Public Trust Board

Schedule	Thursday 20 July 2023, 11:00 — 13:30 BST
Venue	Online
Organiser	Committee Secretary

Agenda

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	4. Chair and Chief Executive Reports	
11:15	4.1. Report from the Chair (verbal) For Information	
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For Assurance

12:10 5.3. Finance
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5.3.3 Audit Committee
For Assurance

12:25 5.4. Corporate
5.4.1 Director's Report
For Assurance

12:50 5.5. Data and Digital
5.5.1 Data and Digital Committee (Verbal)

6. Quality

12:55 6.1. Quality Report
For Assurance

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13:55	9. Concluding Matters	
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	9.3. Questions from Members of the Public	
	NB: The full summary IPR and Quality Report are on the website and in the library on Convene	

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

11.00am to 1.30pm on Thursday 20th July 2023
Via Teams

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
11.00	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
11.00	2.1	Minutes of the Public Meeting held on 25th May 2023	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient Story					
11.05	3.1	Patient Story	JM	Inform	Verbal
4. Chair and Chief Executive Report					
11.20	4.1	Report from the Chair	Chair	Inform	Report
11.25	4.2	Report from the Chief Executive	CEO	Inform	Report
11.30	4.4	Report from the Deputy Chief Executives	Deputy CEOs	Inform	Report
11.40	4.5	Update from the Public and Patient Council	RD	Inform	Report
5. Director and Board Committee Reports					
11.45	5.1	Quality and Clinical Care 5.1.1 Director's Report (Quality) 5.1.2 Director's Report (Clinical Care) 5.1.3 Quality Assurance Committee	JM FW MS	Assure	Report
12.00	5.2	People and Culture 5.2.1 Director's Report 5.2.2 People and Culture Committee	DMG AR	Assure	Report
12.15	5.3	Finance 5.3.1 Director's Report 5.3.2 Finance and Investment Committee 5.3.3 Audit Committee	RPa BA RP	Assure	Report

12.40	5.4	Corporate 5.4.1 Director's Report	ME	Assure	Report
12.45	5.5	Data and Digital 5.5.1 Data and Digital Committee	JM	Assure	Verbal?
6. Quality					
12.50	6.1	Quality Report	JL	Assure	Report
7. **Board Assurance Framework**					
13.10	7.1	Board Assurance Framework	ME	Inform	Report
8. Policies					
13.20	8.1	Approval of Policy for the Development and implementation of Policy Documents	ME	Approve	Policy
9. Concluding Matters					
13.25	9.1	Any Other Business	All	Note	Verbal
	9.2	Date of Next Meeting – Tuesday, 26th September	Chair	Note	
	9.3	Questions from Members of the Public	Chair	Note	

NB: The full and summary IPR and Quality Report are on the website and in the library in Convene

London Ambulance Service NHS Trust

Public Meeting
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
held at 12.30pm on Tuesday, 25th May 2023
Prospero House, 241 Borough High Street, London SE1 1GA and via Zoom

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

1.OPENNG ADMINISTRATION		
1. a.	**Welcome and Apologies** The Chairman welcomed those present to the meeting. Apologies for absence were received from Karim Brohi.	
2. a.	**Declarations of Interest** JM notified the Board that he had been formally appointed as a Visiting Professor at the University of Hertfordshire. The Board congratulated JM on this achievement.	
2. GENERAL BUSINESS		
2.1 a.	**Minutes of the Previous Public Board Meeting** The Minutes of the previous public meeting of the Board held on 28th March 2023 were approved as an accurate record.	

2.2.	**Action Log**	
a.	The action log and updates were noted and accepted as accurate.	
3. STAFF STORY		
3.1	**Patient Story – Learning Disability**	
a.	Jessica Howe, Learning Disability and Vulnerability Specialist, attended for this item. It was noted that at the private part of the meeting, the Board had discussed a patient story that raised concerns about the timeliness of the care provided by LAS when the patient's carers contacted both 999 and 111 services on his behalf. It had been necessary to hear the story in private because a Coroner's review into the death had not yet been concluded.	
b.	Jessica said the story raised a number of questions about the provision of a generic 111 and 999 service to a population that require personalised care and whether existing pathways meet the needs of the learning disability and/or autistic population. The case also raised questions about the extent to which telephone based services could be adapted for a patient group that did not fit into the generic questions and processes there were in current use.	
c.	Jessica noted that in London c.41,000 people are living with a learning disability and a national statistic was that 49% of people with a learning disability die prematurely and avoidably. LAS was very conscious of this and was launching a range of initiatives around recognising vulnerability at the point of care, including the provision of neurodiversity training. Learning from the case would also be used in a review of the LAS triage system and there would be a report back to the Board on outcomes at a future meeting.	
4. CHAIR AND CHIEF EXECUTIVE REPORT		
4.1	**Report from the Chair**	
a.	The Chair said that since the previous meeting he had attended a number of meetings with ICS Chairs around strategy. He had also visited a number of ambulance stations and talked with staff about a wide raging number of issues. These visits had demonstrated that there was a lot of positivity around team based working from a wide range of staff.	
b.	The Chair stressed the importance of visibility of Board Members and of 'walking the floor'. Going forwards, work would be undertaken on developing a series of NED visits.	
4.2	**Report from the Chief Executive**	
a.	The CEO opened his report by thanking LAS staff for all their hard work over the Coronation weekend. The additional visitors and crowds to the capital meant LAS needed to mobilise extra staff for support at treatment centres, have teams out on foot, on bicycles and working throughout the event to help make sure people could mark the occasion safely.	
b.	Moving on to industrial action, the CEO noted that, after months of negotiations, planning, and periods of strike action, Unison and GMB had voted to accept a pay offer that staff would receive in June. The CEO said he was proud of how staff had worked	

	together during this challenging period but that LAS would not be complacent about levels of staff morale and would continue work to improve the culture and working lives of all staff.	
c.	In response to a question about teams based working, JM said that as part of Teams Based Working, teams regularly reviewed how the team was functioning and that this was supported by the use of teams based data. Team managers were all part of a year long development programme.	
d.	DMG added that it was also intended to take a much more detailed look at the LAS culture programme to understand what works well and what does not in terms of developing a positive and engaged culture.	
4.3	**Category 1 Data Quality**	
a.	The CEO reported to the Board on an error in Category 1 reporting that had been identified by LAS after implementation of a new computer aided dispatch system. Following identification of the error, an NHSE/LAS/NWL steering group had been established to oversee an independent investigation by Verita into the misreporting. Verita had now released the resulting report which concluded that a data coding error led to the misreporting of some Category 1 calls from August 2020 until the introduction of a new dispatch system in September 2022. The error meant that for 9 of the 25 months in question, LAS had erroneously reported itself as compliant with the C1 target response of 7 minutes, when it was not.	
b.	The CEO said that during the period of misreporting, LAS survival rates for conditions such as cardiac arrest were comparable to other ambulance services and the investigators had concluded that it was not feasible to review the 225,000 patient records to determine harm and that they had seen no evidence to suggest patient harm arising from the coding error.	
c.	The Board noted that the report identified weaknesses in LAS governance and culture which led to the error arising and remaining undetected but that the report had concluded that the error was a technical mistake and not one of integrity. A series of recommendations had been made and a draft action plan had been developed to address all of the recommendations. It was also noted that the Board had agreed to establish a new digital and data committee that would oversee implementation of the improvements required	
d.	The CEO said he was confident that LAS now had the safeguards and people in place to ensure that Trust data was accurate. He also reiterated that the report had found that there was no evidence that patients cam to harm as a result of the reporting error. However, it was important to be open and transparent as an organisation and the report and associated action plan had today been published on the LAS website.	
e.	The Chair queried how the Board could be assured that the action plan would be taken forwards in an appropriate manner. The CEO responded that the new Digital and Data Board Sub-Committee would have oversight of implementation of the recommendations coming out of the Verita report as part of its terms of reference. SD, Chair of the new Digital and Data Committee, confirmed that she would regularly report back to the Board on progress and would escalate any concerns if she was concerned about the level of assurance around implementation of the recommendations.	

f.	RP said that in his capacity as Chair of the Audit Committee, the NEDs recognised that the Executive had taken prompt action as soon as the data reporting error had been discovered and reported it directly to NHSE. It was also recognised that this was a technical error with no deliberate intention to mislead and the new Digital and Data Board Committee would put in place a route to provide assurance to the Board.	
g.	The Chair agreed that this was a technical matter that had been identified internally and that it had been swiftly reported upwards to NHSE.	
h.	The Board accepted the Verita Report and approved the recommendations and associated action plan.	
4.4	**Report from the Deputy Chief Executives**	
a.	The Board noted that the full integrated performance report and quality report were available in the Convene library and the Trust website.	
b.	FW presented the report from the Deputy CEOs covering the period March and April 2023. Although LAS had not been subject to industrial action by staff during this period, strike action had been taken by both junior doctors and nurses across the country, during which periods LAS had done its upmost to support the system in the delivery of urgent and emergency treatment for patients.	
c.	In terms of 999, the total number of contacts increased by 16% in March 2023 above the number in February 2023. Although there was a subsequent drop of 9% in April 2023, there was an indication that demand on the service was likely to increase back to pre-industrial action levels. By comparison, March and April 2023 contacts were 21% and 19% respectively down on the same months from the previous year.	
d.	An improvement in the call answering mean seen since January 2023 had, in comparison to increases in demand over the reporting period, been maintained with April 2023 delivering 15 seconds.	
e.	There had been a focus on delivering continuous improvements in the way that the EOC operate. A Category 1 dispatch desk had been introduced to ensure that resources were appropriately tasked to ensure that a response gets to the highest acuity patients as a priority. The transformation programme that commenced in December 2022 now had a team and Programme Board in place to support this work.	
f.	In terms of ambulance services, LAS continued to deliver the second best category 1 performance nationally across both months, whilst category 2 sits in the middle when compared to all other ambulance trusts. A trajectory has been agreed for performance improvement across the 2023/24 financial year and is linked to additional funding for increasing operational staffing and resources.	
g.	Responding to a query about the increase in both Category 1 and 2 calls over the last two/three years, FW said that this was being reviewed at a national level by ambulance trusts, but it appeared at this stage to be largely drive by long term conditions and respiratory which were presenting in a more serious condition.	
h.	A lot of work was underway around Category 1 calls to ensure that they were identified correctly as immediately life threatening and ensuring that the right triage questions were in place to ensure the right resources were dispatched.	

i.	A Category 2 pilot was looking at the value of taking time to fully interrogate how to best provide informed care for patients.	
j.	In response to a query about handover delays, FW said work was underway at a number of hospital sites and their ICSs to understand what can be done to reduce these delays. The important part played by LAS was making sure that patients taken to EDs do need to go there and that LAS was using all the other available pathways, including SDEC, to their maximum. Whilst cohorting patients enables ambulance crews to be released into the system, it was not the best approach from a patient care perspective.	
k.	The CEO said that LAS had developed a 45 Minute Handover Policy across London but it was proving a struggle to implement. The aim was to move to a situation whereby ambulance trusts can implement the policy themselves rather than needing to do so by agreement as was currently the case.	
l.	FW confirmed that concerns about handover delays in hospitals were regularly shared with the ICS's, particularly in relation to their impact on patient safety.	
m.	FW concluded by noting that work was underway on a new style integrated performance report that would be presented at the next meeting of the Public Board.	
5. DIRECTOR AND BOARD COMMITTEE REPORTS		
5.1	**Quality and Clinical Care** 5.1.1 **Director's Report (Quality)**	
a.	JM opened by noting that the CQC was currently at the testing stage of a new framework which it was anticipated would be launched towards end-2023 and LAS was currently undertaking preparatory work. It was also noted that a well-led self-assessment of LAS had begun in which would conclude in June 2023.	
b.	In terms of quality improvement, summary findings from the Q4 patient safety thematics included a 7% reduction in the number of patient safety incidents reported. The top themes from patient safety incidents remained largely consistent, although there had been a 42% reduction in the number of reported incidents categorised as 'dispatch and call' which was a reflection of the reduced demand on the Trust during the period.	
c.	JM noted that compliance with investigation deadlines remained challenged with 62 investigations being open for longer than 6 months. Where applicable, patients, families and staff involved had been engaged in terms of agreeing extended deadlines. A weekly task and finish group had been established, chaired by the Director of Quality, to target investigations which were over 6 months old.	
d.	In respect of Freedom to Speak Up, 47 concerns had been raised in quarter 4, in particular relating to systems and processes, management and culture. Work had begun on implementation of the National Guardian Office Ambulance Speaking Up Review including an increase in the size of the FTSU team. The CEO noted that the increased team size had been accepted as a cost pressure and recruitment to the additional posts would shortly commence.	

