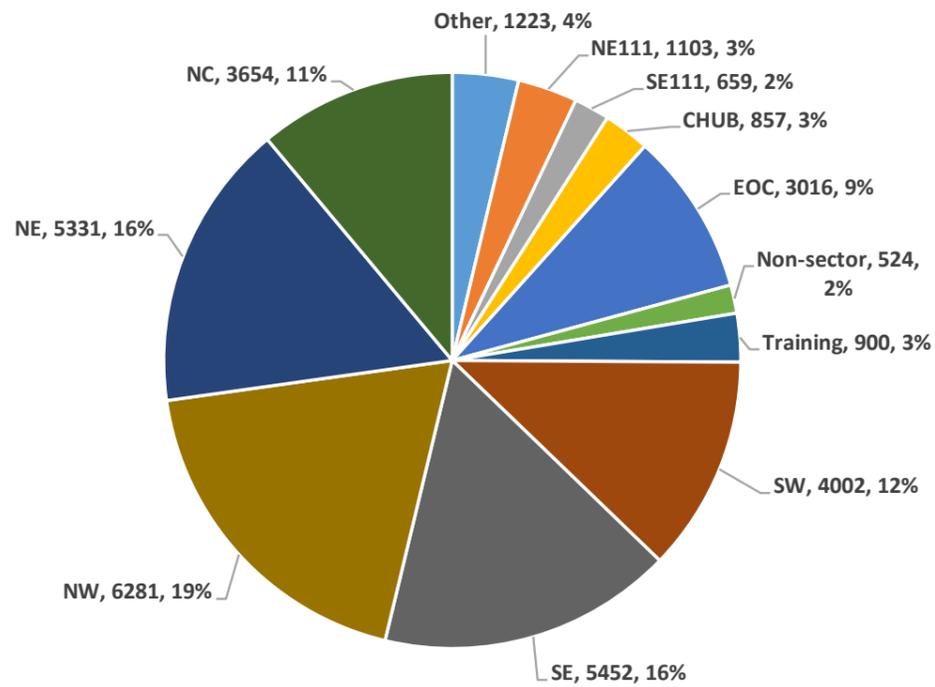
The number of concerns/referrals as a percentage of all trust incidents for the year is 2.2%, an increase of last year's figure of 1.9% but is still within expected range and inline with other national ambulance trusts.

**SAFEGUARDING
ACTIVITY
2022/23
PART 2**

THANK YOU TO ALAN HAY EBS AND FREQUENT CALLER MANAGER FOR PROVIDING THE FIGURES FOR THIS PORTION OF THE REPORT



Source of referrals 2022/23



74% OF TRUST REFERRALS ARE MADE BY PATIENT FACING CLINICIANS

SOURCES OF REFERRALS

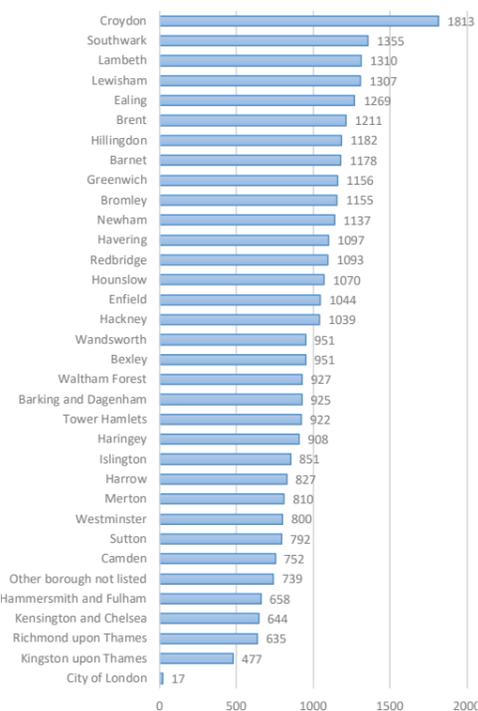
The chart above shows how many referrals were made from each part of the trust.

74% of referrals are made by crews working with sector-based call signs, with a further 5% coming from other clinical patient facing staff – training, specialist responders like our Mental Health and Falls cars, private providers, tactical responders, etc. A further 12% were made by colleagues working in our control rooms – 9% from call handlers and 3% from our Clinical Hub.

5% of referrals were made by clinicians and call handlers working our 111/IUC call centres, and a small number, 4%, came from other sources in the trust (retrospectively identified referrals, temporary callsigns, managers, etc).

NW SECTOR ARE OUR HIGHEST REFERRING TRUST AREA AT 19%

Borough ranked by volume 2022/23



REFERRALS BY LOCAL AUTHORITY

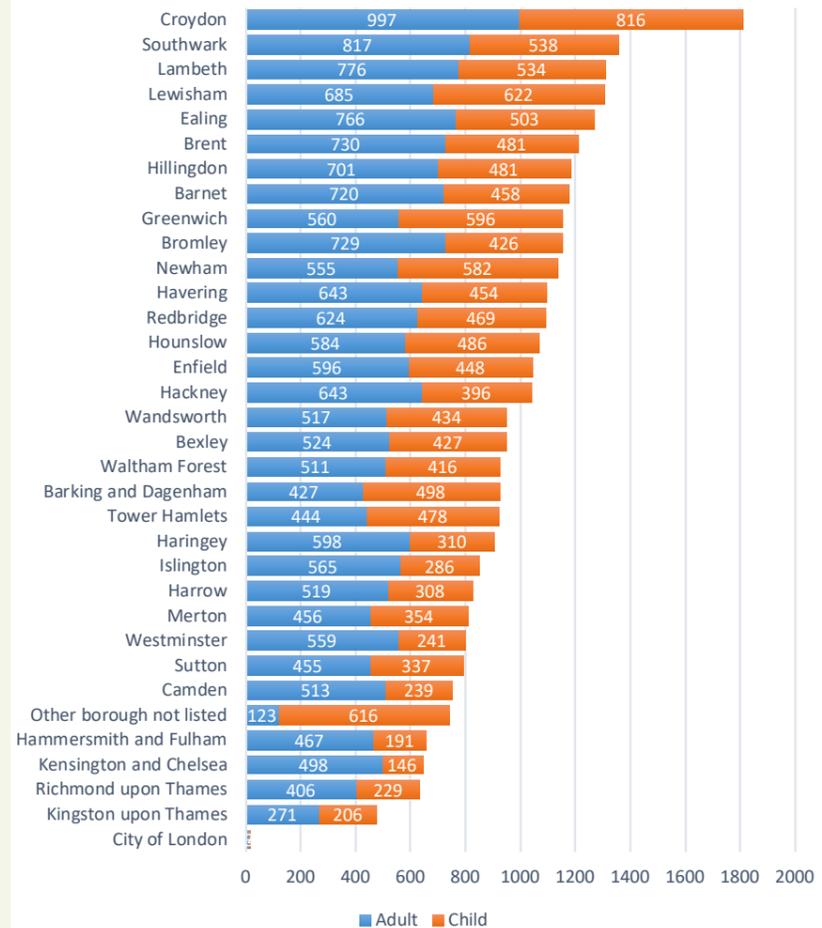
As a Trust we cover 32 London Authorities that we refer into.

The London borough of Croydon was our highest receiving Local Authority, in total we sent 1,813 referrals, out of our 33,002 Trust total. City of London was our lowest receiving borough at 17 referrals, which could be explained due to its small geographical area compared to other London boroughs.

North West London overall received the highest number of our referrals over the 2022/23 period at 7661, with North Central London receiving the least of our overall total at 4733.

CROYDON BOROUGH HIGHEST RECEIVING LOCAL AUTHORITY

Adult and child by borough 2022/23



REFERRALS/CONCERNS BY BOROUGH

The pattern of referrals across London is familiar from previous years; Croydon for example has been the highest receiving local authority for referrals or concerns from the Trust since our records began in 2010, and Richmond, Kingston, Kensington & Chelsea and City of London among the lowest.

CHILD REFERRALS

This chart shows the categories of concern the Trust recorded. Multiple referral categories can be selected for an individual referral. Mental health, self-harm and suicidality are the highest category – this and Parental Mental health and Parental Capacity remain the top three child safeguarding concerns identified by staff.

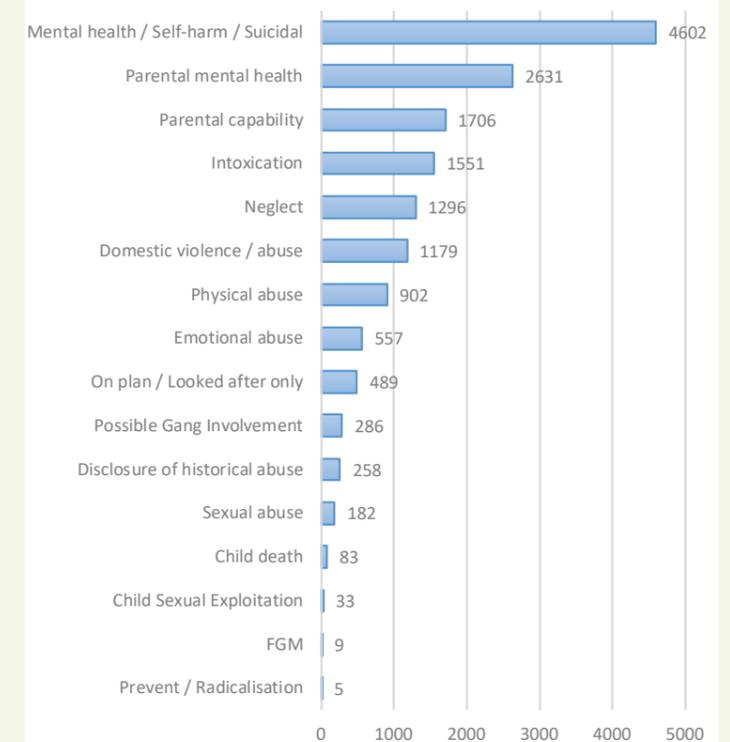
Domestic abuse cases have fallen slightly since last year's total of 1,242. This follows a fall in the previous year from 1,531.

The 9 concerns relating to FGM did not include any cases of directly observed or disclosed FGM of a child. These were concerns relating to children whose mothers or adult siblings had FGM, or other indirect concerns stemming from medical records etc. No mandatory reports identified or made to the police.

For some of our 'possible gang involvement' referrals, where the child is conveyed to a Major Trauma Centre, we also refer immediately to Red Thread, a third sector youth organisation who work to intervene in young people's lives to steer them away from harmful social environments and behaviours. This year, 160 of these referrals have been made.

MENTAL HEALTH REMAINS OUR HIGHEST REFERRAL CATEGORY FOR CHILDREN

Child concerns by category 2022/23



ADULT REFERRALS

At LAS we have two referral pathways for adults, adult safeguarding, where concerns meet the criteria for an adult at risk and adult welfare concerns for social care support with activities of daily living for example.

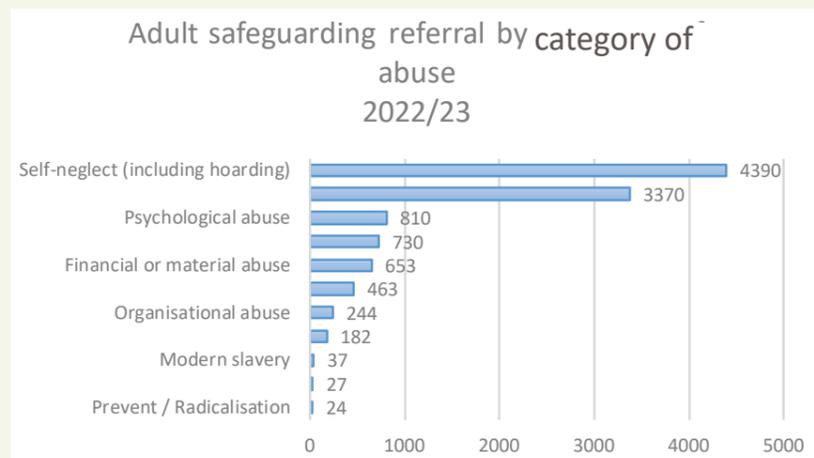
The chart for adult referrals and concerns shows self-neglect and neglect to be the highest referral category for adults at risk, this is the same as last year. Multiple categories can be selected for an individual referral.

For those referrals where relatively severe hoarding is indicated (scored using a clutter index devised by the LFB as over 4), and where consent is given, a notification is made to the London Fire Brigade. We made 1,230 of these referrals this year.

Also included in the self-neglect referrals are 422 Fire Risk Referrals, allowing our crews to inform LFB of incidents where a vulnerable person is at risk of fire with no hoarding present.

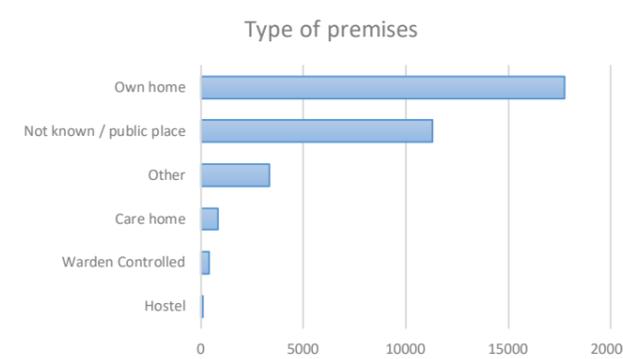
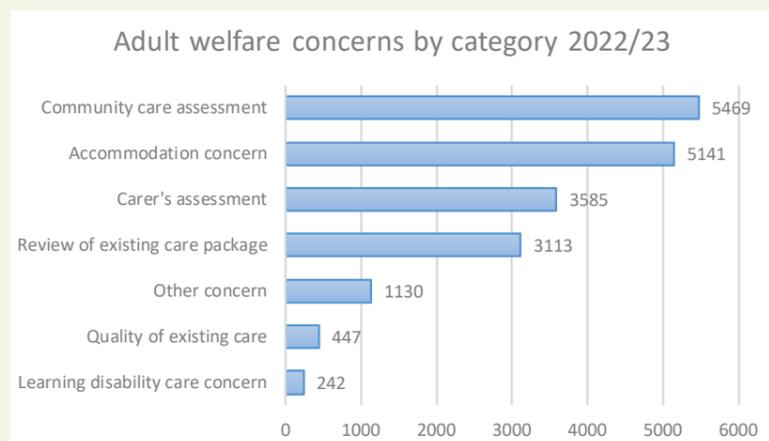
In cases where domestic abuse has been identified, staff supply the victim with the telephone number of the Women's Aid Domestic Violence Helpline (DVLH) number. On rare occasions the victim will ask staff to contract the DVHL on behalf of the person concerned. No referrals were made by LAS to Women's Aid this year.

For welfare related concerns, crews are encouraged where possible to empower individuals, their families or carers to approach the local authority directly. Where concerns are raised via the Trust reporting the main reason of concern is for a care assessment. Most welfare referrals indicate several possible areas of concern.



SELF-NEGLECT inc HOARDING REMAINS OUR HIGHEST REFERRAL CATEGORY FOR ADULTS

WELFARE CONCERNS REFERRALS HAVE DOUBLED SINCE LAST YEAR

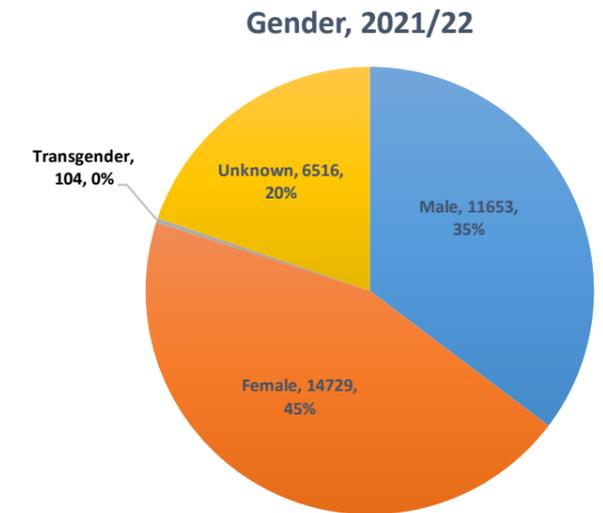


WE CONTINUE TO SEE THE MAJORITY OF SAFEGUARDING CONCERNS WHEN ATTENDING A PATIENT IN THEIR OWN HOME

GENDER

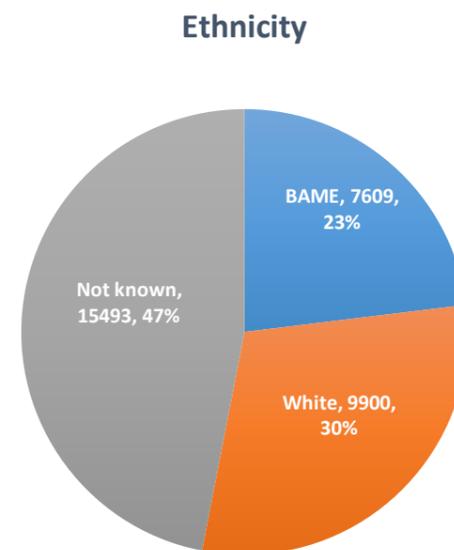
As is seen in previous years, there are more referrals for females than males.

20% of referrals have no gender recorded. The majority are child safeguarding referrals where we are aware that a child is at risk but have not assessed that child face to face (often an unborn child or via our call centre) and have not established their gender, or where the referral is indicative of concerns about more than one adult or child.



FEMALES HIGHEST REFERRAL GENDER

RECORDING OF TRANSGENDER PT. HAS INCREASED



ETHNICITY

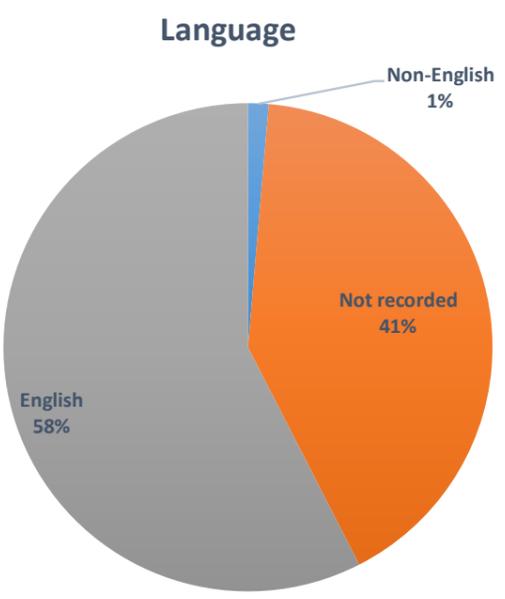
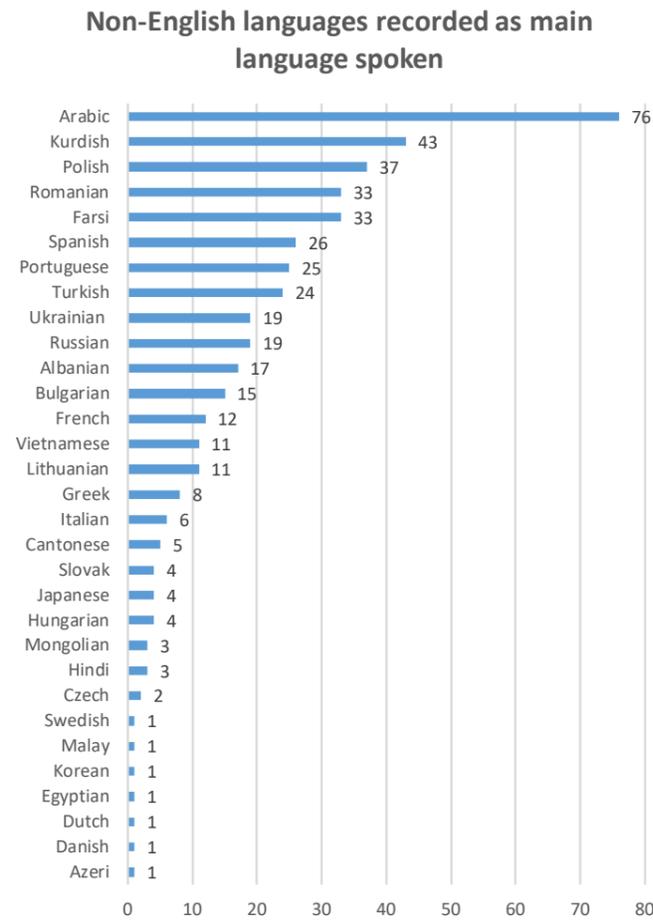
The number of cases where no ethnicity is recorded stands at 47%, and reflects the nature of the incidents that LAS attends. Often crews are unable to discuss ethnicity because patients are semi-conscious or incapacitated and unable to tell us how they identify. Also third party concerns – for people we did not see or assess, perhaps carers or partners, or those for unborn children, often provide no opportunity for a determination to be made.

15,493 REFERRALS HAD NO ETHNICITY RECORDED

AS A FIRST LANGUAGE ARABIC WAS THE HIGHEST RECORDED OTHER THAN ENGLISH

LANGUAGE

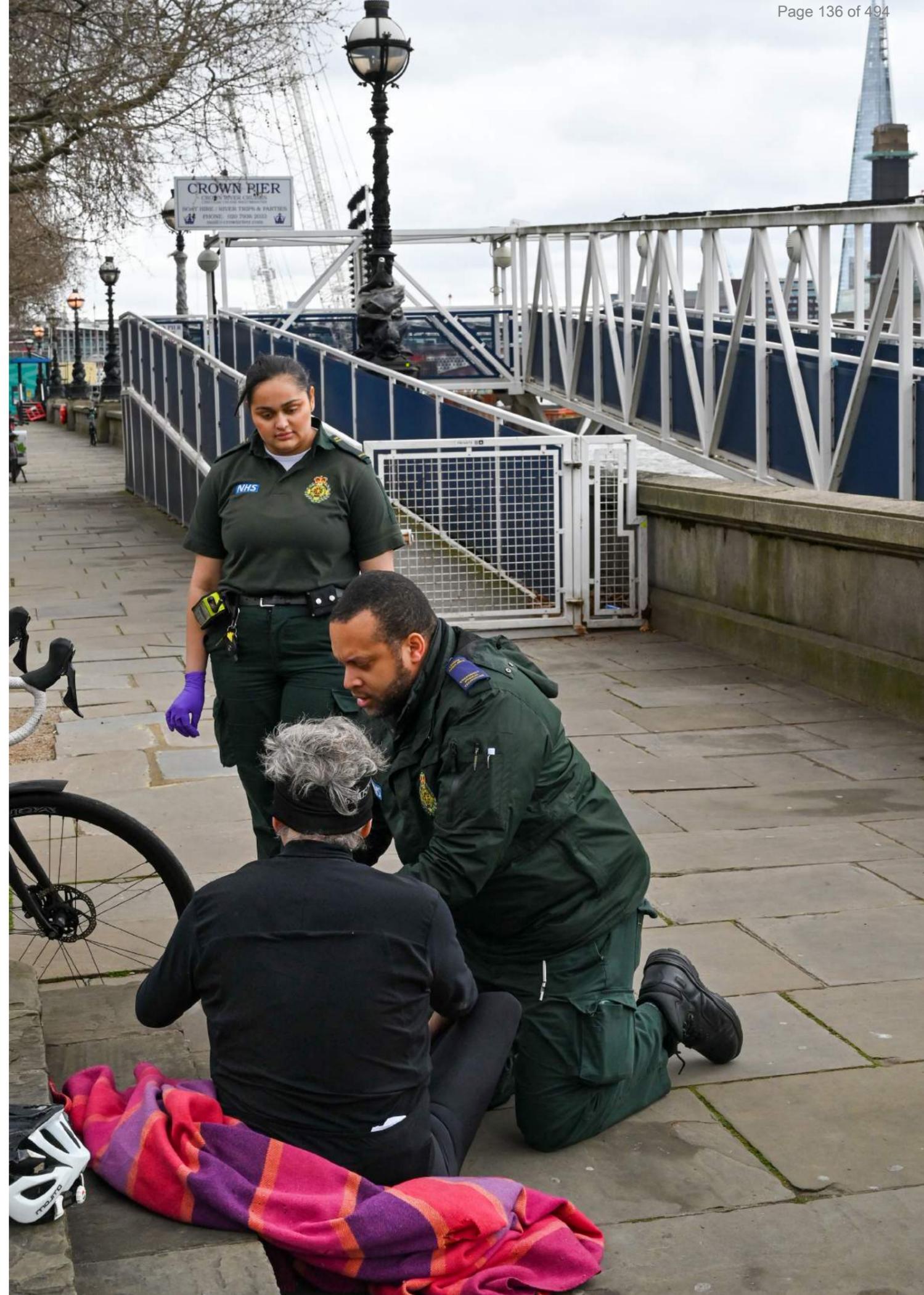
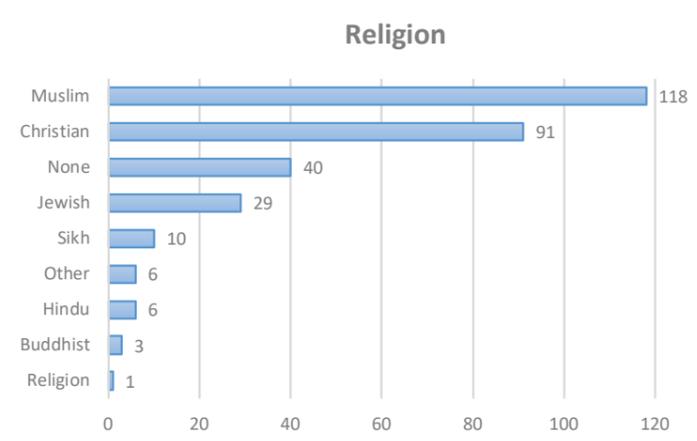
Similar to ethnicity, due to the nature of our incidents it is not always possible to ascertain languages spoken. However in cases where there are communication difficulties relating to languages spoken, the trust has access to live translation services via Language Line.



THE ISLAMIC FAITH WAS THE MAIN RECORDED RELIGION WITHIN OUR REFERRALS

RELIGION

Religion is not regularly recorded by staff - only 1% of referrals provide an indication of religion.



SAFEGUARDING TRAINING FIGURES 2022/23

END OF YEAR COMPLIANCE FIGURES

LEVEL 1
92.08%

LEVEL 2
EOC 61.54%
IUC 73.15%

LEVEL 3
91.08%

LEVEL 4
100%

THANK YOU TO JASON JACKMAN FOR PROVIDING THE FIGURES EXTRACTED FROM ESR AND TO THE SPECIALISTS FOR DELIVERING TRAINING TO SUCH A HIGH STANDARD

LEVEL 3

TOTAL NUMBER OF STAFF TRAINED
1019

126 COURSES PROVIDED WITH 2690 SPACES AVAILABLE

UPTAKE PERCENTAGE 37.8%

45 (35%) CANCELLED DUE TO LOW NUMBERS

LEVEL 2

TOTAL NUMBER OF STAFF TRAINED
6065

85 COURSES PROVIDED WITH 1830 SPACES AVAILABLE

UPTAKE PERCENTAGE 36.3%

29 (34.1%) CANCELLED DUE TO LOW NUMBERS

NEW RECRUIT COURSES

TOTAL NUMBER OF STAFF TRAINED
760

59 COURSES PROVIDED

LEVEL 3 BY SECTOR

SOUTH EAST 94.86%

SOUTH WEST 94.06%

NORTH WEST 92.21%

NORTH CENTRAL 92.43%

NORTH EAST 89.73%

INTEGRATED URGENT CARE 94.86% (SEL 52.17% & NEL 61.76%)

LEVEL 2 BY SECTOR

NORTH EAST LONDON INTEGRATED URGENT CARE 87.50%

SOUTH EAST LONDON INTEGRATED URGENT CARE 88.89%

EMERGENCY OPERATIONS CENTRE 61.54%

MENTAL CAPACITY BY SECTOR

SOUTH EAST 91.92%

SOUTH WEST 87.05%

NORTH WEST 92.55%

NORTH CENTRAL 90.81%

NORTH EAST 89.73%

SAFEGUARDING TRAINING FIGURES 2022/23

END OF YEAR COMPLIANCE FIGURES

TRUST BOARD
94.12%

PREVENT
91.70%

WRAP
91.10%

MENTAL CAPACITY L2&3
89.84%

LEARNING DISABILITIES ACTIVITY 2022/23

The work of the Learning Disability and Vulnerability Specialist has this year focused on aligning with the Learning Disability Strategy and actions from the Learning Disability CQUIN 2022-2023

1. ENGAGEMENT WITH THE LEARNING DISABILITY AND AUTISTIC COMMUNITY

The Learning Disability and Vulnerability Specialist has been working to increase engagement and involvement with people with lived experience and experts by experience as it is recognised people with a Learning Disability and Autistic people have increased barriers to accessing the typically used ways people pan London who use our service give feedback and influence how the service runs. This is as an essential element of our services development to collaborate meaningfully with those that use and experience our service. Below are some examples of how this has been completed.

CO-PRODUCTION OF ACCESSIBLE RESOURCES

In looking to reduce barriers to accessing the service and engaging with support provided, creating accessible resources with the aim of reducing anxiety and increasing understanding have been focused on. To do this communication went out to learning disability and autism service providers, charities and advocacy organisations asking what people with a learning disability and autistic people would like from these kind of resources and what format would best suit the information.

Resources were created based on this feedback, with an easy read document, social story and video being created so far. An external organisation of actors with a learning disability were commissioned to support the production of these resources.

As a result we have coproduced 3 new resources to support people with a learning disability or autistic people when using the ambulance service. This can be required by anyone when least expected however causing significant anxiety and distress.

OVER A
MEASURED 12
MONTH PERIOD
LAS REGISTERED
15,894
ATTENDANCES
TO PEOPLE WITH
A LEARNING
DISABILITY
OR AUTISTIC
PERSON

THANK YOU TO JESSICA HOWE LEARNING DISABILITIES AND VULNERABILITIES LEAD FOR PROVIDING THE FIGURES AND INFORMATION FOR THIS PORTION OF THE REPORT

These resources are designed to help to know what to expect when an ambulance comes to see you including assessments we may ask to complete, the inside of an ambulance and demystifying common concerns. Using content requested by people with lived experience, we have made an easy read document, social story and a video.

We hope these can be used proactively and in the event of needing an ambulance by people with a learning disability, autistic people and those that support them. By increasing understanding, reducing anxiety and supporting engagement with the service, the resources hope to reduce barriers to accessing the service and promote people getting the help they need with their health in a timely way.

Easy read: <https://www.londonambulance.nhs.uk/wp-content/uploads/2023/03/Easy-read-document-When-an-ambulance-comes-to-help-you.pdf>

Social story: <https://online.fliphtml5.com/jbhej/fihy/#p=1>

Video without subtitles : <https://www.youtube.com/watch?v=PilIFIBWZ3k>
Video with subtitles: <https://www.youtube.com/watch?v=rMfU4XUZxBO>

This link will take you to our new LAS website Learning Disability and Autism page for more resources : <https://www.londonambulance.nhs.uk/calling-us/learning-disabilities-and-autism-zone/>

CREATION OF PUBLIC PATIENT COUNCIL

It was recognised that the Public Patient Council in its current format was not accessible to those with a learning disability or autistic people to take part in a meaningful way and there was therefore no consistent or meaningful way for this patient group to contribute to and feed into the Trust.

A Learning Disability and Autism sub group of the Public Patient Council has therefore been created to enable this to be facilitated and ensure representation and engagement in the trust in a meaningful way.

Having representation across London and from many different organisations or individuals was very important, with people able to contribute and participate in a way meaningful to them. Two meetings have therefore been set up to run quarterly in time with the current Public Patient Council. One meeting is face to face and the other virtually to ensure barriers such as travel, work commitments or technology do not prevent people from attending. Ongoing contribution to these meetings is sought from family carers in particular to ensure everyone with a learning disability is represented and advocated for at these meetings and within the service.

DEVELOPMENT AND COMPLETION OF HEALTH ADVISOR RESOURCE VIDEO ALONGSIDE EXTERNAL ORGANISATION

The Learning Disabilities and Vulnerabilities Specialist was approached as part of a wider project to create specifically a learning video resource on supporting people with a Learning Disability over the phone for health advisors within Urgent Care.

An external organisation of people with a learning disability who support education for health organisations was commissioned to be part of this training work. This involved the Learning Disability and Vulnerability Specialist completing forum work to explore the challenges people with a learning disability face when accessing urgent care and the impact this has on their experiences of accessing healthcare this way.

Through this work which took place over a number of sessions, people were able to provide feedback and

express their experiences in a way that was meaningful to them whether within the group, individually, verbally or other methods such as drawing and writing.

The outcome of the forum work and advice provided by those with a learning disability was written into a script for the training video and again approved by the forum group. Actors from the organisation then attended a filming day and delivered theirs and their colleagues script to create the training video which has since been released pan London.

CONTRIBUTING TO LEARNING

External

- 73 reports to LEDER of people with a learning disability or autistic people we have ROLE'd
- 13 requests for involvement in patient cases for example from hospital inpatient, case managers, LD community teams etc
- Ongoing requests for LEDER information for independent reviewers and panels

Internal

- 33 requests for support including internal review of incidents, LAR and Learning from Deaths

2. EDUCATION AND TRAINING

DELIVERY OF FOCUSED LEARNING DISABILITY AND AUTISM TRAINING

A bespoke learning disability and autism internal training package has been designed to support staff to develop their knowledge and skill in this area of practise. This cannot be rolled out across the Trust due to capacity and so a top down approach has been taken to provide supervision and support to as many crew as possible and support risk management.

Ask the Question

Are you a call handler, health advisor, ambulance crew or clinician?

If you answered 'yes', then we need your help identifying whether our patients have any additional support needs by asking them the question below:

"We want to make sure we are providing you with the best care. Do you have any support needs it would be helpful for us to know about?"

Patients with autism or a learning disability might need your help identifying whether they have 'support needs', so you can do this by asking them:

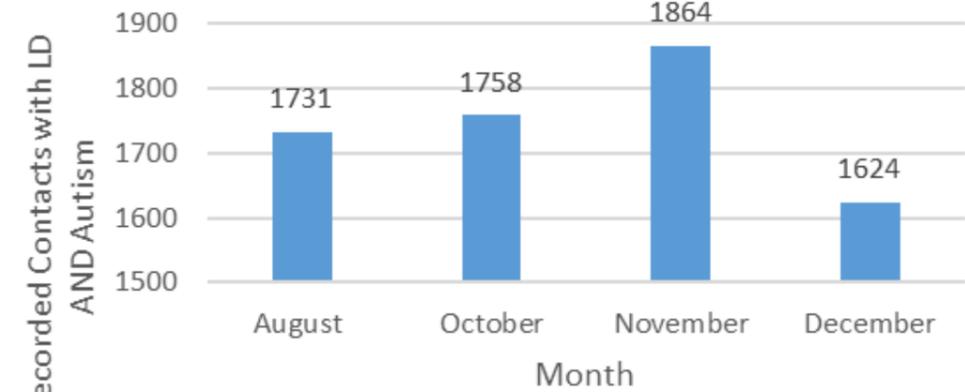
"Do you have a learning disability? Are you an autistic person? Do you have a carer?"



We have more role-specific information for you over on the Pulse, along with other support materials. Simply scan the QR code.



Total EPCR recorded by month



*Call numbers overall into the 9s service were lowest in the following order: August, November, December, October

DATA INDICATES

- An increase in recording during November whilst the campaign was actively running.
- November had the highest reporting rate yet only second highest overall call volume. Increased reporting does not therefore correlate with increased call volume overall as an influence.
- The visibility of the campaign was a success with a higher incidence of reporting of patients with a diagnosis of a learning disability or autism.

3. PATHWAYS OF CARE

ADVANCED PARAMEDIC PRACTITIONER IN URGENT CARE- NEW REFERRALS PATHWAY

A service evaluation was completed alongside the APP-UC team to identify current contact and themes with people with a learning disability and autistic people in comparison to general practise.

This identified the APPUC team were significantly underutilised with this patient group currently, with limited contacts however reduced conveyance rate, increased see and treat and no 24 hour re-attendance.

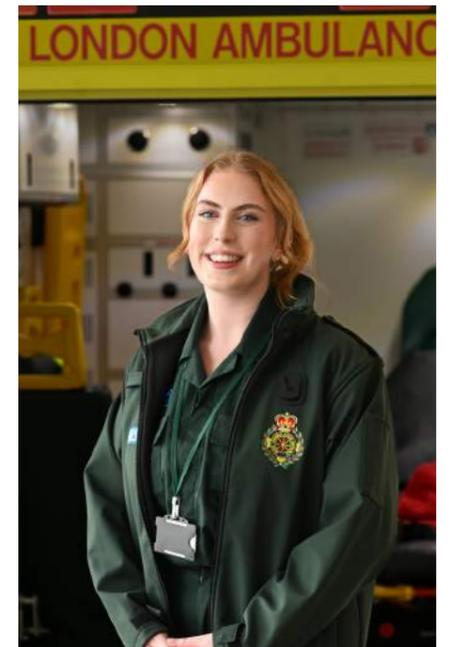
A new referrals pathway with referral criteria has been launched and communicated across the trust for crews to refer straight to APP-UCs. Guidance given to APP-UCs on their scope of practise in this space and screening appropriate referrals.

4. UNIVERSAL CARE PLAN

The Learning Disability and Vulnerability Specialist has worked across the last year to understand the use case of how the new UCPs used by the LAS can better meet the needs of people with a learning disability and autistic people. This is with the aim of improving patient care by enabling crews to have information at hand on how to meet the personalised care needs of this group in a timely way, through a resource they are used to using.

By chairing a pan London group, this has enabled positive engagement across services and boroughs to explore how this can be used innovatively within LD and autism care before a case being presented to the UCP commissioners. In line with the UCP team template development plans, a case was successfully submitted to request "Learning

Disabilities and Autism" have their own considerations within the UCP template. Work has now started alongside the London Learning Disability and Autism Strategy to contribute to the ongoing development of the UCP work to ensure this patient population is represented and a new template reflects the needs of this patient group. This will have a positive impact on crew's knowledge about an individual, effecting the care they can provide and on the patients receiving this, improving health outcomes and experiences in a timely way.



this across multiple forums and to access as many staff as possible.

This involved: consultation with internal stakeholders and content being created for: an internal intranet page focused at different roles across the trust including case studies and staff support videos for the campaign, attendance on live internal interview panel, article in weekly bulletin, newsletters, post on internal social media, joint education document created, a quality bulletin being released, display on internal screens in stations and buildings.



The training package is based on clinical best practise with this patient group, specifically around areas of practise that are pertinent in emergency and urgent healthcare and present barriers to accessible good quality healthcare in a timely way. For example: communication, soft signs of deterioration, co-morbid considerations, sensory integration, working with support networks, mental capacity, reasonable adjustments. This also includes case studies and patient examples to aid learning which can incorporate ongoing learning from incidents etc throughout the year.

The training roll out has included all Advanced Paramedic Practitioners in Urgent Care, all Team managers, sections of Clinical Team Navigators (ongoing), sections of Clinical Team Managers (ongoing). Other adapted role specific training packages have also been provided to other teams such as Public education team.

Feedback from these training sessions have been positive, with the understanding that a lot of content is fit into a short time and where possible

this could be extended.

Application of the training is starting to be seen when feedback is being given to staff as part of internal reviews.

ASK THE QUESTION CAMPAIGN

One of the main national barriers in accessing equal healthcare for people with a learning disability and autistic people is those providing care not knowing the person has that diagnosis and in turn a person's support needs.

This campaign focused on how we find out whether a patient has a learning disability or is an autistic person.

This is the starting point of then ensuring we next consider how we need to adapt our practice accordingly/make any reasonable adjustments. Without finding out this information we are less likely to provide personalised, be aware of the need to adapt our practise or inform our clinical reasoning.

The Ask the Question campaign was rolled out in November. Joint working with communications team to deliver

PATIENT STORY

PATIENT -

ADULT NE CASE

CASE SUMMARY

- 24 year old female
- Mental Health History
- Under a Mental Health service
- Prescribed Medication for Mental Health
- Victim of Domestic Abuse
- Death by suicide – found by police in a children's playground

CONCERNS

Born female but is known that the patient identified male.

Between 2019 and 2022 LAS had 28 contacts with which included both 111 and 999 calls.

Of the 28 contacts, LAS dispatched to 12 of the calls and of these, 11 related to a deterioration in Mental Health / Suicidal Ideation / Self Harm / Hallucinations/ Hearing Voices.

On attendance to the patient it was regularly recorded that they would ask for help and / or made requests to be taken back to the Mental Health Hospital, on occasion stating that they had been discharged home too early.

Patient was a frequent refuser of services, or did not respond to call-backs.

THEMES FROM DOCUMENTATION AND SARS REVIEW

Born female and identified as male.

During 9/12 of LAS attendances, crew did not document what support was offered to the patient and on one occasion, crew assessed them as not being at risk of abuse / neglect / harm and having capacity, despite the patient presenting with hallucinations and hearing voices telling them to harm crew and jump off a bridge – this assessment is therefore contradictory to the patient's presentation

Inconsistent engagement with services.

Long history of MH concerns with diagnosis of personality disorder, self-harm, suicidal attempts.

They had been open to care services throughout their life.

Was a victim of sexual assault as child and an adult.

Early childhood trauma (ACES) as a child, they had an EHCP (Education Health Care Plan) due to global developmental impairment inc dyspraxia, however not all professionals overly aware of the additional needs

Recurring voluntary admissions to a Mental Health inpatient unit. Reported

to have friends in the hospital and would often say that they wanted to

be with them.

Erratic behaviours, such as binge drinking, difficulty with managing finances, showed awareness of own behaviours, struggled with carers' involvement in their life.

Associated with individuals involved in drugs and alcohol

LEARNING POINTS FOR LAS

When attending to a patient who has a significant mental health history and /or significant concerns of substance misuse etc staff must ensure that they consider safeguarding and clearly document what their concerns are – include your assessment, plan and action and remember to signpost to other agencies.

There was no documentation around support for the patient or consideration for a safeguarding referral.

Staff should continue to use their professional curiosity to explore the circumstances around the patient as part of a trauma informed approach, and reflect their findings through their documentation.



London Ambulance Service
NHS Trust

SEXUAL SAFETY CHARTER

Equality statement

This charter equally applies to all colleagues, volunteers, apprentices, service users, contractors and anyone else engaging with the London Ambulance Service in any way, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

You have the right to feel safe from sexual harm

You should never feel uncomfortable, frightened or intimidated in a sexual way by our patients or other colleagues. It is essential that we all adopt a zero tolerance approach to any behaviours that negatively affect the sexual safety of our colleagues or patients.

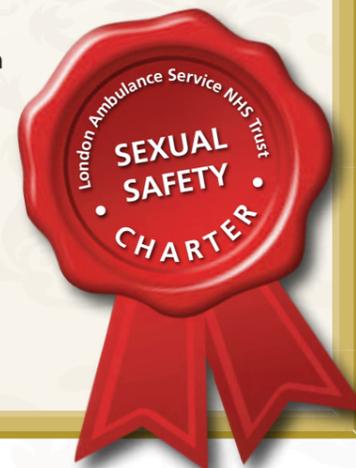
Our Trust commits to everyone behaving in a way that ensures sexual safety

We will always take your concerns seriously and with empathy and understanding, because we know how difficult it may be for you to speak up. We will also provide appropriate support, work with you and link you to relevant support services.

We want all colleagues, volunteers and apprentices to commit to these sexual safety standards and keep everyone safe from harm:

- I understand sexual activity with another person should only be through mutual consent and never through coercion or used for punishment.
- I will not try to talk someone else into engaging in sexual activity or harass another person sexually.
- I will always be conscious of how my behaviour makes others feel and I will change my behaviour if someone tells me it makes them uncomfortable. I will ask for help with this if I need to.
- I will speak up on behalf of others if I see or hear about someone else being hurt, harassed or assaulted either verbally or physically.

If you are worried about your safety, or that of a colleague, please speak to a manager, a Freedom to Speak Up Guardian via Londamb.speakup@nhs.net or our Safeguarding Team via Safeguarding.las@nhs.net



SEXUAL SAFETY AT LONDON AMBULANCE SERVICE

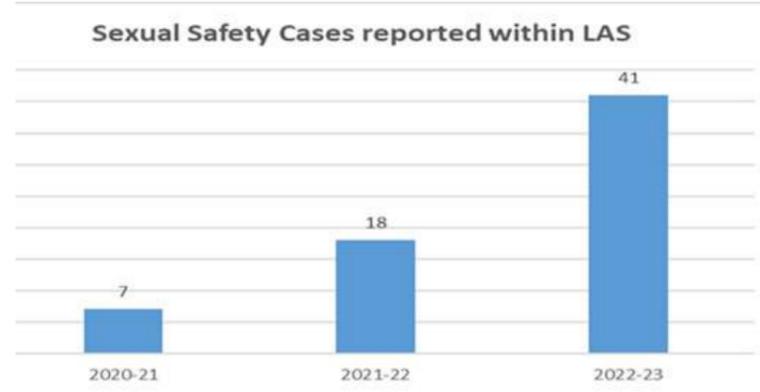
41 CASES UP FROM 18 IN 2021/22

DEMOGRAPHICS
30 CASES OF STAFF OF STAFF SEXUAL ABUSE/HARRASSMENT

3 CASES RELATED TO PATIENTS

3 CASES OF ONLINE GROOMING

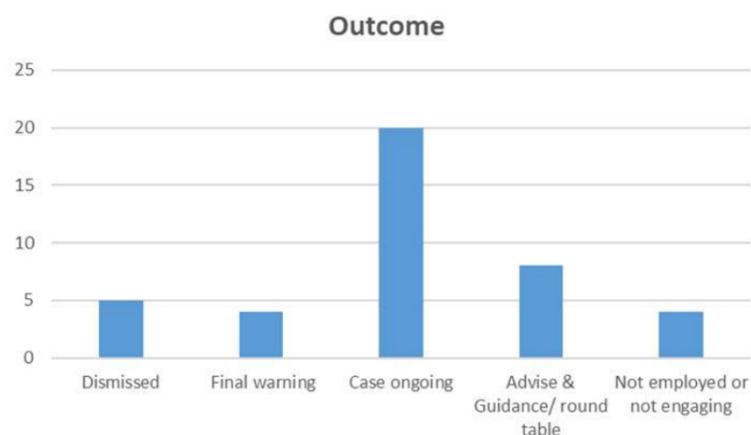
5 CASES OF INDECENT IMAGERY



THE LAS SAW AN INCREASE IN REPORTING OF CASES DUE TO EDUCATION AND RAISING AWARENESS OF THE ISSUE

For Incidents involving patients or online / indecent images the trust works with the Local Authority Designated Officer (LADO) and the Police to ensure the safety of all concerned and the wider public.

Where allegations meet the DBS two stage test a DBS referral is made. Where the perpetrator is a registrant they are encouraged to self-report to professional body. If they fail to do this the trust will inform the professional body when it is appropriate.



The trust received a total of 58 allegations for 2022-23 via the safeguarding allegation reporting process.

Compassion with other years:

1. 2020-21	30
2. 2021-22	49
3. 2022-23	58

Whilst there has been an increase year on year we believe this is not because more incidents are occurring but there is an increased awareness and education on sexual safety and safeguarding and this has led to increased reporting and confidence from staff that the Trust will manage these appropriately.

Of the 58 cases 35 have concluded and 25 are ongoing.

OUTCOMES:

5 STAFF DISMISSED

4 RECEIVED A FINAL WARNING

8 PARTICIPATED IN A ROUND TABLE AND ADVICE/GUIDANCE

4 STAFF MEMBERS CHOSE NOT TO ENGAGE OR WERE NOT STAFF MEMBERS

14 CASE WERE NOT SAFEGUARDING RELATED AND WERE IN RELATION TO PROFESSIONAL CONDUCT



ALLEGATIONS LONDON AMBULANCE SERVICE

58 CASES CAME INTO THE TEAM IN 2022/23

DEMOGRAPHICS

41 CASES RELATED TO SEXUAL SAFETY OF WHICH 30 CASE WERE STAFF ON STAFF ABUSE

THE OTHER 11 CASES INCLUDED:

GROOMING OR INPPROPRIATE INTERNET ACTIVITY

INAPPROPRIATE RELATIONSHIP WITH A PATIENT

SEXUAL ASSAULT ON A PATIENT

CHILD SEXUAL ABUSE

OF THE CASES NOT RELATED TO SEXUAL SAFETY

7 DOMESTIC ABUSE CASES

1 THEFT FROM A PATIENT

4 PROF. CONDUCT CONCERNS

5 CLASSIFIED AS OTHER


NHS

 London Ambulance Service
 NHS Trust

Sexual Safety

You have the right to feel safe from sexual harm

Whether working or volunteering for the London Ambulance Service, you should never feel uncomfortable, frightened or intimidated in a sexual way by patients or other colleagues.

The Service is taking a zero tolerance approach to any behaviours that negatively affect the safety of our colleagues.

Behaviours that are not acceptable include:

- Verbal and written**
 - Comments of a sexual nature about a person's looks, clothing, body
 - Sexually explicit anecdotes, jokes, banter
 - Requests for sexual favours
 - Spreading rumours about a person's sex life
- Physical**
 - Frequently following a person, standing too close to them
 - Inappropriate touching of a person – massaging, stroking, rubbing
 - Purposely brushing up against someone
 - Unwanted or coercive and intimidating sexual contact
- Non verbal**
 - Looking someone's body up and down
 - Derogatory facial expressions of a sexual nature
 - Whistling or sexual gestures
 - Genital exposure and masturbation
- Visual**
 - Displaying sexually explicit objects and posters of naked people
 - Showing or sending people sexually explicit text messages and images
 - Sharing personal or naked images of an individual

We are committed to supporting anyone who does not feel there is sexual safety at work.

We encourage individuals or witnesses to seek help to report any of the above behaviours.

You have the commitment of the Trust Board that we will act.

If you are worried about your safety or that of a colleague speak to your line manager, a Freedom to Speak Up guardian or our Safeguarding team.

londamb.speakup@nhs.net or safeguarding.las@nhs.net


Safeguarding

PRIORITIES FOR 2023/24

**ELECTRONIC REFERRAL
TO BE IMPLEMENTED ACROSS
ALL LAS SERVICE AREA'S**

**VIRTUAL REALITY TRAINING
TO CONTINUE TO PROVIDE
CONTINUAL PROFESSIONAL
DEVELOPMENT THROUGH
HIGH QUALITY DELIVERY AND
UTILISING DEVELOPMENTS IN
TECHNOLOGY**

**INTEGRATED URGENT &
EMERGENCY CARE
CONTINUE TO IMPROVE
GOVERNANCE AND ASSURANCE**

LAS SAFEGUARDING CONFERENCE

HAVE YOU SEEN ME?



**NOVEMBER 20th 2023
@ THE OVAL**

**KEEP AN EYE OUT FOR
FUTURE LINKS TO BOOK ON VIA EVENTBRITE.
WE HOPE TO SEE YOU THERE!**



5.2. People and Culture

5.2.1 Director's Report

5.2.2 People and Culture Committee

5.2.3 EDI Committee

For Assurance

Presented by Anne Rainsberry and Damian
McGuinness



London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting **26 September 2023**

Report from the Chief People Officer

1. Executive Summary

HSJ Patient Safety Awards

Our LAS Wellbeing Hub was announced as the winner of the Staff Wellbeing Initiative at the 2023 HSJ Patient Safety Awards in September. Our award was based in due to our unique and innovative approach to staff wellbeing – principally offering restricted duties colleagues meaningful occupation in the wellbeing team whilst they recuperate from injury or illness. Working on our wellbeing trucks or cafes – or in the wellbeing hub or on the flu programme, colleagues can gain experience of working in a different area of the Trust from their operational role whilst massively expanding our capacity to deliver wellbeing.

Recruitment & Retention

The Trust's attraction strategy remains competitive both within the UK (with over 600 staff either awaiting interview or completion of pre-employment checks) and internationally, with over 250 international employment offers currently in progress.

Turnover continues on a downward trend (circa 10%) and the number of frontline leavers has remained positively below plan.

Wellbeing

The Vaccination team have been finalising plans for the upcoming flu and Covid-19 vaccine programmes. The Trust is awaiting information from national teams that will inform if an internal Covid-19 programme is possible – if not colleagues will be able to book external appointments through the National Booking system. The flu vaccine is expected to arrive within the Trust on October 6th.

The immunisation programme is proceeding well, with more than 1000 colleagues offered the opportunity for an appointment to ensure they are up to date. There are seven different clinics that colleagues can attend across London.

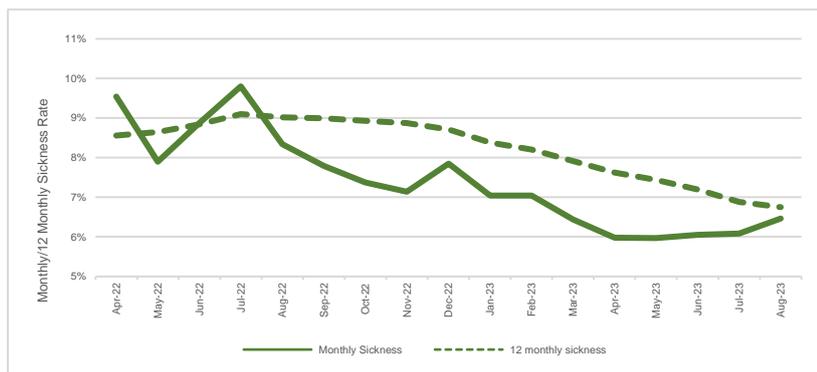
The Keeping Well North West London Mental Health team have delivered thirteen of the twenty planned Wellbeing conversation workshops to managers across the Trust. Feedback is excellent with the vast majority reporting increased confidence levels in talking to their teams about their wellbeing and recognising mental health conditions.

The Wellbeing Team are leading on a Trust wide project that aims to promote physical fitness. The Chair of the promoting physical activity group has recently passed from the

Head of Health, Safety and Security to the Head of Wellbeing and the focus will be on how the Trust can optimise affordable and convenient access to exercise opportunities.

Nine colleagues from the Wellbeing Team have now started an accredited health coaching course that was originally identified within the LAS but has been picked up by AACE and offered to all the English Ambulance services wellbeing teams. A health coaching pilot will subsequently be trained in January 2024 as part of a wider programme to offer colleagues the opportunity to complete a personalised health plan.

Supporting Attendance



Our first day absence reporting service continues to embed with over 30,000 calls made to the service since its launch in August. Supporting our staff back to work has seen significant improvement since the introduction of the service. We saw a slight increase in August sickness (up by 0.3%) although our underlying 12 month position continues to improve.

OD & Talent Management

The OD & Talent Management team have been focused on providing OD interventions to support the team based working for Ambulance Operations and more recently, EOC. In addition there has been good progress with the design and development of the new 'Our LAS e-appraisal & talent management system'. Appraisals are important for wellbeing and development and this purpose-based system which we have jointly designed with our third party partner Actus will streamline the process and make it easier to focus on having quality conversations.

We have also been successful in securing Greater London Authority for Jobs and Skills for London funding with the aim to launch the *Our LAS Inclusive Response Programme* in January 2024. Our programme aims to increase the diversity in frontline roles, to ensure that the service is reflective of the communities that we serve. The core programme will be a 4-week training programme with other add-on non-GLA funded support elements such as Maths, English and C1. The target is to move these individuals into our Assistant Ambulance Practitioner (AAP) roles. We also aim to ensure that those individuals taking part in the programme are retained by the service in successful transition to apprenticeships, other frontline roles, or corporate roles within the LAS, should they not be successful with becoming an AAP or require a change of direction. We will look to support around 104 Londoners each year with 52 moving into employment.

P&C Operations

Recruitment

In August we have seen a very positive performance by the recruitment team with strong pipelines and fill rates. We overfilled places with 130 joiners against 125 planned.

- **Paramedic recruitment** - Year to date we have filled 160 of the 164 training places which is 4 behind plan. The international pipeline remains strong with over 250 candidates offered which includes 216 offers from the international trip and 50 from our 'Rest of the World' campaign. An engagement schedule started in August and is designed to support our pipeline with guest speakers from key teams including the CEO, the international liaison team, OPC, Clinical Link Tutors and our well-being team).

We have recruited over 250 UK graduates with a 95% application to offer rate, up from 85% in 2022/2023.

- **AAP Recruitment** - Year to date we have filled 109 of the 114 training places which is five behind plan. The pipeline is positive with over 102 candidates offered. The team have attended a number of recruitment events during this quarter including Islington college, DWP Job Centre, Westfield Job show, NHS Jobshow (White City Westfield) and Woolwich Job Centre.

- **Call Handling Recruitment** – Positive fill rates of over 95% achieved in EOC call handling. The pipeline is strong with over 100 candidates at offer stage and this will continue to grow with Super Saturday and assessment events on-going.

111 call handlers – we achieved a 92% fill rate in August and the pipelines have improved with over 100 candidates at offer stage. The recruitment team have attended community events where they actively promote 111 and 999 roles to boost the pipelines with a particular focus on South London for the Croydon 111 pipeline.

- **Corporate/Specialist recruitment** – there continues to be significant recruitment activity to support the frontline including recruitment into Advanced Paramedic Practitioners, CRU, TRU, HART, HEMS, PCN Programme, Mental Health and Community Resuscitation roles. We currently have 72 candidates at conditional offer stage.

Retention

Turnover continues on a downward trend (currently 10.4% in August) and the number of frontline leavers has remained positively below plan (-40fte). The stability rate which measures the 'stay' rate for staff over a 12 month period averages 85% for the year. We have low turnover rates across the Ambulance Sectors ranging from 6% to 10%, NETS (8%) and Resilience and Specialist Assets (6%). Call handling turnover remains an area of concern with rates of 36% in 111 and 21% in EOC. The deep dive into EOC has been completed and an action plan is in place to continue to improve the turnover rates. The deep dive into 111 call handling will commence in September.

Supporting Attendance

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

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

The top reasons for absence are shown in the below table.

Reason	FTE days lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	3,039	22%
S25 Gastrointestinal problems	1,287	9%
S28 Injury, fracture	1,066	8%
S11 Back Problems	1,063	8%
S12 Other musculoskeletal problems	986	7%
S13 Cold, Cough, Flu – Influenza	792	6%

There have been important wellbeing developments and interventions that will also be impacting on this improvement, evidencing the benefits of our holistic approach. We are also reviewing the Directorate improvement plans, which will be asked to focus on understanding the drivers of stress in the organisation and a local, nuanced response to addressing.

Employee Relations

HR Advisory Teams continue to manage large workloads, especially related to sickness absence, but in all case management domains, as identified in the dashboard. We have seen continued impressive results in the management of long-term sickness absence and have recruited to vacancies within the team to sustain this performance.

We have moved to the implementation of the team restructure proposals and (where we can) are devolving teams closer to the operational front line. During September 2023 are final new starters will join and we will be fully established.

Training and updates on Ill Health Retirement and Dismissals for HR Team took place in August 2023 with Investigation Training Refresher for Managers and HR Staff to take place in September 2023.

Workforce Intelligence, Payroll & Pensions

Digital Workforce Systems - ESR Self Service Standards Report – we have recently received the outcome of our assessment established on a set of ten standards that relate to the use of digital workforce systems (including ESR) that Chief People Officers and their teams should be working to achieve, in order to improve the experience of all NHS employees.

The outcome for each of the ESR Self Service standards has been ascertained during a meeting with our Regional ESR Functional Account Manager where current usage data and ESR processes were assessed. The results of the assessment provide a great reflection of the Trust's on-going commitment to ESR and identified that seven out of the ten standards

were fully met at Level 2 with two at Level 1. There is a resulting action plan in place which should bring all areas up to Level 2.

DBS rechecking – the programme started in August with the objective to recheck all those who have a DBS check which is older than three years (circa 3,700 staff) and at the same time to ensure that staff subscribe to the DBS Update Service. This brings a number of benefits to both staff and the Trust and once achieved means that we will not have to repeat the rechecking process in future years, thereby saving time and money. We currently have over 2,000 staff who subscribe annually to the DBS update service and we have been successful in our objective for all joiners and staff changing roles to join the update service. Over 2,100 Sector staff have been contacted to date and response rates have been steady with over 200 staff having been rechecked to date.

HCPC re-registration – the team have supported the rechecking of 3,490 clinical staff by the deadline date of 1st September 2023. As at 31st August, 3,488 had renewed, a 99.94% success rate.

Workforce Planning 2024/2025 – discussions have started and will continue, reporting via the Trust's Workforce Group to identify the 2024/2025 recruitment numbers in Ambulance Operations, 999 and 111 Services.

Pensions

We have been updating our promotional information about the draw-down (partial) retirement options which start from 1st October and we are about to share our manager guidance which provides useful information on flexible retirement covering both retire and return and draw-down (partial) retirement. Both of these flexible retirement options are key to retaining our skilled and experienced staff across the Trust.

4. Health and Wellbeing

Occupational Health

Optima clinicians have been running clinics across London since May 2023 in order to ensure colleagues are up to date with their immunisations. There are currently seven clinic locations across London, including at our training stations and in all five sectors, although the location in North Central is an Optima clinic rather than on LAS estate. A suitable room in North Central has now been identified and will be established in the near future.

The Wellbeing Team has been working with our core Occupational Health (OH) provider to ensure managers have a better understanding of how to make a good referral and ensure they are getting the information they need in the OH report. The result will be a new training session for managers delivered in collaboration by OH and the Wellbeing Team. The pilot session is due to take place at the end of September.

Mental Health Provision

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

team who are able to conduct TRiM assessments. The Trust Psychotherapist has arranged a number of refresher training courses to ensure that current LINC workers are up to date.

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

Wellbeing Activities

The Trust has been working with The Ambulance Staff Charity (TASC) to develop workshops for staff and managers in our contact centres that aim to enhance team and individual wellbeing. The first of these workshops will take place at the end of September before a wider roll-out begins. Additionally, wellbeing conversation training provided by the team at Keeping Well NWL is underway, with one face to face training session per week until October 2023. All Ambulance Services and Emergency Operations Centre managers will have the opportunity to attend and gain a greater understanding of how they can sensitively and appropriately support their teams, whilst safeguarding their own boundaries and wellbeing. To date thirteen courses have been held, with excellent feedback from colleagues.

Additionally;

- Planning for the upcoming flu season is now complete. There is still not enough information available to confirm if the internal delivery of a Covid-19 vaccine is possible, but it is believed this will be imminently available.
- Nine of the Wellbeing Team have started an accredited health coaching course that was originally identified by the LAS team but has now been picked up by AACE and offered to all the English Ambulance services wellbeing teams. In total, 14 members of the LAS Wellbeing and OD & Talent teams will subsequently be trained.
- The Wellbeing Support Officers have started to attend huddles at Group stations that have moved over to Team Based working to ensure colleagues are up to date with information about support services. The Wellbeing Team also presented at the St Georges University student wellbeing conference, supported colleagues at Notting Hill and have delivered training sessions to international paramedics and new clinical tutors.
- All five new Wellbeing Support vehicles have now been delivered back into the Trust, each fitted out with a microwave and fridge.

5. Organisational Development and Talent Management (Our LAS Culture Transformation Programme)

The focus on delivering interventions to support the organisational development and talent management work streams are continuing. In particular, the following activities are in place:

Our LAS Culture Change Programme

We are in the second phase of the Our LAS Culture Change programme. The two key areas of focus are building leadership capability and supporting team-based working.

1. Building leadership capability

- We have been receiving good feedback regarding the *Our LAS, Our Leaders* programme. Four of the seven cohorts have begun the programme with the remaining three cohorts starting by the first week of October. There has been good partnership working between the OD & Talent Team, Quality Improvement Team and Middlesex University. The first cohort is embarking upon their work-based project proposals, which will have significant positive impact across the Trust. The Chief Executive is attending sessions with each cohort to show the commitment from the Trust and to motivate the participants. Upon completion of the programme, participants will receive an Advanced Diploma in Management Practice - Level 6 National Qualifications Framework (NQF).
- Our Enabling Talent Mentoring Programme will launch on 30 October. It will be facilitated by the OD and Talent Team, supported by the Chief Executive, Director of 999 Emergency Operations Centres, Director of Ambulance Services, and Director of Integrated Urgent and Emergency Care. A new Talent Mentoring process has been finalised with more than 30 Talent Mentors with profiles incorporated in an easy-to-use brochure. During the event, attendees will hear from the leadership team; learn about our new Talent Mentoring process; meet our Talent Mentors; and undergo a Talent Mentoring matching activity.

2. Supporting team-based working

- We continue to provide OD interventions to support team-based working for Ambulance Operations and more recently, EOC. We also continue to provide targeted OD support to corporate teams across the LAS.
- Our e-Appraisal system has launched its Phase 1: Trial Stage, which includes 320 people - all colleagues from the People and Culture Directorate, EDI Team, and all those that were part of the stakeholder engagement panels (including their manager and their direct line reports). The system has been met with positive feedback. A formal evaluation is planned for December 2023. The EDI Team has approved the Equality Impact Assessment (EIA) for this project. The next phase is scheduled for the end of September to include the New Malden and Homerton Group, along with IM&T – approximately 430 employees.

3. Other OD Support and Interventions

- In response to NHS Staff Survey results, a series of ‘Let it out’ sessions were facilitated by the OD & Talent Team to colleagues at the 12 Fleet workshop sites. The sessions allow individuals and teams to have an outlet to process their thoughts, emotions and feelings regarding their lived experiences at work. The report of findings is currently being finalised for presentation to the Chief People Officer and Chief Financial Officer (commissioner).
- The OD & Talent Team, in partnership with the EDI Team, have launched the Our LAS Muslim Staff Network. We have raised awareness of the inception of the network via several communication channels. More than 30 colleagues have so far expressed an interest in joining the network. As next steps, a launch event will be planned along with the appointment of Co-Chairs.
- We have been successful in securing Greater London Authority for Jobs and Skills for London funding with the aim to launch the *Our LAS Inclusive Response* Programme in January 2024. The programme aims to increase diversity in frontline roles, to ensure that the service is reflective of the communities that we serve. We also aim to ensure that those individuals taking part in the programme are retained by the service in successful transition to apprenticeships, other frontline roles, or corporate roles within the Trust. Following consultation with nearly 30 stakeholders, both internal and external, we will now be conducting fortnightly stakeholder panel meetings to ensure that all is in place for the implementation and launch of the programme in January. We are also working with Job Centre Plus to support those currently unemployed, helping Londoners find lasting skills and employment in “good jobs” as outlined in the Mayor of London’s Skills Roadmap; as well as Newham College to ensure effective functional skills delivery and success rate.
- The OD & Talent Team has been collaborating with other teams across the Trust in the Learning and Development space
 - Redesigning the Recruitment and Selection training with EDI colleagues and recruitment team leads to embed our culture of an inclusive workplace. The first of six training sessions began in early September to serve 300 paramedics by way of a development opportunity to support interview panels.
 - Designing a series of interventions with our 111 colleagues to support difficult conversations.
 - Creating a training programme with Clinical Education & Standards colleagues to support our next cohort of trainee tutors.

2023 NHS Staff Survey Preparations

This year’s NHS Staff Survey will launch on Monday 25 September. Like last year, the survey is being extended to bank-only colleagues, with a separate questionnaire to reflect the experiences of this group of staff. For the first time we are also inviting colleagues who

work in our 111 contact centres through an external agency to participate with an adapted version of the bank questionnaire. The IUEC leadership team are keen to better understand the views of these colleagues who make up a substantial proportion of their workforce.

We have been working with Internal Communications colleagues on an engagement plan for the survey, this involves a “Our Voices, Our Choices” campaign where directorates have provided examples of actions taken since last year’s survey to promote the positive impact completing the survey can have.

As in previous years, in order to encourage participation in the survey we are running an incentive scheme. Teams which achieve a 65% response rate will be able to claim a “Thank You” payment which can be spent on addressing issues raised in the survey.

The survey will run for 9 weeks, closing on Friday 24 November.

Damian McGuinness

Chief People Officer, London Ambulance Service NHS Trust.



London Ambulance Service

NHS Trust

**Assurance
report:**

People and Culture Committee

Date: 06/09/2023

**Summary
report to:**

Trust Board

**Date of
meeting:**

26/09/2023

Presented by: Anne Rainsberry, Non-Executive
Director, Chair of People and
Culture Committee

**Prepared
by:**

**Anne Rainsberry, Non-
Executive Director, Chair of
People and Culture
Committee**

**Matters for
escalation:**

**Other matters
considered:**

WORKFORCE PLANNING AND RECRUITMENT

The committee received a presentation on recruitment noting that all recruitment targets are expected to be met by the end of Q3. The committee noted that the number of frontline paramedics' international courses were overfilled for August and all NQP places filled for August and September and all AAP places filled in August. There was also 139 candidates in the pipeline for the next course in October. The committee noted that the pipeline for NETS, 111 and 999 call handlers was also strong, with the recruitment team now working two months in advance which them to identify whether they are on track.

The committee acknowledged the excellent work that has been done to achieve this.

The committee explored whether there was a risk in an over reliance on international recruitment. The current proportion of the workforce who are from Australia is currently approximately 20%. The aim is to reduce this by increasing the numbers recruited from the UK and improving retention. The committee also discussed the work to ensure there is greater diversity in who the Trust attracts and promotes. It noted Sea Change were undertaking a review in the area with finding being made available in the Autumn.

The committee were informed there is still a challenge for 111 recruitment specifically in South London. A deep dive has commenced into the end to end recruitment process and understanding the challenges around recruitment and retention in this critical area. The committee asked for an update on the development of new career paths and employment options which will be provided at a future meeting.

SCHEDULING

The committee received an update from the Head of Scheduling. A new Scheduling Group has been established to provide assurance that the scheduling team meets the need of the various departments in the Trust in a timely fashion. The group will provide monthly assurance reports to the Executive Committee and bi-monthly to the People and Culture Committee.

The committee were advised that a consultation is underway to transform the scheduling team and operational teams to establish more local ownership of scheduling and to make the best use of their workforce, with the aim of improving both productivity and staff satisfaction. It was noted that this work would be taking place over the next year with progress reports being fed into the committee.

A new dashboard is being developed to provide assurance on the effectiveness of scheduling. The chair raised the need to relate this to activity levels both predicted and actual and was advised this would be incorporated over time.

The committee explored the potential efficiency opportunity and were advised that dashboards would provide visibility of productivity measures. An update will come to the next meeting.

ATTENDANCE AT WORK AND WELLBEING

The committee received a presentation on supporting attendance at work and absence reporting. It was noted the sickness absence rate continues to be in the region of 6%. The committee noted the excellent progress.

