



# Trust Board in Public

**Schedule** Tuesday 28 November 2023, 9:30 — 12:15 GMT  
**Venue** Prospero House, 241 Borough High Street, SE1 1GA  
**Organiser** Committee Secretary

## Agenda

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### Agenda

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9:30 1. Opening Administration

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1.1. Welcome and apologies  
(verbal)  
For Noting - Presented by Andy Trotter

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1.2. Declarations of Interest  
(Verbal)  
For Approval

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9:35 2. General Business

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2.1. Minutes of the public meeting held on 26 September 2023  
For Approval - Presented by Andy Trotter

 2.1 September 2023 Public Board Minutes (Draft).pdf 3

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2.2. Action log  
For Discussion - Presented by Andy Trotter

 2.2 Action Log - November Public Board .pdf 12

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9:40 3. Patient Story - Timothy Edwards - Consultant Paramedic

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### 3.1. Cardiac arrest – survival after clot-busting medication

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

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9:55 4.1. Report from the Chair  
For Information - Presented by Andy Trotter

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10:00 4.2. Report from the Chief Executive  
For Information - Presented by Daniel Elkeles


 CEO message board report November 2023.pdf 13


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## 5. Director and Board Committee Reports For Assurance

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10:05 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  
For Assurance - Presented by Fenella Wrigley, John Martin  
and Mark Spencer


 5.1.1 DCEO Performance Board Report for November  
2023 final.pdf 27

 5.1.2 CMO report November 2023 \_ Trust Board.  
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 5.1.3 QAC Assurance report November 2023 - KB.pdf 49

 5.1.3 Quality Report Cover.pdf 52

 5.1.3 Quality Report October 2023 (Reporting September  
2023 data)vSummary.pdf 54

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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  
For Assurance - Presented by Damian McGuinness and Anne



Rainsberry

5.2.1 Chief People Officer Nov 2023 Public Board Paper V1(draft) (1).pdf	58
PCC Assurance report 09.11.2325.pdf	67

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11:05	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, Rommel Pereira and Bob Alexander	
	5.3.3 Audit Committee November Assurance Report (1).pdf	74

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11:20	5.4. Corporate	
	5.4.1 Director's Report	
	For Assurance - Presented by Mark Easton	
	Director of Corporate Affairs Board Report November V2.pdf	77

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11:30	5.5. Data and Digital	
	5.5 Data and Digital Committee	
	For Assurance - Presented by Sheila Doyle	
	5.5 Assurance report Digital Data Quality draft November 2023.pdf	79

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## 6. Board Assurance Framework

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11:40	6.1. Board Assurance Framework	
	For Information - Presented by Mark Easton	
	BAF November 2023 Board Risks Cover sheet 28.11.23.pdf	81
	BAF - November 2023 .pdf	83

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## 7. Concluding Matters

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11:50      7.1. Any Other Business  
For Noting

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7.2. Date of Next Meeting – Tuesday, 30th January 2024  
For Noting - Presented by Andy Trotter

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

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## MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

9.30am to 12.15pm on Tuesday 28<sup>th</sup> November 2023  
at Prospero House, 241 Borough High Street, London SE1 1GA

### AGENDA

Time	Item	Subject	Lead	Action	Format
<b>1. Opening Administration</b>					
9.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
<b>2. General Business</b>					
9.35	2.1	Minutes of the Public Meeting held on 26 <sup>th</sup> September 2023	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
<b>3. Patient Story</b>					
9.40	3.1	Timothy Edwards – Consultant Paramedic Cardiac arrest – survival after clot-busting medication		Inform	Verbal
<b>4. Chair and Chief Executive Report</b>					
9.55	4.1	Report from the Chair	Chair	Inform	Verbal
10.00	4.2	Report from the Chief Executive	CEO	Inform	Report
<b>5. Director and Board Committee Reports</b>					
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
10.55	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
<b>6. Board Assurance Framework</b>					
11.40	6.1	Board Assurance Framework	ME	Inform	Report
<b>7. Concluding Matters</b>					
11.50	7.1	Any Other Business	All	Note	Verbal
	7.2	Date of Next Meeting – Tuesday, 30 <sup>th</sup> January 2024	Chair	Note	
	7.3	Questions from Members of the Public	Chair	Note	



**Meeting in Public**  
**LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS**  
 held at 9.30am on Tuesday, 26<sup>th</sup> September 2023  
 Methodist Central Hall, Storey's Gate, London SW1H 9NH and via MS Teams

<b>Present</b>		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and 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
Daniel Elkeles	DE	Chief Executive
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
<b>In Attendance</b>		
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)
Prof. R Fothergill	RF	Head of Clinical Audit and Research (for item 3.1)
Adam Mellett-Smith		Clinical Research Manager (for item 3.1)
<b>Apologies</b>		
Bob Alexander	BA	Non-Executive Director

<b>1. OPENING ADMINISTRATION</b>		
1.	<b>Welcome and Apologies</b>	
a.	The Chairman welcomed all present to the meeting. An apology for absence had been received from Bob Alexander, Non-Executive Director.	
2.	<b>Declarations of Interest</b>	
a.	There were no new declarations of interest.	

<b>2. GENERAL BUSINESS</b>	
2.1	<b>Minutes of the Previous Public Board Meeting</b>
a.	The Minutes of the previous public meeting of the Board held on 20 <sup>th</sup> July 2023 were approved as an accurate record.
2.2.	<b>Action Log</b>
a.	There were no outstanding actions on the action log.
<b>3. PATIENT AND STAFF STORY</b>	
3.1	<b>Patient Story and Staff Story</b>
a.	FW introduced Professor Rachel Fothergill, Head of Clinical Audit and Research, and Adam Mellett-Smith, Clinical Research Manager, to present the findings of a large research study, ARREST, to determine whether direct transport to a Cardiac Arrest Centre, compared with the nearest ED, reduces deaths in patients resuscitated from cardiac arrest (without evidence of an underlying heart attack).
b.	The study was a controlled trial as part of which patients were allocated at random on a 1:1 basis to either an ED or a Cardiac Arrest Centre for ongoing care. The research study was undertaken jointly between London Ambulance Service, London School of Hygiene and Tropical Medicine, Kings College London and Guys & St Thomas' NHS Foundation Trust.
c.	The outcome of the trial was a finding that there was no significant difference in survival at 30 days, no significant difference in three month mortality and no significant difference in neurological outcome at discharge.
d.	In discussion, it was confirmed that the analysis had been completed on a whole London basis and that a second analysis of the research data was planned looking at any difference in outcomes between hospitals that have an ED that are a cardiac arrest centre those that do not.
e.	Professor Fothergill said that the findings of no difference in patient outcomes based on destination was important and demonstrated that the current standard of care in London is safe and appropriate for this group of patients. The study did raise questions around the current guidelines that all adult cardiac arrest patients be cared for in specialised centres and was likely to influence the guidelines, which could lead to changes in practice. The study also had important implications for resourcing and retaining the skills to manage these patients in local hospitals rather than focusing these specifically in Cardiac Arrest Centres.
f.	The data obtained as part of the study would be used to support further research to understand if specific groups of patients may benefit from Cardiac Arrest Centre care and if these findings exist beyond London.
<b>4. CHAIR AND CHIEF EXECUTIVE REPORT</b>	
4.1	<b>Report from the Chair</b>
a.	The Chair update on visits undertaken since the previous meeting, including to New Malden and Brent ambulance stations during which he had heard about the successful



	<p>implementation of teams based working. The Chair said he had picked up on an issue around take up in terms of wearing body worn cameras and asked for an update. The Chief Paramedic responded that there were only six sites awaiting the roll out and over 2,000 staff had been trained, and confirmed that he would look at the underpinning evidence base and research that supports the benefits of wearing of body worn cameras. The Chair agreed that this would be helpful.</p> <p>b. The Chair said he had also attended meetings at Scotland Yard about Right Care Right Person, and a meeting at Number 10 with the Prime Minister and Secretary of State about winter pressures and the impact of industrial action.</p> <p>c. The Chair also referenced the Lucy Letby case and noted that NHS Board would be under much more scrutiny going forwards in terms of how they discharge their functions.</p>	
4.2	<p><b>Report from the Chief Executive</b></p> <p>a. The Chief Executive presented his report, noting that LAS was one of six trusts shortlisted for the Trust of the Year by the HSJ – a welcome achievement that very much reflected the hard work and dedication of staff.</p> <p>b. The Chief Executive also reported that, after a very challenging spring and early summer, response times had shown improvement in recent months with Category 2 response times improved by 13 minutes. August had proved a challenging month with the extreme heat, with call volumes nearing 6,000 every day across the sunny weekends towards the end of the month. The increased use of alternative care pathways and the work being done on validating and reviewing Category 2 patients helped in effectively managing the number of patients seen on a face-to-face basis. Performance data for August showed LAS response times to Category 1 patients was the second best in the country. Work on measures such as embedding a patient handover process at emergency departments that takes a maximum of 45 minutes had made a significant difference for both crews and patients. This process was now business-as-usual in four of the five ICSs and would be live across South West London by mid-October.</p>	
4.3	<p><b>Update from the Public and Patient Council</b></p> <p>a. The Director of Strategy presented an update from the August meeting of the London Ambulance Service Public and Patients Council (LASPPC) which had received and approved the Trust's new autism strategy. The CEO had attended the meeting to update on performance and also on improvements to the workplace culture, and the Director of Strategy had spoken to members about the launch of the Trust's new strategy.</p>	
<b>5. Director and Board Committee Reports</b>		
5.1	<p><b>Quality and Clinical Care</b></p> <p>a. <b>5.1.1 Performance Report</b></p> <p><b>999 Emergency Operations</b></p> <p>b. The Chief Medical Officer said the call answering mean was eight seconds for the months of July and August 2023 against a national target of 10 seconds. Improved performance had been achieved through implementation of the Emergency Operations Centre improvement programme which focuses on both recruitment to call handling and emergency resource dispatchers and processes.</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>Line management of the clinical hub/Emergency Clinical Assessment Service had transferred to the Director of Clinical Assessment and Pathways to support further improvement and senior clinical decision makers had been introduced into EOC to support the quick and safe identification of patients where more appropriate care may be delivered through an alternative care pathway.</p> <p>Over the past two months a trial had been underway 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 had seen a substantial increase in hear and treat and reduced delays for the sickest and most vulnerable patients. The trial would continue whilst work was underway on wider implementation.</p> <p>The Chief Medical Officer noted that during periods of pressure LAS would continue to use the Clinical Safety Escalation Plan to ensure patients are kept safe. At the highest levels of escalation some patients would be signposted to other services or given advice over the phone.</p> <p><b>Ambulance Services</b></p> <p>The Chief Paramedic and Quality Office said that ambulance services Category 1 performance in July was 7 minutes and 12 seconds and 7 minutes and 22 seconds in August 2023 meaning that the Trust had not met the national target of 7 minutes. Work was continuing to focus on maximising the use of solo responders in EOC to ensure getting to the sickest patients as quickly as possible.</p> <p>Category 2 performance had not met the target of 18 minutes. Performance for July and August was 32 minutes and 2 seconds and 34 minutes and 10 seconds respectively. Over the last two months, the Trust had been using targeted overtime and incentives to increase operational hours of both double crewed ambulances and fast response vehicles.</p> <p>LAS had also been working with Integrated Care Boards 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.</p> <p><b>Integrated Urgent and Emergency Care</b></p> <p>The Chief Medical Officer said that the 111 Call Answering and Clinical Assessment Service had received a total of 192,336 calls in July 2023 with 172,544 calls answered. This fell to 179,343 calls received and 162,072 calls answered in August 2023. This represented 0.2% above forecast in July and 7.5% above forecast in August, but was felt to reflect normal seasonal variation. It was noted, however, that the percentage of abandoned calls was above the national target of 3%. To reduce the abandonment rate LAS was increasing recruitment of Health and Service Advisors to increase capacity.</p> <p><b>5.1.2 Quality and Clinical Care Reports</b></p> <p><b>Report of the Chief Medical Officer</b></p> <p>The Chief Medical Officer said that LAS continued to experience 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. During the periods of Industrial Action in hospitals, LAS had provided support to ensure patients continued to have access to the urgent and emergency care system.</p>	
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<p>k.</p> <p>l.</p> <p>m.</p> <p>n.</p> <p>o.</p> <p>p.</p> <p>q.</p> <p>r.</p> <p>s.</p> <p>t.</p> <p>u.</p>	<p>At times of extreme pressure, LAS had used the clinical safety escalation plan in order to ensure it provided the best possible response to the sickest and most seriously injured patients, which included advising patients where to access the best care for their condition when an emergency ambulance was not immediately required.</p> <p>LAS continued to review the care provided to patients both in real time via clinical safety reviews and retrospectively to look at the end to end care and experience for patients through audits, incident reports, quality alerts and patient and staff feedback.</p> <p>It was recognised that some patients had had to wait longer than they should for an ambulance and to address this LAS had been focussing on increasing the utilisation of alternative healthcare pathways to ensure patients were treated nearer home and to avoid unnecessary conveyance to EDs. Work was continuing on development of the Category 2 segmentation clinical assessment programme including doubling senior decision maker support to 16 hours per day including weekends to manage the more complex referrals to alternative healthcare pathways.</p> <p>The Chief Medical Officer also updated on the introduction of Urgent Community Response cars across parts of London. Outcomes were positive with reduced conveyance and faster response for these patients, many of whom were vulnerable.</p> <p>Turning to mental health care, it was noted that recruitment for all the nurse positions for the mental health joint response cars had now been completed and, once training was complete, six cars would be deployed each day.</p> <p><b>Report of the Chief Paramedic and Quality Officer</b></p> <p>The Trust remains in regular contact with the CQC and has received no further regulatory visits since the system inspection in December 2021.</p> <p>Turning to clinical education and standards, 131 students had undertaken a blue light driving course. A new regulated Motorcycle Response Unit (MRU) riding course award was in development with plans to implement within the next 18 months.</p> <p>Progress continued to be made on the 2023/24 quality account priorities and a comprehensive six month report would be provided to the Quality Assurance Committee in November.</p> <p>The Quality Report, containing July 2023 data, provided an overview of quality performance through relevant KPIs, and information including the quality improvement agenda across the organisation.</p> <p>In terms of quality improvement and learning, in July and August 2023, 157 patient safety incidents had been reviewed against the Trust's Patient Safety Incident Response Plan</p> <p><b>5.1.3 Quality Assurance Committee (QAC)</b></p> <p>The Committee had 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. 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 that compliance with Duty of Candour had improved since Q4 and was currently 89% representing a significant improvement on the previous position.</p>	
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v.	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.	
w.	QAC had also reviewed the August Quality Report noting that 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 was being undertaken but it was noted that the top three incident categories remains stable.	
5.2	<p><b>People and Culture</b></p> <p>a. <b>5.2.1 Report from the Chief People Officer</b> The Director of People and Culture reported that the Our LAS Wellbeing Hub had been announced as the winner of the Staff Wellbeing Initiative at the 2023 HSJ Patient Safety Awards, based on the Trust's unique and innovative approach to staff wellbeing.</p> <p>b. In terms of recruitment, the Trust's attraction strategy remained competitive with both the UK and internationally. Turnover continued on a downward trend and the number of frontline leavers remained below plan.</p> <p>c. Turning to wellbeing, the vaccination team had been finalising plans for the flu and Covid-19 vaccine programmes. The Wellbeing Team were leading on a Trust wide project that aims to promote physical fitness with a focus on how the Trust can optimise affordable and convenient access to exercise opportunities.</p> <p>d. Recruitment In August had seen a very positive performance by the recruitment team with strong pipelines and fill rates.</p> <p><b>5.2.2 People and Culture Committee</b></p> <p>e. The Committee had received a presentation on recruitment noting that all recruitment targets were expected to be met by the end of Q3 although it was noted that there remain challenges for 111 recruitment specifically in South London.</p> <p>f. The committee also received an update from the Head of Scheduling in relation to plans 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.</p> <p>g. The committee also received presentations on supporting attendance at work and absence reporting, an update on progress with employee relations cases, OD / culture programmes including EDI, clinical and non-clinical education, the People Strategy and Freedom to Speak Up.</p> <p><b>5.2.3 EDI Committee</b></p> <p>h. The Committee had received an update against Q2 including provision of Tackling Discrimination and Promoting Inclusivity Workshops and establishment of an EDI Implementation Group.</p> <p>i. The Committee had noted development of an LAS-wide Anti-Discrimination Statement based on London NHSE's statement.</p>	

j.	<p>Following discussion at the Committee, the Board received and approved the Workforce Disability Equality Standard Report and Action Plan and the Workforce Disability Equality Standard Report and Action Plan. The action plans had been developed under three main themes of Recruitment, Leadership and Staff Experience and had been aligned with the WRES and wider EDI objectives to ensure cohesiveness and maximise impact.</p>	
5.3	<p><b>Finance</b></p> <p><b>5.3.1 Director's Report</b></p> <p>a. The Director of Finance updated on the financial position as at end of August 2023.</p> <p>b. The Trust had 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 was currently forecasting to deliver the breakeven plan by year-end, there were a number of pressures on staffing costs and delivery of Cost Improvement Plans.</p> <p><b>5.3.2 Report from the Finance and Investment Committee (FIC)</b></p> <p>c. FIC had received presentations on financial recovery planning in two key areas of the Trust; Ambulance Services and EOC.</p> <p>d. The Committee had also discussed the M5 financial position and had received an update on capital expenditure. The Trust has capital resources of £29.9m available for investment in 2023/24. FIC noted that the forecast spend for 2023/24 was £29.9m, and spend to M5 was £5.7m, ahead of planned spend by £0.3m.</p> <p><b>5.3.3 Report from the Audit Committee</b></p> <p>e. Key topics discussed at the September meeting of the Audit Committee included an overview of control issues, with the committee noting a theme relating to the ability to manage major capital programmes and the ability to deliver change programmes.</p> <p>f. The Committee had received an update from the Senior Information Risk Owner on work towards completion of the Data Security and Protection Toolkit and noted that the requirement for 95% of staff to complete IG training had now ceased and been replaced by a more nuanced approach in terms of developing a Training Needs Analysis and delivering training in a more focussed manner.</p> <p>g. The Committee had received and reviewed two internal audit reports relating to Scheduling and E-Rostering and the Board Assurance Framework.</p> <p>h. In discussing the internal audit plan, in light of the Lucy Letby verdict the Committee agreed that a review of whistleblowing arrangements should be included and that there should be a review of Fit and Proper Persons once the new arrangements had been put in place.</p> <p>i. The Committee also received a presentation from the Local Counter Fraud Service providing details of the counter fraud work undertaken since the last meeting, including delivery of a bespoke fraud and bribery awareness session to the People and Culture Directorate, and conclusion of fieldwork for the local proactive exercise in expenses claims and credit card payments.</p> <p>j. The Audit Committee also received reports on salary overpayments, single tender waivers and losses and special payments.</p>	

5.4	<p><b>Corporate Affairs – Director’s Report</b></p> <p>a. The Director of Corporate Affairs presented an update on complaints received in the period July to end of August noting that 183 had been received in this period compared to 210 in the same period in 2022. In July, 53% of complaints had been closed within the 35 working day target and in August, 55% of complaints had been closed within target. This was a continued improvement trend towards the Trust target of 75%. The top five themes of complaints received were similar to the previous year but with a slight reduction in complaints about delays.</p> <p>b. Turning to Freedom of Information, the Trust’s compliance with statutory deadlines for FOI requests continued to show steady improvement. The Trust had achieved an overall compliance rate of 70% year to date, During July and August, the Trust received a total of 218 requests and of these, 153 were successfully closed within the statutory deadline.</p>	
5.5	<p><b>Digital and Data Committee</b></p> <p>a. The Committee had received an update on development of the Digital Strategy which was geared toward addressing the most pressing needs of both patients and staff through the implementation of advanced digital solutions.</p> <p>b. In discussion, it was agreed that the strategy must incorporate clear and measurable outcomes and benefits such as enhancing patient care, increasing productivity, and optimising operational performance. The importance of exploring collaborative opportunities with stakeholders was also agreed, including other healthcare trusts and academic and research institutions to co-create solutions, share investments, and expedite implementation of the strategy.</p> <p>c. The Committee had also discussed development of a data strategy that aligns with the Trust’s 2023-2028 strategy which would be focussing on making pertinent information more readily accessible within the organization and consideration of how to leverage data insights to benefit external partners.</p> <p>d. The committee had also received a report from the newly formed Data Quality Group which highlighted progress in addressing actions from the Verita report and the development of a data quality audit work plan.</p>	
<b>6. ASSURANCE</b>		
6.1	<p><b>Board Assurance Framework (BAF)</b></p> <p>a. The Director of Corporate Affairs presented an updated BAF following review by lead Executives and assurance committees. Changes to the previous iteration were agreed as being:</p> <ul style="list-style-type: none"> <li>• Risk 2.1 relating to achieving recruitment and retention targets had moved from a previous score of 4 x 4 (16) to 3 x 4 (12)</li> <li>• Risk 2.2 relating to diversity and equality had been refined in terms of articulation of the risk</li> <li>• Risk 2.8 relating to Mobile Data Terminals had moved from a previous score of 4 x 5 (20) to 3 x 5 (15)</li> <li>• Risk 2.9 relating to the “Fixing the Basics” programme, the uncontrolled score had moved from 5 x 4 (20) to 5 x 3 (15) and the risk score had reduced from 4 x</li> </ul>	

b.	<p>4 (16) to 4 x 3 (12)</p> <ul style="list-style-type: none"> <li>• Risk 3.1 relating to ULEZ compliance; the risk score had moved from 4 x 4 (16) to 2 x 4 (8)</li> <li>• Risk 3.2 relating to environmental targets; the uncontrolled score had moved from 5 x 4 (20) to 4 x 4 (16) and the risk score from 4 x 4 (16) to 3 x 4 (12)</li> <li>• Risk 1.5 data quality had been reworded in order to clarify the nature of the risk</li> <li>• Risk 3.3 “We may not play our full part in leading and delivering London’s health and care system” – it was confirmed that this risk should be held by the Board as a whole.</li> </ul>	
<b>7. CONCLUDING MATTERS</b>		
7.1	<b>Any Other Business</b>	
a.	There was no other business.	
7.2.	<b>Date of Next Meeting</b>	
a.	The next public meeting of the Board would be held on 28 <sup>th</sup> November 2023.	
7.3	<b>Questions from the Public</b>	
a.	There were no questions from the public.	