	5.1.2. **Report of the Chief Medical Officer**	
e.	FW said that LAS continues to be impacted by hospital handover delays which have the effect of reducing available resources and impacting on the ability to reach patients within nationally set response standards. Every effort was being made to address this issue including supporting the development of additional alternative healthcare pathways to ensure patients are treated nearer home to avoid unnecessary conveyance to emergency departments.	
f.	Call volumes into LAS 111 remain higher than contracted levels although there had been a slight reduction in March 2023. Work was underway collaboratively with commissioners to review the Clinical Assessment Service model which it was anticipated would help inform the model of 111 and CAS services nationally.	
g.	FW said the number of reported patient safety incidents continued to indicate a good reporting culture, particularly with the number of no and low harm incidents. All incidents were reviewed to identify and learn from themes. The number of no harm incidents in March 2023 remained at the expected mean. The number of moderate and severe harm incidents had slightly reduced reflecting the increased level of recruitment	
	5.1.3. **Report from the Quality Assurance Committee**	
h.	MS presented the report from the Quality Assurance Committee noting in particular that there had been a discussion about the number of incident investigations which had been open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs).. A Trust wide improvement plan has been agreed to recover this position.	
i.	QAC had also received an update on a pilot relating to clinical navigation and validation by a clinician prior to dispatch for a small group of Category 2 patients. Clinical validation was used to establish whether an alternative care pathway was the most appropriate response to the patient's needs and might include escalating an incident to a higher responding priority or identifying that they were suitable for an alternative to a DCA response.	
5.2	**People and Culture**	
	5.2.1 **Director's Report**	
a.	At the May meeting**,** the Committee had reviewed recruitment activity in terms of meeting the plan to increase the number of front line staff in post by at least an additional 250 WTE in the financial year 2022/23. To achieve this net increase 1,276 new front line starters had been recruited, which included over 350 call handlers, 450 paramedics and 300 AAPs. Turnover continued on a downward trend and the number of frontline leavers had remained positively below plan. Whilst the Trust had been successful in both clinical and non-clinical recruitment, it had not had the same success in recruiting staff representative of London. To understand this better, in May 2023 the Trust launched a multi-disciplinary project group supported a consultancy who specialise in EDI recruitment.	
b.	DMG also noted that the May meeting had reviewed a deep dive into the 2022 staff survey results. When compared to the 2021 Staff survey results the Trust was improved significantly in 3 domains, no significant change in 5 domains, and one	

	significant decline – this was in relation to satisfaction with pay, standard of care provided by LAS and raising concerns 5.2.2 **Report from the People and Culture Committee**	
c.	AR presented the report from the People and Culture Committee noting in particular the good work done around supporting attendance and absence reporting. The Goodshape Service had continued to embed with attendance levels improving since the introduction of the service, and levels of below 6% were now being consistently reported.	
d.	The Committee had also noted that C1 driving licences remained an issue and that the outcome of the consultation exercise completed in January was still awaited. The committee discussed the impact of this on deploying operational staff and asked for further details to be brought back to a subsequent meeting. The committee also noted that university students do not receive blue light training as part of their course and had asked if it was possible for this to be commissioned and included as part of their course. The committee asked for this to be put forward as a formal request to HEE.	
	5.2.3 **EDI Committee**	
e.	The Board noted that the first meeting of the new EDI Board Committee had been held on 16th May and had been used to approve the terms of reference and scope of the Committee, and also the current EDI work programme. It was noted that there had been a strong steer from the NEDs that it was important to focus on a few high impact areas such as turnover rates for BME staff.	
5.3	**Finance** 5.3.1 **Director's Report**	
a.	RPa updated the Board on the LAS financial position. For the financial year 2022/23, the Trust reported a full year I&E surplus of £0.1m as at 31 March 2023 against the NHS performance target of a breakeven position, a favourable variance of £0.1m. This position was subject to the year end audit.	
b.	The Trust had agreed a breakeven financial plan for 2023/24. The in-month I&E position for April 2023 was a £1.8m surplus; £0.3m favourable to plan.	
c.	The Trust had invested £33.9m on capital expenditure in 2022/23 and utilised all of its available capital funding. The capital plan for 2023/24 had been set at £28.8m. Expenditure for April 2023 was £0.7m. Cash Balance.	
d.	The Chair thanked RPa for his hard work on the finances in 2023/24 which had been a difficult and challenging year.	
	5.3.2 **Report from the Finance and Investment Committee (FIC)**	
e.	BA reported on the May meeting of FIC 'Light', a shorter, more focussed meeting held in the intervening months between the full FIC meeting.	
f.	FIC 'Light' had reviewed the financial position and had also considered a business case to roll out replacement control room radio and mobile data systems	

	across the trust. FIC had noted that this was a complex programme to deliver because LAS was an 'outlier' in that it currently operated a bespoke, in-house system that was different to the rest of the country. FIC had raised a number of issues in relation to the business case, including the importance of good governance around the programme. In conclusion, FIC had approved the business case, subject to clarification and validation of some data in the report. 5.3.3 **Report from the Audit Committee**	
g.	RPa said the Audit Committee had been largely focussed on year end matters including receiving the Head of Internal Audit opinion which was moderate assurance and the draft Annual Report including the Annual Governance statement.	
h.	Follow up actions had been agreed on a number of points of clarification.	
i.	Other items considered at the meeting were the SIRO report which noted good progress against the Data Security and Protection Toolkit, and a review of four internal audit reports. The Committee had also considered the draft Internal Audit Plan for 2023/24 and received a report from the Local Counter Fraud Service including an update on reactive counter fraud work. 5.3.4 **Report from the Charitable Funds Committee**	
j.	The Committee had received an update on charitable fund activities.	
5.4	**Corporate Affairs – Director's Report**	
a.	ME summarised that over the course of the year there had been a significant reduction in overdue complaints. At the end of April, there were a total of 215 open complaints of which 70 (33%) were overdue the 35 working day target response. The team was continuing work to reduce this figure through close monitoring and escalation of cases awaiting information from other departments.	
b.	It was noted that information governance training compliance had increased and the Trust was on target to achieve the Data Security and Protection Toolkit.	
6. QUALITY		
6.1	**Quality Report**	
a.	JL presented the Quality Report containing March 2023 data which provided an overview of the Trust's quality performance through relevant quality KPIs and application of the quality improvement agenda across the organisation. Key points included: • The number of no harm incidents had reduced to within the normal level range over the last 3 months. However, the number of IUEC no harm incidents for March was 2near the upper control limit but was due to increased incident reporting for demographic errors where patient's telephone numbers or addresses had been recorded incorrectly. • The Hand Hygiene compliance rate for March 2023 increased to 98% • Overall Trust compliance for Premises cleaning continued to exceed the Trust performance target of 90%. • There are 736 overdue incidents which have been open on the system longer than	

	35 days (this excludes SIs, PSIIs & PSRs) and a Trust wide improvement plan had been agreed to recover this position. • Stat/ Man training has increased to 87% which was above the 85% target.	
b.	In response to a query about why incident reviews are overdue, JL said this largely related to complex incidents that required access to access to information sourced from different parts of the organisation. There was also a degree of pressure on staff who complete incident investigations in terms of the need to balance the work with their other roles supporting operational delivery.	
c.	Referring to the reference to LAS undertaking good levels of 999 call audits, the CEO noted the importance of linking this to feedback from the patient story. JL agreed that this should not be just a 'tick box' exercise and should look broadly at the issue of call answering, including customer service aspects such as tone of voice.	
d.	BT said the call audit process was currently limited to c.1% of calls but that the IT team were talking to a recording company about increasing the percentage of calls audited via the use of key words and tone of voice. Testing against live data was expected to start shortly.	
6.2	**Quality Account 2022/23**	
a.	JL presented the 2022/23 Quality Account for approval subject to final data checks, formatting for publication and inclusion of stakeholder statements. The draft content had been shared with the chairs of the LAS Patient and Public Council, as well as key stakeholders including Healthwatch.	
b.	The Quality Account included a report on progress against the Quality Account priorities for 2022/23 and presented the priorities for 2023/24 and key performance metrics.	
c.	JL confirmed that NW London ICS would provide a single statement that the other London ICSs had contributed to.	
e.	The CEO noted that the Trust had only delivered about half of the priorities that it had intended to deliver in 2022/23. However, for 2023/24 he was much more confident about delivery because the priorities were more closely aligned with the Business Plan process to ensure to ensure that everyone was working in the same direction.	
7.	**BUSINESS PLAN 2023/24**	
7.1	**Business Plan 2023/24**	
a.	RD presented the Trust's proposed business plan for 2023/2024 which set out key deliverables for the year. The Plan constituted the first year of delivery of the Trust's new five year strategy and, as such, deliverables therefore aligned to strategic objectives developed from feedback from the April 2023 Board Meeting.	
b.	RD noted that the plan also contained an assessment of delivery against the 2022/23 Business Plan. Not all objectives had been achieved but it was acknowledged that the organisation had faced many challenges over the course of 2022/23.	
c.	RD confirmed that the Business Plan for 2023/24 was aligned with the three core missions outlined in the Trust strategy that had been articulated after extensive engagement.	

d.	Responding to feedback about the lack of specific reference in the Business Plan to handover delays, DE said that a number of actions were outlined intended to improve response times and a specific sentence could be included around the crucial importance of improving handovers. However, 'solving' the problem of handover delays required a system wide effort and LAS could not deliver a solution alone.	
e.	In response to a query about the leadership and organisational capacity to deliver all of the actions outlined in the Business Plan, DE confirmed that this had been explicitly discussed at ExCo and for 2023/24 there was a high degree of confidence that the list was achievable particularly given that some actions were already in progress. The Board would be kept appraised on a quarterly basis of progress against the deliverables.	
f.	In response to a comment that a lot of the actions in the Business Plan were qualitative and a query about how these would be measured, DE replied that a model for doing this was currently under development. He further noted that Quality Improvement does need a higher profile within the organisation and staff with expertise in QI to inform better decision making.	
8. BOARD ASSURANCE FRAMEWORK		
8.1	**Board Assurance Framework**	
a.	ME said the 2022-2023 Q4 BAF position had been presented to lead scrutiny committees for review and consideration of the controls and actions in place to mitigate the risks linked to objectives. Following this review, proposed changes to risk scores included:- • Risk relating to the impact of Covid and other infections on demand; reduction of current risk score from 16 to 12 due to the reduced impact on demand with decreasing infection rates. • Risk relating to operational demand exceeding capacity; reduction of current risk score from 20 to 16 due to an overall reduction in demand and an improvement in category 2 performance. • Risk relating to staff wellness / sickness absence: reduction of risk score due to levels of absence reducing from peak of 11% to 6%, supported by c300 WTE net increase in workforce and turnover rate that has stabilised.	
b.	ME also presented a draft 2023-24 BAF summary table based on the 2023-2024 Business Plan objectives/mission statements that would be considered at the next ExCo.	
8. CONCLUDING MATTERS		
8.1	**Any Other Business**	
a.	There were no items of other business raised.	
8.2.	**Date of Next Meeting**	
a.	The next public meeting of the Board would be held on 20th July 2023.	

8.3	**Questions from the Public**	
a.	The Board noted that a question had been received in relation to the production of performance data relating to the Trust. DE responded that it was not the intention to produce monthly performance packs but that performance data would be publicly available in the Board packs that support Board meetings. The second part of the question related to the provision of Borough level performance data. DE responded that consideration would be given to producing Borough level data, but noted the trust is a London wide service. LAS would, however, review whether there was merit in making Borough level data available. In relation to the question around recruitment, LAS was behind a big drive to increase recruitment and the number of vehicles and LAS was determined to meet its contractual commitments. In respect of handover delays, LAS was only part of the solution and this required a system wide response. In relation to 111 services, LAS had been discussing closer working with primary care and how the two services could be more closely aligned.	

London Ambulance Service NHS Trust

ACTION LOG – 20th July 2023 PUBLIC BOARD

Meeting	Action	Lead	Due	Update
	No outstanding actions.			

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 20 July 2023

Report from the Chief Executive Officer

I would like to begin my report by congratulating the NHS on its 75th anniversary. After the challenges we have faced together in recent years, I know we are all particularly grateful for this institution and the incredible people working in it to care for us all.

As part of our celebrations, we worked with local managers to share vouchers to on-duty staff for food to be purchased in Waitrose and provided mocktails for teams from our wellbeing trucks and at our Waterloo HQ so they could raise a glass to the NHS on this special day. All of these treats were provided thanks to the support of our London Ambulance Service Charity.

Our paramedic and clinical trainer Andy Summers was featured by BBC London as part of their coverage of the celebrations, sharing some of his most memorable experiences from his 42-year career at the Service. Our paramedic Paul Bates and Chief Paramedic Professor John Martin were also interviewed in the Evening Standard about the changes they have seen in paramedicine over the years.

