London Ambulance Service – Quality Report

Report for discussion at the Trust Board

Analysis based on November 2023 data, unless otherwise stated

To be read in conjunction with the Integrated Performance Report

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Quality Report Summary

	KPI	Latest Month	Measure	Variation	Assurance	Comment
SAFE	Number of No Harm 999 Incidents	Nov-23	685	(H)		**Incidents:** The top 3 no harm categories in November 2023 were Medical Equipment (128, up from 96 in last reporting period), Dispatch & Call (75, up from 53 in last reporting period) Access/Transfer/Handover Issues (65, down from 77 in the last reporting period). 74% of the incidents reported as Death in November were categorised as Dispatch & Call. All of these are reviewed under the Learning from Death (LfD) framework, and where appropriate, referred on for enhanced investigations under PSIRF
	Number of No Harm 111 Incidents	Nov-23	200	(H)		The number of incidents reported within IUC has significantly increased the last few months for both No Harm & Low Harm incidents. The top 3 incident categories in November 2023 were Communication, Care & Consent (79), Call Handling (65) and Security – Violence, aggression and abuse (27)
	OWR Hand Hygiene Compliance	Nov-23	92%	(variation)	(P)	**Hand Hygiene:** The compliance rate for November 2023 was 92.3% down from 97% in the last reporting period. This score continues to exceed the Trust performance target (90%). ALL Group stations submitted data this reporting period with the overall submission for November was 321, over double the last reporting period which was 150
	Premises Cleaning Audit	Nov-23	97%	(variation)	(P)	**Premises cleaning:** Overall Trust compliance for November decreased very slightly from 97.4% to 97% but continues to exceed the Trust performance target of 90%. All stations achieved over the minimum score of 90% although 2 stations have not submitting audits. These were Hanwell (who have not submitted since August), and Hillingdon
	Patient Safety - Medical Equipment Incidents	Nov-23	180	(H)		**Medical equipment incidents:** The top incident category in November 2023 was Medicines Management incl. CD at 301 which has increased from 250. The number of medical equipment incidents had been decreasing indicating special cause variation (improvement) Aug'22 onwards, however the last two months have seen a significant increase
	Overdue 999 Incidents	Nov-23	855			**Overdue Incidents:** There are 855 overdue incidents (a slight increase from 821) which have been open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs). This breaks down further to: 407 Patient incidents, 177 Staff incidents, 252 Trust related incidents and 19 visitor incidents
	Percentage of Safeguarding Training - Level 3	Nov-23	86%			**Safeguarding Level 2 & 3 Training:** Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Safeguarding training (Level 1 Trust wide) is at 91%, Level 2 Adult and Children for EOC/111 is 70% and Level 3 Trust wide is 86%. EOC compliance has reduced the overall level 2 achievement
	Statutory & Mandatory Training Compliance	Nov-23	89%	(H)	(?)	**Statutory & Mandatory Training:** This has remained constant from the last reporting period at 89% and remains above the 85% target. The highest training level is Information Governance at 95.19% compared to the lowest Moving & Handling Level 2-Load Handling (3 years) at 3.85%

Quality Report Summary

NHS London Ambulance Service NHS Trust

	KPI	Latest Month	Measure	Variation	Assurance	Comment
EFFECTIVE	ROSC to Hospital (AQI) - Reported 4 Months in Arrears ROSC At Hospital	Jul-23	31%			In July 2023, the LAS reported 30.5% for ROSC on arrival at hospital for the overall group (national average of 27.6%*) and 61.1% for the Utstein group, also well above the national average of 52.2%. The LAS reported 8.9% for 30 day survival in the overall group, which was above the national average of 8.5% and 27.8% for the Utstein group, above the national average of 26.6%. Post ROSC Care Bundle was delivered to 80.9% of patients which has exceeded the national average of 72.3%
	Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	Jul-23	01:26:00			The LAS achieved a time of 01:26 for the call to arrival at hospital measure which was above the National average of 01:33. NHS England did not publish Stroke Diagnostic Bundle data for June, the next data due to be published will be for August (in January 2024)
	MCA Level 1 Training	Nov-23	91%			**MCA Level 1 Training:** is 91% with the current eLearning providing both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed
	Personal Development Review (PDR) Compliance	Nov-23	66%	(H)	(F)	In November, the PDR compliance dropped to 66% from 67% in the last reporting period
	Operational Workplace Review (OWR) compliance:	Nov-23	65.48%			OWR: This is currently at 65.48% for November 2023 Trust wide. This remains below the Trust target of 85% and further action is required.
	CPI Completion rates	Oct-23	80%			Completion rates for October 2023 were at 80% and still remain below the target of 95%. The lowest area of completion was Deptford at 7% and CRU at 11% compared with Romford, Newham, Whipps Cross, Fulham, Hanwell, Hillingdon, Bromley, Greenwich, New Malden , St Helier, Wimbledon, CHUB and HART all achieving 100%. All aspects of documented care were above the 95% target except sickle cell compliance at 94%. Staff feedback (face to face) for October was 431 with the YTD total at 2266
	KPI	**Latest Month**	**Measure**	**Variation**	**Assurance**	**Comment**
RESPONSIVE	Number of Complaints	Nov-23	93	(variation icon)		**Complaints:** The total number of complaints overdue (excluding PSI) is 28/132 (21%) and is the lowest reported since the backlog project began in Dec '22. 45% of complaints due in November were responded to in time
	KPI	**Latest Month**	**Measure**	**Variation**	**Assurance**	**Comment**
WELL - LED	Percentage of all risks reviewed within 3 months	Nov-23	84%			The Trust's compliance is 83.8% for risks reviewed within the last 3 months which is below the 90% target. 100% of risks were approved within 1 month (target 90%)
	Percentage of policies in date	Nov-23	92%			There are 80 (92%) policies in date across the Trust which is an increase of 1 since the last reporting period. 7 (8%) of policies remain overdue

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

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

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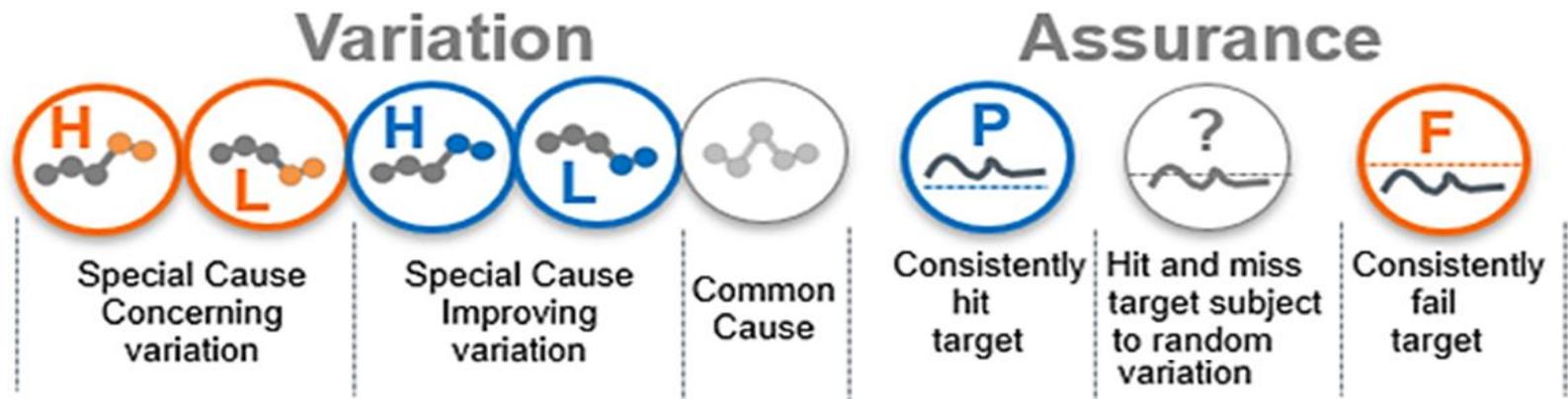
1. Safe

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

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

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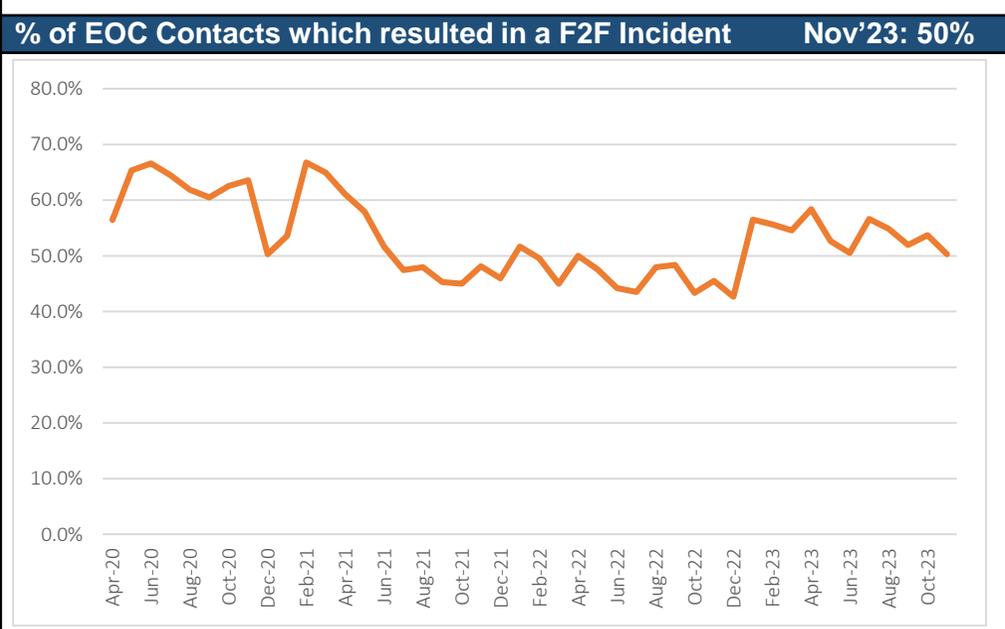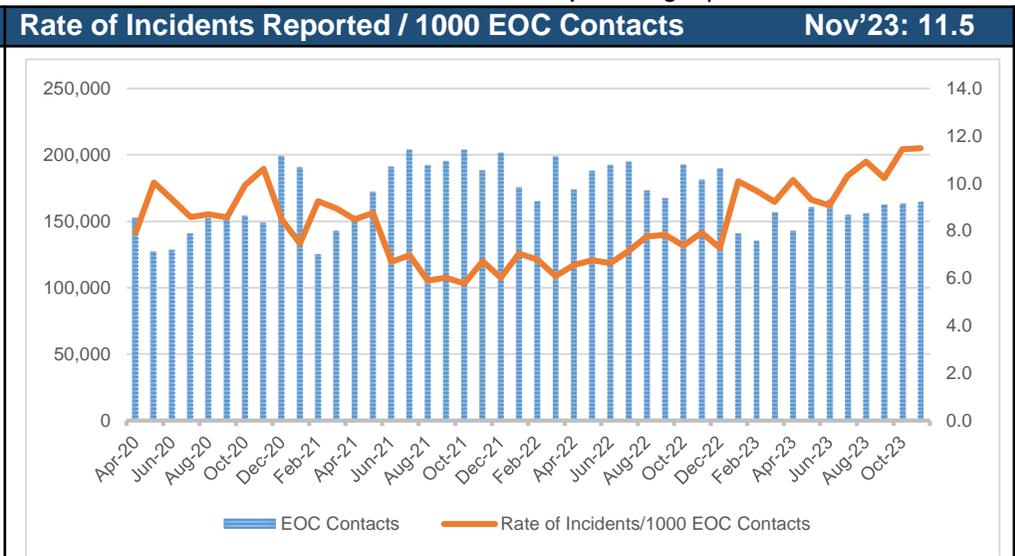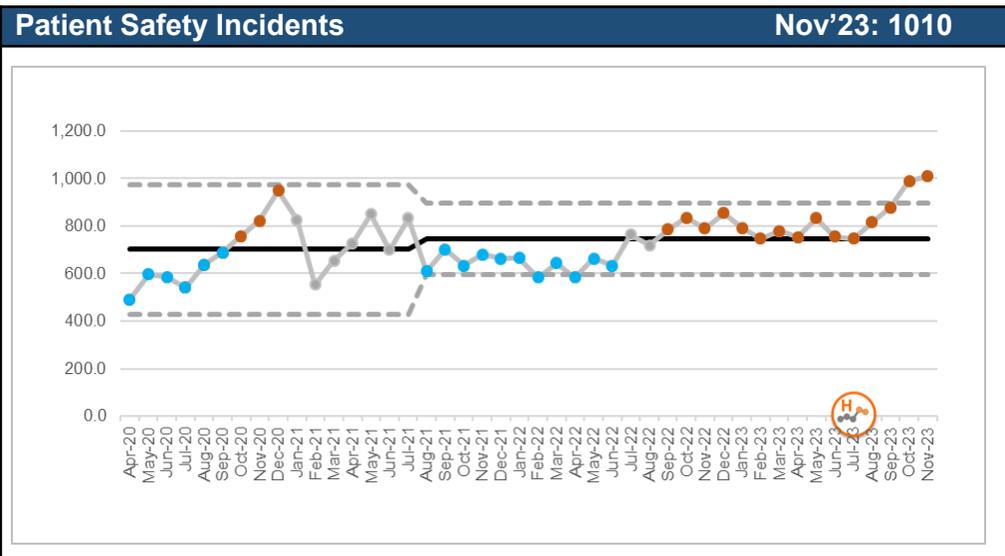- Infection Control
- Medicine Management
- Safeguarding
- Health and Safety
- Clinical & Non Clinical Claims and Legal Inquests
- Outcome of Quality Visits (Environmental & Equipment)
- Statutory and Mandatory Training

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

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

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

Patient Safety Incidents	Nov'23: 1010

Rate of Incidents Reported / 1000 EOC Contacts	Nov'23: 11.5

Legend: EOC Contacts — Rate of Incidents/1000 EOC Contacts

% of EOC Contacts which resulted in a F2F Incident	Nov'23: 50%

Analysis

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

Between Sep'22 – Nov'23, the overall number of patient safety incidents reported had been above the meeting, noting special cause variation. These increases are broadly spread across incident categories, and reflect a sustained improvement in reporting culture and increased use of incident reporting to raise concerns in relation to other providers (quality alerts).

In November 2023 there were 164,170 EOC contacts, of which 50% resulted in a face to face incident.

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

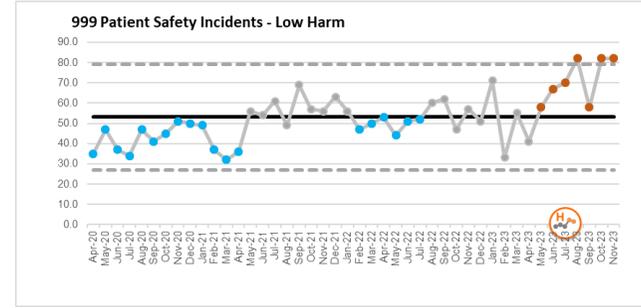Owner: April Wrangles | Exec Lead: Dr. John Martin

No Harm Incidents	Nov'23: 685

999 Patient Safety Incidents - No Harm

Low Harm Incidents	Nov'23: 82

999 Patient Safety Incidents - Low Harm

Moderate Harm Incidents	Nov'23: 18

999 Patient Safety Incidents - Moderate Harm
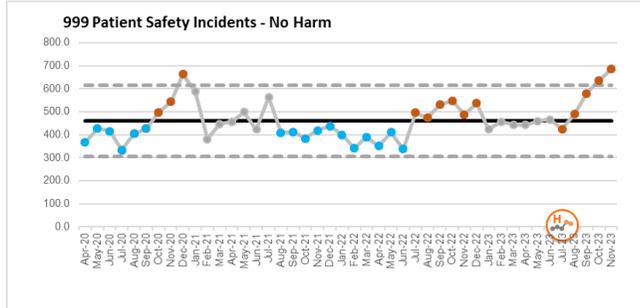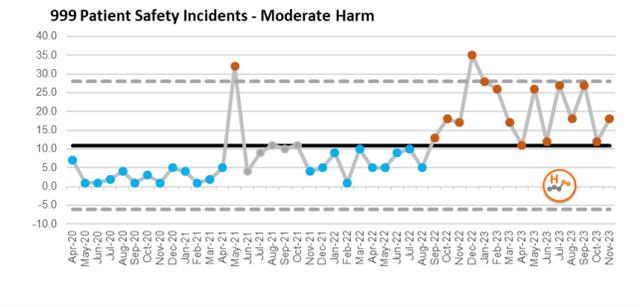
Severe Harm Incidents	Nov'23: 5

999 Patient Safety Incidents - Severe Harm

Death Harm Incidents	Nov'23: 19

999 Patient Safety Incidents - Death Harm
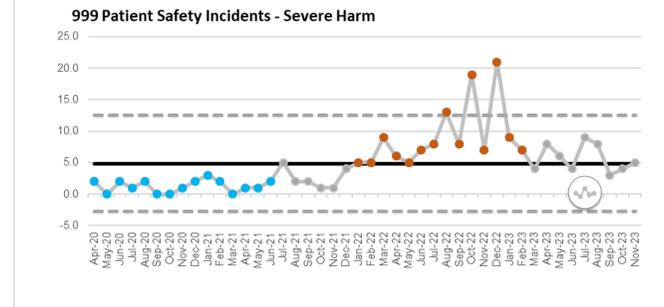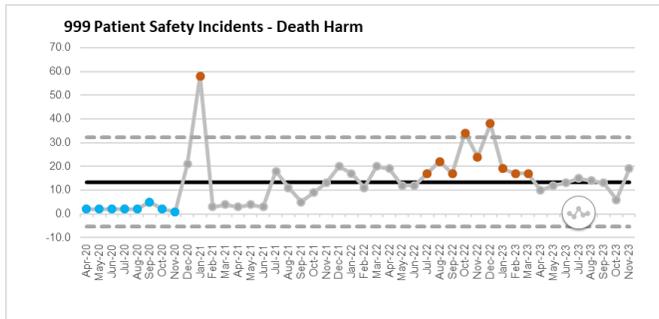
Analysis of SPC Charts

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

The top 3 no harm categories in November 2023 were Medical Equipment (128), Dispatch & Call (75) & Access/Transfer/Handover Issues (65)

The number of moderate harm incidents has increased.

There continues to be a high number of incidents reported as death which can be attributed to delays occurring due to the high levels of demand; 74% of the incidents reported as Death* in November were categorized as Dispatch & Call. These incidents undergo an Learning from Death (LfD) Review, and where appropriate these can be referred on for enhanced investigations under the PSIRF.