### ACTION LOG – November 2023 Public Board

Meeting	Action	Lead	Due	Update
	No outstanding actions.			



## London Ambulance Service NHS Trust Board meeting November 2023

### Report from the Chief Executive Officer

With the ongoing conflict in the Middle East, this is understandably an upsetting time for many people across the globe, including many of our own team. I know that lots of us have very strong views and feelings about events developing and I have every sympathy for everyone, their families and communities, who are impacted by this.

At London Ambulance Service, our anti-discrimination statement we agreed as an organisation includes a commitment to tackle discrimination, with a number of promises to uphold that:

‘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 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.’

In recent weeks, our Jewish Network and Muslim Networks have also issued a powerful statement jointly condemning intolerance and discrimination in any form and urging everyone to show compassion and humanity to all.

#### **Demand and performance update**

Demand for our services is beginning to grow as we move into the start of winter, with the Service receiving almost 6,000 calls a day in recent weeks.

To meet this demand, we have taken steps to maximise the number of our crews responding to patients. We have recently been able to operate more than 420 ambulances on the road in a single day – a significant increase on the 385 maximum we were able to deliver previously.



While our response times for our Category 1 patients – those with life-threatening injuries and illnesses – were the second fastest nationally across ambulance trusts in September and October, we continue to work hard to reduce our Category 2 response times.

Our work to ensure patient handovers at emergency departments take a maximum of 45 minutes is having a big difference for our crews and patients, freeing up our clinicians to attend to those who need their care most. The process is now business-as-usual in four of the five Integrated Care Systems and went live across South West London in October.

This is just one of the ways we are improving patient care and performance, and new data shows just how those measures are having an impact. Between April and October this year, our mean response time to our Category 2 patients was 15 minutes faster than over the same period last year.

We are also delivering ground-breaking technology to equip our staff with data to help them further enhance the quality of care they are delivering. For example, we are developing an app that will allow our paramedics, for the first time, to see what happens to their patients after going to hospital. This has the potential to hugely improve clinical decision making for patients.



The start of November marked the start of us providing 111 services for North Central London in partnership with London Central and West (LCW). The new service means patients will benefit from having direct access to our multidisciplinary team of professionals, meaning seamless and more timely access to assessments, greater clinical oversight and an increased use of alternative pathways to ensure access to the right service, first time. This means we now have a 111 contract with every Integrated Care Board in London.



There was more good news earlier this month as the first of our new Ford ambulances officially hit the road from Homerton. We have 50 new Fords and 40 new cars joining our ranks by Christmas – that is two every day.



All of this excellent work contributed to LAS being shortlisted as Trust of the Year at the prestigious Health Service Journal (HSJ) [awards](#). While we didn't receive the top gong, the awards ceremony earlier this month was a fantastic opportunity to look back at all we've achieved over the last year, including: leading the way in embedding the 45 minute patient handover process; accelerating our progress on making LAS an outstanding place to work, the impact teams-based working is having across our teams; and our growing role in 111 and advancements in our fleet.



Looking ahead to the future, we recently launched our new [five-year strategy](#), which sets out the vision for our sustainable future with commitments to our patients, our people, and the capital.

After [extensive engagement with our colleagues, patients and partners](#), the blueprint details how we will make LAS an even better organisation over the coming years as we serve the diverse and dynamic communities of London.

In this strategy, we have given ourselves three missions to focus on:

- Our care – delivering outstanding emergency and urgent care whenever and wherever needed.
- Our organisation – being 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



Nearly 300 people joined us for our strategy launch event at Westminster Central Hall – including LAS staff, partners from across emergency services, Greater London Authority and healthcare leaders. We were joined by a number of special guest speakers, including the Deputy Mayor for Fire and Resilience Baroness Twycross, Regional Medical Director for NHS England (London Region) Dr Chris Streather and Chair of North West London ICS Dr Penny Dash. You can watch the [animation video](#)



which sets out our plans and [read the summary of the missions, priorities and commitments](#).



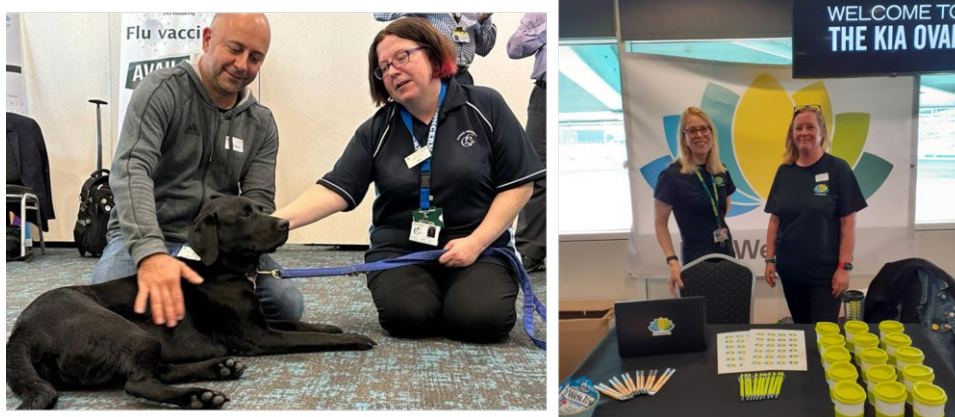
One of the three missions in our new strategy focuses on using our unique pan-London position to contribute to improving the health of the capital. That's why we were proud to launch our new initiative to create a generation of lifesavers, through our London Lifesavers school programme plans which aims to train thousands of year eight children for free in lifesaving CPR and defibrillation skills.

The programme was officially launched [at an event hosted at City Hall](#), where we taught 200 schoolchildren, starting with pupils from boroughs where our data shows we can have the most impact. This event was covered extensively in the media, including by BBC News, the Evening Standard and [BBC London](#).

On the same day, Mayor of London Sadiq Khan announced his team have [installed public access defibrillators across the TfL network](#) and launched training videos made in collaboration with our teams showing the public how to use this vital equipment.



This was followed up by our London Lifesavers team hosting a [drop-in training session with MPs and staff in Parliament](#) at Portcullis House. The event saw 30 politicians attend including the Speaker of the House Lindsay Hoyle, former Health Minister Will Quince, Labour Shadow Health ministers Abena Opong-Asare and Preet Kaur Gill, the Mayor of London Sadiq Khan, eight London MPs and the chair of the APPG Committee on defibrillators Jonathan Gullis.



As part of our continual work to further enhance the care we provide, last month we held our very first Quality Improvement (QI) Conference which was attended by nearly 150 people. It was good to hear about our QI initiatives – including our programme set up to Fix the Basics, including issues around vehicle availability, access to equipment, uniforms and refuelling.

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.



Earlier this month, we welcomed Dawn Butler, Labour MP for Brent Central, to our newly expanded Brent Ambulance Station. Ms Butler was given a tour of the site including our new vehicle bays, electric charging stations to power our new green vehicles and improved training and welfare facilities for colleagues. She also joined one of the team huddles to speak to our frontline crews and really understand the difference the new facilities will make to delivering healthcare to this part of London. I think it's fair to say she was impressed – both by the facilities and the crews who were there – and enjoyed seeing how things work first-hand.



Earlier this month, LAS welcomed Emily Thornberry, Labour MP for Islington South and Finsbury to Islington Ambulance Station, where she met with crews and got into the festive spirit early by having her photo taken with staff for her Christmas card this year.

### Celebrating our colleagues



I was thrilled to get the chance to say 'thank you' to more than 180 colleagues with 20 years of service at our Celebration of Service event in October.

A huge congratulations everyone who attended for their efforts over the last 20 years – it really is an incredible achievement.





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 180 new 'thank you' messages for 259 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	56	293	151	753
2023	September	62	355	170	923
2023	October	107	462	263	1186

I was delighted to attend Our LAS Awards 2023 in October, during which we celebrated the incredible work done by our colleagues every day.

Nearly 250 people attended the event at the prestigious Copthorne Tara Hotel in Kensington to see our [highly commended and winners](#) announced. It was a real privilege to be a part of these awards, and I am sure everyone in attendance felt the same.

I am very pleased to share the list of our winners and those who were highly commended again here.

### **The Rising Star award winner**

Teresa Agudo - Sustainability Manager



**Partnership Working Award winner**

Alex Boda - Senior Sector Clinical Lead - EOC

**Team of the Year Award winner**

Quality Compliance Team

**LAS Patients Award winner**

Elaine Hutton - TEMT, Kane Bascoe - Paramedic, Hannah Bray - Student, Abigail Trelfa - CTM/Paramedic, Rebekah Woodhams - Paramedic, Hollie Thompson – Paramedic



Moataz El din - Enterprise Architect

**Excellence in Clinical Care Award winner**

Chelsea Thompson - Emergency Call Handler

**Improvement and Learning Award winner**

Joseph Chilton - Deputy General Manager in the Clinical Assessment Service

**Our LAS Culture Award winner**

Premises Cleaning Team

**Health Inequality Award winner**

Claire Kirby - Assistant Ambulance Practitioner

**Outstanding Supporter Award winner**

Keith Plummer - Cycle Team Instructor

**Inclusive Leadership Award winner**

Carolyn Slater - Performance manager for Make Ready Team

**Champion of Equality, Diversity and Inclusion Award winner**

Daniel Phillips - Mental Health Paramedic Lead

**CEO Commendations**

Paramedic Ray Lyons after rescuing a man who had crashed his car into a gas main.



Adam Woolsey, Paul Nethersole, Elisa-Maria Livesey, Chris Pickering, William Turner, Elizabeth Coyne, Mark Vials, Jo Nevett, Susanna Malston, Jesse Bourke and Christopher Shephard for their response to the major incident at Wimbledon when a car crashed into a school.

Angus Wilson, Freddie Harris, Nicole Whiteman, Geraldine Hannon, Safia Mohamed, Trinelle Dale, Oliver Sage and Tamara Van-Zyl for helping a man who was stabbed outside HQ recently.



Not only were Our LAS Awards a huge success, we kept up the momentum by winning two Mayor of London Adult Learning Awards. Huge congratulations are in order for Emergency Medical Technician Ben Lees who won the Top Work Award after being inspired to join our paramedic apprenticeship scheme, following a devastating car crash in his teens.



I am also delighted to say that for the second year in a row our apprenticeship scheme received recognition at the ceremony. Ernest Ofori, Apprenticeship Data Manager, Darren Avery, Strategic Workforce Development Manager, and Tim Bowler, Education Sector Support Manager were at the event to collect the trophy as the Mayor praised the Service's excellent efforts in helping Londoners get into high-quality apprenticeships and supporting them through their professional and academic journeys – truly something we can all be proud of.



Carrying on with the accolades, our Chief Pharmacist Sumithra Maheswaran was [crowned Innovation Champion](#) at the 2023 Ambulance Leadership Forum Awards during a special gala hosted by the Association of Ambulance Chief Executives. Sumithra was recognised for her outstanding work in spearheading the Medicines Modernisation Programme and improving patient safety by streamlining the way medications are stored, tracked, and accessed by our medical experts.

Another competition where Team LAS have come out on top is the annual [London Gardens Society awards](#). The ceremony took place in the stunning Livery Hall in Guildhall and the story of the night was that LAS beat the Fire and Rescue service to win the inter-services Trophy.



I would also like to congratulate Nigel Flanagan, our long-serving paramedic, who received last month. Nigel set up Operation Christmas Present in 2009 to help children who are in hospital or isolated on Christmas Day by making sure they have a present to wake up to. Since then, he has volunteered his free time visiting more than 400 hospitals, children's Accident and Emergencies, and women and children's refuges.

### Supporting our colleagues

Earlier this month, colleagues gathered together to pay their respects at our [Remembrance Day ceremony](#) at the memorial garden at Waterloo HQ, while I was honoured to represent Team LAS at the Mayor's event at City Hall which was attended by many of our partners across the emergency services and healthcare. Both events marked the sacrifice made by service people who fell in the two World Wars and conflicts since, including some of our own dearly-missed colleagues.



To deliver outstanding emergency and urgent care whenever and wherever it is needed, we absolutely must have outstanding 999 control rooms, which are consistently well staffed. That's why, this year, Director of 999 Operations Stuart Crichton and the team have been working hard on our Emergency Operations Centre (EOC) Transformation Programme.

We have 100 more Emergency Call Handlers this November than the same time last year and will recruit a further 80 by April 2024. We are also recruiting 32 more Emergency Resource Dispatchers by January 2024. To make our control rooms a great place to work, the EOC transformation team has completed an extensive



engagement exercise with over 200 colleagues to learn how staff feel about working in the control room and what would make it better. The insights from these discussions will help us drive further improvements.

I am delighted to announce we have three people taking up new positions – Georgina Murphy-Jones will be taking up the role of Deputy Director of Clinical Assessment and Pathways, Georgette Eaton as consultant paramedic in Urgent Care and Mary Emery-Jackson as consultant paramedic in Strategy and Transformation including health inequalities.

We have made real progress in making our recruitment and selection processes more robust, inclusive and fair, with our Recruitment, Equality Diversity and Inclusion (EDI) and Organisational Design teams strengthening training available to colleagues who carry out interviews and manage a recruitment process.



There has been much to be proud of across the Service since my last report. LAS was proud to mark Black History Month in October and I wanted to share some pictures of the festivities at Croydon Integrated Urgent and Emergency Care. They held a range of events to mark the month, culminating in a cultural food and wear day. They also raised over £500 to local charity 'Lives not Knives'.



Well done to our crews who took part in the Children's Magical Taxi Tour, organised annually by The Worshipful Company of Hackney Carriage Drivers, helping to escort 100 terminally and chronically ill children, their parents, and siblings to Disneyland Paris for a well-deserved weekend of fun.



And finally, we have been sharing the story of six-year-old Cali-Maii who [saved her mum Lauren's life](#) by dialling 999 when she suffered a severe asthma attack. After receiving Cali-Maii's call, our paramedics who attended – William Grove, Daniella Robinson, Sam Taylor and Laura Canty – immediately started treating Lauren and took her to hospital where she was put on a ventilator in intensive care. This amazing story has been covered [extensively in the media](#). A massive well done to everyone involved!



## PUBLIC BOARD OF DIRECTORS MEETING Performance Report – November 2023

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

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

### 1. 999 Emergency Operations

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.

We have continued to see a gradual upward trajectory in the total number of contacts into the Emergency Operations Centres. Contacts in September and October 2023 were 162,008 and 163,129 respectively. There is no target for the number of contacts and the SPC chart shows continued special cause improvement as contact numbers remain below the mean.

The national target for call answering mean of 10 seconds was missed in September 2023 with actual delivery of 15 seconds and met in October 2023 at 8 seconds. As a consequence the SPC shows that the target is inconsistently hit. However, special cause improvement has consistently been shown since December 2022 and this continues across both months.

We continue to improve our capacity to meet the call answering mean national target, however, this metric has also formed part of the agreed £25m operating plan. Against this plan we have consistently out-performed the trajectory as demonstrated figure 1.

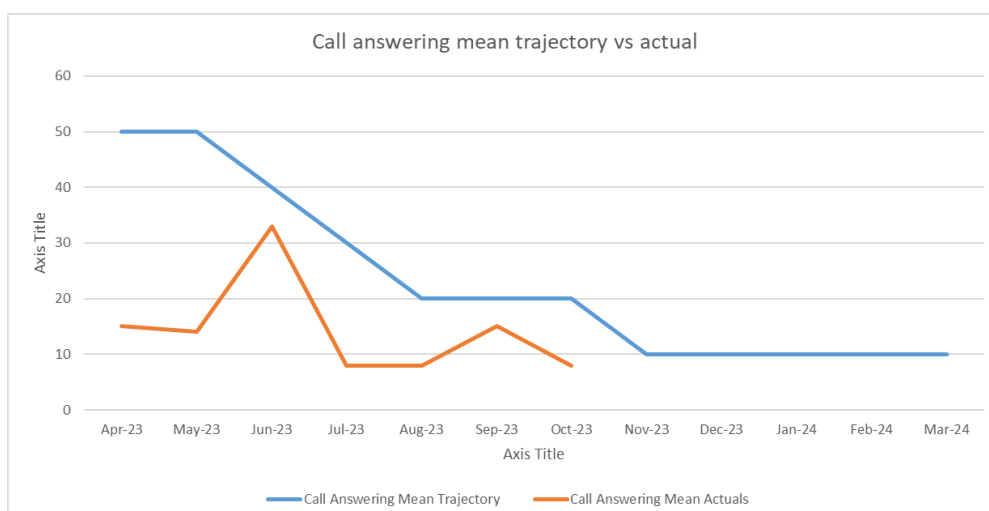


Figure 1. Operating plan call answering mean trajectory vs actual performance

Recruitment of call handling staff continues and has increased from 309 to 420 whole time equivalents between December 2022 and October 2023. This programme will continue across the winter period with a further 40 new starters due to commence duty across November and December 2023. In addition, Emergency Response Dispatchers has also increased from 143 to 160 whole time equivalents with a further 12 commencing operational duties in December 2023 and an additional 20 commencing training in January 2024.