Demand and performance update

Just before 10am on Thursday 6 July, we received the first of a number of 999 calls to a collision at a school on Camp Road, Wimbledon. It quickly became clear how significant this incident was and we immediately dispatched multiple resources,

including specialist critical care paramedics, London's Air Ambulance and 15 ambulances. We declared a major incident and quickly stood-up a specialist operations centre. We treated 16 patients at the scene. Sadly, and despite doing everything we could to help, two eight year-olds have died. Our thoughts remain with the families affected by this tragic incident. I would like to thank our staff who worked so hard and tirelessly while on scene, alongside those working in gold command and in our control centres, as well as the school staff and members of the public who helped in those early moments. I know this was an incredibly difficult scene for our teams to attend and I would like to thank them all for their courage and compassion throughout this major incident.

June was another busy month for the Service, as the weather put significant pressure on our teams and hospitals across London. On Monday 12 June, the thunderstorms, high pollen count and pollution were having a very real impact on the health of people in the capital and we received 7,751 999 calls – the highest number since New Years' Eve 2021 when we were in the height of the COVID-19 Omicron outbreak. At the same time, we also received more than 7,600 111 calls. As a result, we had more patients waiting for an ambulance than we would want and many of our team members were waiting at a hospital, keen to get back on the road and to patients needing their help. We worked closely with our NHS partners to agree to the immediate release of our crews, and by Tuesday morning that number had come down.

However, this pressure meant we needed to keep a clear focus on prioritising our patients and bringing down our response rates. We therefore made the decision to move to REAP (Resource Escalation Action Plan) Level 4 on 13 June, helping us to maximise the number of our team members on the road and in our control rooms.

To support our response, we undertook a 'circuit breaker' exercise on Thursday 15 June where we made available 25 additional ambulances, 10 fast response cars, more clinicians working in our clinical assessment hub, on-site support at 18 of our 28 hospitals, as well as a team focussed on improving vehicle availability. These actions had a significant impact on improving our patient response times, helping to reduce the average time it took us to respond to Category 2 calls by 10 minutes over a week.

As we worked to manage demand, our Chief Medical Officer Dr Fenella Wrigley spoke to media outlets including the Evening Standard to share how Londoners could help us meet this demand and we amplified messages on our social media channels.

Our reallocation of resources and a fall in the number of 999 calls we were receiving led to an improvement in our response time performance, so we took the decision to de-escalate to REAP Level 3 on 19 June.

To further improve our response time performance, we have been working with each of London's five ICSs to embed a patient handover process at emergency departments that takes a maximum of 45 minutes. We need to make sure we get this right and have a process in place that supports us, the teams in emergency

departments and our patients. We began piloting the new approach in North West London at the end of May, before expanding it to South East London in June. We are aiming to have this rolled-out across London this summer. Early results have shown a significant improvement in handover times, meaning the time some of our sickest patients (our Category 2 callers) wait for our care has fallen. I want to commend everyone in the Service and all the hospital and ICS teams who have been working on implementing this process, which is a great example of excellent teamwork across a whole health system.

In June, I was horrified by the incident that unfolded at Central Middlesex Hospital. While it was contained by police quickly, it was of course very distressing for those involved, especially our NHS colleagues in the hospital and the ambulance crews who responded. Thank you to everyone involved, from those that led our response to those who dealt with the calls and our crews who were at the scene. You all did a great job in very challenging circumstances.

In June we were also impacted by a major national fault with the 999 system, which caused disruption and meant we had to put in different and more time consuming processes to take calls. Our continuity plans made sure we were able to continue to help those Londoners who needed us the most, and our response times to our most seriously unwell patients remained good over the weekend. There is a national investigation underway into what caused the problem. Thank you to all our 999 call handlers and everyone involved in leading the business continuity who managed superbly during this time.

Our work to support our healthcare partners is expanding and we are in discussions about potentially partnering with primary care providers to help GPs deliver same-day access to urgent care for patients. While we are at an early stage of these conversations, I'm pleased that GPs across London think we might be able to help their patients. In doing this, we would reduce the number of people who phone 111 or 999 because they feel they can't get to see their GP. Working in partnership is fundamental to a sustainable future of the NHS, and has a key part to play in the Primary Care Recovery Plan. Of course, we would only offer to help with these services if we have capacity and our services are running smoothly.

The incredible work being done by our teams has been highlighted by fantastic features in the Saturday Times magazine and the Evening Standard, where journalists spent time with an ambulance crew and in our Emergency Operations Centre. I'm proud that what shines out from these articles is how dedicated our teams are to providing the best care possible for London. What's also evident is the toll this job can take and that's why we prioritise our wellbeing support, including it in one of the objectives for our Business Plan for 2023-4.

We have been putting the final touches to our Business Plan for the coming 12 months, detailing how we will build on the progress we made in 2022/23. The objectives for our plan are grouped under three missions, which will also form the key planks of our new five year strategy. They are:

- Our care: Delivering outstanding urgent and emergency care wherever and whenever needed.
- Our organisation: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.
- Our London: Using our unique pan-London position to contribute to improving the health of the capital.

There is a lot of work needed to achieve these three missions, from further increases in the number of people we employ by recruiting and retaining more staff, IT and telephony modernisation, making improvements in our response times, launching discrimination and inclusivity training for everyone and rolling out almost 200 new vehicles. By working together, I'm confident we can deliver on our ambitions.

In June, it was confirmed the Service had made a successful bid for £40,000 to the Q exchange (led by The Health Foundation) to evaluate our urgent community response (UCR) car scheme. I'm thrilled we are getting the chance to formally evaluate a service that seeks to streamline access to UCR services, providing care in the community and preventing unnecessary trips to hospital. Aimed at primarily older patients and enabling them to be treated at home, initial data suggests the UCR care has a faster response time, with only 30% of patients who had fallen being conveyed to emergency departments. Evaluation of this project has the potential to inform future research studies on different ways we respond to patient's needs.

It is always important for us to engage with our stakeholders to explain the situation in the capital, promote collaborative working and share learning and best practice. I was therefore pleased to meet with Metropolitan Police Commissioner Sir Mark Rowley and London Fire Brigade Commissioner Andy Roe in April to discuss ongoing collaboration between our services.

I joined the Mayor of London Sadiq Khan for one of our regular meetings in May to discuss the progress we were making on our plan for the future of our estate, our electric and low-emission vehicles and response time performance.

We also had the honour of hosting a three-day visit from a team of paramedics from Ottawa. While here, the team visited our Emergency Operations Centre and Clinical Hub and met some of our executive team. It was really interesting to swap experiences of delivering patient care in two very different cities.

I was delighted that in June Health Minister Helen Whately joined LAS team members at Twickenham Stadium to hear more about the importance of defibrillators in community settings, learn lifesaving skills and become the first Government minister who is a registered London Lifesaver. The minister heard from team members including our Head of First Responders, Sam Palfreyman-Jones, and HART paramedics Eliza Harvey and Josephine Ward (who helped save the life of a teenager at Twickenham Stadium in 2021) about our London Lifesavers campaign and the importance of improved public education in lifesaving skills.

Our teams have continued to run training events across the capital to teach people how to administer effective chest compression and use a defibrillator when someone is having a cardiac arrest. It only takes a few minutes to learn the simple steps to take when someone is in cardiac arrest, but it could mean the difference between life and death.

Our new initiative to support people to also receive training in lifesaving skills online through the Resuscitation Council UK and then sign up to be alerted to local

emergencies through the GoodSAM app means it has never been easier to learn what to do and be on-hand should an emergency occur.

Supporting our colleagues

At the end of May we started our new ambulance service specific, three-hour tackling Discrimination and Promoting Diversity conversations course, which is mandatory for all our staff. I attended one of the first sessions and am confident these workshops will help us all think more about the way we behave with and talk to one another.

I am very pleased to share we have agreed the 448 members of staff who were not eligible to benefit from the recent NHS pay deal will now receive the extra money. This is after UNISON requested staff not on Agenda for Change terms and conditions are included in the bonus. These colleagues – who are mainly from our cleaning and Make Ready teams – hadn't formally transferred across in time to automatically qualify for the 2022/23 non-consolidated payments and the back pay from the 2023/24 pay uplift. We felt this needed addressing and so have made provisions for these staff to be recognised too, meaning all 448 staff will receive the same 2022/23 non-consolidated payment and uplift for their band.

Our teams based working approach has gathered pace with all seven early adopter groups covering 1,000 staff now shaping their own rotas, aligning managers to work with them on shifts and expanding training days. I have been pleased to visit a number of these teams in recent months to see first-hand the benefits staff get from dedicated time with each other and their managers.

LAS CONNECT

I am delighted that we successfully launched our new social engagement platform for staff – LASConnect – in June. LASConnect provides our teams with a safe space to have a voice, while supporting us to promote a more positive culture of praise, team working, care and respect.

In June I had the honour of being part of important national discussions about making sure we are a fully inclusive organisation that values difference, as I spoke at the National Ambulance LGBT+ Network conference and led the Association of Ambulance Chief Executives' (AACE) conversation about visible differences – both of in my role as AACE's lead ambulance CEO for diversity and inclusion. Before I attended these sessions, I took some time to speak to staff members in our LGBT+ network and hold a roundtable about the experiences of staff who have a visible difference. My biggest takeaways from these were that we must do better, as a Trust and as individuals, to make sure everyone feels comfortable at work. We need to treat our colleagues with respect and care, not only sticking to the values of the organisation, but also to how we would want and expect to be treated ourselves.

In the same month, we were pleased to share that our crews have started using virtual reality headsets to better prepare them for real-life situations where vulnerable people are in need of help. This technology allows ambulance staff to see situations from a patient's perspective, giving crews a greater understanding of how vulnerable patients may display signs of trauma and helping them to better protect at-risk children and adults.

I was pleased to see the first of our new ambulances hitting the road for their first operational shifts on 13 June. These vehicles are lightweight, produce fewer emissions and are more efficient than our current ambulances, meaning they meet the clean air zone targets in London and contribute to our efforts to reach our zero emission goal by 2030 as outlined in our first LAS Green Plan.

Our London Ambulance Service Charity has joined charities at ambulance services across the country to ask the public to raise money for vital equipment, facilities and measures to support staff wellbeing through the Outrun an Ambulance challenge. Many incredible supporters have raised money for us by beating the distance covered by an ambulance in a 12-hour shift, including our former 111 health advisor Ellie Davies who raised an amazing £816. I would encourage everyone to take part and conquer the distance in their own way.

Remembering those we have lost

14 June 2023 marked six years since the devastating fire at Grenfell Tower in North Kensington. Our thoughts were with the 72 people who sadly died, their family and friends, and those who were injured or impacted. It was also right for us to take time and reflect on the impact the terrible events of that night had on our staff, those who were involved in the response and those touched by this tragedy.

Celebrating our colleagues

I am very proud of our staff and volunteers and am always delighted to see how many thank you messages we receive from members of the public for the exemplary care they have received from our teams. Since my last report, we have received almost 150 new thank you messages for more than 200 members of staff and volunteers. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers recognised	Financial YTD
2023	January	125	1211	344	3152

2023	February	52	1263	179	3331
2023	March	50	1313	136	3467
2023	April	42	42	111	111
2023	May	67	109	175	286
2023	June	82	191	33	319

I would like to congratulate our Chief Paramedic Dr John Martin, who, in June, was made a Visitor Professor of Paramedic Science at Hertfordshire University and awarded the Kings Ambulance Service Medal in the King's Birthday Honours. This is a well-deserved honour, recognising his phenomenal career improving patient care and developing the expertise of clinicians in the profession. Since joining us in 2021 John has helped us become the biggest apprenticeship provider, worked hard to protect staff from violence and aggression, and been a fantastic all round leader. He's been president of the College of Paramedics for six years and during his tenure its membership has grown by 2,000%.

In further recognition of the incredible work done by our staff and volunteers across the Service, I was very pleased our mental health joint response car team was shortlisted for an NHS Parliamentary Award. Their nomination for 'The Excellence in Mental Health Care Award' category by nine Members of Parliament is testament to the work the team do responding to patients in mental health crisis, treating both their physical and mental health needs and providing a better and more rounded care approach.

In May, I was very proud to present Paramedic Sam Hascott with a very well deserved Chief Executive's commendation following an act of selfless bravery at work. Sam, who's on secondment to the Cycle Response Unit, responded to a call about a very distressed man on a high ledge in Bloomsbury on Thursday 4 May. Sam tried to engage with the man from inside of the window but he and firefighters were unable to talk him back inside. As the man started to push himself further over the ledge, Sam reached out, grabbed him and pulled him back towards the windows where other emergency service workers were able to pull him in. It's a real credit to Sam – and the others at the scene – that the man's life was saved that day.

22 June marked the 75th anniversary of the day HMT Windrush docked in Tilbury, Essex, carrying passengers from the Caribbean in search of a new life, and to help us rebuild after the devastating war. Many of those original 490 people played an instrumental part in developing the NHS, which formed the same year. It is right we pay our respects to the important contribution and dedication they, and many subsequent generations of their families, gave to the NHS we know today. I encourage anyone passing through Waterloo Station, near our Headquarters, to visit the National Windrush Monument erected in tribute to their contribution.

