



London Ambulance Service – Quality Report



Report for discussion at the Trust Board

Analysis based on September 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

Section	Content	Pages
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5. Well Led	<ul style="list-style-type: none"> Learning from Excellence Risk Management Legal and Claims Trust Policies Freedom of Information 	44-45 46 47 48 49

SAFE

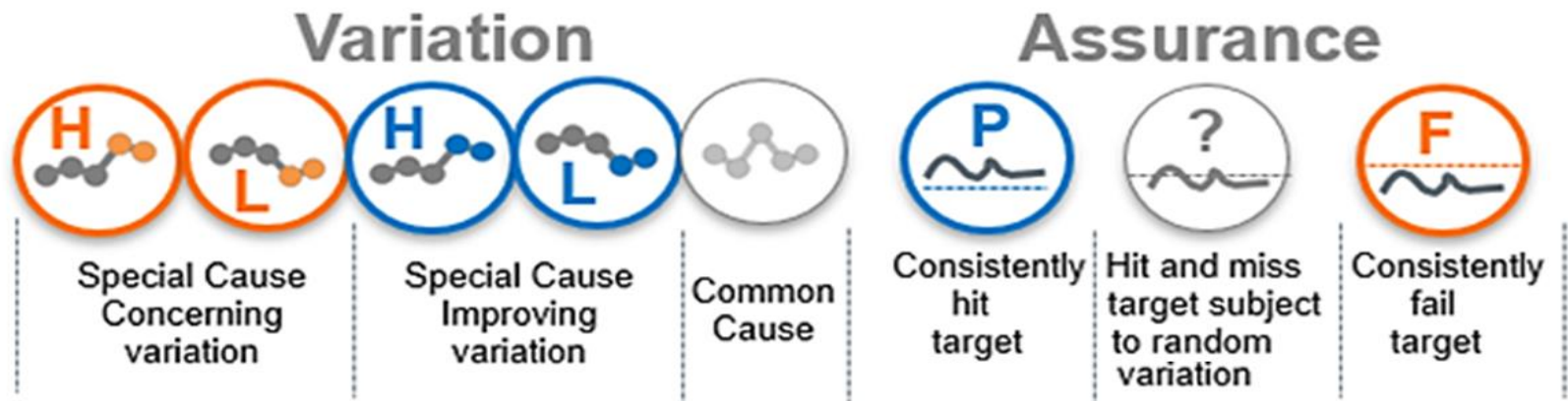
KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of No Harm 999 Incidents	Sep-23	579			Incidents: The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. The top 3 no harm categories in September 2023 were Medical Equipment (96), Access/Transfer/Handover Issues (77) & Dispatch & Call (53) (compared to 179 in December 2022). There was an increase of no harm and moderate incidents in September with a reduction of low harm.
Number of No Harm 111 Incidents	Sep-23	191			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. The top 3 incident categories in September 2023 were Communication, Care & Consent, Call Handling and Confidentiality.
OWR Hand Hygiene Compliance	Sep-23	97%			Hand Hygiene: The compliance rate for September 2023 was 97% and this score continues to exceed the Trust performance target (90%). Four stations did not submit data this reporting period (Hillingdon, Brent, St Helier and Croydon). Overall submission for September was 150, down from July which was 229.
Premises Cleaning Audit	Sep-23	97%			Premises cleaning: Overall Trust compliance for September increased from 94.9% to 97.4% and continues to exceed the Trust performance target of 90%. All stations achieved over the minimum score of 90% although 8 stations have not been recorded as submitting audits. These were Camden, Homerton, Brent, Hanwell, Hillingdon, Deptford, Croydon and St Helier.
Patient Safety - Medical Equipment Incidents	Sep-23	135			Medical equipment incidents: The top 3 incident categories in September 2023 were Medicines Management incl CD (250 up from 222), Security, violence, aggression and abuse (184 up from 167) and Medical Equipment (135 up from 122). The number of medical equipment incidents has been decreasing the last few months indicating special cause variation (improvement) Aug'22 onwards.
Overdue 999 Incidents	Sep-23	821			Overdue Incidents: There are 821 overdue incidents (an increase from 671) which have been open on the system longer than 35 days (this excludes SIs, PSIs & PSRs). This breaks down further to: 356 Patient incidents, 188 Staff incidents, 260 Trust related incidents and 17 visitor incidents. During September 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	Sep-23	91%			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 93%, Level 2 Adult and Children for EOC/111 is 68% and Level 3 Trust wide is 91%. EOC compliance has reduced the overall level 2 achievement.
Statutory & Mandatory Training Compliance	Sep-23	90%			Statutory & Mandatory Training: This has increased from the last reporting period from 89% to 90% and remains above the 85% target. The highest training level is Prevent at 100% and Information Governance at 96.26% compared to the lowest Moving & Handling Level 2-Load Handling (3 years) at 4.06%.

	KPI	Latest Month	Measure	Variation	Assurance	Comment
EFFECTIVE	ROSC to Hospital (AQL) - Reported 4 Months in Arrears ROSC At Hospital	May-23	26%			In May 2023, LAS ranked 5th amongst all ambulance services for ROSC to hospital in the overall group (29.1%) against a national average of 29.5%. However, in the Utstein comparator group, we ranked 8th at 44.6%, with a national average of 52.6%. For survival to 30 days, LAS ranked 6th in both the overall group and the Utstein comparator group with 10.5% and 26.4% respectively. This compares to the national averages of 10.3% in the overall group and 33.3% in the Utstein comparator group
	Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	May-23	01:28:00			The LAS achieved a time of 01:28 for the call to arrival at hospital measure* in May 2023, which was 5 minutes longer than the previous month. The LAS ranked 5th against other ambulance services with the national average of 01:31, dropping from the 2nd place in April 2023.
	MCA Level 1 Training	Sep-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	Sep-23	64%			In July, the PDR compliance dropped from 67% in the last reporting period to 64%.
	Operational Workplace Review (OWR) compliance:	Sep-23	64.59%			CPI Completion rates: Completion rates for August 2023 were at 78% and still remain below the target of 95%. The lowest area of completion was Deptford and Oval at 7% compared with Romford, Newham, Friern Barnet, Edmonton, Bromley, CHUB, MRU and TRU all achieving 100%. All aspects of documented care were above the 95% target except sickle cell compliance and Elderly Fallers which were both at 94%. Staff feedback (face to face) for June 2023 was 333 with the YTD total at 1506.
RESPONSIVE	KPI	Latest Month	Measure	Variation	Assurance	Comment
	Number of Complaints	Sep-23	90			Complaints: The total number of complaints overdue is 52/153 (33%) and is continuing to be closely monitored. 55% of complaints due in September were responded to in time. The team have maintained closing over 50% of complaints in time and continue to aim for 75% Compliance as per the Trust target.
WELL - LED	KPI	Latest Month	Measure	Variation	Assurance	Comment
	Percentage of all risks reviewed within 3 months	Sep-23	93%			The Trust's compliance is 92.9% for risks reviewed within the last 3 months which is above the 90% target. 71.4% of risks were approved within 1 month (target 90%)
	Percentage of policies in date	Sep-23	91%			There are 79 (91%) policies in date across the Trust which is an increase of 8 since the last reporting period. 8 (9%) of policies remain overdue

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

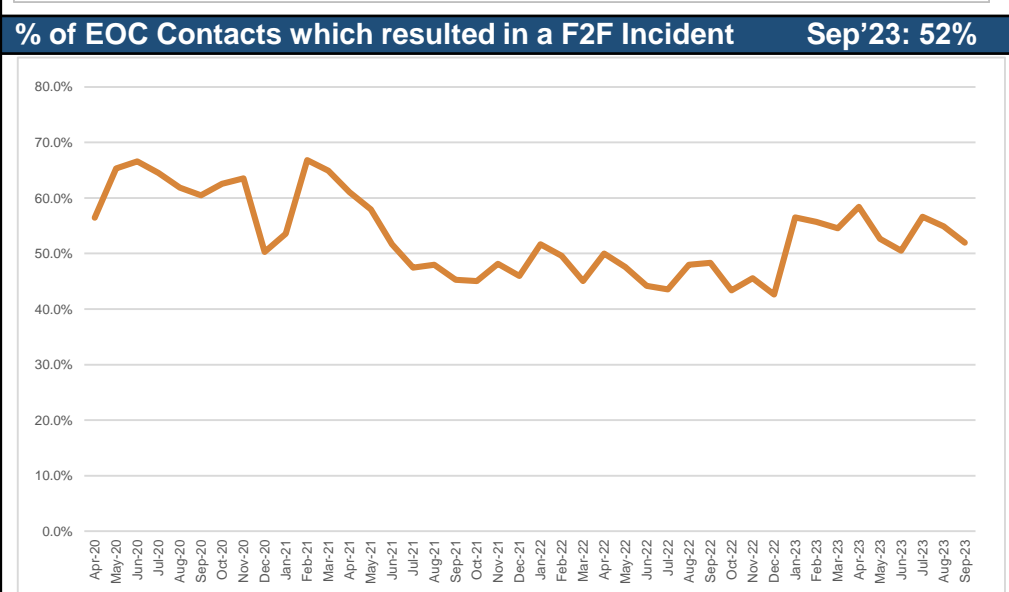
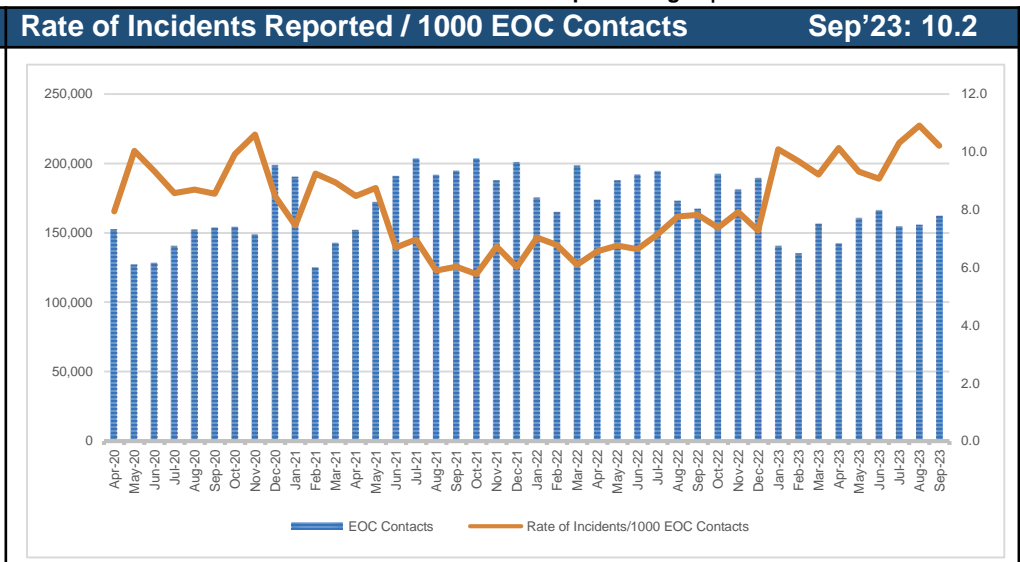
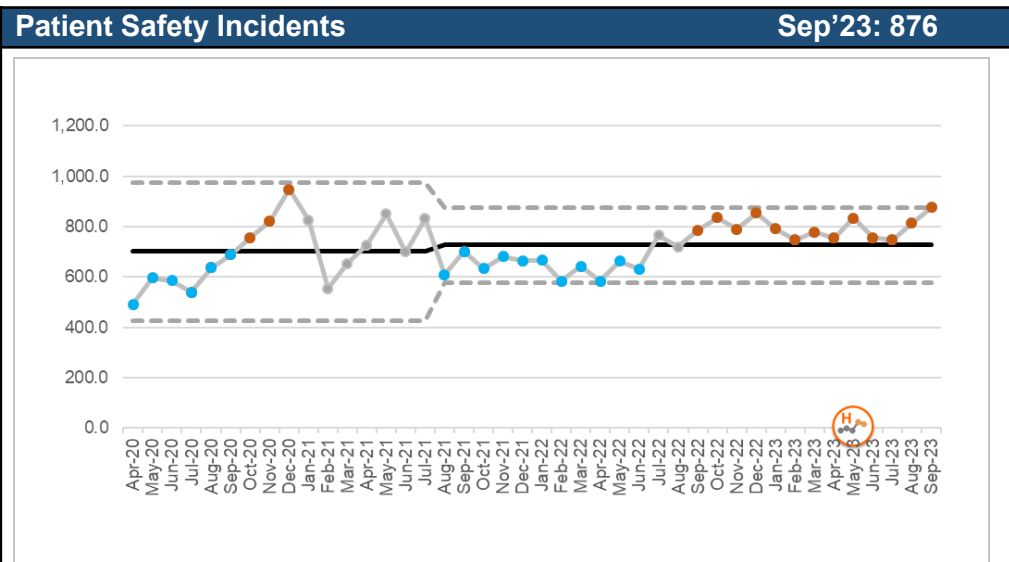
Outstanding Characteristic: People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.



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 – Sep'23, the overall number of patient safety incidents reported had been below the mean, however the last few months this has increased. These increases are broadly spread across incident categories, and reflect a sustained improvement in reporting culture and increased use of incident reporting to raise concerns in relation to other providers (quality alerts).

In September 2023 there were 162,018 EOC contacts, of which 52% resulted in a face to face incident.

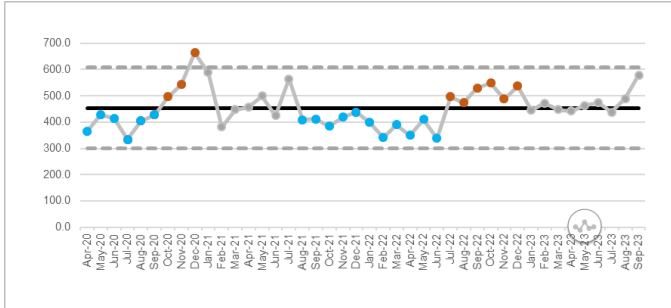
1. Safe – 999 Patient Safety Incident Management

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

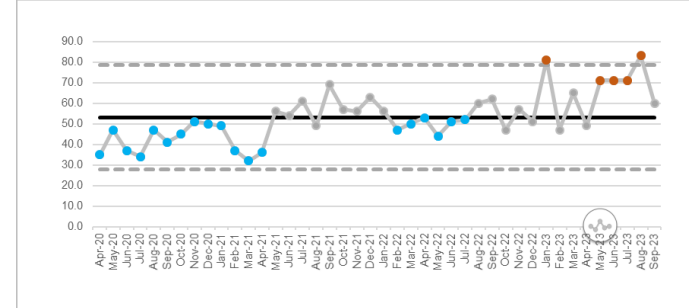
No Harm Incidents

Sep'23: 579



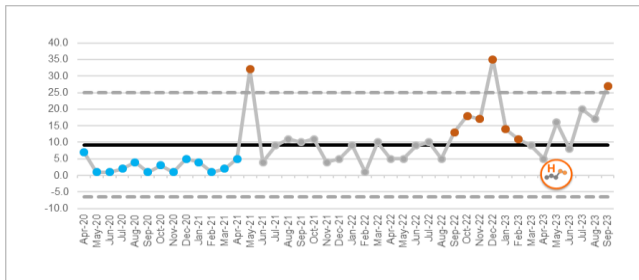
Low Harm Incidents

Sep'23: 60



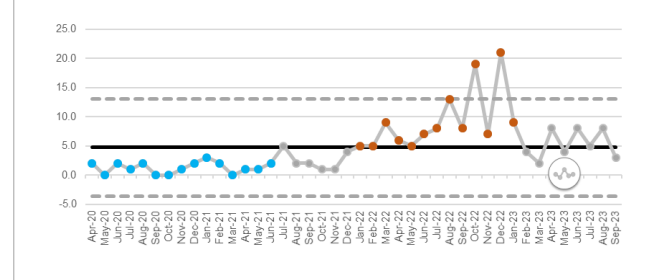
Moderate Harm Incidents

Sep'23: 27



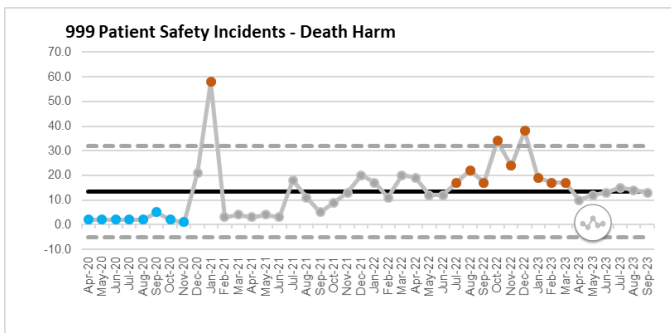
Severe Harm Incidents

Sep'23: 3



Death Harm Incidents

Sep'23: 13



Analysis of SPC Charts

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

The top 3 no harm categories in September 2023 were Medical Equipment (96), Access/Transfer/Handover Issues (77) & Dispatch & Call (53) (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; 69% of the incidents reported as Death* in September 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.

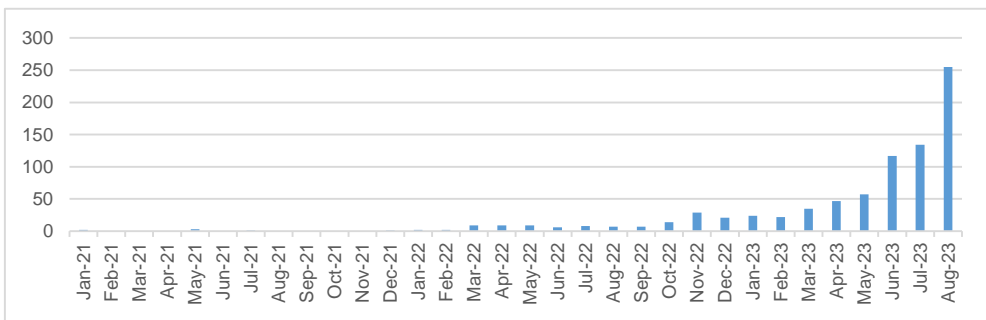
*It is noted that harm levels change following appropriate review including LfD reviews and assessment against PSIRF and the Trust's Incident Management Policy.