Work is underway to consider an alternative online portal to support managers with attendance management. The current one was reported as cumbersome and time consuming by line managers. Other aspects of the new arrangements will remain including the telephone reporting and outreach. It was noted that staff would still be required to call and speak to a clinician, but a more sophisticated back-end portal is required to effect further efficiency and to achieve our absence target of 5%.

The Chair asked if the committee could receive trend charts relating to some of the data presented, specifically the 6% sickness level being driven by the our management and reduction of long term sickness absence, which was agreed.

EMPLOYEE RELATIONS

The committee received a presentation on progress with employee relations cases. A reduction in cases had been reported since the implementation of the resolution framework, due to mediation and informal reconciliation. It was noted that the performance and satisfaction survey data shows employees prefer this approach. The

Committee specifically explored the handling of employment tribunal cases and in particular grounds for settlement. The Committee received assurance that whilst settlement numbers were high the majority were settled without financial compensation.

RETENTION AND WELLBEING

The committee received a report on retention and wellbeing and noted the ongoing work on wellbeing support and training. It was noted that additional training and funding had been provided to support colleagues with moral injury and burnout. The committee were advised of the plan for everyone to have their own personalised health plan and staff.

The committee considered seasonal vaccination in the context of the forth coming winter. The Committee requested the executive's overall assessment of the level of risk of significant operational impact if vaccination uptake for flu and covid was low. The committee were advised that there is a plan in place to utilise team-based working and deliver vaccinations at training days which will increase the number of vaccinations delivered. It was agreed the Executive Committee would discuss the approach to necessary to improve the uptake of vaccinations and a recommendation would be brought to the next meeting.

OD / CULTURE PROGRAMMES / EDI

The committee received a presentation on the OD / culture programmes including EDI, noting the culture programme is approaching its second anniversary. The committee were advised the introduction of team-based working within ambulance operations is due to conclude in October, with the next step being introducing it in EOC. The committee were informed that there had been positive feedback with 80% of staff feeling more part of a team, which is an improvement from 46% before the introduction of this approach.

The improvement in appraisal compliance from 55% last year to 67% this year was noted by the committee, acknowledging there is more work to do, with outstanding appraisals being targeted via line managers.

CLINICAL AND NON-CLINICAL EDUCATION

The committee received an update on clinical and non-clinical education. It was noted that the overall statutory and mandatory training compliance is currently above target at 89% with information governance training at 95%.

The Committee received a highlight report on progress within Clinical Education. It was noted that there had been progress with tackling the backlog due to Covid for blue light training, although C1 continues to be an issue, particularly with international students who have to be in the country for a set period before they can take the necessary exam.

The committee discussed approaching the Secretary of State again for Transport and the Secretary of State for Health, regarding the C1 Licence derogation for NHS Ambulance Personnel in light of the gathering pressure on performance. The committee agreed that a letter would be drafted and the Chairman would send it on behalf of the Trust.

UPDATE ON THE PEOPLE STRATEGY

The committee received a presentation on the People Strategy. The committee considered whether the strategy addressed the expectations of the people the service wanted to attract; in particular the expectation of greater flexibility, work/ life balance and access to good technology. It was agreed that this should be further considered and incorporated into the document.

The committee asked for a revised draft together with a first draft of an implementation plan to be brought back to the committee in November.

FREEDOM TO SPEAK UP REPORT

The Q1 23/24 report was presented to the committee and it was noted that 41 concerns were raised with 59% of these being raised by ambulance operational staff. Following the increase in cases raised by ancillary (estates) staff, the Guardian met with the Chief Financial Officer to consider what action is required to address what had been raised. The committee were advised that a number of sexual safety concerns have come via the freedom to speak up and safeguarding route. It was noted that this higher level of reporting was to be expected as the Trust's Sexual Safety Intervention Toolkit was beginning to be used. The committee were informed that the Guardian and Coordinator have been visiting EOC/111 weekly, which has proved positive and staff have responded well to this.

The committee discussed concerns arising from the Lucy Letby case. The committee were informed that the Trust is currently evaluating the impact and considering how further assurance can be provided in terms of reporting and identifying trends and triangulating issues.

The revised Freedom to Speak up Policy was presented to the Committee for approval, noting that it followed the national template, which organisations are required to adopt by January 2024. The committee approved the policy.

Key decisions made / actions identified:

See other commentary.

Risks:**Board Assurance Framework**

The 2023-24 BAF extract including People and Culture risks was reviewed by the committee and approved. There was discussion on the risk relating recruitment and retention and the committee were asked to considering reducing the current score from 16 to 12 due to the assurance that have been provided with the progress on managing this and mitigating the risk. The committee agreed the reduction in risk score from 16 to 12.

Assurance:

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



London Ambulance Service

NHS Trust

Assurance report: **Equality, Diversity and Inclusion Committee** **Date:** **19/09/2023**

Summary report to:	Trust Board	Date of meeting:	26/09/2023
Presented by:	Anne Rainsberry, Non-Executive Director, Chair of Equality, Diversity and Inclusion Committee	Prepared by:	Roger Davidson- Director of Strategy and Transformation and Kulvinder Hira – Head of Equality, Diversity and Inclusion Reviewed, amended and approved by Anne Rainsberry

Matters for escalation:

Other matters considered:

The EDI Committee discussed the following:

Progress against Q2 priorities

A paper on progress against Q2 priorities presented to the committee, highlighting the Trust is on track and completed the following priorities:

1. Workforce Race Equality Standard report and action plan compiled and approved for Board approval
2. Workforce Disability Equality Standard report and action plan compiled and approved for Board approval
3. Tackling Discrimination and Promoting Inclusivity Workshops - We have currently delivered (up until Thursday 7th September) x49 days (98 sessions), offering 2,576 spaces. 1,908 spaces have been attended by staff and their competency updated to complete on ESR.
4. Three training programmes have been developed and are featured in the course catalogue
5. Staff Networks have been allocated a dedicated resource comprising of more money, more time and support to enable them to achieve their set aims and objectives.
6. EDI Implementation group has been set up
7. Equality Impact Assessments – New template and Guidance implemented with a tracker
8. Co-developed de-bias recruitment training

Work is underway to ensure EDI is integral to addressing Trust wide objectives and is on track to:

1. Scope how to attract BME staff to LAS
2. Overhaul recruitment and selection process in EOC
3. Developing an anti-discrimination charter
4. Developing a Reasonable Adjustments framework
5. Developing a data declaration campaign for all protected characteristics
6. Exploring platforms for data dashboards and analysing data at local level

Data declaration campaign

The committee was provided with data on number of blanks in the ethnicity category for all staff. This has highlighted areas for targeted campaign and engagement that will be required to achieve the ambition to reduce blanks to zero.

The campaign will include targeted work and promotion through ESR.

EOC- Recruitment and Selection

Since the formation of the EOC Transformation Group, the EOC Recruitment & Progression group have met to have oversight on the Recruitment process to ensure the workforce plan delivery stays on target and to consider any changes associated with improving recruitment processes.

Over the last few months the team have undertaken a number of changes to recruitment processes and continue to review and address barriers for any protected characteristics. One of the aims for this programme is to develop a de-bias recruitment toolkit to pilot in EOC and then evaluate for Trust wide implementation. They have introduced new interventions to improve recruitment practices including; longlisting, shortlisting, assessments and interviews.

Recruitment (Trust wide)

We have created a four-week programme to give potential applicants a taste of what working for the LAS is like and provide a pipeline for our AAP apprenticeship. This programme is partly funded by the Greater London Authority. It includes classroom-based learning and observation days with ambulance crews, EOCs and 111 contact centres and an AAP training course. Attendees will be asked to complete a learning journal to demonstrate their understanding.

We have worked with the Prince's Trust informally for many years to support recruitment to our call-handling roles and AAP apprenticeships. This has involved the young people they work with attending a three-day programme which includes how to apply for roles, talking to front-line staff, and workshops on self-resilience. Attendees are guaranteed an interview at the end of the process.

To increase representation, a Comms plan has been developed. The recruitment team has attended Refugees recruitment fairs and on boarding 8 candidates. Changed internal recruitment for CTMs and TMs to be more inclusive and increased number of appointments of BME staff and staff with disabilities. A secondment policy has been developed.

Sea change

A verbal update was provided and some of the emerging themes include, ways that we engage with BME communities and our processes. Sea Change will present their findings at the next EDI Committee meeting in November.

Anti-Discrimination Statement

An anti-discrimination statement was presented by Daniel. This statement has been adapted by LAS based on London NHSE's statement. This was further amended based on feedback and will be presented to Board for approval.

Workforce Race Equality Standard (WRES)

WRES report and action plan has been compiled to meet our national reporting timelines to publish by end of October 2023.

The report and action plans were approved and will be submitted for Board approval.

Workforce Disability Equality Standard (WDES)

WDES report and action plan has been compiled to meet our national reporting timelines to publish by end of October 2023.

The report and action plans were approved and will be submitted for Board approval.

BAF risk

Risk 2.2 - relating to the possibility that we may not improve the diversity of our staff and achieve equality standards, which aligns with mission 2; becoming an increasingly inclusive, well-led, highly skilled organisation people are proud to work for and mission priority, inclusive and open culture.

A discussion took place that we have a long way to go and the committee agreed to keep it at the level it is.

The risk rating has not lowered and the ambition is that we move from a risk 16 to a risk of 8, however the presentation on the plans and the specific measures to monitor progress against this, are the way in which the committee needs to gain assurance that the risk is being mitigated.

Key decisions made / actions identified:	<ul style="list-style-type: none">• WRES and WDES report and action plans approved• Anti-discriminations statement approved• BAF risk to remain at same level
Risks:	BAF risk 2.2 relating to the possibility that we may not improve the diversity of our staff and achieve equality standards, which aligns with mission 2; becoming an increasingly inclusive, well-led, highly skilled organisation people are proud to work for and mission priority, inclusive and open culture.
Assurance:	The committee received assurance that there is working progress on Q2 priorities and on track for Q3.



Report Title		Anti-Discrimination Statement		
Meeting:	Trust Board			
Agenda item:		Meeting Date:		
Lead Executive:	Daniel Elkeles			
Report Author:	Kulvinder Hira			
Purpose:		Assurance	X	Approval
	X	Discussion		Information
Report Summary				
<p>The Trust seeks to adopt the following statement in alignment with the NHS People Board and the Trust's own commitments to EDI.</p> <p><i>London Ambulance Service is proud to care for the people who visit, work, and live in our global city. We are proud to celebrate the diversity of our staff and are resolute in our commitment to provide care with compassion, respect, and fairness – regardless of a patient's background or situation, or how they choose to identify.</i></p> <p><i>Discrimination of any form has no place in our service.</i></p> <p><i>We commit to supporting equity, being anti-racist, and tackling discrimination in all that we do.</i></p> <p>This statement has had a journey of consultation (pg3) via email and through Connect with 91% of staff "supporting" the statement (V2). This has since been discussed at the September EDI Committee and feedback from its members has been considered in the final version for the Board's approval (above)</p>				
Recommendation/Request to the Board:				
To approve and adopt this statement				
Routing of Paper i.e. previously considered by:				
EDI Committee				
Corporate Objectives and Risks that this paper addresses:				
<p>How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations?</p> <p>How does the paper contribute to LAS's work to improve and create a more compassionate and positive culture?</p> <p>How does the paper contribute to work to improve equality and inclusion in the workplace?</p> <p>The new statement will demonstrate a clear commitment to our patients and our staff of the Trust's aims to be a truly anti-discriminatory organisation where our staff and patients feel safe, valued and free from discrimination.</p> <p>It will further add weight and be a visible tangible action to support our EDI objectives for 2023/24 and the new Strategy.</p>				

Background – NHS People Board

The NHS people Board has recently expanded its Anti-Racist commitment and London Pledge (below) and the Executive Team within LAS have sought to adapt and adopt this.

NHS People Board

We will identify and take action to tackle structural racism and wider health inequalities, embedding reflection and learning at all levels.

We are committed to embedding a strong strategic anti-racism approach in London's Health and Care System.

- *In the places our people work in*
- *In the provision of the care we provide*
- *Across all Systems of health and care we deliver for the people of London*

We openly acknowledge the repeated negative experiences of staff from multiple ethnic groups within our NHS health and care system.

We recognise that these lived experiences arise from embedded policies, practices and processes, many of which have become normalised and unchallenged in our systems; representing (for staff) institutionalised racism.

We further acknowledge that racism serves as an issue in and of itself, but also, as a surrogate for discriminatory practices against other characteristics such as gender, sexual orientation, religion, belief, disability and others that can detrimentally intersect for individuals.

As set out in our [London Workforce Race Strategy \(2020\)](#), we will create environments where all our staff can be their full, true and authentic selves and thus deliver to their best potentials and progress to their ultimate goals. We commit to actively seeking to identify, measure and call out discriminatory practice and to take steps to deal consistently and effectively with poor behaviour where present in any of our staff or organisations. We will not be complicit by silence.

The NHS England – London Promise

- *We will listen and hear when staff raise concerns*
- *We will choose to be curious, humble and considerate and avoid defensive thinking. We will take action where discrimination is evident*
- *We will pro-actively co-design new systems with staff and stakeholders and institute policies, practices and cultural expectations for belonging and inclusion*
- *We will embed a strategic approach to commissioning to help reduce systemic bias, focused on creating the right environment for reducing systemic bias in commissioning that will improve patient care and experience*
- *We will hold ourselves accountable, individually and collectively, as leaders to delivering to these commitments*

LAS Anti-Discrimination Statement Consultation

Careful consideration was given to how LAS could adopt the (above) wording into something that all our staff and patients could understand and relate to. As such, consultation via email, LAS Connect and other internal communication methods were conducted and adaptations made and re-tested as feedback was gathered from our staff communities.

Over 150 staff engaged on the LAS Connect poll(s) conducted, with further staff responding directly via emails and in the comments. On Connect, 91% of staff “supported” the statement (V2), 7% “did not support” and 1% “did not have enough information”, this shows that, of staff who saw and engaged on Connect, that there was overwhelming support for the statement.

The statement has since been discussed within the September sub-Board EDI Committee with amendments made to strengthen the language in paragraph three and streamline wording across paragraphs one and three.

Statement V4 – to be considered by the Board

London Ambulance Service is proud to care for the people who visit, work, and live in our global city. We are proud to celebrate the diversity of our staff and are resolute in our commitment to provide care with compassion, respect, and fairness – regardless of a patient's background or situation, or how they choose to identify.

Discrimination of any form has no place in our service.

We commit to supporting equity, being anti-racist, and tackling discrimination in all that we do.

Previous versions (for information)

Statement V3 – considered by EDI Committee (19th September): *London Ambulance Service is proud to care for the people who visit, work, and live in our global city. We are resolute in our commitment to provide care with compassion, respect, and fairness – regardless of a patient's background or situation, or how they choose to identify.*

Discrimination of any form has no place in our service.

We are proud to celebrate the diversity of our staff, and to commit to supporting equity, being anti-racist, and tackling discrimination in all that we do.

Statement V2 (6th September): *London Ambulance Service is proud to care for the people who visit, work and live in our global city. We are resolute in our commitment to provide care with compassion, respect and fairness – regardless of a patient's race, ethnicity or heritage.*

Discrimination has no place in our service.

We are proud to celebrate the diversity of our staff, to support equity and commit to being anti-racist in all that we do.

Statement V1 (30th August): *London Ambulance Service is proud to care for the people who visit, work and live in our global city. We are resolute in our commitment to provide care with compassion, respect and fairness – regardless of a patient's race, ethnicity or heritage.*

Discrimination has no place in our service.

We are proud to celebrate the diversity of our staff, to support equality and commit to being anti-racist in all that we do.

Recommendation

It is recommended that the Board accept the statement and approve it for adoption by the Trust.

London Ambulance Service is proud to care for the people who visit, work, and live in our global city. We are proud to celebrate the diversity of our staff and are resolute in our commitment to provide care with compassion, respect, and fairness – regardless of a patient's background or situation, or how they choose to identify.

Discrimination of any form has no place in our service.

We commit to supporting equity, being anti-racist, and tackling discrimination in all that we do.

The adoption of such a statement will underpin our EDI objectives and anti-discrimination work, compliment the new Strategy and be a visible commitment to staff. Such a statement will also be a tangible output in line with expectations of staff attending the “Tackling Discrimination” being delivered to the Trust in FY 23/24.



Report Title		Workforce Disability Equality Standard Report and Action Plan			
Meeting:		Trust Board			
Agenda item:				Meeting Date:	
Lead Executive:		Kulvinder Hira & Roger Davidson			
Report Author:		Fareeha Usman			
Purpose:		X	Assurance	X	Approval
		X	Discussion	X	Information

Report Summary

Reason for approval

The annual reporting and publishing of our WDES is required by NHS England as part of our compliance.

Highlights

- Indicator 1: Proportion of BME Staff | **Improvement** | +1.3pp 2022/2023 to 8.1% Disabled Staff
- Indicator 2: Staff appointment rates | **Improvement** | 0.05 decrease in Disabled: non-disabled appointment rates to 1.2 i.e Non-disabled staff are 20% more likely to be appointed than disabled staff.
- Indicator 3: Disciplinary Rates | **Consistent** | Disabled staff in disciplinary has continued to be at below a rate for reporting i.e below 10 cases.
- Indicator 4ai: Bullying and Harassment from patients | **Deterioration** | 3.1pp increase for disabled staff (59.8%) and 2.86pp decrease for non-disabled staff (48%)
- Indicator 4aaii: Bullying and Harassment from managers | **Improvement** | 1.2pp decrease for disabled staff (21.3%) and 0.2pp increase for non-disabled staff (11.2%)
- Indicator 4aiii: Bullying and Harassment from staff | **Deterioration** | 1.2pp increase for disabled staff (23.4%) and 0.2pp decrease for non-disabled staff (14.9%)
- Indicator 4b: Reporting of bullying and harassment from staff | **Deterioration** | 2.1pp decrease for disabled staff (41%) and 3.2pp increase for non-disabled staff (37.9%)
- Indicator 5: Equal Opportunities | **Improvement** | Disabled & non-disabled responses have increased to 41.1% and 49.2% respectively.

- Indicator 6: Pressure to come to work | **Improvement** | *Disabled & non-disabled responses have decreased to 36.3% and 24.2% respectively.*
- Indicator 7: Work is valued | **Deterioration** | *0.5pp decrease for disabled staff (19.5%) and 0.2pp increase for non-disabled staff (14.9%)*
- Indicator 8: Adequate adjustments | **Deterioration** | *Disabled staff have reported a 1.7pp decrease in adequate adjustments (57.5%)*
- Indicator 9: Staff engagement score | **Deterioration** | *Disabled staff have reported a 0.1 decrease in engagement scores (5.3/10)*
- Indicator 9: Board (voting) vs Staff | **Consistent** | *The Board membership has continued have no known disabled staff.*

Action Plan

The Action Plan has been created under 3 main themes of Recruitment, Leadership and Staff Experience. The actions have been aligned with the WRES and wider EDI objectives to ensure cohesiveness and maximise impact.

Recommendation/Request to the Board/Committee:

To approve the WDES 2023 Report and its action plan.

Routing of Paper i.e. previously considered by:

EDI Committee & ExCo

Corporate Objectives and Risks that this paper addresses:

How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations?

How does the paper contribute to LAS's work to improve and create a more compassionate and positive culture?

How does the paper contribute to work to improve equality and inclusion in the workplace?

The paper contributes to the following:

1. Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.
2. Demonstrably living our values of caring, respect and teamwork throughout the organisation
3. Accelerating progress on workforce diversity
4. Showing a sustained improvement in the workforce race equality standard and workforce disability equality standard indicators



London Ambulance Service
NHS Trust



WORKFORCE DISABILITY EQUALITY STANDARD REPORT



A MESSAGE FROM OUR CEO

In this year's WDES report for the London Ambulance Service, we reaffirm our unwavering commitment to promoting equality, diversity, and inclusion within our organization. As we assess the current landscape, we recognise the importance of addressing workforce representation to ensure that our team reflects the diverse communities we serve. While we acknowledge areas requiring attention, it is encouraging to note the strides we have taken toward tackling discrimination and promoting inclusivity. This report underscores our dedication to fostering an inclusive environment where every member of our workforce feels valued and empowered to contribute their unique perspectives. Through collaborative efforts and ongoing initiatives, we strive to build a workforce that mirrors the richness of our city and upholds our mission to provide exceptional care to all.

Over the last year, we have achieved the following in line with our action plan:

- An EDI Committee has been created, reporting directly to the Trust Board to monitor progress against our EDI objectives
- We have reviewed the Trust's EDI training packages to ensure they are fit for purpose and have relaunched them.
- We have introduced a tailored and comprehensive "Inclusive Leadership" training covering the signature traits of Inclusive Leadership. This programme suits complex health and social care services.
- We have successfully rolled out our "Tackling Discrimination and Promoting Inclusivity" training across the Trust for all our staff.

This report provides an overview of our performance against the indicators and our plan over the next 12 months.

I would like to thank Fareeha Usman, EDI Business Partner, for compiling this report and action plan for the Trust.



Daniel Elkeles

**London Ambulance Service
NHS Trust**

[LETS GET STARTED](#)



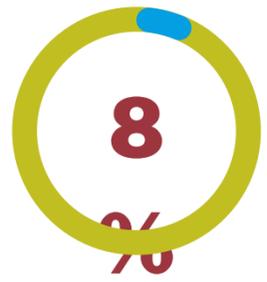
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KEY FINDINGS

Metrics 1-3 and 10 are a snapshot of our workforce data from 31 March 2023, while Metrics 4-9 are taken from the NHS Staff Survey, conducted in Autumn 2022.



1. Staff Representation

8% of our workforce has identified themselves as disabled.



2. Shortlisting

Non-disabled applicants are

1.20X



more likely to be appointed from shortlisting.

3. Disciplinary

Fewer than 10 disabled

<10



colleagues entered the formal capability process.

4a) i. Bullying from public

60%



60% of disabled colleagues reported experiencing harassment, bullying or abuse from the public.

ii. From managers

21%



21% of disabled colleagues reported experiencing harassment, bullying or abuse from managers.

iii. From staff

23%



23% of disabled colleagues reported experiencing harassment, bullying or abuse from colleagues.

4b. Bullying reported

41%



41% of disabled colleagues reported experiencing bullying, harassment or abuse.

5. Progression

41%



41% of disabled colleagues believe the Trust provides equal opportunities for promotion.

6. Presenteeism

36%



36% of disabled colleagues feel pressured to come to work when not feeling well enough.

7. Feeling valued

20%



20% of disabled colleagues feel valued by the organisation.

8. Reasonable Adjustments

58%



58% of disabled colleagues say reasonable adjustments were made.

9. Staff engagement

The 0-10 staff engagement score for disabled colleagues is

5.3



10. Trust Board

0%



0% Composition of our Trust Board (voting membership).



COMPARISON

Metrics 1-3 and 10 are a snapshot of our workforce data from 31 March 2023, while Metrics 4-9 are taken from the NHS Staff Survey, conducted in Autumn 2022.

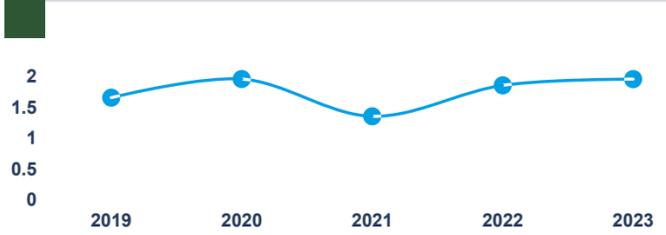


1. Staff Representation

8% of our workforce has identified themselves as disabled.

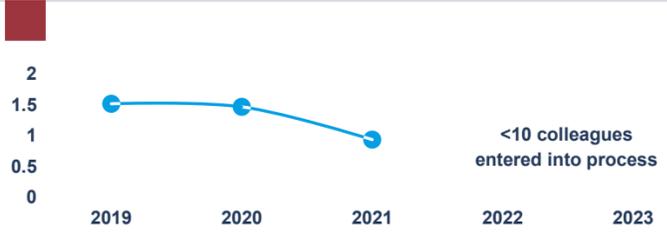


2. Shortlisting



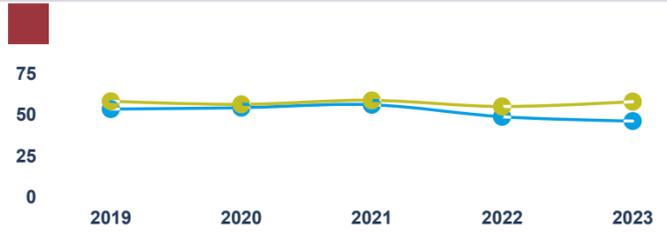
Difference:
 Last Year 2022: 1.25x This year 2023: 1.20x

3. Disciplinary



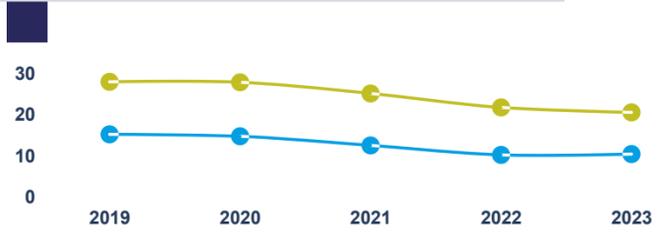
Difference:
 Last Year 2022: <10 This year 2023: <10

4a) i. Bullying from public



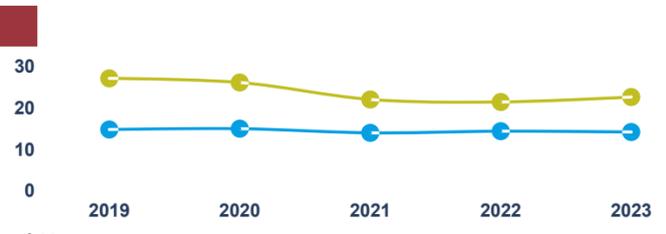
Difference:
 Last Year 2022: 6.3% This year 2023: 11.8%

ii. From managers



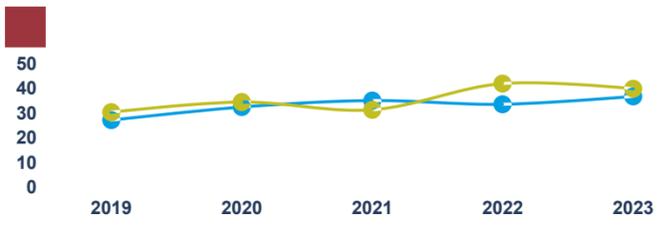
Difference:
 Last Year 2022: 11.5% This year 2023: 10.1%

iii. From staff



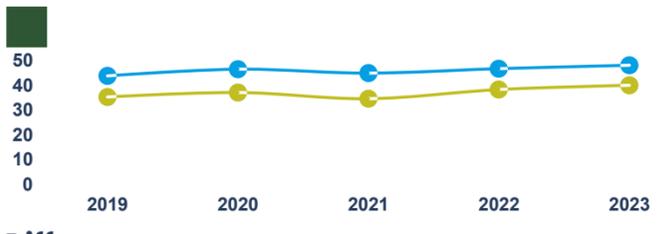
Difference:
 Last Year 2022: 7.1% This year 2023: 8.5%

4b. Bullying reported



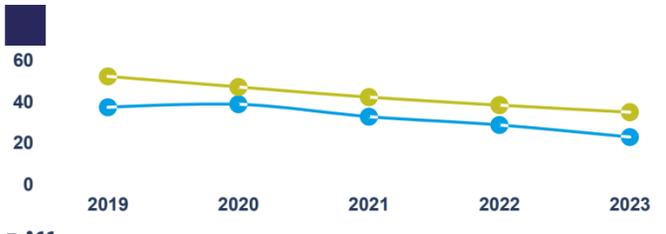
Difference:
 Last Year 2022: 8.4% This year 2023: 3.1%

5. Progression



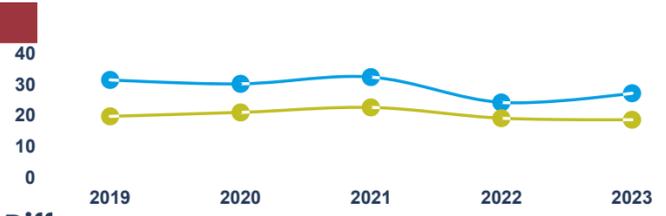
Difference:
 Last Year 2022: 8.4% This year 2023: 8.1%

6. Presenteeism



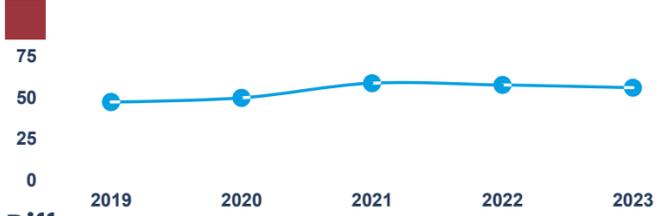
Difference:
 Last Year 2022: 9.6% This year 2023: 12.1%

7. Feeling valued



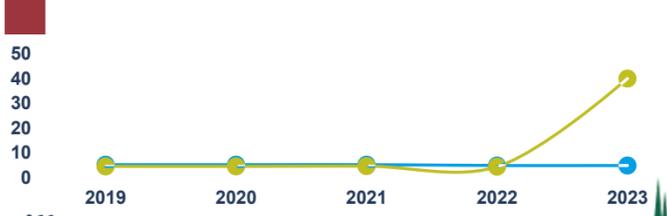
Difference:
 Last Year 2022: 5.1% This year 2023: 8.6%

8. Reasonable Adjustments



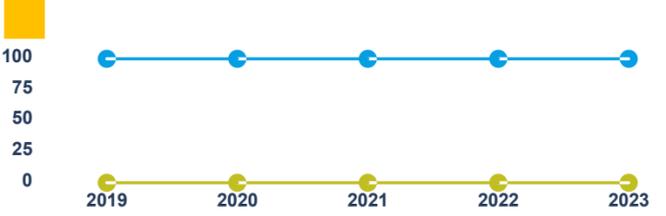
Difference:
 Last Year 2022: 59.2% This year 2023: 57.5%

9. Staff engagement



Difference:
 Last Year 2022: 0.5% This year 2023: 0.6%

10. Trust Board



Difference:
 Last Year 2022: 0% This year 2023: 0%



“

The EnAbleD staff network is committed to amplifying the voices of disabled staff in the London Ambulance service. Our aim is to remove barriers and foster a culture of genuine understanding of the lived experiences of staff with disabilities. The network aspires to be a dedicated platform for disabled employees to share their experiences, insight and challenges to break down the invisible walls that often isolate individuals with disabilities. By working in collaboration with the EDI Team and across the Trust, the network raises awareness about the unique needs and abilities of disabled staff, nurturing an environment where their voices are heard and actively sought after. It's not just a support system. It's a catalyst for change that moves the organisation towards a future where inclusivity isn't just a buzzword but a lived reality.

CHAIR – ENABLED NETWORK



INTRODUCTION

This WDES report highlights the progress we have made as an organisation. Whilst clearly showing the journey we are making to become an inclusive employer, there is a long way to go. This report reflects our ongoing commitment to fostering a diverse, inclusive, and equitable workforce within our esteemed organisation.

At London Ambulance Service, our journey towards equality, diversity and inclusion is woven into the fabric of our trust values - **Care, Respect and Teamwork**. Our Trust has embarked on a transformative journey to meet the expectations of our workforce. Through strategic insights, innovative initiatives, and a collaborative approach, we have witnessed a profound shift in embracing diversity and cultivating an environment where every individual's unique strengths and perspectives are celebrated.

The following report and WDES Action Plan will give you an account of our progress, challenges, and aspirations. In the following pages, we invite you to explore our profound commitment and the tangible outcomes we have set for us to achieve. This emerges from our collective efforts to create an ambulance service that is not only responsive to the diverse needs of our community but is also an inspiring model for others to emulate.

As we navigate the intricate landscape of equality and inclusion, we acknowledge that progress requires more than just numbers and metrics. It hinges on our ability to listen, empathize, and act upon the insights provided by WDES data. By translating these insights into meaningful action plans, we empower ourselves to create real change for our workforce and the communities we serve. We are embracing the transformative power of diversity through collaboration, dialogue, and a deep commitment to learning.

We recognise that achieving true equality necessitates ongoing assessment, thoughtful strategies, and transparent reporting – elements at this report's heart. In order to improve the experience of people with disabilities, we need to encourage more disabled staff to share that they have a long-term condition or disability so that we can appreciate the numbers and track our progress via a number of parameters.

We sincerely appreciate all our colleagues, stakeholders, partners, and team members who have contributed to the creation of this report. As we look ahead to the future, it is clear that our steadfast dedication to EDI is a beacon guiding us towards a more inclusive and compassionate world.

Together, let us delve into the contents of this report with an open heart and a resolute determination to embrace the diversity that enriches our organisation and the communities we serve. By doing so, we are not just embracing a report – we are embracing the essence of equality and the boundless potential it holds.

Thank you for embarking on this journey of discovery and transformation with us.



OVERVIEW

PURPOSE

NHS Trusts are required to produce and publish their WDES report annually. The purpose of the WDES is to ensure that NHS organisations review their data against the ten indicators outlined in the WDES, produce an action plan to close any gaps in the workplace experience between disabled and non-disabled staff, as well as improving the representation of disabled staff at the Board level of the organisation.

The WDES report and associated action plan form one part of our EDI plan in line with the LAS Strategy. It is a key component of our workforce EDI work, setting our direction in achieving good practice disability equality across all areas of the employee lifecycle and ensuring our staff have access to career opportunities, development and progression and receive inclusive and fair treatment in the workplace.

This report gives an overview of the Workforce Disability Equality Standard and the ten metrics we report against. It shows and briefly analyses the WDES data against each metric and explores trends internally with last year's data comparators against other Ambulance Trusts. It shows progress against these standards during 2022-2023 and identifies the key priorities for 2023-2024.

METHODOLOGY

The WDES requires NHS trusts to self-assess against ten workplace experience and opportunity indicators.

- Metrics 1, 2, 3, and 10 data is taken from LAS's people information systems.
- What disabled staff tell us from the relevant questions in a staff engagement survey for metrics 4, 5, 6, 7, 8 and 9.

Short definitions of the ten WDES indicators are presented in this report.

SCOPE

The WDES data included in this report has been obtained from:

- Electronic Staff Records.
- Human Resource team records.
- Organisational Development records.
- NHS Staff Survey.

Based on a snapshot of data each year, the report highlights current practice and shows key areas for improvement and progress within the organisation against key indicators of workforce equality for staff with a disability. It enables benchmarking across similar NHS providers and evidence how we meet our duties set out in

the Public Sector Equality Duty and the standards required in the Department of Work & Pensions Level 2 Disability Confident scheme.

CONTEXT

We use the WDES data to develop and publish an action plan, which, together with a year-on-year comparison, enable us to demonstrate progress against the indicators of disability equality, whilst building better understanding of the experiences of disabled staff and supporting positive change.

DEFINITIONS

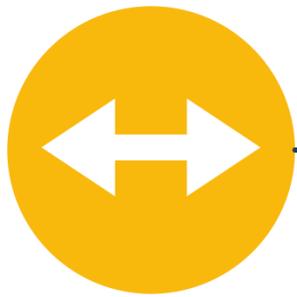
The 2022 WDES technical guidance acknowledges that one of the challenges in monitoring workforce disability within the NHS is that the definitions of disability used within the NHS Electronic Staff Record (ESR), NHS Staff Survey and NHS Jobs are not the same.

These definitions also vary when compared to the legal definition of disability, as set out in the Equality Act 2010. Work is ongoing to align definitions of disability with the Equality Act's definition and set up cross-system, agreed disability questions.

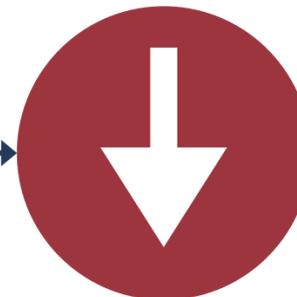
The social model of disability and the concept of 'Disability as an Asset', which are advocated by disabled people and disability rights organisations, underpin the WDES.



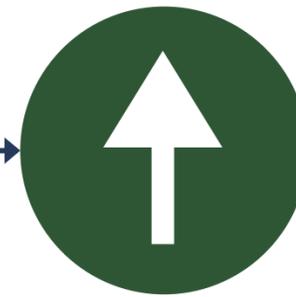
DIRECTION OF TRAVEL



Consistent



Deterioration



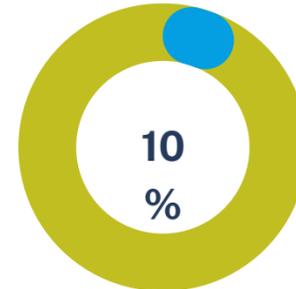
Improvement

KEY



Metrics 1-3 and 10 are a snapshot of our workforce data from 31 March 2023, while Metrics 4-9 are taken from the NHS Staff Survey, conducted in Autumn 2022.

DIFFERENCE
The difference in Metrics 4-7 and 9 is presented in a pie chart. The key for Non-disabled and Disabled staff remains the same.



EXAMPLE

3 KEY QUESTIONS EXPLORED IN THIS REPORT

- What is the data telling us?



- How do we compare with last year?



- What are we planning to do?

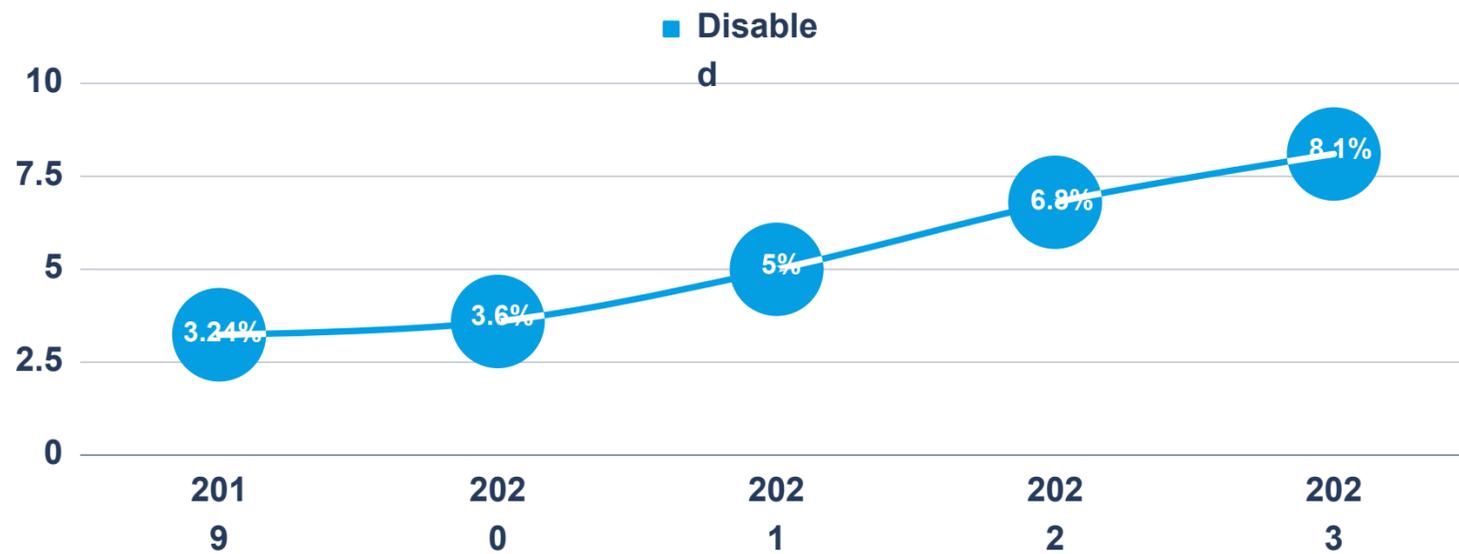


INDICATOR 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.



PROPORTION OF WORKFORCE IDENTIFIED AS DISABLED (%)



	2021	2022	2023
Non-disabled	64.1%	67.9%	66.2%
Disabled	5%	6.8%	8.1%

The data indicates the key findings for the current year compared to the previous year:

Staff Representation:

This year, the proportion of disabled staff has slightly increased, rising from **6.8% to 8.1%**. In clinical roles, disabled staff amount to **7.9%**, compared to **73.3%** of non-disabled staff. In non-clinical roles, disabled staff represent **8.6%**, while non-disabled staff amount to **47.8%**.

Non-disabled staff currently comprise **66.2%** of the workforce, down from **67.9%** in the previous year.

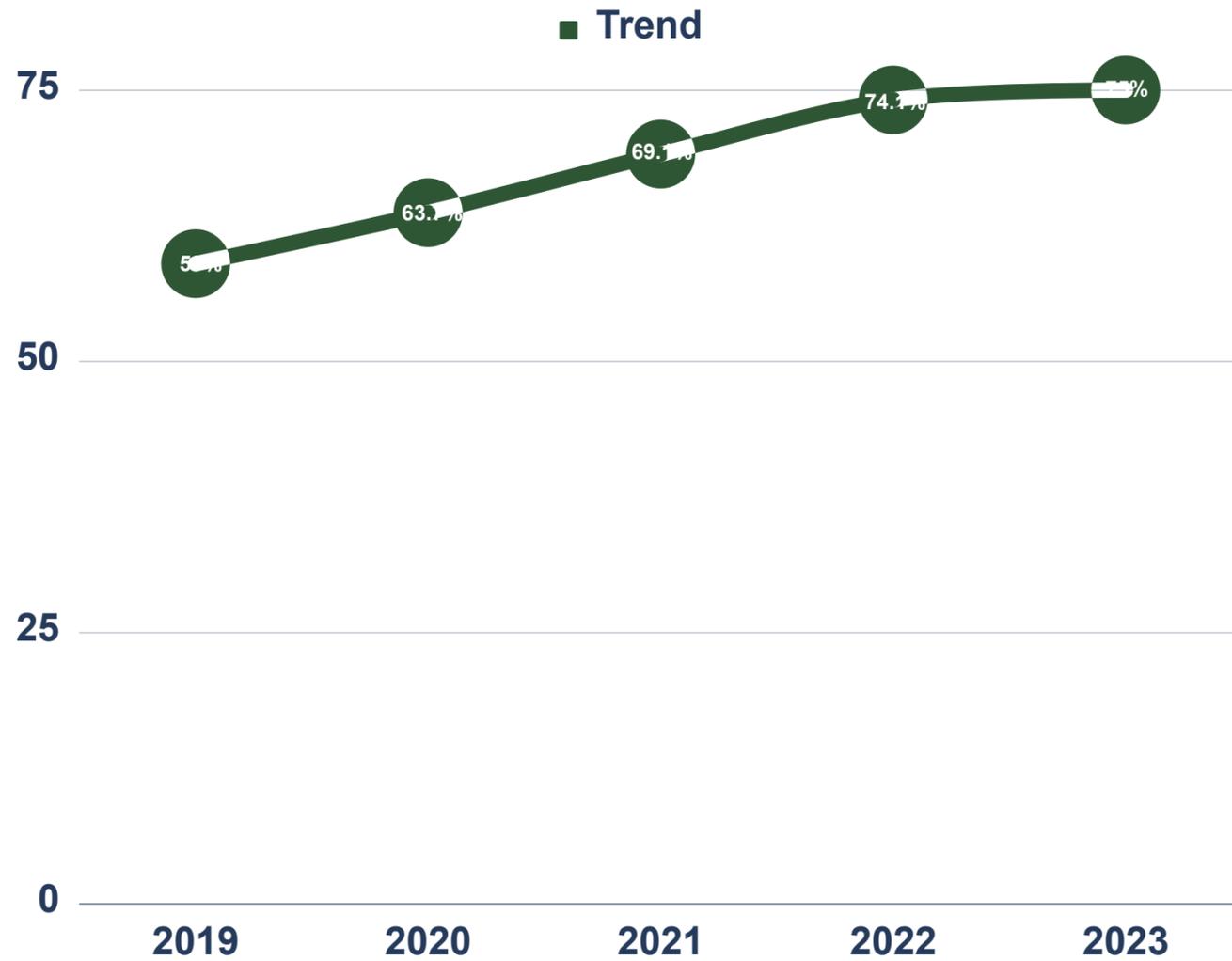
These findings highlight both progress and areas where further efforts can be made to enhance diversity and data completeness within the organization. Continued focus on diversity and data accuracy will enable us to create a more inclusive and informed work environment.

As we move forward, it is imperative that we maintain our commitment to fostering a diverse and inclusive workplace while also striving for greater accuracy and completeness in our data reporting.



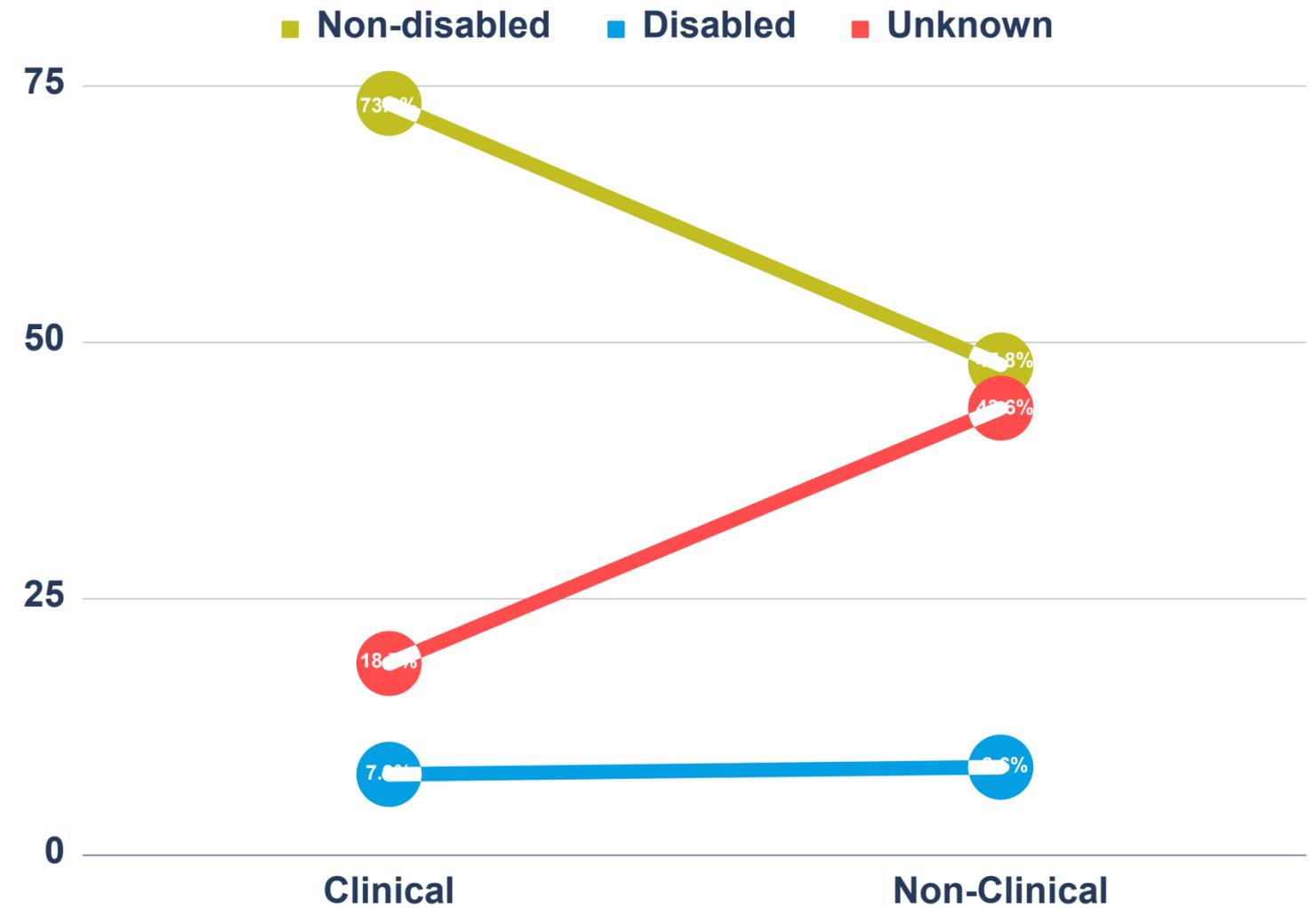
DATA COMPLETENESS – ESR (%)

The data completeness rate has seen a marginal improvement, increasing from 74.1% to 75%.



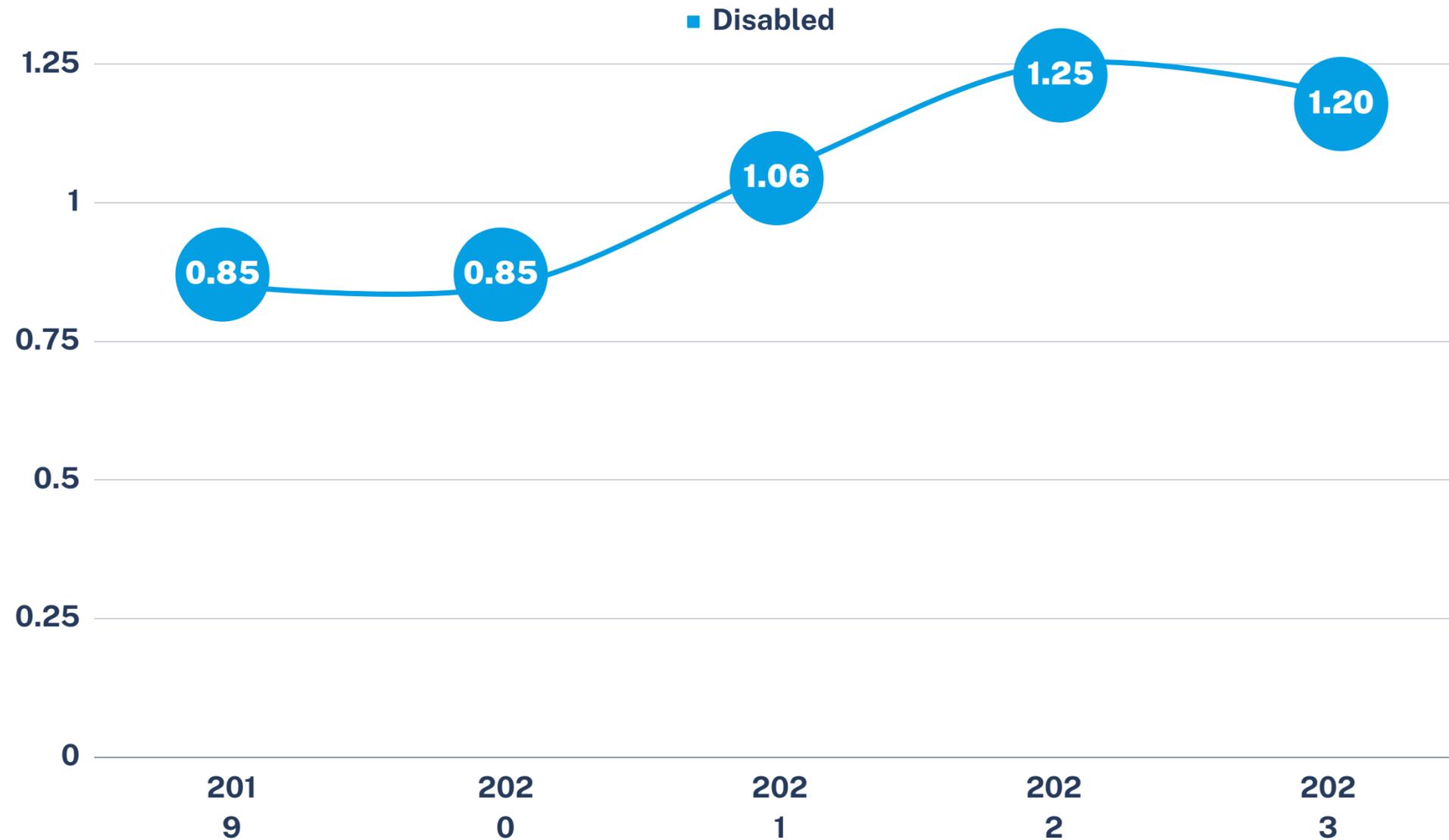
CLINICAL AND NON-CLINICAL WORKFORCE (%)

Disabled colleagues comprise only 7.9% of our clinical workforce, compared to 8.6% of those in non-clinical roles.



INDICATOR 2

Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.



A figure below 1:00 indicates that Disabled staff are more likely than Non-disabled staff to be appointed from shortlisting.



This year, the data indicates that the relative likelihood of disabled staff is **1.20 times** more likely to be appointed than non-disabled staff. This shows a slight improvement compared to the previous year when it was **1.25 times**.

While there has been a positive shift in the appointment likelihood for disabled staff, there is room for further progress in ensuring equal opportunities for all.

This data suggests that efforts to improve equality in appointment opportunities for disabled staff have shown some positive results, but ongoing efforts should continue to bridge this gap further and promote inclusivity in the workplace.

Implementing the De-bias Recruitment and Selection toolkit, best practice and evidence-based approach backed by granular data insights is one of our key priorities in monitoring this tracker this year.



INDICATOR 3

Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff

A figure above 1:00 indicates that Disabled staff are more likely than Non-disabled staff to enter the formal capability process.



In 2021, the relative likelihood of disabled staff entering the formal capability process was 0.98 times. However, fewer than ten colleagues entered this process in 2022 and 2023. This metric has remained consistent and difficult to ascertain due to the low number of cases.

This metric only applies to capability on the grounds of **performance**, not ill health.

Given the limited number of cases in the formal capability process, it is challenging to draw significant conclusions about changes in this metric. It's essential to continue monitoring and assessing this data over time to make more informed assessments about the inclusion and support of disabled staff in the capability process.



STAFF EXPERIENCE

Indicator 4a) i:

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



Indicator 4a)iii:

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Indicator 4a)ii:

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

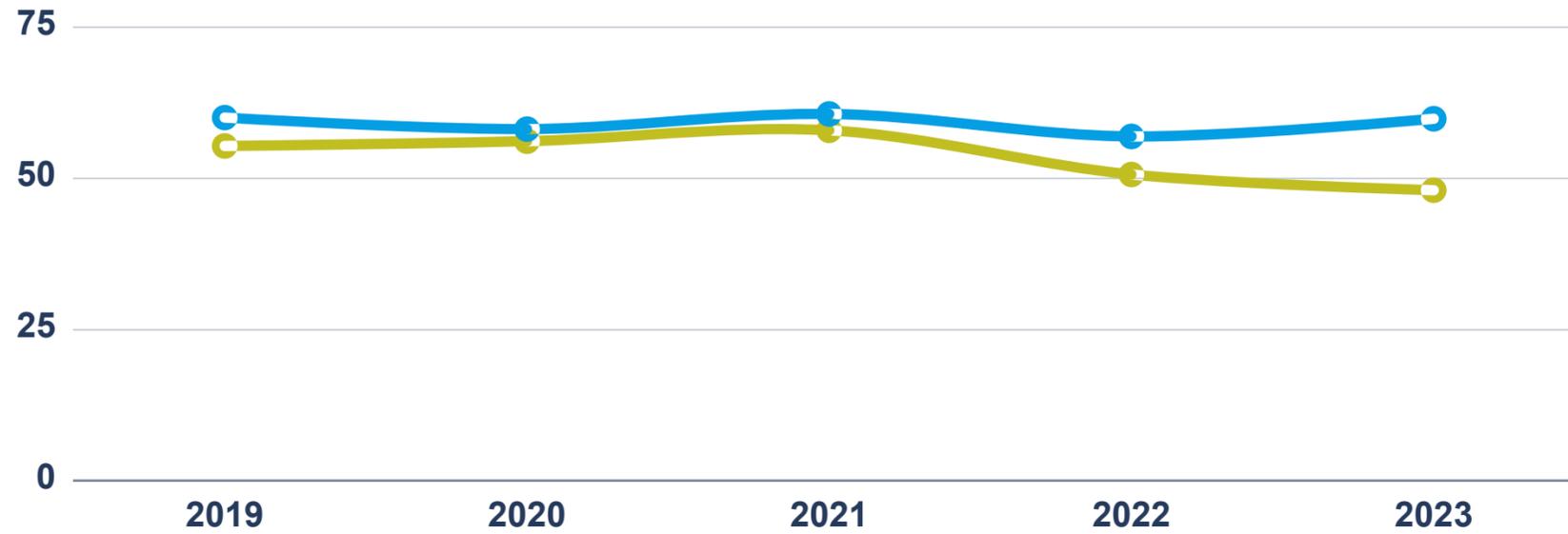
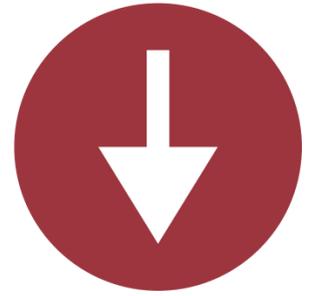
Indicator 4b)

% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months



INDICATOR 4 a)i)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



59.8% of disabled staff members have reported experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months. Comparatively, the percentage of non-disabled staff members facing similar issues is **48%**. This shows that disabled staff members are more likely to experience such mistreatment than their non-disabled counterparts.

Additionally, the percentage has slightly increased compared to the previous year from **56.9%**. Continuous efforts are necessary to create a safer and more respectful environment for all staff members.

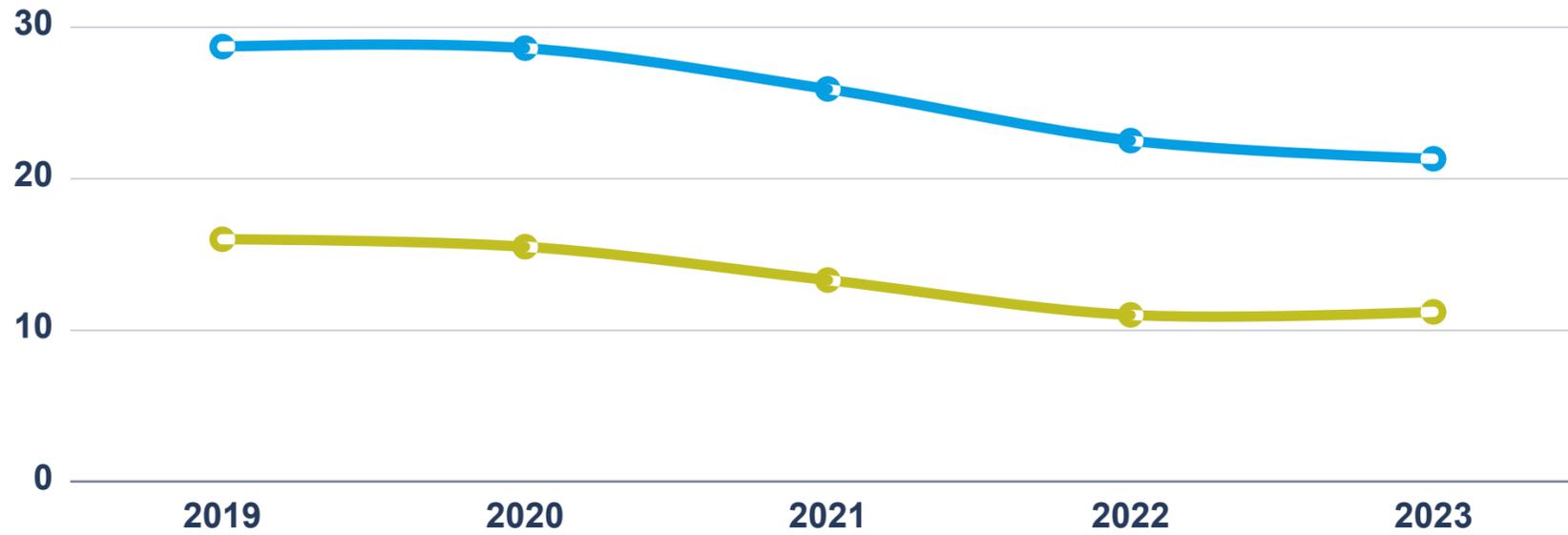


	2019	2020	2021	2022	2023
Non-Disabled Staff	55.3%	56.1%	57.9%	50.6%	48.0%
Disabled staff	60%	58.1%	60.6%	56.9%	59.8%



INDICATOR 4 a)ii)

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



The data indicates that **21.3%** of disabled staff members have reported experiencing harassment, bullying, or abuse from their managers in the last 12 months. Comparatively, the percentage of non-disabled staff members facing similar mistreatment from managers is lower at **11.2%**. It is worth noting that there has been a slight decrease in the percentage of disabled staff members facing harassment, bullying, or abuse from managers compared to the previous year, which was **22.5%**. Our priority is to address workplace behaviour to ensure a respectful and inclusive environment for all staff members.

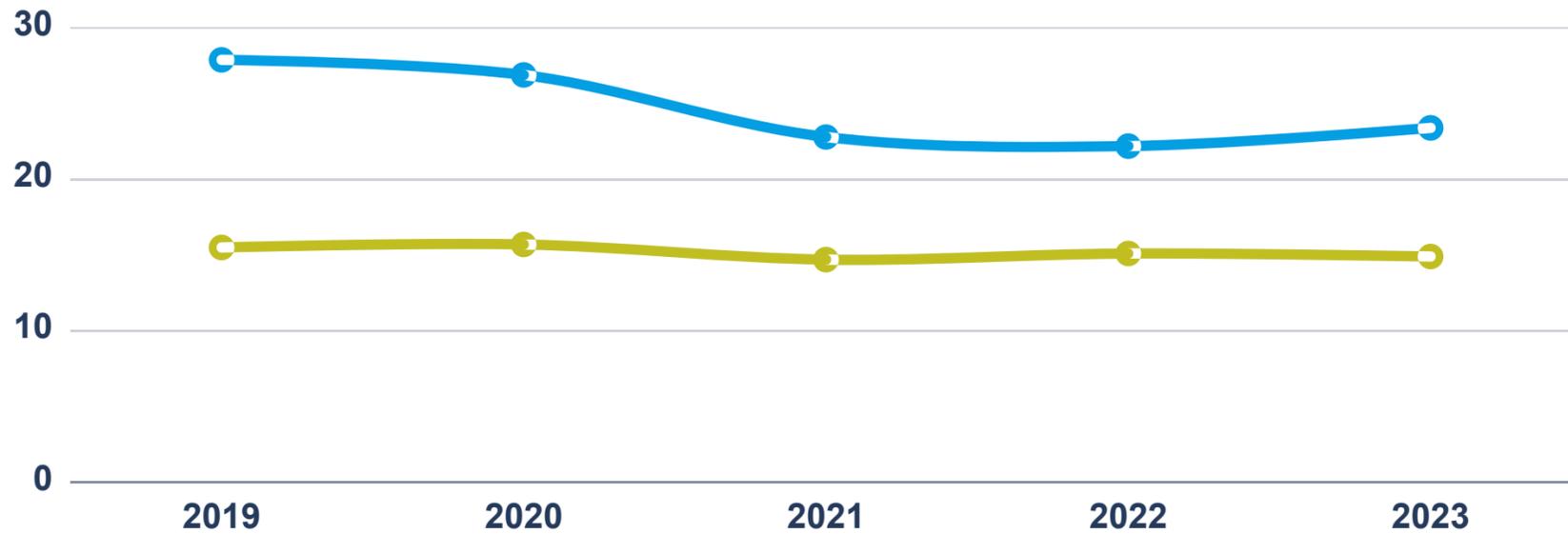
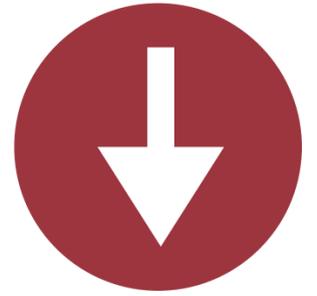


	2019	2020	2021	2022	2023
Non-Disabled Staff	16%	15.5%	13.3%	11%	11.2%
Disabled Staff	28.7%	28.6%	25.9%	22.5%	21.3%



INDICATOR 4 a)iii)

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



This year, the percentage of disabled staff experiencing harassment, bullying, or abuse from colleagues is **23.4%**, up from **22.2%** in the previous year. In contrast, non-disabled staff reported a percentage of **14.9%**, slightly lower than the **15.1%** reported in the previous year. There has been an increase in the percentage of disabled staff reporting these incidents. Non-disabled staff, on the other hand, have seen a slight decrease in these incidents. These findings underscore the importance of maintaining a safe and respectful workplace for all employees to promote a psychologically safe working space for everyone.

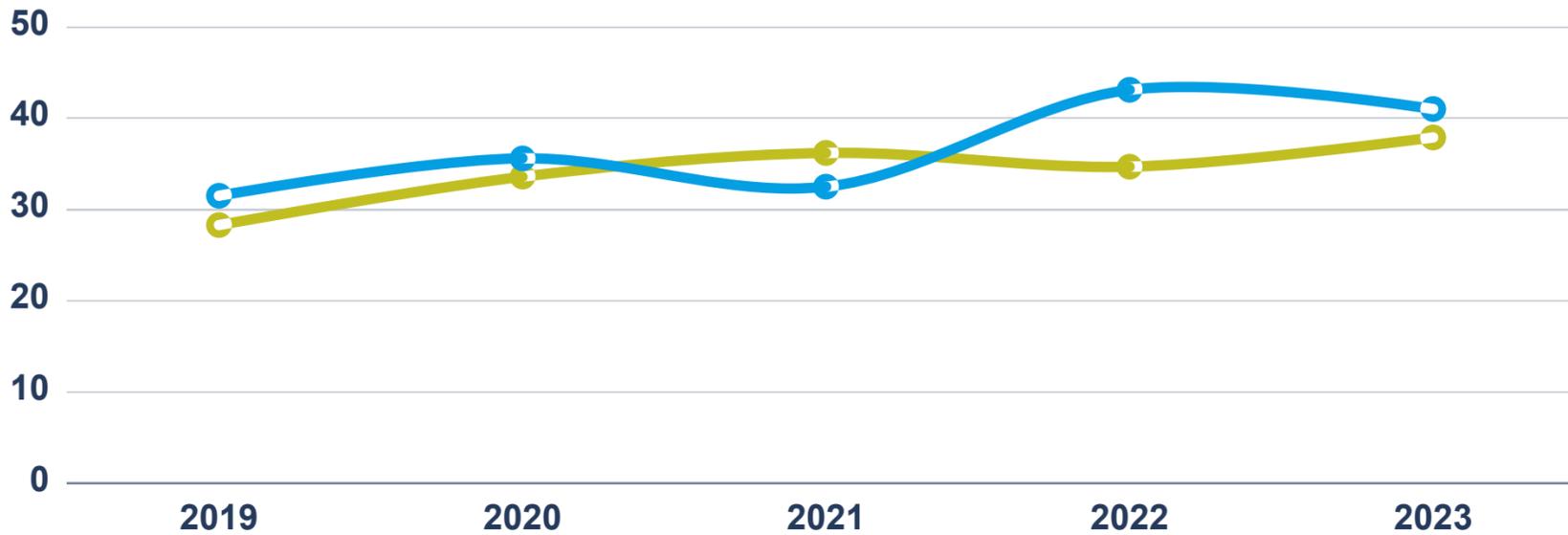
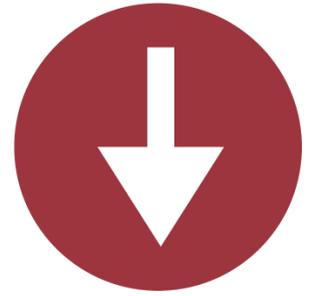


	2019	2020	2021	2022	2023
Non-Disabled Staff	15.5%	15.7%	14.7%	15.1%	14.9%
Disabled Staff	27.9%	26.9%	22.8%	22.2%	23.4%



INDICATOR 4 b

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months



The data shows that while reporting amongst non-disabled staff has slightly increased from 34.7% to 37.9%, for disabled staff this has **slight decreased from 43.1% to 41%**.

While declining rates may initially appear to be a positive, we in fact would hope to see these figures rising for both disabled and non-disabled staff. This tells the Trust that, while non-disabled staff feel more confident in reporting experiences of bullying, **disabled staff have experienced a decline in confidence**, despite 2022 seeing a substantial rise in reporting to the year before.

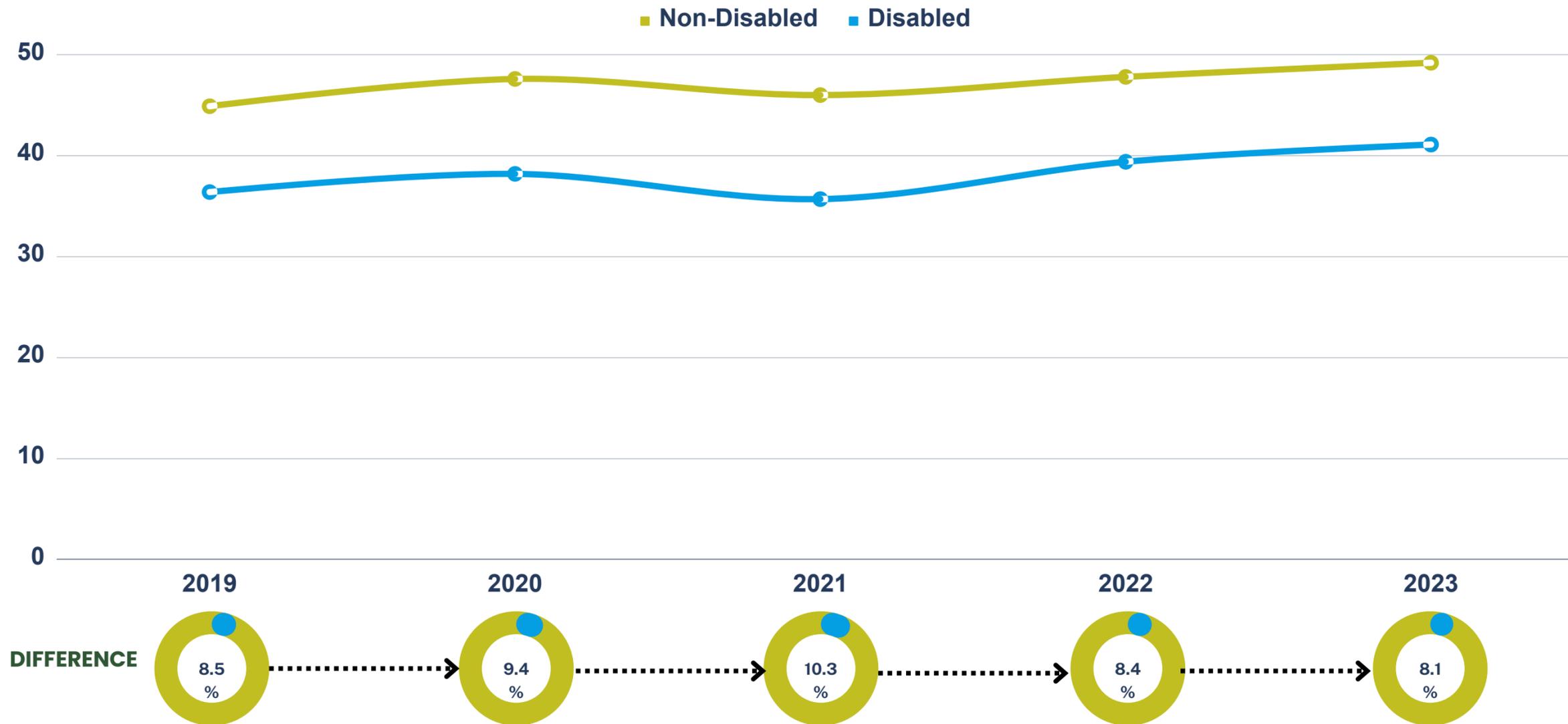


	2019	2020	2021	2022	2023
Non-Disabled Staff	28.3%	33.6%	36.2%	34.7%	37.9%
Disabled Staff	31.5%	35.6%	32.5%	43.1%	41%



INDICATOR 5

Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion.