As an ally to members of the LGBTQ+ community, I was delighted to visit our team members before they set off in the Pride in London parade with our customised Pride flag ambulance on 1 July. This is a hugely important event for our ‘green family’ and we are proud to join the march to show the people of capital that the Service is an inclusive and welcoming employer. I would also like to thank our staff and volunteers who were working across the weekend to ensure everyone could enjoy the celebrations safely.

On 24 June, we marked the annual Armed Forces Day which commemorates the service of men and women in the British Armed Forces. This is an important day for us an organisation, in particular because of our large armed forces community and collaboration with the Royal Air Force.

In May, our paramedics Craig Henty and Terence Thomson visited 98-year-old Second World War veteran Albert Gibbs and helped him recall events from his career working on London ambulances by bringing one of our vehicles from the 1960s.

World Wellbeing Week at the end of June gave us an opportunity to mark the amazing work of our wellbeing team, who offer support after incidents, hand out food

and drink, run the occasional yoga and dance class to look after our physical health, and offer a range of support from financial to nutritional advice. I am delighted our Wellbeing Hub has been shortlisted for the Staff Wellbeing Initiative of the Year in the HSJ Patient Safety Awards 2023.

London Ambulance Service NHS
NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING
Report of the Deputy Chief Executives – July 2023

This report covers the reporting period of May and June 2023 with performance of the main service delivery areas now shown in the July publication of the Integrated Performance Report (IPR).

The IPR has been revised and reformatted to provide Trust level metrics centred on the following areas of focus:

- Our Performance
- Our People
- Our Quality
- Our Finances

We have moved, where possible, to develop a consistent style of reporting through Statistical Process Control (SPC). We believe this will provide for a consistent framework for both reporting and discussion; supporting better challenge and decision making across the Trust.

The data contained within the IPR is seen as the core metrics which we are required to report on, with a view that more granular levels of detail, where required, will be addressed and discussed at committees reporting to the Trust Board.

Plans are in place to enhance the IPR in coming months and changes will be announced with the delivery of the IPR each month.

1. 999 Emergency Operations

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

There are no targets for number of contacts made and calls answered, however, for the purposes of SPC we have assumed that a reduction in these represent improvement, as this directly affects performance within EOC and Ambulance Operations.

Both metrics show that there has been common cause variation across the period. Activities to reduce the demand on the service from the Metropolitan Police Service saw activity maintained near the median.

Industrial action from December 2022 has had a substantive effect on demand which is shown as special cause improvement in February 2023 across both metrics and related, we believe, to a change in public behaviour. This demand remains below the median, although we are seeing an upward trend as demand returns.

Following the announcement from the Commissioner of the Metropolitan Police that they would no longer deal with health related calls to their service from September 2023 (known as Right Care Right Person and detailed in the Chief Medical Officer's Report), we are working in collaboration with them to ensure this is enacted safely.

The call answering mean target is 10 seconds. The target was not achieved and is shown as common cause variation. Although the performance remains below the mean we are taking actions through the EOC transformation programme to ensure that we consistently meet the target. Main areas of the EOC programme are focussing on:

- Recruitment of additional EOC staff
- Working with Operational Research for Health (ORH) to establish baseline staffing and time of day requirements
- Understanding underlying turnover rate and increasing retention
- Establishing new team based working culture

The national target remains at 10 seconds however the agreed trajectory based on the additional funding for the 2023/24 financial year for the call answering mean is shown in table 1, with month actuals. The LAS is exceeding this trajectory for call answering.

Activity & Performance	Apr-23	Apr Actual	May-23	May Actual	Jun-23	Jun Actual	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
All incidents (AQI A7)	113,432	96,194	117,877	99,049	114,831	97,950	118,848	115,341	112,837	119,182	117,044	122,904	121,064	112,322	119,900
Incidents with Face to Face Response (AQI A56)	89,367	83,114	92,910	84,490	90,556	83,463	93,736	90,755	88,861	94,020	92,438	97,184	95,620	88,659	94,630
Calls Answered (AQI A1)	152,909	112,077	162,219	127,287	162,219	131,094	172,929	159,072	157,183	164,375	165,538	180,117	172,038	165,661	171,247
Call Answer Mean (Seconds)	50	15	50	14	40	32	30	20	20	20	10	10	10	10	10

Table 1: Actual performance against agreed trajectory for incidents, calls answered and call answering mean

Hear & Treat, See & Treat and ED Conveyance trends are recorded in the patient outcomes section of the IPR.

The national average of hear & treat in May & June 2023 was 12%. The LAS was higher at 14.7% and 14.8% for May and June respectively. There is no target for hear & treat and the SPC chart shows common cause variation over the past two years. We continue with the Category 2 validation programme to increase the number of patients who we can safely determine alternative ways in which to resolve their call, other than sending an ambulance.

The see & treat rate of 30.1% was 0.09% less than the national average of 31% in May 2023. This increased marginally to 30.3% in June 2023 against a national average of 31%. The SPC shows common cause variation and although special cause concern was recorded between January and March 2023 we have seen a return to around the mean as call volumes have slowly increased.

Emergency Department (ED) conveyance was 53.3% and 52.8% in May and June 2023 respectively and compared with 52% in May and June nationally. There has been special cause concern between April to June 2023. We believe that the decrease in calls at the beginning of the year has meant opportunities to appropriately divert patients through hear and treat and see and treat has reduced. As a consequence the acuity of patients are subsequently increasing and the likelihood is that more patients are requiring transport to hospital. This pattern appears to be replicated nationally, however, we are looking to substantiate or understand this change.

2. Ambulance Services

Performance against categories 1 to 4 ambulance quality indicators are shown in Categories 1 to 4 section of the IPR.

Category 1 mean performance did not meet the 7 minute target in May or June 2023. The SPC shows that hitting the target has been sporadic over the two year reporting period. There is natural cause variation, however, special cause concern was shown from June 2022 to March 2023 with specific high points from September 2022 to December 2023 following the change in Computer Aided Dispatch (CAD). As reported previously there has been investigation into the veracity of the data prior to September 2022 which will have impacted the plot.

The improvement in performance since January 2023 has partially been as a result of a reduction in demand, following the national industrial action. However, other initiatives have coincided with this including the actions in the winter plan, introduction of the category 1 desk and increased staffing within EOC.

The LAS remains one of the best performing services nationally for category 1 and was 2nd best in the country for both May and June 2023.

Category 2 performance has failed to meet the target of 18 minutes. Although natural cause variation has been seen for the period, system interventions are required to improve and meet the target. As a consequence a category 2 improvement plan has been initiated with the following areas of focus:

- Hospital handover time – compliance with maximum agreed 45 minute process
- Out of service management – operations team to support the Tactical Operations Centre (TOC)
- C2 trajectories established by local group area
- Job cycle time improvement – monitored by group station and Trust metrics
- Targeted overtime – overtime to focus on times and locations to provide greatest impact
- Abstraction monitoring – to ensure staff abstractions are minimised to reduce impact on daily performance
- Overtime cancellation – new approach to manage staff who cancel overtime at short notice

There has been interest shown in Borough level data and we have been analysing the links between response times, demographics, geography and pressures across the healthcare system. Response times tend to be higher where there are variations in job cycle times and the primary driver for this is delays in hospital handover times. In addition, variations in response times widen when the wider health and care system is under pressure. Although there is rightly a focus on the delays on patients experience waiting to be admitted to hospital; the delays for patients in the community become magnified by this data. It is essential that all partners within the health and care system play their part in reducing this variation in particular through full implementation of the 45-minute handover policy across the capital before this winter.

London level data for Categories 1 and 2 are provided in tables 2 and 3 respectively. It is not our intention to publish this data on a monthly basis but is provided for context and we will review it regularly including in public board sessions. It should be noted that data was not published in October or November 2022 while we validated outputs from our new computer aided dispatch system.

Clearly LAS also has an important role. In line with the development of team based working, many of the Category 2 initiatives above, are centred on improvements at local group area level. By making improvements at this level we are looking to reduce variations across London.

	Month of date												
Borough	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**	**Jun-23**
Barking and Dagenham	00:07:25	00:07:18	00:06:55	00:07:47	00:07:12	00:09:27	00:10:25	00:07:18	00:07:48	00:07:42	00:07:20	00:07:32	00:07:48
Barnet	00:06:50	00:07:04	00:08:03	00:08:05	00:07:17	00:09:17	00:10:56	00:08:05	00:07:55	00:08:29	00:07:04	00:07:43	00:08:15
Bexley	00:07:36	00:09:02	00:09:20	00:09:14	00:08:39	00:11:39	00:11:57	00:08:00	00:08:30	00:08:38	00:07:54	00:08:15	00:08:12
Brent	00:06:24	00:06:58	00:08:27	00:07:46	00:07:58	00:09:34	00:10:49	00:08:03	00:08:00	00:08:24	00:06:56	00:07:30	00:08:04
Bromley	00:07:43	00:08:00	00:07:59	00:09:20	00:09:18	00:10:20	00:12:02	00:08:21	00:08:39	00:08:26	00:07:57	00:08:21	00:09:26
Camden	00:05:47	00:06:26	00:07:20	00:07:16	00:07:16	00:08:59	00:09:32	00:06:52	00:07:11	00:07:37	00:06:10	00:06:32	00:07:39
City of London	00:05:47	00:05:33	00:07:26	00:07:02	00:06:39	00:08:09	00:08:33	00:07:01	00:06:32	00:07:16	00:06:20	00:07:01	00:07:47
Croydon	00:07:40	00:07:22	00:08:35	00:09:02	00:09:31	00:10:12	00:12:03	00:07:58	00:08:00	00:08:20	00:07:36	00:08:29	00:08:50
Ealing	00:06:23	00:06:59	00:07:17	00:07:44	00:07:37	00:09:26	00:10:27	00:08:01	00:07:40	00:08:11	00:07:30	00:07:54	00:08:08
Enfield	00:07:04	00:07:42	00:07:44	00:09:02	00:07:53	00:10:07	00:11:08	00:08:42	00:08:50	00:08:29	00:06:45	00:07:35	00:08:38
Greenwich	00:06:53	00:08:13	00:07:28	00:08:42	00:08:00	00:08:53	00:11:43	00:07:41	00:07:50	00:09:29	00:07:54	00:08:14	00:07:44
Hackney	00:06:17	00:06:59	00:08:13	00:07:55	00:07:28	00:11:45	00:09:43	00:07:41	00:07:29	00:08:08	00:07:32	00:07:26	00:08:30
Hammersmith and Fulham	00:05:38	00:05:53	00:06:25	00:06:35	00:06:06	00:08:38	00:08:55	00:06:27	00:06:25	00:07:05	00:06:46	00:06:18	00:06:28
Haringey	00:06:37	00:07:11	00:07:28	00:08:51	00:07:16	00:10:26	00:11:23	00:09:04	00:08:11	00:08:33	00:07:10	00:08:02	00:08:39
Harrow	00:06:32	00:06:55	00:08:18	00:08:19	00:08:45	00:09:46	00:10:15	00:07:59	00:08:20	00:08:01	00:07:09	00:07:35	00:08:24
Havering	00:07:02	00:07:07	00:08:01	00:08:59	00:06:50	00:09:17	00:11:21	00:08:24	00:07:53	00:08:05	00:06:45	00:07:26	00:07:41
Hillingdon	00:07:17	00:06:48	00:07:50	00:09:01	00:08:18	00:09:53	00:09:46	00:08:23	00:07:58	00:09:05	00:08:00	00:07:31	00:08:52
Hounslow	00:06:03	00:06:43	00:07:23	00:07:30	00:07:06	00:09:00	00:09:52	00:07:49	00:07:09	00:08:17	00:06:54	00:07:47	00:08:10
Islington	00:06:50	00:06:48	00:07:07	00:07:39	00:07:17	00:11:52	00:10:24	00:07:25	00:07:54	00:07:27	00:06:51	00:07:37	00:08:02
Kensington and Chelsea	00:05:53	00:06:13	00:06:17	00:06:56	00:06:51	00:08:36	00:08:17	00:05:46	00:06:42	00:06:13	00:05:53	00:05:57	00:06:38
Kingston	00:06:35	00:06:47	00:06:44	00:07:13	00:07:30	00:07:53	00:09:51	00:06:45	00:07:39	00:08:16	00:06:32	00:07:35	00:07:32
Lambeth	00:05:54	00:05:58	00:06:39	00:07:26	00:06:55	00:08:07	00:09:30	00:06:28	00:07:01	00:07:11	00:06:14	00:06:34	00:06:43
Lewisham	00:06:46	00:06:48	00:08:02	00:07:42	00:08:16	00:10:17	00:10:47	00:07:52	00:08:14	00:07:49	00:07:24	00:08:02	00:07:47
Merton	00:06:03	00:05:59	00:06:31	00:07:25	00:07:09	00:08:45	00:09:53	00:08:00	00:07:37	00:07:38	00:06:53	00:07:31	00:07:50
Newham	00:06:59	00:07:04	00:08:03	00:08:11	00:08:08	00:08:49	00:10:33	00:07:48	00:08:26	00:08:39	00:07:52	00:07:50	00:08:31
Redbridge	00:07:15	00:07:57	00:07:32	00:07:56	00:07:19	00:09:51	00:11:17	00:08:10	00:08:00	00:08:06	00:07:09	00:07:53	00:08:47
Richmond	00:06:10	00:06:30	00:06:52	00:07:19	00:07:12	00:08:24	00:10:31	00:07:07	00:07:58	00:08:10	00:07:20	00:07:10	00:07:30
Southwark	00:05:37	00:06:20	00:06:25	00:06:51	00:07:11	00:08:43	00:09:05	00:06:36	00:06:30	00:06:57	00:05:59	00:06:40	00:06:37
Sutton	00:07:15	00:07:04	00:07:56	00:08:56	00:08:12	00:10:10	00:11:43	00:08:09	00:07:18	00:08:41	00:07:41	00:07:31	00:08:27
Tower Hamlets	00:06:02	00:06:34	00:07:10	00:08:02	00:06:44	00:08:57	00:09:54	00:07:21	00:07:26	00:07:50	00:07:06	00:07:27	00:07:52
Waltham Forest	00:07:43	00:07:22	00:08:00	00:08:26	00:08:01	00:09:29	00:12:16	00:08:51	00:09:27	00:09:14	00:08:23	00:08:47	00:09:23
Wandsworth	00:07:04	00:06:31	00:07:36	00:07:30	00:07:33	00:10:34	00:09:32	00:07:07	00:07:57	00:07:41	00:07:10	00:06:54	00:07:47
Westminster	00:05:19	00:05:38	00:06:43	00:06:47	00:06:37	00:08:11	00:09:25	00:06:42	00:07:02	00:06:50	00:05:54	00:06:26	00:06:29

