Trust Board Meeting in Public

Schedule	Thursday 5 December 2024, 12:30 — 15:40 GMT
Venue	Prospero House, 241 Borough High Street, SE1 1GA and via MS Teams
Organiser	Committee Secretary

Agenda

	5.4.1. Director's Report For Assurance - Presented by Rakesh Patel	105
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Agenda

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

12.30pm on Thursday 5th December 2024
at Prospero House, 241 Borough High Street, London SE1 1GA

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
12.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
12.35	2.1	Minutes of the Public Meeting held on 5th September 2024	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient/Staff Story					
12.40	3.1	Patient Story: Feedback on Paediatric Call	FW	Inform	Present
4. Chair and Chief Executive Report					
1.00	4.1	Report from the Chair	Chair	Inform	Verbal
1.05	4.2	Report from the Chief Executive	CEO	Inform	Report
5. Director and Board Committee Reports					
1.10	5.1	**Performance** 5.1 Operational Performance Report: Chief Paramedic	PC	Assure	Report
1.30	5.2	**Quality** 5.2.1 Quality Report: CMO and Deputy CEO 5.2.2 Quality Assurance Committee Report	FW MSp	Assure	Report
1.50	5.3	**People and Culture** 5.3.1 Director's Report 5.3.2 People and Culture Committee report 5.3.3 EDI Committee Report	DMG AR AR	Assure	Report
2.10	5.4	**Finance** 5.4.1 Director's Report 5.4.2 Charity Accounts • Charity Annual Report and Accounts • ISA 260 Report from KPMG • Audit Opinion from KPMG • Representation letter 5.4.3 Finance and Investment Committee Report 5.4.4 Audit Committee Report	RPa BA RPa RP	Assure	Report

		5.4.5 Charitable Funds Committee Report	BA		
2.30	5.5	**Digital and Data** Digital and Data Committee Report	CM	Assure	Report
3.10	5.6	**Business Plan Update** Update on Q2 progress	RD	Assure	Report
3.20	5.7	**Corporate Director's Report**	ME	Assure	Report
6.	**Assurance**				
3.30	6.1	Board Assurance Framework	ME	Approve	Report
7.	**Concluding Matters**				
3.40	7.1	Any Other Business	All	Note	Verbal
	7.2	Date of Next Meeting – Thursday 6th March 2025	Chair	Note	

1. Opening Administration

1.1. Welcome and apologies (verbal)

For Noting

Presented by Andy Trotter

1.2. Declarations of Interest (Verbal)

For Approval

2. General Business

2.1. Minutes of the Public Meeting held on 5th September 2024

For Approval

Presented by Andy Trotter

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

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Karim Brohi	KB	Non-Executive Director *(by MS Teams)*
Shera Chok	SC	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Daniel Elkeles	DE	Chief Executive
Rakesh Patel	RPa	Joint Deputy Chief Executive and Chief Finance Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Damian McGuinness	DMG	Director of People and Culture
Pauline Cranmer	PC	Chief Paramedic Officer *(by MS Teams)*
Mark Easton	ME	Director of Corporate Affairs
Roger Davidson	RD	Director of Strategy and Transformation
Clare McMillan	CM	Chief Digital Officer
In Attendance		
Nora Hussein	NH	Head of Corporate Governance
Mary Emery	ME	Consultant Paramedic *(Patient Story item)*
Emmanuel Amuah	EA	*Patient Story*
Angua Bediako	AB	*Patient Story*
Apology for Absence		
Anne Rainsberry	AB	Non-Executive Director

1.OPENNG ADMINISTRATION		
1.	**Welcome and Apologies** The Chairman welcomed all present to the meeting.	
2.	**Declarations of Interest** There were no new declarations of interest.	
2. GENERAL BUSINESS		
2.1	**Minutes of the Previous Public Board Meeting** The Minutes of the previous public meeting of the Board held on 6th June 2024 were approved as a correct record.	

2.2.	**Action Log** There were no outstanding actions on the action log.	
3. PATIENT AND STAFF STORY		
3.1	RD, The Director of Strategy and Transformation introduced the Patient Story on sickle cell as a priority area aligned with their strategy to address practical healthcare challenges by listening to patients and acting on their input. He explained that sickle cell had been identified as the first area of focus, and they were engaging with patient groups to develop a comprehensive report and recommendations. He emphasised the importance of understanding why addressing sickle cell is significant, particularly for the ambulance service, and introduced individuals involved in the sickle cell group to share their experiences and insights. RD introduced Emmanuel Amuah and Angua Bediako, members of a sickle cell advocacy group who have been instrumental in LAS's ongoing consultations. Emmanuel Amuah is patient living with Sickle Cell Disorder, and Angua Bediako is a father / carer of two boys that are both living with Sickle Cell Disorder. He highlighted their contributions and expressed gratitude for their willingness to share their experiences. RD acknowledged the involvement of Mary Emery, a consultant paramedic specialising in sickle cell care, who has been leading related initiatives within LAS. The guests gave the Board an account of their experience with sickle cell. They described experiencing long waits for ambulances during emergencies, even when the situation was critical on one occasion a child's collapsed lung or severe pain episodes. They recounted waiting up to an hour for an ambulance, further escalating the situation. They raised concerns were about the lack of understanding and empathy during emergency calls. Emmanuel recalled being criticised by an operator for administering first aid measures to his injured child, which later proved appropriate. They shared that patients consistently reported feeling disbelieved about the severity of their pain. Angua detailed that despite describing pain as "12 out of 10," he experienced scepticism from healthcare providers. Further explaining that how the absence of timely pain relief prolonged his and others suffering unnecessarily. The Board heard that there were significant delays in administering pain relief, both by ambulance crews and hospital staff, further exacerbating patient discomfort. Emmanuel shared that as a parent of children with sickle cell, he felt the overwhelming emotional and physical burden, including the need to take extended leave from work to care for his children. He added that patients and caregivers expressed hesitation in seeking emergency care due to previous negative experiences, including feelings of being judged or not taken seriously.	

Both guests highlighted their thanks and appreciation to Linda, a healthcare professional based in Croydon. Linda's unparalleled compassion, noting her ability to provide not only medical care but also emotional reassurance.

She was described as an advocate who went beyond the call of duty to ensure the patient's needs were met promptly and thoroughly.

They suggested to the Board the following improvements:

- Standardised and comprehensive training for paramedics and healthcare workers on sickle cell management.
- Advocacy services for patients during hospital admissions to ensure their needs are communicated effectively.
- Acknowledgment of pain levels without delay or scepticism.
- Consideration of specialist sickle cell response teams within the ambulance service to ensure timely and informed care.

FW, The Chief Medical Officer shared her extensive experience as an A&E consultant in South East London, including her work at Lewisham, Kings College, and other hospitals.

She highlighted her longstanding focus on improving care for sickle cell patients, from the moment of a 999 call to hospital discharge, acknowledging the preference of many patients to return home as quickly as possible.

She expressed regret that the NHS continues to face challenges in delivering optimal care for sickle cell patients. She reiterated her commitment to addressing these gaps and learning from patient feedback to make tangible improvements.

She informed the guests that after engaging with the Sickle Cell Society, all sickle cell cases were reclassified as Category 2 emergencies to ensure faster response times. This adjustment emphasises the importance of considering sickle cell as a critical factor, even in cases where secondary issues are present.

She informed all that clinicians were embedded in control rooms to better navigate complex situations involving sickle cell patients and ensure appropriate care pathways are followed.

She stressed the importance of keeping patients warm with blankets or water while in transit or during handovers. Avoiding placing sickle cell patients in drafty or uncomfortable waiting areas, especially during prolonged hospital transfers or waiting times.

FW recognised the bravery of patients in sharing their stories and the collective responsibility of healthcare professionals to champion and advocate for better sickle cell care.

She highlighted that collaboration between patients, clinicians, and the NHS is critical to driving meaningful change.

She emphasised the need for continuous learning and improvement based on patient feedback and data.

FW assured all that she would continue advocating for sickle cell patients and working to ensure that the care delivered meets their needs in a timely, empathetic, and effective manner.

Mary Emery, Consultant Paramedic thanked both for coming to share their stories with the Board, and advised that she would continue with engagement work.

KH, Non-Executive Director reflected cultural and racial factors often shape how sickle cell patients are treated, contributing to disparities in care. He added that LAS plays a vital role in championing improvements for sickle cell care across the healthcare system.

He praised LAS efforts led by FW and others in addressing these challenges.

DE, Chief Executive Officer reflected persistent issues in sickle cell care were acknowledged, with patient experiences from today reflecting similar challenges faced a decade ago.

He highlighted the difficulty of training all 4,500 front-line staff to become specialists in managing sickle cell crises effectively.

He suggested establishing dedicated specialist response teams for sickle cell emergencies to ensure tailored, expert care.

This approach would:

- Improve the quality of care for sickle cell patients.
- Minimise the burden on patients to educate responders during crises.
- Provide more efficient and effective emergency response compared to generic crews.

DE recognised the potential financial implications of creating specialist teams but emphasised the significant improvement in care quality and patient outcomes. He suggested that the investment would lead to measurable benefits in patient satisfaction and health equity.

He recommended further evaluation of the feasibility and implementation of specialist sickle cell response teams. He also stressed the importance of aligning resources with the goal of delivering high-quality, patient-centred care.

SC, Non-Executive Director expressed frustration upon hearing patient accounts of hesitancy to call the ambulance service due to fear of being dismissed or criticised, labelling such instances as "completely unacceptable".

She emphasised that these incidents highlight systemic biases and inequities in the treatment of patients from diverse backgrounds, particularly those living with sickle cell disease.

She acknowledged the challenge of training all 4,500 LAS front-line staff to become experts in sickle cell care.

SC proposed leveraging influence to enhance curricula for undergraduate and advanced paramedic training programs to ensure adequate coverage of sickle cell management.

Emmanuel referenced a hospital acronym guide that he saw titled "ACT NOW," which includes the steps the administering painkillers promptly (within 30 minutes)- conducting appropriate tests and notifying specialists or family members.

PC, Chief Paramedic Officer thanked the participants for sharing their experiences, acknowledging the emotional difficulty of hearing these accounts.

	She emphasised the critical importance of listening to patient feedback to identify and address gaps in care. She informed all of her current engagement in Australia with universities to discuss paramedic training and its relevance to practice in London. She underscored the value of global perspectives in shaping the content of paramedic education and ensuring alignment with practical needs. She recognised that despite regular training and refresher programs for paramedics, the shared patient experiences indicate that significant gaps remain. PC pledged to collaborate with Mary Emery, to revaluate and improve training approaches, with an emphasis on empathy, advocacy, and specialised care for sickle cell patients. Support systems for paramedics to better equip them to manage such crises. She recognised advocacy as a critical aspect of paramedic roles, particularly in advocating for patients during highly vulnerable moments. DMG, Chief People Officer noted the valuable work of Linda and advised that he would like to communicate with her employer to commend her great work. The Chair emphasised the importance of identifying and implementing actionable steps to address the systemic challenges faced by sickle cell patients. He stressed that the next phase involves translating patient feedback and insights from the Sickle Cell Society into real, impactful initiatives. RD informed all that the Sickle Cell Improvement Plan developed by LAS to enhance the care provided to patients with Sickle Cell Disorder is part of LAS's broader commitment to reducing health inequalities for marginalised communities which has been outlined in LAS five year strategy and LAS annual business plan for 2024/25. He assured the Board that he would continue to engage with patient forums and share feedback. The Board expressed support too Emmanuel and Angua with their advocacy work and thanked them both for sharing their experiences.	
4. CHIEF EXECUTIVE REPORT		
4.1	**Report from the Chair** The Chair shared reflections from his visits to multiple ambulance stations over the summer, describing the feedback received from frontline staff as overwhelmingly positive. He highlighted the enthusiasm and dedication of staff, as well as their acknowledgment of progress within the trust. He reported strong, unsolicited praise for the Make Ready initiative, which has streamlined shift preparation processes.	

	Specific outcomes noted at St. Helier station included a significant reduction in pre-shift preparation time from 31 minutes to 15 minutes, a change that improves operational efficiency and allows crews to begin their shifts promptly. He informed all that staff recognised and appreciated organisational improvements, reinforcing a sense of positivity and momentum within LAS. He expressed gratitude for the collective efforts of the executive team and frontline staff, which contributed to these positive outcomes. He concluded his visits with a sense of optimism about the progress being made across LAS stations.	
4.2	**Report from the Chief Executive** DE referenced recent troubling events, including instances of racial abuse and associated societal unrest. He informed the Board that the Trust took a bold and clear position by introducing a policy stating that staff subjected to racial abuse are not required to continue treating the offending patient. This policy aims to empower staff, uphold their dignity, and foster a safer working environment. He highlighted this as a centerpiece of the Trust's broader commitment to equality, diversity, and inclusion. DE emphasised the importance of taking meaningful action rather than merely discussing issues, commending the Trust's proactive steps in addressing both staff welfare and public health inequalities. He encouraged participation in the London Life Hike as a tangible way to support the community. The Chair highlighted from the report that Baroness Smith, recently appointed as Minister for Education in the House of Lords, chose LAS for her first visit following her appointment. The Board discussed the importance of fostering system resilience, utilising data effectively for public health improvements, and ensuring education partnerships are recognised and supported. These insights stressed the balance between managing large-scale crises and addressing day-to-day systemic issues for sustained operational efficiency.	
4.3	**2024/25 Manifesto for the Southern Ambulance Services Collaboration (SASC)** DE informed the Board that the Southern Ambulance Services Collaboration is a newly formed partnership between five regional ambulance services: • South East Coast Ambulance Service (SECAMB) • South Central Ambulance Service (SCAS) • East of England Ambulance Service (EEAST) • South West Ambulance Service (SWAST) • London Ambulance Service (LAS) He added that this would create operational efficiency and cost-effectiveness across the trusts ; enhanced patient care through innovation and the adoption of AI technology and	

	standardisation and improvement in ambulance service delivery by leveraging collective expertise and experience. The Board approved the SASC Manifesto.	
5. Director and Board Committee Reports		
5.1	**Performance**	
5.1.1	**Operational Performance Report** PC highlighted that call handling performance remained stable between May and July, with routine call answering times now below the 10-second target set by commissioners. LAS achieved the second-best performance nationally for Category 1 response times, maintaining sustained performance in this critical area. The Board heard that in relation to category 2 there had been significant activity increases noted: • May: 10% increase compared to the previous year. • July: 15% increase compared to the previous year. May and June saw respective response time reductions of 6 minutes and 5 minutes. July posed greater challenges, with a 6-minute increase compared to the prior year due to heightened demand. The Board noted a reduction in patient contact time by 2.5 minutes since April. Increase in patient cases handled per crew shift from 4.7 to 5.1. PC informed the Board that for Hear and Treat, between May and June, 18.7% and 20% of patients, respectively, were managed without requiring ambulance attendance, exceeding the annual trajectory of 16%. This reduced ambulance demand while ensuring timely care for patients requiring on-site response. The Board noted improved call handling; average call answering time reduced from 73 seconds to 42.5 seconds over the past year. Abandonment rate decreased from 7.1% to 4.5%. This resulted in accessibility and reduced delays for patients needing urgent care services. The Chair commended the progress in hear-and-treat services, highlighting the significant system changes and collaborative efforts that contributed to this achievement. He acknowledged the extensive work by various departments and teams, including collaboration with LCW (London Central West Unscheduled Care Collaborative). He praised the seamless execution of these changes, noting the considerable planning and coordination involved. SD, Non-Executive Director raised a question regarding the need to reforecast activity and performance for the remainder of the year and whether this would have implications given budget constraints. PC responded LAS is reviewing activity levels and reforecasting for the rest of the year. Despite budget constraints, reforecasting helps align operations with current performance trends. She emphasised the importance of focusing on operational efficiencies to sustain high-quality performance within the allocated budget.	

	She highlighted efficiency focus areas • Hear and Treat Maximisation: Continued efforts to increase the proportion of cases managed without ambulance attendance where appropriate. • Crew Productivity: Increasing the number of patients seen per shift and reducing the time spent on job cycles. • Hospital Handover Delays: Collaborating with hospital colleagues to minimize delays during patient handovers, improving overall service efficiency. DE added that LAS's had significant productivity gains amidst rising activity levels but highlighted the disparity between funding and performance expectations. While continued efforts to maximise efficiency are in motion, achieving substantial response time improvements will require addressing resource constraints. This serves as a reminder of the need for realistic alignment between funding and service delivery expectations. SC acknowledged the positive trend in patient satisfaction and experience, indicating that LAS efforts in this area are yielding improvements. She suggested that adding detailed response data would strengthen the overall presentation of satisfaction figures and improve data transparency. MS, Non-Executive Director responded that more detail is presented to the Quality and Assurance Committee regularly.	
5.2 5.2.1	**Quality** **Quality Report** FW, Chief Medical Officer and Chief Paramedic Officer presented the Quality Report. She emphasised the importance of reviewing reported incidents to ensure learning and feedback loops are established for reporters. This approach is critical in fostering a culture of continuous improvement and accountability. She reported no schedule 2 controlled drug losses, reflecting robust management practices. Some errors in the controlled drug register were noted, consistent with patterns seen across other NHS trusts operating in emergency settings. She updated the Board that current work is focused on digitalising the controlled drugs register to minimise errors and enhance accuracy. An update on this initiative will be presented in due course. The Board heard that with the onset of autumn and the academic year, there is a heightened focus on infection control measures due to the anticipated increase in viral outbreaks. Handwashing campaigns and stringent infection control practices are being reinforced. LAS is proactively engaging with regional health panels to stay informed about outbreaks and provide timely guidance to clinicians and call handlers in both 999 and 111 services. FW highlighted the importance of public access defibrillators to improved cardiac arrest outcomes, as highlighted in the Chief Executive Officers report and the upcoming Life Hike initiative. She informed the Board that over the reported period, PADs were used 15 times, successfully restarting the heart in 11 cases.	

	These outcomes underscore the critical role of PADs in providing life-saving intervention during time-sensitive cardiac emergencies, particularly in locations where ambulance response times may not meet the required immediacy. SC requested more detail on the increase demand within mental health. FW responded that there is greater awareness and acceptance of mental health issues have encouraged more individuals to seek help. Public campaigns and high-profile endorsements by celebrities have reduced stigma, making it more acceptable to discuss mental health openly. She added that LAS has LAS has implemented specialised support systems, including Mental Health Joint Response Cars and Mental Health Nurses in Clinical Hubs (999 and 111). FW highlighted LAS's commitment to being a reliable point of contact for those in crisis, ensuring no patient is turned away after making the difficult decision to seek help.	
5.2.2	**Quality Assurance Committee Report** The Chair of the Quality Assurance Committee (QAC) provided an update on the committee's activities since the last board meeting. KB, Non-Executive Director stressed the need to balance response time targets with the clinical benefits of admission avoidance efforts. He urged the Board to consider the broader healthcare system impact and patient outcomes when evaluating productivity and response times. Aligning operational improvements with clinical priorities is key to achieving sustainable, patient-centered care. DE acknowledged national discussions around job cycle time as a key performance metric. Preliminary insights suggest LAS's job cycle time is relatively longer compared to other ambulance services. He recognised that London's geography and service complexity could contribute to longer job cycle times, including factors such as urban density, traffic, and the availability of alternative care providers.	
5.3	**People and Culture**	
5.3.1	**Report from the Chief People Officer** The Chief People Officer provided an update on the workforce and culture-related activities within the LAS, focusing on key metrics, staff well-being, diversity and inclusion initiatives, and ongoing efforts to enhance the organisational culture. He highlighted that recruitment efforts are strong, with robust pipelines and low turnover rates. He also highlighted the London Ambulance Futures Festival (LAFF) as a successful collaboration between operations, HR, and the EDI (Equality, Diversity, and Inclusion) team. It attracted 600 potential applicants from diverse community backgrounds. He emphasised the need to further enhance pipelines to ensure inclusivity in recruitment. He informed the Board that regarding employee relations KPIs goals had been set to resolve employee relations issues within 12 weeks to improve staff experience and	

	engagement. He acknowledged the challenge of meeting this target but stressed its importance in enhancing workplace culture. He updated the Board that focus on shifting the HR function from transactional operations to a quality-driven approach that positively influences staff experience. New systems and support tools are being implemented to facilitate this transformation. Regarding cultural programme progress the Board noted significant progress in encouraging participation from individuals across a range of backgrounds. He added that a deep dive into call handler-to-frontline clinician pathways highlighted improvements in supporting diverse career progression opportunities. He updated the Board that there had been an identified need for more detailed data, trends, and analysis in FTSU reports. He added that commitment to addressing these gaps, with updated reporting were planned for the next People and Culture Committee. He informed the Board that he had received a nomination for Chief People Officer of the Year and the People Team's shortlisting for Team of the Year.	
5.3.2	**People and Culture Committee Report** DMG highlighted a step change in LAS's ability to foster participation and career growth opportunities for individuals from diverse backgrounds. He acknowledged the need for enhanced data quality, trend analysis, and deeper insights within FTSU reports.	
5.3.3	**EDI Committee** RD informed the Board that the meeting introduced a new approach to Equality, Diversity, and Inclusion (EDI) by integrating both employee-focused strategies and patient-centered efforts to address health inequalities. This dual focus aims to create a workplace culture that supports diversity while also ensuring equitable healthcare delivery for underserved populations. The shift marks a commitment to aligning organisational practices with broader systemic goals. The committee reviewed progress on the EDI work plan, which has achieved significant milestones over the past year. Key developments include the establishment of a dedicated EDI team, increased board-level oversight, and the formation of cross-organisational working groups. The committee also examined LAS's efforts to address health inequalities, aligning its strategy with the NHS Core20PLUS5 Framework. LAS's "PLUS 5" priorities focus on five key areas: sickle cell disorder, autism and disabilities, maternal health, mental health crises, and cardiovascular risk management. He added that looking ahead, the EDI team will continue to drive leadership accountability, refine recruitment practices, and ensure compliance with legislative standards. SC requested further explanation of the monitoring of hiring managers to writing to DE regarding unsuccessful BAME candidates. RD responded that independent oversight has already been implemented in two key recruitment programs, with plans to expand this to additional processes. Progress and outcomes will be tracked through the EDI Committee, with regular updates provided to the Board. Data will be analysed to assess whether these interventions improve success rates for BME candidates and address inequities in recruitment practices.	

	ME informed the Board that a LAS Culture session will be planned at a future Board Seminar.	
5.4	**Finance**	
5.4.1	**Director's Report** RPa, Chief Finance Officer reported that the Trust posted a deficit of £1.5 million, approximately £2 million behind its planned position. In response, the Trust has implemented a recovery plan approved by the Executive Committee and the Finance and Investment Committee to bring the financial forecast back in line with projections. Despite the deficit, the Trust continues to forecast a break-even position by the end of the financial year, supported by strategic cost management and investment planning. The Trust is undertaking a significant capital investment program in alignment with operational and sustainability goals. Ongoing commissioning of double-crewed ambulances, though at a slower pace compared to previous years, reflecting a strategic shift in priorities. A planned investment of £25 million in three facilities in Northeast London. The first facility, a new resilience hub, will consolidate emergency service streams and improve operational efficiency. The business case has been approved, and procurement and construction phases are underway. He continued to report to the Board that steps are being taken to allocate significant clinical resources to specific groups, fostering a sense of ownership and responsibility. Programmes aimed at achieving a 6% reduction in carbon emissions are being implemented as part of the Trust's sustainability agenda. A major project to align rosters with operational needs is in progress. This aims to improve staff satisfaction by creating balanced schedules, reducing the disproportionate burden of night and weekend shifts, and ensuring rosters meet operational requirements effectively. He added that efforts continue to enhance local ownership and management of assets, particularly through the Make Ready Teams. Site visits over the summer indicated strong relationships between Make Ready Teams and operational staff, with notable improvements in local alignment and pride in operations.	
5.4.2	**Finance and Investment Committee (FIC) Report** The Chair of the Finance and Investment Committee informed the Board that he committee expressed confidence in the mitigation strategies and operational improvements underway but acknowledged challenges in financial delivery and commissioning. He commended the financial leadership team and the wider team for the exceptional quality of their analysis during the meeting. He highlighted the consistent improvement in the depth and clarity of financial insights presented, which has become increasingly impressive with each meeting. This acknowledgment reflects the team's dedication and expertise in providing actionable and comprehensive financial reporting, enabling the Trust to navigate complex financial challenges effectively.	

	The Board extended its gratitude to the financial leadership for their continued commitment to excellence.	
5.4.3	**Audit Committee Report** The Chair of the Audit Committee provided an update on the committee's activities. He updated the heavy lifting and good work conducted by individual committees in managing organisational risks. He highlighted progress is being made, but further refinement is needed to reflect responsibilities such as the National Ambulance Resilience Unit (NARU), the Southern Ambulance Services Collaboration, and improvements in 999 EPRR data quality. The Board noted reinforced executive action to withdraw care in cases of racist patient abuse, reflecting the board's risk appetite for addressing such behaviour decisively. He highlighted the Trust's openness to innovation, as seen in ongoing 111 service reconfigurations in London. Cybersecurity was flagged as an area requiring ongoing attention. A self-assessment against the Provider Governance Code was conducted in response to an audit recommendation. He informed the Board that the Audit Committee would benefit from greater clinical representation, potentially formalizing roles for better oversight of clinical risks and integration. Reviewed logs for single tender waivers, with feedback indicating a robust governance process. The Procurement Board had shown strong performance in ensuring compliance and managing supply chain issues effectively.	
5.4.4	**Charitable Funds Committee Report** The Chair of the Charitable Funds Committee provided an update on the Committee's activities. He informed the Board that the Trust is beginning to generate its own funds through internal activities. There was a significant discussion about formalising the approach to hardship awards. The goal is to ensure clarity in decision-making and maximize the impact of limited resources. Steps to increase structure and discipline are considered essential. However, these processes will be open to review to adapt as needed.	
5.5 .	**Corporate Affairs – Director's Report** The Director of Corporate Affairs highlighted the focus on managing and addressing complaints, particularly in response times. He informed the Board that backlog of complaints has been managed well. Performance on the 35-day response target was only 36% in June. A deep dive identified 22 process-	

	related bottlenecks as primary issues. Process improvements were implemented, raising the response rate to over 50%. He added that efforts will be aimed to targeting a 75% response rate by year-end and that progress is encouraging but requires continued monitoring. Regarding the Data Security and Retention Toolkit, he updated the Board that the Trust had successfully met standards for the past few years. This year's compliance received a "very good pass mark." He added that new requirements align with the Cyber Assessment Framework would be upcoming challenge. He updated the Board that Committees had reviewed and updated their terms of reference. He also updated that the Audit Committee had conducted a comprehensive review of the Provider Code of Conduct Assessment. The Board noted the reports.	
5.6	**Digital and Data Committee Report** The Chair of the Digital and Data Committee provided an update on the Committees activities. The Committee reviewed the Data Quality Review of Patient Care Record System and concluded with "significant assurance" but identified minor areas for improvement. Actions are being developed based on the review's recommendations. The Committee highlighted the potential to move some infrastructure to cloud-based services, contributing to the green agenda and improving system configurations over time. They noted the importance of maintaining cyber resilience. The Committee received updates on enhanced processes for tracking and reporting on ongoing projects. Also on how Clinical Digital Safety Officers ensure compliance and safety during system rollouts.	
6. Strategy		
6.1	**LAS Digital Strategy** CM, Chief Digital Officer informed the Board that the strategy is aligned with the broader trust goals, focusing on digital and data ambitions. Investments in infrastructure have modernised telephony systems, replaced CAD (Computer-Aided Dispatch), and introduced EPCR (Electronic Patient Care Records). These advancements have significantly reduced service disruptions caused by IT failures. She informed the Board that six digital outcomes defined in the strategy aim to enhance frontline and control room digital experiences, ensuring systems are secure, resilient, and user-friendly. The strategy, endorsed by the Digital Data Committee, is presented for final Board approval. The Chair welcomed the clear presentation of the LAS Digital Strategy. The Board approved the LS Digital Strategy.	

7. Planning - LAS Business Plan		
7.1	**Update on Trust Business Plan for Q1** RD informed the Board that the business planning process is closely aligned with the trust's broader strategy, now in its second year of delivery. Regular progress is reported to ensure alignment with strategic priorities. He highlighted progress in Q1-bOut of 74 objectives: • 58 are on track. • 12 require adjustments but are expected to align by year-end. • 3 are off track due to issues related to external funding and finance He continued with updates include adding objectives, such as addressing gaps in uniform policies, including introducing female-fitted uniforms to improve inclusivity. Also, procurement challenges have been mitigated by leading initial orders, with some ambulance trusts agreeing to adopt female-specific uniforms. DE informed the Board that nationally, ambulance uniforms have been unisex, creating challenges for female staff. A new female-fitted uniform has been procured, though higher costs have been a challenge. Efforts to reduce costs through collective procurement are ongoing. RD concluded that there would be continued review in Q2 to assess progress and implement further adjustments as needed. The Board noted the next steps and the business plan review process being undertaken.	
7. Assurance		
7.1	**Risk Appetite Statement** ME, The Director of Corporate Affairs informed the Board that the organisations risk appetite is periodically reviewed, with the most recent version considered by the Audit Committee. He added that new category, Cultural, has been introduced with a high-risk appetite. This reflects a commitment to addressing ingrained issues such as racism and sexism, whether between staff members or from the public toward staff. He highlighted that the introduction of this category underscores the organisation's willingness to take courageous actions to tackle cultural issues. He added that the framework was developed prior to recent external events (e.g., riots), but aligns well with current priorities, such as supporting staff against racist abuse He concluded that the Audit Committee expressed satisfaction with the updated risk appetite framework. The Board approved the Risk Appetite Statement.	
7.2	**Board Assurance Framework (BAF)** ME presented the latest iteration of the BAF that had been reviewed by lead executives and assurance committees.	

	The framework has undergone significant updates since its last review in June 2024. The executive team and committees have refined risks, adjusted scores, and introduced new entries. New Risk Entries: • Expenditure Risks for 2024/25: Related to budget concerns, as discussed in earlier board sessions. • GRS (Global Rostering System): Highlighted as a new area of concern with associated risks now formally recognised. He added a new entry on health inequalities is being developed for future consideration, though it is not yet included in the BAF. The Board approved the Board Assurance Framework.	
8. **London Ambulance Service Public and Patient Council (LASPPC) update**		
8.1	RD highlighted Notable debate on health initiatives, including work on sickle cell conditions and a food programme. The committee welcomed these programme and provided constructive advice. Discussions focused on strengthening the committee's representation of diverse communities, individuals, and conditions. Plans to evolve the committee's structure and role are under consideration. The Board noted the London Ambulance Service Public and Patient Council (LASPPC) update.	
9. CONCLUDING MATTERS		
9.1	**Any Other Business** There was no other business.	
9.2.	**Date of Next Meeting** The next public meeting of the Board would be held on 5th December 2024.	

2.2. Action log

For Discussion

Presented by Andy Trotter

London Ambulance Service NHS Trust

ACTION LOG – December 2024 Public Board

Meeting	Action	Lead	Due	Update
	No outstanding actions.			

3. Patient Story: Feedback on Paediatric Call

For Information

Presented by Fenella Wrigley

4. Chair and Chief Executive Report

For Information

4.1. Report from the Chair

For Information

Presented by Andy Trotter

4.2. Report from the Chief Executive

For Information

Presented by Daniel Elkeles

London Ambulance Service NHS Trust Board meeting November 2024

Report from the Chief Executive Officer

With the nights already drawing in, I would like to start my report by sharing our detailed plans to bolster our emergency care operations ahead of winter. Our approach will mean more ambulances on the streets, more emergency care clinicians available to patients over the phone and strengthened emergency care coordination across the NHS in London. Developed with our NHS system partners, including integrated care boards and the capital's hospitals, our plan includes:

- **Increasing the number of ambulances on the streets and staff in control rooms** by more than 10 per cent throughout the week and putting up to 60 additional ambulances on the road at peak times to meet demand.
- **Increasing the number of clinicians who are able to 'hear and treat' patients** over the phone – giving expert medical assessments and advice to reduce the number of people going to A&E unnecessarily wherever possible.
- **Maximising use of other forms of care** with smoother access into local non-A&E services and more use of specialist mental health cars and community response cars, which pair paramedics with nurses to reach vulnerable people.
- **Strengthening day-to-day pan-London coordination** with a special control centre at LAS to monitor emerging issues and work with NHS partners to resolve them.

- **Strengthening pan-London protocols for times of pressure** to ensure all parts of the system understand their role and prioritise essential actions so care is available for the sickest patients.

We are going into this winter with the clearest plan we have ever had, created in partnership across the NHS. We are optimistic we will see a well-coordinated and joined up effort from the NHS right across the capital.

Demand and performance update

In recent weeks, 999 calls volumes have risen by almost 10 per cent and now are reaching around 6,000 a day, similar to pressure seen in winter 2020. In October alone, we received 650 more 999 calls a day than the same month in 2023. But that pressure is set to increase further, with Monday 25 November seeing more than 7,000 calls into our 999 services – a number usually only seen on New Year's Eve. On Monday 25 November, we received our highest ever number of 999 calls for our Category 1 patients - those with life-threatening illnesses or injuries. As a result of this increase in demand, the Trust moved to its highest level of escalation (REAP 4) at the end of November.

The recent spike in call numbers comes due to the combined impact of wintery temperatures and rising rates of viral infections and respiratory illnesses, which we expect will rise further in the weeks ahead.

We are once again asking Londoners for their help so we can continue to reach our most seriously injured and sick patients quickly. We would encourage those who are eligible to have their flu and COVID-19 vaccinations. We would urge Londoners to stay warm, take your medications, and seek medical help if you need it, without ignoring your symptoms. NHS 111 online is always a good place to start. It is important Londoners use the 999 service wisely: only calling when it's a serious medical emergency so clinicians can prioritise responding to the most seriously ill and injured patients.

Our team members do an incredible job working under such pressure to ensure our patients receive the care they need. You may have seen this in action while watching episodes of the award winning BBC programme Ambulance, the last episode of this series of six having aired on Thursday 21 November before it returns next year. Following LAS crews, the series has shone a spotlight on topics including how our colleagues respond to significant incidents and the impact of hoax 999 calls and assault on crews. Throughout the series, we have seen many touching stories highlighting our crews' clinical skills, kindness and compassion.

There is huge public interest in the work we do, with the shows averaging around two million viewers with a 15% audience share at that time. The series has also drive a huge amount of interest in our website and social media channels. The feedback we are seeing from the public and partners is how incredible our teams all are and I could not agree more.

The future of the NHS

On 21 October, we were honoured to welcome the Prime Minister Sir Keir Starmer, Secretary of State for Health and Social Care Wes Streeting and ministers from the Department of Health and Social Care to our Newham Dockside Education Centre to launch the Government's landmark consultation on the NHS 10 Year Plan.

I was immensely proud that LAS was the front and centre of this significant occasion, with Mr Streeting saying: “One of the reasons we visited London Ambulance Service was because this Service is a great example of what the NHS can do with the right combination of investment but also reform, change and modernisation. This is a Service which is showing what the NHS could be if we deliver the three big shifts that we need – including a shift out of hospital into the community, analogue to digital and sickness to prevention.”

On the day, I was pleased to take the Prime Minister and Health Secretary to our Emergency Operations Centre, where they met dispatchers, Siobhan Jones-Evans and Liam Islam, who explained what working life is like when thousands of 999 calls are answered every day.

The Health Secretary has set up 11 working groups to support the development of the NHS 10 Year Plan and I'll be contributing to the group examining ‘mobilising change’. This will look at the right balance between local and national direction and implementation, the most effective models for continuous improvement, measurement and evaluation, and the required support and training offers that can enable change.

In recent weeks, I have taken part in a number of discussions with our healthcare partners about the future of the NHS. The first was a panel conference by NHS Providers at their Annual Conference and Exhibition, covering how we can collaborate in healthcare to tackle the demand on our services. I also took part in a Health Service Journal Podcast where I joined Frimley Integrated Care System Chief Executive Officer Fiona Edwards, and policy guru Nigel Edwards to talk about what is needed from the Government’s 10-year health plan to improve how things operate.

We remember the fallen on Remembrance Day

On Monday 11 November Chair Andy Trotter and I joined representatives from the Armed Forces Network, British Legion Chaplain Father Chris Morgan, the Ceremonial Unit and many colleagues from Waterloo to hold a two minute silence at the HQ

memorial garden. I was pleased so many of us could gather together to pay our respects.

I also attended the Mayor's service at City Hall where I laid a wreath alongside our emergency service partners from the Metropolitan Police Service and London Fire Brigade. Operational Delivery Manager Peter Crean from our Ceremonial Unit also attended as a Standard Bearer at what was a very moving event.

Our Ceremonial Unit also attended the St Paul's Cathedral Garden of Remembrance ceremony to plant a cross in memory of our fallen friends and colleagues. I would like to thank all of those who took part in services and represented Team LAS.

Engagement with our stakeholders

I am always pleased to welcome stakeholders to our sites so they can see first-hand the fantastic work across the Service to deliver outstanding emergency and urgent care.

Since my last report in September, we've been pleased to welcome five Members of Parliament to meet teams at our sites. Julia Lopez MP (Hornchurch and Upminster) joined us at Romford Ambulance Station, Florence Eshalomi MP (Vauxhall and Camberwell Green) visited our teams at our Waterloo HQ, colleagues welcomed Sarah Jones MP (Croydon West and Minister of State for Industry) to Croydon South Ambulance Station, Rushanara Ali MP (Bethnal Green and Stepney and Minister of State for Housing) visited Poplar Ambulance Station and Natasha Irons MP (Croydon East) visited our Croydon Ambulance Station.

As we work to share best practice across the sector, we have also welcomed a large number of NHS England colleagues including Jenny Keane (Director of Urgent and Emergency Care) and Sanjeet Johal (Deputy Director for Urgent and Emergency Care) to our sites to gain insights from our teams and understand our work to improve staff wellbeing through Teams Based Working.

In October, we ran our second London Lifesavers drop-in event in Parliament. Our frontline colleagues trained almost 200 Members of Parliament, Peers and Parliamentary staff on how to perform CPR and how to use a defibrillator. Among these were Speaker of the House of Commons Sir Lindsey Hoyle and Chair of the Health and Social Care Select Committee Layla Moran MP. Health Secretary Wes Streeting MP also dropped by to speak to the team about the important work they are doing to fundraise for defibrillators in the heart of communities through our London Heart Starters campaign.

Celebrating our teams

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

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers recognised	Financial YTD
2024	January	139	1012	366	2627
2024	February	113	1081	299	2809
2024	March	137	1315	159	3265

2024	April	157	157	430	430
2024	May	163	351	410	913
2024	June	167	518	428	1341
2024	July	157	675	430	1771
2024	August	125	800	324	2095
2024	September	83	883	190	2285
2024	October	157	1040	387	2672

Our annual Our LAS Awards is one of the most important events for us each year and gives us an excellent opportunity to recognise our colleagues for their achievements. This year, our LAS Awards took place on 26 September with a staggering 1,300 people nominated and 250 people recognised as part of the winning teams.

With our Year of the Team theme taking centre stage, it was a huge privilege to welcome so many well-deserving teams up onto the stage to collect their awards – from teams in Ambulance Operations, our Emergency Operations Centres, Integrated and Urgent Care, to Corporate Services, Centralised Operations and Quality Improvement.

On 13 September, our Celebration of Service event saw 120 colleagues being recognised for a total of 3,100 years of service. This is a truly joyous event which gives a chance for me and the wider Executive team to say thank you for everything our long-standing colleagues have done throughout their careers, and to their families for supporting them.

In October, our colleagues further recognition for their work at the prestigious NHS Parliamentary awards.

LAS's work with Barking, Havering and Redbridge University Hospitals NHS Trust to enhance how teams hand over patient care at King George Hospital won the Excellence in Urgent and Emergency Care Award. We were also highly commended in the Excellence in Education and Training category for our Frontline Apprenticeship Pathway, which has helped almost 1,600 people to start or progress their careers in the ambulance sector since 2018.

Our Apprenticeship Scheme has been named Apprenticeship Employer of the Year by the Mayor of London for third year running, while also receiving the Health, Medical and Social Care Employer of the Year accolade at the Multicultural Apprenticeship Awards. This is a huge achievement for the team and a testimony to our commitment to ensure people from all backgrounds can start a career with us and our teams better reflect the diversity of London and the people we serve.

Our People and Culture team were also crowned the team of the year at the Healthcare People Management Association Awards 2024 for their work to transform our culture and ways of working. Our Chief People Officer, Damian McGuiness, was also named as People Leader of the Year at the same awards.

Our Head of Organisational Development and Talent, Shohail Shaikh, has been named one of the Top 50 Most Influential Black, Asian and Minority Ethnic People in Health by the Health Service Journal for his incredible work to inspire, celebrate and champion the contribution of the NHS Muslim community as a Co-Chair of the NHS Muslim Network.

London Life Hike

In September, I reported on the launch of our London Heart Starters campaign to install hundreds of public access defibrillators across London where they are needed most. In September, the campaign ran its first hugely successful fundraising event: the London Life Hike. The event saw more than 200 people walking through the beating heart of London, raising an incredible £25,000.

5. Director and Board Committee Reports

5.1. Performance

Operational Performance Report

For Assurance

Presented by Pauline Cranmer

London Ambulance Service NHS Trust

Report To:	**Public Board of Directors**			
Date of meeting:	5 December 2024			
Report title:	Performance Report			
Agenda item:				
Lead Executive:	Pauline Cranmer, Chief Paramedic Officer			
Report Author:	Pauline Cranmer			
Purpose:	**X**	Assurance		Approval
		Discussion		Information

Key points, issues and risks for the Board

The attached report refers to Trust performance and activity year to date, and specifically August to October 2024.

There has be a substantial increase in the total number of 999 contacts this financial year at 9.6% above the previous year April to October 2024. This equates to a total of 1,209,670 contacts so far in 2024/2025 financial year compared to 1,104,120 in 2023/24.

The LAS continues to deliver well against the national call answering mean target of 10 seconds, with year to date performance of 6 seconds.

The year to date category 2 outturn performance as at 31 October 2024 was 37 minutes and 42 seconds. This compares to 37 minutes 30 seconds in 2023/24 and is 1 minute 45 seconds above our agreed year end trajectory of 35 minutes 57 seconds.

The number of patients seen per shift by our clinicians has increased from 4.7 to 5.1 patients which supports the improvement in the effective use of resources. Although the increase appears small the impact of this has a substantive improvement in both our response times and safety for patients.

Continuing consistent performance can be seen in our Hear & Treat trajectory with August 19%, September 20% and in October we achieved 20%. This is above the national average.

The Integrated Urgent Care team managed 184k calls in October 2024 and saw increases in activity across all three previous months. Whilst this increase is in line with the expected seasonal variation, the service received 73k more calls than compared to the same three-month period in 2023.

The IUC team have managed an extensive increase in activity as well as improvements in performance across key metrics. Patient satisfaction has remained high and incident rates continue to be a very low volume.

On the 25th October the NHSE EPRR team and a member of one of the London Integrated Care Boards (ICB) visited the Trust to conduct a review of our assurance evidence.

The LAS winter plan was approved by the London UEC Board on 11th November and reflected the feedback received and decisions jointly reached with ICSs, as part of the development of the plan.

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

Recommendation/Request to the Board/Committee:
The Trust Board of Directors is asked to accept this report as assurance.
Routing of Paper i.e. previously considered by:

London Ambulance Service NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING
Performance Report – December 2024

This performance board report covers all key metrics for main service lines of the London Ambulance Service for the period 1 August 2024 to 31 October 2024.

1. 2024 – 2025 Operating Plan overview

Monthly performance against the agreed operating plan for 2024/25 is shown in figure 1 below.

As of 31st October 2024 the year to date Category 2 outturn performance was 37 minutes and 42 seconds compared to 37 minutes and 30 seconds in 2023/24. There has be a substantial increase in the total number of contacts this financial year at 9.6% above April to October 2024. There has been a total of 1,209,670 contacts so far in 2024/2025 financial year compared to 1,104,120 in 2023/24.

The year to date category 2 outturn performance as at 31 October 2024 was 37 minutes and 42 seconds. This compares to 37 minutes 30 seconds in 2023/24 and is 1 minute 45 seconds above our agreed year end trajectory of 35 minutes 57 seconds.

Metric	Apr-24	April Actuals	May-24	May Actuals	Jun-24	June Actuals	Jul-24	July Actuals	Aug-24	August Actuals	Sep-24	September Actuals	Oct-24	October Actuals
All incidents (AQI A7)	99,094	106,398	101,278	112,369	99,802	110,540	103,028	113,459	102,275	108,791	102,969	108,146	108,249	114,901
Incidents with Face-toFace Response (AQI A56)	83,234	85,530	85,064	91,352	83,835	89,168	85,518	90,767	84,883	88,132	85,456	86,539	88,961	91,886
C2Mean (Format = hh:mm:ss)	00:36:32	00:34:53	00:37:07	00:35:45	00:35:06	00:39:44	00:32:10	00:38:57	00:32:43	00:30:17	00:35:31	00:42:26	00:36:58	00:41:32
Average Handover Time (Format = hh:mm:ss)	00:24:00	00:24:02	00:24:00	00:23:40	00:24:00	00:23:05	00:24:00	00:22:44	00:24:00	00:22:04	00:24:00	00:23:14	00:24:00	00:24:02
Calls Answered (AQI A1)	110,568	116,678	125,033	126,575	130,141	129,663	122,314	132,025	124,124	119,952	129,522	129,105	129,003	135,790
Calls Answer Mean (seconds)	10	2	10	2	10	4	10	5	10	3	10	9	10	6
Total DCA resource hours	198,519	199,242	193,739	210,220	194,557	199,960	201,974	198,834	193,147	194,913	185,010	183,680	193,180	198,432
Total RRV resource hours	42,367	42,473	41,855	43,759	41,526	40,979	44,469	42,215	44,962	42,028	41,849	40,304	43,269	43,025
Hear & Treat	16.0%	20.0%	16.0%	19.0%	16.0%	19.0%	17.0%	20.0%	17.0%	19.0%	17.0%	20.0%	18.0%	26.3%

Figure 1: 2024/25 Operating plan trajectories with actuals (April to October 2024)

1. 999 Emergency Operations

Total contacts into EOC continue on an overall upward trend. August 2024 saw a reduction in demand, although remained at 4.8% above the number of contacts in August 2023. Demand for September and October were 7.2% and 12.3% higher than their respective months in 2023. Total contacts for August, September and October 2024 was 163,088,173,594 and 183,214 respectively.

The SPC in figure 2 continues to show common cause variation.

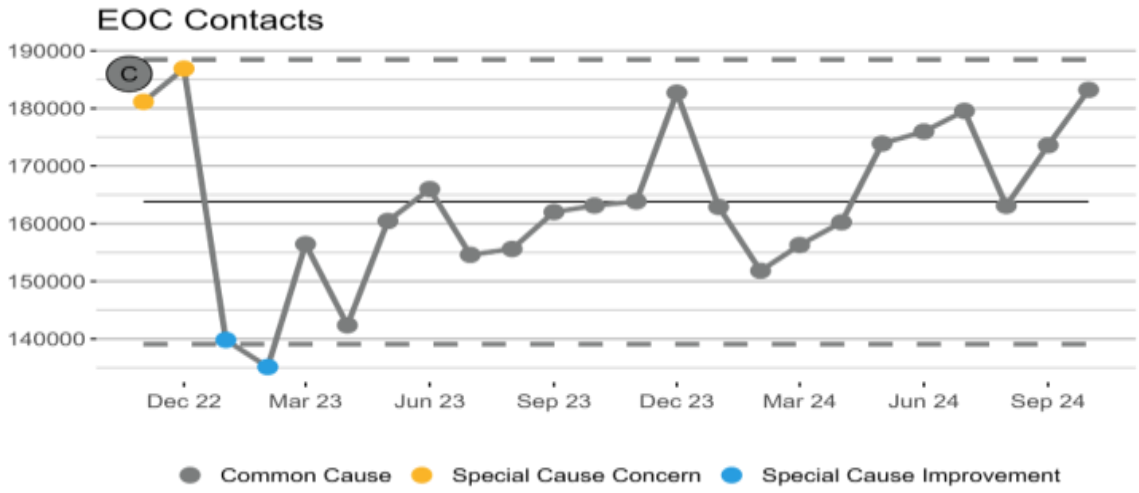


Figure 2: Total Contacts SPC

The call answering mean SPC (figure 3) continues to demonstrate special cause improvement and continues to the national target of 10 seconds. The call answering mean for August, September and October 2024 was 4 seconds, 9 seconds and 7 seconds respectively.

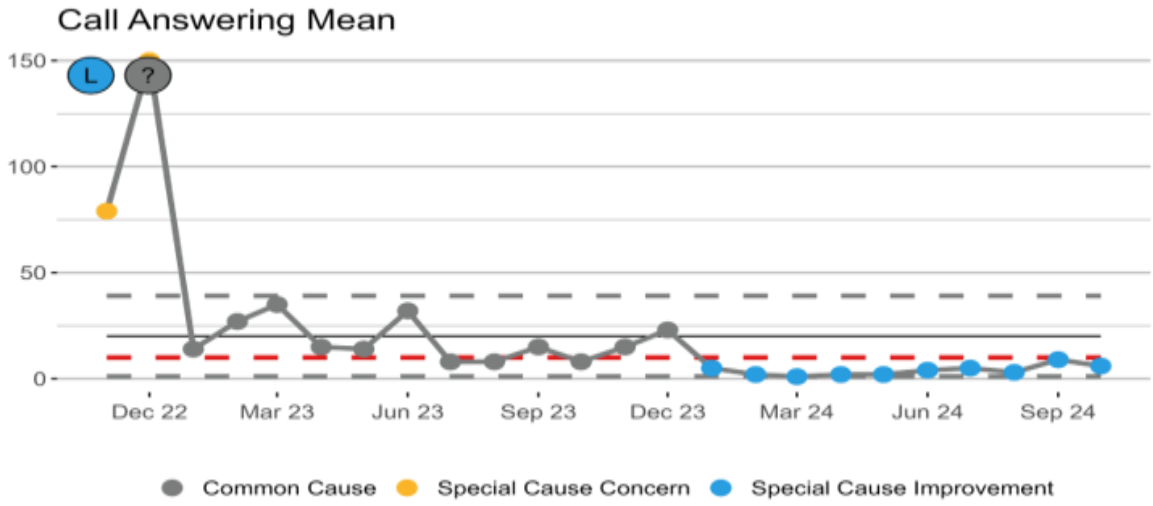


Figure 3: Call answering mean SPC

The LAS continues to exceed the national call answering mean target of 10 seconds and in the previous Trust Board report; actions were set out to improve performance across EOC. Progress against these are:

- A dispatch reset:
  - A 3 tiered approach in messaging and embedding changes has been delivered through team huddles, team days and core skills refresher training.
  - Monitoring adherence to operating procedure 23 for oldest, highest priority dispatch order, increased tier point coverage, focus on FRU rest breaks to protect shift changeover, welfare checks and reduction of out of service has been implemented.
  - Increased collaboration with clinicians has been instigated to increase joint clinical decision making and increase solo resource utilisation for vulnerable patients.
  - Increased awareness of patient safety themes.

- Reducing long dispatch times on category 2 calls:
  - The focus of dispatching to the oldest, highest priority patients has seen a reduction in the longest dispatch time from 92 minutes in September to 88 minutes in November 2024.
- Trialling auto-dispatch on category 2 calls to assess effectiveness:
  - This has been trialled twice since the last board report. This highlighted a number of challenges with the process and learning has been identified and shared with the computer aided dispatch system supplier. As a consequence system improvements have been made and a further trial is due to be completed.
- Delivery of key performance indicators for dispatch
  - A draft dashboard has now been developed by the Business Intelligence team to support delivery of dispatch performance. This is due to be implemented in January 2025.

To support these performance initiatives and to improve the effectiveness and efficiency of the EOC team, Performance Managers have now been recruited. They are responsible for direct management of call handlers and dispatchers and delivery of performance on the day.

2. Ambulance Services

The category 1 Mean SPC (figure 4) continues to show special cause improvement although has the national standard of 7 minutes has been inconsistently met. Performance in August was 7 minutes and therefore met the national standard. For September and October 2024, performance was 7 minutes and 37 seconds and 7 minutes and 31 seconds respectively.

Action is being taken to ensure the distribution and effectiveness of fast response vehicles across different periods of the day. This will improve responsiveness without the requirement for additional resources which would have an adverse impact on our category 2 patients.

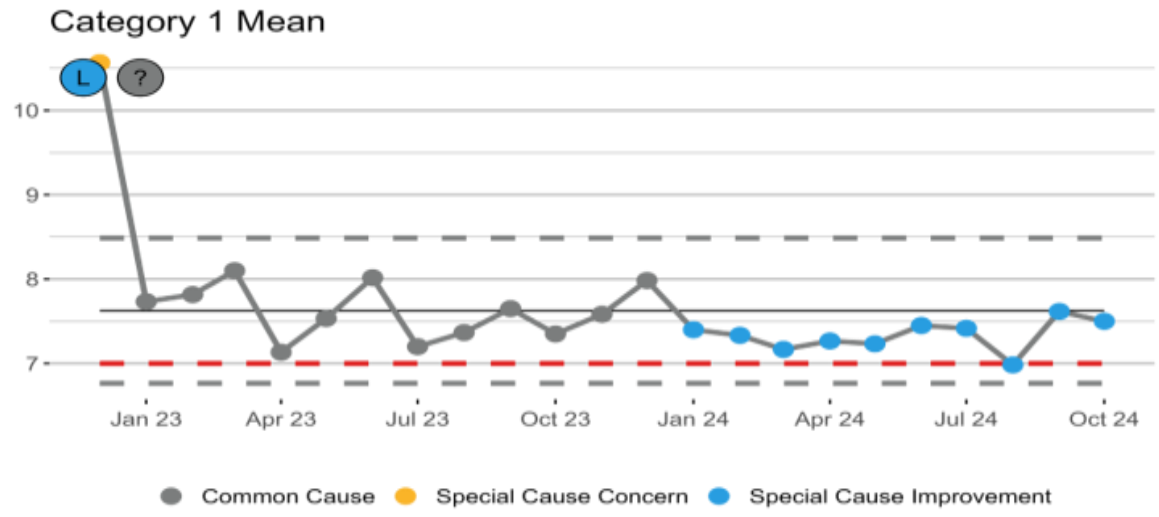


Figure 4: Category 1 mean SPC

The SPC chart for category 2 performance (figure 5) shows common cause variation and the 18 minute national standard has not been met. Performance for August 2024 was 30 minutes 18 seconds, September 2024 was 42 minutes 27 seconds and October 2024 41 minutes 33 seconds.

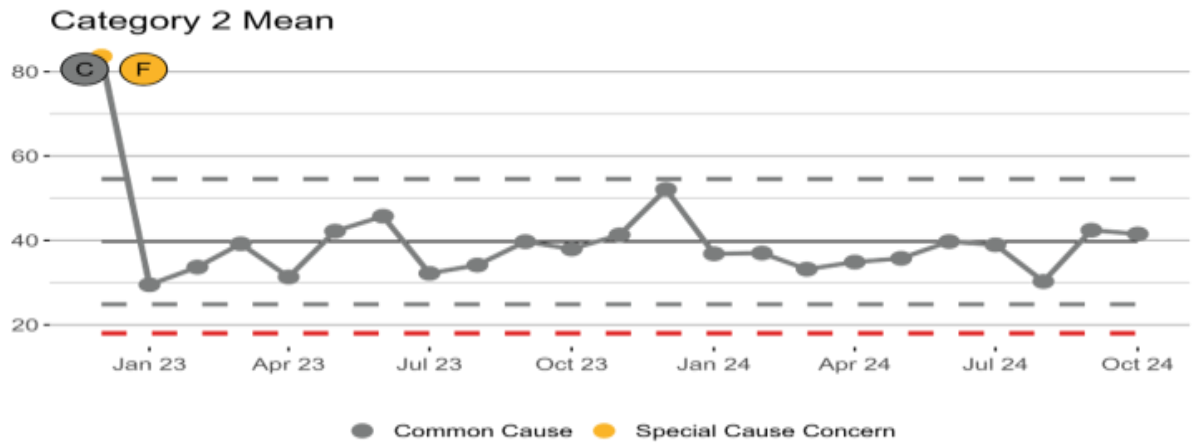


Figure 5: Category 2 SPC chart

Activities to improve our performance continues to be measured by 3 key metrics of patient contact time (job cycle time), non-patient facing operational hours (out of service) and how many patients crews see in a shift (patients per shift).

There has been improvements in all 3 metrics since the start of the year and are as follows:

- Patient contact time for all patients has reduced by 2 minutes and 21 seconds. For those patients we have conveyed to hospital we have seen a reduction of 3 minutes and 22 seconds “on scene” and the time taken for the crew to become available after handing over the patient at hospital has also reduced by 1 minute 30 seconds. The average time taken to handover the patient at hospital has remained the same at 24 minutes. This saving in time means that are crews become available quicker after each patient contact to attend patients waiting in the community.
- Non patient facing operational hours has reduced by 3.6%. This is primarily a reduction in the time that crews spend waiting for vehicles and equipment at the start or during their shift.
- Patients per shift has increased from 4.7 to 5.1 patients which indicates the improvement in the effective use of resources. Although the increase appears small the impact of these has a substantive improvement in both our response times and safety for patients. To continue to improve performance against this metric the upper quartile achievement across local group stations is being used as the benchmark for all staff by location with monitoring and action taken to address outliers.

The holistic operating model where greater empowerment of local teams to manage all elements of production of patient facing ambulance hours has been tested across 7 sites across London. This is now to be extended across the whole of the North West sector in a phased approach to further trial and assess the benefits to both our staff and patients.

The category 3 target of 60 minutes has not been consistently hit, with common cause variation shown (figure 6). Performance for the 3 months of August, September and October 2024 were 1 hour 6 minutes 15 seconds, 1 hour 42 minutes 30 seconds and 1 hour 40 minutes 48 seconds respectively. This continues to be significantly better than the average for England.

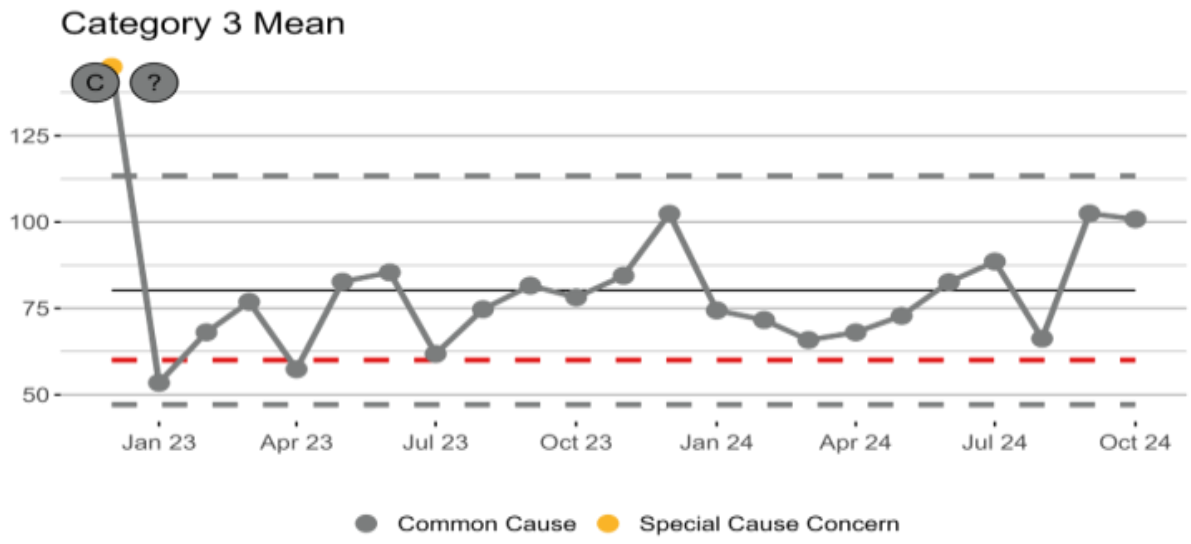


Figure 6: Category 3 SPC

Time lost at hospital is shown in the SPC (figure 7) and continues to demonstrate special cause improvement, although the target has not been met. The target was set as part of the 2023/24 operating plan as 0 hours lost greater than 15 minutes. The average handover time for October was 24 minutes 2 seconds (figure 1) and demonstrates a marginal increase from previous months. There continues to be challenges at specific hospitals where delays are routinely higher than the average. There continues to be local management and Executive engagement with these hospitals and ICBs to work collaboratively to address issues as they occur.

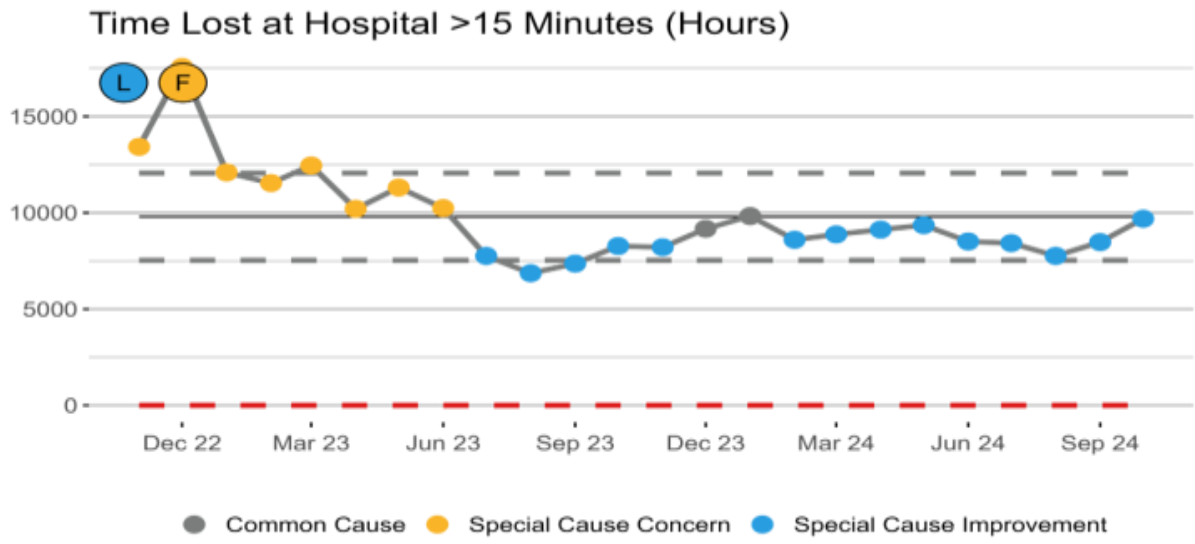


Figure 7: Time lost greater than 15 minutes SPC chart

3. National Context

The Ambulance Quality Indicators provide a national context for the ambulance sector and reflect how, comparatively, the LAS is performing. Figure 8 shows our performance against key metrics compared to the national average and to other ambulance services nationally.

Metric/Month	Aug-24		Sep-24		Oct-24	
	LAS	National	LAS	National	LAS	National
Category 1	00:07:00	00:08:03	00:07:37	00:08:25	00:07:31	00:08:38
Category 2	00:30:18	00:27:25	00:42:27	00:36:02	00:41:33	00:42:15
Category 3	01:06:15	01:30:33	01:42:30	02:12:54	01:40:48	02:41:28
Hear & Treat	19%	14.8%	20.0%	15.5%	20.0%	16.3%
See & Treat	27.1%	29.6%	26.5%	29.3%	26.3%	29.2%
Convey to ED	51.3%	50.8%	51%	50.4%	51.1%	49.9%
Call Ans. Mean	00:00:04	00:00:05	00:00:09	00:00:07	00:00:07	00:00:07

Figure 8: LAS performance compared to National performance

4. Winter Plan

The LAS has engaged extensively with system partners in the production of this year's winter plan. The main components of the plan were:

- Increased LAS resource on the road and telephone with a winter coordination cell 7 days a week.
- To reduce pressure on Emergency Departments by maximising use of alternative care pathways.
- Patient flow framework designed to mitigate against demand pressures.
- Clinical safety and oversight plan; setting out escalation steps across ICS systems.
- Timeline for implementation from 18th November through to 31 January 2025.

To achieve consensus across London, the LAS completed an extensive engagement and co-production process with ICS partners across London.

The plan was approved by the London UEC Board on 11th November and reflected the feedback received and decisions jointly reached with ICSs. The key changes to the final version of the document included introducing an additional level of escalation (Red level).

The LAS will monitor the implementation of this plan on a weekly basis feeding the reports into sector SCCs and will carry out a pan-London review of the impact of this plan at the end of February. Lessons learnt from LAS staff and partners from across London will help improve the process for next year.

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

Clinical Hub have an internal Hear and Treat target of 17-19% for the financial year of 24/25, we achieved 19% by Q2 and have a YTD of 19.5% as of October.

Detailing our performance monthly evidences a consistent H&T trajectory; August 19%, September 20% and again in October we achieved 20%. Figure 9 below reflects our H&T rate vs national average and demonstrates the productivity increase in patient assessments per clinician per hour.

Hear & Treat	June	July	August	September
LAS	19.3%	20%	19%	20%
National	15%	15.4%	14.8%	15.5%
Patients/hr	2.1	2.3	2.4	2.5

Figure 9 – LAS vs National H&T figures

The SPC Chart (figure 10) highlights continued special cause improvement, reflective of process change, increase in staffing levels, plus an increase in productivity. A robust H&T rate ensures patients are safely referred to appropriate care pathways thereby supporting Category 1 & 2 response and protecting ambulance dispatch for our patients with the greatest clinical need.

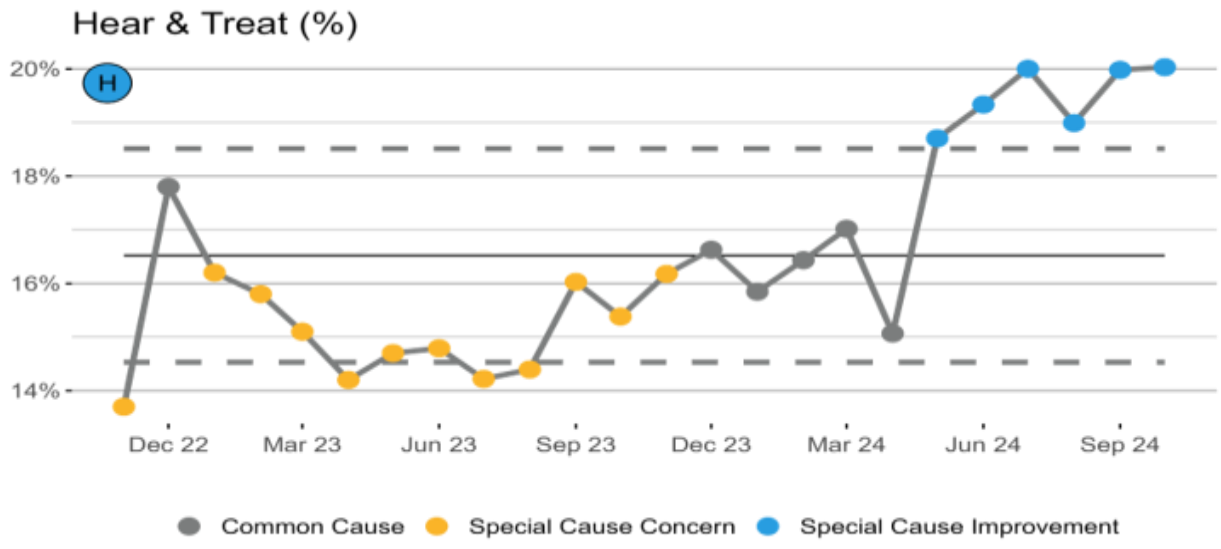


Figure 10 – Clinical Hub Hear and Treat Rate

In September 2024 we implemented Clinical Dispatch Support 24/7 and since this point have consistently undertaken over 4,200 assessments per week, providing clinical oversight of all calls awaiting dispatch and supporting patient safety.

We have achieved our Clinical Advisor recruitment plan ahead of the forecast November date, due to a combination of internal/external recruitment along with staff requests to convert their secondment to permanent roles. In conjunction with this, we have designed an online portfolio with Parafolio, supporting new and existing clinicians to enhance their clinical practice development and to enable the Clinical Hub to share learning from experience.

Our second station based remote site in Greenwich is operational, providing resilience for the Clinical Hub and supporting staff to develop into a clinical assessment and safety oversight role without the need to travel into central locations. We are working to implement a third site in NCL which is due to go live in November.

Despite issues with our Trust telephone recording platform Redbox, we have continued to maintain our Quality Assurance target by undertaking 100% of our planned audits for both Clinical Advisors (602) and Clinical Support Desk advice (75) in the month of September.

Category 2 Segmentation

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

Our C2 segmentation activity has contributed heavily toward national coding reviews undertaken by the Emergency Call Prioritisation Advisor Group (ECPAG). The recent review in September approved a further code set of Ambulance Medical Priority Dispatch System (AMPDS) determinants that are coded as Category 3 at the point of call handling. Whilst this supports the objectives of the Category 2 Segmentation, it reduces the list of Category 2 calls within scope of segmentation available to clinicians to validate.

We are working with the National Team to further expand opportunities for C2 Segmentation, in particular, our ability to undertake Clinical Validation prior to the dispatch of an ambulance resource.

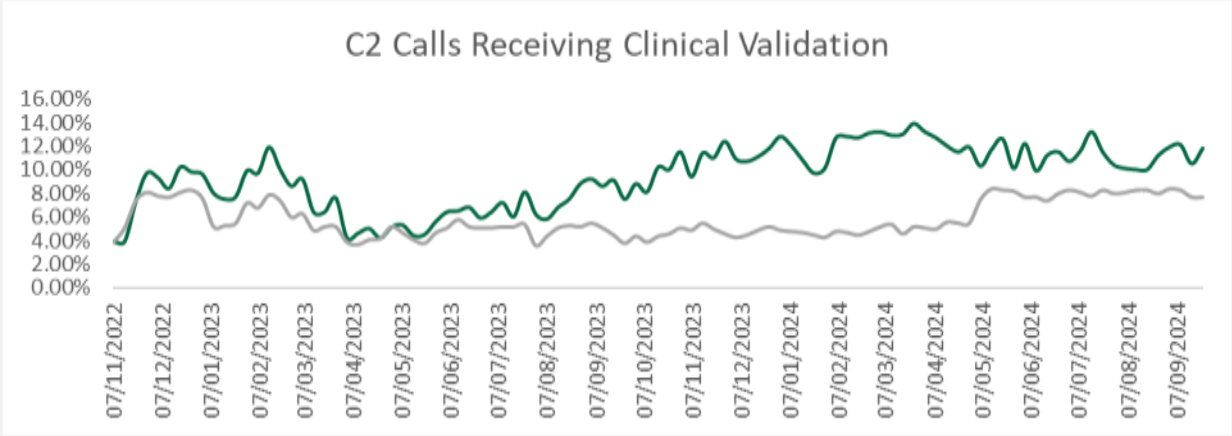


Figure 11: % of calls receiving clinical validation, LAS vs National

As we transition into the winter period, peaks in seasonal illness such as Covid-19, Influenza, and Respiratory Syncytial Virus alongside other high acuity clinical presentations are characteristically challenging to safely resolve via H&T.

The availability and accessibility of Alternative Care Pathways (ACP) is a leading limiting factor in our Hear and Treat capability. To mitigate this we have commenced delivery of our first Integrated Care Coordination (ICC) hub in North Central London, designed to enable enhanced collaboration with NCL clinicians and system partners in real time, to utilise and maximise these ACPs.