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

1. Safe – 999 Overdue Incidents

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

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

Overdue Incidents by Reported Date

Overdue Incidents by Level of Harm

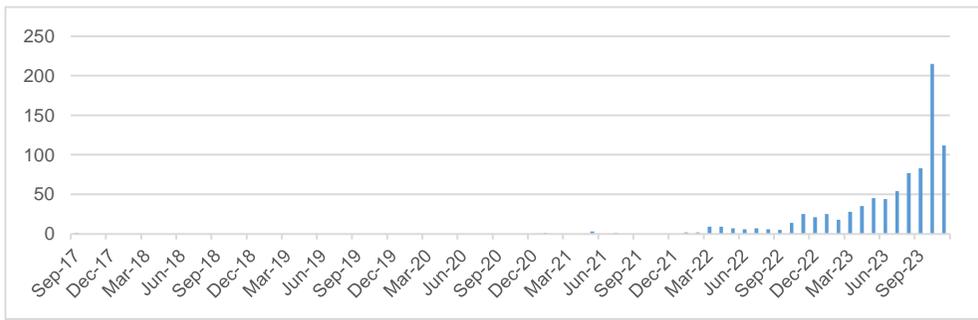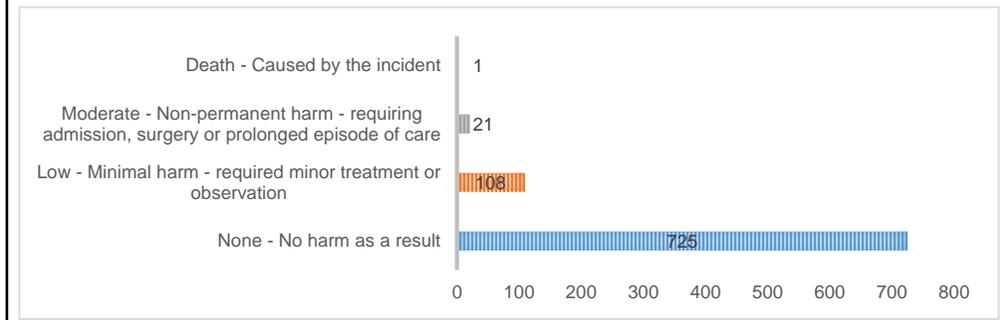| Level of Harm	Value
Death - Caused by the incident	1
Moderate - Non-permanent harm - requiring admission, surgery or prolonged episode of care	21
Low - Minimal harm - required minor treatment or observation	108
None - No harm as a result	725

Top 10 Away for Review Overdue Incidents by Investigation Department

Department	Value
Fleet	13
Maternity	13
South West Sector	14
South East Sector	15
Pharmacy	16
NHS111	17
Emergency Operations Centre	27
Quality and Assurance Systems	33
Quality Assurance	42
Non Emergency Transport (NETS)	51
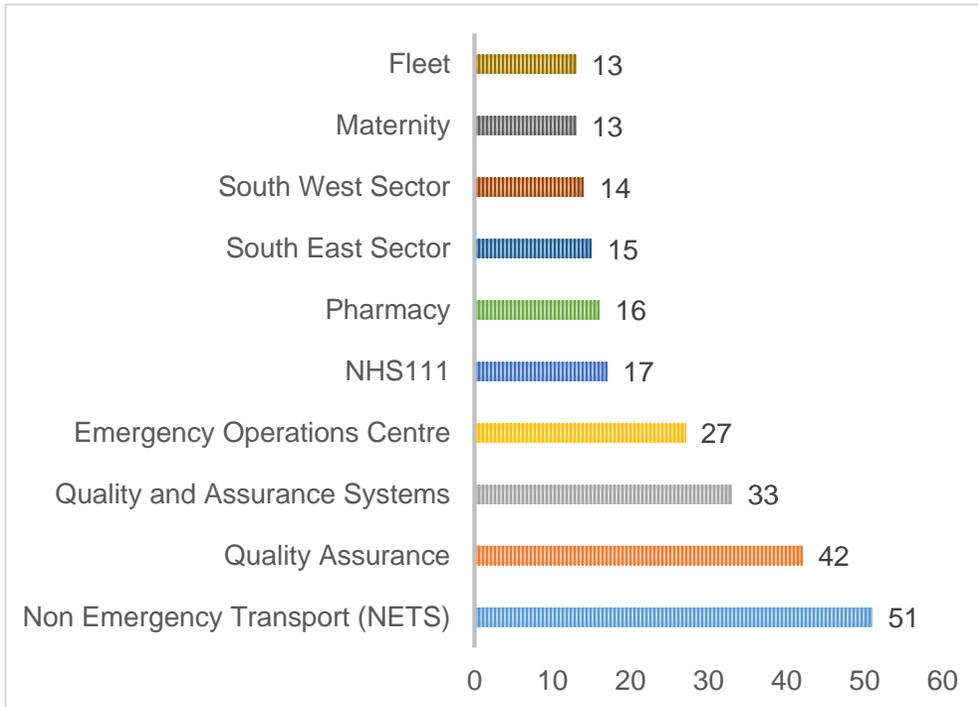
Current Incident Flow vs 12 Month Average

	Reported	Moved to Quality Check
Sep-23	1655	1637
Oct-23	1866	2042
Nov-23	1885	2117
Dec'22 - Nov'23 Average	1557	1656
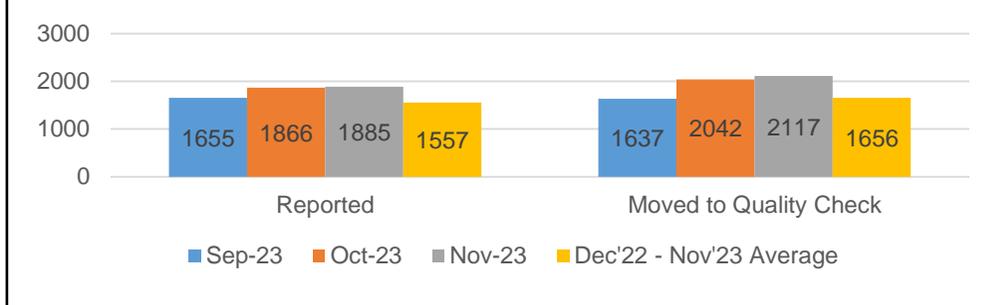
Analysis

There are 855 incidents (as of 14/12/2023) which have been opened on the system longer than 35 working days (this excludes incidents which are subject to an enhanced investigation i.e. PSII, PSR). At the end of August we had 722 overdue incidents. This breaks down to:
- 407 Patient incidents
- 177 Staff incidents
- 252 Trust related incidents
- 19 visitor incidents

On average between Dec'22 – Nov'23, 1557 incidents were reported monthly on the system and 1656 incidents were investigated and moved to Quality check for final closure. During November 2023 the number of incidents reported was higher than the average and the number of incidents moved to Quality Check was also higher than the average.

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

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

1. Safe – 999 Incident Category Analysis

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

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

Top 10 Incident Categories November 2023

Category	Value
Clinical treatment (EXCEPT medication related)	63
Clinical concern regarding External Provider	67
Moving and Handling of Patients	73
Vehicle related	79
Access / Transfer / Handover issues	82
Communication, care & consent	101
Dispatch & call	117
Security - violence, aggression and abuse	179
Medical equipment	180
Medicines Management incl. Controlled Drugs	301

Medical Equipment Incidents   Nov'23: 180

Medical Equipment Incidents
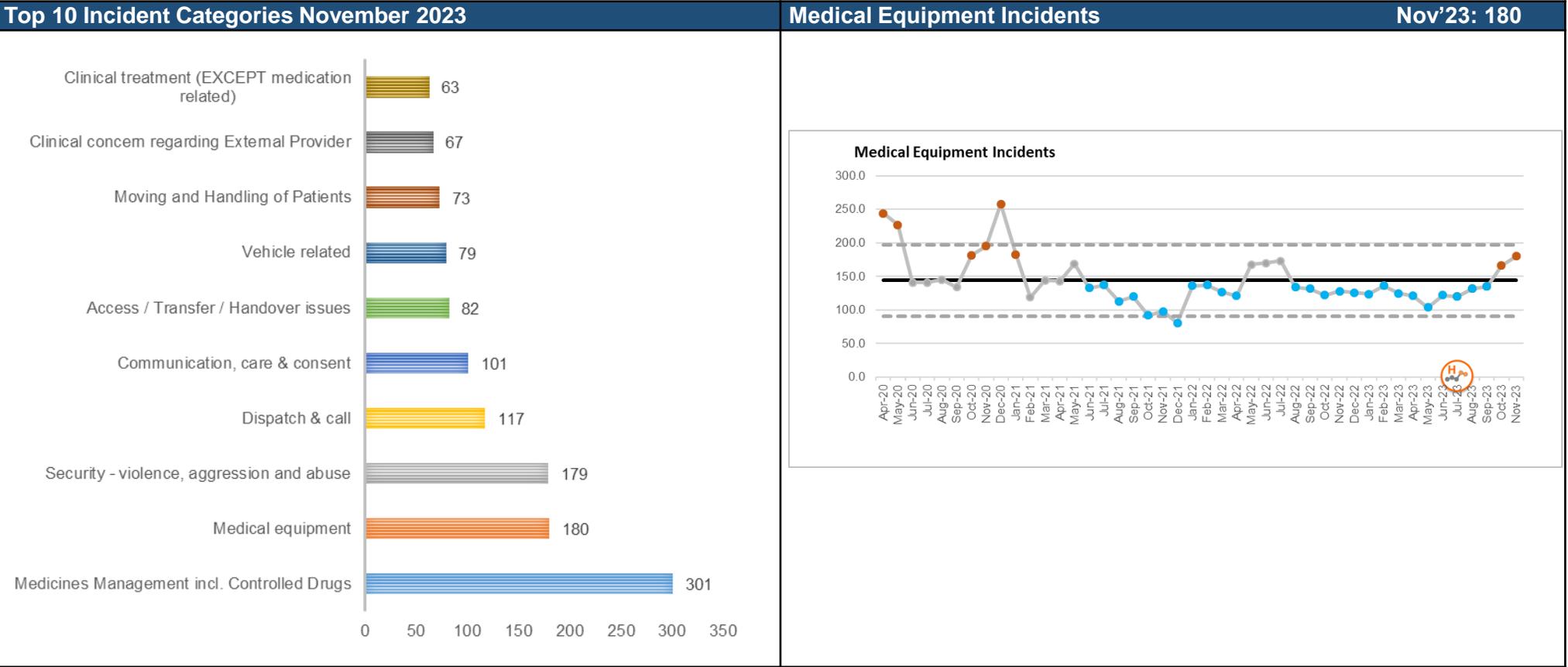
Analysis

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

The number of medical equipment incidents had been decreasing indicating special cause variation (improvement) Aug'22 onwards, however the last two months have seen a significant increase.

The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.
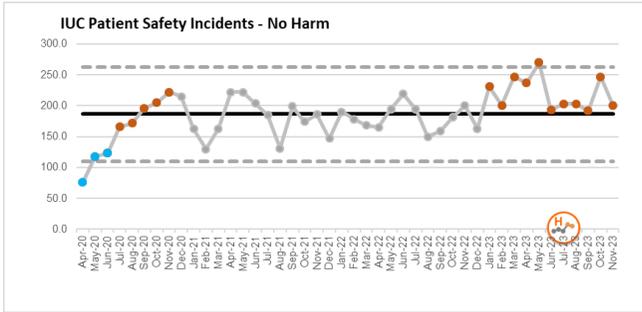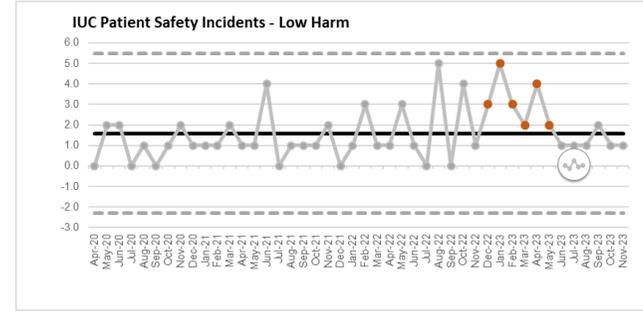
Owner: April Wrangles | Exec Lead: Dr. John Martin

No Harm Incidents   Nov'23: 200

IUC Patient Safety Incidents - No Harm

Low Harm Incidents   Nov'23: 1

IUC Patient Safety Incidents - Low Harm

Moderate, Severe & Death Harm Incidents   Nov'23: 3

IUC Patient Safety Incidents - Moderate, Severe & Death Harm
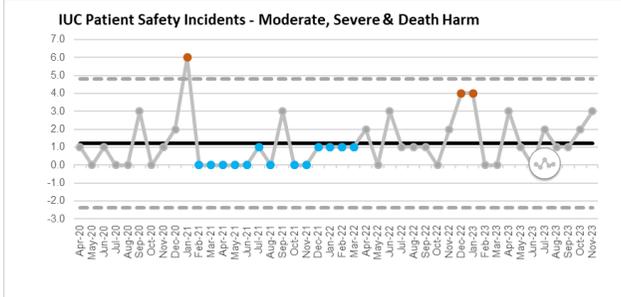
Analysis of SPC Charts

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

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

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

Incident Management

There are 74 incidents (as of 14/12/2023) which have been open on the system longer than 35 working days, (this excludes PSIIs & COVID-19 reviews)

This breaks down to:
- 50 Patient incidents
- 19 Staff incidents
- 4 Visitor Incidents
- 1 Trust related incidents.

76% of incidents are in the Local Review stage
24% of incidents are in the Away for Review stage
97% of incidents have been classified as No Harm

Overdue Incidents by Type

- 68% Patient(s)
- 26% Member of LAS staff (including Bank Staff)
- 5% Visitors, contractors. other organisation staff or the public
- 1% The Trust

OVERDUE INCIDENTS BY LEVEL OF HARM

Low - Minimal harm - required minor treatment or observation: 2

None - No harm as a result: 72

1. Safe – IUC Incident Management

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

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

Top 10 Incident Categories November 2023

Horizontal bar chart:
- Access / Transfer / Handover issues: 4
- Clinical advice: 4
- Information governance and breaches of...: 6
- 111/IUC – Referral to incorrect Out of Hours: 10
- 111/IUC – Confidentiality: 10
- 111/IUC – Clinical assessment / advice: 12
- Clinical concern regarding External Provider: 18
- Security – violence, aggression and abuse: 27
- 111/IUC – Call Handling: 65
- Communication, care & consent: 79

Analysis

The top 3 incident categories in November 2023 were Communication, care & consent, IUC Call Handling & Security – violence, aggression and abuse.

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

Theme Management

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

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

Jun'23 – Nov'23 Top 3 Categories by Month

Bar chart grouped by month:

202306
- Communication, care & consent: 80
- 111/IUC – Call Handling: 75
- 111/IUC – Clinical assessment / advice: 15

202307
- Communication, care & consent: 99
- 111/IUC – Call Handling: 76
- 111/IUC – Clinical assessment / advice: 23

202308
- 111/IUC – Call Handling: 81
- Communication, care & consent: 70
- 111/IUC – Clinical assessment / advice: 21

202309
- Communication, care & consent: 79
- 111/IUC – Call Handling: 70
- 111/IUC – Confidentiality: 19

202310
- 111/IUC – Call Handling: 115
- Communication, care & consent: 99
- 111/IUC – Clinical assessment / advice: 20

202311
- Communication, care & consent: 79
- 111/IUC – Call Handling: 65
- Security – violence, aggression and abuse: 27

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

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

During November 2023, a total of 80 (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident response Plan (PSIRP). Of these **80**, **16** were identified as requiring an enhanced level of investigation. The breakdown of the 16 is as follows:

National Priority – Patient Safety Incident Investigations (PSII)	Local Priority – Patient Safety Incident Investigations (PSII)
• 1 incidents met the nationally - defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care. • 1 incident met the nationally – defined priority to be referred for PSII or review by another team including HSIB.	• 2 incidents met the locally - defined priority requiring an internal investigation.

Patient Safety Review (Non PSII)	Local Review
• 10 incidents did not meet the Trust's PSIRP and is being investigated as a PSR – After Action Review. • 1 incident did not meet the Trust's PSIRP and is being investigated as a PSR – Complaint Response • 1 Enhanced investigation being undertaken by an External body	The remaining 64 incidents were referred to Sector/Department management teams to continue with a local investigation. The following mitigating actions have taken place: • Continual monitoring of 10D2 and 10D4 determinants, with weekly email bulletin communicated referencing the use of FRU's for these determinants (from previous month)- April will know what goes here.. • Themes from patient safety incident have been shared with managers via the Monthly Managers Incident and Learning meeting which is hosted by the Quality Improvement and Learning Team.

Incidents by PSIP Outcome	Themes of incidents discussed under PSIRF

Incidents by PSIP Outcome bar chart with categories: Investigation at sector/department level, PSR - After Action Review, Nationally-defined incidents requiring local PSII, Enhanced investigation being undertaken by an External body, Locally-defined incidents requiring local PSII, Nationally-defined priorities to be referred for PSII or review by another team, PSR - Complaint Response

Themes of incidents discussed under PSIRF pie chart legend:
- Dispatch & call
- Locally defined – Call handling - 999
- Locally Defined – Cardiac Arrest Management – Recognition of Cardiac Arrest
- Locally defined – Discharge of care – Face to face assessment resulting in an incorrect non conveyance
- Locally defined – Face to face assessment – definitive care
- Locally-defined - Emergent patient safety incidents
- Maternal, obstetric and neo-natal

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

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

Overdue Actions Update: November 2023

There continues to be a focus on SI, PSII and PSR actions, at the end of November there were **157** open actions, of these **53** were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

- Action owners are made aware of the overdue action by the Datix system which sends a reminder every 2 days.

- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.

- Overdue actions are also monitored at the Safety Investigation Assurance and Learning Group (SIALG) where escalations to departments are communicated, if required.