Table 2: Category 1 mean performance April 2022 to June 2023 by London Borough

	Month of date												
Borough	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**	**Jun-23**
Barking and Dagenham	00:56:10	01:02:13	01:13:25	01:26:41	00:49:47	01:13:16	02:07:36	00:44:43	00:47:03	00:51:48	00:37:15	00:58:45	00:57:43
Barnet	00:46:01	00:43:04	00:58:47	01:00:05	00:42:59	00:55:02	01:32:53	00:28:23	00:36:03	00:41:18	00:32:22	00:46:12	00:53:43
Bexley	00:39:56	00:44:43	00:51:54	00:55:11	00:46:13	00:54:01	01:57:25	00:27:14	00:35:01	00:36:56	00:36:03	00:42:50	00:38:01
Brent	00:37:35	00:43:05	01:08:50	01:05:28	00:50:47	00:59:37	01:27:39	00:34:01	00:42:09	00:51:29	00:40:57	00:48:48	00:56:35
Bromley	00:40:39	00:41:00	00:49:13	01:01:26	00:44:28	00:50:49	01:41:49	00:27:10	00:27:54	00:28:56	00:29:02	00:35:39	00:35:06
Camden	00:29:51	00:32:09	00:40:53	00:42:26	00:31:47	00:36:36	00:57:25	00:22:05	00:28:31	00:33:08	00:27:03	00:42:18	00:45:48
City of London	00:30:19	00:34:18	00:52:56	00:43:13	00:33:12	00:46:30	01:09:19	00:26:15	00:34:31	00:39:01	00:32:14	00:38:33	00:46:56
Croydon	00:37:35	00:41:12	00:51:37	01:12:19	00:51:15	00:48:41	01:58:11	00:31:26	00:31:31	00:40:22	00:34:13	00:39:16	00:46:58
Ealing	00:34:43	00:45:37	01:05:34	01:08:07	00:47:43	00:51:00	01:08:37	00:30:53	00:35:45	00:44:14	00:33:43	00:46:19	00:45:17
Enfield	00:47:16	00:52:34	01:04:56	01:18:48	00:50:47	01:04:54	01:41:57	00:38:01	00:43:45	00:48:23	00:33:43	00:56:22	01:06:03
Greenwich	00:34:48	00:38:56	00:49:28	00:51:16	00:41:08	00:46:05	01:57:28	00:25:40	00:33:21	00:37:12	00:37:00	00:41:25	00:37:34
Hackney	00:39:44	00:41:05	00:54:21	01:03:06	00:38:57	00:58:06	01:29:33	00:32:11	00:38:49	00:46:57	00:38:20	00:47:36	00:57:44
Hammersmith and Fulham	00:25:55	00:28:55	00:42:33	00:41:11	00:30:33	00:29:53	00:39:02	00:17:22	00:20:45	00:22:46	00:20:50	00:27:37	00:31:18
Haringey	00:44:10	00:48:54	01:06:56	01:16:02	00:44:18	01:00:20	01:38:30	00:36:59	00:40:11	00:46:30	00:34:40	00:59:12	01:07:38
Harrow	00:40:05	00:44:39	01:10:46	01:10:08	00:54:28	01:03:20	01:38:28	00:37:07	00:46:17	00:51:36	00:42:14	00:48:15	00:59:33
Havering	00:58:56	01:01:49	01:19:08	01:29:07	00:52:59	01:23:06	02:30:16	00:46:35	00:45:41	00:52:02	00:35:00	00:59:24	00:55:08
Hillingdon	00:40:32	00:51:57	01:13:45	01:15:33	00:50:29	01:00:22	01:20:03	00:31:42	00:39:04	00:44:12	00:33:20	00:45:23	00:53:53
Hounslow	00:33:36	00:43:37	01:02:05	01:03:20	00:46:30	00:47:38	01:07:47	00:29:37	00:32:09	00:42:07	00:31:50	00:42:32	00:43:52
Islington	00:32:39	00:36:02	00:48:13	00:49:42	00:34:41	00:43:32	01:06:58	00:25:39	00:33:03	00:37:07	00:32:34	00:48:15	00:53:34
Kensington and Chelsea	00:24:34	00:28:21	00:42:15	00:41:07	00:28:05	00:29:33	00:38:16	00:17:28	00:18:51	00:22:00	00:19:11	00:28:30	00:30:32
Kingston	00:31:02	00:31:19	00:47:05	00:42:40	00:34:38	00:32:59	00:54:28	00:20:32	00:20:33	00:32:25	00:17:52	00:24:31	00:30:52
Lambeth	00:22:43	00:27:46	00:36:27	00:41:58	00:29:17	00:31:20	00:45:35	00:16:33	00:19:03	00:20:32	00:18:09	00:26:19	00:25:44
Lewisham	00:34:14	00:40:52	00:48:53	00:57:41	00:44:40	00:47:52	01:30:03	00:26:30	00:32:17	00:33:23	00:31:58	00:36:24	00:37:31
Merton	00:27:56	00:30:02	00:39:52	00:47:23	00:33:11	00:30:50	01:05:26	00:22:21	00:23:07	00:29:02	00:22:05	00:26:08	00:33:15
Newham	00:45:56	00:45:40	01:03:12	01:10:22	00:44:33	00:52:26	01:25:20	00:34:41	00:40:28	00:49:15	00:34:29	00:48:19	00:48:26
Redbridge	00:54:26	00:55:49	01:13:01	01:26:20	00:51:48	01:14:29	02:01:47	00:44:25	00:47:09	00:53:38	00:39:10	00:59:12	00:57:26
Richmond	00:32:04	00:34:29	00:51:57	00:54:16	00:40:34	00:40:01	01:01:30	00:24:15	00:25:42	00:34:40	00:24:51	00:32:46	00:37:09
Southwark	00:22:12	00:26:32	00:37:19	00:41:27	00:28:07	00:28:16	00:44:09	00:17:43	00:18:52	00:20:06	00:18:03	00:23:52	00:23:59
Sutton	00:30:36	00:34:28	00:42:55	00:52:19	00:37:14	00:36:54	01:21:37	00:25:25	00:25:47	00:35:16	00:24:40	00:28:42	00:36:38
Tower Hamlets	00:40:50	00:42:30	00:56:53	01:01:13	00:38:11	00:55:59	01:20:10	00:31:06	00:38:17	00:46:51	00:38:06	00:47:13	00:58:54
Waltham Forest	00:53:54	00:57:01	01:09:57	01:22:27	00:51:58	01:05:19	01:40:26	00:40:52	00:45:17	00:54:18	00:40:39	00:56:28	01:02:44
Wandsworth	00:28:26	00:32:43	00:43:45	00:47:19	00:34:05	00:31:43	01:01:27	00:22:53	00:24:05	00:27:26	00:23:00	00:27:20	00:32:26
Westminster	00:25:31	00:28:52	00:40:43	00:40:31	00:28:21	00:28:14	00:42:31	00:19:21	00:22:47	00:24:01	00:21:16	00:29:39	00:32:46

Table 3: Category 2 mean performance April 2022 to June 2023 by London Borough

The trajectory of improvements linked to the additional funding received for the 2023/24 financial year with actual performance to date is shown at table 4.

Activity & Performance	Apr-23	Apr Actual	May-23	May Actual	Jun-23	Jun Actual	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
C2 Mean (hh:mm:ss)	00:45:00	00:31:19	00:40:00	00:42:00	00:37:00	00:45:45	00:35:00	00:33:00	00:33:00	00:31:00	00:31:00	00:34:00	00:29:00	00:29:00	00:29:00
Total Time Lost to Handover Delays >30 mins (mins)	124,961	321,486	116,768	376,404	121,477	323,243	84,936	74,086	77,340	54,345	43,906	51,872	0	0	0
Average Handover Time (hh:mm:ss)	00:30:00	00:25:38	00:30:00	00:26:59	00:27:00	00:25:44	00:27:00	00:27:00	00:27:00	00:25:00	00:25:00	00:27:00	00:20:00	00:20:00	00:20:00

Table 4: Actual performance against agreed trajectory for C2 and hospital handover

Hospital handovers remains the primary challenge in meeting this trajectory. The percentage of conveyances which took more than 30 minutes for the ambulance crew to handover the patient at hospital in May and June 2023, is set out in table 5.

Hospital site	Percentage of handovers over 30 mins
Barnet	40%
Charing Cross	3%
Chelsea & Westminster	2%
Croydon University Hospital (Mayday)	18%
Ealing	17%
Hillingdon	17%
Homerton	3%
King Georges, Ilford	67%
Kings College	28%
Kingston	21%
Lewisham	25%
Newham	55%
North Middlesex	66%
Northwick Park	33%
Princess Royal, Farnborough	17%
Queen Elizabeth II, Woolwich	7%
Queens, Romford	69%
Royal Free	21%
Royal London (Whitechapel)	28%
St Georges, Tooting	28%
St Helier	21%
St Marys, W2	10%
St Thomas'	22%
University College	12%
West Middlesex	8%
Whipps Cross	52%
Whittington	24%

Table 5. Proportion of handovers over 30 minutes March/April 2023 (unvalidated data)

The time lost at hospital greater than 15 minutes continues to not meet the target. With common cause variance this demonstrates that wider system changes are required to meet the target of 0 hours and is reflected in table 2 above. The SPC is shown in the Hospitals section of the IPR.

The LAS has continued to work in collaboration with the wider healthcare system on reducing delays at hospitals. In particular we have been piloting a process with North West London and latterly South East London systems. Working collaboratively with hospital staff our ambulance crews agree on the handover and leave patients in their care within 45 minutes at the latest.

Initial indications is that there is some broad improvement, although some hospitals remain challenged and with whom we continue to work.

4. Integrated Urgent and Emergency Care

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

In May LAS saw 157,950 calls answered across all contracts and in June 144,315 were answered. This resulted in 67,461 clinical consultations with alternative pathways used to manage other calls across the system including direct booking to primary care

LAS continue to run a combined call answering for NEL and SEL, along with NWL and smaller contracts in SWL/NCL.

- LAS continue to deliver NWL call handling through the Pan London Alliance (PPG/LCW), and have been supporting with additional call activity over the past two months.

- Collaborative work is continuing between LAS and 111/ IUC Commissioner Operations and Clinical Directors to adapt our service model to meet ICB needs and agree contracts and future models of care delivery.

- A national review of 111 services is expected to be launched in July 2023. This will consider future 111 service models, metrics and performance oversight.

- The LAS continue to provide validation and *5 crew on scene response for NCL

- Ongoing recruitment, rota reviews and increased training has been planned in anticipation for winter demand.

- LAS are working with IUC and Primary Care ICB leads to support in-hours primary care services developed through Fuller projects.

5. Resilience and Specialist Assets (R&SA)

Since the last report the Trust has responded to one Significant Incident, one business continuity critical incident and one Major Incident.

On the 1st July we responded to a road traffic collision involving 5 vehicles, on the M4 in Hounslow, which was declared a Significant Incident. The Special Operations Centre (SOC) South was opened at Waterloo and LAS resources treated and conveyed 8 casualties, all of whom were priority 2 and 3 patients.