1. Safe – 999 Overdue Incidents

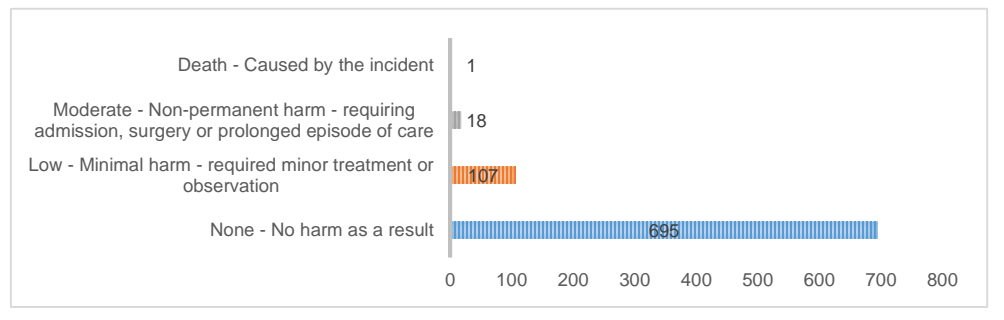
The number of overdue incidents on the Trust’s risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

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

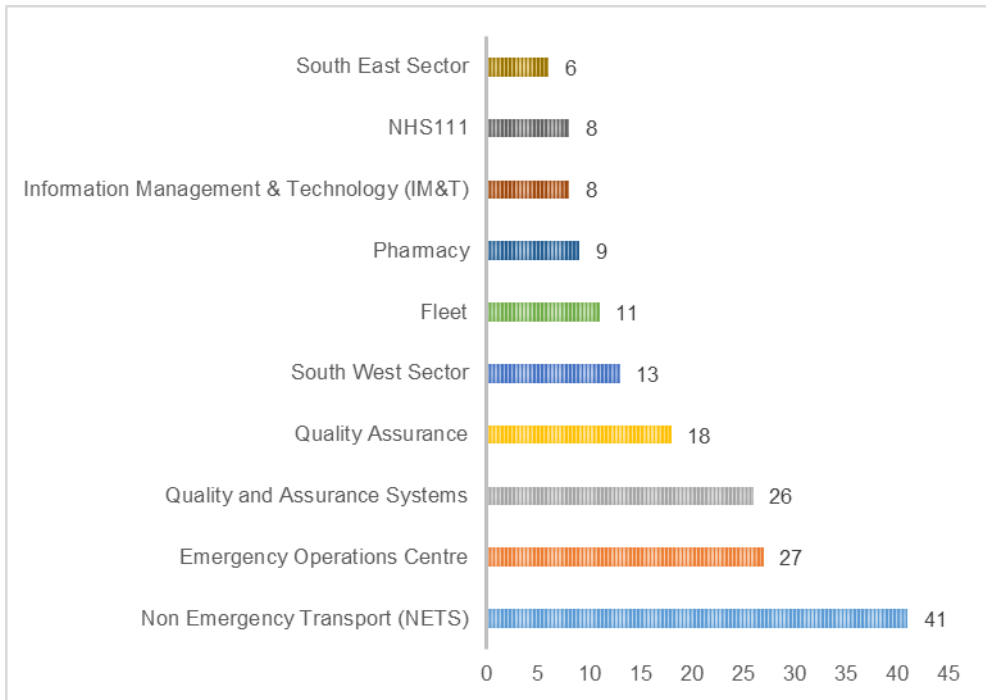
Overdue Incidents by Reported Date



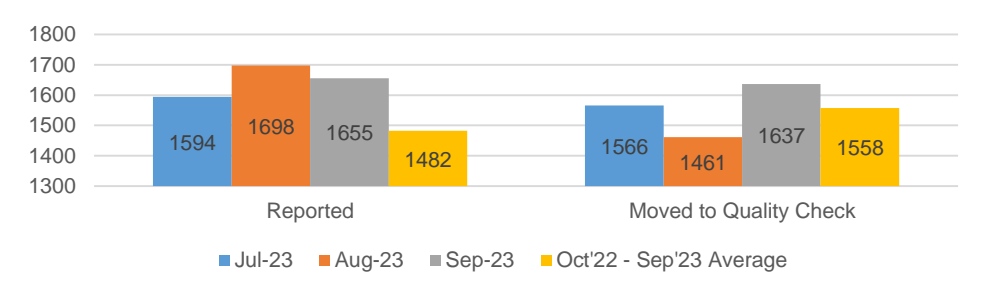
Overdue Incidents by Level of Harm



Top 10 Away for Review Overdue Incidents by Investigation Department



Current Incident Flow vs 12 Month Average



Analysis

There are 821 incidents (as of 28/09/2023) 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). At the end of August we had 722 overdue incidents. This breaks down to:

- 356 Patient incidents
- 188 Staff incidents
- 260 Trust related incidents
- 17 visitor incidents

On average between Oct'22 – Sep'23, 1482 incidents were reported monthly on the system and 1558 incidents were investigated and moved to Quality check for final closure. During September 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.

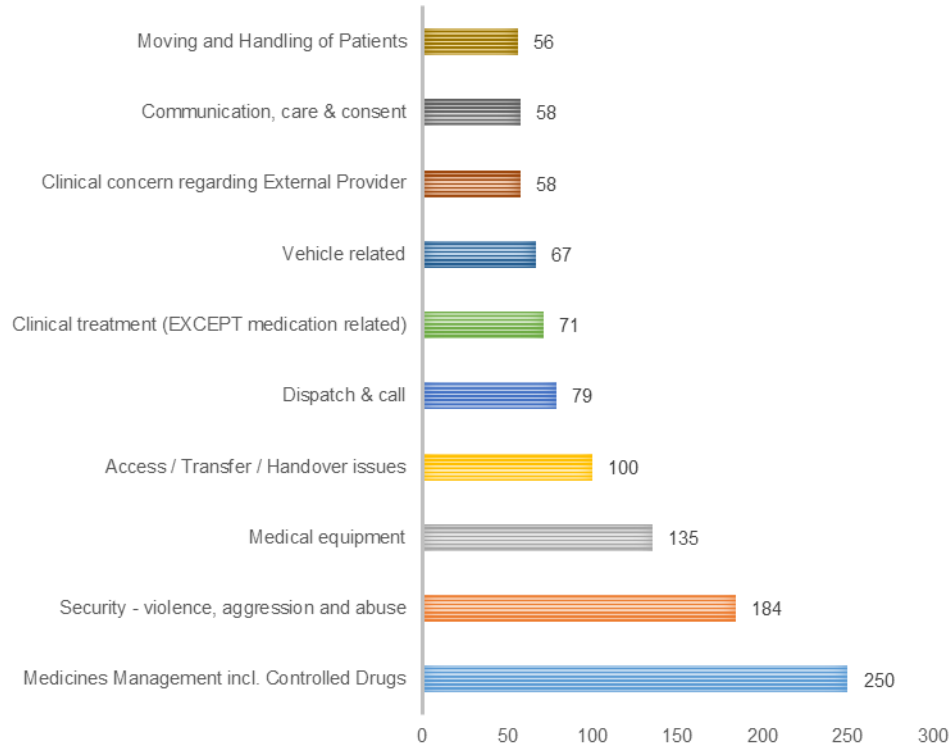
The improvement seen following the recent focus on overdue incidents has plateaued. A quality improvement project has been commissioned in response to this.

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.

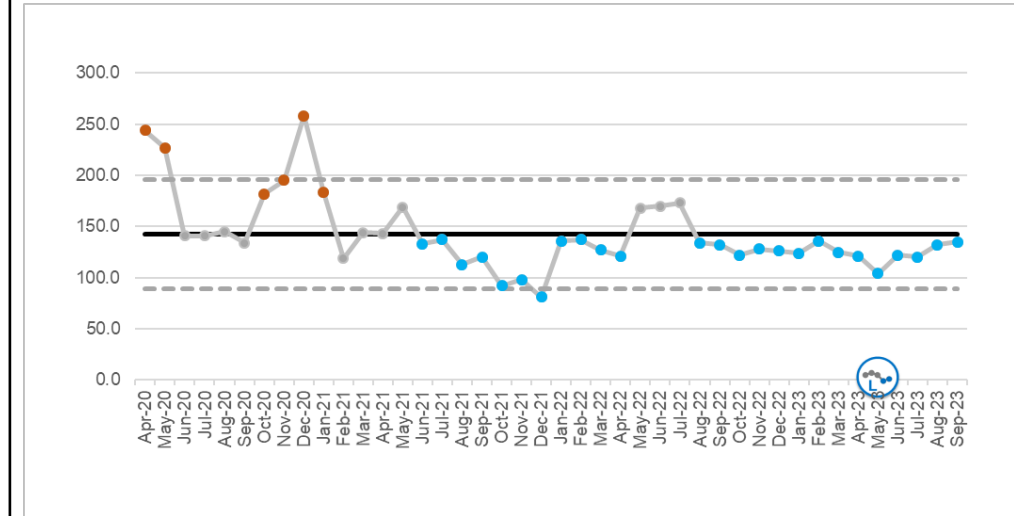
Owner: April Wrangles | Exec Lead: Dr. John Martin

Top 10 Incident Categories September 2023



Medical Equipment Incidents

Sep'23: 135



Analysis

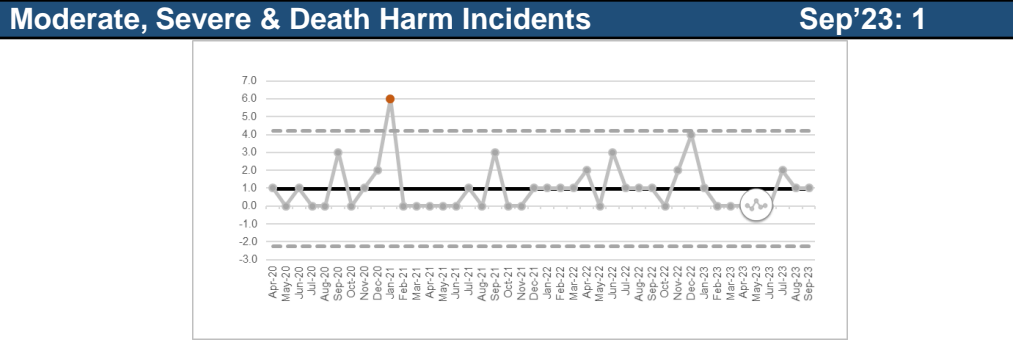
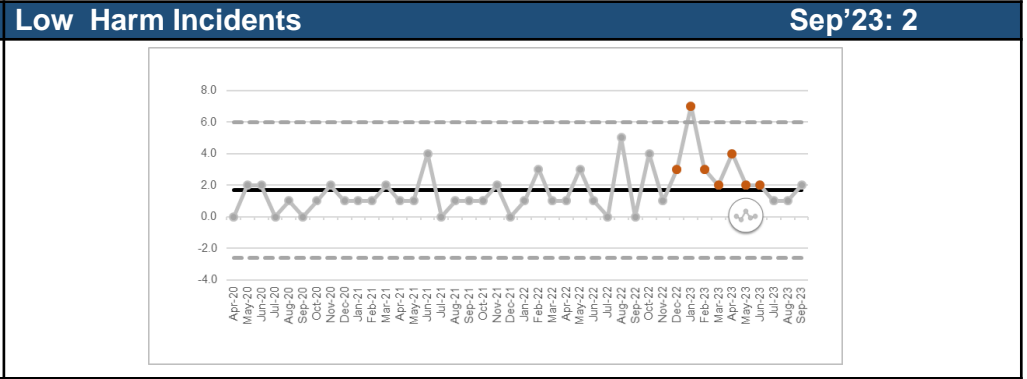
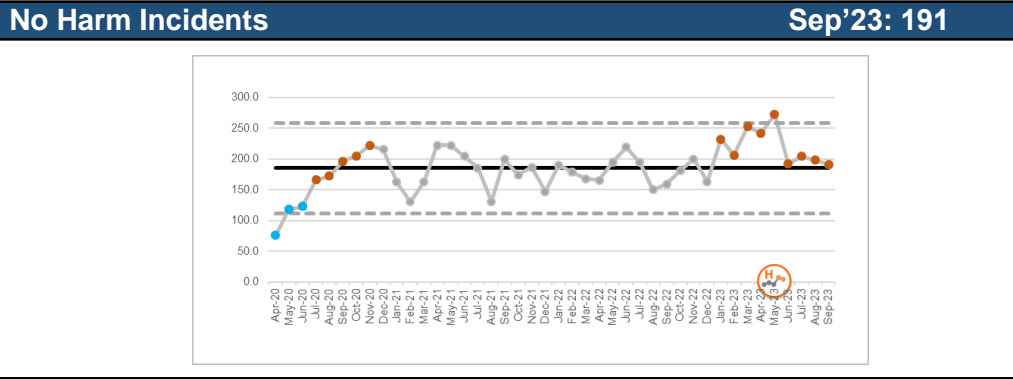
The top 3 incident categories in September 2023 were Medicines Management, Security – violence, aggression and abuse & Medical Equipment.

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



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.

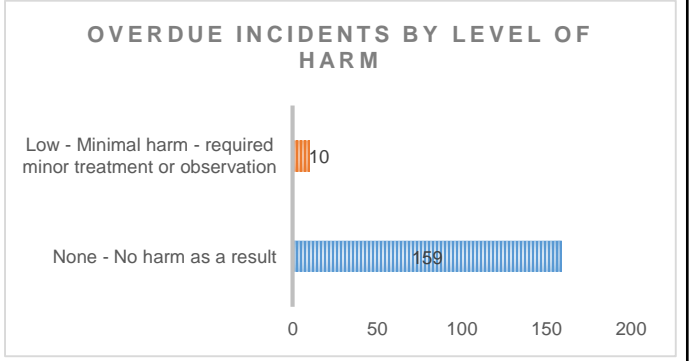
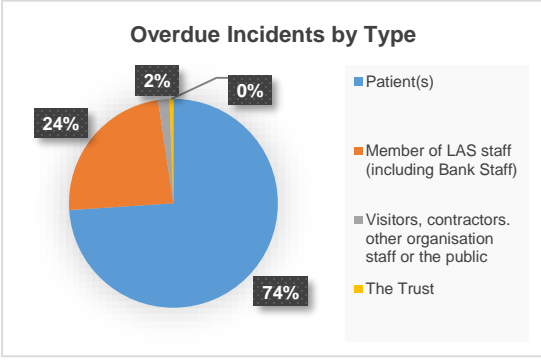
The number of incidents reported within IUC has significantly increased the last few months for both No Harm & Low Harm incidents. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix,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

Incident Management

There are 169 incidents (as of 28/09/2023) which have been open on the system longer than 35 working days, (this excludes PSIs & COVID-19 reviews)

- This breaks down to:
- 125 Patient incidents
 - 40 Staff incidents
 - 3 Visitor Incidents
 - 1 Trust related incidents.

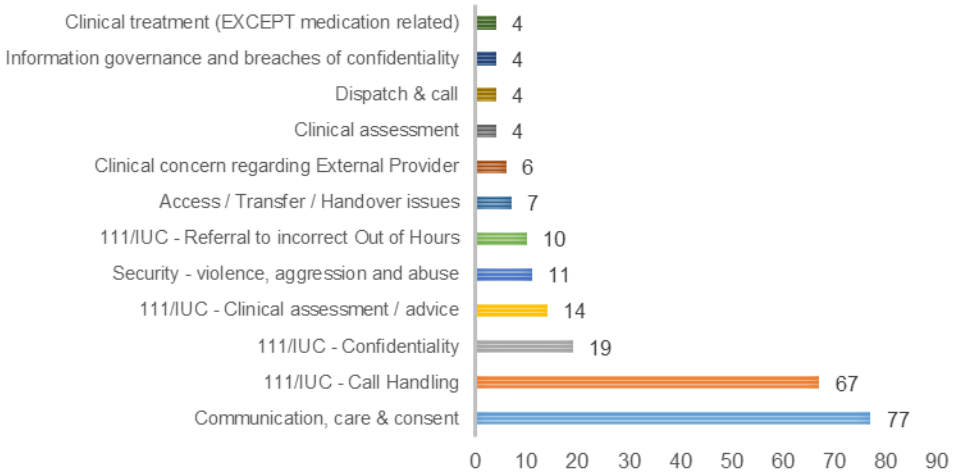
86% of incidents are in the Local Review stage
14% of incidents are in the Away for Review stage
94% of incidents have been classified as No Harm

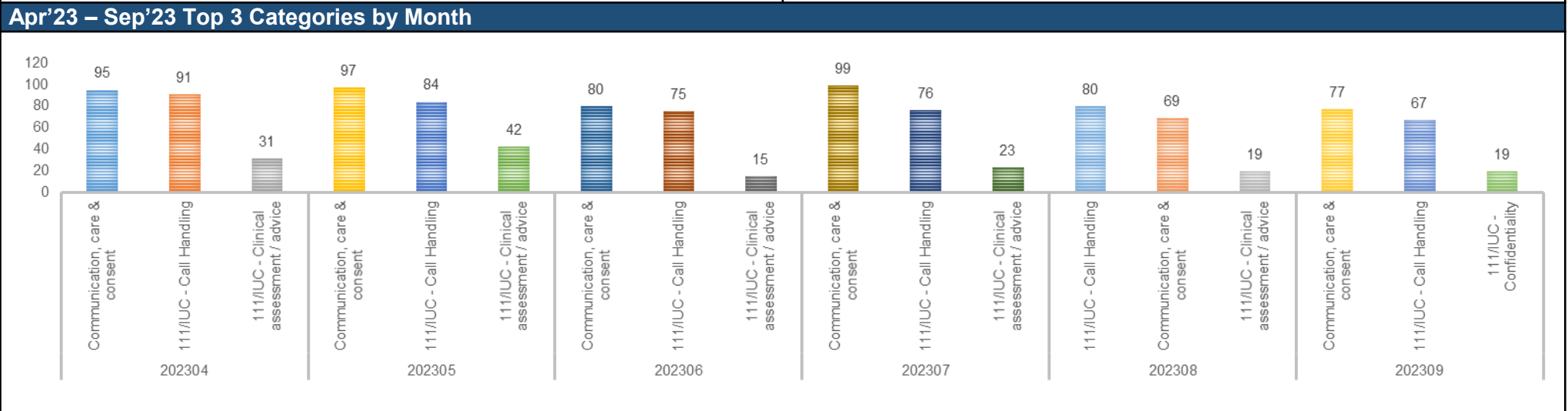


1. Safe – IUC Incident Management

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 September 2023	Analysis
	<p>The top 3 incident categories in September 2023 were Communication, Care & Consent, Call Handling and Confidentiality.</p> <p>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.</p> <p>Theme Management</p> <p><i>Communication Care & Consent</i> 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.</p> <p><i>Call Handling</i> 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.</p>