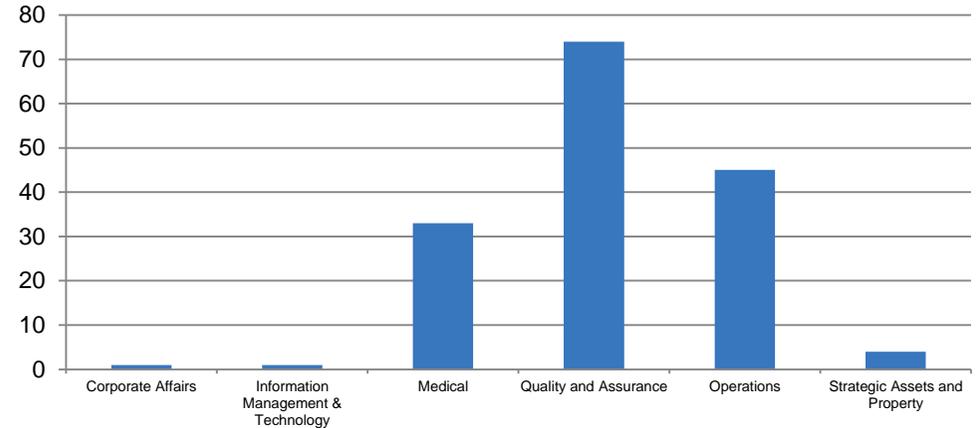The 2 incidents which are oldest and highest in priority are as follows:

- **Action: As part of ePCR development the Trust should review audit arrangements so that usage of Oramorph can be reviewed and traced more easily**

  Update: Original due date: 01 January 2020, current due date 31 July 2023. No further engagement from action owner.
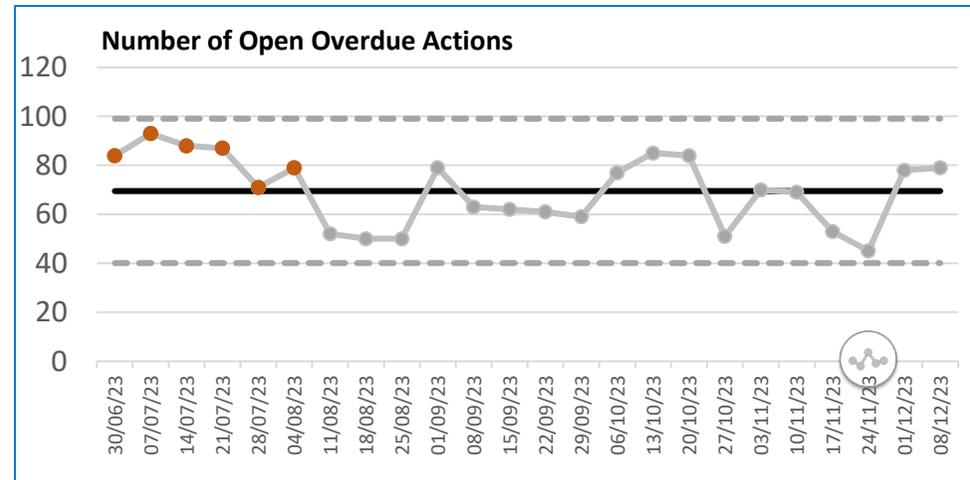
- **Action: Develop a tool which may be used by all clinical staff when providing medication therapy**

  Update: Original due date – 28 February 2020, current due date 30 June 2022. No recent engagement from action owner.
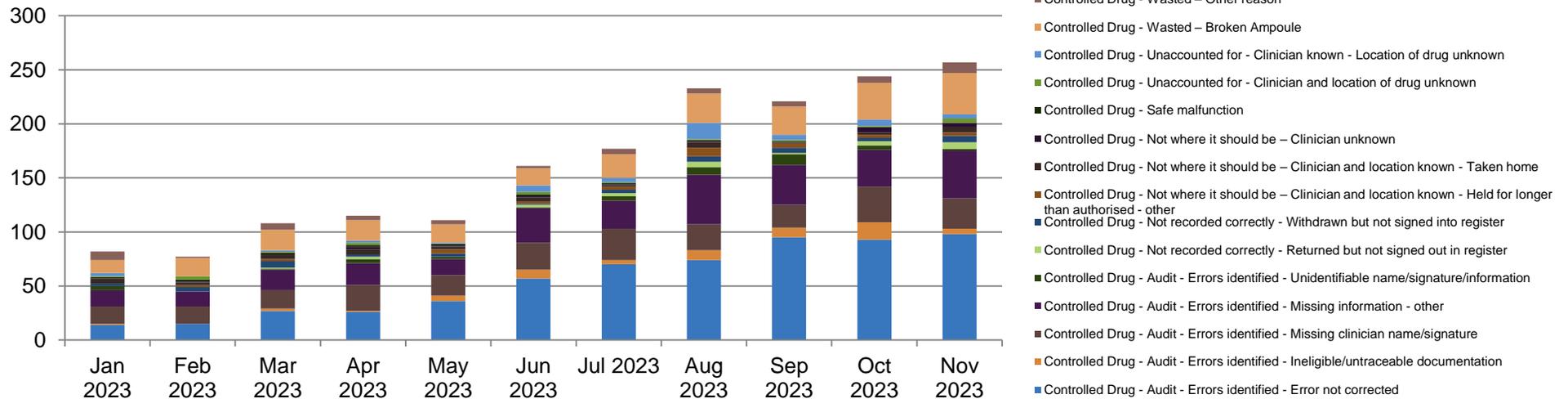
Open Actions by Directorate

Bar chart showing open actions by directorate (approximate values): Corporate Affairs 1, Information Management & Technology 1, Medical 33, Quality and Assurance 74, Operations 45, Strategic Assets and Property 4.

Overdue Actions

Number of Open Overdue Actions — line chart showing open overdue actions from 30/06/23 to 08/12/23.

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

BI Controlled Drug Report

Legend:
- Controlled Drug - Wasted – Other reason
- Controlled Drug - Wasted – Broken Ampoule
- Controlled Drug - Unaccounted for - Clinician known - Location of drug unknown
- Controlled Drug - Unaccounted for - Clinician and location of drug unknown
- Controlled Drug - Safe malfunction
- Controlled Drug - Not where it should be – Clinician unknown
- Controlled Drug - Not where it should be – Clinician and location known - Taken home
- Controlled Drug - Not where it should be – Clinician and location known - Held for longer than authorised - other
- Controlled Drug - Not recorded correctly - Withdrawn but not signed into register
- Controlled Drug - Not recorded correctly - Returned but not signed out in register
- Controlled Drug - Audit - Errors identified - Unidentifiable name/signature/information
- Controlled Drug - Audit - Errors identified - Missing information - other
- Controlled Drug - Audit - Errors identified - Missing clinician name/signature
- Controlled Drug - Audit - Errors identified - Ineligible/untraceable documentation
- Controlled Drug - Audit - Errors identified - Error not corrected

Analysis

- No unaccounted loss of morphine
- Other controlled drug (CD) incidents
  - Abloy key loss/theft (n=2)
  - Documentation errors (n=183)
  - Breakages (n=38), wastage (n=10) or loss (n=1)
  - Morphine retained off duty (n=5), CDs left unsecured (n=5) or inadequate stock (n=1)
  - Inappropriate administration of or reaction to morphine (n=4) or midazolam (n=13)
- Other incidents
  - Drugs left unsecured (n=4), loss or theft (n=2) or missing from stock (n=4)
  - Breakages & wastage (n=25), non-disposal (n=1), low stock (n=1), or out-of-date (n=1)
  - Kitprep discrepancy (n=1)
  - Inappropriate administration of GTN (n=1), paracetamol (n=1), TXA (n=1), saline (n=1), chlorphenamine (n=1), adrenaline (n=4), benzylpenicillin (n=1), glucose (n=2), ipratropium (n=8), and amiodarone (n=1)
  - Non LAS prescriber issues (n=2)

Assurance & Actions

Assurance

- No unaccounted for loss of morphine
- Drugs retained off duty identified promptly
- CSR addressing midazolam dosing scenarios in progress

Actions

- Review of midazolam PGD to ensure clarity re indications
- Revised oramorph auditing process in design phase

1. Safe - Medicine Management Audits

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

Number of Inspections | Nov'23: 1650

This month we have carried out 1650 inspections across 64 areas – an average of 25.78 inspections per area.
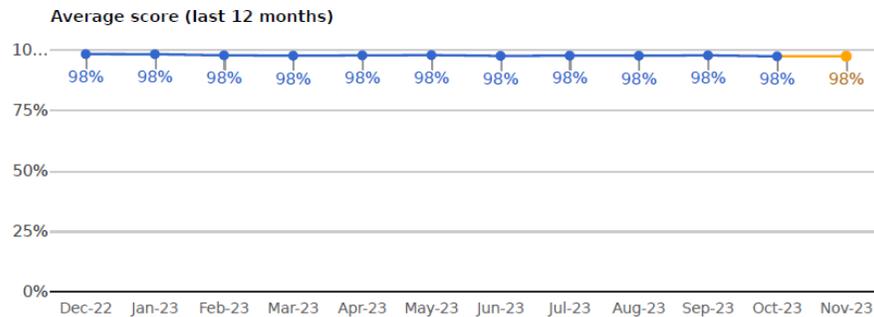
Total monthly inspections (last 12 months)

Month	Inspections
Dec-22	1,561
Jan-23	1,576
Feb-23	1,460
Mar-23	1,663
Apr-23	1,594
May-23	1,700
Jun-23	1,705
Jul-23	1,743
Aug-23	1,714
Sep-23	1,666
Oct-23	1,706
Nov-23	1,650

Assurance & Actions

The PW inspection results are based on the numbers of inspections which take place only.
Current work stream in situ to update the account holders for this audit tool.
R&SA undertaking work relating to number of APP audits undertaken. The APP operational capacity to undertake these audits differs to regular Group Management Teams.

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

Average Inspection Score | Nov'23: 98%

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

Average score (last 12 months)

Month	Score
Dec-22	98%
Jan-23	98%
Feb-23	98%
Mar-23	98%
Apr-23	98%
May-23	98%
Jun-23	98%
Jul-23	98%
Aug-23	98%
Sep-23	98%
Oct-23	98%
Nov-23	98%

Ranking of Clinical Areas

Highest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
1	APP Brent	100% (1)	99% (8)
2	APP Friern Barnet	100% (2)	98% (27)
3	APP Ilford	100% (5)	98% (26)
4	APP Westminster	100% (5)	100% (25)
5	Chiswick	100% (26)	99% (326)

Lowest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
60	Islington	94% (31)	96% (328)
61	Deptford	93% (27)	96% (338)
62	Putney	93% (31)	96% (360)
63	New Malden	92% (28)	95% (370)
64	Woolwich	92% (28)	98% (360)

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

1. Safe - Safeguarding

Safeguarding Adults and Children Level

Compliance on Safeguarding Level 2 & Level 3 has been set at 85% by end of year. Discussions have been held with IUC & EOC management on improving their compliance rates and a recovery plan has been provided for IUC. EOC compliance has reduced the overall level 2 achievement. Discussion underway with EOC management and we are making changes to new recruits training to ensure they come out of training compliant. Current staff are being booked on courses. We are yet to receive a full recover plan. Level 1 & Level 3 achieved compliance.

Standard 2: Training in Adults & Children Safeguarding & Workforce November 2023	Trust wide
Safeguarding Children & Adult Training Level 1 (Trust wide)	91%
Safeguarding Adults & Children Level 2 (EOC/111)	70%
Safeguarding Adults & Children Level 3	86%

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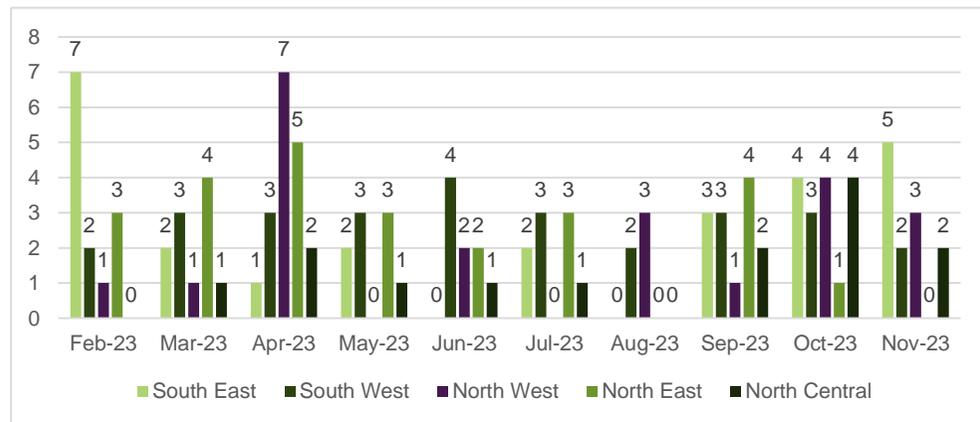
The Joint Agency Response meetings are now managed directly by the Safeguarding Team. These are currently undertaken virtually and as a result we have been able to attend the majority of these Multi agency meetings.

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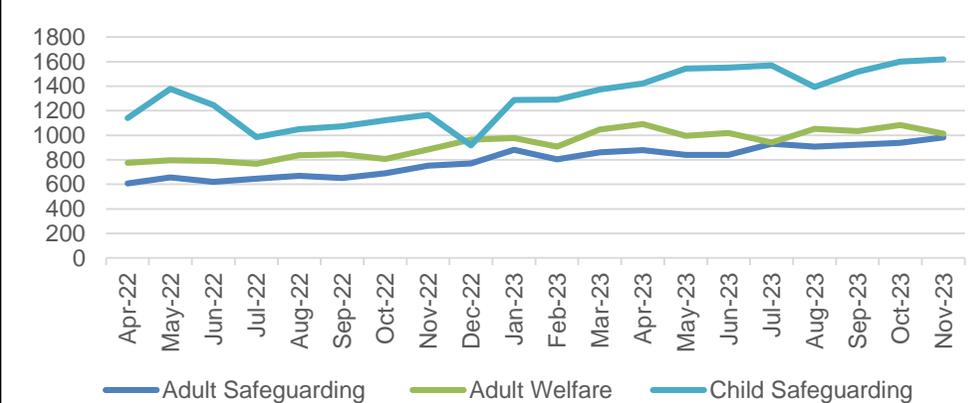
All referrals have seen a ready increase. We are managing any issues identified with making referrals with the EBS team. Trust is looking to make referrals electronic in the coming year.

NHS
London Ambulance Service
NHS Trust

Owner: Chris Randall | Exec Lead: Damian McGuiness

Team	Total number requiring DBS checks	Total number of recorded DBS checks	Percentage	DBS check in progress	Comments
Ambulance Services	4597	4597	100.0%	0	(1) Two Assistant Pharmacy Technical Officers, 2 new-entrant paramedics, one 111 health advisor in classroom
Integrated Patient Care	1485	1484	99.9%	1	
Non-Clinical (Corporate Teams)	390	386	99.0%	4	
Emergency Responders	74	74	100.0%	0	
Ambulance Services (Bank)	325	325	100.0%	0	
Total	6871	6866	99.9%	5	

NHS
London Ambulance Service
NHS Trust

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

OWR Hand Hygiene Compliance — Nov'23: 92%

- The overall Trust OWR Hand Hygiene compliance for November 2023 is reported at 92.3% against the Trust target of 90**%**.

OWR Hand Hygiene Submissions — Nov'23: 321
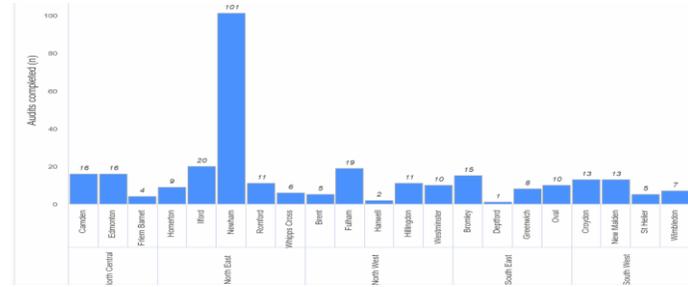
- 21/21 group stations submitted OWR data for November 2023.
- 321 total submissions were received (As captured by the IPCT via Inphase on 4th December 2023).

VP Deep Clean A&E — Nov'23: 90%
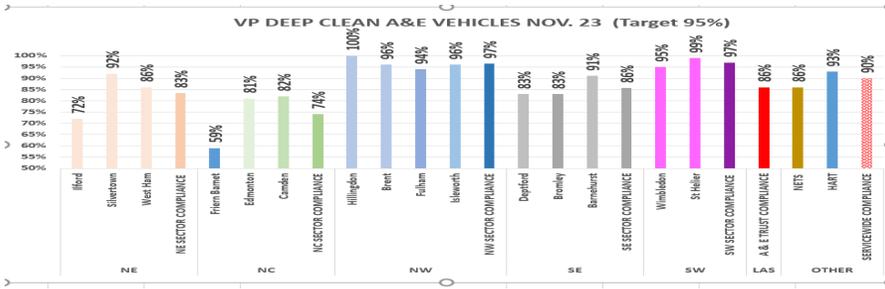
- Emergency vehicles achieved 86% which is below the Trust compliance target of 95%.
- Nets vehicles achieved 86% compliance for November 2023, which is under compliance target.
- Overall Trust compliance for November 2023 was reported as 90%, this did not meet the Trust performance target of 95%.

Body Fluid Exposure & Contaminated Sharps Incidents — Nov'23: 13
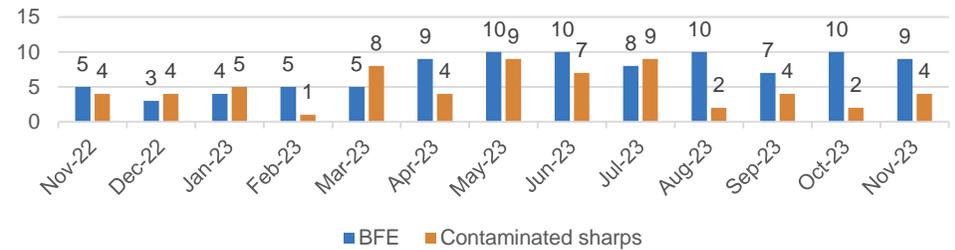
A total of 13 incidents were reported via Datix for contaminated sharps injuries and exposure to body fluids (BFE) during November 2023.

Premises Cleaning Audit — Nov'23: 97%
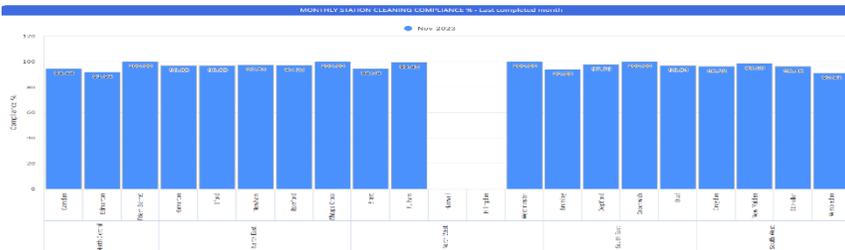
- Overall Trust compliance of 97% for November 2023, which achieved the Trust target of 90%.
- 2 stations have not submitted data.