This year, **41.1%** of disabled staff believe that the trust provides equal opportunities for career progression and promotion, which is a **slight increase** from **39.4%** in the previous year. Non-disabled staff have a higher percentage, with **49.2%** perceiving equal opportunities, up from **47.8%** in the previous year.

While there has been an improvement in the perception of equal opportunities among both disabled and non-disabled staff, there is still a gap in perception between the two groups. Non-disabled staff consistently report a higher confidence level in the trust's provision of equal career progression and promotion opportunities.

Addressing this perception gap is essential for fostering an inclusive and equitable workplace where all employees can thrive.



This year, **36.3%** of disabled staff reported feeling pressured to come to work even when they didn't feel well enough to perform their duties. This reflects a **slight improvement** from the **39.7%** reported in the previous year. Among non-disabled staff, the percentage has decreased to **24.2%** from **30.1%** in the previous year.

There has been a positive trend in reducing the perception of feeling pressured to work despite not feeling well among both disabled and non-disabled staff. The improvement is more significant among non-disabled staff, with a noticeable decrease in this perception.

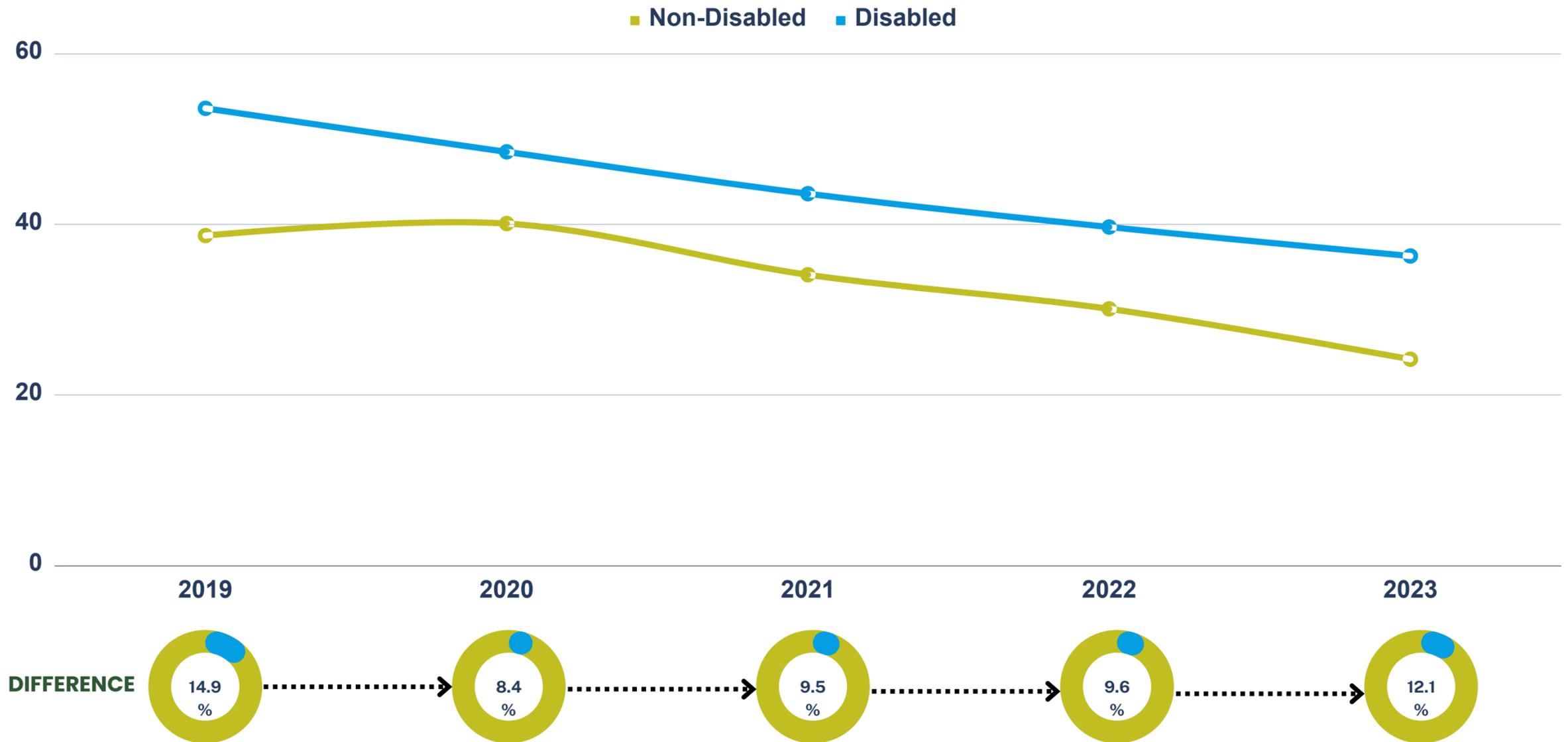
These findings suggest that efforts to **promote a healthier work-life balance** and a more supportive work environment have a positive impact. However, there is still room for further improvement to ensure that all staff feel comfortable prioritizing their health when necessary.

Focusing on employee well-being and support is crucial to sustain and build upon these positive trends.



INDICATOR 6

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

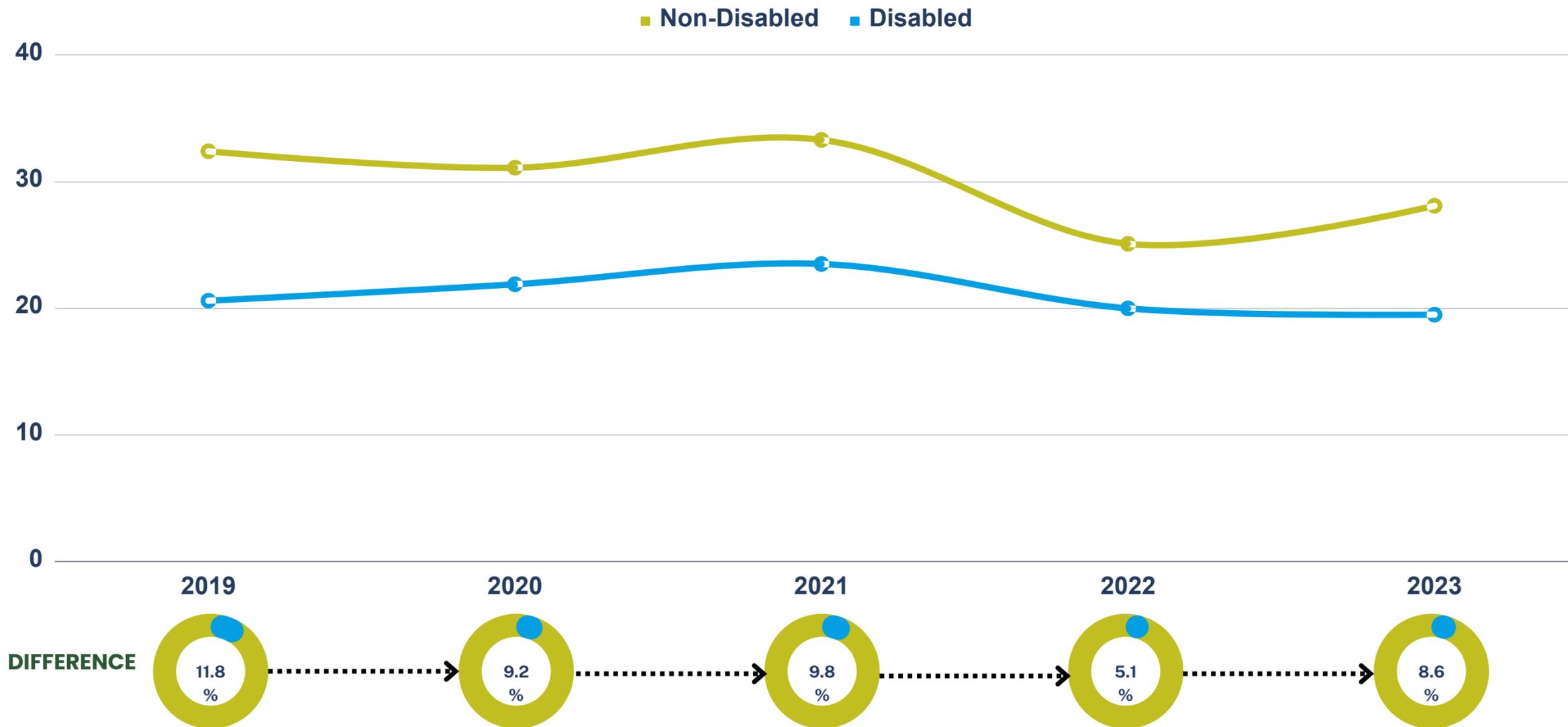
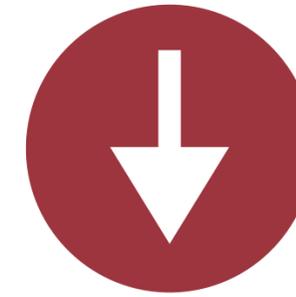


Although difference is greater, the % for disabled staff has improved



INDICATOR 7

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.



This year, **19.5%** of disabled staff report satisfaction with how LAS values their work, representing a **slight decrease** from the **20%** reported in the previous year. In contrast, non-disabled staff have a higher satisfaction rate, with a percentage of **28.1%** this year, compared to **27.9%** in the previous year.

The **difference in satisfaction levels** between disabled and non-disabled staff increased from **5.1% to 8.6%** this year.

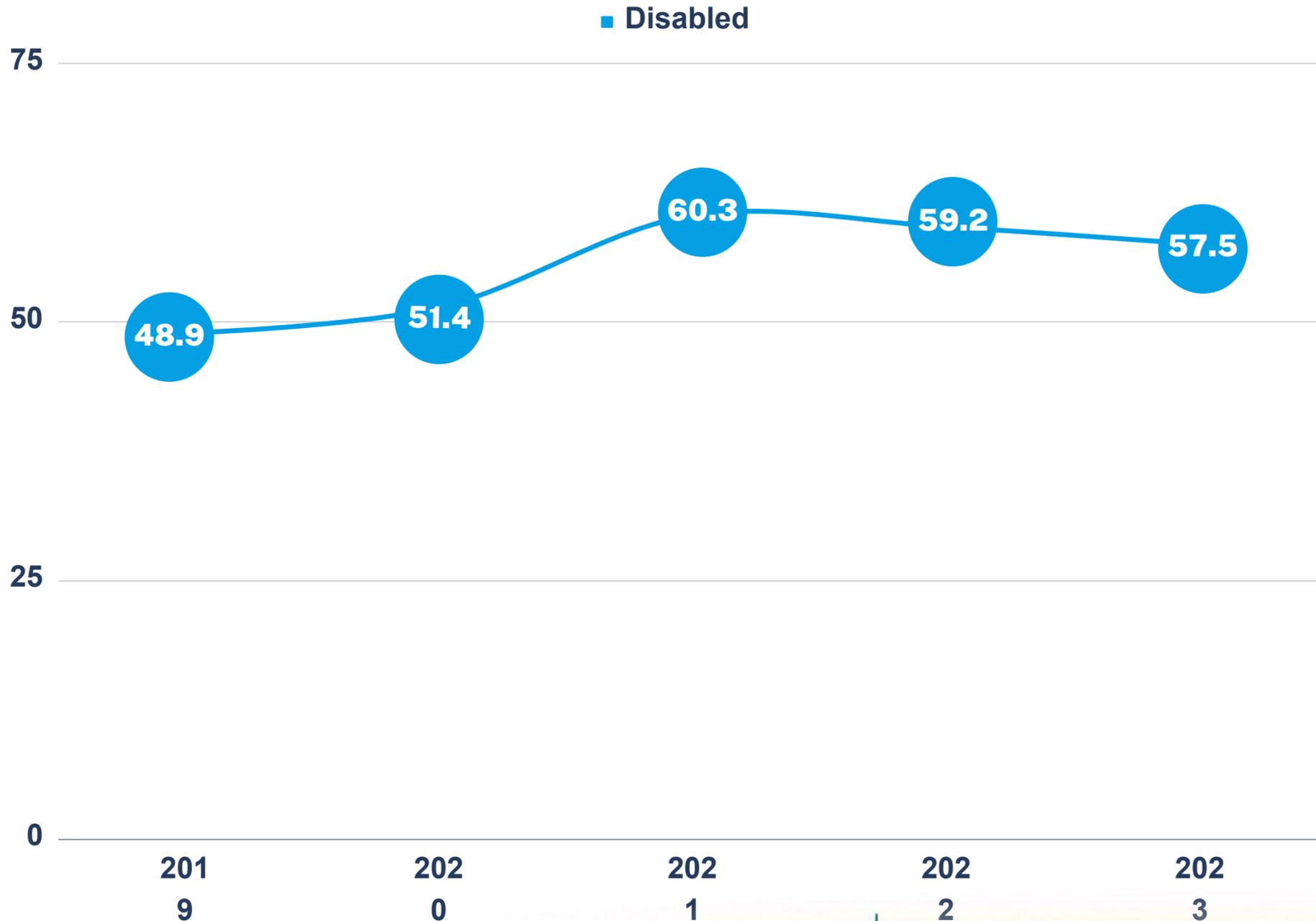
These trends indicate that while there is a general trend towards increased satisfaction with how the organisation values work, there remains a disparity between disabled and non-disabled staff. Addressing this difference and working to ensure that all employees feel valued and appreciated for their contributions is crucial to promoting an inclusive and equitable workplace.

Continued efforts to bridge this satisfaction gap are prioritised in our action plan to enhance workplace satisfaction.

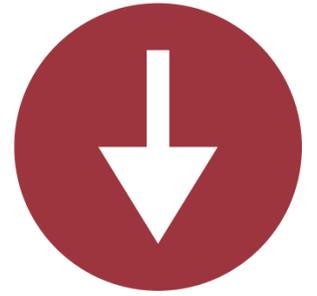


INDICATOR 8

Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.



The wording for this question has changed in the 2022 survey replacing 'adequate adjustment' to 'reasonable adjustment'



This year, **57.5%** of disabled colleagues feel that LAS has made adequate adjustments to enable them to carry out their work. This represents a slight decrease from the **59.2%** reported in the previous year and a more noticeable decline from **60.3%** in the year before that.

There has been a gradual decline in the perception among disabled colleagues that their employer is making adequate adjustments to support them in their work.

This key trend suggests that there may be a need for increased focus on providing and maintaining adequate or reasonable adjustments to support disabled colleagues effectively. Ensuring that all employees have the necessary accommodations to perform their roles can contribute to a more inclusive and supportive work environment.

Addressing this trend and actively seeking feedback from disabled colleagues to improve adjustments can help reverse the decline and ensure a more inclusive workplace for everyone. This is to follow with a robust Reasonable Adjustments Framework within the Trust.

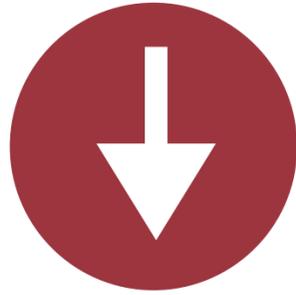


The score for staff engagement this year for disabled staff is **5.3**, which is a **slight decrease** from **5.4** in the previous year and a more significant decline from **5.7** in 2021. Interestingly, non-disabled staff have maintained a score of **5.9** for both this year and the previous year.

There has been a consistent decline in the staff engagement score for disabled staff over the past two years. The overall difference in engagement scores between disabled and non-disabled staff has increased slightly from **0.5** to **0.6** this year.

This trend highlight the importance of addressing and improving the engagement and satisfaction levels of disabled staff within the organisation.

Efforts to reverse the declining trend in disabled staff engagement is a priority for us to promote a more equitable and engaged workforce.



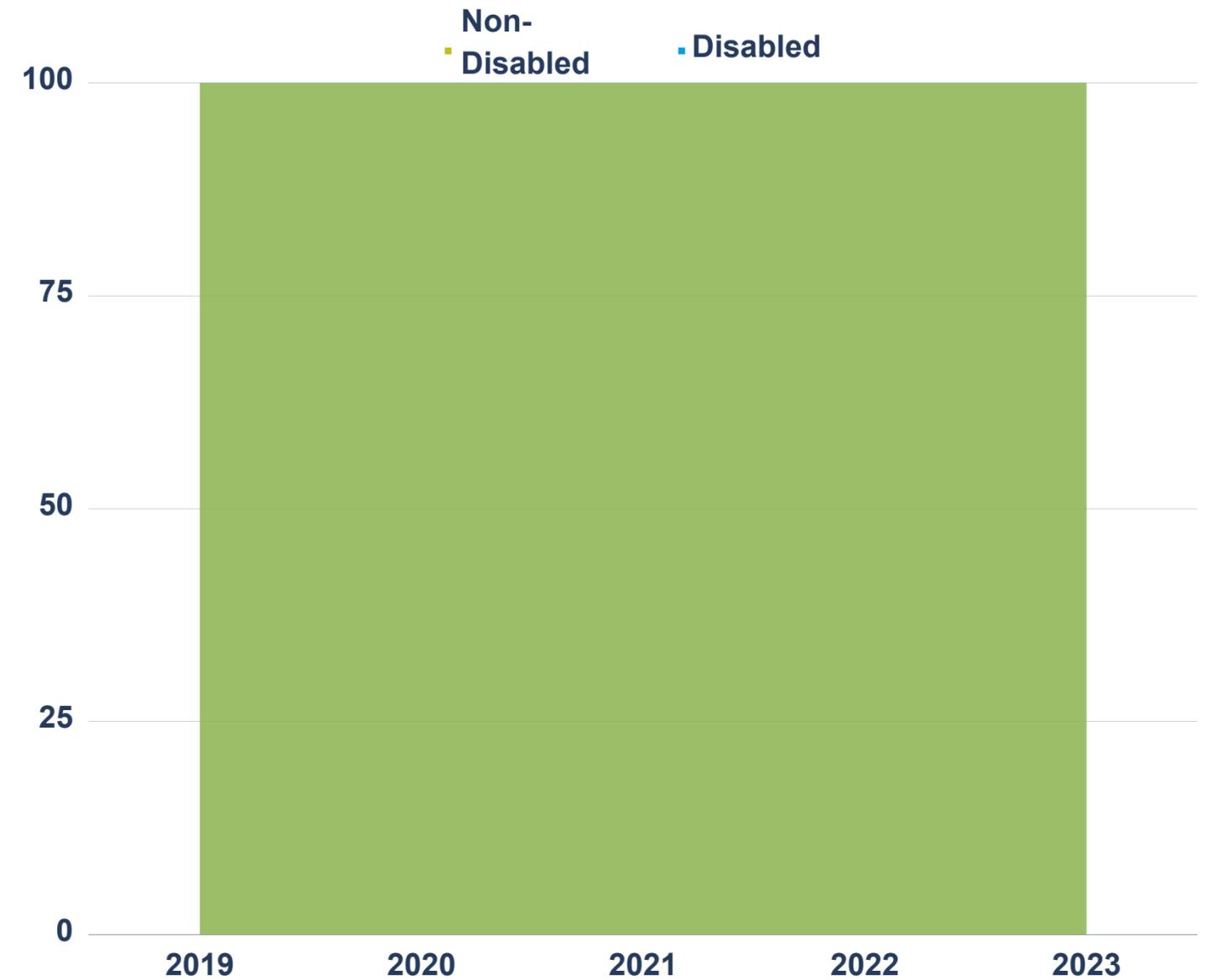
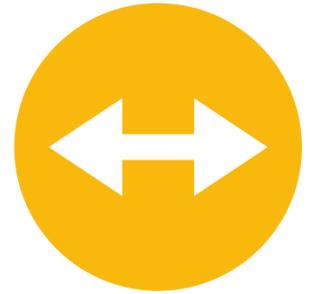
INDICATOR 9

The staff engagement score (out of 10) for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.



INDICATOR 9

Percentage difference between the Organisation's Board voting membership and its overall workforce.



The data indicates that there is no representation of disabled individuals on the organization's board voting membership. This percentage has remained unchanged for the past five years. The data shows a consistent lack of disabled representation on the Trust's board voting membership over the past five years.

This trend highlights the need for increased efforts to promote diversity and inclusion at the board level of the organization. Ensuring that disabled individuals are represented in leadership positions can contribute to more informed decision-making and a more inclusive culture.



CONCLUSION

This report shows progress from the past year, highlights current practice, and shows key areas for improvement within the organisation against several key indicators of workforce equality for staff with disabilities.

Compared to our **2022 WDES Report**, we have made some improvements against the following indicators in **2023**:

- **Indicator 1 – Overall representation of disabled staff in the workforce**
- **Indicator 6 – Percentage of staff saying that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties.**

Against all other indicators, our data shows slight improvement; however, the following indicators have deteriorated:

- **Indicator 4a: i) - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.**
- **Indicator 4a: iii) - Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.**
- **Indicator 4b - Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months**
- **Indicator 7 - Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.**
- **Indicator 8 for the provision of adequate adjustments, and Indicator 9 for the staff engagement score.**

The results of our WDES data show a need for a more collective and concerted effort to eradicate differences between disabled and non-disabled colleagues. The results underline the disparity experienced by our disabled colleagues, so the need to grow our networks and influencers for positive change continues.

This year, we have begun to champion a range of training and engagement initiatives across LAS, which simultaneously raise the organisation's awareness of the biases and inequalities whilst increasing staff confidence to tackle discrimination and promote inclusion across all our systems and processes.

It is our hope that 2023-2024 will be viewed as a pivotal year for demonstrating that we can make significant progress in disability equality at LAS.

Based on the analysis of our WDES metrics, our action plan has been revised with tangible targets and outcomes.

In conclusion, while progress has been made in various aspects of disability equality within the workforce, clear areas require attention and improvement. Ensuring equal opportunities, addressing perceptions, and promoting diversity and inclusion at all levels remain our essential goals. Continued monitoring, action, and support are necessary to advance disability equality standards within the organisation.

NEXT STEPS

The WDES Action Plan has been reviewed and updated in collaboration with the **EnAbled staff network**. The network has identified the following priorities, some of which are carried over from the 2022 plans. The work will be supported by the P&C Directorate, Clinical Education and EDI team and monitored through the WDES task and finish group, EDI Implementation Group and EDI Board committee.

The Workforce Disability Equality Standard (WDES) objectives and actions are presented under the following thematic areas:

- **Workforce Representation, Recruitment & Retention**
- **Leadership Learning & Development**
- **Staff Experience (Inclusion & Belonging)**

The priorities of the plan include:

- Improving the representation of our workforce to create a more equitable and inclusive workforce
- Continued focus on ensuring our recruitment and selection processes are inclusive
- Promote ESR self-service to encourage staff and increase declaration rate across the Trust
- Tackle bullying, harassment and abuse against staff and create a culture of civility and respect



THANK YOU



For further information and or request in
an alternative format, please contact:
londamb.edimailbox@nhs.net





London Ambulance Service
NHS Trust



WORKFORCE DISABILITY EQUALITY ACTION PLAN





Workforce Disability Equality Standard Action Plan 2023/2024

This is a high-impact action plan overarching the key objectives and actions for the Trust.

There is a triangulation tracker sitting behind this plan with granular insights and specific actions for each directorate against each indicator.

The work will be supported by the EDI Team and monitored through the task and finish group, EDI Implementation group and EDI Sub-Board Committee.

Key Themes

The Workforce Disability Equality Standard (WDES) objectives and actions are presented under the following thematic areas:



1

- Workforce Representation, Recruitment & Retention



2

- Leadership Learning & Development



3

- Staff Experience (Inclusion & Belonging)

“At London Ambulance Service, each of us contributes to embed Equality, Diversity and Inclusion – we all have a role to play. As part of our values, we are committed to supporting a more representative workforce of our communities and a workplace that creates a sense of belonging for everyone. The Trust is committed to tackling and preventing discrimination, valuing diversity and achieving equality of opportunity for all!”

EDI Team
londamb.edimailbox@nhs.net





London Ambulance Service

NHS Trust



Monitoring and Evaluation

The Trust and the identified leads will adopt this action plan as a basis for their work programme and will play a key role in monitoring and influencing the actions going forward. The key stakeholders and leads will work closely with the Equality, Diversity and Inclusion team and will attend the Equality and Diversity Board meetings where regular updates on the action plan will be provided. Key updates and assurance will also be provided to the Trust Board on an annual basis.

WORKFORCE Disability Equality Standard (WDES): The 10 Indicators

Indicator 1	Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce
Indicator 2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts
Indicator 3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure
	National Staff Survey Responses (Metrics 4-9 only)
Indicator 4	4a: i) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. ii) % of staff experiencing harassment, bullying or abuse from managers in the last 12 months iii) % of staff experiencing harassment, bullying or abuse 4b: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months
Indicator 5	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
Indicator 6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
Indicator 7	Percentage of staff % staff saying that they are satisfied with the extent to which their organisation values their work
Indicator 8	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
Indicator 9	Comparison of the engagement scores for disabled and non-disabled staff
Indicator 10	Percentage difference between the organisation's Board voting membership and its overall workforce.



Status Colour Key

Not Started	In Progress	Delayed	Complete
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Workforce Disability Equality Standard: Actions 2023-2024

This table provides an overview of the actions identified for this year's WDES action plan and demonstrates how these actions align to the WDES Indicators and the NHS People Promise.

Workforce Representation, Recruitment & Retention					
WRES Indicators	1	2	5	10	
<p>Aligns with the following People Promise ambitions: We are compassionate and inclusive We work flexibly We are always learning We are a team</p>					
	Objective	Action	Lead	Time-scale	Status
1	Continued focus on ensuring our recruitment & selection processes are inclusive	<ul style="list-style-type: none"> Establish place-based engagement plans to attract a more diverse range of staff into LAS careers (including recruitment/ career days and application/ interview skills sessions). Develop and Implement the De-bias Recruitment and Selection toolkit tailored to LAS Conduct deep dives to understand the root cause analysis for underrepresentation of disabled staff Recruit a pool of independent panel members to ensure transparency 	Head of EDI, Head of Workforce, Head of Recruitment	September 2024	In progress
		<ul style="list-style-type: none"> Work towards level 2 Disability Confident Employer 	Associate Dir P&C, Head of	June2024	In progress



Status Colour Key

Not Started	In Progress	Delayed	Complete
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		<ul style="list-style-type: none"> • Deeper analysis of the Trust data around career progression and the career development journeys of disabled staff to: <ul style="list-style-type: none"> ▪ Identifying bottlenecks ▪ Target under-representation ▪ Promote positive role models ▪ Career pathways • EnAbleD Disability Equality Staff Inclusion Network to proactively work and lead in raising the profile of disability equality for staff • EnAbleD Disability Equality Staff Inclusion Network to act as an ambassador for change 	EDI, Head of Recruitment, Head of EDI		
2	To improve the quality, collection and analysis of our workforce data on all protected characteristic for staff (Ensuring all disabled staff have confidence in declaring their status on ESR)	<ul style="list-style-type: none"> • Dashboard to be created to reflect the workforce representation data through graphs, charts and visuals 	Head of EDI, Head of workforce EDI Partner	Ongoing	In progress
		<ul style="list-style-type: none"> • Run an EDI data declaration campaign to reduce the “not stated and blanks” in ESR 	EDI Team EnAbleD Network	July 2024	In progress
3	Increase the diversity balance at Trust Board level	<ul style="list-style-type: none"> • Utilise positive action principles to strive for a Board that reflects the diversity of the local population 	Trust’s Chair Chief executive	Ongoing	As vacancies arise



Status Colour Key

Not Started	In Progress	Delayed	Complete
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Leadership, Learning & Development							
WDES Indicators	3	4	5	6	7	8	9
<p>Aligns with the following People Promise ambitions: We are compassionate and inclusive We are always learning We each have a voice that counts We are safe and healthy We are a team</p>							
	Objective	Action	Lead	Time-scale	Status		
1	Commitment to embedding & mainstreaming diversity & inclusion in everything we do	<ul style="list-style-type: none"> Develop data driven action plans for each directorate underpinned by a set of strategic equality objectives and principles to advance equality for staff Work with key stakeholders to raise the profile of race equality across the Trust, including the development of EDI Commitments Develop and implement an 'Allies/ Ambassadors' programme across the Trust to foster good relations 	Head of EDI EDI Partner	March 2024	In progress		
2	Managers equipped with having meaningful and compassionate conversations	<ul style="list-style-type: none"> Continue to engage with the EnAble Network and roll out EDI training courses/workshops for line managers around Disability awareness with a focus on Neurodiversity Develop a series of tools and training programs to support leaders at all levels be inclusive and compassionate 	EDI Partner	Ongoing March 2024 (Pilot Neuro Inclusion Pathway)	In progress		



Status Colour Key

Not Started	In Progress	Delayed	Complete
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		<ul style="list-style-type: none"> Create and sustain a culture of Civility & Respect, Inclusion & Belonging 			
		<ul style="list-style-type: none"> Review the Trust's Performance Capability process Review the Trust's Disciplinary process and data analytics 	Deputy Chief People Officer, Director of Strategy & Transformation Head of EDI	March 2024	Not Started
		<ul style="list-style-type: none"> Develop a Reasonable Adjustments Framework including a Reasonable Adjustments Policy, Process Guidelines, reasonable adjustments agreement Work towards creating a centralised budget for reasonable adjustments to support local budgets 	EDI Partner, Deputy Director P&C, Head of Wellbeing, Dir Finance	March 2024	In progress
3	Take positive action to ensure our disabled staff have equal opportunity for personal development, career progression and promotion	<ul style="list-style-type: none"> Pilot and evaluate "Neuro-Inclusion Pathway" to raise awareness and provide support with cognitive assessments for Neurodiverse staff 	Head of Wellbeing, EDI Partner	March 2024	In progress
		<ul style="list-style-type: none"> Sign up to be a Mindful Employer 	Head of Wellbeing	June 2024	Not Started
		<ul style="list-style-type: none"> Encourage participation for Calibre and DRUK Leadership LAP programme 	EDI Partner, EnAble Network	June 2024	Not Started
		<ul style="list-style-type: none"> Equality Impact Assessment and monitoring of Education & Training opportunities to ensure our disabled staff needs are being met. 	Head of OD, Head of Clinical Education	March 2024	In progress



Status Colour Key

Not Started	In Progress	Delayed	Complete
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Staff Experience (Inclusion & Belonging)					
WDES Indicators	4	5	6	7	9
<p>Aligns with the following People Promise ambitions: We are compassionate and inclusive We are always learning We each have a voice that counts We are safe and healthy We are a team</p>					
	Objective	Action	Lead	Time-scale	Status
1	Tackle, prevent and challenge bullying, harassment and abuse against staff and create a culture of civility and respect	Increased focus on civility in the workplace. Including; <ul style="list-style-type: none"> Continued roll out of a Trust wide training around "Tackling discrimination and promoting inclusivity" Wider promotion of the Trust Workplace Mediation service Encourage staff to report instances of racism, discrimination and micro-aggression 	Head of OD/ Dep Dir P&C/ Head of EDI	Ongoing	In progress
2	Disabled Staff are engaged in the diversity and inclusion agenda and empowered to challenge inappropriate behaviours	<ul style="list-style-type: none"> EnAbleD Network to raise awareness and strengthen the support Providing "safe spaces" for open, but uncomfortable discussions around "lived experience" Develop and implement an Anti-Discrimination Charter 	EDI Team, OD Team, EnAbleD Network FTSU Guardian Head of Health & Safety Head of Safeguarding	Ongoing	In progress





Report Title		Workforce Race Equality Standard Report and Action Plan			
Meeting:		Trust Board			
Agenda item:				Meeting Date:	
Lead Executive:		Kulvinder Hira & Roger Davidson			
Report Author:		Fareeha Usman			
Purpose:		X	Assurance	X	Approval
		X	Discussion	X	Information

Report Summary

Reason for approval

The annual reporting and publishing of our WRES is required by NHS England as part of our compliance.

Highlights

- Indicator 1: Proportion of BME Staff | **Improvement** | +1.4pp 2022/2023 to 21.2% BME Staff
- Indicator 2: Staff appointment rates | **Deterioration** | 0.1 increase in White: BME appointment rates to 2:0 i.e White staff are 2 x more likely to be appointed than BME staff.
- Indicator 3: Disciplinary Rates | **Improvement** | 0.5 decrease in BME: White disciplinary rates to 1.4 i.e BME colleagues are entering disciplinary at 1.4x the rate of White staff, compared to 1.9x in 2022.
- Indicator 4: Access to Training | **Improvement** | BME staff are now more likely than White staff to access training, White 2022 access rate 1.25 vs 2023 rate 0.83
- Indicator 5: Bullying and Harassment from patients | **Improvement** | 0.2pp decrease for White staff (54%) and 4.8pp decrease for BME staff (39.3%)
- Indicator 6: Bullying and Harassment from staff | **Deterioration** | 0.2pp decrease for White staff (23.6%) but a 1.3pp increase for BME staff (25.1%)
- Indicator 7: Equal Opportunities | **Improvement** | White & BME responses have increased to 38.9% and 49.5% respectively.
- Indicator 8: Discrimination at Work | **Improvement** | Both White & BME groups responded with lower rates of experiencing discrimination with BME decreasing from 18.2% to 14.6%.

- Indicator 9: Board (voting) vs Staff | **Improvement** | The Board membership has continued to improve its BME representation

Action Plan

The Action Plan has been created under 3 main themes of Recruitment, Leadership and Staff Experience. The actions have been aligned with the WDES and wider EDI objectives to ensure cohesiveness and maximise impact.

Recommendation/Request to the Board/Committee:

To approve the WRES 2023 Report and its action plan.

Routing of Paper i.e. previously considered by:

EDI Committee & ExCo

Corporate Objectives and Risks that this paper addresses:

How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations?

How does the paper contribute to LAS's work to improve and create a more compassionate and positive culture?

How does the paper contribute to work to improve equality and inclusion in the workplace?

The paper contributes to the following:

1. Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.
2. Demonstrably living our values of caring, respect and teamwork throughout the organisation
3. Accelerating progress on workforce diversity
4. Showing a sustained improvement in the workforce race equality standard and workforce disability equality standard indicators



London Ambulance Service
NHS Trust



WORKFORCE RACE EQUALITY STANDARD REPORT



A MESSAGE FROM OUR CEO

In this year's WRES report for the London Ambulance Service, we reaffirm our unwavering commitment to promoting equality, diversity, and inclusion within our organization. As we assess the current landscape, we recognise the importance of addressing workforce representation to ensure that our team reflects the diverse communities we serve. While we acknowledge areas requiring attention, it is encouraging to note the strides we have taken toward tackling discrimination and promoting inclusivity. This report underscores our dedication to fostering an inclusive environment where every member of our workforce feels valued and empowered to contribute their unique perspectives. Through collaborative efforts and ongoing initiatives, we strive to build a workforce that mirrors the richness of our city and upholds our mission to provide exceptional care to all.

Over the last year, we have achieved the following in line with our action plan:

- An EDI Committee has been created, reporting directly to the Trust Board to monitor progress against our EDI objectives
- We have reviewed the Trust's EDI training packages to ensure they are fit for purpose and have relaunched them.
- We have introduced a tailored and comprehensive "Inclusive Leadership" training covering the signature traits of Inclusive Leadership. This programme suits complex health and social care services.
- We have successfully rolled out our "Tackling Discrimination and Promoting Inclusivity" training across the Trust for all our staff.

This report provides an overview of our performance against the indicators and our plan over the next 12 months.

I would like to thank Fareeha Usman, EDI Business Partner, for compiling this report for the Trust.



Daniel Elkeles

**London Ambulance Service
NHS Trust**

[LETS GET STARTED](#)



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22	Conclusion and next steps WRES Action Plan



KEY FINDINGS

Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2023, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2022.



1. Staff Representation

21% of our workforce is from BME backgrounds.



2. Shortlisting

White applicants are

2.0X



more likely to be appointed from shortlisting.

3. Disciplinary

BME colleagues are

1.4X



more likely to be entered into the disciplinary process.

4. Training

white colleagues are

0.8X



more likely to access non-mandatory training.

5. Bullying from public

39%



of BME colleagues reported experiencing harassment, bullying or abuse from the public.

6. Bullying from staff

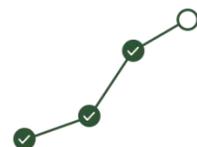
25%



of BME colleagues reported experiencing harassment, bullying or abuse from managers or other colleagues.

7. Progression

39%



of BME colleagues believe the Trust provides equal opportunities for career progression or promotion.

8. Discrimination

15%



of BME colleagues reported personally experiencing discrimination at work from managers or other colleagues.

9. Trust Board

29%

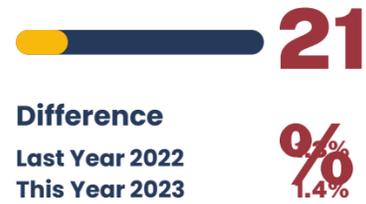


of our Trust Board (voting membership) is from BME backgrounds.



COMPARISON

Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2023, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2022.

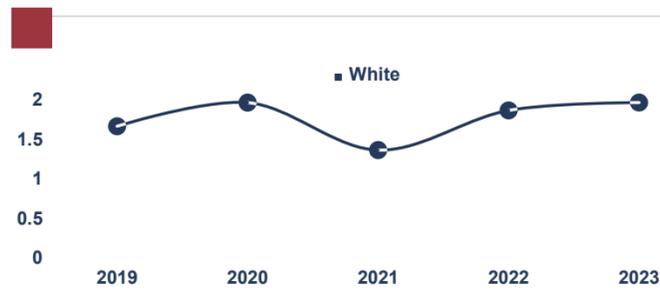


1. Staff Representation

21% of our workforce is from BME backgrounds.

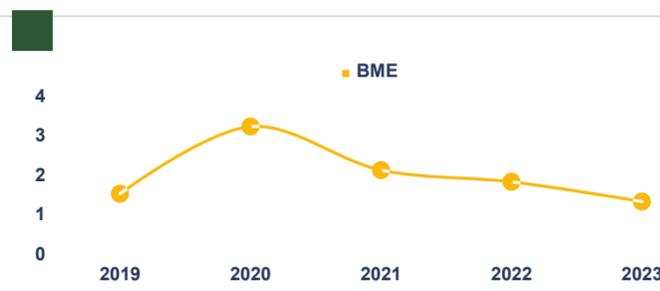


2. Shortlisting



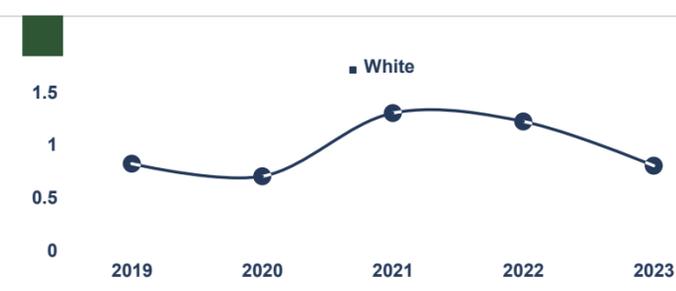
Difference
Last Year 2022: 1.9 X
This Year 2023: 2.0 X

3. Disciplinary



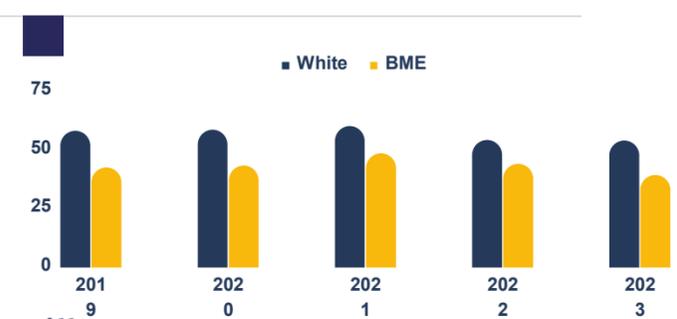
Difference
Last Year 2022: 1.9 X
This Year 2023: 1.4 X

4. Training



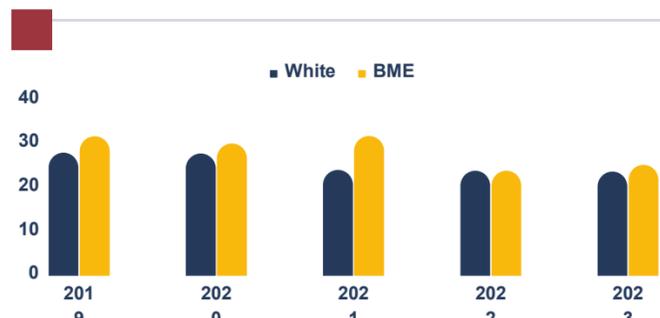
Difference
Last Year 2022: 1.25 X
This Year 2023: 0.83 X

5. Bullying from public



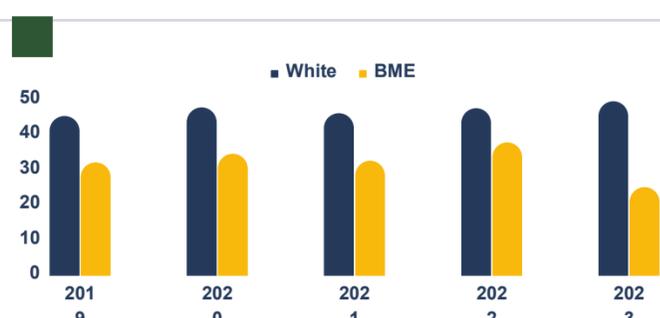
Difference
Last Year 2022: 10.1%
This Year 2023: 14.7%

6. Bullying from staff



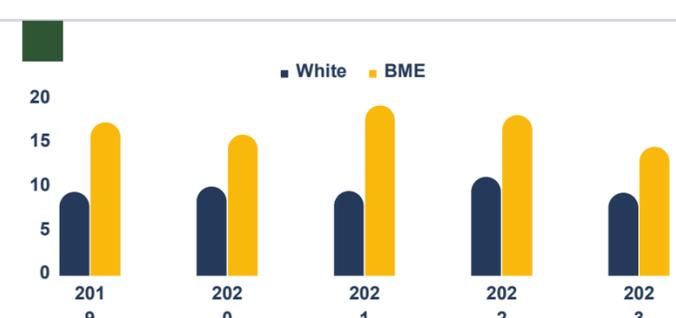
Difference
Last Year 2022: 0%
This Year 2023: 1.5%

7. Progression



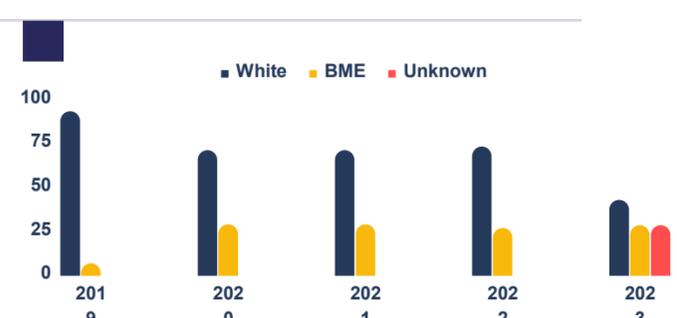
Difference
Last Year 2022: 9.7%
This Year 2023: 10.6%

8. Discrimination



Difference
Last Year 2022: 7.0%
This Year 2023: 5.2%

9. Trust Board



“

The BME network recognises the inequalities that exist for BME staff in the LAS and that making changes within an organisation as large as the LAS requires changing the culture and systems. As a workforce, the LAS has a duty to reflect the patients we serve, and as such, the BME network is committed to addressing these inequalities to ensure that all our colleagues from BME backgrounds are supported. We will continue to raise the profile of the BME Network as well as support the development of work plans aligned to the trust's strategic EDI objectives regionally and nationally.

CO-CHAIRS, BME NETWORK



INTRODUCTION

This WRES report highlights the progress we have made as an organisation. Whilst clearly showing the journey we are making to become an inclusive employer, there is a long way to go. This report reflects our ongoing commitment to fostering a diverse, inclusive, and equitable workforce within our esteemed Trust.

At London Ambulance Service, our journey towards equality, diversity and inclusion is woven into the fabric of our trust values - **Care, Respect and Teamwork**. We firmly believe that an organisation is at its strongest when it embraces the rich tapestry of backgrounds, experiences, and perspectives that our diverse workforce brings. The WRES report serves as a testament to our dedication to transparency, growth, and the pursuit of excellence in all matters related to equality and inclusion.

The following report and WRES Action Plan will give you an account of our progress, challenges, and aspirations. This report manifests the collective efforts of our dedicated teams, who have tirelessly worked to champion an environment where every individual, regardless of race, ethnicity, or identity, can flourish. It is a story of collaboration, learning, and the unyielding pursuit of fairness.

As we navigate the intricate landscape of equality and inclusion, we acknowledge that progress requires more than just numbers and metrics. It hinges on our ability to listen, empathize, and act upon the insights provided by WRES data. By translating these insights into meaningful action plans, we empower ourselves to create real change for our workforce and the communities we serve. We are embracing the transformative power of diversity through collaboration, dialogue, and a deep commitment to learning.

We recognise that achieving true equality necessitates ongoing assessment, thoughtful strategies, and transparent reporting – elements at this report's heart.

We sincerely appreciate all our colleagues, stakeholders, partners, and team members who have contributed to the creation of this report. Your dedication and commitment reinforce our shared mission to continuously evolve as an organisation that stands as a beacon of inclusivity.

Together, let us delve into the contents of this report with an open heart and a resolute determination to embrace the diversity that enriches our organisation and the communities we serve.

By doing so, we are not just embracing a report – we are embracing the essence of equality and the boundless potential it holds.

Thank you for embarking on this journey of discovery and transformation with us.



OVERVIEW

PURPOSE

NHS Trusts are required to produce and publish their WRES report annually. The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators which are outlined in the WRES, produce an action plan to close any gaps in the workplace experience between white and BME staff, as well as improving the representation of BME staff at the Board level of the organisation.

The WRES report and associated action plan form one part of our EDI plan in line with the LAS Strategy. It is a key component of our workforce EDI work, setting our direction in achieving good practice race equality across all areas of the employee lifecycle and ensuring our staff have access to career opportunities, development and progression and receive inclusive and fair treatment in the workplace.

This report overviews the Workforce Race Equality Standard and the nine metrics we report against. It shows and briefly analyses the WRES data against each metric and explores trends internally with last year's data comparators against other Ambulance Trusts. It shows progress against these standards during 2022-2023 and identifies the key priorities for 2023-2024. We are prioritising actions by developing improvement plans based on our WRES findings.

METHODOLOGY

The WRES requires NHS trusts and ICS's to self-assess against nine workplace experience and opportunity indicators. Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers Black and minority ethnic representation on NHS boards. Short definitions of the nine WRES indicators are presented in this report.

SCOPE

The WRES data included in this report has been obtained from:

- Electronic Staff Records.
- Human Resource team records.
- Organisational Development records.
- NHS Staff Survey.

DEFINITIONS

The definition of ethnicity used for the purpose of this report is provided in the 2019 WRES Technical guidance as outlined below:

DEFINITIONS OF ETHNICITY: PEOPLE COVERED BY THE WRES

The definitions of 'Black and minority ethnic' (BME) and 'white' used in the WRES have followed the national reporting requirements of the ethnic category in the NHS

data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.

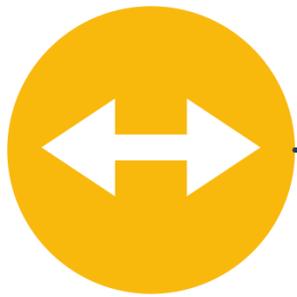
"White" staff includes white British, Irish, Eastern European and any "other white". This is to say that the term BME for the purpose of this report, refers to staff that are from a Black, Asian or ethnic minority background which is not white.

DEFINITION OF NON-MANDATORY TRAINING FOR WRES

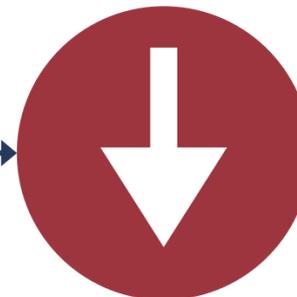
The WRES Technical Guidance defines non-mandatory training as: 'any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (for example, fire safety training) or mandated by the organisation (for example clinical records system training). Non-mandatory and Continuous Professional Development (CPD) recording practices may differ between organisations.

Accessing non-mandatory training and CPD – in this context, refers to courses and developmental opportunities for which places were offered and accepted.

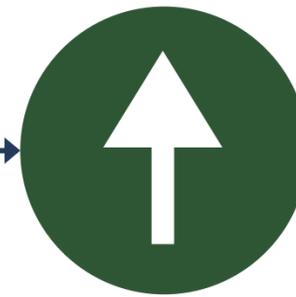
DIRECTION OF TRAVEL



Consistent



Deterioration



Improvement

KEY



Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2023, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2022.

DIFFERENCE
The difference in Metrics 5-8 is presented in a pie chart. The key for White and BME staff remains the same.



EXAMPLE

3 KEY QUESTIONS EXPLORED IN THIS REPORT

- What is the data telling us?



- How do we compare with last year?



- What are we planning to do?

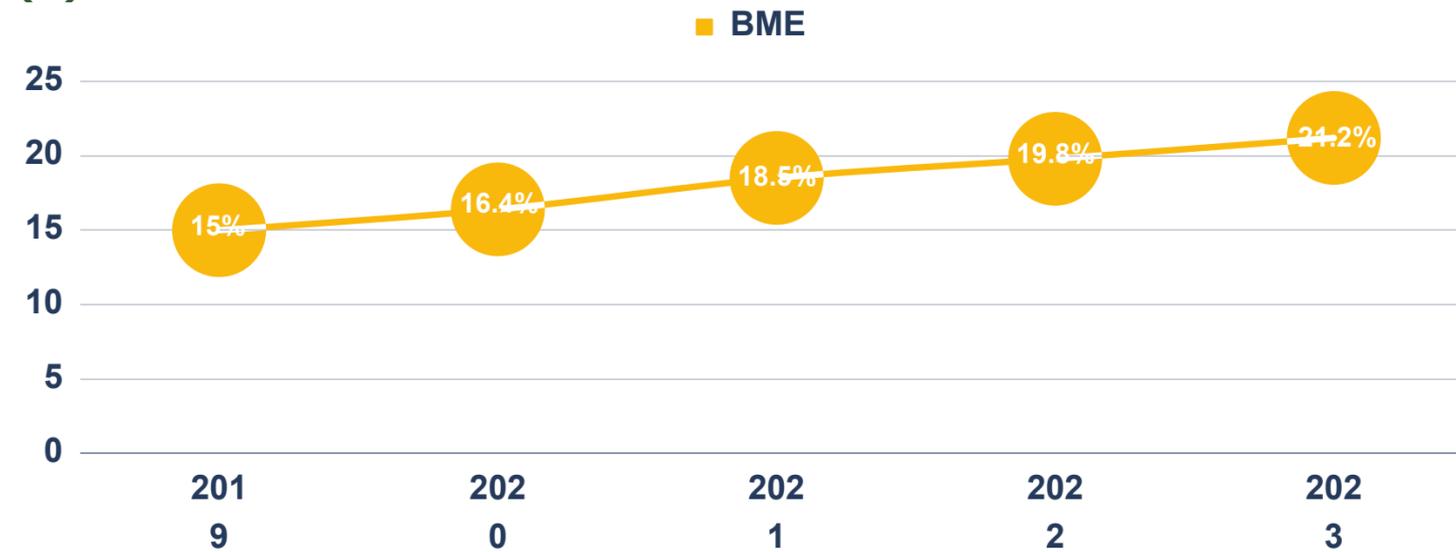




INDICATOR 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

PROPORTION OF WORKFORCE FROM BME BACKGROUNDS (%)



	2021	2022	2023
White Staff	80.1%	77.5%	75.9%
BME Staff	18.4%	19.8%	21.2%

The data highlights a noticeable gap between the proportion of staff from Black and Minority Ethnic (BME) backgrounds within our organisation and the diverse communities we serve, making our workforce **21.2%** from BME backgrounds. The percentage of staff members with BME backgrounds is considerably lower than the demographic makeup of London's diverse communities. This write-up delves into the significance of this disparity and discusses the implications of a slight increase in BME staff representation by **1.4%**.

Colleagues from BME backgrounds comprise only 15.5% of our clinical workforce, compared to 37.8% of those in non-clinical roles.

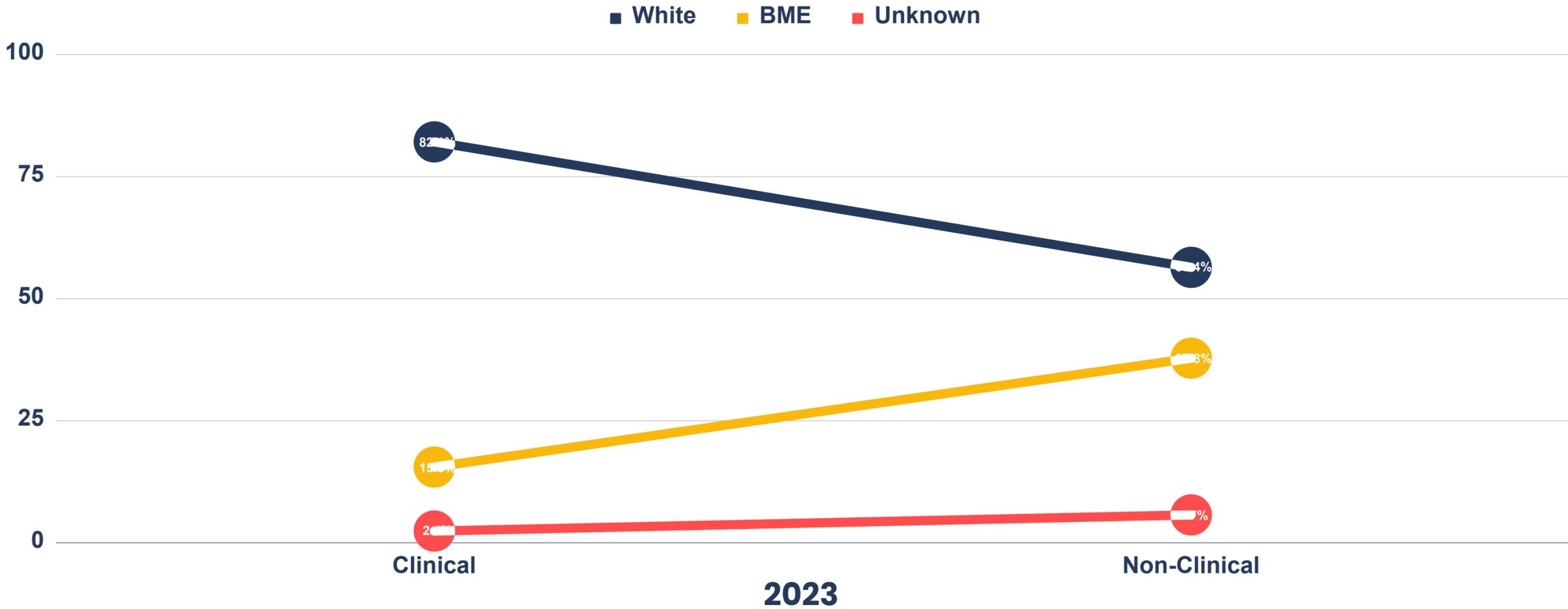
This underrepresentation raises concerns about the inclusivity of our workforce and the extent to which we reflect the community we serve.

The Shift - A Positive Change: While a 1.4% increase may seem modest at first glance, it marks a meaningful step towards enhancing representation within LAS. This shift demonstrates our commitment to inclusivity and signifies progress in addressing the representation gap. Even a small percentage change can have far-reaching effects, symbolising the Trust's acknowledgement of the issue and its proactive steps toward improvement.



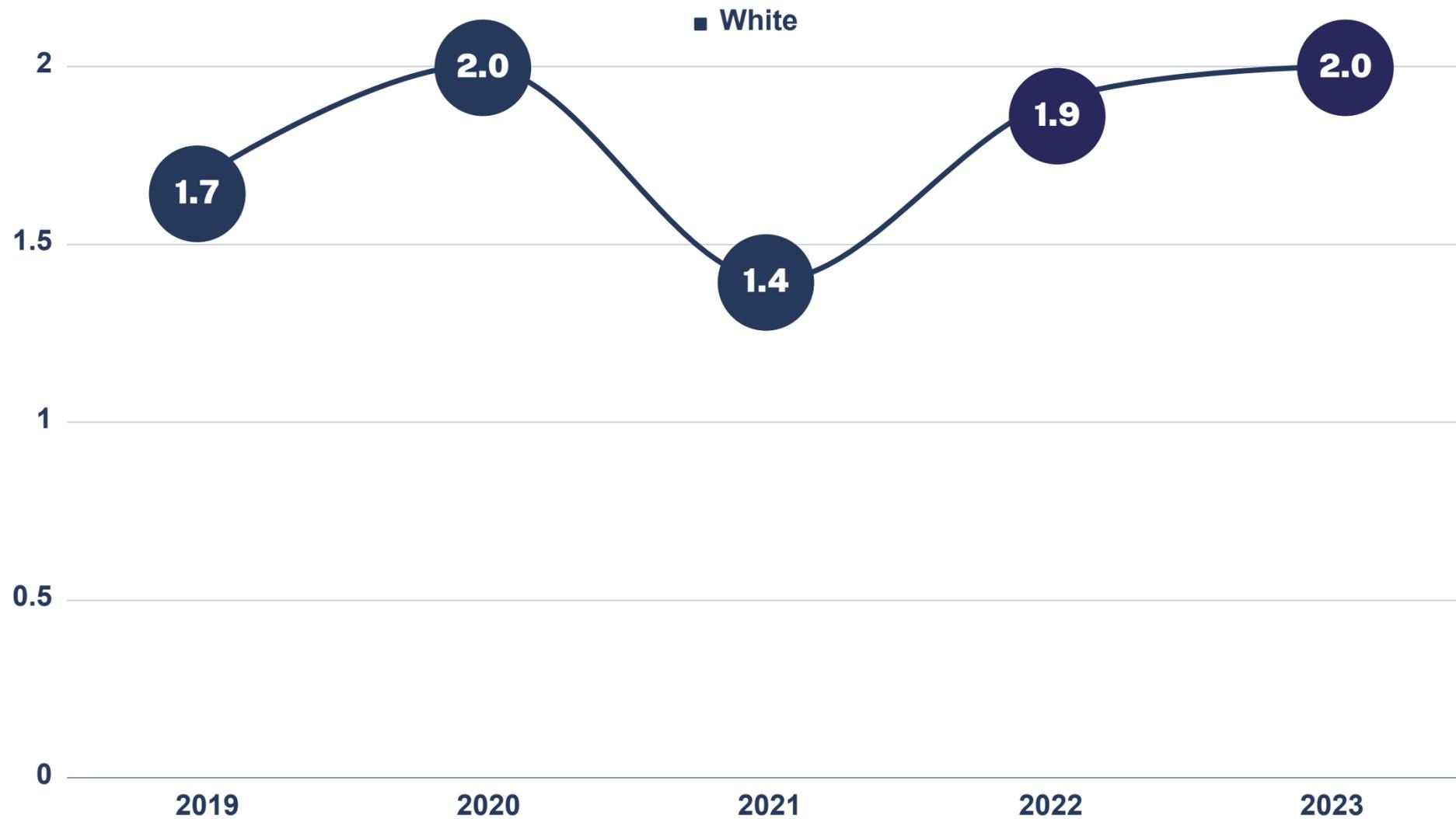
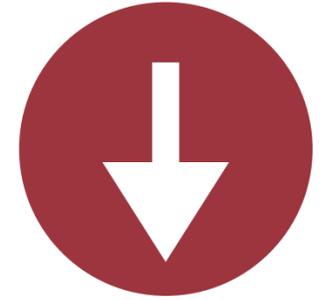
BME CLINICAL AND NON-CLINICAL WORKFORCE (%)

Colleagues from BME backgrounds comprise only 15.5% of our clinical workforce, compared to 37.8% of those in non-clinical roles.



INDICATOR 2

Relative likelihood of White staff being appointed from short listing compared to BME staff across all posts.



The data indicates that white applicants are twice as likely as Black and Minority Ethnic (BME) staff members to be appointed. This suggests a potential disparity in the recruitment process between these two groups. An analysis would be needed to understand the underlying reasons and implications of this finding. The figure is **2.0x** this year, slightly deteriorating from **1.9x** last year.

This makes it challenging for us to achieve our goal of building a workforce representative of the population we serve. Barriers within our processes mean we may miss out on a large pool of talented individuals.

Implementing the De-bias Recruitment and Selection toolkit, best practice and evidence-based approach backed by granular data insights is one of our key priorities in monitoring this tracker this year.



INDICATOR 3

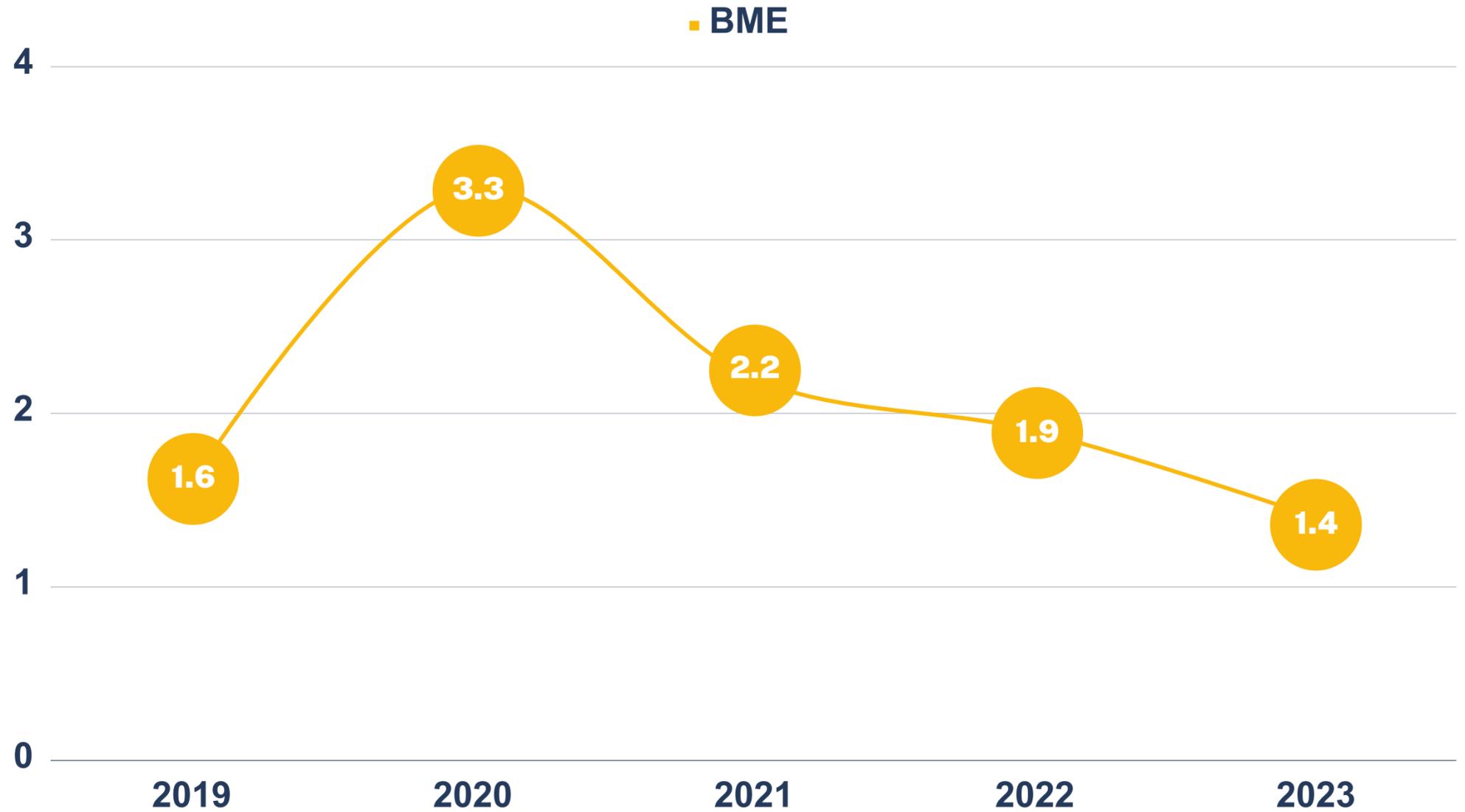
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff



The data shows that Black and Minority Ethnic (BME) staff are **1.4 times** more likely than white staff to enter the formal disciplinary process. This is a decrease from the previous year's ratio of **1.9 times**. While there has been some improvement, there still seems to be a disparity in the disciplinary process between these two groups.

All cases recorded this year have gone through the **Resolution Framework**, providing an opportunity to see its effectiveness in tackling bias in the formal disciplinary process.

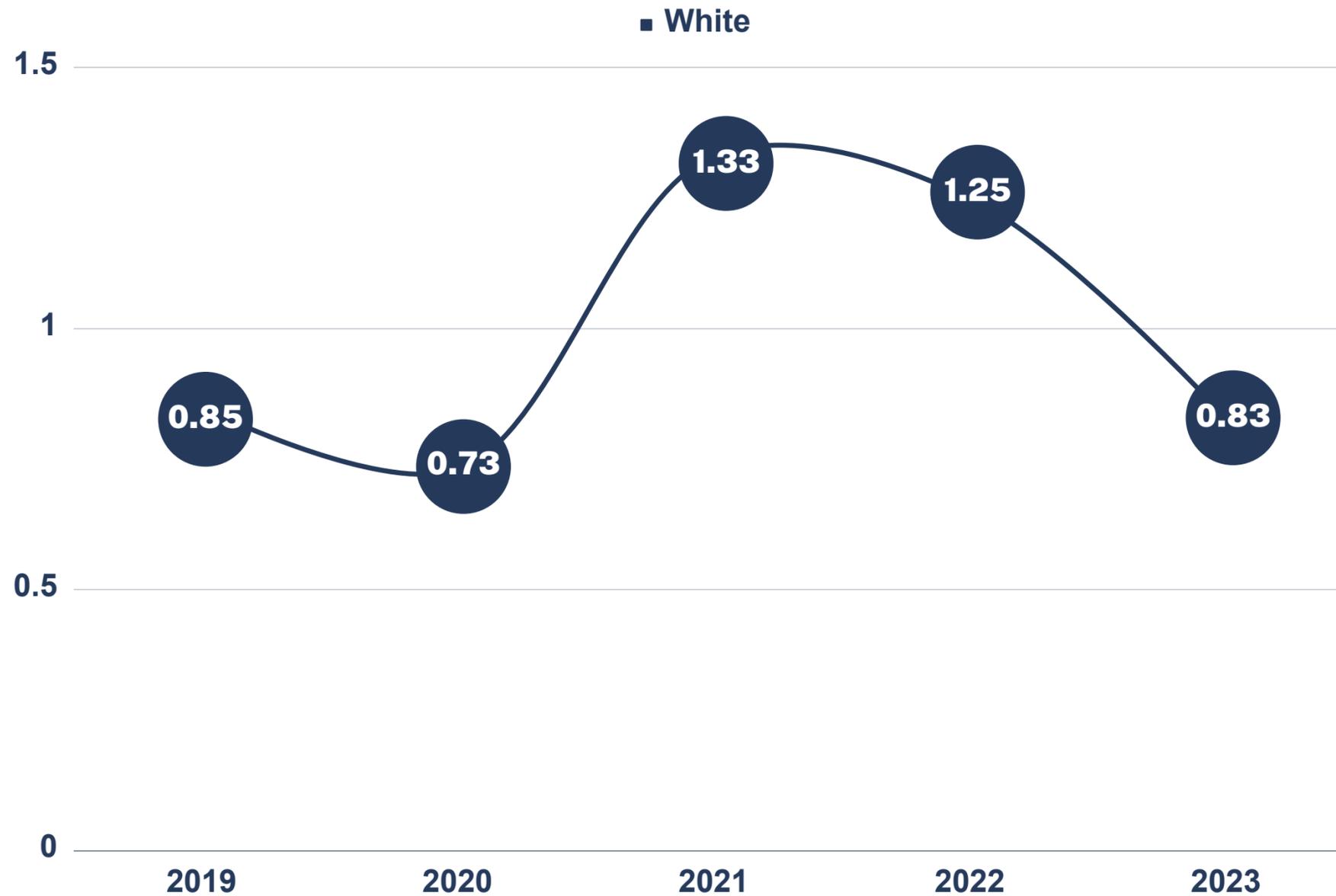
Regular monitoring and review are ongoing to determine the reasons behind these differences and address potential biases or inequities.



INDICATOR 4



Relative likelihood of staff accessing non-mandatory training and CPD.



The data indicates that the white staff are **0.80 times** as likely as BME staff to access non-mandatory training and Continuing Professional Development (CPD) opportunities.

This represents a decrease from the previous year's ratio of **1.25 times**, hence showing a **slight improvement for BME staff**. The findings suggest a potential disparity in training and development access for BME staff, highlighting the need for further examination and efforts to ensure equitable opportunities for professional growth.

Our **Learning and Development course catalogue** informs colleagues of the clinical and non-clinical training available for them to access. Our **award-winning Apprenticeship** team are facilitating clinical and non-clinical apprenticeships as a means for colleagues to progress their careers.



STAFF EXPERIENCE

INDICATOR 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



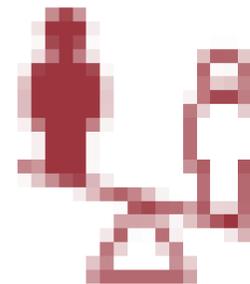
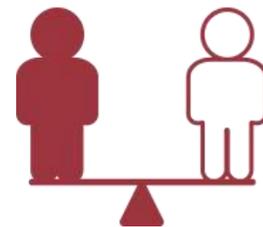
INDICATOR 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.