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

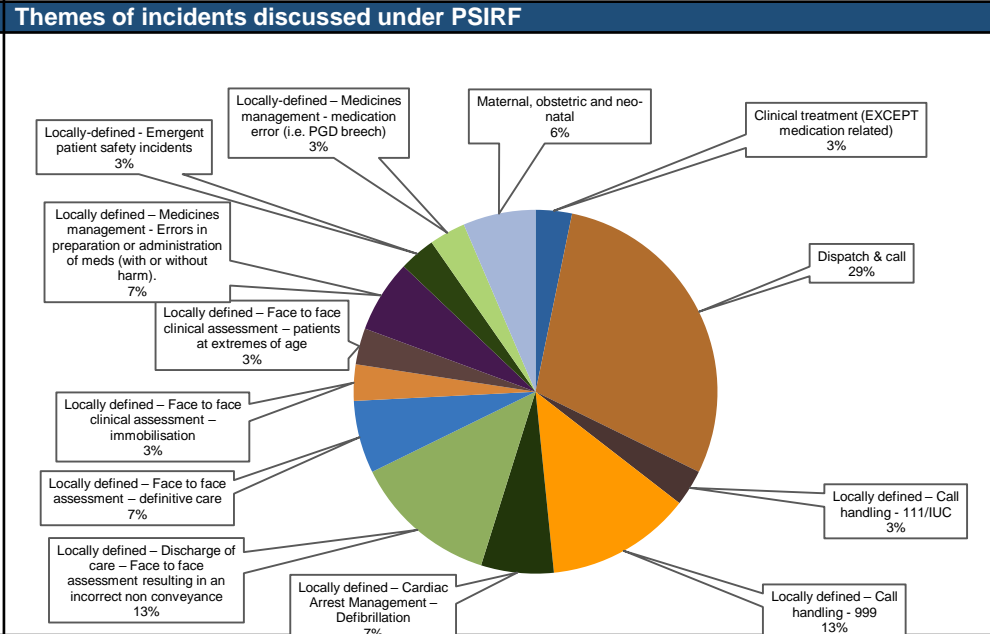
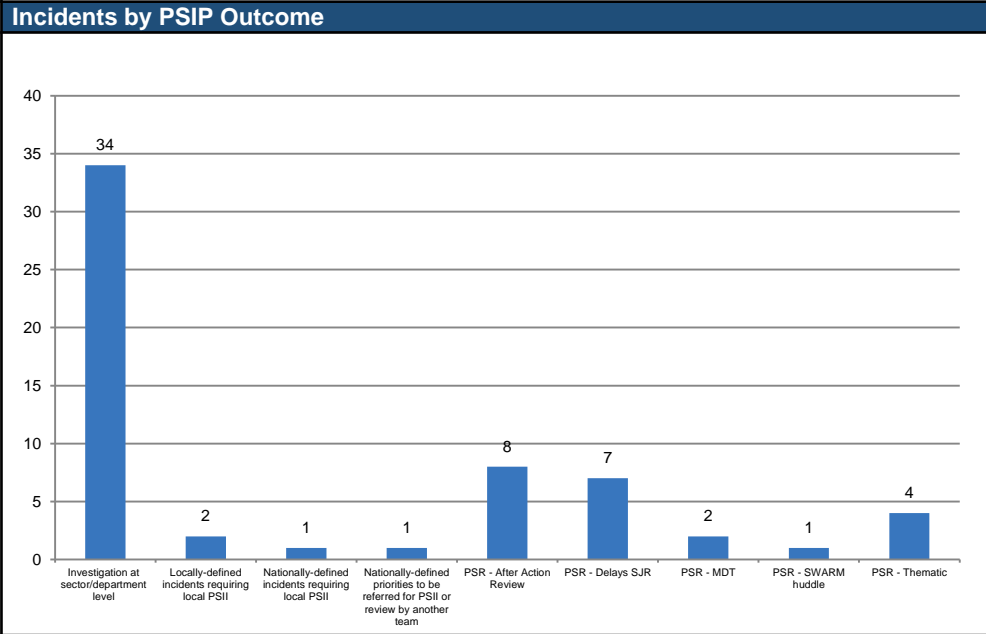
The Trust continues to develop and embed the Framework within supporting processes and governance structures. The Early Adopter programme has now ended and the final revised framework is due to be published imminently.

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

During September 2023, a total of 60 (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident R response Plan (PSIRP). Of these **60, 26** were identified as requiring an enhanced level of investigation. The breakdown of the 26 is as follows:

National Priority – Patient Safety Incident Investigations (PSII)
<ul style="list-style-type: none"> 1 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. 1 incident met the nationally – defined priority to be referred for PSII or review by another team including HSIB.
Patient Safety Review (Non PSII)
<ul style="list-style-type: none"> 8 incidents did not meet the Trust’s PSIRP and is being investigated as a PSR – After Action Review. 7 incidents did not meet the Trust’s PSIRP and is being investigated as a PSR – Structured judgement review into Delays. 4 incidents did not meet the Trust’s PSIRP and is being investigated as a PSR – Thematic 2 incidents did not meet the Trust’s PSIRP and is being investigated as a PSR – MDT 1 incident did not meet the Trust’s PSIRP and is being investigated as a PSR – Swarm.

Local Priority – Patient Safety Incident Investigations (PSII)
<ul style="list-style-type: none"> 2 incidents met the locally - defined priority requiring an internal investigation.
Local Review
<p>The remaining 34 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.



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: September 2023

There continues to be a focus on SI, PSII and PSR actions, at the end of September there were 141 open actions, of these 59 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:

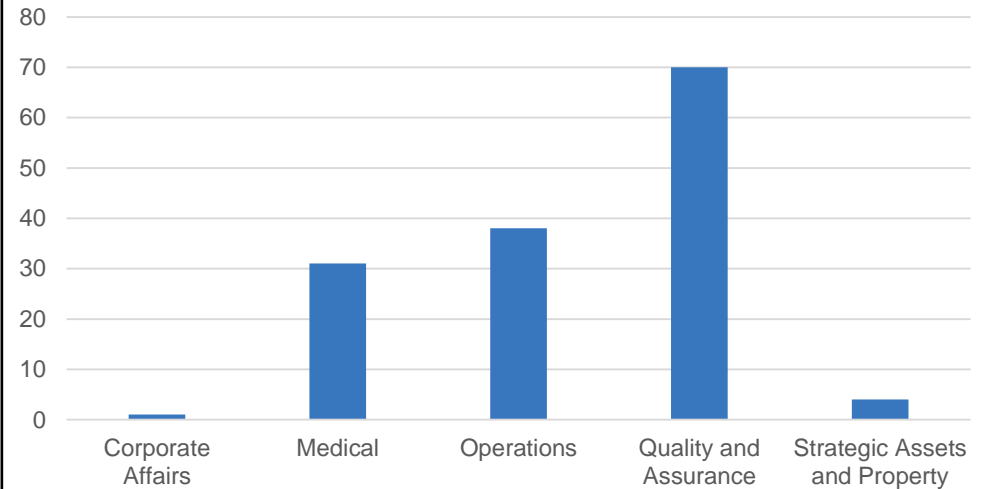
- **Action: The CHUB Clinical Telephone Assessment and MTS Standard Operating Procedure V1.1 should be updated to reflect the new processes which have been implemented since COVID-19**

Update: Original due date: 30 November 2021, current due date 29 April 2022. No further engagement from action owner.

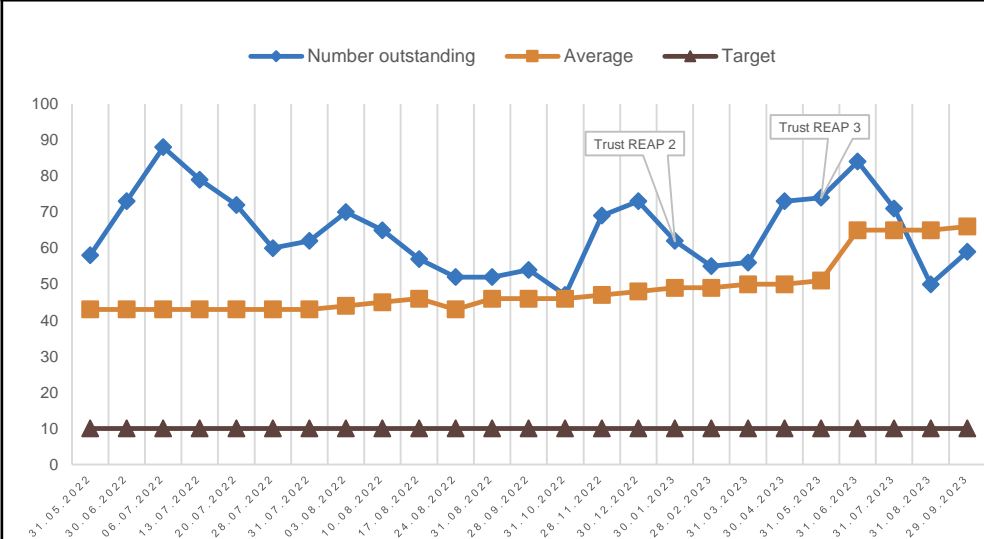
- **Action: The discharge guidance for paramedics located in appendix 3 of the Managing the Conveyance of Patients Policy and Procedure should be reviewed to identify whether rectal bleeding should be added as a red flag considering that ambulance clinicians are not taught how to examine a rectum/anus**

Update: Original due date – 30 September 2020, current due date 30 April 2022. No recent engagement from action owner.

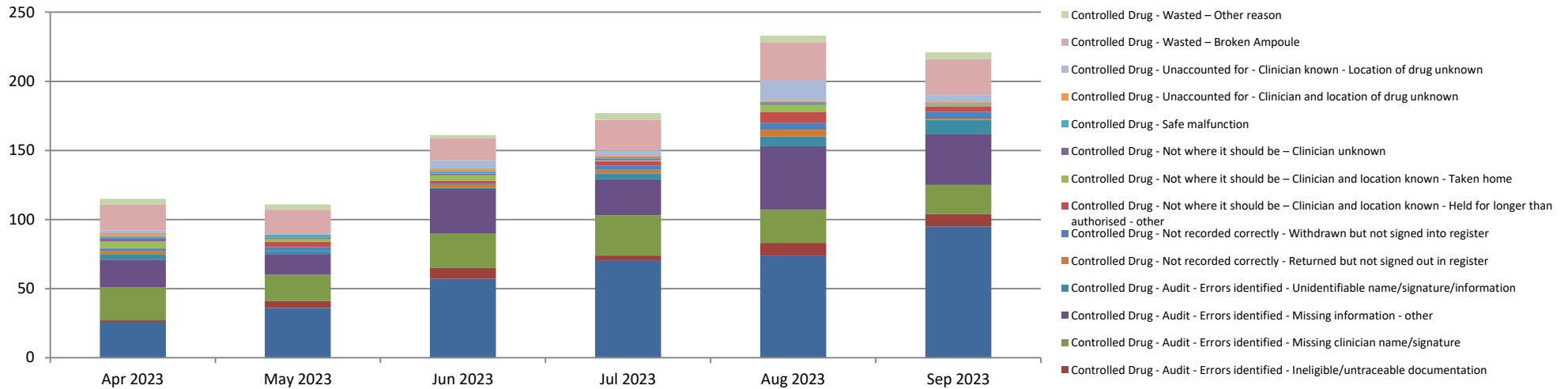
Open Actions by Directorate



6 Month Rolling Overdue Actions



BI Controlled Drug Report



Analysis

- No unaccounted loss of morphine
- Other controlled drug (CD) incidents
 - CD safe malfunction (n=1) or CDs left unsecured (n=1)
 - Documentation errors (n=183)
 - Breakages (n=26) or wastage (n=5)
 - Morphine retained off duty (n=5) and oramorph unaccounted for (n=1)
 - Inappropriate administration of or reaction to morphine (n=3) or midazolam (n=3)
- Other incidents
 - Drugs left unsecured (n=4), loss or theft (n=9) and damage or breakages (n=10)
 - Documentation errors (n=1) and our-of-date drugs (n=1)
 - Missing or unaccounted for CRASH 4 trial drugs (n=4)
 - Inappropriate administration of insulin (n=1), diazepam (n=4), hydrocortisone (n=3), glucose (n=3), paracetamol (n=2), TXA (n=2), adrenaline (n=5), benzylpenicillin (n=1), dexamethasone (n=2), amiodarone (n=3), GTN (n=1), prednisolone (n=1), chlorphenamine (n=1), salbutamol (n=1), pivmecillinam (n=1).
 - Non LAS prescriber issues (n=5)

Assurance & Actions

Assurance

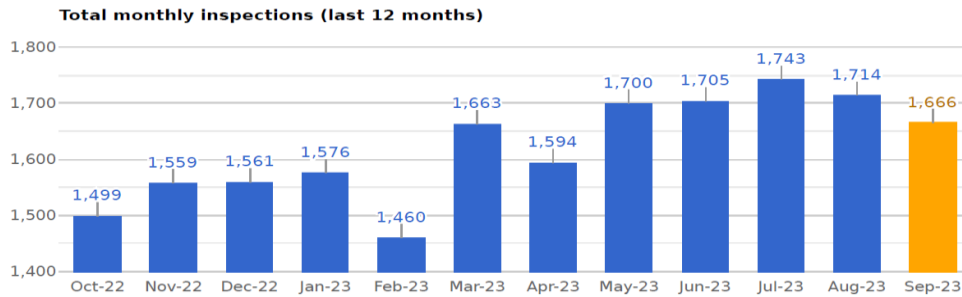
- No unaccounted for loss of morphine
- Drugs retained off duty identified promptly
- Increased midazolam reporting anticipated due to distribution to all paramedics

Actions

- Review of midazolam PGD to ensure clarity re indications
- Review of oramorph process underway

Number of Inspections

Sep'23: 1666



Assurance & Actions

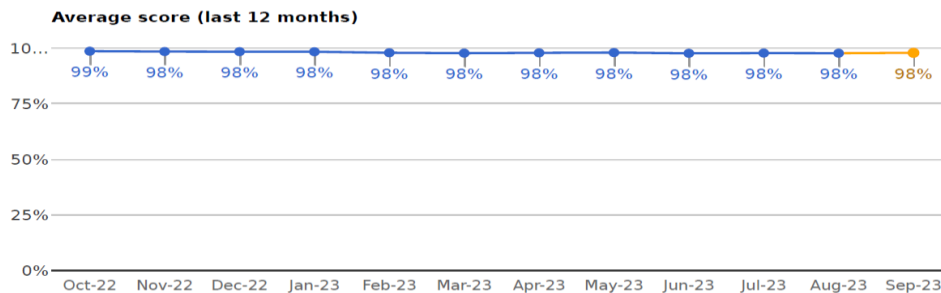
The PW inspection results are based on the numbers of inspections which take place only. Inspection numbers are up on Nov/Dec 2022 likely due to REAP 2.

Key action re: Tendable for this quarter is review of the auditing format/reporting and account approval on the Tendable dashboard which has been approved by MSO and coordinated by QSO / QGAM team.

Average Inspection Score

Sep23: 98%

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



Ranking of Clinical Areas

Highest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
1	APP Barnehurst	100% (2)	100% (6)
2	APP Brent	100% (1)	98% (7)
3	APP Westminster	100% (2)	100% (18)
4	Battersea	100% (30)	99% (352)
5	Coulsdon	100% (32)	100% (333)

Lowest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
59	Deptford	95% (27)	96% (334)
60	Islington	95% (30)	97% (315)
61	Poplar	93% (27)	97% (342)
62	Oval	91% (30)	96% (356)
63	APP Friern Barnet	89% (1)	98% (26)

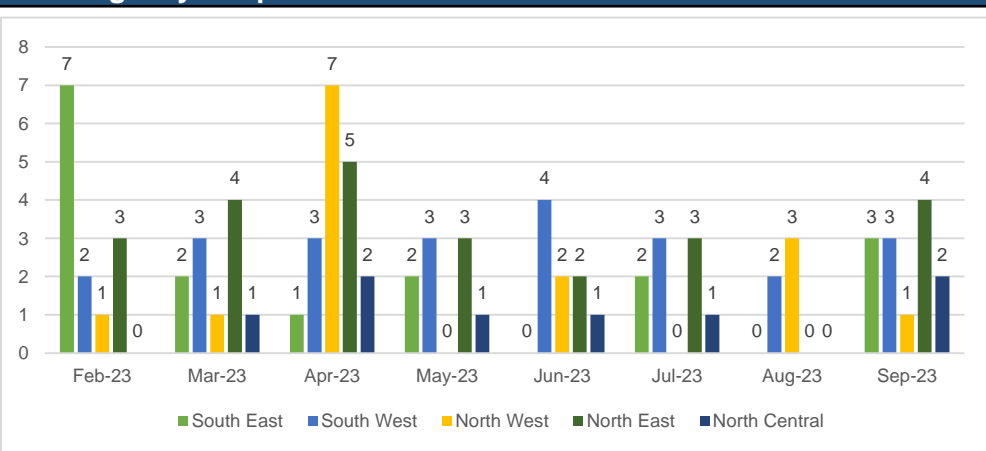
Numbers in brackets show number of inspections score is calculated from.

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. Our main area of focus is improving compliance in EOC (L2), and a recovery plan is being developed to improve this position.

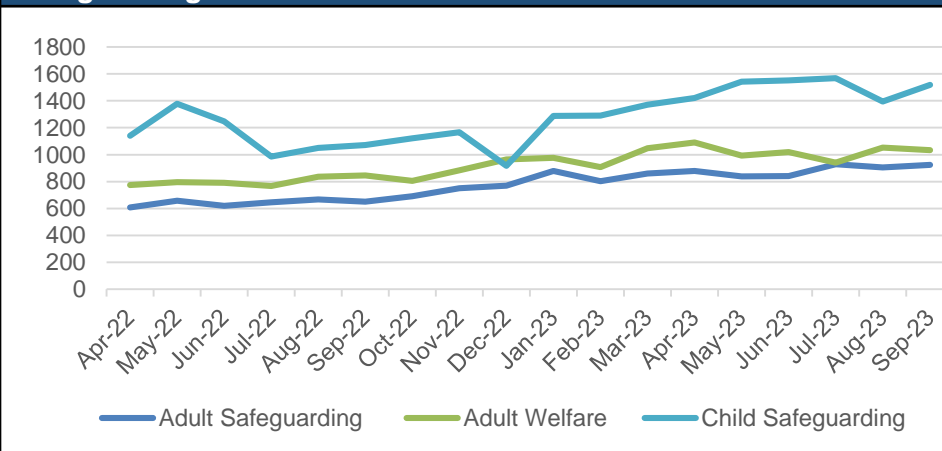
Standard 2: Training in Adults & Children Safeguarding & Workforce September 2023	Trust wide
Safeguarding Children & Adult Training Level 1 (Trust wide)	93%
Safeguarding Adults & Children Level 2 (EOC/111)	68%
Safeguarding Adults & Children Level 3	91%

Joint Agency Response Service Numbers Attended



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.