This increase in staffing numbers is shown in the 999 Emergency Operations staff in post SPC which continues to demonstrate special cause improvement.

The EOC turnover SPC continues to fail to meet the Trust target of 13% and shows common cause variation. There has been investigation into the reasons behind the reported turnover numbers. What has become apparent is that the turnover figures include a contingent who have failed to meet the required standard during training and have subsequently left service prior to becoming operational. Due to high levels of recruitment, this is inflating the turnover rate for EOC.

Hear & treat rates for September and October were 16% and 15.4% respectively. There is no target for hear and treat and the SPC chart within the IPR demonstrates that there is common cause variation. The national average for hear and treat was 12.4% in September and 13% in October. The test of the future dispatch model in north east sector saw clinicians working alongside dispatchers within EOC and saw a demonstrable improvement in the hear and treat rates in this sector. This continues in north east London and we are recruiting additional clinicians to expand this model to the 4 remaining sectors.

There has been an increase in the acuity of our patients which we attend, which has limited opportunity for see and treat. As a result there continues to be special cause concern shown on the SPC chart for September (29.1%) and October (28.8%).

The Emergency Department (ED) conveyance rate which was 50.7% (September) and 51.6% (October) also shows special cause concern and is linked to increases in Hear and Treat and the increase in acuity which necessitates a greater percentage of patients being taken to hospital.

The introduction of Senior Clinical Decision Makers (SCDM) and the future dispatch model within EOC will lead to higher rates of hear and treat and use of alternative care pathways. As a consequence, there may be a representative increase in the percentage of patients who are attended by crews being taken to hospital as the opportunity of see and treat is decreased. As we introduce these measures within EOC we will need to monitor and review ED conveyance rates.

## **2. Ambulance Services**

Category 1 performance in September 2023 was 7 minutes 39 seconds and 7 minutes 21 seconds in October 2023. We have not met the national target of 7 minutes. The national average for September was 8 minutes 31 seconds and 8 minutes 40 seconds in October.

The SPC shows that meeting the target is inconsistent and that our performance is within common cause variation. We are achieving consistently between 7 and 8 minutes, in line with the Trust strategy.

Category 2 performance has failed to meet the target of 18 minutes and we can see common cause variation. Performance for September and October was 39 minutes



43 seconds and 37 minutes 59 seconds respectively. The national average for the two months was 37 minutes 38 seconds and 41 minutes 40 seconds.

From April 2022 to October 2022 the year to date performance for category 2 was circa 53 minutes as opposed to circa 38 minutes; an improvement of 15 minutes. To visualise where we have made gains and losses in performance we have produced a waterfall chart (figure 2).

### Category 2 Mean Response Times

Improvement in Cat 2 response times showing increases and decreases in minutes as comparison from April 2022 to October 2022 vs April 2023 to October 2023



We used a polynomial regression model to predict the relationship between a measure of ambulance utilisation and category 2 mean performance. The measure of utilisation was as follows:

$$\text{Utilisation} = \frac{\text{Incidents}_{C1, C2} \times \text{Job Cycle Time}}{\text{DCA Patient Facing Vehicle Hours}}$$

This is an estimate of the proportion of ambulance time spent on C1 or C2 jobs. Utilisation rates have an established link to C2 performance, which can be seen in data from Apr '21-Oct '22:

\* Acuity – there has been growth in the proportion of Cat 1 and Cat 2 patients who will require increased numbers of resources to attend, increased interventions on scene and longer handover times at hospital.

Figure 2 Improvement in category 2 response time April to October 2022 vs April to October 2023

This chart shows that main gains have been achieved through the increase in operational hours produced through increases in ambulance operations whole time equivalents and continued use of overtime and incentives. There has been gains through the introduction of the “withdraw at 45 minutes” procedure which is in place across London and has seen a reduction in hospital handover times. A small gain has also been seen through efficiency across the service.

Conversely the increase in the acuity has added 5 minutes and out of service a further 2 minutes.

The IPR shows the decrease in the time lost over 15 minutes at hospital and demonstrates special cause improvement from July 2023 onwards. However, despite the implementation of the 45-minute handover process in all 5 of the London Integrated Care Systems (ICS) the hours lost at hospital as a result of handover delays increased between September and October. Hospital handover delays reduce the available resource and impact on ability to reach patients within nationally set Ambulance Response Standards. The focus remains on the safe care of all patients but particularly those still waiting for help in the community. The length of time some patients are held in a cohorting area continues to be monitored and we are working with the individual hospitals to reduce this further. The target is set for no loss of time after 15 minutes and we have failed to meet this.

The percentage of conveyances which took more than 30 minutes for the ambulance crew to handover the patient at hospital in September and October 2023, is set out in figure 3.

Hospital site	Percentage of handovers over 30 mins
Barnet	41%
Charing Cross	2%
Chelsea & Westminster	3%
Croydon University Hospital (Mayday)	13%
Ealing	22%
Hillingdon	14%
Homerton	3%
King Georges, Ilford	23%
Kings College	34%
Kingston	22%
Lewisham	21%
Newham	48%
North Middlesex	58%
Northwick Park	16%
Princess Royal, Farnborough	21%
Queen Elizabeth II, Woolwich	12%
Queens, Romford	60%
Royal Free	22%
Royal London (Whitechapel)	21%
St Georges, Tooting	26%
St Helier	23%
St Marys, W2	8%
St Thomas'	23%
University College	8%
West Middlesex	8%
Whipps Cross	53%
Whittington	17%

Figure 3. Proportion of handovers over 30 minutes September/October 2023 (unvalidated data)

All operational teams have now moved to Teams Based Working (TBW) across ambulance operations. We are empowering these teams and there is a focus on reducing key out of service reasons.

A key element of out of service has been around availability of vehicles. We have trialled a system of “tethering” ambulances to the local group station at Croydon. This saw improvements in available vehicles; reduced vehicle movements and brought about benefits in terms of quicker vehicle repairs and make ready. This has subsequently been tested at Frien Barnet with similar gains. This will now be rolled out to North Central sector in November and North East sector in December. A rolling programme will subsequently be introduced to all remaining sectors in the new year.

The category 3 target of 60 minutes has not been consistently hit, however, the SPC chart in the IPR continues to show special cause improvement since January 2023. NETs resources and subsequently UCR cars are used to meet clinically suitable category 3 patients and to release paramedic resources to attend Category 1 and 2 patients. We are consistently below the national average for category 3 response at 1 hour, 21 minutes 36 seconds in September and 1 hour, 18 minutes 9 seconds in October 2023. The national average for the same 2 months was 2 hours, 15 minutes 59 seconds and 2 hours 31 minutes and 5 seconds.

### 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 in figure 4.

Metrics	Apr-23	April Actuals	May-23	May Actuals	Jun-23	June Actuals	Jul-23	July Actuals	Aug-23	August Actuals	Sep-23	September Actuals	Oct-23	October 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	112,837	100,229	119,182	104,161
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	88,861	84,165	94,020	88,139
C2 Mean (Format = hh:mm:ss)	00:45:00	00:31:11	00:40:00	00:42:00	00:37:00	00:45:38	00:35:00	00:32:02	00:33:00	00:34:10	00:33:00	00:39:43	00:31:00	00:37:59
Total Time Lost to Handover Delays (over 30m)	124,961	321,516	116,768	365,192	121,477	316,768	84,936	184,237	74,086	130,803	77,340	148,999	54,345	173,166
Average Handover Time (Format = hh:mm:ss)	00:30:00	00:25:27	00:30:00	00:26:49	00:30:00	00:32:23	00:27:00	00:21:49	00:27:00	00:20:56	00:27:00	00:21:49	00:25:00	00:22:43
Calls Answered (AQI A1)	152,909	112,077	162,219	127,287	162,612	131,095	172,929	121,111	159,072	122,309	157,183	128,339	164,375	127,159
Call Answer Mean (seconds)	50	15	50	14	40	33	30	8	20	8	20	15	20	8
Total DCA resource hours	187,693	186,609	189,424	185,571	186,269	182,065	189,974	190,164	189,184	188,341	200,434	189,695	194,957	206,306
Total RRV resource hours	43,566	51,877	45,953	51,079	43,467	49,863	44,332	52,024	44,068	45,060	31,477	41,875	46,049	43,367

Figure 4: Actual performance against agreed trajectory for Category 2

### 4. National Context

The Ambulance Quality Indicators provide a national context for the ambulance sector and reflect how, comparatively, we are performing. Figure 5 shows our performance against key metrics compared to the national average and to other ambulance services nationally.

Metric/Month	Sep-23		Oct-23	
	LAS	National Average	LAS	National Average
Category 1	00:07:39	00:08:31	00:07:22	00:08:40
Category 2	00:39:43	00:37:38	00:37:59	00:41:40
Hear & treat	16.00%	12.40%	15.40%	13.00%
See & treat	29.10%	31.30%	28.80%	30.80%
See & convey	50.70%	51.60%	51.60%	51.50%

Table 5: LAS performance compared to National performance

### 4. Integrated Urgent Care (IUC)

In September 2023 111 saw 174,343 calls offered and 170,147 calls answered. This increased to 178,716 calls offered and 168,473 calls answered in October 2023.

There is no target for calls offered and calls answered however the continued downward trajectory of call offered has seen special cause improvement and coincides with the national picture. Common cause variation remains for calls answered and is within expected parameters.

We have failed to meet the national target for average speed to answer is less than 20 seconds. There is now common cause improvement shown as this metric continues to improve with us achieving 75 seconds and 55 seconds response in September and October 2023 respectively. This has been achieved through increased staff in post numbers and increased engagement with staff to provide a sense of place and purpose.

The SPC for abandoned calls is failing to meet the national target of 3%. Special cause improvement has been demonstrated with a continued downward trajectory. Abandonment in September and October 2023 was 7.4% and 5.7% as compared to the high of 18.6% in March 2023. There has been a focus on reducing abandonment and has been supported by an increase in the number of staff in post.

Staff in post within IUC has been on a sharp increase since July 2023 and has returned to common cause variation in October 2023 ending the period of special cause concern. There is now a strong recruitment pipeline and follows focused efforts by the recruitment team to promote 111 job opportunities within local communities in Croydon and Barking.

Although failing to meet the Trust target of 13%, IUC turnover is now showing special cause improvement with turnover rates reducing to 23% and 22% in September and October 2023 respectively. As with EOC turnover a percentage of this turnover is attributable to new recruits who have been unable to achieve the necessary standards during training and have subsequently left service before becoming operational, this is inflating turnover rates.



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – November 2023

**Report of the Chief Medical Officer**

**Maintaining Patient Safety**

Ensuring every patient receives the right response for their clinical condition remains a primary focus and to deliver this we are continuing to work collaboratively with our 5 Integrated Care Systems to avoid unnecessary conveyance to emergency departments and, by improving access to alternative healthcare pathways, ensure patients are treated nearer home. Our 999 contacts rose from 162,008 for September to 163,129 for October 2023 contributed to by an increase in circulating viral illnesses, half term and Halloween.

All reported incidents are reviewed to ensure transparent and supportive investigations are undertaken, in line with the Patient Safety Incident Response Framework, to identify and learn from themes. The number of reported patient safety incidents continues to indicate a healthy reporting culture. 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 (SIALG).

A new category was introduced on Datix during this reporting period - 'clinical concern regarding an external provider'. LAS staff and volunteers are advised to use this category and report cases as 'no harm' in the event that they would like feedback to be provided to external providers for shared learning. Prior to this category being introduced and specific instructions, incidents of this nature may have been reported as moderate, severe or death. This change in reporting accounts for the sudden increase in no/low harm incidents. It should be noted that increased reporting of no/low harm incidents is a sign of a positive reporting culture and enables us to work collaboratively with other healthcare providers to improve the whole patient journey.

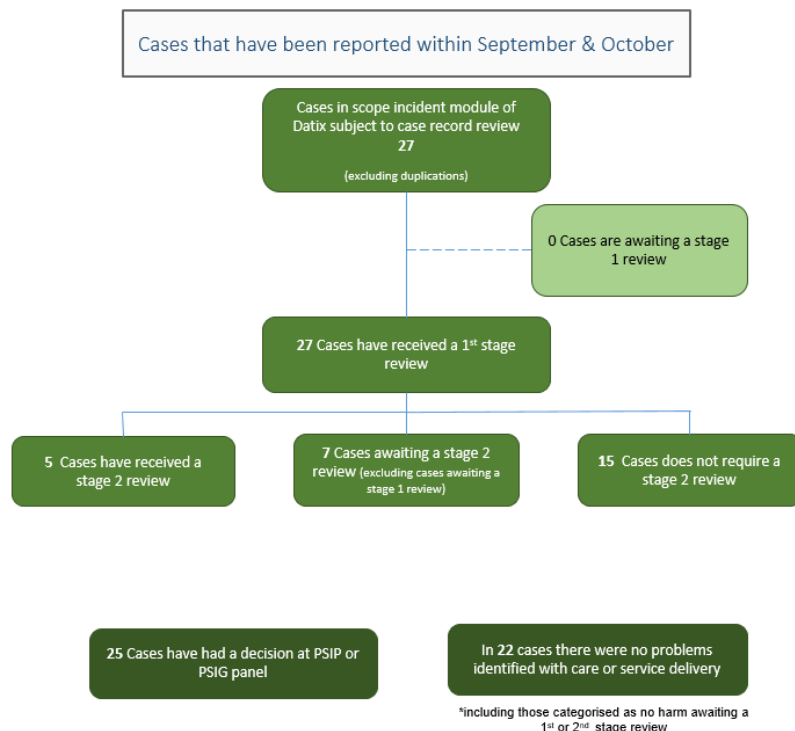
Incidents which are initially reported as death undergo a Learning from Deaths (LfD) review and, where they meet the criteria, an enhanced investigation is undertaken using the Patient Safety Incident Framework. The LfD reviews identify the contributory factors (or causes) that may have led to a patient's 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. The process enables us to share learning and understanding and continue to improve the quality of the care we provide to patients and their families. The Learning from Deaths (LfD) also forms part of the quarterly thematic review presented to the Quality Assurance Committee.



# London Ambulance Service **NHS**

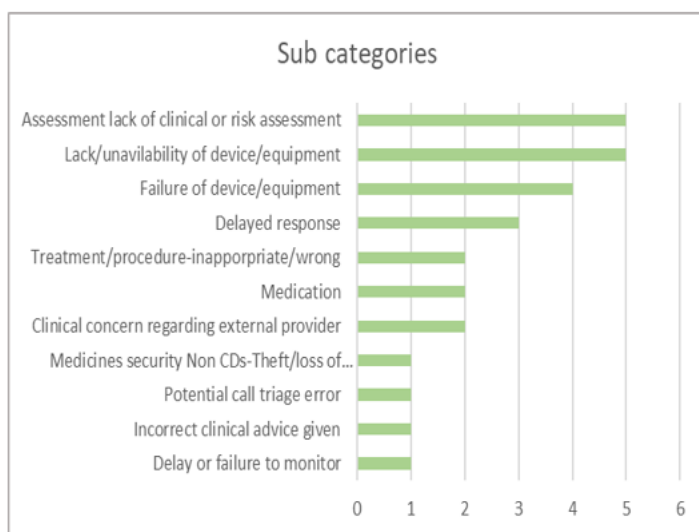
NHS Trust



Additional reporting requirements	No.
Severe mental illness	2
Learning disabilities	0
Maternal	0
Paediatrics	0
Custody	0
Safeguarding	1

\*some of the cases may relate to more than one category

## Themes for cases reported in September & October



The main sub category themes in September & October are: Clinical assessment, lack of equipment and failure of equipment. These have been common themes within the past 3 months.

**Clinical assessment cases:** There is no theme in the actual condition and treatment reported. 4 of the 5 cases were re-contacts within 24 hours, 3 cases declined conveyance to hospital initially.

**Lack of equipment cases:** 4 of the 5 cases reported were due to missing adult bag valve mask, the remaining was missing an IO needle. was a missing. There are random inspections occurring as part of the governance for make ready to ensure adherence to stocking guidance. No harm in patient care was found in 4 cases.

**Failure of equipment:** 2 cases were due to faulty BVM tubing, this should cease to be an issue due to new packing of the BVM to elevate this problem.. The seal was broken on a laryngoscope and All 5 cases relate to different items of equipment including BVM, IO, Laryngoscope and a Lifepak 15 (which was sent for inspection). No harm was identified in all 5 cases. No reading from ETCO<sub>2</sub>, the Lifepak15 has been sent for testing.

**Delayed response:** There were 3 cases of delayed response reported, none of these cases exceeded double the 90<sup>th</sup> centile

## Developing improved models of care

We remain focused on ensuring that all patients are receiving the right care in the right place at the right time. This means dispatching an emergency ambulance as quickly as possible to our sickest patients (e.g. ST- elevation myocardial infarction (STEMI), stroke, sepsis) and referring suitable patients to the best health care setting for their clinical condition.

Category 2 calls continue to account for over 60% of 999 calls. The national category 2 segmentation process is now embedded in London. We have increased the number of clinicians who are undertaking the category 2 assessment work by offering our frontline clinicians the opportunity to



undertake bespoke training and then short secondments. The increased clinical staffing levels meaning we are now able to navigate around 29% of all coded Category 2 calls despite an increase in call volume. Of the calls which are navigated for further clinical assessment 44% are able to be managed with better pathways than an emergency ambulance. This process has increased double crewed ambulance (DCA) availability released through safely supporting patients to alternative healthcare options means other patients who need an emergency ambulance receive it faster.

We have undertaken a pilot of enhanced working between our emergency resource dispatchers and the clinicians to ensure all patients who may be suitable for further assessment are jointly managed and a plan agreed for the patient. This was undertaken initially in one ICS and saw very positive results with a doubling of “hear and treat” outcomes and positive team-working between the dispatchers and clinicians.

We have continued to work with clinicians across London to develop and embed the senior decision maker (SDM) role which has demonstrated an increase in referrals to community pathways following a clinical telephone assessment by an LAS clinician when supported by a doctor. There is continuous oversight of the safety and outcomes of the patients referred to alternative pathways using an end-to-end review of cases. There have been no patient safety incidents declared since the last update.

### Right Care Right Person (RCRP)

The beginning of November saw the launch of the Right Care Right Person (RCRP) programme across London. In preparation LAS worked closely with the Metropolitan Police Service (MPS), other NHS colleagues and local authorities around the implementation to ensure a collaborative approach to providing better care for mental health patients.

The multi-agency programme considered 4 areas:

- Concern for welfare of a person
- Patients who leave a healthcare setting before discharge
- Transportation for physical and mental health patients, and
- Patients detained under section 136 of the Mental Health Act.

As RCRP went live LAS co-located clinicians into the MPS control room for 16 hours a day to provide immediate clinical advice and support and act as a link between the LAS’ control room and the cases being discussed or answered within the MPS control room. This clinical cell worked well and provided a good learning as the new processes embedded. We are continuing to work with the wider health and social care systems to ensure that those people where there is a welfare concern are managed by the appropriate agency. The MPS continue to provide immediate support to LAS staff especially where patients or staff are in danger or at risk. During November LAS have seen between 150-200 calls per day passed from the MPS on top of those already seen as Category 1 or Category 2 calls. Early triage and assessment is undertaken to then navigate the patients to the right services for the presenting clinical condition.

### Delivering Individualised Care for Patients:

#### Urgent Community Response (UCR)

Urgent Community Response (UCR) cars are continuing to operate successfully in south west, north east and north central London, with paramedics and external clinicians working together with continual review and learning to maximise the best staffing model.