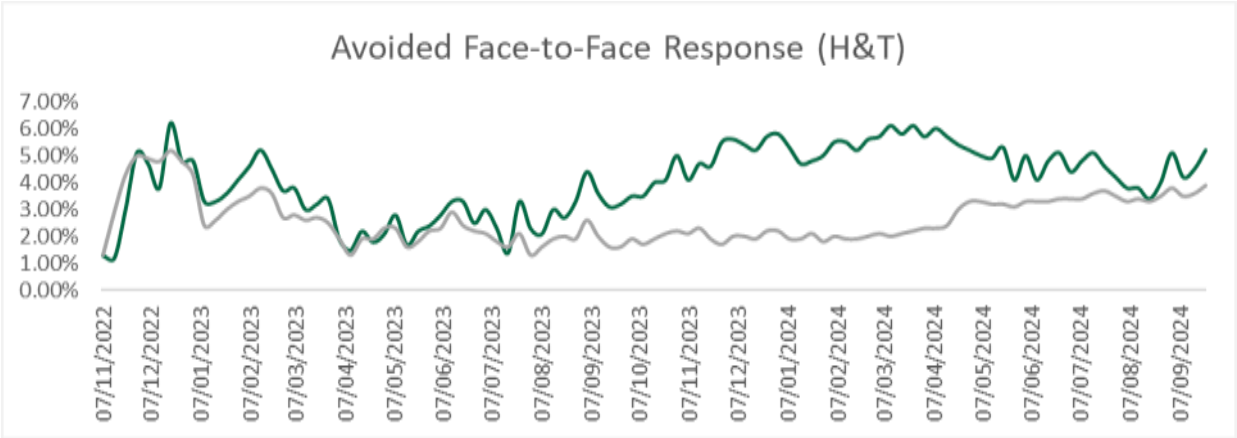


Figure 12: Category 2 Segmentation Metrics.

Of the calls validated in September and October 2024, 41.5% and 42.6% respectively were safely referred to suitable ACPs and avoided hospital conveyance.

5. Integrated Urgent Care (IUC)

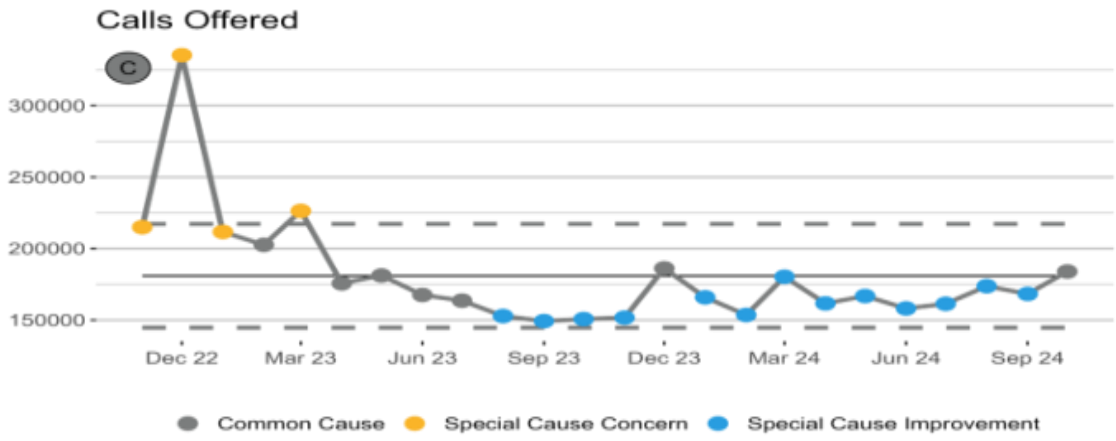


Figure 13:Calls Offered to IUC

The Integrated Urgent Care directorate managed 184k calls in October 2024 and saw increases in activity demand across all three months (figure 13). Whilst this increase is in line with the expected seasonal variation, the service received 73k more calls than compared to the same three-month period in 2023.

This increase in demand was as a result of the successful on-boarding of all NCL activity and the TUPE of LCW staff in August 2024, as well as, wider increases in demand being experienced across the service.

The LAS team supported the London region and wider national service with periods of resilience which also increased call volumes. Although the successful completion of an Adastra upgrade in September and unplanned telephony downtimes in August 2024 meant that the LAS used national resilience on one occasion.

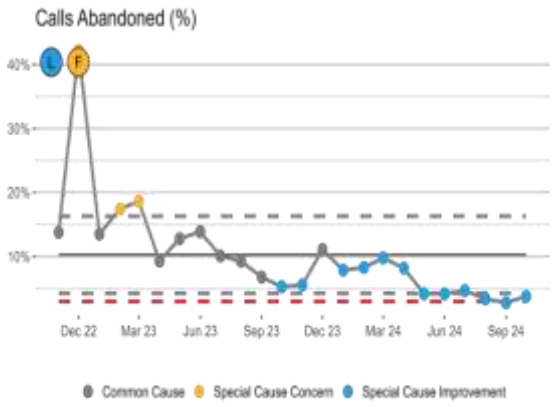


Figure 14: Calls Abandoned SPC

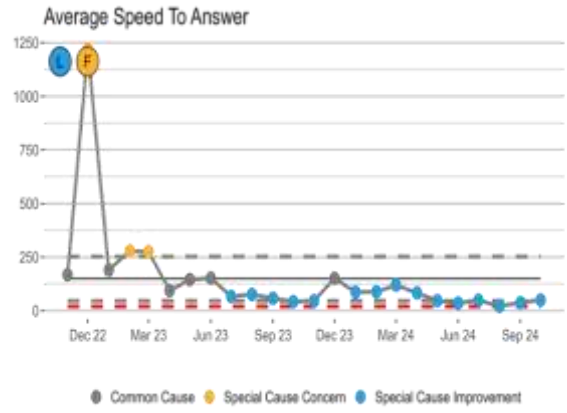


Figure 15: Average Speed to Answer SPC

The abandonment rate (figure 14) achieved by the service in August and September 2024 improved considerably and reached 2.8% in September which was within the 3% commissioned and local target.

This was also better than the local and London average performance. Abandonment rate then increased to 3.8% in October 2024 as a result of increased demand and sickness across the directorate which impacted our ability to achieve a full rota fill. Despite this slight increase in October, the performance over the past three months has continued to represent an improvement against the 12-month mean of 7.12%. This has been achieved through extensive work to improve staff productivity, redesign of the forecasting and scheduling processes, improved real-time performance management and provision of better data quality assurance.

Average speed to answer (figure 15) followed the same profile during the last three months with performance improving to 21 seconds in August 2024 and then increasing to 50 seconds in October 2024.

August's performance was better than the national average and close to the 20 second commissioned target. However performance in September and October 2024 was impacted by the reasons outlined above. This still represents an improvement against the 12-month mean of 73.4 seconds although further work is needed, through the transformation work streams, to achieve the KPI targets for both abandonment rate and speed to answer. These are both reflected in the quality priorities and business priorities for the service.

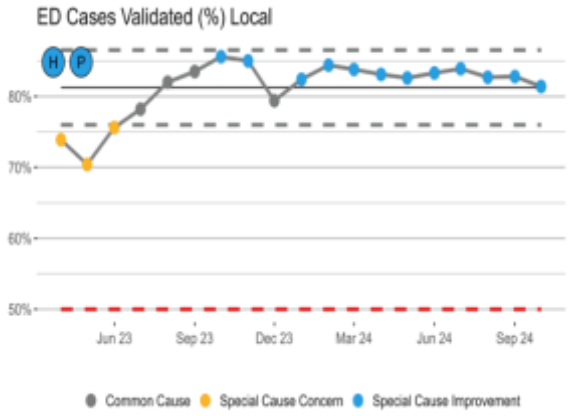


Figure 16: ED Cases Validation % SPC

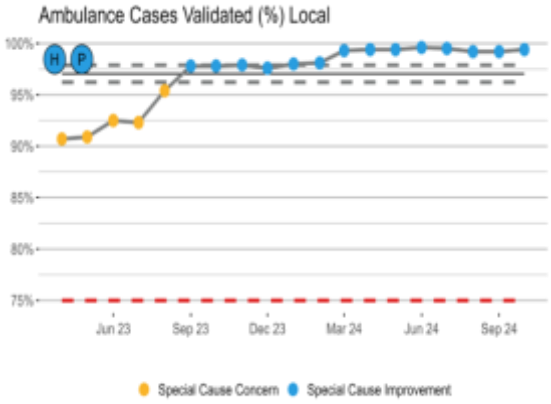


Figure 17: Ambulance Cases Validated %

During this reporting period, the service completed 17.9k ambulance validations and 5.3k ED validations per month which represents 99.3% (figure 17) and 82.3% (figure 16) of cases respectively.

The service achieved the targets for both of these metrics and supported the appropriate use of resources across the system.

As a result of the validations completed, 3.9k ED arrivals and 15.6k ambulance dispatches were avoided between the months of September 2024 and October 2024. The continued achievement of these metrics means that the directorate realised the quality priorities for the reporting period.

2.45k *5 cases were also completed per month between September 2024 and October 2024 with an average call back time of 20 minutes which is an achievement of the target. Improved real time management of the CAS and work to improve the productivity of clinicians working in the service has supported the achievement of these targets.

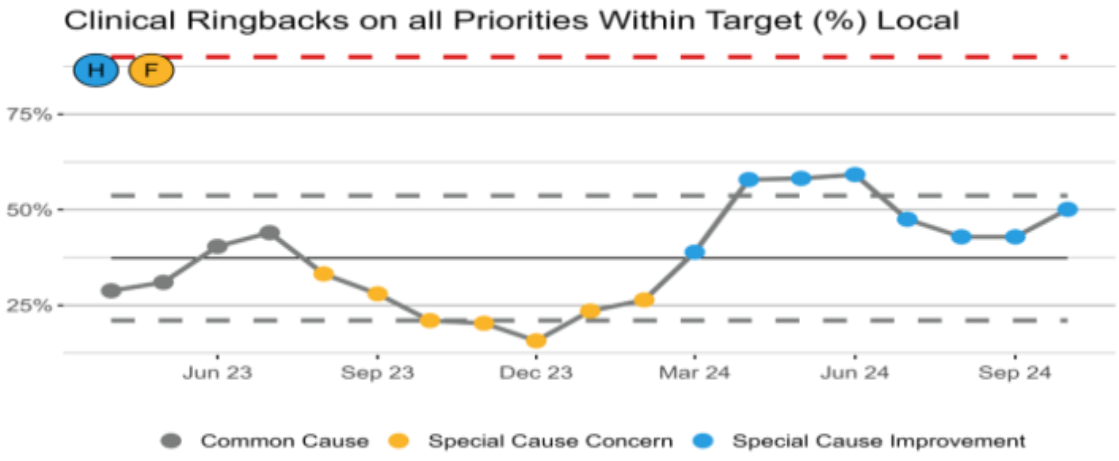


Figure 18: Clinical Ringbacks on all Priorities within Target % SPC

During this reporting period, the service managed 45k cases per month and achieved a performance of 50.1% (figure 18) in October 2024.

Whilst this is an improvement against the 12-month mean of 36%, it is recognised that performance in August and September 2024 was impacted by CAS demand and staffing levels.

October 2024 performance is better than the London and national average so represents progress towards the target. Further work as part of the transformation programme is planned to support the achievement of the 95% target. This will include further work to improve clinician productivity and a re-procurement of all CAS clinician supply routes.

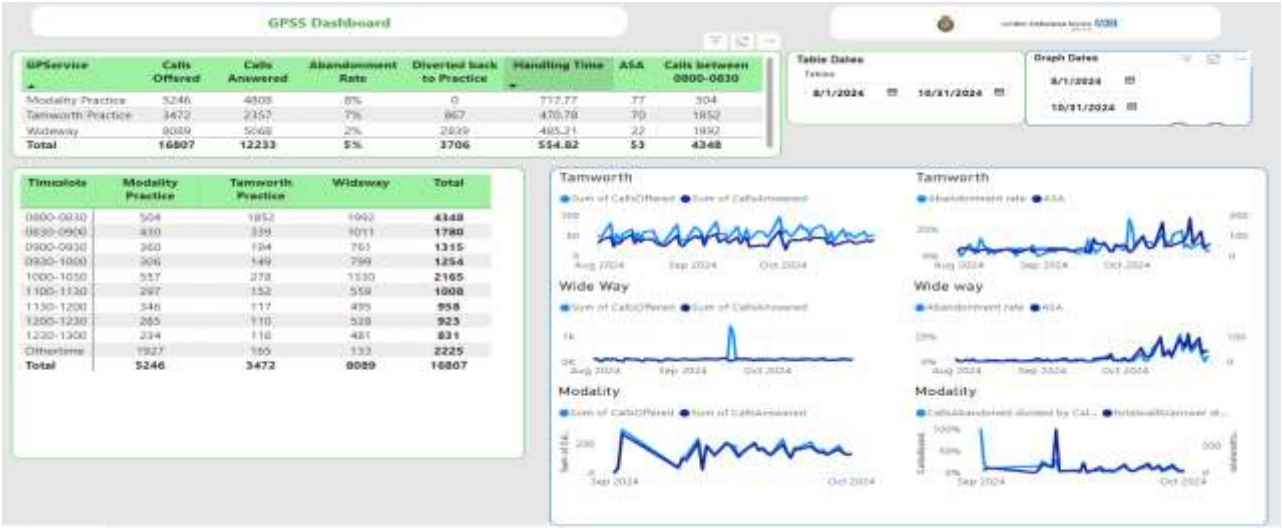


Figure 19: General Practice Support Service Dashboard

The General Practice Support Service managed 16.8k calls during the reporting period and achieved an abandonment rate of 5% and average speed to answer of 53 seconds.

Average handling time reduced to 554 seconds and the service has on-boarded three additional practices.

The team booked 6.1k GP appointments, 1.2k pharmacy appointments, and transferred 859 patients to 111. Of these, 61 were sent urgent ambulances and 43 were sent to an ED or UTC.

The service was a finalist in the Health Service Journal Awards; has been nominated for a GP confederation award, and won an LAS OurTeam commendation.

Extensive work was undertaken to on board Modality and this service has produced vast improvements for these patients. Work is underway to further improve the performance of the GPSS service and also expand it into other practices and regions.

The IUC team launched the 999-111 Warm Transfer process in September 2024 which has resulted in 5.5k patients per month being transferred directly from 999 to 111, receiving seamless care. This service has resulted in further integration of care for patients across the UEC system in London and multiple audits have been completed. The team are looking to further develop and expand these pathways.

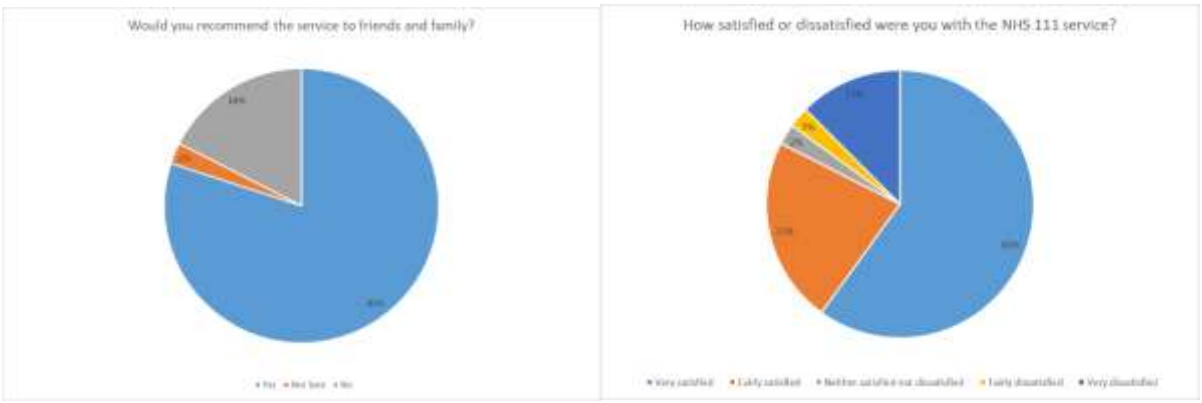


Figure 20: Patient Satisfaction Results

During this reporting period, the service achieved a patient satisfaction (figure 20) of 4.15 out of 5 which is aligned with previous months and represents a good service level.

This is supported by the fact that 80% of patients would recommend the service to friends and family. This feedback was obtained through a committed team calling patients to collect their feedback however this process is being replaced with an automated messaging system from the start of December 2024, which will contact up to 500k patients per year.

The continued positive feedback from patients has been shared with staff as part of regular engagement events. As per standard process, all staff are regularly audited to ensure that their calls are the highest quality which enables us maintain high patient satisfaction.

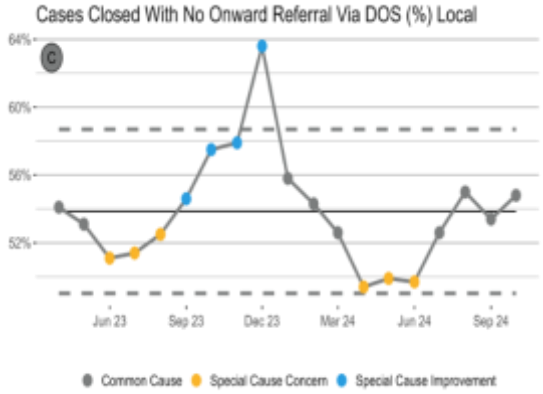


Figure 21: Cases Closed via DOS % SPC

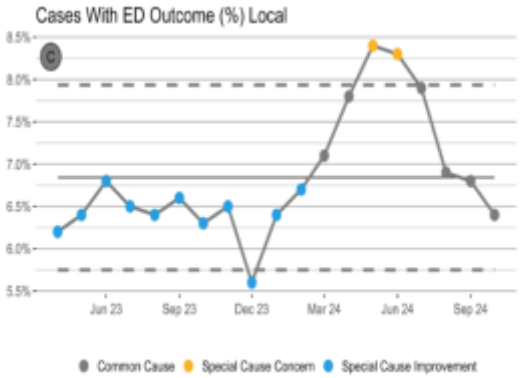


Figure 22: Cases with ED Outcome % SPC

Clinical outcomes for patients managed by the service remained positive throughout the reporting period with 54.8% of all cases managed by the service with no onwards referral in October 2024 (figure 21). This is in line with the 12-month mean and an improvement from 49% in April 2024.

Referrals to emergency departments (figure 22) also decreased during the period to 6.4% in October 2024. Work has continued to improve the DoS pathways and process during this reporting period. The CAS team have also completed clinical audits on clinicians to ensure consistency and high performance.

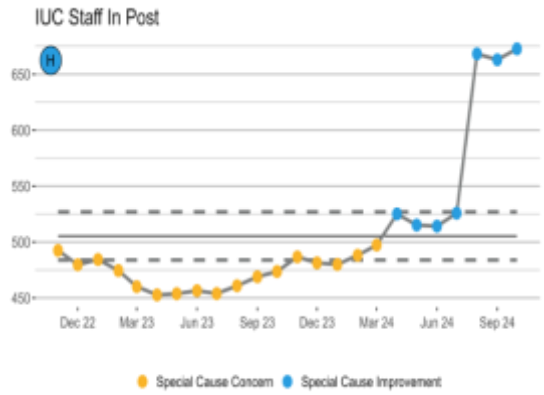


Figure 23: IUC Staff in Post SPC

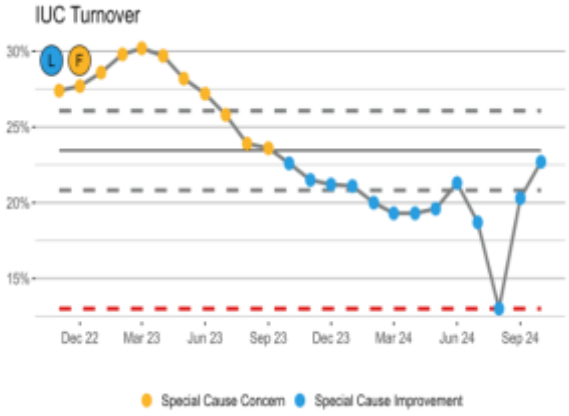


Figure 24: IUC Turnover SPC

Following the transfer of staff from LCW via TUPE, substantive staff in post increased to over 650 FTE (figure 23) and turnover (figure 24) has remained inconsistent whilst this process continues.

Work is underway to ensure that all LCW staff are fully on-boarded and aligned with LAS roles. The aim is to achieve a turnover of under 20% in future months. To support this, the management team continue to focus on 1:1s and appraisals, alongside wellbeing initiatives, training and development, and adequate staffing levels.

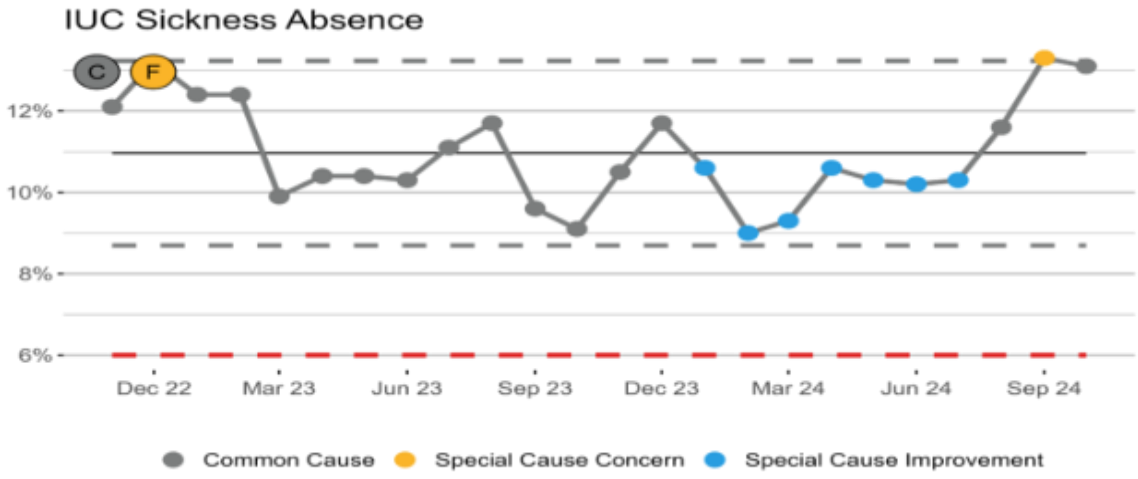


Figure 25: IUC Sickness Absence % SPC

As described above, sickness within the IUC team has increased during this reporting period to over 13% (figure 25). This has impacted the ability of the service to ensure rota compliance against forecasted staffing requirement. This has impacted performance, due to a 97% rota fill during the reporting period.

There is focus across the directorate on improving this position and actions are also being taken to ensure that performance is maintained despite the high rate of shift cancellation. Additional rota uplifts to account for shift cancellation are in place, with greater support from partners arranged and use of substantive, sessional, bank and agency staff utilised.

A review of IPC measures has been completed, and the vaccination programme prioritised, with wellbeing resources put in place. The team are urgently working to reduce sickness absence across the directorate to protect performance.

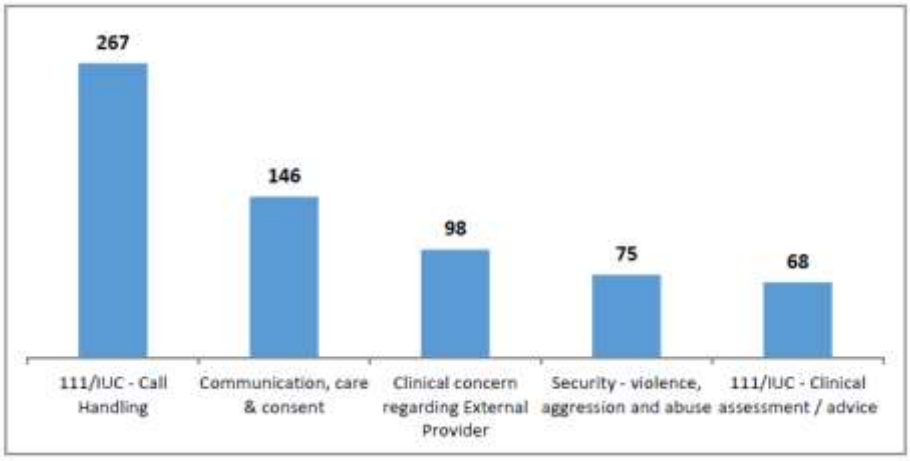


Figure 26: Reported Incidents between August 2024 and October 2024

During the reporting period, 766 incidents were reported which equates to only 0.08% of patient contacts (figure 26 shows the top 5 categories only which covers 654 incidents). Most of these incidents related to external providers however learning about accurate completion of demographics has been shared with the wider team via the monthly quality bulletins. Of the 766 reported incidents, 97% were graded as 'no harm'. The quality team closely monitor all incidents and ensure that they are triangulated with complaints and other feedback.

In summary, the IUC team have managed an extensive increase in activity as well as improvements in performance across key metrics.

Patient satisfaction has remained high and incident rates continue to be a very low volume. There continue to be challenges with adequate rota fill due to increased sickness within the team and urgent actions are being taken to improve this position despite the fact that the team size has increased extensively following the TUPE of LCW staff.

Further work is needed to meet the targets for each KPI (particularly the CAS call back time) and the ongoing transformation work stream is focussed on ensuring a positive performance trajectory.

The directorate has also continued with extensive service development including GPSS and warm transfer to further integrate UEC pathways for patients across London; this will continue during the next reporting period with a range of new projects and pathways being launched.

6. Resilience & Special Assets

The Data Protection and Security Toolkit (DPST) forms part of the NHSE annual assurance process and allows organisations to measure their performance against the National Data Guardian's 10 data security standards. The LAS must use the toolkit to provide assurance that it is practising good data security and that personal information is handled correctly.

Going forward awareness of business continuity will be introduced as part of the DPST and our staff's compliance against the business continuity awareness e-learning will be monitored.

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

On Monday 26th August we responded to a fire in a high rise building with cladding, in Dagenham. Our East Hazardous Area Response Team (HART) were on scene, four patients, all with minor injuries were treated.

Thursday 29th August we responded to a HazMat incident in Wembley, where a quantity of chlorine had been accidentally released into a public swimming pool. Our West HART attended and in total 11 patients were treated.

Monday 21st October we responded to a fire in a flat in a sheltered housing complex for the elderly. The West HART team attended and of the two patients treated.

During the early evening of Friday 25th October we responded to a stabbing incident involving 3 patients in Dagenham. As planned for incidents of this nature involving weapons, resources from the Tactical Response Unit (TRU) were dispatched.

On Sunday 10th November we responded to an incident where 3 members of the public were stabbed in Walworth. Three TRU were dispatched alongside the wider LAS response.

The LAS also responded to a complex incident which occurred on Thursday 17th October, for a road traffic collision in Eltham, which led to a number of fatalities.

The LAS have recently participated in two multi-agency live exercises.

Exercise Fawkes at Heathrow Airport was conducted on the 26th September and involved the response to a ground collision between two commercial aircraft.

The new Silvertown tunnel licencing exercise was conducted on 22nd October, providing an opportunity for the emergency services to practise and develop the response to a serious incident in the tunnel, which for the exercise was a multi-vehicle collision and subsequent fire.

5.2. Quality

For Assurance

5.2.1. Quality Report

For Assurance

Presented by Fenella Wrigley

London Ambulance Service NHS Trust

Report to:	Trust Board			
Date of meeting:	5th December 2024			
Report title:	Quality Report			
Agenda item:				
Report Author(s):	Dr Fenella Wrigley			
Presented by:	Dr Fenella Wrigley			
History:	The quality report has been presented to the Clinical and Quality Oversight Group			
Purpose:	X	Assurance	☐	Approval
	☐	Discussion	☐	Noting

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

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

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

Over September and October, we saw an increase in patients presenting with respiratory illness, chest pain and falls in both 999 and 111. September saw an increase in calls for patients aged 0 – 10 years which coincided with the start of the new school term.

The number of call for patients with mental health conditions continues to be high. LAS continues to operate Mental Health Joint Response Cars (MHJRCs) daily across four of the Integrated Care Systems (ICS) areas who deliver a see and treat rate of around 80%. In October three mental health transport ambulances were deployed operating from Hanwell, Islington and Greenwich ambulance stations.

There continues to be good reporting of patient safety incidents reflecting a positive reporting culture. In all areas after actions reviews, where appropriate, are facilitated by the patient safety team to maximise the learning opportunities.

A total of 481 physical assaults on staff have been reported since April 2024 up to end of October 2024. The greatest number of reported physical assaults (58%) occur due to the clinical condition of the patient. There have been a total of 29 successful prosecutions for assault recorded for incidents reported during 2023/24 and 5 during 2024/25 (up to end of October 2024).

Hand hygiene compliance for October was reported at 93%. 6 weekly deep cleaning by vehicle preparations was reported at 93% for October. In addition, station cleaning compliance undertaken by estates was reported at 96%.

Clinical Performance Indicators are a tool used to continuously audit the care the Service provides to 8 different patient groups. In September 2024 15 group stations achieved 100% completion, and 14 stations were at 97% or higher for compliance September 2024

In the latest national ambulance quality indicators (May 2024) the LAS was ranked 1st with 33% of patients achieving ROSC which was sustained to hospital arrival, well above the national average of 28%.

In September 2024 for all patients in cardiac arrest a Return of Spontaneous Circulation (ROSC) was achieved in 43% of patients with 30% sustaining ROSC to hospital. 8 of the 12 patients where a Public Access Defibrillator (PAD) was used achieved ROSC.

The 2023-2024 Cardiac Arrest Clinical Annual Report and the STEMI Clinical Annual Report have been finalised and presented to the Quality Assurance Committee.

A total of 10 Urgent Community Response (UCR) cars are continuing to operate across all five operational sectors. A total of 16530 patients have been attended by a UCR team to the end of October 2024. 908 patients have been attended by a UCR team in October 2024. The conveyance rate to an emergency department in October was 34%.

The early success produced by the St Helier 'Start of Shift' rapid improvement event was sustained at the 90-day improvement review conducted in September, with the 16-minute mean maintained and median time of 16 minutes 25 seconds.

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

For discussion and assurance

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

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – December 2024

Trust Quality Report – reporting on September 2024 data

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

The report covers four domains:

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

1.0 Safe

This section reviews the areas which are under the safe domain and how patients are protected from abuse and avoidable harm. This is covered in the Quality Assurance and Improvement Dashboard report pages 3 – 13.

1.1 Clinical Demand and maintaining safety

The increased demand which has been seen this financial year has continued as has been reported in the performance report. In expectation of continuation of high demand during winter there has been significant focus on collaborative planning for the next few months during last the reporting period.

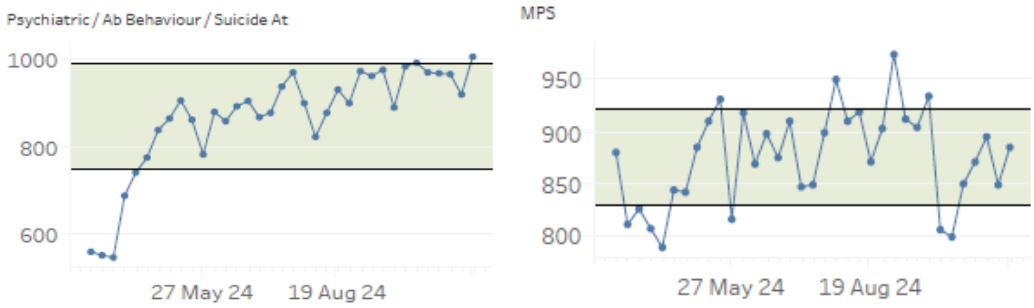
Oversight of patient safety, at periods of high demand, is maintained through use of the 999 and / or Integrated Urgent Care Clinical Safety Plans (CSP). CSP provides a framework for LAS to maintain clinical safety and deliver the fastest response to our sickest and most seriously injured patients whilst navigating patients with less serious conditions to care closer to home.

Over September and October, we saw an increase in patients presenting with respiratory illness, chest pain and falls - these trends are monitored carefully to ensure we are managing these patients using the best healthcare pathway available for their clinical condition. September saw an increase in calls for patients aged 0 – 10 years which coincided with the start of the new school term. Similar presentations were seen in 111 with coughs, earaches and cold / flu presentations increasing. Whilst viral illnesses are frequently a trigger for an exacerbation of an underlying respiratory condition, we know that air quality is also an important factor, and one which LAS is very committed to supporting the improvements around through the use of electric vehicles and work with the NHSE air quality programme.

Mental health presentations have continued at the higher level which we have seen since the Right Care Right Person was implemented.

The Trust continues to receive around 300-400 electronic referrals daily from the Metropolitan Police Service (MPS). Many of these are for patients with mental health concerns and are in addition to patients who contact 999 directly. We have mental health nurses working in our Clinical Hub who are able to give expert advice and support to both patients and our staff.

We are continuing to work closely with our partners across the wider health system to improve the support and care we offer to those patients who present to us from the Police with lower acuity health needs through access to Single Point of Access pathways and Mental Health advice lines.



Ensuring patients presenting with a mental health conditions receive the best possible care is a local and regional strategic focus. LAS continues to operate five Mental Health Joint Response Cars (MHJRCs) daily across four of the Integrated Care Systems (ICS) areas. The LAS will be recruiting to the three mental health professional roles for the North East London area imminently.

The MHJRC continues to maintain a see and treat rate of around 80%. Overall, the improvements in productivity and performance are being sustained with the team averaging 4.65 calls per shift and a utilisation rate of 81%.

Data August/September 2024

	Aug- 24	Sept- 24
Monthly Utilisation	75%	82%
Activations	724	731
ED conveyance rate	17%	20%

In October two Mental Health Transport Ambulances were deployed operating from Hanwell and Islington ambulance stations. A third became operational at Greenwich on 29th October 2024. Over the coming months there will be an increase in the number of Mental Health Transport Ambulances being deployed across London from three to five.

These resources run 14:00-02:00 and a total of 108 patients were attended in October. As these become staffed more consistently, the expectation is that a greater number of patients will benefit from these dedicated resources.

The mental health specialists continue to support the training and education across the wider Trust. The team have delivered training as part of teams based working and the new mental health transport ambulances.

1.2 Safety incidents – 999

There continues to be good reporting of patient safety incidents reflecting a positive reporting culture.

The number of incidents reported remain in special cause variation but have reduced from the upward trend that was experienced during the last reporting period. A comparator of incident versus reported date demonstrates a similar trend. The northwest and southeast continue to see the highest number of incidents reported.

The categories for the reporting period are as follows which is the same as the previous period:

- Medicines management – specifically drug administration errors
- Reports of violence/aggression – specifically directly verbal abuse
- Medical equipment – specifically failure of device / equipment

Whilst most incidents reported are within the no or low harm severity grading the number initially reported as moderate and death harm incidents continued to remain high during this reporting period. All moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups.

1.3 Safety incidents – 999 Clinical Hub

The number of clinical assessments undertaken are increasing – incidents which relate to hear and treat are reviewed and learning is shared across the team.

During the month of October, there were 26 incidents reported on the Trust Incident Management and Learning System (Datix), this is a reduction of 6 incidents being reported compared to the previous month. Of the 26 incidents, 25 were no or low harm. There was 1 moderate or above incident which was referred to PSIG for discussion.

7 cases were discussed in a multi-disciplinary PSIG and although none met the threshold for a Patient Safety Investigation under the national framework, 1 After Action Review (AAR) and 1 SWARM huddle have been held to share key learning. An AAR is a learning response method that supports organisations to respond to a safety event or other event for the purpose

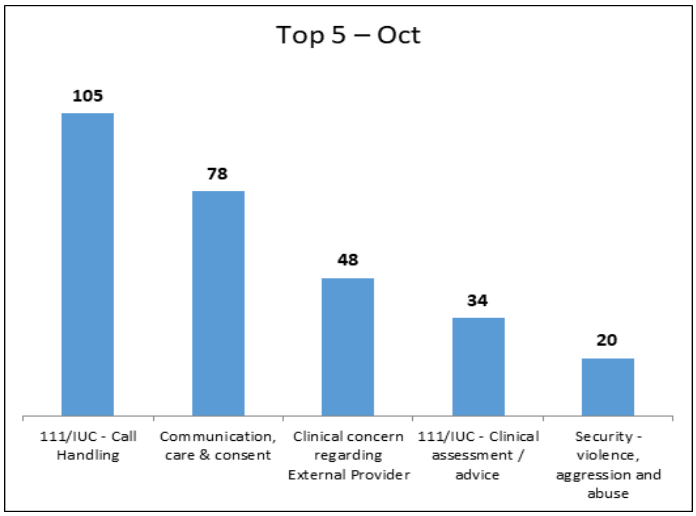
of learning and improvement. A swarm huddle is also designed to identify learning but more rapidly brings together a diverse team of Healthcare Professionals to rapidly assess, communicate and coordinate actions after an incident.

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

The number of incidents reported within IUC has, like the rest of the service, increased in the last few months for both no harm and low harm incidents. There continues to be a focus on timely feedback after reporting an incident. Staff working within 111 / IUC have fed back that they are able see changes because of incident reporting and this supports the reporting culture.

The top 3 incident categories in October 2024 were 111 / IUC call handling (105), Communication, Care & Consent (79) and Clinical Concern Regarding External Provider (48). The total number of incidents reported in October was 331 compared to 258 reported in September. 319 of the incidents reported in October were graded as no Patient harm.

IUC have seen 'concern regarding external providers' enter and remain in the top 3 reported incidents overall. This is mainly related to concerns with downstream providers and general practices asking patients to call 111 to book an ambulance for transport to hospital and we have seen an increase in failed referrals to community and mental health teams. These incidents are reported to the individual services through the quality alert process and raised with the Integrated Care Board clinical leads for review and learning.



1.5 Overdue incidents

The number of overdue incidents has increased slightly when compared to the last reporting period, noting 524 were overdue (34.2%) at the time this report was generated. This is an improvement when considering the Trust position of around 900 overdue in April 2024.

Improvement work continues with regular reporting and feedback being provided to those areas with overdue incidents.

1.6 Learning from Deaths

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

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

The Q2 learning from deaths shows the number of cases remains within the expected range. After initial review 37 cases required no further investigation, 41 were managed through local investigation and 14 cases underwent a more detailed investigation either as an after action review (n = 1) or patient safety incident investigation (n=13). The themes identified were missed opportunity for onward referral, capacity, clinical decision making and delayed response. The focus on 999 call handling, ambulance availability and category 2 oversight has resulted in improved ability to respond to the sickest patients more quickly.

1.7 Medicines Management

The number of controlled drugs (CD) incidents has reduced to 179 which is the lowest in the last 6 months. Most of the reported cases are in relation to errors when completing the CD register and further training is being provided. There have been no losses of schedule 2 controlled drugs.

1.8 Safeguarding

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

The Safeguarding Teams focus has been on the introduction of a new electronic referrals process. The Trust went live with a new electronic safeguarding referrals process on 12 November 2024. In the first week, we saw over 1000 referrals made directly by staff. The new process allows staff to be accountable for their referrals, reduces the time taken to make a referral on average by 40 minutes and provide greater governance and assurance of the quality and appropriateness of referrals.

Level 1 adult and children safeguarding is at 88.45%, level 2 adult and children safeguarding is at 73.09% and level 3 adult and children safeguarding is at 79.79%. A Trust Board training session is planned for early 2025. In addition, staff undertake the Oliver McGowan and Prevent Awareness training and all of these are compliant with expected numbers of staff having completed the training.

1.9 Health Safety and Security

The Health Safety and Security team have delivered 7 sessions of Managing Safety courses to a total of 149 staff members, 7 sessions of Corporate Induction during 2024/25 (up to end of October 2024). A total of 26 staff were trained as Fire Marshals & Evacuation Chair Operatives before the opening of Bernard Wetherill House. All these sessions have received positive feedback.

The Stress Assessment Toolkit Training continues to be a helpful tool to support managers undertaking stress risk assessment for staff that they manage and continues to be available monthly. The course is being updated to include a practical session from November 2024.

A total of 87 RIDDOR incidents have been reported to the Health and Safety Executive (HSE) up to the end of October 2024. Manual handling incidents account for the highest number of RIDDOR reports. A total of 11 RIDDOR incidents were reported to HSE during October 2024. The Trust wide RIDDOR reporting time frame (<15 days) compliance in October 2024 was 82%.

Current compliance for FFP3 Fit testing is 68% due to the 2-year revalidation period. The plan is to deliver Fit testing through group station teams once a delivery plan has been agreed.

A total of 481 physical assaults on staff have been reported since April 2024 up to end of October 2024. The greatest number of reported physical assaults (58%) occur due to the clinical condition of the patient. Police attended 55% of physical assault incidents. There have been a total of 29 successful prosecutions for assault recorded for incidents reported during 2023/24 and 5 during 2024/25 (up to end of October 2024). Currently LAS staff have 574 outstanding cases/investigations with the Metropolitan Police Service (MPS). The demand on the Violence Reduction Unit (VRU) is steadily increasing month on month and there is close monitoring to ensure this does not negatively impact on LAS staff who are victims of violence, aggression and abuse, by delaying support, advice and wellbeing.

1.10 Infection Prevention and Control (IPC)

Hand hygiene compliance for October was reported at 93%. 6 weekly deep cleaning by vehicle preparations was reported at 93% for October. In addition, station cleaning compliance undertaken by Estates was reported at 96%.

The IPC Team collaborate extensively with specialities to ensure high standards of IPC within LAS are implemented. A refreshed campaign for bare below elbows has begun.

The annual work programme is progressing well with all milestones for Q1 and Q2 complete.

Effective

This section considers whether LAS is providing an effective service by which we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. This is covered in the Quality Assurance and Improvement Dashboard report pages 14 - 22.

2.1 Clinical Performance Indicators (CPI)

Every month the Clinical Audit and Research Unit produce CPI reports and progress charts. CPIs are a tool used to continuously audit the care the Service provides to 8 different patient groups. In September 2024, 15 group stations achieved 100% completion, and 14 stations were at 97% or higher for compliance September 2024. Areas for learning from the CPI audits are shared with the Sector Senior Clinical Leads to incorporate into local training sessions and team huddles.

2.2 Clinical Ambulance Quality Indicators

Through our clinical registries we continue to monitor and report the care provided to patients experiencing either a cardiac arrest and ST elevation myocardial infarction (STEMI). We submit this data to the NHS England Ambulance Quality Indicators (AQIs) programme, enabling the benchmarking of the quality of care across all ambulance Trusts in England. There is always a time lag in receiving national end-to-end patient data however this is now being produced monthly. The Quality Assurance and Improvement report for September 2024 includes the May 2024 clinical outcomes data which were published on 10 October 2024.

In May 2024 the LAS ranked 1st with 33% of patients achieving ROSC which was sustained to hospital arrival, well above the national average of 28%. In the Utstein comparator group (patients with cardiac arrest of presumed cardiac origin where the arrest was bystander witnesses and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia), this value was 56%, surpassing the national average of 48% and placing the LAS in 2nd position.

LAS was the second-best performing Trust for both overall and top for Utstein survival rates. 12% of patients in the overall group survived for 30 days against a national average of 10% and in the Utstein comparator group, 36% survived against a national average of 29%.

For our STEMI patients, in May 2024, the LAS achieved an average time of 02 hours and 39 minutes for the Call to Angiography measure* against an average of 2 hours and 30 minutes.

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

Category 2 includes many patients presenting with different conditions. The Category 2 segmentation and Clinical Dispatch Support (CDS) are ensuring we are navigating patients to the right healthcare pathway and focused on responding to our sickest patients most quickly – this includes our patients with chest pain and symptoms of strokes. This clinical oversight in EOC supports the ongoing focus around dispatch and around time on scene for critical patients who need early conveyance to definitive care. These are areas of focus in team-based huddles.

2.3 Cardiac Arrest data – September 2024

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

achieving return of spontaneous circulation (ROSC) are the speed of starting basic life support and defibrillation when the patient's heart is in a shockable rhythm. Our September 2024 cardiac arrest data indicates:

- 1021 patients in cardiac arrest were attended by LAS
- 376 patients had resuscitation commenced
- The median time from 999 call to dispatcher assisted basic life support (chest compressions) was 4:03 and the mean response time was 6 minutes and 6 seconds
- Mean time from arrival on scene to first LAS defibrillation was 4 minutes
- For all patients in cardiac arrest return of spontaneous circulation (ROSC) was achieved in 43% of patients with 30% sustaining ROSC to hospital

2.4 'Chain of Survival'

Cardiac arrest survival increases the earlier we can start the 'Chain of Survival' with chest compressions and defibrillation – this is often started by our volunteer community first responders. The swift actions of passers-by can also make the difference between life and death. We are working hard to encourage members of the public to be trained in basic life support and become London Lifesavers (find out more and register for training here: https://www.londonambulance.nhs.uk/getting-involved/become-a-london-lifesaver/).

2024	August	September	October*
Year 8 school children trained	0	678	792
Total London Lifesaver Numbers	21,683	22,638	24,374
Public access defibrillators (PADs)**	9,682	9.741	9,836
PAD activations	12	12	12
Return of spontaneous circulation	9	8	8

*In October the trust experienced some Issues with CADO that resulted in being unable to look at internally registered defibs at the start of the month

2.5 STEMI – September 2024

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

Our most recent data indicates:

- In September 2024, 313 patients were attended by LAS and had a confirmed STEMI, slightly more than the previous report.
- 100% of these patients had the ECG uploaded onto their clinical record.
- 99% of the patients were conveyed to the correct destination and 96% were conveyed to a Heart Attack Centre.

- 75 % of patients had received the complete care bundle with 87% receiving analgesia.
- The mean call to arrival at hospital was 1 hour and 41 minutes.

2.6 Emergency 999 Call Handling

September saw the introduction of a new version of the triage tool for 999 emergency call handling. This implementation was supported by the Quality Assurance team. During this implementation a reduced number of random audits have been undertaken and this has been agreed with the Academy who licence the product.

2.7 111 Quality Audits

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

2.8 Clinical Audit and Research

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

In October, we released a new interactive monthly report that provides comprehensive clinical and operational information about the care we deliver to our patients suffering an ST-Elevation Myocardial Infarction (STEMI). This report enables individual staff members to access information about the STEMI incidents they personally attend, including information about on-scene times and their care bundle provision. This detailed information is also available to line managers to facilitate feedback and clinical conversations.

In addition, the 2023-2024 Cardiac Arrest Clinical Annual Report and the STEMI Clinical Annual Report have been written and presented to the Quality Assurance Committee.

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

- The LAS is participating in the Spinal Immobilisation Study (SIS), a randomised controlled trial comparing movement minimisation with triple immobilisation (hard collar, blocks and scoop) for trauma patients with suspected cervical spine injury. In September and October, we enrolled 50 patients into this trial, bringing the total recruited by the LAS to 206.

- CRASH-4 is exploring a whether administering intramuscular Tranexamic Acid (TXA) to older patients with mild symptomatic traumatic brain injury can improve outcomes. Trial-

trained paramedics administer the trial drug, containing either TXA or a placebo. So far, we have recruited 230 patients into this trial.

- PARAMEDIC-3 is a randomised-controlled trial investigating the best route of adrenaline delivery in out-of-hospital cardiac arrest. Trial-trained paramedics treated eligible patients using an intravenous-first (IV – in the vein) or intraosseous-first (IO – in the bone) vascular access strategy. This study completed recruiting patients in June 2024 and ambulance services across England and Wales took part. The LAS were the highest recruiting site nationally, responsible for over a third of all patients enrolled into the study. The results were published last month in the New England Journal of Medicine (one of the world's leading medical journals) and showed that the administration of adrenaline via the IO route is no more effective than IV (with the IV route having a tendency towards better outcomes).

- RAPID-MIRACLE is a prospective observational study aiming to validate the $MIRACLE_2$ score in the prehospital setting. The $MIRACLE_2$ tool was designed by researchers at KCH in collaboration with the LAS to predict neurological outcomes for patients in out-of-hospital cardiac arrest. The tool aims to stratify patients based on the nature of their cardiac arrest, taking account of variables including age, shockable rhythm and adrenaline administration. We completed recruitment in October 2024, with a final number of 335 patients enrolled into the trial.

3.0 Caring

This section considers whether the service we provide involves and treats people with compassion, kindness, dignity and respect. It is covered in the Quality Assurance and Improvement Dashboard report pages 23-25.

3.1 Health Inequalities

As the only pan-London acute provider, LAS has a unique insight into the Health Inequalities being experienced by Londoners.

The Health Inequalities work is progressing in line with the agreed timescales.

Sickle Cell Disease

The engagement work conducted by two third sector partners: Sickle Cell Society and Croydon Sickle Cell and Thalassaemia support group has concluded and these patient engagement findings, with additional findings from staff engagement and clinical audit has resulted in the creation of a Sickle Cell improvement plan. Recommendations are centred on four themes:

- Enhancement of clinical training and education
- Delivery of patient-centred care
- Tackling discrimination and improving cultural awareness
- Patient engagement and advocacy

Work has also begun to scope patient engagement for our Maternal Health focus, including patients with a global majority ethnicity and those without ante-natal care. Expression of interest tender has been finalised with exceptional submissions from two Voluntary, Community and Social Enterprise organisations who will be facilitating the Maternal Health patient engagement namely: Healthwatch Barking and Dagenham and Tower Hamlets Council for Voluntary Service (THCVS). LAS will be working with both organisations in their engagement with patients to get LAS-specific feedback.

5 year 'Reducing Health Inequalities Action Plan'

The overarching “Reducing Health Inequalities Action Plan” encompasses all the initiatives that LAS has set out to address in the health equity space. The initiatives are based on the national CORE20PLUS5 framework. The following are some examples of works in progress within this programme:

- Smoking Cessation signposting
- Raise awareness on the link between health presentations and identified Damp & Mould environment through an article focusing on damp & mould on Trust’s “Clinical Update Magazine”.
- Making Every Contact Count (MECC)
- Response times by borough
- Cardiovascular Health: evaluation of sharing incidental findings such as hypertension

The plan also includes projects that relate to each of the dimensions of the CORE20PLUS5 framework, namely:

- CORE20 (London Lifesavers, Public Access Defibrillators, Community First Responder – all programmes are in the delivery stage)
- LASPLUS (Sickle cell disorder, Maternal health, Mental Health, Autism, Learning disabilities and Neurodiversity – Sickle cell and maternal health are in the delivery stage)
- 5 (Homelessness & Health, Inclusion & Health – in scoping stages for how we can best work with and contribute to our partners’ work in these areas)

Health Inequalities Engagement Plan

The Health Inequalities Engagement Plan supports the Reducing Health Inequalities Action Plan by outlining a strategic approach to community engagement, patient involvement, and co-design of healthcare improvements. There is a plan of engagement visits until the end of the financial year

3.2 Alternative Care Pathways and Care Co-ordination

LAS Urgent Community Response Cars

A total of 10 Urgent Community Response (UCR) cars are continuing to operate across all five operational sectors. A total of 16530 patients have been attended by a UCR team to the end of October 2024. 908 patients have been attended by a UCR team in October 2024.

London Ambulance Service NHS Trust

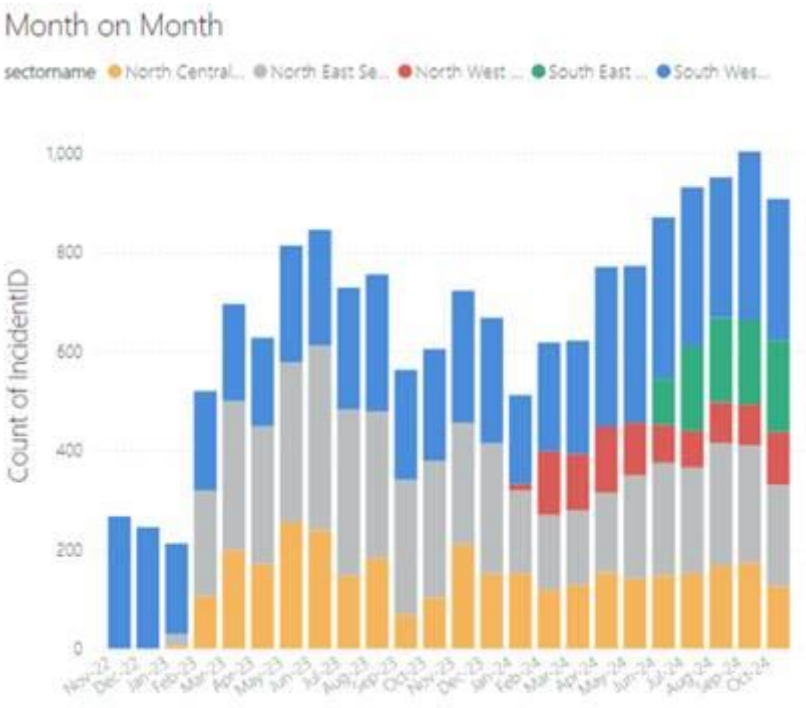
Collaboration between LAS and external UCR providers continue with weekly / monthly sessions in place. We continue to work together to maximise the number of patients the LAS UCR team see as this results in a smaller percentage of patients require conveyance to an emergency department.

The conveyance rate to an emergency department in October was 34%.

LAS UCR Car – Data October 2024

	October
Total patients seen	908
Conveyed rate to ED (excluding Category 1s):	34%
Total ambulances saved	282

Patients seen by UCR per month by sector:



Integrated Care Coordination (ICC) Hub

As of 14th November, we have a temporary Friern Barnet ICC Hub located in the management office. This space allows for up to 4 LAS Clinical Advisors to work from this location as part of the Clinical Dispatch Support (CDS) sector group. In December a more permanent location will be available at Friern Barnet which will allow space for more clinicians including a senior clinical decision maker to support more referrals into alternative pathways.

Point of Care Testing

Point of care blood testing has been commenced in North West and North Central London. The LAS clinicians will undertake a blood test and provide the results to the hospital clinician with whom they are discussing a plan for the patient. To date 18 tests have been undertaken and 9 patients been able to be managed at home.

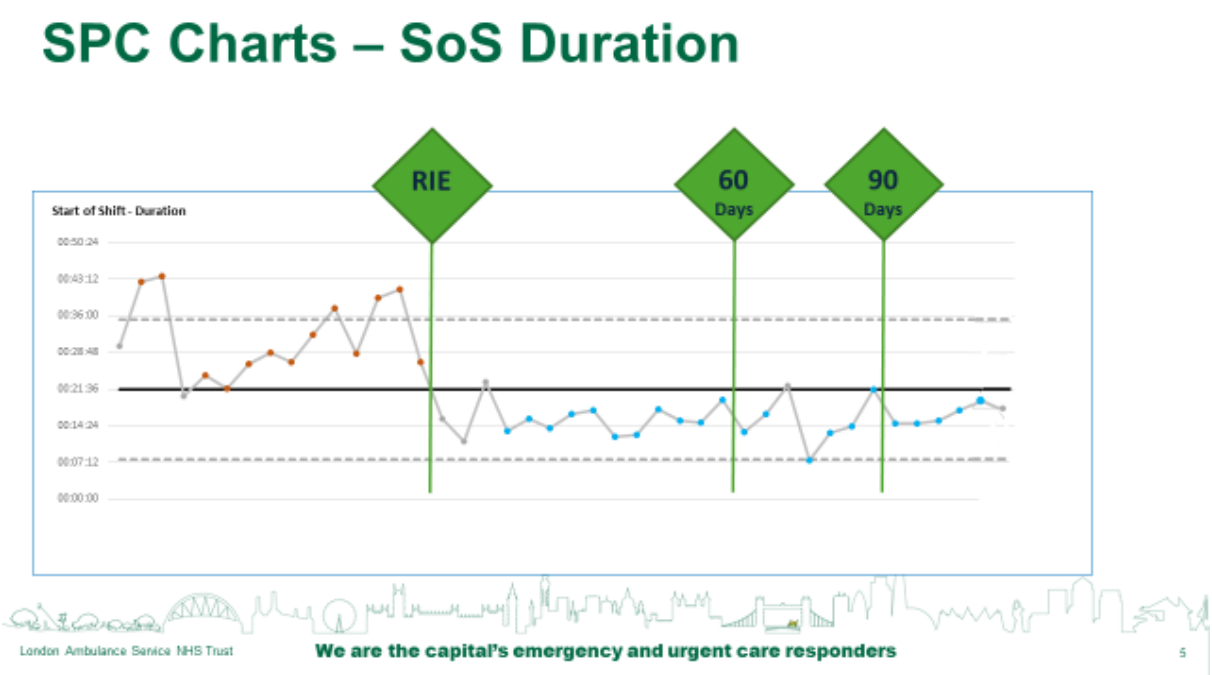
4.0 Quality Improvement and Regulation

Quality Regulation

The Trust remains in contact with the Care Quality Commission (CQC). We have received no further regulatory visits since the system inspection in December 2021 and are not subject to any enforcement action.

Quality improvement (QI)

The early success produced by the St Helier 'Start of Shift' rapid improvement event was seen to be sustained at the 90-day improvement review conducted in September, with the 16-minute mean maintained and median time of 16 minutes 25 seconds.



A programme of work has now been started to roll out the improvements across the Trust, starting with baseline measurements taken at each of the main stations by 22nd November 2024 and followed by five launch events in each of the sectors week commencing 25th November 2024. Managers are given QI tools and empowered to start implementing changes that have been identified as 'standard work' in their stations.

This will be the followed up by a 2-day event at each of the main stations between December and end of March when QI team will support them and their local teams with generating and testing ideas that resolve issues bespoke to their station (ie due to limited estate space etc).

Parallel to that, the QI team has been working closely with Surrey and Sussex Healthcare (SASH) to adapt their partnership offer to our programme of work, particularly around Start of Shift and ensure that increasing QI capability and capacity across the Trust prioritises those Operational and Make Ready leaders who are leading the ‘Start of Shift’ work locally.

5.2.2. Quality Assurance Committee Report

For Assurance

Presented by Mark Spencer

London Ambulance Service NHS Trust

Assurance report:	**Quality Assurance Committee**	**Date:**	**26/11/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**05/12/2024**
Presented by:	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**	**Prepared by:**	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**

Matters considered:

Quality Report and Summary

The Committee noted:

Reported incidents: The number of incidents have reduced from the upward trend that was experienced during the last reporting period. A comparator of incident vs reported date demonstrates a similar trend. The Northwest and Southeast continue to see the highest number of incidents reported. Top categories for the reporting period are as follows:

- Medicines management – specifically drug administration errors
- reports of violence/aggression – specifically directly verbal abuse
- medical equipment – specifically failure of device / equipment

• Overdue incidents: The number of overdue incidents has increased slightly when compared to the last reporting period, noting 524 were overdue (34.2%) at the time this report was generated. This is an improvement when considering the Trust position of circa 900 overdue in April 2024.

• Medicines Management: The number of controlled drugs incidents has reduced to 179 which is the lowest in the last 6 months. The majority of incidents are in relation to errors when completing the CD register.

• Safeguarding Level 2 & 3 Training: Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Both EOC and IUC are not meeting this requirement, achieving between 81% and 80%.

• Infection control: The overall hand hygiene rate for September 2024 was 96%. This score continues to exceed the Trust performance target (90%). Monthly station cleaning compliance is 96%.

• Clinical AQI: The LAS ranked 1st with 32.7% of patients achieving ROSC which was sustained to hospital arrival, well above the national average of 28.4%. In the Utstein comparator group, this value was 55.6%, surpassing the national average of 48.5% and placing the LAS in 2nd position.

Patient Safety Incident Summary

The committee noted:

There were 27 Patient Safety Incident Investigations (PSII) and/or Reviews (PSR) completed during these months. The identified themes and learning points will be taken forward through the various learning channels across the Trust and assurance of this will be included in future thematic reports.

Cases pending PSIP review have seen an increase during this reporting period. This is attributed to 29 incidents being reported via CARU as suspected moderate harm in relation to STEMI patients being conveyed to an ED and not a HAC. A clinical review panel subsequently determined that 25 were no or low harm. All cases have been included in an MDT to explore themes, trends and formulate a system improvement plan.

The number of open PSIIs and PSRs has remained constant in this reporting period. Currently there are 65 PSRs and 38 PSIIs open. It should be noted that 10 PSRs and PSIIs are currently in the final review stage and awaiting approval. During September and October 2024 15 PSIIs were commissioned – compared to a combined total of 11 in the previous CQOG reporting period

PSIIs – Of the 38 open PSIIs there are currently 9 investigations which have been open for more than 6 months. PSRs – Of the 65 open PSRs there are currently 37 investigations which have been open for more than 6 months. The Trust has set an objective to become zero breach of 6 months by 31 March 2025 and throughout this reporting period, the Quality Governance and Patient Safety Team have continued to work towards this objective. Background work has been undertaken including the development of a number of SOPs, sector specific monitoring systems and the development of time calculation form to understand how long each stage of the learning response process takes. Next steps include enacting an early warning alert system to identify those learning responses which are likely to breach the due date and to create a working group of LIs and supervisors to test quick reference guides. Where applicable, patients, families and staff involved have been engaged with regarding extending deadlines for reports. Of note, 29 learning responses were commissioned during September and October 2024 and 27 were closed.

Chief Paramedic Performance Report
The Committee noted:

- Demand in total contacts has increased this financial year by 9.6% in comparison to 2023/2024. Over the same period we have seen an increase of 4.9% in face to face incidents. In terms of acuity the number of category 1s have increased by 10.6%, compared with a 4% increase in category 2. Category 1 response times have remained consistent. Actions to improve our performance and to consistently meet the national standard include the redistribution of resources and improving individual productivity. There has been improvements in efficiency around Double Crewed Ambulances in both reductions in out of service (when vehicles are not available for patient facing duties) and job cycle time (time taken throughout patient delivery). To ensure that the improvements in efficiency are enhanced, there continues to be a focus on reducing hospital handover delays, minimising unauthorized absence and maximising shifts of flexible workers at greatest time of need.
- The call handling means remains strong and below the contracted requirement of 10secs. This is driven by improved resourcing and consistent planning against forecast demand.
- Resource time lost at hospital whilst crews await the handover of patients continues to see an increase.
- Renewed focus is in place on ambulance out of service, we have seen further improvement in the last four months, thus increasing the hours available to respond. Work is underway to refine this further into two distinct workstreams focusing on out of service as a result of vehicle issues and as a result of people issues (such as single staffed vehicles. Short notice sickness)
- Ambulance operations huddle time continues to provide opportunity for group clinical supervision discussion, and peer learning which complement the rollout of direct clinical supervision for Clinical Team Managers.

Annual Reports

The STEMI and Cardiac Arrest Annual reports were received. STEMI response times have reduced from 44.18 to 33.33 minutes compared to last year. For cardiac arrest mean response time was 12.52 compared with 16.06 last year.

Quality Improvement Report
The Committee noted:

- Start of Shift roll out plan which presents the approach and mobilisation of the Start of Shift work which is being jointly delivered by LAS Amb Ops teams and QI team.

	• The overarching approach to the partnership working between LAS and SASH with a high level overview of the proposed strategic approach to the QI training delivery and QI capability building across LAS. **Health Inequalities Report** LAS, in its five-year strategy, committed to contribute to reducing health inequalities experienced by Londoners. The work in the second year of the strategy implementation has been focused on two areas of PLUS cohorts from the CORE20PLUS5 framework (namely patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds) and developing an overarching HI action plan as per two business planning objectives for health inequalities reduction for 2024/25.
Key decisions made / actions identified:	**Quality Report** The Committee made further comments on the content and presentation of the Quality Report and suggested ways in which key information could be highlighted by the executive. It was agreed to discuss this further in a development session of the Board.
Risks:	The Committee approved the reduced risk score of the following BAF risk: Risk 1.4 RCRP has been updated to reflect that the proposed actions are all now complete and the MPS RCRP Board is now dissolved replaced by a monthly partners meeting with the ability to scale up as required. In view of this it is proposed to reduce the risk to its target tolerance of 3x3=9.
Assurance:	The Committee received assurance on the reports presented.

5.3. People and Culture

For Assurance

5.3.1. Director's Report

For Assurance

Presented by Damian McGuinness

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 5th December 2024

Report from the Chief People Officer

Executive Summary

Healthcare People Management Academy (HPMA) National Awards

The People & Culture (P&C) Directorate is proud to have been named as HPMA Team of the Year 2024 & HPMA People Leader of the Year - a significant accolade within the people profession. Both awards are sponsored by NHS England.

At the awards ceremony in October, the CPO and P&C colleagues accepted these awards as the HPMA celebrates its 50th anniversary in 2024.

Both awards heightened the Directorate's reputation through hands-on leadership during the pandemic and latterly, industrial action. The Directorate was entrusted with designing and delivering the Our LAS Culture Change Programme that has delivered demonstrable improvements across many core metrics including sickness, retention and the most improved staff survey results in LAS' history in 2023.

The LAS Apprenticeship Scheme won Apprenticeship Employer of the Year 2024

The LAS Apprenticeship Scheme won Apprenticeship Employer of the Year for the third year running at the The Mayor of London Adult Learning Awards ceremony at City Hall. The awards attracted 329 nominations from education providers across London.

A truly partnership effort, working alongside the education providers and our own Clinical Education & Standards Department. Matt Williams, Acting Head of Clinical Education, is pictured with the P&C team.

National Staff Survey 2024

The NHS Staff Survey was launched on Monday 30 September and will run for nine weeks, until Friday 29 November. All substantive and bank-only colleagues have received an invitation to take part. We will begin receiving the survey results in mid-December.

At the end of Week Eight of the survey (Monday 25 November), 5893 colleagues have taken part. Our response rate is 69.5%, which is 3.2% higher than at this point last year and exceeds our final response rate for the 2023 survey. We currently have the highest response rate for an ambulance trust, acute trust or community trust (for those who use Picker, our survey provider) and our on target to achieve the highest response rate in LAS history.

The high response rate is due to support from leadership teams across the Service who recognise the value of the Staff Survey data. Ambulance Operations and 999 Operations colleagues are being allowed time to complete their survey during their team huddles. To encourage participation, we are also offering John Lewis vouchers as a thank you to teams who reach a 75% response rate.

Recruitment & Retention

Recruitment to the Trust Workforce plan continues at a positive rate. The current pipeline is at circa 600 candidates at conditional offer stage (400 plus of these are for frontline roles and call handlers). Course fill rates remain positive across all roles with 98% achieved in Quarter 2.

Turnover levels are below 9% with stability rates now above 90% and the number of frontline leavers has remained positively below plan.

Workforce Plan 2025/2026

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

Health and Wellbeing

The Winter Wellbeing Sickness plan has been developed to ensure that the Wellbeing Team provides appropriately targeted support to colleagues over the winter months, when sickness rates tend to rise. This includes focusing on mental health support, financial benefits and vaccinations, and dynamically aligning the Wellbeing Team to areas with the highest rates of absence. The ‘Flu vaccination programme began in early October and utilises the opportunities presented by Teams-Based Working to ensure all operational colleagues have access to the vaccination. The central flu team with the assistance of outreach teams are vaccinating our contact centre and corporate colleagues. This year, the Trust has a small number of Covid-19 vaccines for the first time and are piloting an internal programme that aims to better understand how these vaccines can be most effectively delivered.

Absence however has been challenged over the past quarter, 1% higher than benchmarked. The Trust is reviewing the robustness of their action plans to ensure that the our staff receiving all the proactive care we can offer to ensure to support their return to work.

P&C Operations

1. Recruitment

- We ended Q2 continuing with our positive performance with strong pipelines and fill rates. We achieved a 98% fill rate across all available course spaces.

- **Paramedic recruitment** – Q2 has seen 100% course fill rates across both UK Graduate and International recruitment. Our UK Grad pipeline currently sits at 77 in conditional offer and 45 with confirmed start dates. Across our International pipeline we have 127 at conditional offer and 43 with confirmed start dates.

- **AAP Recruitment** – we have filled 50/50 available training places in Q2 and continue to have a strong pipeline of 122 candidates in conditional offer, this includes candidates obtained from the Our LAS Inclusive Response Programme (pre-apprentices), where to date we have had 9 new starters.

- **Call Handling Recruitment**

  Positive fill rates in EOC Call Handling during Q2 filling 100% of available training spaces, with over 35 candidates currently in our pipeline and 22 with confirmed start dates, current recruitment has been frozen pending 2024/2025 workforce plan. 111 call handlers – we achieved 37/37 available training spaces during Q2 on available training spaces with over 35 candidates at offer stage and 15 with confirmed start dates. Both the EOC and 111 call handler pipelines have been boosted by our LAS Fest event (see below).

  Corporate/Specialist recruitment – there continues to be significant recruitment activity to support the frontline including recruitment into Advanced Paramedic Practitioners, CRU, TRU, HART, HEMS, PCN Programme, Mental Health and Community Resuscitation roles. We currently have over 150 candidates at conditional offer stage.

2. Retention

Turnover has improved to 8.5% in September and the number of frontline leavers and call handlers has remained positively below plan. The stability rate which measures the 'stay' rate for staff over a 12 month period averages over 90% for the year.

There are a number of key retention initiatives ongoing covering flexible retirement, stay conversations (111 and 999 services) and personalised holistic health plans. The flexible working process has been streamlined and is now managed in ESR. This provides greater oversight on the volume of requests and their outcomes. 75% of the 450 flexible working requests have been approved with the remaining 25% under review by line managers.

3. Employee Relations

The Resolution Hub Team has welcomed two new colleagues who will be working with the existing team to introduce a range of improvements to our resolution processes. There was a commitment in the Trust's Business Plan to improve employee experience and engagement for those colleagues requiring resolution. Improvements already in progress include better use of technology to streamline processes, an updated triage panel model to reduce delays and training to increase focus on early resolution where possible.

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

4. Workforce Intelligence, Payroll & Pensions

Workforce Planning - Using the same planning methodology as 2024/2025, a high level set of workforce numbers were drafted in September and a draft training plan has been developed and shared with key stakeholders. This has been a collaborative and multi- disciplinary approach across Corporate and Operational teams to both design the plan and to ensure that data systems are aligned across Finance and Workforce. There are fortnightly discussions in place to track performance against plan and to ensure that staffing levels are maintained within budget. This enables early identification of expected over and under establishment so that any further agile and informed decisions about recruitment can be taken. There is a regular review of leavers and internal movers and subsequent refresh of plan and forecast. There is strong visibility of the planning position at Transformation Boards, Ambulance Workforce Group, Trust Workforce Group, People & Culture Committee and Executive and Board level.

People Scorecard

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

Digital Workforce Systems

ESR Self Service Standards Report – we have recently received the outcome of our assessment established on a set of ten standards that relate to the use of digital workforce systems (including ESR) that Chief People Officers and their teams should be working to achieve, in order to improve the experience of all NHS employees. The outcome for each of the ESR Self Service standards has been ascertained during a meeting with our Regional ESR Functional Account Manager where current usage data and ESR processes were assessed. The results of the assessment provide a great reflection of the Trust's on-going commitment to ESR and identified that eight out of the ten standards were fully met at Level 2.

DBS checks

As at 30th September 2024, the Trust has a 99.9% compliance rate for DBS checks. This represents the total number of recorded DBS checks in the Electronic Staff Record (ESR) as a % of those who are eligible for a check.

Payroll & Pensions

Significant activity in September to support London Central & West 111 Service colleagues with their pay queries plus the National pay awards and arrears were fully delivered for all staff. We have continued to see increases in the take-up of flexible retirement opportunities and have been supporting these staff to ensure they have a smooth process and positive experience.

5. Scheduling

Since the 2 September 2024, Operational Scheduling have changed their rota and aligned to a sector based working model, with Desk 1 (dealing with issues on the day) still centralised. This has had a positive impact on the overall out of service statistics, reduced to under 3% (from over 4% previously).

Sector based working model means each of the five sectors have a dedicated Scheduling Manager, Senior and Resource Co-ordinator who deal with all the issues and requests from the ambulance groups under the sector.

We have continued to delegate tasks across the Trust, including with our 999 and 111 colleagues. This has given each directorate more responsibility and autonomy to manage their staffing (with the assistance of Scheduling) and their overtime spend.

With the assistance of our colleagues from the Organisational Development & Talent Management team, we have started the training programme for the Scheduling Department. The first two sessions were aimed for the Managers & Seniors of the team, helping them understand their strengths and areas of development and then working together as a team to bring out the best in each other. More sessions have been scheduled in over the next 2-3 months.

We have also been putting a tender specification together to go out to tender for a potential new rostering system. This is due to go live at the end of November 2024 with a decision of which rostering system we use in the first part of Q4.

6. Health and Wellbeing

Occupational Health

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

Mental Health Provision

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

Psychological Therapies (IAPT) services. Peer support and signposting to specialist services is also available to all colleagues via our Wellbeing Hub and LINC peer support network.