INDICATOR 7

Percentage of staff believing that the Trust provides equal opportunities for career progressing and promotion.



INDICATOR 8

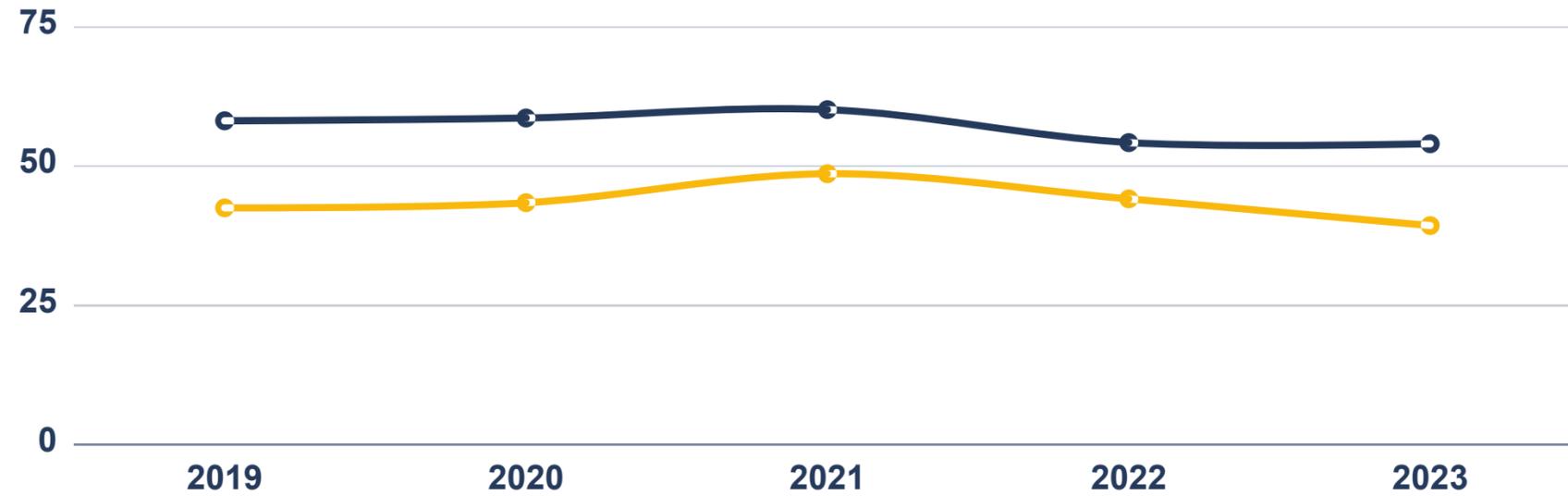
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues



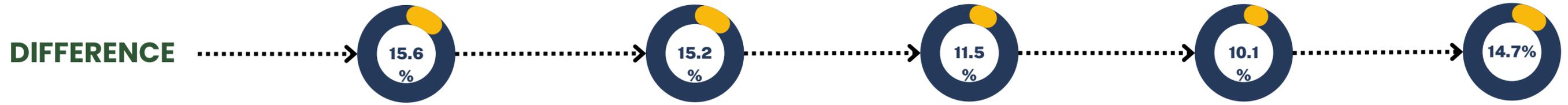


INDICATOR 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

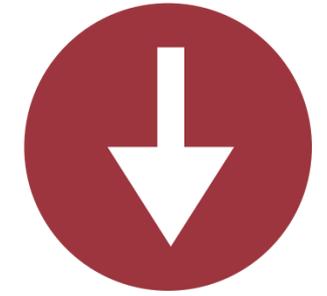


The data reveals that in the last 12 months, **39.3%** of Black and Minority Ethnic (BME) staff experienced harassment, bullying, or abuse from patients, relatives, or the public. This marks a decrease from the previous year's rate of **44.1%**, showing a difference of **14.7%**. While incidents have been reduced, a significant proportion of BME staff still face such challenges. In comparison, white colleagues faced higher rates of **54%** in the last two years, an emerging trend that needs to be examined. Continuous efforts are necessary to create a safer and more respectful environment for all staff members.



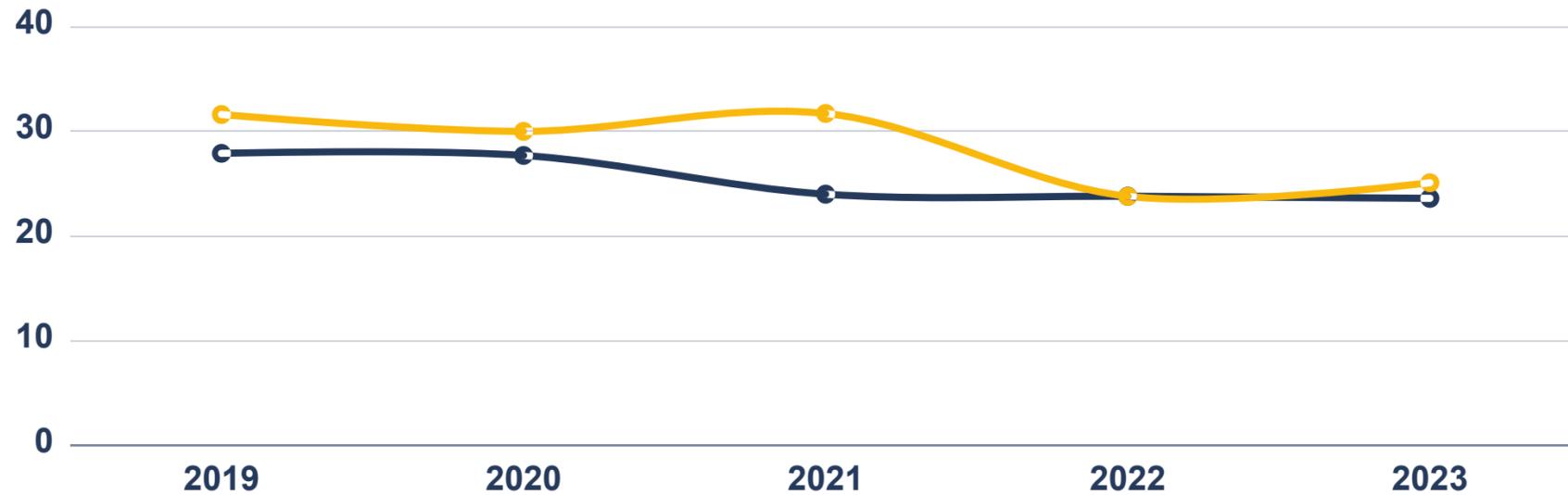
	2019	2020	2021	2022	2023
White Staff	58.1%	58.6%	60.1%	54.2%	54%
BME Staff	42.5%	43.4%	48.6%	44.1%	39.3%





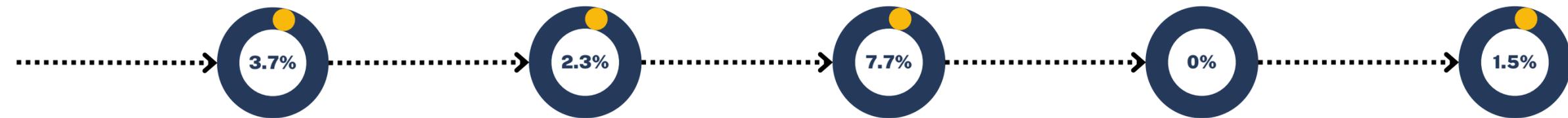
INDICATOR 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.



The data indicates that in the last 12 months, **25.1%** of BME staff experienced harassment, bullying, or abuse from other staff members. This shows a slight increase and deterioration from the previous year's rate of 23.8%, with a difference of **1.5%**. Interestingly, both white and Black Minority Ethnic (BME) colleagues faced similar rates of **23.8% last year**. The overall increase highlights the ongoing importance of addressing workplace behaviour to ensure a respectful and inclusive environment for all staff members.

DIFFERENCE

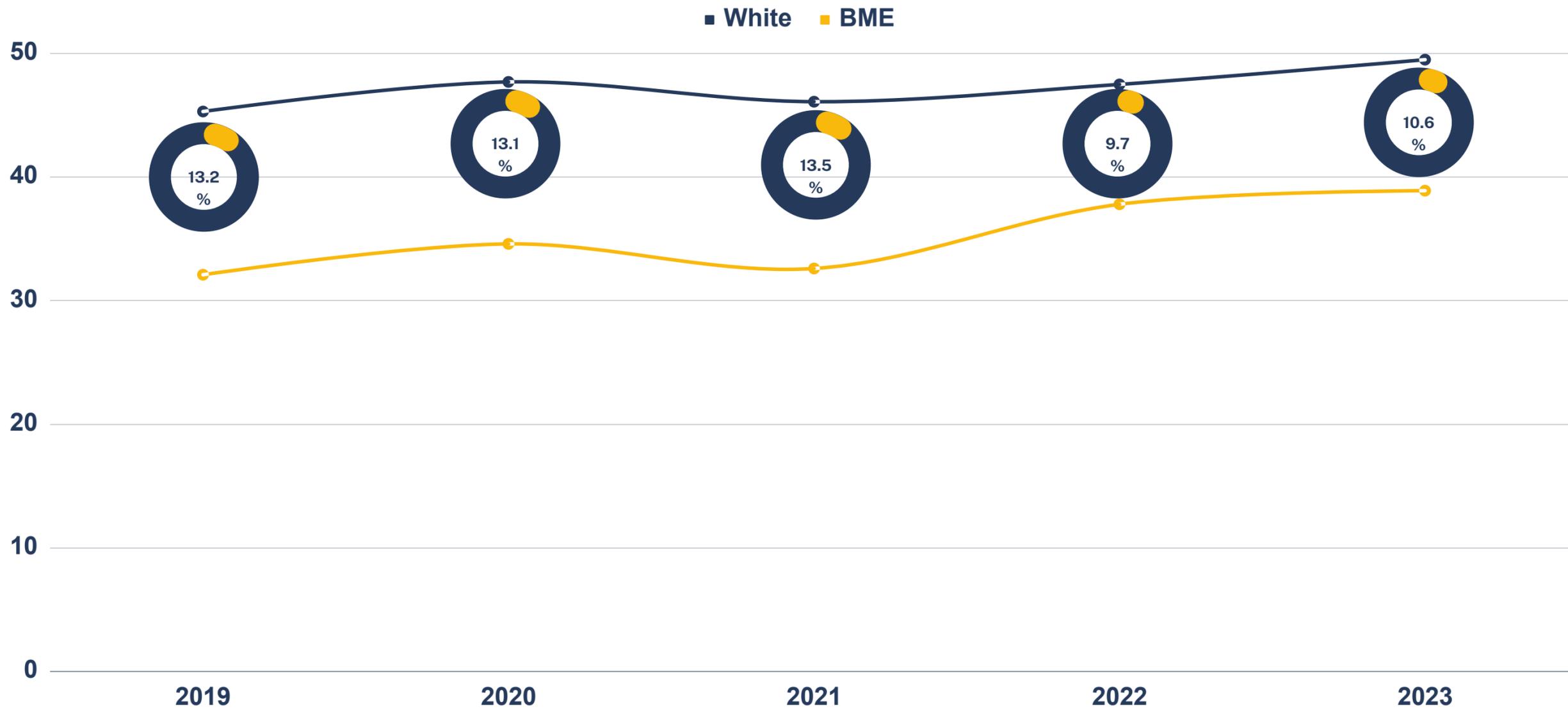


	2019	2020	2021	2022	2023
White Staff	27.9%	27.7%	24.0%	23.8%	23.6%
BME Staff	31.6%	30%	31.7%	23.8%	25.1%



INDICATOR 7

Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion.



The data reveals that the percentage of Black and Minority Ethnic (BME) staff who believe the Trust provides equal opportunities for career progression and promotion is **38.9%**, while the corresponding figure for white colleagues is **49.5%**. This year's difference of **10.6%** is slightly higher than the 9.7% difference recorded last year. These numbers suggest an ongoing perception gap between BME and white colleagues regarding equal opportunities for advancement within the organisation. Addressing this gap is essential to ensure equitable career development opportunities for all staff members.

In the last 12 months:

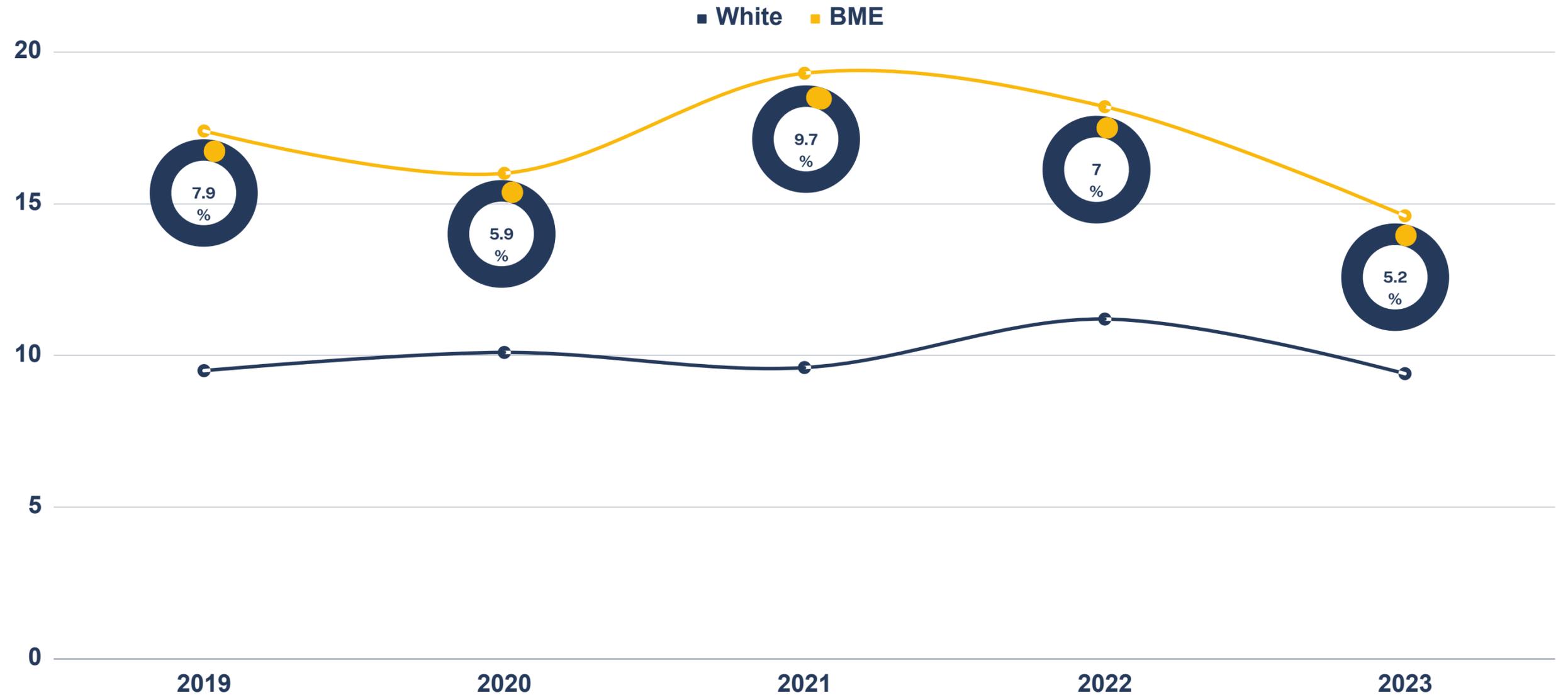
- **14.6%** of Black and Minority Ethnic (BME) staff personally experienced workplace discrimination from managers, team leaders, or colleagues. This is a decrease from last year's rate of **18.2%**. The difference between this year and last year is **5.2%**, which is smaller than the **7% difference seen last year**.
- **9.4%** of white staff experienced discrimination from similar sources this year.

These figures highlight changes in the prevalence of workplace discrimination among BME and white staff members over the last year. **While there's a decrease in reported incidents among BME staff, addressing these issues remains crucial to foster an inclusive and respectful work environment for all.**



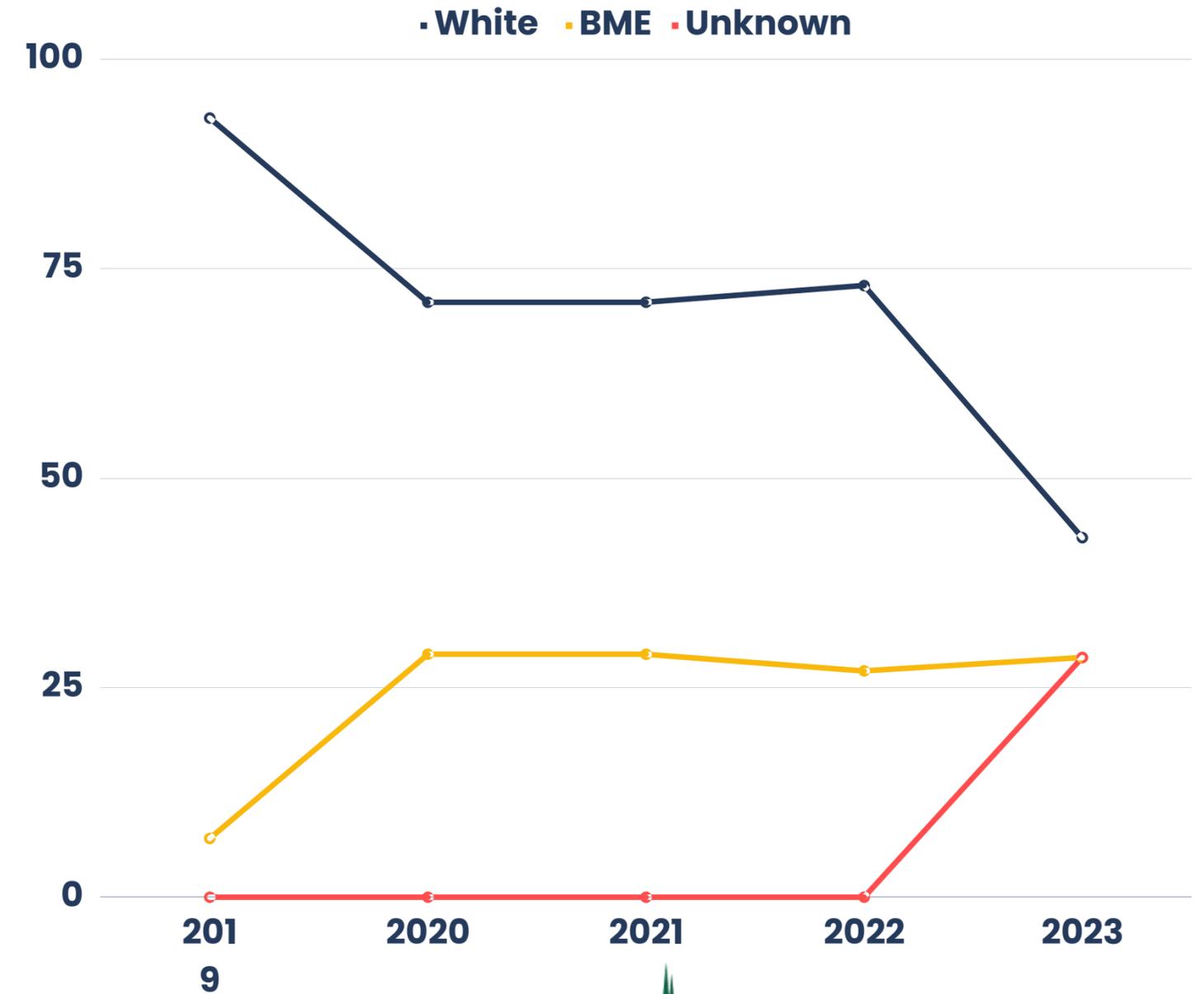
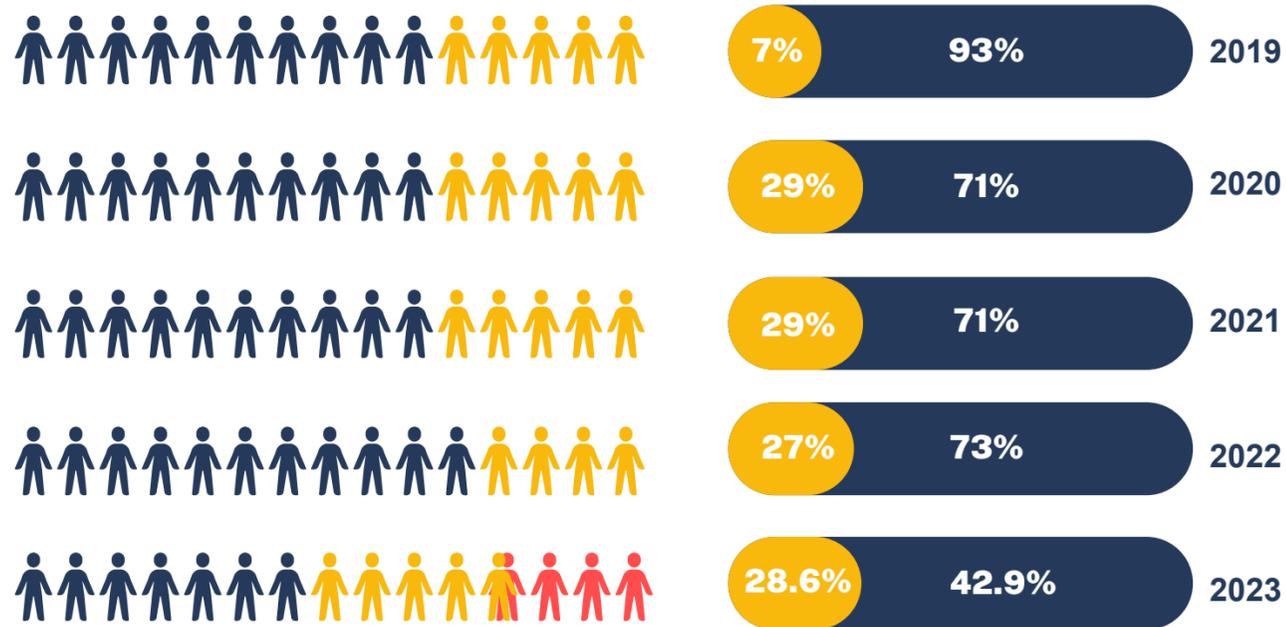
INDICATOR 8

In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues



INDICATOR 9

Percentage difference between the Organisations Board voting membership and its overall workforce.



The data indicates that Black and Minority Ethnic (BME) staff constitute **28.6%** of the Trust Board's voting membership, which is **7.4 percent higher** than the BME makeup of the overall workforce. Last year, this representation was at **27%**. **The total voting membership on the board consists of 15 members.** This demonstrates a commitment to diverse representation at the leadership level, and the increase from last year further underscores efforts to ensure inclusive governance.



CONCLUSION

This report shows progress from the past year, highlights current practice, and shows key areas for improvement within the organisation against several key indicators of workforce equality for staff across ethnic groups.

Compared to our **2022 WRES Report**, we have made some improvements against the following indicators in **2023**:

- **Indicator 1 – Overall BME representation in the workforce**
- **Indicator 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to White staff**

Against all other indicators, our data shows slight improvement; however, the following indicators have deteriorated:

- **Indicator 2 - Relative likelihood of White staff being appointed from shortlisting compared to BME staff across all posts.**
- **Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.**

The results of our WRES data show a need for a more collective and concerted effort to eradicate differences between BME and white colleagues. The improvements represent both a source of pride for the here and now and hope for the future.

The results underline the disparity experienced by our BME colleagues, so the need to grow our networks and influencers for positive change continues.

This year we have begun to champion a range of training and engagement initiatives across LAS which simultaneously raise the organisation's awareness of the biases and inequalities whilst increasing staff confidence to tackle discrimination and promote inclusion across all our systems and processes.

It is our hope that 2023-2024 will be viewed as a pivotal year for demonstrating that we can make significant progress in race equality at LAS.

Based on the analysis of our WRES metrics, our action plan has been revised. In conclusion, the WRES data highlights improvements and areas requiring further attention. Efforts to address disparities in appointments, training access, perceptions of equal opportunity, and workplace behaviour should be continued.

The positive increase in board representation reflects the commitment to diversity and inclusion at leadership levels, but ongoing initiatives to improve workplace culture are necessary to create a truly equitable and respectful workplace for all at London Ambulance Service.

NEXT STEPS

The WRES Action Plan has been reviewed and updated in collaboration with the **BME staff network**. The network has identified the following priorities, some of which are carried over from the 2022 plans. The work will be supported by P&C Directorate, Clinical education and EDI team and monitored through the WRES task and finish group, EDI Implementation Group and EDI Board committee.

The Workforce Race Equality Standard (WRES) objectives and actions are presented under the following thematic areas:

- **Workforce Representation, Recruitment & Retention**
- **Leadership Learning & Development**
- **Staff Experience (Inclusion & Belonging)**

The priorities of the plan include:

- Improving the representation of our workforce to represent the communities we serve
- Continued focus on ensuring our recruitment & selection processes are inclusive
- Tackle bullying, harassment and abuse against staff and create a culture of civility and respect

THANK YOU



For further information and or request in
an alternative format, please contact:
londamb.edimailbox@nhs.net





London Ambulance Service
NHS Trust



WORKFORCE RACE EQUALITY ACTION PLAN





Workforce Race Equality Standard Action Plan 2023/2024

This is a high-impact action plan overarching the key objectives and actions for the Trust.

There is a triangulation tracker sitting behind this plan with granular insights and specific actions for each directorate against each indicator.

The work will be supported by the EDI Team and monitored through the task and finish group, EDI Implementation group and EDI Sub-Board Committee.

Key Themes

The Workforce Race Equality Standard (WRES) objectives and actions are presented under the following thematic areas:



1

- Workforce Representation, Recruitment & Retention



2

- Leadership Learning & Development



3

- Staff Experience (Inclusion & Belonging)

“At London Ambulance Service, each of us contributes to embed Equality, Diversity and Inclusion – we all have a role to play. As part of our values, we are committed to supporting a more representative workforce of our communities and a workplace that creates a sense of belonging for everyone. The Trust is committed to tackling and preventing discrimination, valuing diversity and achieving equality of opportunity for all!”

EDI Team
londamb.edimailbox@nhs.net





Monitoring and Evaluation

The Trust and the identified leads will adopt this action plan as a basis for their work programme and will play a key role in monitoring and influencing the actions going forward. The key stakeholders and leads will work closely with the Equality, Diversity and Inclusion team and will attend the EDI implementation group meetings where regular updates on the action plan will be provided. Key updates and assurance will also be provided to the Trust Board on an annual basis.

Workforce Race Equality Standard (WRES): The 9 Indicators

Indicator 1	Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.
Indicator 2	Relative likelihood of staff being appointed from short listing across all posts.
Indicator 3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
Indicator 4	Relative likelihood of staff accessing non mandatory training and CPD (Continuous Professional Development)
Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
Indicator 7	Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion.
Indicator 8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, team leader or other colleague
Indicator 9	Percentage difference between the organisation's Board voting membership and its overall workforce.



Status Colour Key

Not Started	In Progress	Delayed	Complete
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Workforce Race Equality Standard: Actions 2022-2023

This table provides an overview of the actions identified for this year's WRES action plan and demonstrates how these actions align to the WRES Indicators and the NHS People Promise.

Workforce Representation, Recruitment & Retention					
WRES Indicators	1	2	7	9	
<p>Aligns with the following People Promise ambitions: We are compassionate and inclusive We work flexibly We are always learning We are a team</p>					
	Objective	Action	Lead	Time-scale	Status
1	Continued focus on ensuring our recruitment & selection processes are inclusive	<ul style="list-style-type: none"> Establish place-based engagement plans to attract a more diverse range of staff into LAS careers (including recruitment/ career days and application/ interview skills sessions). Develop and Implement the De-bias Recruitment and Selection toolkit tailored to LAS Using positive action to lead targeted work with the ethnically diverse communities with the aim of raising the profile of the Trust as a diverse and inclusive employer Conduct deep dives to understand the root cause analysis for underrepresentation of ethnically diverse staff 	Head of EDI, Head of Recruitment	Ongoing	In progress



Status Colour Key

Not Started	In Progress	Delayed	Complete
-------------	-------------	---------	----------

		<ul style="list-style-type: none"> Recruit a pool of independent panel members to ensure transparency 			
2	Increased focus on Ethnic Minority staff in clinical & non-clinical roles	<ul style="list-style-type: none"> Deeper analysis of the Trust data around career progression and the career development journeys of Ethnic Minority staff to: <ul style="list-style-type: none"> Identifying bottlenecks Target under-representation Promote positive role models Career pathways Increasing diversity and representation at Band 5 and above from ethnic minorities. 	Associate Dir P&C, Head of EDI, Head of Recruitment	June 2024	In Progress
		<ul style="list-style-type: none"> B-ME Race Equality Staff Inclusion Network to proactively work and lead in raising the profile of race equality for staff B-ME Race Equality Staff Inclusion Network to act as an ambassador for change 	EDI Team / B-ME Network	Ongoing	In progress
3	To improve the quality, collection and analysis of our workforce data on all protected characteristic for staff (Ensuring all Ethnic Minority staff have confidence in declaring their status on ESR)	<ul style="list-style-type: none"> Dashboard to be created to reflect the workforce representation data through graphs, charts and visuals Run an EDI data declaration campaign to reduce the “not stated and blanks” in ESR 	Head of EDI, Head of workforce	June 2024	In Progress



Status Colour Key

Not Started	In Progress	Delayed	Complete
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Leadership, Learning & Development								
WRES Indicators	2	3	4	5	6	7	8	9
<p>Aligns with the following People Promise ambitions: We are compassionate and inclusive We are always learning We each have a voice that counts We are safe and healthy We are a team</p>								
	Objective	Action	Lead	Time-scale	Status			
1	Commitment to embedding & mainstreaming diversity & inclusion in everything we do	<ul style="list-style-type: none"> Develop data driven action plans for each directorate underpinned by a set of strategic equality objectives and principles to advance equality for staff Work with key stakeholders to raise the profile of race equality across the Trust, including the development of EDI Commitments Develop and implement an 'Allies/ Ambassadors' programme across the Trust to foster good relations 	Head of EDI EDI Partner	March 2024	In Progress			
2	Managers equipped and confident with having meaningful and compassionate conversations	<ul style="list-style-type: none"> Continue to engage with the B-ME Network, and roll out EDI training courses/workshops for line managers. Develop a series of tools and training programs to support leaders at all levels be inclusive and compassionate 	EDI Partner	Ongoing				



Status Colour Key

Not Started	In Progress	Delayed	Complete
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		<ul style="list-style-type: none"> Create and sustain a culture of Civility & Respect, Inclusion & Belonging 			
		<ul style="list-style-type: none"> Review the Trust's Performance Capability process Review the Trust's Disciplinary process and data analytics 	Deputy Chief People Officer, Director of Strategy & Transformation Head of EDI	March 2024	Not Started
3	Take positive action to ensure our BME staff have equal opportunity for personal development, career progression and promotion	<ul style="list-style-type: none"> Analyse the gap between White and Ethnic Minority staff accessing non-mandatory learning & development opportunities. Map out an approach for targeted work to address the gaps 	Head of OD, Head of Clinical Education, EDI Partner	June 2024	Not started
		<ul style="list-style-type: none"> Engage with our BME staff to evaluate existing Career Development offers and explore the potential for further personal development opportunities for staff at Band 4 upwards. <ul style="list-style-type: none"> Interview coaching (engaging the support of senior leaders) Development of a management level apprenticeship for aspiring leaders from an Ethnic Minority background Talent Management Reverse Mentoring 	Head of OD, Head of Clinical Education EDI Partner	Ongoing	In progress
		<ul style="list-style-type: none"> Equality Impact Assessment and monitoring of Education & Training opportunities to ensure our BME staff needs are being met. 	Head of Clinical Education	June 2024	In Progress



Status Colour Key

Not Started	In Progress	Delayed	Complete
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Staff Experience (Inclusion & Belonging)					
WRES Indicators	5	6	7	8	
<p>Aligns with the following People Promise ambitions: We are compassionate and inclusive We are always learning We each have a voice that counts We are safe and healthy We are a team</p>					
	Objective	Action	Lead	Time-scale	Status
1	Tackle, prevent and challenge bullying, harassment and abuse against staff and create a culture of civility and respect	Increased focus on civility in the workplace. Including: <ul style="list-style-type: none"> Continued roll out of a Trust wide training around "Tackling discrimination and promoting inclusivity" Wider promotion of the Trust Workplace Mediation service Encourage staff to report and monitor instances of racism, discrimination and micro-aggression 	Head of EDI, Head of OD, Violence Reduction Team, P&C Team	Ongoing	In progress
2	BME staff are engaged in the diversity and inclusion agenda and empowered to challenge inappropriate behaviours	<ul style="list-style-type: none"> B-ME Network to raise awareness and strengthen the support Providing "safe spaces" for open, but uncomfortable discussions around "lived experience" Develop and implement an Anti-Discrimination Charter that includes the Trust's anti-racism commitment 	Head of EDI EDI Partners FTSU Guardian Head of Health & Safety Head of Safeguarding	Ongoing	In progress





5.3. Finance

5.3.1 Director's Report

5.3.2 Finance and Investment Committee

5.3.3 Audit Committee

For Assurance

Presented by Rakesh Patel, Bob Alexander and
Rommel Pereira



London Ambulance Service NHS Trust Board meeting September 2023

Report from the Chief Finance Officer

Financial Position at the end of August 2023

Income and Expenditure Plan

The Trust posted a year to date surplus of £6.5m as at the end of August against a surplus plan of £6.2m, a favourable variance of £0.3m. Although the Trust is currently forecasting to deliver the breakeven plan by year-end, there are a number of pressures on staffing costs and delivery of Cost Improvement Plans which need to be addressed.

Capital Programme

The Trust is forecast to invest £29.9m during 2023/24. By the end of August the trust had spent £5.8m. This is £0.3m ahead of plan. Capital Funding has been utilised to cover some of the below with further funding applications being considered.

- Further Investment in Fleet - £16.3m
- IT and Telephony Development - £3.2m
- Estate and Maintenance Improvement - £9.5m

Cash Balance

The Trust had a closing cash balance of £38.9m at the end of August 2023.

Fleet

The trust continues to take delivery of its new vehicles which are arriving on a weekly basis. We expect to have a total of 254 new vehicles in 23/24 including 157 lightweight diesels ambulances deployed between May and January. Deptford was the first station to go live with 10 Double Crew Ambulances (DCAs). The roll out to other stations will continue according to the plans as staff are trained.

The first of four electric ambulances is on the production line in Germany with sign off in 4 weeks and delivery before the end of October. We have 63 new hybrid response cars with the Clinical Team Managers car currently being delivered followed closely by those for our specialist teams later in the calendar year. The trust has received funding for 12 mental health cars which are due for delivery in 3rd and 4th quarter of the financial year. The fleet team remains on track to meet the demands re ULEZ by end of the financial year as planned.

Estates & Facilities

Capital Projects team have finalised works on Brent Unit 11 which has now been refurbished and is open for daily use. This development doubles the size of Brent Ambulance station and allows for greater operational efficiencies.

The team have also completed works on Brentside Education Centre with six new classrooms being opened and in use. Work on the upgrade on the upgrade of the Tactical Operations Centre in HQ is also complete.

Works on Bernard Wetherill House as a new 111 operational centre is ongoing and is due to be opened early in the new financial year.

The insourcing of the cleaners continues to go well with recruitment still ongoing to fill the vacancies. The team have provided been two new vans for to better support staff and equipment movement across multiple sites.

Logistics

Ensuring ambulances are fully kitted is now a key priority with a specialist team monitoring this work. Under the “*Fixing the Basics*” programme the team have worked with our IT systems to monitor missing equipment as well as using the Pro Cloud Scanning APP to provide better visibility and accountability for equipment whilst on vehicles. Logistics continue to support Make Ready, Fleet and Operational colleagues with the roll out of the new fleet ensuring they have the kit before going into circulation. From September 2023 Uniform will also be managed on Pro-Cloud to ensure the team have better visibility of stock levels and delivery routes to staff.

Make Ready

Under the “*Fixing the Basics*” Programme Make Ready has opened three mini Make Ready hubs with support from their estates and logistics colleagues within 3 months. These have already shown a decrease in vehicle movements and an increase of prepped vehicles available for crews to use. Make Ready teams have taken on the responsibility of putting Adblu (additive added to vehicle, a task previously undertaken by vehicle technicians) in vehicles to help increase vehicle availability at the start of shift.

Sustainability

Good progress is being made with the trusts sustainability agenda. Baseline data for 21/22 has been calculated with the 22/23 carbon footprint just being finalised. The sustainability manger is working with leads across the directorates to tackle this year’s action plan and set KPIs and trajectories for meeting our national targets.

“Fixing the Basics” Programme

The programme of work has concluded phase one with five work streams having made incremental gains as designed. Each work stream has utilised a Quality Improvement (QI) approach ensuring at every stage they are able to review changes using data to measure changes. Some of the deliverables so far include:

- Three new mini Make Ready hubs commissioned and now open to improve vehicle prepping and decrease Make Ready movements.
- Improvements in identifying over 40 missing LP15s, in house training of our staff to manage faults and servicing of equipment.
- Recruitment and training of in-house overnight mechanics to improve fleet availability in the morning with these set to go live in September 2023.
- Make Ready staff now top up Adblu so that this is done pre shift as opposed to staff having to go to a workshop during their shift.
- Implementation of Bunkered fuel as priority for Make Ready and frontline staff to decrease time of the road.

The programme has entered phase two and will continue with current work as well as looking to further address out of service during shift, including how this is managed, further exploration of fleet defects and scoping suggestions from staff engagement for other change projects.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.



Assurance report: **Finance and Investment Committee** **Date:** **21/09/2023**

Summary report to:	Trust Board	Date of meeting:	26/09/2023
Presented by:	Robert Alexander, Non-Executive Director, Chair of Finance and Investment Committee	Prepared by:	Robert Alexander, Non-Executive Director, Chair of Finance and Investment Committee

Matters considered:

FIC opened the meeting by receiving presentations on financial recovery planning in two key areas of the Trust:

Ambulance Services – the Director of Ambulance Operations discussed the range of issues impacting on performance, including Covid, delayed fleet/equipment replacement, lack of team working, high leadership turnover and poor morale and culture. Focussing on production and efficiency, and sustainable change, a range of initiatives had been identified to improve performance, both financial and operational, including the introduction of teams based working and a trial of ‘tethered’ fleet. The current forecast was for a £5m deficit but it was believed that the best case outcome based on the range of measures described would be reduce the deficit to £1.6m.

EOC - the Director of 999 Operations said that a transformative approach to change had been adopted and whilst the pace has not been as anticipated, progress was still evident. In particular, call handling performance had improved and was now consistently under the 10 second target. The efficiency initiatives identified were forecast to provide financial improvements, when fully realised, of £2.9m.

NCL 111 Contract

FIC considered a proposal to enter into a contract with NCL ICB for the provision of IUC services for three years with effect from 1st November 2023 and, at the same time, to enter into a subcontract with another provider for provision of a portion of the services under the main contract. LAS would be the lead provider for the contract. The contract would be funded on a block basis with minimal financial penalty arrangements for failing quality metrics.

After extensive discussion and further verbal clarification of the issues raised which were considered helpful, FIC agreed to not formally pronounce on the proposal and to let the matter go forward to the

Board for further discussion and approval. It did however request a written update addressing the risks identified in section 7 of the originating paper be brought back to its next full meeting in November. It was felt that this would give the Board more confidence in making an approval decision.

M5 Finance Report

Key points noted by FIC were:

- the in-month Income and Expenditure (I&E) position for month 5 is a £1.1m surplus; £0.2m favourable to plan
- the Trust has set a capital plan of £29.9m for the year. Spend in month 5 was £2.2m
- the Trust has delivered £7.1m of efficiency reductions to the end August 2023
- the Trust had a closing cash balance of £38.8m.

M5 Capital Report

The Trust has capital resources of £29.9m available for investment in 2023/24. FIC noted that the forecast spend for 2023/24 is £29.9m, including the £8.1m cost of South London 111 Centre (£6.6m Estates and £1.5m IT)

Spend to M5 was £5.7m, ahead of planned spend by £0.3m.

2023/24 Forecast

Following conclusion of the Quarter 1 forecast that showed a year end deficit ranging from £4.8m to £9.8m, the Trust had undertaken a process to identify mitigations. There were four key areas of concern:

- Ambulance Services
- 999 Operations (EOC)
- Integrated Urgent Care
- Corporate Departments

FIC noted that the planned mitigations totalled £3m and reduced the forecast deficit in 2023/24 to a range of £1.8m to £6.8m.

Cash Planning

FIC received a paper setting out the Trust's forecast cash flows for the next 12 months. The Trust was forecasting that it would not require external DHSC cash support during the next 12 months. The cash balance as at 31 March 2023 was £27.9m and the Trust was forecasting a cash balance of £26.9m as at 31 March 2024 and £25.3m as at 31 August 2024. It was agreed to consider this in greater depth as part of the medium term financial planning work that FIC expected to see at the November meeting.

SE London 111 Relocation

FIC received a programme update on the relocation of the 111 service and agreed the “go-live” date moving to May 2024. FIC also considered a number of options in relation to the upgrade of the telephony platform and agreed the option that aligned the upgrade timescale with the revised 111 relocation date having considered the associated risks and minor cost implications.

Programme Updates

FIC received update papers on the Ambulance Radio Programme and the “Fixing the Basics” Programme

Risks:**Board Assurance Framework (BAF) – Finance Risks**

FIC reviewed and approved a proposal to reduce the following risk scores:

- Risk 2.8 relating to Mobile Data Terminals
- Risk 2.9 relating to the “Fixing the Basics” Programme
- Risk 3.1 relating to ULEZ compliance
- Risk 3.2 relating to environmental targets

It was also agreed that work should begin on drafting a potential risk in relation to the 24/25 financial planning process.



5.4. Corporate

5.4.1 Director's Report

For Assurance

Presented by Mark Easton



PUBLIC BOARD OF DIRECTORS MEETING

Report of the Director of Corporate Affairs

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

This report summarises the Directorate activity from July 2023 to August 2023.

PATIENT EXPERIENCE

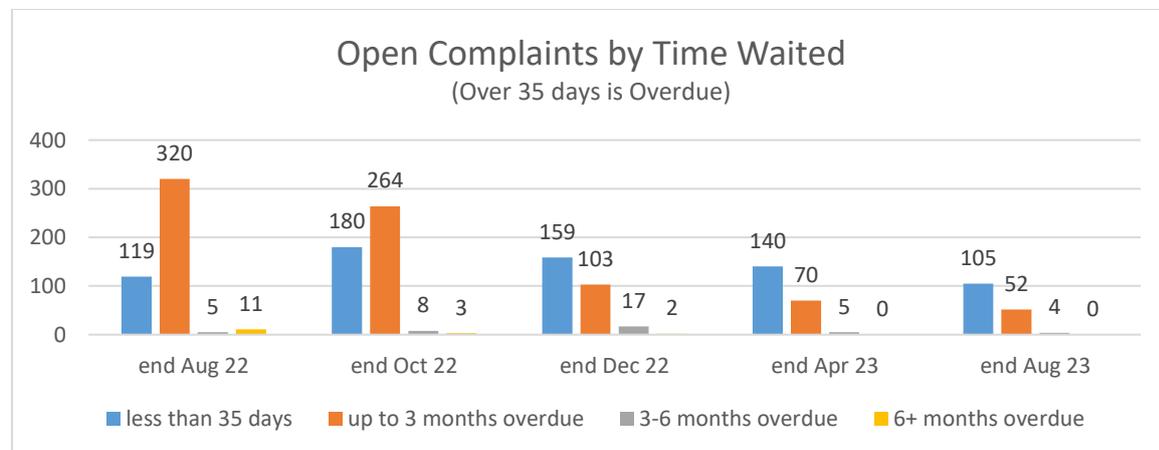
Complaints

Complaints received July – end of August 2023

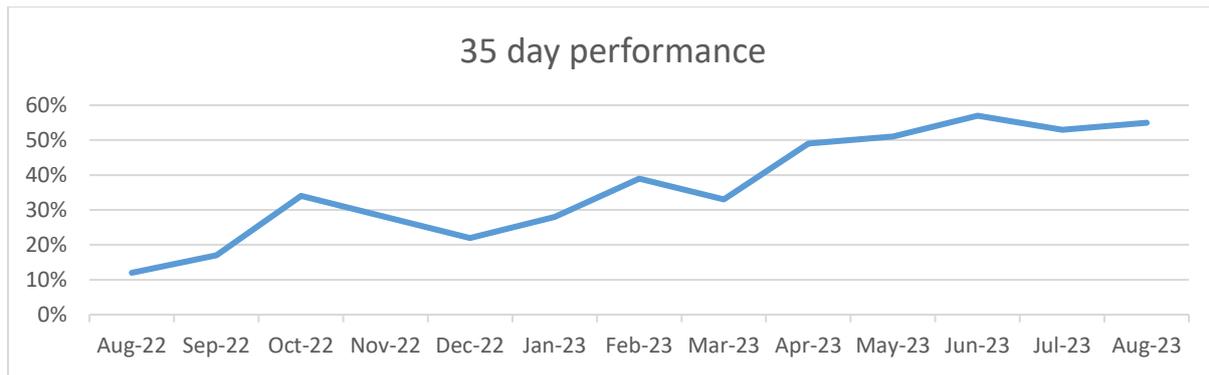
183 (210 in same period 2022)

Complaints closed July – end of August 2023

204 (175 in same period 2022)



At the end of August, there was a total of 161 open complaints.



In July, 53% of complaints were closed within the 35 working day target and in August, 55% of complaints were closed within target. This is a continued improvement trend towards the Trust target of 75%.



The top five themes of complaints received are similar to date from the previous year in the same period but with a continued reduction in complaints about delays. Delay includes: delay in an ambulance attending, delay in 111 calling back, delay caused by attending wrong address, delay on scene etc.

LEGAL SERVICES

Inquests opened 01 July 2023 – 31 August 2023

Level 1⁽ⁱ⁾ Inquests – 347
 Level 2⁽ⁱⁱ⁾ Inquests – 20

Claims opened 01 July 2023 – 31 August 2023

Employment Liability - 3
 Public Liability - 2
 Clinical Claims - 5

July and August usually sees a drop in notified claims, however, this year has seen a slight increase in all types of claim. This appears to be the same throughout the NHS and may be a result of the longer than usual extensions granted to claimants during the Covid pandemic.

The Legal Services Manager (LSM) is working together with one of our external providers, Capsticks, to devise and deliver training providing an overview of the inquest process, writing witness statements and giving evidence at inquests. This is scheduled for October to be delivered online via Teams. The training session will be offered to all clinicians in the Trust and early indication is that over 200 people have shown an interest in attending.

The Legal Team are working with a Senior Coroner and other external providers to create short videos about the inquest process and giving evidence in court. These will be specific to the Trust and will be available to all staff via the intranet. They will supplement the more in depth training outlined above.

The Legal Team are reviewing their internal processes and making better use of available data to improve the management of cases within the Trust and with external stakeholders including Coroners, NHS Resolution, and external providers.

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

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

INFORMATION GOVERNANCE

The Trust has an annual programme to ensure compliance with the Data Security and Protection Toolkit (DSPT), which is an online self-assessment tool that allows Health Care organisations to measure their performance against the National Data Guardian's 10 data security standards. It is a requirement that any organisation that has access to NHS patient data and systems completes the DSPT.

The current DSPT 2023 – 2024 was released on 30th August 2023, confirming details of the assertion evidence items required for this year's submission. Since the 1st July 2023 the Information Governance Team have been re-designing and developing updated documentation to aid in completion of the DSPT. These include, but not limited to:

- Record of processing activities (ROPA)
- Asset register (Physical and data record assets)
- High level asset register (Virtual assets)
- DSPT Tracker

The release of the 2023 – 2024 DSPT has confirmed significant amendments relating to the Trusts Data Security and Awareness/Cyber Security Training compliance. The DSPT now requires the Trust embark on a cultural change to assess compliance and to be able to evidence that all staff have an appropriate understanding of Data Security and Awareness/Cyber Security Training instead of relying upon certification proof of training. The DSPT will now require the below moving forwards:

- **“Staff have an appropriate understanding of information governance and cyber security, with an effective range of approaches taken to training and awareness.”**
- Training can be differentiated to meet the requirements proportionate to staff roles, and a range of training methods can be implemented to meet staff needs.
- A positive culture towards training will be led by the Trust most senior leaders. This will include Directors, Board Members, SIRO and Caldicott Guardian, so they can act as role models by supporting and encouraging staff to adopt an open and positive culture; ‘to do the right thing’.
- Internal incident reporting should be seen as a positive sign, providing assurance that staff understand their responsibilities and provide an opportunity for improvement, both for individuals and the Trust.
- It is a requirement of the DSPT that a training needs analysis report be endorsed by the Board or equivalent Senior Trust Leadership.

A training needs analysis report is in the process of being produced and will incorporate training requirements for all staff within the Trust, including those in specialist roles. It will feature a curriculum detailing differentiated methods through which training might be delivered and awareness raised. Including how Staff understanding, application and leadership in Data Security and Awareness/Cyber Security Training, might be monitored, analysed and evidenced. Whilst still ensuring that all staff remain compliant with their Data Security and Awareness/Cyber Security Training module on MyESR. Upon completion of the training needs analysis report, training compliance target projections will be produced.

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

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

Since 1st April 2023, six incidents have been assessed as reportable to the ICO. Of these incidents, three are still open between the Trust and the ICO, with the remaining three having been closed by the ICO with investigations completed and no further action required. One of the open cases is still awaiting a response from the ICO. The two remaining open cases relates to an ongoing investigations within the Trust, and the ICO are being kept updated on their progress.

Pre 1st April 2023 there is still one open case with the ICO relating to another ongoing external investigation within the Trust. This investigation is now going through the resolution process and is estimated to be completed by September 2023. The ICO are aware of the investigations progress.

Work is currently underway within the IG Team to increase the accessibility of information governance guidance to all staff members, in multiple formats to facilitate increased learning and best practice amongst all staff.

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

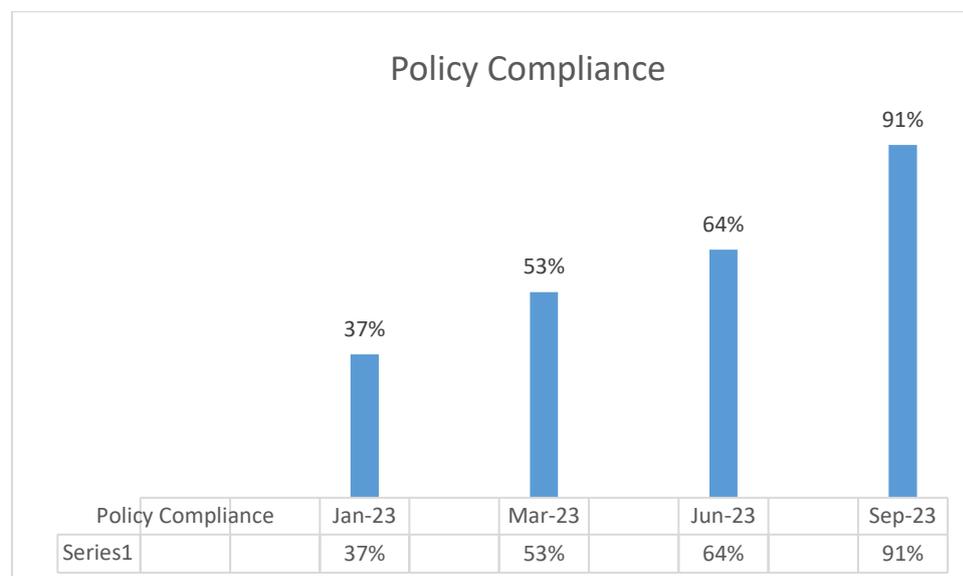
Policies

Directors have continued working with the Corporate Governance team to bring policies within their directorates back into compliance, following concern regarding the low compliance rate at the beginning of the year.

The Corporate Governance team have been guiding policy owners undergoing reviews to also consider those policies that can be deleted or reclassified to a procedure or guidance documents. The provision of a 6 months extension is also being considered as part of this process, which can be applied to policies requiring a full review with more extensive changes required.

At the beginning of this year 13 policies were 2 or more years out of date. Directorates were requested to urgently review and update these policies and bring these back into compliance. There are currently 3 policies that fall under this category, which are in the final stages of approval and are expected to come back into compliance by the end of September.

Following a recent review of policy compliance the position has improved from 53% in March 2023 to 91% in September 2023 (set out in the table below). This position will be monitored by the Corporate Governance, who will remind policy leads in advance that policies are due for a review. Policy status reports will continue to be presented to ExCo, escalating any areas of concern in advance, in order to maintain the policy compliance level.



FREEDOM OF INFORMATION

Introduction

This report provides an overview of the current status of Freedom of Information (FOI) requests received by LAS from 1st April 2023, to 31st August 2023.

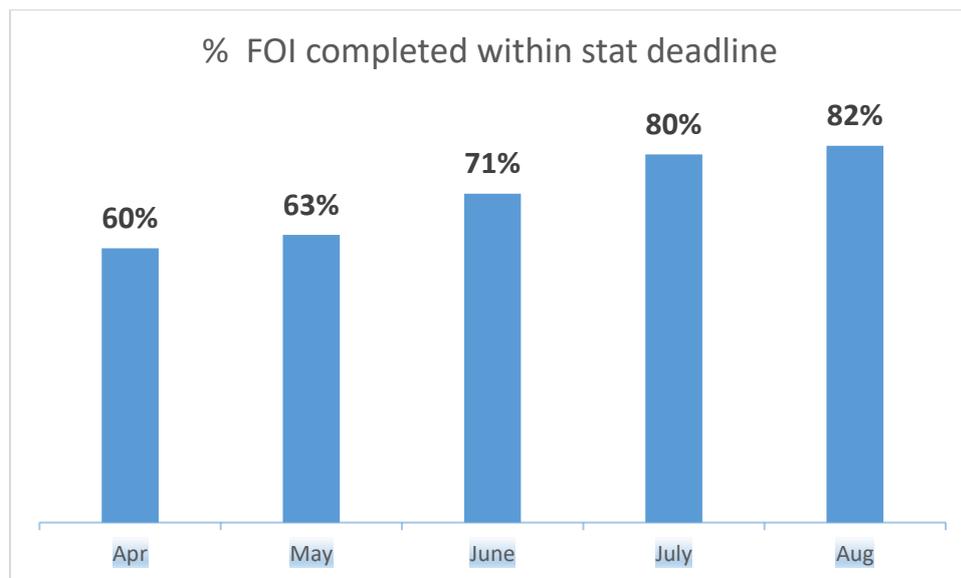
This update relates specifically to FOI requests for which responses were due up to and including 15th September 2023.

Compliance with Statutory Deadlines

The Trust's compliance with statutory deadlines for FOI requests continues to show steady improvement. The Trust has achieved an overall compliance rate of 70% year to date, but as can be seen below, there is an improving trend in response rates.

FOI Request Overview

During the specified timeframe, the Trust received a total of 218 requests submitted under the Freedom of Information Act 2000. Of these requests, 153 were successfully closed within the statutory deadline, representing approximately 70% of the total requests received. Furthermore, out of the 218 requests received, 214 requests, or 98%, were closed as completed.



Compliance Targets

Based on the current trajectory of our response rates, the Trust is on course to achieve the target rate of 85% compliance with FOI statutory deadlines within the next quarter. The team is committed to continual improvement of our FOI request handling processes, and continues to work closely with stakeholders to achieve improvement.

Sources of Information Requests

This section provides a detailed breakdown on the number of requests received from diverse sources from which the request for information originates:

Source	Number of request received
Media - (Journalists/Media professionals)	19
Health Service Journal (HSJ)	8
MPs/ Councilors	4
Individuals	157
Organisations (including campaign groups)	30

Oversight and Enhancements

The FOI team maintains regular monthly meetings with the Director of Corporate Affairs to provide oversight and updates on the FOI position. This ensures that senior management remains informed and engaged in our efforts to meet FOI obligations effectively.

Service Delivery

For better service delivery, we have reintroduced the use of our branded LAS letterhead template for responding to FOI requests. This provides a professional touch to our responses and also enhances transparency and accountability.

Furthermore, the FOI request log has been revised to provide more comprehensive reporting on key submission areas. This enhancement will aid in better tracking and management of FOI requests moving forward.

Mark Easton

Director of Corporate Affairs



5.5. Data and Digital

5.5.1 Data and Digital Committee

(Verbal)

Presented by John Martin



London Ambulance Service



NHS Trust

Assurance report: Digital & Data Quality Committee

Date: 14/09/2023

Summary report to: Trust Board

Date of meeting: 26/09/2023

Presented by: Sheila Doyle, D&DQ Chair

Prepared by: Sheila Doyle

Matters for escalation:

Other matters considered:

Digital Strategy

The committee received an update on the development of the Digital Strategy and acknowledged the progress made thus far. The strategy is geared toward addressing the most pressing needs of both patients and staff through the implementation of advanced digital solutions.

During the discussion, members noted 5 broad themes:

1. **Guiding Principles:** It was agreed that establishing a set of guiding principles is crucial for the strategy. For instance, one principle should be around aligning our operational model with national standards to avoid customized solutions and eliminate unnecessary variations in our services.
2. **Measurable Outcomes:** Clear and measurable outcomes were highlighted as a priority. These outcomes should include tangible benefits such as enhancing patient care, increasing productivity, and optimising operational performance.
3. **Strategic Partnerships:** Exploring collaborative opportunities with stakeholders such as the Life Science industry, other healthcare trusts, academic and research institutions to co-create solutions, share investments, and expedite the implementation of the strategy.
4. **Financial Alignment:** Aligning investment and benefits with our long-term financial plan, and early engagement with partners should be initiated to identify potential investment opportunities.
5. **Foundational Aspects:** The optimisation of existing investments in CAD and ePCR, the standardisation of core systems such as the triage tool, the modernization of 111/IUC infrastructure, and the integration of robust resilience and cybersecurity measures were identified as critical foundational elements.

Data Strategy

The committee discussed the development of a data strategy that aligns with the Trust's 2023-2028 strategy. The data strategy should address two main objectives:

1. **Enhanced Internal Access:** The strategy should focus on making pertinent information more readily accessible within the organization. This includes supporting staff in delivering optimal patient care and assisting teams in driving performance improvements.
2. **External Engagement:** The strategy should also consider how to leverage data insights to benefit external partners. This includes providing data insights to support partners in adopting a population health and proactive care approach.

Data Quality Update

The committee received a report from the newly formed Data Quality Group. The report highlighted progress in addressing actions from the Verita report and the development of a data quality audit workplan.

The current focus includes understanding the Trust's stance on audits by external providers and the former Data Quality team, as well as addressing pending actions.

Several systems will undergo prioritized data quality audits, including Cleric CAD, ePCR and 111/IUC. A KPI data quality assessment focusing on the integrated performance report is included in the work plan.

The updated Data Quality Policy was approved by the committee.

Verita CI Recommendations

An update was provided on the 12 in-scope Verita recommendations and actions. Eight recommendations are completed, three are in progress, and one is on hold pending the appointment of the Head of Data Services. All actions are expected to be completed by the end of December 2023.

The committee requested a separate report on actions taken to address technical recommendations (R6 and R7).

CAD outstanding actions

The committee received a summary report addressing specific actions highlighted in the Verita report and BAF risk 2.7. These recommendations include conducting a review of the CAD implementation to inform future IT-enabled change programs and conducting a data integrity review to test data accuracy produced by CAD.

The report highlighted common lessons across a number of CAD reviews including the project closure report and the reviews conducted by PWC during the project life cycle. The committee stressed the importance of embedding the learnings from the CAD implementation and discussed actions that can be taken to strengthen transformational change programs.

The Data integrity review will be completed by the Data Quality group and the results will be shared with the committee.

Key decisions made / actions identified:	See previous comments.
Risks:	BAF Risks The committee reviewed risks 1.5 (Data Quality) and 2.7 (CAD Implementation). It is anticipated that the CAD implementation risk will be closed following the completion of the Data Integrity review mentioned earlier in this report. The committee proposed a modification to the description/scope of risk 1.5 and requested that the Controls, Assurances, and Actions be updated to reflect the revised description/scope. The current scores of 16 and 4 were approved.
Assurance:	The Data Quality Group has been established and a work plan is in development. Good progress is being made on the Verita actions.



6. Board Assurance Framework



6.1. Board Assurance Framework

For Information

Presented by Mark Easton



Report Title		2023/24 Board Assurance Framework Risk		
Meeting:	Trust Board			
Agenda item:	6.1	Meeting Date:	26 September 2023	
Lead Executives:	Mark Easton, Director of Corporate Affairs			
Report Author:	Frances Field, Corporate Governance Manager			
Purpose:		Assurance	x	Approval
	x	Discussion		Information
Report Summary				
<p>Following approval in principle of the 2023-24 BAF summary at the Trust Board Development Session on 27 June 2023, risks were developed by the lead Executives. The Board noted the developing BAF at their meeting on 20 July 2023 and agreed to consider it after it had been reviewed further by Lead Executives and the assurance committees.</p> <p>Executives have further reviewed the attached BAF including feedback received from assurance committees who met in July. As a result of these reviews updates were made to the controls, assurances and actions and the following changes and reduction in risk scores were proposed:</p> <p>People and Culture:</p> <ul style="list-style-type: none"> Risk 2.1 relating to achieving our recruitment and retention targets from; previous score from 4 x 4 (16) to 3 x 4 (12) Improved definition of risk 2.2 diversity and equality <p>FIC:</p> <ul style="list-style-type: none"> Risk 2.8 relating to Mobile Data Terminals; previous score from 4 x 5 (20) to 3 x 5 (15) Risk 2.9 relating to the "Fixing the Basics" programme; uncontrolled score from 5 x 4 (20) to 5 x 3 (15) and risk score reducing from 4 x 4 (16) to 4 x 3 (12) Risk 3.1 relating to ULEZ compliance; risk score from 4 x 4 (16) to 2 x 4 (8) Risk 3.2 relating to environmental targets; uncontrolled score from 5 x 4 (20) to 4 x 4 (16) and risk score from 4 x 4 (16) to 3 x 4 (12) <p>Digital:</p> <ul style="list-style-type: none"> Clearer definition of risk 1.5 data quality <p>Audit:</p> <ul style="list-style-type: none"> Questioned whether risk 3.3 "We may not play our full part in leading and delivering London's health and care system" should be held by the Board as a whole. 				
Recommendation/Request to the Board:				
<p>The Board is asked to review and approve the comments of assurance committees and the proposed scoring of the risks in the attached 2023-24 BAF.</p>				

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 2023-24

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed											
Mission Priority	Overall Risk	Selected Risks from the Business Plan		uncond ^d	Cur rent	Q2	Q3	Q4	Committee	Owner	Pge
Rapid and Seamless Care	20	1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	16				QAC	FW	3
		1.2	We may not achieve Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC	25	16				QAC	JM	7
		1.3	Our 111 services may not achieve timely call back and clinical assessment	25	15				QAC	JN	9
A learning and teaching organisation	16	1.4	We may not achieve our quality account standards	20	16				QAC	JL	13
		1.5	We may not improve data quality, embed data governance and implement the C1 improvement plan	20	16				Digital	JM & CIO	14
Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for											
Mission Priority		Risks		uncond ^d	Cur rent	Q2	Q3	Q4	Committee	Owner	Pge
Inclusive and Open Culture	16	2.1	We may not achieve our recruitment and retention targets	20	12				P&C	DM	15
		2.2	We may not improve the diversity of our staff and improve equality standards	16	16				EDI	RD	16
		2.3	We may not improve staff wellness measured by sickness absence and burnout.	20	16				P&C	DM	17
		2.4	We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks.	20	16				P&C	DM	19
Improved Infrastructure	20	2.5	We may not be adequately prepared for cyber attacks	25	15				AC	CIO	20
		2.6	We may suffer a critical systems failure unless we replace radio and telephony systems	20	15				FIC	CIO	21
		2.7	CAD implementation ¹	16	4				Digital	CIO	22

¹ The outstanding action is the post implementation review which went to the Digital Committee in September.

		2.8	Operations may be affected by the shortage of Mobile Data Terminals (MDT's)	20	15				FIC	CIO	23
		2.9	We may not improve productivity through the "Fixing the Basics" programme	15	12				FIC	RP	25
Well-led across the organisation		2.10	We may not meet our financial plan including CIP for 2023/24	20	16				FIC	RP	26
		2.11	We may not deliver our capital plan including new ambulance stations and Bernard Wetherill House	20	20				FIC	RP	27
		2.12	We may not make the organisational changes required including: team working and professional standards	20	16				P&C	JM	28

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

Mission Priority		Risks	uncon ^d	Current	Q2	Q3	Q4	Committee	Owner	Pge	
Green and sustainable future	16	3.1	We may become liable for increased costs because of ULEZ if we are not compliant by March 2024	20	8				FIC	RP	29
		3.2	We may fail our environmental targets for carbon reduction	16	12				FIC	RP	30
A system leader and partner	16	3.3	We may not play our full part in leading and delivering London's health and care system	16	16				Audit	RD	31

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

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

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

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

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

	<ul style="list-style-type: none"> • Monitoring of Community First Responder outcomes and LifeSaver numbers to reduce time to defibrillation • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • New cardiac arrest checklist includes ROSC care bundle prompts and handover metrics and tools. • CTM training includes post ROSC importance to enable further discussion with their teams during OWR and CPI feedback. • Monitoring of advanced care interventions by APP – Critical Care
<p>NHS England AQI: Outcome from acute STEMI</p> <ul style="list-style-type: none"> • Time from call to angiography for confirmed STEMI patients: Mean and 90th centile • Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia) 	<ul style="list-style-type: none"> • Monthly STEMI Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to ST-elevation myocardial infarction (STEMI) patients. • Annual STEMI report. • Monthly monitoring through: <ul style="list-style-type: none"> ➢ Integrated Performance Report, ➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report t • Feedback to LAS from Pan London Cardiac networks • Local oversight of STEMI care bundle improvement led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases. • Clinical update and Insight share cases • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.
<p>Robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities, including cardiac arrest acute coronary syndrome and stroke.</p>	<ul style="list-style-type: none"> • Monitored through Annual Clinical Audit Programme and Research Programme. • Monitored through Quality Oversight Group and Clinical Audit and Research Steering Group (CARSG).