Safeguarding Referrals



All referrals have seen a steady 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.

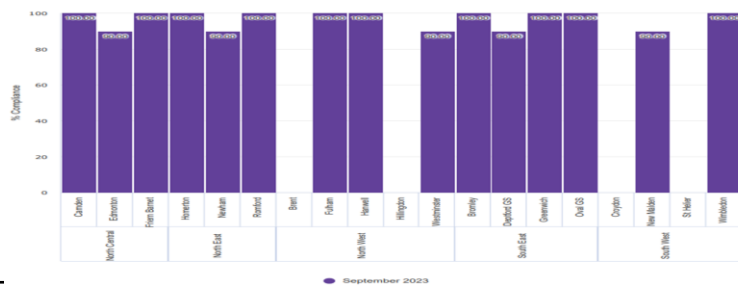
DBS Checks Assurance Template - As at 30th September 2023					
Team	Total number requiring DBS checks	Total number of recorded DBS checks	Percentage	DBS check in progress	Comments
Ambulance Services	4524	4523	100.0%	1	(1) One NETS trainee and two Assistant Pharmacy Technical Officers
Integrated Patient Care	1452	1452	100.0%	0	
Non-Clinical (Corporate Teams)	392	390	99.5%	2	
Emergency Responders	76	76	100.0%	0	
Ambulance Services (Bank)	313	313	100.0%	0	
Total	6757	6754	100.0%	3	

1. Safe - Infection Prevention and Control

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

OWR Hand Hygiene Compliance

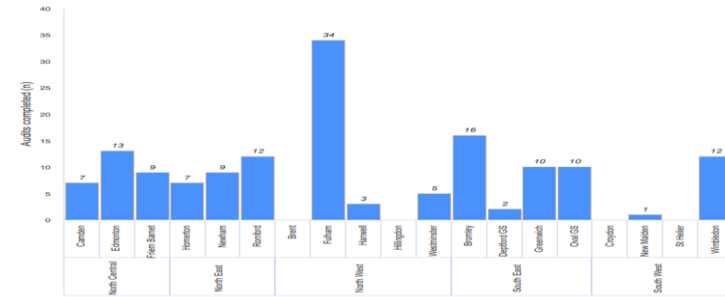
Sep'23: 97%



The overall Trust OWR Hand Hygiene compliance for September 2023 is reported at 97% against the Trust target of 90%. The Quality Team are currently re-designing charts for the presentation of this data to include Trust-wide totals, with the aim of this being available for the next report. There is ongoing work also by the Quality Team to acknowledge the separation of Whipps Cross & Ilford.

OWR Hand Hygiene Submissions

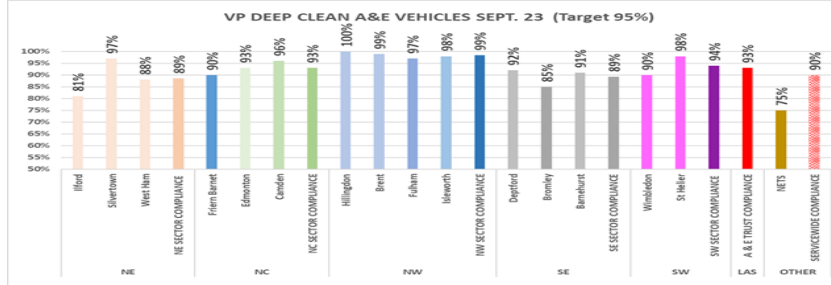
Sep'23: 150



15/19 group stations submitted OWR data for September 2023. 150 total submissions were received.

VP Deep Clean A&E

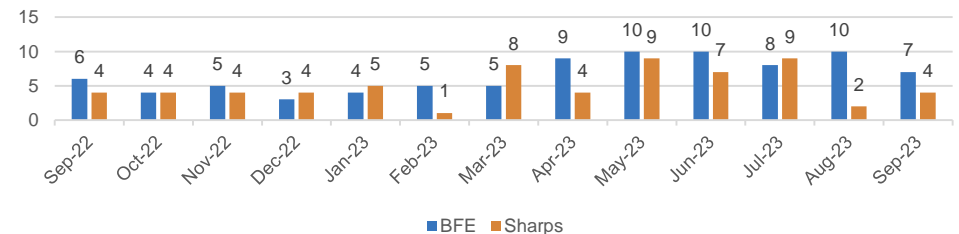
Sep'23: 90%



Emergency vehicles achieved 93% below the target of 95%. Nets vehicles achieved 75% compliance for September, a further reduction on 88% achieved in August. Overall Trust compliance for September 2023 was reported as 90%, this did not meet the Trust performance target of 95%.

Body Fluid Exposure & Contaminated Sharps Incidents

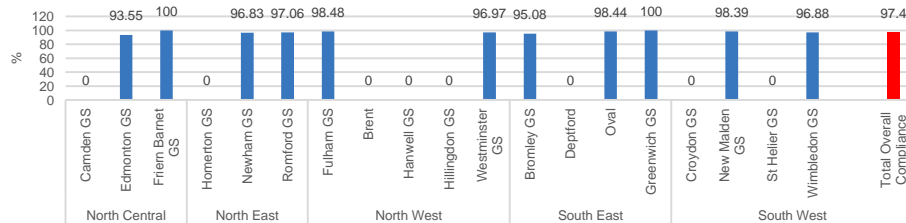
Sep'23: 13



A total of 13 incidents were reported via Datix for contaminated sharps injuries and exposure to body fluids (BFE) during September 2023. Of these, 11 were observed to be true occurrences.

Premises Cleaning Audit

Sep'23: 97%



Overall Trust compliance of 97.4% for September 2023, exceeds the Trust target of 90%.

Infection, Prevention & Control Training

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

Performance achieved in September 2023:

- Level 1 – 92.7% compliance, meeting the Trust compliance target.
- Level 2 – 93.4% compliance, meeting the Trust compliance target.

Assurance:

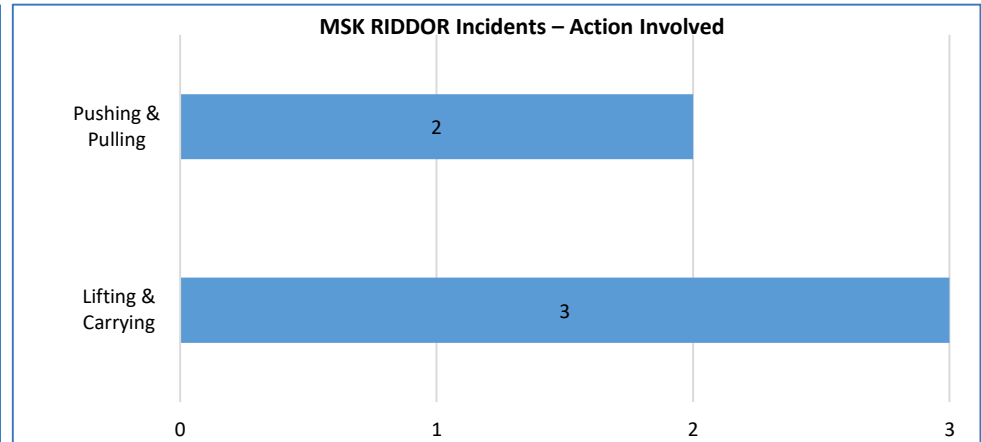
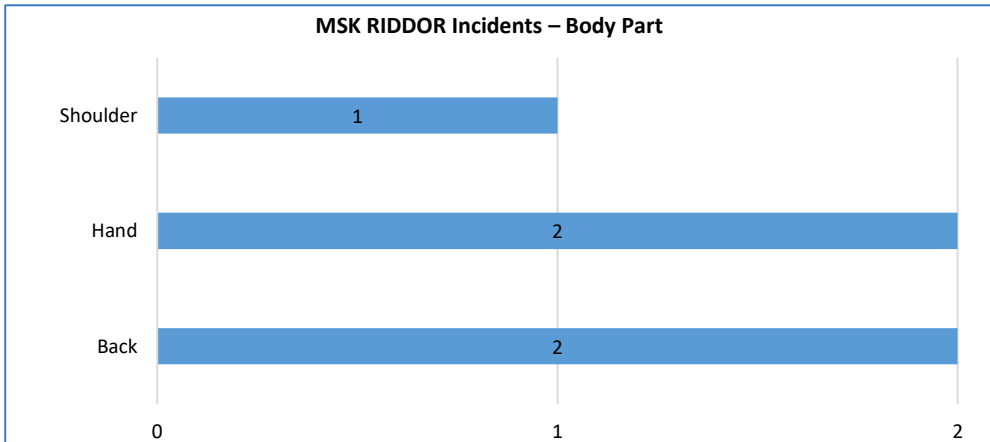
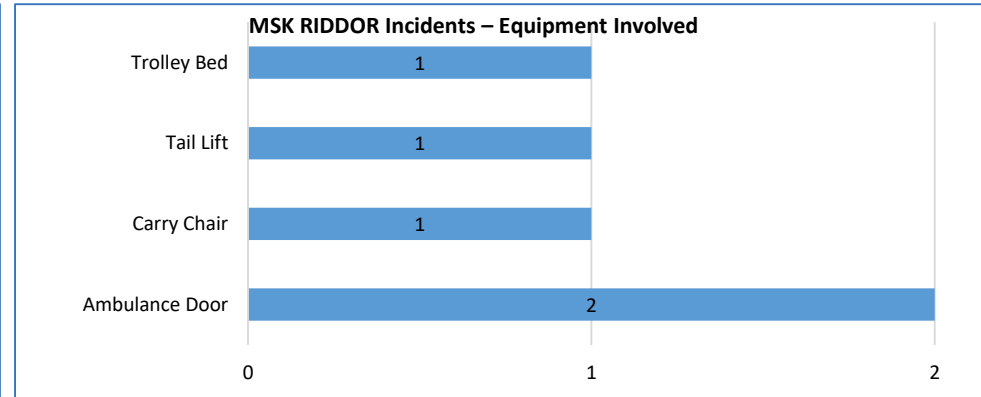
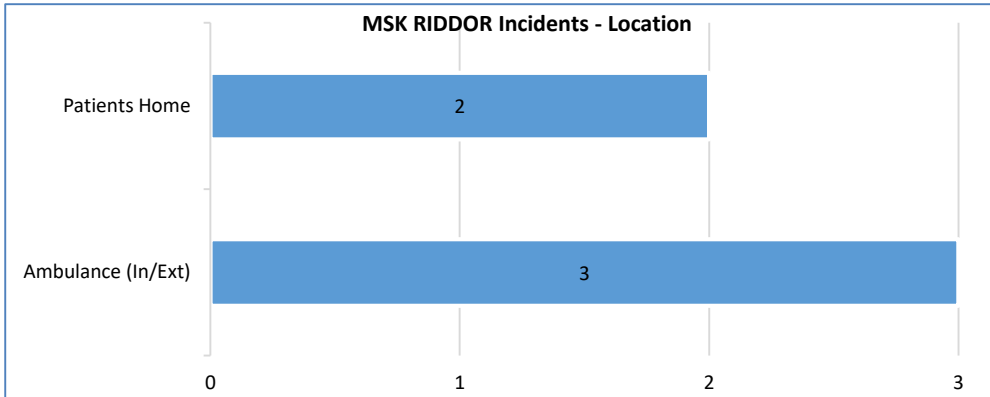
- Monitored via ESR
- Monthly CEO performance reviews
- Oversight at Quarterly IPCDG, IPCC and QOG

1. Safe – Health and Safety



Owner: Edmund Jacobs | Exec Lead: Jaqualine Lindridge

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



The above graphs provide details from the thematic analysis of 5 reported RIDDOR incidents in September'23 (3 incidents were occurred in August'23 & 2 incidents were occurred in September'23). These relate to Manual Handling (MSK):

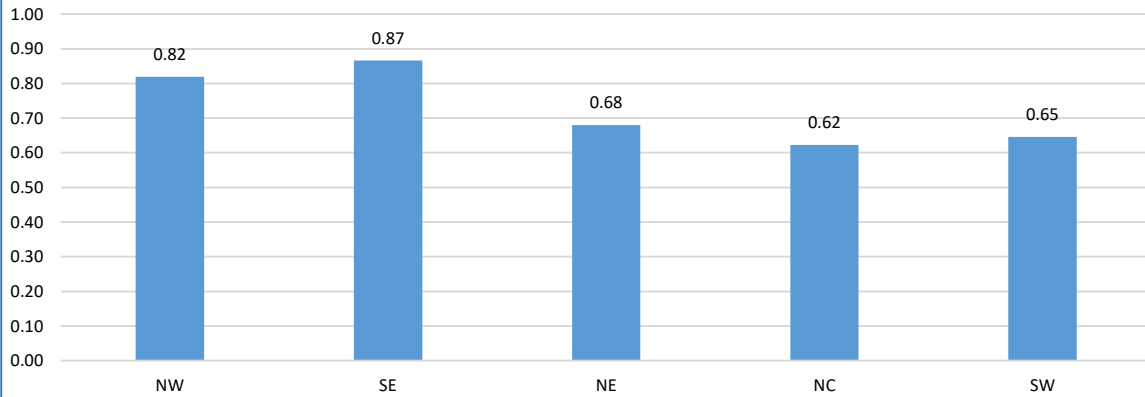
- 3 reported RIDDOR incidents occurred in Ambulance (In/Ext) (n=3) and 2 incidents occurred in Patients Home (n=2).
- 2 reported RIDDOR incidents involved Ambulance Door (n=2), 1 incident involved Trolley Bed (n=1), 1 incident involved Tail Lift (n=1) and 1 incident involved Carry Chair (n=1).
- 2 reported RIDDOR incidents resulted in Back injury (n=2), 2 incidents resulted in Hand injury (n=2) and 1 incident resulted in Shoulder injury (n=1).
- 3 reported RIDDOR incidents were occurred during Lifting & Carrying (n=3) and 2 incidents were occurred during Pushing & Pulling (n=2).

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

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

1. Safe – Health and Safety Security

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



Sector	Rate of Physical Assaults on Staff
NW	0.82
SE	0.87
NC	0.68
NE	0.62
SW	0.65

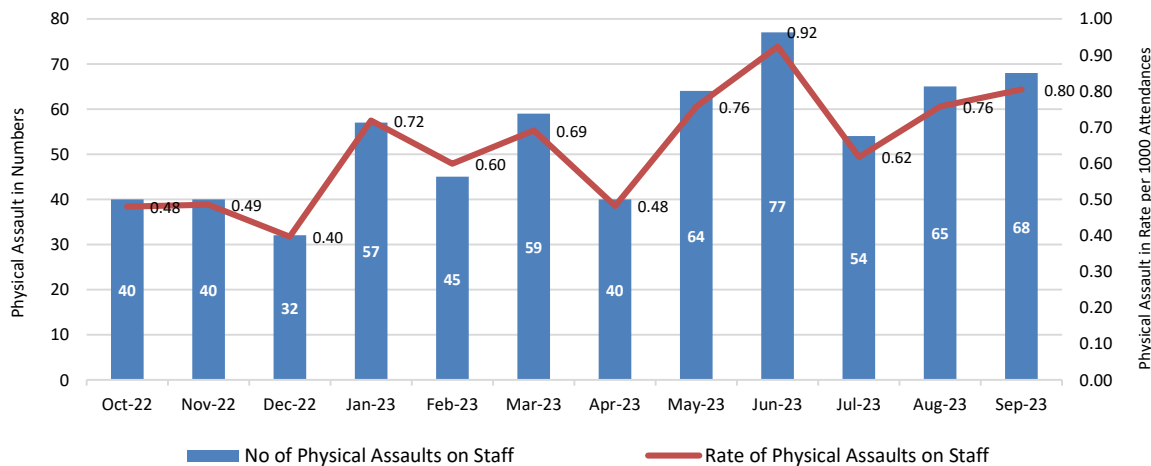
Notes:

- 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 September'23).

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



Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff	No of Non-Physical Assault on Staff	Rate of Non-Physical Assault on Staff
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	130	1.55
May-23	64	0.76	121	1.43
June-23	77	0.92	112	1.29
July-23	54	0.62	106	1.14
August-23	65	0.76	126	1.47
September-23	68	0.80	99	1.17

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 (September'22 to September'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).

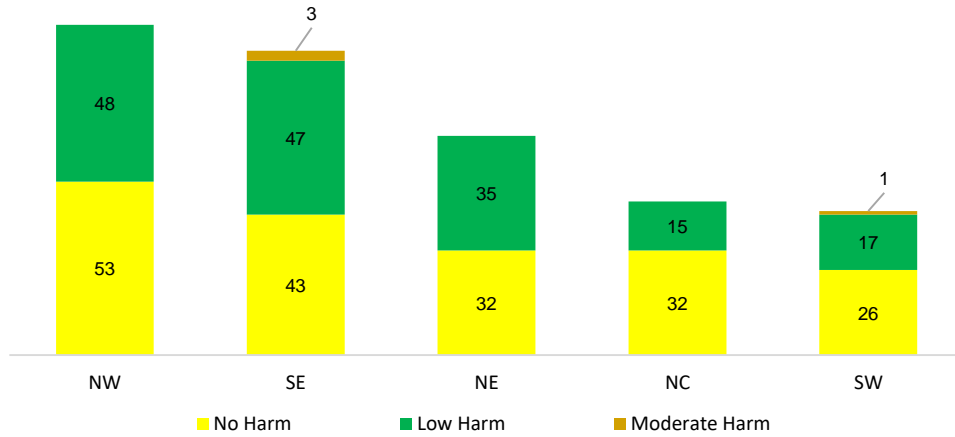
Non-physical assault – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

*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.