Infection, Prevention & Control Training

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

Performance achieved in September 2023:
- Level 1 – 92.84% compliance, meeting the Trust compliance target.
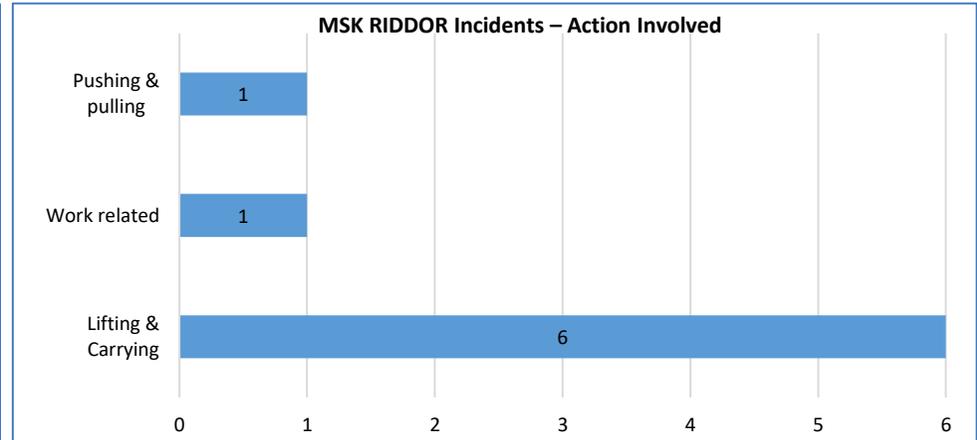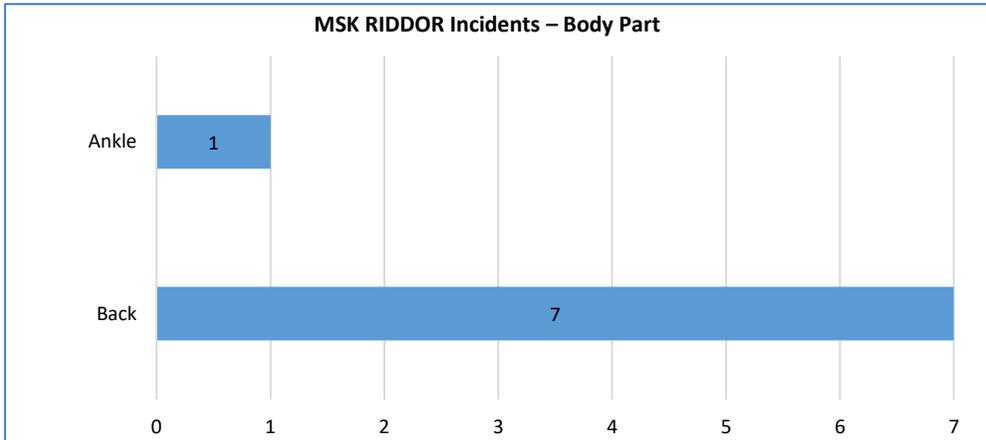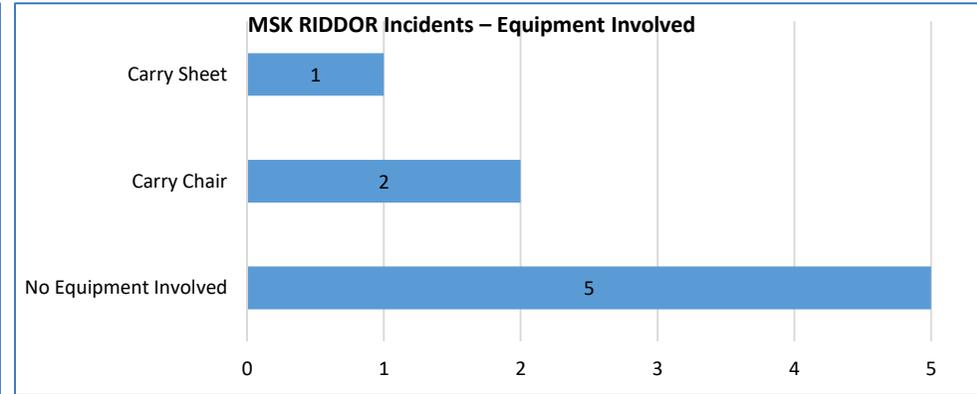- Level 2 – 95.05% compliance, meeting the Trust compliance target.
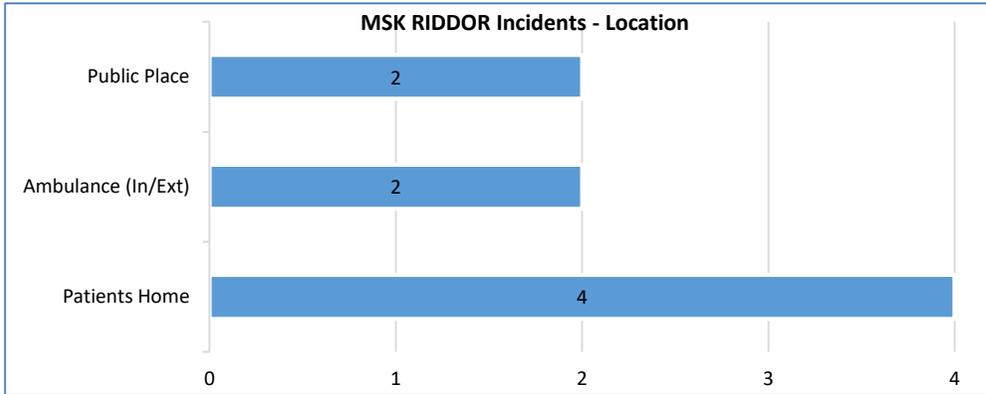
Assurance:
- Monitored via ESR
- Monthly CEO performance reviews
- Oversight at Quarterly IPCDG, IPCC and QOG

Owner: Edmund Jacobs | Exec Lead: Jaqualine Lindridge

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

MSK RIDDOR Incidents - Location

Location	Count
Public Place	2
Ambulance (In/Ext)	2
Patients Home	4

MSK RIDDOR Incidents – Equipment Involved

Equipment	Count
Carry Sheet	1
Carry Chair	2
No Equipment Involved	5

MSK RIDDOR Incidents – Body Part

Body Part	Count
Ankle	1
Back	7

MSK RIDDOR Incidents – Action Involved

Action	Count
Pushing & pulling	1
Work related	1
Lifting & Carrying	6

The above graphs provide details from the thematic analysis of 8 reported RIDDOR incidents in November'23 (3 incidents were occurred in October'23 and 5 incidents were occurred in November'23). These relate to Manual Handling (MSK):

1. 4 reported RIDDOR incidents occurred in Patients Home (n=4), 2 incidents occurred in Ambulance (In/Ext) (n=2) and 2 incidents occurred in Public Place (n=2).

2. 5 reported RIDDOR incidents involved no equipment (n=5), 2 incidents involved Carry Chair (n=2) and 1 incident involved Carry Sheet (n=1).

3. 7 reported RIDDOR incidents resulted in Back injury (n=7) and1 incident resulted in Ankle injury (n=1).

4. 6 reported RIDDOR incidents were occurred during Lifting & Carrying (n=6), 1 incident was occurred during Pushing & Pulling (n=1), 1 incident occurred due to Work related fall (n=1).

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

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

1. Safe – Health and Safety Security

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

Chart values:
- NW: 0.80
- SE: 0.81
- NE: 0.59
- SW: 0.75
- NC: 0.63
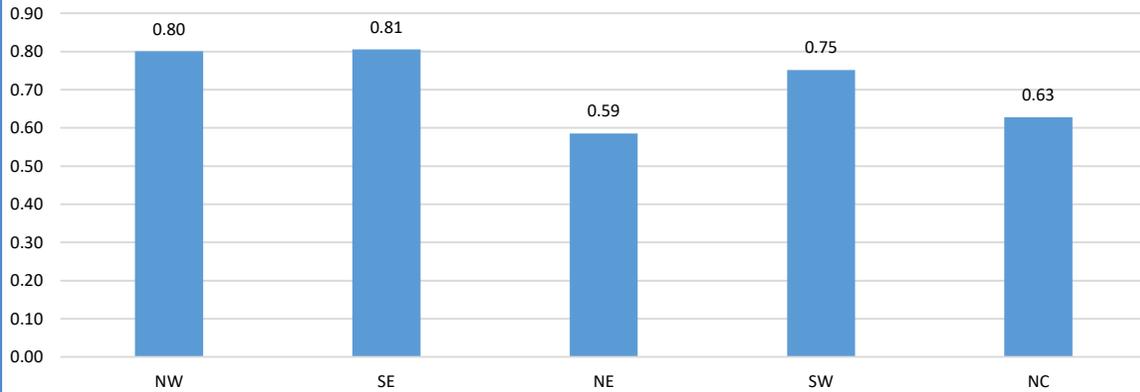
Sector	Rate of Physical Assaults on Staff
NW	0.80
SE	0.81
NE	0.59
SW	0.75
NC	0.63

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

Key Update:
- Total of 6 RIDDOR reportable Violence & Aggression related incidents were recorded during 2023/24 (up to end of November'23).

No of Physical Assaults on Staff vs Rate of Physical Assaults on Staff per 1000 face to face Attendances
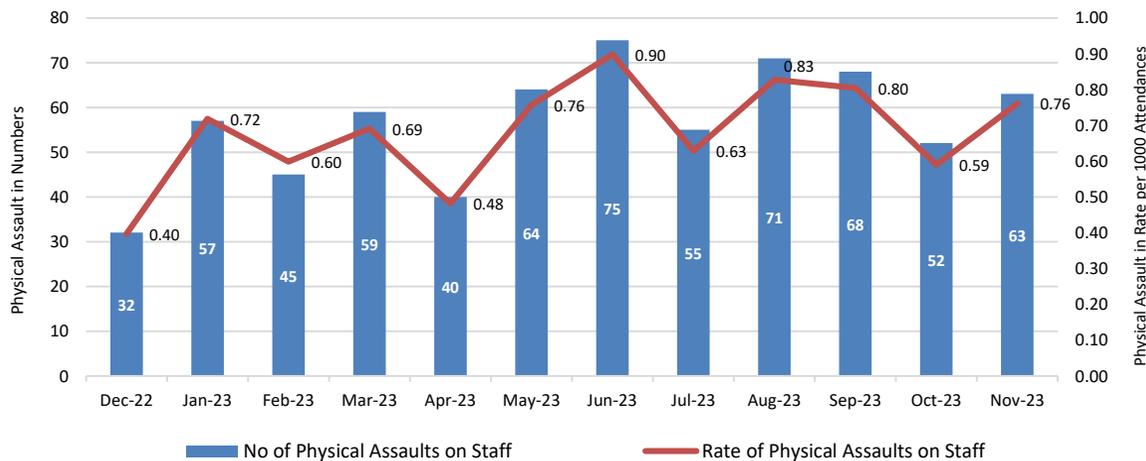
Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff	No of Non-Physical Assault on Staff	Rate of Non-Physical Assault on Staff
Dec-22	32	0.40	59	0.73
Jan-23	57	0.72	94	1.18
Feb-23	45	0.60	97	1.29
Mar-23	59	0.69	94	1.10
Apr-23	40	0.48	130	1.56
May-23	64	0.76	121	1.43
June-23	75	0.90	113	1.35
July-23	55	0.63	108	1.23
Aug-23	71	0.83	127	1.48
Sep-23	68	0.80	104	1.23
Oct-23	52	0.59	96	1.09
Nov-23	63	0.76	108	1.30

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

NHS definitions of assault:

Physical assault – *"the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort"* (NHS Protect / NHS Employers).
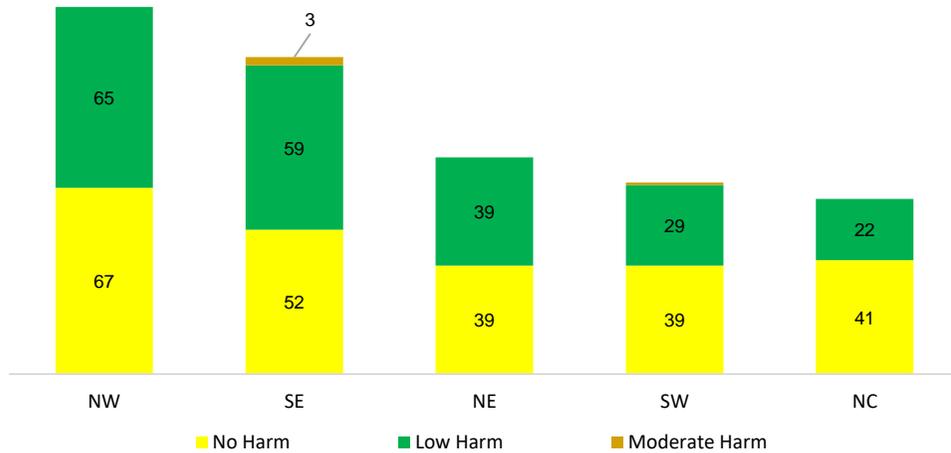
Non-physical assault – *"the use of inappropriate words or behaviour causing distress and/or constituting harassment"* (NHS Protect / NHS Employers).

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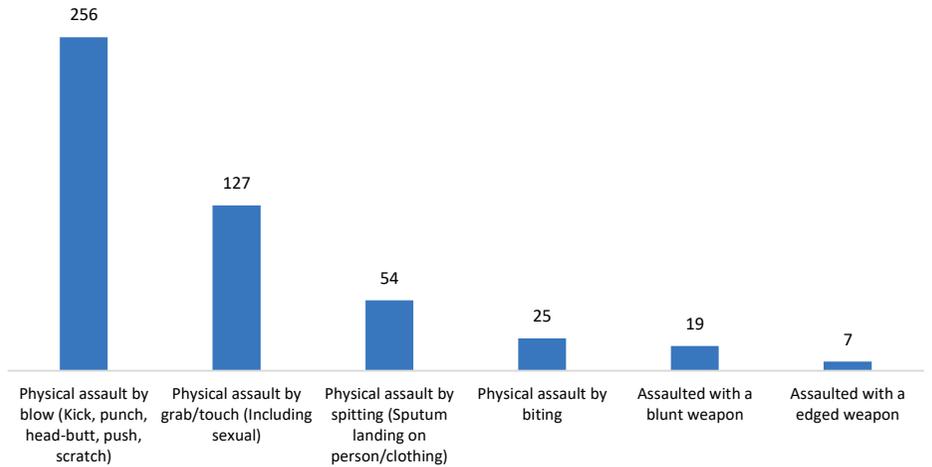
1. Safe – Health and Safety Physical Assaults

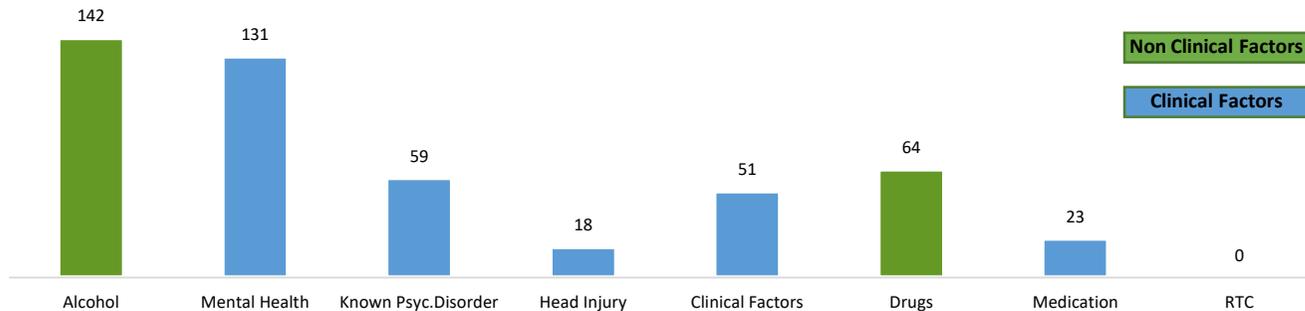## Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2023/24

Sector	No Harm	Low Harm	Moderate Harm
NW	67	65	
SE	52	59	3
NE	39	39	
SW	39	29	
NC	41	22	

Legend: ■ No Harm ■ Low Harm ■ Moderate Harm

Notes:
- A total of 488 Physical Assaults on Staff were reported during 2023/24 (up to end November'23).
- 256 (52%) of the incidents were reported as 'No Harm/Near Miss incidents, 228 (47%) incidents were resulted in 'Low Harm' and 4 (1%) incidents were resulted in 'Moderate Harm'.
- 26 out of the 488 Physical Assault on Staff were caused by other (ex: family member of the patient / by standers etc).

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

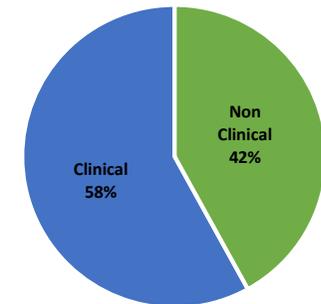| Type	Count
Physical assault by blow (Kick, punch, head-butt, push, scratch)	256
Physical assault by grab/touch (Including sexual)	127
Physical assault by spitting (Sputum landing on person/clothing)	54
Physical assault by biting	25
Assaulted with a blunt weapon	19
Assaulted with a edged weapon	7

Notes:
- Physical Assault – by blows, kicks/ assault to staff (52% , n=256) accounted for the highest number of incidents reported during 2023/24 (up to end November'23).

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

Factor	Count
Alcohol	142
Mental Health	131
Known Psyc.Disorder	59
Head Injury	18
Clinical Factors	51
Drugs	64
Medication	23
RTC	0

Legend: **Non Clinical Factors** **Clinical Factors**

Percentage Breakdown of Factors (YTD) 2023/24

	%
Clinical	58%
Non Clinical	42%

Notes:
- Cilinical Factor: 282 (58%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=131), Known Psyc.Disorder (n=59), Head Injury (n=18), Clinical Factors (n=51), Medication (n=23).
- Non Clinical Factor: 206 (42%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=142), Drugs (n=64) and RTC (n=0).

Owner: Chris Randall | Exec Lead: Damian McGuinness

Statutory & Mandatory Training Compliance	Nov'23: 89%
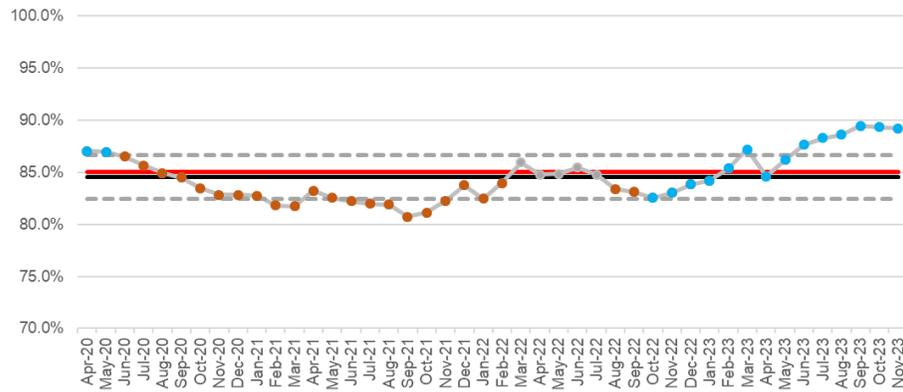
- As at 30th November we are currently tracking at **89%**, and remain above the 85% target.