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

	<ul style="list-style-type: none"> • Annual Independent Review of clinical audit practices by CARSG's Patient and Public representative. • Monitoring of individual research projects by external Sponsors. National critical friend review of research and governance practices in progress.
<p>Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)</p>	<ul style="list-style-type: none"> • Monthly Stroke Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to stroke care. • Early work of exploring optimisation of stroke pathway with thrombectomy • Annual Stroke report. • Local oversight of Stroke care led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases. • Feedback to LAS from Pan London Stroke networks • Clinical update and Insight share cases • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • Pilot for video stroke triage live in NC and NE London – LAS clinician and stroke clinician discussion prior to conveyance. Learning for LAS clinicians, and more patients identified into the right pathways (ED, TIA, Stroke)
<p>Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90th centile</p>	<ul style="list-style-type: none"> • Monthly Stroke Care Pack. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to the most appropriate destination and timescales. • Monthly monitoring through: <ul style="list-style-type: none"> ➤ Integrated Performance Report, ➤ Sector Focus ➤ Feedback Reviews (bimonthly) ➤ Quality Report

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

Further actions

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

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

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

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

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

Utilisation of alternative means of conveyance using St John Ambulance volunteers to convey patients not requiring ambulance transportation	
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Further actions

Action	Date by which it will be completed
Reduce conveyance to Emergency Department to under 50% in all ICSs	31 March 2024
Continual Review of dispatch process (999 operations) to assess the safe management of higher acuity patients at times of high demand	Ongoing
Enforce new 45 minute handover protocol with appropriate escalation when required.	All in place apart from SW SWL – to go live Q3 23-24 FY
Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response	Ongoing
Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	Ongoing
Maximise use of same day emergency care (SDEC) to reduce unnecessary conveyance of patients to ED's	Ongoing

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

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

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

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

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

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

<p>CAS Priorities/ KPI's NEL and SEL differ from National KPI's and each London/ UK provider has different local mapping & response times, this is not reflected in National reporting. Internal BI are working to create reports to incorporate clinical input. This results in NWL/SWL & NCL creating poor reflection on performance as comparison is not like for like.</p>	<p>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.</p> <p>Commissioners have agreed to consider how NWL operates with fewer priorities and also to reflect response times as currently longest wait is 4 hours but DX outcome may be 6/12/24/ 3days landing in the CAS due to no alternative option.</p>
<p>National Review, IUC metrics being considered at National level in recognition of current KPI's / response rates being unaffordable and in some cases unnecessary for a non-emergency service.</p>	<p>NHS England have launched a National review of NHS 111 and NEL/SEL commissioners are also considering future ICB procurement.</p> <p>The work we are doing to this will include whole IUC and CAS may revert to traditional OHH metrics with 2 hour = Urgent and 6 hour = Routine which is more manageable.</p> <p>Adjusting National call answering KPI's and supporting local CAS configuration to respond based on clinical decision and not initial NHS Pathways assessment.</p>
<p>Introduction of IUC rostering tool to improve rota fill through equitable access and easy booking via app. Also improved grip by local management to increase/ decrease core rota to manage sessional workforce more effectively in response to demand.</p>	<p>Phased implementation has reduced over rostering/ spend and next step is use of allocation wizard 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.</p>
<p>Individual performance and management, monitoring & review to ensure appropriate standards are met to deliver high quality care and achieve performance.</p>	<p>Progress has been made on producing productivity reports with the BI team but work is ongoing and not yet ready for Ops/Clinical leads to use. Team are now using Clinical Guardian/ Rotamaster information allows monthly review of workforce quality/productivity & reliability to inform rota allocation and identify areas of concern. New configuration on Aadastra used to highlight key timings/ events with most recent flagging when a clinician has been on a case for 20 minutes to allow the Navigator to offer support.</p>

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

<p>Real time management and clinical safety & oversight</p>	<p>Adastra has had additional flags/ highlights to draw attention to specific case types to focus on priority cases i.e. Frailty/ EoL or crew on scene call back. Introduction of Senior IUEC Navigator located next to the IDM within TOC working across 111 and 999 CTN's to support safe management of workload and resource has improved safety however the role needs further development</p>
<p>Remote & Network/ Partnership Workforce offers greater resilience and opportunity to utilise wider system experienced workforce without generating rate war whilst building relations with system providers.</p>	<p>LAS now has technical ability for LAS or partner clinicians to work remotely directly onto our Adastra clinical queue and in July 2023 new VDI telephony was introduced for all to work on LAS telephony/ recording. Although a core site based clinical workforce is required the offer to work remotely improves retention and access to partner workforce increased capacity significantly and reduces use of agency. LAS now have four partners providing clinical assessment service and a framework is being developed to allow greater pool of providers to work with having completed due diligence and governance.</p>
<p>Escalation – throughout Covid & high pressures IUC was tethered to 999 however this is resulting in over escalation and change of service flow or use of IUC capacity to support 999 when IUC has not reached triggers.</p>	<p>Renewed Clinical Safety Plan (CSEP) to reduce blanket approach to changes that may impact on KPI's i.e. ED Validation in response to events in 999 or other parts of the system when the IUC triggers have not been met. Internal discussion needed to</p> <p>IUC Navigator and Clinical On Call Teams undertake clinical review of queues and decision to escalate needs to consider level of acuity and timeframes to avoid impacting on higher acuity/ system to manage lower acuity.</p>

Further actions

Action	Date by which it will be completed
<p>IPR Reporting being developed to support accurate reporting to Board will be used by Operational Teams when available. Discussed in FFR, joint working with Nic Daw to bring key information together in a format that reflects true performance and teams can act upon.</p>	<p>October 2023 – EXCO work led by Nic Daw</p>

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

<p>IM&T Workshop agreed priority – accurate reporting/ Dashboard in call centres with current metrics & portal for IUC similar to Gold/ Ambulance/ EoC to show accurate real time and reflective performance.</p>	<p>Timelines to be agreed – workshop held July 2023.</p>
<p>Structure Review to support increased capacity to focus on performance – Dep Director of Performance in response to growth in IUC service, Lead Provider role and need to manage multiple contractual performance objectives across multiple ICB/ contracts & feed into internal performance forums.</p> <p>Also review of overall IUC structure as complexity of IUC and new primary car work requires additional senior leadership/ capacity.</p>	<p>September 2023</p>

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

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

Controls	Assurances
ROSC rates measured monthly	CSR contains a focus on decreasing time to first shock and high quality chest compressions
Resuscitation training is in CSR for 2023 and was also in 2022. It is mandated for clinicians to attend	Measured across the Trust
EOC delivery of the business plan target to reduce hands on chest time by 60 seconds	Can be monitored through ProQA
There is a national change in the appetite to use lay responders through Good Sam application, allowing a trained response to rapidly attend scene	Continued engagement with the Good Sam and working to provide national assurance around governance and balance of risk
Category 2 segmentation pilot implemented on the 9 th November 2022.	Over 18,500 cases have been validated, saving over 11900 ambulance hours. A recent increase in focus on referrals has seen a 5% rise in the proportion of calls with an alternative response.
InPhase implemented for IPC auditing (as well as other non-clinical audits)	Weekly meetings with InPhase, access to building audits and developing reporting

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
<ul style="list-style-type: none"> Improve return of spontaneous circulation rates to $\geq 30\%$ 	March 2024
<ul style="list-style-type: none"> Deliver resuscitation update training to 85% of staff 	March 2024

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

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

Further actions

Action	Date by which it will be completed
The data quality policy will be revised to and approved take account of revised accountabilities and structures.	Completed
Recruiting a Head of Data Services Team and Director of Performance and Analytics	
Specialist firm employed to fully document the ETL process in both 111 and 999s. Work underway and will be complete in 999s end of May and 111 mid-June.	999 documentation Completed 111 End September 2023

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

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

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

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

Further actions

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

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

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

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

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

Controls	Assurances
Established process and reporting for WRES, WDES, GPG	Reports and action plans reported to EXCO, EDI Committee and Trust Board
EDI related policies, processes and guidance to address WRES and WDES indicators	Improvement on Staff Survey Results with BME indicators reported Trust wide.
Re-design and facilitation of new EDI training packages for all staff and leadership	EDI Objectives for all staff
Recruitment campaigns that attract diversity	Recruitment KPIs, De-bias toolkit, De-bias recruitment and selection training pack
ESR data complete with no blanks and not knowns	Data dashboard reported into the EDI Committee

Further actions

Action	Date by which it will be completed
Proactive approach to encourage all staff to improve and record their protected characteristics, on ESR thereby reducing the difference seen in staff survey.	On-going
Introduction of Inclusion Ambassadors to sit on Trust wide interview panels	March 2024
Recruitment EDI KPIs	November 2023
Commissioning of deep dive into attraction and recruitment (Sea Change)	October 2023
Anti-discrimination charter is in progress	March 2024
Develop a model for equitable and fair recruitment and selection process for LAS	March 2024
Implement WRES,WDES, GPG action plans	March 2024

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

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

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

Further actions

Action	Date by which it will be completed
Refresh Wellbeing strategy that aligns to LAS People Strategy	Q4 23/24
Review of first day absence reporting system	Q4 23/24
Review of teams and associated scheduling	Proposed structure of review by Q4 23/24
Immunisation records to be validated and outstanding vaccinations to be addressed	Ongoing
Actions from reviewing wellbeing offerings	Ongoing
Complete stress risk training (risk:1048)	Ongoing

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**Mission Priority: Inclusive and Open Culture BAF Risk: 2.4**

We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks, if we do not monitor impact.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

Further actions

Action	Date by which it will be completed
Develop 2023-2028 People and Culture Strategy as assigned metrics	By Q4 23/24 (in conjunction with EDI Team)
Aligned EDI/CDI Strategy and delivery plan / system of measurement	Ongoing
Comprehensive review of all Policies EQIA	Ongoing

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

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

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

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

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

Further actions

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

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

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

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

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

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

Further actions

Action	Date by which it will be completed
Completion of Corsham migration	Completed
Completion of Farnborough migration	September 2023
999 and 111 on supported CM10 telephony platform	April 2024

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

Mission Priority: Improved Infrastructure	BAF Risk: 2.7
CAD Implementation	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
1	x	4	=	4

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

Controls	Assurances
ExCo continues to receive a fortnightly assurance report from the Programme Team	Lessons learnt report to Digital Committee
QAC clinical review	

Further actions

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

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

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

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

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

Controls	Assurances
Purchased all available MDT stocks from incumbent supplier	Completed.
Manage and monitor the existing MDT spares stock with our installer (Telent), and assist in expediting repairs with incumbent supplier (Attobus)	Active engagement with Telent and Attobus Current stock numbers being provided on an ongoing weekly basis. Stock figures currently tracking above initial predictions and being monitored weekly
The national Mobile Data Vehicle Solution (MDVS), which will replace MDTs is currently due to start 01/09/2023	Weekly meeting established alongside Project Board and Working Group
Pilot National Mobile Application Lite to identify interim MDT solution	ARP actively engaged and pilots are moving forwards. NMA live pilot commenced 14 September 10 Cycle Response Units now equipped. Further NMA pilots to MRU and NETS to commence w/c 18 September
Deployment of NMA in 20 double crewed ambulances by end of September	

Further actions

Action	Date by which it will be completed
Enabling works for NMA Lite Pilot	Complete

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

Pilot replacement interim solution (NMA Lite) on 30 Android Devices	On track for completion on 22/09/2023
Equip up to 80 new vehicles with the new NMA equipment	31/12/2023

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

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

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
4	x	3	=	12

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

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

Further actions

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

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

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

Further actions

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

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

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

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

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

Further actions

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

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

Mission Priority: Well-Led Across the Organisation	BAF Risk: 2.12
We may not make the organisational changes required including: team working and professional standards	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

Further actions

Action	Date by which it will be completed
Delivery of Deptford & Camden groups TBW-AO	9 October 2023
Delivery of Hillingdon and Wimbledon TBW-AO	9 October 2023
Completion of phase 1 TBW-AO	9 October 2023
Finalisation of Staffside agreement TBW-AO	9 October 2023
Commissioning of phase 2 TBW-AO	9 October 2023
Scoping of TBW-EOC	9 October 2023
Scoping of TBW-IUC	9 October 2023
Professional standards function job description	31 July 2023
Professional standards function development	31 September 2023

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital**Mission Priority: Green and Sustainable Future BAF Risk: 3.1**

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
2	x	4	=	8

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

Controls	Assurances
Memorandum of understanding in place with the Mayor's office to provide a dispensation from any ULEZ fines until March 2024.	Signed MOU
Delivery of 129 lightweight diesel DCA's and 4 electric ambulances and 55 ULEZ compliant hybrid cars.	Delivery by October 2023

Further actions

Action	Date by which it will be completed
Exploring additional funding streams for replacement ambulances	31 March 2024

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

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

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

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

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

Further actions

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

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

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

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

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

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

Further actions

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



7. Concluding Matters



7.1. Any Other Business



7.2. Date of Next Meeting - Tuesday 28 November 2023

Presented by Andy Trotter



7.3. Questions from Members of the Public

Presented by Andy Trotter



Annual Public Meeting



Approval of 2022/23 Accountability Statements:

- 2022/23 Annual Report and Accounts
- 2022/23 Quality Account

Presented by Rakesh Patel and John Martin



LAS Annual Report and Accounts 2022- 23



London Ambulance Service
NHS Trust



2022/23 Annual Accounts

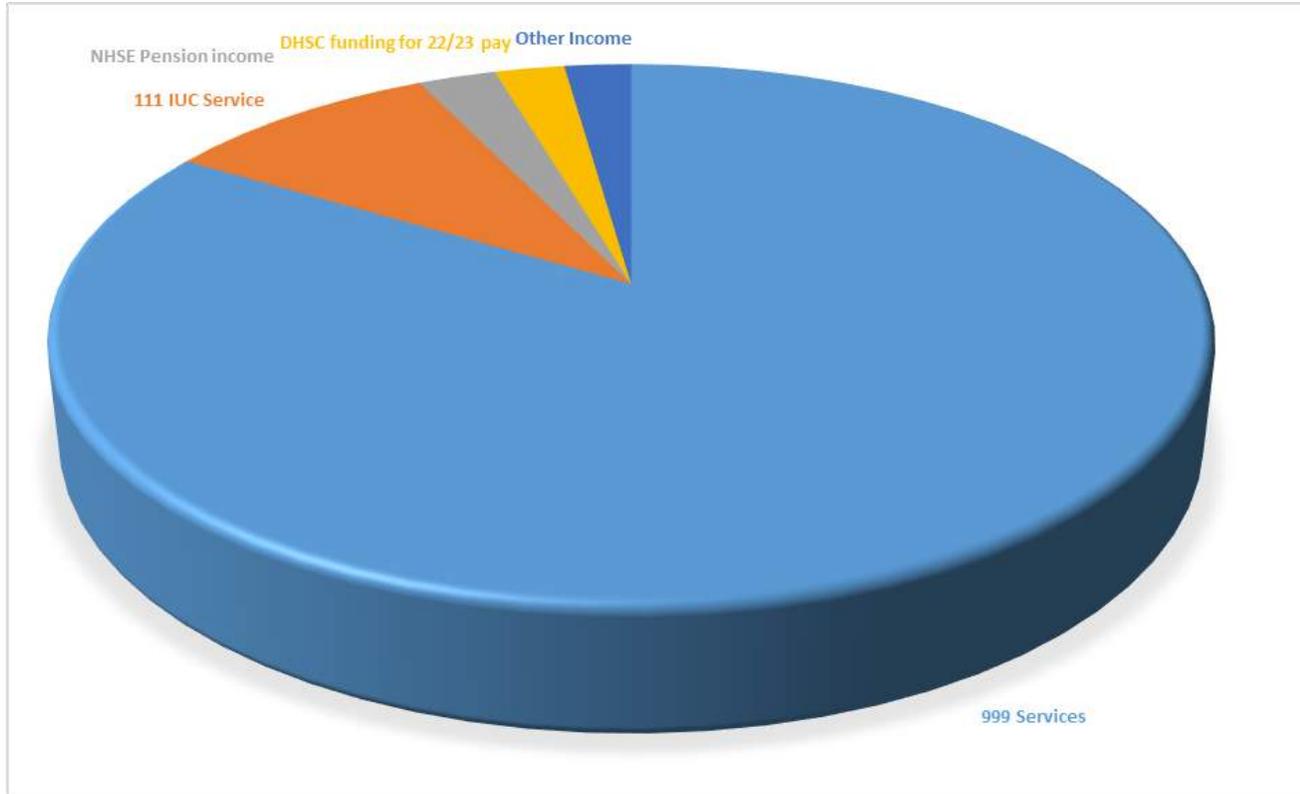
Rakesh Patel
Chief Financial Officer

Financial Targets, 2022/23

Duty	Target	Outcome	
External Financing Limit (EFL)	£17.5m	£17.5m	✓
Capital Resourcing Limit (CRL)	£33.8m	£33.8m	✓
Break-Even	<i>break even</i>	£0.1m <i>surplus</i>	✓
Better Payment Practice Code (non-NHS) – volume	95%	90.3%	
Better Payment Practice Code (non-NHS) – value	95%	93.7%	



Income, 2022/23

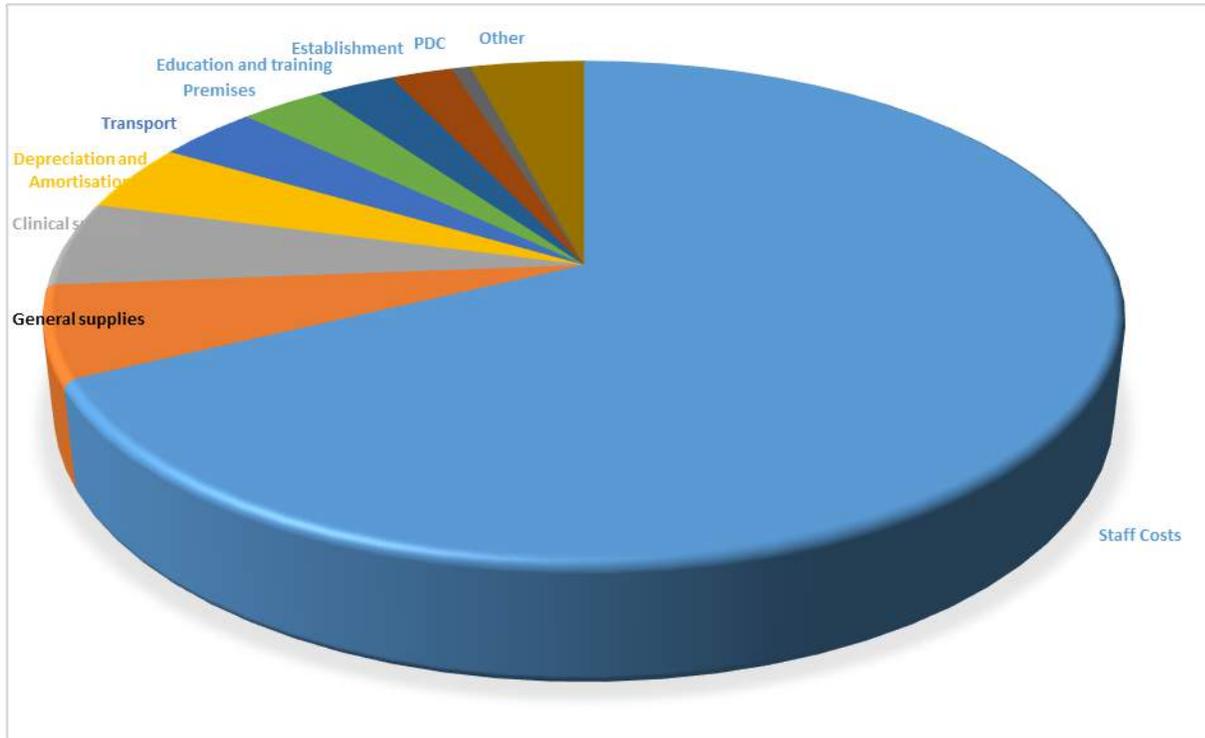


Total income: £646.2m (up by £43.1m compared to 2021/12)

Highlights include:

- 999 Service Income was **£540.6m**
- 111 Service Income was **£59.5m**
- Notional pension contributions income from NHSE to fund 6.3% increase in pension costs was **£16.7m**.
- DHSC funding for the 2022/23 Agenda For Change pay settlement totalled **£15.0m**
- Other Income **£14.4m** includes: specialist response income, education and training, commercial income and staff secondment recharges.

Expenditure, 2022/23



Total expenditure: £652.9m (up by £45.6m compared to 2021/22)

Highlights include:

- **Pay expenditure was £442.4m**, a 7.7% increase compared to the last year. 2022/23 pay costs included:
 - **£286.9m** on ambulance and 999 services
 - **£49.7m** on clinical quality, assurance, and training
 - **£28.3m** on 111 services
 - **£21.2m** on supporting our estate and ambulance fleet

- **Non Pay Operating expenditure was £210.4m**, 7.2% higher than last year over a wide range of categories including:
 - **£74.5m** on general and clinical supplies
 - **£33.0m** on capital charges (PDC, depreciation, and amortisation).
 - **£23.6m** on providing our Ambulance and vehicle fleet
 - **£19.8m** on providing our premises, including ambulance stations and 999 / 111 call and training centres

Capital Investment 2022/23 and 2023/24

2022/23 capital spend of £40.7m, £38.9m of which self financed and £1.8m through external funding.

2023/24 capital funding of £29.0m has been agreed with further funding applications in progress



New Greener Vehicles (£19.3m)



IT and Telephony System Development (£3.7m)



State-of-the-art education and training centres (£1.2m)



Further investment in Fleet (£16.3m)



IT and Telephony development (£3.2m)



Estate Maintenance and Improvement (£9.5m)



Estate Investment (£16.5m)



Looking ahead into 2023/24

- Income contracts to be in place with our commissioners
- Income is planned to be £651.0m
- Planning to breakeven
- Planning efficiencies of £25.0m
- Continuing to invest in capital





London Ambulance Service
NHS Trust

Annual Report & Accounts 2022/23





London Ambulance Service Annual Report 2022/23

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Chair and Chief Executive Foreword

A message from our Chief Executive Daniel Elkeles and Chairman Andy Trotter

We are delighted to present this year's Annual Report – the official overview of how London Ambulance Service performed during the financial year of 2022/23. This overview includes a full rundown of the highlights and challenges of our year, including how we measured up against key standards of care for ambulance services, how we performed against financial targets, and the steps we have taken to further improve the care we provide to our patients and the experience our staff and volunteers have while working for us.

It was another incredibly busy year, and our staff worked around the clock to care for the people of London in their hour of need.

We answered more than four million calls (with 2,080,022 calls into our 999 services and 2,192,104 calls into our 111 services), provided care to 995,755 people face-to-face, at the scene, and treated more than 175,000 people over the phone.

Behind the scenes, a huge amount of work went into keeping our services running smoothly and sustainably for the long-term future, from launching our most ambitious recruitment campaign ever to opening a brand new 999 call handling centre and education centre.

On top of the busy day job, there were some significant incidents that increased pressure on our services, as well as large-scale events that brought millions of additional people to the capital. This in turn meant that our services were much busier. In fact, every season of the year brought its own challenges, from the heatwave and wildfires during the summer, to a difficult winter that included increased sickness in the community and periods of industrial action that affected us and the wider NHS.



Chief Executive Daniel Elkeles

Chairman Andy Trotter

And it wasn't just our services that were busy – the NHS as a whole experienced huge pressures and levels of demand this year, which resulted in long waits to handover patient care when our crews arrived at hospital. In our most challenged months, November and December, 31,493 operational hours were lost as we waited to handover patient care. This is the equivalent to a loss of 2,624 ambulance shifts.

We are very sorry to anyone who has waited for longer than they should have for an ambulance response from us, and would like to assure our patients and members of the public that we are doing all we can to reduce delays and create innovative ways of working with our health and social care partners to improve our ability to provide the best possible care to each patient.

We are particularly proud about the launch of community joint response cars which we run in partnership with community providers across 11 boroughs. In the first six months of running we cared for over 2,500 frail elderly patients, offering a quicker and more tailored response than we have managed in the past.

Although there were challenges through the year, there were moments of profound pride too. We were incredibly humbled to be able to support the commemoration events following the sad death of our longest serving monarch HRH The Queen, and pleased that we could help the million additional visitors to the capital to stay safe while paying their respects.

We are also proud of the improvements we have been able to make to our estate, and throughout the year we have invested £30.9 million in improving our buildings and facilities and equipment, and secured additional capital to fund new and more environmentally-friendly cars and ambulances.

Our staff and volunteers remain our greatest asset, and we truly want London Ambulance Service to be an outstanding place to work for everyone. To help us achieve that, this year, we began a new programme of work to transform our culture and improve the working lives of our teams. Known as 'Our LAS', more than 2,000 members of staff and volunteers had their say about what was good and bad about a working day with us and what behaviours we should value and encourage. The result is a new set of values – designed by our staff and volunteers, which are now at the heart of all we do. Under the Our LAS programme, we took 650 of our line managers through a 'leading with respect' training programme and have improved the way we interview and recruit staff and the method we use for appraisals.

Our LAS workshops also showed us that we needed to focus on teamwork and fostering those good relationships between colleagues, resulting in a new initiative called teams-based working, whereby colleagues choose the rota pattern they want, managers and their teams work the same shifts together and we end the historic practice of relief where new recruits can work anywhere rather than joining a fixed team. This transformation encourages meaningful contact that will benefit staff, managers and patients. The introduction of teams-based working to improve the working environment and culture for ambulance crews so there is more meaningful contact with managers, new rotas that deliver a better work life balance and allocated time for professional development. We plan to have this approach rolled out across all our 999 ambulance teams by autumn 2023.

This year also marked the time of LAS becoming an accredited London Living Wage employer as we welcomed our cleaning and Make Ready teams to the London Ambulance Service family. This was a proud moment for us, which truly reflected our new values of Caring, Respect and Teamwork. We also took the decision to bring our cleaning team in-house, which came into effect on 1 April 2023.

We have had 215 new apprenticeship starters in the last year. This includes 140 emergency medical technicians taking part in the Paramedic Degree Level 6 programme to become a registered paramedic,

and 60 associate ambulance practitioners participating in our programme to progress towards becoming emergency medical technicians. In the last year, we reached a milestone of 1,000 apprenticeship starters since the introduction of the Apprenticeship Levy in 2017.

In partnership with the University of Cumbria, we were delighted to offer a range of apprenticeship opportunities to help individuals progress their careers. In fact, we were once again named the top NHS employer for apprenticeships in the country in the Department for Education's Top 100 Apprenticeship Employers 2022. We were also named Apprentice Employer of the Year at The AAC Apprenticeship Awards and Apprenticeship Employer of the Year at the Mayor of London Adult Learning Awards. The Apprenticeship programmes had their first ever full inspection from Ofsted and received a successful outcome of 'Good' overall and in all graded areas.

We also managed to provide care to our sickest patients during several periods of industrial action. This required an extraordinary amount of planning and teamwork given the high number of staff who are union members at LAS. We very much hope that by the time this report is published the disputes across the NHS will have been resolved.

Providing emergency and urgent care to the millions of people who live and work in London is an enormous task, but we are proud to do it. We hope you enjoy reading this year's Annual Report.



London Ambulance Service



NHS
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WAS

1. Performance Report

Performance overview

This section provides an overview of who we are and what we do; a review of our achievements and performance in 2022/23; and a summary of our objectives for the coming financial year.

About us

London Ambulance Service is the only London-wide acute healthcare provider, meaning we are one of the largest and busiest ambulance services in the world. We have around 10,000 people working and volunteering with us, and we serve a growing and ageing population of some nine million people. As the ambulance service for the capital, we are proud to support large-scale public events such as the Platinum Jubilee, natural events (such as last year's heatwave and wildfires) and respond to a complex array of major incidents.

We respond to more 999 and 111 calls than any other ambulance service in the country, and operate a number of specialist teams to provide tailored care to people's needs – this includes our mental health joint response cars (where a paramedic is teamed with a mental health practitioner) and our joint community response teams who care for frail older people in their own homes. We attend more than 2,700 patients presenting with emergencies every day. Our staff, volunteers, patients and local communities are at the heart of what we do, and we involve them in helping to shape our work and the care we provide.

As a large NHS organisation service caring for the whole of London, we are responsible for ensuring our services and employment practices are accessible and inclusive for the diverse communities we serve and the people we employ or who volunteer with us. We continue to improve the emergency and urgent care we provide for our patients through 999 and 111, as well as playing a vital role in supporting health and wellbeing in London – this includes tackling health inequalities, offering great jobs and career opportunities, and delivering on our green agenda.

A growing part of our work is supporting patients who need non-emergency care (also known as urgent care) and ensuring patients access the most

appropriate care service to meet their needs through NHS 111 and the integrated clinical assessment service. We are now the lead provider of this service in three of the five care systems in London, with a key role to play in the remaining two. Thanks to our specialist, tailored approach to providing care, we now take fewer than half of our patients to hospital and work with our health and care partners across London to develop effective care pathways to help make that happen.

Our other work includes:

- Planning for and responding to major and significant incidents (with our partners)
- Providing paramedics to work for London's Air Ambulance
- Educating the public in life-saving skills and use of public access defibrillators
- Engaging with NHS partners, local authorities and the Mayor to encourage a healthier population and a safer London
- Coordinating Adult Critical Care Emergency Support Service (ACCESS), a pioneering specialist ambulance service for transporting critically ill patients between hospitals that has been adopted as the model for the whole of London
- Finding hospital beds for seriously ill patients and ensuring their safe transfer to the best place for care



London Ambulance Service
NHS Trust

Our
Values &
Behaviours

Caring

Kindness	be caring and compassionate, polite, welcoming, approachable
Positive	embrace change, be enthusiastic and optimistic, proactive
Empathetic	put myself in other people's shoes, consider other perspectives
Listening	hear others, be open, approachable, give others space to speak

Respect

Equity	be fair, embrace diversity, accept others for who they are
Inclusive	advocate for others, ask for input, seek out alternative views
Understanding	be interested in others' feelings, stories and backgrounds
Appreciative	offer descriptive praise, seek out feedback, value others

& Teamwork

Supportive	offer help when you notice others need it, check in regularly
Collaborative	seek opportunities to work together, communicate, clarify
Professional	be accountable, responsible for my attitude, calm and reassuring
Integrity	be honest, share learnings, act in others' and LAS' best interests

Together we put Caring, Respect & Teamwork at the heart of all we do for

Londoners



Our values

This year, we began a large programme of work to transform our culture and improve the working lives of our vital teams. Known as 'Our LAS', more than 2,000 members of staff and volunteers had their say about what was good and bad about a working day with us and what behaviours we should value and encourage.

The result is a set of values and behaviours, designed by our staff, which we put into practice every day. Together, we put Caring, Respect and Teamwork at the heart of everything we do for Londoners.

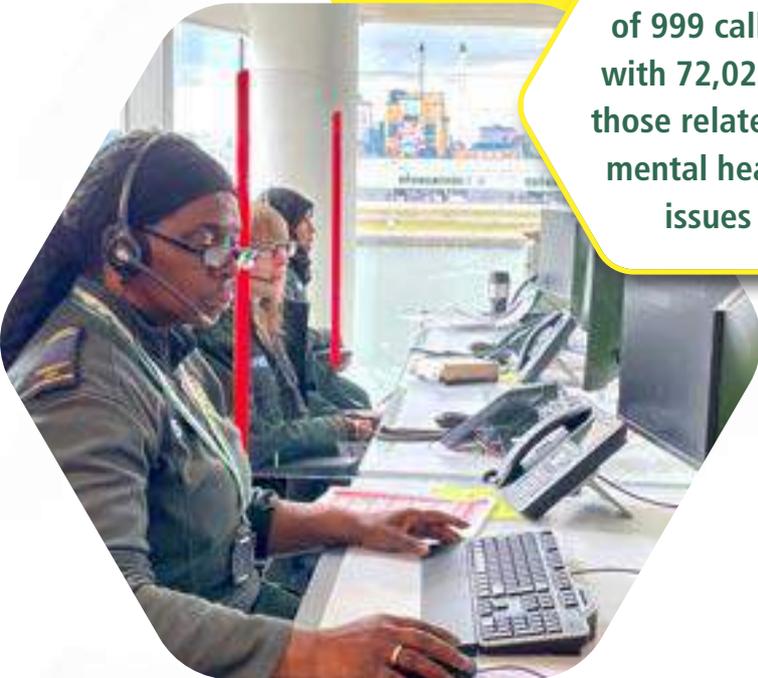
Our LAS



The year in numbers

2,080,022

Number of 999 calls – with 72,022 of those related to mental health issues



175,070

Number of patients treated over the phone



£0.4m

Raised through our charity



Number of patients seen – 52,037 related to mental health issues

995,766

1,313

Number of thank you letters received



62,560,093

Our social media posts were seen



32%

Recruits from BME background



2,192,104

Number of 111 calls



1,600

Number of people recruited



The year in awards & achievements

This section includes a roundup of all the awards won from April 2022 - March 2023.



◆ April 2022

10 reconditioned ambulances filled with medical supplies are now in use on the streets of Ukraine after LAS volunteers delivered them to Ukraine.

◆ May 2022

The Prince's Trust National Marvel Rising Star Award-
Tania Makwana

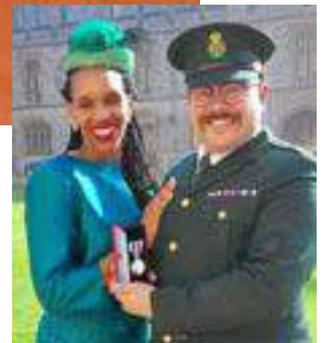
Long service ceremony



◆ June 2022

QAM medal – Richard Webb-Stevens

London lifesaver awards



July 2022

LAS Apprenticeship scheme – Top 100 Apprenticeship Employers



August 2022

Top NHS employers for apprenticeships



September 2022

Freedom of the City of London award- Nigel Flanagan

Volunteers winning ALF Team of the Year award.



October 2022

Letter from the Mayor thanking LAS for their work during period of national mourning

Mayor of London Adult Learning Awards

VIP

Awards 2022

To recognise and celebrate the work of you and your colleagues





VIP

Awards 2022

To recognise and celebrate the work of you and your colleagues.



Chief Executive's Award



1. Performance report

The year in awards & achievements

November 2022

Cycle response team for Zero Emissions Innovations, finalist at HSJ awards



December 2022

Wellbeing team – Healthcare People Management Association (HPMA) Excellence in People Awards
Fleet Manager of the Year awards – Greenfleet awards



March 2023

The AAC Apprenticeship Awards



January 2023

Letter of thanks from Prime Minister Rishi Sunak commending colleagues for attending to a patient at No.10 Downing Street. In his letter, Mr Sunak noted the professionalism shown after a member of their staff fell ill.

February 2023

Officially accredited Living Wage employer. The accreditation by the Living Wage Campaign means every member of our staff – including those in our control rooms and those who prepare ambulances to go on the road – now earns more than the government’s minimum wage and receives an hourly minimum rate of £11.95.



This year in pictures



March 2023



February 2023

January 2023





December 2022



November 2022



October 2022



This year in pictures



July 2022



April 2022

June 2022





May 2022



Our strategy

The Trust's 2018-2023 strategy described how we would move towards our vision to become a world-class ambulance service at the heart of urgent and emergency care provision in London. This detailed plan, which was supported by a clinical strategy, set out our aspiration of developing and embedding urgent and emergency care pathways, delivering more care on scene, and avoiding taking patients to hospital when that was not the most appropriate place for the patient to receive care.

Since 2018, we have transformed as an organisation and the Trust is now faced with new challenges and opportunities which have far-reaching implications for the way we operate. These are:

- The long-term health, social and economic impacts of the COVID-19 pandemic.
- Creating new ways of working and collaborating with our NHS partners.
- The development of new models of delivering place-based care.
- Using our unique pan-London position to contribute to improving the capital's health and tackling health inequalities.
- New targets to achieve carbon net-zero by 2040 (relating to the emissions that we directly control).

To help us respond to these challenges, we began developing our new strategy to set a clear direction for the urgent and emergency care we provide, whilst laying out bold ambitions to develop the capital by supporting the health of Londoners, offering great jobs and career opportunities for local people, looking after and developing our current workforce, delivering on our green agenda and being an anchor institution.

Developing our new strategy for 2023/2028

One of the core principles of developing our new long-term strategy is co-development and co-production with staff, patients, health and social care partners, and the public. As a result, capturing the views and experiences of people formed an important piece of our work in 2022/23.

In order to accurately reflect the patients' view in this vital work, we commissioned London's 33 Healthwatch



organisations to help us conduct public engagement on our behalf. In all, 26 Healthwatches took up this offer, using their experience among local communities to involve over 2,100 people across London.

We also engaged with over 60 organisations across the five Integrated Care Systems (ICS) we work within, meeting with over 300 health and care leaders to gather their views. Alongside our external engagement we ran a staff engagement programme, conducting one-to-one interviews with over 500 people in every part of our organisation, engaging some 500 people through an online platform and involving some 360 people in leadership events. A summary of the findings from our engagement activities was published on our website, and we also encouraged local Healthwatches to share their findings locally.

The new strategy will be launched in the new financial year, with three mission statements underpinning our strategic goals:

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

Reflecting on the last year, and closing our 2018-2023 strategy

The vision set out in the Trust Strategy for 2018-2023 was to become a world-class ambulance service, and we have made significant progress in a number of strategic areas. Those strategic projects include:

- When the strategy was agreed in 2018, our ambition was to reduce conveyances to emergency departments by 10% from 63% to just above 53%. This target was adjusted in 2019 in response to the recommendations from the Carter Review. In spite of challenges from the COVID-19 pandemic, we now convey less than 50% of our patients to hospital, instead treating them at the scene, referring them to other health and social care providers, or providing expert medical advice over the phone.
- In the last year we have maintained this low conveyance level, and worked towards safely reducing it further by working with healthcare partners to develop pathways for patients to access urgent and emergency care without having to go to the emergency department.
- Since November 2013 we have provided a 111 service (in South East London), and expanded into North East London (November 2018). In the last five years, we have been awarded full or partial contracts in all remaining areas of London, most recently this year in North Central, making us a key player in the delivery of urgent care across London.
- We now have the same number of contacts into 111 as we do 999, and are working on integrating them further, so that there is a seamless transfer of patients and their information between the two services.

- We aimed to work with London's other public services to support improvements in patient outcomes and experience while also improving public value. We reaffirmed our commitment to working ever closer alongside other emergency services and London's wider stakeholder community during the five years of the Strategy. Consequently, we saw the introduction of paramedics into Primary Care Networks (PCN), Urgent community responses developed with ICSs, and collaborations in periods of high demand with our partners in the Metropolitan Police and London Fire Brigade.

The last year was especially important for this, as we saw a further increase in partnership working through periods of industrial action, major events such as the Queen's funeral and engagement from 300 leaders across 60 organisations to co-develop the next trust strategy.



Providing patients with the most appropriate response tailored to their needs ensures high-quality care and helps to reduce pressures on emergency departments across London, which in turn allows us to respond to emergency calls more quickly. To meet this need, we have a number of specialist teams operating across the capital, including our mental health joint response cars and our joint community response cars. In addition we have continued to expand our more highly skilled paramedics with an increased number of advanced paramedics (critical care and urgent care) and first contact paramedics.

Providing outstanding patient care



Mental health joint response cars

Our mental health joint response cars pair a mental health professional with a paramedic to provide a specialist response to patients who are experiencing a mental health crisis.

By joining these clinicians, patients can receive both a physical and mental health assessment from the team. This is particularly important given that nearly half of patients with a mental health condition also have a long-term physical health condition.

When responding to a patient, the team's paramedic is able to assess and manage their physical health needs. The mental health professional can assess the issues that are affecting the patient's mental health, delivering interventions to support their needs and referring them to appropriate mental health services if required.

Through this combined team, patients get the care they need in their home and through local community services, avoiding unnecessary visits to hospital emergency departments. This not only

eases pressure on hospitals and the wider NHS, but importantly helps patients experiencing a mental health crisis to avoid busy emergency departments that may not be conducive to their recovery, particularly in cases where the patient is vulnerable. Since launching as a single car in south east London in November 2018, the scheme has been expanded and has responded to and supported more than 17,000 patients across London.

Ensuring equity of access to care is a key focus within LAS, and thanks to the expertise of the LAS team members, the proportion of these often complex patients who need to be taken to hospital emergency departments has been reduced. Just 16% of patients experiencing a mental health crisis who have been evaluated by the mental health joint response car team have needed to be taken to an emergency department. In comparison, around 50% of mental health patients who are assessed by frontline ambulance crews are conveyed to an emergency department.

Community health joint response cars see an experienced paramedic working with community nurses across London responding to elderly and frail patients. Uniting the skill sets of these two professional clinical groups delivers bespoke patient-centred assessments, treatment and follow-up plans for patients in their own homes.

The programme is delivering faster responses to patients and reducing unnecessary conveyances to emergency departments. Older and frail patients often benefit from a specialist response because if they are admitted to hospital they can experience a decline in their physical mobility and can be at greater risk of deterioration. Through this new model, the teams improve the patient experience by helping people who want to be looked after at home and not be taken to a busy emergency department, which we know improves their overall outcomes and safety.

Working with community health providers, LAS first launched the programme as a pilot of three cars in south west London in October 2022. Following successful results and improved services for patients, LAS expanded the scheme to north east and north central London. There are now eight community response cars operating from 8am to 8pm in these areas every day.

Since launching as a pilot scheme, the community response teams have responded to more than 1,400 older and frail patients in south west London, around 350 patients in north central London and around 550 patients in north east London.

The complex nature of older and frail patients mean that typically around 70% of these types of patients would have been conveyed to hospital if an ambulance attended. However, the expertise in the community health joint response cars means just 25% of the patients the teams attended were taken to hospital.



Community health joint response cars

Our Advanced Paramedic Practitioner Urgent Care (APP-UC)

programme has been instrumental in helping people avoid unnecessary hospital conveyances and receive the support they need at home, with a dedicated programme

for providing this care to older people. The advanced clinical skills of the APP-UC team allows them to treat more patients in their own home, while their work monitoring 999 calls coming into LAS helps ensure that our crews are being effectively deployed so patients are getting the right response for their needs.



Advanced Paramedic Practitioner Urgent Care (APP-UC) programme

First contact paramedics

This year we were pleased to recruit additional First Contact Paramedics, who work in primary care alongside GPs and help manage routine or urgent appointments, telephone triage (assessment of urgency of illness or injury) and home visits. The first cohort of LAS staff have completed their first contact development programme and qualification, and we have committed to expand training posts in collaboration with GP practices.



Recruiting for the future

To keep pace with the increasing demand for our services, we launched our most ambitious recruitment programme in May 2022 and had recruited over 1,600 new employees by the end of March 2023. We are delighted and proud to have been able to recruit over 900 frontline ambulance staff and almost 400 call handling staff across our 999 and 111 services this year, as well as insourcing two key services, Make Ready – the team of staff who work around the clock to re-stock, re-fuel and deep clean ambulances at the end of a busy shift, and our Cleaning Services.

We have continued our focus on recruiting and training more clinicians, call handlers and dispatch staff for our emergency operations centres, ensuring patients waiting for an ambulance are kept as safe as possible and our sickest patients are prioritised. Looking ahead, we are planning to recruit over 1,400 frontline staff as part of our 2023-24 recruitment programme to meet levels of demand in London.



Our estates vision

details how we are working to transform our estate to better serve our patients and to improve our staff and volunteers' places of work.

The vision includes proposals to refurbish existing stations and build new ambulance stations in the parts of London where our estate is outdated and where sites need to be located to help us deliver the best response times for Londoners. By being smarter with how we plan and run our estate, we hope to use our space and time more efficiently, whether this is where our ambulance crews start and end their shifts or delivering state of the art training.

In 2022/2023 we began work to relocate our 111 call centre based in Croydon into a modern facility in the town centre which will have space for a third education centre, enabling us to have a training facility in south London to complement our existing centres in west London and east London. We also began looking at plans to convert our former emergency operations centre in Bow into a new ambulance station for the Tower Hamlets area. In addition, we opened a rebuilt ambulance station in Ponders End and further station refurbishments are planned for later this year.

Making the most of our buildings and estates

Making our fleet greener

In 2022/23 we began rolling out new electric vehicles following the announcement of £16.6 million initial investment to purchase 225 new vehicles, including 40 new ambulances that are lighter and produce lower emissions than our current vehicles, as well as 42 electric fast response cars and three electric motorcycles.

The first of our 225 new greener vehicles are already in use, including all-electric motorbikes and fast response cars and lighter emergency ambulances. The Trust is the first service to use electric motorbikes to respond to emergency calls.

Later this year we are expecting to take delivery of the first of four fully electric ambulances in the country, alongside additional electric motorcycles. We now have enough greener ambulances and cars being manufactured for us that we will be fully compliant with ULEZ (Ultra Low Emission Zone) by the end of 2023. We will also be investing in charging infrastructure across our sites and ambulance stations, as well as recruiting new mechanics and upskilling current mechanics to help maintain its growing modern fleet, bringing the total investment in this area to more than £30 million.

Having cleaner and greener vehicles is extremely important in improving air quality – not just for our people and our patients – but also for the health of our communities across London. Furthermore, these modern vehicles will also have benefits for our crews and our patients, with features such as a powered lift for stretchers, and new decorations inside some of the ambulances to help soothe worried patients.



Risks and challenges to the service we provide

During 2022/23, we identified the following strategic risks:

Demand for services exceeding the available resources.

During the year we identified risks associated with increased demand and long handover times which led to delays in ambulances being dispatched, patients waiting too long for assistance and performance targets being missed. Throughout the financial year, we put a number of measures in place to help mitigate these risks, including working more closely with London hospitals to release our crews from handover queues as quickly as possible, changing our processes in order to reduce calls from Met police, and implementing alternative ways of assisting patients with more bespoke offers.

In the final quarter of this year (in the new calendar year), we began to see the impact of our ambitious recruitment plan, and were able to put an additional 30-40 ambulances on the road every day (this equates to 1000 hours of ambulance crew time). This has resulted in an improvement to our Category 1 and 2 response times.

Despite the improving picture, we continue to monitor and review any delays to patient care and patient handover at hospital. The Category 2 Performance Improvement Plan, which includes the national Category 2 segmentation pilot, continues to ensure patients are receiving the right care in the right place and allows us to dispatch crews to our sickest and most seriously injured patients as quickly as possible.

Continuing to deliver high-quality care to patients against the impact of COVID-19 and other infections, whilst maintaining the safety of staff and the public.

As a result of decreased infection rates and vaccination roll-out, there has been a marked reduction in demand as a result of COVID-19 during the course of this year. We have, however, seen demand spikes associated with other infections such as Streptococcus A, influenza and norovirus. Although

we have maintained our infection control and prevention oversight to keep our patients and staff safe, the increase in wider infections was not unexpected given the lack of exposure over the past few years during lockdown and mandated mask wearing.

Continuing to deliver high-quality care to patients during a period of disruption to service due to industrial action as a result of the pay dispute between the unions and the government.

Following the ballots for national industrial action, a series of strikes took place leading to a reduction in workforce availability to respond to calls, provide health advice, dispatch ambulances and crew ambulances including specialist responders. We were supported by the wider NHS to ensure we could maintain a safe service and worked closely with our unions to agree a continuation of life and limb cover. We hope the dispute will be resolved by the government pay offer.

Challenge of recruiting and retaining a skilled workforce, maintaining the welfare of staff and promoting diversity.

Despite our successes in recruiting a record number of people, we have still carried vacancies throughout the year despite an ambitious recruitment programme. The Trust is mitigating this risk through a UK graduate recruitment programme, having an international recruitment partner in place, establishing recruitment and retention programmes and working with providers to ensure that the ambulance service remains the employer of choice for paramedics. In addition, where alternative healthcare professionals can undertake roles, we are welcoming colleagues from other professions to broaden our skill base.

The Trust has developed a wellbeing strategy in line with current government recommendations and guidance, which includes projects and programmes which aim to raise the health and wellbeing of our staff and, as a result, our organisation and our

patients. Our award-winning LAS Wellbeing Hub has also been set up to support staff (seven days a week) with both physical and mental health support.

Because the diversity of our staffing profile is not representative of London, our ability to deliver a more inclusive service may be diminished. Recruitment campaigns are not attracting diverse applicants in sufficient numbers, mainly caused by the fact the paramedic education courses and training (also known as a pipeline) lacks diversity. The Board has agreed an action plan and a committee charged with overseeing its implementation has been set up.

The potential for failure in IT systems and disruption through cyber-attacks.

Over the last three years the Trust has invested over £17 million in technology, not just refreshing hardware and software but also embarking on a massive improvement programme that has seen nearly all the Trust's operational and corporate IT infrastructure upgraded and moved to purpose-built data centres, improving the resilience of the technical infrastructure and establishing a technology foundation from which LAS can develop future digital products and services.

Cleric is now the Trust's computer-aided dispatch system, and with successful failover testing, we are making preparations to replace legacy radio and mobile data systems.

We have a programme to replace the existing Mobile Data Terminals (MDTs) in trust emergency vehicles – these data terminals communicate information between the computer-aided dispatch system to our ambulances. The national rollout of radio and mobile data systems to all Trusts has been delayed, but the Trust has a legacy system that is no longer available to purchase, and devices are reaching the end of their economic life. It is unlikely that the full national system will be available in time for this situation not to become a major issue for the Trust and therefore an interim system to bridge the period is a necessity.

We continue to mitigate this threat through technical solutions and utilising support from NHS England. The Trust will continue to address the ongoing challenges in mitigating these risks, for example, through the replacement of our computer-aided dispatch system to help mitigate cyber and resilience risk.

Performance analysis

We are absolutely committed to providing our patients with great care in a timely way, and work to a number of national standards in order to measure our performance.

Ambulance Response Programme

The Ambulance Response Programme sets the performance standards for all ambulance trusts in the UK, and uses the following definitions:

	Response	Target average response time
Category 1	An immediate response to a life-threatening condition, such as cardiac or respiratory arrest	7 minutes
Category 2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport	18 minutes
Category 3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting	2 hours
Category 4	A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic	3 hours

How we performed

2022/23*		
	Response time	Incidents (n)
Category 1	00:08:08	139,125
Category 2	00:47:40	622,311
Category 3	01:41:03	181,276
Category 4	07:29:50	9,272

* 2022/23 Response Time Performance excludes Oct'22 and Nov'22 data. Please see the Annual Governance Statement for further explanation.

Responding to patients

The past year has been extremely challenging for our 111 and 999 services. We started the year at the most severe level of pressure for ambulance services, known as REAP (Resource Escalation Action Plan) level 4, coping with the ongoing effects of the COVID-19

pandemic before moving into a busy summer of major events, including millions of additional visitors to the capital for the Platinum Jubilee and, sadly, the death of Her Majesty The Queen.

During the summer months, we also experienced extreme weather, which had an impact on the health of the capital. As winter set in, like the majority of NHS services, we were under increased sustained pressure responding to the ongoing issue of COVID-19 and a surge in flu cases as well as the usual seasonal viral illnesses and an outbreak of Streptococcus A in children. We also had to contend with and plan for national ambulance service industrial action, experiencing four 12 hour periods of industrial action with 90% of our ambulance staff going on strike.

The implementation of Resource Escalation Action Plan (REAP) Level 4 was triggered during periods of sustained high demand. REAP 4 allows us to put increased focus on responding to and caring for patients by mobilising additional resource and working in different ways. Although it is only ever meant to be a temporary way of managing demand, sustained pressure meant we found ourselves spending protracted periods of the year operating at this level.

Demand increased further during two periods of unusually hot weather – the most severe being in July when we received 13,400 calls to 999 – this equates to

one call every 13 seconds. This busy period also saw wildfires on 19 July and a number of high-profile events across the capital, all of which saw us closely collaborating with our emergency service and local authority partners. Across the Platinum Jubilee weekend and Pride in London parade in July, our teams worked hard to ensure a smooth response to these important events as hundreds of thousands of visitors came to the capital.

As the nation paid their respects to Her Majesty The Queen, our staff and volunteers helped ensure Londoners got the care they needed over this historic occasion. With 250,000 people attending the Queen's lying-in-state and an estimated one million arriving for the funeral, the capital was very busy. We put plans in place to ensure we could provide the necessary care, including a daily surge of up to 300 additional staff across our 999 control rooms and teams on foot in crowded areas to manage the increased demand. More than 1,000 staff overall were involved in our response and colleagues from neighbouring ambulance services including, South Coast Ambulance Service were also involved in supporting the events and caring for the large crowds. The Service worked with St John Ambulance, treating more than 2,000 people who were in the city for the lying-in-state and the funeral, and taking 240 of them to hospital. Our teams across the capital also remained very busy, with the service taking around 5,500 999 calls each day.

Over a difficult winter period, we implemented a number of initiatives to make sure we were getting to people who needed us as quickly as possible. This then meant that we were able to maintain a good level of patient care despite the challenges of meeting performance targets against national standards. The response was led by our Deputy Chief Executives' team which ensured there was strong clinical and operational focus.

Handover delays at hospitals remained a significant challenge throughout the year, with our crews facing delays when handing over patient care to hospital emergency departments. In response, we implemented 'cohorting' care, where selected crews stay with a number of patients in emergency departments to free up colleagues to go back on the road. This helped to improve our Category 2 response time, and we ended the year with an average response time of 47 minutes (against the standard of 18 minutes). However, without cohorting in place, our Category 2 response would have been consistently

above a mean of 90 minutes.

In early January 2023, NHS England asked London hospitals to support the timely handover of patient care and the release of our crews within a maximum of 45 minutes when it was safe and appropriate to do so. With support from the five Integrated Care Systems in the capital and all London hospital trusts, we began to see a significant improvement in handover delays and a reduction in the number of times cohorting was required at some hospitals.

Working in collaboration with our health and social care partners across London, we continued to innovate to manage patient care and reduce handover delays by setting up more alternative care pathways to ensure every patient received the right care in the right place. Based on the successes of schemes such as our mental health response cars, we launched an Urgent Community Response (UCR) car pilot in south west London with paramedics working with community nurses to care for elderly and frail patients in their homes rather than taking them to hospital in an ambulance.

Our teams and patients have also benefited from the Service being an early adopter of NHS England's Category 2 segmentation pilot, which sees our clinicians assessing appropriate calls to check whether these patients need to be prioritised for an ambulance or whether they could be treated more quickly elsewhere. This ensures that those who are most in need receive the fastest response. Out of the calls receiving this assessment, 40% of patients have been supported to access a more appropriate healthcare pathway or received self-care advice from one of our clinicians. The number of patients we can clinically assess will increase over time as we build up the team of senior clinicians able to undertake this work. The success of this pilot meant the measure has now been introduced to ambulance services across the country.

During the four periods of industrial action that directly involved our staff, the Service worked incredibly hard to provide a rapid response to patients in a life or limb threatening emergency. This was only possible due to the goodwill and help of senior clinicians from elsewhere in the NHS, the support of the military, London Fire Brigade, and the Metropolitan Police. We were also grateful for the support of the public who continued to use the 999 service wisely. Although we saw a reduction in demand on the first day of industrial action in December 2022, subsequent industrial action days saw an increase in numbers of calls and incidents on each occasion.

In our Emergency Operational Centres (EOC) teams of Emergency Call Handlers answer 999 calls and send our vehicles out across London to treat patients. Working in this environment is extremely demanding, and our teams coped well throughout the year to maintain patient and public confidence.

In June 2022 a purpose-built control room in Newham, east London, opened following a £9.6 million investment. The site handles half of the 999 calls that come into the Service from across the capital. The new EOC was set up to handle the new computer-aided dispatch system which we launched in September 2022 to allow for faster dispatch of ambulances and better integration with national systems and patient records, thereby ensuring an improved response for our patients. The introduction of this new computer-aided dispatch system allowed us to identify an issue with our previous outdated reporting system, which we worked hard to rectify quickly.

Within the EOC a group of clinicians work to provide a telephone assessment of patients to determine whether they require an emergency ambulance or can be treated over the phone or referred to another provider. Every call resolved by the clinical hub is one less call where an ambulance attendance is required which increases availability and therefore reduces delays to patients.

In the past year we continued recruiting additional clinicians, enabling us to respond to nearly 175,070 calls this way and treat our patients successfully and safely without the need to dispatch an ambulance. This was essential at times of extraordinary demand and equates to 15.0% of 999 calls. We have the highest 'hear and treat' rates among ambulance trusts in England and this is an area we will continue to develop with other health care providers to ensure prompt and efficient health care.

NHS 111

Measure	National target	2020/21	2021/22	2022/23
Total number of calls	-	1,639,087	2,224,565	2,192,104
Average calls per day	-	5,909	6,095	6,006
Calls answered within 60 seconds	95%	87%	71.7%	48%
Calls abandoned after 30 seconds	No more than 5%	2.7%	5.3%	16%
Calls referred to 999***	<10%	8.1%	7.6%	6.8%

London Ambulance Service is one of the largest 111 providers in the country and is acknowledged as one of the best performing services for call answering, which allows patients to access urgent care advice. We now have coverage across London, which gives us the ability to manage the 111 workload coming into 999 more effectively. We continue to build a Clinical Assessment Service (CAS) with a large multi-disciplinary clinical workforce to assess and treat patients calling 111 or 999 to improve care and avoid sending an ambulance when appropriate.

In 2022/23 we answered 2,192,104 calls to 111, and our experts referred 6.8% of these calls to 999, well below the national average of 11%. Around 9.2% of 111 calls were referred to alternative care pathways.

Fortunately, the extreme levels of demand COVID-19 put on our 111 services have eased and our total number of calls in 22-23 was lower than the previous year. A successful media, social media and stakeholder campaign to raise awareness of the NHS 111 online service during periods of industrial action, also led to fewer calls.

However, the service continued to face many challenges which impacted our performance. In August, a month-long cyber attack resulted in a national outage of the software system we use to manage 111 calls. This meant clinical assessments, appointment bookings, emergency prescriptions and referrals had to be completed manually, adding considerable time to our call handling times.

Call answering was also affected by industrial action over the winter. Meanwhile an outbreak of Streptococcus A (strep A) over the same period led to a significant increase in call volume, similar to the sharp rise in demand we saw during the pandemic. To help manage demand and redirect patients to the most appropriate place for help NHS England activated a recorded message which contributed to an increase in our call abandonment rate. Unfortunately, the Strep A outbreak also caused high levels of sickness for our staff at this time which further challenged the service.

Patient care and quality

Maintaining of safety for our patients and people remains our top priority, and we continue to use well governed processes, including the dynamic use of our clinical escalation plans, to ensure the best possible outcome for all patients.

We are aware that during periods of sustained pressure that some of our patients waited for longer than the national standards for an ambulance, particularly those patients with non-life threatening conditions. We apologise to those people who waited longer than we would have wanted for an ambulance response and would like to assure people that we continued to take daily clinical safety reviews and ensure that there were clinicians working in our Emergency Operations Centres to increase clinical oversight. This meant that patients waiting for an ambulance could be continually monitored, treated over the phone or managed closer to home with a referral to appropriate community service. By providing high-quality clinical assessments for our patients who will be better treated closer to home, we continued to protect our response capacity for patients whose care needs required a physical attendance.

With multidisciplinary clinical assessment areas in both our 999 and 111 teams, patients can be triaged quickly and accurately to determine whether they require an emergency ambulance or can be treated over the phone or referred to another provider (such as a GP). Access to patient records, care plans and video consultation provides our clinicians with the information they need to support decision making in order to achieve the best outcomes for patients. The ability to e-prescribe and access to referrals and direct booking via the national directory of services enable us to provide the most appropriate care based on clinical need.

Despite the pressures on the Service, we made significant progress in delivering the ambitions of our Clinical Strategy (2016-2023) to ensure every patient receives the right care in the right place. A key focus has been aimed at reducing the number of patients who are conveyed to the emergency department who could have been cared for closer to home. This includes our work with Barts Health NHS Trust to provide access to remote telephone hub and 'virtual consulting rooms' known as the Remote Emergency Access Coordination Hub (REACH) which offers alternative emergency care provision for patients that have either been referred to attend the emergency department by the 111 Clinical Assessment Service or where a London Ambulance Service paramedic crew is intending to convey the patient to the emergency department. The average number of calls to REACH is 29 per day, with a conveyance rate of 21.7%.

Linking in with NHS England's national approach to reducing health inequalities, we have been working this year to better understand and identify the health and social inequalities that exist in London. We have been gathering data relating to gender, age and ethnicity, broken down by borough, to improve the identification of unrecognised hypertension, as well as continuing to improve the care we provide to our patients with sickle cell disease and identifying health inequalities within pre-hospital maternity care to improve clinical decision making and improve the patients' experience. We are now currently reviewing this data which will help to inform our new clinical strategy and a health inequalities action plan. Alongside data collection, we have been holding workshops and learning opportunities for staff to increase their awareness of how health inequalities can affect access and experience of patient care. Our maternity team held several workshops throughout the year so our frontline staff could learn more about the inequalities faced by black, Asian, deprived and vulnerable women, and the ways the Trust can improve care and safety for women and their babies. The conversations and learnings from these workshops have been captured and will be used to influence our maternity care in the future.

Whilst industrial action undoubtedly had an impact on the care delivered to patients, our contingency plans, such as the Clinical Safety Cell of senior clinicians (GPs, emergency department consultants and nurse specialists based in our call handling centres) supporting clinical telephone assessments helping to increase referrals to alternative care pathways, NHS clinicians on ambulances and the enhanced level of

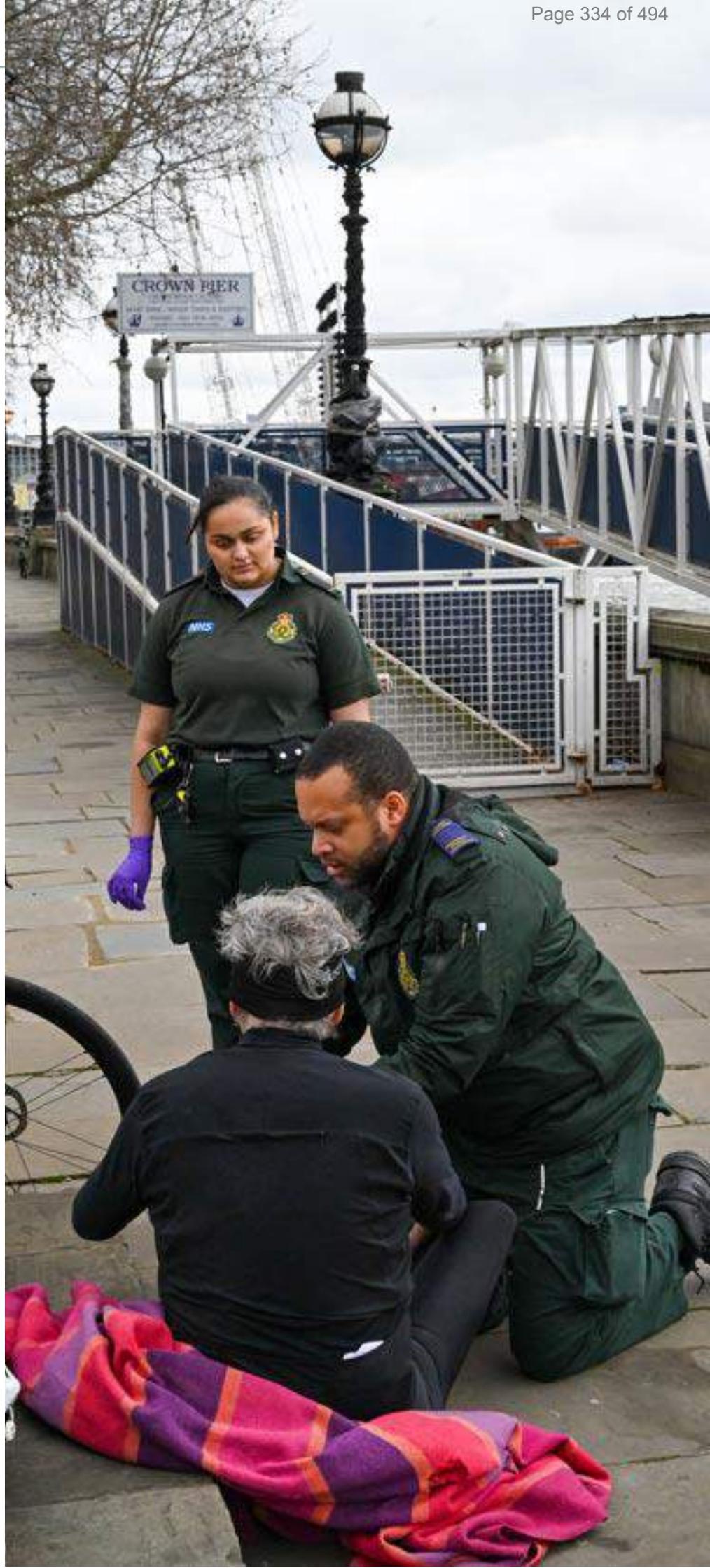
senior clinical oversight in all operational areas helped to keep patients from harm in very challenging circumstances. In total, we were supported by up to 22 external clinicians in the Clinical Safety Cell, 15 external clinicians on ambulances and 65 military personnel who were available for the period of each strike.

During the period of industrial action patients who required a face-to-face response were clinically assessed and assigned to an EMR 1 (meeting 'life or limb' derogation or a call clinically reviewed as immediately life-threatening, requiring the nearest suitable responding vehicle including a striking crew providing life and limb cover from a picket line) or EMR 2 (a call clinically reviewed as requiring a face-to-face response outside of derogations). Patients with conditions that did not require immediate attendance by an ambulance were either referred to alternative care pathways, transported by alternative means or given self-care advice.

The Clinical and Quality Directorates continued to undertake a daily review of the incidents reported to ensure any of note were escalated and there is early identification of themes and learning.

In the past year, as a result of sustained demand pressures, a number of potential harm incidents were reported by staff as a consequence of delayed responses. As an early adopter of the Patient Safety Incident Response Framework, the Trust was well placed to identify themes and drive changes in practice to prioritise patient safety.

Weekly meetings have also been held to discuss potential incidents led by the Chief Paramedic and Quality Officer and Chief Medical Officer.



Quality Account

Every year, the Trust sets specific quality priorities which are reported in the annual Quality Account. These priorities are identified in consultation with both internal and external stakeholders, including our Public and Patients Council, as well as sources of quality intelligence to ensure they are relevant and

robust for the coming year. For the 2022/23 financial year, we set three themed quality priorities with 12 supporting objectives and associated Key Performance Indicators (KPIs). We have made progress against all priorities, completing six objectives in the year, with further work continuing on the remaining objectives going into the next financial year. Our progress is outlined in detail in our 2022/23 Quality Account.



Patient Care – Overview		Status
1	Improve care for patients presenting with out of hospital cardiac arrest and / or ST-Elevation Myocardial Infarction	Yellow
2	Improve the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with Core20PLUS5 - an approach to reducing healthcare inequalities.	Green
3	Develop a Health Inequalities Action Plan	Yellow
4	Improve our compliance with infection prevention and control measures	Green
Patient, Family & Carer – Overview		Status
5	Deliver the Right Care, Right Now Programme	Yellow
6	Improve how the Trust triangulates and shares learning from incidents, complaints, claims and excellence	Green
7	Improve against response and call answering/ call-back indicators, reducing avoidable harm and poor experience due to delays	Yellow
Staff Engagement and Support – Overview		Status
8	Improve access to clinical supervision for all clinicians to improve access to clinical development and progression	Green
9	Improve access to specialist/ advanced practice opportunities and rotational working	Green
10	Improve the percentage of staff who feel able to make improvements in their area of work	Yellow
11	Quality Improvement projects responding to patient's needs by sector	Green
12	Back to basics: kit and equipment	Yellow

For the new financial year, we have identified five quality priorities. In identifying these priorities, we have considered:

1. Our progress against the 2022/23 quality priorities
2. Triangulation of data sources
3. The new Care Quality Commission (CQC) strategy and framework
4. Sources of quality intelligence and performance metrics, business plans and our strategic intentions

5. What matters to our staff, patients and the communities we serve

Our five priorities for 2023/24 are:

1. Cardiac arrest management
2. Care after a fall
3. Hear and treat consultations
4. Reducing delays
5. Infection Prevention and Control



Safeguarding

We have continued to maintain and improve our support to children and those at risk of abuse and neglect during the year. In 2022/23 our staff have raised the following number of safeguarding referrals and care concerns:

- Children 14,009
- Adult safeguarding 8,577
- Adult care concerns 10,416

Safeguarding activity and compliance has continued to increase throughout the year with the addition of a new safeguarding specialist for our Integrated Urgent Care teams, ensuring all areas of the Trust have a named local contact for safeguarding.

We have continued to train our staff in safeguarding, which has included using e-learning and virtual training sessions delivered by our safeguarding specialist. We also provide bespoke Trust Board safeguarding training.

The Trust exceeded the 85% safeguarding training compliance in all areas except Level 2- which covers our call taking staff. A recovery plan was put in place in December 2022 to further improve Level 2 compliance and we are making good progress to achieve our 85% target.

Training	Trust-wide figures
Safeguarding Level 1	92.08%
Safeguarding Level 2	71.45%
Safeguarding Level 3	91.10%
Prevent level 1	91.70%
Prevent Level 2	91.12%
Mental Capacity Act	89.84%
Trust board training	100%

There have been 58 safeguarding issues raised for staff allegations this financial year of which 41 were related to sexual safety concerns and 30 of these were staff on staff related. Since the introduction of the Trust's Sexual Safety Charter in February 2022, there has been an increased awareness and subsequent increase in reporting the number of sexual safety allegations. The Charter sets out our commitment to make sure everyone behaves in a way that ensures sexual safety and shows our commitment to take any concerns raised seriously with empathy and

understanding. A drive to improve education and communications on sexual safety amongst the Trust has been implemented along with updated and strengthened guidance relating to professional standards.

The Trust has undertaken considerable work and engagement with the learning disability and autistic community, establishing a Learning Disability and Autistic Patient and Public group which sits as a sub-group of the LAS Patient and Public Council. The group has recently produced a number of accessible and online digital resources for those with a learning disability and autistic people to help them understand what happens when they call an ambulance.

We submitted 73 reports to the Learning Disabilities Mortality Review (LeDeR) and as a result of the actions have delivered bespoke education and training to a range of staff groups.

The Trust undertakes Disclosure and Barring Checks on eligible staff and the Trust is 99.9% compliant with this. From 2023 the Trust is undertaking a full recheck and requiring staff to sign up to the update service to improve internal recruitment and DBS checking.

The Trust raises safeguarding concerns with the local authority for both children and adults at risk. In addition we also report fire safety concerns to the London Fire Brigade, concerns about radicalisation or extremism to the Metropolitan Police and concerns of involvement with gangs to Redthread, a charity that supports vulnerable young people in crisis and with complex needs.

We held our annual Safeguarding Conference in November titled 'Think Family' focusing on topics including domestic abuse, maternity safeguarding, online grooming and role of LeDeR reviews.

The safeguarding team have also met with Integrated Care System (ICS) chief nurses, safeguarding & quality colleagues to build productive relationships within the new safeguarding system.



Emergency preparedness resilience and response (EPRR)

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response are the minimum standards which NHS organisations and providers of NHS funded care must meet. The purpose of these standards are to:

- Enable health agencies across the country to share a common approach to EPRR;
- Allow coordination of EPRR activities according to the organisation's size and scope;
- Provide a consistent and cohesive framework for EPRR activities; and
- Inform the organisation's annual EPRR work programme.

The standards are reviewed and updated as lessons are identified from testing, national legislation and guidance changes and/or as part of the rolling NHS England governance programme. As part of the national EPRR assurance process we are required to assess ourselves against these core standards.

We submitted our self-assessment and evidential documents to NHS England in September 2022. The NHS England EPRR team visited our Headquarters on 15th November 2022 to conduct the annual assurance review, where they confirmed our compliance ratings against the EPRR core standards and the interoperable capabilities standards. Additionally, the team reviewed the Trust against the 2022 deep dive subject of Shelter and Evacuation.

Of the 2022 EPRR core standards, we are rated as fully compliant for all.

Of the 163 interoperable capabilities standards we were rated as follows:





	Standards	Fully compliant	Partially compliant
Hazardous Area Response Team (HART)	33	29	4
Marauding Terrorist Attack (MTA)	28	27	1
Chemical, Biological, Radiological and Nuclear (CBRN)	2	32	
Mass Casualty	11	11	
Command and Control	36	35	1
Joint Emergency Services Interoperable Principles (JESIP)	23	23	

We received a green rating for 157 standards and six received an amber rating, which gave us an overall rating of substantially compliant for the interoperable capabilities standards. The six interoperable capabilities standards amber ratings related to staffing numbers, data capture surrounding the dispatch timings of the Hazardous Area Response Team (HART) and the estate specifications of the Trust's specialist capabilities. Our key priorities were identified as carrying out further work in relation to these six standards, maintaining 2023 our current level of compliance and ensuring we update Trust documentation in line with the development of the ICSs. For the local evacuation and shelter arrangements Deep Dive the Trust received a full complaint rating.

The second Manchester Arena inquiry report was released on Thursday 3rd November 2022, detailing the findings and recommendations on the emergency response to the attack on the 22nd May 2017. The report detailed 149 recommendations in total, of which the inquiry team has identified the priority recommendations for monitoring. Whilst the Trust was not directly identified within the report, a full review was undertaken by the Trust to identify lessons, learning, and relevant actions. We continue to work with other blue light partners to address those recommendations relevant to London.

People

London Ambulance Service is a growing team of multi-skilled people, in a variety of roles, focused on a single, simple purpose: to save lives. We call ourselves a family: the family in green.

We have more people working for us than ever before. Our substantive employment headcount is 7,400 people. However, when you add our agency and bank staff, contractors, students and volunteers, we have over 10,000 people caring for Londoners.

On average, our staff stay working for us for eight years but more than a quarter of our team members – almost 2,000 members of staff – have worked for London Ambulance Service for more than 10 years.

Most of our workforce has contact with patients, including our ambulance crews and call handlers. However, it takes a whole team working behind the scenes to ensure all our patients get the right help at the right time.

Developing and managing talent

In support of the NHS People Plan and People Promise, we are developing a more resilient, flexible and sustainable service attracting people from diverse backgrounds to deliver our vision of being at the heart of urgent and emergency care in London, contributing towards Londoners having healthier outcomes.

We have supported the insourcing of two key services – Make Ready and Cleaning Services – which both play an integral part in ensuring our frontline crews, in particular, are ready for action and are enabled to

work and rest in safe and comfortable environments.

It is essential people feel they can enjoy a meaningful career within London Ambulance Service. We are constantly looking at ways to attract, develop and retain high quality people.