- There are now 8 response teams operational and agreement to continue with the model through Winter.
- 7176 patients have been attended to by a UCR team since October 2022 with a 65% of patients being able to be treated without conveyance to the emergency department.
- Only 40% of patients attended who had fallen are conveyed to the emergency department after assessment by the UCR team. The other 60% of patients are managed without conveyance with falls with onward referrals or safety netting by attending staff for the rest (60%). This compares to the 70-75% conveyance rate for falls patients when a standard ambulance response attends.
- The UCR response continues to provide a faster response than if a double crewed ambulance (DCA) was dispatched to a case matched (equivalent) patient in Category 2, 3 or 4.

## Mental Health Care

Ensuring our patients presenting with mental health illnesses receive the best possible care is a key focus. We now have 5 - 6 cars joint mental health cars operating each day taking a combined physical and mental health response to these patients.

We are expanding our mental health support for patients with recruitment of mental health specialists to work within the 999 emergency operations centre to assist with remote mental health assessments and support EOC staff managing mental health emergency calls. This is an exciting step and will see better care provision to mental health patients who do not require a face to face response.

## Maternity and Neonatal Care

Improving maternity care for Londoners is a priority and a significant amount of work continues to be undertaken by our maternity team. There is ongoing collaboration with Northwick Park, West Middlesex, Kings College London, Croydon Healthcare maternity services to continue to improve the cross organisational understanding and working.

The launch of teams based working has enabled the maternity team to deliver educational sessions at several group stations. 177 ambulance clinicians received maternity training in October. Learning from incidents was included in the new scenarios used within simulation based training. Feedback from staff who attend these sessions has been excellent.

Providing the best possible care for preterm infants is critical to their long term outcome. Hypothermia at birth is associated with increased mortality in preterm infants. Transwarmers (mattresses which gently warm the infant) have been rolled out on to all on all clinical team manager vehicles supported by an e-learning training programme.

Our lead midwife, Camella Main, along with a Consultant midwife from NWS have become the first pre-hospital assessors for MBRRACE for maternal deaths. 'MBRRACE-UK' is the collaboration appointed by the Healthcare Quality Improvement Partnership (HQIP) to run the national Maternal, Newborn and Infant clinical Outcome Review Programme (MNI-CORP) which continues the national programme of work conducting surveillance and investigating the causes of maternal deaths, stillbirths and infant deaths. This will provide an exciting opportunity to develop and improve practice to save mother's lives during and following pregnancy and provide robust national information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services including their pre-hospital care.





### **Infection Prevention and Control (IPC)**

Hand hygiene compliance for September was reported at 97% (against a target of 90%), premises cleaning 97.4% (against a target of 90%), and emergency vehicle cleaning 93% (against a target of 95%). IPC level 1 and level 2 training statutory and mandatory training is achieving over the Trust target of 90%

Two abstracts have been presented at the Infection Prevention Society, “Developing and implementing a user friendly IPC manual within the Ambulance Service” and “Attitudes and perceptions of being bare below elbow when providing care in the Ambulance Service. LAS were the only ambulance service represented at the conference and the team saw great interest and engagement around their work.

### **Medicines Management**

Work continues to increase the range of drugs our paramedics can administer in line with the legislation and ambulance clinical guidelines. Midazolam has now been introduced for all paramedics to improve care offered to patients suffering seizures. This includes administering the drug using the intramuscular route, instead of the rectal route of administration, as well as intravenous use. A trial of Methoxyflurane (Penthrox) is underway with advanced paramedics and resilience and specialist assets clinicians – this is an inhaled analgesic for use in traumatic injury and will be subject to audit and evaluation.

At the recent Ambulance Leadership Forum the LAS Chief Pharmacist, Sumithra Maheswaran, was awarded the national prize for Innovation or Change Champion. Since joining the LAS Sumithra has spearheaded the Medicines Modernisation Programme which has transformed pharmaceutical services at the Trust leading a programme of improvements which have delivered high-quality oversight of medications with patient safety at its centre. Her achievements include moving LAS into the country’s first dedicated medicines packing facility for an ambulance service and recruiting highly-skilled pharmacy professionals to bring in pharmaceutical expertise into medicines packing. She has also led the roll out of electronic tracking of every drug from packet to patient, significantly reducing medicines packaging errors and helping to improve patient care across the Service. Drawing on her expert pharmaceutical knowledge, Sumithra has helped LAS become an exemplar for ambulance services on medicine management.

### **Clinical Informatics**

The London Care Record Mobile Viewer has now been put onto all clinical devices. In October, this was used to access over 12,000 patient records.

We are working with London Region to look at progressing Transfer of Care to all hospitals with an ED pan-London after the pilot at St Georges - this will enable reliable transfer of patient and clinical information straight into the hospital systems, removing administrative overhead and efficiencies at handover

My Clinical Feedback App has been launched in Hanwell and will imminently be rolled out to the rest of North West London. This is an application that links patient-level data across ambulance and acute hospital providers, enabling ambulance clinicians to receive clinical feedback on the outcomes and



associated treatments of patients they have attended. This enables LAS ambulance clinicians to better understand the implications of their assessment, treatment and conveyance decisions, and support their learning and development to improve the care they provide

## **Health Inequalities**

As the only pan-London acute provider LAS has a unique insight into the health inequalities being experienced by Londoners. The COVID-19 pandemic has exposed, widened and exacerbated existing health inequalities in our city. Too many Londoners are suffering ill health as result of social and economic challenges and this increases the demand for health and social care particularly through the urgent and emergency care pathways.

LAS is committed to working collaboratively to reduce health inequalities that our patients experience. The integrated Care Systems (ICSs) have four core priorities to deliver in relation to reducing health inequalities which include the requirement to:

- 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.

We have been invited to work with NW London on their Core20plus5 delivery group.

We are continuing to work closely with our partners and communities, both locally and nationally through the Associate of Ambulance Chief Executives (AACE), to ensure that our approach and action plan are aligned with objectives under four key areas:

- Public health capacity and capability building
- Data, insight, evidence and evaluation
- Strategic leadership and accountability
- System partnerships.

Since the last report work we have held our first Health Inequalities workshop with representatives from the frontline staff sharing feedback and ideas to help identify initiatives and ideas to reduce health inequalities. This feedback is being used to complete the AACE health inequalities maturity matrix as a pilot site. We have also appointed a Consultant Paramedic to be a clinical lead on this important area of work.

## **Patient outcomes:**

Through our clinical registries we continue to monitor and report the care provided to patients experiencing either a cardiac arrest, ST elevation myocardial infarction (STEMI), or a stroke. We submit this data to the NHS England Ambulance Quality Indicators (AQIs) programme, enabling the benchmarking of the quality of care across all ambulance trusts in England. There is always a time lag in receiving national end-to-end patient data. The 2022-2023 annual reports for these groups of patients were presented and ratified at the November Quality Assurance Committee. The most recent national data published is for June 2023 which was published on 9 November 2023.

For patients in cardiac arrest the proportion of patients who had return of spontaneous circulation



(ROSC) on arrival at hospital was 26.3% against a national average of 28.4% and in the Utstein comparator group (patients with cardiac arrest of presumed cardiac origin where the arrest was bystander witnesses and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia) was 61% against a national average of 54.9%. Overall 8% of cardiac arrest patients survived 30 days against a national average of 9.3% and for the Utstein group the survival was 36.1% against a national average of 28.5%. For our stroke patients the mean average time from call to arrival at hospital was 92 minutes against a national average of 96 minutes. For our STEMI patients the mean average time from call to catheter insertion for angiography was 2 hours and 23 minutes against a national average of 2 hours and 27 minutes. This data provides assurance that our sickest patients were being responded to quickly and receiving high quality care during the reported period.

### Stroke Care – August 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 1266 suspected stroke patients
- 1176 were FAST positive and 757 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 78 minutes.

### ST-Elevation Myocardial Infarction (STEMI or Heart Attack) Data – September 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 September 2023, 244 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 76 % of patients had received the complete care bundle.
- The average clock start to on scene time was 31 minutes and the average time from clock start to hospital arrival was 90 minutes.

### Cardiac Arrest Data – September 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 January cardiac arrest data indicates:

- 946 patients in cardiac arrest were attended by LAS.
- 336 patients had resuscitation commenced.
- 60 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 28% 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	August 2023	September 2023	October 2023
London Lifesaver Numbers	5135	5213	5782	6,397	6,657	7,129	8,577
Public access defibrillators (PADs)	7802	7803	7803	8,463	8,607	8,880	8,910
PAD activations	15	5	7	7	8	17	6
Return of spontaneous circulation	8	4	4	5	6	12	3

## **Clinical Audit and Research**

LAS continues to be a research rich organisation which means we develop and host research studies which contribute to and improve emergency medical care and patient outcomes in the UK and worldwide.

Since the last report we have recruited our first patient into the Spinal Immobilisation Study. Cervical spine (c-spine) injuries often occur as a result of road traffic crashes, sports injuries or as a result of falling in frail people. Although c-spine injuries are rare if they do occur they can have a dramatic impact on the individual's quality of life and can lead to long term disability or even death. In the UK, when a potential c-spine injury occurs, the ambulance clinicians will usually stabilise the C-spine using a technique known as triple spinal immobilisation and there are concerns across the clinical community that this can, in some cases, cause harm. This new collaborative study aims to assess whether movement minimisation is no worse than triple spinal immobilisation for patients who have, may have, or are suspected of a spinal injury in the pre-hospital and emergency setting.



# London Ambulance Service

NHS Trust

We continue to be the highest recruiting ambulance service to the PARAMEDIC-3 trial, contributing more than a third of the total patient enrolments across all participating ambulance services. PARAMEDIC-3 is a randomised-controlled trial investigating the best way to deliver drugs to patients in cardiac arrest. Current evidence suggests that the earlier a patient receives cardiac arrest drugs, primarily a drug called adrenaline, the better their chances of surviving with a good neurological outcome. Eligible patients will be randomised to an intravenous-first (IV) or intraosseous-first (IO) vascular access to establish if this results in the drug administration being earlier.



## PUBLIC BOARD OF DIRECTORS MEETING

### Report of the Chief Paramedic Officer (CPO)

#### 1.0 Regulatory Update

The Care Quality Commission (CQC) are now rolling out their new regulatory approach in stages by area. From 21<sup>st</sup> November 2023, they will start using the new single assessment framework across the South region. London is included in the East region and they will begin the new approach from the 8<sup>th</sup> January 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 Quality Account & Quality Priorities

Production of the Quality Account 2023/24 has commenced and is on track for completion in accordance with the statutory timeline. Quality planning has also commenced to set the quality priorities for 2024/25. This work will include triangulation of quality intelligence and feedback from a range of stakeholders, including staff, managers, patient representatives, commissioners and directors. This work is on track to enable approval of proposed priorities by the Trust Board in March 2024.

The Quality Priorities for 2023/24 were broken down into five specific target priority areas:

- Cardiac arrest management
- Care after a fall
- Hear & treat consultations
- Reducing delays
- Infection Prevention & Control (IPC)

Each priority has associated objectives and Key Performance Indicators (KPI) aligned with action owners across the Trust. A six-month review has been undertaken and presented to Quality Assurance Committee (QAC) to assess progress and provide assurance around delivery by year end.

Overall, the majority of quality priorities are on track for completion, with five rated as green and in control, and four rated as amber but under control for completion.

The category 2 mean trajectory remains challenged requiring further improvement, however, this metric demonstrates improvement against 2022/23 performance.

Work contributing to this quality priority includes:

- Hospital handover procedure live in all five operational sectors
- A revised incentive structure to increase production at times of greatest need
- Implementation of team based working
- Reduction in sickness absence

### **3.0 Quality Assurance - Trust Wide (see Quality Report)**

The Trust's quality report, containing September 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.

The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. The top three 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 incidents.

The number of incidents reported within Integrated Urgent Care (IUC) has increased the last few months for both no harm & low harm incidents. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service is experiencing high demand. The top three incident categories in September 2023 were Communication, Care & Consent, Call Handling and Confidentiality.

The hand hygiene compliance rate for September 2023 was 97% and this score continues to exceed the Trust performance target (90%).

There are 821 overdue incidents which have been open on the system longer than 35 days. 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

Statutory & Mandatory Training has increased from the last reporting period from 89% to 90% and remains above the 85% target.

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 progress to the target.

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%)



There are 79 (91%) policies in date across the Trust which is an increase of eight since the last reporting period.

#### 4.0 Safeguarding

The Safeguarding Assurance Group (SAG) continues to meet quarterly including external commissioner attendance. The quarterly reports cover compliance with the Safeguarding Health Outcomes Framework Template (SHOFT). The Trust continues to actively participate in Brent Safeguarding boards.

All safeguarding policies are up to date, except for safeguarding allegations against staff which is currently undergoing amendments for alignment with the resolution hub framework. Staff awareness of safeguarding is evident, with referrals and concerns within the expected range.

Safeguarding allegations against staff have increased to 57 this financial year, mainly related to sexual safety, professional conduct, or inappropriate behaviour. The Trust has developed sexual safety and staff domestic abuse toolkits, these have been shared nationally and influenced the NHSE's sexual safety charter.

A Disclosure & Barring Service (DBS) recheck of staff with over three years since the last one is progressing well, with the majority signing up to the update service. Safeguarding training compliance is at 91.20% (level 1), 70.01% (level 2) and 91.20% (level 3).

Prevent training shows good compliance (Level 1: 92.71%, Level 2: 90.36%). Oliver McGowan Training (Tier 1: 75.25% completion) includes eLearning and face-to-face sessions with lived experience. Tier 2 details are pending, and the Trust is part of the North West London system group for receiving training, with specifics yet to be decided. The LAS is actively responding to the draft code of practice consultation.

#### 5.0 Quality Improvement & Learning

##### **New incidents**

During September and October 2023, 118 patient safety incidents were reviewed against the Trusts Patient Safety Incident Response Plan.

The following investigations have been commissioned:

- 5 Patient Safety Incident Investigations (PSIIs)
  - 3 of which met the National Learning from Death (LfD) criteria and are being investigated as nationally defined PSIIs.
  - 2 met the locally defined priorities including:
    - 1 call handling (999),
    - 1 conveyance to definitive care.
- 2 cases being investigated by Maternity and Newborn Safety Investigation (MNSI)
- 1 case where the LAS are supporting an external investigation



- 19 After Action Reviews
- 13 Delays Thematic (Structured Judgment Reviews)
- 2 Swarm Huddles
- 2 Multidisciplinary Teams
- 4 cases are being included in open thematics
- 70 incidents are being managed and investigated by local teams at a local level.

We 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
- 10D2 and 10D4 (chest pain) dispatch

### **Overdue incidents**

There are currently PSII 18 investigations which have been open for more than 6 months, 6 of these are in the final review stage. There are 58 Patient Safety Reports (PSR) which have been open for more than 6 months. Proactive work is underway to close these and keep those involved up-to-date on progress.

### **Duty of Candour**

The current position on stage 1 duty of candour is 84%. The Trust is at 92% for stage 2.

### **Learning**

INSIGHT magazine was released in October 2023. A further a case based discussion event is planned for November 2023.

## **6.0 Freedom to Speak Up (FtSU)**

The quarter 2 FtSU report was presented at the People and Culture Committee, this outlined 64 concerns raised. The key theme is related to behaviours.

To bolster transparency and availability, the updated national FtSU policy is now available via the intranet across the organisation. There is ongoing work to embed a 'speak up' culture.

Collaboration with the Head of Safeguarding is focusing on a staff safety/sexual safety eLearning package.

The Guardian's contribution to an NHSE commissioned report, 'Reducing Misogyny and Staff Safety in Ambulance Trust,' has been published. The Guardian is also having ongoing collaborations with the lead in the Association of Ambulance Chief Executives (AACE).

October was FtSU month and focussed on the theme "Breaking FtSU Barriers."

There are ongoing site visits to facilitate confidential FtSU conversations and collaboration with the communications team maintain another open channel.

The Guardian assures data submission to the National Guardian Office (NGO) portal and participation in refresher training.

In summary, there is ongoing work to cultivate an organisational culture valuing transparency, safety, and continuous improvement.

## **7.0 Health, Safety and Security (HS&S)**

The HS&S team delivered six managing safety courses and seven corporate induction sessions with positive feedback. Stress Assessment Toolkit training is ongoing, with 135 managers trained since February 2023. A National Stress Awareness Day was held on the 1<sup>st</sup> November 2023.

The musculoskeletal working group was re-established and a strategic risk assessment, along with updated action plans and terms of reference, were developed in November 2023.

91 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents were reported to the Health & Safety Executive; 58% related to manual handling, 25% to slips, trips, and falls. RIDDOR reporting compliance in October 2023 was 59%.

FFP3 fit testing compliance is at 68%, with two testers assisting across the Trust until the end of the financial year.

Year to date there have been 427 reported physical assaults on staff; 57% due to patient clinical condition. Police attended 54% of incidents. 10 successful prosecutions have been secured.

Violence Reduction Officers have been appointed in Ambulance Operations Sectors, Emergency Operations Centre, and 111. Workshops have been held for front line

managers. Body worn camera distribution is 97% complete, with 655 new users trained and a current total of 2,171 trained body worn camera users.

## **8.0 Resilience & Special Assets (RS&A)**

The Trust has responded to four significant incidents since the last update:

1. Fire in an 18 storey block of flats. Special Operations Centre (SOC) North managed the incident; 7 patients conveyed to hospital.
2. Fire and explosion in two houses. SOC North managed the incident; 5 patients conveyed to hospital.
3. Road traffic collision. SOC South managed; 8 patients conveyed to hospital.
4. House fire. SOC South managed; 1 patient conveyed, 6 patients died.

Feedback and learning was collected after incidents to enhance future responses.

The annual assurance review was undertaken on the 2nd November 2023, the results will be provided to the audit committee and subsequently the board in January 2023.

Marauding Terrorist Attack (MTA) Joint Operating Principles (JOP) are due to go live in November 2023. LAS have conducted 29 training sessions since September with emergency service commanders, National Inter-agency Liaison Officers (NILO), and other key stakeholders.

Protest marches in central London increased in October 2023. LAS have supported with dedicated RS&A assets during the marches, treating 24 patients on the 11<sup>th</sup> November 2023.

## **9.0 Business Intelligence (BI)**

The business intelligence directorate now forms part of the CPO portfolio and therefore is included as part of this report.

The team is structured into 4 teams which includes:

- Data reporting who are responsible for reporting including all regional and national submissions for 999 and 111. They deal with all day to day requests for data to support business operations and development.
- Forecasting and planning with responsibility for advising on expected future trends, demand and capacity forecasts and supporting strategy development.
- Data Quality who ensure that quality of data is in line with standards and oversees and monitors data audits and recommendations.
- Data Services who oversee the maintenance and development of the data warehouse and development of the data systems.

There has been involvement with Integrated Care Systems (ICS) partners with the national direction for the development of System co-ordination centres (SCC) before the 5<sup>th</sup> December 2023.

SCCs will provide ICSs with live data feeds from their acute, primary care and ambulance settings and allow them to see pressures within the system so that they support the management of system pressures.

The BI team have been developing an application programming interface (API) to provide data feeds with ambulance data including:

- REAP level
- Clinical Safety Escalation Plan level
- Average ambulance arrival to handover
- Category 1 performance
- Category 2 performance and 90<sup>th</sup> centile
- Category 3 90<sup>th</sup> centile
- Call answering mean

There is a requirement to provide 111 call answering performance, however, this is being provided from the regional platform rather than from LAS.

The API has been completed within the required timescale and ICS SCC dashboards will go live on Tuesday 5<sup>th</sup> December 2023. The data provided represents phase 1 of SCC deployment and there will be a requirement on the team to provide a further API with additional data by March 2024.

The BI team have been part of the project team with regard to the recent CAD upgrade to ensure that reporting was seamless at the point of changeover. This was successfully completed with new scripts in place and no loss of data integrity and visibility.