Wellbeing Activities

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

- Collaborative working with HR teams and managers to develop bespoke wellbeing plans for colleagues who have long-term sickness absence or repeated sickness absence
- Health coaching support for colleagues who wish to make positive health changes
- "Stay Interviews" for our new starters, which are both informative sessions for new colleagues and provide first-hand data insights for the LAS retention group
- A wide range of financial support options, including 1:1 debt advice and support and Q&A webinars on mortgages, budgeting and retirement
- Manager Drop-in sessions and training on best practice to support their teams, when to escalate issues and latest wellbeing initiatives or offers.
- Led by our Physical Wellbeing Lead, a Physical Trainer (PT) programme, where 30 colleagues are training to become accredited PTs. The Physical Wellbeing lead has also run functional movement sessions on a 1:1 and group basis to more than 150 colleagues in both Ambulance Operations and EOC.
- Looking after our P&C colleagues. We have engaged with Keeping Well NWL and organised group reflective practice sessions for our HR colleagues, who routinely are exposed to high levels of stress, complaints, investigations and trauma
- Providing wellbeing support via phone and in person – feedback on the LAS Wellbeing Hub continues to be consistently high with a good or excellent rating of 97%. The Wellbeing Support Vehicles (WSVs) tour A&Es, providing colleagues with a peer conversation and free refreshments are also very popular, as are our Wellbeing Cafes in the EOCs and IUECs. More than 1000 colleagues have provided feedback on our Wellbeing Support Vehicles (WSVs), with an average rating of 9.2/10 and 75% stating they had a conversation about their wellbeing with the WSV operative.

Freedom to Speak up

The Freedom to Speak Up (FtSU) team has recently joined the People and Culture (P&C) Directorate and will provide vital insight and guidance on the culture of our Trust as part of our Employee Experience department. The team comprises four colleagues – The FtSU Guardian, two Deputy Guardians and a FtSU co-ordinator. This structure is aligned to the recommendations of the National Guardian's Office. There are also 50 FtSU ambassadors across the Trust - colleagues who have volunteered to undertake additional training and promote speaking up locally.

The FtSU Guardian produces a quarterly report – now taken through a P&C governance route – that is shared at committee level. Highlights from the Quarter 2 report include;

- Twenty-two of the FtSU ambassadors trained in sexual safety concerns
- FtSU training delivered to our clinical education teams and to university students
- Collaborative working across the Trust in areas including Equality, Diversity and Inclusion, patient safety, quality and resolution

- Guardian and Deputy Guardian visits to areas where there have been high volumes of concerns
- Data relating to concerns in Q2 shows that BME colleagues are raising concerns at a high rate – this is a positive, given national evidence that BME colleagues do not raise as many concerns as their white counterparts for fear of detriment. The rate of concerns by gender is broadly proportional to representation within the Trust
- The outcomes for concerns has led to positive change in the Trust, including increased work and promotion of menopause support and further insight into the experience of colleagues who require reasonable adjustments

October was FtSU month, and this was celebrated across the Trust in a variety of ways. The team promoted this year's national theme of #listen up at our Wellbeing Cafes and support vehicles; held FtSU ambassador charity coffee mornings; and encouraged colleagues to take part in #weargreenwednesdays to raise awareness of FtSU. The LAS Guardian attended a Trust Board development day, co-presenting alongside the National Guardian about how the Executive Team can make speaking up "business as usual"

7. Organisational Development & Talent Management

In driving forward the Our LAS Culture Change Programme, our latest activities are highlighted here. The Board was briefed on some of these aspects as part of a development session on 7 November.

Apprenticeships & Employability

In October 2024 the London Ambulance Service was recognised in the prestigious NHS Parliamentary awards for our highly successful apprenticeship scheme. We were 'highly commended' in the Excellence in Education and Training category for allowing colleagues to learn as they earn, getting on-the-job experience and enabling a diverse group of applicants to thrive. The programmes have helped to ensure individuals from all backgrounds can start a career with us, meaning our teams better reflect and represent the diversity of London and the people it serves.

Leadership and Culture Management:

Appraisal Compliance

The OD&T team has implemented the first phase of a three-stage Appraisal Improvement Plan. Phase one of the plan focused on increasing appraisal compliance across the organisation between July and September 2024.

The current appraisal compliance rate (as at 29th October) is 82%. This represents an increase of 8% since mid-July against a target of 85%. Phases 2 and 3 of the plan will focus more broadly on the organisational approach to, and ethos around appraisals, including evaluation of our e-appraisal pilot which began at the end of October.

Team Effectiveness

The team has continued to support team effectiveness and the rollout of teams-based working through the delivery of a range of interventions and face-to-face sessions in Ambulance Operations, Emergency Operations Centres (EOC), People & Culture and Health and Safety.

We have also designed a bespoke development programme to support the Scheduling team as part of the Scheduling Transformation project.

Leadership Development Programmes

Modules for all cohorts of the Our Aspiring Leaders (bands 4/5) programme, in partnership with NHS Elect are in progress, as well as the Our LAS, Our Leaders (bands 6/7) programme, in partnership with Middlesex University. The Post Graduate Certificate in Healthcare and Medical Leadership (bands 8A) in partnership with Cumbria University started in September, with cohort 1 now completing its first assessment.

The High Performance Leadership programme (bands 8B-9) in partnership with Henley Business School is progressing with cohort 3 starting in February 2025. Evaluations for all four leadership programmes have been developed and the results shared as the programmes and cohorts continue.

We are currently designing a comprehensive internal Leadership and Management solution to support the Our LAS Culture Change Programme. This will include a management induction for all those new to management/new to the Service.

Talent Management:

NHS Graduate Management Training Scheme (GMTS)

The organisation has been successful in the allocation of a HR trainee, who will be based in the People and Culture Directorate from September; and a General Management trainee, who will be allocated to Ambulance Operations.

Both trainees have currently completed their 20-day orientation in the LAS, arranged by the Talent Management team. This orientation aimed to give them a solid understanding of how the organisation supports our colleagues, patients and local communities and to provide an understanding of the wider NHS. This included a range of activities from shadowing opportunities at 111s, Emergency Operation Centres (EOC), ambulance ride-out shifts, meeting local teams, and visiting our local Intergrated Care Board (ICB) and Mental Health Trust. The trainees were also invited to meet with the Non-Executive, Executive and other directors across LAS to gain a wider understanding to their specific areas. Both trainees have thoroughly enjoyed this and given excellent feedback as they ‘saw such a variety of places and people and everything felt so different and exciting!’

The trainees are now in their first placement within their chosen specialism.

Career Pathways:

The team is currently in the process of analysing a range of workforce data with the aim of creating career pathways across the Service. An organisational-level structure has been completed – this is a preliminary stage to building and understanding the positions that exist.

This work will take an initial focus on Ambulance Operation and aims to give a ‘tangible’ insight into how colleagues across the Trust can access the diverse range of careers on offer; demystify the career process; and ultimately retain our talent by providing meaningful, happy and healthy careers.

Learning and Development:

Tackling Discrimination and Promoting Inclusivity Programme Phase 2

This mandatory programme for all colleagues was successfully launched in September and 240 half-day sessions will run throughout the coming year. Phase 2 focuses on continuing to build a just culture where all colleagues are confident to raise issues and report incidents, demonstrating that we learn when we do not get care right.

In collaboration with our external providers, A Kind Life, who facilitate the sessions, we focus on creating safe spaces for our colleagues to have open discussions on topics including racial discrimination, sexual safety and banter.

Non-Clinical Soft Skills Training

We continue to support all colleagues and deliver regular virtual sessions on topics such as Appraise with Values, Values Led Communication and Feedback, Planning a Recruitment Campaign, Interview Skills for Interviewers, and the Stress Assessment Toolkit.

Having Difficult Conversations Initiative

We have developed and recently launched monthly virtual training sessions on Having Difficult Conversations. These sessions are open to all colleagues to help support them with the skills and tools needed to manage difficult conversations effectively and confidently. The initiative has been designed in line with our LAS values, fostering a positive workplace culture. We are also offering post-training support in the form of drop-in clinics and one-to-one confidential post-conversation debriefs to help colleagues reflect, learn and grow in their confidence to navigate such conversations.

8. Clinical Education & Standards

The LAS continues to invest in quality education and training for its workforce in 2024/25, this will continue through an enhanced education bursary of up to £5,000 per person which will greatly benefit our growing and diverse workforce. The 2024/2025 Registrant CPD funding has also been agreed by NHSE at £1,000 per registrant.

To support the delivery of the Trust training plan, CE&S are continuing a rolling recruitment campaign with a view to filling all vacant tutor posts.

In Q2 of 2024/2025 CE&S have seen 160 Paramedics (inc Cumbria), 76 EOC and 58 111 Call Handlers complete their training and join their respective operational areas. A further 72 frontline staff have started their training courses.

The 2024 CSR modules for ambulance ops are being delivered with 2,300 staff undertaking face to face sessions, these will run until the end of the fiscal year. Plans are now being developed for the 2025 CSR face to face and eLearning modules which will be agreed and developed ready for release in the new financial year.

Early discussions have begun in regard to the 2025 / 2026 draft training plan.

Damian McGuinness, Chief People Officer, London Ambulance Service NHS Trust.

5.3.2. People and Culture Committee Report

For Assurance

Presented by Anne Rainsberry

London Ambulance Service NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**29/10/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**21/11/2024**
Presented by:	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**	**Prepared by:**	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**

Matters for escalation:

The current flu vaccination rates are lower than last year and this combined with higher than planned sickness absence may lead to further operational pressure during the winter due to higher absence rates.

Other matters considered:

DIRECTORATE PERFORMANCE

The committee noted the following:

- The recruitment pipeline remains strong with all areas on track to meet or exceed plan. The LAS Fest initiative has been particularly successful, with 69% of successful applications candidates from BME backgrounds
- There are risks to the pipeline as a result of needing to slow recruitment in some areas due to over performance on the workforce plan
- Turnover has further improved from an average of 13% in April 2022 to 9 % in October 2024. This has meant a greater stability in the workforce overall but does mean there are challenges for progression and in not exceeding workforce plan numbers.
- Sickness absence continues to track above plan at 7%; Short term sickness accounts for 40% of overall sickness and there has been an upward trend in the last four-month period. Long-term sickness accounts for 60% of all sickness – over 400 cases. The committee discussed the likely projection for the winter months and the potential risks to operational performance and sought assurance on the mitigating actions being adopted.
- The committee received a briefing on a range of initiatives to transform the ways of working within the PCC Directorate aimed at modernising processes, improving productivity and customer experience with the improved use of technology. The tender

specification for new scheduling software is being finalised with a plan to commence a procurement process in Q4.

- The rollout of team-based scheduling continues. From 30 September, two groups (Hillingdon & Ilford) have trialed pairing singles on the day at group level. From 25 November, two further groups (Westminster & Fulham) will join the other groups in pairing singles to help reduce their out of service The committee discussed how to support the current scheduling team as these changes progress. The committee also discussed impact measures of the new model and requested further information at its next meeting – in particular its impact on attendance and engagement.
- The committee noted the continued downward trajectory for referrals to the resolution hub. There has been a 15% reduction in referrals and now 80% of these are resolved through mediation.
- The committee discussed the leadership development plan for the service. The aim is to create the LAS Leadership and Culture Academy. This will provide a range of programmes aimed at supporting leaders and managers at all levels develop their skills and to reflect the service values. The offering includes a 'toolkit for all managers which aims to address the most common issues, a managing essential programme aimed at supporting new managers in their first 90 days and a leadership development programme supported by action learning sets.

FREEDOM TO SPEAK UP

The committee discussed the freedom to speak up report. The committee noted:

- Five concerns raised had an element of racism
- One sexual safety concern was raised in Q2 in relation to the Sexual Safety Charter.
- Corporate concerns were from multiple departments rather than one specific area.
- There were six concerns reported in North Central – this was higher due to three staff members reporting same concern.
- 15 concerns about systems and processes were raised in Q2. There are some emerging themes which have been analysed and will be shared with the relevant teams.

The committee discussed when the categories used for reporting were helpful and whether some further detail would be helpful. Systems and processes remain the category with the highest number of concerns and the committee felt it would be helpful to understand which areas were being raised.

The committee also discussed the FTSU data triangulation with other employee data such as absence, turnover resolution hub referrals and well-being contacts and noted EOC and 111 are areas that require additional support.

The committee received an update on the internal audit report into FTSU and progress against the agreed actions.

WINTER WELL BEING AND VACCINATION

- The committee had requested an update on winter preparations and vaccination. Vaccination rates for flu are below those of last years at 21% (although the committee was advised verbally that this may be higher at 30%). The LAS flu campaign 2023/24 saw the lowest uptake in staff flu vaccinations in recent years, with 1,770 healthcare workers (HCWs) vaccinated equivalent to 43.4% of our frontline workforce and this year may be lower.
- The committee discussed the role of CTM's in offering vaccination to their teams. The committee was advised that this had not worked as expected and a number of communication issues had been identified. The committee made clear its expectations that these roles were clarified and sought assurance that further progress on vaccination be made in advance of Christmas
- In the light of the above and the higher than planned sickness absence rate the committee discussed the risks facing the service of higher levels of absence and the mitigating measures to respond to this.

.WORKFORCE PLANNING

The committee received an update on the workforce planning model.

The Trust is currently forecast to exceed its workforce plan and commissioners wish to ensure that there are controls in place to mitigate this. Decreasing turnover, combined with a strong brand and reputation has led to an increasing number of candidates in ambulance operations and a current forecast of exceeding the plan by 62wte. The unprecedented financial environment has meant that there is no additional funding and managing within original control total.

Exco have discussed the mitigation of the position and have agreed that further funding should be transferred to ambulance operations from OPC (24 wte) and to move some paramedic courses from q4 to Q1

	25/26. The committee discussed the potential risks of this plan and in particular highlighted the risk of losing the pipeline of recruits due to delay. The proposal is to keep applicants 'warm' by regular communication. This delay is likely to release a further 18 wte leading to a revised plan of 20wte above plan. The current plan is to manage the risk of this internally. .
Key decisions made / actions identified:	See other commentary.
Risks:	**Board Assurance Framework** The committee reviewed the BAF. No changes were made.
Assurance:	Assurance was received on directorate performance , staff wellbeing and managing sickness absence and FTSU reporting. Assurance was not received on vaccination rates

5.3.3. EDI Committee Report

For Assurance

Presented by Anne Rainsberry

London Ambulance Service NHS Trust

Assurance report:	**Equality, Diversity and Inclusion Committee**	**Date:**	**27/11/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**19/11/2024**
Presented by:	Anne Rainsberry, Non-Executive Director, Chair of Equality, Diversity and Inclusion Committee	**Prepared by:**	Anne Rainsberry, Non-Executive Director, Chair of Equality, Diversity and Inclusion Committee

Matters for escalation:

Other matters considered:

PART A

EDI PROGRESS REPORT

The committee received an update on each of the five workstreams it had agreed at its previous meeting. It noted the following:

Leadership

EDI transformation workshops have started for 240 managers/leaders including LGMs, CTMs, TMs, Station Support Managers and Quality Group. The training has been well received.

The EDI transformation workshops have also commenced. The first session has taken place with the North Central Sector, and these will be rolled out in the coming months. These workshops provide sectors with bespoke data to enable them to track their EDI data and to set sector and team specific improvement objectives.

The Board had a dedicated development session on 7th November to discuss the EDI plan and to review the approach being undertaken.

Recruitment

The committee received an update on the CTM/IRO recruitment.

To support a greater diversity of applicants the Director Ambulance operations sent letters to all women, BME and disabled colleagues inviting them to apply for the new roles.

Candidates were also offered support through mock assessments and support with applications. Whilst there was not a baseline the committee noted a good diversity of both applicants and appointments including:

- 15 male and 15 female candidates have been offered a role (50%)
- 4 BME candidates were appointed to 26 white (13.3%)
- 4 candidates with a declared disability were offered a role, 1 did not disclose and 25 with no disability (16%)

The committee also received an update on the women of colour programme. This has been designed to support this group of staff as a result of data indicating they are less likely to apply for promotion. The programme is providing 6 months of training and coaching to proactively support this group with their career aspirations. Two cohorts have been delivered with a total of 32 women of colour participating in the programme. All participants reported the programme was highly beneficial and some stated it was 'life changing'. Five staff from the first cohort have already achieved promotion.

Reasonable Adjustments

Work continues to implement the new reasonable adjustments policy with an emphasis on educating managers on the requirements and how to respond to requests from staff. The central hub has now been established and tracking is now in place to understand how long adjustments are taking. The committee discussed the types of delays staff were experiencing and requested further information on the type of adjustment by time to complete. The committee also discussed the role of HR Business partners in ensuring staff are supported and in providing advice to managers on the new policy.

Inclusion paper

This important item was deferred to the next meeting in January to allow sufficient time to debate the proposals.

Sexual Safety Group Update Report

The Committee received and noted this report.

PART B – HEALTH INEQUALITIES

The Committee received a presentation on the draft health in equalities action plan. The committee had previously requested a delivery plan for the strategy agreed at its meeting in July. The plan provides further detail on the delivery of the three key elements of the Trust's Health inequalities strategy:

- Developing a 5-year action plan which will be LAS's contribution to reducing health inequalities experienced by Londoners.
- Strengthening the voice of patients through our Public and Patients Council and patient engagement activities to inform health inequality work,
- Tackle health inequality by using our data and reach to agree with NHS partners on at least two initiatives per year.

Using the Core20PLUS5 framework, which defines a target population cohort (the most deprived 20% of the population (as defined by the Index of Multiple Deprivation) and identifies '5' focus clinical areas requiring accelerated improvement. These are:

- Homelessness and Health
- Drug & alcohol addiction
- Housing and Health
- Isolation and Health
- Digital Inclusion
- Patients in detention

LAS has also identified five local priorities:

- Cardiovascular Risk Management (inc. Hypertension, Diabetes, Arrhythmias)
- Patients experiencing Mental Health crisis.
- Maternal health (including Global Majority ethnicity and absence of ante-natal care)
- Patients with Sickle Cell Disorder
- Patients with Autism, Learning Disabilities and/or Neurodiversity

The delivery plan also proposed to add a sixth priority – to address the differences in response times by Borough enabling better access for all.

The committee welcomed the plan and made the following observation:

	▪ The plan is very comprehensive and there may be a risk of dissipating effort too widely. ▪ The plan would benefit in being clearer on those areas where LAS can take direct action to reduce inequality – and these should be prioritized, and those where it had an important partnership role. ▪ The success and impact measures in the plan should reflect the inequality we are seeking to address and clarity of how we will measure progress against this. The committee agreed to review the plan again at the next meeting. The committee received an update on the engagement plan for this work programme and noted good progress to date. **BOARD ASSURANCE FRAMEWORK** The committee noted the EDI BAF and there were no changes proposed. The new HI BAF was discussed and agreed.
Key decisions made / actions identified:	See commentary
Risks:	
Assurance:	The committee received assurance on the EDI action plan.

5.4. Finance

For Assurance

5.4.1. Director's Report

For Assurance

Presented by Rakesh Patel

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting

Report from the Chief Finance Officer

Financial Position at the end of October 2024

Income and Expenditure Plan

The Trust received income of £418.0m and incurred costs of £418.7m for the seven months to end of October 2024. This position was a year-to-date Income & Expenditure deficit of £0.7m. The Trust is forecasting deliver a breakeven plan by year-end following the continuation of cost control processes introduced early summer.

Capital Programme

The Trust will invest £53.3m during 2024/25. By the end of October 2024 the Trust had spent £17.9m across Fleet, Estates and Medical Equipment.

Cash Balance

The Trust had a closing cash balance of £20.2m at the end of October 24.

Fleet

Fleet has continued to commission ambulances with a total of 120 now on the road. The team have also mobilised a complete fleet of new vehicles for our Advanced Paramedics Practioners (APP) in both Urgent and Critical care, 10 Tactical response unit response cars, 5 sector response cars, 3 EPRR response cars and 5 driver training fleet including innovative electric vehicles to train staff in our use of zero emission vehicles.

Estates & Facilities

The trust has developed business cases relating to the £25 million investment in East London for the development of a new state-of-the-art building:

- To enable the Trust to relocate the Hazardous Area Response Team (HART) from Cody Road into new larger premises and bring together our resilience services including our Tactical Response Unit, Special Operations Response Team, their vehicles and the extensive equipment storage needed for these specialist teams.

- Create a modern hub for workshops and vehicle commissioning in East London.
- Upgrade the current facilities on Cody Road into a modern ambulance station with co-located ancillary services.

Logistics

The trust has continued the role out of LP15s and other diagnostic kit to ambulance station as part of the move to a devolved operating model.

Sustainability

The Trusts 2024/25 target is to decrease our carbon emissions by 6% and Heads of each department are working with our Sustainability Manager to achieve this.

Make Ready

The department is currently working to develop new working patterns to align more closely with operational requirements. It is anticipated this will be implemented in the new financial year to align with their implementation of full Agenda for Change terms and conditions.

Rakesh Patel
Chief Finance Officer, London Ambulance service NHS Trust.

5.5. Charity Accounts

1. Charity Annual Report and Accounts
2. ISA 260 Report from KPMG
3. Audit Opinion from KPMG
4. Representation letter

For Approval

Presented by Bob Alexander

London Ambulance Service NHS Trust

Report Title	Trust Charity Annual Report and Accounts			
Meeting:	Trust Board			
Agenda item:	4.2 1a	**Meeting Date:**	5 December 2024	
Lead Executive:	Rakesh Patel, Chief Financial Officer			
Report Author:	Kevin Ind, Chief Financial Accountant			
Purpose:		Assurance	x	Approval
		Discussion		Information

Report Summary

The Trust's Charity's Annual Report and Accounts have been reviewed and endorsed by the Charitable Funds Committee and audited by KPMG. The audit findings are set out in KPMG's ISA 260 Report as issued to the Board.

The Board is asked to approve Charity's Annual Report and Accounts. They have been reviewed and endorsed by the 5th November Charitable Funds Committee.

Summary of Financial Performance:

- The cash balance as at 31 March 2024 was £1.2m, last year it was £1.1m.
- Total 2023/24 income was £0.2m; last year it was £0.6m.
- Total 2023/24 expenditure was £0.2m; last year it was £0.3m.

The Charity's Annual Report and Accounts will be submitted to the Charity Commission before the 31 January 2025 deadline.

Recommendation/Request to the Board/Committee:

The Board is asked to approve the Annual Report and Accounts.

Routing of Paper i.e. previously considered by:

The Trust Charity Annual Report and Accounts were reviewed by the 5 November 2024 Charitable Funds Committee and recommended to Board for approval.

Annual Report & Accounts 2023/24

London Ambulance Charity - Annual Report 2023/24

1. Background to the London Ambulance Charity

London Ambulance Charity (LAC) is the working title of the *London Ambulance Service Charitable Fund*. Its corporate trustee is the only NHS provider trust to serve the whole of London - London Ambulance Service NHS Trust (LAS).

LAC is the official NHS Charity dedicated solely to supporting the people and patients of LAS over and above what is possible through core government funding.

London Ambulance Charity (LAC) was registered with the Charity Commission on 7 March 1997 under the Registered Number 1061191, and is referred to as the *General Fund* with the charitable purpose:

To apply the income, at its discretion, for any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by the London Ambulance Service NHS Trust.

About our Trust

We are proud to be the capital's emergency and urgent care responders. The past year was exceptionally demanding, and our dedicated staff worked tirelessly provided care to the people of London whenever they needed us most. We answered more than four million calls (with 1,922,080 calls into our 999 services and 2,237,192 calls into our 111 services), provided care to 1,033,204 people face-to-face, at the scene, and treated more than 189,000 people over the phone.

LAS works closely with its NHS partners including NHS England, commissioners, hospitals, specialist trusts and Integrated Care Systems (ICS). LAS plays a leading role in integrating access to emergency and urgent care in the capital.

Through collaboration with the Metropolitan Police Service, London Fire Brigade, London's Air Ambulance and London's Resilience Forums means LAS are ready and prepared to respond to major incidents; and ensure we keep Londoners safe.

The charity is an active fundraiser and produces its annual report as a dual-purpose document to meet the requirements of the SORP FRS 102 but also to be used as part of the fundraising strategy.

2. Foreword by the Chairman of charitable funds committee

Welcome to our Annual Report for 2023/24. I am proud to be the Chair of the Charitable Funds Committee. As we have only recently started actively fundraising, we have seen inspiring growth in the number of individual donations and community fundraisers supporting our initiatives. We look forward to continuing to build on our successes by growing our events portfolio and corporate partnerships.

We are the Charity that works for the specific benefit of the London Ambulance Service, its staff and its patients. We do that of course with our colleagues and partners in the wider NHS family. Our corporate trustee, London Ambulance Services NHS Trust (LAS), works closely with all NHS bodies and emergency services across London to provide an integrated response to emergency care and major incidents.

Throughout the year, the Service continued to experience high levels of operational pressures. The Charity has worked to grow its support for the wellbeing of Service staff and volunteers through funding grant requests requested to improve wellbeing and stations. This includes our investment in Wellbeing Support Vehicles and Cafes, which deliver wellbeing checks, refreshments, and – where needed – referrals to mental health services, to frontline paramedics and call handlers who regularly experience trauma as part of their day-to-day roles.

Key highlights of our year include:

- Relaunching the London Lifesavers Initiative with a focus on training all Year 8 pupils in the life-saving skills of CPR and defibrillation across London.
- Launching a new approach to fundraising, encouraging community and patient-involvement in exciting fundraising events that are held regularly throughout the year
- Hosting our Conquer The O2 event which raised £20,000 for health and wellbeing initiatives.
- Expanding the Charity Team and expanding our reach and engagement with the capital.

On behalf of the Corporate Trustee Board, I would like to thank everyone who has kindly donated gifts or money for the benefit of our staff and volunteers who have continued to work so hard over the last year.

We are the Charity of the UK's busiest ambulance service and are committed to improving the health and wellbeing of our staff and volunteers, and increasing community resilience throughout the capital. This supports the LAS in its objective to ensure patients across London receive the right response, in the right place, at the right time. Your donations made this work possible, and your future donations are the key to our future success.

Thank you for your continued support as this has been crucial in our progress to date. I hope you'll continue your commitment to helping save even more lives in the capital for the year ahead. If you or your organisation would like to get involved, please contact londamb.lascharity@nhs.net.

Robert Alexander
Chair of the Charitable Funds Committee

3. Who we are: our objectives and activities

London Ambulance Charity (LAC) is a registered charity (Number 1061191). We exist to raise funds and receive donations for the benefit of the NHS, and more specifically the London Ambulance Service, our key partner in fulfilling our charitable aims.

By securing donations, legacies, and sponsorship, LAC can support projects beyond the scope of NHS statutory funding to improve the wellbeing of the 9000 people who work or volunteer for LAS, and improve access to life-saving care to the nine million people who live in, work in or visit London.

We also work directly with London communities, improving resilience and health education by teaching the life-saving skills of cardiopulmonary resuscitation (CPR) and how to use a defibrillator. These skills are critically important in helping before an ambulance arrives if someone is unconscious and not breathing normally.

LAC also has a linked charity also administered by the corporate trustee, as follows:

Voluntary Responders Group (Registered Number 1061191-1)

It was registered on 22 December 2011. The charitable objects are:

To apply the income, and at its discretion, so far as may be permissible, the capital to advance health, save lives and to promote the efficiency of ambulance services, and in particular, but without limitation by the promotion of volunteering within London Ambulance Services' geographical area of responsibility and in relation to its services.

Donations received by the *General Fund* in the past and currently are specifically given to thank ambulance personnel. The Charitable Funds Committee have agreed that the main purpose of the *General Fund* is to fund projects for the benefit of the staff and volunteers of the London Ambulance Service NHS Trust, such as grants towards improved facilities for crews at ambulance stations which are outside the scope of NHS funding.

The London Ambulance Service Charitable Fund is defined as a Public Benefit Entity. The Trustees confirm that they have given due consideration to the Charity Commission's published guidance on the Public Benefit requirements under the Charities Act 2022.

4. Our Mission

Using innovative fundraising methods, campaigns and compelling story telling to raise our profile, we will raise new money and ensure careful management of our existing funds. LAC provides a public benefit by making grants to London Ambulance Service in line with its vision:

VISION: ***Saving more lives in London***

MISSION: ***Caring for the people and patients of the London Ambulance Service***

Grants are made in accordance with charity law, our constitution and the wishes and directions of donors. In making grants, we endeavour to reflect the wishes of patients, staff and volunteers by directing funds towards areas they tell us are most in need. During the year 2023/24, staff grants totalling £40,000 were made. When considering where to focus our attention our corporate trustee's board and, particularly, the members of the charitable funds committee have regard to the Charity Commission for England and Wales's guidance on public benefit and what this means for LAC.

As we support the busiest NHS ambulance Trust in the UK it is our ambition to be the leading NHS ambulance charity in size, income and impact to support our partner Trust. With the leadership of our Head of Charity Development, we have expanded our charity team to increase our proactive fundraising activities and income, continuing our 5 Year Charity Strategy trajectory to grow unrestricted income to help save even more lives in London.

5. What we have achieved: highlights from the activities undertaken in the year

- In October, we relaunched the London Lifesavers Initiative with a focus on training all Year 8 pupils in the life-saving skills of CPR and defibrillation across London. This is the most ambitious training programme to date and supports LAS above and beyond the service's core work. Using cardiac survival rates, training has been divided into five "waves". Teams

expect to work through each “wave” within 3-6 months and create a “generation of livesavers.”

- 18 dedicated runners, including Chief Exec Daniel Elkeles and Dr John Martin, took on the London Landmarks Half Marathon on Sunday, 2nd April and raised funds for health & wellbeing initiatives. We were thrilled to support them and all of the other runners throughout the day. In total, they raised over £10,100 for the Charity.
- Additionally, 10 committed runners ran the London Marathon on Sunday, the 23rd April to raise funds for the charity. This group of committed runners raised over £6,500 for the Charity. This amazing amount will fund staff and volunteer wellbeing initiatives including Wellbeing Support Vehicles, the staff hardship fund, and staff grant requests.
- The support of our community fundraisers continued, with special recognition of Rob Lewis, an LAS Ambulance Technician who kicked off his ‘6 in my 60s’ fundraising fitness challenges in 2024. He started his adventures with an Arctic expedition braving sub-zero temperatures to cross-country ski, snowshoe, and bike across the snow. He also took part in our Conquer The O2 event and will participate in future charity events to reach his £600 target.
- Over £22,000 was successfully raised in our Conquer The O2 Event, which was the highlight event of the year. Over 70 participants took part in the event in early March, enduring a very rainy start only to enjoy sunshine and rainbows once they had climbed the structure and ascended safely back on land. Participants were split into three groups and we truly enjoyed supporting the fundraising efforts of LAS Executives and staff teams such as the Public Education Team, volunteers from our Community First Responder Group, and corporate partners from Lifeline. It was a wonderful day to support wellbeing initiatives.
- We continued our charity development work by expanding our charity team to four full-time staff members. The new roles include a Charity Development Administrator, Community & Events Fundraiser and Corporate Fundraising Manager. The Charity Development Administrator is responsible for documenting and acknowledging income, administration of our Charity Operational Group meetings, and communications with internal and external supporters. The Community & Events Fundraiser is responsible for supporting the efforts of community and challenge fundraisers such as London Marathon runners, as well as developing and implementing a regular LAC-hosted events schedule. The Corporate Fundraising Manager is responsible for developing and implementing a corporate fundraising plan, including stewarding current relationships and approaching new businesses to support LAC initiatives.
- To broaden our work to further enhance support of the patients of LAS, we have begun planning our first major campaign, to help improve out of hospital cardiac arrest survival rates. This will entail a dedicated fundraising and implementation plan above and beyond our business as usual activities. One fundraising event to specifically support this campaign will be a sponsored walk in the autumn of 2024, of which planning has begun.
- With the cost of living crisis continuing, the Hardship fund was extended, offering further support in the form of one-off grants to colleagues who experience unforeseen hardship.
- We received two legacies in 2023/24, totalling £3,000. These generous gifts-in-wills have supported our grant making potential and helped us support staff and volunteer wellbeing initiatives.

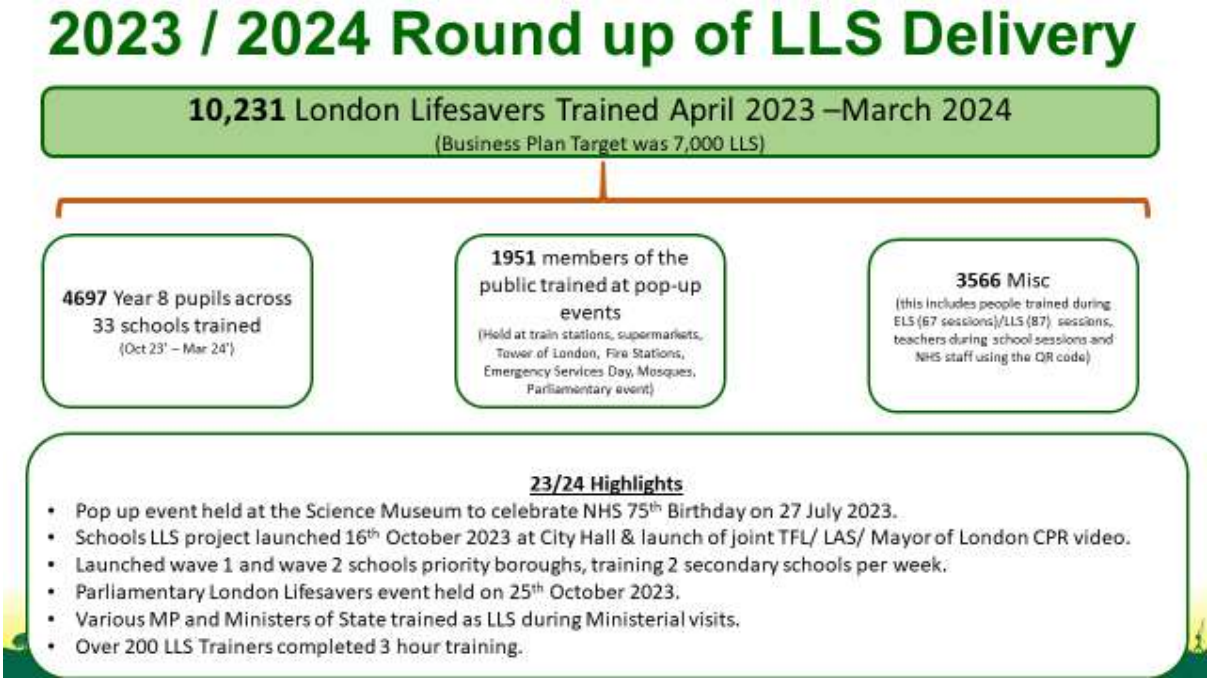
6. NHS Charities Together grants

Ambulance Grant

In 2021/22 we received an Ambulance Grant of £896,000 for our London Lifesaver project to train volunteers with life-saving skills and increase public access defibrillators across London. After a slight delay due to the high demand on ambulance services in 2021/22 and 2022/23, the initiative was re-launched on Re-start a Heart Day in 2023 with the ambitious target to train 7,000 members of the public in the six months remaining in the fiscal year.

The restructured programme is currently delivered through three event types: schools, corporates, and pop-ups. Specifically, emphasis has been placed on training thousands of school children how to save a life, kick starting in London boroughs where data suggests the impact would be greatest.

Figure 1. Round-up of London Lifesavers training events.



Development Grant

In 2022/23 we received a £30,000 Development Grant to support needs that align with a development assessment.

- Part-Time Charity Development Administrator (£11,006)
- Awareness and Collateral (£4,182)
- Infrastructure (£1,800)
- Remaining Balance = £13,012

During this fiscal year, the funding has been used to pay for half of the Charity Development Administrator staff costs. The remaining balance will continue to pay for this role.

Stage 3, Recovery Grant

To help London Ambulance Service recover from the traumatic impact of how stretched services were during the Covid-19 pandemic, we applied for, and were granted, a Recovery

Grant to help bolster and improve the support that our dedicated volunteers can provide. The grant will be distributed in two rounds, totalling £132,000. The recovery projects aim to:

- Train 15 Emergency Responders to gain C1 license
- Train 15 Emergency Responders to gain C1 license (Blue Light Driver Training)
- Provide 104 Ipads so that First Responders have the technology they require to assist and support LAS during an emergency.

Future Grants

The Charity actively participated and supported a partnership between NHS Charities Together and OMAZE which has raised £1.65m to fund community resilience initiatives of NHS Ambulance Charities. We expect to receive funding from this partnership in the next financial year.

We will continue to monitor grant opportunities from Trusts and foundations, and will apply for funding where applicable for 2024/25, such as the GSK Impact Awards, The National Lottery Heritage Fund, and Garfield Weston.

Case Study: Thousands of schoolchildren given life-saving training with London Ambulance Service

More than four thousand schoolchildren were taught how to save a life as part of our ambitious campaign to create a generation of lifesavers.

The London Lifesavers schools campaign was launched on Restart a Heart day in 2023.

Clinicians from LAS taught life-saving skills to more than 1,500 Year 8 children from schools across the capital in just the first few months, and by the end of the year, that number had risen to 4,697. The free training teaches children how to recognise when someone is in cardiac arrest and how to give chest compressions and use a defibrillator.

Bernie Boyle, head of Bishop Thomas Grant School, said the school was "proud" to be part of the programme.

"Experiencing a loss like that only brings it home how important it is for everyone to learn lifesaving skills," she said.

At the moment fewer than one in 12 people survive a cardiac arrest. Early chest compressions and the use of a defibrillator can more than double someone's chances of survival.

Sam Palfreyman-Jones, Head of First Responders, said: "We want everyone in London to have the best possible chance of surviving a cardiac arrest.

> *"More than 75 per cent of cardiac arrests happen in the home, so by teaching children these simple skills, they could save someone they love.*
>
> *"The children are enthusiastic with lots of questions and love the training and we enjoy teaching them."*

The London Lifesavers team also train thousands of people at free pop-up events across London and offer training to businesses, charities and community organisations.

7. How we funded our work, our achievements and performance

In 2023/24, the Charity's fundraising activities focused on individual gifts, community fundraisers, corporate partners, and events. This year we spent £66,000 more than we received in income. This is due to spending on activities as part of plans related to previously acquired restricted funding, and a decrease in income generated through grants from NHS Charities Together (NHSCT) and other funders.

With the CRM system fully functioning, the Charity can now better understand income streams based on fundraising activity. Diversifying income streams is critically important to plan income generation activities beyond funding received during the Covid-19 pandemic and those grants awarded by NHS Charities Together.

In this section we firstly explain how we raised the money and then how we spent it. If more details are required please refer to the full accounts.

Money received: sources of funds

Below is an outline of our diversifying income streams. Our largest source of income over the last two years is from grants (NHSCT). Next it is gifts-in-wills and donations from the public, mainly through platforms such as Justgiving.

Donations from individuals (£51,000) – We are grateful for the support of individuals donating to thank LAS staff for their service, and to honour the memories of those who were helped by our teams before passing away.

London Ambulance Charity Events (£27,000) – with an expanded team, we were pleased to host 2 events in 2023/24, the AMO Abseil and Conquer The O2.

Community Fundraising (£24,000) – participation in community and challenge events continues to grow, with support in this fundraising activity coming from sponsorships for our London Marathon and Landmarks Half Marathon runners.

Trust & Foundation (£26,463) – the remaining balance of the Stage 3 recovery grant from NHS Charities Together (total award - £132,000) was received this fiscal year. (Accrued in accounts)

Corporate (£37,000) – the result of corporate partner gifts, and the generous in-kind donations of local businesses such as Neom Organics, Hampton by Hilton, Starbucks, PureGym, Rosewood Hotel, and WestHam football club for our 2023 Winter Raffle.

Legacy Fundraising (£3,000) - we received two legacies this year.

We anticipate our event and individual income to continue to increase as the Charity team works to develop relationships with supporters, expand our charity places in London challenge events, and raise awareness of the charity locally. With a Community & Events Fundraiser in post, it is planned for the Charity to host one event each quarter in the year ahead and explore other opportunities for community fundraising.

The Head of Charity Development continues to establish a diverse portfolio of fundraising income streams to maintain income above pre-pandemic levels and to ensure sustainable growth. We expect income from all income streams to increase as the charity raises its profile and demonstrates its public benefit.

Fearless fundraisers Conquer The O2

Supporters of the London Ambulance Charity conquered The O2 dome and also smashed their fundraising target by an impressive £8,000 to raise £20,000. Braving inhospitable weather of wind and rain, 70 people climbed up the iconic London landmark to support the dedicated charity which raises money to support the patients, staff and services of London Ambulance Service.

Among those who completed the 52m climb, was Shonagh Massrahim-D'Sylva and her two children Kiki, 10 and Aaliyah, 13. Shonagh wanted to raise money to give back to the London Ambulance Service when paramedics saved Kiki's life after a severe allergic reaction.

Shonagh said "The London Ambulance Service played such a huge role in keeping Kiki calm, safe and most importantly alive in those very scary moments of uncertainty.

"So the girls and I have always been very thankful and passionate about the wonderful work our paramedics do; and this was a little way of us saying thank you."

The entire family had a great day with both Kiki and Aaliyah enjoying the view from the top. Kiki said "Making it to the top was fun because the view is so amazing." Shonagh was delighted to be able share the experience with her family, kept whole by the work of London Ambulance Service paramedics. "My favourite part of the day was being able to share the entire experience with my daughters and seeing how happy it made them."

The herculean amount raised by our brave and adventurous climbers will advance the services provided by London Ambulance Service through programmes such as supporting staff and volunteer's physical and mental wellbeing.

8. Money spent: what we spent our money on

A proportion of the London Lifesavers grant (£71,000) was spent in accordance with the grant spending plan; to fund the overtime work of dedicated London Lifesaver Trainers.

We also spent £44,000 on Staff Amenities and Welfare, as follows:

- Wellbeing Support Vehicles and Cafes (£24,540) – healthy snacks and hot beverages were provided, offering road and office based colleagues respite during busy shifts. Whilst visiting the WSVs or Cafes, staff are offered a wellbeing check-in and have the opportunity to debrief and receive support and signposted to support services.
- Chair Massages (£8,500) – The Little Calm Company were invited to provide upper back and neck massages for staff that typically that sit at a desk during their working day. This included 999 and 111 call handlers and other office based support colleagues. A total of 597 massages were provided over 102 hours. Feedback received included:

> *Hi WBH,*
> *Firstly, a massive thank you to you for arranging The Little Calm Company and the massages – it's not usually my thing, but I finally tried one last month, and just had my 3rd one this evening!*
> *Members of my staff have also very much made use of the service, and are very grateful for it!*
> *The ladies I've met that carry them out are beyond lovely, and caring, and accommodating – and the whole process; timeslots, booking, turnaround has been flawless from the views of my colleagues and myself.*
> *I don't know if recommendations for them / their service count for anything, but if they do, please count this as a big one from myself and my team.*
>
> *I just wanted to express the thoughts and comments from colleagues across both of our EOC's following on from the 4th day of the seated massages, as many of them remember the first time we had arranged these years ago and are super excited to have the chance to have these again.*
> *Whilst initially hesitant in attending the sessions, this was short lived and staff have thrived from the engagement, care, advice and hands-on treatment that this company has offered them.*
> *Many have asked if this is to continue, even if it was less frequent, but the fact that they all feel extremely lighter and brighter in the workplace has offered some great benefits.*
> *Equally, I know the team attending both sites have enjoyed the interactions and time with colleagues, many of them also asking if they can book them privately – so this really has been a win in EOC!!*
> *So I wanted to share the thoughts from the teams and my personal thanks for this, as I feel that it truly has benefitted colleagues and improved the work place.*
> *Of course, this means we would welcome with open arms the opportunity for a return, even if this may be less regularly, or not.*
> *Thank you for making a difference.*

- Holistic Activities (£960) – The Karma Yoga Company provided 16 Yoga classes, offered to colleagues based at the Brentford and Dockside educational centres each Wednesday evening. Feedback received included:

A heartfelt thank you to the WBH production in general for the massages, the lovely dogs we get to cuddle, the yoga, the snacks, support with sickness absence, and other issues and a whole bunch of stuff my team or I may or may not have not encountered yet!
I know you don't do for gratitude, but I hope this building and the Trust realise how lucky we are to have you and how much time and care goes into arranging and managing all of these things.
I try to attend the yoga classes at Brentside Education Centre every week if I can and I physically and mentally notice the difference if I do not attend. The teacher is kindly and speaks to us all at our differing levels of experience and practice. She gently coaxes and encourages us giving us the confidence to gain and regain postures, which we may have thought at one time out of our capability. After one of her guided meditations or yoga nidra I can surely feel a depth of relaxation which I would certainly not achieve otherwise in this hectic workplace. My yoga practice enhances my experience in the workplace and helps boost my motivation. There's only one thing I can add and I think I may speak for some of my colleagues when I say, "We want more yoga".

- Sustainability Initiatives (£4,300) – To reduce the carbon footprint of our colleagues and volunteers, 750 jointly branded LAS Wellbeing/London Ambulance Charity water bottles were handed out at our cafes. Additionally, 750 London Ambulance Charity reusable coffee cups have been distributed through our WSVs and Wellbeing Cafes.
- Upgrade to Wellbeing Spaces (£1,700) – An Exercise bike and three TV screens have been installed at the dedicated EOC Wellbeing Spaces at Waterloo HQ and Dockside Education Centre in Newham. There are 100 colleagues per 12-hour shifts with access to these additional facilities.
- Support for Staff Networks (£3,750). There are 6 networks at LAS including the Armed Forces, B-ME, Christian, EnAbled, International, Jewish, LGBT+, Muslim, and Women's Networks. The Charity contributed to Network costs relating to:
    - Events eg. catering, event space, speakers, travel
    - Conferences eg. travel costs, accommodation costs, entry fees
    - Membership offer eg. merchandise, catering, printing
    - Learning & Development eg. speakers, learning events, courses

Volunteer appreciation (£200)

- An appreciation event was held at The Fire Station for Volunteer Emergency Responders in September. Just under 20 Emergency Responders attended and really enjoyed having a face-to-face gathering again, with many of them not seeing each other since before the pandemic.

During the year the Charity supported 14 staff projects through charity grants including:

- Equipment for staff (£4,000) - TVs, Radios, indoor plants, calm lighting, recreational activities and kitchen appliances to improve mess room facilities at ambulance stations.
- Furniture and Gardens (£2,000) – to create relaxing outdoor spaces for our staff and volunteers to take their breaks.

Wellbeing Support Vehicles offer fantastic support

Staff continue to give positive feedback about the wellbeing initiatives funded by the charity, for example, Wellbeing Support Vehicles (WSVs) and Wellbeing Cafes. The WSVs and Cafes provide paramedics on the road and other office-based staff with a hot drink, healthy snack and wellbeing check-in whilst on shift.

The WSV's meet staff – including crews at hospital bays and those working in the 999 and 111 control centres – to deliver nutrition and support when staff and volunteers need it most.

In a survey, the Café/WSV was ranked an incredible 9.4/10 on average by LAS staff for positively impacting their wellbeing, with staff sending in compliments such as:

"Just completed a nightmare of a job, absolute godsend to see this vehicle and [WSV driver] Howard"

"Spoke to Liv on the well-being truck who offered fantastic support and advice following a difficult morning. I think the truck is a great way to boost staff morale and offer support"

Below is an enthusiastic picture of one of our WSV drivers, Howard, getting ready to take his van out for a shift.

9. Performance against objectives

We aimed to learn and grow in 2023/24 as the second year of the approved charity strategy. We recruited three roles to expand the depth and breadth of the charity's work including a Corporate Fundraising Manager, Community & Events Fundraiser and Charity Development Administrator. These roles have helped to diversify the charity's income streams beyond grants from NHS Charities Together.

We have grown our events activity with the hosting of 2 events, a winter raffle, and supported 2 community fundraising events.

We continued to support our NHS Charities Together grants through required reporting.

10. Our fundraising practices

The Charity abides by the Chartered Institute of Fundraising's Code of Conduct, Fundraising Promise, and Rogare's Fundraising Manifestos.

Charity staff organise fundraising events and co-ordinate, recognise and celebrate the activities of our supporters both internally and externally. The Charity uses professional fundraisers and involve commercial participators solely to help with recruiting lottery sign-ups.

There have been no complaints about fundraising this year.

The Charity additionally registered with the independent Fundraising Regulator to ensure donor confidence and fundraising best practice.

11. Our fundraising performance

During the year the total donations, grants, legacies and income from fundraising came to £142,000. We continued to proactively fundraise and develop new relationships with key corporate organisations. The implementation of the charity CRM database has allowed the charity to create engaging campaigns and events, build strong connections with our supporters, analyse income data to plan and adapt our fundraising initiatives, and develop a donor stewardship programme to increase income and broaden our supporter base.

In 2024/25 we will review our plans especially in the light of the challenging fundraising climate at the end of this fiscal year.

We benchmarked our fundraising activity with our peers through NHS Charities Together annual member submission and monitor the comparative success of campaigns and overall fundraising cost to income ratios.

12. What we plan to do with your donations: our future plans

As the Charity develops and creates a consistent and sustainable level of income we expect the Charity to support a larger range of projects and with a greater level of spend. In line with the public benefit of the charity we have identified the following areas that meet the charity's objects:

- Support Service staff and volunteer's physical and mental wellbeing
- Carry on and expand the London Lifesavers Project.
- Encourage better health in the communities the Trust serves.
- Promote innovation, transformation and efficient new ways of working.
- Support the Trust's Green agenda with a focus on sustainability
- Help staff deliver front line patient care more effectively.
- Recognise and celebrate of our staff and volunteers.
- Invest in projects that enhance patient care.

Our 5 Year Charity Strategy focuses on *Develop and Promote* operational priorities in Year 3 2024/25 to ensure a strong foundation for growth and sustainability into the future:

- Launch London Ambulance Charity's own 2-year campaign/appeal

- Recruit high-profile patrons for the appeal
- Develop Corporate Fundraising Strategy
- Develop donor stewardship and retention plan
- Focus on growing database
- Grow events activity
- Engage Stakeholders to further develop brand

13. How we manage the money

Our grant making policy – Grant requests are submitted to the Charity throughout the year for discussion and approval. They are invited from any member of the London Ambulance Service. Based on their knowledge of the Service, the Charitable Funds Committee, agrees funding priorities and the CFC or their delegated representative reviews the applications for quality, public benefit and value for money. A Grants Guidance document has been published and is available for all staff on the Trust intranet.

14. Our reserves policy

The charitable funds committee has established a reserves policy as part of its plans to provide long term support to London Ambulance Charity.

The charitable funds committee calculate the reserves as part of the charity's unrestricted income funds that is freely available after taking account of designated funds that have been earmarked for specific projects.

The Trustees have agreed that the level of the reserves should cover the next 12 months committed operating expenditure. The level will be reviewed by the Charity Committee on an annual basis.

15. Trustee arrangements

The London Ambulance Service NHS Trust is the sole corporate trustee of the charity. The corporate trustee's responsibilities are therefore carried out by London Ambulance Service NHS Trust's board of directors. The board is appointed in accordance with the NHS Trust's constitution. Details of London Ambulance Service NHS Trust board membership can be found in its annual report and accounts and on its website.

As the charity has a corporate trustee it is, in accounting terms, controlled by London Ambulance Service NHS Trust and is therefore its subsidiary. Financially, the charity is not material to London Ambulance Service NHS Trust, so it is not consolidated into the Trust's accounts.

London Ambulance Service NHS Trust board meet annually as corporate trustee to:

- review and approve the charity's strategic plan
- re-appoint or appoint members of the charitable funds committee and
- approve the trustee's annual report and accounts for the year.

The board of directors of London Ambulance Service NHS Trust delegate responsibility for the day-to-day management of the charity to the charitable funds committee and the trust fund director in accordance with the scheme of delegation and standing financial instructions. Together, they are responsible for fulfilling the corporate trustee's strategic plan and for working with the professional advisors and with the representatives of London Ambulance Service NHS Trust.

The charitable funds committee comprises two executive members of the board and two non-executive members. Other members of London Ambulance Service NHS Trust staff are invited to attend committee meetings but do not have a vote at those meetings. During the year, the committee members were:

- Robert Alexander — Non-Executive Director (in the Chair)
- Rommel Pereira — Non-Executive Director
- Daniel Elkeles — Chief Executive
- Rakesh Patel — Chief Finance Officer
- Roger Davidson — Director of Strategy
- Jessica Burgess — Head of Charity Development
- Mark Easton — Director Corporate Affairs
- Kevin Ind — Chief Financial Accountant
- Sam Palfreyman-Jones — Head of First Responders
- Eddie Brand — UNISON representative

16. Our staff and advisors

The Charitable Funds Committee is assisted by a number of professional advisors, as detailed below:

External auditor's:

KPMG LLP
15 Canada Square
Canary Wharf
London
E14 5GL

Internal auditor's:

BDO LLP
55 Baker Street
London
W1U 7EU

Fraud advisor:

RSM UK Risk Assurance Services LLP
The Pinnacle, 170 Midsummer Boulevard
Milton Keynes
Buckinghamshire
MK9 1BP

How to contact us

The charity office and principle address of London Ambulance Charity is:

London Ambulance Charity, London Ambulance Service
220 Waterloo Road
London
SE1 8SD

For fundraising queries please contact:

Jessica Burgess – Head of Charity Development
londamb.lascharity@nhs.net
07385 347446

17. Key management personnel remuneration

The board of the corporate trustee and the trust fund director comprise the key management personnel of the charity as they are in charge of:

- Directing and controlling the charity
- Running and operating the charity on a day-to-day basis.

London Ambulance Service (LAS) NHS Trust's board members are either executive members who are employees of LAS NHST or non-executive members who are remunerated in accordance with the LAS NHST constitution. None of the board members are specifically paid in relation to LAS Charity. They give of their time freely. Since September 2021 the Trust has paid for a Head of Charity Development post to oversee the development, management, governance and coordination of charitable activities. During this fiscal year, the Trust has also paid for a Corporate Fundraising Manager to help develop our corporate fundraising activities.

The Charity's paid staff include a Charity Development Administrator and a Community & Events Fundraiser.

18. Risk analysis

As part of the business planning exercise carried out during the year, the charitable funds committee has considered the major risks to which LAS Charity is exposed and manage them through a risk register to identify steps to mitigate those risks.

- **Future levels of income**

The charity is reliant on donations to allow it to make grants to the London Ambulance Service NHS Trust. If income falls, then the charity would not be able to make as many grants or enter into longer term commitments with the London Ambulance Service NHS Trust it supports.

As set out in the 5 Year Charity Strategy, the financial plan aims to increase unrestricted income to build the Charity's reserves to support long term sustainable growth.

The Charity will work to deliver a range of fundraising 'products' with an initial focus on low-risk, low resource income streams whilst the Charity is small e.g. established campaigns and events, staff fundraising and shared initiatives.

The income growth will be supported by increased investment into fundraising, primarily through additional staffing within the Charity.

19. Wider networks

The Charity is an active and paying member of NHS Charities Together, which has membership of 100% of NHS charities across Great Britain and Northern Ireland. NHSCT is a membership organisation providing peer support, as well as an independent registered

charity, and grant funder. We currently attend two NHSCT special interest groups; London Regional group and the Ambulance Charity group.

Our Head of Charity Development is the Chair of the NHS Charity Ambulance Special interest group, with members from across all the NHS Ambulance Trust charities in the UK. As Chair, she works with her Deputy Chair to arrange regular meetings, compile agendas, invite guests, update group members with news from NHS Charities Together, ensure inclusivity and participation during meetings, and track actions for the group.

20. Related parties

London Ambulance Service NHS Trust is the corporate trustee of the charity as well as its main grant beneficiary – they are therefore related parties. Grants paid by the charity to London Ambulance Service NHS Trust are detailed in note 4.

London Ambulance Service NHS Trust makes a number of clerical and transaction services available to the charity, however charges for these services are waived. The services provided by the London Ambulance Service NHS Trust are administrative and financial services.

None of the members of the London Ambulance Service NHS Trust board or parties related to them has undertaken any transactions with the charity or received any benefit from the charity in payment or kind.

21. Our relationship with the wider community

The London Ambulance Charity's ability to continue to support staff, volunteers and patients is reliant on its ability to raise funds from the general public. By raising its profile internally the Charity is engaging colleagues to take part in its fundraising activities, and actively apply for grants to benefit their areas, their teams and patients they serve.

22. Volunteers

Volunteer Emergency Responders and Community First Responders, are activated alongside LAS employees to provide an additional response to life-threatened or seriously ill or injured patients. If they arrive before the LAS response they are able to provide emergency life support to the patient. For incidents when the volunteer arrives after an LAS solo responder, they have a vital role in providing trained support to the LAS responders, adding significant benefit to patient outcomes.

23. Statement of trustee's responsibilities in respect of the trustee's annual report and accounts

Under charity law, the trustee is responsible for preparing the trustee's annual report and accounts for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period.

In preparing these financial statements, generally accepted accounting practice requires that the trustee:

• selects suitable accounting policies and then apply them consistently
• makes judgments and estimates that are reasonable and prudent
• states whether the recommendations of the SORP FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements

• states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements
• prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the trustee to ensure that, where any statements of accounts are prepared by the trustee under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The trustee has general responsibility for taking such steps as are reasonably open to the trustee to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

Signed on behalf of the trustee:

Name: Robert Alexander (Chair of the charitable funds committee)

Date:

LONDON AMBULANCE SERVICE CHARITABLE FUND

FINANCIAL STATEMENTS

FOR THE YEAR ENDING 31 MARCH 2024

London Ambulance Service Charitable Fund Statement of Financial Activities for the year ending 31 March 2024

	Note	Unrestricted Funds 2023/24 £000	Unrestricted Funds 2022/23 £000	Restricted Funds 2023/24 £000	Restricted Funds 2022/23 £000	Total Funds 2023/24 £000	Total Funds 2022/23 £000
Income from:							
Donations and Legacies	**2**	141	383	1	171	**142**	**554**
Investments	**3**	16	0	0	0	**16**	**0**
Total incoming resources		**157**	**383**	**1**	**171**	**158**	**554**
Expenditure on:							
Raising Funds	**4a**	-34	-19	-22	-1	**-56**	**-20**
Charitable Activities	**4b**	-95	-146	-73	-125	**-168**	**-271**
Total expenditure		**-129**	**-165**	**-95**	**-126**	**-224**	**-291**
Net income/ (expenditure)		**28**	**218**	**-94**	**45**	**-66**	**263**
Reconciliation of Funds:							
Total funds brought forward		374	156	677	632	**1,051**	**788**
Total funds carried forward		**402**	**374**	**583**	**677**	**985**	**1,051**

The net movement in funds for the year arises from the charity's continuing operation. No separate statement of total recognised gains and losses has been presented as all such gains and losses have been dealt with in the statement of financial activities.

The notes at pages 24 to 28 form part of these accounts.

London Ambulance Service Charitable Fund Balance Sheet as at 31 March 2024

	Note	Unrestricted Funds *General Fund* 2023/24 £000	Unrestricted Funds *General Fund* 2022/23 £000	Restricted Funds 2023/24 £000	Restricted Funds 2022/23 £000	Total Funds 2023/24 £000	Total Funds 2022/23 £000
Debtors	**5**	4	38	0	26	**4**	**64**
Cash at bank and in hand	**6**	459	344	738	772	**1,197**	**1,116**
Total current assets		**463**	**382**	**738**	**798**	**1,201**	**1,180**
Creditors due within one year	**7**	-61	-8	**-155**	-121	**-216**	**-129**
Total current liabilities		**-61**	**-8**	**-155**	**-121**	**-216**	**-129**
Total net assets		**402**	**374**	**583**	**677**	**985**	**1,051**
The funds for the charity:							
Restricted income funds	**10**	0	0	583	677	**583**	**677**
Unrestricted income funds	**10**	**402**	374	0	0	**402**	**374**
Total charity funds		**402**	**374**	**583**	**677**	**985**	**1,051**

The accounts set out on pages 20 to 28 were approved by the Corporate Trustee on 5th December 2024, and signed on its behalf by

Signed: ……

Robert Alexander, Chair of the Charitable Funds Committee on behalf of the Corporate Trustee

Date: ……

London Ambulance Service Charitable Fund Statement of Cash Flows for the year ending 31 March 2024

	Note	2023/24 £000	2022/23 £000
Cash Flows from operating activities:			
Net Cash provided by (used in) operating activities	8	81	330
Change in cash in the reporting period		81	330
Cash at the beginning of the reporting period	**8**	**1,116**	**786**
Cash at the end of the reporting period		**1,197**	**1,116**

London Ambulance Service Charitable Fund Notes to the Accounts for the year ending 31 March 2024

1.1 Accounting Policies

Basis of preparation

The financial statements have been prepared under the historical cost convention.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'.

The trustees consider that there are no material uncertainties about the London Ambulance Service Charitable fund ability to continue as a going concern. In future years, the key risks to the London Ambulance Service Charitable Fund is a fall in income from donations but the trustees have arrangements in place to mitigate those risks.

Funds Structure

Where the donor has provided for the donation to be sent in furtherance of a specified charitable purpose and has therefore created a legal restriction on use of the funds the income is allocated to a restricted income fund.

The remaining funds held by the charity are classified as unrestricted income funds. The expenditure of these funds is wholly at the trustee's unfettered discretion.

The major funds held under these categories are disclosed at note 10.

Incoming resources

All incoming resources are included in full in the Statement of Financial Activities as soon as the following three conditions can be met:

- entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- probable – it is more likely than not that economic benefits associated with the transaction or gift will flow to the charity; and
- measurement – when the monetary value of the incoming resources can be measured with sufficient reliability.

Where there are terms and conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before income is recognised as the entitlement condition will not be satisfied until this point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representative of the estate that the payment of the legacy will be made or properly transferred and once all the conditions attached to the legacy have been fulfilled.

Material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in a separate note to the accounts with an estimated amount receivable.

Resource expended and irrecoverable VAT

Liabilities are recognised as resources are expended as soon as there is a legal constructive obligation committing the charity to the expenditure. A liability is recognised where the charity is under a constructive obligation to make a transfer of value to a third party as a result of past transactions or events. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Role of Volunteers

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers are not recognised in the accounts.

Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity.

Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly incurred in the pursuit of the charitable objectives. Grants payable which are payments, made to third parties (including NHS bodies) in the furtherance of the charity's charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. Provisions are made where approval has been given by the trustee due to the approval representing a firm intention which is communicated to the recipient.

Allocation of support costs

Support costs are those costs that do not relate directly to a single activity. The support costs have been allocated against charitable activities.

Irrecoverable VAT

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

Cash at bank and in hand

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due.

Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to pay to settle the debt.

In-kind donation

We adhere to a robust accounting policy that requires us to accurately represent the fair value of these generous contributions at the point of donation. By recognising these gifts as market value income in our Statement of Financial Activities (SoFA) according to the charity SORP.

2. Income from donations and legacies

	Unrestricted Funds		Restricted Funds						Total Funds	
	General Fund		Voluntary Responders Group		Volunteers London Life Savers		Other			
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Donations from individuals	50	98	1	1	0	0	0	0	**51**	99
Corporate donations	37	146	0	5	0	0	0	0	**37**	151
Legacies	3	120	0	0	0	0	0	0	**3**	120
Other	51	19	0	3	0	0	0	162	**51**	184
Total	**141**	**383**	**1**	**9**	**0**	**0**	**0**	**162**	**142**	**554**

Donations from individuals are gifts from members of the public, relatives of patients and staff. This income is usually collected through our just giving site and donation received by post.

There were two legacies totalling £3,022 received during the year (2022/23: £119,508).

3. Investments

Investment relates to interest income due from cash on deposit (£15,494).

4a. Raising Funds

	Unrestricted Funds		Restricted Funds						Total Funds	
	General Fund		Voluntary Responders Group		Volunteers London Life Savers		Other			
	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000
Licence Costs	-3	-7	0	0	0	0	-2	0	**-5**	**-7**
Support Costs	-19	0	0	0	0	0	-20	-1	**-39**	**-1**
External Audit Fee	-9	-9	0	0	0	0	0	0	**-9**	**-9**
Subscription Fee (Just Giving)	-3	-3	0	0	0	0	0	0	**-3**	**-3**
Total	**-34**	**-19**	**0**	**0**	**0**	**0**	**-22**	**-1**	**-56**	**-20**

The audit fee was £7,450 excluding vat, for the year (2022/23: £7,450) related solely to the audit with no other work undertaken (2022/23: nil).

The charity has two employees, total cost £38,200 under support costs (2022/23: nil).

4b. Analysis of charitable expenditure

	Unrestricted Funds		Restricted Funds						Total Funds	
	General Fund		Voluntary Responders Group		Volunteers London Life Savers		Other			
	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000	2023/24 £'000	2022/23 £'000
Volunteers Spend:										
Voluntary London Life Savers	0	0	0	0	-71	-58	0	0	**-71**	**-58**
Voluntary Responders Group	0	0	0	0	0	0	0	0	**0**	**0**
Staff Amenities/ Grants:										
Improvements to working Environment	-3	-11	-1	0	0	0	0	0	**-4**	**-11**
Staff Education and Welfare	-39	-124	-1	-5	0	0	0	0	**-40**	**-129**
Others:										
Purchase of Equipment	0	-1	0	0	0	0	0	-58	**0**	**-59**
Others	-53	-10	0	0	0	0	0	-4	**-53**	**-14**
Total	**-95**	**-146**	**-2**	**-5**	**-71**	**-58**	**0**	**-62**	**-168**	**-271**

Other spend relates to donations in kind made to London Ambulance Trust and other miscellaneous charitable expenditure.

5. Debtors

	2023/24 £000	2022/23 £000
Other debtors	4	64
Amounts falling due within one year	**4**	**64**

6. Cash at bank and in hand

	2023/24 £000	2022/23 £000
Cash in hand	1,197	1,116
Total	**1,197**	**1,116**

7. Creditors falling due within one year

	2023/24 £000	2022/23 £000
Accruals	216	129
Amounts falling due within one year:	**216**	**129**

8. Reconciliation of net income/(expenditure) to net cash flow from operating activities

	2023/24 £000	2022/23 £000
Net income/(expenditure) for the reporting period as per the statement of financial activities	-66	263
Adjustment for:		
(Increase)/Decrease in debtors	60	-50
Increase/(Decrease) in creditors	87	117
Net cash provided by (used in) operating activities	**81**	**330**

9. Allocation of Support Costs and Overhead

Governance costs are those costs which relate to the day to day management of the charity. The governance costs are wholly charged against charitable activities.

10. Analysis of Charitable Funds

Restricted funds

	Balance 1 April 2023 £000	Resources Expended £000	Incoming resources £000	Balance 31 March 2024 £000
Voluntary Responders Fund	36	-2	1	35
Hardship & Other Reserves Fund	124	-22	0	102
Voluntary London Life Savers Fund	517	-71	0	446
	677	**-95**	**1**	**583**

Name of Fund	Description, nature and purpose of the fund
Voluntary Responders Fund	The objectives of the restricted fund are to advance health, save lives and to promote the efficiency of ambulance services through volunteering.
Other (Reserves, Hardship & Museum	The objectives of the Hardship restricted fund is to support staff and volunteers who are facing financial difficulties. The objectives of the Museum fund are to preserve and promote the Historical Collection. The objectives of the Reserves fund is to ensure our work is protected from the risk of disruption at short notice due to a lack of funds.

Voluntary London Life Savers Fund	The objectives of the restricted fund are to teach life-saving CPR and defibrillator training to volunteers across London.

Unrestricted income funds

	Balance 1 April 2023 £000	Resources Expended £000	Incoming resources £000	Balance 31 March 2024 £000
General Fund	**374**	**-129**	**157**	**402**
	374	**-129**	**157**	**402**

Name of Fund	Description, nature and purpose of the fund
London Ambulance Service General Fund	The objectives of the unrestricted fund are that it is available for any charitable purposes relating to the NHS at the absolute discretion of the trustees. This fund also includes reserves amount of £63,000.

11. Related party transactions

The London Ambulance NHS Trust is the corporate trustee of the charity.

During the year, none of the members of the Trust Board, senior NHS Trust staff or parties related to them were beneficiaries of the charity. Neither the corporate trustee nor any member of the NHS Board has received honoraria, emoluments or expenses in the year and the Trustee has not purchased trustee indemnity insurance.

12. Trustees' remuneration, benefits and expenses

The charity's trustees give their time freely and receive no remuneration for the work that they undertake as trustees.

13. Post Balance Sheet Events

There are no post- balance sheet events that require adjustment or disclosure.

London Ambulance Service NHS Trust

Report Title	2023/24 Auditor's Year end report to the Board (ISA 260 Report)			
Meeting:	Trust Board			
Agenda item:	4.2 2a	**Meeting Date:**	5 December 2024	
Lead Executive:	Rakesh Patel, Chief Financial Officer			
Report Author:	KPMG			
Purpose:	**X**	Assurance		Approval
		Discussion		Information

Report Summary

The Charity submitted its Financial Statements and Annual Report to KPMG, the external auditor. KPMG have concluded their audit work. The attached Auditor's Year end report to the Board (ISA 260 Report) provides the following:

- Audit findings
- Significant risks and other audit risks
- Audit risks and approach
- Key accounting estimates and management judgements
- Significant audit misstatements
- Other significant matters

Recommendation/Request to the Board/Committee:

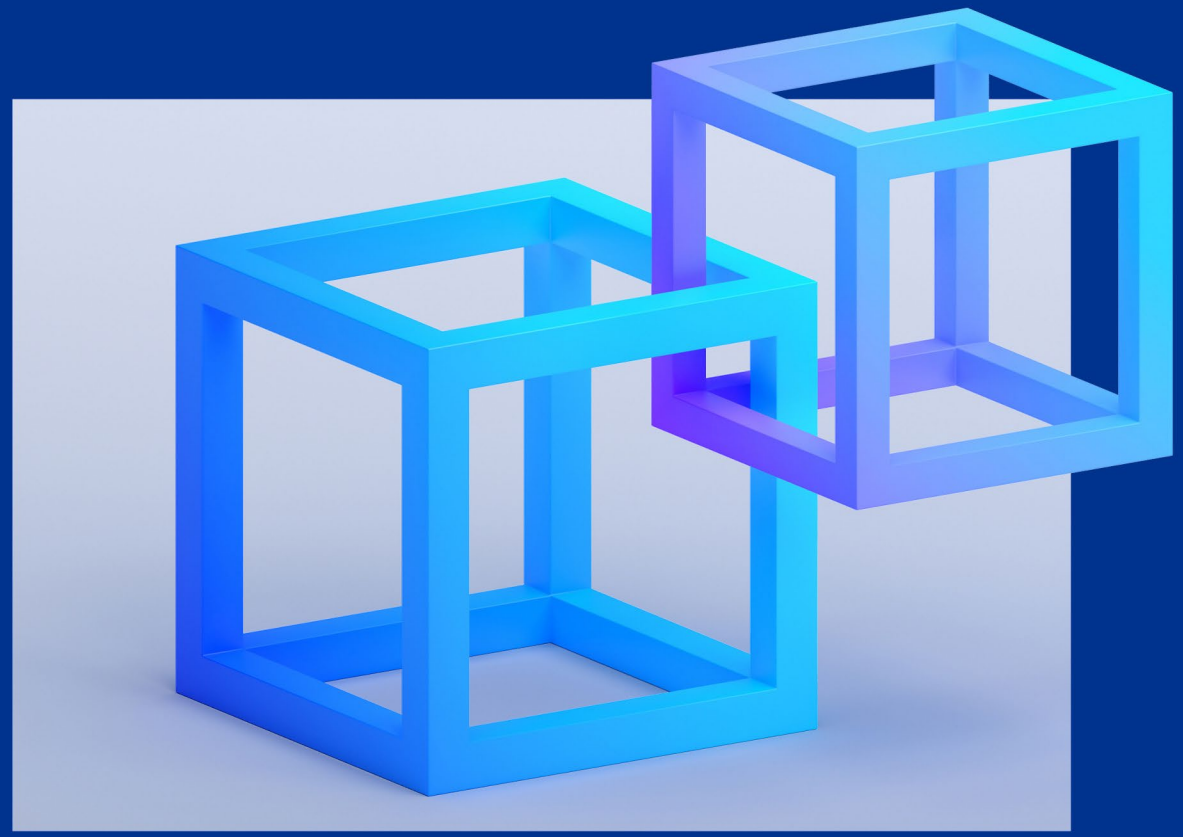
The Board is asked to note the report.

Routing of Paper i.e. previously considered by:

The Auditor's Year end report was reviewed by the 5 November 2024 Charitable Funds Committee and recommended to Board for assurance.

KPMG

London Ambulance Service Charitable Fund



Report to the Charitable Funds Committee

Financial statements for the year ended 31 March 2024

November 2024

Introduction

To the Charitable Funds Committee of London Ambulance Service Charitable Fund

We were pleased to have the opportunity to meet with you on 5 November 2024 to discuss the results of our audit of the financial statements of London Ambulance Service Charitable Fund (the 'Charity'), as at and for the year ended 31 March 2024.