We want to ensure we have a motivated workforce who are well-led and inspired by their line managers to reach their potential.

Our highlights from the past year include:

- We embedded a new set of values and behaviours for our teams through the Our LAS programme, as we focussed on making the Service an exceptional place to work.
- The introduction of teams-based working to improve the working environment and culture for ambulance crews so there is more meaningful contact with managers, new rotas that deliver a better work life balance and allocated time for professional development.
- The Service became an accredited London Living Wage employer as we welcomed our cleaning and Make Ready teams to the London Ambulance Service family.
- We celebrated the achievements of our exceptional staff and volunteers at our VIP Awards in City Hall.
- Our apprenticeship programme went from strength to strength, receiving recognition at multiple national awards ceremonies.
- The launch of the Our LAS, Our Leaders

programme has seen more than 163 of our Band 6 and 7 members of staff beginning further training to develop their leadership skills.

- A new and simplified appraisal process has been implemented with associated training to encourage regular and effective conversations throughout the year between line managers and their team members.





Recruitment

The recruitment team continues to work with frontline and clinical education colleagues to deliver a strong pipeline of registered and non-registered staff and call handling colleagues.

Our biggest ever recruitment drive has seen us recruit 1,600 new starters since 1 April 2022, including teams we have bought in-house. This has meant we have been able to increase the number of ambulances on the road by up to 20 to 30 every day.

We have continued our focus on recruiting and training more clinicians, call handlers and dispatch staff for our emergency operations centres, ensuring patients waiting for an ambulance are kept as safe as possible and our sickest patients are prioritised.

We are proud to have been able to recruit over 750 frontline ambulance staff and almost 400 call handling staff across our 999 and 111 services this year. Looking ahead, we are hoping to recruit over 1,400 frontline staff as part of our 2023-24 recruitment programme to meet levels of demand in London.

Our focus on recruiting the best talent from around the world continued in 2022/23, with our recruitment teams leading campaigns to attract Australian and New Zealand paramedics to work in the British capital. These ambulance crews have similar skills and level of training to their counterparts in the UK, so make ideal additions to the Service. Of the 2,500 paramedics

the Service employs, almost 500 are from Australia and New Zealand.

Each year the service recruits around 500 paramedics, half of whom are recruited through apprenticeships and paramedic science degrees in the UK and half recruited internationally and from other NHS organisations.

Apprenticeships

We have had 215 new apprenticeship starters in the last year. This includes 140 emergency medical technicians taking part in the Paramedic Degree Level 6 programme to become a registered paramedic, and 60 associate ambulance practitioners participating in our programme to progress towards becoming emergency medical technicians. In the last year, we reached a milestone of 1,000 apprenticeship starters since the introduction of the Apprenticeship Levy in 2017.



In partnership with the University of Cumbria, we continue to offer a range of apprenticeship opportunities to help individuals progress their careers. The Service has now finalised our frontline ambulance apprenticeship career pathway, enabling trainees to join London Ambulance Service without clinical experience or qualifications and progress via an apprenticeship to being a registered paramedic in four years.

London Ambulance Service was again named the top NHS employer for apprenticeships in the country in the Department for Education's Top 100 Apprenticeship Employers 2022. We were also named Apprentice Employer of the Year at The AAC Apprenticeship Awards and Apprenticeship Employer of the Year at the Mayor of London Adult Learning Awards. The Apprenticeship programmes had their first ever full inspection from Ofsted and received a successful outcome of 'Good' overall and in all graded areas.



Our teams in people and culture also won the award for Outstanding Initiative in Education or Employment in the East London Community Heroes Awards and a Recruitment Excellence Award at the National Apprenticeship Awards.

This recognition is a credit to the work done across our apprenticeship teams. We are very proud of our schemes and of all the people who pass through it to join our crews.

Retention

Our overall vacancy rate on 31 March 2023 was 5.6% and we have seen a fall in our turnover rate on the previous year. This positive progress follows a package of initiatives in recent years to improve our record on retention, which included providing extended periods of leave and travel loans for staff to visit families overseas following the COVID-19 pandemic, funding indefinite leave to remain and supporting staff to utilise the Government's automatic one-year visa extension. We have also launched our Workforce Retention Group which brings together colleagues

from across the organisation to work on the issues which drive higher turnover of staff, including flexible working and recognition and reward. However, we recognise further action is still needed and we are focussing our efforts to ensure staff have access to a package of support and incentives to help them remain in the Service. In particular, we recognise and are working to address challenges around job satisfaction that were highlighted by teams during recent periods of industrial action.

As part of our efforts to help our staff build the skills they need to progress in their careers, we launched the Our LAS, Our Leaders programme, with 167 people enrolled by the end of the year. This programme gives our band 6 and 7 line managers a chance to develop their leadership skills through a NVQ level 6 course provided by Middlesex University, working in partnership with our Organisational Development and Talent team. Those taking part will complete eight modules covering topics including managing staff, building high-performing teams and overseeing budgets.

Additional education programmes we introduced included a new training package in our fleet workshops and fleet workforce in conjunction with the Henry Ford Training Academy. This programme means these team members receive the latest and most up-to-date training on modern day vehicles. This extra level of training has also allowed the banding of roles in this team to be re-evaluated and raised. The Service also introduced an NHS Master Technician position to make sure our technicians have an opportunity to develop their career with the Service.

Paying the Living Wage



"I am delighted that the London Ambulance Service NHS Trust has become a London Living Wage Employer. LAS staff work tirelessly to keep us all safe and it is only right that they are paid fair wage for their efforts."

In February 2023, London Ambulance Service became an accredited Living Wage employer meaning every member of our staff earns more than the Government's recommended minimum wage and will receive a minimum hourly rate of £11.95. Our staff are our biggest asset, so it is only right that we pay everyone the Living Wage.

We are now one of almost 11,000 organisations to have voluntarily raised salaries as part of this scheme and among only a few NHS Trusts in London who have achieved this accreditation.

The Service was able to achieve this after we bought in-house our 400 Make Ready staff – who work to re-stock and re-fuel ambulances before a shift – in April 2022 and the 90 members of our cleaning staff – who work in our headquarters, ambulance stations and other buildings - in February 2023. All of us at the Service were pleased to welcome these newest members of our green family.

Wellbeing

Over the past year our Wellbeing team has grown to 12 colleagues who oversee support services including the operation of our seven-day-a-week Wellbeing Hub, the management of our external occupational health contracts and our seasonal flu programme. Our Wellbeing Hub alone dealt with around 3,500 calls and 7,000 emails from colleagues in 2022/23, with wellbeing team members signposting colleagues to support in areas such as mental health, maternity services and financial advice.



LAS Wellbeing

The Wellbeing Hub also offers temporary employment opportunities for colleagues from other departments who are on restricted duties through injury or illness. These team members are trained to work in our Hub answering queries via phone or email, or on tea trucks or wellbeing cafes. More than 50 of these colleagues on restricted duties worked in the Hub in 2022/23.

In recognition of their outstanding work on our Wellbeing Hub, this year our Wellbeing team won the NHS Employers Award for Wellbeing at the Healthcare People Management Association Excellence in People Awards.

To further support the wellbeing of our teams, the Service's five wellbeing support vehicles – or 'tea trucks' - are continuing to visit hospital emergency departments around London to provide colleagues with peer support, a hot drink and a chance to talk through challenging issues. Staff at all of our contact centres are also continuing to benefit from Wellbeing Cafes, which allow team members to receive support while picking up a drink or snack.



To ensure wellbeing support runs throughout the Service, our Wellbeing Team delivers a range of training for managers across the Trust, meet staff at inductions, run support groups on menopause and for new international paramedics and work with local management teams on improving sickness and retention.

In the past year we have increased our mental health support offering, including the recruitment of a further 50 peer support workers who receive expert training from the LAS psychotherapist. We have also established a buddy scheme for our new international paramedics, introduced menopause training, improved our wellbeing rooms across the Trust, run workshops on nutrition and implemented regular visits from therapy dogs.

In recognition of the challenges many of us are facing around the cost of living, the London Ambulance Charity committed £25,000 to a hardship fund to provide grants for staff and volunteers who find themselves in financial difficulties. These grants are being administered by the UNISON welfare charity 'There for You'.

In March 2023, LAS launched teams-based working – a collaborative response to the desire of our staff and volunteers to improve their working life and the culture at the Service. The approach supports colleagues to improve their working environment through locally agreed plans that see teams and managers work the same shift patterns to ensure more meaningful contact, new rotas that deliver a better work life balance and allocated non-operational time to develop and grow as a team, as well as an end to the relief system. Our Oval Group was the first team to go live with the approach, with 99% of these staff pleased with the change. After the first two months, these members of staff at the Oval Group said they felt part of a team, morale had increased and access to their line manager was much easier, and staff sickness fell significantly.

To further support a positive working environment, members of the London Ambulance Service executive board have taken part in ongoing staff Sounding Board meetings which provide an opportunity for operational managers from across the capital to have an open conversation about what is working well, what hasn't been successful and their ideas for improvement.

Our Values & Behaviours

Caring

Kindness be caring and compassionate, polite, welcoming, approachable
 Positive embrace change, be enthusiastic and optimistic, proactive
 Empathetic put myself in other people's shoes, consider other perspectives
 Listening hear others, be open, approachable, give others space to speak

Respect

Equity be fair, embrace diversity, accept others for who they are
 Inclusive advocate for others, ask for input, seek out alternative views
 Understanding be interested in others' feelings, stories and backgrounds
 Appreciative offer descriptive praise, seek out feedback, value others

& Teamwork

Supportive offer help when you notice others need it, check in regularly
 Collaborative seek opportunities to work together, communicate, clarify
 Professional be accountable, responsible for my attitude, calm and reassuring
 Integrity be honest, share learnings, act in others' and LAS' best interests

Agreeing our values and set of behaviours

As part of our continued focus on making the Service an exceptional place to work, we collaborated with our staff and volunteers to deliver the Our LAS programme to create a culture at London Ambulance Service that works for everyone.

Created with the contributions of almost 2,000 team members, the programme includes a new set of values and behaviours for the organisation alongside commitments to sexual safety, reducing violence and aggression and promoting equality, diversity and inclusion.

Through the programme, London Ambulance Service teams agreed on three new values that should run through the heart of what we do: Caring, Respect and Teamwork.

These values are supported by a new set of behaviours to outline the standards we can expect from our colleagues, remind people of the types of behaviours we will not tolerate at work and provide guidance on how to challenge poor behaviour in a constructive way. These values are a representation of how teams in the Service want to work: together, putting Caring, Respect and Teamwork at the heart of all that we do for Londoners.

We are putting these values and behaviours into action at every opportunity, launching values-led recruitment, appraisal and talent development processes so that we can demonstrate our values, behaviours and expectations at every stage of people's careers. Together with our teams, we will make the Service somewhere where all of our staff and volunteers are able to be their very best, fulfil their potential and feel safe and supported.

Protecting our teams



Keeping our people safe will always be a priority for London Ambulance Service. Our members of staff and volunteers should never have to experience violence or aggression, but

sadly – due to the behaviours of a small minority of patients and members of the public – these incidents remain unacceptably high.

In September 2022, we invested more than £3 million to fit 510 of our ambulances and 55 of our fast response cars with upgraded and comprehensive crew safety systems to deter violence and aggression against team and help secure a conviction in court should an assault occur. These measures are further supported by our continuing work to roll out body work cameras for our teams. The Service is continuing to work with the police to increase convictions for hate crimes, which include people using racist or homophobic language when speaking to our call handlers.

We have recruited a dedicated Violence Reduction Manager, who is working closely with the police to ensure staff and volunteers get help and support and information when cases go to court.

London Ambulance Service is working hard to address violence and aggression experienced by staff while trying to do their jobs and to bring down the number of incidents and secure the toughest possible convictions for those who commit them.

This year, one of our paramedics Charlotte bravely spoke out about her experience of being sexually assaulted by a patient in the hope it would encourage others to seek justice. The Mayor of London Sadiq Khan wrote to Charlotte in February to thank her for her courage in sharing her story.

Our dedicated Violence Reduction Officers support our staff and volunteers such as Charlotte who report incidents of abuse and guide them through the court process.

We continue to work with the other Ambulance Trusts, through Association of Ambulance Chief Executive's national campaign #WorkWithoutFear, which seeks to cut the number of verbal and physical attacks on ambulance staff.

Staff networks



To support and champion equality, diversity and inclusion across our Service we have five staff networks – LGBT, B-ME, Christian Ambulance Association, EnAbleD and the Women's Network. The networks support our staff and volunteers, while challenging us as an organisation to create a more inclusive place to work.

Freedom To Speak Up

Our Freedom to Speak Up (FTSU) Guardian and ambassadors continue to support our colleagues to feel safe to speak up should they have a concern. The following objectives have been put together to ensure this happens:



- Ensure there are fair and inclusive processes in place
- Listen to diverse groups across the Trust, as well as our staff networks
- Embed FTSU in everyday practice and promote a "speak up" culture
- Respond to and influence the changing landscape of the Trust's culture
- Use data and intelligence to inform our decisions
- Regularly seek feedback and learn from it

Recognition

It is important that we recognise the incredible work done by our staff and volunteers, so we were very pleased to be able to take time to celebrate our teams at our VIP Awards 2022 at City Hall in October. We are very proud of all the individuals who won an award, as well as those who were highly commended. The Mayor of London Sadiq Khan and our sponsor Assembly Member Caroline Pidgeon MBE were both able to join us on the night to join the celebrations. You will have seen pictures from key award and recognition ceremonies throughout the year at the start of this annual report.



Equality, diversity and inclusion

We understand that actively promoting equality and inclusivity among our organisation is an important part of making the Trust a great place to work. We strive to ensure equal and fair access to our services for all our patients and their families. We recognise our responsibility to eliminate discrimination and harassment while supporting and empowering all our people.



We are working towards ensuring our workforce better reflects the diversity of the population it serves in London. We end 2022/23 having recruited more than 400 black, minority ethnic (BME) staff, representing over 32% of all our new starters. We now have more than 1,580 BME staff which is 21% of our total workforce. There is still

more to do to increase these numbers and we will continue to put time effort and attention into this work.

Our 2022 Workforce Race Equality Standard (WRES) report shows that we have made progress in metrics looking at experiences of bullying, harassment and abuse from patients, managers and colleagues and for belief that the Service provides equal opportunities for career progression and promotion. However, we have more to do to improve the experiences of colleagues from Black, Asian and Minority Ethnic backgrounds, especially around recruitment and disciplinaries.

We launched our See ME First campaign in October 2022, giving our staff and volunteers the opportunity to pledge to visibly show a commitment to race equity and speak up if they see or experience discrimination of any kind. This commitment makes clear we are an open, non-judgemental NHS organisation that treats all black, Asian and minority ethnic staff with dignity and respect.



Our 2022 Workforce Disability Equality Standard (WDES) shows improvements in terms of bullying, harassment and abuse from patients, managers and colleagues, and experience of feeling pressure from a manager to come to work when not feeling well enough. We need to address issues with how colleagues with a disability feel less engaged and less valued by the organisation.

The report also shows we have more to do to respond to requests for reasonable adjustments. In order to address this, we have worked with our partners at the Business Disability Forum to host Disability Confidence workshops, with some aimed at People and Culture colleagues, and some for a more general audience. These engaging sessions increase awareness of the issues facing colleagues with a disability and highlight the responsibilities employers have when requests for adjustments are made.



In December 2022, our B-ME staff network met NHS England's Chair Richard Meddings and Chief Strategy Officer Chris Hopson to share their lived experiences of the workplace. With the guidance of our staff, we will continue to listen, learn and improve the plans we already have in place for taking meaningful steps towards becoming a truly anti-racist, equal and inclusive organisation.

To make sure we are treating people equitably, and providing the same opportunities across our diverse teams, our People and Culture Team has reviewed and updated our recruitment and development processes. As a result, in the last 18 months, we have seen more people from diverse backgrounds in visible clinical roles.

We have also worked hard to increase gender diversity, with 50% of our workforce and 40% of our senior leadership team being female. Following a targeted recruitment drive in our Hazardous Area Response Team, in the last year we doubled the number of women working in the team to 22 out of 98 members of staff.

Volunteers

Our volunteers continue to play a vital role at LAS. We have always hugely valued their commitment to supporting our services and time they dedicate to helping the public. In the last year, they gifted a remarkable 30,000 hours of their time to assist the Service.

Our emergency responders and community first responders have continued to provide outstanding support to LAS teams across London, responding to 999 calls alongside paramedics on ambulances, aiding in our response to members of the public who have had a fall, and providing invaluable assistance at events and training exercises.

Proving the importance of the role our volunteers play, our emergency responders and community first responders were first on the scene at almost 6,000 incidents across London in the last 12 months.



More than 200 of our volunteers who work alongside paramedics and other staff were presented with the Team of the Year award by the Association of Ambulance Chief Executives at the Ambulance Leadership Forum in 2022. At the same ceremony, our emergency responders were presented with the Outstanding Service Award in recognition of all the work they undertook during the COVID-19 pandemic.

We continue to expand our roster of volunteers, with successful recruitment campaigns over 2022/23 that will continue to benefit the Service for years to come. We have recruited 36 emergency responders in the last year, while filling training courses to deliver an additional 60 responders in the future.

Staff and volunteer engagement and communication

Our Communications Team use a number of channels to share important information with our staff and volunteers quickly and effectively. This year they have launched a new version of our intranet 'The Pulse', which has supported our teams to access information and share updates more easily.



Our flagship internal communication tool remains LAS Live: a weekly question and answer session with our Chief Executive and other senior executives. It is

broadcast live and recordings are made available for staff and volunteers to watch later on demand, this platform enabled us to keep everyone up to date with the latest information while being able to address any questions or concerns with transparency and openness.

The national NHS Staff Survey results allowed us to look at what we do well compared to other NHS workplaces and where we need to improve. We had 63% of our staff complete the survey, the highest return rate of any ambulance service and the highest ever number of responses for the Service. In comparison to our results last year against the seven NHS People Promise topics and the themes of engagement and morale, we significantly improved in three areas – being a learning organisation, health and wellbeing and morale - and only deteriorated in the question relating to pay and rewards. The results and responses have been analysed to ensure staff experience drives the improvements we are making at London Ambulance Service.



Partners

By working together with our partners across health and social care, we can provide our patients with the best possible care.

We will continue to engage with patient groups, stakeholders, wider system partners and emergency service colleagues to build on our successes and ensure our communities are empowered to help shape the future of their health services.

Working with communities

The people who we care for – and their families – are at the heart of everything we do. By listening to patients and the public we can improve patient safety, patient experience and health outcomes.



A key focus of patient and public engagement this year focused on ensuring that patients and the public were involved in the development of our new Trust strategy, which will describe the organisation's vision and goals for the next five years. We worked closely with 26 Healthwatches who used their experience and knowledge amongst local communities to engage on our behalf so we were able to hear from a number of diverse communities and engaged voices that may not have otherwise been heard.

Our Public Education Team attended 519 events in 2022/23. The team visits hundreds of schools, community groups and organisations every year and talk to thousands of people about what happens when you dial 999 and what to do in a medical emergency. The team focus mostly on activities involving children and young people, such as awareness sessions on the dangers of using alcohol and other legal highs, the grim reality of carrying knives and careers in London Ambulance Service. Many of these are carried out with partner organisations. We also use these opportunities to teach CPR and other life-saving skills.

As a pan-London service we are in a unique position to work with patients and members of the public from

many different areas and backgrounds. The LAS Public and Patients Council (LASPPC) brings together a wide range of patients and public representatives across London.

The council, which is co-chaired by Dame Christine Beasley and Michael Bryan, meets at regular intervals to give feedback on the care we provide and to help shape the way care is delivered. Members provide a voice for patients, the public and carers in the design, development and delivery of Trust's service.

Our Trust Board meetings are held in public and regularly hear a patient story, usually told directly by the patient involved. This helps to ensure patients feel heard by the organisation and provides an opportunity for Board members to hear about patients' experiences first-hand and for these experiences to provide learning for colleagues across the Service.

Working with our NHS partners

As an integral part of the NHS in London, a key part of our work focuses on how we bring different parts of the health and care system together to keep as many people as possible at home safely and well cared for rather than taking them to hospital. Therefore, we work closely with our NHS partners in NHS England, Integrated Care Systems (ICSs), hospital and specialist trusts to develop and make more use of appropriate care pathways that often offer our patients better, quicker, and more appropriate care.

Collaboration with our NHS partners has been enabled by the expansion of specialist skills of our paramedics and clinical teams, helping us to bring about improvements for our patients. For example, working with five urgent community response providers in south west London to pilot community response cars.

We are grateful to North West London Integrated Care System (ICS) for their continued support as our lead ICS, recognising the particular challenges we face as the only NHS trust to cover the whole of London.

Our strong relationships with all five ICSs have helped us to manage sustained surges in demand for our services and enabled us to redirect urgent and emergency care activity across the capital. Working in partnership across the capital has helped to reduce the

risk of parts of the London health and care system being overwhelmed. We also worked closely with Integrated Care Boards (ICBs) on seeking their views and using their local system expertise to help shape and develop our new trust strategy 2023-2028.

As part of our winter planning, we worked with the ICSs and NHS hospitals across the capital to reduce the waiting times for our ambulance crews and our patients.

During the industrial action we worked with our partners in NHS trusts to ensure patient handover delays at emergency departments were kept to a minimum and received help from all ICSs in London to provide clinical expertise which proved to be vital in maintaining our services.

Working with emergency services colleagues

Collaboration with our emergency service colleagues in the Metropolitan Police and London Fire Brigade allows us to provide the best possible care for the people who need us.



Our control rooms have long-established links with those of the Metropolitan Police, through which we share around 800 messages a day to ensure we are together providing the best care for people in London. This relationship has required significant collaboration and trust between all partners involved.

We are currently developing our new estates strategy and anticipate that we will hold discussions with the London Fire Brigade on the potential for cohabiting our ambulance stations with their sites.

Our Tactical Response Unit has an ongoing collaborative role with the Metropolitan Police, working with officers to provide medical care to individuals involved in police operations, providing support on complex pre-planned police responses and working as part of responses to situations such as terrorist attacks.

With the continued roll out of body worn cameras and our commitment to cutting the number of assaults on our staff and volunteers, we have also been working with the police to develop our violence reduction processes. We are sharing learning and best practice to ensure our people get the justice and support they need.

During periods of industrial action, the Trust received support from the military, who volunteered to drive ambulances alongside our LAS and expert clinicians who provided care to patients. These were operated from Wellington Barracks and provided around an additional 35 ambulances each strike day.

Working with Mayor of London and Greater London Authority (GLA)

We have a close working relationship with the Mayor's Office and the Greater London Authority. We continue to work with the London Situational Awareness Team, which provides the Mayor's Office and London Assembly Members with accurate and timely information on our performance.

We also regularly engage with the Mayor on many topics including the actions we are taking to improve our environmental impact, with our work to become the NHS Trust with the most electric and low-emission vehicles receiving significant support from the Mayor. Recently the Mayor has supported our London Lifesavers campaign to train 100,000 Londoners to learn CPR and defibrillation skills.

In 2022/23, we worked closely with the London Assembly Health Committee on developing our new trust strategy. They supported our programme of public and patient engagement by issuing a 'call for evidence' asking Londoners for their views on the Service and paid visit to our emergency operations centre in Newham and Dockside Education Centre so they could learn more about our work and the approaches we are taking to meet demand. Following the visit and the findings from the call for evidence, the Committee wrote to the LAS with six recommendations which asked for targets and commitments around public awareness and education activities, improving the diversity of our workforce, working with the wider public health system to improve the health of Londoners and working with the Mayor on greening the LAS estate. We have agreed to keep the Committee updated on our actions in response to the recommendations and our progress in implementing the new strategy.

Our charity and charitable partners

This year, we continued to establish and build the profile of our very own charity – the London Ambulance Charity.

The Charity has a cash balance of £1.1 million as of 31 March 2023, £0.6 million of which can be attributed to the unspent element of the NHS Charities Together grant. Spend for the year totals £0.1 million and income £0.4 million (leaving a net asset increase of £0.3 million).

Looking outside of our own charity scope, we value our partnership with London's Air Ambulance Charity (LAAC). We provide paramedics to respond to life-or-death emergencies by helicopter and by car. Every day one of our paramedics works alongside a doctor as part of the London's Air Ambulance service to treat patients, while a second paramedic is in our 999



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control room deciding which calls might need this advanced trauma team.

Additionally, we support the charity by providing our clinicians to work alongside an emergency medicine doctor on the Physician Response Unit. The team carries advanced medication, equipment and treatments usually only found in hospitals, which means patients can be treated in their homes rather than being taken to an emergency department.

We also work closely with St John Ambulance, often to plan and prepare for large public events, with our partnership strengthening during the pandemic.

We are extremely grateful to NHS Charities Together for the support they have given us, including funding to increase the number of Emergency Responder volunteers that support the frontline.

As well as our long-established relationships with charities, we are developing new ones to share best practice as we aim to boost our own charity and volunteering programme.



Anti-bribery and anti-slavery statement

The Trust does not tolerate any form of fraud, bribery or corruption by its employees, partners or third parties acting on its behalf. We investigate allegations fully and apply sanctions to those found to have committed a fraud, bribery or corruption offence.

The Trust contracted its internal audit provider to provide its local counter-fraud specialist (LCFS) services in accordance with Secretary of State Directions. The Board's Audit and Risk Committee formally approves the counter-fraud annual work plan and progress reports are provided to the committee at each of its meetings.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).

The Trust fully supports the government's objectives to eradicate modern slavery and human trafficking and encourages its staff to pursue training, such as the one developed by Health Education England to train NHS staff, and direct its staff to further resources available.

Public Value

The Trust delivered a year-end surplus of £0.1 million after adjustments for impairments, donations and centrally allocated stock. The Trust's total income was £646.2 million, which was an increase of £43.1 million (7.1%) on the prior year, as shown in the table below.

Finances	2022/23	2021/22	2020/21
Total Income (million)	£646.2	£603.1	£570.3
Year end surplus (million)	£0.1	£0.7	£2.6

The Trust also invested £40.7 million in maintaining and updating the Trust's capital and leased assets (£7.0 million of leased capital costs are included following introduction of new accounting standard on 1 April 2022 - IFRS 16).

Investment	2022/23	2021/22	2020/21
Capital expenditure and leases (million)	£40.7	£44.9	£40.0

Throughout the year we have continued to focus on maximising available resources to provide the best possible value for the public, who ultimately fund London Ambulance Service. The Trust delivered a small surplus (£0.1 million) and achieved the control total agreed with North West London Integrated Care System.

The Statement of Comprehensive Income (SOCl) in the financial statements showed that the Trust reported a deficit of £6.7 million. However, the NHS financial

performance regime allows for a number of adjustments to be made so that financial performance during the year can be assessed more accurately. The Trust's financial performance is therefore measured following these adjustments- the Trust delivered a £0.1 million surplus, as measured against the NHS performance targets.

The table below shows the movements from a deficit of £6.7 million to a surplus of £0.1 million.

	2022/23 £'m
Account in deficit for 2022/23	(6.7)
Add back AME impairments charged to expenditure	6.4
Remove capital donations	(0.1)
Remove net impact of DHSC centrally procured inventories	0.5
Year end surplus	0.1

Where our money comes from

Following the suspension of normal contracting rules during the COVID-19 pandemic, in 2022/23 the Trust was operating under a post-Covid financial regime that required contracts to be agreed between providers and commissioners. The Trust agreed contracts with all of our commissioners, covering patient care, education and non-NHS commercial income. The Trust's largest contract, covering 81% of the total income was a block contract with the five London Integrated Care Systems for the provision of 999 patient care services. The Trust's remaining contracts were a variable income contracts including provision of 111 services, education,

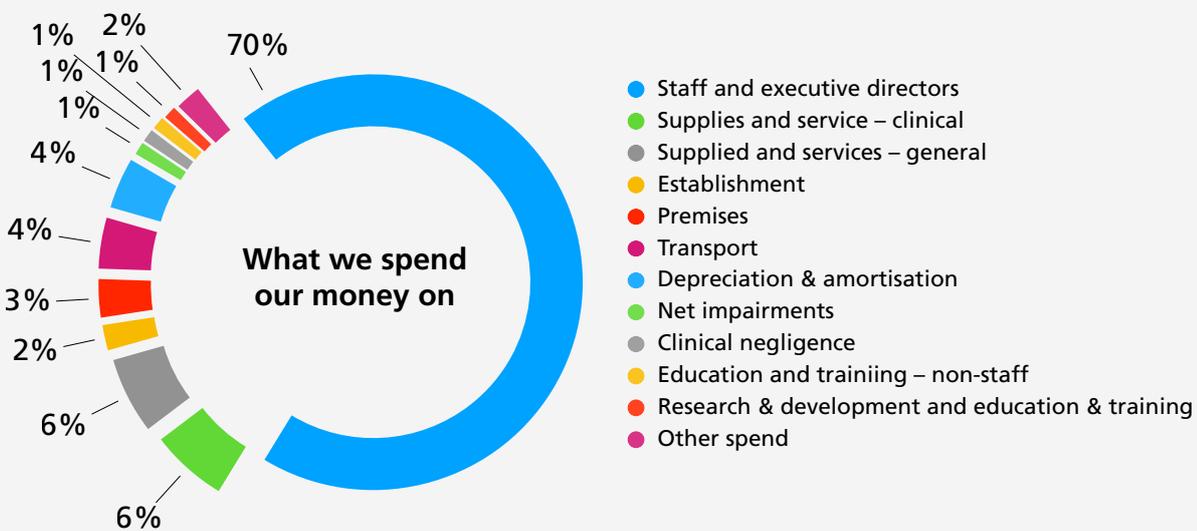
contracts with Primary Care Networks for provision of paramedic services.

The total income received by the Trust during 22/23 was £646.2 million of which £631.8 million was for provision of patient care and £14.4 million for non-patient care, majority of which is made up of training and education and facilities income.

Patient Care Income from Clinical Commissioning Groups/Integrated Care Boards was £585.1 million and from NHS England was £39.8 million. A further £1.8 million patient care income was received from other NHS trusts and £5.1 million was received from other non NHS sources.



What we spend our money on



The highest proportion of the Trust expenditure (71%) is spent on staff costs in order to enable the Trust to

deploy services and provide the highest quality of patient care.

Supplies for clinical and general services account for a further 12% of the total expenditure, reflecting the Trust's focus on delivering patient care.

Capital expenditure

During 2022/23 London Ambulance Service spent £40.7 million on capital expenditure in the following areas:

- £19.2 million on increasing and modernising its fleet to replace ageing vehicle, and meet low-emission targets and improving crew safety systems.
- £10.0m on estates modernisation including consolidating its training estate, improving its logistics support capability, improving medicines management.
- £4.5 million on digital programmes including implementing a new Computer-Aided Dispatch system.
- £7.0 million on capital value of leases, in line with new reporting guidelines which came into effect for 2022/23.

Improving value for money

During 2022/23 the Trust continued to focus on improving value for money to the public and saved £24.8 million through a number of schemes including improving our productivity through decrease of sickness levels, improved supply chain management and reducing overhead costs.

External Auditors

The Trust's external auditor is KPMG for 2022/23. The cost of the auditor's statutory work for 2022/23 was £97k (£97k in 2021/22 for Ernst & Young) which included the auditing of the annual accounts and this annual report.



Key financial targets for 2022/23

Target	2022/23 Performance	Target met	2021/22 Performance	Target met
Achieve the Financial Performance total set by NHS England	The Trust reported a surplus of £0.1 million	Yes	The Trust reported a surplus of £0.7 million	Yes
Do not overshoot the External Finance Limit (EFL)	The Trust stayed within its EFL Limit	Yes	The Trust stayed within its EFL Limit	Yes
Do not overshoot the Capital Resource Limit (CRL)	The Trust stayed within its CRL limit	Yes	The Trust stayed within its CRL limit	Yes
Meet the capital cost absorption rate (CCAR) of 3.5% of net assets	The Trust kept within the 3.5% CCAR , resulting in dividends of £4.4 million	Yes	The Trust kept within the 3.5% CCAR resulting in dividends of £4.9 million	Yes
Meet the requirement of the Public Sector Payment Policy to settle creditors within 30 days	The Trust scored very close to the 95% Target 93.59% on value and 90.31% on volume	No	The Trust scored very close to the 95% Target 95.5% on value and 92.67% on volume	No

Looking forward to 2023/24

A capital plan of £27.6 million has been finalised for next year. A high proportion of this programme is committed to updating the Trust's ambulance fleet with a planned investment of £15 million during next financial year.

The Trust has agreed a balanced income and expenditure plan with North West London Integrated Care System for 2023/24. As part of this, the Trust has planned for a revenue savings programme of £25.0 million for 2023/24 to ensure we continue to deliver value and provide the maximum level of patient care for the resources we receive.

In order to ensure the maintenance of an appropriate control environment, the Trust's Standing Financial Instructions and Scheme of Delegation remained in place throughout 2022/23 to ensure that appropriate oversight and assurance was maintained, whilst recognising the significant operational pressures facing the Trust. These were updated to reflect the changes in senior structure. The revisions were approved by the Audit Committee on behalf of the Board in February 2023.

London Ambulance Service Charitable fund

The LAS Charitable Fund continues to develop and grow, with an income of £0.4 million.

Following increased engagement, we have expanded our fundraising activities to include events and special campaigns. Diversifying our fundraised income streams will help to build capacity, support our frontline workforce with wellbeing initiatives, and promote innovation, transformation and efficient new ways of working.



**London
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as well as increase the number of Emergency Responder volunteers that support the frontline.

The charity raised a further £0.3 million through donations and legacies, including gifts from corporate partnerships with London Market Forums and Halfords. Additionally, funds were raised through sponsorships of individuals running the 2022 London Marathon and taking on the Outrun An Ambulance Challenge for the Charity.

26 grants were approved totaling more than £15,000 for projects specifically requested by staff to improve their working environments. A further £84,000 was spent on large-scale projects that benefit the welfare and wellbeing of our staff and volunteers.

We continue to deliver the objectives of the charity's five-year strategy supporting the wider Trust objectives and to drive the charity to reach its full potential. Year one of the strategy included creating a working infrastructure, brand and working title. The completion of these activities have placed the Charity in a strong position to promote and spread awareness of charity activities, as well as document and track communications with supporters.



We are extremely grateful to NHS Charities Together for their continued support. We have received a further £0.1 million to develop the charity's resource

COULD YOU CONQUER THE MILEAGE AN EMERGENCY AMBULANCE COVERS IN ONE SHIFT?

Visit www.outrunanambulance.co.uk to find out more and enter the Outrun an Ambulance challenge!

Keep in touch through our social media channels with the hashtag [#canoutrunanambulance](https://twitter.com/canoutrunanambulance)

The charity looks to embark on 2023/2024 with the launch of its own website, expansion of the charity team and diversifying income streams through focused fundraising activity, including the hosting of its first ever Charity Event.

Income levels will continue to surpass those of pre-pandemic levels and focus on unrestricted income streams which deliver most flexibility to the charity and its beneficiaries

'Going Concern Disclosure'

Our full accounts, presented at the end of this report, have been prepared in accordance with the directions made under the National Health Service Act 2006 and NHS England, the Independent Regulator of NHS Trusts. The Chief Financial Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the Department of Health Group Accounting Manual 2022/23. After making enquires, the Chief Financial Officer has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future and this has been tested using unmitigated and mitigated downside scenarios. For this reason the Trust continues to adopt the 'Going Concern' principle in preparing the annual accounts and annual report. The CFO considers the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance and strategy.

Accountable Officer:



Daniel Elkeles, Chief Executive

Organisation: London Ambulance Service NHS Trust



2. Accountability Report

Corporate Governance Report

1. Directors' Report

	Name	From	Until
(Board members) Non-Executive Directors			
Chair	Heather Lawrence	01/04/2016	30/06/2022
Chair	Andy Trotter	01/07/2022	30/06/2026
Non-Executive Director	Karim Brohi	01/03/2019	28/02/2025
Non-Executive Director	Sheila Doyle	06/02/2017	05/02/2025
Non-Executive Director	Amit Khutti	01/01/2018	29/02/2024
Non-Executive Director	Rommel Pereira	01/02/2020	31/01/2024
Non-Executive Director	Mark Spencer	01/03/2019	28/02/2025
Non-Executive Director	Anne Rainsberry	01/05/2021	30/04/2025
Non-Executive Director	Robert Alexander	01/09/2021	31/08/2023
(Board members) Executive Directors			
Chief Executive	Daniel Elkeles	16/08/2021	Present
Deputy Chief Executive and Chief Paramedic and Quality Officer	Dr John Martin	01/03/2021	Present
Deputy Chief Executive and Chief Medical Officer	Dr Fenella Wrigley	01/03/2016	Present
Chief Finance Officer	Rakesh Patel	01/12/2021	Present
Director of People and Culture	Damian McGuinness	14/06/2021	Present
Directors			
Director of Communications and Engagement	Antony Tiernan	20/08/2019	Present
Director of Corporate Affairs	Mark Easton	04/01/2022	Present
Director of Strategy and Transformation	Roger Davidson	31/01/2022	Present

1.2 Composition of the Board of Directors

Our Trust Board is made up of 13 members — our Chair, seven non-executive directors and five executive directors (including our Chief Executive).

The Chief Executive and other executive directors are

appointed through a process of open advertising and formal selection interview. Non-executive directors are appointed by the same method but through NHS England. All executive appointments are permanent and subject to normal terms and conditions of employment.



2. Accountability Report

Name	Role	Description of Interest	Relevant Date - From	Relevant Date - To	Comments
Andrew Trotter	Chair	Chair, Oxleas NHS Foundation Trust	01/09/15	Present	
		Member of the Home office Independent Advisory Group on Emergency Services communication network, Home Office, HM Government. January 2018, ongoing	01/01/18	Present	
Heather Lawrence	Chair	Non-Executive Director, Royal Marsden Trust Board	Jul-16	Present	
		Trustee, British Renal Society now UKKA	May-11	Present	
		Chair, NRC Medical Experts	April-21	Present	
Robert Alexander	Non-Executive Director	Trustee of Charity, Demelza Childrens Hospice		Present	
		Non-Executive Director and Advisory Roles, Imperial College Healthcare NHS Trust, CHP Ltd, CIPFA, CHKS Ltd	Various	Present	
		Non-Executive Director, London North West University Healthcare NHS Trust		Present	
Rommel Pereira	Non-Executive Director	Non-Executive Board Member and Chair, Audit & Risk Committee, The National Archives	01/05/2021	30/04/2024	
		Non-Executive Director and Chair, Audit and Risk Committee and Deputy Chair, Homerton Healthcare NHS Foundation Trust	01/06/2019	31/05/2023	
		Non-Executive Director and Chair, Audit & Risk Committee, One Housing Group	21/09/2019	30/11/2021	
		Non-Executive Director and Chair, Group Audit Committee, The Riverside Group	1/12/2021	19/04/2023	
		Non-Executive Director Board Member, NHS Supply Chain	06/01/2023	Present	
Anne Rainsberry	Non-Executive Director	Advisor, Health Tech Partners	01/05/2021	Present	
		Advisor, Carnal Farrar	01/04/2021	Present	
		Director, What if Consult Ltd	01/01/2021	Present	Provision of executive coaching and board development
Sheila Doyle	Non-Executive Director	Employee, Deloitte	01/01/2016	Present	I am a partner and full time employee at Deloitte

Name	Role	Description of Interest	Relevant Date - From	Relevant Date - To	Comments
Jill Anderson	Associate Non-Executive Director	ViiV Healthcare Ltd, subsidiary of Glaxo SmithKline, Chief Financial Officer	01/06/2020	31/12/2022	
		Ordinary shares in GlaxoSmithKline awarded as part of reward package and long term incentives	01/06/2020	31/12/2022	
Amit Khutti	Non-Executive Director	Board Director, Zava Global BV	01/12/2018	Present	
Karim Brohi	Non-Executive Director	Professor of Trauma Sciences, Queen Mary University of London. Honorary Consultant Trauma Surgeon, Barts Health NHS Trust	01/03/2008	Present	
		Clinical Director, London Major Trauma System NHS England (London)	01/10/2015	Present	
		Advisory Board Member to AI Nexus who are in early phase innovations of artificial intelligence applications for healthcare monitoring and diagnosis.	01/05/2021	Present	
Dr Mark Spencer	Non-Executive Director	GP in HMP Bullingdon, Buckinghamshire, Subcontracted to Practice Plus (formerly CareUK)	01/04/2021	Present	None of my activity produces a conflict of interest with my role in LAS
		Health care consultancy, varied, currently NEL LIS	01/04/2021	Present	None of my activity produces a conflict of interest with my role in LAS
Fenella Wrigley	Chief Medical Director	Royal London Hospital, Barts	01/07/2008	Present	
		Health Emergency Medicine Consultant			
		Substantive NHS consultant, Financial			
		Regional Professional lead for Specialist Events, St John Ambulance London Region	01/08/2012	Present	
		Non-Financial, Voluntary role	01/09/2018	Present	
		All England Lawn Tennis Club			
		Chief Medical Officer, Financial	01/04/2013	Present	
Clinical Advisor (remunerated), HM Prison and Probate Services (Ministry of Justice)					

Name	Role	Description of Interest	Relevant Date - From	Relevant Date - To	Comments
Dr John Martin	Chief Paramedic and Quality Officer	Bank Paramedic, East of England Ambulance service NHS Trust, zero hours contract.	10/01/2021	Present	
		President, Trustee, Director, College of Paramedics, voluntary position (Paramedic professional body & charity)	10/01/2021	Present	
		Director, British Paramedic Association, voluntary position (Dormant original paramedic professional body)	10/01/2021	Present	
		Director, Challenge your thinking limited, not currently an active company (Paramedic consultancy)	10/01/2021	Present	
		Consultant Paramedic expert witness for various legal firms	10/01/2021	Present	
Antony Tiernan	Director of Communications and Engagement	Member of the HSJ (Health Service Journal) Awards Advisory Board	01/01/2019	Ongoing	Unpaid – non-financial professional interest
		Trustee, NHS Charities Together	01/01/2019	Ongoing	Unpaid – non-financial professional interest
Daniel Elkeles	Chief Executive Officer	Holding Director, London Ambulance Service Dormant Companies	17/11/2021	Present	
		London Emergency Care Ltd, Holding Director Dormant Company	17/11/2021	Present	
		London Urgent Care Ltd, Holding Director Dormant Company	17/11/2021	Present	
Rakesh Patel	Chief Finance Officer	NIL	01/12/2021	Present	
Mark Easton	Interim Director Corporate Affairs	Trustee, Royal College of Ophthalmologists- unpaid two year post	01/01/2022	01/01/2024	
Roger Davidson	Director of Strategy and Transformation	NIL	01/04/2022	Present	
Damian McGuinness	Director of People and Culture	NIL	01/04/2022	Present	

Annual Governance Statement for

London Ambulance Service NHS Trust 2022/23

Scope of Responsibility

As Accountable Officer, I am responsible for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible for in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of London Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in London Ambulance Service NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

Leadership of Risk Management Process

- 1 As Chief Executive, I am responsible for overseeing risk management across all organisational, financial and clinical activities. All executive directors report to me and their performance is held to account through both individual and team objectives that also reflect the objectives of the Board.
- 2 The Trust's Risk Management Strategy and Policy sets out the accountability and reporting arrangements for risk management and the processes that maintain sound internal control.

Risk management is a key component of enhancing patient and staff care and is an integral part of the Trust's strategic management. It is the process whereby the Trust methodically addresses the risks related to its activities with the goal of achieving sustained benefits to patient care and outcomes through delivery of the LAS Strategy. The processes set out in the Risk Management Strategy and Policy ensure clearly defined roles and responsibilities for the senior leadership team and clarity around the arrangements and purpose of the Board Assurance Framework and Corporate Risk Register.

- 3 The policy aims to promote a positive culture towards the management of risk and provides clear, systematic approaches to ensure risk assessment is integral to all clinical, managerial and financial processes. The focus of risk management at LAS is about being aware of emerging problems, working through what impact they could have and implementing changes and plans to mitigate against the worst case scenario. This is achieved through ensuring clear leadership and accountabilities throughout the Trust and encouraging cross directorate working.
- 4 Operationally, responsibility for the implementation of risk management has been delegated to the Deputy Chief Executive and Chief Paramedic and Quality Officer, including responsibility for clinical risk management, and the Director of Corporate Affairs. The Chief Medical Officer also holds responsibility for patient safety.
- 5 The Chief Paramedic and Quality Officer is the quality governance lead for the Trust and is responsible for the Trust's Risk Management Strategy and Policy and Incident Management Policy, including patient safety incidents. They are also responsible for promoting and ensuring implementation of Trust-wide systems and processes to enable the Trust to meet requirements in relation to clinical governance and risk, up to and including the Trust's Corporate Risk Register.
- 6 The Director of Corporate Affairs supports the

Executive Committee in carrying out their responsibilities for risk management and takes the lead on behalf of the Trust Board for maintaining the Board Assurance Framework.

- 7 The Board Assurance Framework aligns with national guidance and reflects assurance on the high-level risks that are deemed the most significant through the year. Executive Committee members individually, and collectively, have responsibility for providing assurance to the Trust Board on the controls in place to mitigate their associated risks to achieving the Trust's strategic objectives, including compliance with all the Trust's licences. The Trust Board's Assurance Committees have responsibility for providing assurance in respect of the effectiveness of these controls through regular scrutiny of risks in their area, and associated controls.

Staff Training

- 8 The Trust provides a comprehensive mandatory and statutory training programme which includes governance and risk management awareness, ensuring that staff are trained and equipped to identify and manage risk in a manner appropriate to their authority, duties and experience.
- 9 The Trust's Risk Management Strategy and Policy sets out the approach that it takes to the provision of training in relation to risk management. An e-learning package 'Introduction to Risk Management' has been developed and is available to all staff through ESR. All department leads/ managers that are responsible for implementing the risk management procedure locally receive more specialist training to enable them to fulfil their responsibilities. This training is generally offered on a one-to-one basis and tailored to be relevant to suit the responsibilities and risks associated with their role. All risk management training is recorded centrally in ESR. Staff have access to comprehensive risk guidance and advice via Risk Management Leads in the Quality Directorate, information embedded in the Risk Management page on the Trust's intranet and by referring to the Risk Management Procedure. The Trust Risk Manager also supports staff in risk reviews and escalation through monthly quality governance meetings. The recent internal audit of Risk Management indicated that overall key risk management

personnel have a good understanding of the risk management process.

- 10 Risk management training is provided to Executive Committee and Board members every two years, in respect to high level awareness of risk management and to ensure that risks aligned to their remit are reviewed.
- 11 The Trust's mandatory and statutory training programme is regularly refreshed to ensure that it remains responsive to the needs of Trust staff and volunteers. There is a regular review of the requirements of the Trust's Mandatory Training Policy and Training Needs Analysis (which includes elements of governance and risk management training) and the duty of staff to complete training deemed mandatory for their role. Despite significant operational pressures, the Trust has been able to achieve average target levels of 83% compliance with mandatory and statutory training requirements during 2022/23.
- 12 Monitoring and escalation arrangements are in place to ensure that the Trust maintains its current good performance and can ensure targeted action in respect of areas or staff groups where performance is not at the required level.

The Risk and Control Framework

Risk Management Strategy and Policy

- 13 The Trust recognises that risk management is an integral part of good management practice and to be most effective, risk management should become part of the Trust's culture. The Board is therefore committed to the identification, evaluation and treatment of risk as part of a continuous process aimed at identifying threats and driving change. Risk management is a fundamental part of both the operational and strategic thinking of every part of the Trust's business including clinical, non-clinical, corporate and financial risk.
- 14 The Risk Management Strategy and Policy, which was approved at the March 2023 Public Board, underpins how the Trust manages risk, including 'horizon scanning' which focusses on identifying, evaluating and managing changes in the risk environment, preferably before they manifest as a risk or become a 'threat' to the business of the Trust.
- 15 The Risk Management Strategy and Policy

provides the overarching principles, framework and processes to support managers and staff in the management of risk by ensuring that the Trust is able to deliver its objectives by identifying and managing risks, enhancing opportunities and creating an environment that adds value to ongoing operational activities.

The Trust has adopted a holistic approach to risk management incorporating both clinical and non-clinical risks. This includes but is not limited to; strategic, financial, operational, regulatory, environmental and reputational risks.

- 16 The Trust's Risk Management Strategy and Policy is an integral part of the Trust's approach to continuous quality improvement and is intended to support the Trust in delivering the Trust's key objectives as well as ensuring compliance with external standards, duties and legislative requirements.

Identifying and Reporting risk

- 17 Risks are identified routinely from a range of reactive/pro active and internal/external sources including workplace risk assessments, analysis of incidents, complaints / PALS, claims, external safety alerts and other standards, targets and indicators. These are reviewed to understand the organisational impact and are then RAG rated for inclusion, if appropriate, in the Trust's Corporate Risk Register and/or the Board Assurance Framework (BAF).

- 18 A Risk, Compliance and Assurance Group (RCAG) exists to review and monitor risks added to the Risk Register and the BAF. In addition, regular update reports from the BAF are submitted to the relevant Board Assurance Committees and the Trust Board. The Audit Committee has delegated authority on behalf of the Trust Board for ensuring effective arrangements for the identification and management of risk are in place and remain appropriate. The Trust recognises that, as risks can change and new risks emerge over time, the review and updating of risks on the risk register and within the BAF is an ongoing, dynamic process.

- 19 The Board Assurance Framework (BAF) for 2022/23 has been updated to align with LAS's three strategic themes and ten key objectives in the Trust's business plan. These objectives feed into objective setting for the executive team and thereafter to staff.

- 20 Each objective within the BAF is assigned to a

lead assurance committee, which reviews evidence and reports from lead executives on performance, issues and risks. Alongside a robust internal audit programme, this enables the Trust Board to be assured that risk management within the Trust is being managed appropriately.

- 21 In accordance with the Trust Board's Scheme of Delegation, responsibility for the management and control of a particular risk rests with a named Directorate / Sector / Station. However, where action to control a particular risk falls outside the control / responsibility of that domain, where local control measures are considered to be potentially inadequate or require significant financial investment, or the risk is 'significant' and simply cannot be dealt with at that level, such issues are escalated to the appropriate corporate committee, being the RCAG, the Executive Committee or the Trust Board for a decision to be made.

Embedding Risk Management and Incident Reporting

- 22 Risk management is embedded in the activity of the organisation by virtue of robust organisational and committee structures which are reviewed and amended as necessary on an annual basis.
- 23 Of fundamental importance to the early identification, escalation and control of risk is the Trust's commitment to the ongoing development of a culture where incident reporting is openly and actively encouraged and the focus is on 'what went wrong', and not 'who went wrong', thus encouraging a progressively 'risk aware' workforce.
- 24 In addition to standard incident reporting processes, the Trust has had a full-time Freedom To Speak Up (FTSU) guardian since 2018/19. Concerns raised through FTSU are all investigated and many have led to improvements in processes in a number of different parts of the Service.
- 25 At Board level, Amit Khutti is the Non-Executive lead for Freedom to Speak Up and the Executive Director lead is John Martin, Deputy Chief Executive and Chief Paramedic and Quality Officer.
- 26 The Trust has 32 Freedom to Speak Up ambassadors, all of whom have received training in how to promote the work of FTSU

and support staff to raise concerns. In 2022/23, 252 concerns were raised compared to 138 in the previous financial year. The focus for the next financial year will be working with managers across the Trust to reduce the number of colleagues who feel they need to raise concerns via the Guardian and improve other pathways.

27 The Risk Appetite Statement is a written articulation of the degree of risk exposure, or potential impact from an event, that the Trust is willing to accept in pursuit of its strategic goals and corporate objectives. The full risk management statement is included within the Trust's Risk Management policy and strategy and is available to staff on the intranet.

28 LAS endeavours to establish a positive risk culture within the organisation, where unsafe practice is not tolerated and where every member of staff feels committed and empowered to identify and correct and/or escalate system weakness.

29 The Trust also has in place a range of mechanisms for managing and monitoring risks in respect of quality including:

- The Trust's Quality Strategy is based on the Care Quality Commission (CQC) fundamental standards. The Trust Board also agrees annual quality priorities.
- The Trust has a Quality Assurance Committee (a committee of the Board) which meets bi-monthly and is chaired by a Non-Executive Director who is a practising clinician. The Quality Assurance Committee is responsible for monitoring performance against the agreed annual quality objectives and is supported by the bi-monthly Quality Oversight Group as well as local Sector/Service Quality Governance meetings. The Quality Assurance Committee provides a report of each meeting to the Trust Board.
- The Trust publishes an Annual Quality Account.
- Performance against key quality indicators are reported to the Trust Board in the Trust's Quality Report and Integrated Performance Report.
- Quality improvements are progressed through the Trust's Quality Improvement Plan which is monitored at Sector Reviews

and at local Service/Sector Quality Governance meetings.

- A Station/Service Accreditation programme has been developed which aims to drive quality standards by empowering front line staff to make improvements in line with the Care Quality Commission's (CQC) fundamental standards.
 - The Trust acts upon patient feedback from complaints and concerns and from feedback from Patient & Public Council (PPC) representatives (e.g. Health Watch).
 - A Patient or Staff Story is presented at every meeting of the Trust Board.
 - The Trust has implemented the Patient Safety Incident Response Framework (PSIRF) as an early adopter. This approach allows the Trust to focus on continuously improving by addressing causal factors and the use of improvement science to prevent or continuously and measurably reduce repeated patient safety risks and incidents.
 - The Trust has implemented the Learning from Death process with an internally developed digital platform to enable reviews and oversight to be undertaken and reported on.
 - The Trust has a safeguarding team and a patient experience team to oversee safeguarding matters and patient experience respectively.
 - To maintain safety throughout periods of industrial action additional senior clinical support was provided to the control rooms (999 and 111) and frontline crews.
- 30** Throughout 2022/23, the Quality Improvement and Learning (QI&L) team has monitored both the Trust's Risk Management system, Datix and data obtained from Business Intelligence (BI) to identify and review patient safety incidents arising from delays during periods of high demand, sharing learning where required.

Workforce Safeguards

31 The Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place and provide the Trust Board with assurance that staffing processes are safe, sustainable and effective. In compliance with the recommendations of "Developing Workforce Safeguards", the Trust:

- has formed a Workforce Development & Planning Programme, which is chaired by our Deputy Chief Executive and Chief Paramedic and Quality Officer, and has clear oversight of risk management.
 - has produced a detailed workforce plan for 2023/2024 and a high level five year workforce plan so that structural changes and new skill requirements can start to be modelled as early as possible in management's workforce plans
 - has a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the Service and to keep them safe.
- 32** In 2022/23, the Trust continued its focus on the strategic risks associated with workforce, through the People and Culture Committee (a sub-committee of the Board) and the Executive Committee. The People and Culture Committee has continued to focus upon further development of a workforce planning model, providing assurance to the Board on this. The Executive Committee has received regular reports on strategic workforce planning activities, to provide additional oversight in this area.
- 33** Control measures are in place to ensure that obligations under equality, diversity and human rights legislation are complied in line with the requirements of the Public Sector Equality Duties under the Equality Act 2010. We are working towards ensuring our workforce better reflects the diversity of the population it serves in London. We end 2022/23 having recruited more than 400 BME staff, representing over 32% of all our new starters. We now have more than 1,600 BME staff which is 21% representation. There is still more to do to increase these numbers and we will continue to put time, effort and attention into this work.
- 34** We have also worked hard to increase gender diversity and our female representation Trust-wide has increased to 51%.
- 35** To champion the Trust's plans in relation to the equality agenda and monitor compliance with legislative and regulatory requirements relating to EDI, the Trust agreed to establish a new committee of the Board – the Equality, Diversity and Inclusion Committee, which will be chaired by a Non-Executive Director. The Committee will

report directly to the Trust Board and monitor key performance indicators and challenge the Trust as an institution in terms of practice and approach to EDI issues.

Quality Strategy

- 36** The Trust has a Quality Strategy to support quality governance and assurance from ambulance station to the Trust Board. The Quality Strategy aims to put patients and staff at the centre of everything we do and is underpinned by the Care Quality Commission's definition of quality. Alongside this, is a commitment to a just culture where reporting of both clinical and non-clinical incidents is central to continuous learning and improvement.
- 37** Quality governance and assurance is supported by reliable information systems including Datix and Health Assure. These systems are a rich source of data which informs the Trust of its performance against various quality indicators. Each Sector has a dedicated Quality Governance and Assurance Manager (QGAM) and Sector Senior Clinical Lead to oversee patient safety and the quality of service at Sector level. Their work is overseen by the Central Quality Oversight Group.
- 38** Every year, the Trust sets specific quality priorities which are reported in the annual Quality Account. These priorities are identified in consultation with both internal and external stakeholders to ensure they are relevant and robust for the coming year. The Trust routinely reviews its performance against its quality priorities and this is reported through the governance structures which include, sector governance meetings, the Quality Oversight Group, the Quality Assurance Committee and the Trust Board.
- 39** There are processes in place to review performance regularly across the year to ensure that gains are consolidated and any learning is utilised as part of the wider quality improvement plan. These processes include a series of Sector peer reviews and quality performance reviews which are designed to test how well the Trust is doing against the CQC's key lines of enquiry. The outcome of these reviews are reported to relevant teams and meetings to guide decisions and actions.

CQC Registration

- 40 During 2022/23, CQC inspection activities at the Trust included regular engagement calls and virtual monitoring meetings.
- 41 The CQC's overall rating of the Trust remains "Good".

Compliance with the NHS Provider Licence

- 42 The Board reviews the terms of reference of its assurance committees on an annual basis to ensure their effectiveness. The Audit Committee meets once a year with the internal and external auditors without the presence of executive directors or staff. In addition, the Local Counter Fraud Specialist presents a report to every meeting of the Audit Committee on measures to tackle fraud, bribery and corruption and also the importance of reporting concerns as appropriate. The Trust also has a Remuneration and Nominations Committee consisting of the Non-Executive Directors, joined, when appropriate, by the Chief Executive, the Director of People and Culture and the Director of Corporate Affairs. In addition, the Board has established a number of assurance committees which focus on key aspects of the Trust's work. Each Committee is chaired by a Non-Executive Director. All assurance committees undertake an annual self-assessment of their effectiveness, which is reported to the Board. The Audit Committee also submits an Annual Report to the Trust Board and reviews the Standing Financial Instructions and Scheme of Delegation.
- 43 The terms of reference also serve to define the responsibilities, accountabilities and reporting lines of each assurance committee. The Board receives a report following each assurance committee meeting, and is therefore able to both receive assurance but also challenge any of the decisions made. Each assurance committee also has an identified lead Executive Director.
- 44 Key performance reports covering corporate, clinical, quality, workforce, finance and operational performance are received at each formal meeting of the Board and an annual report from the Audit Committee, these are made available on the Trust's website.
- 45 The Quality Assurance Committee receives regular reports from clinical and operational staff and through a number of documents such

as the Serious Incident Reports, Quality Oversight Group, and claims and inquests updates and is able to have oversight and challenge the Trust in relation to the quality of patient care. The Trust's Chief Medical Officer, Chief Paramedic and Quality Officer and the Director of Corporate Affairs attend all meetings of the Committee. In addition, the Committee is chaired by a clinician who is a Non-Executive Director of the Trust.

Roles and Responsibilities

- 46 The Trust Board holds overall responsibility for the management of risks within the Trust. The Board ensures significant risks to the Trust's ability to provide a quality service are identified and managed. The Board reviews all significant risks at each formal meeting.
- 47 Non-Executive Directors seek assurance in relation to the performance of the Executives in meeting agreed goals and objectives. They are required to satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented.
- 48 The Chief Executive is responsible for ensuring that a system is in place for reporting of all incidents.
- 49 All Executive Committee members hold responsibility for the identification and management of their risks and ensure they are documented, registered and updated in a timely manner for the relevant forums to review. They are responsible for the risk management process within the Trust and as such ensure:
 - the review of risk and risk registers is maintained in accordance with the Trust strategy.
 - all staff have the ability to identify risks and propose they are assessed and entered onto the relevant section of the Trust Risk Register.
 - monitoring and timely review of the Risk Management Strategy and associated policies.
 - provision of expert advice into the incident reporting process.
 - all managers within their Directorate are familiar and act in accordance with Trust policies.

- incidents are reported and investigated in accordance with the Trust's Incident Reporting Process.
- Learning is shared and embedded through a range of modalities including Core Skills Refreshers, Clinical Update and Insight bulletins and podcasts.

Reporting Lines and Accountabilities

- 50 The Board Assurance Committees and Executive Committee provide a process for the assessment of the assurance given in relation to mitigating any identified risks for the organisation, and for the escalation of risk if necessary.
- 51 The purpose of the weekly Executive Committee is to lead and manage the performance of the Trust within the strategic framework established by the Trust Board. The Executive Committee makes recommendations to the Trust Board on key policy and service issues for the Trust Board's decision.
- 52 The Executive Committee has established the following sub-groups:
- The Risk Compliance and Assurance Group – to oversee the governance of the risk management process and management of risks rated greater than 15;
 - The Information Governance Group – to ensure that the Trust has clear management of information governance and compliance with the Data Security and Protection Toolkit;
 - The Capital Programme Board (CPB), formerly the Asset Replacement and Capital Board (ARC), to oversee and manage the provision of the Trust's capital programme;
 - The Supply Chain Management Board – to monitor compliances with standing orders, standing financial instructions and scheme of delegation regarding procurement and management of the supply chain and oversee development and implementation of third party supply category strategy plans.
- 53 The Audit Committee monitors risks and reviews the BAF. It critically reviews the robustness of the governance structures and assurance processes on which the Board places reliance. The committee also receives the internal and external audit report and ensures that all recommendations and actions are followed up.
- 54 The Finance and Investment Committee has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board upon the risks relating to the efficient and effective delivery of strategic and operational plans and objectives. It monitors financial risks and reviews the BAF for its responsibilities advising the Board of any material risks arising.
- 55 The Quality Assurance Committee has responsibility for providing the Trust Board with assurance on the achievement of strategic objectives in relation to the provision of a high quality, safe, and effective service. The Trust's definition of quality encompasses three equally important elements:
- Care that is safe – working with patients and their families to reduce avoidable harm and improve outcomes.
 - Care that is clinically effective – not just in the eyes of clinicians but in the eyes of patients and their families.
 - Care that provides a positive experience – to patients and their families.
- 56 The People and Culture Committee has responsibility for providing the Trust Board with assurance on all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks.
- 57 The newly formed EDI Committee will have responsibility for ensuring that the Trust is fulfilling all legislative and regulatory requirements relating to the equality, diversity, inclusion and human rights agenda, including compliance with mandatory reporting and action planning and CQC standards.
- 58 The Data and Digital Quality Assurance Committee was agreed this year to provide the Board with assurance on achievement of LAS's strategic objective in relation to the development and delivery of its digital strategy and assurance on non-financial data quality.
- 59 The Audit Committee reviews risk arrangements broadly through the Trust and commissions the audit and counter fraud programme. It has specific responsibility for cyber and information security and receives regular updates from the responsible directors.

Public Stakeholders' Involvement in Managing Risk

- 60** The Trust Board meets at least six times a year in public and its papers are available on the Trust's website. Members of the public are invited to watch the Board meetings and submit questions on matters of concern or interest, via a link on the Trust's website.
- 61** In early 2020, the Service launched the London Ambulance Service Public and Patients Council (LASPPC). The LASPPC brings together a wide range of patient and public representatives from across London at regular intervals to provide feedback on the services we provide and to help shape the way care is delivered. It also advises on ways for the Service to gain broader engagement. Dame Christine Beasley continues to chair the Council and, in 2021, we appointed Michael Bryan as Co-Chair. The proceedings of the Council are reported regularly to the Board.
- 62** During 2021/22, we appointed public and patient representatives to key committees including infection control and prevention, frequent callers, research and development, and charity operations. In addition, we have involved public and patient representatives in key events.
- 63** In late 2020, the Board agreed a 'patients and communities engagement and involvement strategy' which was developed in partnership with the LASPPC and sets out a range of priorities to further enhance the way we involve and listen to patients and communities. This includes working with Healthwatch England, local Healthwatch and the LASPPC to co-design a visits (enter and view) programme – giving patient and public representatives access to our 999,111 and ambulance services so they can provide constructive feedback.
- 64** The Service's comprehensive website provides the public with access to information about all areas of our activity and we have a number of public-facing newsletters to keep people up-to-date with new developments and items of interest. We are also active on social media including X (formerly known as Twitter), Instagram, LinkedIn and Facebook.

Corporate Governance Statement

- 65** The Trust has kept its corporate governance arrangements under review in 2022/23 to ensure

that they meet the standards set out in the NHS England well-led framework. (Published at <https://www.england.nhs.uk/well-led-framework/>)

Compliance Statements

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that members Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

- 66** The Trust secures the economic, efficient and effective use of resources through a variety of means:
- A well-established policy framework with compliance (including Standing Financial Instructions) monitored through the Supply Chain Management Board and reported to the Finance and Investment Committee.
 - An organisational structure which ensures accountability and challenge through the committee structure.
 - A clear planning process.

- Effective corporate directorates responsible for workforce, revenue and capital planning and control.
 - Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.
 - Monthly Operational Performance meeting between Directorates and the Executive Team.
- 67** The Trust has in place a performance management framework aligned to both the corporate and sector divisional management structure. The framework includes a performance dashboard which includes a series of performance metrics and reflects metrics based on the Carter Report recommendations. The Trust Board reviews the operational, productivity and financial performance, and use of resources both at Trust and Divisional level. More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the quality and performance report provided to each Board meeting.
- 68** The Board's business includes comprehensive reviews of performance against clinical, operational, workforce, corporate and financial indicators through the quality and performance report at each formal meeting. Any emerging issues are identified and mitigating action implemented.
- 69** The Finance and Investment Committee, which meets monthly, is chaired by a Non-Executive Director with other Non-Executive Directors as members. The committee provides assurance to the Trust Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaces with the other Board assurance committees, in particular the Audit Committee, as appropriate. This Committee also has responsibility for providing assurance with regard to the Trust's procurement policies and procedures.
- 70** The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.
- 71** The Trust has a Local Counter Fraud Specialist

(LCFS) supported as required by other qualified LCFS. Any concerns can be directed to the team and, any information is treated in the strictest confidence.

- 72** External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present.

Information Governance

- 73** The Trust has a robust programme of information governance improvements and awareness and a governance framework to monitor and assure the security of its information. An executive-led Information Governance Group exists as well as an Information Governance Policy framework.
- 74** Information governance incidents are reported on DatixWeb and the Information Governance Manager is alerted by email whenever an incident is reported on the system. Where there has been an incident, such as where we become aware of a loss of information outside the LAS, or there is a risk that personal data has been accessed or disclosed by one or more members of the public, a report is made on the Data Security and Protection Toolkit (DSPT) portal within 72 hours of the notification of the incident reaching the IG Manager. Each of these reportable incidents is assessed using the 5x5 Breach Assessment Grid in the Guide to the Notification of Data Security and Protection Incidents. This document provides detailed guidance on the reporting of these incidents and should be read by all staff who have reporting rights in the Toolkit before any report is made. The senior information risk owner (SIRO) reports breaches to the Audit Committee.
- 75** 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 the National Cyber Security Centre.
- 76** During 2022/23, four incidents were notified via the data security incident reporting portal. All four were reported to the ICO and one was also reported to the Department of Health and Social Care and NHS England. This incident specifically related to an external cyber-attack upon a third party software supplier used by the Trust. Of the four incidents reported, two have now been fully investigated and the cases are now closed with the ICO.

- 77 In August 2022, the Trust received an alert that Advanced, a third-party software supplier, had been subject to an external cyber-attack. Advanced isolated all services and took them offline to mitigate the risk of further impact. There was no immediate cyber security threat to the Trust identified as a result of this ransomware attack. This led to an adequacy breach within the Trust, as data could not be accessed for a period of time.
- 78 In December 2022, the ICO requested additional information regarding the Advanced Ransomware Incident. The additional information was returned to the ICO by SIRO on 21 December 2022. On 27 February 2023, the ICO requested further information regarding the Advanced Ransomware Incident, which was sent on 13 March 2023. There has been no further response from the ICO to date.
- 79 23 February 2023, a breach occurred relating to unauthorised records access by a staff member. Due to the nature of the breach, the incident was reported to the ICO on 10 March 2023. The case is subject to an external investigation and the ICO has been made aware of the steps taken by the Trust. The ICO has requested an update on the incident by 21 April 2023.
- 80 The Trust has an action plan to achieve 'standards met' for the DSPT for the June 2023 deadline.
- 83 Data quality is a subject that is regularly reviewed at Information Governance Committee via a report from the Head of Data Quality.
- 84 Introduction of the new CAD system identified an issue in relation to the accurate reporting of C1 response times. We identified that due to a coding error C1 performance times had been misreported by up to 210 seconds giving an unduly positive view of the Trust's performance. The error was identified by a member of the corporate team and escalated to NHS England. An external review was commissioned into the circumstances of the misreporting with the Trust as a key participant. There was a period of two months when we did not publish C1 data in order to gain assurance that we had correctly identified the problem and rectified it.
- 85 Progress on the review into C1 response times has been regularly monitored by the Quality Assurance Committee (QAC) and the Trust Board. Recommendations from the review will be implemented to improve assurance on data quality although a number of changes have already been made, including the establishment of a Board level committee with responsibility for gaining assurance on data quality and digital strategy and revised arrangements for ensuring data quality. In addition, an audit was commissioned to determine whether the Trust had a systematic problem with data reporting or if the C1 issue was a one-off caused by mis-coding.

Data Quality and Governance

- 81 Data quality and governance within the Trust is headed up by the Data Quality Assurance team. In addition to its regular Integrated Performance Report to its Board, the Trust has in place a Data Quality Strategy which includes a governance structure, policy and implementation plan.
- 82 The Trust has a range of policies, processes and staff guidance in place in relation to data quality. Specifically, the Data Quality Policy was updated for 2022/23 to set out the requirements on the Trust and governance processes for assuring data quality. The draft policy was reviewed by the Information Governance Group prior to formal approval. The purpose of the Policy is to support delivery of the governance and principles around data quality and is designed to ensure that all staff employed by the Trust understand the importance of data quality.
- 86 Although the C1 error constitutes a breach in control, we concluded that it did not meet the threshold for a significant breach. The reasons for this are: our in-house scrutiny identified the issue, reported it, and escalated it appropriately; the C1 issue was identified as being due to one specific error in coding, confined to one area of performance, it was not indicative of a systemic problem; the error was not one of integrity and the incident has been handled with full transparency; the error was corrected and accurate reporting resumed once assurance was gained.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive

managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

87 The Trust received the following Head of Internal Audit Opinion for 2022/23:

Head of Internal Audit Opinion

The role of internal audit is to provide an opinion to the Board, through the Audit Committee (AC), on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control, and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period.