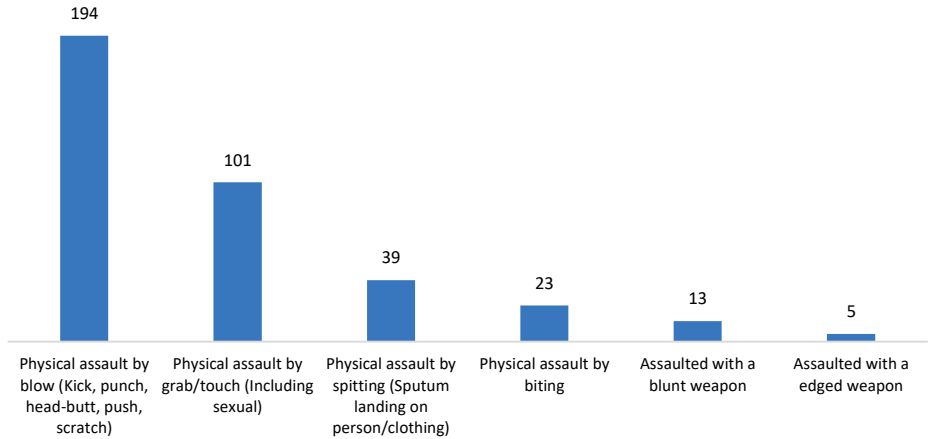


1. Safe – Health and Safety Physical Assaults

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



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



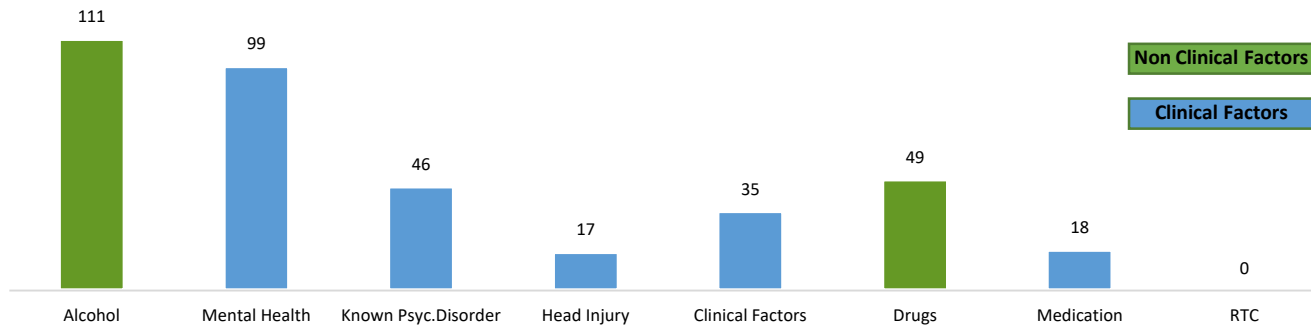
Notes:

- A total of 375 Physical Assaults on Staff were reported during 2023/24 (up to end September'23).
- 201 (54%) of the incidents were reported as 'No Harm/Near Miss incidents, 170 (45%) incidents were resulted in 'Low Harm' and 4 (1%) incidents were resulted in 'Moderate Harm'.
- 20 out of the 375 Physical Assault on Staff were caused by other (ex: family member of the patient / by standers etc).

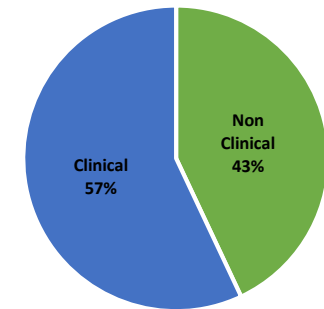
Notes:

- Physical Assault – by blows, kicks/ assault to staff (52% , n=194) accounted for the highest number of incidents reported during 2023/24 (up to end September'23).

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



Percentage Breakdown of Factors (YTD) 2023/24

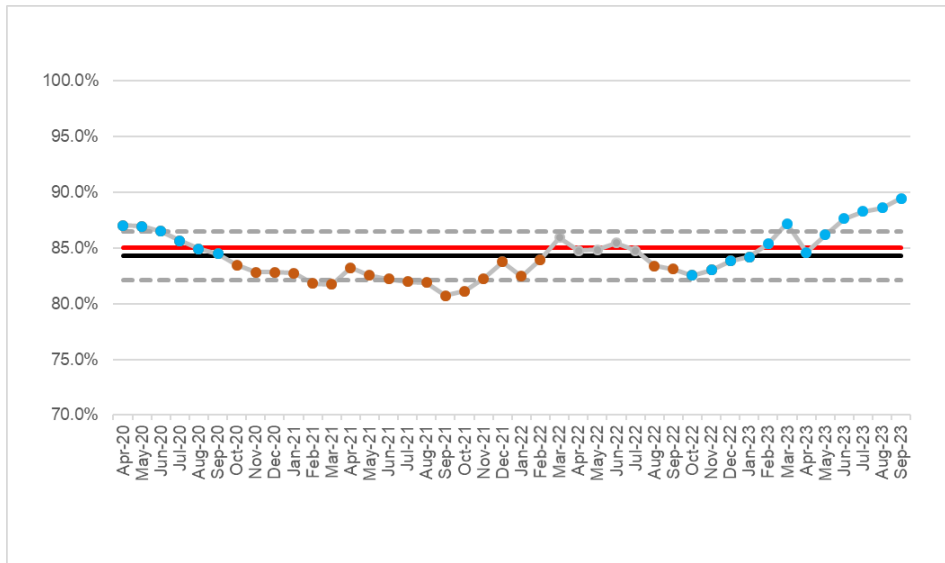


Notes:

- Clinical Factor: 215 (57%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=99), Known Psyc.Disorder (n=46), Head Injury (n=17), Clinical Factors (n=35), Medication (n=18).
- Non Clinical Factor: 160 (43%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=111), Drugs (n=49) and RTC (n=0).

Statutory & Mandatory Training Compliance

Sep'23: 90%



- As at 30th September we are currently tracking at **90%**, and remain above the 85% target.

Training Overview September 2023

Training Type	%
Display Screen Equipment (3 Years)	85.24%
Duty of Candour (3 Years)	93.48%
EPRR Incident Response (Clinical) (1 Year)	83.90%
EPRR Incident Response (EOC) (1 Year)	68.74%
EPRR JESIP Awareness E-Learning (1 Year)	89.71%
EPRR JESIP Commander Classroom (3 Years)	74.27%
EPRR LAS Operational Commander Foundation (3 Years)	80.97%
EPRR LAS Tactical Commander Foundation Course (3 Years)	70.37%
Equality, Diversity and Human Rights - 3 Years	94.29%
Fire Safety (2 Years)	93.76%
Fraud Awareness (No Renewal)	86.38%
Health & Safety Trust Board (1 Year)	80.00%
Health, Safety and Welfare - 3 Years	94.92%
Infection Prevention and Control - Level 1 - 3 Years	92.63%
Infection Prevention and Control - Level 2 - 1 Year	93.50%
Information Governance and Data Security - 1 Year	96.26%
Medicines Management (1 Year)	79.25%
Medicines Management (NETS) (1 Year)	23.66%
Mental Capacity Act Level 1 (3 Years)	90.89%
Moving & Handling Level 2 (Load Handling) (3 Years)	4.06%
Moving and Handling - Level 1 - 3 Years	92.21%
Moving and Handling - Level 2 - 2 Years	86.95%
NHS Conflict Resolution (England) - 3 Years	88.51%
Oliver McGowan Training on Learning Disability and Autism Tier 1 (3 Years)	68.59%
Prevent Level 2 (3 Years)	100.00%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	93.02%
Preventing Radicalisation - Prevent Awareness - 3 Years	92.18%
Resuscitation - Level 1 - 1 Year	88.83%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	72.52%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	72.52%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	90.53%
Resuscitation - Level 3 - Newborn Immediate Life Support - 1 Year	90.63%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	90.49%

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.*

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

At the time of writing, there are actions in progress for 3 articles of guidance. This includes activity from the August and September summaries. There are 3 articles of guidance which are overdue detailed review. 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.

August 2023

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

NG126 – [Ectopic pregnancy and miscarriage: diagnosis and initial management](#)

NG233 – [Otitis media with effusion in under 12s](#)

September 2023

The summary of NICE Guidance for September 2023 has undergone review. Of the guidance released, 1 item required specialist review.

QS10 – [Chronic obstructive pulmonary disease in adults](#)

Actions Overdue

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

QS64 – [Fever in under 5s](#)

Actions Outstanding

NG197 – [Shared decision making](#)

Review Overdue

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

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

NG233 – [Otitis media with effusion in under 12s](#)

Awaiting Review

QS10 – [Otitis media with effusion in under 12s](#)

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 22/23	04/2023	05/2023	06/2023	07/2023	08/2023	09/2023	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)			29%	29%	29%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)			47%	54%	43%					↔			LQ1b		
STEMI Care Bundle (AQI) (Reported every 4 months)	80%	R	72%	72%	-					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)			96%	-	96%					↔			LQ3b		
Stroke on scene duration (CARU continual audit)			37	37	37	37				↔					
Survival to 30 days (AQI)			11%	36%	26%					↓					
Survival to 30 days UTSTEIN (AQI)			30%	31%	28%					↓					
STEMI On scene duration (CARU continual audit)			41	40	41	41	40	41		↔					
STEMI Call to Angiography - Mean (hh:mm) (AQI)			02:32	02:33	02:31					↓					
Stroke - Call to Arrival at Hospital - Mean (hh:mm)	01:50	G	01:25	01:23	01:28					↓					
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	-	82%	83%	72%	78%	78%		↔		✓	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%	97%	97%		↔		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	-	96%	96%	96%	96%	96%		↔		✓	LQ12		
Documented Care - Mental Health (diagnosed) Compliance (CPI audit)	95%	G	-	95%	-	96%	-	95%		↓		✓	LQ12		
Documented Care - Mental Health (undiagnosed) Compliance (CPI audit)	95%	G	-	-	96%	-	95%	-		↑					
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	-	97%	97%	97%	97%	97%		↔		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	-	96%	-	96%	-	96%		↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)	95%	R	-	94%	95%	95%	95%	94%		↓					
Documented Care - End of Life Care Compliance (CPI audit)	95%	G	-	-	94%	-	95%	-		↑					
Documented Care - Sickle Cell Crisis Compliance (CPI audit)	95%	R	-	93%	93%	93%	93%	94%		↑					



2. Effective - Clinical Ambulance Quality Indicators

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

AQI Narrative

Cardiac Arrest:

In May 2023, LAS ranked 5th amongst all ambulance services for ROSC to hospital in the overall group (29.1%) against a national average of 29.5%. However, in the Utstein comparator group, we ranked 8th at 44.6%, with a national average of 52.6%.

For survival to 30 days, LAS ranked 6th in both the overall group and the Utstein comparator group with 10.5% and 26.4% respectively. This compares to the national averages of 10.3% in the overall group and 33.3% in the Utstein comparator group.

STEMI:

The LAS achieved a time of 02:31 for the Call to Angiography measure, an improvement of 2 minutes from April. This was 7 minutes above the national average, ranking the LAS in 8th place nationally.

STEMI Care Bundle data was not published for May 2023. The next data to be released will be in December 2023 (for July 2023).

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

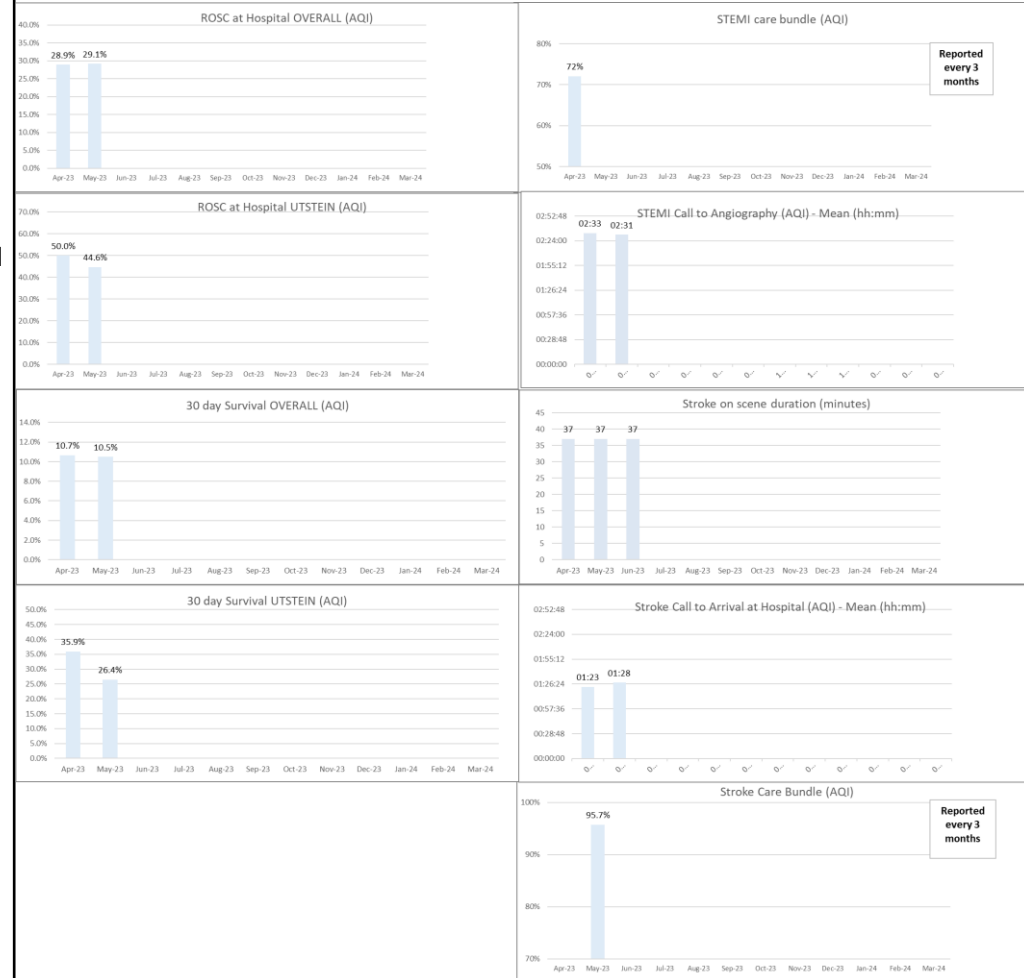
Stroke:

The LAS achieved a time of 01:28 for the call to arrival at hospital measure* in May 2023, which was 5 minutes longer than the previous month. The LAS ranked 5th against other ambulance services with the national average of 01:31, dropping from the 2nd place in April 2023.

NHS England published Stroke Diagnostic Care Bundle figures this month. There was a slight drop in diagnostic bundle provision to suspected stroke patients from 95.9% in February 2023 to 95.7% in May 2023. The LAS ranked 8th when measured against other ambulance services**, and performed below the national average of 97.6%.

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

*** May 2023 data is unavailable for SCAS.*



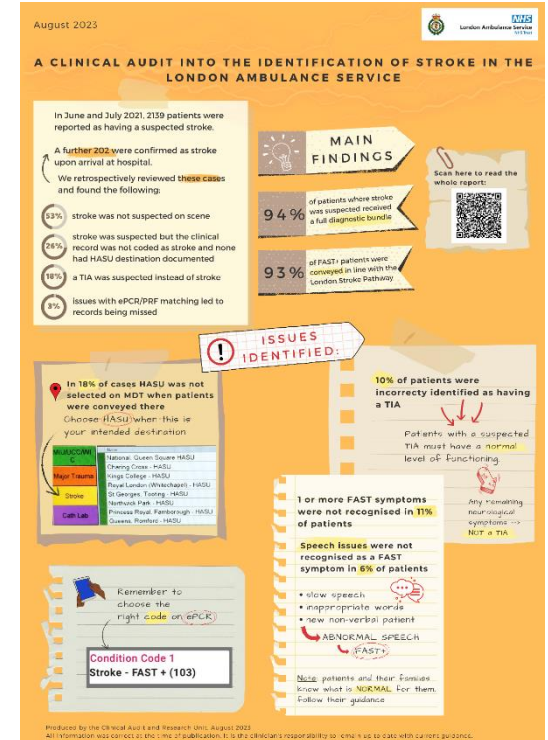


Research

- In August, the results of the ARREST trial were published in the Lancet medical journal and presented at the European Society of Cardiology conference in Amsterdam. This study, which was conducted in LAS, found that resuscitated cardiac arrest patients without ST-elevation do no better if conveyed to a specialist cardiac arrest centre compared with conveyance to the local emergency department.
- The LAS continues to recruit into a number of clinical trials including PARAMEDIC-3, CRASH-4 and RAPID-MIRACLE recruiting, on average, more than 100 patients into research studies per month.

Clinical Audit

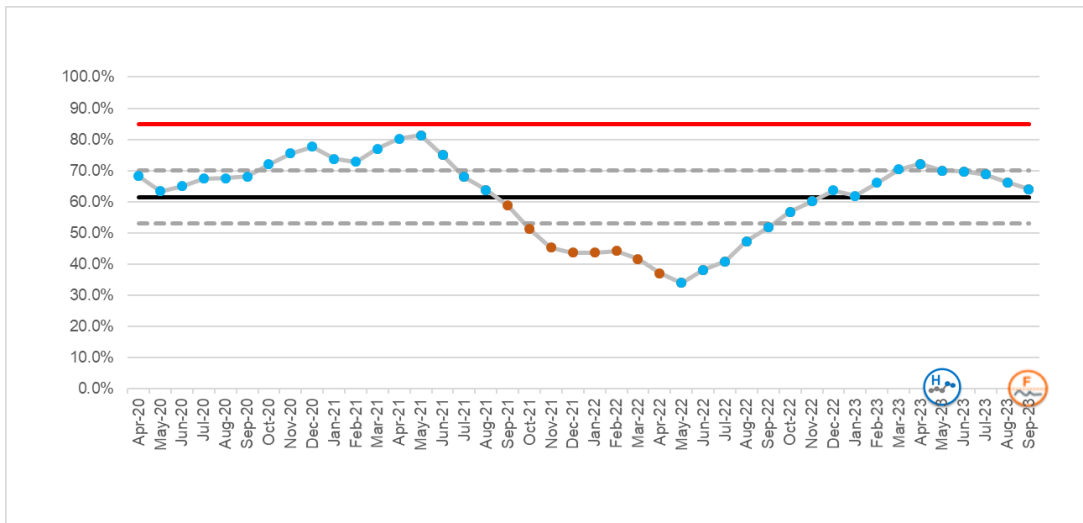
- This clinical audit provides assurance that the majority of patients received care from our clinicians that was in line with clinical guidelines for their presenting condition. However, it demonstrates the need for further improvements in areas such as recognising FAST symptoms and diagnosing TIA. Recommendations include: incorporating appropriate condition coding, destination, accurate FAST assessment and TIA guidelines in a future mandatory Core Skills Refresher training; issuing a Medical Bulletin with a TIA Guidelines reminder; amending the query that matches the LAS Stroke Registry with the Sentinel Stroke National Audit Programme, and enhancing the Stroke Registry data extract.
- CPI training was delivered to 15 paramedics on restricted duties, 4 Team Coordinators and 3 Team Manager. CPI auditors reported 40 potential patient safety incidents via Datix and called EBS to discuss the potential for 10 retrospective safeguarding referrals.