Training Overview November 2023

Training Type	%
Display Screen Equipment (3 Years)	83.73%
Duty of Candour (3 Years)	93.65%
EPRR Incident Response (Clinical) (1 Year)	85.55%
EPRR Incident Response (EOC) (1 Year)	68.54%
EPRR JESIP Awareness E-Learning (1 Year)	90.30%
EPRR JESIP Commander Classroom (3 Years)	78.67%
EPRR LAS Operational Commander Foundation (3 Years)	87.21%
EPRR LAS Tactical Commander Foundation Course (3 Years)	64.29%
Equality, Diversity and Human Rights - 3 Years	94.42%
Fire Safety (2 Years)	93.49%
Fraud Awareness (No Renewal)	86.80%
Health & Safety Trust Board (1 Year)	80.00%
Health, Safety and Welfare - 3 Years	94.87%
Infection Prevention and Control - Level 1 - 3 Years	92.83%
Infection Prevention and Control - Level 2 - 1 Year	95.03%
Information Governance and Data Security - 1 Year	95.19%
Medicines Management (1 Year)	69.40%
Medicines Management (NETS) (1 Year)	35.25%
Mental Capacity Act Level 1 (3 Years)	91.21%
Moving & Handling Level 2 (Load Handling) (3 Years)	3.85%
Moving and Handling - Level 1 - 3 Years	92.40%
Moving and Handling - Level 2 - 2 Years	88.56%
NHS Conflict Resolution (England) - 3 Years	88.36%
Oliver McGowan Training on Learning Disability and Autism Tier 1 (3 Years)	76.02%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	92.57%
Preventing Radicalisation - Prevent Awareness - 3 Years	92.34%
Resuscitation - Level 1 - 1 Year	89.03%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	79.14%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	79.14%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	91.60%
Resuscitation - Level 3 - Newborn Immediate Life Support - 1 Year	91.72%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	91.58%

2. Effective

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

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

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

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

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

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

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

October 2023

The summary of NICE Guidance for October 2023 has been reviewed. Of the guidance released, 4 items required specialist review:

QS210 – Acute respiratory infection in over 16s: initial assessment and management including virtual wards (hospital at home)
NG237 – Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management
CG191 – Pneumonia in adults: diagnosis and management
NG235 – Intrapartum care

November 2023

The summary of NICE Guidance for November 2023 has been reviewed. Of the guidance released, 2 items required specialist review:
NG136 – Hypertension in adults: diagnosis and management
CG109 – Transient loss of consciousness ('blackouts') in over 16s

Actions Overdue
NG9 – Bronchiolitis in children: diagnosis and management

Review Overdue
NG197 – Shared decision making
NG218 – Vaccine uptake in the general population
QS90 – Urinary tract infections in adults
NG233 – Otitis media with effusion in under 12s

Awaiting Review
QS10 – Otitis media with effusion in under 12s
QS74 – Head injury
NG232 – Head injury: assessment and early management
QS210 – Acute respiratory infection in over 16s: initial assessment and management including virtual wards (hospital at home)
NG237 – Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management
CG191 – Pneumonia in adults: diagnosis and management
NG235 – Intrapartum care
NG136 – Hypertension in adults: diagnosis and management
CG109 – Transient loss of consciousness ('blackouts') in over 16s

NHS
London Ambulance Service
NHS Trust

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

Measures	Target / Range	RAG	YTD 22/23	06/2023	07/2023	08/2023	09/2023	10/2023	11/2023	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)			29%	26%	31%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)			53%	61%	61%					↔			LQ1b		
STEMI Care Bundle (AQI) (Reported every 4 months)	80%	R	72%	-	71%					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)			96%	-	-					↔			LQ3b		
Stroke on scene duration (CARU continual audit)			37	37	37	37	37			↓					
Survival to 30 days (AQI)			10%	8%	9%					↓					
Survival to 30 days UTSTEIN (AQI)			31%	31%	28%					↓					
STEMI On scene duration (CARU continual audit)			41	41	40	41	42	42		↑					
STEMI Call to Angiography - Mean (hh:mm) (AQI)			02:24	02:23	02:10					↓					
Stroke - Call to Arrival at Hospital - Mean (hh:mm)	01:50	G	01:27	01:32	01:26					↓					
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	-	72%	78%	78%	77%	80%		↑		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			Data not currently available							↔			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	-	96%	97%	97%	97%	97%		↔			✓	LQ12	
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	-	96%	96%	96%	96%	96%		↔			✓	LQ12	
Documented Care - Mental Health (diagnosed) Compliance (CPI audit)	95%	G	-	96%	-	95%	-	96%		↓			✓	LQ12	
Documented Care - Mental Health (undiagnosed) Compliance (CPI audit)	95%	G	-	-	96%	-	95%	-		↑				LQ12	
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	-	97%	97%	97%	97%	97%		↔			✓	LQ12	
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	-	96%	-	96%	-	96%		↔			✓	LQ12	
Documented Care - Elderly Falls Compliance (CPI audit)	95%	G	-	95%	95%	94%	94%	95%		↑					
Documented Care - End of Life Care Compliance (CPI audit)	95%	G	-	-	94%	-	95%	-		↑					
Documented Care - Sickle Cell Crisis Compliance (CPI audit)	95%	R	-	93%	93%	94%	93%	94%		↑					

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

AQI Narrative

Cardiac Arrest:

In July 2023, the LAS reported 30.5% for ROSC on arrival at hospital for the overall group (national average of 27.6%*) and 61.1% for the Utstein group, also well above the national average of 52.2%*.

The LAS reported 8.9% for 30 day survival in the overall group, which was above the national average of 8.5% and 27.8% for the Utstein group, above the national average of 26.6%*.

Post ROSC Care Bundle was delivered to 80.9% of patients which has exceeded the national average of 72.3%*.

STEMI:

The LAS achieved an average time of 02:10 for the Call to Angiography measure**. This was 13 minutes quicker than the national average.

STEMI Care Bundle data was released for July 2023. The LAS provided the full care bundle to 71.2% of patients (compared to 76.4% nationally*).

Within the LAS, analgesia remains the care bundle element with the least percentage compliance at 75.6%. The North Central Sector achieved the highest score at 85.7%, with the South West recording the lowest at 66.1%.

The North Central Sector also recorded the highest percentage for care bundle delivery with 81.0%.

Stroke:

The LAS achieved 01:26 for the call to arrival at hospital measure***, surpassing the national average of 01:33.

NHS England did not publish Stroke Diagnostic Bundle data for June, the next data due to be published will be for August (in January 2024).

Cardiac arrest data was not available from NWAS and SCAS; STEMI care bundle data was unavailable from SCAS and incomplete from SWAST.

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

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

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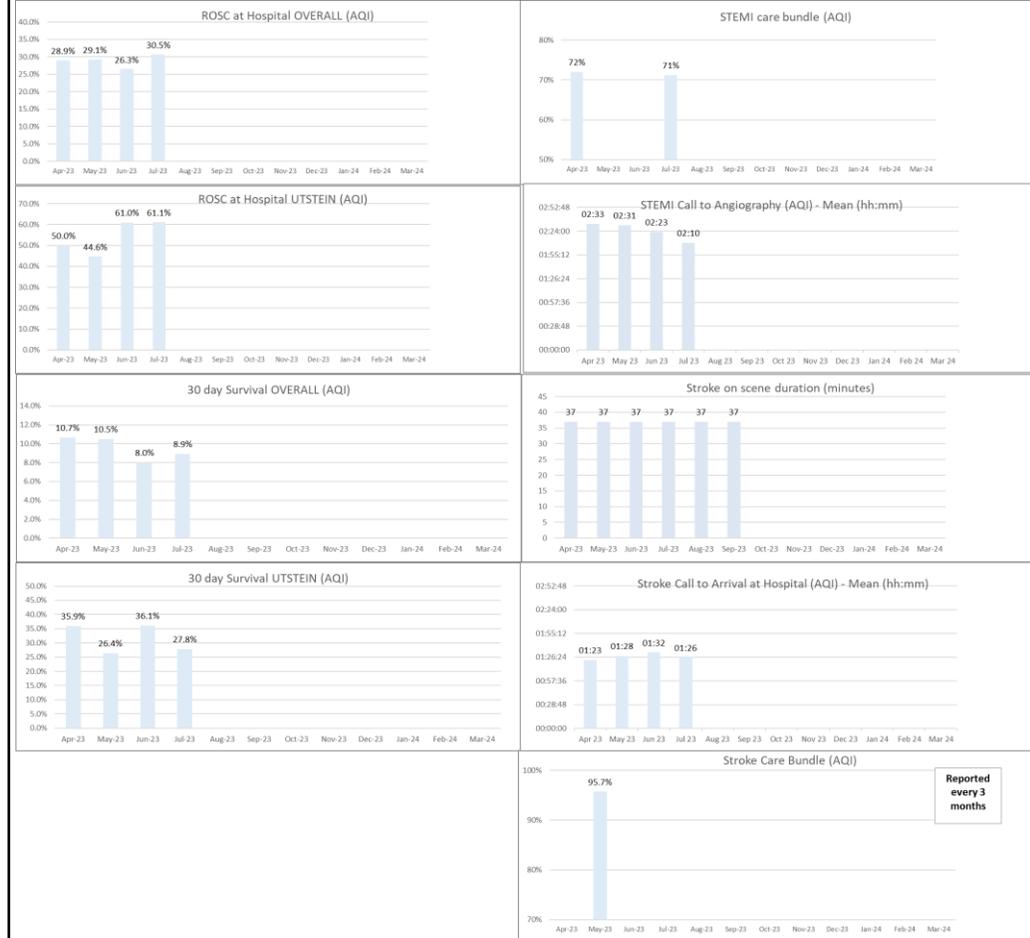
Research

- Spinal Immobilisation Study (SIS) opened to recruitment and we recruited our first patient in early November. The pilot study is now expanding across North West London

- The LAS continues to lead recruitment nationally for the PARAMEIDC-3 trial, recruiting 111 patients in November alone

- Additional hospitals have now opened to recruitment for the CRASH-4 trial, and we are making preparations to open additional LAS sites in these areas

Clinical Audit

- In October and December, CPI training was delivered to 23 paramedics on restricted duties, three Team Coordinators, two acting Team Managers, two clinicians in a Management Development Roles and an OPC mentor.

- CPI auditor reported 34 patient safety incidents via Datix and called EBS to discuss the potential for 8 retrospective safeguarding referrals.

PARAMEDIC3

Medication Route in Cardiac Arrest

2. Effective – PDR & MCA Training

NHS London Ambulance Service NHS Trust

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

Staff Appraisals — Nov'23: 66%
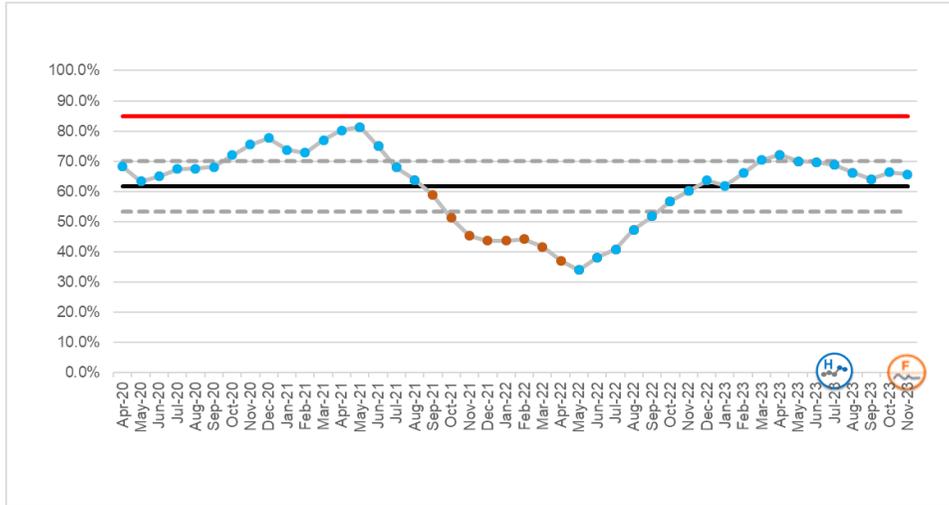
In November, our Appraisal compliance is at 66%. The 'Our LAS' appraisal process is underway to empower better, efficient conversations between leaders and their team members throughout the year, not just a one-off appraisal session. The 4S's form – aiding discussion around an employees' successes, struggles, setting goals and support requirements – is available on the intranet and colleagues are invited to 90-minute training sessions to convert their learning into practice. There has been good progress with the design and development of the new 'Our LAS' e-appraisal & talent management system. The pilot stage of the Actus system implementation is underway. All colleagues in People & Culture Directorate and the Homerton and New Malden ambulance stations are using the system to complete their appraisals as well as their formal 1:1s. ODT continues to work with the rest of the workforce with training sessions/discussions to boost appraisal compliance and will be working on a random sampling of appraisal forms to examine the quality of those conversations.

Mental Capacity Act Training Level 1 — Nov'23: 91%
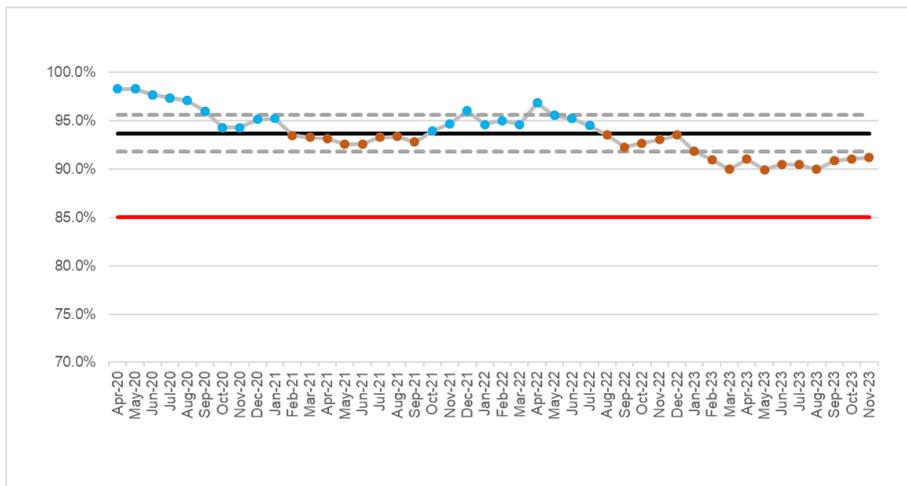
MCA level 1 – Current compliance is at 91%.

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

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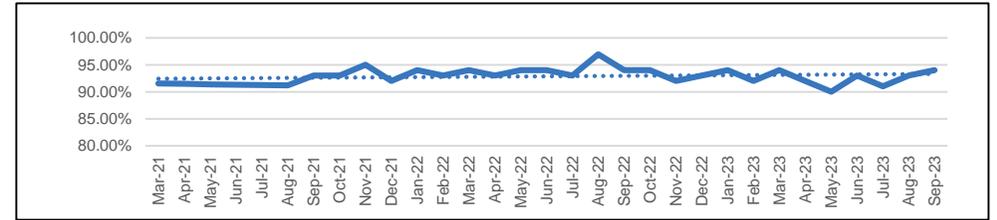
ACE | ACCREDITED CENTER OF EXCELLENCE

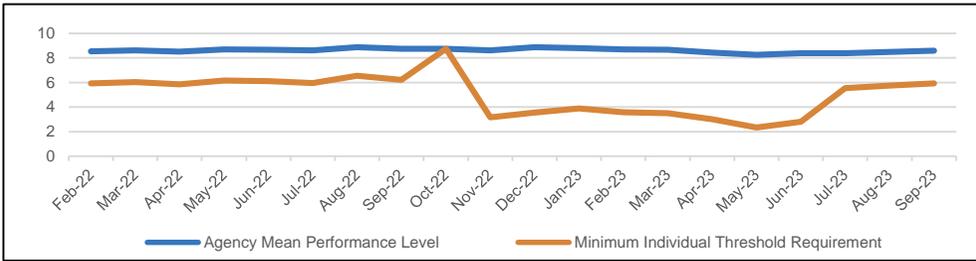Owner: Sue Watkins | Exec Lead: Dr. John Martin

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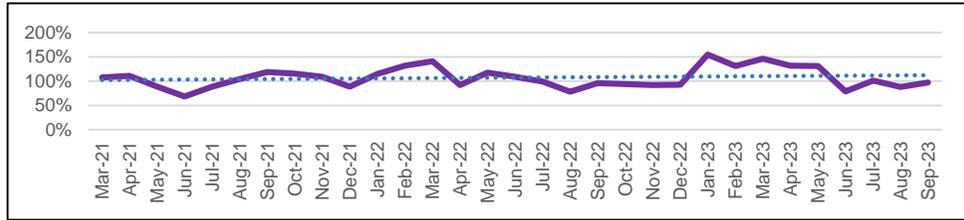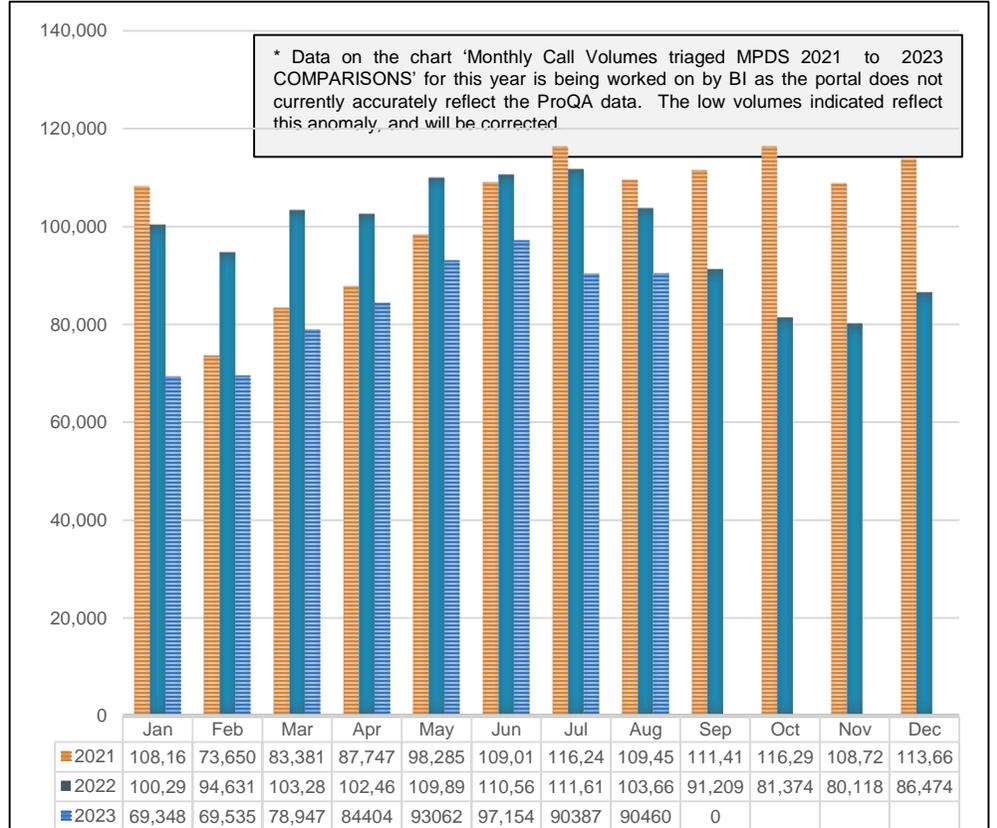