This report should be read in conjunction with our audit plan and strategy letter.

The engagement team

Our audit is substantially complete other than those matters described at page 4. There have been no significant changes to our audit plan and strategy.

Subject to the Corporate Trustee's approval, we expect to be in a position to sign our audit opinion on the Corporate Trustee's approval of the financial statements and auditor's representation letter in December 2024, provided that the outstanding matters noted on page 4 of this report are satisfactorily resolved.

We draw your attention to the important notice on page 3 of this report, which explains:

- The purpose of this report
- Limitations on work performed
- Restrictions on distribution of this report

Yours sincerely,

Dean Gibbs

28 November 2024

How we deliver audit quality

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion.

We consider risks to the quality of our audit in our engagement risk assessment and planning discussions.

We define 'audit quality' as being the outcome when audits are:

- Executed consistently, in line with the requirements and intent of applicable professional standards within a strong system of quality controls and
- All of our related activities are undertaken in an environment of the utmost level of objectivity, independence, ethics and integrity.

Contents **Page**

Important notice

This report is presented under the terms of our audit engagement letter.

Circulation of this report is restricted.

The content of this report is based solely on the procedures necessary for our audit.

Purpose of this report

This Report has been prepared in connection with our audit of the financial statements of London Ambulance Service Charitable Fund (the 'Charity'), prepared in accordance with the "Accounting and Reporting by Charities: Statement of Recommended Practice (FRS 102)" as at and for the year ended 31 March 2024.

This Report has been prepared for the Charity's Charitable Funds Committee, a sub-group of those charged with governance, in order to communicate matters that are significant to the responsibility of those charged with oversight of the financial reporting process as required by ISAs (UK), and other matters coming to our attention during our audit work that we consider might be of interest, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone (beyond that which we may have as auditors) for this Report, or for the opinions we have formed in respect of this Report.

This report summarises the key issues identified during our audit.

Limitations on work performed

This Report is separate from our audit report and does not provide an additional opinion on the Charity's financial statements, nor does it add to or extend or alter our duties and responsibilities as auditors reporting to the Charity's Trustee in accordance with the Charities Act.

We have not designed or performed procedures outside those required of us as auditors for the purpose of identifying or communicating any of the matters covered by this Report.

The matters reported are based on the knowledge gained as a result of being your auditors. We have not verified the accuracy or completeness of any such information other than in connection with and to the extent required for the purposes of our audit.

Status of our audit

Our audit is not yet complete and matters communicated in this Report may change pending signature of our audit report. We will provide an oral update on the status. Page 4 'Our Audit Findings' outlines the outstanding matters in relation to the audit. Our conclusions will be discussed with you before our audit report is signed.

Restrictions on distribution

The report is provided on the basis that it is only for the information of the Charitable Funds Committee of the Charity; that it will not be quoted or referred to, in whole or in part, without our prior written consent; and that we accept no responsibility to any third party in relation to it.

Our audit findings

Significant audit risks		Page 5
Significant audit risks	**Risk change**	**Our findings**
Management Override of Controls	Stable	We have not identified any instances of management override of controls.

Outstanding matters

Our audit is substantially complete except for the following:

- Receipt of management representation letter; and
- Finalise audit report and sign

Significant risks and Other audit risks

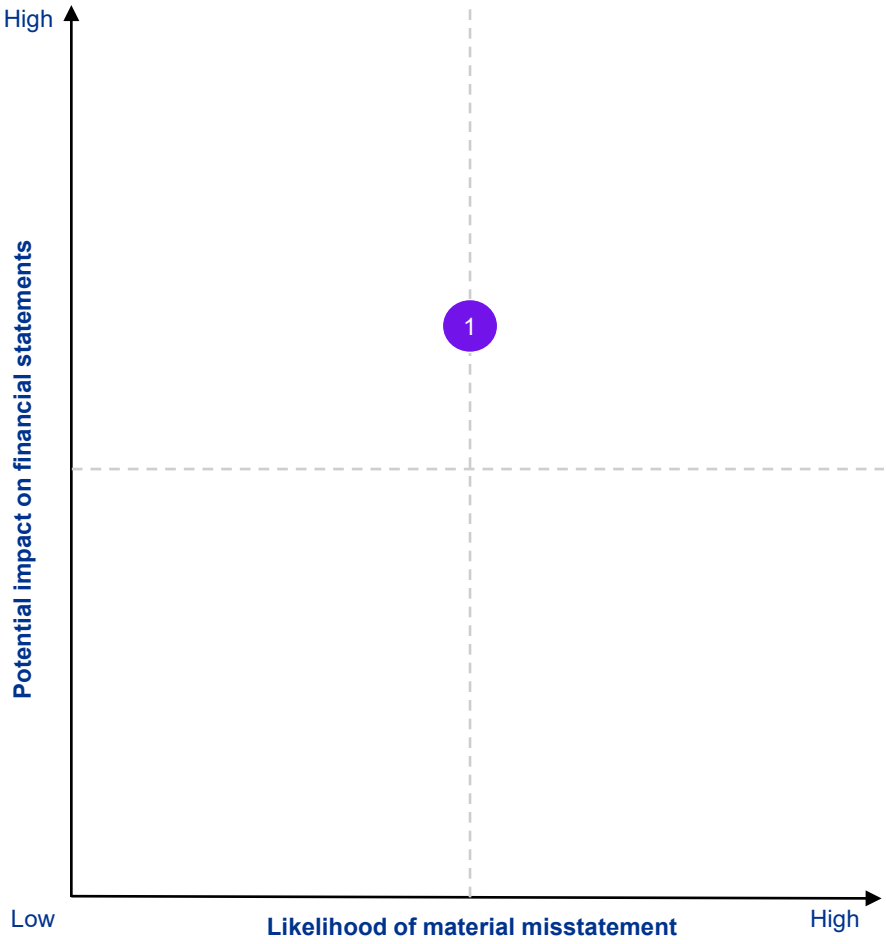
We discussed the significant risks which had the greatest impact on our audit with you when we were planning our audit.

Our risk assessment draws upon our historic knowledge of the business, the industry and the wider economic environment in which London Ambulance Service Charitable Fund operates.

We also use our regular meetings with senior management to update our understanding and take input from local audit teams and internal audit reports.

Significant risks & Other Audit Risks
1. Management override of controls

Key: # Significant financial statement audit risks



Audit risks and our audit approach

1 Management override of controls[(a)]

Fraud risk related to unpredictable way management override of controls may occur

Significant audit risk

- Professional standards require us to communicate the fraud risk from management override of controls as significant.
- Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.
- We have not identified any specific additional risks of management override relating to this audit.

Note: (a) Significant risk that professional standards require us to assess in all cases.

Our response and findings

Our audit methodology incorporated the risk of management override as a default significant risk.

- We evaluated the selection and application of accounting policies.

  We did not identify any issues with the accounting policies applied by the Charity.
- We assessed the business rationale and the appropriateness of the accounting for significant transactions that are outside the component's normal course of business, or are otherwise unusual.

  We have not identified any significant unusual transactions transactions.
- We made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments.

  No exceptions arose from our work.
- We analysed all journals posted through the year and focused our testing on those with a higher risk, such as journals impacting cash, income recognition or seldom used accounts.

  We identified 14 journal entries and other adjustments meeting our high-risk criteria. Our work in relation to those journal entries identified no evidence of inappropriate entries being made.
- We assessed the design and implementation of controls in place for the identification of related party relationships and tested the completeness of the related parties identified.

  No exceptions arose from our work over related parties.

Overall, we have not identified any instances of management override of controls.

Uncorrected and corrected audit misstatements

Under UK auditing standards (ISA (UK&I) 260) we are required to provide the Charitable Funds Committee with a summary of unadjusted audit differences (including disclosure misstatements) identified during the course of our audit, other than those which are ‘clearly trivial’, which are not reflected in the financial statements. There are no unadjusted audit differences to report,.

Under UK auditing standards (ISA (UK&I) 260) we are required to provide the Charitable Funds Committee with a summary of correct audit differences (including disclosure misstatements) identified during the course of our audit, other than those which are ‘clearly trivial’, which are not reflected in the financial statements. There are no adjusted errors we are required to bring to the attention of the Committee.

Disclosure Errors

— We have identified presentation and casting corrections, these have been communicated with the management and are expected to be updated in the final version of accounts . We will verify that these have been corrected within the final annual report and accounts.

Appendixes

Contents

Required communications with the Charitable Funds Committee

Type	Response
Our draft management representation letter	We have not requested any specific representations in addition to those areas normally covered by our standard representation letter for the year ended 31 March 2024.
Adjusted audit differences	There were nil adjusted audit differences. See Page 7.
Unadjusted audit differences	No unadjusted audit differences were noted from the testing completed to date. The aggregated profit impact of unadjusted audit differences would be £nil. See Page 7.
Related parties	There were no significant matters that arose during the audit in connection with the entity's related parties.
Other matters warranting attention by the Charitable Funds Committee	There were no matters to report arising from the audit that, in our professional judgment, are significant to the oversight of the financial reporting process.
Control deficiencies	We communicated to management in writing all deficiencies in internal control over financial reporting of a lesser magnitude than significant deficiencies identified during the audit that had not previously been communicated in writing.
Actual or suspected fraud, noncompliance with laws or regulations or illegal acts	No actual or suspected fraud involving management, employees with significant roles in internal control, or where fraud results in a material misstatement in the financial statements identified during the audit.

Type	Response
Significant difficulties	No significant difficulties were encountered during the audit.
Modifications to auditor's report	None.
Disagreements with management or scope limitations	The engagement team had no disagreements with management and no scope limitations were imposed by management during the audit.
Other information	No material inconsistencies were identified related to other information in the annual report, Strategic and Directors' reports. The Strategic report is fair, balanced and comprehensive, and complies with the law.
Breaches of independence	No matters to report. The engagement team have complied with relevant ethical requirements regarding independence.
Accounting practices	Over the course of our audit, we have evaluated the appropriateness of the Charity's accounting policies, accounting estimates and financial statement disclosures. In general, we believe these are appropriate.
Significant matters discussed or subject to correspond-dence with management	No significant matters have arisen from our audit work.

Confirmation of Independence

We confirm that, in our professional judgement, KPMG LLP is independent within the meaning of regulatory and professional requirements and that the objectivity of the Director and audit staff is not impaired.

To the Charitable Funds Committee members

Assessment of our objectivity and independence as auditor of London Ambulance Service Charitable Fund (the 'Charity')

Professional ethical standards require us to provide to you at the planning stage of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

General procedures to safeguard independence and objectivity;

Independence and objectivity considerations relating to the provision of non-audit services; and

Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP directors and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the FRC Ethical Standard.

As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews.

We are satisfied that our general procedures support our independence and objectivity.

Independence and objectivity considerations relating to the provision of non-audit services

We have considered the fees charged by us to the Charity and its affiliates for professional services provided by us during the reporting period. Total fees charged by us can be analysed as follows:

	2024	2023
	£'s	£'s
Audit of Charity	7,450	7,450
Total audit	**7,450**	**7,450**
Other Assurance Services	-	-
Total non-audit services	-	-
Total Fees	**7,450**	**7,450**

Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgement, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the director and audit staff is not impaired.

This report is intended solely for the information of the Charitable Funds Committee and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully

KPMG LLP

KPMG's audit quality framework

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion.

To ensure that every director and employee concentrates on the fundamental skills and behaviours required to deliver an appropriate and independent opinion, we have developed our global Audit Quality Framework.

Responsibility for quality starts at the top through our governance structures as the UK Board is supported by the Audit Oversight Committee, and accountability is reinforced through the complete chain of command in all our teams.

Commitment to continuous improvement

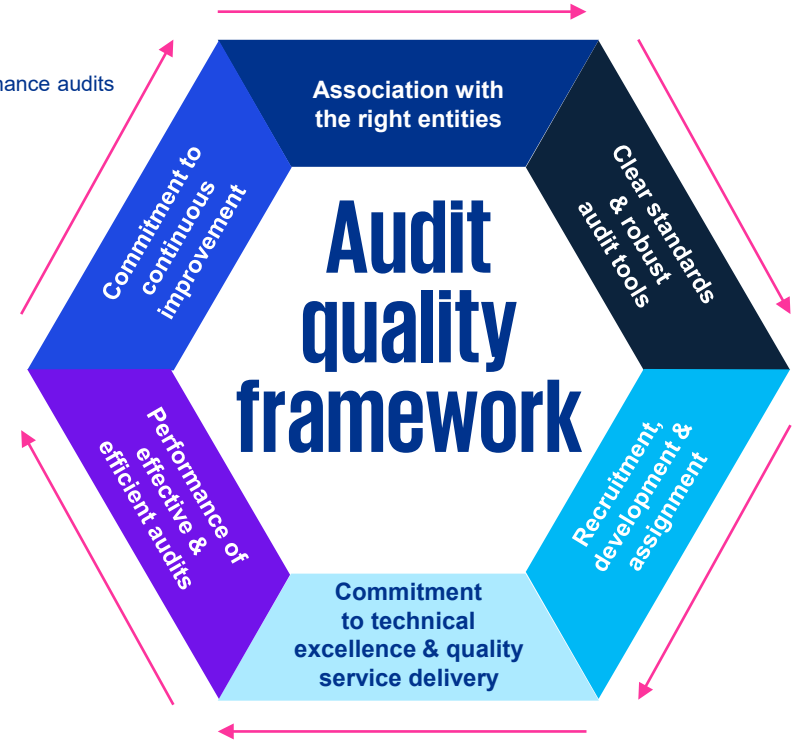
- Comprehensive effective monitoring processes
- Significant investment in technology to achieve consistency and enhance audits
- Obtain feedback from key stakeholders
- Evaluate and appropriately respond to feedback and findings

Performance of effective & efficient audits

- Professional judgement and scepticism
- Direction, supervision and review
- Ongoing mentoring and on the job coaching, including the second line of defence model
- Critical assessment of audit evidence
- Appropriately supported and documented conclusions
- Insightful, open and honest two way communications

Commitment to technical excellence & quality service delivery

- Technical training and support
- Accreditation and licensing
- Access to specialist networks
- Consultation processes
- Business understanding and industry knowledge
- Capacity to deliver valued insights



Association with the right entities

- Select clients within risk tolerance
- Manage audit responses to risk
- Robust client and engagement acceptance and continuance processes
- Client portfolio management

Clear standards & robust audit tools

- KPMG Audit and Risk Management Manuals
- Audit technology tools, templates and guidance
- KPMG Clara incorporating monitoring capabilities at engagement level
- Independence policies

Recruitment, development & assignment of appropriately qualified personnel

- Recruitment, promotion, retention
- Development of core competencies, skills and personal qualities
- Recognition and reward for quality work
- Capacity and resource management
- Assignment of team members employed KPMG specialists and specific team members

KPMG's quality interventions

The audit team is responsible for the quality of the audit opinion and the audit file. However, increasingly KPMG audit teams are supported by 'quality interventions', as part of our overall Audit Quality Plan.

This page summarises the key interventions in the audit cycle to support audit teams through the audit cycle – planning, fieldwork and completion. They provide assistance and independent challenge to ensure that the audit team follow our audit methodology; consider emerging regulatory trends; and judgments and estimates are reasonable and evidenced. This page shows the positive influence they have on the overall quality of work performed.

The influence of KPMG's lines of defence in the audit

Review & challenge	Second Line of Defence	EQCR	Audit Risk Panels	Pre-issuance reviews	Going Concern triage
Role	Provide coaching and support to the audit team over the risk assessment, planned audit approach and how audit work is performed and reporting. In-flight reviews of the audit file during each phase of the audit cycle.	An independent audit director/partner reviews and challenges key audit areas and assesses how these are reflected in the Annual Report, our AC report and LFAR.	The audit risk panel, that is chaired by a member of the Audit Quality leadership team and includes an independent audit field director/partner and 2LD, challenges the RI and the audit team on the audit strategy and then on the audit conclusions.	Review of the Annual Report by our accounting and reporting specialists, focusing on current areas of regulatory challenge. Independent challenge on narrative included within LFAR.	Completed during the planning phase of the audit cycle, the triage team supports the audit team in identifying potential going concern matters well in advance of the year end audit to enable the audit team to formulate a robust challenge of management's going concern assessment.
FY Impact	The Second Line of Defence team highlighted points following the review of audit file documentation which were addressed by the audit team before the opinion was issued.	Reviewed significant risk areas, Audit Committee memo and Annual Report including LFAR. Involved in key decisions around significant risks.	The audit risk panel challenged our assessment of X and Y and made suggestions for the wording in the KAMs and the Audit Committee report	The review of the Annual Report resulted in points which were dealt with by a combination of the audit team and management.	Early identification of potential going concern matters and a more robust challenge to management of the key assumptions and inputs in the cash flow forecasts.

KPMG

kpmg.com/uk

London Ambulance Service NHS Trust

Report Title	2023/24 Independent Auditors Report ('Audit Opinion')			
Meeting:	Trust Board			
Agenda item:	4.2 3a	**Meeting Date:**	5 December 2024	
Lead Executive:	Rakesh Patel, Chief Financial Officer			
Report Author:	KPMG			
Purpose:	**X**	Assurance		Approval
		Discussion		Information

Report Summary

The attached Auditor's Independent Auditors Report ('Audit Opinion') is the auditor's opinion that the Charity's Financial Statements give a true and fair view of the financial position of the Charity as at 31 March 2024 and of its income and expenditure for the year then ended.

Recommendation/Request to the Board/Committee:

The Board is asked to note the report.

Routing of Paper i.e. previously considered by:

The Audit Opinion was reviewed by the 5 November 2024 Charitable Funds Committee and recommended to Board for assurance.

Independent auditor's report to the Trustee of London Ambulance Service Charitable Fund

Opinion

We have audited the financial statements of London Ambulance Service Charitable Fund ("the charity") for the year ended 31 March 2024 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows, and related notes, including the accounting policies in note 1.1.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2024 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK accounting standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 149 of the Charities Act 2011 (or its predecessors) and report in accordance with regulations made under section 154 of that Act.

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the charity in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The trustee has prepared the financial statements on the going concern basis as they do not intend to liquidate the charity or to cease its operations, and as they have concluded that the charity's financial position means that this is realistic. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the trustee's conclusions, we considered the inherent risks to the charity's business model and analysed how those risks might affect the charity's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the trustee's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the charity will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of the trustee, other management, and inspection of policy documentation as to the Charity's high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Charitable Fund Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we perform procedures to address the risk of management override of controls, in particular the risk that management may be in a position to make inappropriate accounting entries. On this audit we do not believe there is a fraud risk related to revenue recognition because there is minimal complexity in revenue recognition and there is minimal difference between the timing of recognition and receipt of cash.

We did not identify any additional fraud risks.

We performed procedures including identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual accounts and material post year end close journals.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general commercial and sector experience through discussion with the trustee and other management (as required by auditing standards), and discussed with the trustee and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Charity is subject to laws and regulations that directly affect the financial statements including financial reporting legislation (including related charities legislation), and we assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Charity is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the trustee and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information

The trustee is responsible for the other information, which comprises the Annual Report. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. We are required to report to you if:

- based solely on that work, we have identified material misstatements in the other information; or
- in our opinion, the information given in the Annual Report is inconsistent in any material respect with the financial statements.

We have nothing to report in these respects.

Matters on which we are required to report by exception

Under the Charities Act 2011 we are required to report to you if, in our opinion:

- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in these respects.

Trustee's responsibilities

As explained more fully in their statement set out on page 19-20, the trustee is responsible for: the preparation of financial statements which give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect

a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the charity's trustee as a body, in accordance with section 149 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustee those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustee, as a body, for our audit work, for this report, or for the opinions we have formed.

Dean Gibbs
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006
15 Canada Square
London
E14 5GL
XX December 2024

London Ambulance Service NHS Trust

Report Title	2023/24 Management Letter of Representation			
Meeting:	Trust Board			
Agenda item:	4.2 4a	**Meeting Date:**	5 December 2024	
Lead Executive:	Rakesh Patel, Chief Financial Officer			
Report Author:	Kevin Ind, Chief Financial Accountant			
Purpose:		Assurance	x	Approval
		Discussion		Information

Report Summary

The Board is presented with the Charity Management Letter of Representation on the 2023/24 Financial Statements, for approval.
The letter is proposed to be signed by the Chair of the Charitable Funds Committee, on behalf of the Board.

Recommendation/Request to the Board/Committee:

The Board is asked to approve the letter and delegate approval to the Chair of the Charitable Funds Committee to sign the letter on its behalf.

Routing of Paper i.e. previously considered by:

The Management Letter of Representation was approved by the 5 November 2024 Charitable Funds Committee and recommended to Board for approval.

NHS
London Ambulance Service
NHS Trust

London Ambulance Service
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Headquarters
220 Waterloo Road
London
SE1 8SD

Tel: 020 7783 2040

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KPMG LLP
15 Canada Square
London
E14 5GL

5th December 2024

Dear Dean,

This representation letter is provided in connection with your audit of the financial statements of London Ambulance Service Charitable Fund ("the Charity"), for the year ended 31 March 2024, for the purpose of expressing an opinion:

i. as to whether these financial statements give a true and fair view of the state of the Charity's affairs as at 31 March 2024 and of the Charity's incoming resources and application of resources for the financial year then ended;
ii. whether the financial statements have been properly prepared in accordance with UK accounting standards including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) ; and
iii. whether the financial statements have been prepared in accordance with the requirements of the Charities Act 2011.

These financial statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows, and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Trustee confirms that the representations it makes in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Trustee confirms that, to the best of its knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing itself:

Financial statements

1. The Trustee has fulfilled its responsibilities, as set out in the terms of the audit engagement dated 20 July 2022, for the preparation of financial statements that:

   i. give a true and fair view of the state of the Charity's affairs as at the end of its financial year and of its incoming resources and application of resources for the financial year then ended;
   ii. have been properly prepared in accordance with UK accounting standards including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102); and
   iii. have been prepared in accordance with the requirements of the Charities Act 2011.

   The financial statements have been prepared on a going concern basis.

2. The methods, the data and the significant assumptions used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

3. All events subsequent to the date of the financial statements and for which section 32 of FRS 102 requires adjustment or disclosure have been adjusted or disclosed.

Information provided

4. The Trustee has provided you with:

    - access to all information of which it is aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
    - additional information that you have requested from the Trustee for the purpose of the audit; and
    - unrestricted access to persons within the Charity from whom you determined it necessary to obtain audit evidence.

5. All transactions have been recorded in the accounting records and are reflected in the financial statements.

6. The Trustee confirms the following:

    i) The Trustee has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

    Included in the Appendix to this letter are the definitions of fraud, including misstatements arising from fraudulent financial reporting and from misappropriation of assets.

    ii) The Trustee has disclosed to you all information in relation to:

    a) Fraud or suspected fraud that it is aware of and that affects the Charity and involves:
        - management;
        - employees who have significant roles in internal control; or
        - others where the fraud could have a material effect on the financial statements; and

    b) allegations of fraud, or suspected fraud, affecting the Charity's financial statements communicated by employees, former employees, analysts, regulators or others.

    In respect of the above, the Trustee acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Trustee acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error, and we believe we have appropriately fulfilled those responsibilities.

7. The Trustee has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

8. The Trustee has disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with section 21 of FRS 102 all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

9. The Trustee has disclosed to you the identity of the Charity's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with section 33 of FRS 102

Included in the Appendix to this letter are the definitions of both a related party and a related party transaction as we understand them and as defined in FRS 102.

10. The Trustee confirms that:

    a) The financial statements disclose all of the matters that are relevant to the Charity's ability to continue as a going concern, including the key risk factors, assumptions made and uncertainties surrounding the Charity's ability to continue as a going concern as required to provide a true and fair view and to comply with FRS 102.

b) No material uncertainties related to events or conditions exist that may cast significant doubt upon the ability of the Charity to continue as a going concern.

This letter was tabled and agreed at the meeting of the Trustees on 5th December 2024.

Yours faithfully,

Robert Alexander,

Cc: Trust Board

Appendix to the Trustee Representation Letter of London Ambulance Service Charitable Fund Definitions

Financial Statements

A complete set of financial statements (before taking advantage of any of the FRS 102 exemptions) comprises:

- a Balance Sheet as at the end of the period;
- a statement of financial activities for the period;
- a cash flow statement for the period
- notes, comprising a summary of significant accounting policies and other explanatory information.

FRS 102 permits an entity either to present (i) separately a *statement of financial activities* and a Statement of Other Comprehensive Income or (ii) a combined *statement of financial activities* and Other Comprehensive Income.

Material Matters

Certain representations in this letter are described as being limited to matters that are material.

FRS 102 states that:

Omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions of users taken on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size or nature of the item, or combination of both, could be the determining factor.

Fraud

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity's assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

Error

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Prior period errors are omissions from, and misstatements in, the entity's financial statements for one or more prior periods arising from a failure to use, or misuse of, reliable information that:

a) was available when financial statements for those periods were authorised for issue; and
b) could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

Such errors include the effects of mathematical mistakes, mistakes in applying accounting policies, oversights or misinterpretations of facts, and fraud.

Management

For the purposes of this letter, references to "management" should be read as "management and, where appropriate, those charged with governance".

Qualifying Entity

A member of a group where the parent of that group prepares publicly available consolidated financial statements which are intended to give a true and fair view (of the assets, liabilities, financial position and surplus or deficit) and that member is included in the consolidation by means of full consolidation.

Related Party and Related Party Transaction

Related party:

A related party is a person or entity that is related to the entity that is preparing its financial statements (referred to in FRS 102 as the "reporting entity").

a) A person or a close member of that person's family is related to a reporting entity if that person:
    i. has control or joint control over the reporting entity;
    ii. has significant influence over the reporting entity; or
    iii. is a member of the key management personnel of the reporting entity or of a parent of the reporting entity.
b) An entity is related to a reporting entity if any of the following conditions apply:
    i. The entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).
    ii. One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
    iii. Both entities are joint ventures of the same third party.
    iv. One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
    v. The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.
    vi. The entity is controlled, or jointly controlled by a person identified in (a).
    vii. A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).
    viii. The entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity.

Related party transaction:

A transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.

5.6. Finance and Investment Committee Report

For Assurance

Presented by Bob Alexander

London Ambulance Service NHS Trust

Assurance report:	**Finance & Investment Committee**	**Date:**	**05/12/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**21/11/2024**
Presented by:	**Bob Alexander, Non-Executive Director, Chair of Finance & Investment Committee**	**Prepared by:**	**Bob Alexander, Non-Executive Director, Chair of Finance & Investment Committee**

Matters considered:

Month 7 Finance Report

CMcl presented the Month 6 revenue and cash report. Highlights included:

- The Income and Expenditure position is now being measured against the agreed Control Totals.
- The in-month Income and Expenditure (I&E) position for month 7 is a £0.5m deficit; £0.2m favourable to the Control Total.
- The Trust has a capital plan of £53.3m for the year. Spend in month 7 was £0.6m.
- The Trust has delivered £14.8m of efficiency reductions to the end October 2024.
- The Trust had a closing cash balance of £20.2m at end of October.
- The Trust is forecasting to achieve its I&E and Capital plan for the year.

Month 7 Capital Update

CMl gave an update on capital which highlighted:

- The Trust has capital resources of £53.3m available for investment in 2024/25.
- The Trust spent £17.9m on capital investment in the year to Month 7 2024/25.
- The Trust spent £0.6m on capital investment during September (M7) 2024.

Month 7 CIP Report

FIC noted:

- The Trust's 2024/25 financial plan requires a cost improvement programme (CIP) of £30m to be delivered during the year. As of 8th November, there are now PIDs in place to deliver £29.8m against the target of £30m.

- At the end of October 2024, the risk-assessed forecast is to deliver a total of £29.5m cash releasing savings by the end of the financial year (no change from month 6), reflecting savings that have been assumed and aligned to delivery of the directorate control totals for 2024/25. Of the forecast £29.5m, £19.5m are recurrent savings and £10.0m non-recurrent savings.
- In the month of October, the Trust has delivered £2.7m cash releasing savings, in line with the planned amount. The month 7 CIP actual monthly run-rate has improved by £0.1m from the previous month.
- Year-to-date as of the end of October, the Trust planned to deliver CIPs of £16.9m and has achieved £14.8m, which is £2.1m below plan. Year-to-date savings are split £7.8m recurrent and £7.0m non recurrent savings.
- Overall, the target to achieve £30m savings remains unchanged and is in line with achieving the balanced I&E forecast position.

Fleet Service Hub Outline Business Case

FIC reviewed, discussed and approved the Fleet Service Hub Outline Business Case for onward submission to the Board.

Contract Award for Tier 1 - IUC Managed Bank service

FIC reviewed, discussed and approved the Contract Award for Tier 1 - IUC Managed Bank service for onward submission to the Board.

Key decisions made / actions identified:

FIC approved the Fleet Service Hub Outline Business Case for onward submission to the Board

FIC approved the Contract Award for Tier 1 - IUC Managed Bank service for onward submission to the Board.

Risks:

Finance Related BAF Risks

FIC noted that it would receive a follow-up paper on green commitments at the December meeting to determine whether to reduce the in-year risk score.

	FIC discussed whether *2.10 We may not deliver the £30m CIP and productivity programme* and *2.12 The Trust may not be able to deliver a balanced income and expenditure plan for 24/25* should be reduced due to the significant progress in CIP delivery and budget management. It was decided to delay the decision until there was a better understanding of the impact of Winter pressure on resource usage.
Assurance:	The Board should be assured by the actual financial performance in both revenue and capital terms, the measures in place to deliver the financial plan for 2024/25 and the oversight of same. The Board can be assured of the rigour applied to the two business cases referred to above that will be submitted to the Board for final approval.

5.7. Audit Committee Report

For Assurance

Presented by Rommel Pereira

London Ambulance Service NHS Trust

Assurance report: Audit Committee

Date: 05/12/2024

Summary report to:	**Trust Board**	**Date of meeting:**	**25/10/2024**
Presented by:	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**	**Prepared by:**	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**

Alert	Nothing to report
Advise	• Improving Assurance Mapping alongside an Accountability Framework that is being developed. • Ongoing challenge of managing demand, performance and quality against financial constraints. • Cyber threats continue to accelerate and a renewed focus on resilience and recovery, whist trying to maintain compliance against new and higher thresholds. • Approved Corporate Affairs oversight of the Annual Report & Accounts, picking up on lessons learned from last year and noting increased climate exchange disclosures for 24/25.
Assure	• Our Board Assurance Framework and systems of integrated governance are working well. For further reassurance, ARC has requested annual sight of our corporate risk registers. • Standing Orders, Matters reserved for Board and Delegations were substantively reviewed with some minor adjustments. • Substantial/Moderate opinions on Data Quality and Fit & Proper Person's but Moderate/Limited on Medical Devices. AC has requested several follow ups.

5.8. Charitable Funds Committee Report

For Assurance

Presented by Bob Alexander

London Ambulance Service NHS Trust

Assurance report:	**Charitable Funds Committee**	**Date:**	**05/11/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**05/12/2024**
Presented by:	**Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee**	**Prepared by:**	**Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee**

Matters for escalation:

Charity Annual Report and Accounts

The Committee agreed to forward the report and accounts to the corporate trustee board for official sign-off following review and discussion, noting that the crossover of membership of the Committee and the LAS Audit Committee enabled appropriate governance standards to have been met.

Other matters considered:

Charitable Activities Update

The Committee received an overview of charitable activities; The following were noted;

The success of the Dragon Boat race, In total, the event raised just over £19,600. Once costs were accounted for (£11,553), this left £8,000 of income to support wellbeing initiatives.

The success of the London life hike, which raised over £26,000 for the London Heart Starters campaign. In addition to an £8,000 pledge from a corporate partner and a partnership with the British Heart Foundation, which donated 18 defibrillators.

The committee were informed about the application for £142,000 through the Community Resilience Fund of NHS Charities Together. The grant is expected early next month.

The winter prize draw was highlighted, featuring £1,800 in prizes, including a signed Tottenham football shirt, aimed at raising additional funds during the holiday season. It was noted that the charity would also participate in a “don’t send me a card” e-card campaign, allowing supporters to send holiday cards electronically as a sustainable and unrestricted fundraising source.

The committee reviewed the hardship fund’s framework, with a focus on maintaining consistency in granting aid to avoid subjective decision-making on individual cases. The necessity and appropriateness of a hardship fund within the charity’s mission were discussed.

The committee discussed the need for an operational plan to distribute the defibrillators received through the London Heart Starters campaign.

Charity Annual report and Accounts

An overview of the report was provided, noting strong progress in the past year and new partnerships bolstering the charity's visibility.

KPMG's audit had not identified any major issues, with a clean opinion expected pending minor queries.

Finance Report

The Committee received the Charities Finance report noting the current funds balance and expenditure to date.

Charity Shop

It was a proposed to launch an online merchandise shop, featuring branded items such as t-shirts, baby grows, and mugs. The shop would be hosted by Charity Hive, a print-on-demand service managing inventory, production, and shipping, reducing overhead and operational risk for the charity.

The committee discussed potential brand and reputational risks, including misrepresentation concerns, especially regarding items resembling uniform clothing.

It was decided that all products would carry clear disclaimers, and copyright protections would be reinforced to deter unauthorised use of the LAS logo.

In addition to apparel, lower-risk items such as toy ambulances and teddy bears were recommended, with potential for expanding product lines.

With limited profit margins due to print-on-demand logistics, the financial impact was projected to be modest but seen as beneficial for brand visibility and public engagement.

Key decisions made / actions identified:

Charity Shop

The Committee agreed the proposal, subject to the t-shirt logo being linked to the charity.

Hardship Fund

	A decision was made to run the hardship fund under the agreed framework for one year, after which a review would determine whether the fund aligns with the charity's goals and available resources.
Risks:	Risks and mitigations against the Charity were presented and considered.
Assurance:	The Board can be assured of the completeness of the Charity Annual Report and Accounts following Committee scrutiny and the external audit process. The Board van be assured that the wider reputational and financial risks were considered when determining Charity merchandising activity.

5.9. Digital and Data

Digital and Data Committee Report

For Assurance

Presented by Clare McMillan

London Ambulance Service NHS Trust

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

Summary report to:	**Trust Board**	**Date of meeting:**	**05/12/2024**
Presented by:	**Sheila Doyle, D&DQ Chair**	**Prepared by:**	**Sheila Doyle**

Matters for escalation:

Other matters considered:

Federated Data Platform (FDP)

The committee received a presentation from James Friend, Director of Digital Strategy NHS England London Region on the deployment of the NHS Federated Data Platform. James outlined the role of FDP in facilitating the development of tools aimed at improving care coordination, positively impacting elective care recovery, reducing waiting lists, and enabling faster diagnoses and treatments.

The committee requested support from the FDP team to address delays in deploying the My Clinical Feedback app, which depends on the FDP. Members acknowledged that the program is currently focused on Acute Trusts and inquired about potential opportunities to develop use cases for the Ambulance sector. They also suggested exploring ways to enhance the focus on the intersection between Acute Trusts and LAS, particularly concerning hospital handover delays.

CDO Strategic Overview

The Chief Digital Officer provided an update on the progress of AI proof of concepts. The team is actively collaborating with both NHSE London region through Mark Bamlett, and with the Southern Ambulance collaboration to ensure alignment and prioritisation of AI use cases. The committee is scheduled to receive a presentation from Mark Bamlett Head of IUC/UEC Digital, NHSE, London Region at its next meeting.

Data Quality Update

The committee received an update on the progress of closing outstanding actions from four legacy audits. Members were informed that the team has now received the necessary supporting evidence, allowing for the closure of the BI 999 and Fleet audits. While progress is being made on the remaining two audits, the 32 recommendations from the recent audits of Computer Aided Dispatch (CAD) and Electronic Patient Care Record (EPCR) are proving more challenging to resolve.

The committee requested that the Data Quality Group review these recommendations and present a prioritised action list at the next meeting. Members also discussed the possibility of adopting a new approach to translating audit recommendations into actionable steps for future data quality audits.

Digital Portfolio Update

The Digital Portfolio update highlighted several key infrastructure achievements, including the release of an updated version of EPCR and progress in developing AI proof-of-concepts.

The successful transition to the new CM10 Telephony system for 999 control rooms at EOC North and South marked a significant milestone in modernising the Telephony infrastructure.

Additionally, the Ambulance Radio Programme Control Room Solution remains on track for its early November launch. The committee discussed potential risks and contingency plans, and it was noted that LAS will be the last Trust to go live. An experienced team from ARP is overseeing the launch, with a solid contingency and rollback plan in place, should it be required.

Scheduling and Rostering Update

The Committee received a summary of the ongoing work to prepare a specification and tender for a new scheduling system. The committee discussed the pros and cons of the approach under consideration and asked for a more detailed update once the approach has been finalised**.**

CCIO Report

The CCIO provided a verbal update on their work with the National Cleric project board, where the team has integrated both the EPCR and CAD product enhancements. They are now focusing on how to prioritise and manage backlogs effectively, ensuring alignment across the sector.

Risks:

BAF Risks

The committee reviewed the BAF risks and agreed that risk 2.7 (Operations may be affected by the shortage of Mobile Data Terminals) can be remove risk from BAF. Following discussions at the last D&D Committee meeting it was agreed to review the risk once LAS have achieved the milestone of installing over 50% of MDTs. The program remains on track to close out by end Dec. Progress continues at pace with over 60% of MDTs installed.

All other risk scores remain unchanged.

Assurance:

London Ambulance Service NHS Trust

Assurance report:	**Digital & Data Quality Committee**	**Date:**	**18/11/2024**

Summary report to:	**Trust Board**	**Date of meeting:**	**05/12/2024**
Presented by:	**Sheila Doyle, D&DQ Chair**	**Prepared by:**	**Sheila Doyle**

Matters for escalation:

The existing Airwave service infrastructure has reached the end of its life and is not scheduled for complete replacement until the Emergency Services Network program under Home Office delivery, planned for 2029-30. The committee considered whether additional measures are required to ensure that stakeholders are fully aware of the risk and whether any further risk mitigation actions should be documented and reviewed to ensure accountability and effective management.

Other matters considered:

IUC Digital Strategy

The committee received a presentation from Mark Bamlett, Deputy Director EUC (Digital), NHS England, London Region.

The presentation highlighted the progress, challenges, and future opportunities for digital transformation in London's IUC sector, emphasising the need for collaboration, strategic planning, and addressing funding uncertainties.

Digital Transformation Progress: Advancements are being made in digital health initiatives, including intelligent call routing for 111 services, natural language processing (NLP) for call categorisation, and integrating digital solutions to enhance patient experience and improve productivity.

Challenges: Key challenges include the scalability of 111 services, challenges with the current triage information, and variability in primary care access policies and processes.

Future Plans and Funding: The focus is on enhancing the NHS app to serve as a seamless digital front door, exploring wearable technology for patient monitoring, and developing a London wide forward-looking digital strategy.

However, there is uncertainty around funding and national direction, which needs to be clarified to support these initiatives.

The committee agreed to review the IUC Digital Strategy and project roadmap at a future meeting.

CDO Strategic Overview

The Chief Digital Officer provided an update on the progress of the **Southern Ambulance Services Collaboration.** Three working groups are focusing on AI and digital tools for EOC, staff welfare, call answering, triage, and clinical review.

LAS has signed up for the **Microsoft 365 CoPilot** evaluation program led by NHS England, aiming to enhance digital services and improve efficiency.

The Digital and Data Operating model is being reviewed to enable greater integration across teams, improve processes and support innovation. Currently aiming to align the new model with the new financial year. The committee stressed the importance of addressing cultural issues and ensuring that cyber and resilience are integral to the new operating model.

Data Quality Update

The committee received an update from the Head of Business Intelligence.

Work Plan: The team has decided to pause new audits for the remainder of this financial year to prioritise completing actions stemming from previous audits. The workplan includes a proposal to formally document and approve the derivation of all locally defined KPIs used in performance reporting, as well as to review their logic for validity and relevance.

Data Warehouse Replacement: A business case will be developed for the replacement of the data warehouse platform. Data quality reporting and assurance will feature strongly in the scoping work and options appraisal.

Chief Clinical Information Officer (CCIO) Report

ePCR product improvements: The committee received an update on the ongoing partnership with our ePCR supplier (Cleric), including plans to deliver further product enhancements aimed at improving the clinician experience and boosting productivity. These initiatives are contingent on addressing current resource challenges and securing funding through the Frontline Digitisation program and the business planning process.

Clinical Digital Safety: The CCIO has appointed ETHOS to review clinical digital safety processes and capabilities and will report on its findings early in 2025.

My Clinical Feedback App: The implementation of the app in NWL has seen 60% of crews using the app routinely and 80% recommending it to others. Overall, the rollout across London is behind schedule due to various challenges, including information governance and resource issues. Efforts are underway to overcome these challenges and get the project back on track.

Transfer of Care Pilot: The pilot with St Georges Hospital is helping to identify the workflow processes and patient information required to facilitate a seamless transfer of patient care from LAS to acute hospitals. The use of natural language models and AI is being explored to improve data presentation and handover processes.

The committee explored opportunities to gain a better understand the full spectrum of LAS data collected to support patient care and gain insight into the receiving clinician's workflow, whether in primary or secondary care. This understanding aims to ensure that data is presented in a clear and easily consumable format. As a first step, the committee proposed creating a plan to map out the workflow and identify data collection points.

Digital Portfolio Update

The Digital Portfolio update highlighted several key achievements, including the successful implementation of the A**mbulance Radio Programme Control Room Solution** allowing the retirement of legacy radio equipment.

Electronic Safeguarding is now live allowing crews to make safeguarding referrals electronically via iPads, improving efficiency.

	Telephony Modernization program is nearing completion with only a few ambulance stations left to migrate. **Data Centre Essentials i**nfrastructure assessment and service transition activities are planned before moving to a data centre virtualisation and cloud strategy in the new financial year. **Cyber Security** initiatives are in progress, including Cyber Smart, Windows Defender tamper protection and a privileged access management service planned by the end of the financial year.
Risks:	**BAF Risks** The committee reviewed the BAF risks and agreed that risk 2.9 (Replace our legacy dispatch system with new national Control Room Solution) can be closed as it has reached its tolerance score and all actions are complete. All other risk scores remain unchanged.
Assurance:	The Data Quality Policy was reviewed and supported subject to minor changes. The policy was approved by EXCO.

5.10. Business Planning

Business Plan Update - Update on Q2 progress

For Assurance

Presented by Roger Davidson

London Ambulance Service NHS Trust

Report Title	Trust Board Coversheet			
Meeting:	Trust Board			
Agenda item:	Annual business plan – Q2 progress update	**Meeting Date:**	05.12.24	
Lead Executive:	Roger Davidson			
Report Author:	Beata Malinowska			
Purpose:	x	Assurance	x	Approval
		Discussion	x	Information

Report Summary

This report provides a high level summary update for the business plan implementation as at Q2, highlighting that:

7 objectives is RAG rated Blue - completed

49 objectives are RAG rated Green – on track to be delivered by the end of the financial year

13 objectives are RAG rated Amber – off track but under control

4 objectives are RAG rated Red – off track and and projected to have significant delay

1. The business planning objectives that are RAG rated RED at Q2:

	Objective	Exec Lead	Next steps
20.	Improve employee experience and engagement by reducing the mean length of formal case management to within a timeframe of 12 weeks	Damian McGuiness	Whilst progress has been made with respect to reduction of case timeframes, we are not yet in a position to be assured that we will reach this goal by the end of financial year. Aim to bring the mean length to below 20 weeks by Q4 with a view to carry this objective over to 2025/26 delivery.
56.	Work with London region to connect information gathered at call handling within IUC and publish to the London Care Record for ease of access to information for cross-system use	Clare McMillan	The delivery of this objective is dependent on national funding through frontline digitisation and will be a collaborative programme of work with London Region. Funding has not yet been agreed so likely delivery will move into 2024/25 business plan.
59.	Develop and implement with Transport for London a programme for electric vehicle charging infrastructure, including identifying sites and early installation	Rakesh Patel	The conversations are on-going but unlikely to result in the delivery of this objective. Alternative ideas on battery packs that are not dependant on external partners are being explored.
63.	Deliver the roll out of My Clinical Feedback App across London by the end of March 2025 so all frontline clinicians can learn from outcome information regarding their patients	Clare McMillan/ Fenella Wrigley	Delays due to national FDP adoption, local IG processes and capacity within individual trusts.

			Regular engagement is ongoing and work plan in place to attempt completion by the end of Q4. Currently the delivery on track for 8 Trusts across London by Q4.

2. The following objectives are back on track in terms of their delivery (from amber/red rating in Q1 to green in Q2):

	Objective	Exec Lead	RAG change from Q1 to Q2
30.	Achieve 85% of people with completed appraisals	Damian McGuiness	Amber to Green
31.	Continue strengthening staff networks, agreeing plans so they deliver a proactive agenda and grow their total membership by 20%	Roger Davidson	Amber to Green
52.	Deliver the 2024/25 Income and Expenditure plan	Rakesh Patel	Red to Green
53.	Deliver a £30 million cost reduction programme	Rakesh Patel	Red to Green

3. The following objectives are now off track in terms of their delivery (from green to amber and from amber to red):

	Objective	Exec Lead	RAG change from Q1 to Q2
5.	Increase activation of public access defibrillators by Emergency Operations Centre by 5%	Fenella Wrigley	Green to Amber
8.	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe	Rakesh Patel	Green to Amber
21.	Increase by 10% the proportion of applicants from an ethnic minority background to jobs in ambulance operations and 999, agreeing and implementing an action plan which will include implementation of a new call handler to associate ambulance practitioner recruitment programme	Damian McGuiness/ Roger Davidson	Green to Amber
23.	Introduce performance metrics for emergency dispatch to ensure greater consistency for patients	Fenella Wrigley	Green to Amber
24.	Complete all commissioned learning responses within nationally- defined timeframes, plus reduce overdue open incidents to 25% of total open incidents (excluding those considered for learning response), both by end March 2025	Fenella Wrigley	Green to Amber
27.	Improve employee experience and engagement by reducing the mean length of formal case management to within a timeframe of 12 weeks	Damian McGuiness	Green to Red
46.	Complete Tactical Operations Unit review and implement recommendations to ensure effectiveness of services provided including incident management desk, patient flow and central support unit	Fenella Wrigley	Green to Amber
59.	Develop and implement with Transport for London a programme for electric vehicle charging infrastructure, including identifying sites	Rakesh Patel	Green to Red
63.	Deliver the roll out of My Clinical Feedback App across London by the end of March 2025 so all frontline clinicians can learn from outcome information regarding their patients	Fenella Wrigley/ Clare McMillan	Amber to Red

Along with the Q2 update, there have been changes relating to the ownership of the objectives. This is due to the recent changes to Director portfolio ownership.

The table below summarises all the changes incorporated into the final version of the plan.

	Business plan objective	Previous ownership	New ownership
1.	Improve delivery of ST - elevation myocardial infarction (STEMI) care bundle to 80% by the end of financial year	Alison Blakely	Georgina Murphy-Jones
10.	Achieve a hear-and-treat rate of at least 17% each quarter by delivering a Future Dispatch Model across all 5 sectors	Alison Blakely	Mike Ward
12.	Trial a care co-ordination hub in one Integrated Care System area with co-location of LAS and specialist clinicians enabling 'one-call' referral	Alison Blakely	Beata Malinowska
14.	Maintain 10 urgent community response cars across London	Alison Blakely	Paul Cook
20.	Invest in career development across organisation, including implementing a band 6 rotation programme by Q2, and increasing number of advanced or specialist paramedic roles by 5%	Darren Farmer (rotations) Tim Edwards (specialist paramedic roles)	Darren Farmer (rotations) Tim Edwards (specialist paramedic roles) and Alison Blakely
24.	Complete all commissioned learning responses within nationally-defined timeframes, plus reduce overdue open incidents to 25% of total open incidents (excluding those considered for learning response), both by end March 2025.	Neal Durge	Tim Lightfoot
25.	Deliver via our Clinical Audit and Research Unit one clinical audit per quarter, two annual reports in Q3 and prepare application for one further research study	Neal Durge	Tim Lightfoot
26.	Develop a clinical supervision model to support all clinical staff	Hannah Curror	Alison Blakely
37.	Implement a professional standards group to oversee and ensure registrants are supported through investigations and these are completed in a timely way	Fenella Wrigley/Mark Faulkner	Pauline Cranmer/Alison Blakely
39.	Implement electronic safeguarding referrals	Jaqui Lindridge	Alison Blakely
68.	Reduce by 5% face to face interactions with identified cohort of frequent callers by March 2025	Pauline Cranmer/Jaqui Lindridge	Fenella Wrigley/Tim Lightfoot

Recommendation/Request to Trust Board:

Trust Board members are asked to discuss and note:

- Q2 progress update

Trust Board members are asked to discuss and approve:

- Changes to the ownership of objectives outlined above

Routing of Paper i.e. previously considered by:

ExCo
Corporate Objectives and Risks that this paper addresses:
Annual Business planning process and strategy implementation. Aligned with Trust BAF register and Quality objectives.

Business plan for 2024/25 draft commitments
Strategy year 2

London Ambulance Service NHS Trust

Deliverable(s) complete
Deliverable(s) On track
Deliverable(s) Off track - under control
Deliverable(s) Off track - significant delay

Uniform

Mission	Priority	No.	Commitment 2024-25 - Strategy year two	Board Director	Senior Responsible Officer	Q2 RAG rating	Q2 Update	Q1 RAG rating
1	Rapid and seamless care	1	Improve delivery of ST-elevation myocardial infarction (STEMI) care bundle to 80% by the end of financial year	Fenella Wrigley	Georgina Murphy-Jones		Reporting of clinical Ambulance Quality Indicators (AQI) data now on track, new interactive ST-elevation myocardial infarction (STEMI) monthly report released using Power BI (Business Intelligence) to enable indiviudal staff feedback on their STEMI care. Most recent data (June) shows the overall care bundle is at 73% across the Trust. Analgesia administration compliance is 86% but due to national alignment of pain scoring, care bundle compliance shows a decreased trend. STEMI Quality Improvement (QI) collaborative Programme initiated end of July, 573 individual improvement ideas and 6 workstreams identified. QI programme closed in October, action plan formed to take work forward and Sector Senior Clinical Leads team to continue roll out of improvements, including a focus on both analgesia and pain asessment.	
1	Rapid and seamless care	2	Achieve Return to Spontaneous Circulation mean of 30% by end of financial year	Fenella Wrigley	Mark Faulkner		July 30%, Aug 33%, (Sept to be confirmed) - on track to deliver this objective	
1	Rapid and seamless care	3	Achieve consistent mean call-connect to hands-on-chest time of 4mins 15 secs by the end of the financial year to improve Return to Spontaneous Circulation	Fenella Wrigley	Stuart Crichton		July 4 mins 3 secs; August 4 mins 12 secs; September 4 mins 5 secs. This metric runs in arrears so August is the latest month available.	
1	Rapid and seamless care	4	Improve Category 1 performance in comparison to last financial year	Pauline Cranmer/ Fenella Wrigley	Darren Farmer/ Stuart Crichton		Year To Date data to end of Quarter 2 07:20 vs 07:29 at end of Quarter 2 23/24. Quarter 2 24/25 07:21 vs Quarter 2 23/24 07:32	
1	Rapid and seamless care	5	Increase activation of public access defibrillators by Emergency Operations Centre by 5%	Fenella Wrigley	Stuart Crichton/ Mark Faulkner		We identified issues that push us to amber. Developing a reliable baseline proved challenging, but is now complete and indicates a 12 month baseline of 7%. The call handling Core Skills Refresher started in Q2 and specifically includes practice using the CAD (Computer aided dispatch) and scenario based teaching on defib activation. In Q3 and Q4 we will run a Call Handling Reset around a range of issues including location matching, early predict and defib activation. QA audit will be required to ascertain whether the target has been achieved by Q4.	
1	Rapid and seamless care	6	Improve Category 2 performance in comparison to last financial year	Pauline Cranmer	Darren Farmer		There has been a 5.3% increase in face to face contacts since last year placing significant operational pressure on the trust. Equally the financial settlement has necessitated a move away from incentivising overtime. However strong work from the Ambulance Operations team in managing productivity has protected patient care. Year to date performance is currently 37m54 last year at this point the year to date was 38m21. This objective is expected to move to Amber rating in Quarter 3 due to the increased demand and challenged performance in November.	
1	Rapid and seamless care	7	Improve our performance on 999 call answering to a mean of less than 10 seconds by end of the year	Fenella Wrigley	Stuart Crichton		Year to date call answering performance is 5 seconds. The forecasting & planning team have estimated that with winter pressures and the current workforce and overtime plan, call answering mean will be 6 seconds. This is subject to further refinements to the workforce and overtime plan.	

1	Rapid and seamless care	8	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe	Rakesh Patel	Jacqui Niner		There is a risk that the Clinical Assessment Service (CAS) performance target set out in the business plan is not met by the end of the 24/25 financial year. Performance in October was 50.1% against a 75% target The key reason for this under-performance was: -Increased demand and acuity received by the CAS against the forecasted level. A new forecast has been developed for Quarter 3 (Q3) onwards -Reduced staffing availability due to increased absence and shift cancellations. Close management of the team will continue in Q3 -Improvements in productivity not in line with trajectory despite small increases. This is a focus for the team in Q3 -Recruitment into different role types such as Band 6 clinician challenged which has impacted skill mix. However, position has improved extensively in November Work completed so far has been: -Skill mapping of roles against coding and completion of new forecasting to develop new rota -New queue management and clinical support processes -New oversight of productivity and real-time/historic activity and performance -Creation and implementation of role cards Actions for next quarter: -Re-procurement of all agency, resilience partners, and bank providers -Embed new forecast and adjust staffing rotas to align -Continued performance management of staff not meeting productivity targets and tiering of providers -Launch of SMS and web form provision for comfort calling, demographics, and queue management	
1	Rapid and seamless care	9	Achieve a mean answering time for 111 of less than 3 minutes by the end of the financial year	Rakesh Patel	Jacqui Niner		Target achieved in October 2024 with 50 second average speed to answer. Financial year to date mean is 46.3 seconds. Extensive work has taken place to achieve this which has been managed through the Integrated Urgent Care (IUC) Transformation Programme. Actions have included: - Creation of new short-term dynamic forecast - Development of dynamic staffing requirement based on real-time productivity and short-term forecast - Redesign of scheduling team processes and oversight - Improved communication and management with resilience partners - Creation and delivery of Role Cards for all staff and development of productivity trackers and review meetings - Greater real-time and historic oversight of performance data with new data sources and assurance - Introduction of new roles to support real-time performance - Improvements to telephony and reporting accuracy	
1	Rapid and seamless care	10	Achieve a hear-and-treat rate of at least 17% each quarter by delivering a Clinical Dispatch Support across all 5 sectors	Fenella Wrigley	Mike Ward		Clinical Dispatch Support in place acorss 5 sectors . Hear and Treat consistently c. 19% and projected to increase in Q3.	
1	Rapid and seamless care	11	Deliver first phase of electronic controlled drugs registers to improve clinical safety and efficiency	Fenella Wrigley	Sumithra Maheswaran		Met with relevant companies under G Cloud to understand products better. Awaiting responses regarding costs and development by 15/11/2024. Full business case will be shared with LAS Executive Committee in December 2024. The objective is on track to be delivered by Q4, dependant on timeline provided by the selected supplier.	
1	Individualised Clinical Response	12	Trial a care co-ordination hub in one Integrated Care System area with co-location of LAS and specialist clinicians enabling 'one-call' referral	Fenella Wrigley	Beata Malinowska		North Central London (NCL) Integrated Care Co-ordination (ICC) hub commences on 18th November - all the infrastructure is in place. North West London ICC hub site and LAS workforce identfied, waiting on Integrated Care Board (ICB) funding for extenal clinicians to confirm start date. There are ongoing conversations with North East London ICB re mobilisation and South West London (SWL) is procuring and mobilising Consultant Connect before the end of calendar year (Q3) for 12 months trial.	
1	Individualised Clinical Response	13	Introduce six mental health ambulances to improve the management of mental health emergencies and support for patients subject to section 136	Pauline Cranmer	Darren Farmer		We now have 5 operational. Hanwell and Islington 7 days a week operating 14:00-02:00 . Greenwich became operational on 29th October 7 days a week at similar times. Fulham went live from 4th November operating at 50% and Richmond went live from 18th November at 50%. 100% staffing will be realised at both of these in January 2025 as well as Becontree becoming operational in January 2025. That will mean that 6 Mental Health ambulances will be operational. We are working through some callsign changes and associated data reporting to allow this to be managed by local groups.	
1	Individualised Clinical Response	14	Maintain 10 urgent community response cars across London	Fenella Wrigley	Paul Cook		10 x Urgent Community Response cars operationally contracted with community providers. Staffing dependent on both LAS & providers results in not always having 10 cars being rostered. Operational output sees an average of 31 patients a day pan London with a conveyance rate of 35%	

1	Individualised Clinical Response	15	Achieve mean response of less than 120 minutes to fallers still on the ground and make referrals to other services within 60 minutes of 999 call where clinically appropriate	Fenella Wrigley	Mike Ward		We have implemented a process to ensure all calls on the dispatch stack have been clinically reviewed as requiring an ambulance response. This includes calls for people who have fallen to ensure patients are referred to the most appropriate care pathway. In October, LAS Urgent Community Response (UCR) cars attended 908 calls and supported 68% of patients to receive care closer to home without the need for Emergency Department (ED) conveyance. Of these, 282 cases were attended following referral from the Clinical Hub and by UCR clinicians reviewing the stack for suitable cases to attend. In November we undertook a two week 'proof of concept' for an Urgent Care Hub to optimise referrals and utilisation of LAS UCR cars. During this time we saw an 8.5% increase in the number of patients attended by an LAS UCR car up from a baseline of 45%. We are gathering both qualitative and quantitative data to improve this further. Data for referrals to external UCR pathways is currently challenging to validate as this is captured across multiple platforms; Adastra, Cleric and MiDoS for frontline crew referrals (MiDoS is administered by South East London Integrated Care System SEL ICS). We are working with the system administrator to introduce regular reporting. A new national Clinical Ambulance Quality Indicator (AQI) was introduced in 2024 to measure ambulance clinical documentation of patients over 65-year-old who have fallen and not conveyed to hospital. Data is gathered and analysed quarterly with the next audit due in December.	
1	Individualised Clinical Response	16	Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds	Roger Davidson	Beata Malinowska		Programme on track. We worked with two Voluntary, Community and Social Enterprise (VCSE) organisations to gather feedback from patients with sickle cell disorder. The reports have been delivered and an action plan devised on the basis of the outcomes triangulated with staff feedback and clinical audit results. We are now moving to the comms and engagement stage of sharing our action plan with patients who have contributed to the feedback sessions and wider external audiences. We have now completed the process of selecting two VCSE organisations who will help us with gathering feedback from new mothers from Black and ethnic minority backgrounds who have used LAS services with a plan to have their feedback reports by the end of Quarter 4 (Q4).	
1	Outstanding care and leadership of major incidents and events	17	Develop and successfully integrate National Ambulance Resilience Unit (NARU) into LAS - transition the service and develop and launch NARU strategy	Pauline Cranmer	Natasha Wills		National Ambulance Resilience Unit (NARU) Service have successfully transitioned and business as usual activity has been maintained. The consultation with partners with regard to the strategy has been completed. Remains on track for the stakeholder event launch in February. Draft to be submitted to Executive Committee (ExCo) in January 2025.	
1	Outstanding care and leadership of major incidents and events	18	Roll out NHSE 10 second triage tool for managing incidents, improving our response and bringing greater clarity to the initial stages of multi-agency or major incidents	Pauline Cranmer	Natasha Wills		E-Learning rolled out and face to face training delivered on Core Skills Refresher (CSR) and Team Based Working huddles.	
1	Outstanding care and leadership of major incidents and events	19	Invest in digital tools to support our response to major incidents, including implementing a digital logging solution by end Q3	Pauline Cranmer	Natasha Wills		Due to be rolled out for strategic commanders in December 2024.	
1	A learning and teaching organisation	20	Invest in career development across organisation, including implementing a band 6 rotation programme by Q2, and increasing number of advanced or specialist paramedic roles by 5%	Damian McGuinness/ Pauline Cranmer	Darren Farmer (rotations) Tim Edwards (specialist paramedic roles) and Alison Blakely		Cohort 8 Specialist Paramedic - Primary Care (SP-PC) 14 recruited, 3 deferred to cohort 9 (June'25), Advanced Practice Paramedics - Urgent Care (APP-UC) - 17 staff completed induction and are now in mentorship with total 40 non-medical prescribers now qualified. Further 6 Advanced Practice Paramedics - Critical Care (APP-CC) have completed induction and now in mentorship phase. An options paper for a rotational model has been written to include a rotation for Band 6 paramedics to rotate into a number of specialist areas. This will enable a rounded approach for our Band 6 workforce and a step towards a Band 7 role in terms of experience. However, the logistics of this rotation still requires some work through and the time for ecah aspect, plus the addition of this into Band 7 Job Descriptions also needs to be completed; therefore this workstream is slightly behind trajectory and will continue to be developed in Quarter 3. There is also a need include education into this plan given the challenge within clinical ed and the benefits of being involved within education.	
1	A learning and teaching organisation	21	Increase by 10% the proportion of applicants from an ethnic minority background to jobs in ambulance operations and 999, agreeing and implementing an action plan which will include implementation of a new call handler to associate ambulance practitioner recruitment programme	Damian McGuinness/ Roger Davidson	Jules Potter (call handler to AAP rec programme) / Kulvinder Hira		As recommended in the Sea Change report, we have taken action to increase applicants from an ethnic minority background through internal recruitment pathways, seeing positive results in; the call handler to Associate Ambulance Practitioner (AAP) programme with 62% identifying as Black and Minority Ethnic (BME) in the pipeline, recruitment to leadership positions in Emergency Ooperations Centre (EOC) and implementation of positive action initiatives for ethnic minority staff (e.g. letters to invite BME staff to apply for Clinical Team Manager roles in ambulance operations). Since introducing positive actions, the Trust has reduced external recruitment. In Quarter 1, we saw a proportion of applicants well above the Trust level and in comparison Quarter 2, data suggests the proportion of BME applicants has reduced, however, remains above or in line with the proportion of BME staff in the Trust as a whole. We are looking to understand the data further, including comparisons to 2023/24 data to identify actions to take forward.	
1	A learning and teaching organisation	22	Implement a strategic partnership for developing improvement capability and capacity and deliver the Trust's first rapid process improvement workshop using LAS Improve methods	Roger Davidson	Beata Malinowska		Rapid Improvement event for Start of Shift delivered in June with the improvement of 16minutes sustained at 30, 60 and 90 days post event. This led to a mandate to develop a roll out plan to all main ambulance stations which commenced in early November with a plan to be delivered by the end of Quarter 4.	

1	A learning and teaching organisation	23	Introduce performance metrics for emergency dispatch to ensure greater consistency for patients	Fenella Wrigley	Stuart Crichton		We identified issues that push us to amber rating for the delivery. Business Intelligence (BI) team have experienced challenges obtaining metrics on standby point usage and rest break assignment, as data points cannot easily be identified in the (Computer-aided Dispatch (CAD). We know they can be identified by correctly identifying statements in the CAD text logs. Once the data points have been identified, BI will develop the reports and we anticipate a return to green in Quarter 4.	
1	A learning and teaching organisation	24	Complete all commissioned learning responses within nationally- defined timeframes, plus reduce overdue open incidents to 25% of total open incidents (excluding those considered for learning response), both by end March 2025.	Fenella Wrigley	Tim Lightfoot		Progress is continuing in both areas with improvements plateauing. Targeted actions taken to bring the delivery back on track: - Overdue incidents - sectors performing well but little movement in corporate teams - continuing with messaging and targeted education. - Learning responses - engaging with LIs to understand blockers, compliance monitoring and escalation fully implemented. Reviewing old cases and targeting completion.	
1	A learning and teaching organisation	25	Deliver via our Clinical Audit and Research Unit one clinical audit per quarter, two annual reports in Q3 and prepare application for one further research study	Fenella Wrigley	Tim Lightfoot		Annual clinical audit report for cardiac arrest and ST-elevation myocardial infarction (STEMI) delivered; Annual Clinical Audit Report; Monthly cardiac arrest and STEMI audit reports also completed. An application for a further research study has been developed and submitted to the National Institute for Health and Care Research (NIHR) to request funding.	
1	A learning and teaching organisation	26	Develop a clinical supervision model to support all clinical staff	Pauline Cranmer	Alison Blakely		Information has been gathered from other Trusts in terms of their approaches. A diverse, multidisciplinary group of LAS staff has been drawn together to start to review the requirements as well as consider the best approach for LAS. Current position - supervision is provided through the Operational Workplace Review (OWR) process. It is recognised that this process fits the guidance from Association of Ambulance Chief Executives (AACE). Future position - our current stance and will be used as a foundation for the development of the LAS' new approach. This will include aspects such as case discussion and learning; and support to staff as key parts of this development. These will therefore be the initial focus.	
2	An inclusive and open culture	27	Improve employee experience and engagement by reducing the mean length of formal case management to within a timeframe of 12 weeks	Damian McGuinness	All ExCo directors		New Resolution Hub lead recruited, full action plan in place to improve processing and tracking of Request for Resolution forms. Training in investigations continued in Quarter 2. Work ongoing with Human Resources teams to encourage early resolution where appropriate and reduce number of formal investigations. Trajectory for 24/25 is challenging to meet 12 week target.	
2	An inclusive and open culture	28	*Focus LAS Culture Programme on improving teamwork (the Year of the Team)* Achieve c200 managers completing leadership courses	Damian McGuinness	Simon Steward		We can report that 329 leaders across the LAS have been assigned to a cohort or have completed one of four Leadership Development Programmes in partnership with Henley Business School and the University of Cumbria (Band 8s); Middlesex London University (Band 6/7) and NHS Elect (Band 4/5)	
2	An inclusive and open culture	29	*Focus LAS Culture Programme on improving teamwork (the Year of the Team)* Achieve management ratio maximum of 1:15	Damian McGuinness	Simon Steward		1:15 Ratio reached	
2	An inclusive and open culture	30	*Focus LAS Culture Programme on improving teamwork (the Year of the Team)* Achieve 85% of people with completed appraisals	Damian McGuinness	Simon Steward		Current compliance is 82% following phase 1 of an appraisal improvement action plan led by OD&TM. This compliance is reported to each People & Culture Committee.	
2	An inclusive and open culture	31	Continue strengthening staff networks, agreeing plans so they deliver a proactive agenda and grow their total membership by 20%	Roger Davidson	Kulvinder Hira		We are on track for 20% increase in staff network (SN) membership, with increased activity across most networks. Total of 96 stay conversations have been carried out and 100% were aware of Staff Networks and an average of 88% said they thought SN's helped them feel included at work. Over the last two months SNs have raised the profile of days of significance and over October the Black and Minority Ethnic (BME) network led on some excellent engagement and awareness raising activities, including raising the flag for the first time, blogs and events in Croydon and Oval. Linked up with centres and sectors inviting them to host localised inclusion activity.	
2	An inclusive and open culture	32	Improve the likelihood (currently 2x less likely) of Black and ethnic minority candidates being successful at interview stage, by supporting the career advancement of colleagues	Roger Davidson	Kulvinder Hira		We have seen improvements in the likelihood of ethnic minority candidates being successful at interview stage, particularly in Emergency Operations Centre (EOC) with 67% of recent appointments being from an ethnic minority background. We are continuing to focus on debiasing our recruitment through our Independent Panel Members and supporting unsuccessful candidates through the Stepping up Support package.	
2	An inclusive and open culture	33	Improve the proportion of disabled colleagues who say in the NHS staff survey that reasonable adjustments were made and reduce the number of concerns raised on this topic	Roger Davidson	Kulvinder Hira		A tracker has been developed to keep a record, process and monitor all reasonable adjustment requests. We currently have 22 requests, including changes to working patterns, training and coaching and dyslexia software. An indicator on reasonable adjustments has been included in monthly sector reports. We are also looking to develop internal training for managers on reasonable adjustments, including neurodiversity, to support all staff in understanding what is available to them and increasing knowledge on disability and other long-term conditions.	
2	An inclusive and open culture	34	Develop and deliver an improvement plan against the six Equality, Diversity and Inclusion High Impact Actions with specific focus on all leaders to be held accountable for reducing discrimination and creating an inclusive LAS	Roger Davidson	Kulvinder Hira		This forms part of our Equality Diversity and Inclusion (EDI) implementation plan where all six High Impact Actions have been addressed. We are on target to deliver against the 6 High Impact Actions and in particular, focusing on leadership. The EDI implementation plan has a specific leadership workstream and enables leaders to deliver against its actions through EDI transformation workshops and setting EDI objectives across Executive Leadership Group (ELG).	
2	An inclusive and open culture	35	Implement a sexual safety action plan leading to significant improvements in response to this question in the staff survey with the aim of reducing incidences	Pauline Cranmer	Alan Taylor		Sexual Safety policy now launched. Sexual safety posters launched. Sexual safety focus month and discussion on TV live.	
Bow	An inclusive and open culture	36	Develop and sign off LAS uniform policy by Q4	Roger Davidson	Roger Davidson		We are currently developing / reviewing the uniform policy with the Trust's Uniform Working Group (UWG) including the chairs of the Muslim, Jewish and women's networks. Initial meetings have been had and a working group made up of some of the members of the UWG will be established to ensure that the points raised at the UWG meeting inform the development and review of the uniform policy.	

2	Well-led across the organisation	37	Implement a professional standards group to oversee and ensure registrants are supported through investigations and these are completed in a timely way	Pauline Cranmer	Alison Blakely		Head of Professional Standards appointed and begins role 18/11/2024. Process and policy review will be the initial tasks for the post holder. A tracker and log of all cases relating to regulation has been set up and once in post, the Head of Professional standards will also work through an approach to proactively manage professionalism in the organisaiton.	
2	Well-led across the organisation	38	Take a proactive approach to support the good health of staff, including recognising many have high levels of exposure to trauma, which will be reflected in reducing sickness levels to less than 6%.	Damian McGuinness	All ExCo directors		Wellbeing Work plan 2024-26 approved by Executive Committee and People and Culture Committee, which includes increased focus on supporting absence management and a holistic/proactive approach to colleague health. Winter Wellbeing Plan also complete, with additional mental health options, functional fitness training and full vaccination programme. Trajectory for 24/25 is challenging to meet 6% target	
2	Well-led across the organisation	39	Implement electronic safeguarding referrals	Pauline Cranmer	Alison Blakely		Electronic Safeguarding Referrals successfully launched.	
2	Well-led across the organisation	40	Achieve a response rate of 75% to complaints within 35 working days	Mark Easton	William Cunliffe		Average response for Q2 was 52% however monthly increases in line with trajectory. September performance was 61%. Standard Operating Procedure (SOP) audit currently being completed as planned to measure compliance. Individual performance issues being closely monitored. Team also now fully staffed following maternity cover appointment.	
2	Well-led across the organisation	41	Complete phase 2 of teams-based working in ambulance operations, including establishing a devolved operations model, a robust plan to provide leadership capacity and capability with a dashboard providing team level detail on all objectives and	Pauline Cranmer	Darren Farmer		The holistic operating model (HOM) has launched as a test im groups within the North West London (NWL) sector. This has been successful, including the local ownership of fleet and scheduling and much closer working with other departments. This is going to be expanded to the whole of the NWL sector, in a phased approach with focus on vehicle resourcing and scheduling as the first and second priorities. Following this, there will be a further roll-out to the rest of the organisation, including any learning from the NWL expansion.	
2	Well-led across the organisation	42	Complete implementation of Emergency Operations Centre teams- based working by Q3 including implementation of new rotas, line management structures, and structured team time	Fenella Wrigley	Stuart Crichton		Teams Based Working now fully implemented in Emergency Operations Centre (EOC). In October a roster review was started following feedback that staff would like to consider roster options again.	
2	Well-led across the organisation	43	Implement teams-based working within the clinical hub, including new rotas, structured team time and structured clinical time	Fenella Wrigley	Mike Ward		Teams Based Working fully implemented in Clinical Hub (CHUB).	
2	Well-led across the organisation	44	Deliver 111 transformation programme to improve the productivity in both call answering and clinical assessment	Rakesh Patel	Jacqui Niner		Objective partly completed and moved into Business As Usual (BAU). Transformation programme delivered across Integrated Urgent Care (IUC) with support from an external partner. This has been converted into the standard divisional management structure with a Work in Progress (WiP) Group set up. This has been a coproduced and collaborative programme across all teams and roles	
2	Well-led across the organisation	45	Conduct mapping of opportunities for joined up working with the Southern Ambulance Services Collaboration relating to staff policies and implement an updated toil policy for LAS	Damian McGuiness	Stuart Crichton Darren Farmer Jacqui Niner		New Time Off in Lieu (TOIL) process agreed across the organisation and now in place. This is relevant to all operation and non operational teams; the latter being key as often impacted on operational teams. Priority 3 on Southern Ambulance Services Collaboration (SASC) (optimum Double Crew Ambulance shifts) there is a review of policies from all 5 trusts. This is being reviewed to understand potential alignments. Is due for completion in January.	
2	Well-led across the organisation	46	Complete Tactical Operations Unit review and implement recommendations to ensure effectiveness of services provided including incident management desk, patient flow and central support unit	Fenella Wrigley	Stuart Crichton		In October and November we ran three listening events with Incident Management & Service Delivery (IM&SD) staff to understand where improvements can be made. The findings will now be developed into a future state proposal. This is behind schedule to achieve cost reduction in 24/25.	
2	Well-led across the organisation	47	Improve productivity in ambulance operations by reducing out-of- service and reducing job cycle time in comparison to last financial year	Pauline Cranmer	Darren Farmer		Focus has been maintained in ambulance operations relating to productivity. Improvements have been made, particularly in Out Of Service (OOS), Job Cycle Time (JCT) and patients per shift metrics. The focus continues at team huddles and at Local General Management (LGM) and Associate Director of Operations (ADO) levels. OOS (including huddles) reduced from 23% (max) to 16.5% (max) as of Oct 2024. JCT reduced by c.3mins as of Oct 2024. Patients per shift has increased from 4.9 to 5.2 this financial year to date. The other productivity metric being focused on is the start of shift process. this was a Quality Improvement (QI) initiative in St Helier ambulance station and is now being launched across the rest of the organisation, with all sites being planned to have the new approach by the end of the financial year. This continues to be supported by the QI team in collaboration with the group teams.	
2	Well-led across the organisation	48	Centralise Make Ready packing function to Rainham to deliver improved efficiency and quality	Rakesh Patel	Rakesh Patel		This objective has been superseded by the Local Operating Model and devolving Make Ready teams to local mangement.	