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

Staff Appraisals

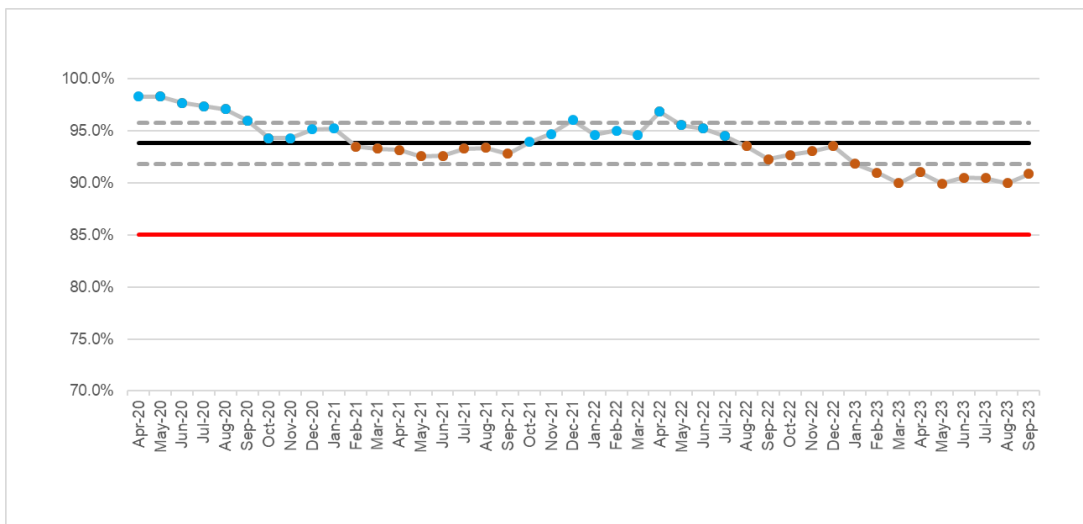
Sep'23: 66%



In September, our Appraisal compliance is at 64%. 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. We are currently in pilot phase before a planned roll out more widely across the Trust.

Mental Capacity Act Training Level 1

Sep'23: 91%



MCA level 1 – Current compliance is at 91%.

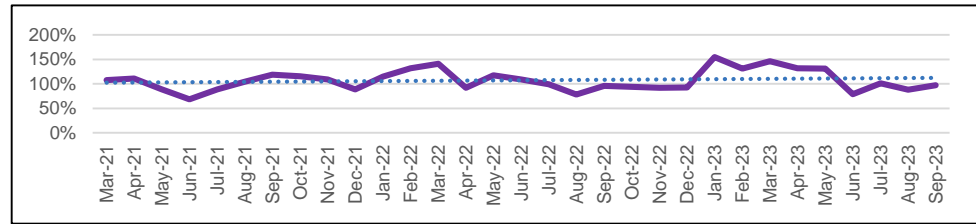
The current eLearning provides both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed.

2. Effective – EOC Call Handling Quality Assurance

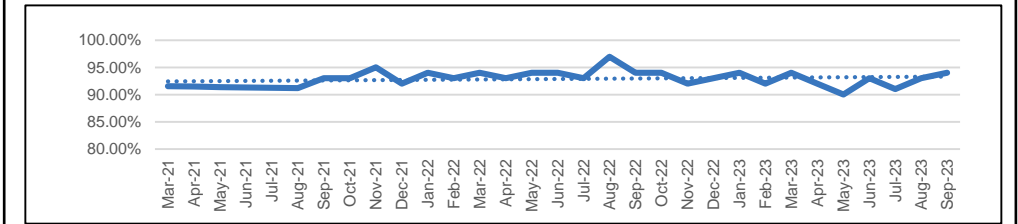
Owner: Sue Watkins | Exec Lead: Dr. John Martin

ACE | ACCREDITED CENTER OF EXCELLENCE

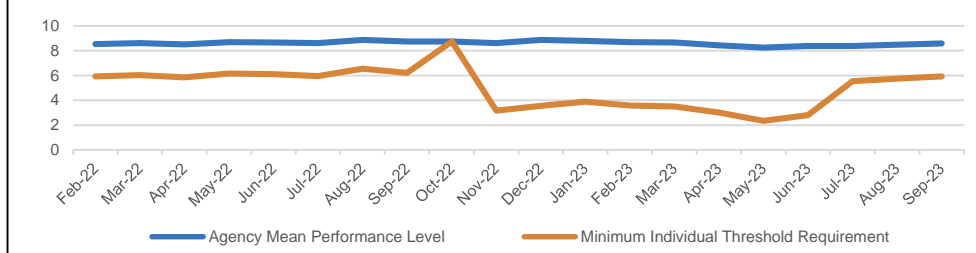
% of Emergency (MPDS) calls reviewed against requirements Sep'23:97%



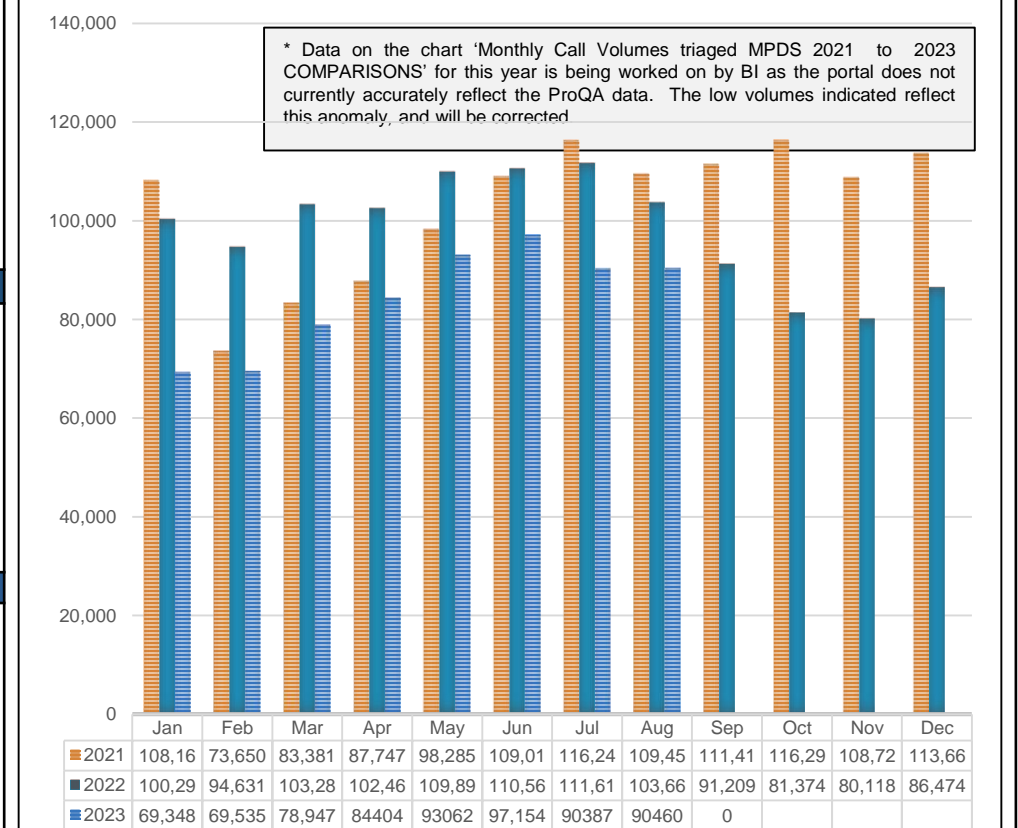
Overall Compliance with MPDS (Call Handling) protocols Sep'23: 94%



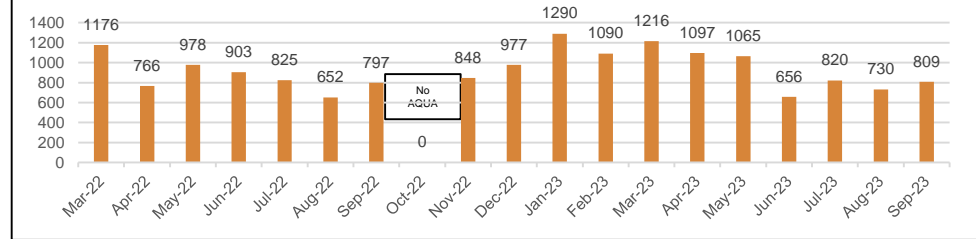
Call Handler Performance Threshold (scored from 0 (poor) to 10) Sep23: 8.6



Monthly Call Volumes Triaged MPDS



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



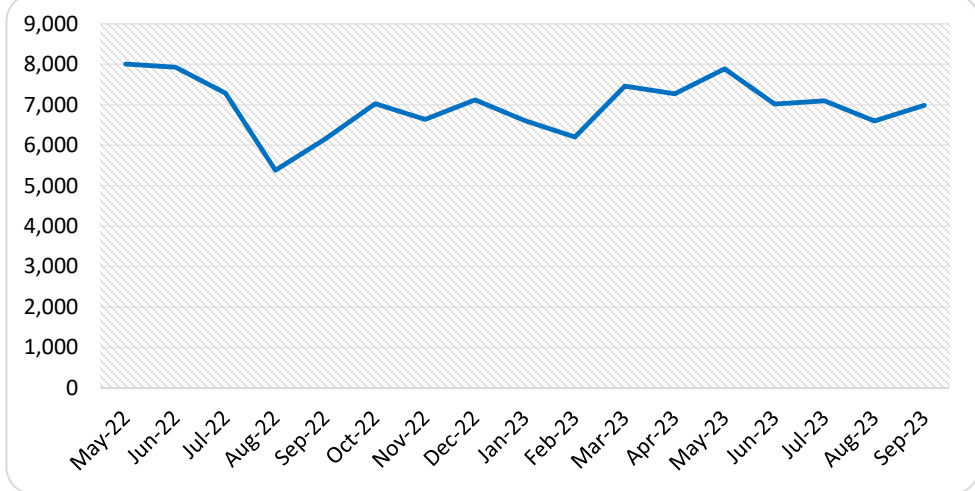
Analysis

- The high number of new entrants entering the EOC in the recent months has continued. It has been noticed that Non-compliance has returned to normal levels, with a detailed action plan being accepted by the Academy. QA Managers are working hard with the teams to identify issues and trends and monitor the action plans in place. Audit volumes for August into September have increased against a reduced staff number in QA owing to sickness and absence.
- QA Managers continue to spend additional time with the new entrants, and identified the particular challenges across EOC. The team are confident that, now becoming more established in EOC, with their continued support and guidance the compliance will be maintained in line with 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.

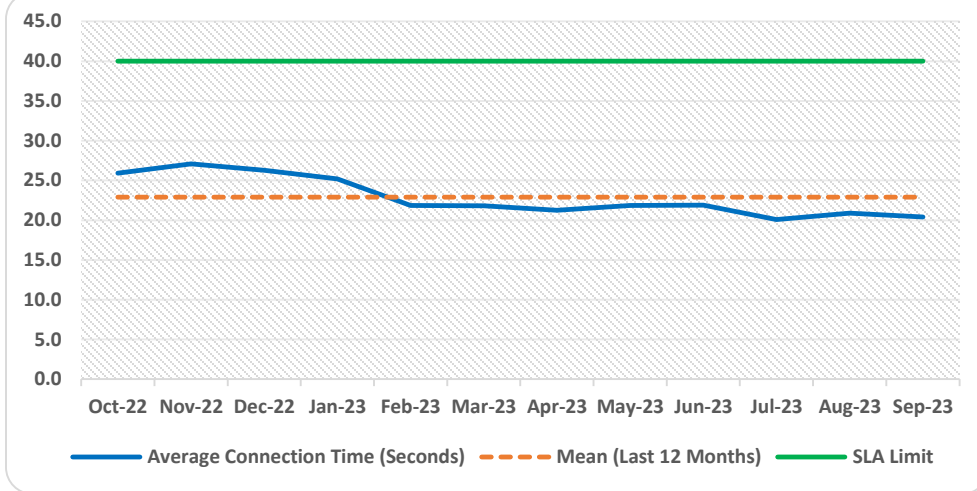
2. Effective – Trust Wide Language Line

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

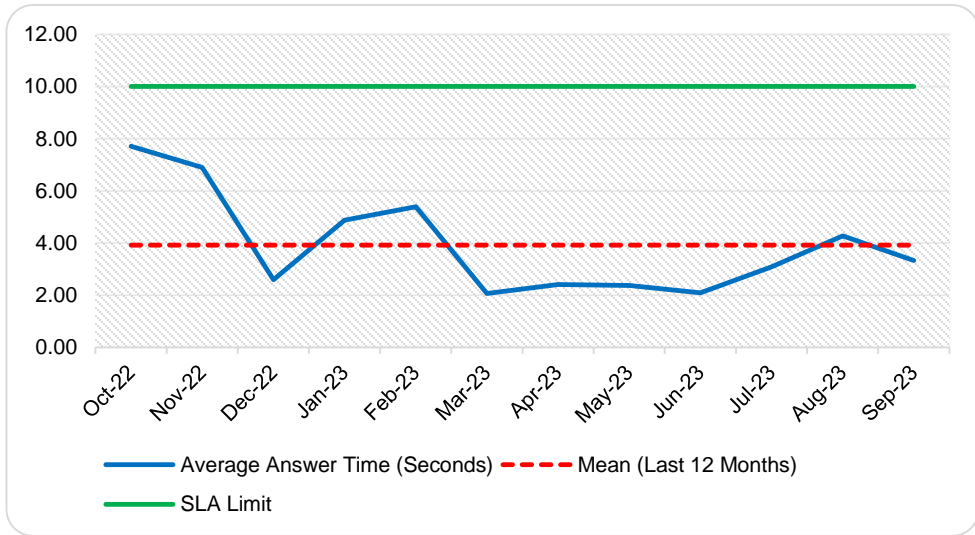
Total Number of Calls Sep'23: 6986



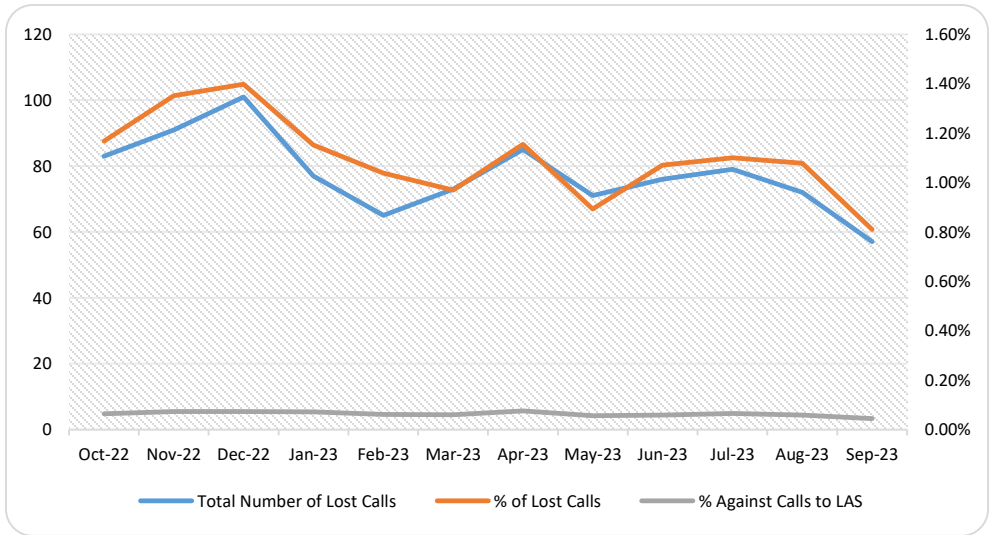
Average Connection Time Sep'23: 20.4



Average Answer Time Sep'23: 3.3



% Lost Calls Against Calls to LAS Sep'23: 0.04%



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	114	114	100%	105	92%	Wrong Advice given on which Pathway to use for patient symptoms, Wrong answer stem selected after advice given, Floor walker gave Clinical advice thereby going out of remit & Wrong advice given regarding Illness and Injury which resulted in the wrong pathway being used.
Service Advisors	222	222	100%	214	96%	Unsafe disposition, New/Worsening symptoms not asked & Wrong Pathway selected
Health Advisors	949	949	100%	870	92%	Inappropriate Disposition selected, Wrong Pathway selected, No worsening advice given, Questions missed, Working outside of remit, No assessment given, Local policy not followed, Wrong demographics taken & Unsafe Disposition reached

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

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	45	45	100%	45	100%	<ul style="list-style-type: none"> 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. Consistently high safe and appropriate advice / plan given All CAT 2/3 Ambulance validations dealt with safe and appropriately <p><u>Health Advisor – Calls coming to advice line</u></p> <p>5% inappropriate for Clinical Advice (13% last month) including:</p> <ul style="list-style-type: none"> 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 asking Clinicians to change disposition outcomes & book into slots outside of time frame
NHS Pathways Clinician	32	32	100%	28	77%	Giving full worsening instructions , Empathetic manner & Correct use of DoS and relaying instructions

Role	Required	Completed	% Completed	Number Passed	Excellent	Satisfactory	Areas for Reflection	% Passed	Learning / Findings / Action
GP	97	97	100%	97	1	96	0	100%	Learning:
ACP	52	52	100%	47	16	31	5	90.4%	<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. <p>Excellence:</p> <ul style="list-style-type: none"> Holistic approach to care. good structure. Onward referral where required

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	95	73	77	68	93	<ul style="list-style-type: none"> 5 SA audits fell below the 85% pass rate Themes identified from the failed audits were; failing to navigate the system safely and failing to retain information,
Health Advisors	519	480	92	410	85	<ul style="list-style-type: none"> 70 HA audits fell below the 85% pass rate. Themes identifies from the failed audits were; failing to manage the clinical situation safely, failing to navigate the system safely and failing to operate within the boundaries of their role..