At 06:24 hours on Sunday 25th June, British Telecommunications (BT) identified an issue with 999 calls cutting off, which they were investigating. At 07:02 hours the issue was escalated internally as an incident. At 07:52 hours, Emergency Operations Centre (EOC) noted a prolonged period of inactivity for incoming 999 calls, which was escalated to BT, who confirmed there was a national issue. BT informed emergency services by email at 08:01 hours.

Our strategic and tactical teams initiated an initial response to the incident;

- To warn and inform the public to call 111 if they were unable to access 999
- Deployment of solo responders to node points and fire stations to provide a visible resource for the public if required
- We declared a business continuity critical incident at 09:47 hours

A process for the hot transfer of calls from 111 to 999 call handlers was invoked, and further work initiated to add a frontline message to those calling 111 with a medical emergency. BT confirmed at 09:15 hours that a backup telephony system was in place for 999 calls although with only basic call functionality. Additional mitigations remained in place for us whilst the backup system was in place.

A temporary fix which provided all 999 call data was in place by 20:50 hours and all emergency calls were successfully transferred to the temporary fix network and we stood down the LAS BC incident.

A learning and action review has taken place and these are being worked through with all partners.

On the 6th July we responded to an incident at a school in Wimbledon, where a driver collided with a group of primary school children, within the grounds of the school. We declared a Major Incident and SOC North at Newham was opened. In total we treated 16 patients and tragically two 8 year old children died as a result of the incident. A hot debrief was conducted immediately after the incident was stood down and a full debrief will be facilitated and a report produced to identify lessons and learning.

Our Hazardous Area Response Team (HART) have just completed their refresher training cycle for Urban Search and Rescue (USAR) in Lincolnshire Fire and Rescue Service's training ground. This year we trained alongside partners from the East of England Ambulance Service, and as in previous years, our Advanced Paramedic Practitioner Critical Care colleagues facilitated the clinical aspect of the training.

Our Emergency Planning team continue to deliver new entrant major incident training, as well as a number of command training courses, including delivering commander training to the Northern Ireland Ambulance Service.

Our Tactical Response Unit (TRU) have just completed their water refresher training, which is used to support our HART colleagues in the rescue of casualties in water.

We are actively participating in the Manchester Arena Recommendations Oversight Group (MAROG), monitoring progress on recommendations across the national Ambulance Services.

London Ambulance Service NHS Trust

Report to:	Trust Board			
Date of meeting:	20 July 2023			
Report title:	London Ambulance Service Public and Patient Council (LASPPC) update			
Agenda item:	4.4			
Report Author(s):	Jai Patel, Head of Stakeholder Engagement			
Presented by:	Roger Davidson, Director of Strategy and Transformation			
History:	N/A			
Purpose:	☐	Assurance	☐	Approval
	☐	Discussion	☒	Noting

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

The London Ambulance Service Public and Patients Council (LASPPC) was established in 2020 and is one of many ways the Trust engages patients and local communities with its work.

In line with the LASPPC's terms of reference, this paper provides an update from the latest meeting (May 2023)

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

The Board is asked to note the contents of this paper.

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

Directorate	Agreed				Relevant reviewer [name]
Quality			No		N/A
Finance			No		N/A
Chief Operating Officer Directorates			No		N/A
Medical			No		N/A
Communications & Engagement	-		-		-
Strategy			No		N/A
People & Culture			No		N/A

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

1. The latest London Ambulance Service Public and Patients Council (LASPPC) meeting took place in person on 24 May 2023 (agenda attached, Appendix 1).

2. Peter Rhodes, Deputy Director of Ambulance Operations, updated members on teams based working which has been introduced to improve staff morale and meet the service needs post-COVID. Members were interested to know how the service was monitoring the impact of this new way of working. Peter explained that the Trust will be looking at a range of measures such as sickness levels, NHS staff survey 2023 results (due in October) and the impact on patient care which the College of Paramedics have been commissioned to support this work. Members asked for a progress update at their November 2023 meeting.

3. Daniel Elkeles added to the update on teams based working and also spoke to members about the launch of the LAS Strategy and the LAS business plan for 2023-24.

4. Head of First Responders Samantha Palfreyman-Jones updated members on the London Lifesavers programme, which has new branding and tag line 'lifesavers are life changers'. She outlined how it would be rolled out to every 12-13 year old in secondary schools, which would be prioritised using existing data on call outs and high deprivation areas. Sam also mentioned that the programme is aiming to build up a database of London Lifesavers by hosting a number of pop up training sessions at a range of locations such as train stations and speaking with other 999 partners, volunteer charity groups, to encourage them to register as London Lifesavers. The team are also partnering up with the GLA to deliver CPR training and health advice at "Kitchen social" days for children and young people. Kitchen Social is a Mayor's Fund for London programme supporting the local community to provide food and fun activities for children and young people during the school holidays.

   Members were pleased to hear about the programme and asked if the LAS website could be updated so that the CPR video could be found more readily alongside details of how to register as a London Lifesaver. The Council also asked if the training could be rolled out to colleges/further education providers; chemists, and pharmacies; joining up conversations with other existing work to tackle health inequalities such as the King's Health Partner's vital 5 programme; BUPA and religious groups.

5. As the Council has been established for 3 years, members had a discussion about the membership of the LASPPC and topics of discussion for future meetings. Council Members recently participated in a skills audit, and Senior Stakeholder Engagement Manager, Dipannita Betal presented a snapshot of the results based on the 13 members who had responded. The results will be updated for the next meeting in August 2023 as more members will have responded to the survey.

Areas members wanted further development were:

- Increased familiarity with care networks, social care and primary care
- Knowledge/experience of marketing and PR, procurement, HR and Legal
- Groups that were under represented were LGBTQ+ and 0 – 17 years & 17 - 34 years age groups. The majority of respondents (10 out of 13) were from a White ethnic background.

6. Co-Chair, Christine Beasley, led the discussion with LASPPC members on topics for future meetings. The following areas were discussed:

- Members felt it would be a good opportunity to review its purpose and values as outlined in the Terms of Reference (ToR), to align this with the LAS Strategy.
- Members also suggested a review of the Council's sub-groups and developing a way to measure their impact and value to the Service.
- Members also mentioned that Council meeting are better with fewer items on the agenda as this gives members more time for discussion.

London Ambulance Service NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Chief Paramedic and Quality Officer (CP&QO)

1.0 Regulatory Update

The new framework for the Care Quality Commission (CQC) remains in the testing phase to ensure the correct technology is in place for the revised launch to the wider care systems toward the end of 2023. As part of the new framework, quality statements are replacing the key lines of enquiry. Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care. Preparatory work is on-going within the Trust to ensure that the changes are reflected in evidence and self-assessment.

Following the external supportive well led review, an action plan has been written and mapped across the current CQC standards and the new quality statements.

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

2.0 Clinical Education & Standards (CE&S)

The newly established education governance group took place at the beginning of June with representatives from across the Trust. One of the key focuses for the group will be to support the quality and consistency of educational delivery across the Trust, and to look for opportunities to share learning. Some of the themes discussed in the first meeting were;

- New call handler training focusing on coping mechanisms for dealing with difficult calls
- Learning from our self-referral to the awards regulator for a one-off instance of exam maladministration
- Standardising core competency assessment in recruitment
- Familiarisation and training for new vehicles
- Delivering clinical team manager intubation training across the Trust

176 learners successfully completed their courses in April-May 2023;

- Newly Qualified Paramedic (International) - 13
- Newly Qualified Paramedic (Internal) – 32
- Non-Emergency Transport Service – 16
- Associate Ambulance Practitioner – 57
- Return to Practice – 15
- Emergency Call Handler – 17
- Health Advisor – 18
- Call Advisor – 8

Additionally, 136 learners successfully completed their Operational Placement Centre (OPC) component.

Five Observed Teaching Learning Assessments (OTLAs) have been completed between April and May 2023, all were rated good or outstanding. Ensuring high quality education is a continued area of focus.

Three external blue light driver training providers have been contracted to reduce the backlog of staff awaiting courses.

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

3.0 Quality Account & Quality Priorities

The Quality Account for 2022/23 has been published on the external website in line with regulation. Work has already started toward mapping out the reporting in preparation for next year.

The work around the priorities for 2023/24 has commenced with some early successes:

- Resuscitation training in place as part of core skills refresher. This includes a focus on decreasing time to first shock and high quality chest compressions. These are both the evidenced based interventions which lead to improved cardiac arrest survival.
- Clinical guardian system operational in the Clinical Assessment Services (CAS)

- The new InPhase audit system has been through the testing phase and is live for auditing from July 1st.
- Category 2 segmentation pilot implemented on the 9th November 2022. Over 18,500 cases have been validated, saving over 11,900 ambulance hours. A recent increase in focus on referrals has seen a 5% rise in the proportion of calls with an alternative response.

4.0 Quality Assurance - Trust Wide (see Quality Report)

The number of no harm incidents increased during quarter 3. During quarter 4 the number of no harm incidents reported has returned to the mean. The top three no harm categories in May 2023 were Medical Equipment (73), Clinical Treatment (63) & Dispatch & Call (55) (compared to 179 in December 2022).

The number of incidents reported within integrated urgent care (IUC) has significantly increased the last few months for both no and low harm incidents. The service has been continuing to encourage staff to report all incidents, especially when the service is experiencing high demand. In May 2023, the top three incident categories were Communication, Care & Consent, Call Handling and Clinical Assessment/Advice.

The hand hygiene compliance rate for May 2023 was 98% and this score continues to exceed the Trust performance target of 90%.

Overall Trust compliance for premises cleaning in May was 94% exceeding the Trust performance target of 90%.

There are 794 overdue incidents which have been open longer than 35 days. This breaks down further to: 461 Patient incidents, 133 Staff incidents, 193 Trust related incidents and 7 visitor incidents. A Trust wide improvement plan is in place to further recover this position, the benefit of which can been seen with the number of overdue incidents being the lowest since pre-2022.

Statutory & mandatory training is at 86%.

The patient experience team continue to make good progress in closing a higher percentage of complaints within 35 working days (51% in April).

There are 58 (64%) policies in date across the Trust which is an increase of nine since the last reporting period.

5.0 Safeguarding

The Trust focus on safeguarding continues with both the Safeguarding annual report and Trust annual sexual safety report having been produced.

The sexual safety report has been considered by the Quality Assurance Committee (QAC). The Safeguarding annual report will be approved through the next cycle of meetings.

Sexual safety continues to be a concern with a rise in reporting in the first part of the financial year. There have been 23 allegations to the end of June. Primarily staff on staff sexual safety or domestic abuse concerns. There are no incidents involving patients.

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

Compliance with safeguarding level 2 is currently 70.59% which is an improvement, with continued focus to achieve the 85% level.

We have introduced Oliver McGowan training on learning disability and autism tier 1 across the Trust with 3,626 staff (48.44%) having already completed. The Trust is awaiting the national code of practice that will determine level 2 training requirements.

An autism strategy has been developed that is currently being reviewed.

6.0 Quality Improvement & Learning

During Quarter 1, 252 incidents have been assessed against the Trust's Patient Safety Incident Response Framework.

The following investigations have been commissioned:

- 13 Patient Safety Incident Investigations (PSII) - 7 of which met the National Learning from Death criteria and are being investigated as Nationally Defined PSII.
- 6 met the locally defined priorities including: 3 for 999 call handling, 2 discharge of care following face to face feedback, 1 discharge of care following telephone assessment.
- 3 met the national definition and are being investigated by the Maternity Health and Safety Investigation Branch.
- 24 After Action Reviews
- 19 response delays Structured Judgment Reviews
- 4 Multi-Disciplinary Team reviews
- 2 Swarm Huddles

- 3 incidents have been included in thematic reviews
- 3 case reviews
- 181 patient safety incidents are being investigated at a local level

We currently have thematic reviews underway on:

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

The current position on stage 1 Duty of Candour (DoC) is 96.5%. The Trust is at 100% for stage 2.

There is ongoing focus on DoC compliance to encourage prompt conversations with patients and/or their families after the reporting of an incident.

The quality improvement and learning team have been focusing on delivering lead investigator training, upskilling current lead investigators to System Engineering Initiative for Patient Safety (SEIPS) methodology and increasing the cohort of lead investigators able to undertake patient safety investigations.

There are currently 707 overdue incidents on Datix. These are excluding those cases where an enhanced investigation/learning response has been commissioned. Improvement work is underway to reduce the number of overdue incidents. This has involved engagement work with those sectors/departments with high numbers of overdue incidents, undertaking fishbone analysis to understand the problems. The next phase is to create driver diagrams and consider change ideas.

Quality improvement (QI) training has relaunched with 25 staff trained in QI fundamentals during June and July with further cohorts planned monthly for the rest of the year and a practitioner course booked for September 2023.

7.0 Freedom to Speak Up (FtSU)

In quarter 1 of the year, 41 concerns were raised to the Guardian. Concerns relate to systems/processes, culture, and workplace safety.