2	Well-led across the organisation	49	Deliver a new internal communications and engagement strategy that aims to increase campaign awareness by 5%, key channel effectiveness by 5% and offers regular opportunities for staff voice to be heard through face-to-face and online events both locally and centrally	Roger Davidson	Claire Proudlock		A key factor in the success of this strategy is to ensure LASConnect succeeds as our primary digital internal communications platform – to funnel people to LASConnect, we have delivered a new approach to provide content for teams-based working huddles through the channel, and have begun work to migrate content from the Pulse to LASConnect. This will reduce spend, and will provide a one-stop digital engagement platform. We have continued regular staff engagement with weekly LAS Live (which we are currently reviewing to ensure maximum engagement) and the Chief Executive Officer (CEO) note, plus monthly Executive Leadership Group (ELG) meetings. Our communication campaigns have focused on key priorities, including winter vaccination, Staff Survey; electronic safeguarding; Sexual Safety, EDI awareness, alongside Business As Usual (BAU). We now monitor engagement across all internal channels on a monthly basis.	
2	Well-led across the organisation	50	Prepare for the delivery of key performance indicators on the new Heathrow contract which is due to start from 2025/26	Pauline Cranmer	Darren Farmer		The work is ongoing and on track.	
2	Well-led across the organisation	51	Deliver on the procurement of Integrated Urgent Care contracts pan- London and be successful in securing 111 contracts for North East London and South East London in 2025/26	Rakesh Patel	Jacqui Niner		On-boarded London Central-West (LCW) activity and staff in North Central London and North West London during the financial year meaning that the LAS Integrated Urgent Care (IUC) team are the sole provider in NCL and manage 60% of activity in NWL as lead provider. The team are engaging with commissioners in North East London and South East London and they continue to design the procurements for 25/26. It is not currently clear the format or timeframes for those procurements however the deliverable is on track to be completed by the end of the financial year	
2	Well-led across the organisation	52	Deliver the 2024/25 Income and Expenditure plan	Rakesh Patel	All Board directors for their area		The has delivered the revised Control Total target for the period ending October. However, there remains risk for year end.	
2	Well-led across the organisation	53	Deliver a £30 million cost reduction programme	Rakesh Patel	All Board directors for their area		The Trust is forecast to deliver £29.5m following implentation of Control Total framework	
2	Well-led across the organisation	54	Deliver the 2024/25 capital plan	Rakesh Patel	All Board directors for their area		The Trust is on track to deliver the Trust Board approved capital programme. Business cases for site developments have been approved by Finance and Investment Committee (FIC) as per the implementaion timetable	
2	Improved infrastructure	55	Introduce SMS capability to support with customer contact and feedback, where use cases will include text messaging for patient demographics and information (linked to the NHS App) and gathering patient feedback electronically to reduce manual overheads	Clare McMillan	Clare McMillan		Contract due for signing in Q3 for customer feedback in Integrated Urgent Care (IUC) before progressing to platform being designed. Solution for collecting patient demographics is still been analysed with London Region - assigned Project Manager	
2	Improved infrastructure	56	Work with London region to connect information gathered at call handling within IUC and publish to the London Care Record for ease of access to information for cross-system use	Clare McMillan	Clare McMillan		This is dependent on national funding through frontline digitisation and will be a collaborative programme of work with London Region. Funding has not yet been agreed so likely delivery will move into next year's business plan.	
2	Improved infrastructure	57	Commission 185 new vehicles - 92 DCAs, 16 mental health vehicles, 26 HART vehicles, 5 bariatric ambulances, 15 driver training units and 31 cars for frontline staff	Rakesh Patel	Rakesh Patel		The Trust is on track to deliver this objective	
2	Improved infrastructure	58	Creation of a campus in NEL that includes development of a new site to accommodate specialist assets (for HART, TRU and SORT training), development of a fleet hub which includes new workshops, vehicle commissioning site and a make ready hub. This will enable Cody Road HART centre to be refurbished into a	Rakesh Patel	Rakesh Patel		The development of the three sites is on track. Finance and Investment Committee (FIC) has approved Outline Business Cases (OBCs) for the development of the new Resilience hub and new Fleet services hub.	
2	Improved infrastructure	59	Develop and implement with Transport for London a programme for electric vehicle charging infrastructure, including identifying sites and early installation	Rakesh Patel	Rakesh Patel		Dicussions with partners are ongoing but the delivery of this objective is unlikely to be completed in this financial year and may carry over to 2025/26 business plan.	
2	Improved infrastructure	60	Improve IT infrastructure, including reducing the use of outdated technologies, reduction in single points of failure, and reduction in major outages. Upgrade of telephony for 111, 999 and corporate services by Q2 and resilience achieved across our data centres by Q3	Clare McMillan	Clare McMillan		Completed upgrade of telephony platform to the latest version across 999, 111 and corporate services. Data Centre Essentials programme to deliver resilience across the data centres due to complete by the close of Quarter 4.	
2	Improved infrastructure	61	Evaluate and utilise new emerging technologies, including AI to improve patient care or productivity	Clare McMillan	Clare McMillan		Tortus Artificial Intelligence (AI) proof of concept for 2 use cases in progress. Memorandum Of Understanding (MOU) signed. AI scoping workshop complete to evaluate new ideas. LAS has joined the NHSE CoPilot pilot. LAS expected to receive licences in Quarter 4.	
2	Improved infrastructure	62	Implement new business intelligence data platform to deliver better productivity and performance reporting – gathering requirements Q1, business case and proof of concept by Q4	Clare McMillan	Clare McMillan		Mini-tender complete for professional services support to write business case. Aiming for business case to be written and presented before end of March 2025. Procurement board being held on 21st November (information/update paper due to be submitted to Executive Committee on 27th November) Project initiation to commence April 2025 (subject to approval of preferred option and finances)	**Objective changed - no previous RAG rating**
2	Improved infrastructure	63	Deliver the roll out of My Clinical Feedback App across London by the end of March 2025 so all frontline clinicians can learn from outcome information regarding their patients	Clare McMillan/ Fenella Wrigley	Mark Faulkner		Delays due to national Federated Data Platform (FDP) adoption, local Information Governance (IG) processes and capacity within individual trusts. Regular engagement is ongoing and work plan in place to attempt completion by the end of Quarter 4.	
2	Improved infrastructure	64	Deliver a new national control room solution (CRS) to replace legacy infrastructure and provide a more reliable service by Q4	Clare McMillan	Clare McMillan		In Quarter 2 Control Room Solution (CRS) delivery was ahead of schedule and planned for November 2024 (Q3) and due to be delivered then (expected to move to Blue/Complete in Q3 report).	**Objective changed - no previous RAG rating**

3	A system leader and partner	65	Implement a new operating model for managing our contribution to our five integrated care systems with better use of data and coordinated engagement	Roger Davidson	Beata Malinowska		Implementation of the model is on track with monthly internal meetings with key operations leads for each of the sector to agree the data and narrative for sharing with Integrated Care System (ICS) partners. The team has used the model to drive the engagement and feedback on LAS 999 winter plan which resulted in it being signed off by all our ICS partners and NHSE on 11th November at the London Urgent and Emergency Care (UEC) Board.	
3	A system leader and partner	66	Develop the General Practice Support Service (GPSS) further, securing agreement and funding to run a pilot of LAS answering phone and navigating patients requiring same day urgent primary care for 100,000 population	Rakesh Patel	Jacqui Niner		The General Practice Support Service (GPSS) service has expanded to five practices across London and currently provides services to Wide Way, Tamworth House, South Lewisham, Jenner, and Bellingham Green GP practices. This equates to over 58k patients. Since the start of the financial year, the service has been offered 36k calls and achieved an average speed of 45 seconds with a 5% abandonment rate. 13.5k appointments have been booked, 16k pharmacy referrals made, and 1.5k sent to NHS111. Of those, 119 received an emergency ambulance and 97 were sent to Emergency Department or Urgent Treatment Centre. The GPSS team have continued to expand and also support the 111 team with call answering during peaks of demand. The model has been presented at conferences and seminars across the country and has been nominated for two awards. Work is ongoing to further expand and fund the model to achieve the 100k patient target.	
3	A system leader and partner	67	Work with our system partners to proactively reduce hospital handover delays in comparison to last year by implementing a new patient flow process and by supporting LAS crews with cohorting and accessing alternative care pathways	Fenella Wrigley / Pauline Cranmer	Stuart Crichton/ Darren Farmer		The Patient Flow Framework has been rewritten and signed off with all external partners as part of the LAS 999 Winter Plan. The new Framework became live on 18th November.	
3	A system leader and partner	68	Reduce by 5% face to face interactions with identified cohort of frequent callers by March 2025	Fenella Wrigley	Tim Lightfoot		The absolute number of face to face assessments for Frequent Callers (FCs) cohort has dropped from 8,838 in Q1, to 6,198 in Quarter 2. This is a drop of just under 30%. However this is in large part due to a change in the definition of FCs, which was implemented in line with national guidance at the end of Quarter 1. This has resulted in a significant drop in the number of FCs identified. However there has been a drop from 2,285 to 1,968 between July and September of Quarter 2 – a drop of 13% in Face to Face assessment within the quarter, based on the new definition.	
3	Proactive at making London healthier	69	Improve bystander intervention in cardiac arrest: > training 10,000 more London Lifesavers > increasing availability of public access defibrillators > creating an expanded Community First Responder scheme with first 50 new volunteers recruited this year	Roger Davidson/ Fenella Wrigley	Mark Faulkner/ Claire Proudlock		Total of 24,374 London Life Savers Trained. 10,248 trained since March. 6,131 school children trained. 65 Community First Responders (CFRs) recuirted from St John's Ambulance, many needed update training. Awaiting IT for go live. Month on month increase in defibrilators (defibs) on LAS registered. To increase availability of the number of public access defibs, we have launched our London Heart Starters campaign, held the inaugural London Life hike and our continuing fundraising work in this area.	
3	Proactive at making London healthier	70	Publish and implement a five-year action plan for reducing health inequalities, including confirming our PLUS5 patient priorities, with plans to listen to and act upon patient views	Roger Davidson	Beata Malinowska		The Health Inequalities five year action plan has been developed and approved by Executive Committee with Equality Diversity and Inclusion Committee due to discuss and approve it on 19th November. When the internal governance process to approve it is concluded, we will move to the publication and implementation stages of this work. PLUS5 patient priorities had been approved earlier in the year so this part of the objective is completed.	
3	Proactive at making London healthier	71	LAS Charity to agree and begin to implement a new mission, focussed on improving cardiac arrest survival, with associated work plan for the charity and a fundraising target of £350,000	Roger Davidson	Claire Proudlock		Working with the Charitable Funds committee, we have agreed a new patient and public facing mission of raising funds for an additional 200 defibs where they are needed most in the capital, known as London Lifesavers. This ties in closely with objective of improving cardiac arrest survival rates in the capital and increasing bystander intervention. We held our first flagship event in aid of this cause, the London Lifehike, in Q2 – attracting 200 walkers and raising £32,000 (including an £8,000 pledge from PPL). We have also secured an additional donation of 18 defibs, fully funded and supported, from British Heart Foundation. This work is continuing, and we are seeing increases in charitable income and increased interest for all of our campaigns.	
3	Green and sustainable for the future	72	Complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028	Rakesh Patel	Rakesh Patel		Plans are being developed building on the achievement of 2023/24	
3	Green and sustainable for the future	73	Achieve ULEZ compliance across our diesel fleet by September 2024	Rakesh Patel	Rakesh Patel		The Trust is on track to achieve this objective.	

5.11. Corporate

For Assurance

Director's Report

For Assurance

Presented by Mark Easton

London Ambulance Service NHS
NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Director of Corporate Affairs

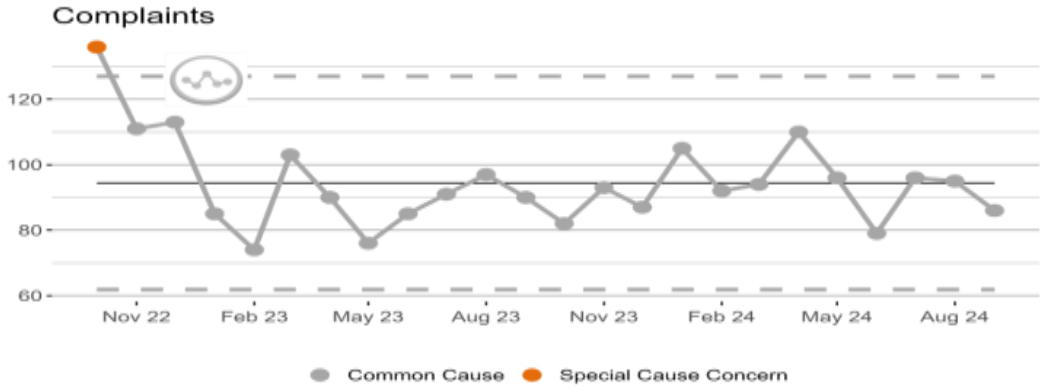
The Corporate Affairs Directorate has previously incorporated Patient Experience, Legal Services, Information Governance, and Corporate Governance. From November responsibility for the Health, Safety and Security team has transferred to me, and I am now the accountable director for these services.

This report summarises the Directorate activity to October 2024.

PATIENT EXPERIENCE

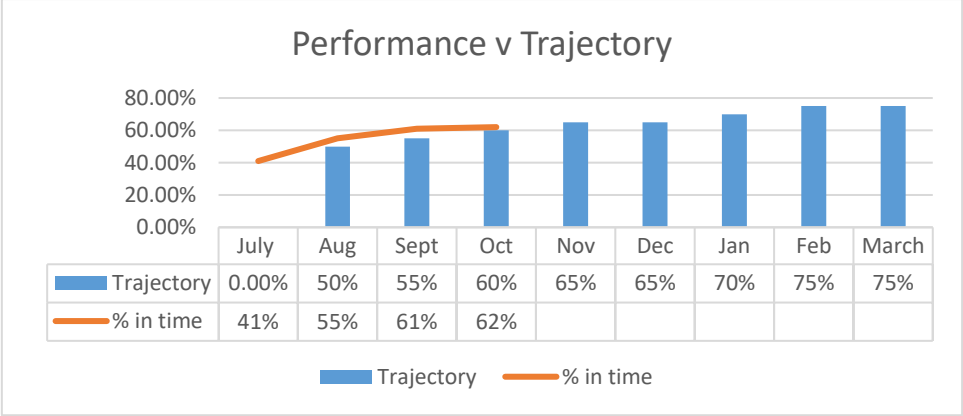
Complaints received

The monthly average for this financial year is 97 complaints received per month. The monthly variation is within common cause. At the end of October, there were 127 open complaints of which 33 were overdue (25%).

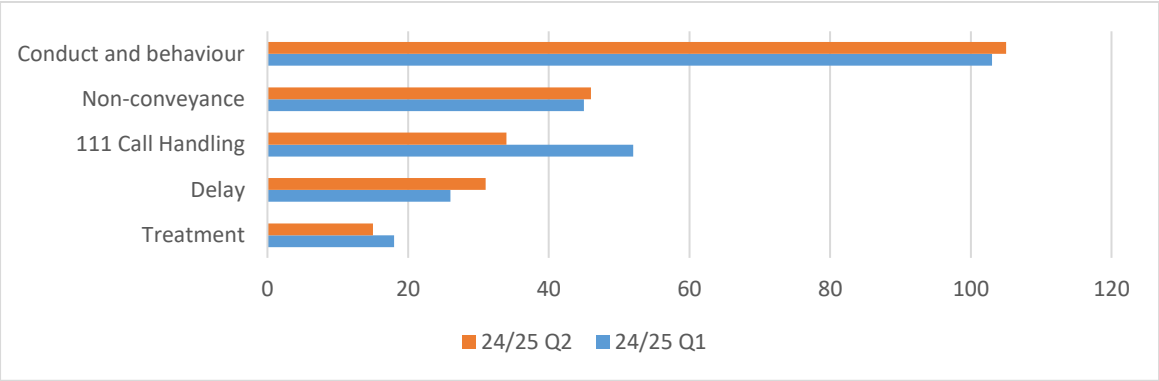


Complaints closed

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



Top 5 complaint themes received in Q2 compared to Q1



Due to the continued high proportion of complaints relating to 'conduct and behaviour, the Patient Experience team have now completed a revised crew statement process pilot. Although the sample size was small, the evidence indicated earlier identification and engagement with a specific Team Manager assisted in timely responses as well as more effective local engagement with the complaints process. The revised process is now being rolled out across sectors during Quarter 3 and will continue to be monitored.

The complaints management Standard Operating Procedure is currently being reviewed and a number of minor additions/amendments are planned.

In September, the team were highly commended at the LAS awards for the progress made on quality improvement in complaints management.

PHSO investigations

Since the last report, the PHSO has confirmed that they have not upheld a complaint about a delay in attending a patient with chest pain. There were no recommendations for the Trust but there was a suggestion regarding EOC safety plan documentation that has since been shared with the EOC management team. The Patient Experience team were commended for their assistance with the PHSO regarding the investigation.

LEGAL SERVICES

Inquests opened 01 March 2024 – 31 October 2024

Level 1 Inquests – 1421

Level 2 Inquests – 108

Claims opened 01 March 2024 – 31 October 2024

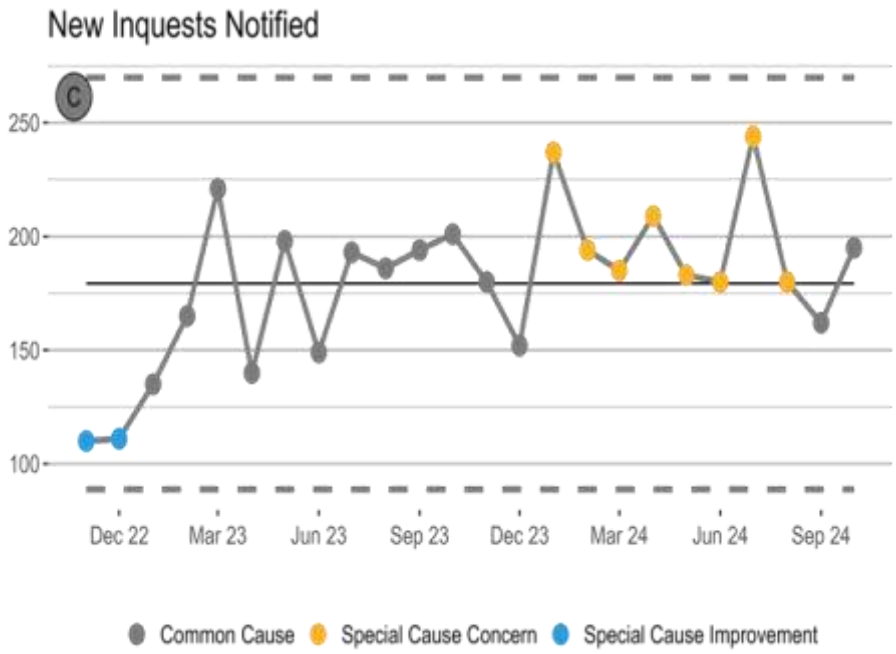
Employment Liability – 23

Public Liability - 3

Clinical Claims - 11

As expected, the number of Inquests notified to the Trust remained high in October. Total number of Inquests opened in the above period is approximately 7.4% more compared to the same period in 2023.

The chart below shows the level of sustained high numbers of notified inquests during 2023/2024.



The Head of Legal and other stakeholders are reviewing and updating TP015 – Procedure for responding to enquiries from Coroners, Police, the IOPC and others in relation to interviews, the preparation of statements and giving evidence at Inquests and other Court Hearings by end of October 2024.

The Legal Department with the assistance of Bevan Brittan delivered a training session on Inquests including preparation and giving evidence at Inquests to the Senior Sector Clinical Leads in October. This was very well received by the SSCLs.

The Legal Department with the assistance of Capsticks and NHSR will deliver a training session about the 'Life of a Claim' to the Health and Safety Department in January 2025.

The 'Legal Page' on the Pulse is currently being updated to include links to all relevant legal guidance, policies and videos to assist LAS staff when attending court proceedings. The page will be live in January 2025.

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

[ii] Level 2 Inquests are more **c**omplex where the Trust is an Interested Party, live witness evidence from attending crew and often-senior management is required, and SI report or PSII reports are involved. There may be PFD and reputational risks for the Trusts.

INFORMATION GOVERNANCE

Data Security and Protection Toolkit (DSPT) 2024 – 2025

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

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

The objectives are as follows:

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

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

The Trust's baseline submission for the DSPT must be made before 31st December 2024, with the final submission date for the full DSPT to be submitted no later than 30th June 2025.

Information Commissioners Office (ICO) and Breach Reporting

IG incidents are reported via Datix, which is the Trust risk management system. Where there has been an incident resulting in the compromise to patient or staff identifiable data and depending on the seriousness of such incident, a report is made on the Data Security and Protection Toolkit (DSPT) within 72 hours of the notification of the incident reaching the IG Manager in line with the General Data Protection Regulations (GDPR) requirements.

Dependent on the nature of the incident, the information provided on the DSPT is sent to the Information Commissioner's Office, the Department of Health and Social Care, NHS England and/or the National Cyber Security Centre.

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

The Trust continues to embed data privacy by design into new projects by undertaking a data protection impact assessment (DPIA), a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information governance and security framework.

FREEDOM OF INFORMATION

In the three months August to October we received 116 FOI requests of which 86 are closed and 30 are overdue. The department has been impacted by long-term sickness absence but we have managed to secure temporary cover and are now in the process of catching up on the backlog.

HEALTH, SAFETY & SECURITY

The HS&S Team have delivered 7 sessions of Managing Safety courses to a total of 149 staff members, 7 sessions of Corporate Induction during 2024/25 (up to end of October'24). Total of 26 staff were trained as Fire Marshals & Evacuation Chair Operatives before the opening of Bernard Wetherill House. All these sessions have received positive feedback. The Stress Assessment Toolkit Training continues to be a helpful tool to support managers undertaking stress risk assessment for staff that they manage, and continues to be available on a monthly basis. The course has been updated to include a practical session from November 2024.

A total of 87 RIDDOR incidents have been reported to the Health and Safety Executive (HSE) up to the end of October 2024. Manual handling incidents account for the highest number of RIDDOR reports. A total of 11 RIDDOR incidents were reported to HSE during October 2024. The Trust wide RIDDOR reporting time frame (<15 days) compliance in October 2024 was 82%.

Current compliance for FFP3 fit testing is 68% due to the 2 year revalidation period. The ongoing plan is to bring fit testing in house and this will be delivered through group station teams, and

arrangements are progressing to purchase more fit testing machines (Porta counts) before a programme of training can be delivered. The quantitative fit testing, consumables and training has been awarded and the tender was approved at Procurement Board, where the PO is being finalised.

The next meeting of CQOG will be receiving a report on assaults of on staff, and review how arrangements are working between the Metropolitan Police and our Violence Reduction Unit.

Mark Easton
Director of Corporate Affairs

November 2024

6. Assurance

For Approval

6.1. Board Assurance Framework

For Approval

Presented by Mark Easton

London Ambulance Service NHS Trust

Report Title	2024/25 Board Assurance Framework Risk			
Meeting:	Trust Board			
Agenda item:		**Meeting Date:**	5 December 2024	
Lead Executives:	Mark Easton, Director of Corporate Affairs			
Report Author:	Frances Field, Corporate Governance Manager			
Purpose:		Assurance	**x**	Approval
	x	Discussion		Information

Report Summary

The BAF has been reviewed by the lead executives and by assurance committees since it was last seen by the Board in September. As a result of these reviews updates have been made to the controls, assurances and actions, including some changes to risk scores and the closure of one risks. One new risk has been identified for development. In a number of areas reductions of scores are anticipated in the next quarter, depending on the confirmation of positive trends.

Changes by Committee

Quality Assurance Committee (QAC)

Change to risk score:

1.4 The RCRP initiative posed challenges for the organisation which, from the service perspective, have now been mitigated as far as they can. It was agreed that the risk score should be reduced from 3 x 4 (12) to 3 x 3 (9) as a result. It was noted we had not received funds to meet the cost implications of the initiative and the resulting financial pressures should be linked with BAF risk 1.2 which relates to the funding challenge of achieving Ambulance Performance Standards. BAF risk 1.2 has been updated as a result.

New risk for development:

The committee asked for a new risk around clinical education to be developed for the next meeting.

Finance and Investment Committee (FIC)

Changes to risk scores:

2.10 The progress on the cost improvement programme is reflected in a reduction in risk score from 5 x 4 (20) to 4 x 4 (16).

2.11 The risk on capital has also been reduced since September: *There is a risk that we may not implement the capital programme to optimise the opportunity afforded by the funding in this financial year.* Risk score reduced from 3 x 4 (12) to 2 x 4 (8).

Digital and Data Committee (D&DC)

Closure of risk:

2.9 *There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution.* Risk closed as it has reached as it has reached its tolerance score and all actions are complete.

EDI Committee

The EDI committee considered a new risk around health inequalities, which was scored at 9, and concurred with the executive view that the risk was not sufficiently high to be on the BAF, but agreed that the risk should be on the corporate risk register, and monitored regularly at the EDI committee.

As we did last year, it is intended to track risk scores by quarter so we can monitor progress towards the target risk score by year-end.

Recommendation/Request to the Board:

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

Routing of Paper i.e. previously considered by:

ExCo and assurance committees.

Corporate Objectives and Risks that this paper addresses:

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

Board Assurance Framework – November 2024

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed											
	Risks	**Uncon[d]**	**Q1**	**Q2**	**Q3**	**Q4**	**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	12	16			16	12	QAC	FW	4
1.2	We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to:	25	20	20			20	12	QAC	PC	7
	• Insufficient funding from commissioners to meet demand, including pressure from RCRP	25	25	25			25	8			
	• Constrained capacity in the UEC system and handover delays at hospitals	25	20	20			20	12			
	• Underachievement of productivity initiatives	25	20	20			20	8			
1.3	We may not be able to achieve the IUC target of 75% of all CAS cases being contacted within the required timeframe and answer 111 in less than 3 minutes by the end of the financial year.	16	12	12			12	8	QAC	JN	9
1.4	The introduction of RCRP poses a risk to our performance and financial model as the LAS has seen an increase in demand, and complexity of the cases received. This places a pressure on the organisation that is currently unfunded, and may compromise care to patients, especially those with mental health conditions.	20	12	12			9	9	QAC	FW	13
1.5	We may not improve the quality of the care we provide if we do not complete delivery of our quality priorities	20	12	12			12	8	QAC	JL	16
1.6	We may not achieve targets for commissioned learning response timeframes and overdue incidents impacting our ability to rapidly adopt any derived learning.	20	16	16			16	8	QAC	FW	18
1.7	We may not improve data quality, embed data governance and follow through on the data quality action plan.	20	12	12			12	8	Digital	CM	20
Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for											
	Risks	**Uncon[d]**	**Q1**	**Q2**	**Q3**	**Q4**	**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
2.1	We may not achieve the changes required to make the LAS a fully-inclusive and supportive workplace which increases representation and reduces disparities for under-represented groups, especially resolution of the gender pay gap in LAS, how we ensure that people	25	16	20			20	12	EDI	RD	22

	who have a disability are supported, and how do we ensure that people from a BME background are able to progress in LAS.										
2.2	We may not improve in the NHS People Plan domain regarding *Looking after our people* - particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.	20	12	12			12	12	P&C	DM	24
2.3	We may not improve our organisational culture in addressing bullying and / or harassment underpinned by poor underdeveloped management and leadership practices.	20	12	12			12	12	P&C	DM	26
2.4	We may not improve the sexual safety of staff unless we fully implement the action plan we have identified.	20	16	16			16	12	P&C	PC	27
2.5	There is a risk that the organisation may experience a cyber-attack, and struggle to recover service in a timely manner, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage.	25	15	15			15	10	AC	CM	28
2.6	We may suffer a critical IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer and storage services, critical applications and telephony.	20	15	15			15	10	Digital	CM	30
2.7	Operations may be affected by the shortage of Mobile Data Terminals (MDT's) CLOSED	20	10	5			5	5	Digital	CM	31
2.8	There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30.	20	20	20			20	15	Digital	CM	33
2.9	There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution. CLOSED	20	12	12			4	4	Digital	CM	34
2.10	We may not deliver the £30m CIP and productivity programme.	20	20	20			16	4	FIC	RP	36
2.11	There is a risk that we may not implement the capital programme to optimise the opportunity afforded by the funding in this financial year.	20	16	12			8	4	FIC	RP	37
2.12	The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2024/25	20	16	16			16	4	FIC	RP	38
2.13	We have a legacy staff scheduling system (GRS) which has limited support. Until it can be replaced there is a risk that system failures	15	12	12			12	9	P&C D&D	DM	39

	may cause significant inefficiencies affecting operational performance.										
Mission 3: Using our unique pan-London position to contribute to improving the health of the capital											
Risks		**Uncon[d]**					**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
3.1	We may not be able to complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028.	15	15	12			12	4	FIC	RP	40
3.2	There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London if the current fragmented commissioning and tendering of 111 contracts by 5 ICSs continues	20	12	16			16	8	FIC	RP	41
3.3	Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to maximise the value and benefits of implementing the new ICS partnership model across LAS which would hinder our ability to spread innovation and solve common challenges.	16	12	12			12	8	Trust Board	RD	43

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

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

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

BAF Risk: 1.1
We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

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

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

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

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

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
• Improve return of spontaneous circulation rates to ≥30%	September 2024 ROSC was 32%
• London lifesaver training being delivered across London	Achieved: recruitment of 7000 Lifesavers planned and we are currently training in 2 schools per week
• Reduce by 60 seconds the time it takes from call connect to the start of chest compressions	Achieved: This has been achieved
• Deliver resuscitation update training to 85% of staff	Achieved: Resuscitation training and updates being delivered in all CSRs. CTM huddles and case reviews.
Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction - March 31st 2024	Senior Sector Clinical Leads working on care bundles for cardiac arrests and ST –elevation Myocardial infarction. 73% pan London as of November 2023.
Develop a Health Inequalities Action Plan - Delivery of plan by March 31st 2024	Achieved: This has already been completed.

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

BAF Risk: 1.2
We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to: • Insufficient funding from commissioners to meet demand; • The impact of the Right Care Right Person initiative; • Constrained capacity in the UEC system and handover delays at hospitals; • Underachievement of productivity initiatives

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	4	=	20

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

• Insufficient funding from commissioners to meet demand;	25	25	8
• Constrained capacity in the UEC system and handover delays at hospitals	25	20	12
• underachievement of productivity initiatives	25	20	8

Controls	Assurances
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Weekly NHSE London / Commissioner performance meeting	Executive attendance at meeting
Flexible approach to use of staff including roles and hours/rotas	Review a twice weekly forecasting & Planning meeting to ensure hours match anticipated demand.
Senior (operation) and clinical oversight of delays and incidents to identify risk and harm through pre-set processes	Patient safety incident response framework fully embedded in organisation.
Redeployment scheme for corporate staff utilised in times of high demand	At REAP 4 all clinicians working operationally 50-100% of time.
Twice weekly staffing and resourcing meeting to review operational	Chaired by Directors – review of staffing levels by hour to identify and mitigate risks
Ongoing communication with acute hospitals on handovers understanding current system pressures and instigating timely divert processes.	Monitored at weekly North West London Gold System call. Additional calls convened to support specific ICB systems challenges.
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
LAS input to national solutions to reduce handover delays	Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Appointment of Pathways Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response

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

Real time balancing of patient transport destinations recognising live system pressures at individual ED sites co-ordinated via the Patient Flow Desk.	Tactical Operations Centre grip report produced bi-daily
Placing of hospital ambulance liaison officers (HALO) at certain challenged ED sites to improve the handover process between triage nurses and ambulance staff.	Daily reporting process detailing handover issues – HALO at certain challenged ED's
Cohorting process in place to release crews, handing over patients care to ambulance colleagues.	Tactical operations centre reporting on all cohorting activity – Cohorting process in place
Rapid release procedure to release crews covering a CAT 1 and high Cat 2 call in the community, handing over patient care to hospital staff.	Datix reporting of all rapid release activity
Implementation of pre-planned redirection of patients to protect challenged hospital trusts	Senior oversight from clinical and operational leadership teams and collegiate working with ICB leads.
Work with our system partners to reduce hospital handover delays, working with specific hospitals where needed and supporting LAS crews to utilise W45, cohorting and alternative healthcare pathways through sharing case examples	Senior oversight from clinical and operational leadership teams, working with consultants for REACH, ICB leads to maximise utilisation of appropriate care pathways.
Introduce clinical dispatch support across most challenged sectors, to support safe patient focused dispatch decisions at times of peak pressure.	Twice daily review of clinical support in the EOC

Further actions

Action	Date by which it will be completed
Maintain conveyance to Emergency Department under 50% in all ICSs	Ongoing
Continual Review of dispatch process (999 operations) to assess the safe management of higher acuity patients at times of high demand	Ongoing
Enforce new 45 minute handover protocol with appropriate escalation when required.	Ongoing
Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response	Ongoing
Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	Ongoing
Maximise use of same day emergency care (SDEC) to reduce unnecessary conveyance of patients to ED's	Ongoing
Productivity improvement program within Ambulance Operations	31/12/24
Increased recruitment plan within Ambulance Operations	31/3/25
Robust application of Clinical Safety plan	Ongoing

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

BAF Risk: 1.3
We may not be able to achieve the IUC target of 75% of all CAS cases being contacted within the required timeframe and answer 111 in less than 3 minutes by the end of the financial year

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

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

Controls	Assurances
IUC Queue Management & CAS Reporting	Operating a combined IUC CAS & Validation queue with variety of "views" for external partners and ability to allocate workload to specific clinicians on duty to drive focus on higher acuity patients in real time. The senior team are exploring new methods used in other IUC areas to create improved streaming of cases, but also consider what actions within the CSEP plan can be deployed for short periods with the need to review/ switch off any actions when agreed levels are reached. GP Leads working on programme of development for duty Navigators, senior management are working with BI as currently reports show response based on initial assessment timeframe and review and change of priority by a clinician is not being recognised
Review of CAS priorities	Joint working group with management and clinical GP Leads for commissioning and LAS have reviewed local mapping, challenge is National reporting does not incorporate local mapping & how services have been commissioned. I.e. local = 1 hr response but reports from national = 20 minutes so shows a breach. Adastra Queues and views for users have been revised to the associated case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable and aligned with contractual resilience partnership working
Introduction of IUC rostering tool and improved grip by local management	Phased implementation has reduced over rostering/ spend. Allocation wizard is now in use to improve equitability and reduce admin of rota allocation allowing direct/ sessional allocation prior to agency and using combined with clinical guardian information triangulated performance/ productivity / quality outputs used to influence allocation
Individual performance and management, monitoring & review to ensure appropriate standards are met to deliver high quality care and achieve performance	Progress has been made on producing productivity reports with the BI team but work is ongoing and not yet ready for Ops/Clinical leads to use. Team are now using Clinical Guardian/ Rotamaster information allows monthly review of workforce quality/productivity & reliability to inform rota allocation and identify areas of concern. New configuration on Adastra used to highlight key timings/ events with most recent flagging when a clinician has been on a case for 20 minutes to allow the Navigator to offer support
Real time management and clinical safety & oversight	Adastra has had additional flags/ highlights to draw attention to specific case types to focus on priority cases i.e. Frailty/ EoL or crew on scene call back. Introduction of Senior IUEC Navigator

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	located next to the IDM within TOC working across 111 and 999 CTN's to support safe management of workload and resource has improved safety (further development ongoing). IUC Navigator and Clinical On Call Teams undertake clinical review of queues and decision to escalate needs to consider level of acuity and timeframes to avoid impacting on higher acuity/ system to manage lower acuity.
Remote & Network/ Partnership Workforce offers greater resilience and opportunity to utilise wider system experienced workforce without generating rate war whilst building relations with system providers	LAS now has technical ability for LAS or partner clinicians to work remotely directly onto our Adastra clinical queue and in July 2023 new VDI telephony was introduced for all to work on LAS telephony/ recording. Although a core site based clinical workforce is required the offer to work remotely improves retention and access to partner workforce increased capacity significantly and reduces use of agency. LAS now have four partners providing clinical assessment service and a framework is being developed to allow greater pool of providers to work with having completed due diligence and governance. Increased staffing from resilience partners to meet validation activity in a timelier response – Request initiated and rota fill expected to increase from Mid-March 2024 to meet demand and release resource to support wider CAS Call back times
Staff rostering to meet expected demand	In order to reduce the mean call answering time in IUC, detailed modelling work has been completed to provide a short, medium, and long term forecast. The IUC scheduling team work to fill the rota based on these forecasts and are measured on variance to forecasted staffing requirement. By improving rota compliance, it will ensure that we have the right number of Heath Advisors and Service Advisors on duty at any one time to meet demand
Reduction in absence and turnover	The IUC management team have been successful in reducing absence rates and turnover through effective management of teams. This ensures that there are fewer last minute cancellations, reduced use of bank, and less training demand on the team therefore improving productivity
Improved calls answered per hour	As part of the wider transformation programme, staff are set a target of calls answered per hour and will be supported to achieve that target with management interventions taken if required. Through answering a standard number of calls per hour in line with the wider team mean, there will be increased capacity within the team to answer calls waiting.
Reduction in average handling time through process improvement and training	Reducing AHT has been achieved through a focus on effective staff training and removal of unnecessary parts of the calls flow. A regular review of the Directory of Services (DoS) and Adastra call flow is conducted and inappropriate steps removed such where possible. In addition, staff are trained how to deal with difficult calls and ensure that calls are managed effectively. The reduction in AHT leads to improved calls answered per hour and a quicker mean answer time.
Provision of more effective and timely in-line clinical support and non-clinical floorwalkers	Work has been completed to measure and manage the timeliness of in line clinical support to ensure that if/when call handlers need to access clinical advice directly during their call, this is

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	provided sooner. This provision of advice leads to a reduction in average handling time and enables staff to answer calls sooner and reduce the mean answering time. In addition, a non-clinical floorwalker has been introduced to ensure there is senior support for HAs and SAs when taking calls. These roles enable staff to raise concerns and queries to reduce their handling time and improve calls per hour.
Provision of a 'storm trooper' role to manage call split across contracts	In order to ensure that call volume is split between contracts and providers most effectively, a new role has been introduced to manage the diversion of calls. This ensures that if a subcontractor or other provider within the alliance has the ability to manage calls better, more calls are diverted to them to achieve an overall benefit to the system. This ensures that the mean answer time is reduced for patients regardless of location.
Operation of 'golden hour' initiatives	During periods of peak demand, the golden hour initiative has been developed to ensure that all staff able to take calls (including management staff and training staff) cancel other commitments to attend. This has increased capacity at peak times substantially and reduce the mean answer time across all contracts
Improved data quality and oversight	A review of the data quality in the service has been conducted and found a number of duplicates which have now been removed from our reporting. Work is ongoing to establish the cause of the duplicate calls however there is no more certainty that the service is providing the most accurate data possible. In addition, a range of new reporting, forecasting, and workforce data tools and dashboards have been developed to ensure that the operational and management teams all have oversight of the service performance. All management staff have received training on how to use and access the dashboards and all new staff joining the service have an additional module in their training course to introduce the service metrics and targets. This greater grip on the service performance enables teams to focus on where improvements can be made and take actions in real time.
Standardisation of scheduling and rostering processes including sooner escalation	Work has been undertaken to standardise and formalise the actions taken by the scheduling and rostering team to maintain safe staffing levels. This includes the creation of a SOP and adjustments to process for sending out shift requirements. Shifts are sent 6-weeks in advance for substantive, session, AH, and agency staff and then escalations made to resilience partners where gaps remain. Combined with more accurate forecasting, this is leading to greater oversight and grip on performance and safety

Further actions

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

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BAF Risk: 1.4
The introduction of RCRP poses a risk to our performance and financial model as the LAS has seen an increase in demand, and complexity of the cases received. This places a pressure on the organisation that is currently unfunded, and may compromise care to patients, especially those with mental health conditions.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	3	=	9

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

Controls	Assurances
Discussions with MPS, NHS Partners and Social Care Partners setting out the key risks to patients, the LAS and the health system as a whole and identify solutions. This is via NHSE MPS and Health Partners Board; the RCRP Met Police Board, and a number of subgroups (comms, data, policy and people/training).	Feedback and actions Risks being raised via the formal partnership meetings are followed up with action and learning/improvement noted in formal minutes.
Ability to measure changes in incoming demand to understand impact	Current demand from MPS is now measurable, so a change in this will now also be measurable. A dashboard with live data now exists to monitor in live time the impact.
LAS have worked with MPS and agreed calls will be transferred electronically via existing link between the two systems. This will ensure patients don't have to hang up and redial; but will also ensure we are able to closely identify changes in volumes.	LAS have agreed process to manage CADLINK calls (electronic link) and this will be expanded to manage the additional demand likely to be seen via RCRP. As above, this will also allow measurement of any changes to demand.
Identified calls passed through the electronic CADLINK from MPS to LAS from 1st Nov.	All MPS Calls which need a possible ambulance response have been confirmed will come via CADLINK.
Identified the volume of calls from members of the public and how these will be managed by the police and volume of these calls that will land with the LAS	Retrospective review complete and now ongoing review in place.
New process developed to enable both 111 and 999 call handling / health advisor triage for additional demand.	A process already exists, but this will be refined and enhanced given the extra demand and need for the appropriate triage to be undertaken for these patients
Patient safety oversight in place– to ensure patients remain safe whilst they wait for initial triage after the calls land within LAS CAD, there will be a role in place to oversee the METPOL overall stack.	A business as usual model is being drawn up for a proposal to embed a clinician into MPS, for them to do their 'normal' role but within MPS to also be a point of escalation in both directions using the learning from RCRP launch
Welfare calls received from healthcare partners have increased. This has been manually counted and examples provided by on duty teams for review and escalation.	42 calls audited from a 4/7 period – 24 from acute hospital trusts, the rest from other partners / public. Formally raised to RCRP NHS Partners board. Letter sent by NHS Partners to acute trusts about managing own demand and risk assessments.

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Internal LAS fortnightly review group meeting – ability to review ongoing challenges with RCRP and to escalate externally should that be required.	Regular review and multi-team approach including Clinical, EOC, Clinical Hub, Operations, MH team, Patient Experiences, 111/CAS.
Newly set up LAS / MPS / NHS weekly touchpoint meeting	Ability to discuss escalation issues in quick time and ensure all partners aligned and sighted on challenges
External escalation process formalised	Escalation process formalised for LAS to raise items of note to the MPS for review in terms of decision making. This is over and above the 'real time' escalation already in place for on duty teams, and allows for learning and improvement to take place with regards to response and collaborative working. A log is kept internally within LAS for collation of themes and to ensure follow up
Regular 'round table' meetings with MPS strategic and operational leads for RCRP	Regular monthly meetings now in place – shared chairing between LAS and MPS leads for RCRP. Shared awareness, shared learning, shared problem solving approach
Case submitted to NHSE for additional funding for the RCRP activity	Using the data now held re: new and increased demand, along with CADLINK data, welfare calls now coming to LAS and the additional staff to oversee this activity; as well as the staffing required to go on the additional MH ambulances to respond to the new s136 demand which the organisation will start to see with the final pillar of RCRP.

Further actions

Action	Date by which it will be completed
Identify if changes can be made to CAD via Cleric so that only critically unwell patients would be accepted through this link, and other patients (not critically unwell) would be required to call 999 for formal triage.	Closed: No longer being scoped – CAD changes at the MPS system are not currently possible. This will be reviewed again in the coming months with a potential MPS CAD change.
Set up report to capture MPS CADLINK calls, as well as calls relating to RCRP from other NHS/Social care stakeholders to measure increased demand and trends	Achieved: Report relating to calls from MPS is now set up and reporting successfully. Reporting on calls from other partners, especially social care is proving more problematic as they often come from individuals as opposed to via the 'agency' and as such are difficult to measure or locate within our system.
Understand the next phases of RCRP and timeframes associated with them and their launch	Achieved: Phase 2 is planned for implementation at the beginning of 2024-25
CAD / cleric changes to enable these calls to present into their own queue within the CAD system are being scoped by the IM+T team. The management of them once they land within LAS CAD is a separate work stream and will work regardless of where the calls sit within the system.	Achieved: This was not possible, but the process for these calls to be managed as its own work stream is complete with individual staff assigned to it, within the EOC and clinical team each day.
Additional staff will be put in place in the initial weeks whilst the extra demand is understood.	Achieved: and will continue

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RCRP Pod in Met Police Control Room will be staffed with an LAS clinician for the first 4 weeks post launch. This will enable safety oversight, trend analysis and better understanding of impact	Achieved: and will continue
Welfare call increase from acute trusts - LAS have proposed some interim steps to manage this demand. LAS have also requested formal communication from NHSE to acute trusts to manage own demand and risk assessments and not pass directly to LAS.	Achieved: – will be monitored and a longer term solution identified should it be required if demand continues to increase for these calls.
LAS to present case studies at the next MPS RCRP Strategic Board – to define cases where people are currently falling through potential gaps in process, identified through the joint working described above. For example, cases where the caller is not describing a health emergency but where the MPS are also not attending such as a concern for welfare or a person missing from an acute trust ward.	Achieved- the Board is now dissolved and there is now a monthly partners meeting with the ability to scale up as required.

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

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BAF Risk: 1.5

We may not improve the quality of the care we provide if we do not complete delivery of our quality priorities

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by June 25				
L	x	C	=	Score
2	x	4	=	8

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

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

Further actions

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

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BAF Risk: 1.6

We may not achieve targets for commissioned learning response timeframes and overdue incidents impacting our ability to rapidly adopt any derived learning

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

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

Further actions

Action	Date by which it will be completed
<u>Learning responses</u> Tracking the last 10 closures AND last 10 breeches– identification of time taken in each stage of review and action appropriately Undertake time observation of investigation process to identify waste and non-value adding processes. Implementation of escalation process Horizon scanning and notification of those who are near overdue Defining the role of the supervisor to support standardised approach Produce a quick reference guide for LIs to be shared when allocated learning response Development of LI refresher training Development of LI 'contract' Meeting with supervisors with overdue cases and implement SMART action plans to clear overdue cases Inclusion	End of Q2 2024/25
<u>Overdue incidents</u> Creation of Dashboards that can be used by all managers to view incidents assigned to their respective areas – associated comms piece. Bi-weekly meetings with team leads with those with most % overdue Understand barriers for corporate teams with high % overdue Development of an aid-memoire to be distributed to all managers with hints/tips and FAQ on incident investigation Communication about 'standard work' and the move to make incident reviewing form part of daily/weekly standard actions.	End of Q2 2024/25

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BAF Risk: 1.7
We may not improve data quality, embed data governance and follow through on the data quality action plan

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

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

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

Further actions

Action	Date by which it will be completed
Produce internal system assurance review: EPCR	Completed
Reviewing draft Digital & Data Strategy –strengthening the Data related outcome to stress that data quality becomes part of everyone's responsibility.	Draft DD Strategy has been updated
Reinstate Data Quality ESR training module to all staff with responsibility for data entry/validation (induction, mandatory training)	Q4 2024/25
Review content of ESR training module to make specific and relevant to LAS data	Q1 2025/26
Annual External Audit on data quality is completed for 2024/25	TBC : Scope yet to be identified from Audit committee/BDO
Analyst vacancy to be filled within Data Quality Assurance Team	Oct-24
Develop the DQA work plan for 2024/25	Completed & shared with the digital committee

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Supporting leads to implement 8 remaining actions from previous reviews (internal & external)	*41 actions have closed since June 2023. Remaining actions will be completed by Q2 2024/25.*
• Verita Cat 1 Misreporting – Monitoring of BAU actions from the recommendations	• Ongoing to Sep-24
• BDO Data Integrity Review – Monitoring of BAU actions from the recommendations	• Ongoing to Sep-24
• IUEC internal review – 3 recommendations	• Q2 2024/25
• Fleet internal review - 2 recommendations	• Revised Q2 2024/25
• Workforce internal review	• Closed
• Datix internal review- 2 recommendations	• Revised Q2 2024/25
• BI-999 -2 outstanding actions	• Kick off project meeting on Data Warehouse replacement on 10th July
• CARU internal review	• Closed
Project to investigate the re-architecture of the CAD environment	December 2024
Attainment of Cyber Essentials + accreditation	January 2025
Implement MFA for all legacy systems, where technically possible.	March 2025

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

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

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

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

Controls	Assurances
Established process and reporting for WRES, WDES, GPG, EPG, EDS and Annual Equality Report	Reports and one action plan reported to EXCO, EDI Committee, and Trust Board
Develop and implement the EDI Programme aligned with business plan deliverables and high impact actions	Meeting national requirements and success measures – Reported to ExCo and EDI Committee and monitored by the EDI Implementation Group
Implementation of the recruitment interventions and response to sea change recommendations	Monitored by the Recruitment working group
Implementation of Reasonable Adjustments Policy and Guidance and manage a centralised process and budget (approved May 2024)	Monitored by Reasonable Adjustments working group and progress reported to EDI Committee
Implementation of Anti – Racism Charter and Anti-Discrimination Statement (Launched May 2024)	Monitored via the Just Culture working group and progress reported to EDI Committee
Establish a Sexual Safety oversight group to advise on and monitor changes to Trust process to create a safer environment for all staff	Action plan developed in May 2024

Further actions

Action	Date by which it will be completed
Deliver the five business plan objectives: 1. Increase by 10% the proportion of applicants from an ethnic minority background to jobs in ambulance operations and 999, agreeing and implementing an action plan which will include implementation of a new call handler to associate ambulance practitioner recruitment programme.	March 2025
2. Continue strengthening staff networks, agreeing plans so they deliver a proactive agenda and grow their total membership by 20 per cent.	March 2025

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3. Improve the likelihood (currently 2x less likely) of Black and ethnic minority candidates being successful at interview stage, by supporting the career advancement of colleagues.	March 2025
4. Improve the proportion of disabled colleagues who say in the NHS staff survey that reasonable adjustments were made and reduce the number of concerns raised on this topic.	March 2025
5. Develop and deliver an improvement plan against the six Equality, Diversity and Inclusion high impact actions with specific focus on all leaders to be held accountable for reducing discrimination and creating an inclusive LAS.	March 2025

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BAF Risk: 2.2
We may not improve in the NHS People Plan domain regarding *Looking after our people* - particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

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

Controls	**Assurances**
Attendance Workstream established as part of PCC and meets bi-monthly.	Exception Reporting to PCC
Wellbeing Strategy and Inputs	Monitoring of progress via PCC
On-going operational management and robust Sickness absence policy management	Highlights reported to PCC and Board via directors' report and in month assurance through FFR's
Risk assessments for at risk staff groups	Reported via Health and Safety Directorate
Staff wellbeing clinics / Staff counselling / OH support	Feedback reported to Board in PCC Directors report
Freedom to Speak Up Guardian	Reports to PCC.
Safer staffing guidance and escalation pathway to ensure operational oversight and appropriate mitigation in safe deployment of staff. This includes the out of hours, assessment, assurance and escalation for safe staffing guidance.	Daily performance reviews / meetings / reports
The Trust Board will have direct oversight in relation to managing this risk with Assurance provided by PCC / QAC.	Daily performance reviews / meetings / reports
2023/24 workforce plan agreed	Trust Workforce Group
Continuing to regularly review and increase the staff wellbeing offerings	Wellbeing team working to NHSE wellbeing framework – regular meetings with NHSE
Continuing to use temporary staff and offer staff overtime to ensure no disruption to delivery of services	Continuous monitoring of staff sickness/absence - GRS
Promotion of the Flu programme with Trust wide flu clinics	Progress of programme reported to Board in PCC Directors report
Wellbeing team working to NHSE People plan and suicide prevention rules	Well-being Steering Group
Established Health and Wellbeing hub for all staff to call for general advice and signposting of services.	Wellbeing team working to AACE suicide prevention rules – Regular meetings with NHSE

Further actions

Action	**Date by which it will be completed**
Refresh Wellbeing strategy that aligns to LAS People Strategy	Q4 23/24

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Review of first day absence reporting system	Q4 23/24
Review of teams and associated scheduling	Proposed structure of review by Q4 23/24
Immunisation records to be validated and outstanding vaccinations to be addressed	Completed - Staff with gaps in immunisation records offered catch up appointments. Review position end of 2024.
Actions from reviewing wellbeing offerings Pilot project underway to identify best practice model in management of absence including fast access to mental health pathway.	Completed New model established by Aug 2024
Complete stress risk training (risk:1048) New stress mgt policy in place and stress risk assessment training being rolled out.	Completed Review 12/24.

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BAF Risk: 2.3
We may not improve our organisational culture in addressing bullying and / or harassment underpinned by poor underdeveloped management and leadership practices

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

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

Controls	**Assurances**
Protected time to support Leadership Development (24 hours a month)	ESR tracking – and local reporting
Post Our LAS Programme Review.	P&C Director's update to the Board and PCC
Dashboard reporting: • EDI/CDI • LEAP • WRES and WDES data • Retention • Staff survey engagement scores	P&C Director's update at OPMS / PCC / Trust Board
Statutory mandatory and PDR compliance (reporting)	P&C Director's update at OPMS / PCC / Trust Board
Chief Executive's blog / Staff Communication bulletin and leadership development days	References in various Director reports that go to the Board / Board sub committees
Training sessions available for all leadership delivered by the EDI team	

Further actions

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

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BAF Risk: 2.4
We may not improve the sexual safety of staff unless we fully implement the action plan we have identified

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

Further actions

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

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BAF Risk: 2.5
There is a risk that the organisation may experience a cyber-attack, and struggle to recover service in a timely manner, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage.

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	5	=	10

Controls	**Assurances**
Technical cyber protection & detection tools deployed/monitored daily	Cyber Committee checks assurances and reports to the board
Implementation of Artificial Intelligence threat detection software	Devices deployed to Corsham & Bow.
Cyber security team in place to identify/mitigate cyber threats or incidents	Cyber Committee checks assurances and reports to the board
Achievement of at least 'Met Standards' in DSPT	Reported annually by NHSe
Legacy systems being replaced	DSPT assurance level reported in annual report
Unsupported software being replaced	Annual Pen Test carried out and reported to the Board
All issues related to Cyber logged on Trust Content Management System	Demonstrable response to cyber threats
Process in place to address all CareCerts issued by NHSe	DSPT assurance level reported in annual report
Cyber security monitoring and assurance	Integrated into BAU daily checks
Monitoring of additional external resources, including BitSight & NCSC	Cyber Committee checks assurances and reports to the board
Regular Table Top Cyber exercises undertaken within IM&T	Documented and reported to the Head of Business Continuity

Further actions

Action	**Date by which it will be completed**
Compliance with DSPT 2024	June 2024
Implementation of replacement Zero Trust Security Service Edge software (iBoss)	June 2024
Implement MFA for all NHS Shared Services	June 2024
Complete deployment of new audit/vulnerability monitoring software on all LAS owned devices	June 2024
Infrastructure refresh completion of migration to ARK data centre	July 2024
Implementation of Firewall configuration audit software	July 2024
Hardening of internet facing systems	August 2024
Onboarding of 3rd party suppliers to the Privileged Access Management system	September 2024
Publish a paper on our ability to recover critical services, in a timely manner, following a cyber-incident	September 2024
Implementation of Trustwide Cyber Awareness Training	October 2024

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Project to investigate the re-architecture of the CAD environment	December 2024
Attainment of Cyber Essentials + accreditation	January 2025
Implement MFA for all legacy systems, where technically possible.	March 2025

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

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q2 24/25				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Migration of infrastructure to Tier three data centres	IMT Delivery Board in place which oversees the work and reports to the Board via the Chief Digital Officer's report
Upgrade of data network to include resilience and failover at Corsham and Farnborough	Demonstrated CAD resilience and recovery
Dependencies mapped and managed between core infrastructure programmes: CM10, Network Readiness Assessment and Data Centre Essentials	No downtime upgrade successfully completed for CAD
Upgrade programmes in delivery: CM10 (Telephony), MDTs	Agreed strategic direction for data centres and infrastructure
Upgrade or decommission plan for all out of support servers (Windows 2012 R2 and below)	Upgrade and maintenance plan for all critical systems
Network Readiness Assessment for Voice and Data	Network Readiness Assessment for voice and data ahead of CM10
Application lifecycle plans for out of support critical applications	

Further actions

Action	Date by which it will be completed
999 and 111 on supported CM10 telephony platform	July 2024
Commission external review of the current infrastructure and map the "as is"	June 2024 Complete
Topology of architecture (spine and leaf) to be used as a baseline for changes and future plans	June 2024 Complete
Develop a data centre strategy and roadmap with sufficient investment utilising cloud options	October ExCo, November D&DC 2024
Revised set of desktop images based on profiles: Admin, CAD user, etc.	August 2024

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

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
1	x	5	=	5

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

Controls	Assurances
Purchased all available MDT stocks from incumbent supplier	Completed.
Manage and monitor the existing MDT spares stock with our installer (Telent), and assist in expediting repairs with incumbent supplier (Attobus)	Active engagement with Telent and Attobus Current stock numbers being provided on an ongoing weekly basis. Stock of legacy MDTs currently tracking very high to the point where we need to start looking at disposal of old stock
The national Mobile Data Vehicle Solution (MDVS), which will replace MDTs is currently due to start 01/09/2023	Weekly meeting established alongside Project Board and Working Group
Pilot National Mobile Application Lite to identify interim MDT solution	Completed
Deployment of NMA in 20 double crewed ambulances by end of September	Completed
Rollout of 80-90 DCA's with NMA by Christmas 2023	Completed
Rollout of NMA to the entire LAS fleet	Started, running at 4 vehicle conversions per day and on-track to complete late 2024
Gap in controls	
Legacy system architecture	Whilst the back-end system is old, it is running on new hardware and has a support contract in place

Further actions

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

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

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BAF Risk: 2.8
There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

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

Controls	**Assurances**
Contract with ARP and subcontractors for the component parts of the Airwave network covering 24/7/365	ARP are regularly reviewing and replacing component parts of the infrastructure

Further actions

Action	**Date by which it will be completed**
Upgrade the ICCS to the new Control Room Solution under the national programme	November 2024
Regular review of the Airwave Infrastructure	Ongoing

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BAF Risk: 2.9

There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

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

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

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Further actions

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

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BAF Risk: 2.10
We may not deliver the £30m CIP and productivity programme

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

Controls	Assurances
Work with Budget managers to develop CIP Programme building on the transformation programmes	Delivery against the CIP plan is scrutinised through: ExCo, FIC, Trust Board
	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC
Management of Capital Plan	Regular reporting to Capital Steering Group (ExCo) and FIC

Further actions

Action	Date by which it will be completed
Develop CIP plan to identify £30m savings	July 2024
Implement Vacancy panel	May 2024

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BAF Risk: 2.11
There is a risk that we may not implement the capital programme to optimise the opportunity afforded by the funding in this financial year.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
2	x	4	=	8

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

Controls	Assurances
Submit 2024/2025 financial plan for submission to NHSE as per national timetable	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
Continual liaison with commissioners and the London Regional Office to secure additional funding	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC

Further actions

Action	Date by which it will be completed
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash)	Completed
Continue negotiations with commissioners and London Regional Office to secure income	Q2 2024/25
Chief Financial Officer to provide update on Capital Plan to FIC	Completed

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

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

Further actions

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

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

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
4	x	3	=	12

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

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

Further actions

Action	Date by which it will be completed
New rostering system tender due to begin 1st August 2024, introduction of new product starts in April 2025. If new supplier, operational November 2025.	Q4 2024

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

BAF Risk: 3.1
We may not be able to complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
3	x	4	=	12

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

Controls	**Assurances**
Memorandum of understanding in place with the Mayor's office to provide a dispensation from ULEZ standards until October 2025. This is staggered by vehicle type	Signed MOU
Delivery of 83 DCAs	Delivery by mid-2024

Further actions

Action	**Date by which it will be completed**
Exploring additional funding streams for replacement ambulances	Ongoing
Decommission non-compliant fleet	Ongoing
Development of Green plan actions	July 2024

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

BAF Risk: 3.2
There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London if the current fragmented commissioning and tendering of 111 contracts by 5 ICSs continues

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

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

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

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

Further actions

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

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

BAF Risk: 3.3
Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to maximise the value and benefits of implementing the new ICS partnership model across LAS which would hinder our ability to spread innovation and solve common challenges

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

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

Controls	Assurances
Internal and external engagement plan in progress and being developed to build the consensus for the strategy	Reviewed by Executive Committee (ExCo)
	Specific topics reviewed by Board sub committees as appropriate e.g. P&C and FIC
	Approach to be reviewed at planned Board Development days

Further actions

Action	Date by which it will be completed
Reviewing our maturity on health inequalities using a national tool	Completed and submitted to AACE in March
Plan pilot for supporting primary care in line with fuller stock take	Completed as per business plan achievements for 202/24 (in submission papers for 6th June Board)
Begin to implement estates modernisation strategy	End March 2024 - estates modernisation has started
Agree an operating model with how the LAS interacts with the 5 ICS	Completed
Build on Strategy engagement to further strengthen links with partners	Ongoing

7. Concluding Matters

For Noting

7.1. Any Other Business

For Noting

7.2. Date of Next Meeting – Thursday 6th March 2025

For Noting

Presented by Andy Trotter

Questions from the public

Additional Information

London Ambulance Service
NHS Trust

Quality Assurance & Improvement Report

September data

We are the capital's emergency and urgent care responders

Summary

		Jul24	Sep24	Comment
SAFE	Reported Incident Volumes			
	Level of Incident Harm			The number of reported moderate harm and death harm incidents saw an increase during this reporting period.
	Sector variation in Incidents			
	Medicines Management			Continue to see a high number of controlled drug reported incidents but improved position when compared to previous reporting period
	Health & Safety			
	Safeguarding			Not meeting required target for level 2 safeguarding although noted improvements made compared to position a the beginning of the calendar year.
	Infection Control			
EEFECTIVE	Clinical AQI			
	Performance AQI			
	CPI Audits			
	Call Handling			Reduction in the number of random audits due to capacity challenges and new MPDS version update. IAED aware.
	111 - NEL			
	111 - SEL			
	EPRR			

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

National AQI Clinical Outcomes	Mar24	Apr24	May24
Stroke median time call to hosp arrival (mins)	80	85	82
Stroke 90-centile time call to hosp arrival (mins)	135	146	144
Stroke mean time call to hosp arrival (mins)	87	94	92
STEMI 90th centile time from call to PPCI (mins)	197	209	221
STEMI mean time from 999 call to PPCI (mins)	142	150	159
Cardiac arrest ROSC by hosp arrival	32%	29%	33%
Cardiac arrest (Utstein) ROSC by hosp arrival	52%	64%	56%
Cardiac arrest survival at 30 days	12%	11%	12%
Cardiac arrest (Utstein) survival at 30 days	35%	35%	36%
STEMI received care bundle		76%	
Cardiac arrest post-ROSC care bundle			89%

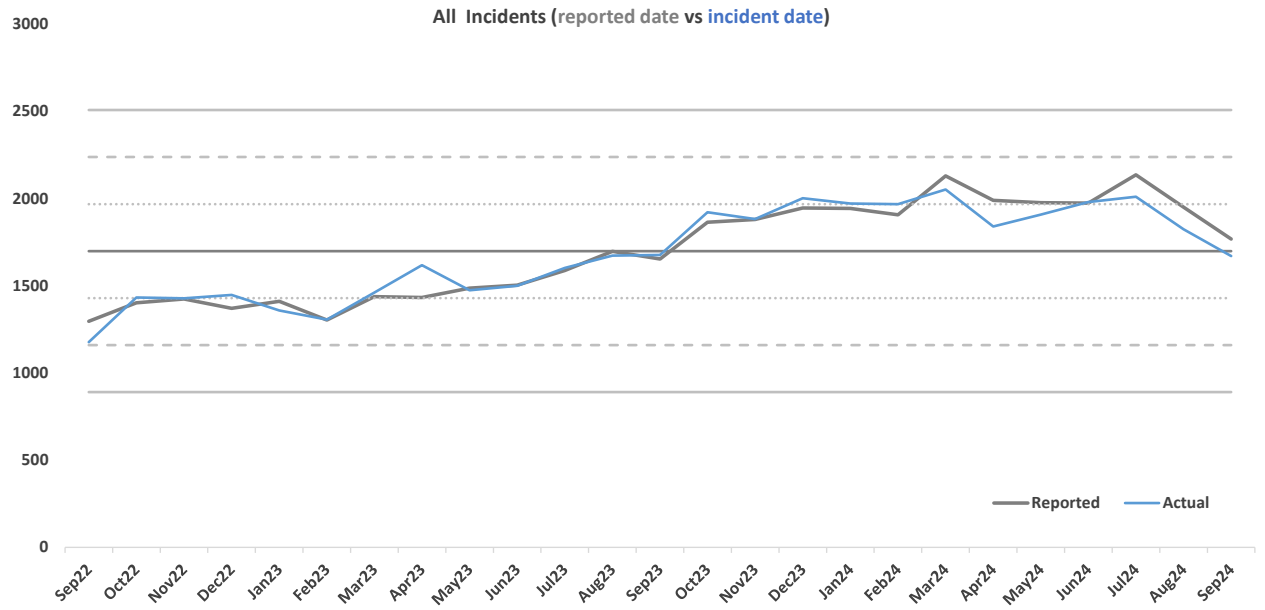
Performance AQI (AMB-SYS)	Jul24	Aug24	Sep24
C1 mean	2	2	2
C2 mean	9	7	10
C3 mean	3	2	3
C4 mean	8	8	10
999 call answer mean	5	4	9
Clin Validation mean	7	7	4
C5 Clin Assessment mean	4	5	4
H&T / All Incidents	1	2	2
S&T / All F2F	8	7	8
Non ED / Conyeyed	9	9	9

(Trust Ranking)

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

All Incidents

There has been a reduction in the number of incidents reported during this period.



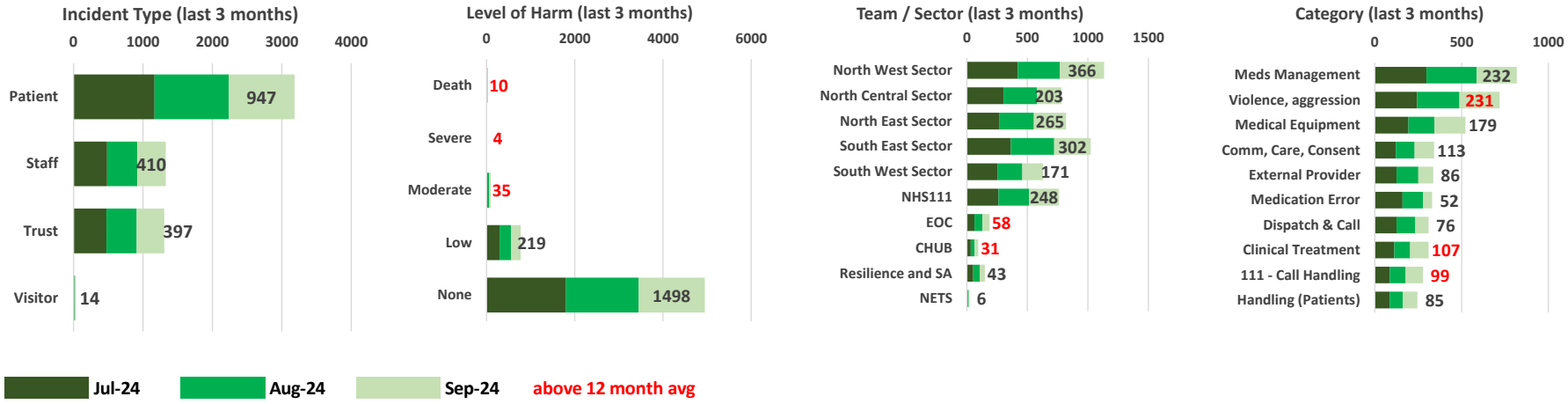
The number of incidents remain in special cause variation but have reduced from the upward trend that was experienced during the last reporting period.

A comparator of incident vs reported date demonstrate a similar trend.

North west and south east continue to be the highest reporting sectors

Top categories for this reporting period include:

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



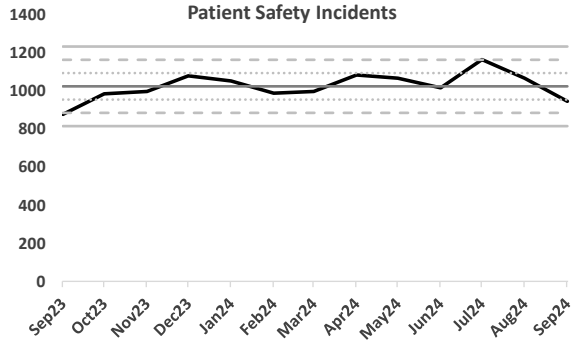
Work continues to support the trusts business plan objective of reducing the number of overdue incidents. Responding to incidents in a timely manner will further increase the positive reporting culture within the Trust.