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

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	45	45	100%	45	100%	<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</p> <p>All CAT 2/3 Ambulance validations dealt with safe and appropriately</p> <p><u>Health Advisor – Calls coming to advice line</u></p> <p>5% inappropriate for Clinical Advice (13% last month) including;</p> <ul style="list-style-type: none"> - 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 asking Clinicians to change disposition outcomes & book into slots outside of time frame
NHS Pathways Clinician	32	32	100%	28	77%	<ul style="list-style-type: none"> - Giving full worsening instructions - Empathetic manner - Correct use of DoS and relaying instructions

Role	Required	Completed	% Completed	Number Passed	Excellent	Satisfactory	Areas for Reflection	% Passed	Learning / Findings / Action
GP	97	97	100%	97	1	96	0	100%	<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. <p>Excellence:</p> <ul style="list-style-type: none"> Holistic approach to care. good structure. Onward referral where required
ACP	52	52	100%	47	16	31	5	90.4%	

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.*

Education Feedback

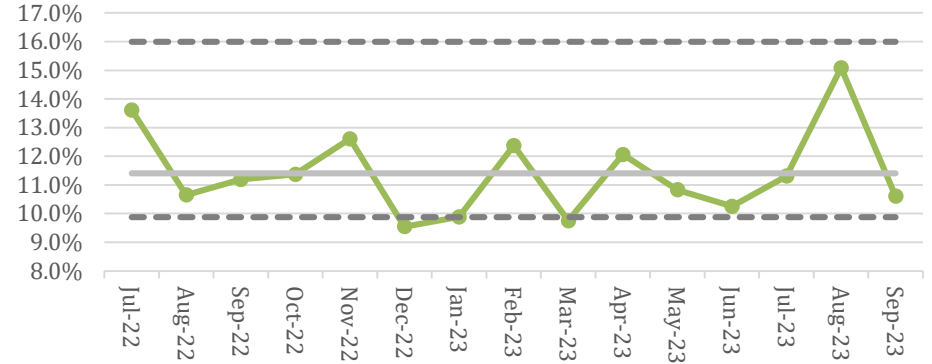
How would you rate the content of the ECHO session on FRAILITY

Very high quality	10
High quality	12
Neither high or low quality	0
Low quality	0
Very low quality	0



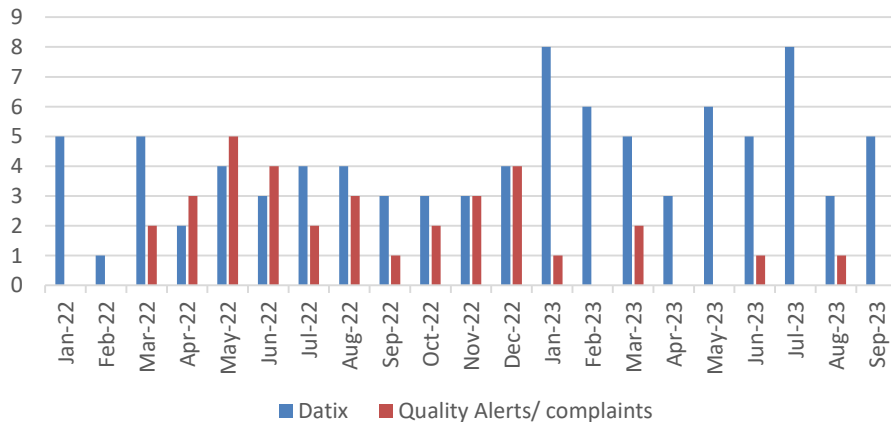
ED Conveyance

Sep'23: 11%



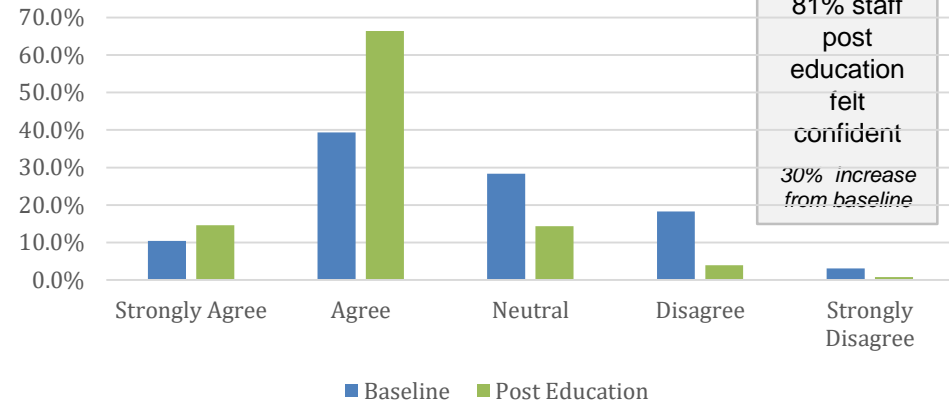
Incidents

Sep'23: 5



Staff Confidence

Sep'23: 81%



- Project ECHO with Harlington Hospice commenced 1st of 6 sessions
- BI data limited to ePCR and MPDS coding only so under-representative of EoLC cases
- EoLC Coordinator for Clinical Hub recruited
- Reduction in team capacity due to staff member on secondment

3. Caring – Mental Health

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

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

- The latest pan-London quarterly meeting with ICB and mental health provider trust colleagues to discuss LAS mental health demand and Appropriate Care Pathways.

Stakeholder Engagement

- The team are supporting the LAS response to the Metropolitan Police Service roll out of the Right Care, Right Person programme. This programme is due to launch on 1st November.
- The team provided representation at the Urgent and Emergency Mental Health Care Summit held by the region to explore new ways of working over the winter months.

Mental Health Joint Response Cars

- The Mental Health Joint Response Cars (MHJRCs) continue to transition to Business as usual.
- To date the team have seen over 19,500 patients with an Emergency Department Conveyance of 16%.

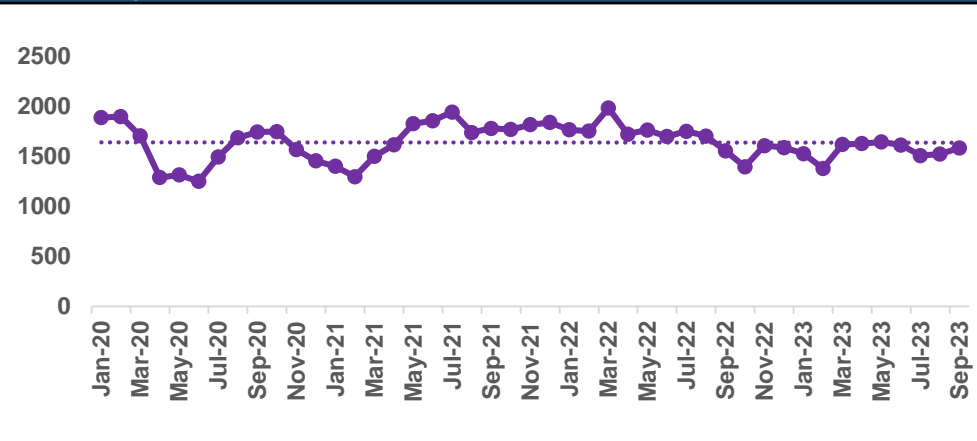
Training & Education

- The team have delivered training sessions to ambulance teams as part of their teams based working training.
- The team continue the 12 month rolling CPD programme with the most recent topic being 'Referring into Mental Health services'.

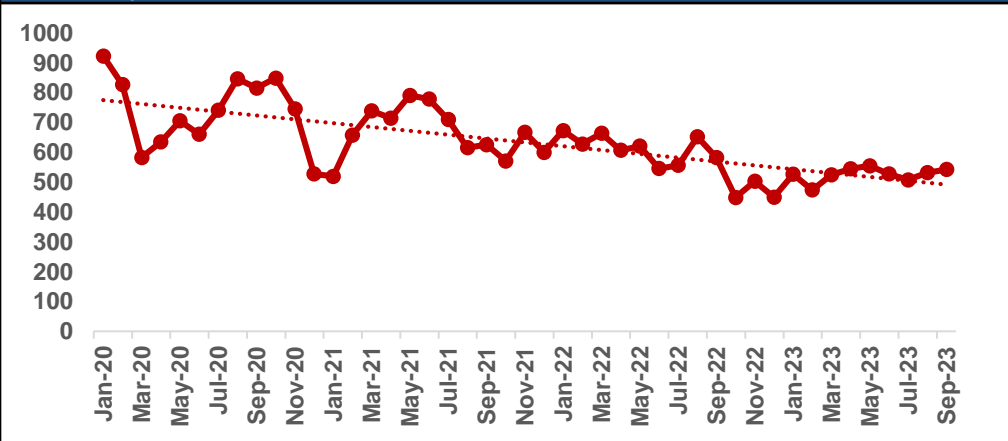
Maternity Performance Review Dataset:

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.

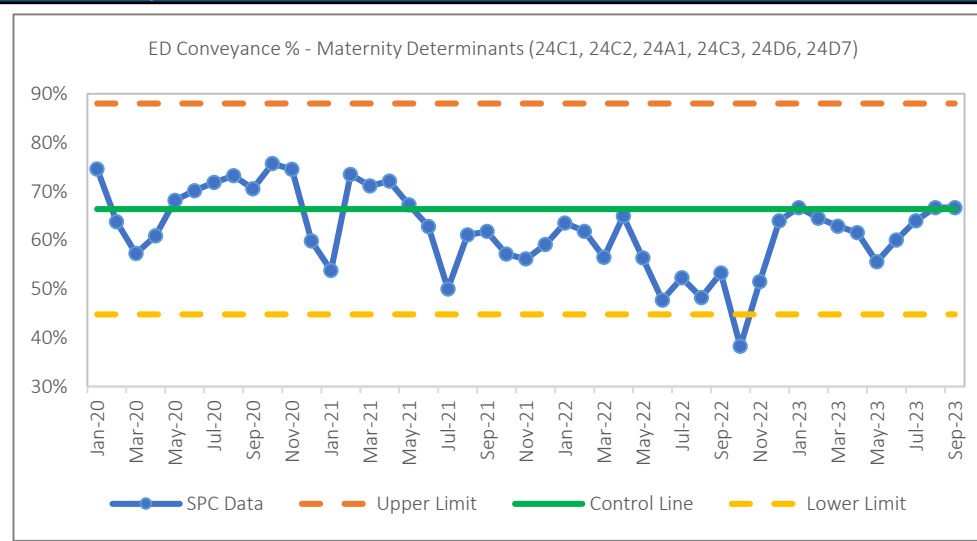
Maternity Calls Sep'23: 1583



Maternity Face to Face Incidents Sep'23: 543



ED Conveyance



Maternity Team Headlines

Training: We are on track to deliver face to face maternity training to over 150 clinicians per month through teams based working (2 teams receiving training concurrently every week). This is in conjunction with monthly maternity webinars and bespoke training. On average the post MCQ scores increase by 52% following the training.

Management of breech birth JRCALC guidance has been updated in line with the evidence; a training package has been recorded and is available on the PULSE.

Transwarmer mattresses are being rolled out across the 97 CTM cars this month; an online training programme has been created.

The new maternity kits are now in place with Newborn Life Support kit within the maternity kit bag as well as newborn thermometers.

Upcoming changes in National JRCALC guidelines: 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

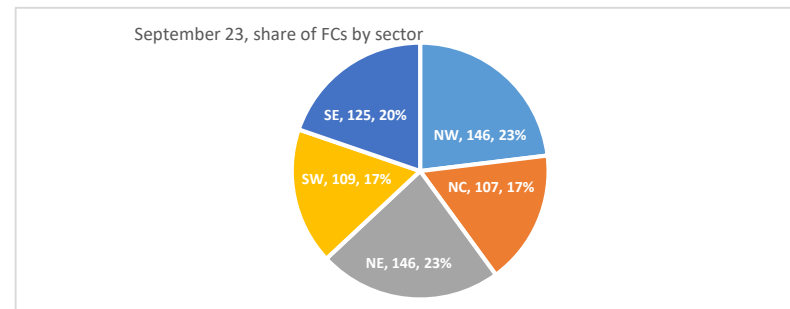
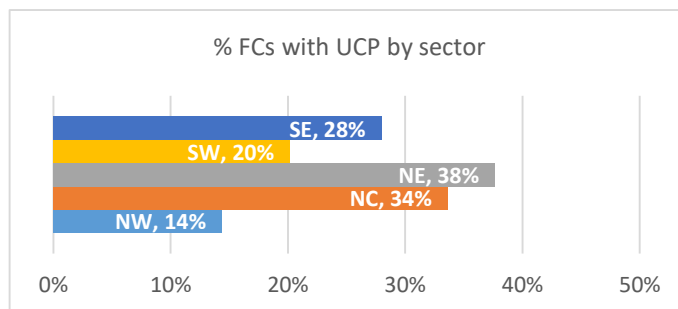
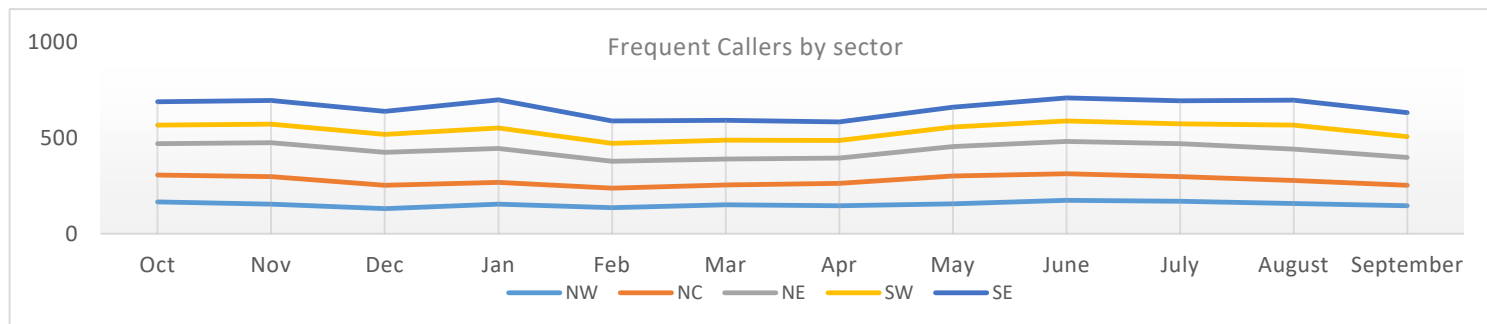
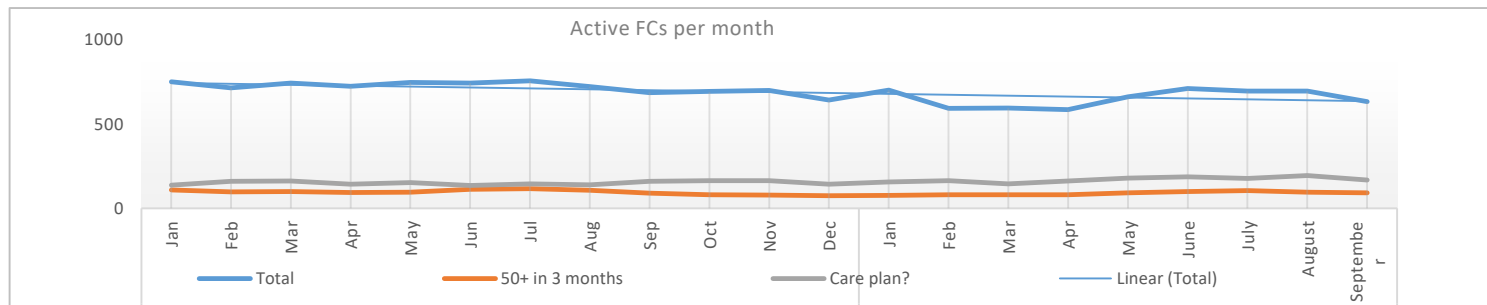
New & existing callers: 632

% Frequent Callers with UCP: 28%

% of FCs making 50+ calls in 3/12: 15%

Highlights & Lowlights

- Improved data / reporting capabilities – (see right)
- Review of initial contact process, with trial of 100% GP initial contact in Q3
- Letter drafted for ICB CEOs re: improvement in % of FCs with UCPs this winter (currently with Strategy Director for sign-off).
- Issues with variation in provision of HIU services across London, with some boroughs now with no provision
- Continued decline in number of FCs . Average monthly #FCs in Q2 2023/4 = 673, compared with same quarter last year, 720; a drop of 6.5%



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

- September 2023
- Total adult safeguarding and welfare referrals: 1,959
 - Total child safeguarding referrals: 1,517
 - Perinatal referrals: 194
 - Falls and diabetes referrals: 851
- (N.B. network outages during the last week of September means appx 200 falls referrals were processed in October – will correct in next report)

	Safeguarding		Perinatal			Falls & Hypo		Total referrals
	Adult SG /welfare	Child SG	London NTS	KSS NTS	IUT	Falls	Hypo	
October	1510	1141	104	33	65	971	65	3889
November	1663	1190	107	34	66	943	44	4047
December	1757	949	74	29	50	840	55	3754
January	1896	1328	81	32	25	947	66	4375
February	1661	1263	82	32	20	940	68	4066
March	1908	1372	103	36	38	1061	62	4580
April	1969	1421	94	25	21	1033	76	4639
May	1833	1543	110	24	45	1024	73	4652
June	1860	1551	107	29	42	982	70	4641
July	1871	1568	104	31	47	1028	45	4694
August	1959	1394	123	50	54	998	76	4654
September	1957	1517	98	36	60	794	57	4519

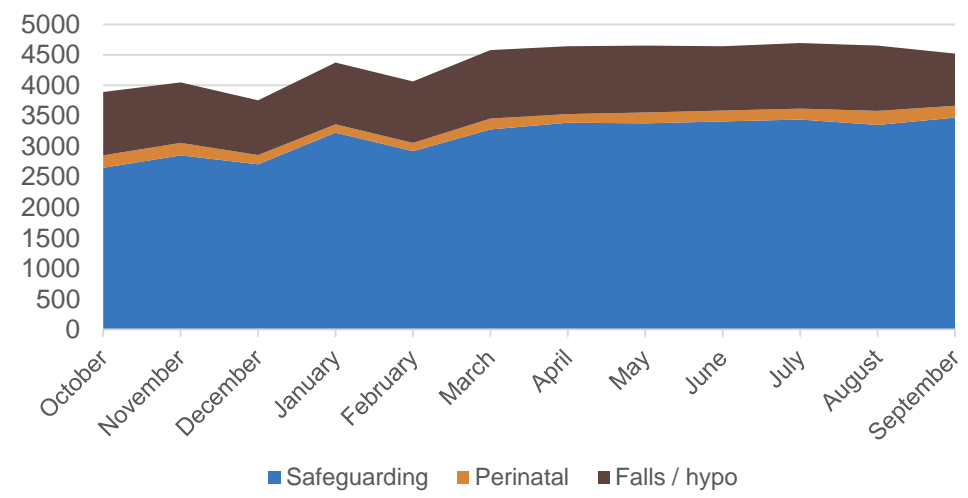
EBS Update

- 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.
- Neonatal transfer activity is high, in part due to work undertaken with maternity colleagues across London to embed new IUT transfer protocols
- GP referral pilot continues in SE.
- Staffing issues especially on nights are impacting service delivery / call answering delays. Plans being discussed to draft light duties staff etc.
- Revised process for referrals from EOC during CSP4 / surge purple, also to be evaluated as ?? BAU

Current focus:

- Ongoing work on ePCR Safeguarding Process
- Attempts to address staffing issues via Light Duties etc

EBS Activity YTD September 2023

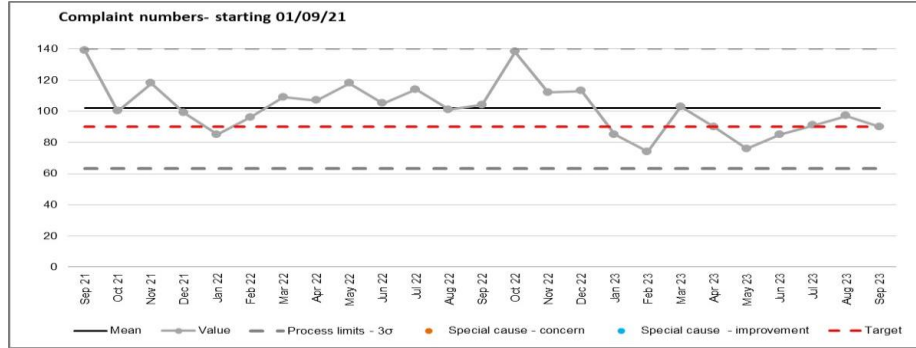


4. Responsive - Complaints

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

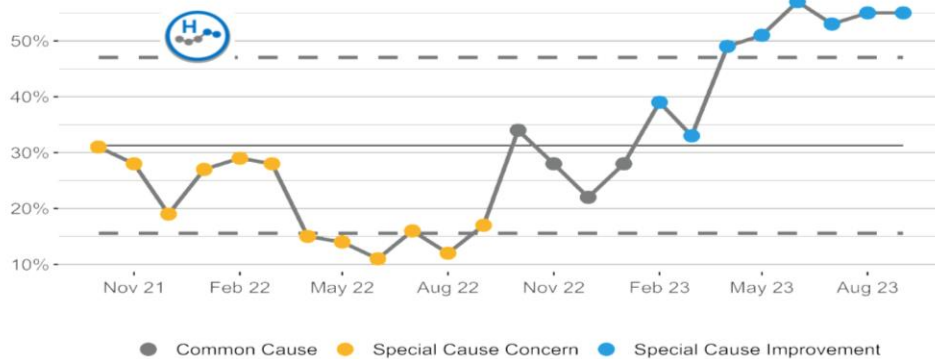
Owner: Jonathan Elwood | Exec Lead: Mark Easton

Complaints



The number of complaints received by the Trust continues to be below the median. From the start of the financial year, there is an average of 88 complaints received per month.