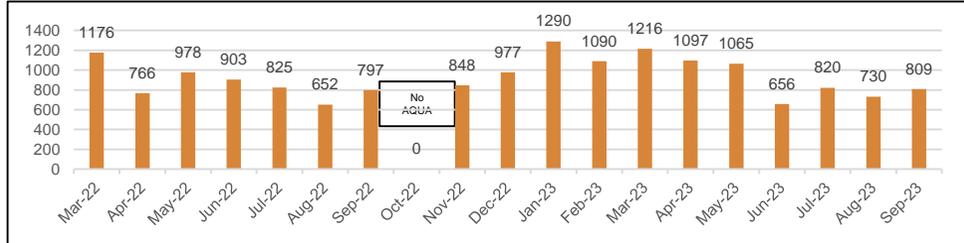## Overall Compliance with MPDS (Call Handling) protocols   Sep'23: 94%

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

Legend: Agency Mean Performance Level — Minimum Individual Threshold Requirement

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

Values: 1176, 766, 978, 903, 825, 652, 797, No AQUA 0, 848, 977, 1290, 1090, 1216, 1097, 1065, 656, 820, 730, 809

Monthly Call Volumes Triaged MPDS

* Data on the chart 'Monthly Call Volumes triaged MPDS 2021 to 2023 COMPARISONS' for this year is being worked on by BI as the portal does not currently accurately reflect the ProQA data. The low volumes indicated reflect this anomaly, and will be corrected.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	108,16	73,650	83,381	87,747	98,285	109,01	116,24	109,45	111,41	116,29	108,72	113,66
2022	100,29	94,631	103,28	102,46	109,89	110,56	111,61	103,66	91,209	81,374	80,118	86,474
2023	69,348	69,535	78,947	84404	93062	97,154	90387	90460	0			

Analysis

- The high number of new entrants entering the EOC in the recent months has continued. It has been noticed that Non-compliance has returned to normal levels, with a detailed action plan being accepted by the Academy. QA Managers are working hard with the teams to identify issues and trends and monitor the action plans in place. Audit volumes for August into September have increased against a reduced staff number in QA owing to sickness and absence.
- QA Managers continue to spend additional time with the new entrants, and identified the particular challenges across EOC. The team are confident that, now becoming more established in EOC, with their continued support and guidance the compliance will be maintained in line with the Academy standards.
- Work continues to gather data the evidence towards the November 2023 submission for ACE re-accreditation, the 3 yearly process where the LAS has to meet twenty points of accreditation to be successful. We are on track for this to be submitted.
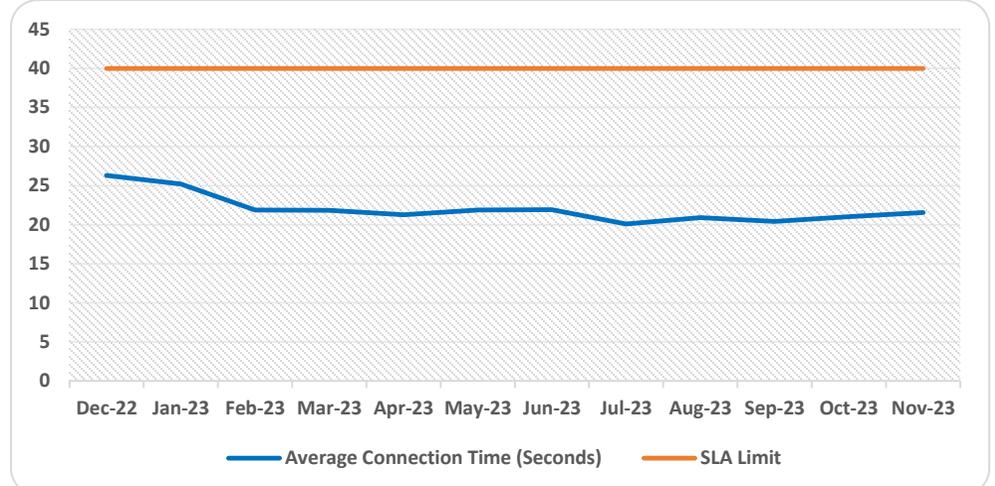
NHS London Ambulance Service NHS Trust

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

Total Number of Calls   Nov'23: 7049
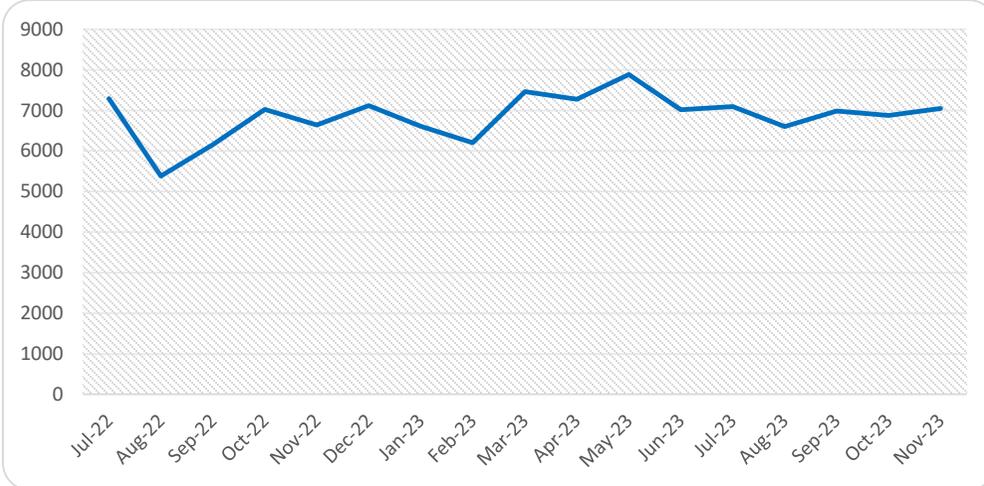
Average Connection Time   Nov'23: 21.6

Legend: — Average Connection Time (Seconds) — SLA Limit

Average Answer Time   Nov'23: 13.6

Legend: — Average Answer Time (Seconds) — SLA Limit
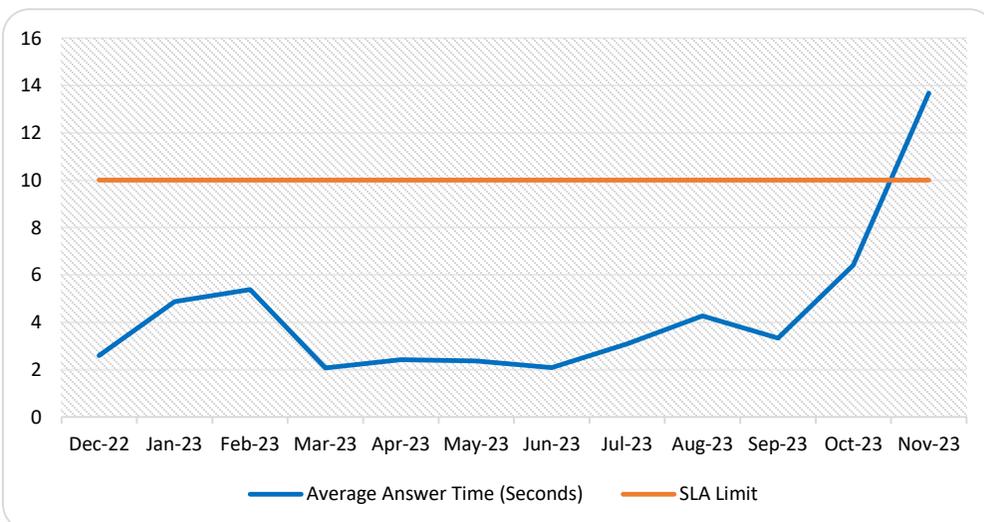
% Lost Calls Against Calls to LAS   Nov'23: 0.04%

Legend: — Total Number of Lost Calls — % of Lost Calls — % Against Calls to LAS
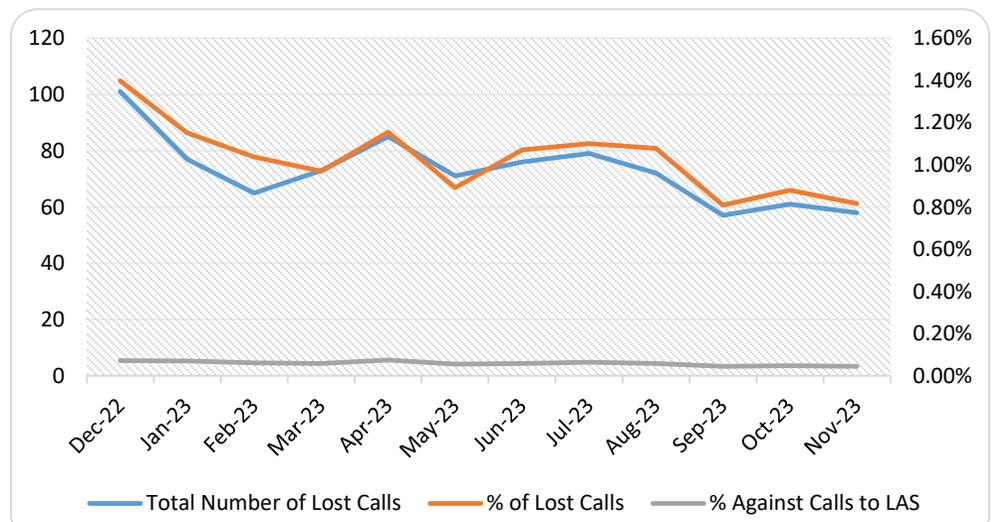
2. Effective – NEL Quality Audit Data

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

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Floor Walkers	123	123	100%	113	92%	Wrong Advice given on which Pathway to use for patient symptoms & NCFW did not ask HA to probe more, which was required to get correct outcome.
Service Advisors	172	133	77%	129	97%	No worsening advice given, Lack of probing & Working outside of remit
Health Advisors	973	925	95%	842	91%	Unsafe/Inappropriate disposition, Working outside of remit, Missed questions, Incorrect answer stem chosen, Wrong Pathway chosen, No worsening advice given & Ineffective probing

We unfortunately fell short of reaching 100% for both Health Advisor and Service Advisor audits for November 2023. There was an increase of staff sickness during the month which contributed to auditing hours not being picked up as much, as well as cancellation of auditing hours. Auditors who did pick up auditing hours, at times also had to take front end calls to help protect the service or had to be utilised for HA coaching (due to sickness absence again). Team Managers carried out 2 audits per member of their staff. Good pass rates for the month continues especially with the SA audits. Any Call Handling staff who have had audit issues identified, are provided with a high level of support and managed under the policy if needed.

Role	Required	Completed	% Completed	Number Passed	% Passed	
Clinical Navigator	54	44	100%	49	91%	Consistently high safe and appropriate advice / plan given All CAT 2/3 Ambulance validations & ETC validations dealt with safe and appropriately 5 PARTIAL / FAIL – Incorrect advice given but Safe outcome Health Advisor – Calls coming to advice line Improvement seen with appropriateness of clinical advice calls coming though to headset - Continue to see issues with Health Advisors not trusting the NHSP system or the processes put in place by LAS. - Calls still coming though to the clinical head set asking Clinicians to change disposition outcomes & book into slots outside of time frame

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

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	116	112	97%	96	86	16 SA audits fell below the 85% pass rate. Themes identified from the failed audits were; failing to provide worsening, failing to provide clear documentation and failing to operate within the boundaries of their role.
Health Advisors	486	519	100%	469	90	50 HA audits fell below the 85% pass rate. Themes identifies from the failed audits were; failing to manage the clinical situation safely, failing to navigate the system safely and failing to operate within the boundaries of their role..
Any Call Handling staff who have audit issues identified are being provided a high level of support and managed under the appropriate policy if needed.						

Role	Required	Completed	% Completed	Number Passed	% Passed	
Clinical Navigator	45	45	100%	37	82%	All clinicians communicate clearly and professionally & supportive of new staff ensuring they are using SBAR & declaring main reason for the call. Consistently high safe and appropriate advice / plan given All CAT 2/3 Ambulance validations dealt with safe and appropriately 5 FAIL & 3 PARTIAL - 4 x CTN not following agreed LAS & pan London process for CAT3 validation. - 1 changing disposition without clinical assessment - 1 wrong NHSP - 2 unfamiliar with process Health Advisor – Calls coming to advice line Continuing to see some issues with appropriateness of clinical advice calls coming though to headset - Continue to see issues with Health Advisors not trusting the NHSP system or the processes put in place by LAS / Pan London - Calls still coming though to the clinical head set asking Clinicians to change disposition outcomes

3. Caring

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

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

- Mental Health
- Maternity
- End of Life

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

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

Education Feedback

'This was an excellent informative session with a great balance of interaction and case studies thanks for your help'

Advanced Paramedic Practitioner- Critical Care
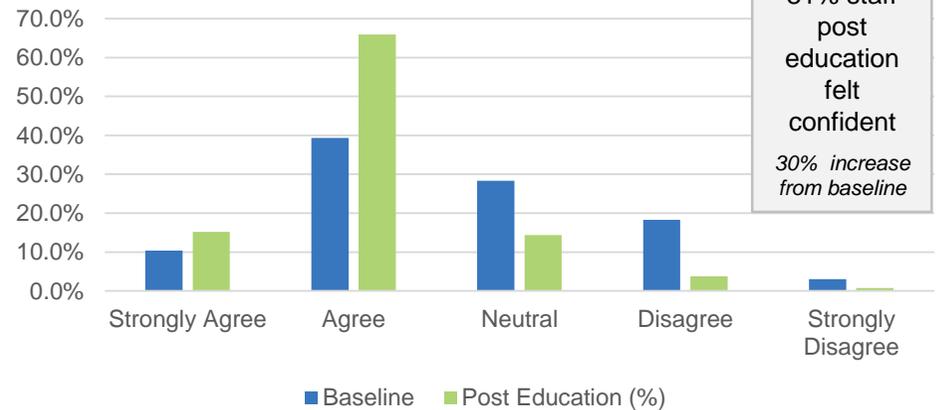
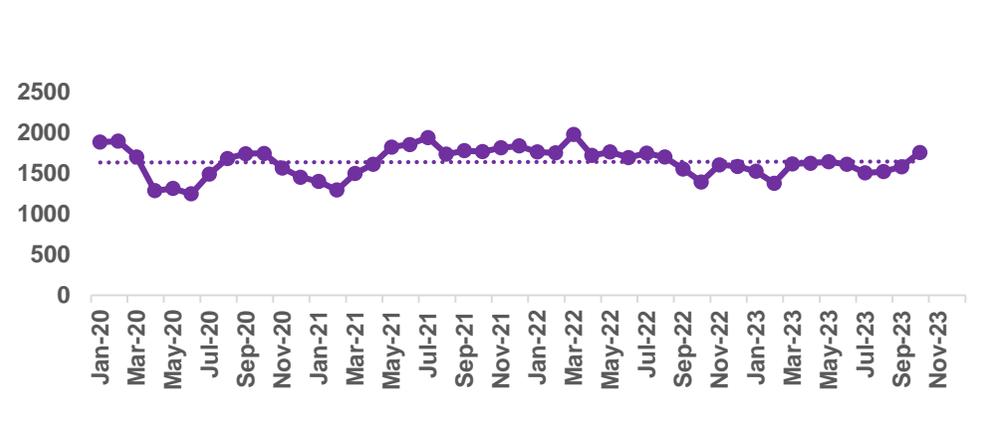## ED Conveyance — Oct'23: 8.7%

Incidents — Nov'23: 5

Legend: Datix, Quality Alerts/ complaints
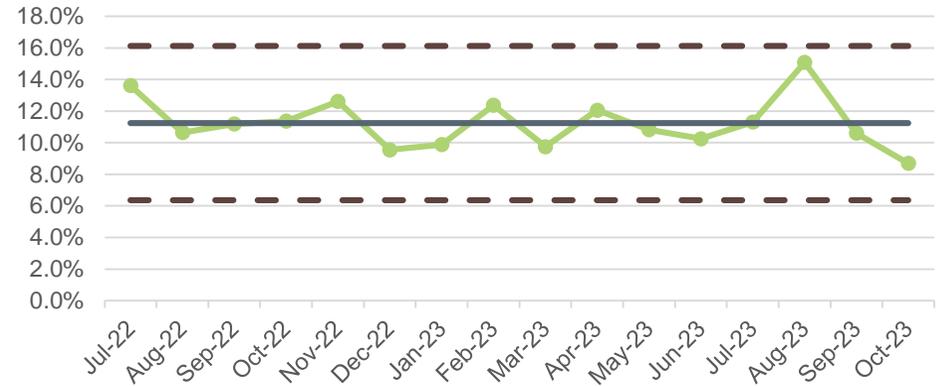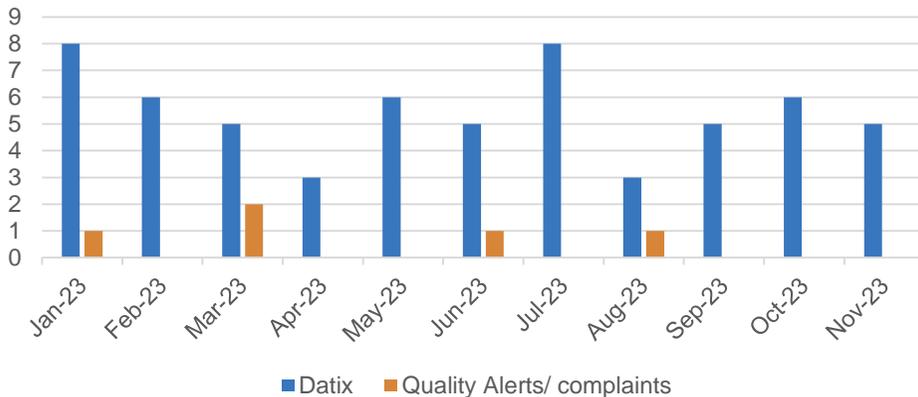
Staff Confidence — Nov'23: 81%

81% staff post education felt confident

30% increase from baseline

Legend: Baseline, Post Education (%)

- Specialist Paramedics in Primary Care, APP-CC and CTN inductions received bespoke EoLC education
- BI data limited to ePCR and MPDS coding only so under-representative of EoLC cases
- Review of JRCALC EoLC Guidance underway with national group
- Reduction in team capacity due to staff member on secondment

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

Mental Health Demand

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

Stakeholder Engagement

- Right Care Right Person (RCPR) launched on 1st November and the LAS Mental Health Team provided support into our Emergency Operations Centre to ensure a smooth launch. The team also provided representation into the RCCP Pod within the Met Police contact centre.