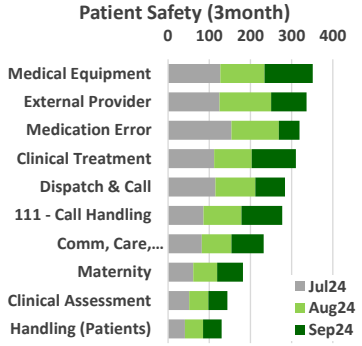
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

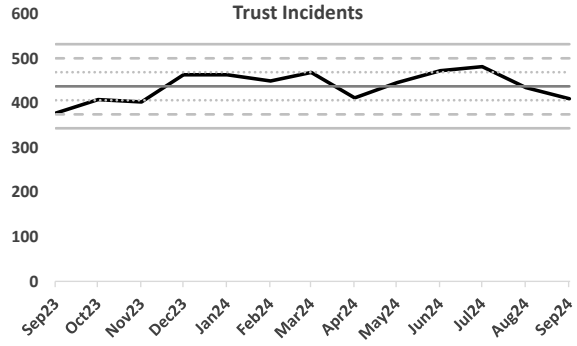
Incidents by Type (reported date)

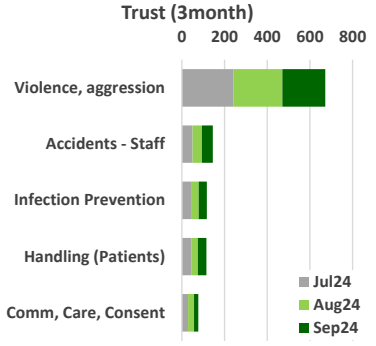
No concerns for escalation

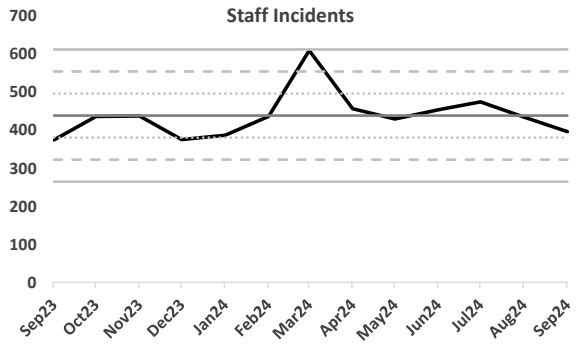
Common cause variation is evident across all four reporting types. The central patient safety team review new incidents reported on daily basis. This is with a view to flag those of immediate concern but also to ensure that they are reported under the correct category/type.

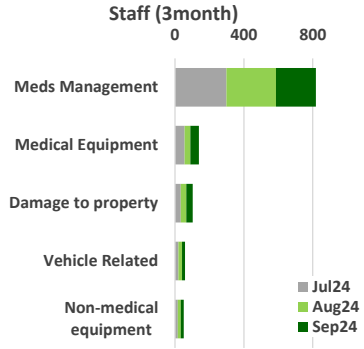


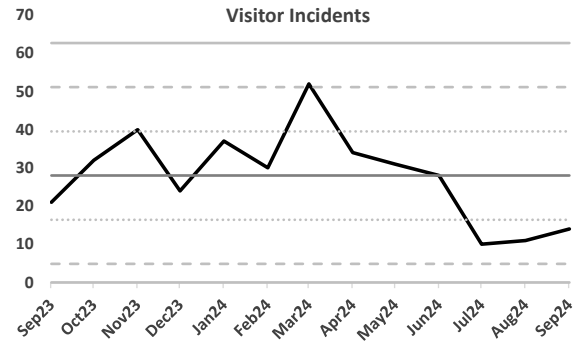


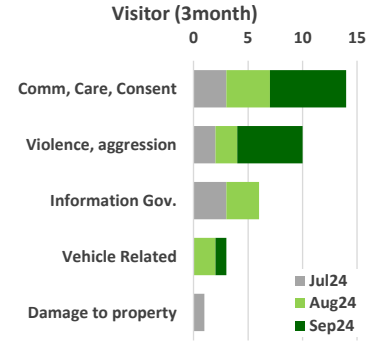








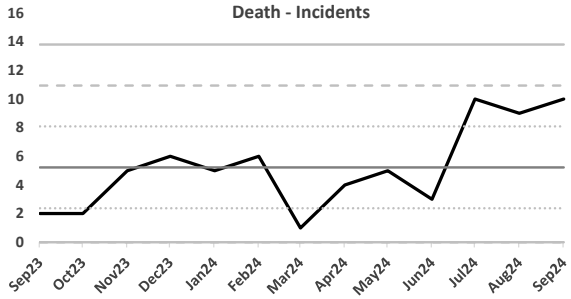


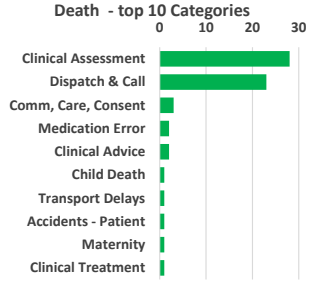


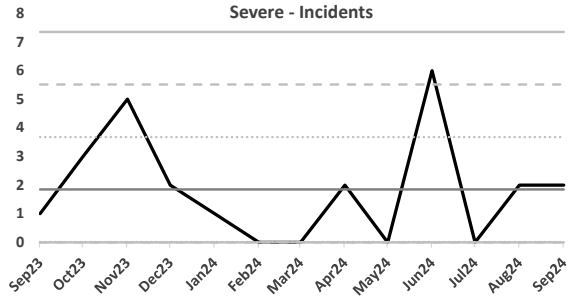
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

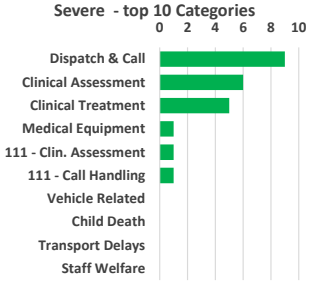
Incidents by Harm (reported date)

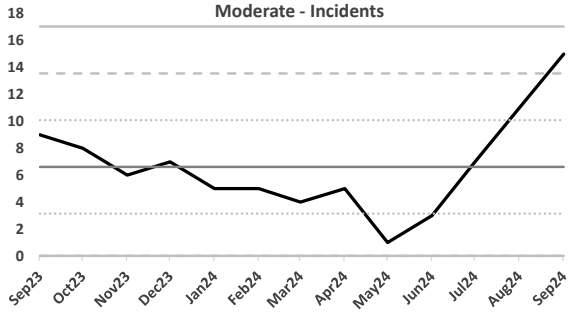
The number of reported moderate harm and death harm incidents saw an increase during this reporting period.

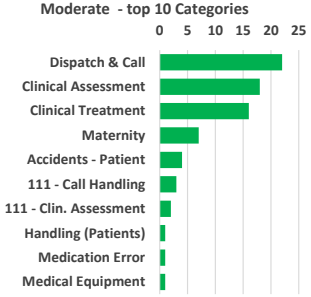












Learning From Deaths

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

PSIP Outcomes - Last 6 months

	Apr24	May24	Jun24	Jul24	Aug24	Sep24
Enhanced Inv. - External	1	1			4	4
Loc-defined - Local PSII						
Nat-defined - Local PSII	3	6	3	5	6	8
Nat-defined - Alt. Team						
Patient Safety Review		1				
PSR - After Action Review	4	6	3	9		7
PSR - Complaint Response				1		
PSR - Delays SJR						
PSR - MDT				2		
PSR - SWARM Huddle	1	1		1	1	
	9	15	6	18	11	19

PSIRF Themes - Last 6 months

	Apr24	May24	Jun24	Jul24	Aug24	Sep24
111 - Clin. Assessment						
Clinical assessment		1				1
Clinical treatment (EXCEPT meds)						
Communication, care & consent	1					
Dispatch & call		4	1	3	1	3
Local – Call Handling - 111/IUC					1	
Local – Call Handling - 999	2	3		2		1
Local – Cardiac Arrest / Airway Mgmt		1		1		
Local – Cardiac Arrest / Recognition				1		
Local – F2F - incorrect non conveyance	2	2	2	2	3	5
Local – 999/111 clin assess. incorrect advice	1	2		2	1	1
Local – F2F - definitive care	2	1	1	1	1	3
Local – F2F - immobilisation	1					1
Local – F2F - extremes of age			1			1
Local – Medicines Management				2		
Local – Emergency Patient Safety Incidents						
Maternal, obstetric and neo-natal		1			4	3
Non-medical equipment						
Patient accidents & injuries			1			
	9	15	6	14	11	19

The number of reported moderate harm and death harm incidents saw an increase during this reporting period.

The trust commissioned the highest number of national PSIIs for the past six months during September and the Trust continue to support external investigations including NMSI

Themes from commissioned learning responses include:

Non-conveyance decision making, specifically concerns in relation to capacity to refuse and/or informed decision making

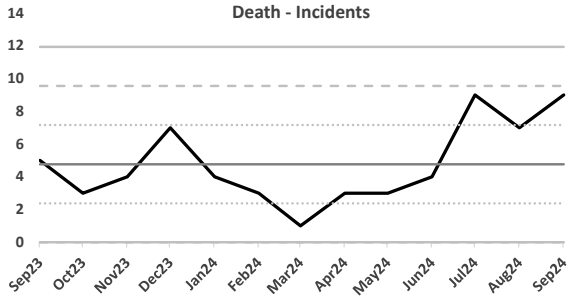
Conveyance to definitive care – where patients met the criteria to be conveyed to a HAC, HASU or MTC but were conveyed to a local emergency department.

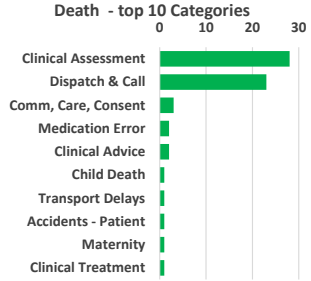
NB. moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups where LfD reviews are undertaken. Therefore the harm grading is subject to change.

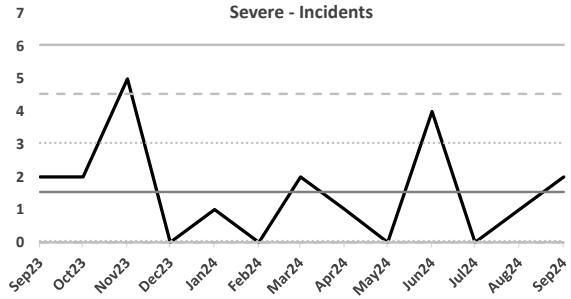
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

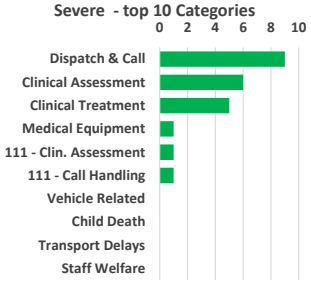
Incidents by Harm (incident date)

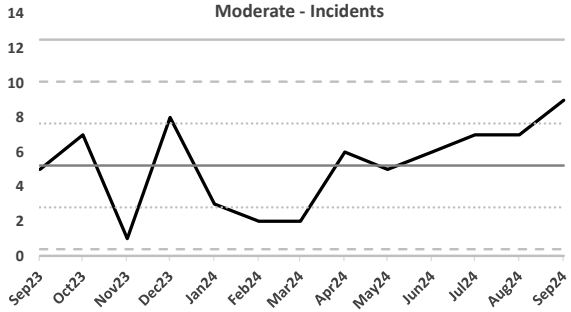
The number of moderate harm and death harm incidents by incident date saw an increase during this reporting period.

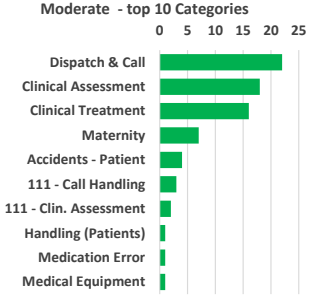












It is acknowledged that not all incidents are reported in the same month that they occurred. Reasons include:

- Notification of a case from the coroner
- Completion of an annual audit
- Complaint received at a later time from a patient/family.

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

9 incidents were identified via the continuous re-contact audit, 8 of which related to cases where patients were found deceased within 24 hours of contact with the LAS. Case examples include:

- 89 year old who had experienced a ‘long lie’ with co-morbidities was not conveyed when clinically indicated.
- 59 year old presented with abdominal pain, agitation and sweating. The patient presented with red flags and was not advised to attend hospital.

3 incidents reported during this period were in relation to a delayed response.

- 17 minute response time to a category 1. Nearer vehicles were available. Patient was a 44 year old with a history of chest pain and had collapsed. The patient was in VF on arrival of the first resource.
- 1 hour 10 minute response time to a category 2. 67 year old who had fallen and was on the floor. Found to be deceased on arrival of the ambulance.

Other incidents of note:

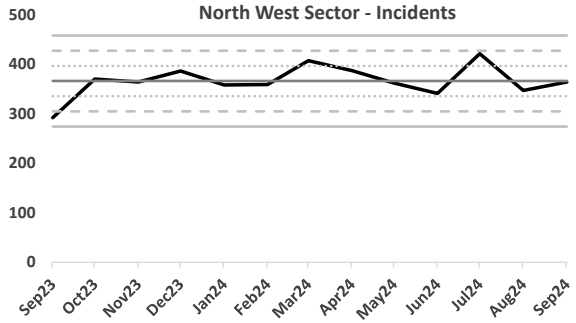
- Complaint in relation to a 1 hour 23 minute response time. Patient was subsequently not conveyed following an on scene assessment and represented to their GP 24 hours later where they were pre-alerted to ED and died the following day.
- Call handling management of a 4 day old baby reported to not be breathing.

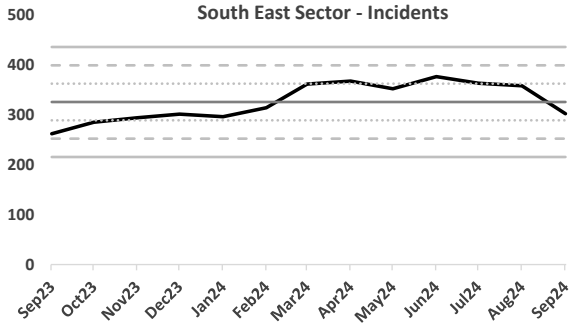
NB. moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups where LfD reviews are undertaken. Therefore the harm grading is subject to change.

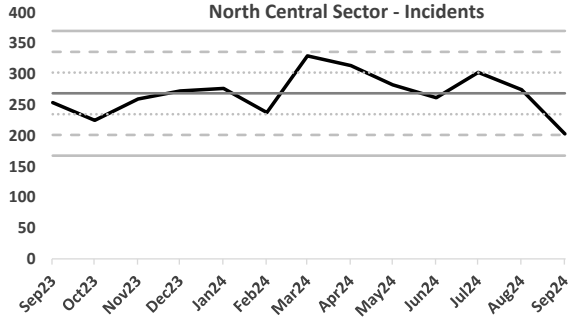
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

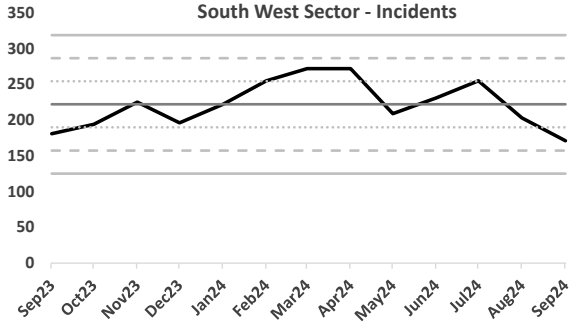
Incidents by Sector (reported date)

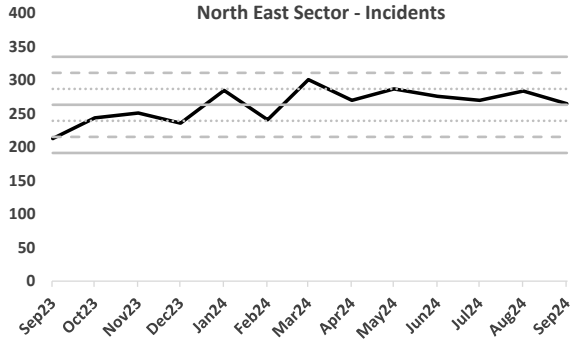
No concerns for escalation

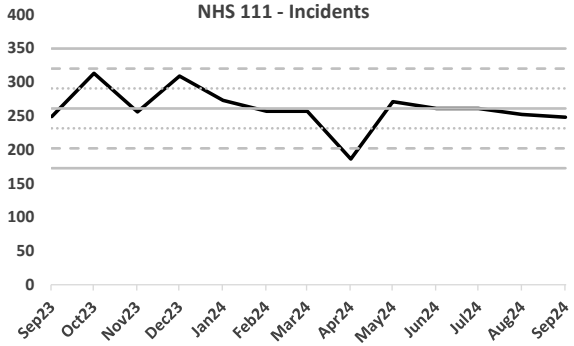












Breakdown of data by Team for last 3 months

	NW	NC	NE	SE	SW	111
Patient	613	342	406	516	301	617
Staff	230	148	197	283	172	121
Trust	273	281	207	209	148	16
Visitor	5	4	5	8	2	5
Patient %	55%	44%	50%	51%	48%	81%
Staff %	21%	19%	24%	28%	28%	16%
Trust %	24%	36%	25%	21%	24%	2%
Visitor %	0%	1%	1%	1%	0%	1%
Death	7	6	4	6	0	1
Severe	2	0	0	0	0	1
Moderate	11	5	3	2	2	2
Low	68	33	83	98	50	3
None	525	298	316	410	249	610
Death/Sev/Mod %	3.3%	3.2%	1.7%	1.6%	0.7%	0.6%
Patient Contacts	66,766	37,525	54,296	57,400	35,054	
Death (per 100k)	10	16	7	10	0	
Severe (per 100k)	3	0	0	0	0	
Moderate (per 100k)	16	13	6	3	6	
Death/Sev/Mod (per 100k)	30	29	13	14	6	

Incident Categories (per 100k)

Meds Management	267	562	243	249	225	
Violence, aggression	190	205	223	287	228	
Medical Equipment	189	266	136	183	228	
Comm, Care, Consent	48	61	61	75	43	
External Provider	108	83	64	87	51	
Medication Error	120	131	123	125	111	
Dispatch & Call	73	56	55	52	46	
Clinical Treatment	90	101	105	136	77	
111 - Call Handling	6	0	0	3	0	
Handling (Patients)	106	64	52	99	168	
Non-medical equipment	67	61	68	56	117	
Maternity	64	61	57	73	74	
Vehicle Related	61	59	46	42	74	
Accidents - Staff	33	48	41	56	60	
Clinical Assessment	48	83	41	30	37	
Damage to property	39	29	57	42	46	
Infection Prevention	27	43	31	66	66	
Access / Handover	55	53	22	24	11	
Information Gov.	6	16	7	17	9	
Accidents - Patient	31	16	26	37	43	

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

The South West has the lowest reported percentage of incidents in death/seve/mod category and the lowest death/seve/mod incidents per 100K patient contacts.

The highest proportion of death/seve/mod incidents were within North West.

North Central saw the highest number of these incidents per 100k patient contacts.

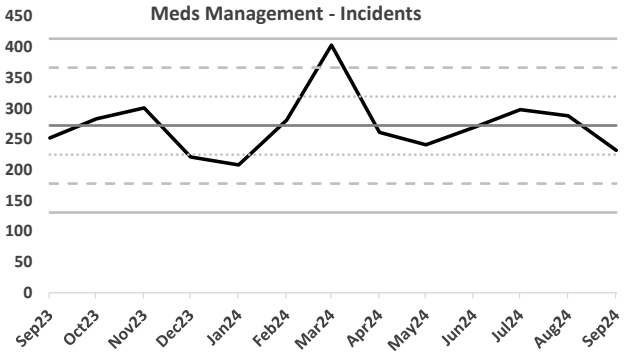
In relation to the top three categories per 100k patient contacts:

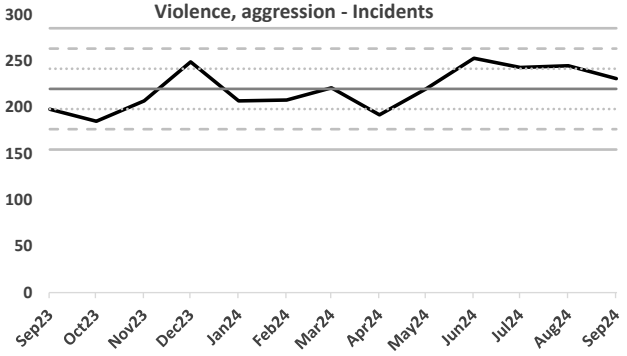
- North Central has the highest rates of med management incidents
- South East has the highest rates of violence/aggression incidents
- North Central has the highest rates of medical equipment incidents

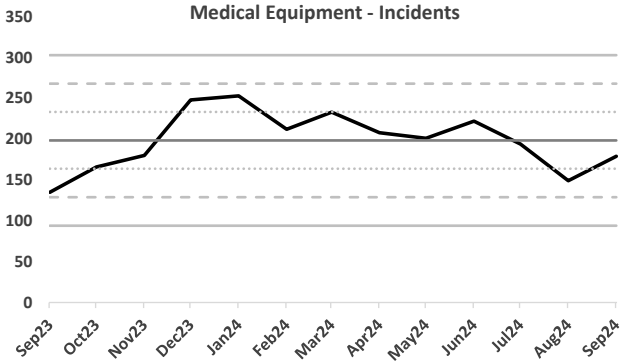
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

Incidents by Category (reported date)

No concerns for escalation







Categories	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Total
Meds Management	283	301	221	208	281	403	261	241	269	298	288	232	3286
Violence, aggression	185	207	249	207	208	221	192	220	253	243	245	231	2661
Medical Equipment	166	180	248	253	212	233	208	201	222	194	149	179	2445
Comm, Care, Consent	185	176	162	154	150	148	121	138	134	121	108	113	1710
External Provider	86	92	101	121	107	129	97	127	125	125	125	86	1321
Clinical Treatment	81	61	88	93	85	85	96	86	93	112	91	107	1078
Dispatch & Call	76	118	96	84	74	63	64	84	81	125	108	76	1049
Medication Error	44	44	59	56	52	92	213	87	66	159	119	52	1043
Handling (Patients)	65	73	84	96	89	85	106	97	93	85	75	85	1033
111 - Call Handling	118	71	83	81	78	63	51	70	75	86	92	99	967
Vehicle Related	66	80	62	77	87	74	84	68	74	49	59	46	826
Non-medical equipment	47	41	54	60	61	74	82	88	68	69	73	57	774
Access / Handover	94	83	81	56	50	40	48	58	41	35	34	29	649
Clinical Assessment	48	43	54	45	59	51	53	55	42	51	47	46	594
Damage to property	48	44	52	45	43	68	49	52	53	46	41	48	589
Maternity	37	39	38	46	47	48	51	45	48	61	58	63	581
Accidents - Staff	61	38	39	53	50	46	44	48	44	50	44	51	568
Infection Prevention	35	33	29	56	36	55	41	57	40	46	38	39	505
Information Gov.	20	32	24	27	27	24	27	16	31	38	29	16	311
111 - Clin. Assessment	27	18	38	27	19	28	17	28	22	30	26	15	295
Buildings, IT	12	18	19	17	24	23	16	21	31	26	19	24	250
Accidents - Patient	14	21	15	10	12	13	20	34	15	28	28	23	233
Handling (not Patients)	10	13	9	16	18	10	11	14	9	13	15	13	151
111 - Confidentiality	16	13	8	15	9	7	6	14	7	3	5	6	109
Clinical Advice	7	9	7	13	8	11	8	5	7	6	7	3	91
Estates (Incl. Facilities)	9	6	7	4	5	10	4	6	8	7	8	11	85
111 - Incorrect Referral	6	11	5	7	3	4	5	4	10	12	5	2	74
Palliative Care	6	5	2	4	1	7	3	5	2	5	6	10	56
Transport Delays	2	1	6	5	8	8	5	0	3	6	5	2	51
Staff Welfare	4	4	4	3	2	4	3	3	2	4	3	4	40
Accidents - Public	5	5	1	2	1	3	2	4	3	0	0	0	26
Child Death	1	0	0	1	1	0	1	0	0	1	0	0	5
CCTV Loss/Failure	0	0	0	1	0	0	0	0	2	0	0	0	3

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

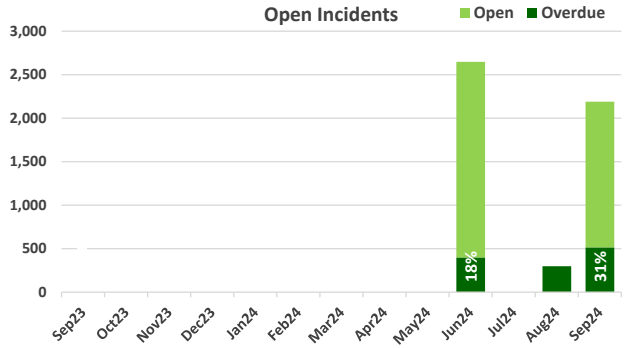
Medicines management incidents continue to be the highest reported incident category but note the lowest number since Jan 2024.

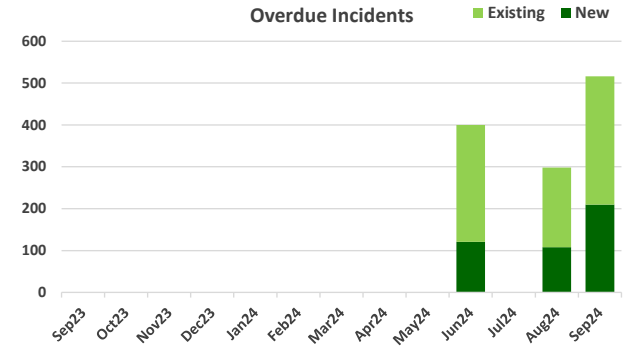
There has also been a reduction in the number of violence/aggression incidents during this reporting period.

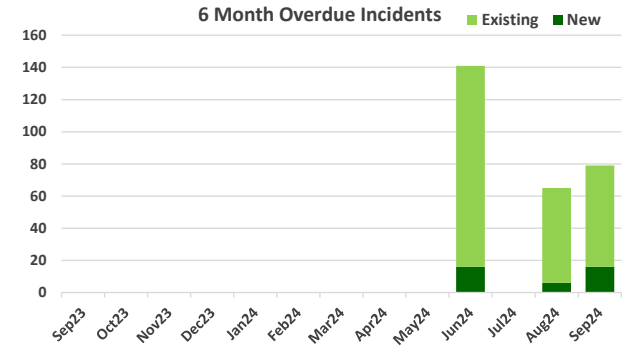
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

Overdue Incidents (reported date)

The number of overdue incidents has increased and remains outside the Trusts target of 25%







Severity	<1	1-2	2-3	3-6	6-12	12+	All
Death							0
Severe							0
Moderate	4	3	1		1	1	10
Low	24	17	6	8	3	8	66
None	183	94	50	52	33	36	448
Total	211	114	57	60	37	45	524

Incident Type	<1	1-2	2-3	3-6	6-12	12+	All
Patient	116	64	27	36	20	19	282
Trust	41	20	20	11	9	11	112
Staff	52	29	10	10	7	15	123
Visitor	2	1		3	1		7
Total	211	114	57	60	37	45	524

Top 15 Teams	<1	1-2	2-3	3-6	6-12	12+	All
EOC	32	13	8	10	1		64
North West Sector	35	13	3	6	1		58
South West Sector	11	18	5	5	1	1	41
South East Sector	26	7	3	1	1	1	39
North Central Sector	28	5	2		2		37
North East Sector	24	8	1	1			34
CHUB	9	10	3	3	1		26
Pharmacy	2	3	12	4	2		23
IM&T	2	3		4	5	7	21
NETS	7	5	2	3	2		19
IM & SD	3	11	3		2		19
NHS111	6	5	3	2	1	1	18
Clinical Education	6	4	2	2			14
Resilience and SA	6	1	1	3	2		13
Make Ready	3	2		3	1	3	12

The number of overdue incidents increased during the last reporting period by have lower than April 2024 when there were over 900 overdue incidents.

The increase is linked to the increase in call demand where clinical managers are spending more time supporting patient facing activities.

Metrics to consider are also proportion of open incidents which are overdue. This will be included in the dataset for next reporting period.

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

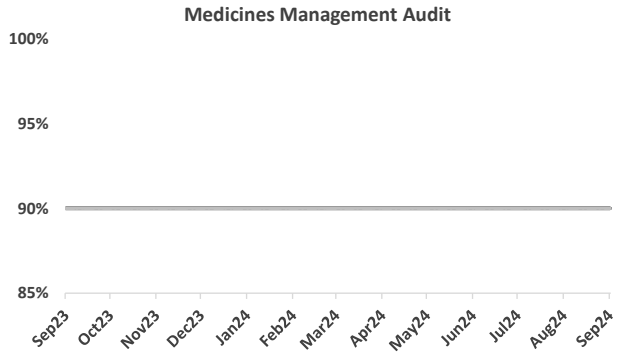
Improvement work is underway, meeting with corporate areas of the Trust whom own overdue incidents. Support documents/aid memoirs are being developed to assist with managers completing investigations. Regular reporting and feedback is being provided to those areas with overdue incidents.

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

Medicines Management

Continue to see a high number of controlled drug reported incidents but improved position when compared to previous reporting period.

Meds Inspections



	1 month		12 months	
	Score	Count	Score	Count

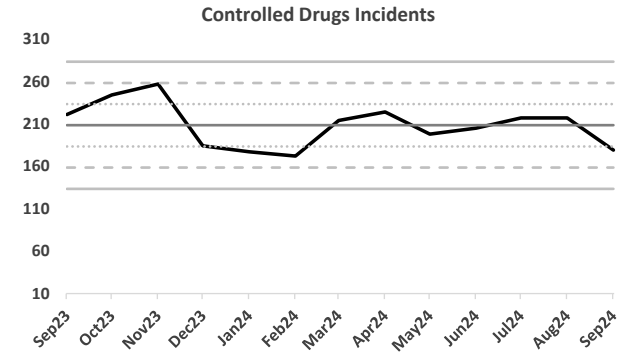
	1 month		12 months	
	Score	Count	Score	Count

Medicines Management

- Total number of controlled drugs incidents reduced across the Trust, with the majority of incidents resulting from documentation errors.
- Some concerns regarding midazolam dosing remain, however these incidents have reduced.
- Reduction in total number of incidents including lower dosing errors with midazolam.
- No loss of schedule 2 drugs.

Audit date currently not available

Controlled Drugs

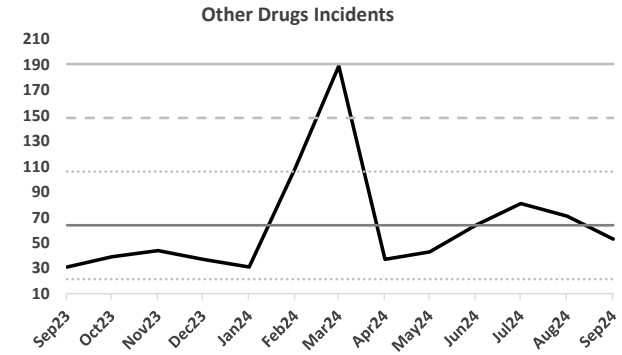


	Apr24	May24	Jun24	Jul24	Aug24	Sep24
CD - Incorrect record	3	8	6	6	3	3
CD - Safe malfunction	1	0	0	1	4	1
CD - Unaccounted for	7	10	7	7	8	6
CD - Wasted	33	36	32	37	45	41
CD - Wrong location	11	9	8	11	4	10
CDA - No documentation	19	14	14	13	10	5
CDA - No information	49	36	28	23	29	32
CDA - No signature	27	22	29	33	32	20
CDA - Not corrected	65	61	80	76	76	60
CDA - Unidentifiable	9	2	1	10	6	1
Total	224	198	205	217	217	179

CD = Controlled Drugs CDA = Controlled Drug Audit

NW	NC	NE	SE	SW	other
7	6	5	6	2	3
2	2	0	1	0	2
20	4	1	4	2	14
64	22	55	48	20	15
13	11	7	10	7	5
16	23	1	28	1	6
61	31	11	49	24	21
30	48	18	27	31	9
112	160	45	48	38	15
7	6	2	7	6	1
332	313	145	228	131	91

Other Drugs



	Apr24	May24	Jun24	Jul24	Aug24	Sep24
Abloy	2	1	3	3	4	2
MS - Damaged cabinet	0	0	0	0	0	0
MS - Loss/Theft	0	8	1	7	6	1
MS - Unsecure	1	1	6	6	1	8
NCD - Damage	14	14	16	42	31	19
NCD - Discrepancy	6	3	4	4	2	4
NCD - Expired	0	0	0	0	0	0
NCD - Missing	8	7	12	10	15	11
NCD - Other	6	8	18	5	10	8
SDP - Contaminated	0	0	1	2	2	0
SDP - Sharps	0	1	3	2	0	0
Total	37	43	64	81	71	53

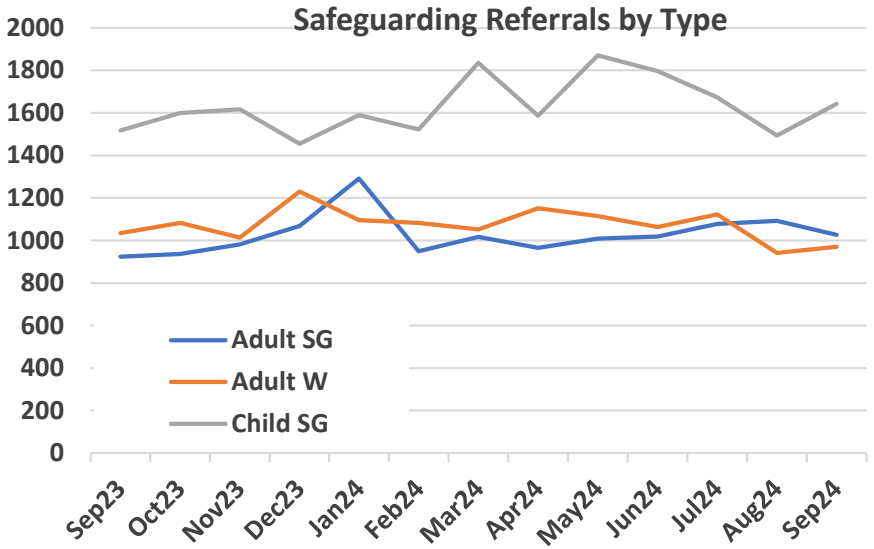
MS = Medicine Security NCD = Non Controlled Drugs SDP = Secure Drug Packs

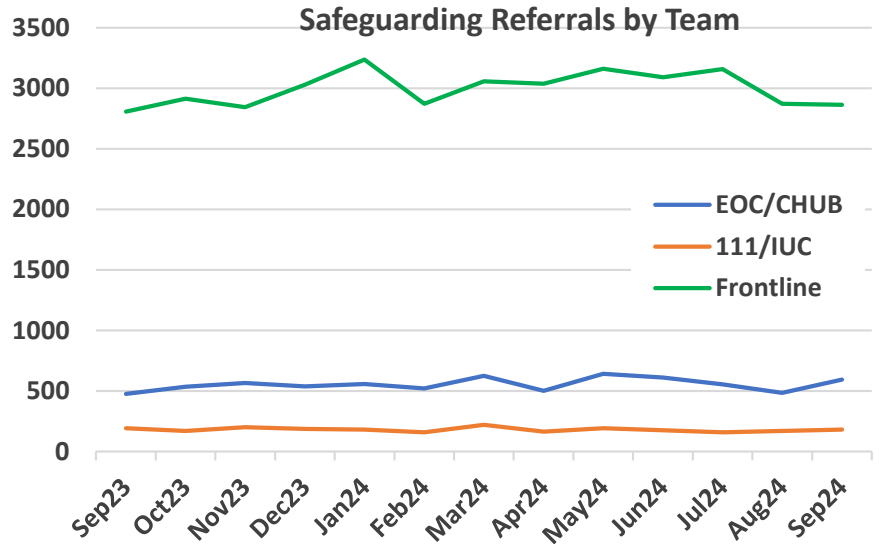
NW	NC	NE	SE	SW	other
4	2	1	2	2	4
0	0	0	0	0	0
5	5	2	4	6	1
3	6	2	3	3	6
28	32	34	16	11	15
3	7	3	3	2	5
0	0	0	0	0	0
12	9	16	17	8	1
11	9	3	8	6	18
0	0	3	0	0	2
0	0	0	1	2	3
66	70	64	54	40	55

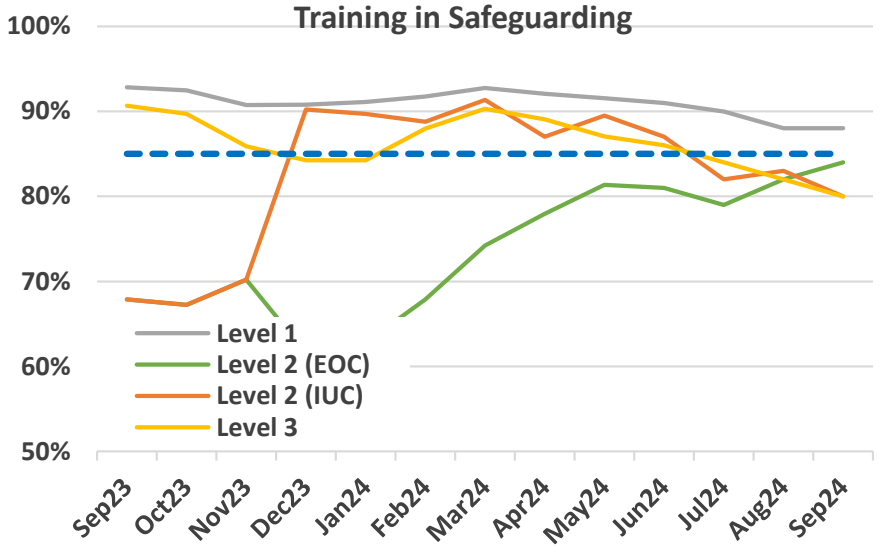
Safe | Effective | Caring | Improve | Priority | Owner AT | Exec Lead PC

Safeguarding

Not meeting required target for level 2 safeguarding although noted improvements made compared to position a the beginning of the calendar year.







Training

- Whilst we have seen a 2% increase in level 2 EOC training it is still below 85% target and we have also seen a 2% drop in IUC and level 3 training figures to 80%
- This is the second month that safeguarding training at all levels is below the 85% contract target
- EOC recording highest compliance rate for over 3 years and only 1% off target

Referrals

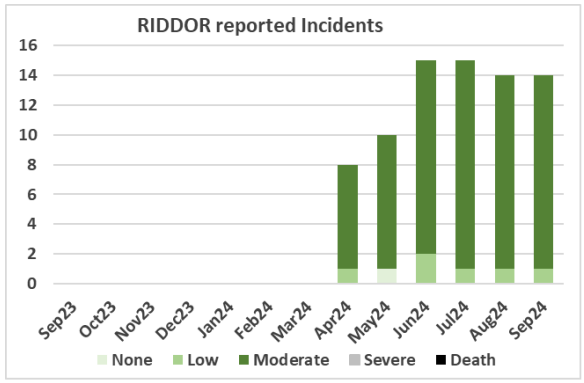
- Referrals across all categories remain historically high. This is a system-wide phenomenon, shared by partners across health and social care.
- Some issues (long waits for crews to refer primarily) relating to demand caused by transition to electronic safeguarding. Mitigations being implemented urgently by EBS mgmt / project board

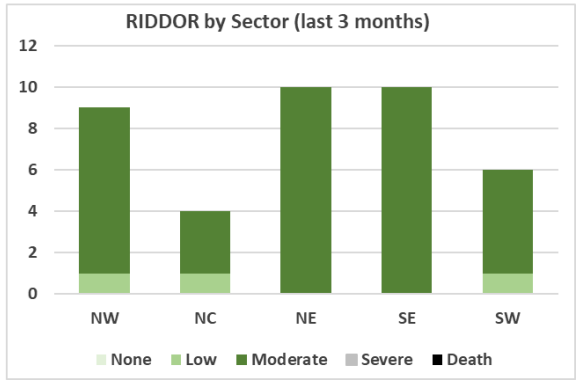
Safe | Effective | Caring | Improve | Priority | Owner EJ | Exec Lead PC

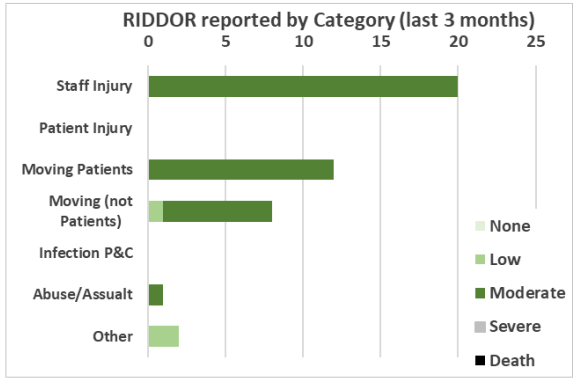
Health & Safety

No concerns for escalation

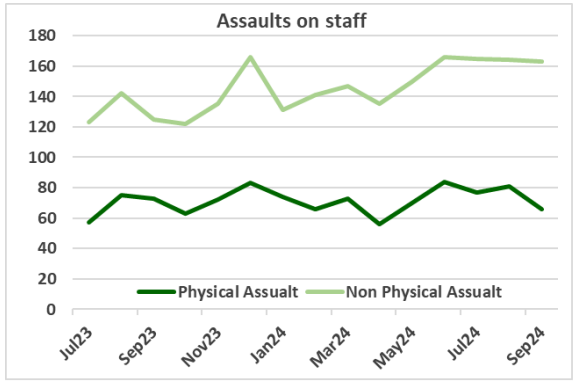
H&S - RIDDOR

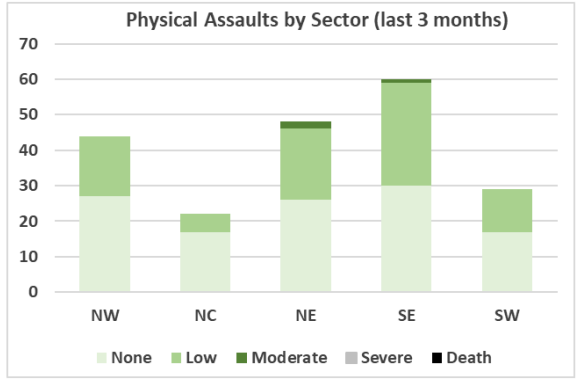


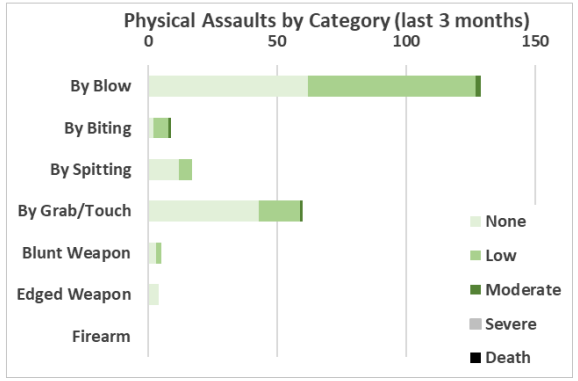




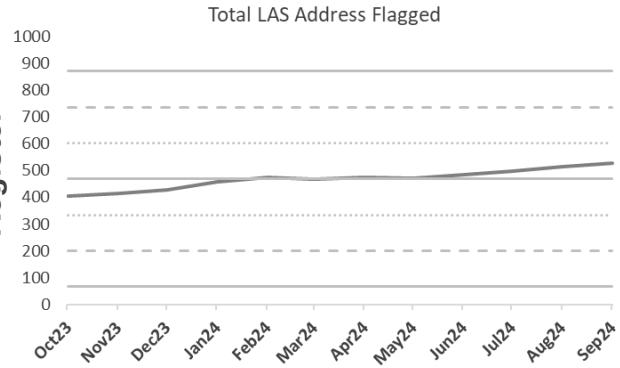
H&S - Assaults

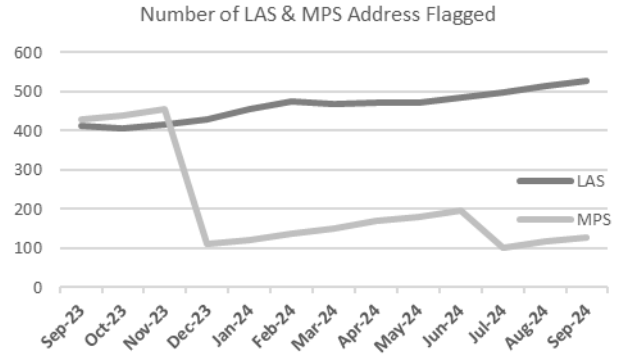






Location Alert Register



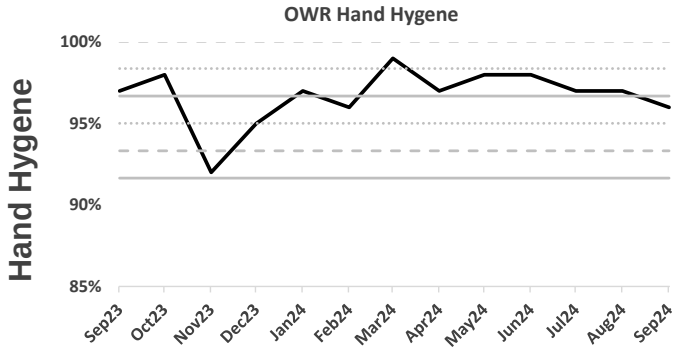


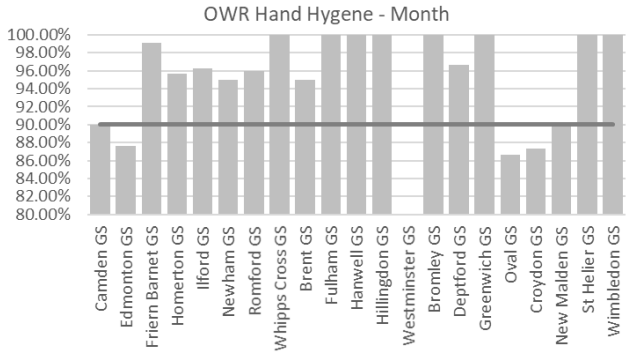
- New London Violence Prevention & Reduction Community of Practice Group chaired by NHSE has been started and the first meeting has taken place. Positive for Pan-London approach to V&A.
- Current compliance for FFP3 fit testing is 68% due to the 2-year revalidation period. Ongoing plan is to bring fit testing in house, and this will be delivered through group station teams, and arrangements are progressing to purchase more fit testing machines (Porta counts) before a programme of training can be delivered, the tender is now closed, and we are due to award the contract in October 2024.
- Number of incidents of violence and abuse towards staff continues to rise across the Trust.
- Staffing resource remains an ongoing issue, due to the increase in incidents and demand on the VRM.
- Trend arising of LAS staff being impacted by MPS RCRP policy.
- Reporting shows increased LAS staff are increasing the use of restraint, and a training gap has been identified
- The Health, Safety & Security (HS&S) Team have delivered one session of Corporate Induction and two sessions of Managing Safety course to 57 staff members during September 2024.
- The BWV battery replacement program is progressing at pace.
- The Commanders SOP for BWV has now been approved and is currently being mobilised operationally.
- Progress made to mitigate non-connected fleet CCTV. 17 vehicles remaining across the fleet, which should be all connected within the next 6 weeks.

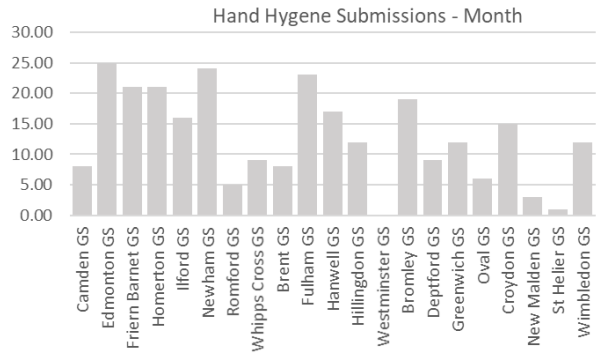
Safe | Effective | Caring | Improve | Priority | Owner: IPC | Exec Lead: FW

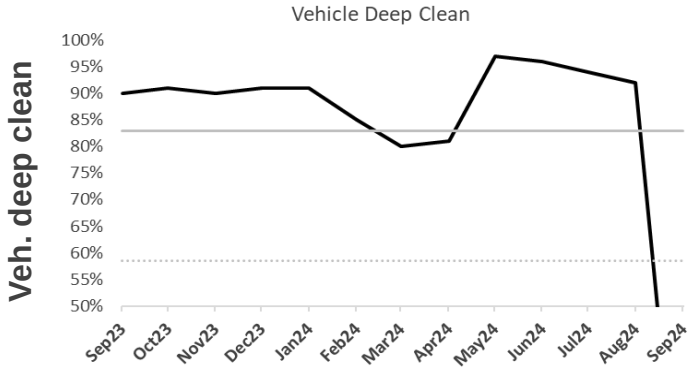
Infection Control

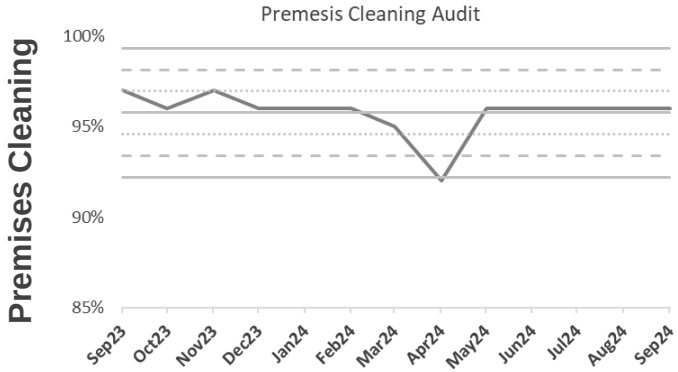
No concerns for escalation

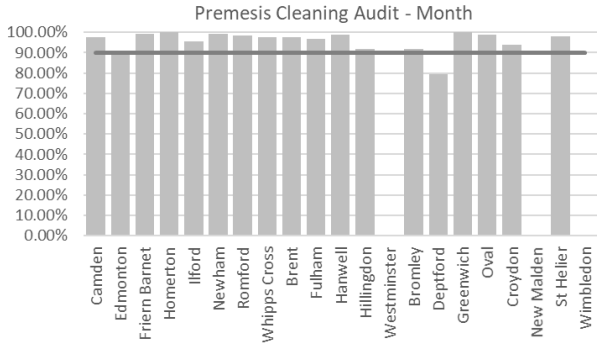


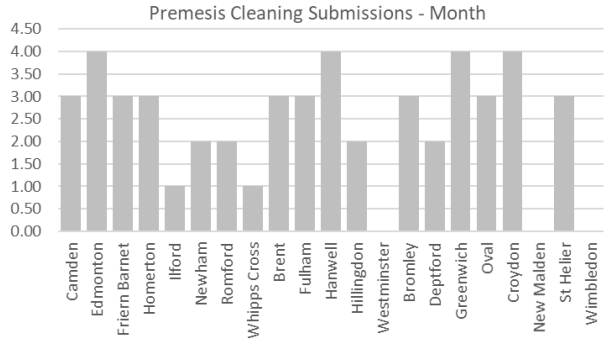












- Locally reported hand hygiene compliance is reported as 96% overall for the Trust. These data continue to be viewed with caution as anecdotal and validation audits indicate that compliance with bare below elbow is not reflected.
- Premises cleaning total compliance reported as 96%. 3 hubs did not submit data for the month of August, this has been escalated to delegated Estates colleagues with premises cleaning responsibilities.
- Body fluid exposure remains common cause and within expected parameters. Exposure incidents include spitting incidents that are accidental and deliberate.
- Sharps incidents for the reporting period of September remain as common cause. Inappropriate sharps disposal is cited as common theme. Each incident is reported and reviewed via Datix system
- Vehicle deep clean data has not been submitted by the Make Ready Team.

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

Clincial AQI (AMBCO)

No concerns for escalation

National AQI Clinical Outcomes	Apr23	May23	Jun23	Jul23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24
Stroke median time call to hosp arrival (mins)	73	80	80	77	81	83	80	85	91	79	81	80	85	82				
Stroke 90-centile time call to hosp arrival (mins)	135	138	147	140	140	139	137	149	181	148	140	135	146	144				
Stroke mean time call to hosp arrival (mins)	84	88	93	87	91	92	89	94	107	93	90	87	94	92				
STEMI 90th centile time from call to PPCI (mins)	189	215	195	197	194	202	196	185	225	194	203	197	209	221				
STEMI mean time from 999 call to PPCI (mins)	148	147	148	133	137	142	136	141	154	153	150	142	150	159				
Cardiac arrest ROSC by hosp arrival	29%	29%	26%	31%	30%	28%	31%	29%	27%	30%	33%	32%	29%	33%				
Cardiac arrest (Utstein) ROSC by hosp arrival	50%	45%	61%	61%	58%	47%	49%	49%	50%	52%	59%	52%	64%	56%				
Cardiac arrest survival at 30 days	11%	10%	8%	9%	13%	8%	8%	10%	7%	11%	11%	12%	11%	12%				
Cardiac arrest (Utstein) survival at 30 days	36%	26%	36%	28%	33%	23%	31%	28%	26%	34%	26%	35%	35%	36%				
STEMI received care bundle	73%			71%			77%			85%			76%					
Cardiac arrest post-ROSC care bundle	84%			82%			81%			89%				89%				
	Red = worst month, Green = best month, PROV = provisional											PROV	PROV	PROV				
Ranking across Ambulance Trusts (inc IOW)																		
Stroke median time call to hosp arrival	2	6	4	3	9	5	5	7	7	3	6							
Stroke 90-centile time call to hosp arrival	6	5	5	7	8	3	4	5	8	6	7							
Stroke mean time call to hosp arrival	3	6	4	4	6	3	4	5	7	5	5							
STEMI 90th centile time from call to PPCI	6	9	3	7	4	4	5	2	6	3	5							
STEMI mean time from 999 call to PPCI	6	7	5	2	2	2	2	3	5	7	6							
Cardiac arrest ROSC by hosp arrival	6	6	8	3	4	6	5	4	7	1	3							
Cardiac arrest (Utstein) ROSC by hosp arrival	5	9	2	2	4	7	8	7	7	5	2							
Cardiac arrest survival at 30 days	4	6	9	4	4	5	9	3	7	1	5							
Cardiac arrest (Utstein) survival at 30 days	3	7	3	6	4	7	6	6	5	1	7							
STEMI received care bundle	8			7			7			4								
Cardiac arrest post-ROSC care bundle	3			4			4			4								
	Red = lowest trust, Green = highest trust																	

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

Performance AQI (AMBSYS)

No concerns for escalation

National AQI performance data	Apr23	May23	Jun23	Jul23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24
C1 mean	7.2	7.6	8.0	7.2	7.4	7.7	7.4	7.6	8.0	7.4	7.4	7.2	7.3	7.2	7.5	7.4	7.0	7.6
C2 mean	31	42	46	32	34	40	38	41	52	37	37	33	35	36	40	39	30	42
C3 mean	57	83	85	62	75	82	78	82	102	74	72	66	68	73	83	89	66	103
C4 mean	116	142	160	120	130	158	131	145	166	130	121	121	121	127	139	152	130	179
999 call answer mean	15	14	33	9	8	15	9	15	23	5	3	2	2	3	5	5	4	9
Clin Validation mean	62	90	82	57	60	61	55	56	61	42	40	34	35	38	44	42	35	45
C5 Clin Assessment mean	34	42	39	73	53	44	44	42	42	34	34	31	35	37	37	38	31	36
H&T / All Incidents	14%	14%	15%	14%	14%	16%	15%	16%	17%	16%	16%	17%	20%	19%	19%	20%	19%	20%
S&T / All F2F	34%	35%	35%	34%	35%	35%	34%	34%	36%	35%	34%	34%	34%	34%	34%	34%	33%	33%
Non ED / Conyeyed	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%

Red = worst month, Green = best month

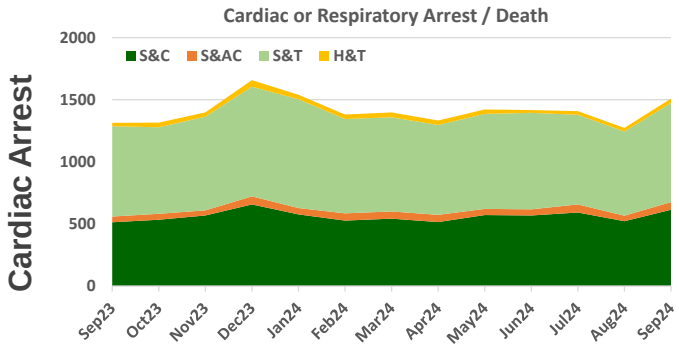
Ranking across Ambulance Trusts (inc IOW)																		
C1 mean	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
C2 mean	7	11	11	6	8	8	6	9	10	6	8	7	9	9	9	9	7	10
C3 mean	2	2	2	2	2	2	1	2	2	2	1	1	3	2	2	3	2	3
C4 mean	7	6	7	6	8	7	3	6	5	4	4	3	7	4	7	8	8	10
999 call answer mean	10	9	9	7	6	10	5	10	11	7	3	2	4	4	5	5	4	9
Clin Validation mean	9	11	11	8	8	7	7	8	8	7	7	5	7	5	7	7	7	4
C5 Clin Assessment mean	6	8	5	9	6	6	6	6	4	3	4	3	5	4	6	4	5	4
H&T / All Incidents	2	2	2	2	2	2	2	2	2	3	1	1	1	2	2	1	2	2
S&T / All F2F	8	6	6	7	6	8	8	6	7	7	8	8	7	7	7	8	7	8
Non ED / Conyeyed	10	10	10	10	10	10	10	10	9	9	9	9	9	9	9	9	9	9

Red = lowest trust, Green = highest trust

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

AQI Performance

No concerns for escalation

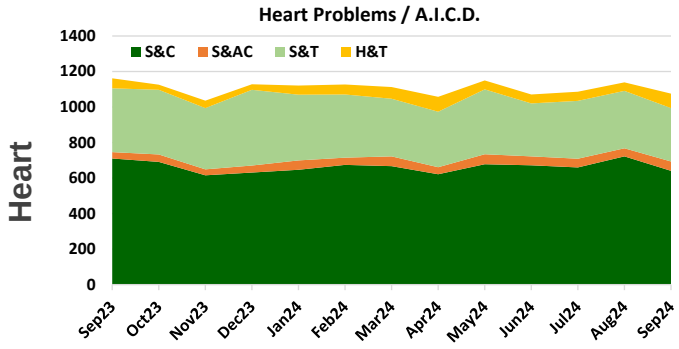


Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	3,765	46%	5%	50%	5.1	40	45	89
Cat 2	2	100%	0%	0%	8.3	54	-	-
Cat 3	236	0%	0%	100%	11.6	-	-	92
Cat 4	1	0%	0%	100%	12.6	-	-	50
Cat 5	92	2%	0%	98%	8.9	67	-	79

Quality Performance - last 3 months

	ROSC by hospital arrival		
	ROSC	count	%
NW	94	279	34%
NC	48	149	32%
NE	76	227	33%
SE	63	228	28%
SW	43	144	30%
OTHER	39	134	29%
LAS	363	1161	31%

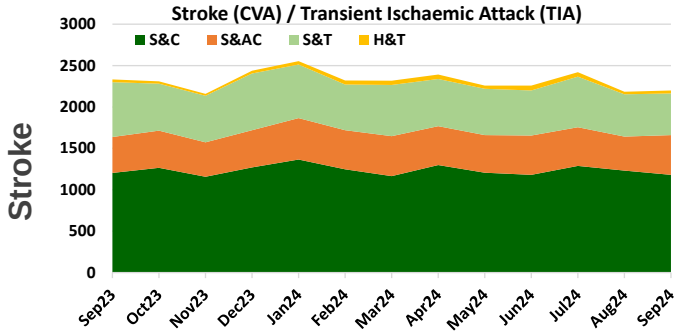


Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	57	74%	9%	18%	7.4	36	30	69
Cat 2	2,683	65%	5%	30%	11.2	38	37	76
Cat 3	374	60%	3%	36%	10.9	39	38	68
Cat 4	0	-	-	-	-	-	-	-
Cat 5	4	25%	0%	75%	7.5	46	-	72

Quality Performance - last 3 months

	STEMI care bundle		
	ROSC	count	%
NW	73	89	82%
NC	35	44	80%
NE	48	70	69%
SE	35	46	76%
SW	37	48	77%
OTHER	5	9	56%
LAS	233	306	76%



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	5	60%	40%	0%	5.9	73	61	-
Cat 2	6,147	55%	21%	23%	11.3	43	34	81
Cat 3	502	55%	10%	36%	11.5	43	39	71
Cat 4	1	100%	0%	0%	40.9	28	-	-
Cat 5	28	43%	14%	43%	8.9	46	35	53

Quality Performance - last 3 months

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

Cardiac Arrest

In May 2024, the LAS ranked 1st amongst all ambulance services for ROSC to hospital in the overall group (32.7%) against a national average of 28.4%. For the Utstein comparator group, we ranked 2nd with 55.6% versus a national average of 48.5%.

In survival to 30 days metrics, LAS ranked 2nd in the overall group with 12.4%, above the national average of 10.3%. For the Utstein comparator group, we were the 1st nationally with 36.4%, substantially above the national average of 28.8%.

Post ROSC Care Bundle compliance in May 2024 was 88.6%, compared to the national average of 83.2%. The LAS was 3rd nationally for this metrics.

STEMI

The reported mean time for Call To Angiography in May 2024 was 02:39*. This was 9 minutes longer than the national average of 02:30, and ranked the LAS in 8th place nationally.

STEMI Care Bundle data was not published this month. The next figures will be released in December 2024 (for July's data).

Stroke

The LAS achieved a call to arrival at hospital time of 01:32**. This was slightly above the national average of 01:34, placing the LAS in a joint 4th position nationally.

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

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

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

No concerns for escalation

CPI Audits

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

Red = below median, **Green** = above median

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

Red = below median, **Green** = above median

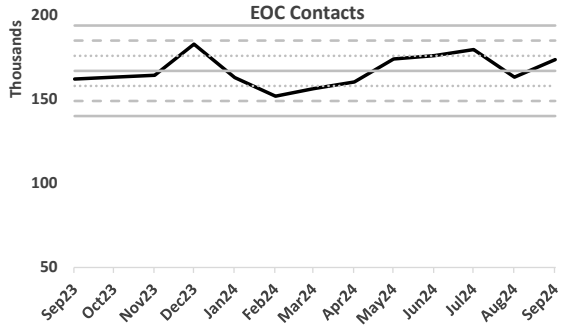
Safe | **Effective** | Caring | Improve

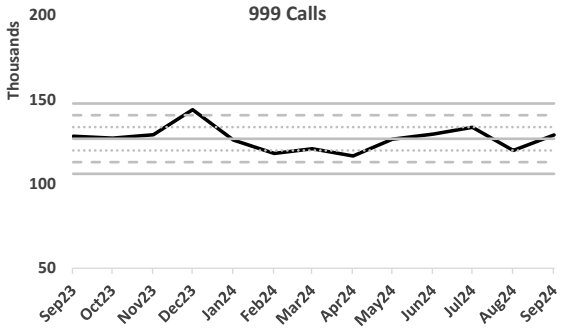
Priority | Owner: SW | Exec Lead: FW

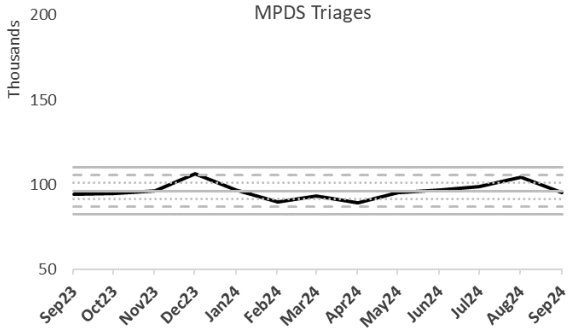
Call Handling

Reduction in the number of random audits due to capacity challenges and new MPDS version update. IAED aware.

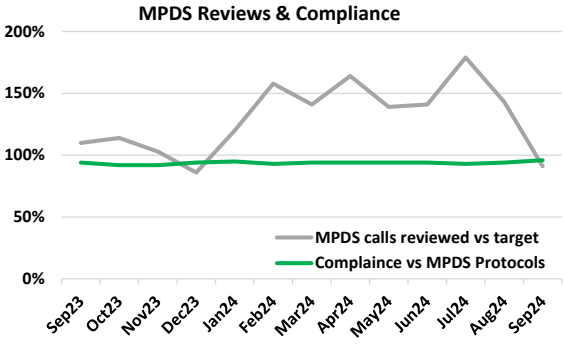
Call Volumes

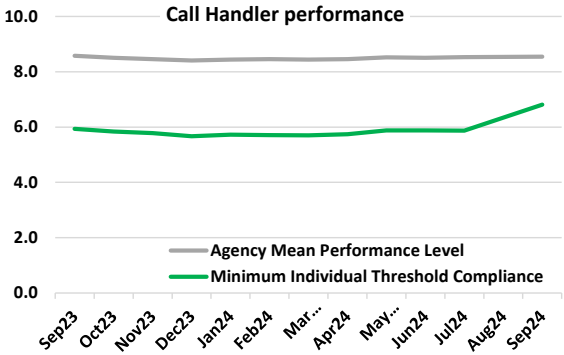


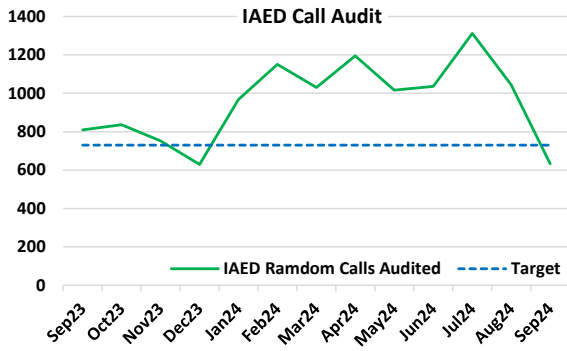




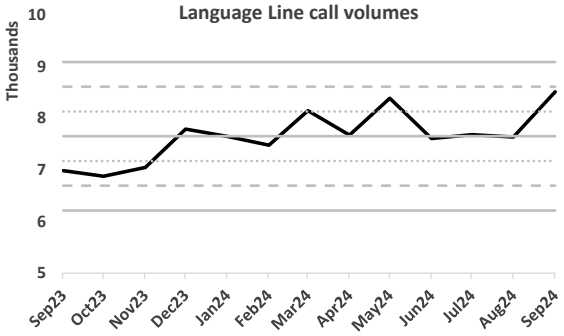
CH Performance

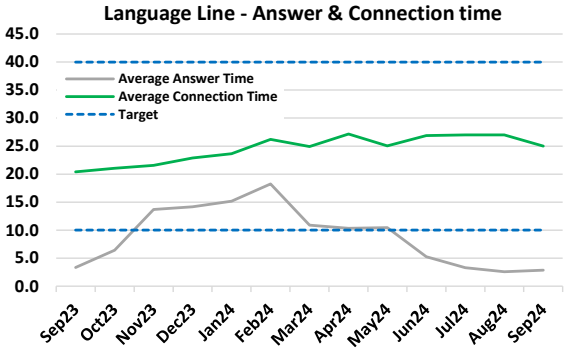


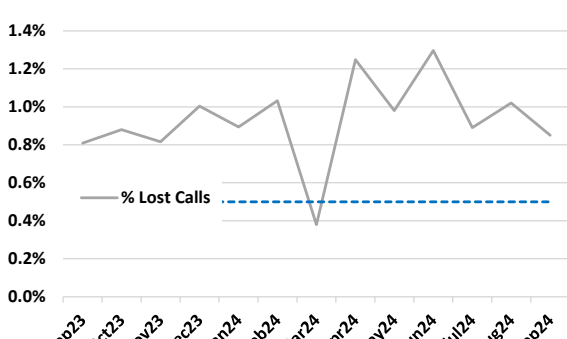




Language Line







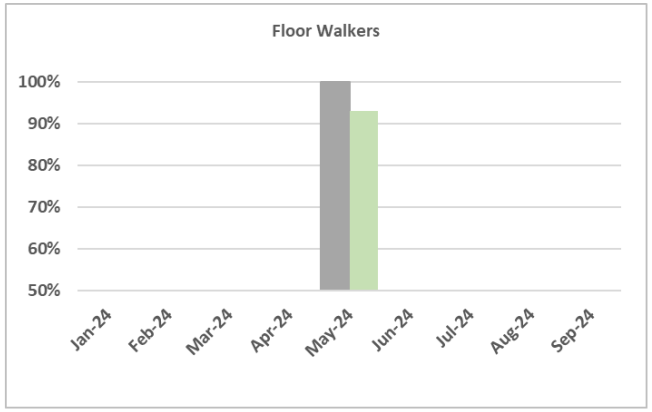
- September saw the introduction of MPDS Version 14, and the brought the associated AQUA and ProQA versions into operation. The EOC QA team supported the implementation, assisted in the technology changes that were required and worked with the CAD Support team to undertake this significant price of work. They also assisted in the production of the changes bulletins and undertook the testing and supported the briefings of staff.
- Capacity within the department is still an ongoing challenge, managing the volume of new entrants into EOC, undertaking the requirements for audit and compliance along with increasing requests for reports into incidents, complaints and Legal inquests.
- IAED made aware of the reduced number of random audits undertaken owing to the new version implementation and lack of AQUA during the transition. Successful implementation of V14 MPDS, V 5.1.1.50 of ProQA and V7.1.1.6 of AQUA.
- Maintaining Ace in Good Standing for the previous quarter, with monthly targets being met.
- EOC QA Awarded the ‘Extra Mile Award’ at the recent LAS awards night.
- LAS awarded the ACE re-accreditation certificate at the recent UK Navigator.