Complaints closed within target of 35 working days



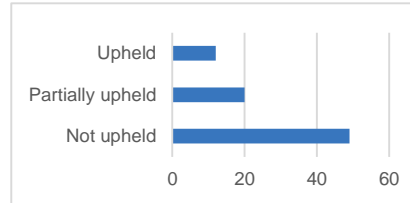
The total number of complaints overdue is 52/153 (33%) and is continuing to be closely monitored. 55% of complaints due in September were responded to in time. The team have maintained closing over 50% of complaints in time and continue to aim for 75% compliance as per the Trust target.

Themes & Caseload

Complaints by area and subject:



Complaints outcomes:



Following investigation, 60% of complaints were Not Upheld, 25% were Partially Upheld and 15% were Upheld. The guidance on outcome codes has been formalised in the complaints management SOP.

Learning from Complaints

Following a review of the process for complaints about 'Forced entry', it has been noticed that OP14 and OP23 do not include the requirement to check with local hospitals to see if the patient has presented there. This has been raised with the Senior Quality Assurance Management team with a view to updating the guidance for EOC staff.

Due to the number of complaints regarding 'conduct and behaviour' consistently being the highest subject of complaints, the team have set up a small working group to further review the crew statement process, improve support for staff who are the subject of a complaint and review common themes.

In line with the Trust's 5 year strategy, the team are starting a health inequality project to analyse complaints linked to patient demographics and review specific themes arising.

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

With the start of the Academic Year 2023-2024, the public education team attended 33 events in September 2023, 10 more in comparison to September last year.

The team attended several events as part of two of our longstanding collaborative projects; **Your Life You Choose** in the boroughs of Ealing, Hounslow and Hillingdon, and **Junior Citizen's Scheme** in the boroughs of Tower Hamlets and Richmond-Upon-Thames. Two of our core programmes (Safety First and East Area Knife Crime) have not yet kicked in this September and we are working collaboratively with our partners on the upcoming schedule.

We facilitated a Community event in Enfield as part of the **Emergency Services Day**, a visit to a Croydon **Beaver Group**, and a visit to a **Primary School** in Bromley.

No cancellations have been made during this month.

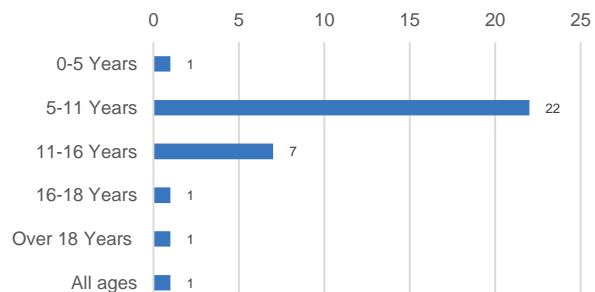


Public Engagement Activities

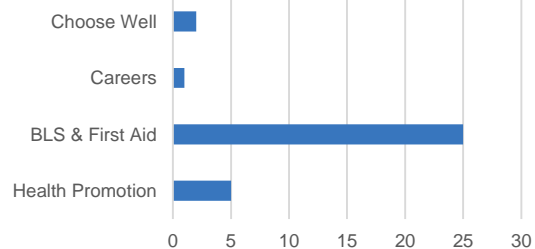
Supplementary information

No. of public engagement events: September 23	33
Approximate audience numbers: September 23	5,778
Public engagement hours: September 23	178
No. of events: April 23 to September 23	220
Approx. audience numbers: April 23 to September 23	36,879
Public engagement hours: April 23 to September 23	1084

Age Profiles (Sep)



Work Areas (Sep)



Headlines from September 2023

Feedback from Richmond JCS:

"The pupils came back to school enthusing about all they had learnt – it is fantastic that they are able to access such practical and valuable learning" - Richmond JCS @ Heatham House Youth Centre

Feedback from Tower Hamlets JCS:

"This scheme is essential in preparing children for adult life – it's informative, well-pitched, and engaging. An essential course for all – especially our school community. Thank you so much for running this scheme." - Harry Gosling Primary School

"As always, this programme continues to be invaluable to our pupils with regards to their personal safety and preparation towards becoming a responsible citizens. Delivery by professionals enhance both attention and engagement to make this an excellent workshop we hope all children should continue to benefit from. 5 stars." - English Martyrs RC Primary School

Public Education Officer recruitment:

Following the two Public Education Officers who started at the end of August, Ziana Baballa joined us at the start of September. We are also finalising arrangements for the two secondment roles with a confirmed start date of October 09th bringing the team to full capacity.

Staff on light duties:

Josh and Kerry joined the team on Sep 11th and Sep 19th.

5. Well Led

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

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

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



5. Well Led – Learning From Our Actions

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



In September 2023, 118 **Excellence Reports** were submitted.

Key themes identified from September reports include:

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

Outstanding patient care

My colleague displayed **fantastic communication** and Interpersonal skills in a very difficult situation dealing with a very difficult call to a paediatric mental health patient. The entire call was hard and required a great amount of **understanding and professionalism**, which they displayed throughout and went beyond what I would have expected over the duration of us attending this call. There was a part of her conversation with the patient that I witnessed where I almost forgot they were a member of staff, as they showed a pure of **heart humanity and caring** when talking with our patient, not because they had to as a member of LAS dealing with a patient but because they **genuinely cared and wanted the best for the patient as a person**. I struggle to put into words quite what she did, so I'll just write that she was **excellent**. A thoroughly excellent member of staff, I can only say wish we had more like her.

They were fantastic while treating a patient **suffering from a first time acute mental health episode**. They were **honest, attentive and engaging, showing incredible compassion and professionalism towards the patient**. They displayed an obvious awareness of the significant impact of the issue on the patient and his family, and the importance of getting the patient to a place of safety. They were an **absolute natural** at dealing with the situation. Well done.

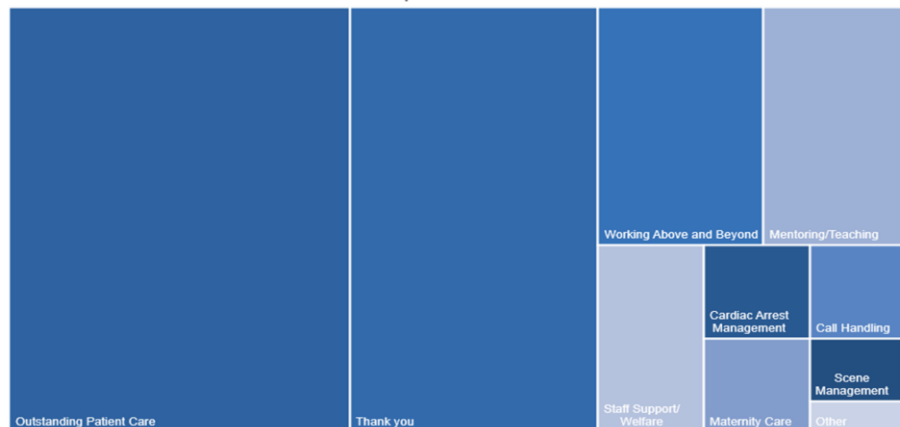
Thank you

I would like to commend my colleague for their **hard work towards the implementation of TBW** within the Romford Group. Their organisation of crew mates, stations, and rotas has been invaluable. They have **remained dignified whilst dealing with different departments and anxious staff**. Thank you!

At very short notice, a number of CE&S staff were able to represent the CE&S department at the LAS 5 year Strategy Launch, **providing visitors with an oversight** of what we do as a department and allowing visitors to practice airway management, utilising the equipment we provided. **They were all really engaged** with those that attended, providing background and information on what we do.

Thank you all for your support in attending this important event and providing engaging communication with other staff, volunteers, staff from other partner agencies and invited visitors. You were a credit in representing the department and the LAS.

September themes



Working above and beyond

I would like to share my **utmost gratitude and admiration** for my colleagues work last weekend, especially weekend. I placed upon her many "demands" over the weekend, and I am well aware the pressure that places upon our dispatchers when dealing with the complexities they have to deal with. Despite this pressure, their expertise as a dispatcher **shone through**. Their ability to **calmly communicate and co-ordinate** at the end of a radio made me feel very **comfortable and reassured**. That is an absolute skill.

In relation to the recent significant incident, everything she did, not just for me, but the rest of London when faced with multiple streams of conflicting information was admirable. Their calm voice, clear updates, and informative feedback demonstrated her utmost professionalism and ability to undertake their role beyond what could ever be reasonably expected of a dispatcher. I could not have wanted a better "critical friend" at the end of the radio, and I am **absolutely in awe** of what she achieved that day.

They got everything absolutely spot on, and then some! They should be **incredibly proud of** what they achieved, because without their actions, it simply wouldn't have been possible to orchestrate what we did. They are a **credit to themselves, her family & friends as well as the LAS**. Spot on!



5. Well Led – Learning From Our Actions

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



Some further examples of excellence reports from September:

Mentoring/Teaching – At our Complex we arranged a training day and we arranged for guest speakers from the service Mental Health team to come and deliver training on Mental Health. Two colleagues came and delivered the training and were able to answer questions that the crews had. They were professional, and knowledgeable about their field of expertise, were approachable and were able to relate to colleagues. They clearly have an interest/passion for improving Mental Health treatment and this was evident, throughout. All my colleagues enjoyed the training and as a result, now feel more confident dealing with the more complex calls that they might receive in the future. Thank you again for your excellent training.

Staff support/welfare – Both of my crewmates were assaulted by our patient whilst waiting to offload at hospital. Within a few seconds of the situation beginning, One crewmate ran like Usain Bolt and was able to safely separate the patient from my crewmates and prevented serious harm coming to them, before hospital staff then intervened. His actions likely saved my crewmates from serious injury and further distress.

Cardiac arrest management – I arrived third on scene to a public cardiac arrest, it was a very hectic scene with multiple bystanders attempting to help. My colleagues were in control of the scene, had clearly defined roles, expressed what was needed and provided a thorough handover. It was a difficult job with a sad outcome but they remained professional throughout and did everything within their powers in the patients best interests.

Sector - Excellence wheel



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 3 October 2023 was:

- 92.9% of risks reviewed within the last 3 months (target 90%)
- 71.4% 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 6 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	3	3	0	6
Possible	0	1	7	16	1	25
Unlikely	0	0	2	7	2	11
Rare	0	0	0	0	0	0
Total	0	1	13	26	3	43

ID	Sector / Department	Description	Opened	Initial Risk Score	Jul 23 Risk Score	Aug 23 Risk Score	Sept 23 Risk Score	Oct 23 Risk Score	Change in Risk Score:
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	15	↓
1358	Pharmacy	There is a risk of difficulty in obtaining medicines that are part of drugs packs which may result in frequent medicines and formulation changes which may lead to clinicians being unfamiliar with the contents of drugs packs at point of care.	24/02/2023	12	15	15	15	15	→
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	→
1376	Supply and Distribution	There is a risk of potential unavailability of/delays in using critical equipment during a cardiac arrest, caused by international supply chain challenges with the manufacture and distribution of both paediatric defibrillator pads and batteries for the LP1000 due to no other supply being available, which may lead to sub optimal care and patient harm if not properly managed.	27/03/2023	12	12	16	16	12	↓
1407	Office of the Director of Operations	There is a risk of significant new/additional demand coming to LAS from the MPS, which may lead to the LAS being overwhelmed with extra workload. This may lead to an impact to patient care both at call handling, and in terms of response. This may impact both 'normal' LAS demand, and the patients sat within this new demand profile.	24/09/2023	16			16	16	→

- 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 all the previously vacant posts.
- The Legal Services Manager (LSM) is working together with Capsticks Solicitors to deliver training on the inquest process, preparing witness statements and giving evidence in the coroner's court. The training, to be held via Teams in November will be available to all clinicians in the Trust. A large number of clinicians have already expressed an interest in attending. The training will be highlighted in the RIB.
- We are also working with a panel firm and a Senior Coroner to create short videos about Inquests, giving evidence in Court etc. This will supplement the training identified above be specific to the Trust and will assist witnesses when giving evidence in Court.
- The legal team are carrying out a review of current ways of working to improve internal processes and relationships with client teams.
- We are arranging refresher training on claims for the legal Team and re-drafting witness statement templates for use within LAS.
- We are in discussion with NHSR to deliver an update to senior staff about the recent scorecards and the BI data produced by them in relation to the Trust.
- TP015 (Policy for Inquests) and TP013 (Policy for Claims) are being updated.
- Following recent monthly meeting with Health and Safety team, it has been agreed that Legal will produce a quarterly spreadsheet identify the live claims, reasons for settling or denying claims and capturing the trends and learnings to be shared across the relevant directorates.

Inquests	Claims
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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 September	Year to date 01/10/2022 – 31/09/2023
Inquests opened (L1)	184	1762
Inquests closed (L1)	177	1673
Inquests opened (L2)	14	150
Inquests closed (L2)	7	122
PFDs received	0	0

- Claims numbers remain consistent with previous reporting periods (based on notification of potential claims). Comparison with previous years is difficult due to the 3 year limitation on making a claim in most cases and the additional time given to potential claimants as a result of changes to reporting rules during the pandemic.
- We still anticipate that we will see a rise in clinical and employers liability cases during the next 12 to 24 months as a result of the pandemic. Our panel firms for claims (Solicitors appointed by NHS Resolution) are advising that they are seeing a 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:

(September claim numbers are traditionally low as a result of reduced legal activity in August)

	In Month September	Year to date 01/10/2022 – 31/09/2023
Claims (Clinical) Opened	1	39
Claims (EL) Opened	0	20
Claims (PL) Opened	0	6
Claims (any)closed	4	104

Policies are a key component of the Trust’s control framework. The Trusts compliance has improved significantly since the beginning of the year and is now above 90%.

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..

Following a recent review of policy compliance the position has improved from 53% in March 2023 to 91% in September 2023. This position will be monitored by the Corporate Governance Team, who will remind policy leads in advance when policies are due for a review. Policy status reports will continue to be presented to ExCo, escalating any areas of concern, in order to maintain the policy compliance level.

	In Date		Overdue	
September 2023	79	91%	8	9%

Policy Position by Directorate

	Policies in date		Policies overdue		Total
Director Corporate Affairs	10	77%	3	23%	13
Chief Finance Officer	8	100%	0	0%	8
Director of Communications and Engagement	3	100%	0	0%	3
Chief Medical Officer	15	100%	0	0%	15
Chief Paramedic & Quality Officer	3	100%	0	0%	3
Director of Quality	18	100%	0	0%	18
Director of People and Culture	14	78%	4	22%	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	2	100%	0	0%	2
Total	79	91%	8	9%	87



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

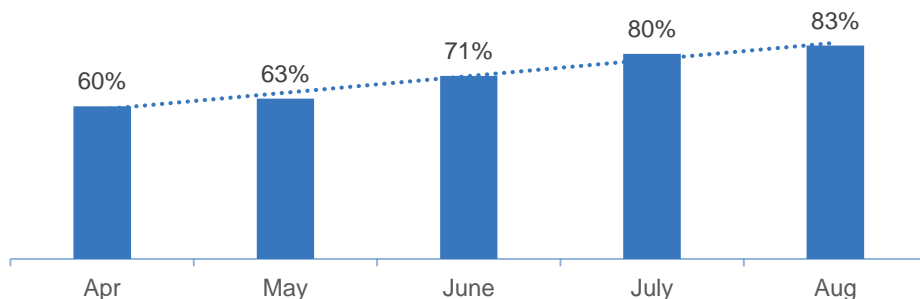
This is an update in respect of the Trust's current position on FOI requests received for the period from 01 April 2023 to 31 August 2023

Key Points:

In the period 01 April 2023 to 31 August 2023 we have received a total of 233 requests.

There has been an Improving trend in response rates. The Trust's compliance with statutory deadlines for FOI requests continues to show steady improvement. The Trust has achieved an overall compliance rate of 71% year to date

FOI Compliance –
% completed within statutory deadline



Top five themes in FOI requests:

- 1.LAS Fleet – ULEZ compliance, number of in-service ambulances and motorcycles, and vehicle equipment list
- 2.Ambulance delays
- 3.Cardiac arrest related calls and response times, and policy on cardiac arrest calls
- 4.Supplier contract – estates maintenance and spend with suppliers
- 5.LAS staff – varying requests related to gender identity, employment tribunals, leadership team/BME staff