The team are now part of and integral to the new data governance structure and is providing assurance both in terms of data usage and data quality.

A dashboard has been developed and deployed to monitor Metropolitan Police activity in real time following the introduction of Right Care Right Place initiative. This is being utilised by the EOC team for management of this cohort of calls and will allow the LAS to monitor any changes in activity over time.

We have recently advertised for a Head of Data Services with interviews planned for the 5<sup>th</sup> December 2023. There have been 27 applications for this post and we have had a strong field of candidates for this vacancy.

The role of Director of Business Intelligence is also currently out to advert and it is the expectation that a successful applicant will be in post by April 2024. In the interim the Head of Office to the Deputy Chief Executives is overseeing the BI team and function.



**London Ambulance Service**  
NHS Trust

**Assurance report: Quality Assurance Committee**

**Date: 07/11/2023**

<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>28/11/2023</b>
<b>Presented by:</b>	<b>Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee</b>	<b>Prepared by:</b>	<b>Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee</b>

**Matters considered:**

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

**Patient Safety Incident Response Framework (PSIRF)**

QAC received an update on patient safety investigations and thematic reviews closed in August and September 202. QAC particularly focussed on learning from two incidents. The first case related to issues associated with calls going into SECAMB who use a different triage system meaning that escalation had possibly taken longer than it need have done.

The second case related to an RTA which had been attended by multiple LAS resources. A review of the case provoked discussion about the importance of observing the scene overall and it was agreed that work should be undertaken to provide assurance on the competency training of Incident Response Officers. Further issues discussed in relation to the incident had been the need to caution against the potential to over resource some incidents and to ensure that concerns raised by non-registrants were addressed.

It was noted that the outcome and learning from the two patient safety investigations had been considered in depth at the Patient Safety Incident Sub-Group held just prior to QAC.

**Quality Report**

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

- The number of reported no and low harm incidents continued to be monitored to identify themes. The top 3 no harm categories in September were Medical Equipment, Access/Transfer/Handover Issues and Dispatch & Call. There was an increase of no harm and moderate incidents in September with a reduction of low harm.
- The number of incidents reported within IUC had significantly increased in the last few months for both No Harm and Low Harm incidents. Staff had been reminded over the last few weeks of the importance of incident reporting and all staff were encouraged to report incidents onto Datix, especially when the service was experiencing high demand. The top 3 incident categories in September 2023 were Communication, Care & Consent, Call Handling and Confidentiality.

- Medical equipment incidents: The top 3 incident categories in September 2023 were Medicines Management, Security violence aggression and abuse, and Medical Equipment. The number of medical equipment incidents had been decreasing over the last few months indicating special cause variation (improvement) from August onwards.
- There were 821 overdue incidents (an increase from 671) which had been open longer than 35 days (this excludes SIs, PSIs & PSRs). 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

QAC also reviewed the data on frequent callers, and asked that going forwards this be presented by prevalence/incidence rather than numbers per Borough. It was noted that LAS would shortly be writing to ICB CEOs to set out the issues associated with the management and handling of frequent callers, particularly at times of pressure when going into the winter period.

#### **Half Year Update on Quality Account Priorities**

QAC received a half year update on progress against the five quality priorities for 2023/24:

- Cardiac arrest management
- Care after a fall
- Hear & treat consultations
- Reducing delays
- Infection Prevention & Control

Each priority had associated objectives and KPIs aligned with different action owners across the Trust. A six-month review had been undertaken to assess progress and seek assurance around delivery by year end. Whilst pressures associated with operational demand had impacted on some areas, overall the majority of quality priorities were on track for completion, with 5 rated as green and 4 rated as amber meaning they were off-track, but under control for completion.

#### **999 Performance Improvement Report**

QAC received an update on work to improve Category 2 response times, including an increase in hear and treat via the C2 validation process, increasing resourcing through recruitment and overtime incentives, and the 45 minute hospital handover process. Category 1 response times continued to remain consistently good between seven and eight minutes.

Data for June and July showed a reduction in the number of long waits with a mean average improvement. August and September showed a further improvement in Category 2 outliers.

QAC noted that there continues to be variation in Category 2 mean response by hour of the day, however, this was beginning to improve in response to the introduction of teams based working and a tethered fleet.

#### **Right Care Right Person Update**

QAC received an update on collaborative work with the MET Police to introduce Right Care Right Person which was intended to ensure that callers are

responded to in the right way. The initiative had gone live the previous week and the Trust had worked very closely with the Police, with two clinicians embedded in the MET's control room supporting the Police call handlers in the decisions they were making. There were also three 'touchpoints' per day and a dedicated RCRP desk had been set up to assist in the rapid triage of patients.

It was confirmed that calls with a potential health issue, including suicide and vulnerable elderly on the floor, were passed over to the Trust and the call managed in line with handling arrangements for all other patients, including signposting to the most appropriate care e.g. 111, crisis lines etc. Callers with no health issues were advised that this was a call for the Police.

#### **Update on Fixing the Basics**

QAC had received an update on the Fixing the Basics programme of work which was intended to focus on improving the staff experience of five key areas - vehicle defects, uniforms, start of shift – booking on process, access to equipment and refuelling. The programme was commended for listening to staff about their frustrations and engaging with them in developing solutions.

#### **Update on Quality Improvement Q1**

QAC received a summary of progress to date on establishing sustainable and continuous quality improvement by 2026. An Inaugural Quality Improvement Conference and QI Programme Launch had been held on 10th October attended by 158 staff, commissioners and representatives from other trusts. At the Conference, the new quality programme, named 'LASImprove' had been launched.

#### **Annual Reports**

QAC reviewed three annual reports

- Cardiac Arrest
- STEMI
- Stroke

#### **Risks:**

#### **Board Assurance Framework**

QAC had scrutinised two risks requiring review:-

- BAF risk 1.4 – we may not achieve our quality account standards – QAC approved updated assurances, controls and actions
- BAF risk 1.6 - we may receive an unmanageable increase in 111 and 999 calls as a result of the introduction of the RCRP initiative. This was a new risk, the wording of which was intended to reflect the potential impact and required mitigations to address changes as a result of work redirected from the MET Police in the categories of welfare calls, patients missing from health facilities and calls routed via the police CAD, link as a result of this initiative.

The proposed changes to the BAF were approved.





<b>Report to:</b>	Trust Board Meeting in Public			
<b>Date of meeting:</b>	28 <sup>th</sup> November 2023			
<b>Report title:</b>	Quality Report (September Data)			
<b>Agenda item:</b>	5.1.			
<b>Report Author(s):</b>	Various			
<b>Presented by:</b>	Mark Spencer			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<ul style="list-style-type: none"> <li>The Trust's Quality Report, containing September 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.</li> <li>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) &amp; Dispatch &amp; 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.</li> <li>No harm 111 incidents: The number of incidents reported within IUC has significantly increased the last few months for both No Harm &amp; 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 &amp; Consent, Call Handling and Confidentiality.</li> <li>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.</li> <li>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.</li> <li>Medical equipment incidents: The top 3 incident categories in September 2023 were Medicines Management incl CD (250 up from 222), Security, violence, aggression and</li> </ul>				

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.

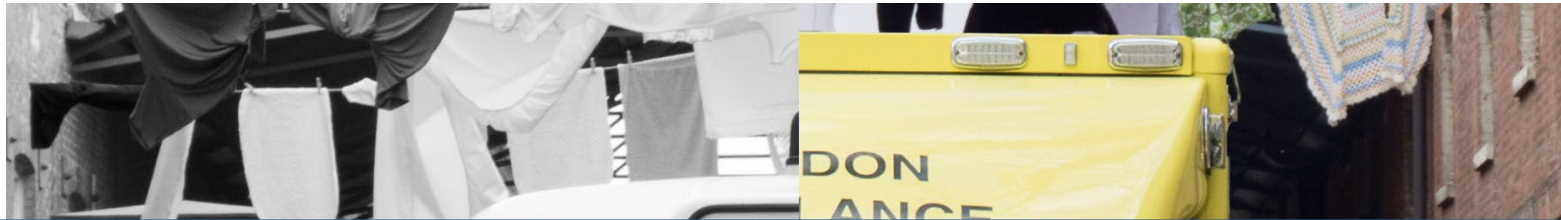
- **Overdue Incidents:** There are 821 overdue incidents (an increase from from 671) which have been open on the system longer than 35 days (this excludes SIs, PSIIIs & PSRs). This breaks down further to: 356 Patient incidents, 188 Staff incidents, 260 Trust related incidents and 17 visitor incidents. 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
- **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%.
- **PDR:** In July, the PDR compliance dropped from 67% in the last reporting period to 64%.
- **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.
- **OWR:** This is currently at 64.59% for September 2023 Trust wide. This remains below the Trust target of 85% and further action is required.
- 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%)
- 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.

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

The Quality Oversight Group is asked to note and consider the information provided within this reports.

#### Routing of Paper – Impacts of recommendation considered and reviewed by:

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes		No	
Finance	Yes		No	
Chief Operating Officer Directorates	Yes		No	
Medical	Yes		No	
Communications & Engagement	Yes		No	
Strategy	Yes		No	
People & Culture	Yes		No	
Corporate Affairs	Yes		No	



# 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










## Quality Report Summary

SAFE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of No Harm 999 Incidents	Sep-23	579			<b>Incidents:</b> 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%			<b>Hand Hygiene:</b> 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%			<b>Premises cleaning:</b> 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			<b>Medical equipment incidents:</b> 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			<b>Overdue Incidents:</b> 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%			<b>Safeguarding Level 2 &amp; 3 Training:</b> Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Safeguarding training (Level 1 Trust wide) is at 93%, Level 2 Adult and Children for EOC/111 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%			<b>Statutory &amp; Mandatory Training:</b> 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%.



# Quality Report Summary

	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%			<b>MCA Level 1 Training:</b> 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%			<b>CPI Completion rates:</b> 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			<b>Complaints:</b> 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



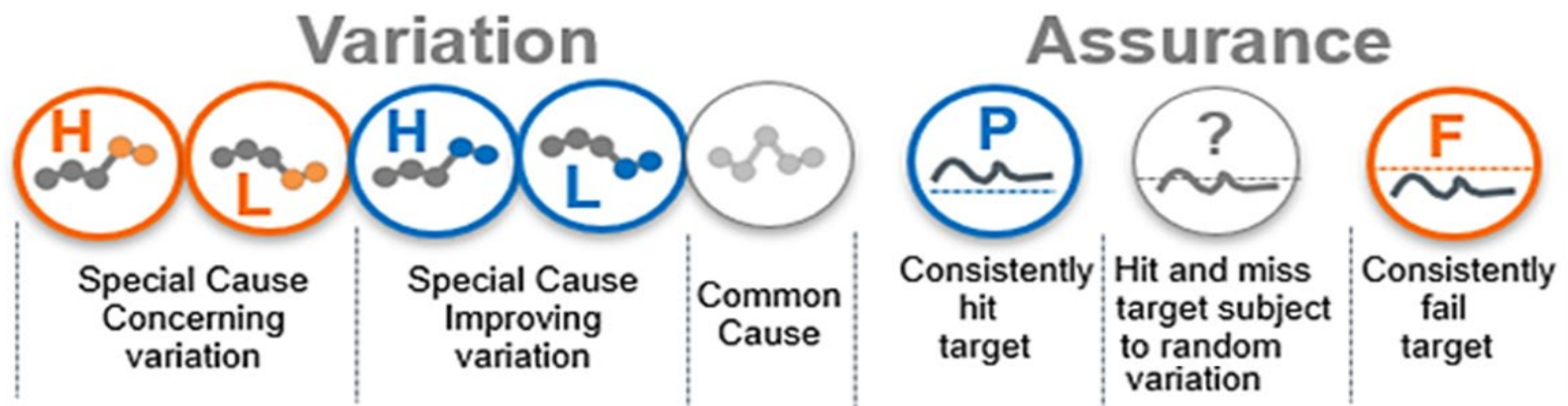


## Statistical Process Control (SPC) - Explained

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.





**London Ambulance Service**  
NHS Trust

## London Ambulance Service NHS Trust Board meeting 28 November 2023

### Report from the Chief People Officer

#### 1. Executive Summary

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

Recruitment to the Trust Workforce plan continues at a positive rate. The current pipeline is at over 850 candidates at conditional offer stage (580 of these are for frontline roles, and 190 call handlers). We achieved a 100% course fill rate during Q2 and 95% was achieved in October.

Turnover has stabilised in October (circa 10%) and the number of frontline leavers has remained positively below plan.

##### **2023 NHS Staff Survey**

As of Monday 13 November, our response rate is 63.6%, which is 14% higher than at this point last year, with all directorates responding at a higher rate than last year. This gives us the highest response rate for an Ambulance Trust, and we compare favourably with other trust types (for those who use the same survey provider).

##### **Wellbeing**

The Wellbeing Hub continues to provide support to all colleagues and volunteers five days a week 0900-1700 with a full range of mental health support services for all colleagues, including an extended psychotherapy offer for colleagues who have complex or historic PTSD.

Flu vaccines arrived in the Trust on 6th October with clinics set up in the following days at contact centres and training days. It has now been confirmed by NHSE that it will not be possible for the Trust to deliver an internal Covid-19 vaccination programme, but colleagues are able to access their vaccine through the National Booking System and hospital hubs.

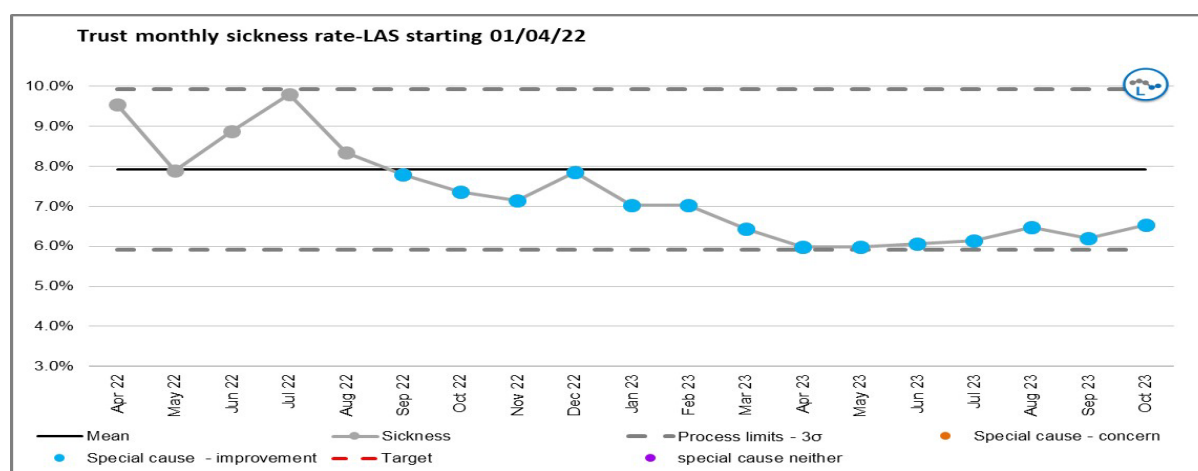
There have been several new Wellbeing training and support sessions that have been implemented in the last six months. Keeping Well NWL will complete the Wellbeing Conversation Training at the end of October and will have delivered more than 20 sessions to managers across the Trust. A full evaluation will then take place. The Ambulance Staff Charity (TASC) have run the first pilot session for EOC staff and the wellbeing team in "Recognising emotions and supporting each other". The aim of the training is to encourage colleagues to have a better understanding of why they are feeling a certain way and when they need support. In addition, The Centre for Anxiety, Stress and Trauma have now completed the 18 scheduled sessions with HART and TRU colleagues and the feedback is now being analysed.



The Wellbeing Team have been working closely with colleagues from the People and Culture directorate to develop a model of “Stay Conversations” with a pilot beginning in our contact centres at the end of November. The aim of these conversations will be to better understand the experience of colleagues as they begin their LAS career and will take place within the first six months of their employment.

Preparations are underway for a larger focus on physical wellbeing in 2024, with initiatives including functional movement programmes, individual health plans and how we can promote “Dry January”. To support this, nine members of the Wellbeing Team have now been trained in health coaching and will be able to support colleagues to achieve healthier lifestyles.

### Supporting Attendance



Absence during early October rose to 6.5%-7%, although this normalised towards the end of the month (closer to 6%). The reasons behind the variation are being explored in FFRs. Over 32,000 calls have been received by GoodShape, our first day absence reporting partner from September 2022 (service go-live) to date. Call handling response times in early October were significantly compromised to the extent we had to formally escalate the matter to the provider. Remedial actions were taken and we have received daily updates since mid-October from the company and calls are in the main, back within normal ranges.

### OD & Talent Management

The OD & Talent Management team is delighted to advise the Board that it has won ‘The Mayor’s Apprenticeship Employer of the Year’ at the Mayor of London Adult Learning Awards 2023. This is the second consecutive year the LAS has won this award.

At the same event, Emergency Medicine Technician, Benjamin Lees, also received ‘The Mayor’s Learning for Good Work’ award. This award recognises exceptional professional progression in the workplace. Our apprentice was praised for having taken the brave step of opening up about the journey as a neurodivergent medic.

At the last Trust Board meeting in September, members were advised that we had been successful in securing Greater London Authority for Jobs and Skills for London funding. Since the last update, stakeholder panel meetings are supporting the identification of value metrics for the programme, and has seen significant support from a wide range of subject knowledge

experts across the service in shaping and preparing the *Our LAS Inclusive Response* programme for launch in January.

We are currently in the process of recruiting to the roles of programme staff who will lead, deliver and support on this programme. The roles are currently being advertised internally and we are excited for the development opportunity these roles will provide, namely Employability Skills Programme Manager, ES Trainer, ES Coach (x2 roles) and ES Learning Support.

Initial assessment of the first cohort of pre-apprentices being welcomed onto the programme will take place at Dockside Education Centre on 14. We are pleased to be working closely with Job Centre Plus in supporting those currently unemployed to develop skills and find lasting skills and employment in “good jobs”. The core programme will be a four-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.

Our effective partnership with Newham College continues to deliver Level 2 Functional Skills as a part of and in alignment to our programme, to ensure that all of those progressing into apprenticeship and employment with the LAS have a solid foundation of skills, to further develop and help them succeed.

## P&C Operations

### Recruitment

In October we have seen a very positive performance by the recruitment team with strong pipelines and fill rates. We achieved a 95% fill rate with 157 joiners against 165 planned.

- **Paramedic recruitment** - Year to date we have filled 250 of the 254 training places which is four behind plan. The international pipeline remains strong with over 200 candidates offered which includes 150 offers from the international trip and 41 from our ‘Rest of the World’ campaign.
- Our engagement schedule which started in August has been well received by 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 also started discussions with candidates at ten Australian and New Zealand Universities.
- Our recent international adverts from Australia and the Rest of the world have positively generated over 200 applications. Work continues to explore opportunities to recruit international paramedics from other countries, for example Jordan and South Africa. Planning has commenced for next Australia recruitment campaign February/March 2024, to support the 2024/2025 pipeline.
- We have achieved 100% fill rates for the UK graduate training places this year with over 200 offers.

- **AAP Recruitment** - Year to date we have filled 136 of the 144 training places which is eight behind plan. The pipeline is positive with over 100 candidates offered. The team have attended a number of recruitment events to continually improve the pipeline numbers.
- **Call Handling Recruitment** – Positive fill rate of 100% achieved in EOC call handling. The pipeline is strong with 90 candidates at offer stage and this will continue to grow with Super Saturday and assessment events on-going.

111 call handlers – we achieved a 96% fill rate in October 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 and work continues with outreach events in the South, to boost the pipeline for Croydon.