The Guardian has been supporting NHSE with the commissioned report ‘Reducing Misogyny and Staff Safety in Ambulance Trust’ to be published in quarter 2.

The Guardian is supporting the Director of Clinical Education with the Trust's tackling discrimination and bias programme which has launched with much success.

The Guardian and FtSU coordinator continue to be visible engaging with staff across the Trust.

The Guardian is putting together an FtSU ambassador workshop to further encourage psychological safety, to share Trust processes, and explore case studies.

8.0 Health Safety and Security (HS&S)

The HS&S team have delivered three sessions of managing safety courses to 67 staff and two sessions of corporate induction. The Trust Board also had a session on safety for senior executives. The team have set up a 'sitting project' to raise awareness of the risks associated with excessive sitting with ideas to support how this can be mitigated. The stress assessment toolkit training has been incorporated within the Trust course catalogue. Since the course commenced earlier this year, over 100 managers have attended with positive feedback.

43 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents have been reported to the Health and Safety Executive (HSE) this financial year. 22 (51%) of the incidents reported were related to manual handling incidents, 12 (28%) were related to slip, trips and falls incidents. The Trust wide RIDDOR reporting time frame (less than 15 days) compliance in June 2023 was 100%.

A health and safety management audit programme is being rolled out in quarter 2. The exercise equipment group has concluded a staff survey to better understand what staff would like the Trust to consider in terms of access to fitness equipment facilities. The results of the survey are being considered to inform the way forward.

A total of 180 physical assaults on staff have been reported until end of June 2023. The greatest number of reported physical assaults (52%) occur due to the clinical condition of the patient; police attended 55% of physical assault incidents. Three successful prosecutions for assault have occurred.

We now have 1899 staff trained in body worn video cameras and 40 sites live, with a 20 sites remaining to be installed this year.

9.0 Emergency Bed Service (EBS) & Frequent Callers

In April, the EBS team dealt with 3,462 safeguarding and welfare concerns. This continues to be a historically high volume, an increase of 30% on the same period last year. Indications are that this is attributable largely to an increase in child concerns relating to mental health, self-harm and suicidality. A fuller investigation of this will be discussed at the Safeguarding Assurance Group (SAG).

1,052 falls and diabetes referrals were made.

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

710 frequent callers were identified in June. Of these 188 (26%) already have care plans. Following national agreement the definition of a frequent caller has been revised to five incidents per month.

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – July 2023

Report of the Chief Medical Officer

Maintaining Patient Safety

We continued to see high demand during May and June 2023 contributed to by a number of major events, bank holidays and unseasonably warm weather with high pollen counts and air pollution. Additionally, as we have outlined in the Deputy CEO report, we continued to be impacted by hospital handover delays which reduced our available resource and impacted on our ability to reach patients within nationally set Ambulance Response Standards. We are sorry that some patients have had to wait longer than they should for an ambulance service response.

We are continuing to work collaboratively with our 5 Integrated Care Systems to reduce our conveyance to emergency departments and improve our response times including:

- Increasing the utilisation of alternative healthcare pathways to ensure patients are treated nearer home and avoid unnecessary conveyance to emergency departments.
- Continuing the Category 2 enhanced clinical assessment pilot with senior decision makers supporting early referrals to alternative healthcare pathways where appropriate. This pilot has proved successful and is now being rolled out nationally.
- Working very closely with hospitals and NHS partners to minimise delays as we handover patient care to emergency departments. The focus remains on the safe care of all our patients but particularly those still waiting for our help out in the community. In early June 2023 we started a pilot with North West London Hospitals to ensure every patient, who is not in a cohort area, is handed over to the emergency department within 45 minutes. This enables our ambulance clinicians to respond to the next emergency patient. The length of time some patients are held in a cohorting area continues to be monitored and we are working with the individual hospitals to reduce this further.

All reported incidents are reviewed to ensure transparent and supportive investigations are undertaken, in line with the Patient Safety Incident Response Framework, to identify and learn from themes. The number of reported patient safety incidents continues to indicate a healthy reporting culture. The number of no and low harm incidents continues to be monitored to identify emerging themes which are reviewed and acted upon via the Trust's Safety Investigations Assurance and Learning Group (SIALG).

The number of no harm incidents in May 2023 remained at the expected mean – the top 3 'no harm' categories were medical equipment, clinical treatment and dispatch. We have specific programmes of work to address these including the Fix the Basics programme, team based working huddles and clinical educational days and the Emergency Operations Centre (EOC) improvement programme. We are monitoring the impact of these programmes on the incident

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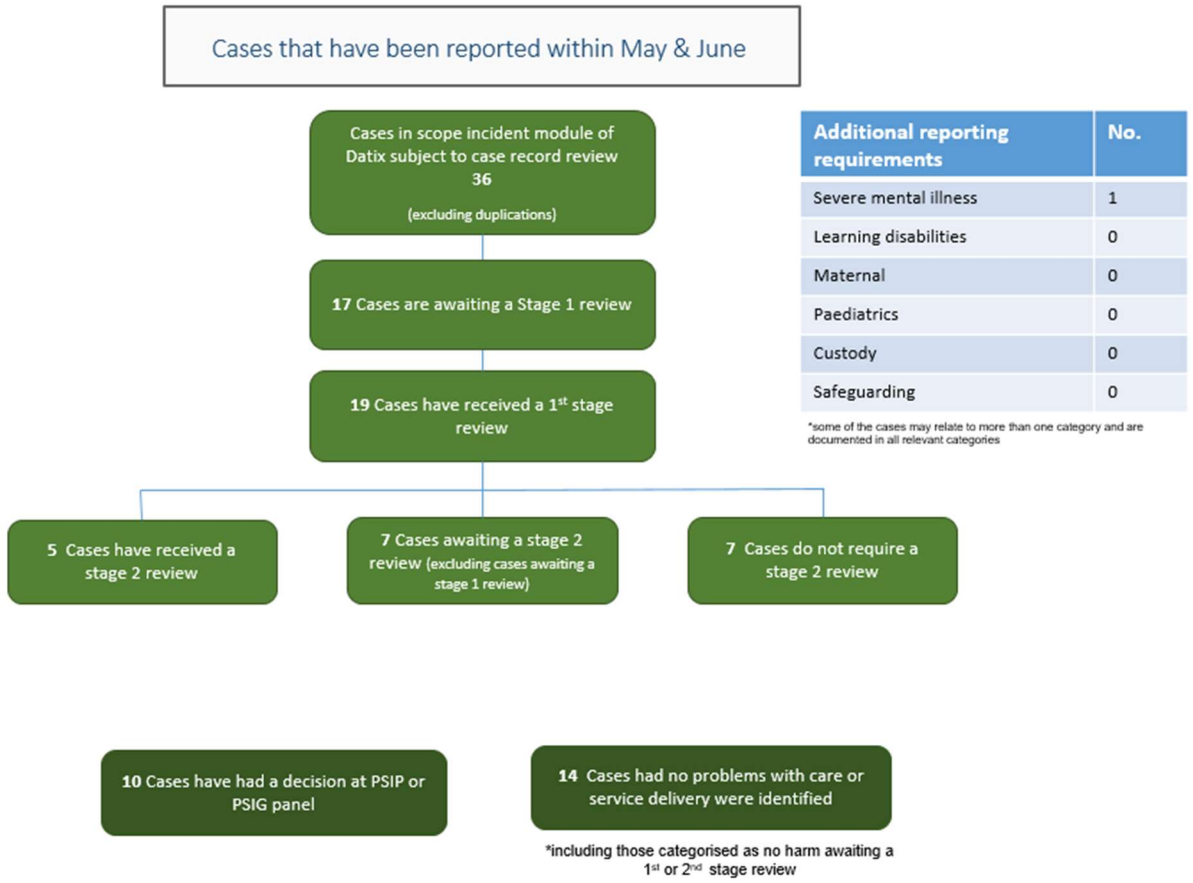
numbers. The number of moderate incidents has increased and severe harm incidents have slightly reduced and these continue to identify important learning.

The number of incidents reported within LAS 111/ Integrated Urgent Care has increased over the last few months for both no harm and low harm incidents. This can be attributed, in part, to reminding all staff of the importance of incident reporting especially when the service is experiencing high demand. Supervisors and team managers are working hard to ensure they report all incidents to enable themes to be identified, provide learning and support a healthy reporting culture.

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



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

*some of the cases may relate to more than one category and are documented in all relevant categories

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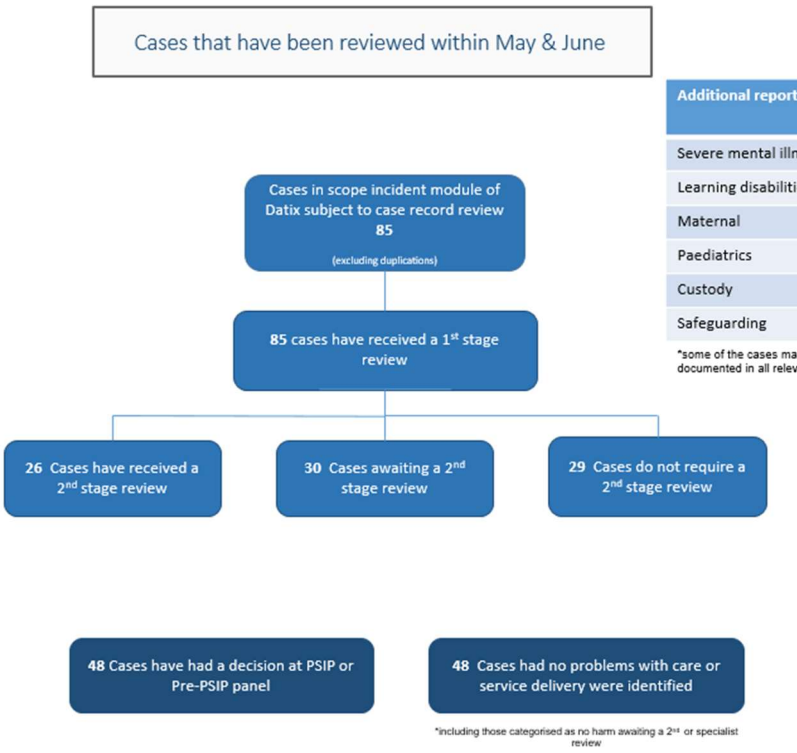
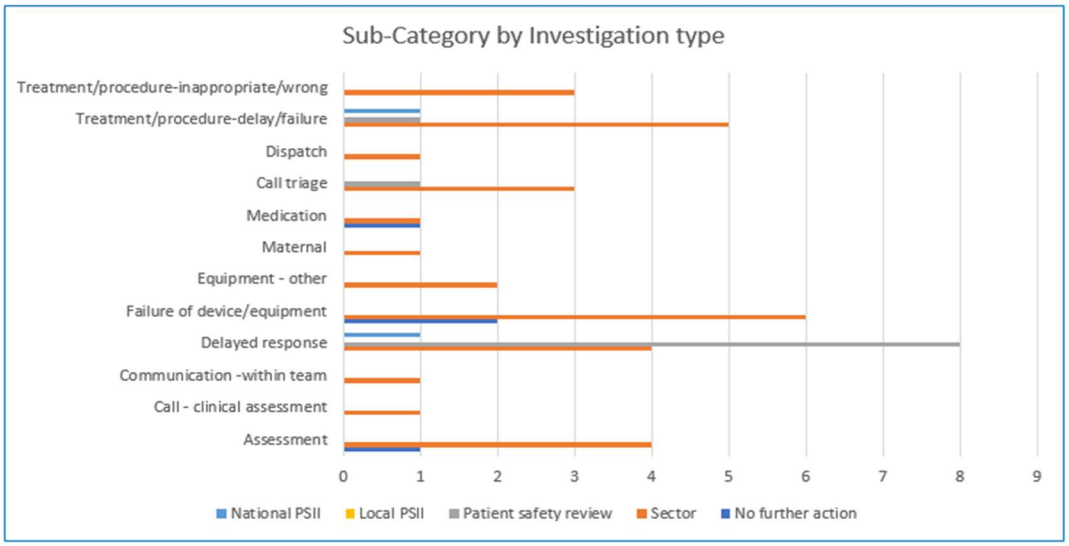


Additional reporting requirements	No.
Severe mental illness	3
Learning disabilities	2
Maternal	3
Paediatrics	0
Custody	0
Safeguarding	1

*some of the cases may relate to more than 1 category and are documented in all relevant categories

The themes of the cases are reported in line with the national and local categories. Each case undergoes a detailed review working with clinicians, families and carers and other healthcare providers who have been involved in the care of the patient. The process enables us to share learning and understanding and continue to improve the quality of the care we provide to patients and their families. The Learning from Deaths (LfD) also forms part of the quarterly thematic review presented to the Quality Assurance Committee. The updated LfD Policy has been approved by QAC.