- The team presented the work of the Mental Health Joint Response Car (MHJRC) on an national NHSE showcase webinar. This was well received and other services have arranged visits with the team.

Mental Health Joint Response Cars

- The Mental Health Joint Response Cars (MHJRCs) continue to transition to Business as usual. We now have offered positions to a full complement of mental health staff.

- To date the team have seen over 20,340 patients with an Emergency Department Conveyance of 19%.

Training & Education

- The team have delivered training sessions to ambulance teams as part of their teams based working training and presented at the trust wide Case Based Discussion forum.

- The team also presented at the LAS Quality Improvement conference on 'Chemsex'.

- The team continue the 12 month rolling CPD programme with the most recent topic being ' Mental Capacity Act and Mental Health Act.'

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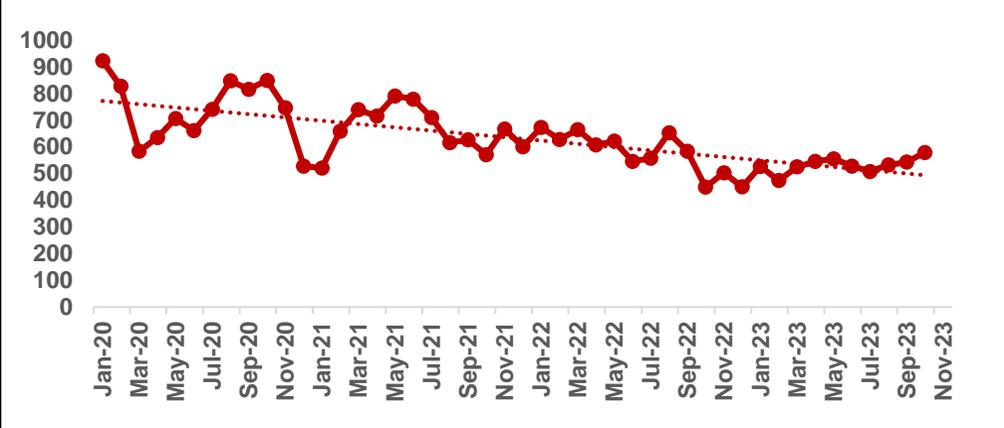**Owner: Stacey Robinson | Exec Lead: Dr. Fenella Wrigley**

Maternity Performance Review Dataset:
Proposal to have maternity report now included into Director of clinical pathways and transformation new report. This will include new measurements and metrics for reporting.
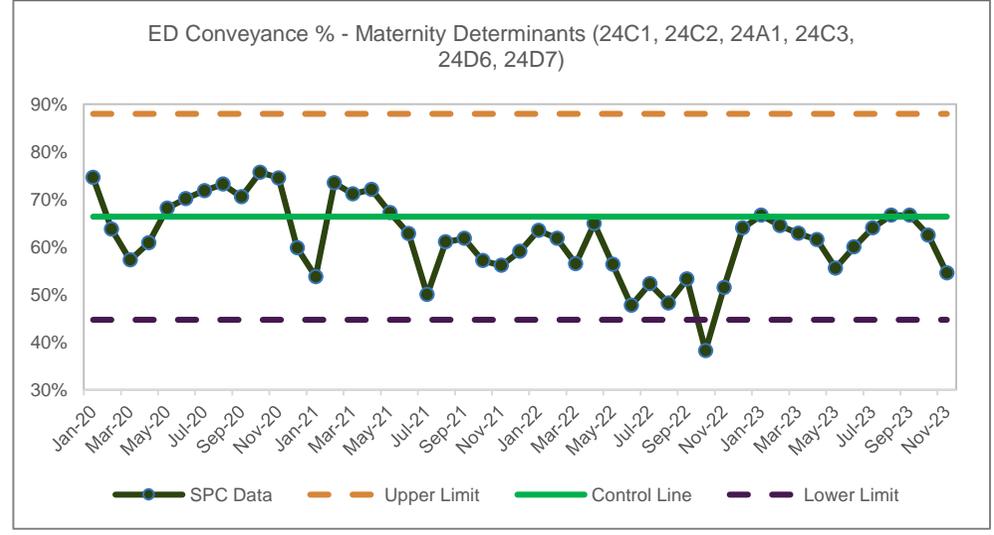
Maternity Calls — Nov'23: 1554

Maternity Face to Face Incidents — Nov'23: 542

ED Conveyance

ED Conveyance % - Maternity Determinants (24C1, 24C2, 24A1, 24C3, 24D6, 24D7)

Legend: SPC Data — Upper Limit — Control Line — Lower Limit

Maternity Team Headlines

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

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

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

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

Upcoming changes in National JRCALC guidelines: Post Partum Haemorrhage.

4. Responsive

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

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

- Frequent Callers
- Complaints

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

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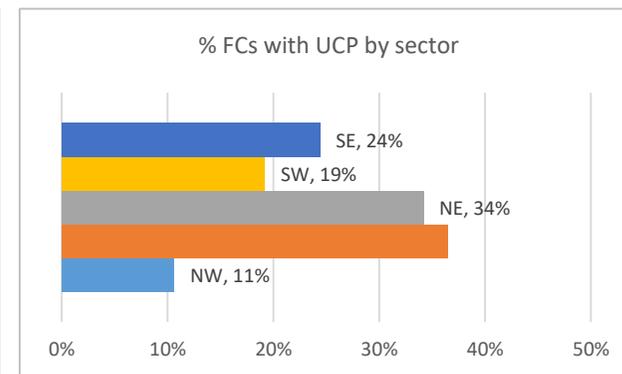
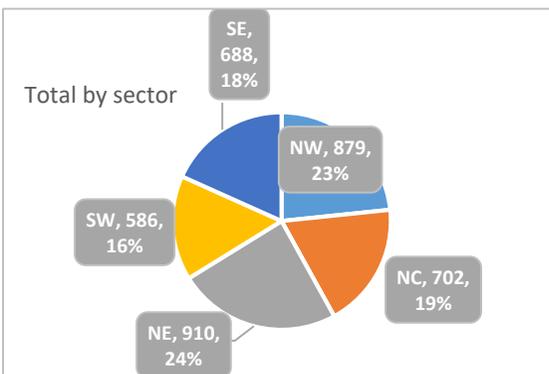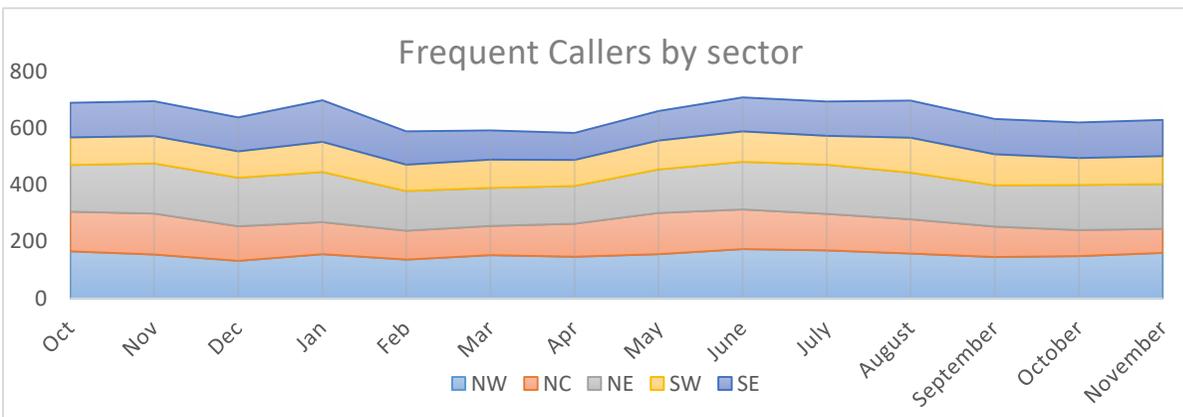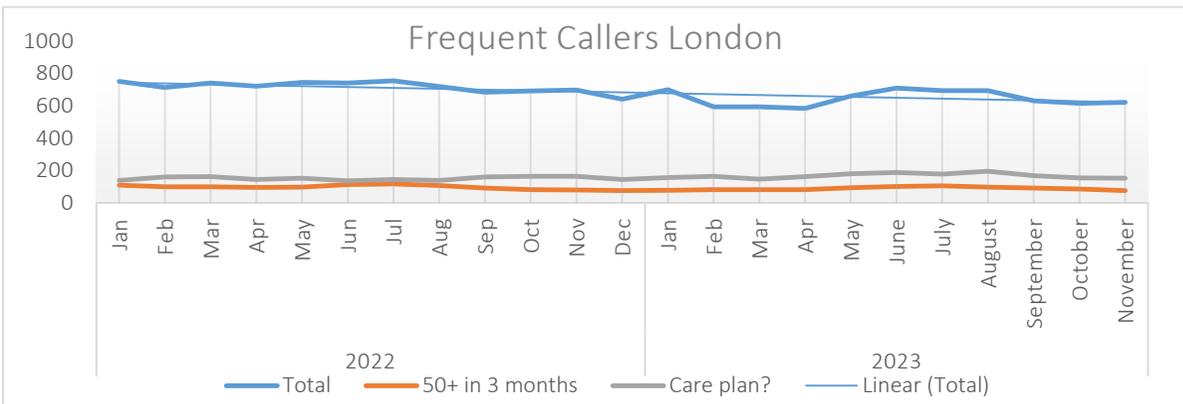**Owner: Alan Hay | Exec Lead: Dr. John Martin**

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

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

New & existing callers:	621
% Frequent Callers with UCP:	24%
% of FCs making 50+ calls in 3/12:	12%

Highlights & Lowlights

- Review of initial contact process ongoing, with trial of 100% GP initial contact in Q3
- Briefing not re: UCP for 999FCs went out to ICB leads and good engagement has flowed from that – conversations are now live in all sectors about how to improve UCP uptake.
- A particularly difficult FC in NWL will be the subject of an extraordinary Complex Patient Forum.
- Continued decline in number of FCs . Average monthly #FCs in Q2 2023/4 = 623, compared with same quarter last year, 692; a drop of 10%

Frequent Callers London

Legend: Total — 50+ in 3 months — Care plan? — Linear (Total)
2022 / 2023

Frequent Callers by sector

Months: Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, June, July, August, September, October, November
Legend: NW, NC, NE, SW, SE

Total by sector

- SE, 688, 18%
- NW, 879, 23%
- NC, 702, 19%
- NE, 910, 24%
- SW, 586, 16%

% FCs with UCP by sector

- SE, 24%
- SW, 19%
- NE, 34%
- NW, 11%

39

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

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

Referrals

November 2023

- Total adult safeguarding and welfare referrals: 1,995
- Total child safeguarding referrals: 1,617

- Perinatal referrals: 183

- Falls and diabetes referrals: 915

|	Safeguarding		Perinatal			Falls & Hypo		
	Adult SG /welfare	Child SG	London NTS	KSS NTS	IUT	Falls	Hypo	Total referrals
December	1757	949	74	29	50	840	55	3754
January	1896	1328	81	32	25	947	66	4375
February	1661	1263	82	32	20	940	68	4066
March	1908	1372	103	36	38	1061	62	4580
April	1969	1421	94	25	21	1033	76	4639
May	1833	1543	110	24	45	1024	73	4652
June	1860	1551	107	29	42	982	70	4641
July	1871	1568	104	31	47	1028	45	4694
August	1959	1394	123	50	54	998	76	4654
September	1957	1517	98	36	60	794	57	4519
October	2020	1599	110	30	53	1031	66	4909
November	1995	1617	111	24	48	853	62	4710

EBS Update

Highlights / lowlights

- Safeguarding referrals have continue to be historically high, particularly for children; this is system-wide. Also a high volume of referrals from EOC.
- GP referral pilot continues in SE.
- Staffing issues especially on nights are impacting service delivery / call answering delays.
- Three staff recruited, checks underway, likely start late Jan.
- Ongoing Datix issues (slow, some functions not working correctly) following recent upgrades – continue to engage with Datix team to work towards a solution

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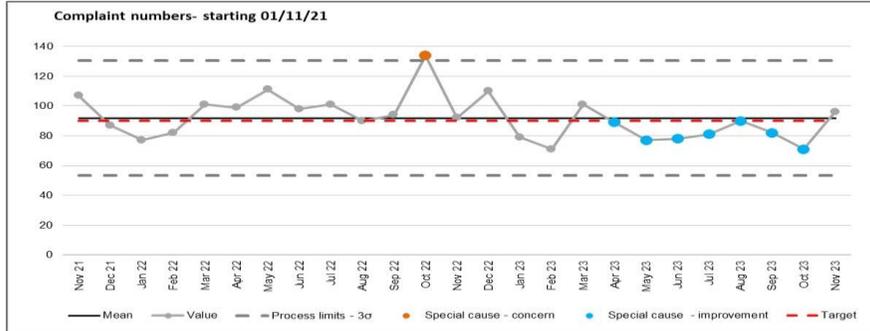- Attempts to address staffing issues via Light Duties etc.

EBS Activity YTD November 2023

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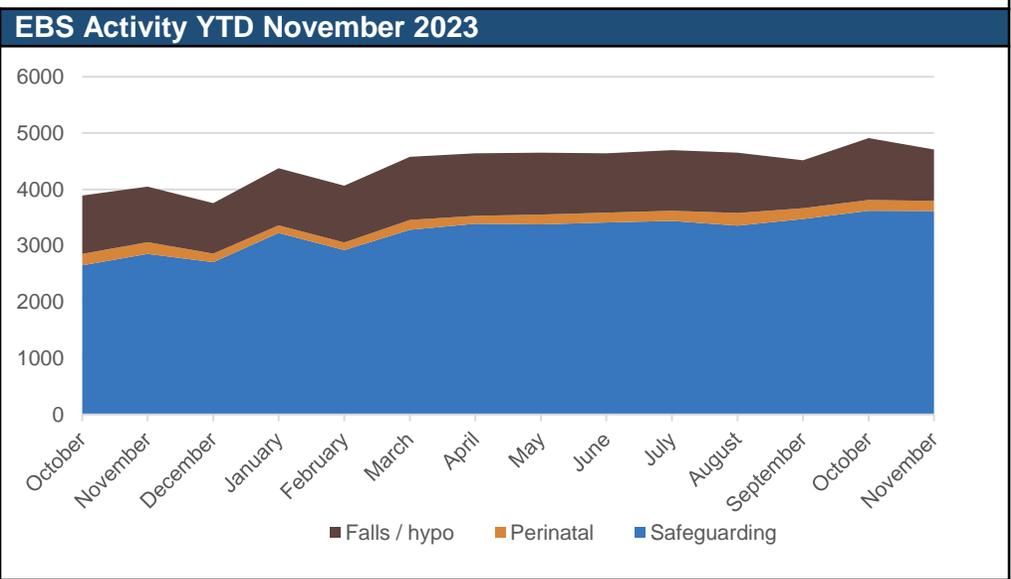
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

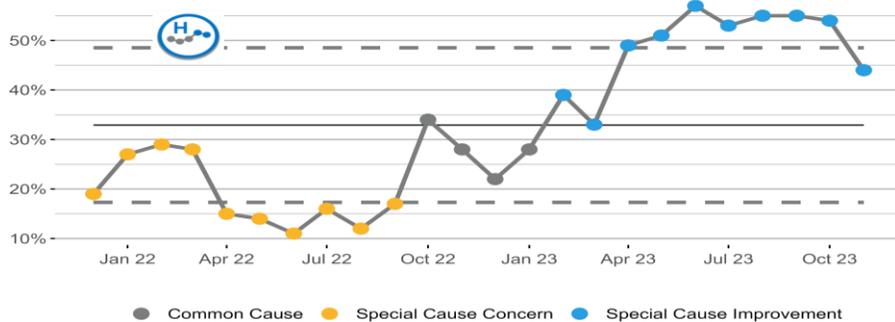Owner: Jonathan Elwood | Exec Lead: Mark Easton

Complaints

Complaint numbers- starting 01/11/21

There was a 35% increase in complaints in November. The themes are highlighted in the graph opposite. The Trust has received an average of 83 complaints since the start of the financial year.

**Complaints closed within target of 35 working days**

The total number of complaints overdue (excluding PSIs) is 28 out of a total of 132 open complaints which is the lowest reported since the backlog project began in Dec '22. 45% of complaints due in November were responded to in time. Performance was impacted due to the increase in new complaints, continued short staffing in the team and the focus on closing the oldest complaints in the backlog. A Patient Experiences Officer has started with the team on a 6 month secondment. Further measures are being put in place regarding ensuring that complaints do not move into the backlog despite the investigations by other departments having already been completed.