**Corporate/Specialist recruitment** – there continues to be significant recruitment activity to support the frontline including recruitment into Advanced Paramedic Practitioners, CRU, TRU, HART, HEMS, PCN Programme, Mental Health and Community Resuscitation roles. We currently have over 80 candidates at conditional offer stage.

## Retention

Turnover has stabilised in October (currently 10.3% in October) and the number of frontline leavers has remained positively below plan (-34fte). 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 (5%). Call handling turnover remains an area of concern although we have seen recent improvements. There are a number of key retention initiatives in progress covering flexible retirement, stay conversations and personalised holistic health plans (piloting in 999 and 111 call handling) and a review of the internal exit interview process to improve intelligence on reasons for leaving.

## Supporting Attendance

Ambulance Operations focus continues to show grip and dedication through the FFRs. Dedicated management focus has led to consistent improvements in attendance, and reductions in long term sickness absence cases in particular in the sector. 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 HR Teams were devolved to the operational teams from the 1<sup>st</sup> October 2023 and are focusing on the delivery of these plans.

## 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.

Operational HR Teams were devolved to the Operational Directors in Ambulance Operations, 999 and 111 from the 1/10/2023. Additionally, we have appointed to the Associate Director of Workforce, Head of Employee Relations and Head of Mediation and Resolution vacancies.

These key enabling posts will allow us to make further progress in terms of the speed and quality of employee relations case management and testablish the practice of using informal mediation to resolve cases in all cases where we can. A review of the Resolution Hub has commenced focussing on customer satisfaction and the recommendations will be shared with the new appointees for consideration and implementation.

Training and updates on Ill Health Retirement and Dismissals for HR Team took place in August 2023. Further sessions on redeployment and investigation training are planned with a monthly programme being developed for the P&C SLT as part of it's meeting strucutre.

## **Workforce Intelligence, Payroll & Pensions**

### **DBS checks**

As at 31st October 2023, the Trust has a 99.8% compliance rate for DBS checks. This represents the total number of recorded DBS checks in the Electronic Staff Record (ESR) as a % of those who are eligible for a check.

The DBS rechecking programme has been designed to recheck those substantive and bank staff who have a DBS check which is 3 years or older as at 31st March 2024. The programme will run from September 2023 to March 2024, afterwhich we will then move on to those who have a check which is three years or over as at 31st March 2025. This will be circa 1,500 checks.

A key deliverable of the programme is 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 40% of staff subscribed to the update service which is up 10% from June 2023.

The 2023/2024 programme is progressing very well with 98% of the 3,636 staff having been contacted. Against the trajectory for October, we have received responses from 85% of staff and we have received 1,200 clearances with six returned with information which requires review by HR and the line manager. We are awaiting the results from a further 137 checks which should be completed during November.

### **Pensions**

The Trust's Pension's Sub-Group have produced and circulated 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.

**Workforce Planning 2024/2025** – discussions have continued (reporting via the Trust's Workforce Group) to identify the frontline and call handling numbers for 2024/2025 across Ambulance Operations, 999 and 111 Services. A provisional set of assumptions and numbers will be produced by the end of November to support our recruitment and clinical education teams.

## **Scheduling**

There has been significant activity in the scheduling team to support winter planning activities, all of which are discussed twice weekly at the staffing and forecasting group. Positively, full relief planning has not been required this year due to all complexes being team-based working. There are some annualised hours/flexible hours staff to whom shifts have been released earlier this year (compared to last year) to improve staffing. Historically this has tended to be three weeks before Christmas which is when we normally open up the overtime requests. Scheduling have reviewed the staffing over the Christmas period and are liaising with Ambulance Services and other teams to prepare the Christmas Bulletins to maximise take-up of overtime (these need to be published in the next two weeks). The Head of Scheduling has reviewed the scheduling team staffing and have ensured that there is management cover during the key periods.

## **4. Health and Wellbeing**

### **Occupational Health**

Optima clinicians have been running clinics across London since May 2023 in order to ensure colleagues are up to date with their immunisations. There are now eight clinic locations across London, including at our training stations and in all five sectors on LAS estate. Close working with both Optima and our physiotherapy provider TPN has resulted in a positive report from our external auditors about both the contract management of these services, but also their current performance.

### **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. These services will be heavily promoted over winter to ensure maximum colleague awareness and engagement at a time of heightened service pressures.

### **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 took place at the end of September and the content is being finalised following positive feedback. 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 had 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 twenty courses have been held, with excellent feedback from colleagues.

Starting in January 2024, it is proposed that the Wellbeing Team – who are now fully accredited Health Coaches – offer colleagues in our contact centres the opportunity for a 1:1 conversation in order to develop their own personalised health plan. The plan will take a holistic approach to their health and cover a range of topics such as exercise, nutrition, sleep and alcohol and smoking cessation.

The conversation will be supported by a bespoke Health and Wellbeing Catalogue that is currently in development with support from the OD & Talent Team. Here colleagues will be able to easily access the support and offers available to them, depending on the area of their health they wish to improve.

Colleagues will leave the session with their health plan, a copy of the catalogue and the offer of follow up coaching sessions to help them stay on track and encourage sustainability of their progress. The aim is to ensure these colleagues fully understand their own role in self-care, as well as how the Trust can support them to achieve their health goals. If the initial contact centre phase of the project is successful, this will be rolled out as an option to colleagues in ambulance sectors – potentially as an additional resource for colleagues returning from sickness.

## **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**

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

All seven of the cohorts are now in progress. We have been receiving good feedback regarding the programme. There has been good partnership working between the OD & Talent Team, Quality Improvement team and Middlesex University. QSIR courses have been added to ESR into the New Year to support all participants to ensure they are working to the quality improvement methodology consistently. The Chief Executive continues to



attend a session with each cohort to show the commitment from LAS, and motivating the participants. Upon completion of the programme, participants will receive a Level 6 National Qualifications Framework (NQF).

### **Our LAS, Our Talent Mentoring Programme**

We held a successful launch of our Talent Mentoring Programme on 30 October 2023. The launch event was facilitated by the OD and Talent Team, and was supported by the Chief People Officer; Chief Paramedic and Quality Officer; Director of 999 Emergency Operations Centres; Director of Ambulance Services; and Director of Integrated Urgent and Emergency Care. The launch was well received. A new Talent Mentoring Programme brochure has been published and released on the communication platform, LAS Connect, which includes a process map, more than 30 Talent Mentors with profiles, and new template forms (Talent Mentee/Mentor application forms and contracts). During the event, attendees heard from the leadership team, learnt about our new Talent Mentoring process, met our Talent Mentors, and underwent a Talent Mentoring matching activity. A range of bite-sized Talent Mentoring training videos have been planned with recording to begin in December 2023.

## **2. Supporting team-based working**

### **Our LAS, Our “Let it out” Service – Barking 111**

A series of “Let it out” sessions have been delivered to Barking 111 managers to provide them with an outlet to express and process their thoughts, feelings and emotions. The sessions were confidential and aimed to provide support to managers as well upskilling them. The sessions also included difficult conversations planning, and defining expectations. Follow up coaching sessions have also been undertaken for managers who required additional support subsequent to the “Let it out” sessions.

### **Our LAS, Our e-Appraisal System**

We launched Phase 2: Initial roll out stage of the e-Appraisal system - for 345 people - on 26 September 2023. This includes all colleagues from Homerton and New Malden. The system has been met with positive response, which aligns to the feedback received from Phase 1: Trial stage, launched in August 2023, for 320 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 OD and Talent Team has run several drop-in sessions for colleagues, along with delivering one-to-one sessions to support colleagues over the two phases that have launched. A formal evaluation has been planned for December 2023. The OD and Talent team has also recorded a training video, which is currently being edited to support colleagues further.

## **3. Other OD Support and Interventions**

The OD & Talent Team has been collaborating with other teams across the Trust in the Learning and Development space:

- We have worked closely with subject matter experts Trust wide to design and produce a new Trust Induction booklet. The booklet will be distributed to all new starters post Trust Induction and contains a summary from each of the nine Trust Induction speakers along with contact details for every department and support network referenced.
- The first of four new training sessions for recruiting managers was launched to continue our project of embedding our culture of an inclusive workplace.
- We have run the first of two team building workshops for our South East area operational colleagues on the theme of Myers Briggs Type Indicator, appreciating personality type differences to improve teamwork.

### **2023 NHS Staff Survey**

The NHS Staff Survey launched on Monday 25 September and will run for nine weeks, until Friday 24 November. All substantive and bank-only colleagues have received an invitation to take part. Additionally, we have asked our survey provider to run a bespoke survey for our 111/IUC agency/sessional colleagues alongside the main survey, so the IUC management team can better understand the experiences of this group of colleagues. We will start receiving the survey results in mid-December.

As of Monday 13 November, our response rate is 63.6%, which is 14% higher than at this point last year, with all directorates responding at a higher rate than last year. This gives us the highest response rate for an ambulance trust, and we compare favourably with other trust types (for those who use the same survey provider).

The high response rate is due to support from leadership teams across the Service who recognise the value of the Staff Survey data. Ambulance Operations are giving colleagues time to complete their survey during the Teams Based Working Huddles, in EOC colleagues are able to utilize training time to fill it in, while in IUC managers are proactively encouraging colleagues to have their say. We are also offering a Thank You Payment for teams who reach the 60% target response rate, dependent on the size of the team. Successful teams will be able to spend this money on addressing issues raised in the survey.

**Damian McGuinness**

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


**NHS**

# London Ambulance Service

NHS Trust

**Assurance report:**
**People and Culture Committee**
**Date: 09/11/2023**
**Summary report to:**
**Trust Board**
**Date of meeting:**
**28/11/2023**
**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 the paramedic pipeline and course fill rates continue to be positive. It was noted that 2024/25 workforce planning in collaboration with Ops, EOC, 111 and clinical education had commenced earlier than in previous years.

The committee were informed that preparation was underway for the paramedic recruitment trip to Australia in February 2024 and following discussions with universities applications are open for candidates from Australia and our rest of the world campaigns (including Nigeria, Namibia and South Africa). Events have been planned to for 111 recruitment, particularly south of the river to boost the Croydon pipeline.

The committee were advised that there were no significant risks or issues to note and therefore the overall rag rating for recruitment had improved from amber to green.

The committee were informed that there had been some sector wide discussions about London potentially becoming an international recruitment hub for the country, based on the LAS's success with international recruitment and training. The committee noted that there were a number of variables to be considered across the acute and primary care sectors as well as financial constraints. It was noted that this would be considered in more focussed discussion at the next committee meeting.

## SCHEDULING

The committee received an update from the Head of Scheduling which noted outputs which would be presented to future P&C committee meetings, identified at scheduling sub groups; including ambulance operations workforce data dashboards, ESR compliance data

dashboards, a finance budget tracker for EOC and IUC alongside delivery dates.

The committee were informed of progress with winter planning; noting that we are using data from previous years for forecasting and planning to predict staff abstraction rates over the Christmas period, a points based system for staff taking annual leave, earlier posting of shifts to plan staff cover and preparation of bulletins for overtime which will ensure we treat all staff the same including part time workers.

The committee discussed the issue of an increase in absence seen during the last half term break which impacted service delivery. It was noted that there was an unexpected increase in absence rates in 999 staff and local teams were going through the data to look at the trends to inform future planning. The positive impact of team based working on absence rates was discussed as well as the link between lower absence rates amongst teams with the strongest leadership capability. The negative impact of rota patterns, particularly the number of nights in a row, was also noted which will be considered as part of the transformation to be undertaken in EOC.

#### **ATTENDANCE AT WORK AND WELLBEING**

The committee received a presentation on supporting attendance at work and absence reporting. It was noted that there had been an overall increase in absence rates during October to 6.5 –7%. There was also an issue with call response times for staff using the Good Shape call line to report absence. This affected the scheduling team's ability to manage the operational impact of absence. It was noted that stability had now returned to the service, however alternative options to manage absence reporting were being considered by the organisation.

Part of the presentation included a trend chart splitting out short from long term absence. The committee noted that the long term sickness level was continuing to decrease, linking this to the work being done in this area, whilst short term sickness absence rates were levelling off. Members agreed that it would be beneficial to separate these out and noted there was an opportunity to offer short term sickness support to staff, particularly in regard to issues with anxiety and stress.

#### **EMPLOYEE RELATIONS**

The committee received a presentation on progress with employee relations performance. The committee were informed that a new Head of Employee Relations was in place as well as a Mediation and Conciliation Manager, which will assist with achieving the aim of only a minimum of cases being referred for formal action. A review is being scoped out to on the resolution hub focusing on employee experience, also with the aim of reducing the number of employee tribunal (ET) cases.

The committee were informed that since the September meeting, two ET cases had been won with very good outcomes for the trust, which reflected the effective management of the cases and our managers being patient focussed.

The committee received clarification on the terminology used when referring to the high number of settlements reported at the last committee meeting. Assurance was provided that of the 10 cases reported as being settled in the last 12 months, only three had a financial settlement which were in the context of injury to feelings. The remainder of the cases were withdrawn.

### **RETENTION AND WELLBEING**

The committee received a report on retention and wellbeing. It was noted that an external audit of the Occupational Health contract management had resulted in a positive outcome, with only one very low priority recommendation made, regarding including an action log with updates at the monthly meetings. Good practice was noted in the report relating to the effective management of the contract.

The Head of Wellbeing updated the committee on progress with the vaccination programme; the flu programme commenced on the 9<sup>th</sup> October with vaccines being delivered to staff on training days, team huddles and contact centres. It was noted that despite vaccines being ordered in good time, issues with the supplier meant this was two weeks later than other trusts. The committee noted a lot of vaccine hesitancy with the trusts flu uptake currently at 27.2%, which is in the middle of the table for London trusts.

The committee were informed that the Covid vaccine uptake is currently at 12.5%. The trust have been declined permission to deliver the Covid vaccine in-house by the ICB, however staff are able to access their vaccines through the NBS and hospital hubs. The Wellbeing team are also arranging an outreach programme to help with the vaccine uptake, the first of these being Guy's and St Thomas coming into HQ on the 16 November.

The Chief Medical officer advised the committee that staff have also fallen behind with green book vaccinations, noting that the biggest concern for London is measles and the impact this would have on unvaccinated staff who would need to isolate for 21 days. The committee noted the ongoing work as part of the vaccine programme is also focussing on vaccine hesitancy and improving uptake.

Committee members agreed that a BAF risk would be developed based on the impact of low vaccine compliance on levels of sickness absence due to vaccine compliance.

The committee were informed about work going on to provide staff with access to appropriate services to assist with managing stress including; stress risk assessment training, the offer of psychotherapy, wellbeing conversation training and wellbeing support vehicles and cafes.

The committee received an update on staff turnover, noting the decrease in emergency care services to 8%, with overall turnover rates placing the LAS 1<sup>st</sup> in the North West London Integrated Care Sector and 7<sup>th</sup> compared with other ambulance services. Higher turnover rates were reported for 111 and 999 operations, which reflects the call handling turnover in both areas.

A Local Group Manager was invited to give their input to the committee on the positive impact of team based working on retention, who reported he had noticed the improvement of engagement of staff with their team and team managers following its introduction.

#### **OD / CULTURE PROGRAMMES / EDI**

The committee received a presentation on the OD / culture programmes including EDI. It was noted that the talent mentoring programme had been launched with the introduction of some mentors and mentees.

The committee were informed that appraisal compliance had flat lined and was currently at 64% and noted that compliance rates varied and were particularly challenging in ambulance operations, although there was an upwards spike in some areas due to team based work. Members discussed the issue being more of a cultural one that wasn't restricted to operational areas and the need to take a more punitive approach to improve compliance, including discussions with leaders that they are falling short on the development of their staff where required.

#### **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 90% with information governance training at 96%.

The Committee received a highlight report on progress within Clinical Education. It was noted that some of the sector clinical tutor posts had been filled, with a plan to recruit further tutors to fill the remaining vacancies, which was causing teaching shortfalls and is currently being supported by qualified managers. Progress was reported on the waiting list for staff with a C1 licence, for blue light driving courses and people completing them successfully.

Members discussed the consultation work for the operational placement centres (OPC), including moving the OPC function to be in-line with team based working and the importance of keeping the quality focus and experience our learners have to blend into team space learning. It was noted that appointing to practise educator posts in small groups so that they can be supported.

#### **STAFF SURVEY UPDATE**

The committee received a presentation on the Staff Survey. Members discussed a previous challenge from non-executive directors regarding the progress of the culture transformation programme and what impact it was having on staff. In response to this the increased number of people completing the staff survey and staff saying they would recommend the LAS as a place to work was noted, alongside the positive feedback from the introduction of team based working and the leadership development programme.

The committee agreed that staff burnout was still an issue for staff noting the feedback from the Extended Leadership Group based on the survey results, which had identified this as a specific area of improvement to focus on.



The committee was asked whether a deep dive could be undertaken on the impact of team based working and it was agreed that this would be planned for inclusion in the Board Development day in February 2024, which would also include an economic evaluation of its introduction.

### **PEOPLE STRATEGY UPDATE**

The Director of People and Culture presented an update on the People Strategy noting the one core mission broken down into three aims, informed by localised priorities and national objectives. The strategy is supported by 6 people pillars and 12 goals. A generational profile has been established, identifying the aspirations for each group of staff, which provides an opportunity to be built upon on within the strategy. The committee noted that the strategy takes into account the Trust's goals and objectives as well as the strategies of the ICS and National Ambulance Collaborative.

The committee noted that we don't currently have an engagement mechanism to measure culture and that a bespoke piece of work needs to be undertaken with staff to enable us to do this

The Chief Paramedic and Quality officer commented on the need to factor a longer lead time into the planning of workforce programmes with higher education institutes also allowing time for the approval process with regulators. The possible use of technology to gather information to predict workforce movement and intention to leave was also discussed.

The Chair enquired whether there was an intention to link the People Strategy to the LAS Strategy and explicitly linking team based working. Committee members noted that it was difficult to link this strategy to all of the different wider network of strategies, acknowledging there was no right answer to the problem. The committee considered the development of a shorter document which would set out how the People Strategy meets the LAS Strategy and make reference to how this helps to national delivery of services. The committee noted the points made and were informed that the strategy would be adapted with the Executive Committee and brought to the next PCC for sign off before submission to the Board.

### **BLUE LIGHT TRAINING**

The committee received a presentation outlining three options for the delivery of blue light training.

The first option involved the LAS offering a one week non blue light driving course for students in the university holiday period between years 2 and 3. In addition to the bank AAP programme. This option would increase the deployment of bank student AAPs and reduce pressure on crew mates to drive under all circumstances throughout the shift. This course is currently used for Non-Emergency Transport Staff in the LAS.

The second option was to have discussions with Buckinghamshire New University to explore opportunities to create a bespoke programme,

enabling students to have their blue light training delivered as part of the programme.

The third option would mean the introduction of a blue light training course during the summer break for all partner universities (between years 2 and 3). This would also mean that students would need to complete the 6-8 day bank AAP course to ensure they met the scope of practice to be deployed. It was noted this option would put pressure on driving tutors to teach every student at every partner university moving from year 2 to 3, resulting in the need to pause all other driving commitments. Additional external support would be required for driving tutors which is not deliverable with the current number of tutors.

The committee discussed the possibility of a hybrid approach where we could incentivise students to join the LAS from the universities by offering to pay them to take learn to drive courses and possibly joining the bank, to utilise them before they officially join us. The committee also considered how costs could be recouped if students decided not to stay with the LAS, noting that this would be explored by the clinical education team.

Members discussed the requirement to influence conversations regarding the commissioning of universities to develop programmes in future that include the required set of proficiency standards for a paramedic, alongside the relevant regulators and commissioners. The committee agreed that an update would be brought back to the March committee, based on the feedback provided.