Based upon the work completed to date for London Ambulance Service NHS Trust, my current expectation is that I will be able to provide overall moderate assurance (our second highest level of assurance) that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently. In forming my view, I have accounted for:

- Since the end of the global Covid-19 pandemic, the Trust has managed to maintain a focus on its key objectives for the year with the continuation of strong governance arrangements and management of key risks, as shown through the results of our reviews of HFMA Financial Sustainability, Patient Safety Incident Reporting Framework and the Key Financial Systems audits of Payroll, Recruitment and Procurement. There are clearly considerable operational challenges, but these do not appear to have impacted adversely on the control

environment.

- Financially, the Trust has reported a full year Income and Expenditure (I&E) surplus for 2022/23 of £0.1m against the NHS performance target of a break even position, a favourable variance of £0.1m and marginally exceeding the previous forecasts to deliver the year end plan to breakeven. The Trust invested £40.7m on capital expenditure in 2022/23, and by the end of the year had brought itself back on track so that it had utilised all its available capital funding.
- The results of our work were generally positive. Two of the assurance audits issued to date provided substantial assurance in both the design of the controls and operational effectiveness, with the other six providing moderate assurance. There were some significant findings in the business continuity and disaster recovery audit, but action has been taken in year to address these. The Trust has had some issues with data quality and commissioned an internal audit review on data integrity. We identified some areas for improvement but did not find any significant errors in the data we reviewed.
- For the advisory HFMA Financial Sustainability review, the Trust scored very favorably overall compared to other Trusts within the benchmarking sample, averaging a score of 4.3 across the eight categories compared to the average of 4. LAS was able to demonstrate good compliance with the questions set out in the assessment, providing sufficient evidence to justify their scoring of 4 and 5 for 86% of the questions. The implementation of the action plans and embedding of new arrangements will enable the Trust to demonstrate a maturity level of continual improvement. The Trust set out clearly the areas that can be strengthened and actions taken for the new financial year.

At the year end, the Trust had successfully closed all except one of the prior year recommendations made by the previous internal audit providers, which is in progress. At the time of reporting, the BDO has issued 14 final reports resulting in three high and 76 medium recommendations. We have confirmed with reference to evidence that 41 of the 46 high and medium

recommendations made by the BDO and falling due by 31 March 2023 have been implemented. We have management assurances that a further four recommendations are in progress.

88 Maintenance and review of the effectiveness of the system of internal control has been provided by comprehensive mechanisms already referred to in this statement. Further measures include:

- Regular reports to the Trust Board from the Trust's BAF and Risk Register including Non-Executive Director review / challenge.
- Regular risk management activity reports to the Trust Board covering incidents, complaints/PALS and claims analysis and including details of lessons learned / changes in practice.
- Receipt by the Trust Board of minutes / reports from key forums including the Audit Committee, Finance & Investment Committee and the Quality Assurance Committee.
- The ongoing development of the BAF.
- The provision and scrutiny of a monthly

Integrated Performance Report to the Trust Board, which covers a combination of specific licence and key contractual obligations and including the identification of key risks to future performance and mitigating actions.

89 The Trust advised of no significant control issues as part of its Annual Report for 2022/23.

90 The validity of the Corporate Governance Statement has been provided to me by the relevant Board assurance committees, most notably the Audit Committee, which have considered and commented on this statement, and by the external auditors.

91 All of the above measures serve to provide ongoing assurance to me, the Executive Committee and the Trust Board of the effectiveness of the system of internal control.

Conclusion

92 To the best of my knowledge, there are no significant internal control issues that have been identified in 2022/23.



Daniel Elkeles
Chief Executive

Date: 27 / 06 / 23

Remuneration and Staff Report

Remuneration

Our Remuneration and Nominations Committee consists of the Chair and the six Non-Executive Directors. The Chief Executive is usually in attendance but is not present when their own remuneration is discussed.

The Remuneration and Nominations Committee is responsible for advising the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors. It makes recommendations to the Board on all aspects of salary, provisions for other benefits (including pensions and cars), as well as arrangements for termination of employment and other contractual terms.

In formulating their recommendations to the Board, the Committee takes into account a number of factors, including the requirements of the role, the performance of the individuals, market rates, affordability, and the NHS Very Senior Managers Pay Framework.

Executive Directors are subject to normal terms and conditions of employment. They are employed on permanent contracts which can be terminated by either party with six months' notice.

Their performance is assessed against individually set objectives and monitored through an appraisal process.

For the purposes of this report, the disclosure of remuneration to senior managers is limited to our Executive and Non-Executive Directors. Details of remuneration, including salaries and pension entitlements, are published on pages 63 to 69.

Percentage Change in Remuneration of Highest Paid Director

Reporting bodies are required to disclose the percentage change in remuneration for the highest paid director between financial years, along with the percentage change for employees of the entity as a whole. The below table provides a comparison of these changes for Salary and Allowances, and for Performance Pay and Bonuses.

	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	2%	9%

The highest paid Director was in place for part of the year in 2021/22, and the majority of that time seconded in from another organisation. He was not entitled to performance related pay when on secondment.

Performance related pay for 2021/22 therefore related to one month only and for 2022/23 for twelve months. As a result of this, the percentage year on year change in performance pay is 1,241%. However, on an annualised basis this would be 12%.

Pay Ratio Information

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation

against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in the London Ambulance Service NHS Trust in the financial year 2022/23 was £225,000 to £230,000 (2021/22, £210,000 to £215,000 on an annualised basis). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2022/23	25th percentile	Median	75th percentile
Total remuneration (£)	34,709	46,859	57,917
Salary component of total remuneration (£)	34,709	46,859	57,917
Pay ratio information	6.6:1	4.9:1	3.9:1

2021/22	25th percentile	Median	75th percentile
Total remuneration (£)	33,188	43,224	54,033
Salary component of total remuneration (£)	33,188	43,224	54,033
Pay ratio information	6.2:1	5.0:1	4.1:1

In 2022/23, no employee (2021/22, NIL) received remuneration in excess of the highest-paid director / member.

Total remuneration includes salary, non-consolidated performance-related pay, latest government pay offer, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The range of staff remuneration is £25,158 to £230,000 (2021/22 £20,001 to £215,000).

Banded Remuneration Analysis

The information contained below in the Salary and Pension Entitlement of Senior Managers has been audited by our external auditors.

Salary and Pension Entitlements of Senior Managers

A) Remuneration 2022/23 (Audited)

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Heather Lawrence (to July 2022)	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Andrew Trotter, Chair (from July 2022)	£40,001 - £45,000	£200	£0 - £5,000	£0	£40,001 - £45,000
Rommel Pereira, Deputy Chair	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Robert Alexander, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Sheila Doyle, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Mark Spencer, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Anne Rainsberry, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Karim Brohi, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Amit Khutti, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Line De Decker, Associate Non-Executive Director (to May 2022)	£0 - £5,000	£0	£0 - £5,000	£0	£0 - £5,000
Daniel Elkeles, Chief Executive Officer	£210,001 - £215,000	£0	£15,001 - £20,000	£90,001 - £92,500	£320,001 - £325,000
Roger Davidson, Director of Strategy and Transformation	£130,001 - £135,000	£0	£5,001 - £10,000	£60,001 - £62,500	£200,001 - £205,000
John Martin, Deputy Chief Executive and Chief Paramedic and Quality Officer	£130,001 - £135,000	£0	£20,001 - £25,000	£22,501 - £25,000	£175,001 - £180,000
Rakesh Patel, Chief Finance Officer	£150,001 - £155,000	£0	£15,001 - £20,000	£0	£170,001 - £175,000
Damian McGuinness, Director of People and Culture	£130,001 - £135,000	£0	£10,001 - £15,000	£5,001 - £7,500	£150,001 - £155,000
Fenella Wrigley, Deputy Chief Executive and Chief Medical Officer	£140,001 - £145,000	£0	£0 - £5,000	£0	£145,001 - £150,000
Mark Easton, Director of Corporate Affairs	£110,001 - £115,000	£0	£0 - £5,000	£0	£110,001 - £115,000
Anthony Tiernan, Director of Communication and Engagement (to October 2022)	£60,001 - £65,000	£0	£0 - £5,000	£0	£60,001 - £65,000

Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

The performance pay payments noted relate to the financial year 2022/23.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

- (1) Heather Lawrence, salary for four months, the full year equivalent is £44,000
- (2) Andrew Trotter, salary for nine months, the full year equivalent is £55,000
- (3) Line De Decker, salary for two months, the full year equivalent is £15,000
- (4) Anthony Tiernan was on secondment to NHS England from October 2022

A) Remuneration 2021/22 (Audited)

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100*	Performance pay and bonuses (bands of £5,000)**	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)****	Total (bands of £5,000)
Heather Lawrence, Chair	£40,001 - £45,000	£0	£0	£0		£40,001 - £45,000
Rommel Pereira, Deputy Chair	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Sheila Doyle, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Jayne Mee, Non-Executive Director (1 April 2021 to 1 July 2021) (1)	£0 - £5,000	£0	£0	£0	£0	£0 - £5,000
Amit Khutti, Associate Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Karim Brohi, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Mark Spencer, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Anne Rainsberry, Non-Executive Director (from 1 May 2021) (2)	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Robert Alexander, Non-Executive Director (from 1 September 2021) (3)	£5,001 - £10,000	£0	£0	£0	£0	£5,001 - £10,000
Jill Anderson, Associate Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Line De Decker, Associate Non-Executive Director (from 1 June 2021) (4)	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Garrett Emmerson, Chief Executive Officer (1 April 2021 to 31 August 2021) (5)	£170,001 - £175,000	£0	£0 - £5,000***	£0	£0	£170,001 - £175,000
Daniel Elkeles, Chief Executive Officer (from 1 September 2021) (6)	£130,001 - £135,000	£0	£0 - £5,000	£0	£35,001 - £37,500	£165,001 - £170,000
Lorraine Bewes, Chief Finance Officer (1 April 2021 to 5 December 2021) (7)	£120,001 - £125,000	£0	£5,001 - £10,000	£0	£0	£130,001 - £135,000
Rakesh Patel, Chief Finance Officer (from 6 December 2021) (8)	£45,001 - £50,000	£0	£0 - £5,000	£0	£0	£50,001 - £55,000
John Martin, Chief Paramedic and Quality Officer, and Deputy Chief Executive (from 1 st October 2021)	£135,001 - £140,000	£0	£0	£0	£85,001 - £87,500	£220,001 - £225,000
Fenella Wrigley, Chief Medical Officer, and Deputy Chief Executive (from 1 st October 2021)	£120,001 - £125,000	£0	£5,001 - £10,000	£0	£70,001 - £72,500	£200,001 - £205,000
Khadir Meer, Chief Operating Officer (1 April 2021 to 24 September 2021) (9)	£80,001 - £85,000	£0	£10,001 - £15,000	£0	£0	£90,001 - £95,000
Kim Nurse, Director of People and Culture (1 April 2021 to 13 June 2021) (10)	£45,001 - £50,000	£0	£0	£0	£0	£45,001 - £50,000
Damian McGuinness, Director of People and Culture (from 14 June 2021) (11)	£100,001 - £105,000	£0	£0	£0	£52,501 - £55,000	£155,001 - £160,000

* Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

**The performance pay payments noted relate to the financial year 2020/21 and 2021/22.

***Includes recovery of bonus payment of £10,490 paid twice in error in 2020/21.

**** The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

- 1 Jayne Mee, salary for four months, the full year equivalent is £13,000
- 2 Anne Rainsberry, salary for eleven months, the full year equivalent is £13,000
- 3 Robert Alexander, salary for seven months, the full year equivalent is £13,000
- 4 Line De Decker, salary for ten months, the full year equivalent is £13,000
- 5 Garrett Emmerson, salary for five months, the full year equivalent is £211,969
- 6 Daniel Elkeles, salary for seven months, the full year equivalent is £221,276 assumes achievement of performance related pay (£14,476)
- 7 Lorraine Bewes, salary for nine months, the full year equivalent is £160,498 assumes achievement of performance related pay (£10,548)
- 8 Rakesh Patel, salary for four months, the full year equivalent is £164,950 assumes achievement of performance related (£15,000)
- 9 Khadir Meer, salary for six months, the full year equivalent is £160,000 assumes achievement of performance related pay (£6,941)
- 10 Kim Nurse, salary for two and half months, the full year equivalent is £195,000
- 11 Damian McGuinness, salary for nine and half months, the full year equivalent is £130,000

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
Daniel Elkeles, Chief Executive Officer (from 1 September 2021)	£5,001 - £7,500	£2,501 - £5,000	£70,001 - £75,000	£115,001 - £120,000	£1,033,138	£73,927	£1,170,940	£0
Roger Davidson, Director of Strategy and Transformation	£2,501 - £5,000	£2,501 - £5,000	£35,001 - £40,000	£50,001 - £55,000	£594,289	£59,758	£691,833	£0
John Martin, Chief Paramedic and Quality Officer	£0 - £2,500	£0 - £2,500	£35,001 - £40,000	£60,001 - £65,000	£479,435	£22,420	£522,297	£0
Damian McGuinness, Director of People and Culture (from 14 June 2021)****	£0 - £2,500	£0	£25,001 - £30,000	£35,001 - £40,000	£317,502	£9,049	£338,011	£0
Fenella Wrigley, Chief Medical Officer****	£0	£0	£65,001 - £70,000	£130,001 - £135,000	£1,190,831	£0	£1,229,543	£0

Rakesh Patel, Mark Easton and Anthony Tiernan chose not to be covered by the pension arrangements during the reporting year.

** Non-Executive Directors do not receive pensionable remuneration; there are no disclosures in respect of pensions for Non-Executive Directors.

*** Fenella Wrigley, pension has been recalculated by the NHS Pensions Agency to correct an overpayment, the figures presented in the table are after the correction.

**** Damian McGuinness has opted out from pension scheme from 1 May 2022.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No. 1050 Occupational Pension Schemes (Transfer Values) Regulations 2008 (23).

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Table 1: Exit packages (audited) 2022/23

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s	Total number of exit packages	Total cost of exit packages £000s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £000s
£10,000 - £25,000	4	62			4	62		
£25,001 - £50,000	2	75	2	81	4	156		
£50,001 - £100,000	1	50	4	298	5	348		
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
Totals	7	187	6	379	13	566		

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Table 2 - Exit packages (audited) 2021/22

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s	Total number of exit packages	Total cost of exit packages £000s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £000s
£10,000 - £25,000			2	43	2	43		
£50,001 - £100,000			1	71	1	71		
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000			1	250*	1	250		
Totals			4	364	4	364		

* The Trust resolved an outstanding employment tribunal in this financial year relating to a dismissal that took place in 2018. Whilst this is an historical case, the learning has been shared internally as well with the ambulance sector, to mitigate such events happening again.

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Reporting of other compensation schemes – Exit packages

	2022/23		2021/22	
	Agreements	Total value of agreements	Agreements	Total value of agreements
	Number	£000s	Number	£000s
Voluntary redundancies including early retirements contractual costs	2	81	0	0
Mutually agreed resignations (MARS) contractual costs	4	294	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	3	114
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	1	250
Total	6	375	4	364

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Table 1 which represents the number of individuals.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report

Off-Payroll Engagements

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2023, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2023	0
Of which, the number that have existed:	
for less than one year at time of reporting	0
for between one and two years at time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

Note

* The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Table 2: Off-Payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2022 and 31 March 2023, for more than £245* per day:

	Number
Numbers of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	0
Of which:	
Numbers not subject to off-payroll legislation**	
Numbers subject to off-payroll legislation and determined as in-scope of IR35**	0
Numbers subject to off-payroll legislation and determined as out of scope of IR35**	0
Numbers of engagements reassessed for compliance or assurance purposes during the year	0
Of which:	
Numbers of engagements that saw a change to IR35 status following review	0

Note

* The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

** A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.*	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements **	17

Note

* There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months.

** As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

In any cases where individuals are included within the first row of this table the department should set out:

- Details of the exceptional circumstances that led to each of these engagements.
- Details of the length of time each of these exceptional engagements lasted.

Staff report

Average Staff Numbers (FTE)

The average number of permanent staff employed was 6,827. During 2022/23 the Trust brought in-house the make-ready team and continued to recruit additional ambulance and 999 and 111 call handling staff.

Staff Category	Total Number	Permanently Employed number	Other Number
Medical and Dental	7	5	2
Ambulance Service	2,944	2,909	35
Administration and Estates	2,557	2,382	175
Healthcare Assistants and other Support Staff	1,510	1,505	5
Nursing, Midwifery and Health Visiting Staff	28	24	4
Scientific, Therapeutic and Technical	2	2	0
Total	7,048	6,827	221

The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year. The "contracted hours" method of calculating whole time equivalent number should be used, that is, dividing the contracted hours of each employee by the standard working hours.

Staff Composition

At the end of March 2023, we had a workforce headcount of 7,480 staff, made up of 3,779 women and 3,701 men. This was broken down as follows:

	Total	Female	Male
Directors	12	5	7
Senior Managers	209	88	121
Employees	7,259	3,686	3,573
Total	7,480	3,779	3,701

We are proud to have been able to recruit over 900 frontline ambulance staff and over 350 call handling staff across our 999 and 111 services this year. During this time, a total of 811 people left the Service – a turnover rate of 12 per cent, compared to 13 per cent in 2021/2022.

Staff Sickness

Our Supporting Attendance Group, comprised of People and Culture, Wellbeing and Operational colleagues, has overseen the approach to supporting improving attendance across the Trust. This has included the introduction and embedding of the first day absence reporting service, launched in September 2022, provided by our partner GoodShape. This has been a core enabler to facilitate colleagues back to work and has developed close links with our new Occupational Health provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing. The sickness absence figures are reported on a calendar year basis for 2022 (January to December) and are shown below.

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Published by NHS Digital from ESR Data Warehouse		
Average FTE for 2022	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days lost to Sickness Absence	Average Sick Days per FTE
6,652	129,680	2,427,855	210,369	19.5

Staff Policies

We embrace our obligations under equalities legislation, including the Equality Act 2010. Our aim is to ensure that equality and inclusion is integral to everything we do.

We welcome people to our organisation from any background, who are committed to providing high-quality care that meets the needs of the diverse communities we serve. We aim to provide innovative and responsive healthcare which meets the needs of all these communities, providing better healthcare for all.

Our policy is to treat everyone fairly and without discrimination, and we want to ensure that:

- patients and customers receive fair and equal access to our healthcare service;
- everyone is treated with dignity and respect; and
- staff experience fairness and equality of opportunity and treatment in their workplace.

We want to be an employer of choice and attract the best and most talented people from all walks of life to a career where they can develop to their full potential.

As an employer, we are focusing on:

- celebrating and encouraging the diversity of our workforce and creating a working environment where everyone feels included and appreciated for their work;
- promoting and providing training and employment opportunities regardless of age, disability, gender reassignment, marital status, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other aspect of an individual person's background; and
- fostering creativeness and innovation in our working environment, so that all staff can deliver to the best of their ability and help us take forward our equality and inclusion goals.



Staff Survey

2022 NHS Staff Survey Results

The National NHS Staff Survey was held between September and November 2022. All staff in substantive roles on 1 September 2022 were invited to take part in the survey. The LAS achieved a response rate of 62%, meaning 4,394 colleagues responded to the survey. The LAS had the highest response rate amongst ambulance services.

The survey results are reported against the seven elements of the NHS People Promise, and the themes of "Morale" and "Staff Engagement". Each element and theme is given a score between 0 and 10, depending on the positivity of the questions in that area. The graph below shows that our scores are within 0.1 of the ambulance sector average for all elements/themes, except for We Work Flexibly, which is 0.2 above average, and We are Safe and Healthy, which is 0.2 below average.

Work Done Since Last Year's Survey

The 'Our LAS' Cultural Transformation Programme has made a significant impact on this year's results, especially around appraisals and career development. For example the 62% of colleagues feel that there are opportunities to develop their career in this organisation, a 4% improvement on the 2021 results, and placing us 11% above the ambulance sector average. We have also seen improvements in both the number of colleagues who have had an appraisal, and the quality of those appraisals.

Trade Union Facility Time

The following information is published in accordance with The Trade Union (Facility Time Publication Requirements) Regulations. The relevant period is 1 April 2022 to 31 March 2023. A total of 14 employees were engaged in TU activities. These 14 employees spend a total of 15,643 hours on Facility Time at a cost

of £0.4 million. The Trust has a reasonable allocation of time off arrangements with all the recognised trade unions. This has served the employee relations climate very well over recent years particularly given all the difficult and sensitive issues arising from the pandemic since March 2020 and more recently the strike period at end of 2022. The Staff Side and management work well together both formally through the usual consultative arrangements, such as the Partnership Forum, as well as informally through regular discussions that take place most weeks and less frequently at Regional level.

Next Steps

At a Service-wide level, the next stages of the 'Our LAS' programme involve leadership and teamwork, with the launch of the 'Our LAS, Our Leaders' scheme which will see 100 line managers undertake a NVQ level 6 management qualification and the embedding of Teams-Based Working across our Ambulance Services group stations.

People and Culture colleagues are also working with leadership teams across the Service to help them understand what their results are telling them and form action plans to address the issues raised by colleagues.



3. Annual Accounts 2022/23

Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Daniel Elkeles
Chief Executive

Date: 27/06/23

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

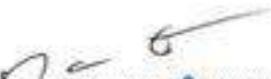
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

27/11/23 Date  Chief Executive

27/11/23 Date  Finance Director

Duties as the accountable officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed  Chief Executive

Date 27/1/23



London Ambulance Service
NHS Trust

Annual accounts

for the year ended
31 March 2023



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INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF LONDON AMBULANCE SERVICE NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of London Ambulance Service NHS Trust ("the Trust") for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of

approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate: and
- we have not identified, and concur with the Directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations - ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a

result of the need to achieve financial performance targets delegated to the Trust by NHS England.

- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to expenditure recognition in response to the pressure arising from the Trust's breakeven duty, which could create an incentive for management to fraudulently understate the value of expenditure recorded in relation to non-pay expenditure, and accrued pay expenditure.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals posted as part of the year-end closure process that reduced expenditure.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias, in particular accruals relating to workforce obligations.
- Selecting a sample of invoices received and payments made in April and May 2023 to assess whether they related to the financial year and, if so, whether they were recorded in that period.
- Re-calculating a sample of accruals relating to staff bonuses, the non-consolidated pay award, and overtime.

Identifying and responding to risks of material misstatement related to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: employment law, recognising the regulated nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with : these r laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

3 Annual Accounts

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page [A], the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page [B] the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page [A], the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(2A) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has

made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of London Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of London Ambulance Service NHS Trust for the year ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square London
E14 5GL
27 June 2023

3 Annual Accounts

Statement of Comprehensive Income for the year ended 31 March 2023

		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	3	631,842	595,171
Other operating income	4	14,364	7,924
Operating expenses	6	(645,609)	(601,832)
Operating surplus from continuing operations		597	1,263
Finance income	9	1,252	25
Finance expenses	10	(138)	83
PDC dividends payable		(4,418)	(4,890)
Net finance costs		(3,304)	(4,782)
Other gains / (losses)	12	(3,957)	(626)
Deficit for the year		(6,664)	(4,145)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(2,511)	(441)
Revaluations		5,226	602
Total comprehensive expense for the period		(3,949)	(3,984)

Statement of Financial Position as at 31 March 2023

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	13	9,893	13,612
Property, plant and equipment	16	212,403	211,485
Right of use assets	17	30,799	
Receivables	19	33	54
Total non-current assets		253,128	225,151
Current assets			
Inventories	18	3,867	6,869
Receivables	19	45,863	20,984
Cash and cash equivalents	20	27,887	47,875
Total current assets		77,617	75,728
Current liabilities			
Trade and other payables	22	(88,191)	(85,623)
Borrowings	24	(5,360)	-
Provisions	26	(3,062)	(3,485)
Other liabilities	23	(1,456)	(2,791)
Total current liabilities		(98,069)	(91,899)
Total assets less current liabilities		232,676	208,980
Non-current liabilities			
Borrowings	24	(23,320)	(107)
Provisions	26	(22,323)	(20,224)
Total non-current liabilities		(45,643)	(20,331)
Total assets employed		187,033	188,649
Financed by			
Public dividend capital		86,936	85,097
Revaluation reserve		46,930	46,254
Other reserves		(419)	(419)
Income and expenditure reserve		53,586	57,717
Total taxpayers' equity		187,033	188,649

The notes on pages 104 to 137 form part of these accounts.



Daniel Elkeles
Chief Executive

Date: 26/06/23

Statement of Cash Flows for the year ended 31 March 2023

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus		597	1,263
Non-cash income and expense:			
Depreciation and amortisation	6	28,609	22,921
Net impairments	7	9,010	3,536
Income recognised in respect of capital donations	4	(209)	-
(Increase) / decrease in receivables and other assets		(25,245)	8,139
(Increase) / decrease in inventories		3,002	(429)
Increase / (decrease) in payables and other liabilities		4,244	9,931
Increase / (decrease) in provisions		501	7,856
Other movements in operating cash flows		10	-
Net cash flows from / (used in) operating activities		20,519	53,217
Cash flows from investing activities			
Interest received		1,252	25
Purchase of intangible assets		(1,056)	(2,620)
Proceeds from sales of intangible assets		33	-
Purchase of PPE and investment property		(32,923)	(45,061)
Sales of PPE and investment property		-	121
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(271)	-
Receipt of cash donations to purchase assets		209	-
Net cash flows from / (used in) investing activities		(32,756)	(47,535)
Cash flows from financing activities			
Public dividend capital received		1,839	7,257
Movement on other loans		(107)	-
Capital element of lease liability repayments		(4,232)	-
Other interest		-	(2)
Interest element of lease liability repayments		(258)	-
PDC dividend (paid) / refunded		(4,993)	(4,849)
Net cash flows from / (used in) financing activities		(7,751)	2,406
Increase / (decrease) in cash and cash equivalents		(19,988)	8,088
Cash and cash equivalents at 1 April - brought forward		47,875	39,787
Cash and cash equivalents at 31 March	20	27,887	47,875

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	85,097	46,254	(419)	57,717	188,649
Implementation of IFRS 16 on 1 April 2022	-	-	-	494	494
Deficit for the year	-	-	-	(6,664)	(6,664)
Other transfers between reserves	-	(2,039)	-	2,039	-
Impairments	-	(2,511)	-	-	(2,511)
Revaluations	-	5,226	-	-	5,226
Public dividend capital received	1,839	-	-	-	1,839
Taxpayers' and others' equity at 31 March 2023	86,936	46,930	(419)	53,586	187,033

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	77,840	47,908	(419)	60,047	185,376
Deficit for the year	-	-	-	(4,145)	(4,145)
Other transfers between reserves	-	(1,813)	-	1,813	-
Impairments	-	(441)	-	-	(441)
Revaluations	-	602	-	-	602
Transfer to retained earnings on disposal of assets	-	(2)	-	2	-
Public dividend capital received	7,257	-	-	-	7,257
Taxpayers' and others' equity at 31 March 2022	85,097	46,254	(419)	57,717	188,649

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the North West London Integrated Care System (ICS). The ICS has published its Strategic Delivery Plan and NHS Long Term Plan response for the five year period

2020/21 to 2024/25. This plan includes the continued provision of services by the Trust. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

This year the Trust reported a £6.7m accounting deficit and a £0.1m surplus adjusted financial performance. The majority of the Trust's income from Commissioners was based on block contracts. The closing cash balance was £27.9m at 31st March 2023.

The Trust is planning to break even in 2023/24. This financial plan is predicated on receiving income of £651.0m. The Trust has sufficient cash to continue its operations throughout 2023/24 financial year.

Our going concern assessment is made up to 30/06/2024. The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 30/06/2024 and these have been tested using a downside scenario analysis with and without mitigation.

Interim support can be accessed if it were required, but there is currently no such identified requirement.

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to

consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services.

Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

The Trust also receives income from contracts that are based on payment for the level of activity performed, and contracts that are based on delivery of a level of service.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

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Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs

and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where the services provided from that asset could also reasonably be delivered from an alternative location and a suitable location has been identified.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets

are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that

gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the

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response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	3	99
Plant & machinery	5	15
Transport equipment	2	10
Information technology	3	8
Furniture & fittings	3	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Intangible assets – purchased		
Information technology	3	7
Software licences	3	7

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2021/22 and 2022/23, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial

items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and liabilities are classified as subsequently measured at amortised cost

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense

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Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses.

For financial assets due from entities outside the DHSC group the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2). No such stage 1 and stage 2 allowance is made for assets due from entities inside the DHSC group.

For all financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

For intra-DHSC debt not recognising level 1 and 2 expected credit losses for intra-DHSC debt

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract.

It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent

measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to

these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives.

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to

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expenditure on a straight line basis.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The

amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 26 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 Contingencies

Contingent assets (that is, assets arising from past

events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has

determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.17 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14 and IFRS 17 are in issue but not yet effective or adopted by the Trust. Neither is forecasted to materially impact the Trust.

Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

1. Non consolidation of immaterial controlled entities. Immaterial controlled entities are the Trust's related Charity and three dormant trading companies.

Note 1.22 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

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1. The Trust has a £12,365k provision relating to amounts retrospectively payable to past and present employees for work done in 2022/23 and prior years. The provision is forecast to be paid no earlier than one year and not later than five years from the balance sheet date.

The Trust has valued this provision using the underlying employee payments made in the years affected, the corrective settlement cost incurred in other, similar, retrospective payments, and after considering independent legal advice received.

There are a number of uncertainties around the value of the provision. These uncertainties concern the number of years of employment any claim will cover, the types of existing payroll payments that will be included in any claim, and how the claim will interact with other, similar, retrospective payments already made.

The value of the provision is sensitive to the uncertainties set out above and whether any settlement will include the payment of interest and legal costs. The timing of the settlement of is also sensitive to when claims are received and the time it takes to process these claims.

Other provisions are based on the best estimates of future payments that will need to be made to meet current obligations. The basis of these estimates and the timing of the cash flows are described in the relevant note. Provisions are discounted and unwound using rates as set by HM Treasury.

2. The Trust holds land and buildings at fair value (as defined by our accounting policies).

The Trust has adopted a policy of commissioning of a full land and building valuation every year. This policy will be reviewed annually.

The Trust a professional third party valuer to undertake a full revaluation of its land and buildings as at 31 March 2023. The Trust and its valuers have made a number of judgements around the current and future use and condition of the estate. These judgements include:

- The Modern Equivalent size and location of the Trust's estate;
- The utility and condition of the Trust's

estate, and how this compares to a what would be expected of a modern new facility;

3. The Trust also makes the following assumptions about the sources of estimation uncertainty that could result in an immaterial adjustment to the carrying amounts of assets and liabilities within the next financial year:

1. The useful economic life of Trust assets is set by:
 - a. Buildings: The Trust in line with its accounting policies, informed by the judgements made by the Trust's independent third party valuers
 - b. Plant, equipment, and intangible assets: Trust professionals responsible for the custody and maintenance of the assets.

No asset class is estimated to have a residual value, with current fair value depreciated or amortised over its estimated useful life to £nil.

2. Accruals and deferred income are based on best estimates of the expenditure still to be incurred for this financial year and the income received that relates to next financial year. The element of accruals that requires estimation is immaterial to the Trust's financial statements.
3. Income recognition – accrued income is estimated based on the level of services provided by the Trust in the year. The Trust makes a provision for bad debts which is an estimate of irrecoverable income based on historical recoverability.

Note 2 Operating Segments

The Trust Board considers that the Trust has only one segment which is the provision of accident and emergency services.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

	2022/23 £000	2021/22 £000
Ambulance services		
A & E income	539,838	579,766
Other income	759	900
All services		
Additional pension contribution central funding**	16,746	14,411
Agenda for change pay award central funding***	15,035	-
Other clinical income	59,464	94
Total income from activities	631,842	595,171

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

<https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023

Note 3.2 Income from patient care activities (by source)

	2022/23 £000	2021/22 £000
Income from patient care activities received from:		
NHS England	39,750	22,285
Clinical commissioning groups	143,466	568,162
Integrated care boards	441,654	
Department of Health and Social Care	-	55
Other NHS providers	1,830	862
NHS other	5	1
Local authorities	-	-
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	759	900
Non NHS: other	4,378	2,906
Total income from activities	631,842	595,171
Of which:		
Related to continuing operations	631,842	595,171
Related to discontinued operations	-	-

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Note 4 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	327	-	327	165	-	165
Education and training	8,976	2,050	11,026	3,922	748	4,670
Reimbursement and top up funding	-	-	-	476	-	476
Income in respect of employee benefits accounted on a gross basis	1,672	-	1,672	1,310	-	1,310
Receipt of capital grants and donations and peppercorn leases	-	209	209	-	-	-
Charitable and other contributions to expenditure	-	1,073	1,073	-	1,229	1,229
Other income	-	57	57	-	74	74
Total other operating income	10,975	3,389	14,364	5,873	2,051	7,924
Of which:						
Related to continuing operations			14,364			7,924
Related to discontinued operations			-			-

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,791	251
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2023	31 March 2022
	£000	£000
within one year	1,456	2,791
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	1,456	2,791

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6 Operating expenses

	2022/23	2021/22
	£000	£000
Staff and executive directors costs	442,437	410,945
Remuneration of non-executive directors	174	165
Supplies and services - clinical (excluding drugs costs)	35,689	29,081
Supplies and services - general	38,787	40,975
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	672	924
Inventories written down	3	479
Consultancy costs	2,374	566
Establishment	14,623	12,289
Premises	19,839	14,519
Transport (including patient travel)	23,583	34,229
Depreciation on property, plant and equipment and right of use assets	25,968	20,761
Amortisation on intangible assets	2,641	2,160
Net impairments	9,010	3,536
Movement in credit loss allowance: contract receivables / contract assets	(86)	400
Increase/(decrease) in other provisions	-	417
Change in provisions discount rate(s)	(2,085)	318
Fees payable to the external auditor		
audit services- statutory audit	116	132
other auditor remuneration (external auditor only)	-	-
Internal audit costs	129	140
Clinical negligence	4,873	5,348
Legal fees	916	1,128
Insurance	998	1,218
Research and development	935	854
Education and training	18,244	10,920
Expenditure on short term leases (current year only)	1,125	
Expenditure on low value leases (current year only)	264	
Operating lease expenditure (comparative only)		7,039
Redundancy	-	67
Car parking & security	618	423
Hospitality	3	2
Other	3,759	2,797
Total	645,609	601,832
Of which:		
Related to continuing operations	645,609	601,832
Related to discontinued operations	-	-

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Note 6.1 Other auditor remuneration

There was no other auditor remuneration in 2022/23 (2021/22 nil). The external audit fee shown in Note 6 is gross of VAT as the Trust cannot recover VAT on external audit fees. The recipient of this fee pays this VAT to HMRC: the actual amount payable for their services is £98,000.

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2021/22: £2 million).

Note 7 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	2,589	-
Changes in market price	6,421	3,536
Total net impairments charged to operating surplus / deficit	9,010	3,536
Impairments charged to the revaluation reserve	2,511	441
Total net impairments	11,521	3,977

The impairment relating to an overspecification of assets relates to an IT scheme being brought into use in year. All other impairment movements relate to the Trust's annual revaluation of its land and buildings.

Note 8 Staff and Employee benefits

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	348,453	327,069
Social security costs	42,305	36,634
Apprenticeship levy	1,760	1,593
Employer's contributions to NHS pensions	55,223	47,505
Pension cost - other	44	41
Termination benefits	-	67
Temporary staff (including agency)	8,284	6,513
Total gross staff costs	456,069	419,422
Recoveries in respect of seconded staff	-	-
Total staff costs	456,069	419,422
Of which		
Costs capitalised as part of assets	674	783

Note 8.1 Retirements due to ill-health

During 2022/23 there were 4 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £305k (£95k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8.2 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of

liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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Note 9 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,252	25
Total finance income	1,252	25

Note 10 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on lease obligations	257	-
Interest on late payment of commercial debt	-	2
Total interest expense	257	2
Unwinding of discount on provisions	(119)	(85)
Other finance costs	-	-
Total finance costs	138	(83)

Note 11 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2022/23	2021/22
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	2
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 12 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	27	-
Losses on disposal of assets	(3,984)	(626)
Total gains / (losses) on disposal of assets	(3,957)	(626)

Note 13 Intangible assets 2022/23

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	9,525	19,499	6,748	35,772
Additions	-	949	207	1,156
Impairments	(1)	(2,588)	-	(2,589)
Reclassifications	3,070	3,166	(5,881)	355
Disposals / derecognition	(398)	(15,374)	-	(15,772)
Valuation / gross cost at 31 March 2023	12,196	5,652	1,074	18,922
Amortisation at 1 April 2022 - brought forward	4,216	17,944	-	22,160
Provided during the year	1,754	887	-	2,641
Reclassifications	74	(74)	-	-
Disposals / derecognition	(398)	(15,374)	-	(15,772)
Amortisation at 31 March 2023	5,646	3,383	-	9,029
Net book value at 31 March 2023	6,550	2,269	1,074	9,893
Net book value at 1 April 2022	5,309	1,555	6,748	13,612

Note 14 Intangible assets 2021/22

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	8,479	20,142	5,388	34,009
Additions	752	227	1,641	2,620
Reclassifications	615	21	(281)	355
Disposals / derecognition	(321)	(891)	-	(1,212)
Valuation / gross cost at 31 March 2022	9,525	19,499	6,748	35,772
Amortisation at 1 April 2021	3,182	17,737	-	20,919
Provided during the year	1,355	805	-	2,160
Disposals / derecognition	(321)	(598)	-	(919)
Amortisation at 31 March 2022	4,216	17,944	-	22,160
Net book value at 31 March 2022	5,309	1,555	6,748	13,612
Net book value at 1 April 2021	5,297	2,405	5,388	13,090

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Note 15 Property, plant and equipment 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2022 - brought forward	52,781	66,990	32,199	21,902	75,177	38,700	2,142	289,891
Additions	-	6,465	23,050	379	127	1,993	506	32,520
Impairments	(2,085)	(8,578)	-	-	-	-	-	(10,663)
Revaluations	727	2,271	-	-	-	-	-	2,998
Reclassifications	-	6,479	(19,632)	1,612	6,983	3,546	658	(354)
Disposals / derecognition	-	(267)	(2,711)	(104)	(647)	(10,506)	-	(14,235)
Valuation/gross cost at 31 March 2023	51,423	73,360	32,906	23,789	81,640	33,733	3,306	300,157
Accumulated depreciation at 1 April 2022 - brought forward	-	205	-	15,957	44,267	17,450	527	78,406
Provided during the year	-	4,296	-	1,263	8,594	6,428	292	20,873
Impairments	-	(1,122)	-	-	-	-	-	(1,122)
Reversals of impairments	-	(674)	-	-	-	-	-	(674)
Revaluations	-	(2,195)	-	-	-	-	-	(2,195)
Disposals / derecognition	-	(267)	-	(90)	(642)	(6,535)	-	(7,534)
Accumulated depreciation at 31 March 2023	-	243	-	17,130	52,219	17,343	819	87,754
Net book value at 31 March 2023	51,423	73,117	32,906	6,659	29,421	16,390	2,487	212,403
Net book value at 1 April 2022	52,781	66,785	32,199	5,945	30,910	21,250	1,615	211,485

Note 16 Property, plant and equipment 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021	52,507	60,095	28,169	23,434	71,234	25,408	1,759	262,606
Additions	-	6,960	28,456	166	1,029	5,681	8	42,300
Impairments	-	(7,244)	-	-	-	-	-	(7,244)
Reversals of impairments	-	(93)	-	-	-	-	-	(93)
Revaluations	274	(30)	-	-	-	-	-	244
Reclassifications	-	7,503	(24,426)	843	5,212	10,114	399	(355)
Disposals / derecognition	-	(201)	-	(2,541)	(2,298)	(2,503)	(24)	(7,567)
Valuation/gross cost at 31 March 2022	52,781	66,990	32,199	21,902	75,177	38,700	2,142	289,891
Accumulated depreciation at 1 April 2021	-	41	-	17,014	35,877	15,312	311	68,555
Provided during the year	-	3,964	-	1,458	10,553	4,556	230	20,761
Impairments	-	(3,169)	-	-	-	-	-	(3,169)
Reversals of impairments	-	(191)	-	-	-	-	-	(191)
Revaluations	-	(358)	-	-	-	-	-	(358)
Disposals / derecognition	-	(82)	-	(2,515)	(2,163)	(2,418)	(14)	(7,192)
Accumulated depreciation at 31 March 2022	-	205	-	15,957	44,267	17,450	527	78,406
Net book value at 31 March 2022	52,781	66,785	32,199	5,945	30,910	21,250	1,615	211,485
Net book value at 1 April 2021	52,507	60,054	28,169	6,420	35,357	10,096	1,448	194,051

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Note 16.1 Property, plant and equipment financing 2022/23

Owned - purchased
Owned - donated/granted

Total net book value at 31 March 2023

Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
£000	£000	£000	£000	£000	£000	£000	£000
51,423	73,117	32,906	6,631	29,371	16,390	2,487	212,325
-	-	-	28	50	-	-	78
51,423	73,117	32,906	6,659	29,421	16,390	2,487	212,403

Note 16.2 Property, plant and equipment financing 2021/22

Owned - purchased
Owned - donated/granted

Total net book value at 31 March 2022

Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
£000	£000	£000	£000	£000	£000	£000	£000
52,781	66,785	32,199	5,906	30,835	21,250	1,615	211,371
-	-	-	39	75	-	-	114
52,781	66,785	32,199	5,945	30,910	21,250	1,615	211,485

A professional revaluation was undertaken on all land and buildings at 31 March 2023. The valuation was carried out by District Valuer Services of the Valuation Office Agency, an executive arm of HMRC, out in accordance with the terms of the Royal Institution of Chartered Surveyors (RICS), insofar as these terms are consistent with the requirement of HM Treasury, the National Services and the Department of Health. The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023 on a desktop valuation basis.

This year the valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, our valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

a) Specialised In Use (Operational) assets - buildings valued using depreciated replacement cost methodology

The majority of the trust buildings are valued using the depreciated replacement cost basis. There has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of COVID-19.

b) Non - Specialised In Use (Operational) assets including the land element of the depreciated replacement cost valuation of specialised assets

The trust has a few non-specialised in use buildings. There has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of COVID-19. Their basis of valuation is however current value in existing use, having regard to comparable market evidence.

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

The market value was used in arriving at fair value for the operational assets subject to the additional special assumptions that:

- no adjustment has been made on the grounds of a hypothetical "flooding of the market" if a number of properties were to be marketed simultaneously
- in the respect of the Market Value of non-operational asset only the NHS is assumed not to be in the market for the property interest and
- regard has been had to appropriate lotting to achieve the best price.

The revaluation model set out in IAS 16 was applied to value the capital assets to fair value.

Note 17 Right of use assets

This note details information about leases for which the Trust is a lessee.

The Trust agreed and signed 25 new leases during 2022/3, the most significant of which were new property leases at Brent and Croydon.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	27,377	214	27,591	-
Additions	6,685	285	6,970	-
	70	-	70	-
Movements in provisions for restoration / removal costs	1,294	-	1,294	-
Revaluations	(81)	-	(81)	-
Valuation/gross cost at 31 March 2023	35,345	499	35,844	-
Transfers by absorption	-	-	-	-
Provided during the year	4,944	151	5,095	-
Impairments	64	-	64	-
Revaluations	(114)	-	(114)	-
Accumulated depreciation at 31 March 2023	4,894	151	5,045	-
Net book value at 31 March 2023	30,451	348	30,799	-

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Note 17.1 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.

Carrying value at 31 March 2022

	2022/23
	£000
	-
IFRS 16 implementation - adjustments for existing operating leases	26,141
Lease additions	6,700
Lease liability remeasurements	70
Interest charge arising in year	258
Lease payments (cash outflows)	(4,489)
Carrying value at 31 March 2023	28,680

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 17.2 Maturity analysis of future lease payments at 2022/23**Undiscounted future lease payments payable in:**

- not later than one year
- later than one year and not later than five years
- later than five years.

Total gross future lease payments

Finance charges allocated to future periods

Net lease liabilities at 31 March 2023**Of which:**

- Current
- Non-Current

	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023
	£000	£000
	5,683	-
	15,399	-
	8,986	-
	30,068	-
	(1,388)	-
	28,680	-
	5,360	-
	23,320	-

Note 17.3 Commitments in respect of operating leases 2021/2022

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

Operating lease expense

Minimum lease payments

	2021/22
	£000
	7,039
Total	7,039
	31 March 2022
	£000

Future minimum lease payments due:

- not later than one year
- later than one year and not later than five years
- later than five years.

	5,593
	13,410
	7,765
Total	26,768
Future minimum sublease payments to be received	-

Note 17.4 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	26,768
Impact of discounting at the incremental borrowing rate	(730)
IAS 17 operating lease commitment discounted at incremental borrowing rate	26,038
Less:	
Commitments for short term leases	(545)
Commitments for leases of low value assets	(468)
Irrecoverable VAT previously included in IAS 17 commitment	(5,123)
Services included in IAS 17 commitment not included in the IFRS 16 liability	(331)
Other adjustments:	
Differences in the assessment of the lease term	3,276
Public sector leases without full documentation previously excluded from operating lease commitments	2,399
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	70
Other adjustments	827
Total lease liabilities under IFRS 16 as at 1 April 2022	26,143

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Note 18 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	65	55
Consumables	3,802	6,814
Total inventories	3,867	6,869
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £15,915k (2021/22: £12,844k). Write-down of inventories recognised as expenses for the year were £3k (2021/22: £479k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £724k of items purchased by DHSC (2021/22: £977k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 19 Receivables

	31 March 2023	31 March 2022
	£000	£000
Current		
Contract receivables	28,406	11,294
Capital receivables	-	9
Allowance for impaired contract receivables / assets	(1,374)	(1,460)
Prepayments (non-PFI)	12,705	8,623
PDC dividend receivable	1,242	667
VAT receivable	2,978	1,251
Other receivables	1,906	600
Total current receivables	45,863	20,984
Non-current		
Other receivables	33	54
Total non-current receivables	33	54
Of which receivable from NHS and DHSC group bodies:		
Current	23,575	6,332
Non-current	33	54

Note 19.1 Allowances for credit losses

	31 March 2023	31 March 2022
	£000	£000
Allowances as at 1 April	1,460	1,085
New allowances arising	-	493
Changes in existing allowances	(86)	-
Reversals of allowances	-	(93)
Utilisation of allowances (write offs)	-	(25)
Allowances as at 31 March	1,374	1,460

All allowances relate to contract receivables and contract assets.

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2022/23	2021/22
	£000	£000
At 1 April	47,875	39,787
Net change in year	(19,988)	8,088
At 31 March	27,887	47,875
Broken down into:		
Cash at commercial banks and in hand	8	9
Cash with the Government Banking Service	27,879	47,866
Total cash and cash equivalents as in SoFP	27,887	47,875
Total cash and cash equivalents as in SoCF	27,887	47,875

Note 21 Third party assets held by the trust.

There are no third party assets held by the Trust.

Note 22 Trade and other payables

	31 March 2023	31 March 2022
	£000	£000
Current		
Trade payables	7,089	9,742
Capital payables	7,507	10,518
Accruals	57,554	50,404
Social security costs	5,492	5,179
Pension contributions payable	5,643	4,916
Other taxes payable	4,770	4,386
Other payables	136	478
Total current trade and other payables	88,191	85,623
Of which payables from NHS and DHSC group bodies:		
Current	1,478	2,593
Non-current	-	-

Note 22.1 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2023	31 March 2023	31 March 2022	31 March 2022
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	305		-	
- number of cases involved		4		-

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Note 23 Other liabilities

	31 March 2023	31 March 2022
	£000	£000
Current		
Deferred income: contract liabilities	1,456	2,791
Total other current liabilities	1,456	2,791

Note 24 Borrowings

	31 March 2023	31 March 2022
	£000	£000
Current		
Lease liabilities*	5,360	-
Total current borrowings	5,360	-
Non-current		
Other loans	-	107
Lease liabilities*	23,320	-
Total non-current borrowings	23,320	107

The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 1.

Note 25.1 Reconciliation of liabilities arising from financing activities 2022/23

	Other loans	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2022	107	-	107
Cash movements:			
Financing cash flows - payments and receipts of principal	(107)	(4,232)	(4,339)
Financing cash flows - payments of interest	-	(257)	(257)
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	-	26,141	26,141
Additions	-	6,700	6,700
Lease liability remeasurements	-	70	70
Application of effective interest rate	-	258	258
Carrying value at 31 March 2023	-	28,680	28,680

Note 25.2 Reconciliation of liabilities arising from financing activities 2021/22

	Other loans	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2021	107	-	107
Carrying value at 31 March 2022	107	-	107

Note 26 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2022	1,002	8,166	215	609	13,717	23,709
Change in the discount rate	(93)	(1,992)	-	-	-	(2,085)
Arising during the year	78	226	267	35	6,910	7,516
Utilised during the year	(134)	(423)	(117)	(170)	(1,457)	(2,301)
Reversed unused	(88)	-	(137)	(223)	(887)	(1,335)
Unwinding of discount	(13)	(106)	-	-	-	(119)
At 31 March 2023	752	5,871	228	251	18,283	25,385
Expected timing of cash flows:						
- not later than one year	124	418	228	251	2,041	3,062
- later than one year and not later than five years	481	1,674	-	-	13,630	15,785
- later than five years.	147	3,779	-	-	2,612	6,538
Total	752	5,871	228	251	18,283	25,385

Injury Benefits provision of £5,871 relates to staff injured at work, whilst the Early Departure Costs provision of £752k relates to staff who have taken early retirement. Both amounts are calculated by the NHS Pensions Agency following assessment of the individuals' claims. The sum provided is recalculated annually based on changes in annual rates and life expectancy it is adjusted for inflation and a discounting factor is applied.

The Legal Claims provision of £228k relates to Employers Liability Claims based on estimates of costs and settlements provided by the NHS Litigation Authority.

The Redundancy provision of £251k relates to management restructures within the Trust.

Other provisions of £18,283k includes a provision relation to pending legal cases affecting calculation of holiday pay, provisions for for lease dilapidations, and provisions for pending employment tribunal. Details of the estimation uncertainty with these provisions is set out in Note 1.22 above

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Note 26.1 Clinical negligence liabilities

At 31 March 2023, £92,505k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of London Ambulance Service NHS Trust (31 March 2022: £126,345k).

Note 26.2 Contingent assets and liabilities

	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(87)	(91)
Net value of contingent liabilities	(87)	(91)
Net value of contingent assets	-	-

Note 26.3 Contractual capital commitments

	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	16,419	11,216
Intangible assets	21	35
Total	16,440	11,251

Note 27 Financial instruments

Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has no outstanding loans and therefore has no exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards (ICBs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

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Note 28 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	28,971	28,971
Cash and cash equivalents	27,887	27,887
Total at 31 March 2023	56,858	56,858

Carrying values of financial assets as at 31 March 2022	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	10,443	10,443
Cash and cash equivalents	47,875	47,875
Total at 31 March 2022	58,318	58,318

Note 29 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost £000	Total book value £000
Obligations under leases	28,680	28,680
Trade and other payables excluding non financial liabilities	96,691	96,691
Total at 31 March 2023	125,371	125,371

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost £000	Total book value £000
Other borrowings	107	107
Trade and other payables excluding non financial liabilities	71,142	71,142
Total at 31 March 2022	71,249	71,249

Note 29.1 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023 £000	31 March 2022 £000
In one year or less	80,051	71,142
In more than one year but not more than five years	31,184	107
In more than five years	15,524	-
Total	126,759	71,249

Note 30 Losses and special payments

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	-	-
Bad debts and claims abandoned	2	4	-	-
Stores losses and damage to property	2,682	1,574	2,273	1,749
Total losses	2,684	1,578	2,273	1,749
Special payments				
Ex-gratia payments	86	2,043	25	1,948
Special severance payments	-	-	1	250
Total special payments	86	2,043	26	2,198
Total losses and special payments	2,770	3,621	2,299	3,947
Compensation payments received				

Note 31 Related parties

The Department of Health and Social Care, as the London Ambulance Service NHS Trust's parent department, is considered to be a related party. During the year none of the Department of Health and Social Care Ministers, London Ambulance Service NHS Trust board members or members of key management staff, or parties related to any of them, has undertaken any material transactions with the London Ambulance Service NHS Trust. The London Ambulance Service NHS Trust has had a significant number of material transactions during the year with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below where receipts exceed £10m.

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000s	£000s	£000s	£000s
NHS North West London ICB	-	146,774	267	82
NHS North East London ICB	-	94,183	152	160
NHS South East London ICB	-	86,304	-	740
NHS North Central London ICB	-	58,360	48	15
NHS South West London ICB	-	56,600	-	477
NHS North West London CCG (demised 01/07/22)	-	47,223	-	-
NHS North East London CCG (demised 01/07/22)	-	30,536	-	-
NHS South East London CCG (demised 01/07/22)	10	28,174	-	-
NHS England	21	24,504	907	20,072
NHS North Central London CCG (demised 01/07/22)	-	19,358	-	-
NHS South West London CCG (demised 01/07/22)	-	18,227	-	-

The London Ambulance Service NHS Trust acts as corporate trustee for the London Ambulance Service Charity. During the financial year ending 31 March 2023 the Trust received grants of £10k (2021/22 £546k), reported a payable balance of £0k (2021/22: £48k).

3 Annual Accounts

Note 32 Better Payment Practice code

	2022/23	2022/23	2021/22	2021/22
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	52,111	333,558	52,477	295,967
Total non-NHS trade invoices paid within target	47,078	312,656	48,692	274,058
Percentage of non-NHS trade invoices paid within target	90.3%	93.7%	92.8%	92.6%
NHS Payables				
Total NHS trade invoices paid in the year	900	7,413	560	3,778
Total NHS trade invoices paid within target	798	6,462	459	3,207
Percentage of NHS trade invoices paid within target	88.7%	87.2%	82.0%	84.9%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 33 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2022/23	2021/22
	£000	£000
Cash flow financing	17,488	(831)
Other capital receipts		
External financing requirement	17,488	(831)
External financing limit (EFL)	17,488	(831)
Under / (over) spend against EFL	-	-

Note 34 Capital Resource Limit

	2022/23	2021/22
	£000	£000
Gross capital expenditure	40,720	44,920
Less: Disposals	(6,702)	(669)
Less: Donated and granted capital additions	(209)	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	33,809	44,251
Capital Resource Limit	33,809	44,451
Under / (over) spend against CRL	-	200

Note 35 Breakeven duty financial performance

	2022/23
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	138
Remove impairments scoring to Departmental Expenditure Limit	2,589
Breakeven duty financial performance surplus / (deficit)	2,727

Note 36 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		1,425	1,002	2,751	262	262	6,048	(4,405)
Breakeven duty cumulative position	2,569	3,994	4,996	7,747	8,009	8,271	14,319	9,914
Operating income		279,864	283,617	281,731	303,109	303,827	324,052	319,992
Cumulative breakeven position as a percentage of operating income		1.4%	1.8%	2.7%	2.6%	2.7%	4.4%	3.1%

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	6,143	5,758	6,958	174	2,559	729	2,727
Breakeven duty cumulative position	16,057	21,815	28,773	28,947	31,506	32,235	34,962
Operating income	355,507	364,598	388,978	438,559	570,323	603,095	646,206
Cumulative breakeven position as a percentage of operating income	4.5%	6.0%	7.4%	6.6%	5.5%	5.3%	5.4%



NHS
London Ambulance Service
NHS Trust



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London Ambulance Service NHS Trust
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Email: londamb.lascharity@nhs.net
Mobile: 07385 347446
www.londonambulance.nhs.uk/charity

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Registered Charity No. 1061191

History

In 1948 the National Health Service was established, and with that, the requirement for ambulances to be available for all those who needed them.

In the 1950s, the London County Council's ambulance service moved to headquarters at Waterloo Road – close to the current HQ.

London Ambulance Service was created in 1965 when one single ambulance service replaced the nine existing services working in the city. Back then, we had nearly 1,000 vehicles and 2,500 members of staff. In April 1996, London Ambulance Service became an NHS trust.

Just like the capital itself, we are continuing to grow and develop. The London Ambulance Service of today, and the skills and capabilities of our staff, bear little resemblance to the Service of even 20 years ago.

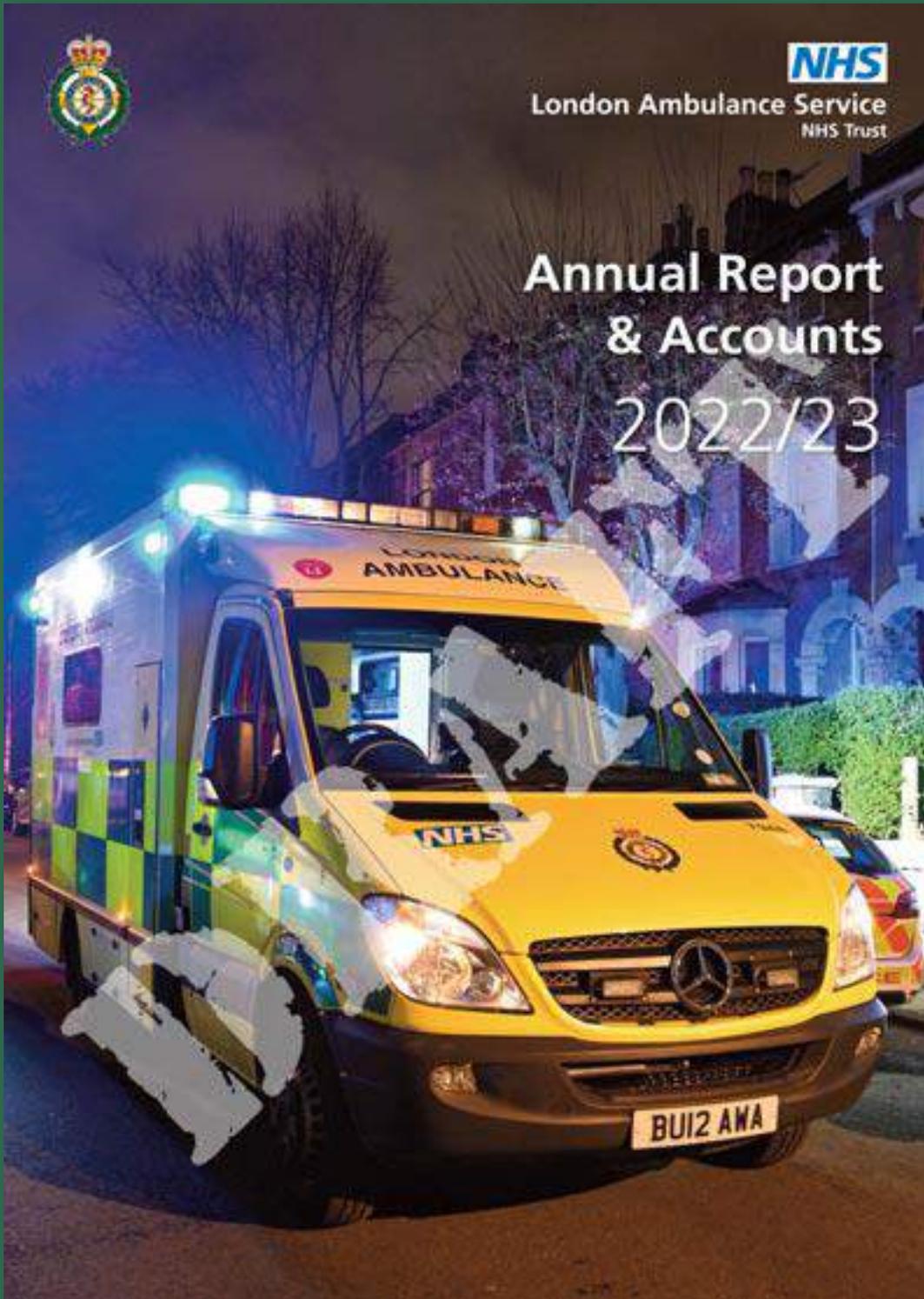
Historically, we designed our service around a small number of our patients – those with life-threatening conditions. But in fact, our largest group of patients have conditions, whilst not life-threatening, still need urgent medical care. Many of these patients need different treatment to that offered at a hospital's emergency department. This could be treatment at home, referrals to a GP or social services, or a local walk-in centre.

The way we respond to calls is changing too. Our staff now attend to patients in cars, on motorbikes and bicycles, as well as in ambulances. This enables us to reach patients quicker in busy built-up areas. We are increasing public access to defibrillators—machines used to restart a patient's heart when it has stopped beating—and are providing training in how to use this equipment, so that people in the community can provide life-saving treatment our front line clinicians make their way to a call.

We play a vital role in the London trauma system, treating and transferring patients with life-threatening injuries to specialist centres for treatment.

#TeamLAS





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2022/23 Quality Account



London Ambulance Service
NHS Trust



Annual Quality Account

2022/2023

Introduction

This quality account provides a report on the quality of our services and the improvements we are making in relation to patient safety, the effectiveness of care and responding to patient feedback about the care we provide. Part 1 contains a statement on quality and a statement on Directors' responsibilities in relation to quality. Part 2 reports on our progress over the 2022/23 financial year and outlines our priorities for improvement in 2023/24. Part 3 provides statements in relation to our quality infrastructure and statements from our stakeholders, including our Patient and Public and Council and Commissioners.

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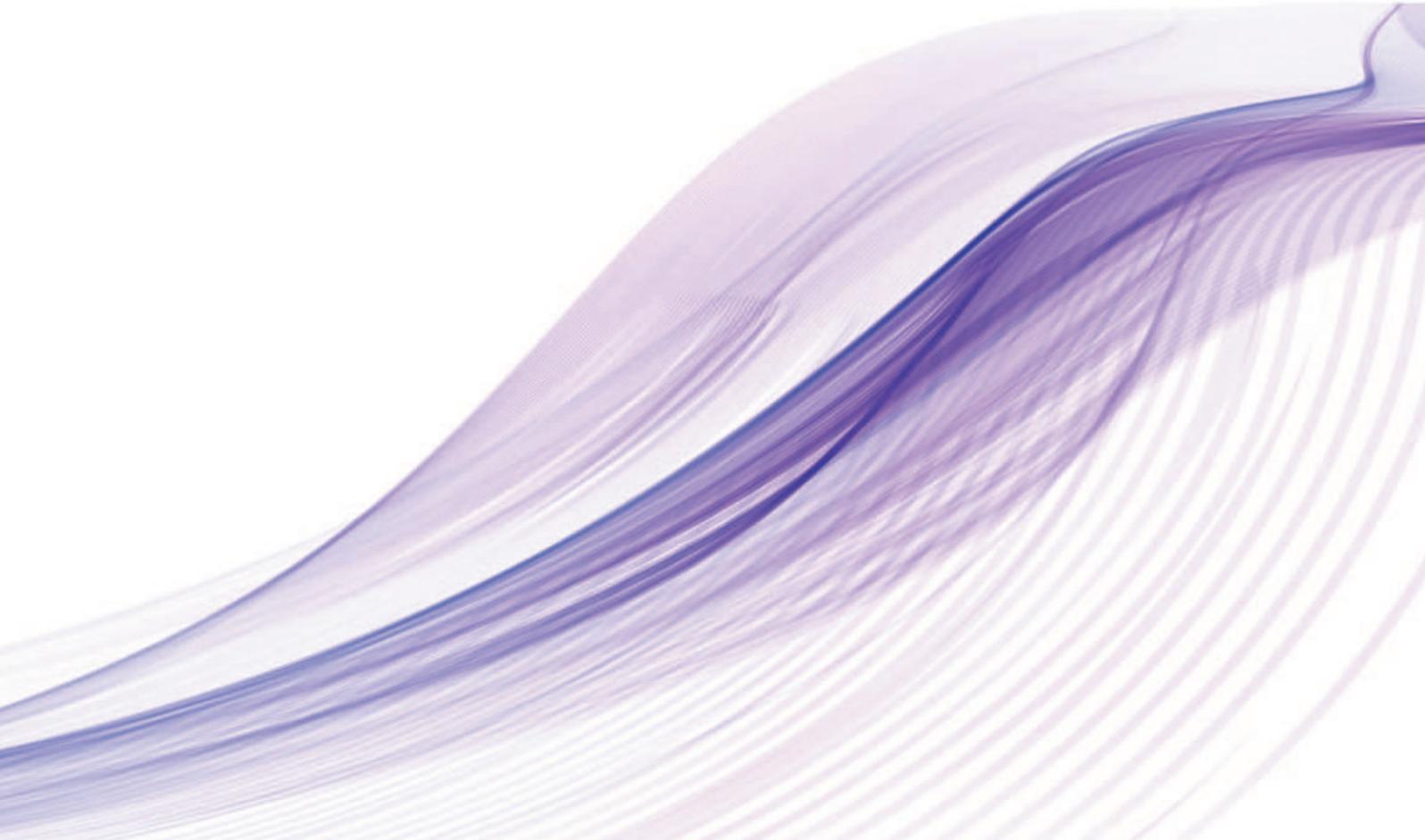
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Part 1:

Foreword and Statement on Quality

Welcome to the London Ambulance Service (LAS) Quality Account for 2022/2023 which provides a review of the quality priorities for the year along with a review of other key services that support the provision of high-quality care and outlines the quality priorities we have set ourselves for 2023/24. Our ambition is to provide patients with the highest quality of care by striving to ensure they receive the right care, in the right place, and at the right time. We provide 999 call handling, hear and treat and ambulance services across London, as well as 111 call handling services in four out of five ICS areas and integrated urgent care clinical assessment services in North East and South East London.

The past year has seen sustained high levels of demand which has resulted in both the 111 and 999 services needing to operate differently in order to maintain safety of care provision to our patients. We worked collaboratively with partner providers to implement several initiatives to make sure we got to people who needed us as quickly as possible, for example introducing 'cohorting' at hospitals to free up ambulances to respond to patients waiting in the community, being one of the two sites for the NHS England Category 2 segmentation pilot, which sees our clinicians assessing appropriate calls to ensure those who are in most need receive the fastest response, and designing and implementing a joint Urgent Community Response service. However, we recognise that during periods of sustained pressure some of our patients waited longer than the national standards for a response, particularly those with non-life-threatening conditions.

Last year, we set 3 themed quality priorities with 12 supporting objectives and associated Key Performance Indicators (KPIs). These priorities were identified from the feedback from our stakeholders, staff and manager engagement as well as internal sources of quality intelligence. We made good progress on many of the plans that we set out to achieve, but the challenges of sustained high demand meant that we weren't able to achieve everything we set out to. Our progress against all priorities is detailed in the 'looking back' section of this report.

Looking forward to 2023/24 we have developed 5 priorities on which we will focus our improvement efforts: cardiac arrest management, care after a fall, hear and treat consultations, reducing delays and infection, prevention and control.

In recognising the progress we have made during the last financial year, we would like to take this opportunity to publicly thank all our staff, volunteers, partner agencies and system wide partners, who have and continue to work incredibly hard in delivering high quality emergency and urgent care to the people of London during another difficult year.



Daniel Elkeles
Chief Executive



Dr John Martin
Chief Paramedic & Quality Officer

	Patient Care – Overview	Status
1	Improve care for patients presenting with out of hospital cardiac arrest and / or ST-Elevation Myocardial Infarction	Partial
2	Improve the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with CORE20PLUS5	Complete
3	Develop a Health Inequalities Action Plan	Partial
4	Improve our compliance with infection prevention and control measures	Complete

	Patient, Family & Carer – Overview	Status
5	Deliver the Right Care, Right Now Programme	Partial
6	Improve how the Trust triangulates and shares learning from incidents, complaints, claims and excellence.	Complete
7	Improve against response and call answering/ call-back indicators, reducing avoidable harm and poor experience due to delays	Partial

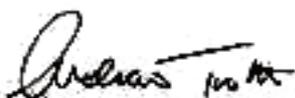
	Staff engagement and support - Overview	Status
8	Improve access to clinical supervision for all clinicians to improve access to clinical development and progression	Complete
9	Improve access to specialist/ advanced practice opportunities and rotational working	Complete
10	Improve the percentage of staff who feel able to make improvements in their area of work	Partial
11	QI projects responding to patient's needs by sector	Complete
12	Back to basics: kit and equipment	Partial

Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHSE has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the Quality Accounts requirements 2022/23 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2022 to March 2023
 - Papers relating to quality reported to the board over the period April 2022 – March 2023
 - Feedback from commissioners dated 23rd May 2023
 - The national staff survey
- The quality report presents a balanced picture of the NHS trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



Andrew Trotter OBE QPM, Chair



Daniel Elkeles, Chief Executive



Part 2: The Look Back: 2022/2023 in Review

Report on the 2022/23 Quality Priorities

Delivering our quality priorities has remained a high priority despite the challenges which have been experienced due to the high demand across the urgent and emergency care system, on-going COVID recovery and other major events which were unexpected e.g. heat wave, industrial action and the death of HM The Queen. Throughout the year sustained focus was required to deliver safe and

effective care and deliver the priorities with a flexible and adaptable approach.

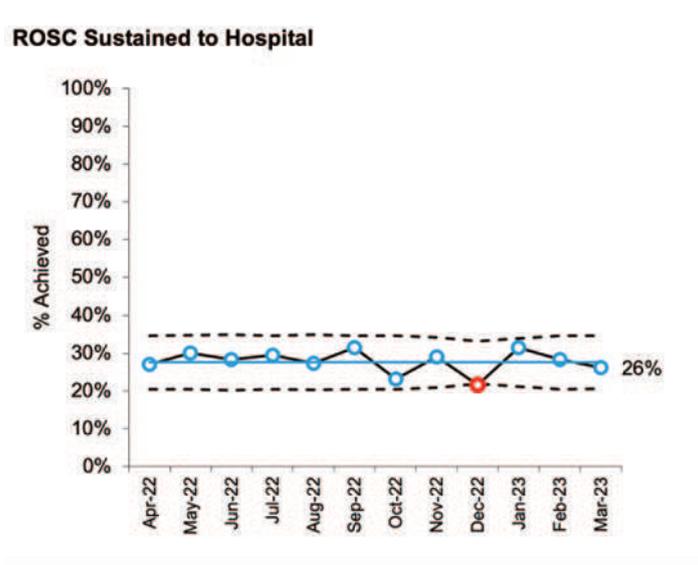
The Trust identified 3 themed quality priorities for the 2022-2023 financial year. These priorities were developed based on our business plan, feedback from our stakeholders and internal sources of quality intelligence. We made significant progress against all elements of the priorities, as outlined in detail in the following sections.