Themes & Caseload

Complaints by area and subject:
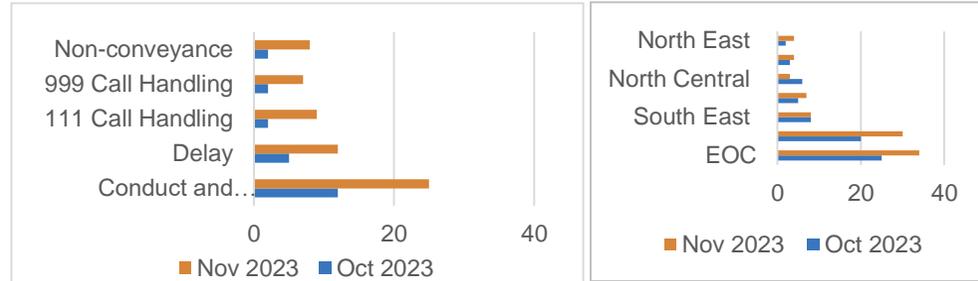
Complaints outcomes:
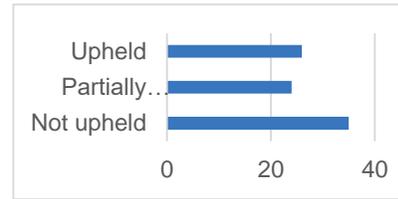
Following investigation of complaints closed in November, 41% of complaints were Not Upheld, 28% were Partially Upheld and 30% were Upheld. The learning identified has been shared with relevant staff.

Learning from Complaints

One of the highest themes of complaints investigated in November related to EOC instructions. This included either where the Clinical Safety Plan instructions or Post Dispatch Instructions were not provided in full. We are compiling a report for the Call Handling Improvement Lead and this will be presented at the Call Answering Improvement Group. The team continue to work closely with the Quality Assurance team to identify learning from complaints regarding 999 call handling.

Work is ongoing regarding improvements to the crew statement process. Consideration is being given during REAP 4 whether a statement is required in order to answer specific issues raised in complaints.

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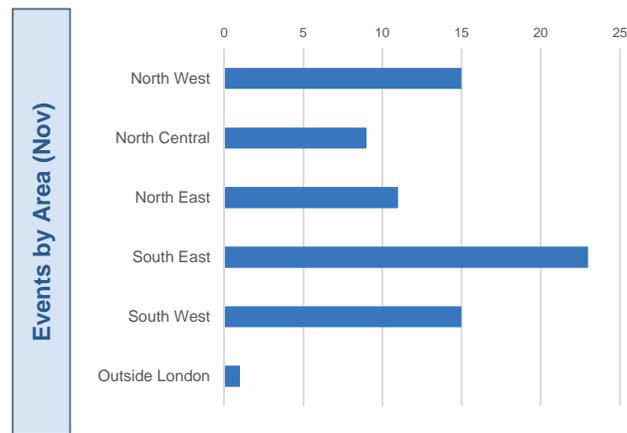Owner: Public Education Team | Exec Lead: Claire Proudlock

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

Public Engagement Events

During November the Public Education Team attended 73 events, including, **Your Life You Choose, Junior Citizen's Schemes** across 5 boroughs and **Safety First** which relaunched this month. We also supported volunteers to attend **Scout Groups** in Newham and Islington and a Guide Group in Havering to teach BLS and First Aid.
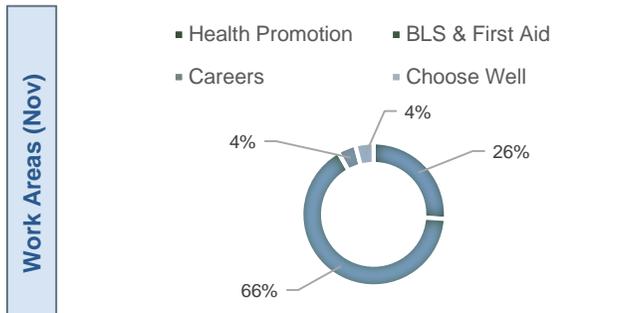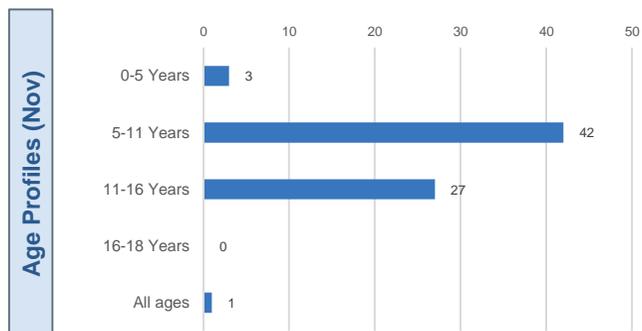
7 **Volunteers** took part to JCS engagement days in Redbridge, Camden and Sutton along with 15 **OPC mentees** as part of their CPD days, as well as running two webinars to support them.

We supported the **Lives not Knives** event, hoisted by the LFB and directed to an audience of young people from local youth centres in Lambeth and Southwark.

Events by Area (Nov)

Area	Events
North West	15
North Central	9
North East	11
South East	23
South West	15
Outside London	1

Public Engagement Activities

Supplementary information	
No. of public engagement events: November 23	73
Approximate audience numbers: November 23	9,448
Public engagement hours: November 23	407.2
No. of events: April 23 to November 23	331
Approx. audience numbers: April 23 to November 23	72,834
Public engagement hours: April 23 to November 23	1890

Age Profiles (Nov)

Age	Count
0-5 Years	3
5-11 Years	42
11-16 Years	27
16-18 Years	0
All ages	1

Work Areas (Nov)

Legend:
- Health Promotion
- BLS & First Aid
- Careers
- Choose Well

Donut chart values: 26%, 4%, 4%, 66%

Headlines from November 2023

Safety First Re-Launch:
Following a short break, Safety First has re-launched, aiming to visit around 100 schools (including SEND and AP) across the year, The LAS deliver sessions alongside the MPS & LFB

'East Area Knife Crime' Partnership:
Following it's success during the last academic year, the LAS have agreed with the MET Police and Inspired Futures to continue delivering collaborative **Knife Crime Workshops** to **Year 9** and **Year 10** groups in the boroughs of Barking and Dagenham, Redbridge and Havering.

Feedback from events:
"Thank you! we all learnt a great deal!. Just as good as the previous session we attended. Great range of information + messages delivered in a way children can understand. A brilliant session as my year 6 class transition to secondary school."
Benedict House Preparatory School

'Year 7 had a fantastic Drop Down Day with the team from 'Your Life You Choose Brent' who delivered multiple sessions to help our young people realise the importance of the everyday decisions they make, not only for themselves but their families and friends, & the wider community'.
Preston Manor Secondary School

5. Well Led

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

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

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

ER Excellence Reporting

Excellence is everywhere

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

In November 2023, 151 *Excellence Reports* were submitted.

Key themes identified from November reports include:

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

November - Themes

Outstanding patient care

My colleague showed excellent flexibility and teamwork during an emergency, initially assisting with the assessment and treatment of multiple patients and then being assigned to one of the sickest casualties.

They then assisted with the treatment of a P1 casualty and worked extremely well as part of the team with HEMS and APPCC to stabilise the casualty before transporting them to a major trauma centre. Throughout the incident they behaved in a calm and professional manner despite the pressures of the incident and this deserves as special mention.

When attending a MH patient presenting with fixed delusions the crew were able to appropriately assess the risk and determine that this presentation did not require hospital attendance. The patient sounded unwell and nonsensical. The crew discerned that despite the patient not having capacity, the patient was low risk and so referred the patient back to a mental health service. The team contacted the patients mother to assure a reliable person was included in the decision making process. This is shows an excellent understanding of capacity, mental health and ultimately, protected the patients dignity.

Working above and beyond

My colleague went above and beyond everything they had to do to help joint working with Met Police. After completing handover at Lewisham hospital they were in the truck, Police had arrived with a critically ill mother whose partner they wanted to arrest. Their son, aged around 2, was with them and inconsolable. They stepped in and offered to look after the child so that he didn't have to see his dad in cuffs. They took the child to the ambulance, found his favourite tv show and after 30 minutes was able to get the child calm and quiet. They continued to calm the child and take away the pain of the situation. They were able to speak to control and make a case for their involvement and liaise with a MetPol supervisor to assist them to convey the child to Lewisham Police station as the police were going to have to wait for a car seat and a car. They acted selflessly and compassionately throughout to ensure the child was looked after as best as possible in a horrible situation.

My colleague was really helpful in reviewing a DATIX that we had raised as a crew, providing some advice and training around Mental Capacity for Mental Health patients. They had done a lot of preparation and provided the feedback on our EPCR, and gave clear guidance in a logical and knowledgeable manner, which will help us to deal with similar cases in the future
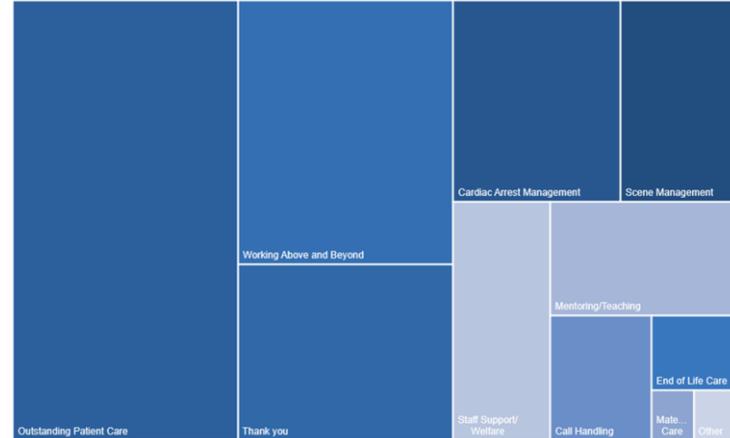
Thank you

My EOC colleague was so lovely to us over the radio and helped us source a new life pack when we had a broken one. This was even nicer after the crew had received conflict from EOC earlier in the shift. They were polite, friendly, understanding and helpful to us. They also checked on us throughout the rest of the shift. They made us feel like a valued member of the service and made us feel like we were important and part of a team trying to achieve the same objective of providing the best possible care to the people of london. Both me and my crew mate from K121 would like to say thank you as they had a huge impact on our mood for the rest of the shift. They reminded us that being nice and friendly can have a positive impact on somebodies day.

My scheduling colleague is always friendly when calling to inform colleagues of the plan regarding the shift's manning. We feel that they genuinely have our best interests at heart and is always sympathetic if circumstances aren't ideal. They are helpful when things don't quite go to plan.

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

ER Excellence Reporting
Excellence is everywhere

Some further examples of excellence reports from November:

<u>**Cardiac arrest Management –**</u> During a traumatic arrest, in the last minutes of the shift - 4 resources greened up to support an uncovered Cardiac Arrest. Upon their arrival, a chaotic scene met them. Through calmness, professionalism and candour the team led the patient through ALS and the HOTT principles.

The team showed true caring, teamwork - especially as most faces had not worked together previously - and two were students! Despite the chaos and the scene that confronted them, F151 was able to encourage the students to learn and practice skills they will likely not come across in the near future. Dan especially led with professionalism and calmness

<u>**Scene Management –**</u> Lauren attended, as the first crew on scene as an OPC truck, a 91 year old male who had cut their throat open with a knife. On arrival to scene it was evident that this patient was presenting as a major trauma/ haemorrhage requiring critical interventions. Lauren had excellent clinical trauma knowledge of interventions and medications required and presented with confidence and had a composed presentation throughout. During this job, Lauren had excellent communication with the patient and individuals on scene (e.g family, Met Pol, EFRs, HEMS, CTM and IRO) helping to keep the environment and in turn the patient calm.

<u>**Staff Support/Welfare –**</u> After finding out I was pregnant I was extremely anxious about telling work, however this worry was unfounded because my CTM, has been so supportive, kind and professional.

In particular I have had a couple of challenging conversations with him where I expressed difficult feelings around my pregnancy, shame. They were so kind and said such measured and thoughtful words to make me feel more comfortable. They have been very accommodating throughout and I just wanted to officially say how much I appreciate that.

5. Well Led - Risk Management

NHS London Ambulance Service NHS Trust

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

Risk Management

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

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

The Trust's compliance as at 15 December 2023 was:

➢ **83.8% of risks reviewed within the last 3 months (target 90%)**

➢ **100.0% of all risks approved within 1 month (target 90%)**

Actions and assurance:

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

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

In the last month, there were 4 red risks on the Corporate (Trust Wide) Risk Register.

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

Corporate (Trust wide) Risk Register

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost certain	0	1	1	1	0	3
Likely	0	0	2	1	0	3
Possible	0	1	8	18	0	27
Unlikely	0	0	3	4	3	10
Rare	0	0	0	1	0	1
Total	0	2	14	25	3	44

ID	Sector / Department	Description	Opened	Initial Risk Score	Sept 23 Risk Score	Oct 23 Risk Score	Nov 23 Risk Score	Dec 23 Risk Score	Change in Risk Score:
1340	Information Management & Technology (IM&T)	There is a risk that the trust will run out of MDT's to fit in new vehicles, and to replace faulty units, as the supplier, Attobus have ceased manufacturing of all electronic equipment and are no longer able to supplier LAS with their MDT hardware. This could mean that trust vehicles will need to be withdrawn from operational use.	02/11/2022	15	20	15	15	15	➡
1358	Pharmacy	There is a risk of difficulty in obtaining medicines that are part of drugs packs which may result in frequent medicines and formulation changes which may lead to clinicians being unfamiliar with the contents of drugs packs at point of care.	24/02/2023	12	15	15	15	15	➡
1407	Office of the Director of Operations	There is a risk of significant new/additional demand coming to LAS from the MPS, which may lead to the LAS being overwhelmed with extra workload. This may lead to an impact to patient care both at call handling, and in terms of response. This may impact both 'normal' LAS demand, and the patients sat within this new demand profile.	24/09/2023	16	16	16	16	16	➡
1417	Pharmacy	There is a risk of disruption/cessation of the medicines supply chain due to the inability of the Trust to pay invoices to our medicines suppliers which may lead to suppliers refusing to supply medicines to the Trust at short notice.	21/11/2023	16			16	16	➡

Owner: Jonathon Elwood | Exec Lead: Mark Easton

- This report provides a brief update on legal activity where this is relevant to the quality agenda within the Trust.
- The Legal Team continue to work to ensure consistency in data capture, investigation and shared learning with relevant teams within the Trust, including quality and patient safety
- All new team members will be in post at the beginning of January.
- Following the internal review recently finalised, the team have commissioned an independent specialist law firm to further review our processes and how we link with client departments especially the clinical directorate. The review is expected to report in early February.
- Refresher training for the legal Team on various aspect of their roles will take place in the new year.
- NHSR will be providing an update to senior staff in February/March about the recent scorecards and the BI data produced by them in relation to the Trust.
- The Legal team are now producing a quarterly spreadsheet to identify live claims, reasons for settling or denying claims and capturing the trends and learnings to be shared across the relevant directorates.

Inquests

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

Inquest numbers are set out in the table below:

	In Month November	Year to date 01/10/2022 – 30/11/2023
Inquests opened (L1)	170	2110
Inquests closed (L1)	129	1981
Inquests opened (L2)	11	168
Inquests closed (L2)	15	151
PFDs received	1	1

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

Notified inquests 2019 - 2023-
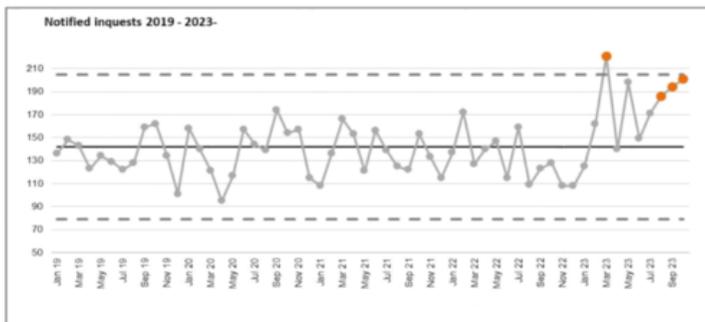
Claims

- Claims numbers remain consistent with previous reporting periods (based on notification of potential claims). Comparison with previous years is difficult due to the 3 year limitation on making a claim in most cases and the additional time given to potential claimants as a result of changes to reporting rules during the pandemic.
- We still anticipate that we will see a rise in clinical and employers liability cases during the next 12 to 24 months as a result of the pandemic. Our panel firms for claims (Solicitors appointed by NHS Resolution) are advising that they are seeing a rise in claims relating to Covid 19 in other Trusts.
- The Legal Services Manager is working collaboratively with the Head of Health, Safety & Security to identify problematic claims as early as possible and identify trends and learning.

Claims numbers are set out in the table below:

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

	In Month November	Year to date 01/10/2022 – 30/11/2023
Claims (Clinical) Opened	5	46
Claims (EL) Opened	1	23
Claims (PL) Opened	0	6
Claims (any)closed	3	111

Owner: Frances Field | Exec Lead: Mark Easton

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

Policy Compliance	Policy Position by Directorate

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

Following a recent review of policy compliance the position has improved from 53% in March 2023 to 92% in November 2023. This position will be monitored by the Corporate Governance Team, who will remind policy leads in advance when policies are due for a review. Policy status reports will continue to be presented to ExCo, escalating any areas of concern, in order to maintain the policy compliance level.

	In Date		Overdue	
November 2023	80	92%	7	8%

	Policies in date		Policies overdue		Total
Director Corporate Affairs	11	85%	2	15%	13
Chief Finance Officer	8	89%	1	11%	9
Director of Communications and Engagement	3	100%	0	0%	3
Chief Medical Officer	15	100%	0	0%	15
Chief Paramedic & Quality Officer	3	100%	0	0%	3
Director of Quality	18	100%	0	0%	18
Director of People and Culture	13	76%	4	22%	17
Director of Resilience and Special Assets	3	100%	0	0%	3
Chief Information Officer	4	100%	0	0%	4
Director of 999 Emergency Services	2	100%	0	0%	2
Total	80	92%	7	8%	87

NHS
London Ambulance Service
NHS Trust

The Freedom of Information Act 2000 provides public access to information held by public authorities. It does this in two ways:
- public authorities are obliged to have a publication scheme and respond to requests for information under the act within 20 working days; and
- members of the public are entitled to request information from public authorities.

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

Freedom of Information Response & Requests

This paper provides an update in respect of the Trust's current position on FOI requests, covering period from 1 Apr 2023 to 31 Oct 2023.

Key Points:

- There were a total of 316 requests received over the period reported.

- Of these a total of 312 requests have been completed

- On average 45 requests are received on a monthly basis

- The overall average compliance rate to-date is 70%

- Monthly compliance within the statutory deadline experienced a minor decline attributed to staff leave and absence. The situation is anticipated to progressively improve, aiming to achieve the target response rate of 85% by the conclusion of the 2023/2024 FY

Top five themes based on FOI responses provided

1. Ambulance delays due to Just Stop Oil Protest

2. Longest handover / longest call waiting times

3. Agency spend

4. LAS fleet / ULEZ compliance

5. LAS rank structure

% completed within stat deadline

Month	%
Apr	60%
May	63%
June	71%
July	80%
Aug	83%
Sept	63%
Oct	71%