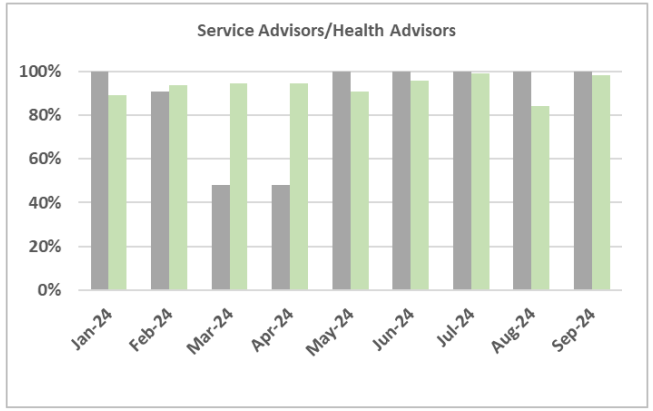
Safe | **Effective** | Caring | Improve

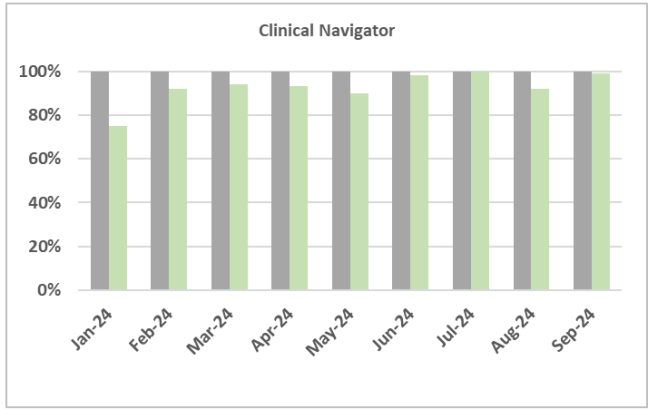
Priority | Owner: JN | Exec Lead: FW/RP

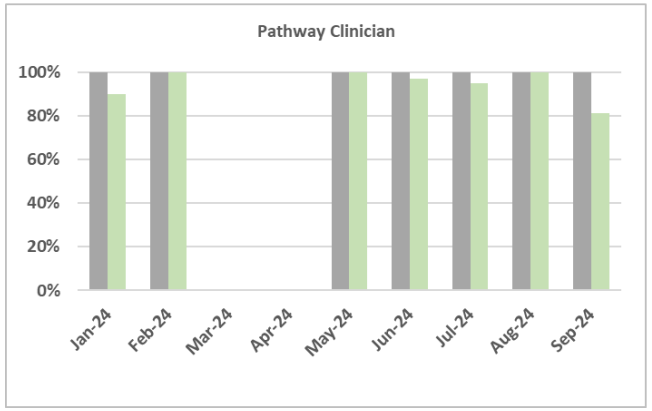
111 Quality Audit - SEL

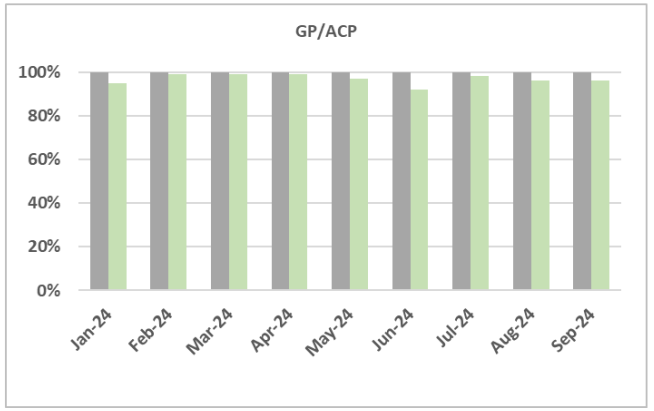
No concern for escalation











Completion rate | Pass rate

Service / Health Advisors

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

Clinical Navigator & Pathway Clinician

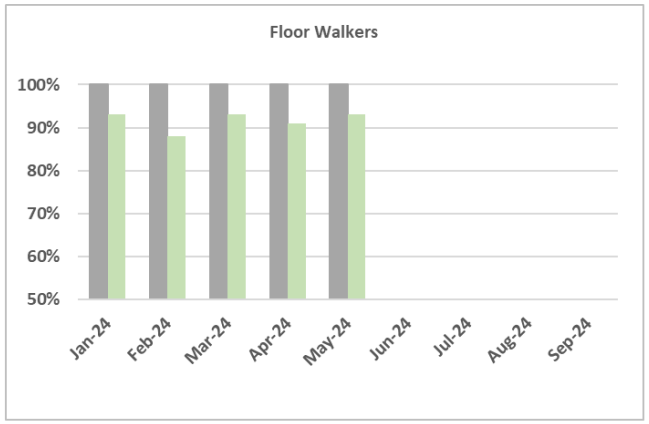
- Ensure 1st party call where possible
- Need to confirm patients DOB/ address - not just the name
- Incorrect use of the early exit function

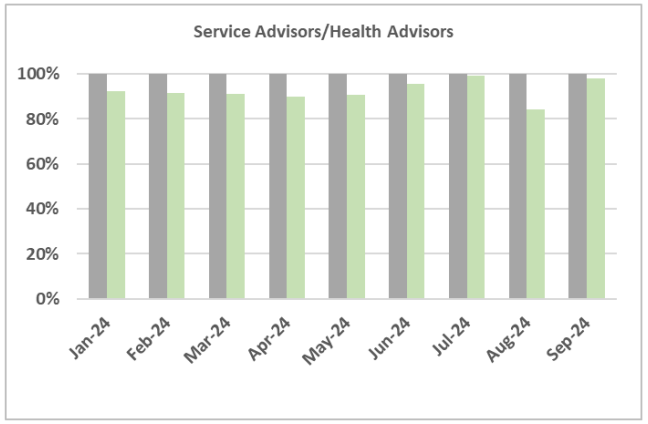
GP/ACP

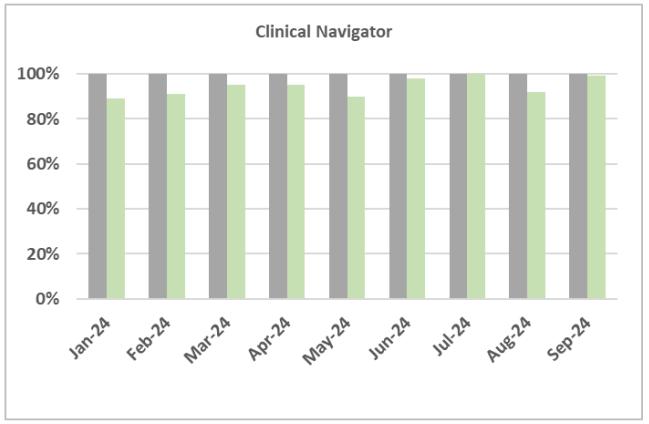
- Ensure notes are detailed and all symptoms recorded
- No need to cut and paste SCR into medical record
- No clarification of patient demographics prior to assessment

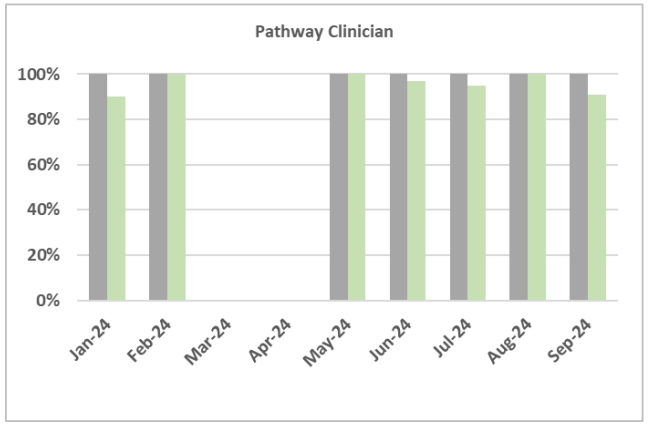
Safe | **Effective** | Caring | Improve | Priority | Owner JN | Exec Lead FW/RP

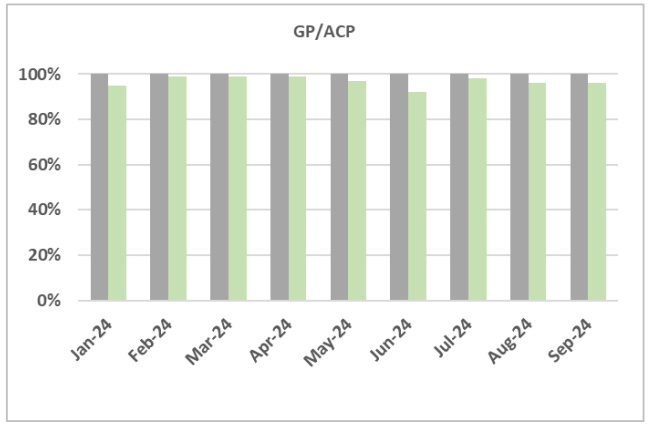
111 Quality Audit - NEL











Completion rate Pass rate

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Clinical Navigator & Pathway Clinician

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

GP/ACP

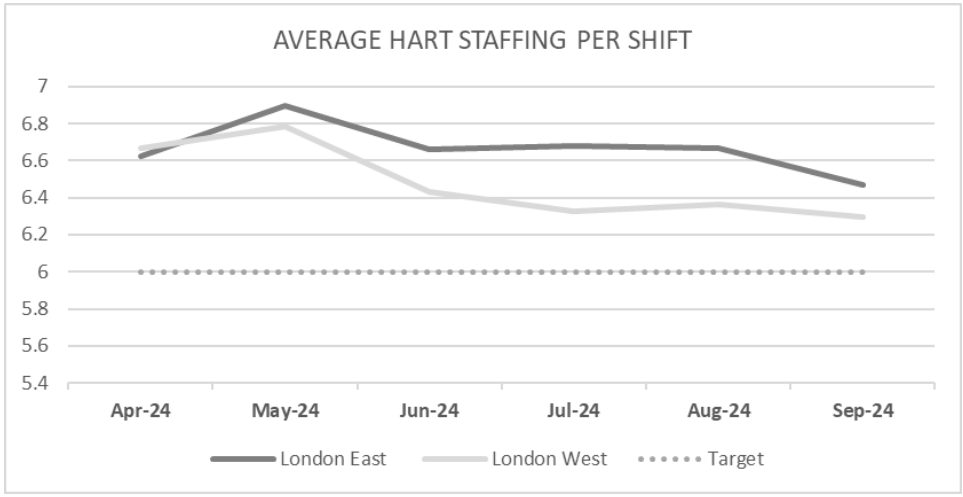
- Ensure notes are detailed and all symptoms recorded
- No need to cut and paste SCR into medical record
- No clarification of patient demographics prior to assessment

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

EPRR

No concerns for escalation

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Confined Space: High Risk					5	
Confined Space: Low Risk	15	8	4	10	12	10
Confined Space: Medium Risk	3		4	3	1	1
Hazardous Materials: CBRN	5	4	8	7	12	10
Hazardous Materials: Fire	84	69	106	84	67	68
Hazardous Materials: HAZMAT	28	38	24	27	20	18
Operational Support: Clinical Support	52	59	72	55	57	61
Operational Support: Manual Handling Support	30	30	17	41	27	25
Operational Support: Standby	4	5	2	6	6	5
Support To Security Operations: Firearms Operation	1	1	1	1	2	
Support To Security Operations: Public Order		1				
Support To Security Operations: Security Operations	2	2	3	5	1	
SWAH: Manmade Structures	63	64	90	99	69	79
SWAH: Natural Features		2	1	1	1	1
Unstable Terrain: Active Rubble Pile	4	4	4		2	2
Unstable Terrain: ATV Access	1	1	1	2	1	1
Unstable Terrain: Trench	3					1
Water Operations: Coastal Work		2	1	1		
Water Operations: Flooding				1	1	
Water Operations: Inland Water Rescue	39	42	28	38	33	29
Total	334	332	366	381	317	311



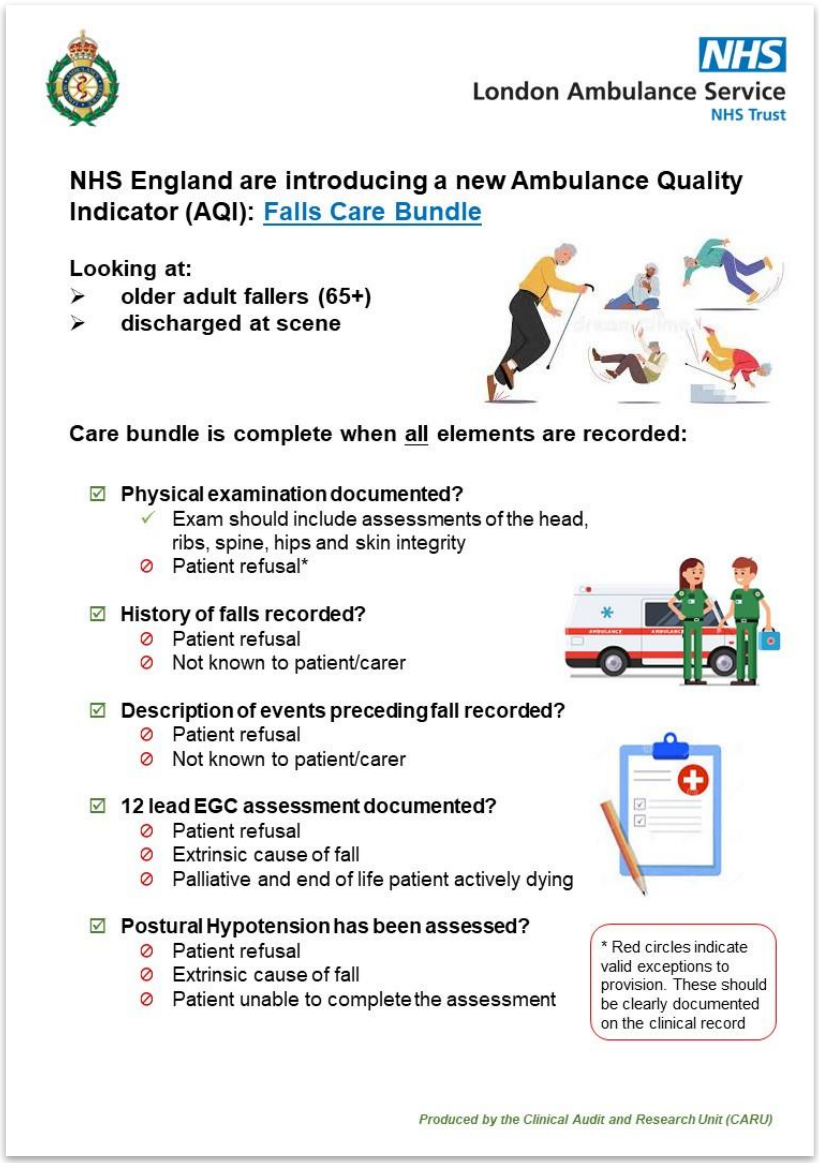
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
London East	6.62	6.90	6.66	6.68	6.67	6.47
London West	6.67	6.79	6.43	6.33	6.36	6.30

Average staffing met target during this reporting period.

Deployed to 311 calls

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

CARU



Research

- The CRASH-4 trial opened at 4 new stations in September across Greenwich group, meaning the total number of participating stations is now 25.
- The Spinal Immobilisation Study continues to recruit strongly in its pilot phase across the service. Funding for the full trial was confirmed in September.
- RAPID-MIRACLE is approaching its planned sample size and recruitment is due to end soon.
- The paper for PARAMEDIC-3, which was the largest clinical trial ever conducted at LAS, has been accepted into a major medical journal. Publication is expected later this year.
- The paper for one of the work packages for the PROTECTeD study involving LAS patients, looking into decision making for termination of resuscitation, was also accepted into a large medical journal.

Clinical Audit

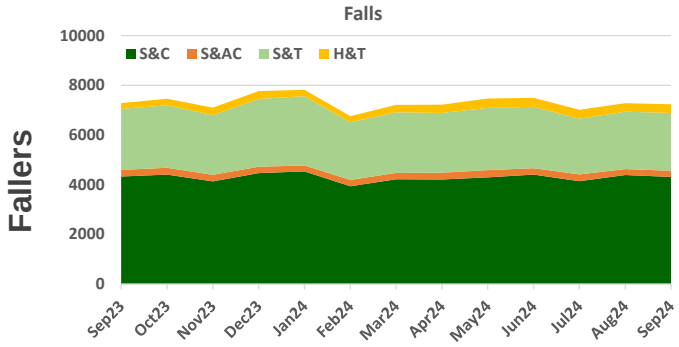
- In August 2024, we published the Clinical Audit Annual Report 2023-24. The report summarises clinical audit projects published in 2023-24 and continuous clinical audit activity. You will find an overview of national clinical audit submissions as well as details regarding staff engagement and patient and public involvement in clinical audit. The report also demonstrates clinical audit assurance and outlines the direction for clinical audit in 2024-25.
- We held a CPI guidance notes review workshop, with a view to update the CPI guidance notes in line with updates to JRCALC guidance in 2024 and the introduction of an Older Fallers AQI. It is anticipated that the updated CPI guidance notes version 9.2 will be published in November 2024.
- We updated and redistributed the Guidance Notes for our Re-contact Clinical Audit Reviewers which include an appendix with examples of the level of harm that should be attributed to different types of potential patient safety incidents.
- In September, CPI training was delivered to 9 paramedics on restricted duties, 1 registrant in a Management Development Role, 2 non-registrants in a Management Development Role and 1 non-registrant for their information only. CPI auditors reported 8 potential patient safety incidents via Datix and called EBS to discuss the potential for 1 retrospective safeguarding referral.

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

Summary 1 of 2

No concerns for escalation

Falls



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	1,047	73%	10%	17%	5.8	38	43	69
Cat 2	12,163	69%	4%	27%	11.3	50	46	81
Cat 3	6,653	52%	2%	45%	11.7	52	44	83
Cat 4	17	65%	0%	35%	30.2	36	-	69
Cat 5	601	36%	1%	63%	11.7	59	50	79
ALL	20,481	63%	4%	34%	11.2	50	45	81

Quality Performance May24

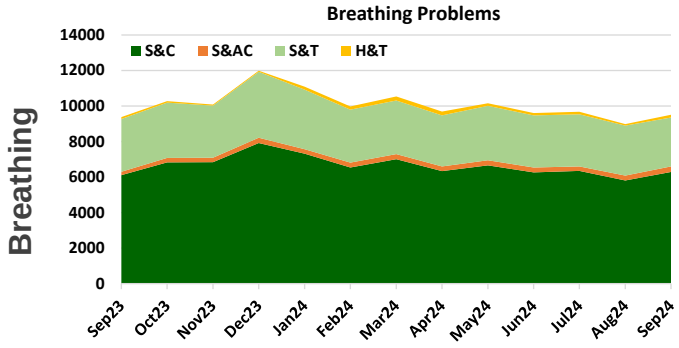
Compliance to care - CPI - Elderly falls

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

Falls:

NHS England have launches a new AQI looking at the care provided to elderly fallers (65+) discharged at scene. CARU has submitted the figures for June 2024 which will be published in November 2024.

Breathing Problems



Operational Performance - last 3 months

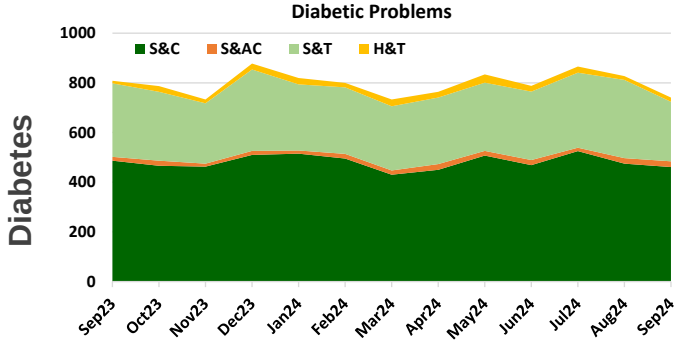
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	9,848	71%	4%	25%	6.2	37	37	68
Cat 2	17,619	64%	3%	33%	11.2	41	40	80
Cat 3	229	50%	1%	49%	11.7	43	47	72
Cat 4	0	-	-	-	-	-	-	-
Cat 5	76	50%	0%	50%	10.9	38	-	64
ALL	27,772	66%	3%	31%	9.4	40	39	76

Quality Performance Apr24

Compliance to care - CPI - DIB

	%
NW	95%
NC	93%
NE	97%
SE	96%
SW	96%

Diabetic Problems



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	392	61%	2%	37%	5.9	47	34	78
Cat 2	1,909	62%	3%	35%	10.8	43	40	84
Cat 3	33	42%	3%	55%	10.6	41	16	65
Cat 4	3	67%	0%	33%	69.2	27	-	164
Cat 5	40	38%	0%	63%	12.8	37	-	62
ALL	2,377	61%	2%	36%	10.1	43	39	82

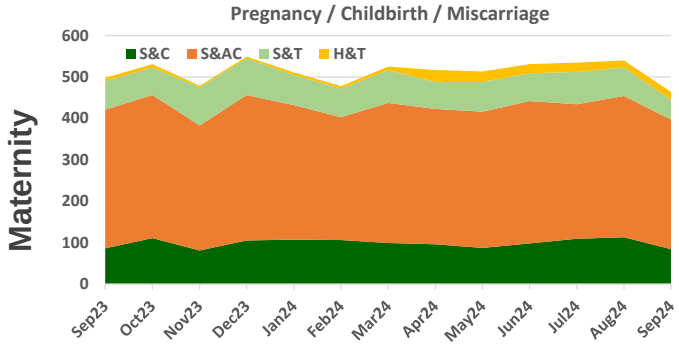
Quality Performance -

	%
NW	
NC	
NE	
SE	
SW	

Safe | Effective | **Caring** | Improve | Priority | Owner CL/LS | Exec Lead FW

Summary 2 or 2

Maternity



Operational Performance - last 3 months

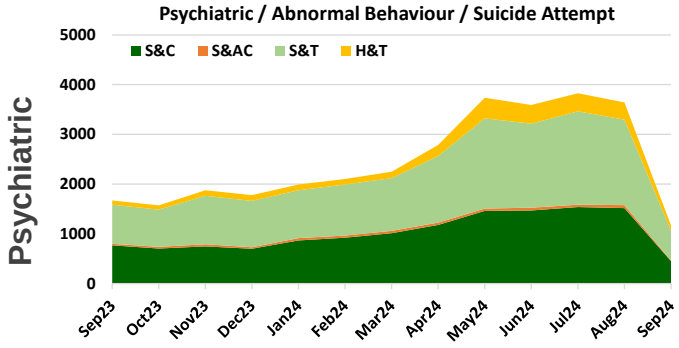
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	1,035	19%	70%	11%	6.1	31	28	55
Cat 2	319	12%	75%	13%	8.3	41	29	61
Cat 3	104	62%	9%	30%	8.5	34	28	57
Cat 4	0	-	-	-	-	-	-	-
Cat 5	22	27%	32%	41%	5.6	25	29	55
ALL	1,480	21%	66%	13%	6.7	33	28	57

Quality Performanc May24

Compliance to care - CPI - Discharged at Scene

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

Psychiatric



Operational Performance - last 3 months

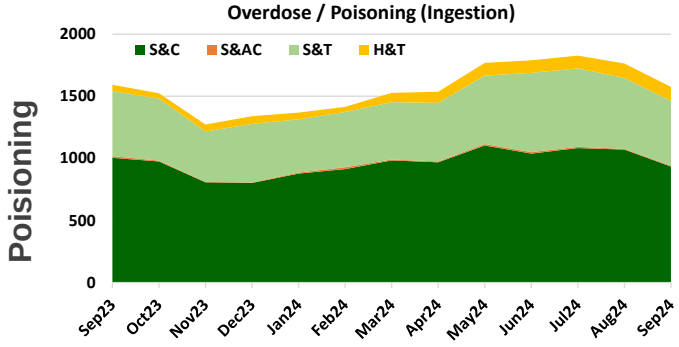
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	185	66%	9%	25%	6.6	45	48	71
Cat 2	2,205	54%	1%	44%	12.0	47	52	85
Cat 3	4,092	39%	1%	60%	12.4	50	67	77
Cat 4	9	33%	0%	67%	20.0	39	-	70
Cat 5	1,328	45%	2%	54%	12.4	49	65	75
ALL	7,819	45%	2%	54%	12.2	49	60	78

Quality Performanc Apr24

Compliance to care - CPI - Mental Health (diagnosed)

	%
NW	96%
NC	94%
NE	97%
SE	96%
SW	98%

Poisoning



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	345	69%	0%	31%	5.8	36	22	58
Cat 2	3,576	65%	0%	34%	10.8	41	43	67
Cat 3	873	57%	0%	43%	12.5	42	38	59
Cat 4	0	-	-	-	-	-	-	-
Cat 5	41	44%	2%	54%	10.5	33	22	66
ALL	4,835	64%	0%	36%	10.7	41	40	65

Quality Performanc May24

Compliance to care - CPI - Mental Health (undiagnosed)

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

Maternity

- The maternity team continue to support with training and governance processes at LAS as well as building on relationships across the system.
- 49 reported incidents including maternal death and NND (with no LAS care concerns). Death and moderate cases likely recategorisation to low harm
- Site visits/system tests - Recent St Mary's and Royal London site visits to review signage/access. Brent NLS simulation. Northwick Park obstetric emergency simulation
- Referrals to review maternity Datix have increased over past 12 months and limited team capacity to review. Need to work with CTMs/local teams to ensure they feel confident to review against existing guidelines and escalate to maternity team if concerns.
- National conference - CM co-chaired first national pre-hospital maternity and neonatal care conference in Sept.
- Training - TBW – maternity training delivered to 150 participants over 34 hours. Bespoke training APPUC – 19 participants. Joint training with maternity providers x2 (UCLH & Imperial) 57 participants over 9 hours

Mental Health

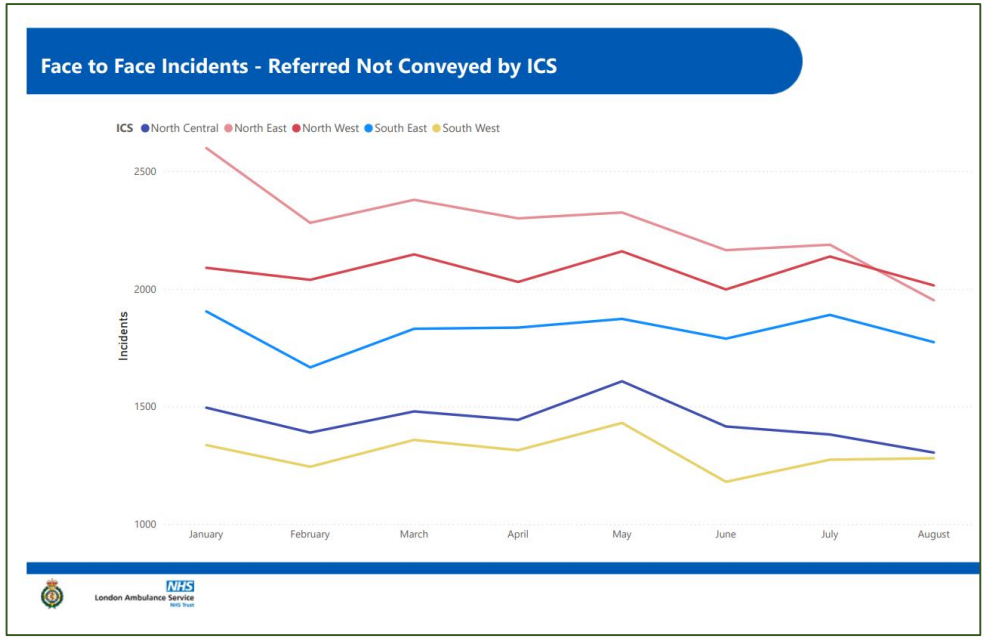
- In September the Mental Health Joint Response Cars (MHJRC's) had a total of 731 activations with a utilisation rate of 82.3%.
- The team saw an average of 4.6 patients per shift during the month and had a See and Treat rate of 81%
- The North East London MHJRC is not currently running whilst funding issues are resolved.
- The team have delivered training to new Advanced Paramedic Practitioners (Urgent Care) and CPD to the Clinical Hub.

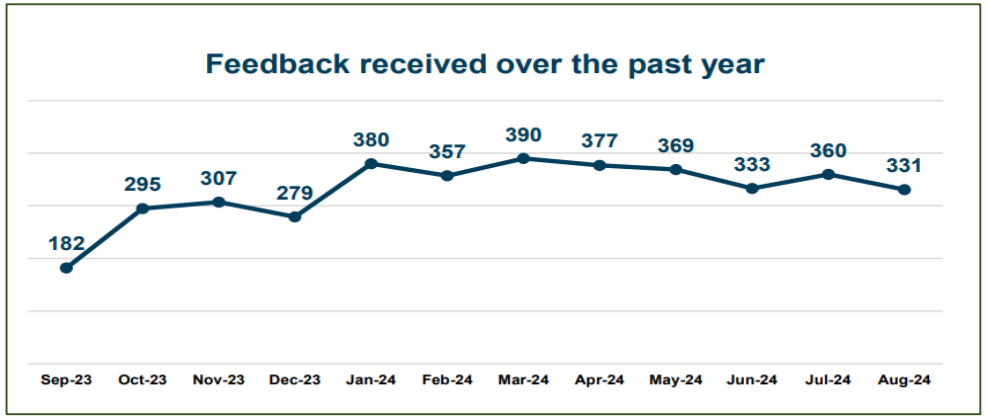
Safe | Effective | **Caring** | Improve

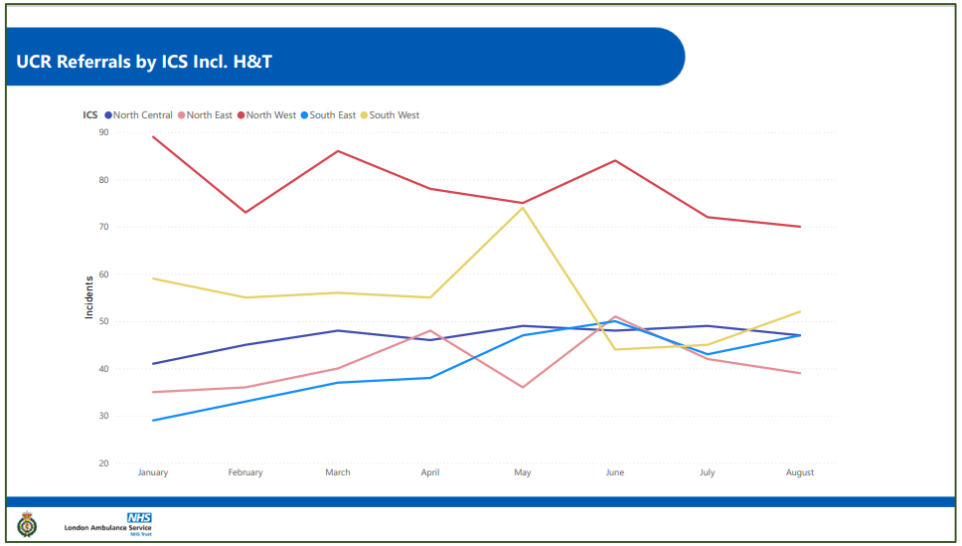
Priority | Owner: GMJ | Exec Lead: FW

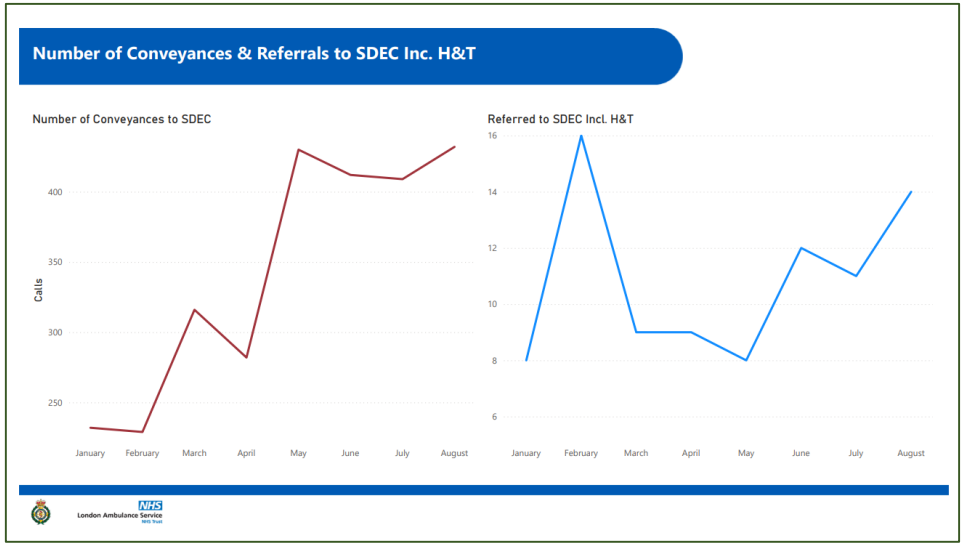
Alternate Pathways

No concerns for escalation









- The overall number of incidents referred and not conveyed by ICB has remained relatively stable, with a slight downward trend. Of note, these data are presented as raw counts of incidents and this does not account for differing demand between ICBs or over time. This slight downward trend could be explained by reduced overall demand, or increased hear and treat numbers.
- MiDoS enables LAS clinicians to search for Alternative Care Pathways (ACPs), in August '24, 13,465 searches were recorded. Clinicians are able to report feedback via MiDoS; 331 reports were submitted in August. Issues most frequently reported were; unanswered phones, services at capacity, difference in opinion or a patient refused despite meeting acceptance criteria.
- A 'mystery shopper' audit has been undertaken to examine the accessibility of Urgent Community Response (UCR) and Same Day Emergency Care (SDEC) services for LAS clinicians. Findings included wrong phone numbers listed, delays speaking to a clinician and a lack of services accepting catheters, these have either been addressed or escalated to NHSE region and ICB leads.
- Same Day Emergency Care (SDEC) pathways provide an alternative to ED conveyance and hospital admission. Sustained engagement, education and pathway improvement using a 'Trusted Assessor' approach, has resulted in increased referral rates to Medical SDEC units. The LAS is supporting a NHSE priority for all SDEC units to be adopting a 'Trusted Assessor' model, where LAS patients are accepted directly, without prior agreement.
- SDECs of wider speciality are starting to become accessible to LAS clinicians, including those for early pregnancy and frailty.
- New guidance enabling patients to 'make their own way' has resulted in a small number of 'referred to SDEC' cases.
- Number of H&T referrals are underrepresented due to method of reporting, new coding was introduced on the 1st October which will improve recording of H&T SDEC and UCR referrals.
- Urgent Community Response (UCR) - Despite a number of interventions to promote UCR services, referral rates across ICBs remain at a consistent level. Referral rates in NWL are consistently higher, due to a SPoA supporting rapid access to all UCR pathways across the ICS. The LAS is encouraging all ICS to develop SPoA models.

London Ambulance Service
NHS Trust

Cardiac Arrest Annual Report

April 2023 – March 2024

October 2024

Produced by:

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NHS Trust

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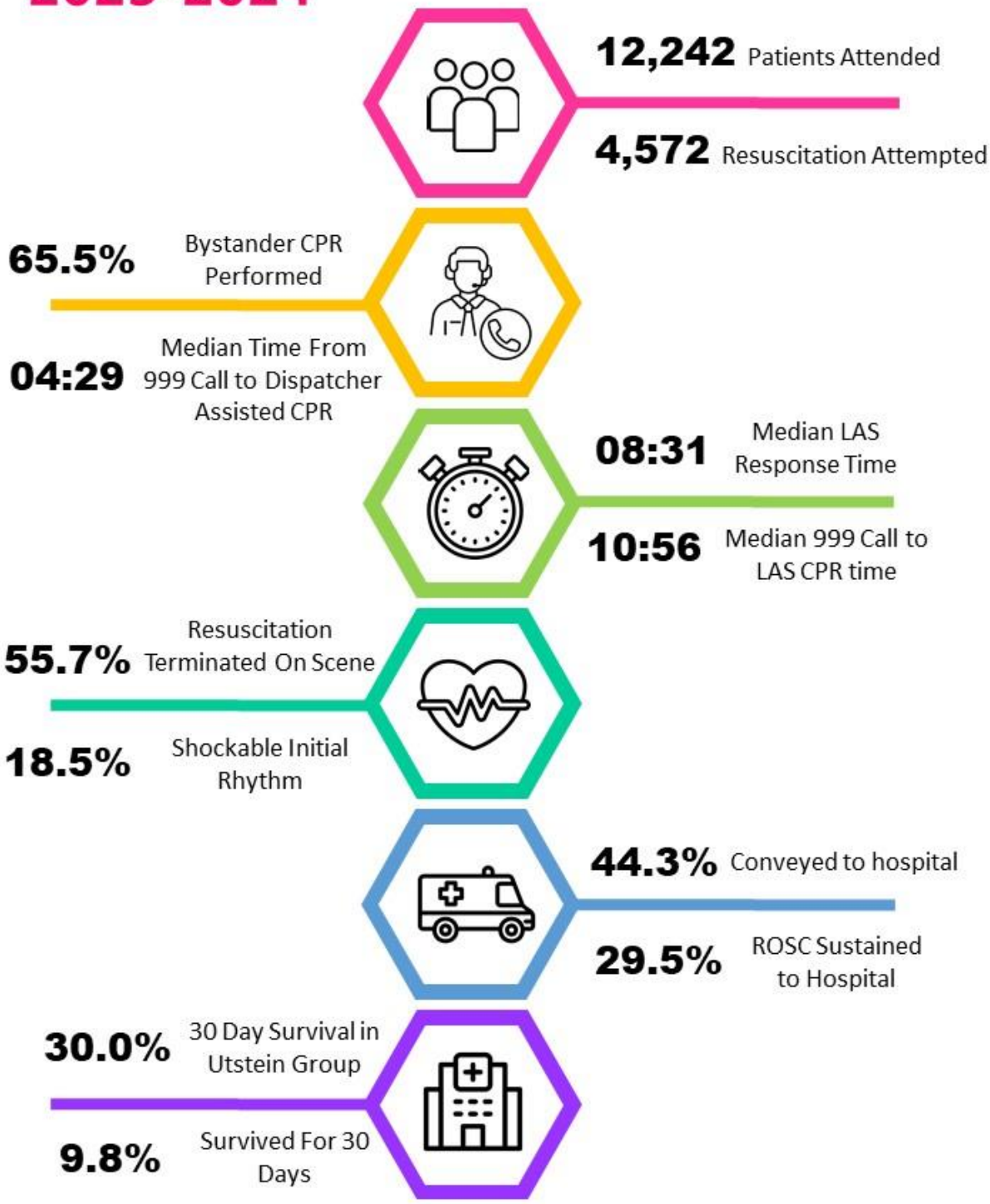


1. Introduction

From April 1st 2023 to March 31st 2024 the London Ambulance Service NHS Trust (LAS) attended 12,242 patients in cardiac arrest across Greater London. Resuscitation was attempted by LAS clinicians for **4,572 patients** (37.3%). A further 40 patients (0.3%) were successfully resuscitated using public access defibrillators or other non-LAS defibrillators so did not require further resuscitative efforts from the LAS.

Resuscitation was not attempted for 7,630 patients (62.3%): 4,773 (39.0%) were found to have died on arrival of LAS clinicians; 2,460 (20.1%) had a valid Do Not Attempt Cardio-Pulmonary Resuscitation Order (DNAR) or equivalent in place, and 397 patients (3.2%) showed other signs indicating resuscitation attempts would be futile.

Data for this report were obtained from the LAS Clinical Audit and Research Unit's (CARU) Cardiac Arrest Registry which holds clinical and operational information sourced from patient clinical records, Emergency Operations Centre (EOC) Call Logs, the GoodSAM application and the national Patient Demographics Service. Data were collected, and are reported, in line with the Utstein recommendations[1] and were correct at the time of publication.

[1] https://www.resuscitationjournal.com/article/S0300-9572(24)00182-5/fulltext

2. Pre-Arrival Interventions

In this section we provide information on the bystander interventions delivered **before LAS arrived on-scene** to all **12,242 patients** (regardless of whether resuscitation was continued or not by LAS).

2.1. Dispatcher-Assisted CPR

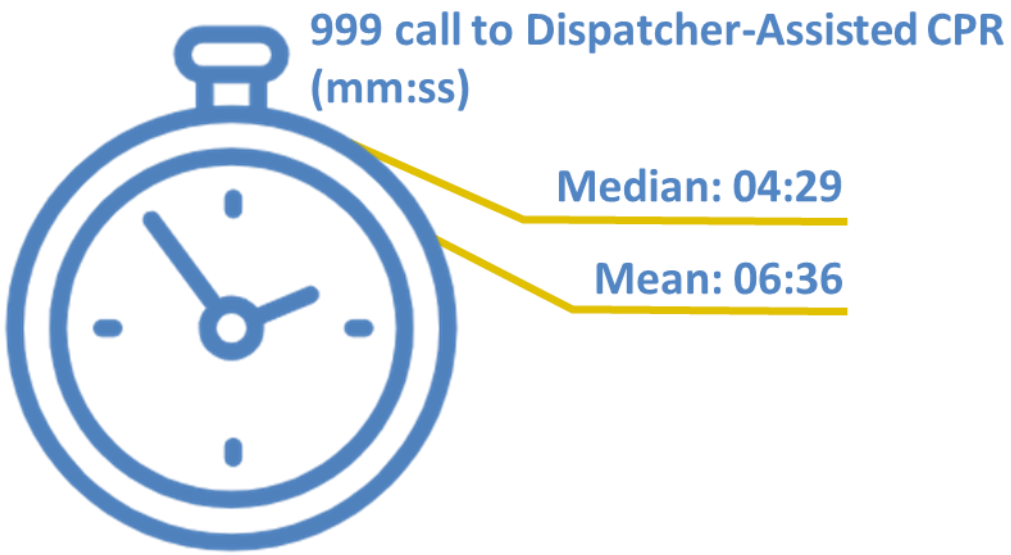


Figure 1: Average time to Dispatcher-Assisted CPR for all patients who received dispatcher-assisted CPR (n=4,431)

- Dispatcher-assisted CPR instructions were given to **36.2%** of patients (n=4,431) which is similar to previous years (34.3% in 2022/23 and 35.8% in 2021/22). It is important to note that some callers may decline CPR instructions, and in certain situations, for example, where the call involves an obvious or expected death, CPR instructions may not be deemed appropriate.

- The median time from the 999 call being connected to the ambulance service to the delivery of dispatcher CPR instructions was **04:29,** which was slightly shorter compared to the previous year (04:41), but almost half a minute longer than in 2021/22 (04:00).

2.2. GoodSam[2] Responders

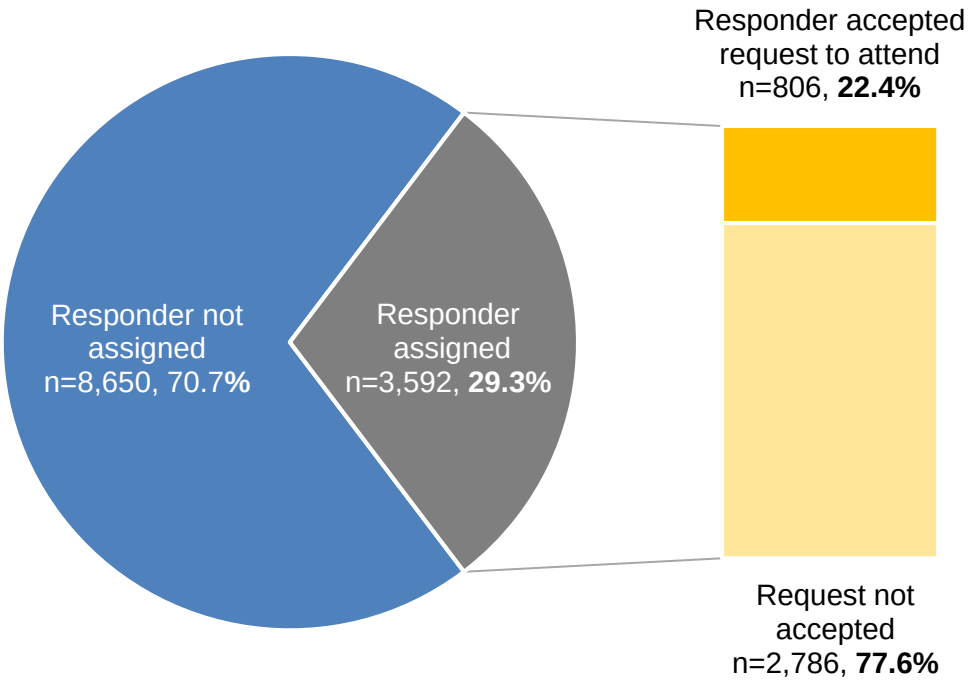


Figure 2: GoodSam responder assignments and acceptance

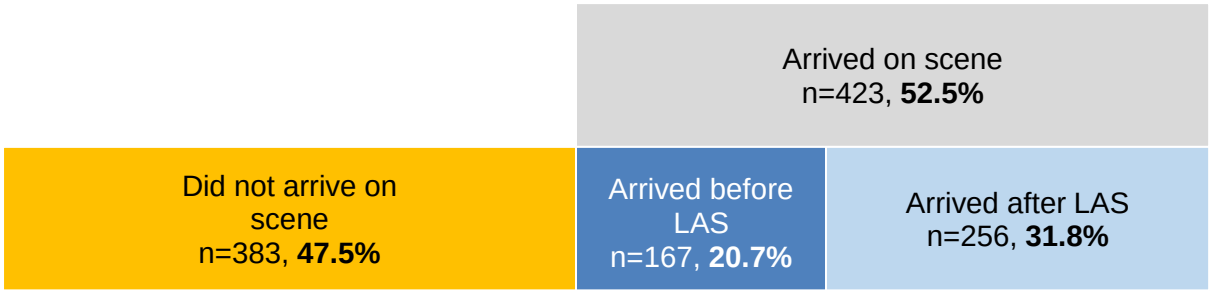


Figure 3: Outcome of GoodSam alerts accepted by a responder*

**Based on the responder 'arrival at scene time' recorded via the GoodSam app*

[2] GoodSam (https://www.goodsamapp.org/) is a mobile phone application that automatically alerts trained volunteer responders of cardiac arrest incidents in their area

- This year GoodSam volunteer responders were alerted to **29.3%** (n=3,592) of cardiac arrest incidents in London. This proportion has continued to increase from 23.7% in 2021/22 and 28.4% in 2022/23.
- Volunteers accepted **22.4%** (n=806) of these alerts, which is also in line with the continuous upward trend (from 16.7% in 2021/22 and 21.1% in 2022/23). However, just under half of responders (n=383, **47.5%**), who accepted the alert, **did not arrive on scene** (2.4% less than last year and 10.7% less compared to 2021/22).
- Where the responders arrived on scene, **20.7%** (n=167) arrived before the first LAS resource (down from 23.7% in 2022/23, but up from 13.5% in 2021/22).
- Resuscitation was continued by our clinicians for 74 patients who had a GoodSam responder arriving before LAS. Of these patients, **28.4%** (n=21) achieved a ROSC that was sustained until hospital arrival, and **9.5%** (n=7) were alive 30 days following the arrest.

2.3. Pre-LAS Defibrillation

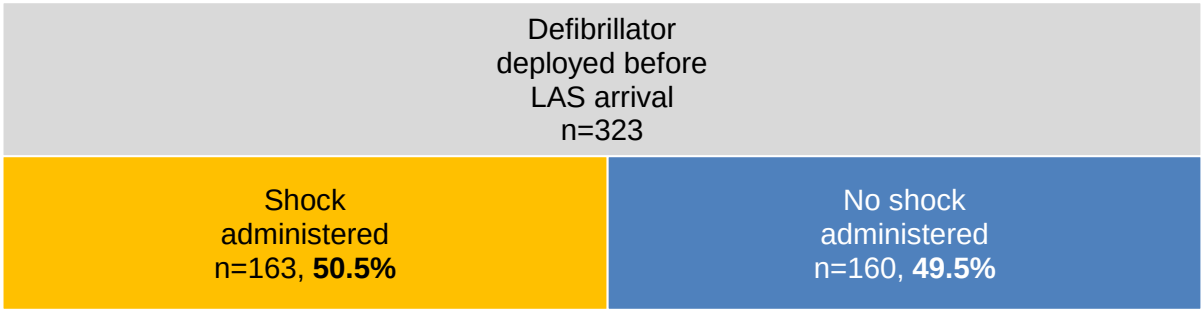


Figure 4: Pre-LAS defibrillator deployment and shock delivery

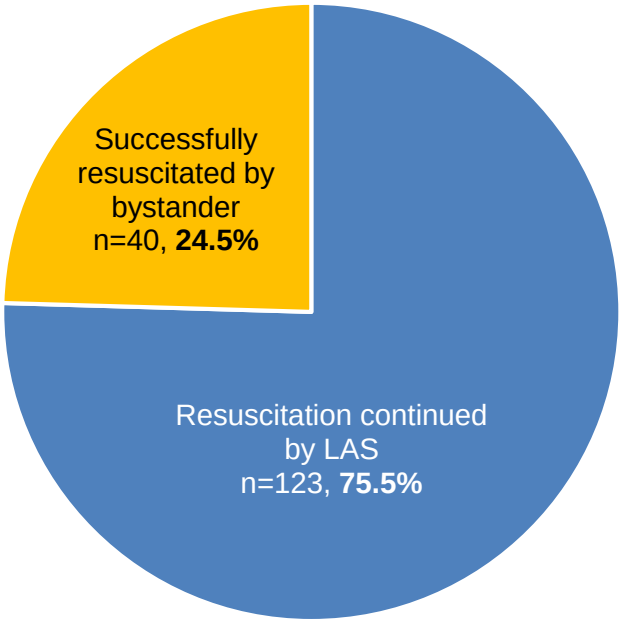


Figure 5: Patients who received a pre-LAS defibrillator shock and were successfully resuscitated before LAS arrival

- **323** patients had a defibrillator applied before LAS arrival, a small decrease compared to 353 in 2022/23 but consistent with 326 pre-LAS defibrillator applications in 2021/22.
- Half of these patients (n=163, **50.5%**) were given at least one defibrillator shock before LAS clinicians arrived on-scene.
- Of the patients who received a pre-LAS defibrillator shock, **40** (24.5%) achieved and maintained ROSC before the LAS clinicians arrived on-scene and therefore further resuscitative efforts were not required. Due to this, these patients have been excluded from the rest of this report.
- Outcomes associated with pre-LAS defibrillation are reported in Appendix 1.

3. LAS Resuscitation

This section contains information about patient demographics and details the care provided to the **4,572** patients in London for whom LAS clinicians attempted resuscitation.

3.1 Profile of Arrests

Gender, n (%)	
Male	3,046 (66.6)
Female	1,513 (33.1)
Unknown	13 (0.3)

Age, mean (median) in years †	
Overall	64 (66)
Male	62 (64)
Female	68 (72)

Location, n (%)	
Private location	3,427 (75.0)
Private address	*3,294 (96.1)*
Care home	*133 (3.9)*
Public Location	1,145 (25.0)

Race, n (%)	
White	1,827 (40.0)
Asian	308 (6.7)
Black	282 (6.2)
Other	97 (2.1)
Mixed	19 (0.4)
Unknown	2,039 (44.6)

Chief complaints at the 999 call, n (%)	
Cardiac arrest	2,611 (57.1)
Unconscious/fainting	427 (9.3)
Breathing problems	357 (7.8)
Falls	196 (4.3)
NHS 111 Transfer	92 (2.0)
Other ‡	889 (19.4)

Table 1: Profile of cardiac arrests where resuscitation was attempted

† Excludes cases with unknown age (n=10), ‡ includes Health Care Professional admissions (n=12)

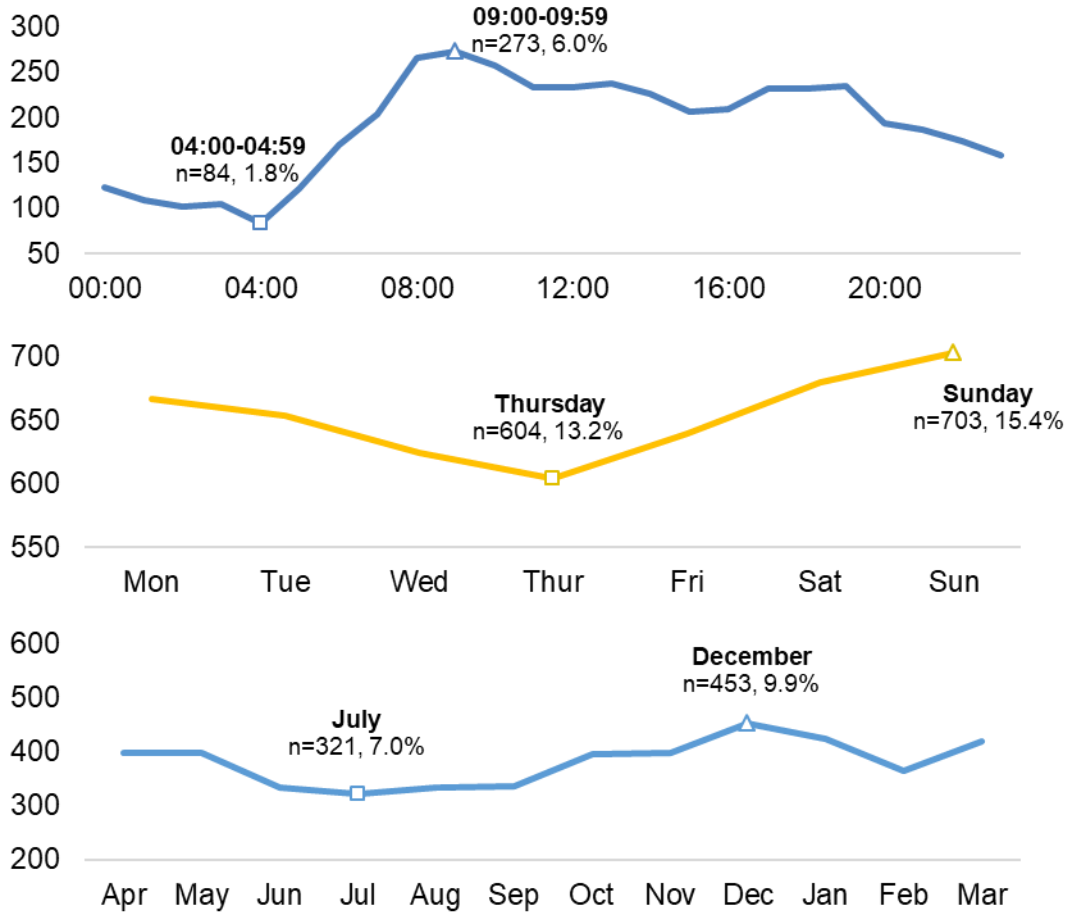


Figure 6: Peak occurrence of cardiac arrests where resuscitation was attempted

The highest and lowest number of incidents in each series are indicated on the chart

- The demographics of patients treated for cardiac arrest in London remains consistent with previous years.
- **57.1%** (n=2,611) of cardiac arrests were identified at the point of the 999 call.
- The number of cardiac arrests attended was the highest in the morning between the hours of **09:00-09:59** which is similar to previously reported findings.
- Most cardiac arrests occurred on a **Sunday** (n=703, 15.4%). As in the previous two years, **December** was the month with the highest number of cardiac arrests (n=453, 9.9%).

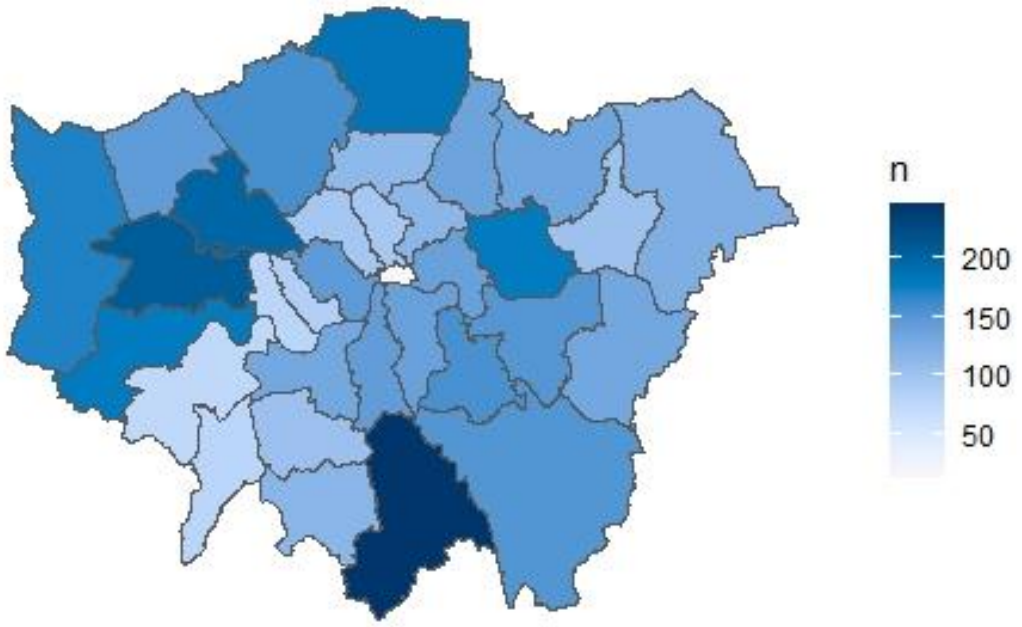


Figure 7: Count of cardiac arrest incidents by Local Authority District*

** Excludes arrests where location information was not available (n=126)*

- There was a considerable geographical variation in the number of cardiac arrests attended across London. The highest number of cardiac arrests occurred in the **London Borough of Croydon** (n=246, 5.5%).

3.2 Call Answering Times

Figure 8 illustrates the call answering times for patients who were later confirmed as being in cardiac arrest and received resuscitation attempts by LAS clinicians. For context, the total number of emergency calls received by our 999 contact centres is also displayed, alongside the last year's figures.

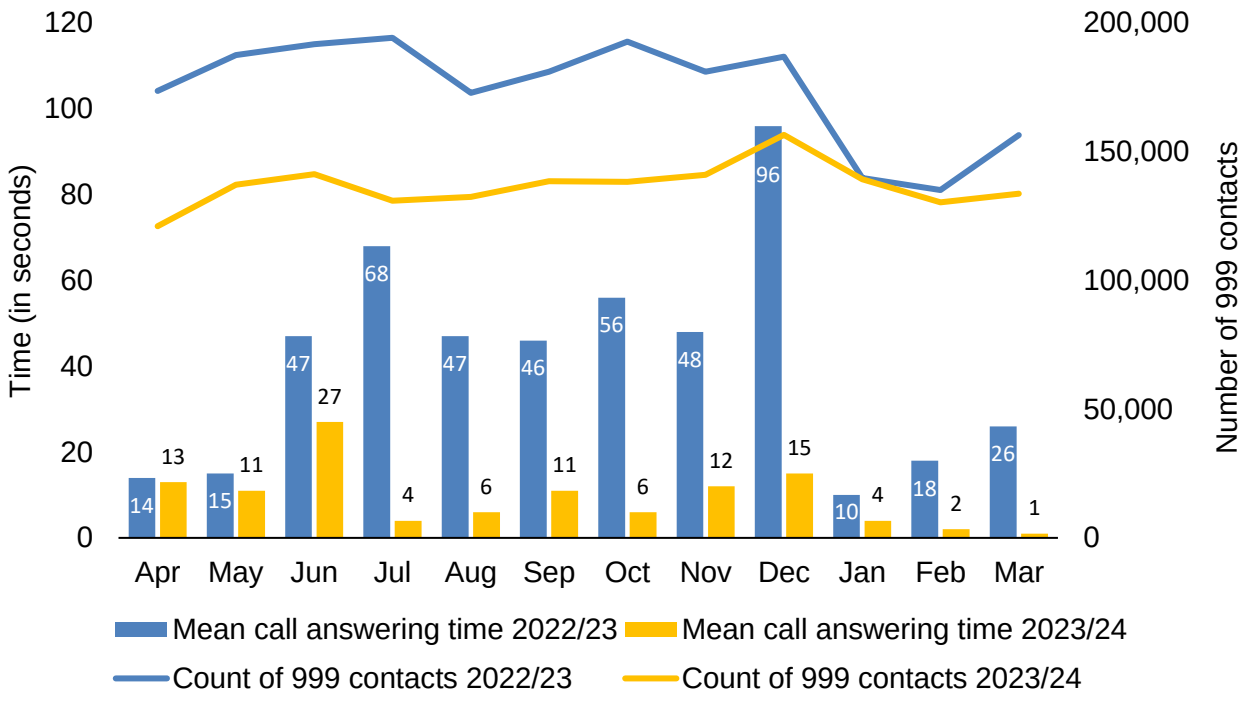


Figure 8: Mean call answering times (seconds) per month for cardiac arrest patients.

n=4,305 (excluding calls transferred directly from another service and those with missing time data)

- This year we answered our 999 calls more quickly with a mean answering time of **9** seconds - a **78.6%** decrease from last year (42 seconds in 2022/23).
- In 2023/24, the longest call answering times were in **June** (27 seconds), falling sharply in **July** (4 seconds).

3.3 Response Times

The following section provides the internationally defined **clinical response interval** (https://www.resuscitationjournal.com/article/S0300-9572(24)00182-5/fulltext). These times ('999 call' to 'arrival at scene') will be different to those reported by the NHS England Ambulance Quality Indicators (AQIs) as they report a different interval.[3]

Clinical response intervals are presented in Table 2 alongside the corresponding figures from previous two years for comparison.

Year	n	Mean	Median
2021-22	4,366	14:22	09:00
2022-23	4,610	16:06	09:36
2023-24	**4,572**	**12:52**	**08:31**

Table 2: '999 call' to 'arrival at scene' clinical response intervals (mm:ss)

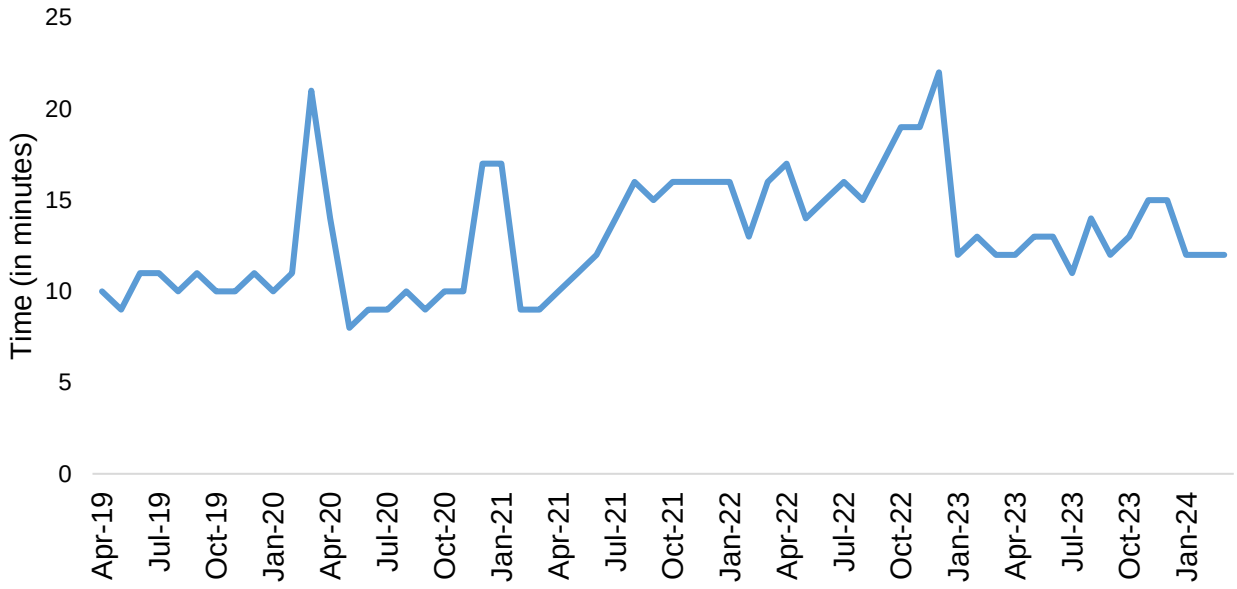


Figure 9: Historical monthly mean response intervals (mins)

[3] NHS England AQI response intervals are measured using Clock Start to Clock Stop as per the national AmbSYS specification which can be found at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/.

- In 2023/24 there was a **large reduction** in the mean call to scene time, down from 16:06 in 2022/23 to **12:52** this year. The current response times remain higher compared to those reported prior to the pandemic in 2019/20.

- Average response times varied on a monthly basis. The longest average time was observed in **December** 2023 (14:49) and the shortest in **July** 2023 (11:24).

3.4 Key Clinical Intervention Intervals

Year	Interval	n	Mean	Median
2022-23	999 call^ – LAS CPR*	2,615	17:13	11:55
	999 call^ – LAS defibrillation*~	596	15:34	12:04
2023-24	**999 call^ – LAS CPR***	**2,560**	**14:14**	**10:56**
	999 call^ – LAS defibrillation*~	**590**	**12:56**	**10:55**

^ *Time the 999 call was connected to the ambulance service*
* *Excludes LAS witnessed arrests and incidents where times were not documented*
~ *Based on an initial rhythm of ventricular fibrillation (VF)/ventricular tachycardia (VT)*

Table 3: Key time intervals from 999 call (mm:ss)

- **Substantial decreases** were seen in both the mean time from 999 call to LAS CPR (down from 17:13 in 2022/23 to **14:14** this year) and the mean time from 999 call to LAS defibrillation (down from 15:34 in 2022/23 to **12:56** this year). This was largely due to faster response times this year.

3.5 Bystander Interventions¥

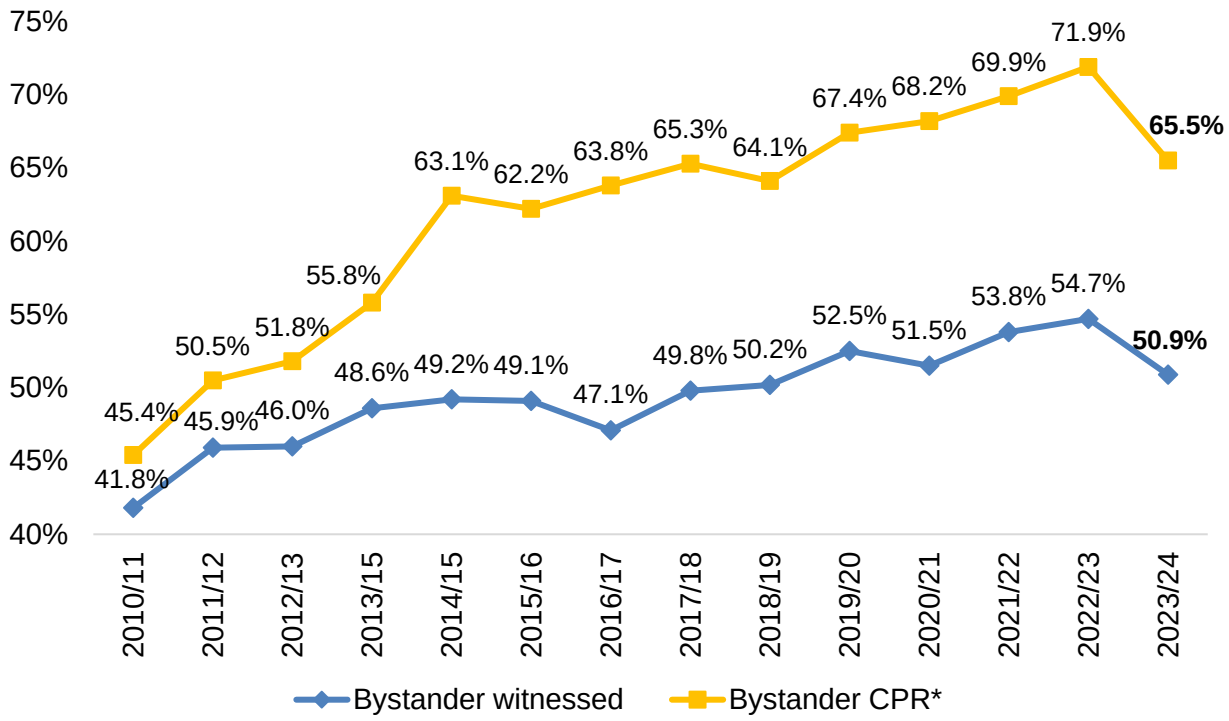


Figure 10: Bystander witnessed arrests and bystander CPR by year

¥ Bystander is defined as any person who is not part of the organised emergency medical response

** Excludes LAS witnessed arrests*

- Fewer patients (n=2,325) had their cardiac arrest witnessed this year than in previous years (**50.9%,** compared to 54.7% in 2022/23 and 53.8% in 2021/22).
- **65.5%** of patients (n=2,565) were reported as having bystander CPR provided before LAS clinicians arrived on-scene. This is a **6.4% decrease** from last year and the **lowest rate reported in the last five years**.
- Outcomes associated with Bystander-CPR are reported in Appendix 2.

3.6 Clinical Presentation

3.6.1 Aetiology

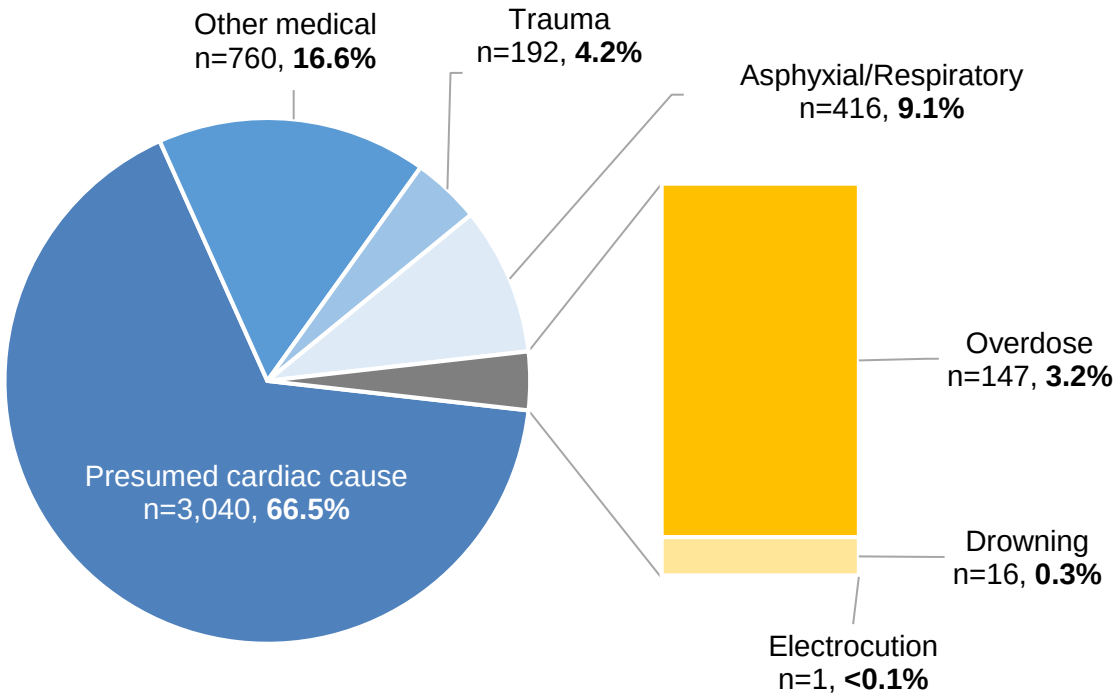


Figure 11: Breakdown of aetiology of cardiac arrests

- In most cases the aetiology was presumed cardiac which includes cases with no obvious cause (n=3,040, **66.5%**). This has continued to decline since 2020/21 (75.5%).

3.6.2 Initial arrest rhythm

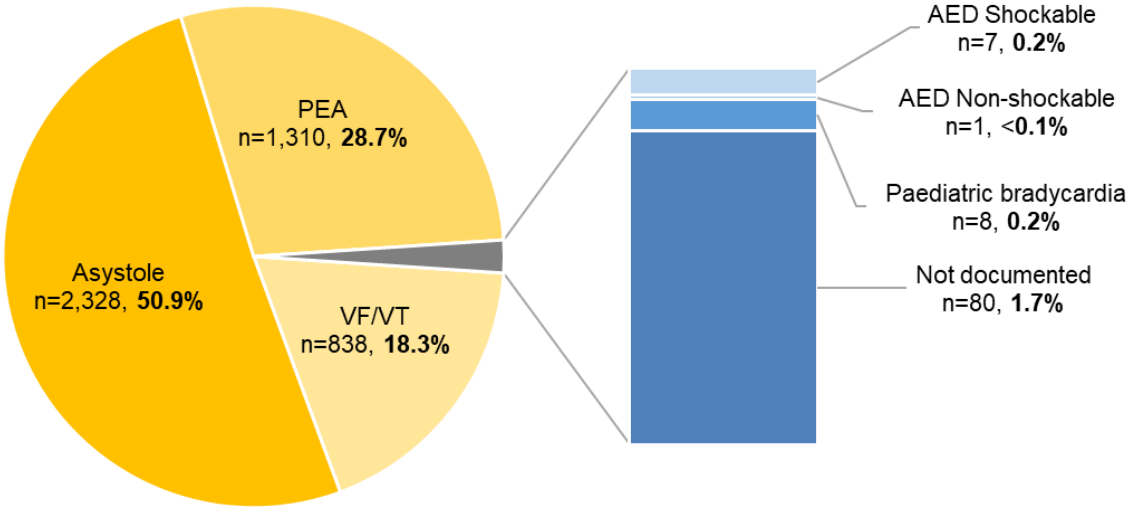


Figure 12: Breakdown of initial recorded cardiac arrest rhythm

- Half of all patients (n=2,328) presented in asystole. Whilst this was a small **decrease** when compared to last year (**50.9%** vs 52.0%), it remains slightly above the figures reported over the three years previously.
- A slight increase was seen in the proportion of patients presenting in a shockable rhythm (n=845, **18.5%**) compared to last year (17.7%); however this figure has consistently fluctuated across the previous years.