Priority 1 – Patient Care

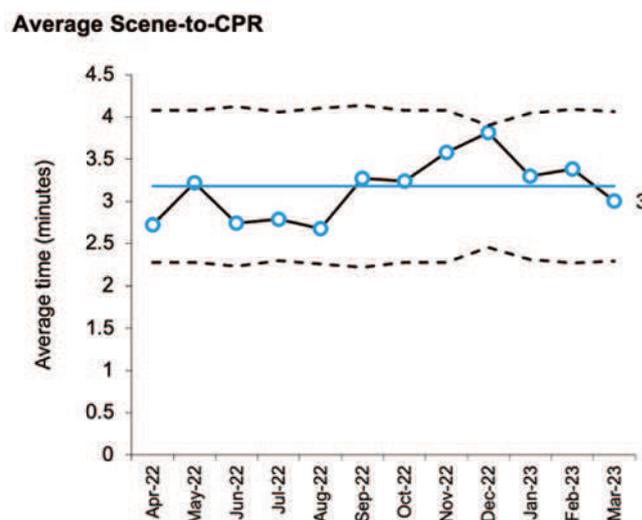
	Patient Care – Overview	Status
1	Improve care for patients presenting with out of hospital cardiac arrest and / or ST-Elevation Myocardial Infarction	●
2	Improve the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with CORE20PLUS5	●
3	Develop a Health Inequalities Action Plan	●
4	Improve our compliance with infection prevention and control measures	●

Objective 1: Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction

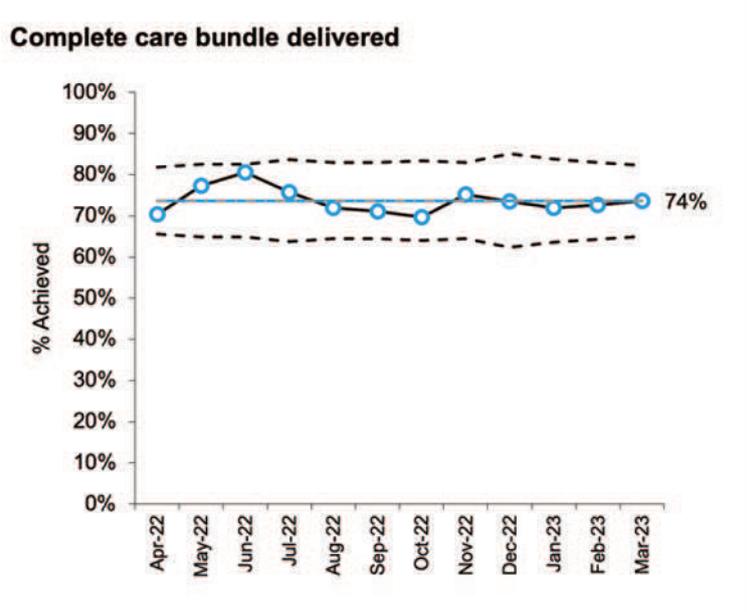
Return of Spontaneous Circulation (ROSC) rates have fluctuated since April 2022 and remain close to 30% target where data is available.



The time measured from arrival on scene to CPR being started has remained below the target of 5 minutes each month and within the statistical process control (SPC) control limits.



Delivery of the STEMI care bundle has remained consistently below the target of 80%. Further work in this area this required to improve delivery of the care bundle. Work on improving delivery of the bundle of care will continue throughout 2023/24.



Objective 2: Improve the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with CORE20PLUS5

We developed a guideline and process for referring patients to primary care with unrecognised hypertension as part of responding to the rise in incidents of cardiovascular disease and stroke and linking with the Core20plus5 approach to reducing health inequalities. We have agreed the referral criteria, analysed historic data to predict the volume of

notifications, designed and tested the workflow and are now ready to undertake a pilot in early 2023/24. We expect that approximately 250 patients per day may benefit from referral Trust wide, equating to approximately 1.4 referrals per GP practice per week. These are patients where the finding was incidental and did not require immediate clinical intervention



Objective 3: Develop a Health inequalities Action Plan

We agreed a CQUIN with our commissioners, and focused on three areas: improving the identification of unrecognised hypertension, improving the care of patients with sickle cell disease through early identification, optimising their treatment and conveyance/ referral decisions, and identifying health inequalities within pre-hospital maternity

care to improve clinical decision making and improved patient experience.

Ethnicity and gender identity is now routinely captured via our electronic patient care record (ePCR), as part of our work to improve use of this data, we intend to analyse 999 contacts, ambulance activity and alternative care referrals in the context of ethnicity, age and gender.

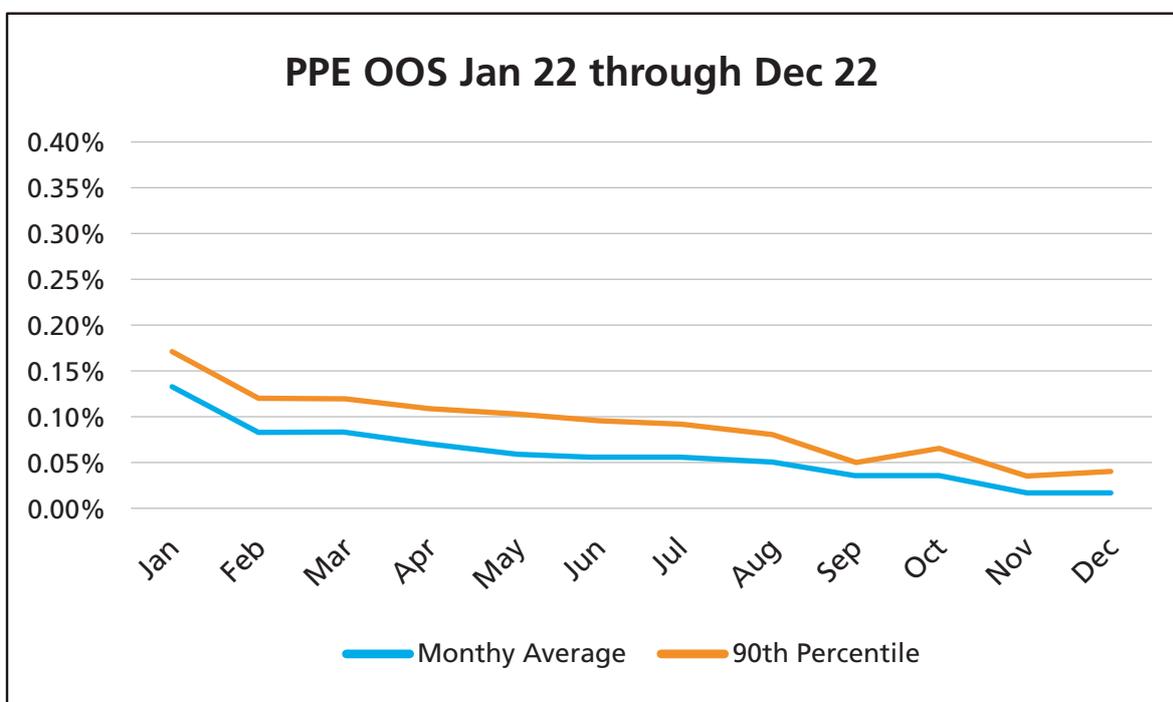
Month	% of EPCR Records with Age Completed	% of EPCR Records with Gender Completed	% of EPCR Records with Ethnicity Completed
Apr-22	95.7%	96.1%	89.4%
May-22	95.4%	95.8%	89.0%
Jun-22	94.9%	95.3%	87.7%
Jul-22	95.0%	95.5%	87.3%
Aug-22	94.9%	95.4%	87.5%
Sep-22	96.5%	96.9%	87.1%
Oct-22	99.5%	99.6%	84.4%
Nov-22	99.6%	99.6%	85.7%
Dec-22	99.7%	99.7%	86.3%
Jan-23	99.7%	99.7%	87.9%
Feb-23	99.4%	99.7%	88.7%
Mar-23	99.7%	99.8%	89.2%

To develop our action plan, we plan to recruit a public health specialist clinician with recruitment to this post commencing from April 2023. Work to develop our health inequalities action plan will continue throughout 2023/24 and forms a key objective in both our Quality priorities, business plan and 5 year strategy.

Objective 4: Improve our compliance with infection prevention and control measures

Following the increased use of personal protective equipment (PPE) throughout the pandemic, we set out to ensure we maintained PPE levels. As we have emerged from the national pandemic we have maintained significant focus on infection prevention and control. All of the 2022/23 work-plan actions were completed along

with new IPC guidance. A multidisciplinary IPC day was held with national and regional speakers. We have maintained our supply and distribution of PPE, improving availability of PPE at ambulance stations and adjusting guidance in lines with national guidance.



February – December 2022 improvement data by month

The improvements have been achieved by implementation of a Cental Asset Management System and improving auto-replenishment of stock to Make Ready Hubs to ensure stock levels are maintained, supported by Plan, Do, Study, Act (PDSA) cycles to understand root causes.

Reinforcing the importance of exemplary hand hygiene practice continues to be communicated to colleagues as part of the IPC annual work programme. IPC Link

Practitioners (IPCLPs) continue to raise hand hygiene standards through leadership and role modelling at stations. A year-to-date review of hand hygiene submissions showed that 9 stations out of 19 met or exceed their annual target. Where audit returns are received, compliance is at a high standard. Further work will be continued into the next year to improve this further, focusing on improving audit returns as part of our priorities for 2023/24.

Priority 2 – Patient, Family & Carer Experience

	Patient, Family & Carer – Overview	Status
5	Deliver the Right Care, Right Now Programme	
6	Improve how the Trust triangulates and shares learning from incidents, complaints, claims and excellence.	
7	Improve against response and call answering/ call-back indicators, reducing avoidable harm and poor experience due to delays	

Objective 5: Deliver the Right Care, Right Place Programme

The 'Right Care, Right Place' programme has been defined and the dedicated board has been re-established following COVID. The following areas will form part of this programme:

- Same Day Emergency Care (SDEC)
- Urgent Treatment Centres (UTC)
- Urgent Community Response (UCR) cars
- Maternity
- Mental Health
- End of Life Care (EoLC)

SDEC Direct or SDEC by exclusion is now live pan-London, with a single information document now available on the mobile directory of services used by ambulance clinicians (MiDoS).

UCR cars are now operating in South West, North East and North Central London. The cars are staffed with paramedics and nurses and operate daily from 08:00-20:00, with solo paramedic staffing overnight.

The UCR teams see patients in lower triage categories and have access to a range of additional skills and diagnostics to enable patients to remain at home where they

might have otherwise travelled to hospital.

We are now the lead provider for the Mental Health Joint Response Cars (MHJRC) across London. We now have an MHJRC working in each sector and an additional car responding to patients in central London (6 in total).

All of these initiatives provide the opportunity for LAS to provide bespoke patient centred care particularly to patients from more vulnerable groups. They have been co-designed with partner healthcare providers and also provide development opportunities for clinicians.

Objective 6: Improve how the Trust triangulates and shares learning from incidents, complaints, claims and excellence.

We set out to develop a virtual notice board and digital repository of learning and to develop the Trust Learning from Experience magazine, INSIGHT, to include more interactive and multimedia content.

To achieve this, we established a new intranet page which will become the central 'notice board' to share key communications around learning. A key aspect of this is using the Learning from Experience page to share learning from thematic reviews, INSIGHT Magazine and triangulated data from the Trust's Safety Investigation Assurance Learning Group (SIALG).

We have re-established the Learning from Experience approach, commenced Virtual Learning from Experience Case Events for staff to attend and discuss case reviews following Patient Safety Investigations and the associated learning and discussion points. Further learning is available from 'Learning from Incidents' posters displayed on stations and available on the intranet. We also share information via our weekly 'TV Live' broadcast, at CPD events, and clinical audit infographics.



Objective 7: Improve against response and call answering/ call-back indicators, reducing avoidable harm and poor experience due to delays

We set out to improve achievement of 999 call answering indicators. Unfortunately, along with ambulance trusts nationally, the increased call volume meant we saw a significant increase in our call answering mean since April 2022, peaking at 150 seconds (2mins 30 seconds) in December 2022. Following the successful opening of

our new 999 control room at Newham in June 2022 and implementation of ClericCAD in September 2022, our focus now is to continue to improve the processes and increase our establishment of emergency call handlers and despatchers. This is being done via the EOC improvement plan.



EOC Call Handler Recruitment Plan, showing the planned increase in call handlers in post and reduction in vacant posts.

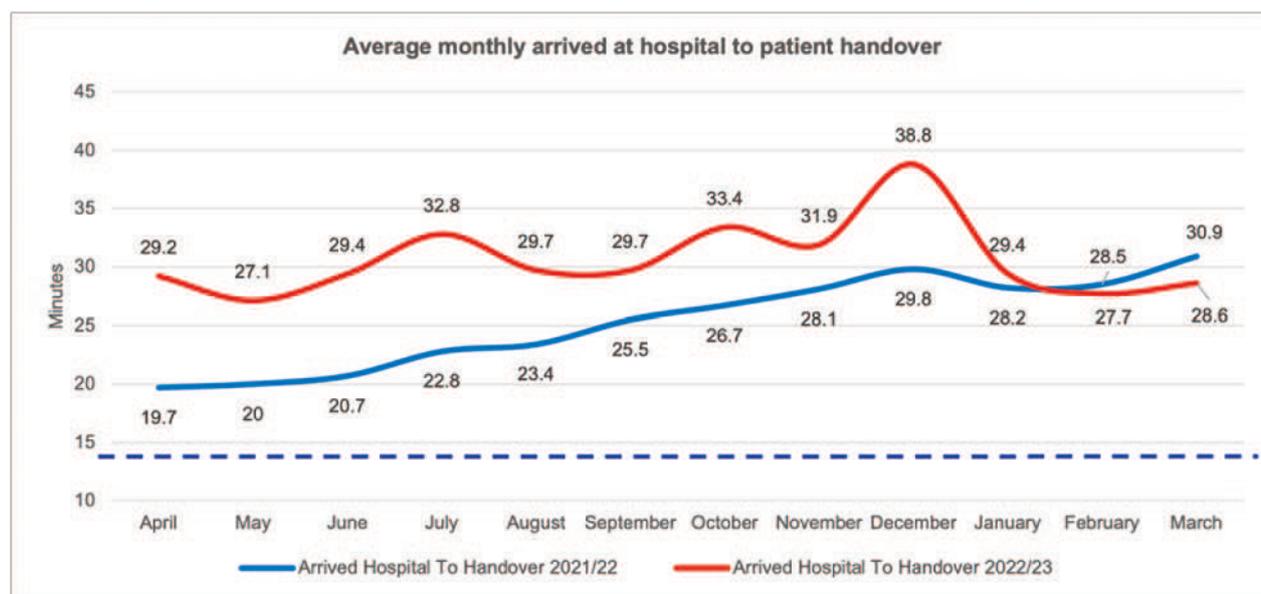
We have also introduced Welfare Text Messaging and can now send an SMS message to callers who are awaiting an ambulance dispatch. This provides reassurance that we are working to send them an ambulance along with a request not to use 999 to ask for an expected time of arrival. This has reduced incoming call volumes whilst enabling us to maintain contact with patients awaiting our attendance. We have also now launched an extensive EOC Transformation programme which includes a call handling improvement stream, which will take forward further work into 2023/24.



We have worked closely with the Metropolitan Police to refine the process for them requesting ambulance support to ensure that the sickest patients are passed via the CAD link and others are formally assessed with a validated triage system either via 999 or 111

To maximise the availability of ambulances we have worked with the ICBs and NHSE

London to reduce the time lost at hospital awaiting handover. At the beginning of 2022/23 the Trust were averaging arrival at hospital to patient handover at 30.9 minutes. The monthly averages fluctuate between 27.1 and 32.8 minutes, until the winter period where they peak at 38.8 minutes. Currently the average is 28.6 minutes.



The total hours of breaches (> 15 minutes) has increased on the previous year, however cohorting, patient flow and hospital delay escalation interventions have been successfully employed to limit the impact of delays on service delivery. Since September 2022 the total hours returned to Ambulance Operations through LAS led cohorting is over 43,000 hours. Whilst handover delays remain a significant issue, we have developed our 'Patient Flow' team, which coordinates ambulance conveyances to an ED, along with establishing and supporting pre-arranged cohorting, ambulance receiving centres (ARC) or dynamic cohorting arrangements. We have revised default 'catchment areas' for challenged EDs and improved our forecasting of conveyance demand by liaising more closely with ambulance crews at scene. We have also agreed a maximum

45 minute ambulance handover standard with all five of our ICBs, which is monitored via our tactical operations centre.

Our NHS 111 service have been working throughout the year to improve the timeliness of 111 call answering and clinical assessments being commenced. There has been ongoing recruitment of Service Advisors and Health Advisors and broadening of our clinical workforce. We have revised our rosters to ensure they meet the patient need, introduced shorter shifts, and encouraged more cover at weekends and during the evenings. We also established a resilient collaborative with Derbyshire Health United from early November 2022 until 28 February 2023, which saw Derbyshire Health United take 5000 calls weekly.

Hear and treat statistics:

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Apr 22 – Mar 23	32 (0%)	10,639 (6.1%)	92,957 (53.1%)	530 (0.3%)	70,614 (40.3%)

Consult and complete statistics:

	NEL	SEL
Apr 22 – Mar 23	142774 (23.19%)	139827 (25.9%)



Priority 3 - Staff engagement and support

	Staff engagement and support - Overview	Status
8	Improve access to clinical supervision for all clinicians to improve access to clinical development and progression	Complete
9	Improve access to specialist/ advanced practice opportunities and rotational working	Complete
10	Improve the percentage of staff who feel able to make improvements in their area of work	Partial
11	QI projects responding to patient's needs by sector	Complete
12	Back to basics: kit and equipment	Partial

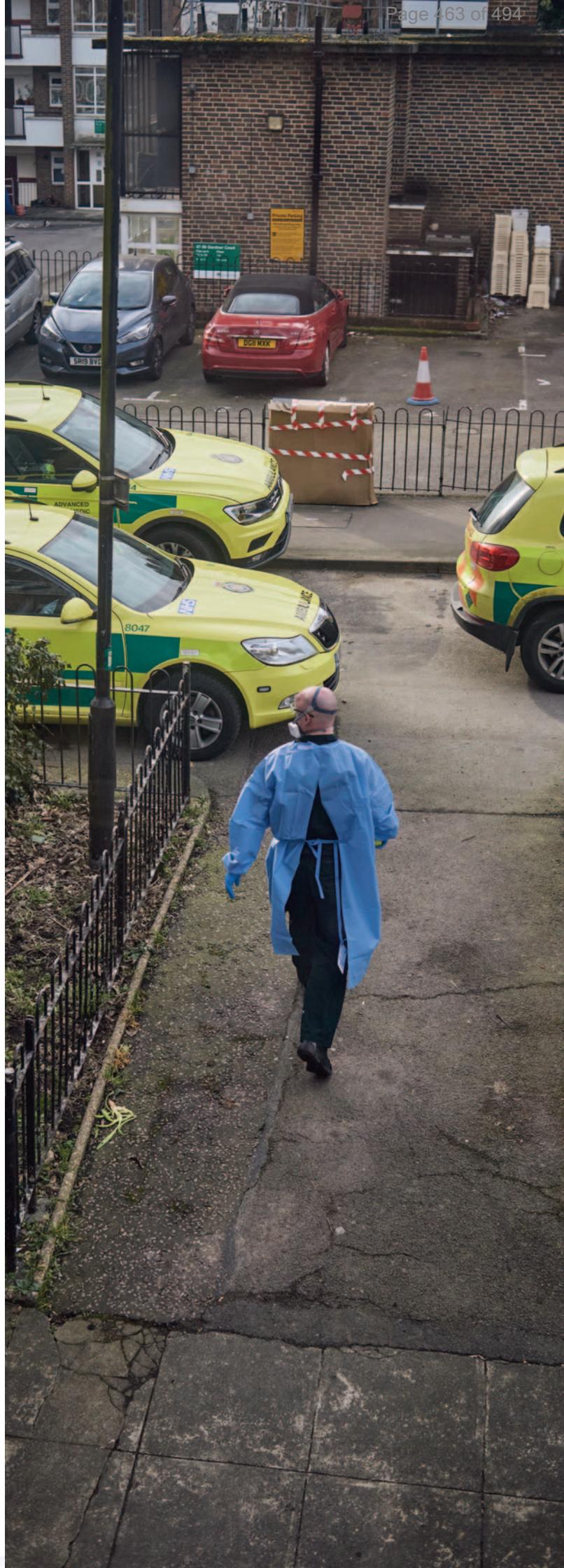


Objective 8: Improve access to clinical supervision for all clinicians to improve access to clinical development and progression

We have transitioned the Emergency Ambulance Crew (EAC) role into the nationally recognised Emergency Medical Technician (EMT) title, a move which was welcomed by staff. We have begun the Implementation of Teams Based Working. An exciting feature of this program is clinical supervisors having dedicated time with their teams to provide clinical support and guidance.

We have recruited a number of Clinical Team Managers, in order to improve managerial and supervisory support as the Trust transitions to Teams Based Working. We have also recruited four new Quality Governance and Assurance Managers, ensuring senior clinical quality support in all operational sectors, and offering progression opportunities to paramedic clinicians. We have also appointed Sector Clinical Leads in all sectors, to support staff alongside the Senior Sector Clinical Leads.

We have also recruited a number of 'first contact' clinicians, a new role which offers the opportunity to obtain further clinical qualifications and develop new clinical skills in primary care under the supervision of general practitioners.



Objective 9: Improve access to specialist/ advanced practice opportunities and rotational working.

We have increased our complement of advanced paramedics and first contact paramedics over the course of the year following successful recruitment events, which include robust clinical selection processes.

During 2022/23 we recruited the following additional staff:

Advanced Paramedic Practitioner-Critical Care= 4 staff (APP-CC)
Advanced Paramedic Practitioner-Urgent Care= 15 staff (APP-UC)
First Contact Paramedic= 3 staff (FCP)

This brings our current totals to:

Advanced Paramedic Practitioner-Critical Care= 40 staff (37.35 WTE) (APP-CC)
Advanced Paramedic Practitioner-Urgent Care= 56 staff (55.5 WTE) (APP-UC)
First Contact Paramedic= 26 staff (26 WTE) (FCP).

Opportunities for secondments and part time/portfolio working have been used as retention strategies and to enhance the knowledge and experience within each

team. This is in addition to rotational working practices embedded within APP-UC and FCP.



Objective 10: Improve the percentage of staff who feel able to make improvements in their area of work.

Giving staff the medium and opportunity to share ideas for improvement was fundamental within this objective. We note

modest improvements in the autonomy and control reported by our staff via the NHS staff survey.

Autonomy and Control	LAS 2021 Positivity Score	LAS 2022 Positivity Score	
Always know what work responsibilities are	83.8%	85.1%	↑
Feel trusted to do my job	79.1%	79.9%	↑
Opportunities to show initiative frequently in my role	57.8%	57.9%	↑
Able to make suggestions to improve the work of my team/department	44.3%	47.0%	↑
Involved in deciding changes that affect work	21.7%	24.8%	↑
Able to make improvements happen in my area of work	26.2%	28.5%	↑

A Quality Improvement engagement mobile app was implemented at the beginning of the year, this has not been utilised as well as intended and our next steps are to focus on specific project, for example in Make Ready, EOC and areas with Team Based Working. This is in addition to local initiatives across stations and groups encouraging staff engagement on improvements, from simple conversations, idea 'boxes', specific email addresses, and use of social media. In 2023/24 we will establish a 'Getting the Basics Right' quality improvement project, responding to staff feedback on where we should focus our efforts.

We have introduced 'Quality Bites', a weekly information and guidance tool included in the Trust Routine Information Bulletin (RIB). This weekly news article

promotes quality improvement, quality improvement training and various other aspects of quality governance.

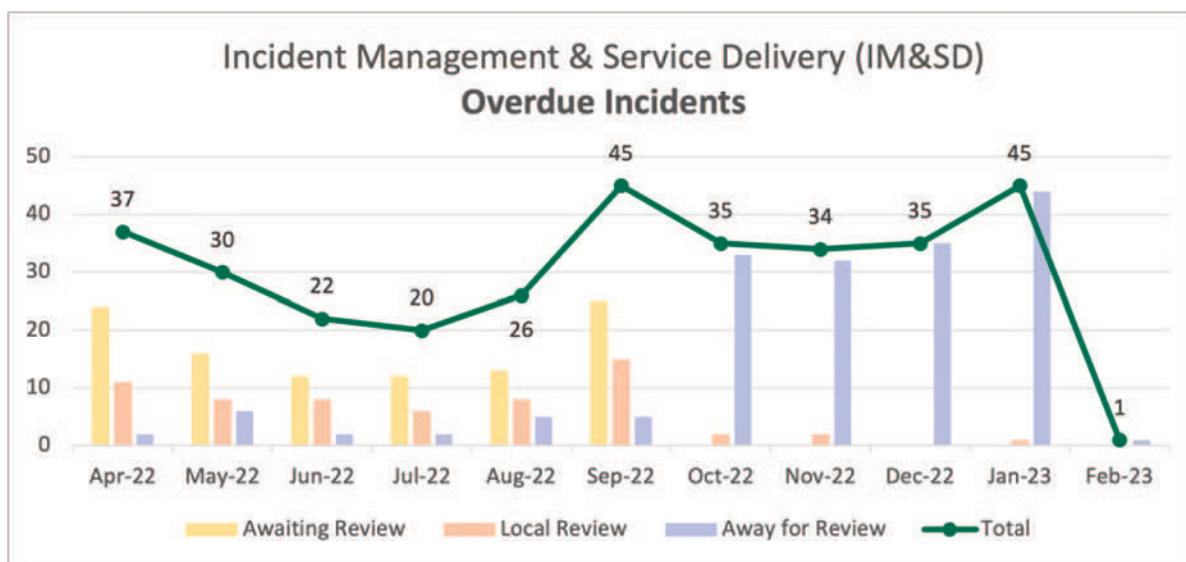
Objective 11: QI projects responding to patients' needs by sector

We sought to implement Quality Advocates in each sector. Unfortunately due to operational pressures this remains a work in progress and the timeline for achieving this has been extended into 2023/24. It is intended that Quality Advocates will engage staff and raise awareness of quality improvement, assurance and learning; acting as a communication link between the Quality Directorate, the Sector Quality Governance & Assurance Manager, Quality Support Officer and local colleagues.

Even when the service is operating under increased demand it is important to continue to improve and learn. We sought to undertake Quality Improvement projects across the Trust during 2022/23 and are pleased to share two examples as part of this Quality Account.

Emergency Operations Centre: Addressing delays in investigating and progressing incident reports.

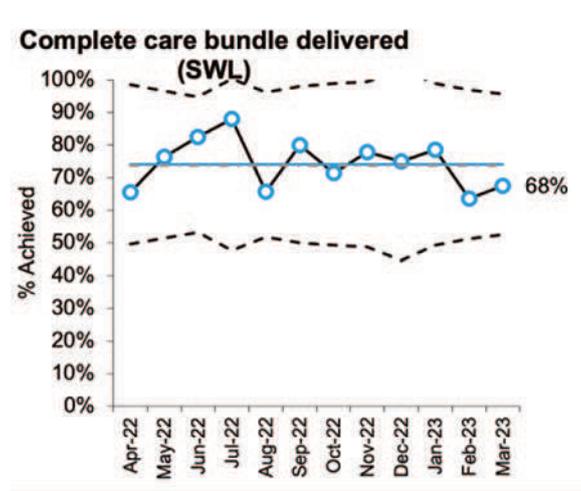
From a baseline in April 2022 of 222 overdue incidents across all 999 departments (EOC, CHub and IM&SD) there was some initial improvement as a result of increased reporting and focus at the 999 Quality Group. Due to competing priorities the rate of reduction was not sustained and following a difficult winter we saw a further spike in overdue incident investigations. Of particular note from the breakdown by department is the success IM&SD have had in reducing their overdue figure to almost zero, as a result of sustained focus with an emphasis on learning and feedback.



South West London: Improving the STEMI Care Bundle.

The aim of this project was to improve compliance with delivery of full STEMI care bundle which had seen below average compliance historically; and particularly to improve compliance with the provision of analgesia. A range of improvement methods were tested, including feedback to clinicians, written articles highlighting the

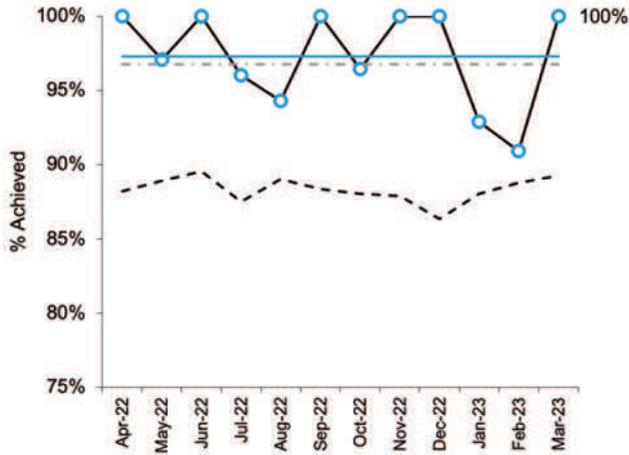
importance of good STEMI care, virtual CPD sessions, and face to face and virtual delivery of ECG refresher sessions. As a direct result of the improvement initiative, a 28% improvement in delivery of the complete STEMI care bundle, was achieved across the South West sector, between January and July 2022; with the full STEMI care bundle delivered to 83 & 88% of patients in June and July respectively.



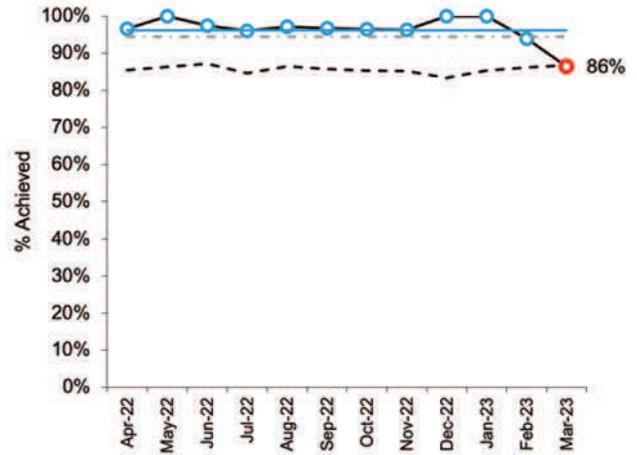
Unfortunately, this improvement was not sustained, and compliance varied between 64 and 80% for the remainder of the year. While this was disappointing, improvements in specific elements of care were achieved and sustained for the

majority of the year. Specifically the documenting of two pain assessments, and the administration of both aspirin and GTN; both of which saw compliance of 100% by December 2022, being 6% and 5% above LAS average respectively.

Two pain assessments documented (SWL)



Both aspirin and GTN administered (SWL)



These improvements are being rolled out to the other Sectors through the Senior Sector Clinical leads. During 2023/24 we will be continuing to focus on achieving improvements, maximising the opportunities for sharing learning through

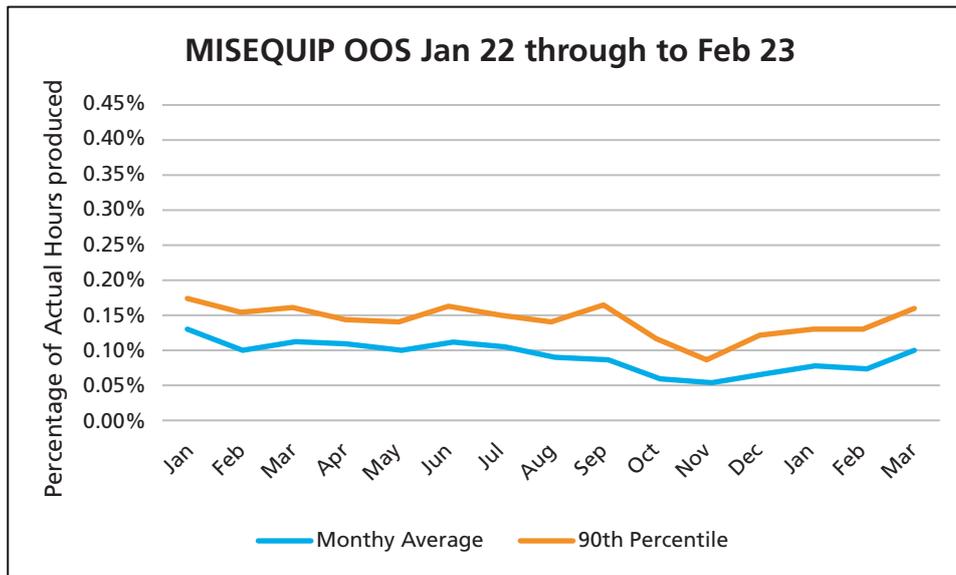
teams based working in conjunction with other methods; in order to maintain improvements, and aim of increasing compliance with administration of analgesia.



Objective 12: Back to basics: kit and equipment

We sought to reduce missing equipment incidents and we continue to see a reduction in out of service for this reason. We have now launched auto-replenishment of equipment at hubs, which will increase

the availability of equipment when and where it is needed. We have seen a significant improvement in this area, with a reduction from the 2021 average of 0.14% to 0.07% in the last quarter of 2023/24.



We have begun implementation of a Central Asset Management System for equipment which monitors the auto-replenishment of consumables against set minimum levels at our Make Ready hubs ensuring greater availability of stock. Further work includes the implementation of a Make Ready App that will provide better oversight of equipment on each DCA, completion of equipment asset tagging and the stencil marking, which has already begun to reduce losses and encourage returns from other Trusts.

Work on quality priorities which were partially achieved in 2022/23 will continue throughout the next financial year and will be monitored as part of our 2023/24 business plan, CQUINs and ongoing quality account priorities.



Core Quality Account Indicators Report

Ambulance Quality Indicator performance - C1-C4 response

During 2022/23 we did not meet our mean or 90th centile response standards and our position was worse overall than the previous financial year.

Metric	Standard	Financial Year	
		2021-22	2022-23 ¹
C1 Mean	7 minutes	00:06:50	00:08:08
C1 90th Centile	15 minutes	00:11:35	00:14:02
C2 Mean	18 minutes	00:38:18	00:47:40
C2 90th Centile	40 minutes	01:27:20	01:48:54
C3_Mean		01:37:12	01:41:03
C3 90th Centile	120 minutes	04:08:09	04:19:24
C4_Mean		03:24:40	03:24:40
C4 90th Centile	180 minutes	07:22:25	07:29:50

The London Ambulance Service considers that this data is as described for the following reasons: this data is captured from a number of sources, such as the computer aided dispatch system, electronic and paper care records, and our vehicles' Mobile Data Terminals. A variety of Data Quality process are then undertaken in order to provide assurances over the data's accuracy. Reducing delays will continue to be a quality priority for 2022/23, with an agreed trajectory to bring C2 response

times below 30 minutes by the end of the financial year.

Ambulance Quality Indicator performance – STEMI, Stroke & Cardiac Arrest care bundles

The Trust submitted the following information to NHS England for the reporting period 2022/23 and 2021/22 regarding the provision of an appropriate care bundle to STEMI patients and those resuscitated after cardiac arrest, as well as a diagnostic bundle for stroke patients.

¹ 2022/23 Response Time Performance excludes Oct'22 and Nov'22 data please see the Annual Governance Statement for further explanation. This is due to a data coding error which led to incorrect reporting of some category 1 response times between August 2020 and September 2022. This error was identified following implementation of our new computer dispatch system, reported to NHS England and has subsequently been subject to independent review.

	2021-22		2022-23*	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	67.7%	75.5% (60.4-93.6)	70.4%	72.8% (58.4-96.8)
Stroke patients	94.8%	97.3% (94.7-99.3)	96.1%	96.4% (93.2-99.7)
Cardiac Patients**	84.9%	77.2% (62.1 -84.9)	86.5%	77.9% (60.3-97.7)

*At the point of preparation of this Quality Account, NHS England published data for April to November 2022.

** Post – resuscitation patients only

Patient safety incidents

The number and rate of patient safety incidents reports during 2021/22 and 2022/23 are as follows:

	2021/22	2022/23
Total Patient Safety Incidents Reported	5,968	6,580
Rate of Patient Safety Incidents/1000 EOC Contacts (average)	2.68	3.16

	2021/22	2022/23
Total Patient Safety Incidents Reported	2,303	2,368
Rate of Patient Safety Incidents/1000 111 Calls (average)	0.93	1.36

The number and rate of patient safety incidents reports resulting in severe harm or death during 2021/22 and 2022/23 are as follows:

	2021/22	2022/23
Total Patient Safety Incidents Reported (EOC Contacts)	5,968	6,580
Total Patient Safety Incidents – Severe or Death	78	176
Rate of Patient Safety Severe or Death Incidents/100 Patient Safety Incidents (average)	1.3	2.68

	2021/22	2022/23
Total Patient Safety Incidents Reported (111)	2,303	2,368
Total Patient Safety Incidents – Severe or Death	3	9
Rate of Patient Safety Severe or Death Incidents/100 Patient Safety Incidents (average)	0.16	0.38

The London Ambulance Service considers that this data is as described for the following reasons: this data is captured on

the Trust Risk Management system, Datix, and rates indicate a good reporting culture. The number of patient safety incidents

reported per month saw an increase between September and December 2022 with 18 consecutive weeks above the mean. This is attributed to a sustained period of high demand and associated REAP4, and further considers the implementation of ClericCAD. The main theme through incident reporting (over the past 2 years) is delayed response.

All patient safety incidents are reviewed to ensure that a proportionate response is applied, in line with the Patient Safety

Incident Response Framework. The London Ambulance Service has taken the following actions to improve this and so the quality of our service by reviewing patient safety incidents relating to delays via a Structured Judgement Review (SJR) process to ensure consistent and robust oversight of delays and identify any system-wide learning. This led to improvement work targeting the dispatch of fast response units to high risk determinants, such as patients presenting with chest pain, and further reviewing the adequacy of the welfare ring back process.

Clinical Audit and Research

The Trust has a robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities. During 2022/23, we examined the care provided to a wide range of conditions including cardiac arrest, acute coronary syndromes, stroke and severe sepsis, difficulty in breathing, mental health, sickle cell crisis, pain, transient loss of consciousness, and medicines administration. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Our research program continued to perform strongly (see Appendix 1). We collaborated on successful bids for funding and have had seven publications in peer-reviewed scientific journals, and presented at international conferences.

We continued to support the development of the NHS England Ambulance Quality Indicators, working with NHS England on behalf of the National Ambulance Service Clinical Quality Group. Our Head of Clinical Audit & Research continues to Chair the National Ambulance Research Steering

Group, and sits on various committees with key partners and stakeholders (including the British Heart Foundation and the UK Resuscitation Council) to continue to champion and develop prehospital research nationally, encourage collaboration and influence changes to national policy and practices.

Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1st April 2022 to 30th January 2023 that were recruited during that period to participate in research approved by a research ethics committee was 997. In addition, 41 staff participated in NIHR portfolio studies as participants.

Clinical audit

During 2022/23, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the Trust participated in 100% of national clinical audits in which it was eligible to participate. The national clinical audit and national confidential enquiries that the Trust was eligible to



participate in during 2022/23 are as follows:

1. National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)

2. NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

- Outcome from cardiac arrest:
 - Number of patients
 - Return of Spontaneous Circulation (ROSC)
 - Survival
 - Post-resuscitation care bundle
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke
- Outcome from sepsis

The national clinical audits that the Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Number of cases submitted*	Percentage of cases submitted as eligible for inclusion
National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	5,991	100%
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	a) 5,972	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital a) Overall group b) Utstein comparator group	a) 2,102 b) 257	100%
NHS England AQI: Outcome from cardiac arrest – 30-day survival a) Overall group b) Utstein comparator group	a) 2,071 b) 248	100%
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care a) Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	a) 291	100%
NHS England AQI: Outcome from acute STEMI a) Time from call to angiography for confirmed STEMI patients: Mean and 90th centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 516 b) 443	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90th centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 2,037 b) 2,228	100%
NHS England AQI: Outcome from sepsis – Sepsis care bundle a) Care bundle delivered to adult suspected sepsis patients with a National Early Warning score of 7 and above (includes a set of clinical observations, provision of oxygen, fluids and pre-alert)	a) 1,332	100%

*At the point of preparation of this Quality Account, OHCAO and NHS England reported data were available for April 2022 – September 2022.

The Trust considers that the data in the table above is as described for the following reasons: this data is captured by the LAS from clinical records completed by ambulance clinicians attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported to NHS England.

The reports of the above national clinical audits were reviewed by the provider in 2022/23 and the Trust has taken actions to improve the quality of healthcare provided (see Appendix 2).



Looking Forward: Our Quality Priorities for 2023/2024

For the new financial year, we have identified 5 quality priorities. In order to shape the priorities around the needs of our patients, we developed a task and finish group, and undertook engagement with key stakeholders, including members of the Public and Patients Council (which provides a voice for patients in the design, development and delivery of services).

In identifying these priorities, we have considered:

- Our progress against the 2022/23 quality priorities
- Triangulation of data sources
- The new CQC strategy and framework
- Sources of quality intelligence and performance metrics, business plans and our strategic intentions
- What matters to our staff, patients and the communities we serve.

Our 5 priorities for 2023/24 are:

- **Cardiac arrest management**
- **Care after a fall**
- **Hear & treat consultations**
- **Reducing delays**
- **Infection Prevention and Control**

To deliver improvements in these priority areas, we have identified several specific objectives and will use key performance indicators to measure improvement over the coming year.

Our progress against these priorities will be monitored and reported on a monthly basis throughout the year to ensure we deliver

meaningful improvement on each objective. A full report will be included in the annual Quality Account for 2023/24.

Quality Priority	Source	KPI(s)
Cardiac arrest management	<ul style="list-style-type: none"> • Patient safety incidents • National Benchmarking 	<ul style="list-style-type: none"> • Improve return of spontaneous circulation rates to $\geq 30\%$ • Deliver resuscitation update training to 85% of staff
Care after a fall	<ul style="list-style-type: none"> • Patient safety incidents • Clinical Performance Indicators 	<ul style="list-style-type: none"> • \uparrow Urgent Community Response provision to 16 response teams pan-London • Deliver spinal immobilisation training to 85% of staff
Hear & treat consultations	<ul style="list-style-type: none"> • Trust Risk Register • Licensing requirements 	<ul style="list-style-type: none"> • Implement Clinical Guardian across 999 and 111 • Implement Category 2 Segmentation Programme
Reducing delays	<ul style="list-style-type: none"> • Patient Safety Incidents • Ambulance Quality Indicators 	<ul style="list-style-type: none"> • Achieve a ≤ 30 minute C2 mean in line with trajectory • Achieve a ≤ 10 second call answering mean in line with trajectory
Infection Prevention and Control	<ul style="list-style-type: none"> • Quality visits • IPC Audit Validation 	<ul style="list-style-type: none"> • Achieve 90% hand hygiene audit compliance • Implement audit software replacement



Part 3

Statements on Quality Infrastructure

Patient Experience

Patient experience and feedback can help us to understand whether our service is safe, caring, responsive, effective and well-led.

We therefore welcome and take all patient and stakeholder feedback very seriously in order to identify any care and service delivery problems and share learning to improve our service.

Trends and emerging themes are regularly reported through the Trust's governance forums. To widen the learning, we publish anonymised case examples on the Trust website and have contributed anonymised case examples to our 'Insight' publication which is disseminated across the Trust. We

similarly report cases of significance to the National Ambulance Service Patient Experiences Group, comprising all UK ambulance services. We work closely with advocacy providers, especially POhWER, the largest provider in London.

We have set up weekly meetings to triage new complaints. Specific cases relating where the service provided affected the patient's outcome are routinely shared with the Executive team for review. We also routinely escalate cases to the Quality, Improvement and Learning team where harm has occurred and to ensure that a joined-up approach is taken as part of the Patient Safety Incident Response Framework.

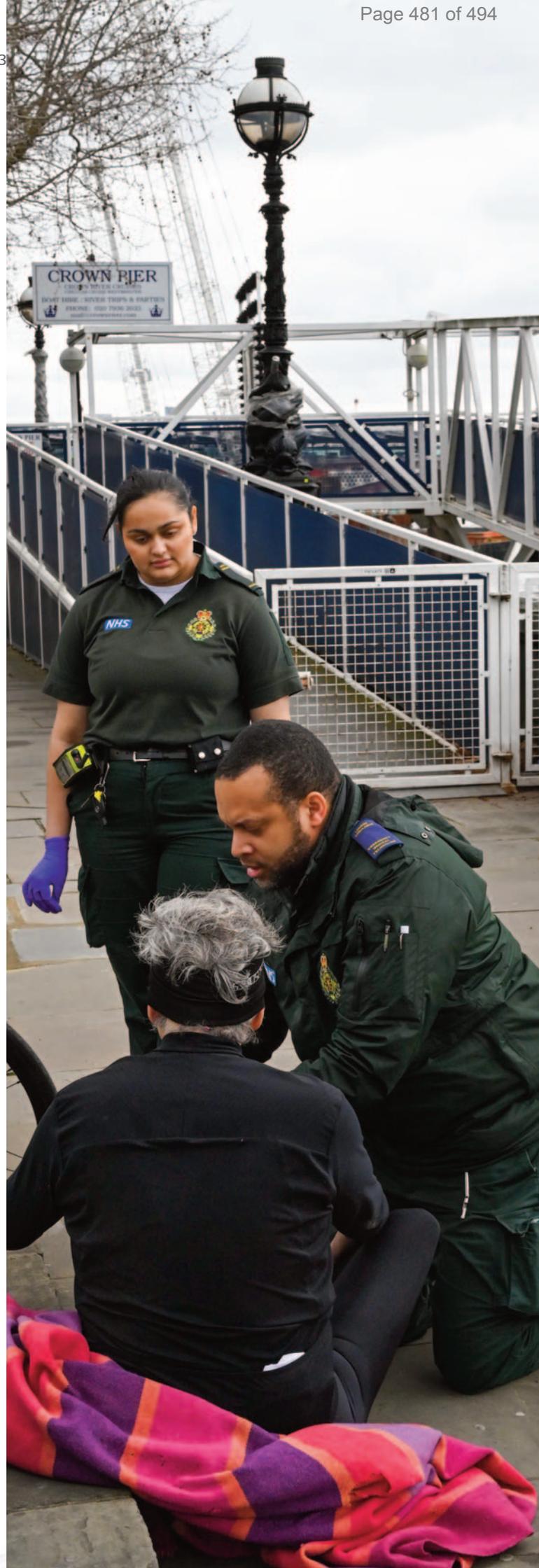


We have successfully negotiated with senior managers from other teams regarding investigation turnaround times and introduced clear monitoring and escalation process for overdue investigations. These have been included in a new Standard Operating Procedure for complaints management.

Learning from complaints is routinely identified and shared via local management teams. We continue to work with local management teams to ensure that learning is shared effectively with affected staff and that staff are engaged with the complaint process. Effective engagement with patients and staff regarding the complaints process is embedded in our revised complaints and feedback policy. The policy is based on the Parliamentary and Health Service Ombudsman's model complaints handling guidance.

We publish information about communicating with us in other languages and in easy read format on our website. An online complaints form is sent to each complainant to inform us of how we have managed their complaint.

We continue to have a strong working relationship with the Parliamentary and Health Service Ombudsman. We have recently been the pilot site representing all UK Ambulance Trusts to design the new NHS Complaint Standards. The standards include early resolution of complaints and embedding a quality improvement culture across the Trust.



Safeguarding

Safeguarding provides assurance through the Safeguarding Assurance Group to the Quality Oversight Group. We report on our activity for 999 services via the Safeguarding Health Outcomes Framework Template and via quarterly reports for our IUC services. The Trust attends the Brent Safeguarding boards for children and adults and provides further assurance through those boards.

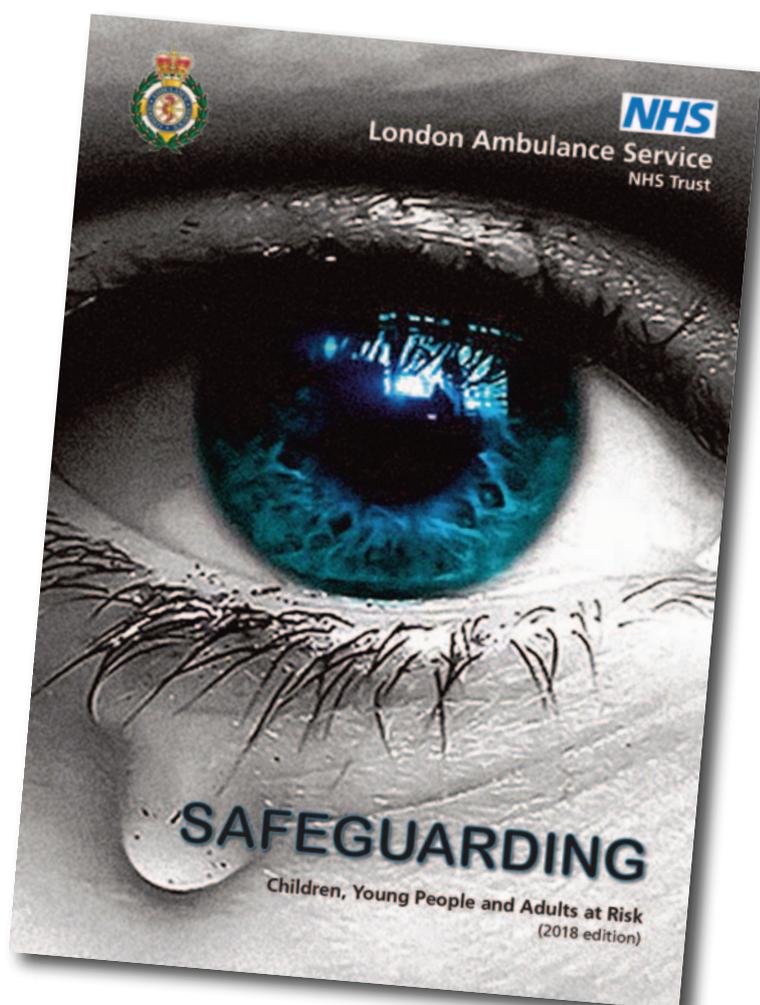
We have a range of policies and procedures in place in respect of safeguarding, and keep these up to date and well communicated to our staff.

Safeguarding referrals and concerns being raised by staff remain within expected range, demonstrating staff awareness of safeguarding issues and the importance of reporting these.

We have continued to see an increase in the reporting of safeguarding allegations against staff, including in relation to sexual assaults and harassment. This was expected following the launch of our Sexual safety Charter and campaign to encourage staff to speak up.

Safeguarding training is part of our statutory and mandatory training programme and in line with the intercollegiate document. Safeguarding training is delivered using a combination of e-learning and face-to-face (including virtual) education. Training is provided to a high standard by Trust Safeguarding Specialists. We achieved by end of calendar year 87.96% for level 1, 54.46% for level 2 and 84.33% for level 3, level 2 & 3 are below our compliance targets, which are 85% by end of financial year and a recovery plan is in place to improve compliance.

The Trust provides information to Multi Agency Risk assessment conferences and participates in Safeguarding Adult Reviews



(SAR's), Safeguarding Child Practice Reviews (SCPR) and Domestic Homicide Reviews (DHR) when required.

In November we held a Safeguarding Conference for 200 staff and covered a range of topics with lived experiences, including Trauma informed care and CSA, having difficult conversations, learning from incidents, Serious Crime Act and Domestic Abuse Act and duty to report. Substance misuse and safeguarding impact, online gaming & grooming and Learning disabilities. The Deputy Chief Executive Officer also presented a number of Safeguarding Star Badges and Certificates for outstanding safeguarding work.

Full details of safeguarding can be found in the LAS Safeguarding Annual Report.

Information Governance

The Trust continues to strengthen its arrangements for Information Governance

(IG). We have a robust programme of IG improvements and awareness and a governance framework to monitor and assure the security of our information. An executive-led Information Governance Group is in place, as well as an Information Governance Policy framework. These ensure the execution of the Trust IG agenda.

IG incidents are reported via the Trust incident reporting system, Datix, which is the Trust risk management system. The Information Governance Manager is notified and reviews the IG incidents and, where necessary by the Quality Governance and Assurance team. 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. During 2022/23 four incidents were notified via the data security incident reporting portal. Of these, all four were reported to the ICO and one was also reported to the Department of Health and Social Care and NHS England. This incident specifically related to an external cyber-attack upon a third party software supplier used by the Trust. Of the four incidents reported, two have now been fully investigated and the cases are now closed with the ICO.

On or before 30 June 2023, the Trust will be expected to submit a self-assessment of its Data Security and Protection status via the NHS Digital's Data Security and Protection Toolkit (DSPT). This is a mandatory submission by all organisations that have access to NHS patient data and it provides assurance that they are practising good data security and that personal information is handled correctly. Based on progress so far, the Trust is on course to provide a "Standards Met" DSPT submission.



Throughout 2022/23, we have continued to participate in CQC engagement meetings and responded to routine enquiries. All enquiries have been responded to appropriately with no outstanding queries requiring action.

We retain a rating of 'Good' overall.

CQC rating

Good

Statements from stakeholders

London Ambulance Service Patient and Public Council

Thank you for sharing the London Ambulance NHS Trust Quality Account for 2022/23.

The London Ambulance Service Public and Patients' Council (LASPPC) recognises that this account has been produced at a time where the London Ambulance Service continued to experience extremely high levels of demand as well as industrial action over December, January, February and March. The Council would like to acknowledge and thank staff and volunteers from across the Service for their outstanding commitment and dedication to patients across London during this very challenging time.

In light of this sustained pressure and demand, the Council has been impressed by the progress made in the quality priorities set last year (2022/23) and are pleased to have worked collaboratively with the Trust on a number of these priorities.

The Council has worked closely with the Trust on developing the priorities for the year, and are proud that council member representatives have provided a voice for patients and the public in a number of the Trust's committees and working groups. We have supported a number of key initiatives across the organisation, as well as providing input on the delivery and implementation of the service through our regular Council meetings.

The Council has also worked collaboratively

Christine Beasley
Co-Chair

with the Trust as they continued to make improvements in a number of other quality priorities for 2022/23. For example, including involvement in the development of the Trust's new 5 year strategy and emerging estates 'vision'. Reports from regular council meetings are also presented to the Trust board.

We have been impressed with the level of engagement the Trust has done to involve the Council in the year's quality priorities and we would like to express our appreciation and thanks to your staff who have made progress whilst continuing to manage a huge increase in demand following the pandemic and through periods of industrial action. We also acknowledge their determined commitment to delivering high quality services to patients and we look forward to seeing this relationship becoming stronger throughout the upcoming year.

In looking forward to the quality priorities of 2023/24, the Council can confirm that our members were involved in the development of these priorities, and during these development sessions members welcomed, but also fed into, the five priority areas set out for the year. These priorities demonstrate that patients are truly at the heart of the Service and we are looking forward to another year of working together closely as the Trust sets out to achieve them.

Michael Bryan
Co-Chair

Commissioners' Statements



Charlie Sheldon
Chief Nursing Officer
NWL ICB
15 Marylebone Road
London NW1 5JD

Email: nhsnw.headsofquality@nhs.net

23 May 2023

Daniel Elkeles
Chief Executive Officer
London Ambulance Service NHS Trust
220 Waterloo Road
London SE1 8SD

SENT BY E-MAIL

Dear Mr Elkeles

Re: London Ambulance NHS Trust Quality account 22/23

The NHS North West London Integrated Care Board (NWL ICB) and its Associate Commissioners welcome the opportunity to review and provide a commissioner statement for the London Ambulance Service NHS Trust Quality Account for 2022/23 having reviewed the information contained within the account. Where possible, information has been cross referenced with data made available to commissioners during the year.

The ICB acknowledges and thanks the Trust for its hard work and dedication to providing quality care during what has continued to be an exceptionally challenging time. Commissioners have been particularly impressed by the Trust's commitment, resilience and collaborative working with system partners.

The account provides an informative summary of the work undertaken during 2022/23 and showcases an equitable balance between the positive achievements and acknowledgement of areas identified for improvement. The ICB recognises the efforts made thus far and is supportive of the Trust's decision to extend timelines for implementing Quality Advocates into all sectors by 2023/24 that were affected by operational pressures.

The commissioners note the progress made against the 2022/23 quality priorities and recognise the positive actions the Trust has taken through a number of innovative initiatives to improve emergency response times and maintain patient safety; such as the 'NHS England Category 2 segmentation pilot' and 'Urgent Crisis Response service'. Most importantly, the Trust has demonstrated real ambition and commitment

The North West London Integrated Care System is a collaboration of NHS, local authority, voluntary and community sector organisations

to addressing health inequalities by the recruitment of a Public Health specialist to help progress the health inequalities agenda forward.

The ICB would like to thank the Trust for its engagement efforts with various stakeholders in the identification and shaping up of the set quality priorities for the coming year. Commissioners would have welcomed more information on patient experience and engagement, in addition to how the service could learn from people with lived experiences in service developments.

The ICB is satisfied that the overall content of the quality account meets the required mandated elements.

On behalf of NWL ICB and Associate Commissioners, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB supports the on-going quality priorities for 2022/23 and looks forward to working with the Trust in exploring further quality improvement initiatives to build on the provision of safe and effective services for our patients.

I would like to take this opportunity to thank the Trust for its continued focus on quality in 2023/24.

Yours sincerely



Charlie Sheldon
Chief Nursing Officer
NHS North West London



NHS South West London
Integrated Care Board

Dr John Byrne
Chief Medical Officer
South West London ICB
3rd Floor, 120 The Broadway
Wimbledon SW19 1RH

19 June 2023

Dear Jacqui,

Re: London Ambulance Service (LAS) Quality Account 2022/2023

Thank you for sharing the Trust's 2022/2023 Quality Account with South West London Integrated Care Board (SWL ICB). Having reviewed the Quality Account, we are pleased to see the progress made by the Trust in maintaining high quality care standards. It is evident that there is a significant amount of positive work the Trust has undertaken to improve outcomes for both patients and staff. We acknowledge the significant level of demand and pressure the Trust has seen over the last 12 months not just with the London Ambulance Service facing handover delays to EDs but the pressures front line colleagues have faced in many Urgent and Emergency Care services across the country. We commend the resilience of our ambulance colleagues.

The ICB congratulates the Trust on achieving the priorities set for 2022/2023 and identifying areas where work will continue into 2023/2024 and applauds the Trust for being one of the early adopters of the Patient Safety Incident Response Framework (PSIRF) implementation.

We are assured to hear that the time from arrival on Scene to CPR (SPC) being started has remained below the target of five minutes and is within the SPC control limits, and that you are concentrating on improving the delivery of the STEMI (ST-segment elevation myocardial infarction) care bundle, which is currently below the target of 80%.

We applaud that you are improving the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with CORE20PLUS approach to reducing health inequalities.

Please note our gratitude to the Trust on your proactive engagement and commitment with SWL partners to embed system learning following the recent multi-agency patient safety incident and investigation.

For 2023/2024, we acknowledge the Trust has identified the following quality priorities:

Clinical Effectiveness

1. Cardiac arrest management
2. Care after a fall
3. Hear and treat consultations
4. Reducing delays and infection
5. Prevention and control.

We acknowledge other objectives within your report:

- Improving the care of patients with sickle cell disease through early identification, optimising their treatment and conveyance/ referral decisions



- Identifying health inequalities within pre-hospital maternity care to improve clinical decision making and improved patient experience.

We recommend that the Trust considers the following actions within its agreed priorities:

- Working towards the delivery your health inequalities plan
- Working towards improving cultural awareness as well as equalities, diversity and inclusion within your workforce
- Working closely with patients and communities with lived experience to improve quality of care.

We look forward to continued work with the Trust under our partnership arrangements and strengthening our collaborative approach to system quality improvement.

Yours sincerely

A handwritten signature in black ink that reads 'John Byrne'. The signature is written in a cursive style and is positioned above a light grey rectangular box.

John Byrne
Chief Medical Officer

Appendix 1: Research Activity

Ongoing research projects from 1st April 2022 to 09th February 2023:

RAPID-MIRACLE is a prospective observational study that validates the MIRACLE2 score in the prehospital setting. The MIRACLE2 tool was designed by researchers at KCH in collaboration with LAS to predict neurological outcomes for patients in out-of-hospital cardiac arrest. The tool aims to stratify patients based on the nature of their cardiac arrest, taking account of variables like age, shockable rhythm and adrenaline administration.

ARREST: a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.

CRASH-4: a placebo controlled, randomised-controlled trial investigating the role of tranexamic acid in the management of older patients with mild, symptomatic, traumatic brain injury.

PARAMEDIC-3: a randomised-controlled trial that aims to identify the best route (intravenous vs. intraosseous) for the administration of adrenaline in out-of-hospital cardiac arrest.

PROTECTeD: this study aims to develop evidence based and ethically grounded guidelines for termination of resuscitation by ambulance service staff in the UK.

HOTZONE: a mixed-methods study examining the causes and timeframes in which casualties to die prior to reaching hospital to establish options for the delivery of interventions that may be beneficial during certain mass casualty incidents.

SEE-IT: a feasibility randomised controlled trial that aims to determine the clinical and cost effectiveness of using GoodSAM video streaming to target emergency medical resources.

CATNAPS: a multi-method study aiming to develop a new approach to fatigue management for UK ambulance services that meets the needs of staff and operations, and is most likely to improve patient and staff safety.

OPTIMAL-CARE: a study involving a survey and qualitative interviews with LAS staff to identify the perceived value and impact of electronic palliative care coordination systems.

STRETCHED: evaluating case management approaches to the care of patients who frequently call the emergency ambulance service.

SUB-30: a feasibility study that aims to assess whether prehospital extra-corporeal membrane oxygenation (ECMO) can be established within 30 minutes of collapse following out of hospital cardiac arrest in London.

PHOTONIC: an observational study aiming to evaluate the use of prehospital video triage services for suspected stroke patients.

PRE-FEED: a mixed-methods diary study examining the predictors and effects of prehospital feedback to emergency ambulance staff on performance and patient outcomes.

CDM TBI: a mixed-methods study examining ambulance clinicians approaches to head injuries in older adults.

Appendix 2: Clinical audit activity and learning outcomes

National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2022/23 and the Trust has taken actions to improve the quality of healthcare provided:

- Released monthly and annual reports and infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended response times

Clinical audit projects

The reports of **5 local clinical audits** were reviewed by the provider in 2022/23 and the Trust plans to take/has already undertaken the following actions to improve the quality of healthcare provided against each audit as detailed below:

Chronic Obstructive Pulmonary Disease (COPD)

- We requested that the UK COPD ambulance services guidelines are clarified regarding the requirement for 12-lead ECGs, pre-alerts, the indications for salbutamol and concurrent administrations of salbutamol and ipratropium bromide
- Enhancements to the electronic Patient Care Record (ePCR) were advised to improve time data accuracy, documentation of duration of nebulisation and the inspection fields
- We suggested that the Trust considers of air-driven nebulisers

- Teaching materials were updated
- Clinical audit findings were widely shared to clinicians

Paediatric Pain Management

- Reminders to document units and time of medicines administration were included in mandatory clinical training
- A Medical Bulletin was published reminding clinicians of the oral paracetamol dose for 12 year olds
- Clarification was sought on the national guidelines for IV paracetamol for 12 year old patients and they were asked to consider adding weight-based recommendations for oral morphine for paediatric patients
- Potential ePCR related solutions to unit and time documentation errors will be discussed at ePCR Data Quality Meetings
- Provision of an ibuprofen dose suitable for all paediatric patients is being explored

Transient Loss of Consciousness (TLoC)

- A TLoC section will be added to the ePCR with prompts to encourage documentation of the TLoC event history
- It will be recommended that cardiac auscultation skills be added to mandatory clinical training to ensure clinicians are able to distinguish between normal and abnormal heart sounds
- Additions to Paramedic Pathfinder will be suggested, specifically for patient patients presenting with no red flags and a history of unconsciousness so that care pathways align with JRCALC and NICE Clinical Practice Guidelines

Dexamethasone

- LAS guidance will be updated to reflect the changes in national guidelines regarding age of administration
- Clinical audit findings were shared with clinicians

Cardiac Arrest Complicated by Hyperthermia

- Appropriate cooling methods for out of hospital cardiac arrest will be explored
- Clinical audit findings were shared with critical care advanced paramedic practitioners.

In addition, a further **5 local clinical audits** have been started by the provider in 2022/23, as well as a programme of continuous clinical audit:

The use of Entonox™

Entonox (nitrous oxide) is an inhaled analgesic. The objectives of this clinical audit are to determine if Entonox is being administered in line with guidance and to identify any additional patients that may have benefitted from Entonox use. This clinical audit will also provide an opportunity to gather information on the demographics of patients who receive or are indicated to receive inhaled analgesics. The production, transportation, and wastage of Entonox contributes to the overall carbon footprint of the NHS and the LAS is committed to greener initiatives, so this project will contribute to its exploration of other analgesics in line with relevant product licences.

Haemorrhage of a Traumatic Origin

Uncontrolled haemorrhage is one of the most common preventable causes of death in the trauma population. Patients who are haemorrhaging require prompt and effective treatment to improve the chance

of survival and minimise long-term disability. The London Trauma System operates a primary bypass to Major Trauma Centres (MTCs) pathway for severely injured patients. This clinical audit will assess the management of patients with haemorrhage of a traumatic origin in collaboration with the North West London Trauma Network.

Response times, assessment, and management of patients who have taken an overdose

In 2021/22 several potential incidents were reported relating to patients who had taken an overdose. In addition, previous clinical audit cycles have identified the response, assessment and management of this group of patients is an area for improvement. This clinical audit aims to determine whether target response times are met and to evaluate whether patients who have taken an overdose are assessed and managed in accordance with JRCALC Clinical Practice Guidelines.

Smoke inhalation injuries

Although rarely attended by most LAS clinicians, patients with smoke inhalation can rapidly deteriorate therefore it is important to ensure that the national guidance is adhered to for this patient group. This clinical audit aims to evaluate compliance with JRCALC guidelines in relation to the assessment, treatment and transportation of patients with smoke inhalation injuries.

Prescribing by APP-UC

Urgent care advanced paramedic practitioners (APP_UC) are introducing face-to-face independent non-medical prescribing in to the 999 environment. This clinical audit is an essential part of the clinical governance for non-medical prescribing for the six-month pilot period to ensure compliance with the Procedure for APP Prescribing and Non-Medical

Prescribing Policy and to ensure clinical indications are met for individual medicines and any safety incidents are identified.

Continuous quality monitoring

We are continuously auditing the care provided to four patient groups: those who suffer a cardiac arrest, heart attack (ST elevation myocardial infarction), suspected stroke (including FAST positive stroke), or were discharged of our care but re-contacted the within 24 hours having severely deteriorated or died unexpectedly. Findings from these four continuous audits are shared internally and staff receive feedback to support learning where indicated.

In addition, the Trust also regularly monitors compliance with clinical guidelines in relation to the administration of oramorph, antimicrobials, repeat medications, medication of potential misuse, medication safety indicators and high-risk medication prescribing.

Clinical Performance Indicators (CPIs)

London Ambulance Service undertakes a programme of local Clinical Performance Indicators which, during 2022-23, monitored the care provided to 22 patient groups. The Trust audited the records completed by all clinicians for patients in cardiac arrest; with difficulty in breathing; a mental health condition; severe sepsis; elderly fallers and patients discharged on-scene. In 2022/23 we also introduced new CPIs assessing the management of sickle cell crisis and end of life care.

In addition, the Trust has specific audits focusing on the care provided by our Advanced Paramedic Practitioners (APPs). APPs specialising in Critical Care audit the records for adult patients with a (non-traumatic) cardiac arrest, acute behavioural disturbance and major trauma. Our Urgent

Care APPs audit their use of naproxen, prednisolone, prochlorperazine and salbutamol inhalers. We also introduced new monitoring of paediatric assessment; abdominal pain; transient loss of consciousness; headache; wound care, and palliative and end of life care for our Urgent Care APPs.

Finally, the CPIs allow for quality assurance of the documentation of 1.7% of all clinical records completed by ambulance clinicians. Staff receive individual clinical feedback from these audits, highlighting areas of good practice and those in need of improvement.

Glossary

APP-CC	Advanced Paramedic Practitioner (Critical Care)	IPC	Infection, prevention and control
APP-UC	Advanced Paramedic Practitioner (Urgent Care)	IG	Information Governance
AQI	Ambulance Quality Indicator	IM&SD	Incident management and service delivery
CAD	Computer aided dispatch	IUC	Integrated Urgent Care
CHUB	Clinical HUB	KPI	Key Performance Indicator
COPD	Chronic Obstructive Pulmonary Disorder	LAS	London Ambulance Service
CORE20PLUS5	Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.	LASPPC	London Ambulance Service Patient and Public Council
COVID-19	Coronavirus disease caused by the SARS-CoV-2 virus	MHJRC	Mental Health Joint Response Car
CPD	Continuing professional development	MTC	Major Trauma Centre
CPI		NIHR	National Institute for Health and Care Research
CPR	Cardiopulmonary resuscitation	NHS	National Health Service
CQC	Care Quality Commission	OHCAO	Out-of-Hospital Cardiac Arrest Outcomes
CQUIN	Commissioning for quality and innovation	OOS	Out of service
DOS	Directory of Services	OWR	Operational workplace review
DSPT	Data security and protection toolkit	PDSA	Plan, do, study, act
ECAS	Emergency Clinical Advisory Service	PGD	Patient Group Direction
ECG	Electrocardiogram	PPE	Personal Protective Equipment
ED	Emergency Department	PSIRF	Patient Safety Incident Response Framework
EOC	Emergency operations centre	PSIRP	Patient Safety Incident Response Plan
ePCR	Electronic Patient Care Record	QI	Quality Improvement
FAST	Face, Arms, Speech Test	REACH	Remote Access Emergency Coordination Hub
FCP	First Contact Paramedic	ROSC	Return of spontaneous circulation
GDPR	General Data Protection Regulation	SDEC	Same day emergency care
GP	General Practitioner	SMS	Short message/ messaging service
GTN	Glyceryl trinitrate	SPC	Statistical process control
ICO	Information Commissioners Office	SSNAP	Sentinel Stroke National Audit Programme
ICS	Integrated Care System	STEMI	ST Segment elevation myocardial infarction
		TLOC	Transient loss of consciousness
		TOC	Tactical operations centre
		UCAS	Urgent Clinical Advisory Service
		UCR	Urgent Community Response
		UTC	Urgent Treatment Centre



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