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

The FTSU Q2 23/24 report was presented to the committee and it was noted there was an increase in concerns in Q1 from 41 to 64 in Q2, which were mainly around behaviours.

It was noted that the increase in reporting could be due to the increased activity of engagement during FTSU month. The amount of organisational change was also noted as a possible cause for the increase. The committee were informed of a bigger increase in concerns being raised in corporate areas and asked if the figures could be split out between the corporates areas.

The committee asked if people were satisfied or dissatisfied with how their concerns had been addressed, how we had responded to them and if this could be tracked. It was agreed that a report would be provided on the conclusions noted from concerns reported as well as the numbers.

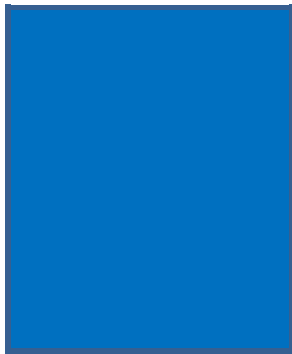
#### **Key decisions made / actions identified:**

See other commentary.

#### **Risks:**

#### **Board Assurance Framework**

The BAF extract including People and Culture risks was reviewed by the committee and approved. The committee agreed that based on the



assurance provided on recruitment and retention the risk rating could be reduced from 3 x 4 (12) to 2 x 4 (8).

Having considered the information presented the committee agreed that the burnout risk would not be reduced. The risk relating to culture was considered and although it was noted that progress had been made, it was agreed that the rating would not be reduced until further measurement could be taken on it via the staff survey results in February 2024.

**Assurance:**

Assurance was received on recruitment and retention, sickness absence, wellbeing of staff and staff retention.



**London Ambulance Service**  
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## Assurance Audit Committee report:

**Date:** 16/011/2023

<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>28/11/2023</b>
<b>Presented by:</b>	<b>Rommel Pereira, Non-Executive Director, Chair of Audit Committee</b>	<b>Prepared by:</b>	<b>Rommel Pereira, Non-Executive Director, Chair of Audit Committee</b>

### Matters considered:

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

#### Overview of Control Issues

A key issue was financial sustainability and the next meeting of FIC would be reviewing a new draft BAF risk around the financial position in 2024/25. A further issue related to performance standards over the coming winter period. Evidence was beginning to emerge of the NHS struggling (waiting lists, financial pressures) and it was important to be conscious of the impact of this on LAS performance.

#### SIRO Report

The Committee received an update on progress in completing the Data Security and Protection Toolkit and noted the linkage with the internal audit report on cyber security and the importance of ensuring there was no mismatch between processes and policy, and lapses in implementation or compliance.

#### Internal Audit

The Audit Committee received and reviewed the following internal audits:

- Medical Devices Management
- Data Quality Follow Up Report
- Management of Occupational Health Contract
- Financial Reporting
- Cyber Report

Audit Committee noted Substantial Assurances on Financial Reporting and Occupational Health and good progress on Data Quality. The Cyber internal audit (and the recent MDT outage, Business Continuity incident and management's commendable handling over a weekend) highlighted the need to maintain vigilance and focus on reducing points of vulnerability, upgrading legacy infrastructure and resolving application risks.

The Medical Devices internal audit provided helpful recommendations for integrating the Make Ready team into management processes, with "tethering" vehicles to groups as a potential way forward to improve ownership and embedding.

**External Audit**

External gave an update on preparatory work for the 2023/24 audit.

**Local Counter Fraud Service (LCFS)**

The LCFS updated the committee on a number of work streams since the last meeting.

Since the last meeting, the Trust and LCFS had participated in an exercise run by the CFA around Requirement 12 relating to Declarations of Interest. At the end of 2022/23 the Trust had self-assessed itself as red against Requirement 12 and had been identified by the CFA to discuss work towards addressing this issue. The meeting had been very positive with the CFA recognising the amount of work the Trust had put into this and they had confirmed that they would be comfortable with the next annual return moving from red to amber.

The LCFS shared a Payroll Overpayments Benchmarking Report with the Trust that could be used to identify and implement good practice to prevent overpayments.

The LCFS also presented a report into expense claims and credit card payments that highlighted gaps in controls and compliance with processes following Covid. Audit Committee noted that the Trust had already made changes to policy and procedures to address the findings outlined but would want to see the follow up report.

**Single Tender Waivers**

The Committee received a list of all the approved single tender waivers approved in quarter 2 together with the permitted reason as outlined in SFIs. The importance of testing the justifications for using single tender waivers as opposed to other options was noted.

**Losses and Special Payments**

The Director of Finance presented a paper setting out the level of losses and special payments being recorded by the Trust and confirmed that all payments had been signed off by HR and were in compliance with Trust policy.

**Salary Overpayments**

The salary overpayments report was reviewed in the context of the LCFS benchmarking report on overpayments. It was confirmed that a schedule of key controls had been put in place to mitigate against the risk of overpayments and to support recovery when they occurred. These controls would be closely monitored going forwards. Audit Committee requested a "deep dive" into the Joiners/Movers/Leavers process.

**Charity Accounts**

The Audit Committee endorsed the Annual Report and Accounts and recommended that they be approved for submission to the Trust Board on the 28th November 2023.

**Risks:****Board Assurance Framework (BAF)**

The Audit Committee reviewed the latest iteration of the BAF, noting updates following review by Executives and the various Board Committees.

- The Quality Assurance Committee had reviewed and updated BAF risk 1.4 relating to achievement of the quality account standards
- Board had approved development of a new risk relating to the potential that the Trust may receive an unmanageable increase in 111 and 999 calls as a result of the introduction of Right Care Right Person
- The People and Culture Committee had review the risk relating to recruitment and retention and had reduced the risk rating
- The Digital and Data Committee had reworded the risk around data quality



# London Ambulance Service



NHS Trust

**Assurance report:** **Digital & Data Quality Committee**

**Date:** **16/11/2023**

**Summary report to:** **Trust Board**

**Date of meeting:** **28/11/2023**

**Presented by:** **Sheila Doyle, D&DQ Chair**

**Prepared by:** **Sheila Doyle**

## Matters for escalation:

Good progress has been made in addressing the Verita CI recommendations with 11 of the 13 in scope recommendations now closed. The remaining two recommendations are on track to be completed by the end of January

## Other matters considered:

### Draft Digital and Data Strategy

The Committee received an update on the ongoing development of a draft Digital and Data Strategy 2023-2028, recently revised following engagement sessions in IM&T and across the wider organization. This strategy holds significant importance as an enabler for the five-year Trust strategy.

A key consideration in developing the strategy has been maintaining a realistic approach within financial and operational constraints—balancing achievable goals with the organisations change capacity, culture, and skills. Additionally, a central objective has been framing the strategy around leveraging digital and data to streamline processes, reduce operational costs, and enhance overall organizational productivity.

The Committee emphasized the importance of embracing nationally procured technology as a general principle, with customized solutions being an exception rather than the norm.

The next steps involve the preparation of a formal strategy document, which will encapsulate the vision and operational model for the IM&T team.

### Data Quality Update and Audit Reports

The Committee received an update on the progress of the newly formed Data Quality Group, specifically focusing on advancements made in implementing recommendations from both external and internal audits. A draft workplan has been prepared, encompassing Internal System Assurance Reviews, active Monitoring and Closure of Data Quality Actions, and Data Quality support for the Business Intelligence 999 and IUC teams.

The committee acknowledged the commencement of a review focused on CAD Data Quality, anticipated to deliver its findings by January. Concurrently, the Data Quality team is in the process of formulating Data Quality Standard Marks, aimed at providing users with clear guidance on assessing the reliability of key performance indicators.



	<p><b>Digital Transformation and Infrastructure Modernisation Update</b></p> <p>The Chief Digital Officer presented an update on digital transformation and infrastructure modernisation including an overview of the current IM&amp;T capital programme, noting there are three key work streams: data essentials, telephony modernisation and infrastructure service migrations, with the aim of delivering a resilient and high-performance infrastructure.</p> <p><b>Verita Recommendations</b></p> <p>The Committee received a report on implementation of the Verita action plan and agreed to close three of the remaining five open recommendations. It is anticipated that the final two recommendations will be closed in January.</p>
<p><b>Key decisions made / actions identified:</b></p>	
<p><b>Risks:</b></p>	<p><b>Board Assurance Framework</b></p> <p>The Committee reviewed the digital and data related risks on the BAF.</p> <p>It was noted that risk 1.5 - we may not improve data quality, embed data governance, and implement the C1 improvement programme – had been amended in terms of the description, controls, assurance, and actions since the last iteration to make it clearer.</p> <p>Risk 2.7 – CAD implementation – it was agreed that considering assurance received at the meeting, this risk could be removed from the BAF.</p>
<p><b>Assurance:</b></p>	<p>The Data Quality Group has been established and a work plan is under development. A Data Quality Review of CAD is underway.</p> <p>Good progress is being made on the Verita actions.</p>


**NHS**
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Report Title		2023/24 Board Assurance Framework Risk		
Meeting:	Trust Board			
Agenda item:	6.1	Meeting Date:	28 November 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

The attached BAF has been reviewed by the Lead Executives since last reviewed by the Board in September and has been reviewed by assurance committees who met in November, (apart from FIC which met after the publication of these papers). 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:

#### Quality Assurance Committee (QAC)

- BAF risk 1.4 – following feedback at the QAC meeting in September, the assurances, controls and actions have been reviewed and amended to be more clearly defined.

#### People and Culture Committee (PCC)

- BAF risk 2.1 - relating to recruitment and retention, following review of the controls and assurances at the PCC meeting on 9 November, it was agreed to reduce the current risk score from 3 x 4 (12) to 2 x 4 (8).

#### Digital and Data Quality Committee

- The committee agreed that risk 2.7 CAD implementation could be closed following the receipt of the project closure and lessons learnt report. There is further work to be done on CAD, but its implementation is no longer a BAF risk.
- The committee also noted the need to review the allocation of some risks allocated to other committees where there is a strong digital component.

#### Audit Committee (AC)

- The AC has highlighted that where there is a control measure there should be a matching assurance statement and committees are requested to review their BAF entries to ensure compliance with this approach.

New risks proposed for addition to the BAF:

Finance and Investment Committee (FIC)

- BAF risk 2.13 - identified following discussions at the Finance and Investment Committee in September 2023, relating to the approval of a deliverable financial plan for 2024 - 2025.

Quality Assurance Committee (QAC)

- BAF risk 1.6 – The implications for 111 and 999 calls as a result of the introduction of the RCRP initiative.

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

The Board is asked to review and approve the new BAF risks, and the comments of assurance committees with associated scoring of risks in the attached 2023-24 BAF.

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

ExCo and assurance committees.

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

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

### Board Assurance Framework – November 2023

<b>Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed</b>											
<b>Mission Priority</b>	<b>Overall Risk</b>	<b>Selected Risks from the Business Plan</b>		<b>uncond<sup>d</sup></b>	<b>Cur rent</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Committee</b>	<b>Owner</b>	<b>Pge</b>
Rapid and Seamless Care	16	1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	16	16			QAC	FW	3
		1.2	We may not achieve Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC	25	16	16			QAC	JM	7
		1.3	Our 111 services may not achieve timely call back and clinical assessment	25	15	15			QAC	JN	9
		1.6	We may receive an unmanageable increase in 111 and 999 calls as a result of the introduction of the RCRP initiative	20	16	16			QAC		11
A learning and teaching organisation	16	1.4	We may not achieve our quality account standards	20	16	16			QAC	JL	13
		1.5	We may not improve data quality, embed data governance and implement the C1 improvement plan	20	16	16			Digital	JM & CM	15
<b>Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for</b>											
<b>Mission Priority</b>		<b>Risks</b>		<b>uncond<sup>d</sup></b>	<b>Cur rent</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Committee</b>	<b>Owner</b>	<b>Pge</b>
Inclusive and Open Culture	16	2.1	We may not achieve our recruitment and retention targets	20	8	12			P&C	DM	16
		2.2	We may not improve the diversity of our staff and improve equality standards	16	16	16			EDI	RD	17
		2.3	We may not improve staff wellness measured by sickness absence and burnout.	20	16	16			P&C	DM	18
		2.4	We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks.	20	16	16			P&C	DM	20
	20	2.5	We may not be adequately prepared for cyber attacks	25	15	15			AC	CM	21
		2.6	We may suffer a critical systems failure unless we replace radio and telephony systems	20	15	15			FIC	CM	22

Improved Infrastructure		2.7	CAD implementation <sup>1</sup>	16		4			Digital	CM	23
		2.8	Operations may be affected by the shortage of Mobile Data Terminals (MDT's)	20	15	15			FIC	CM	24
		2.9	We may not improve productivity through the "Fixing the Basics" programme	15	12	12			FIC	RP	26
Well-led across the organisation		2.10	We may not meet our financial plan including CIP for 2023/24	20	16	16			FIC	RP	26
		2.11	We may not deliver our capital plan including new ambulance stations and Bernard Wetherill House	20	20	20			FIC	RP	27
		2.12	We may not make the organisational changes required including: team working and professional standards	20	16	16			P&C	JM	28
		2.13	We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2024/25	20	20			FIC	RP	29	

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

Mission Priority	Risks	uncond <sup>d</sup>	Curr ent	Q2	Q3	Q4	Committee	Owner	Pge
Green and sustainable future	3.1	We may become liable for increased costs because of ULEZ if we are not compliant by March 2024	20	8	8		FIC	RP	30
	3.2	We may fail our environmental targets for carbon reduction	16	12	12		FIC	RP	31
A system leader and partner	3.3	We may not play our full part in leading and delivering London's health and care system	16	16	16		Trust Board	RD	32

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

<sup>1</sup> The risk is closed following the post implementation review which went to the Digital Committee in September.

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

<b>Mission Priority: Rapid and Seamless Care</b>	<b>BAF Risk: 1.1</b>
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"> <li>Weekly patient safety incident group reviews cases,</li> <li>PSIRF thematic reports,</li> <li>Serious Incident Learning Assurance Group.</li> <li>Multi-disciplinary forum for incident discussion and identification of learning</li> </ul>
Guideline and process developed for referring patients to primary care with unrecognised hypertension as part of responding to the rise in incidents of cardiovascular disease and stroke	<ul style="list-style-type: none"> <li>Governance managed through Clinical Advisory Group</li> <li>Pilot in SE London launched to share incidental findings with GPs, relating to previously undiagnosed hypertension, and also raised blood glucose levels. Information shared via MS form to registered GP. This also addresses one element of the CORE20PLUS5 standards relating to hypertension. Learning will inform further expansion, or improvement followed by expansion.</li> </ul>
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	<ul style="list-style-type: none"> <li>Monthly Cardiac Arrest Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to Cardiac Arrest patients.</li> <li>Annual Cardiac Arrest report.</li> <li>Daily and weekly review of Category 1 performance</li> <li>Monthly monitoring through: <ul style="list-style-type: none"> <li>Integrated Performance Report,</li> <li>Sector Focus</li> <li>Feedback Reviews (bimonthly)</li> <li>Quality Report</li> </ul> </li> <li>Feedback to all staff involved in management of cardiac arrest from Clinical Audit Team</li> <li>Monitoring of Community First Responder outcomes and LifeSaver numbers to reduce time to defibrillation</li> </ul>

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

	<ul style="list-style-type: none"> <li>• Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.</li> <li>• New cardiac arrest checklist includes ROSC care bundle prompts and handover metrics and tools.</li> <li>• CTM training includes post ROSC importance to enable further discussion with their teams during OWR and CPI feedback.</li> <li>• Monitoring of advanced care interventions by APP – Critical Care</li> </ul>
<p>NHS England AQI: Outcome from acute STEMI</p> <ul style="list-style-type: none"> <li>• Time from call to angiography for confirmed STEMI patients: Mean and 90<sup>th</sup> centile</li> <li>• Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly STEMI Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to ST-elevation myocardial infarction (STEMI) patients.</li> <li>• Annual STEMI report.</li> <li>• Monthly monitoring through: <ul style="list-style-type: none"> <li>➢ Integrated Performance Report,</li> <li>➢ Sector Focus</li> <li>➢ Feedback Reviews (bimonthly)</li> <li>➢ Quality Report t</li> </ul> </li> <li>• Feedback to LAS from Pan London Cardiac networks</li> <li>• Local oversight of STEMI care bundle improvement led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases.</li> <li>• Clinical update and Insight share cases</li> <li>• Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.</li> </ul>
<p>Robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities, including cardiac arrest acute coronary syndrome and stroke.</p>	<ul style="list-style-type: none"> <li>• Monitored through Annual Clinical Audit Programme and Research Programme.</li> <li>• Monitored through Quality Oversight Group and Clinical Audit and Research Steering Group (CARSG).</li> <li>• Annual Independent Review of clinical audit practices by CARSG's Patient and Public representative.</li> <li>• Monitoring of individual research projects by external Sponsors. National critical friend review of research and governance practices in progress.</li> </ul>
<p>Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Early work of exploring optimisation of stroke pathway with thrombectomy</li> </ul>



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

	<ul style="list-style-type: none"> <li>• Annual Stroke report.</li> <li>• Local oversight of Stroke care led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases.</li> <li>• Feedback to LAS from Pan London Stroke networks</li> <li>• Clinical update and Insight share cases</li> <li>• Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.</li> <li>• 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)</li> </ul>
Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90 <sup>th</sup> centile	<ul style="list-style-type: none"> <li>• Monthly Stroke Care Pack. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to the most appropriate destination and timescales.</li> <li>• Monthly monitoring through: <ul style="list-style-type: none"> <li>➢ Integrated Performance Report,</li> <li>➢ Sector Focus</li> <li>➢ Feedback Reviews (bimonthly)</li> <li>➢ Quality Report</li> </ul> </li> </ul>

### Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
<ul style="list-style-type: none"> <li>• Improve return of spontaneous circulation rates to <math>\geq 30\%</math></li> </ul>	Reduce by 60 seconds the time it takes from call connect to the start of chest compressions. – March 31 <sup>st</sup> 2024. London lifesaver training being delivered across London
<ul style="list-style-type: none"> <li>• Deliver resuscitation update training to 85% of staff</li> </ul>	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 <sup>st</sup> 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 <sup>st</sup> 2024.