3.7 Conveyance

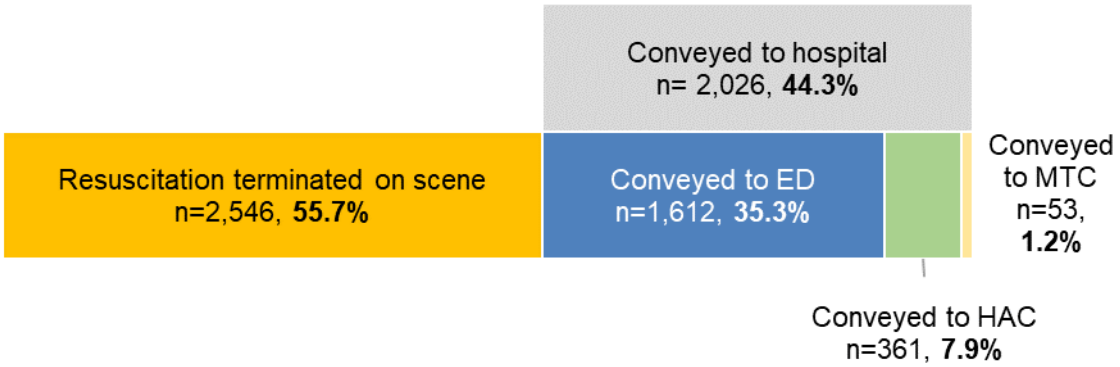


Figure 13: Breakdown of conveyance by destination

Percentages do not equal 100% due to rounding

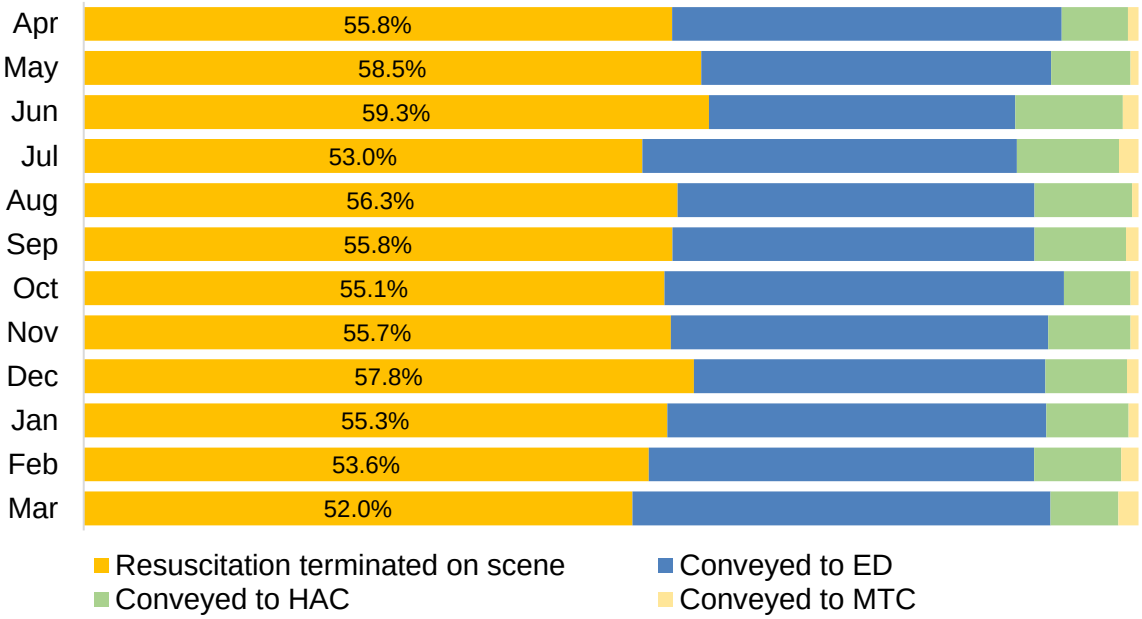


Figure 14: Breakdown of conveyance destination by month

- The percentage of patients transported to hospital has continued to **increase** – from 41.0% in 2021/22 to 42.7% in 2022/23 and **44.3%** (n=2,026) this year.
- The number of patients with a resuscitation attempt stopped on-scene varied from month to month, ranging from 52.0% (n=233) in March 2024 to 59.3% (n=198) in June 2023.
- The proportion of patients conveyed to specialist facilities remains consistent with last year's figures: 7.9% (n=361) to a Heart Attack Centre (HAC) and 1.2% (n=53) to a Major Trauma Centre (MTC).

4. Patient Outcomes

This section provides outcome information for two groups of patients according to international reporting guidelines:

1. **Overall group**: all patients for whom resuscitation was attempted by the LAS.

2. **Utstein comparator group**: a sub-group of patients for whom resuscitation was attempted following a cardiac arrest of a presumed cardiac cause, which was bystander witnessed, and presented in a shockable rhythm[4].

4.1 Return of spontaneous circulation (ROSC)

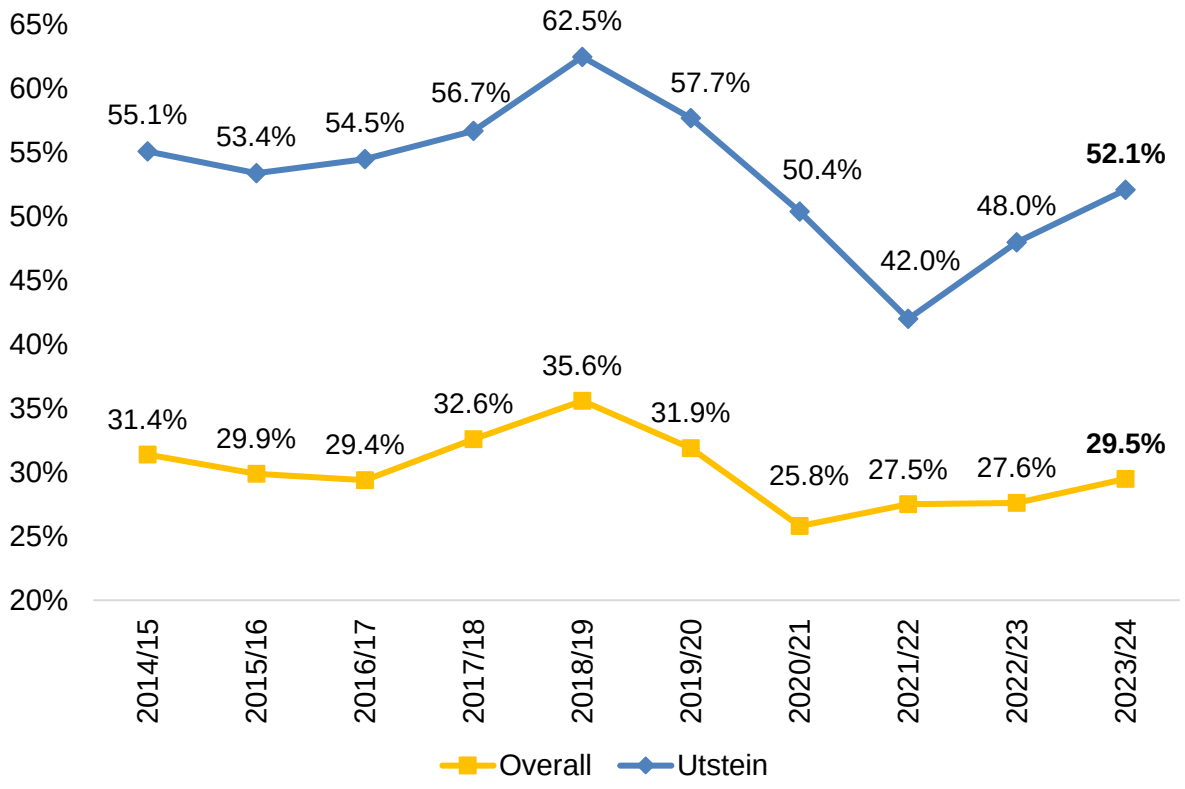


Figure 15: ROSC sustained to hospital per year

[4] https://www.resuscitationjournal.com/article/S0300-9572(24)00182-5/fulltext

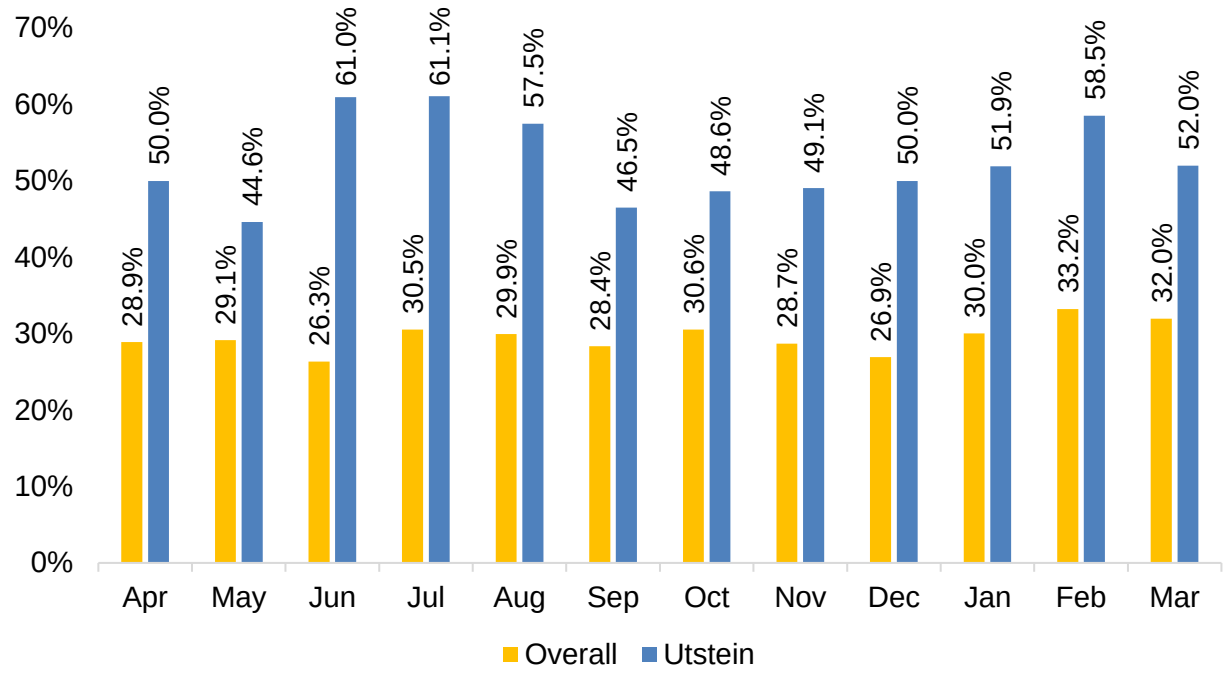


Figure 16: Monthly ROSC sustained to hospital

- There has been an **increase** in the overall proportion of patients for whom ROSC was achieved and sustained until arrival at hospital (**29.5%** in 2023/24 vs 27.6% in 2022/23).
- In the Utstein comparator group, the proportion of patients with ROSC sustained to hospital arrival continued to **increase**, from 42.0% in 2021/22 and 48.0% in 2022/23, to **52.1%** in 2023/24.
- The proportion of patients with ROSC sustained to hospital arrival varied throughout the year, with the highest rate in the overall group observed in February 2024 (n=121, 33.2%) and in Utstein comparator groups in July 2023 (n=22, 61.1%).

4.2 Survival

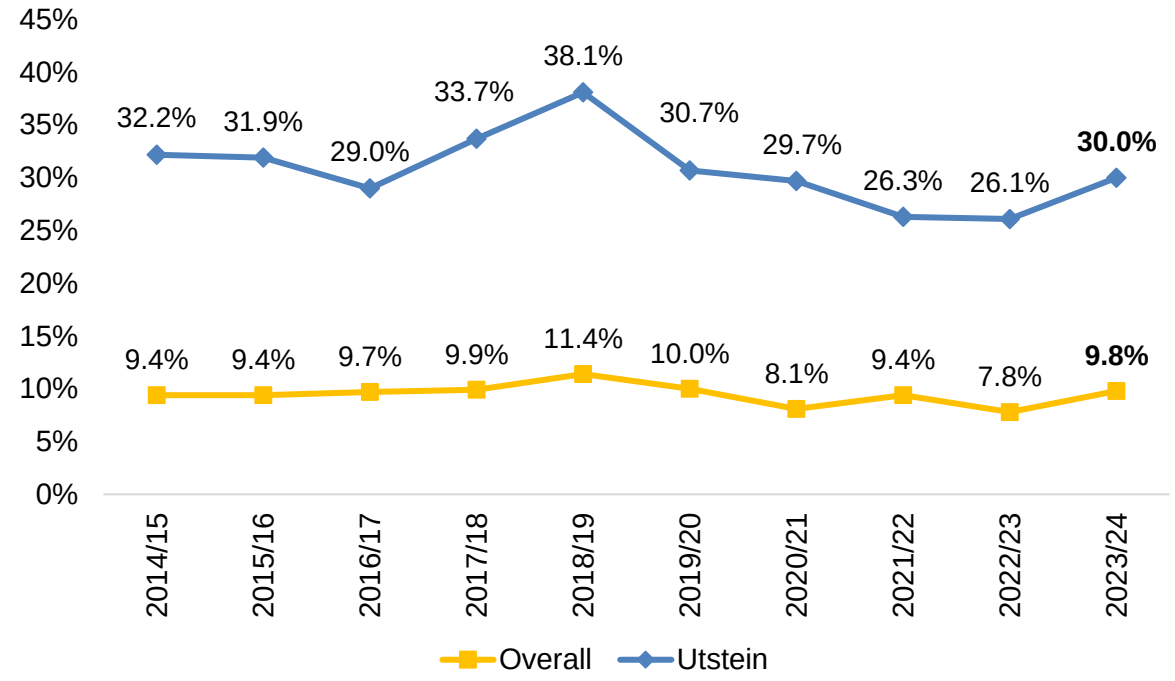


Figure 17: Yearly breakdown of survival to 30 days

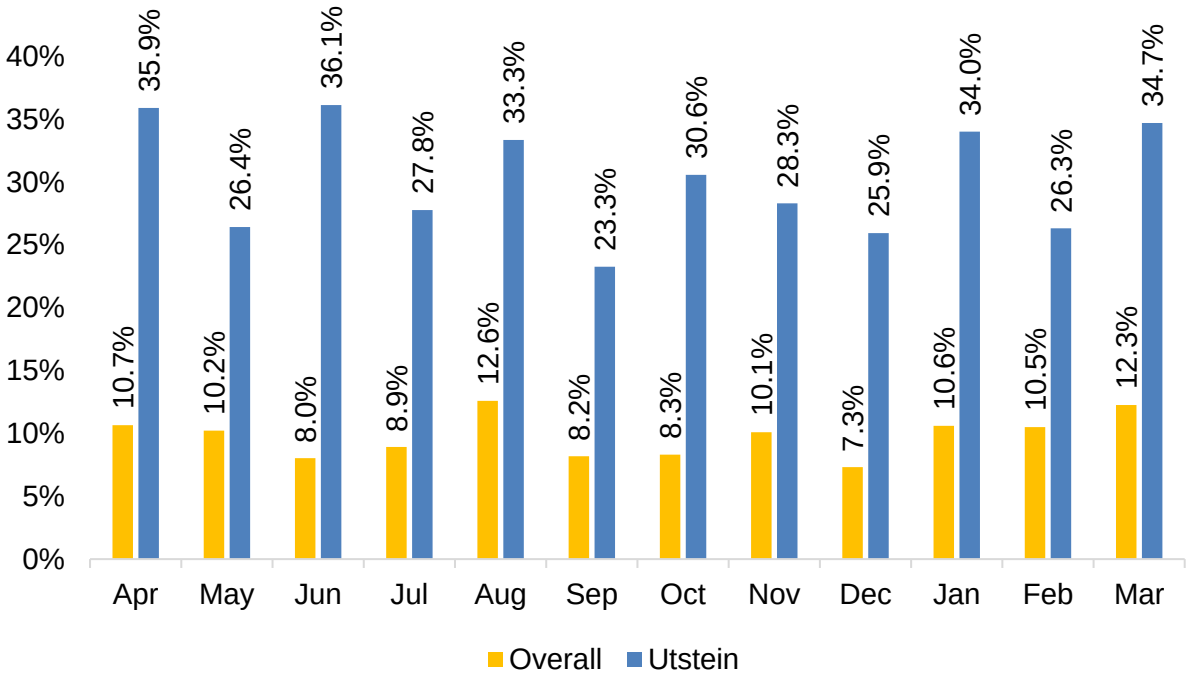


Figure 18: Breakdown of survival to 30 days by each month of 2023-24

- After a notable drop last year (in overall survival), there was a **2.0% increase** in the proportion of patients who were still **alive 30 days** after their cardiac arrest (**9.8%** in 2023/24 vs 7.8% in 2022/23).
- The proportion of survivors in the Utstein comparator group also **increased** by **3.9%** compared to the previous year.
- The highest survival rate in the Utstein comparator group was seen in **June** 2023 (36.1%), with the lowest observed in **September** 2023 (23.3%).

Group	30 Day Survival	
	LAS	National Average
Overall group	9.8%	9.3%
Utstein comparator group	30.0%	29.0%

Table 4: LAS survival compared with the national average for England

- The LAS survival figures remain **above the national average** this year.

5. Conclusions

This year we have seen an increase in survival from out-of-hospital cardiac arrest, with the figures being more similar to pre-pandemic levels. Our data suggests this is largely as due to an improved response provided by LAS in a number of key areas.

Over the last year we have seen a dramatic reduction in call answering times (from 42 seconds down to 9 seconds), faster delivery of dispatcher-assisted CPR instructions (a 12 second decrease), a reduction of over three minutes in the time taken to arrive on-scene, and the faster provision of CPR and defibrillation by our clinicians.

Our more timely delivery of care is likely to have contributed to our findings that this year a higher number of patients presented with a shockable rhythm, achieved a ROSC that was sustained to hospital, and survived to 30 days post-cardiac arrest.

The impact of our faster responses becomes even more apparent in the context of bystander CPR rates being at their lowest in 5 years and fewer patients receiving defibrillation prior to LAS arrival. The LAS's Community First Responder team have recently undertaken a number of initiatives to increase the public's confidence and skills in undertaking bystander CPR; we expect to see the impact of this in future annual reports.

Although the GoodSam network has continued to grow, with nearly a third of cardiac arrests now generating alerts, in almost half of all instances where a GoodSam alert was accepted by a responder, the responder did not ultimately arrive at the scene. It is recommended that the LAS focuses improvement work in this area to attempt to identify why such a large proportion of accepted alerts are not translating into a GoodSam responder providing assistance to patients as well as increasing the percentage of Good Sam alerts to cardiac arrests.

The LAS remains committed to improving the care we provide to patients in out-of-hospital cardiac arrest. As part of this, we have continued our strong programme of research, successfully recruiting 1,463 patients into cardiac arrest clinical trials during 2023/24. These trials include PARAMEDIC-3 (which aims to determine the most effective route for adrenaline administration in a pre-hospital setting and is expected to contribute to the national resuscitation guidelines), and RAPID-

MIRACLE which is evaluating the potential application of the MIRACLE$_2$ neuro-prognostication tool for patients in ROSC.

In addition, we have continued to provide data to the Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) project to support national research programmes. We also continue to provide data to the Ambulance Quality Indicators (AQI) programme for national benchmarking.

In recognition of the hard work undertaken by our clinicians, call handlers and dispatchers, CARU sent out 3,154 letters to staff involved in the care of cardiac arrest patient who survived, thanking them for their part they played in the patient's survival. The number of recipients of these letters has almost doubled since last year.

Data from the Cardiac Arrest Registry also fed into an LAS project which streamlined the number of determinants eligible for public access defibrillation dispatch and aims to reduce the likelihood of inappropriate deployment and improve defibrillator availability across the capital.

Finally, CARU have been working on a new interactive cardiac arrest monthly report which will enable clinicians and their managers to access information relating to the care provided to the cardiac arrest patients they personally attend. We expect this to prompt further improvements to patient care by highlighting any areas for improvement as well as recognising good practice and facilitating clinical feedback.

Appendix 1: Outcomes for patients who had Pre-LAS Defibrillation

A pre-LAS defibrillator was deployed to 323 patients before arrival of LAS resources (section 2.3). Of these, 40 were successfully resuscitated before LAS clinicians arrived on-scene and further resuscitative efforts were not required. The remaining 283 patients (87.6%) had resuscitation continued by LAS clinicians and their outcomes are reported here.

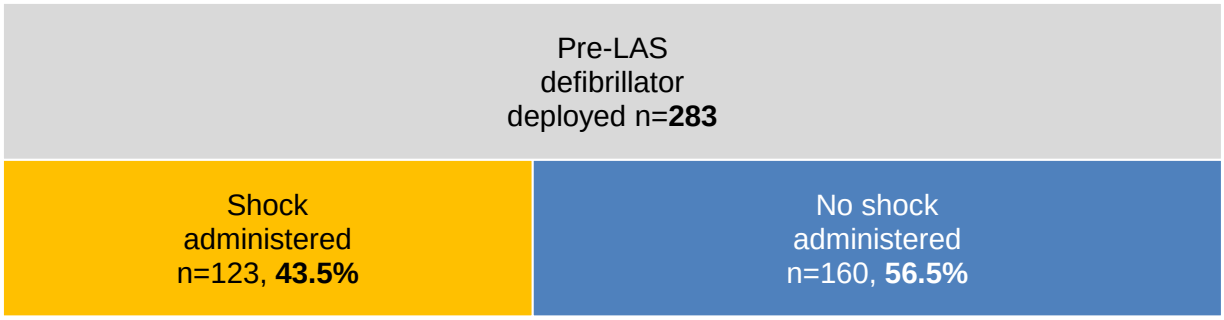


Figure 19: Pre-LAS defibrillator use where resuscitation was attempted by LAS

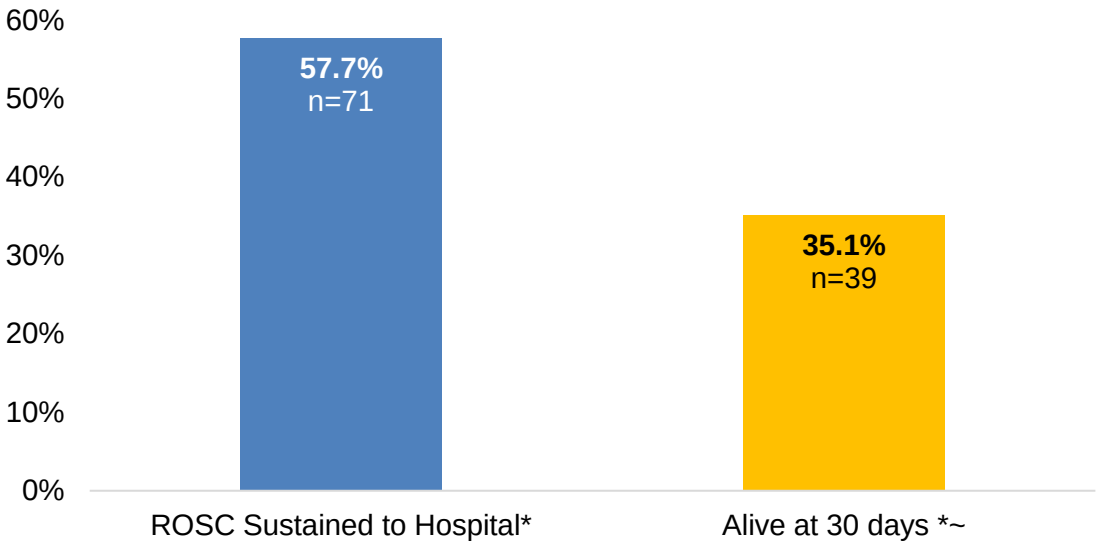


Figure 20: Outcomes for patients who received a pre-LAS defibrillator shock and had resuscitation continued by LAS

** Excludes cases where no shock was delivered*
~ Excludes 12 patients where outcome data were unavailable

- Following three years of growing pre-LAS defibrillator deployment, this has now dropped to 323 (from 353 in 2022/23 and 326 in 2021/22).

- Where LAS clinicians continued resuscitation, **43.5%** (n=123) of patients had a shock delivered before LAS arrival on-scene. This continues to decline since 2021/2022 when 47.9% of patients received pre-LAS defibrillation

- The proportion of patients, who received a pre-LAS defibrillation and survived their cardiac arrest to at least 30 days, **more than doubled** from 16.7% in 2022/23 to **35.1%** (n=39) this year. This is the highest figure reported since the '30 day survival' measure was introduced in 2020/2021.

Appendix 2: Outcomes for patients who had Bystander CPR (and had resuscitation attempted by LAS)

Bystander CPR is reported as per Utstein definitions and includes CPR performed by a person who is not part of the organised emergency medical response.

Where the arrest was not witnessed by LAS clinicians, **65.5%** of patients (n=2,565) were reported as receiving bystander CPR prior to the arrival of LAS.

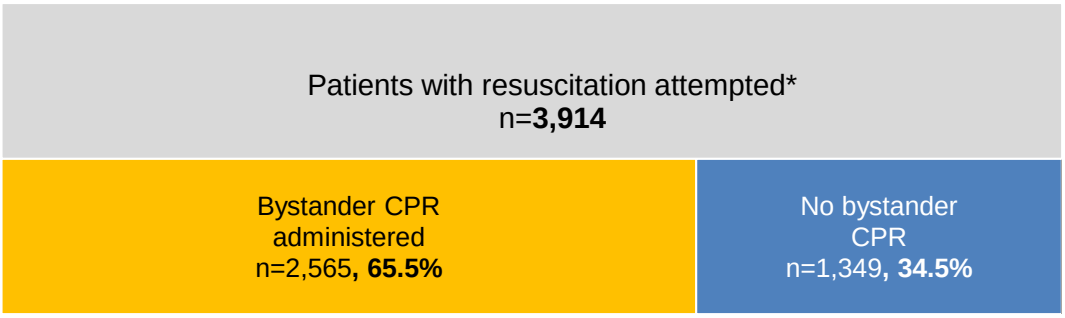


Figure 21: Bystander CPR delivery where resuscitation was attempted by LAS

** Excludes LAS clinician witnessed cardiac arrests*

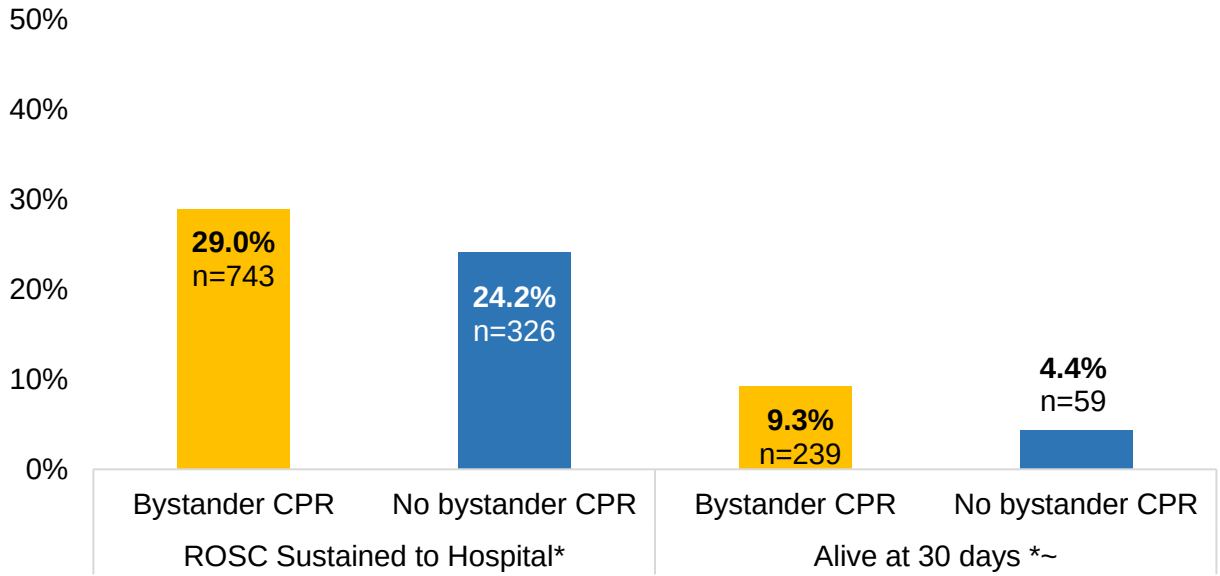


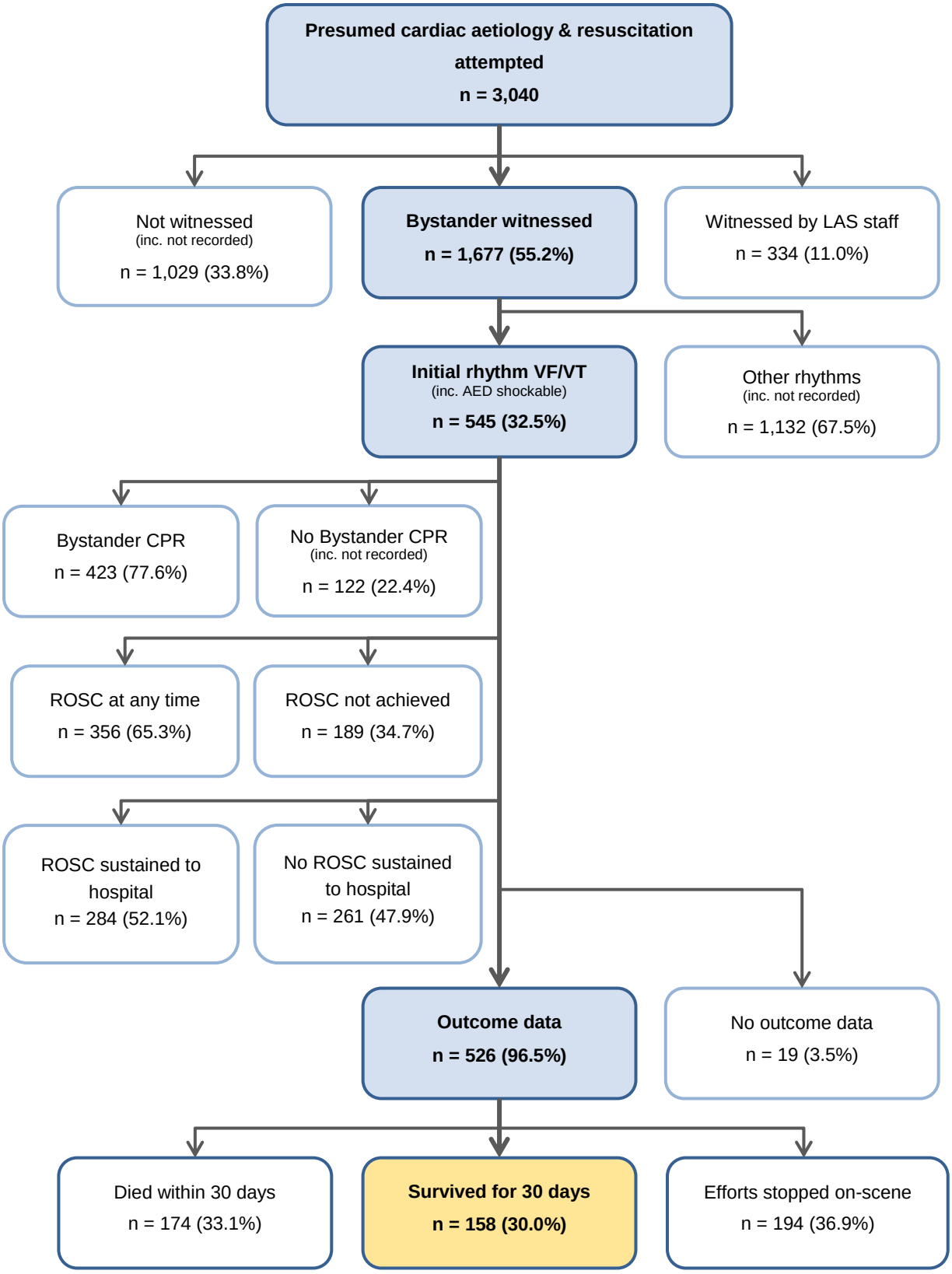
Figure 22: Outcomes for patients who received bystander CPR and had resuscitation continued by LAS

** Excludes LAS clinician witnessed cardiac arrests*
~ Excludes 89 patients where outcome data were unavailable

- **29.0%** of patients who received bystander CPR had ROSC sustained to hospital, compared to 24.2% who were not reported as receiving CPR prior to the arrival of LAS clinicians.

- Where bystander CPR was provided, overall survival to 30 days was **9.3%**, compared to 4.4% among patients without bystander CPR.

Appendix 3: Utstein Survival Template



Appendix 4: Cardiac Arrest Care Over the Last 5 years

		2019/20	2020/21	2021/22	2022/23	2023/24
Patients for whom resuscitation was attempted by LAS clinicians		4,355	4,904	4,366	4,613	4,572
999 Call to Dispatcher Assisted CPR times (mm:ss)	Mean	05:01	04:25	04:43	07:31	06:36
	Median	04:07	03:47	04:00	04:41	04:29
Response times (mm:ss)	Mean	11:32	11:53	14:22	16:06	12:52
	Median	07:50	07:59	09:00	09:36	08:31
999 Call to LAS CPR times (mm:ss)	Mean	17:03	14:17	15:59	17:13	14:14
	Median	10:43	10:54	11:42	11:55	10:56
999 Call to LAS Defibrillation	Mean	26:10	12:56	14:11	15:34	12:56
	Median	16:12	11:09	12:00	12:04	10:55
Bystander Witnessed		52.5%	51.5%	53.8%	54.7%	50.9%
Bystander CPR		67.4%	68.2%	69.9%	71.9%	65.5%
Aetiology	Presumed Cardiac	73.6%	75.5%	70.1%	69.6%	65.5%
Initial Rhythm	Asystole	46.8%	49.3%	48.2%	52.0%	50.9%
	PEA	31.0%	30.6%	29.0%	27.7%	28.7%
	VF/VT	21.4%	17.6%	19.4%	17.7%	18.3%
	Other	0.8%	2.5%	3.4%	2.6%	2.1%

Cont….

		2019/20	2020/21	2021/22	2022/23	2023/24
ROSC sustained to Hospital	Overall	31.9%	25.8%	27.5%	27.6%	29.5%
	Utstein	57.7%	50.4%	42.0%	48.0%	52.1%
30 Day Survival	Overall	10.0%	7.9%	9.4%	7.8%	9.8%
	Utstein	30.7%	29.2%	26.3%	26.1%	30.0%

London Ambulance Service NHS Trust

ST Elevation Myocardial Infarction (STEMI) Annual Report

April 2023 – March 2024

October 2024

Produced by:

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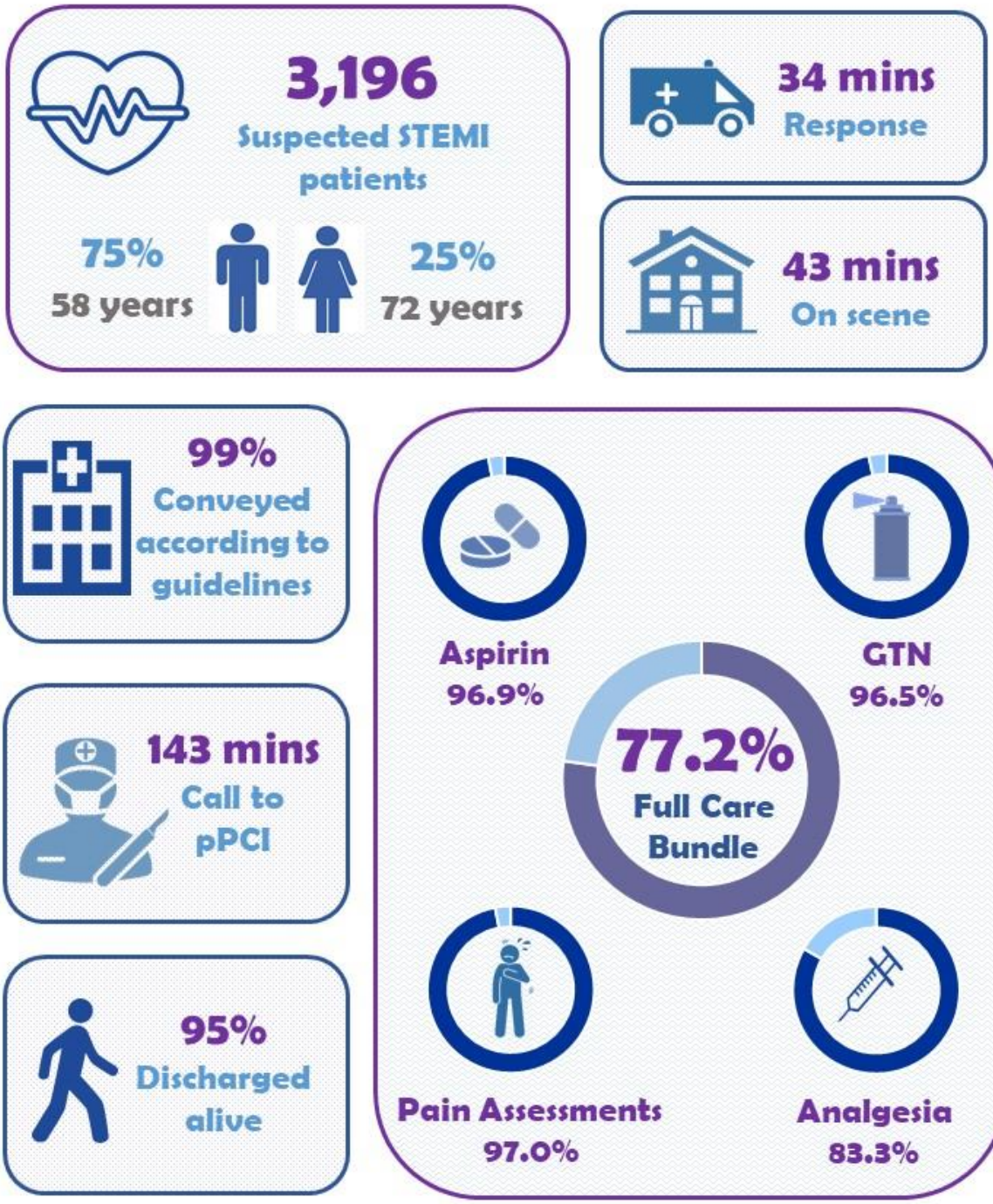

1. Introduction

This report provides data relating to the care provided to patients who presented to the London Ambulance Service NHS Trust (LAS) with a suspected ST-Elevation Myocardial Infarction (STEMI) between April 2023 and March 2024. Data were obtained from the LAS Clinical Audit and Research Unit's (CARU) Acute Coronary Syndrome (ACS) Registry, which holds information sourced from patient clinical records, Emergency Operations Centre (EOC) and Call Logs. Additional data were gathered from the Myocardial Ischaemia National Audit Project (MINAP) database. Data within this report are correct at the time of publication.

The number of STEMI patients included in this years' report (n=3,196) is much higher than reported in previous years due to an improvement in the processes we use to search both the call log and ePCR.

Patients who had a cardiac arrest before being handed over at hospital are excluded from this report as information about the care provided to these patients is available in the Cardiac Arrest Annual Report.

2. Findings

2.1 Patient profile

Gender, n (%)	
Male	2,407 (75.3)
Female	789 (24.7)

Age in years, mean (median)	
Overall	62 (61)
Male	58 (59)
Female	72 (74)

Ethnicity, n (%)	
White	1,205 (37.7)
Asian	414 (13.0)
Black	322 (10.1)
Other	95 (3.0)
Mixed	36 (1.1)
Unknown	1,124 (35.2)

Chief complaints reported at the 999 call, n (%)			
Chest pain	1,322 (41.4)	Unconscious/fainting	211 (6.6)
NHS 111 transfer	573 (17.9)	HCP Admission	153 (4.8)
Breathing problems	439 (13.7)	All other complaints	498 (15.6)

Table 1: Overall demographics of suspected STEMI patients

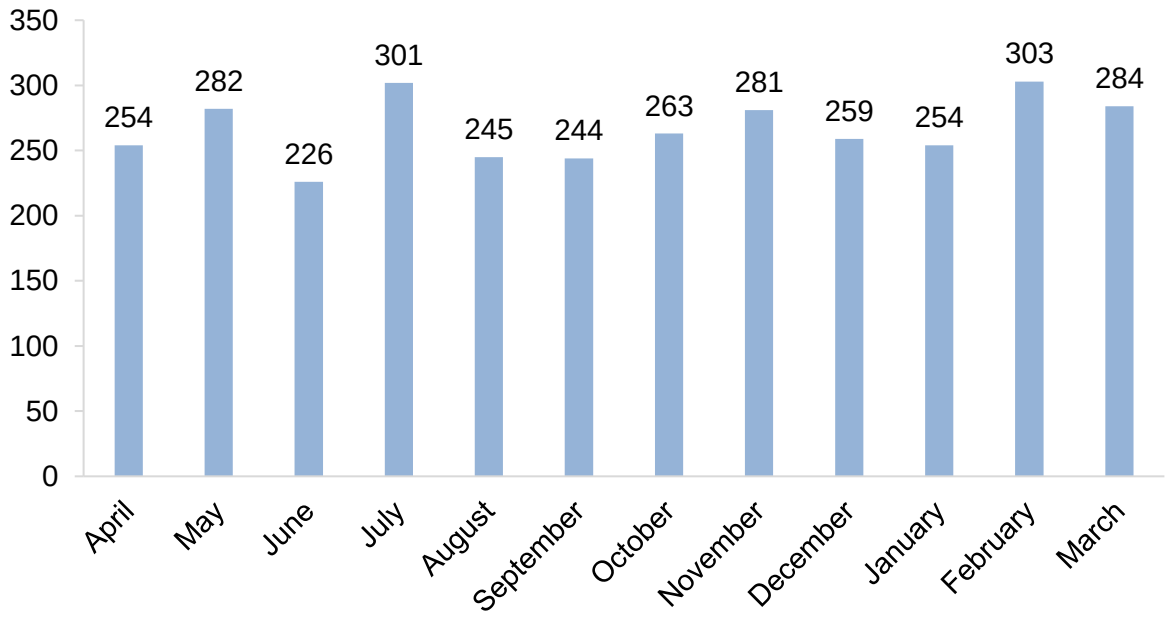

Figure 1: Number of suspected STEMI patients attended by LAS per month

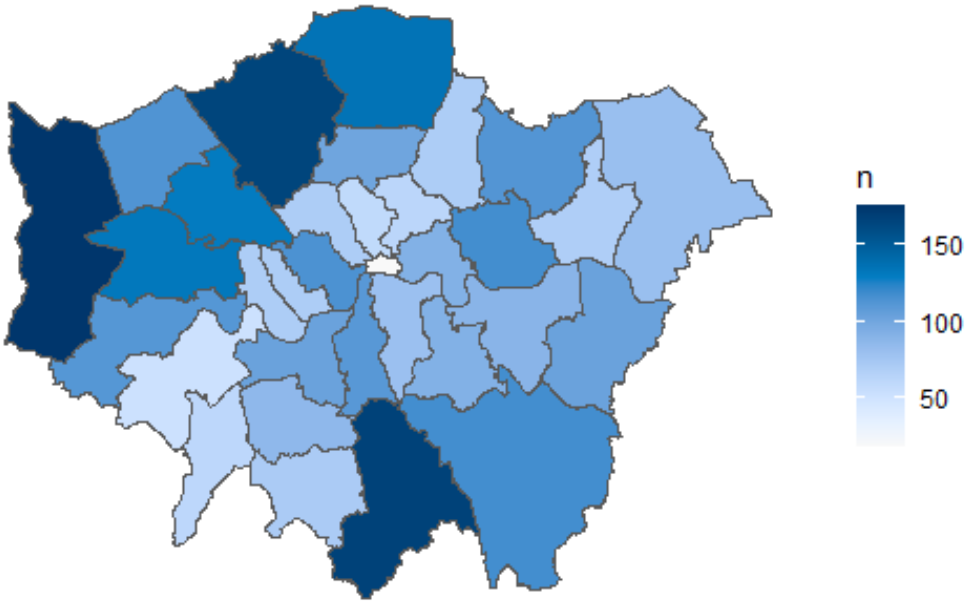

Figure 2: Count of suspected STEMI cases by Local Authority District

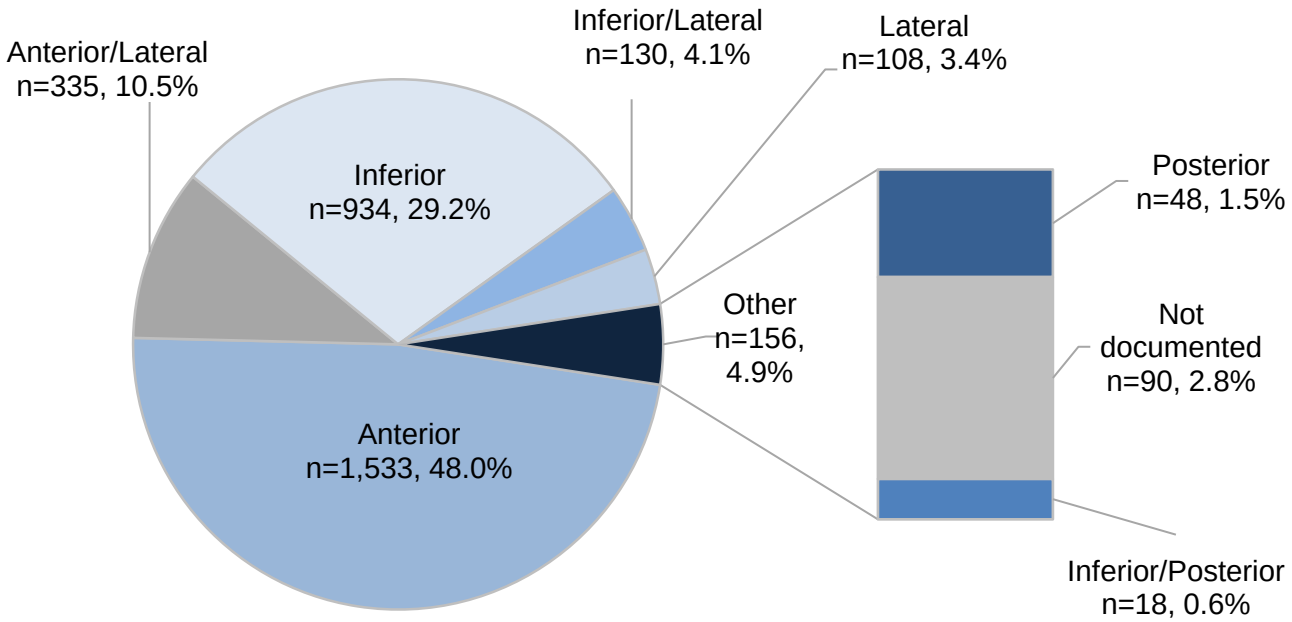

Figure 3: Documented region of infarct

- The number of suspected STEMI patients was much higher than last year (**3,196** vs 2,480 in 2022/23) for reasons explained in this report's introduction.
- Consistent with previous years, the majority of patients were **male** (n=2,407, **75.3%**) and were, on average, 14 years older than female patients (72 vs 58 years). The mean age of all patients was **62 years**.
- There was some variation in the number of suspected STEMI patients seen across the year, ranging from 226 in June 2023 to 303 in February 2024.
- The largest proportion of patients were attended in the **London Borough of Hillingdon** (5.5%, n=175). Geographical variations may be influenced by differences in demographic compositions.
- The majority of patients had **anterior ST elevation documented on their clinical records**, either in isolation (n=1,533, 48.0%) or alongside lateral ST elevation (n=335, 10.5%). This is consistent with previous years.

2.2 Response times

This section reports data related to the internationally reported **clinical response interval** which is defined as the time from the 999 call being connected to the ambulance service to the time the wheels of the first vehicle to arrive on scene stop turning. (https://www.ahajournals.org/doi/pdf/10.1161/01.CIR.84.2.960).

These response times will differ from those reported in the NHS England Ambulance Quality Indicators (AQIs) as they are measured using a different interval definition.[1]

n †	Mean	Median
3,196	**0:33:33**	**0:22:11**

† 1 patient had no time data available and has been excluded from these figures.

Table 2: Clinical response interval (h:mm:ss)

[1] *NHS England AQI response intervals are defined as Clock Start to Clock Stop as per the national AmbSYS specification, which can be found at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/*

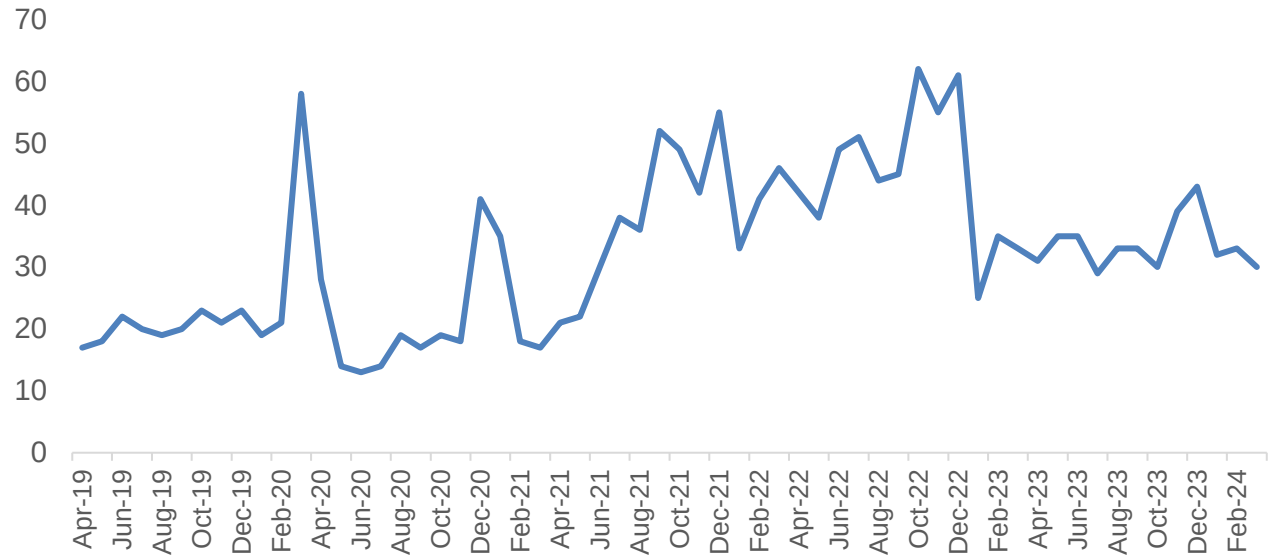

Figure 4: Mean clinical response intervals historically by month (mins)

- Following a substantial rise in average response times last year (44:18), we have seen a large **decrease** of **11 minutes** to an average response of **33:33 minutes**.
- Looking at historical response times (Figure 4), 999 call to arrival on scene times remain higher than pre-pandemic levels.
- The longest monthly average response time was observed in **December** (43 minutes) and the fastest response was seen in **July** (29 minutes).

2.3 On-scene times

The figure reported for overall on-scene time is calculated from the time the first LAS vehicle arrived on scene until the time the conveying vehicle left the scene. Where an ambulance may not be immediately available to attend, a solo responder will be sent to provide an initial patient assessment and care, especially in cases where the patient is considered high risk.

Solo responders cannot convey patients to hospital therefore their on-scene times are likely be longer compared to incidents attended by a double-crewed ambulance only.

First vehicle on scene	n (%)†	Mean	Median
Solo responder	741 (23.2)	0:50:26	0:46:57
Double-crewed ambulance (DCA)	2,450 (76.8)	0:41:14	0:38:43
Overall (regardless of first resource to arrive)	**3,191**	**0:43:22**	**0:40:27**

Table 3: On-scene times by first arriving vehicle (h:mm:ss)

† excludes cases with missing time data (n=5).

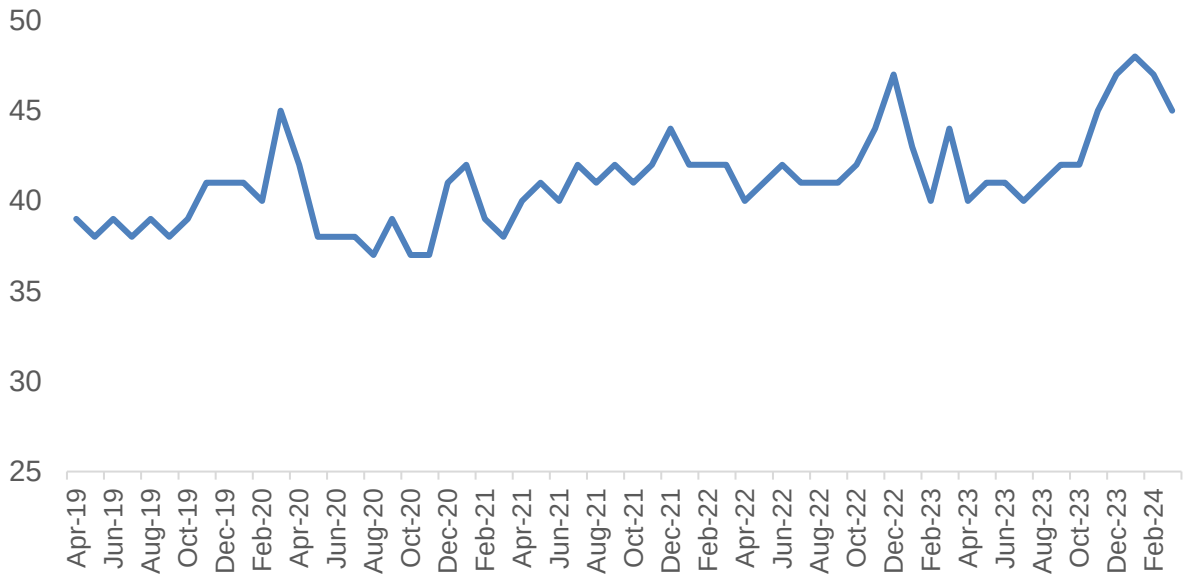

Figure 5: Overall mean time on-scene by month (mins)

- A solo responder was the first resource on scene for 23.2% of patients (n=741). This has risen **over 15 percentage points** in the **past two years** (from 7.8% in 2021/22 and 20.8% in 2022/23) and is likely due to the implementation of targeted dispatch when calls with the determinants 10D2 and 10D4 are held longer than 8 minutes to minimise delays to treatment (as these calls are historically associated with an increased likelihood of STEMI).

- The overall average on-scene time has also continued to increase (from 38:45 in 2021/22 to **43:22 minutes** in 2023/24).

- In **January 2024**, we recorded the highest average overall on-scene time over the last five years (**48 minutes**).

2.4 STEMI care bundle

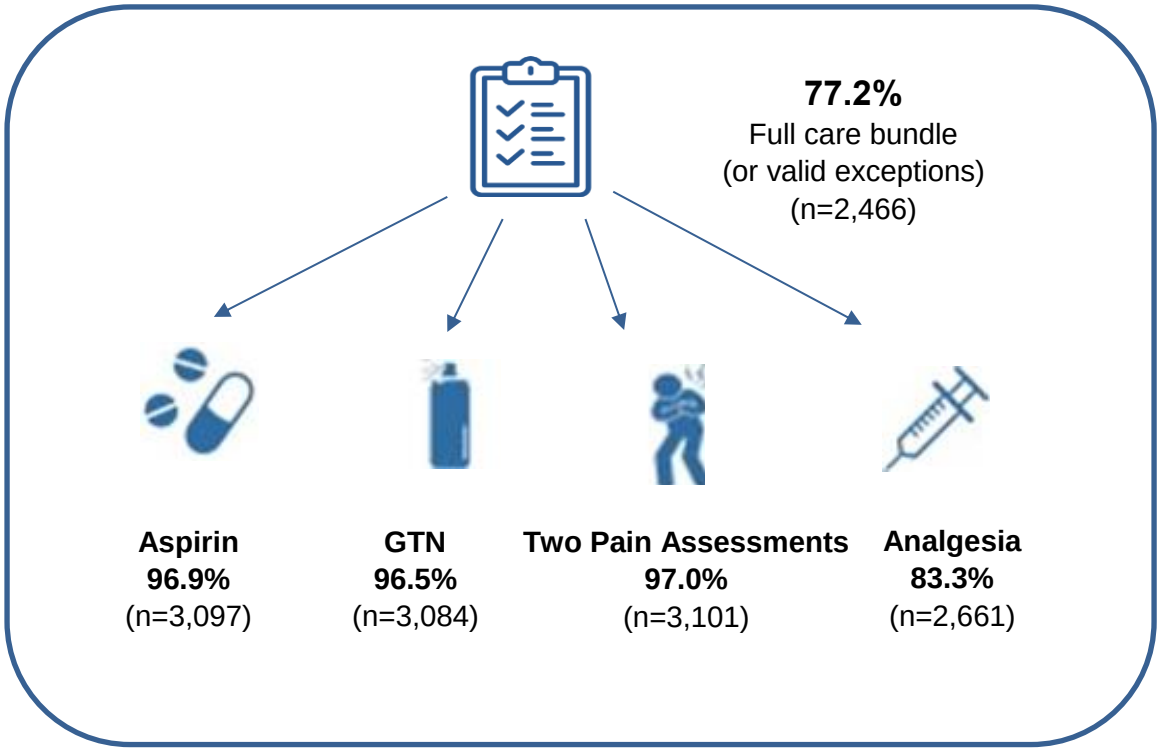

Figure 6: Compliance with the STEMI care bundle by individual component

- A full STEMI care bundle was provided to **77.2%** (n=2,466) of patients. This figure is higher than last year, however this should be viewed with an element of caution as it is not directly comparable to previous years due to changes in the bundle calculation.
- The administration of analgesia remains the lowest scoring elements of the care bundle, with **83.3%** of patients (n=2,661) receiving this or having valid exceptions to all analgesia options.

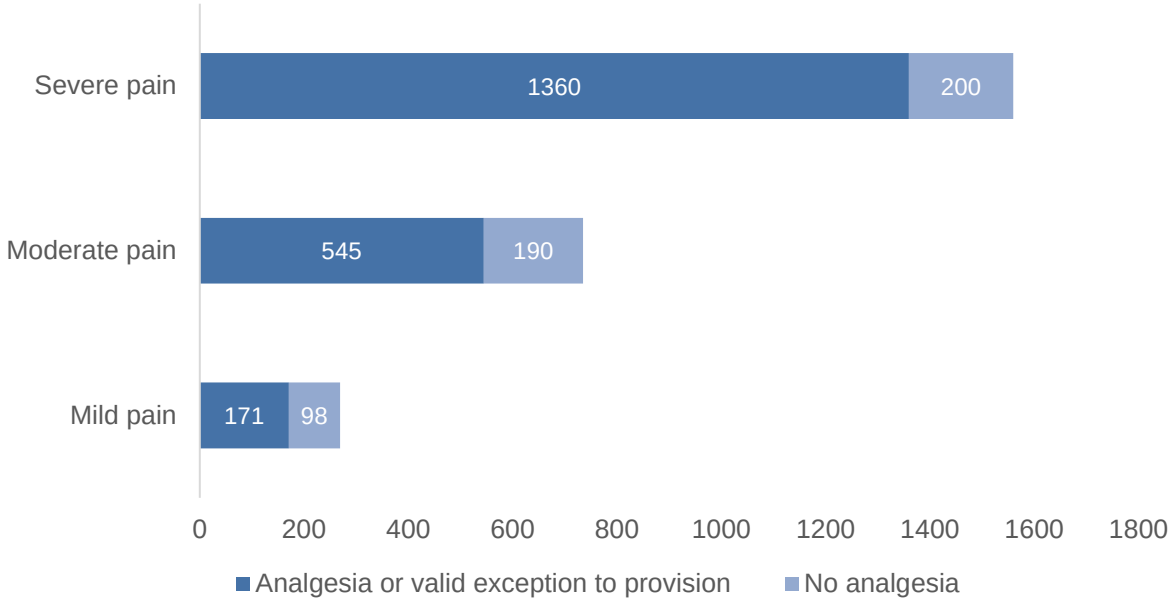

Figure 7: Analgesia administration by the initial pain severity*

** Where the initial pain score was provided (n=2,564)*

- An initial pain severity was documented (or it was reported that the patient could not communicate their pain) for 3,136 patients (**98.1%**) which included 512 patients who reported being pain free.
- For **1.9%** of patients (n=60) the initial pain severity was not documented.
- 200 patients who reported being in severe pain initially did not receive any analgesia.

Analgesia provision to patients who initially reported severe pain, n (%)	
Morphine	699 (44.8)
None	200 (12.8)
Entonox and morphine	164 (10.5)
Entonox	149 (9.6)
Morphine and IV paracetamol	103 (6.6)
Valid exception to all 3 analgesics (incl. patient refusal)	85 (5.4)
IV paracetamol	72 (4.6)
Morphine and oral paracetamol	22 (1.4)
Entonox, morphine and IV paracetamol	20 (1.3)
Oral paracetamol	18 (1.2)
Entonox and IV paracetamol	13 (0.8)
Entonox and oral paracetamol	8 (0.5)
Entonox, morphine and oral paracetamol	7 (0.4)
Total	**1,560**

Table 4: Patients who initially reported severe pain by type of analgesic administered

- Of 1,560 patients, who initially reported severe pain, the majority had morphine administered (n=1,015, **65.1%**), either alone (n=699) or in conjunction with at least one of the other analgesics (n=316).
- In addition to a number of oral paracetamol administrations with other analgesics, 18 patients were only administered oral paracetamol. The LAS's position is that this is not an appropriate analgesic for STEMI patients.

2.5 Conveyance

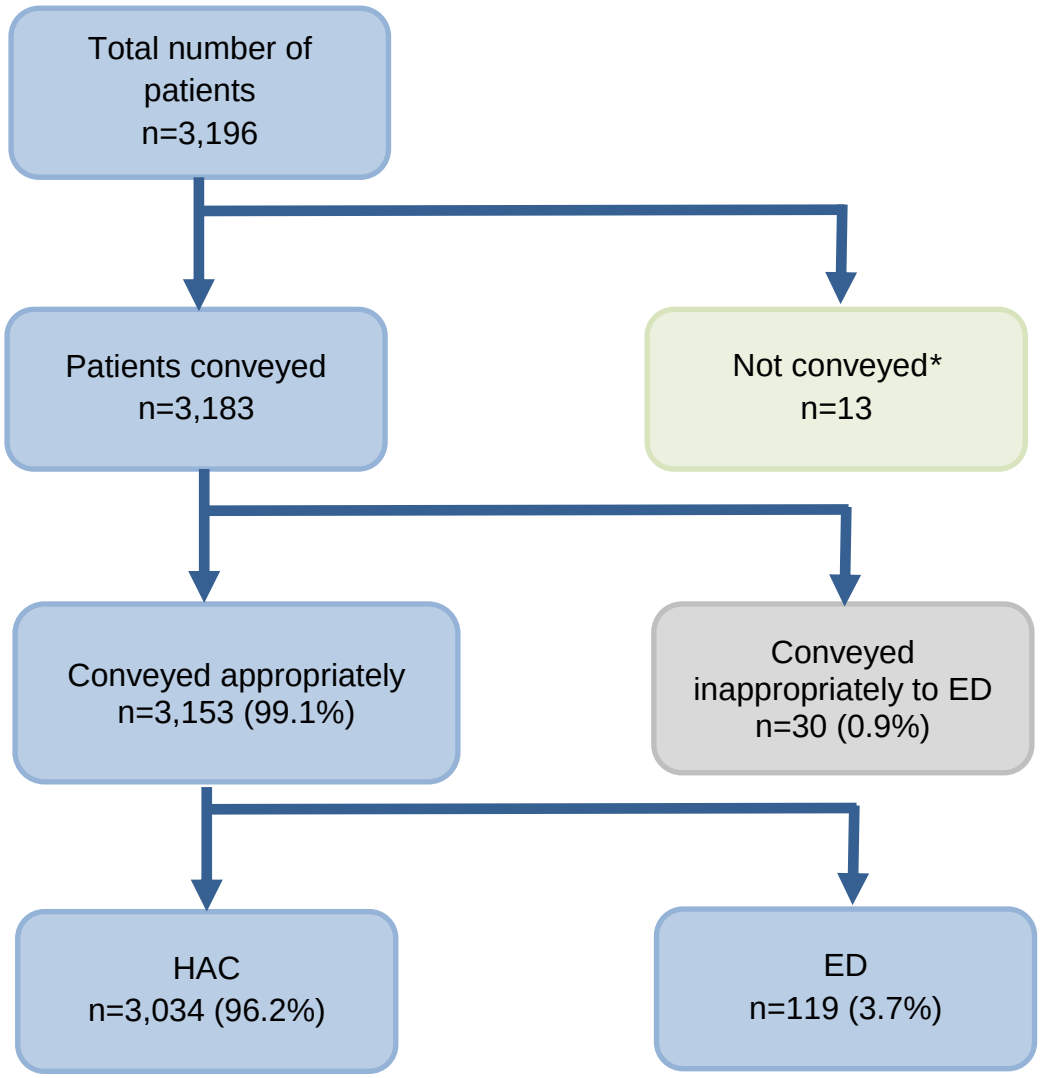

Figure 8: Conveyance

** 12 patients refused to attend hospital against LAS advice, with a further patient not conveyed due to their pre-existing end of life care arrangements.*

- The proportion of patients conveyed to an appropriate destination remained consistently high at **99.1%** (n=3,153) this year. Of these, **96.2%** (n=3,034) were transported directly to a specialist **Heart Attack Centre** (HAC).
- 30 patients (0.9%) were conveyed to an Emergency Department without any valid reasons documented, which was consistent with previous years. All instances where a conveyance decision was not in line with clinical guidelines were reported as potential patient safety incidents via Datix.

2.6 Journey and Call to HAC times

20 minutes *^
leaving scene to arrival
at HAC (journey time)

96 minutes *†
999 call to arrival
at HAC*

Figure 9: Mean journey and call to hospital times (patients conveyed to a HAC)

^ *excluding cases with missing time data (n=9).*

† *excluding cases with missing time data (n=8).*

* *calculated from the time that the 999 call was connected to the ambulance service.*

- The average journey time for patients conveyed directly to a HAC has continued to rise to **20 minutes** this year (compared to 19 minutes over the last two years and 18 minutes previously).

- However, the average time from the 999 call to arrival at a HAC has **decreased** by 9 minutes from 2022/23 (105 minutes) to **96 minutes** in 2023/24 and remains similar to the figure reported in 2021/22 (99 minutes). This is due to the substantial reduction in response times this year.

2.7 Patient outcomes

Once a STEMI diagnosis is confirmed at hospital, patient outcome data is entered into the Myocardial Ischaemia National Audit Project (MINAP) database by hospital staff. We then access this data and match it to cases within the LAS ACS Registry.

However, the proportion of hospital records available for matching remains very low. This is due to substantial variation in the amount of data hospitals are providing to the MINAP database.

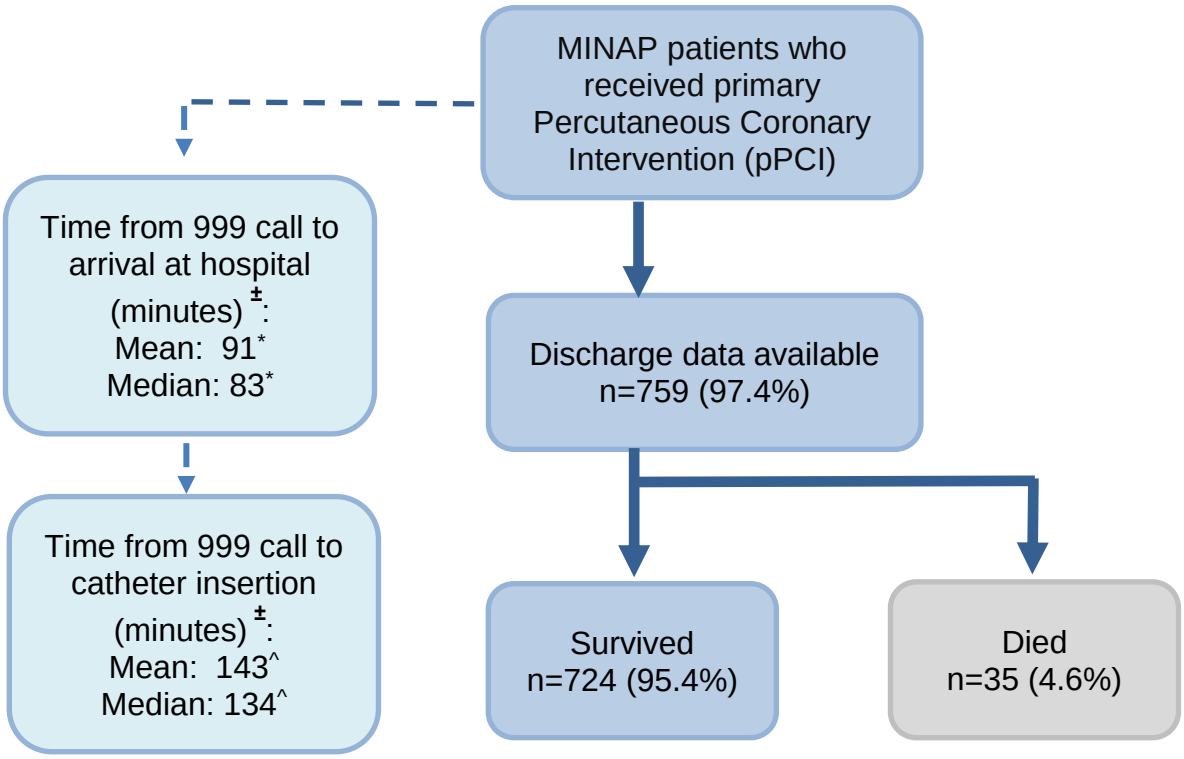

Figure 10: Outcomes for suspected STEMI patients

± *calculated from the time the 999 call was connected to the ambulance service.*

* *excluding cases with missing time data (n=1).*

^ *excluding cases with missing time data (n=14).*

- Treatment data was available on MINAP for 779 patients conveyed by LAS clinicians. These patients were confirmed at hospital as having a STEMI and went on to receive pPCI.
- On average we were getting these patients to the HAC within a mean time of **91 minutes** from the 999 call.
- However, the mean time from 999 call to catheter insertion was **143 minutes**, meaning that hospitals took an average of **52 minutes** to start treatment.
- Where discharge data were available, **95.4%** of patients (n=724) were identified as having survived to hospital discharge. This remains consistent with previous years (95.2% in 2022/23 and 95.3% in 2021/22).
- Note that hospital data were only available for under a quarter of the patients included in this report (24.4%). It is possible that a much larger number of patients overall underwent a pPCI procedure but, due to the incompleteness of the MINAP dataset, we are unable to provide a fuller picture.

3. Conclusions

Following a challenging period of high demand and operational pressures, the LAS have focused on improving our response this year resulting in a substantial decrease of 11 minutes in the time from the 999 call to arrival of the first LAS resource. As a consequence, this has made a notable difference to the time taken for patients to arrive at specialist Heart Attack Centres and to receive pPCI (143 minutes). These time savings are vital in ensuring the rapid assessment and treatment of these patients, which in turn is linked to better outcomes.

The care bundle provision remains lower than desired, with 77.2% of patients receiving all four elements, below the internal LAS target of 80%. Although analgesia continues to be the element with the lowest compliance, a number of quality improvement projects are planned for 2024/25 aimed at improving performance in this area.

Nearly all patients were transported to an appropriate hospital, with the vast majority taken directly to HACs where further treatment such as reperfusion can take place. Hospital data was unobtainable for a large proportion of patients again this year. However, where these data were available, 95.4% of patients survived to hospital discharge.

Our analysis shows that it took 51 minutes on average from LAS delivering patients to the receiving HAC to catheter insertion. Through the Ambulance Quality Indicators (AQIs), NHS England benchmarks ambulance services on ‘999 call to catheter insertion’ times. Our performance can easily be skewed by hospital activity and as such we will petition NHS England to remove this metric and replace it with ‘999 call to arrival at hospital’ time as this would more accurately reflect the care that is within the ambulance services’ control.

During this year we were able to search patient and call records more thoroughly which led to a notable increase in patients being identified for inclusion to the ACS Registry, meaning we have been able to report on a more comprehensive dataset.

Looking ahead, the CARU team have developed a new STEMI Registry application which will further improve our data capture and processing function in 2024/25 and, when coupled with new interactive monthly STEMI care reports, will lead to additional improvements to patient care by highlighting areas of concern and facilitating clinical feedback. This, combined with other planned quality improvement initiatives, should enhance the level of care provided to, and the experience of, our STEMI patients.

Appendix 1 – STEMI care over the last 5 years

		2019/20	2020/21	2021/22	2022/23	2023/24
Total number of patients		3,415	2,826	2,818	2,480	3,196
Response times (h:mm:ss)	mean	0:20:52	0:21:14	0:38:22	0:44:18	0:33:33
	median	0:15:20	0:13:39	0:23:59	0:26:14	0:22:11
On-scene time (overall) (h:mm:ss)	mean	0:39:49	0:38:45	0:41:42	0:42:03	0:43:22
	median	0:36:25	0:36:23	0:39:09	0:38:56	0:40:27
Aspirin administered		97.7%	96.6%	97.6%	97.1%	96.9%
GTN administered		98.4%	96.7%	95.4%	97.3%	96.5%
Two pain assessments recorded		98.2%	96.6%	95.5%	96.7%	97.0%
Analgesia administered		83.2%	75.4%	77.6%	78.5%	83.3%
Conveyed appropriately		99.5%	98.9%	99.1%	98.9%	99.1%
Journey to HAC time (min)		18	18	19	19	20
999 call to arrival at HAC (min)		81	78	99	105	96
999 call to catheter insertion time** (min)	mean	131	129	151	160	143
	median	124	122	139	145	134

*** based on MINAP dataset which is not the complete sample.*