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

<b>Mission Priority:</b> Rapid and Seamless Care	<b>BAF Risk:</b> 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**

<b>Action</b>	<b>Date by which it will be completed</b>
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.	Complete
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

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<b>Mission Priority: Rapid and Seamless Care</b>	<b>BAF Risk: 1.3</b>
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
<b>IUC Queue Management &amp; CAS Reporting</b>	<p>Operating a combined IUC CAS &amp; 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 calls to manage complex calls. The senior team are exploring new methods used in other IUC areas to create improved streaming of cases, but also consider what actions within the CSEP plan can be deployed for short periods with the need to review/ switch off any actions when agreed levels are reached.</p> <p>GP Leads working on programme of development for duty Navigators, senior management are <b>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.</b></p>
<b>Finance / CAS Profile</b> – 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.	<b>Joint working group in place with commissioner Management and GP Clinical Leads to review and reduce current CAS workload in hours.</b> Performance has improved based on real time monitoring as a result of this work. In July 2023, LAS have obtained written agreement from NHS Pathways to work outside licence without penalty if agreed by provider/ commissioner/ region. First change of booking outside of specified timeframe (with exclusion criteria) for 2 and 6 primary care outcome dispositions has been implemented as BAU following sign off from commissions, ICB GP leads, LAS CAG and NHSE London leads. The group will explore further opportunities with support from ICB and regional IUEC Clinical Leads, with learning being shared fed into NHS Pathways.
<b>CAS Priorities/ KPI’s NEL and SEL differ from National KPI’s</b> and each London/ UK provider has different local mapping & response times, this is not reflected in National reporting.	Joint working group with management and clinical GP Leads for commissioning and LAS have reviewed local mapping, challenge is National reporting does not incorporate local

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<p>Internal BI are working to create reports to incorporate clinical input. This results in NWL/SWL &amp; NCL creating poor reflection on performance as comparison is not like for like.</p>	<p>mapping &amp; how services have been commissioned. I.e. local = 1 hr response but reports from national = 20 minutes so shows a breach.</p>
<p><b>National Review, IUC metrics</b> 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><b>Introduction of IUC rostering tool</b> 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. Allocation wizard is now in use to improve equity and reduce admin of rota allocation allowing direct/ sessional allocation prior to agency and using combined with clinical guardian information <b>triangulated performance/ productivity / quality outputs used to influence allocation.</b></p>
<p><b>Individual performance and management</b>, monitoring &amp; 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. <b>Team are now using Clinical Guardian/ Rotamaster information allows monthly review of workforce quality/productivity &amp; reliability to inform rota allocation and identify areas of concern.</b> New configuration on Adastra used to highlight key timings/ events with most recent flagging when a clinician has been on a case for 20 minutes to allow the Navigator to offer support.</p>
<p><b>Real time</b> management and clinical safety &amp; 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. <b>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</b> has improved safety (further development ongoing).</p>
<p><b>Remote &amp; Network/ Partnership Workforce</b> 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. <b>LAS now have four partners providing clinical assessment service and a framework is being developed to allow</b></p>

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

	<b>greater pool of providers to work with having completed due diligence and governance.</b>
<b>Escalation</b> – 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><b>Renewed Clinical Safety Plan (CSEP) to reduce blanket approach</b> 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
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.	November 2023
IM&T Workshop agreed priority – accurate reporting/ Dashboard in call centres with current metrics & portal for IUC similar to Gold/ Ambulance/ EoC to show accurate real time and reflective performance.	Completed
Structure Review to support increased capacity to focus on performance – Dep Director of Performance in response to growth in IUC service, Lead Provider role and need to manage multiple contractual performance objectives across multiple ICB/ contracts & feed into internal performance forums.	November 2023
Review of overall IUC structure as complexity of IUC and new primary car work requires additional senior leadership/ capacity.	

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

### Mission Priority: Rapid and Seamless Care BAF Risk: 1.6

Risk that the organisation will receive an unmanageable increase in calls to both 111 and 999, and a significant spike in activity, as a result of the introduction of the Right Care, Right Person initiative with the Metropolitan Police Service (MPS) on 1<sup>st</sup> November 2023. The MPS will identify calls which they are no longer attending through their core principles, and in turn will redirect some calls to other services, in the categories of: Concerns for welfare, patients missing from health facilities (acute trust and MH facility), requests for transportation and MH section patients.

An initial audit identified c.700 calls for 'welfare' related calls in a 24hr period, which will sit within the RCRP principles. Of these, the police currently respond to c.315 calls (already refusing and referring the remaining cases) and from 1<sup>st</sup> November 2023 will respond to c.195 under the new principles. The difference therefore is a cohort of calls which may arrive to LAS for response as additional demand not currently seen by LAS.

If the c.120 calls arrive with LAS, there is a risk to:

- The above figures are representative demand from the audit undertaken, but actual demand is still widely unknown and may be in excess or indeed less than this number
- LAS ability to answer / triage call additional demand, sometimes with limited information available
- Negatively impact on the ability of the LAS to respond to critically unwell calls for other patients due to the increased volume of patients coming to LAS from MPS
- Staff safety impact due to a potential reduction in the types of calls attended face to face by MPS, including where they have been requested to support LAS crew staff.
- Additional staff may be required from the 111 HA and 999 Emergency Call Co-Ordinator workforce (to enable triage process), impacting on finances within those two teams
- Additional clinicians may be required from the 999 Clinical Hub team, to support the RCRP Pod and triage oversight process to ensure patient safety

A corporate risk has been developed relating to the same subject, which is referenced as 1407.

Whilst this BAF entry relates directly to the Rapid and Seamless Care Mission, there is also overlap with the BAF entry relating to being a system partner.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/12/23				
L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Discussions with MPS, NHS Partners and Social Care Partners setting out the key risks to patients, the LAS and the health system as a whole and identify solutions. This is via NHSE MPS and Health Partners Board; the RCRP Met Police Board, and a number of subgroups (comms, data, policy and people/training).	Feedback and actions What are LAS doing in response to info
Ability to measure changes in incoming demand to understand impact	Current demand from MPS is now measurable, so a change in this will now also be measurable



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LAS have worked with MPS and agreed calls will be transferred electronically via existing link between the two systems. This will ensure patients don't have to hang up and redial; but will also ensure we are able to closely identify changes in volumes.	LAS have agreed process to manage CADLINK calls (electronic link) and this will be expanded to manage the additional demand likely to be seen via RCRP. As above, this will also allow measurement of any changes to demand.
Identified calls passed through the electronic CADLINK from MPS to LAS from 1st Nov.	All MPS Calls which need a possible ambulance response have been confirmed will come via CADLINK.
Identified the volume of calls from members of the public and how these will be managed by the police and volume of these calls that will land with the LAS	Retrospective review complete and now ongoing review in place.
New process developed to enable both 111 and 999 call handling / health advisor triage for additional demand.	A process already exists, but this will be refined and enhanced given the extra demand and need for the appropriate triage to be undertaken for these patients
Patient safety oversight in place– to ensure patients remain safe whilst they wait for initial triage after the calls land within LAS CAD, there will be a role in place to oversee the METPOL overall stack.	A business as usual model is being drawn up for a proposal to embed a clinician into MPS, for them to do their 'normal' role but within MPS to also be a point of escalation in both directions using the learning from RCRP launch

### Further actions

Action	Date by which it will be completed
Identify if changes can be made to CAD via Cleric so that only critically unwell patients would be accepted through this link, and other patients (not critically unwell) would be required to call 999 for formal triage.	No longer being scoped – CAD changes at the MPS system are not currently possible. This will be reviewed again in the coming months with a potential MPS CAD change.
Set up report to capture MPS CADLINK calls, as well as calls relating to RCRP from other NHS/Social care stakeholders to measure increased demand and trends	Report relating to calls from MPS is now set up and reporting successfully. Reporting on calls from other partners, especially social care is proving more problematic as they often come from individuals as opposed to via the 'agency' and as such are difficult to measure or locate within our system. Partially Completed
Understand the next phases of RCRP and timeframes associated with them and their launch	The next meeting with the MPS Board members is 15 <sup>th</sup> December where an answer to this question should be confirmed.
CAD / cleric changes to enable these calls to present into their own queue within the CAD system are being scoped by the IM+T team. The management of them once they land within LAS CAD is a separate work stream and will work regardless of where the calls sit within the system.	This was not possible, but the process for these calls to be managed as its own work stream is complete with individual staff assigned to it, within the EOC and clinical team each day. Complete
Additional staff will be put in place in the initial weeks whilst the extra demand is understood.	Complete and will continue
RCRP Pod in Met Police Control Room will be staffed with an LAS clinician for the first 4 weeks post launch. This will enable safety oversight, trend analysis and better understanding of impact	Complete and will continue

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<b>Mission Priority:</b> A learning and teaching organisation	<b>BAF Risk:</b> 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
Quality priorities are monitored via a monthly highlight report and via CQOG	Overall, the majority of quality priorities are on track for completion, with 5 rated as green and in control, and 4 rated as amber - off-track, but under control for completion.  Our KPI to achieve our C2 mean trajectory remains off track, however demonstrates improvement against 2022/23 performance.
<b>Cardiac Arrest Management</b>  ROSC rates measured monthly.  Resuscitation training is classified as mandatory.	<ul style="list-style-type: none"> <li>CSR contains a focus on decreasing time to first shock and high quality chest compressions, both of which are evidence based interventions to improve cardiac arrest survival. ROSC rates for July and August were reported as 30%.</li> <li>Training compliance is measured across the Trust, compliance currently exceeds 90% for adult, paediatric and newborn life support against a target of 85%</li> </ul>
<b>Care after a fall</b>  Conveyance and incidents attended are reported and monitored.  Spinal immobilisation training is classified as mandatory.	<ul style="list-style-type: none"> <li>8 UCR cars are in operation, with 6572 patients seen by end of Sept 23. Alternative models of delivery to reduce reliance on external clinicians are being scoped.</li> <li>Training package has been written and is undergoing quality assurance prior to delivery</li> </ul>
<b>Hear and treat consultations</b>  Clinical triangulation meetings occur monthly.  Category 2 segmentation pilot implemented on the 9 <sup>th</sup> November 2022.	<ul style="list-style-type: none"> <li>Clinical guardian has been mobilised in UCAS for GP and ACP consultations, NEL and SEL for Pathways consultations, and in the Clinical Hub for MTS consultations where Adastra has been used.</li> <li>Hear and treat rate of c.4% of all coded C2 calls. MTS audit requirements being met for all validation clinicians. Over 18,500 cases have been validated, saving over 11900 ambulance hours. A recent</li> </ul>

	increase in focus on referrals has seen a 5% rise in the proportion of calls with an alternative response.
<p><b>Reducing delays</b></p> <p>W45 now in place in all operational sectors.</p> <p>Emergency Call Handler recruitment continues at pace, and the Call Answer Improvement Group has commenced work.</p>	<ul style="list-style-type: none"> <li>Tactical Operations Centre grip report produced bi-daily</li> <li>In the August reporting period, Call Answering Mean was 8 seconds, below the improvement trajectory of 20 seconds and national standard of 10 seconds.</li> </ul> <p>This KPI cross-references BAF risk 1.2</p>
<p><b>Infection prevention and control</b></p> <p>Submissions and compliance are reported bi-monthly as part of the quality report.</p> <p>Weekly meetings with InPhase, access to building audits and developing reporting</p>	<ul style="list-style-type: none"> <li>Oversight at IPCC and escalation to CQOG.</li> <li>Hand Hygiene and Monthly Cleaning audits are now live.</li> </ul>

### Further actions

Action	Date by which it will be completed
<ul style="list-style-type: none"> <li>Progress C1 and C2 improvement plans</li> </ul>	March 2024
<ul style="list-style-type: none"> <li>Undertake improvement work in relation to the UCR dispatch process</li> </ul>	March 2024
<ul style="list-style-type: none"> <li>Commence delivery of spinal immobilisation e-learning</li> </ul>	End of Q3 2024

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

<b>Mission Priority:</b> A learning and teaching organisation	<b>BAF Risk:</b> 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 was established in July 2023.
Two substantive posts have been filled in the Data Services Team	New team formed in August 2023
Departmental training on data quality has been completed for all BI staff	Confirmation of training received by the Datix training manager
Daily IDM management of C1	IDM report issued 3x a day
Twice weekly review and operational staffing for a 3 week window.	Ambulance ops performance group Tuesday and Staffing and forecasting Tuesday and Thursday

### Further actions

Action	Date by which it will be completed
The data quality policy will be revised to and approved take account of revised accountabilities and structures.	Completed
Recruiting a Head of Data Services Team and Director of Performance and Analytics	Recruitment in progress. Post will be filled before March 2023.
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 Completed

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

<b>Mission Priority:</b> Inclusive and Open Culture	<b>BAF Risk:</b> 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
2	x	4	=	8

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Recruitment and retention plan in place	P&C report performance to the Trust Board and PCC demonstrating we are making some progress but slightly below plan on recruitment
International Recruitment Partner in Place	P&C Director's update to the Trust Board and PCC showing positive impact sustained. Now developed internal processes which negates the need for external partner.
Retention Workstream in place meets monthly.	P&C Report to the Trust Board and PCC detailing retention
Vacancy management and recruitment systems and processes	P&C Report to Trust Workforce Group and PCC
Working with NHS England and Ambulance Sector on joint campaigns	P&C Report to Trust Workforce Group and PCC

### Further actions

Action	Date by which it will be completed
Review team structures and operational roles to improve support for staff and provide progression opportunities for a more diverse workforce	End of Q4
Recruit 480 additional paramedics	End of Q4
Recruit 300 Assistant Ambulance Practitioners (AAP) from our local population	End of Q4
Develop the operational plan for the blended learning / digital education plans.	End of Q4
Develop workforce plan for establishing Driving Education Academy	End of Q4
Identify sites for expanding our education provision both short and long term	End of Q4
Develop guidance for use across the Trust for inclusion objectives, reasonable adjustments and a commitment to anti-racism	End of Q4
Outreach Programmes to support with Recruitment and address EDI objectives e.g. Princes Trust, Job Centres, Local community centres, Football Academies	End of Q4
Submission for Silver accreditation of the Armed Forces Covenant which will support further recruitment of Ex-military staff into roles within LAS	End of Q3

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

<b>Mission Priority:</b>	<b>Inclusive and Open Culture</b>	<b>BAF Risk:</b>	<b>2.2</b>
<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	3 Training programmes in the course catalogue EDI Objectives for all staff
Recruitment campaigns that attract diversity	Inclusive recruitment initiatives, De-bias toolkit, De-bias recruitment and selection training pack
ESR data complete with no blanks and not knowns	Data dashboard reported into the EDI Committee and data declaration campaign work commenced

**Further actions**

Action	Date by which it will be completed
Proactive approach to encourage all staff to improve and record their protected characteristics, on ESR thereby reducing the difference seen in staff survey.	On-going
Introduction of Inclusion Ambassadors to sit on Trust wide interview panels	March 2024
Recruitment EDI initiatives	November 2023 – on target
Commissioning of deep dive into attraction and recruitment (Sea Change)	March 2024
Anti-discrimination charter is in progress	March 2024
Develop a model for equitable and fair recruitment and selection process for LAS	March 2024
Implement WRES,WDES, GPG action plans	March 2024

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

<b>Mission Priority:</b>	<b>Inclusive and Open Culture</b>	<b>BAF Risk:</b>	<b>2.3</b>
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**

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

**Further actions**

Action	Date by which it will be completed
Develop 2023-2028 People and Culture Strategy as assigned metrics	By Q4 23/24 (in conjunction with EDI Team)
Aligned EDI/CDI Strategy and delivery plan / system of measurement	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

<b>Mission Priority:</b> Improved Infrastructure	<b>BAF Risk:</b> 2.5
We may not be adequately prepared for cyber attacks	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q4 23/24				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Technical cyber protection, detection and remediation deployed to identify any threats	Included in the Cyber Committee's report to the Board. Functional and need review
Implementation of Artificial Intelligence threat detection software – single device in Bow.	Another device has been delivered to Corsham, as a resilient service
Cyber security team in place to identify and mitigate cyber threats or incidents	Cyber Committee checks assurances and reports to the board
Procedure checked twice a year by NHSD	Cyber Committee checks assurances and reports to the board
Legacy systems being replaced	DSPT assurance level reported in annual report
Unsupported software being replaced	Annual Penetration test carried out and reported to the Board via the Cyber Committee
All issues related to Cyber logged on Trust CMS (Content Management System)	Demonstrable response to three cyber threats out of hours in the current year
Process in place to address all CareCerts issued by NHS Digital	No current assurances to the Board
	Enterprise Architecture Council (EAC) now in place
	Technical Design Authority (TDA) now in place
Cyber security monitoring and assurance	Integrated into BAU daily checks

### Further actions

Action	Date by which it will be completed
Hardening of internet facing systems	March 2024
Infrastructure refresh completion of migration to ARK data centre	March 2024
Compliance with DSPT 2023	Complete

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

<b>Mission Priority:</b> Improved Infrastructure	<b>BAF Risk:</b> 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.
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 a four a week period before go live date	Testing completed successfully and Cleric went live

### Further actions

Action	Date by which it will be completed
Completion of Corsham migration	Completed
Completion of Farnborough migration	March 2024
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**

<b>Mission Priority:</b> Improved Infrastructure	<b>BAF Risk:</b> 2.7
CAD Implementation- The Digital and Data Quality Assurance Committee agreed that this risk could now be closed following the receipt of the project closure and lessons learnt report.	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
	x		=	

Tolerance by Q4 23/24				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
ExCo continues to receive a fortnightly assurance report from the Programme Team	Lessons learnt report to Digital Committee
QAC clinical review	Review of changes to CAD required underway.

**Further actions**

Action	Date by which it will be completed
Conduct an after action review of the project with stakeholders	
Internal audit and Verita review of data quality to be submitted to Audit Committee and any lessons learnt to be identified.	

## 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 22 double crewed ambulances	Continuing roll out of DCA's

### Further actions

Action	Date by which it will be completed
Enabling works for NMA Lite Pilot	Complete
Pilot replacement interim solution (NMA Lite) on 30 Android Devices	Complete
Equip up to 80 new vehicles with the new NMA equipment	December 2023

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

<b>Mission Priority:</b> Improved Infrastructure	<b>BAF Risk:</b> 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
Engage staff to identify new areas for improvement programmes	Complete



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

<b>Mission Priority: Well-Led Across the Organisation</b>	<b>BAF Risk: 2.10</b>
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	Q4 2023/24
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	Q4 2023/24
Chief Financial Officer to provide update on Capital Plan to FIC	Completed

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

<b>Mission Priority: Well-Led Across the Organisation</b>	<b>BAF Risk: 2.11</b>
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
Understand financial requirement for Phase 1 of Estates Modernisation programme	March 2024

**Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for****Mission Priority: Well-Led Across the Organisation BAF Risk: 2.12**

We may not make the organisational changes required including: team working and professional standards

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
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	Complete
Delivery of Hillingdon and Wimbledon TBW-AO	Complete
Completion of phase 1 TBW-AO	Complete
Finalisation of Staffside agreement TBW-AO	30 November 2023
Commissioning of phase 2 TBW-AO	Reduced version now in place
TBW-EOC – initial staff engagement	Complete
TBW-EOC – establish design principles	30 November 2023
TBW-EOC – co-design and implement solutions	31 March 2024
Transformation papers and review of TBW approach in IUC	31 March 2024
Professional standards function development	Ongoing

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

<b>Mission Priority: Well-Led Across the Organisation</b>	<b>BAF Risk: 2.13</b>
We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2024/25	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by Q4 2025				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Draft 2024/2025 financial plan for submission to NHSE as per national timetable (yet to be published)	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
Continual liaison with commissioners and the London Regional Office	Regular oversight of CIP delivery by CIP Programme Board( ExCo) and FIC
Management of Capital Plan	Regular reporting to Capital Steering Group (ExCo) and FIC

### Further actions

Action	Date by which it will be completed
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash) as per national timetable	31 March 2024
Deliver 2024 / 25 control total including developing and implementing a CIP programme	31 March 2024
Negotiations with commissioners	31 March 2024

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

**Mission Priority: Green and Sustainable Future    BAF Risk: 3.1**

We may become liable for increased costs because of ULEZ if we are not compliant by March 2024

Uncontrolled				
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 ULEZ standards until October 2025. This is staggered by vehicle type	Signed MOU
Delivery of 128 Light Weights DCAS, 4 electric ambulances and 55 ULEZ compliant hybrid cars	Delivery by End March 2024
Plan to replace all non-compliant vehicles in line with schedule agreed by TFL and the Mayor's office	Signed MOU

**Further actions**

Action	Date by which it will be completed
Exploring additional funding streams for replacement ambulances	31 March 2024
Decommission non-compliant fleet	31 March 2024

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

<b>Mission Priority: Green and Sustainable Future</b>	<b>BAF Risk: 3.2</b>
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	Completed for 2022/23. March for 23/2024
Install EV charging point across 40 sites	Completed

**Mission 3: Using our unique pan-London position to contribute to improving the health of the capital****Mission Priority: A System Leader and Partner BAF Risk: 3.3**

Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to build the relationships required to spread innovation and solve common problems

Uncontrolled				
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