Investigation type by the call sub-category agreed after the cases were discussed at either the Patient and Safety Investigation Group (PSIG) and/or the Patient Investigation Safety Panel (PSIP).

Developing improved models of care

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

The 'Right Care, Right Place clinical training module' has been developed and was launched in June for operational staff. The training focuses on patient centred decision making, understanding the pressure within the NHS and making safe and effective referrals into alternative pathways. It uses an interactive clinical case based approach with videos and case studies using clinicians from other pathways including Urgent Care Response team (UCR), Same Day Emergency Care (SDEC) and District Nursing.

Urgent Community Response (UCR)

Urgent Community Response (UCR) cars continue to operate successfully in south west, north east and north central London, with paramedics and external clinicians working together.

- 4526 patients have been attended to by a UCR team from October 2022 to June 2023. From October to February there were 4 response teams and this expanded in March to 8 teams.
- In June 2023 58% of patients attended were triaged as category 3 and 33% as category 2. The conveyance rate to the emergency department for all categories of patients, excluding Category 1, was 32% in June 2023
- The UCR response continues to provide a faster response than if a double crewed ambulance (DCA) was dispatched to a case matched (equivalent) patient in Category 2, 3 or 4.

Mental Health Care

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

The mulita-agency programme will consider 4 areas:

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

This collaborative working will continue as we approach implementation date and we will keep the Board updated on our progress.

National Category 2 Segmentation Pilot

In London category 2 calls account for over 60% of 999 calls. Under the category 2

segmentation pilot we have continued to deliver a 'Hear and Treat' rate to around 4% of all coded Category 2 calls despite an increase in call volume. Since the last report, in April 2023, we have seen the number of calls receiving a clinical review before dispatch of an emergency ambulance increase from 20% to 32% and the number of patients managed without a category 2 ambulance after an enhanced clinical assessment increase from 40% to 53%.

There is close working between our emergency resource dispatchers and the clinicians to ensure all patients who may be suitable for further assessment are jointly managed and a plan agreed for the patient. The additional double crewed ambulance (DCA) availability released through supporting patients to alternative healthcare options means other patients who need an emergency ambulance receive it faster.

Metric	April	May	June	Since Last Update
% of eligible calls were dispatched on before Navigation could be undertaken	80%	72%	60%	↓
% of eligible calls underwent Clinical Navigation	20%	27%	32%	↑
% remained on the dispatch stack as a C2	19%	21%	20%	↔
% sent for Validation	81%	79%	80%	↔
% of all Clinically Validated calls were moved out of C2 (Closed, H&T or Other Service/category)	40%	54%	53%	↑
% of calls undergoing clinical validation remained a C2 post assessment	60%	48%	49%	↓
% of all Coded C2 Calls Closed	3.8%	3.8%	3.9%	↑

We are increasing the number of clinicians who are undertaking the category 2 assessment work by offering our frontline clinicians the opportunity to undertake bespoke training and then short secondments.

There is continuous oversight of the safety and outcomes of the patients referred to alternative pathways using an end-to-end review of cases. There have been no patient safety incidents declared since the last update.

We have continued to develop and embed the senior decision maker (SDM) role which has demonstrated an increase in referrals to community pathways following a clinical telephone assessment by an LAS clinician when supported by a doctor. We continue to work with the SDM clinicians who supported the first phase of the pilot (NCL and SEL) with one senior decision maker clinician in the Emergency Operations Centre at Waterloo and one at Newham for 8 hours a day currently.

Maternity Care

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

- The launch of teams based working has enabled the maternity team to deliver educational sessions at several group stations. By the end of the year an extra 707 clinicians across Oval, Edmonton and Greenwich will have been trained. This will help inform a 3 year education cycle for maternity training across the Trust.
- Bespoke training has been provided to advanced paramedics in urgent care and critical care covering baby loss (APP-UC) and neonatal intubation (APP- CC).
- The LAS maternity team has led the national breech JRCALC guideline review.
- Newborn Life Support courses have been procured and allocated to 30 clinicians across maternity clinical team manager leads, clinical tutors and APP-CC
- There is ongoing work with North East London ICB supporting the development of their Born Before Arrival pathway and North Central London ICB on the development of the "Abnormal Implantation of the Placenta" pathway.

Clinical Career Structure

We have developed a career structure within the primary and urgent care setting which will allow clinicians to have a pathway from direct entrant as non-registrant through to consultant paramedic. This will continue to be developed, but in line with the NHS workforce plan, we have now had 9 additional staff qualify through the First Contact Practitioner Programme. Their new title will be 'Specialist Paramedic Primary Care'. There are plans in place to recruit up to 36 for this programme this year.

Recruitment of new APP UC and CC clinicians has been completed for 2023 - this will allow additional APP-UC sites to open and for more resilient APP-CC cover when training is complete.

Infection Prevention and Control (IPC)

Hand hygiene compliance for May was reported at 96% (against a target of 90%), premises cleaning 94.1% (against a target of 90%), and vehicle preparation 94.1% (against a target of 95%). IPC statutory and mandatory training is achieving over the Trust target of 90% for the last quarter.

Two abstracts have been submitted and accepted for the Infection Prevention Society, "Developing and implementing a user friendly IPC manual within the Ambulance Service" and "Attitudes and perceptions of being bare below elbow when providing care in the Ambulance Service". These will be presented at the conference in October 2023.

Medicines Management

Progress on the medicines modernisation programme is continuing. Over the past 2 months we have implemented an automated stock management system for medicines. We have been

working closely with the wider health and social care systems regarding medicines supply chain to ambulance services to ensure an uninterrupted supply of medicines to the frontline.

Health Inequalities

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

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

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

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

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

The clinical quality oversight group will monitor the delivery of the health inequalities action plan with particular focus on patient care and delivery assurance given to the Trust Board through the quality assurance committee. There will be close alignment to our internal equality diversity and inclusion work.

Patient outcomes:

Through our clinical registries we continue to monitor and report the care provided to patients experiencing either a cardiac arrest, ST elevation myocardial infarction (STEMI), or a stroke. We submit this data to the NHS England Ambulance Quality Indicators (AQIs) programme, enabling the benchmarking of the quality of care across all ambulance trusts in England. There is always a time lag in receiving national end-to-end patient data. The most recent national data published is January 2023. For patients in cardiac arrest the proportion of patients who had return of spontaneous circulation (ROSC) on arrival at hospital was 31.8% against a national average of 27.2% and 12.4% of patients survived 30 days against a national average

of 8.6%. For our stroke patients the mean average time from call to arrival at hospital was 79 minutes against a national average of 91 minutes. This data provides assurance that our sickest patients were being responded to quickly and receiving high quality care during the reported period.

Stroke Care – April 2023

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

- LAS attended 1306 suspected stroke patients
- 1222 were FAST positive and 856 of these were identified as time critical
- 99% of patients were conveyed to a hyperacute stroke unit directly after an average on scene time of 37 minutes. The average clock start to hospital arrival time for time critical FAST positive patients was 77 minutes.

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

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

- In May 2023, 280 patients were attended by LAS and had a confirmed STEMI, slightly more than the previous report
- 82% of patients subsequently confirmed as having an ST elevation myocardial infarction were categorised at the point of 999 call triage as a category 2.
- 99% of the patients were conveyed to the correct destination and 75 % of patients had received the complete care bundle.
- The average clock start to on scene time was 32 minutes and the average time from clock start to hospital arrival was 91 minutes.

Cardiac Arrest Data – May 2023

Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) which includes signs of breathing, coughing or movement or a palpable pulse or measurable blood pressure is the main objective for all out of hospital cardiac arrests, and can, in some cases, be achieved through immediate and effective treatment at the scene. The key to increasing the chances of achieving return of spontaneous circulation (ROSC) are the speed of starting basic life support and defibrillation when the patient is in a shockable rhythm. Our January cardiac arrest data

indicates:

- 941 patients in cardiac arrest were attended by LAS.
- 398 patients had resuscitation commenced.
- 80 patients were in a 'shockable rhythm' on arrival of LAS and defibrillation occurred within 2 minutes of arrival with the patient.
- For all patients in cardiac arrest return of spontaneous circulation was achieved in 29% of patients.

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

	April	May	June
London Lifesaver Numbers	5135	5213	5782
Public access defibrillators (PADs)	7802	7803	7803
PAD activations	15	5	7
Return of spontaneous circulation	8	4	4

Clinical Audit and Research

The Trust's clinical audit programme continues to focus on areas of clinical care where there is evidence of a clinical quality issue, areas highlighted through complaints, acknowledged risks, recommendations from previous audits, guideline changes, and areas that are a strategic objective or priority for the LAS. Two clinical audits have been published during May and June 2023. The results of the audits are shared with clinicians across the organisation. Local education and clinical updates are provided by the senior sector clinical leads to address findings.

The results of the dexamethasone clinical re-audit demonstrate that overall LAS clinicians are administering dexamethasone as per national guidelines. Relevant assessments are being regularly completed, and the majority are managed appropriately post-administration. Since this re-audit was completed, updates to the Ambulance Clinical Practice Guidelines (Joint Royal Colleges Ambulance Liaison Committee - JRCALC) have been announced which will align JRCALC with other national guidance. These changes have since been communicated to all clinicians.

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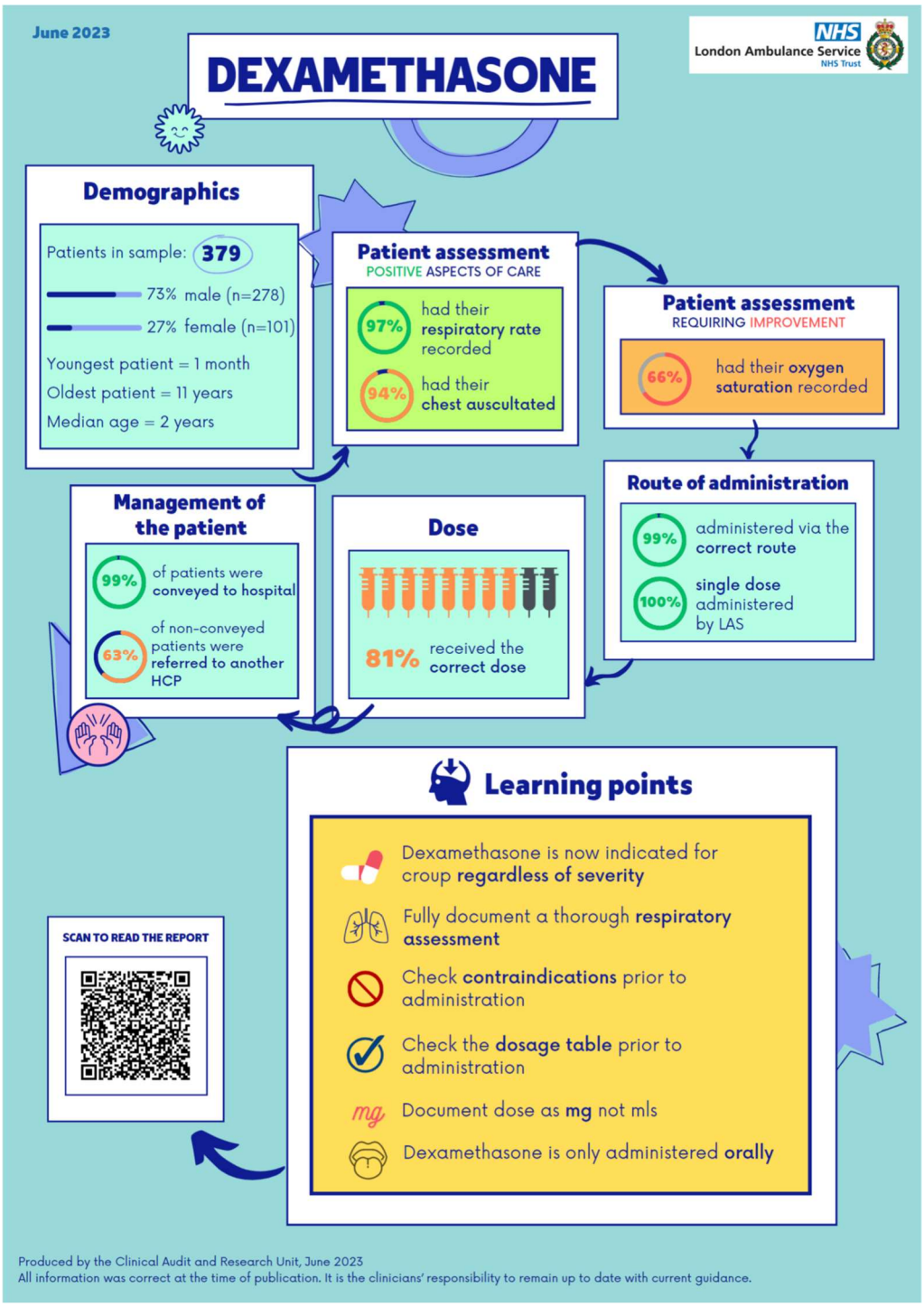
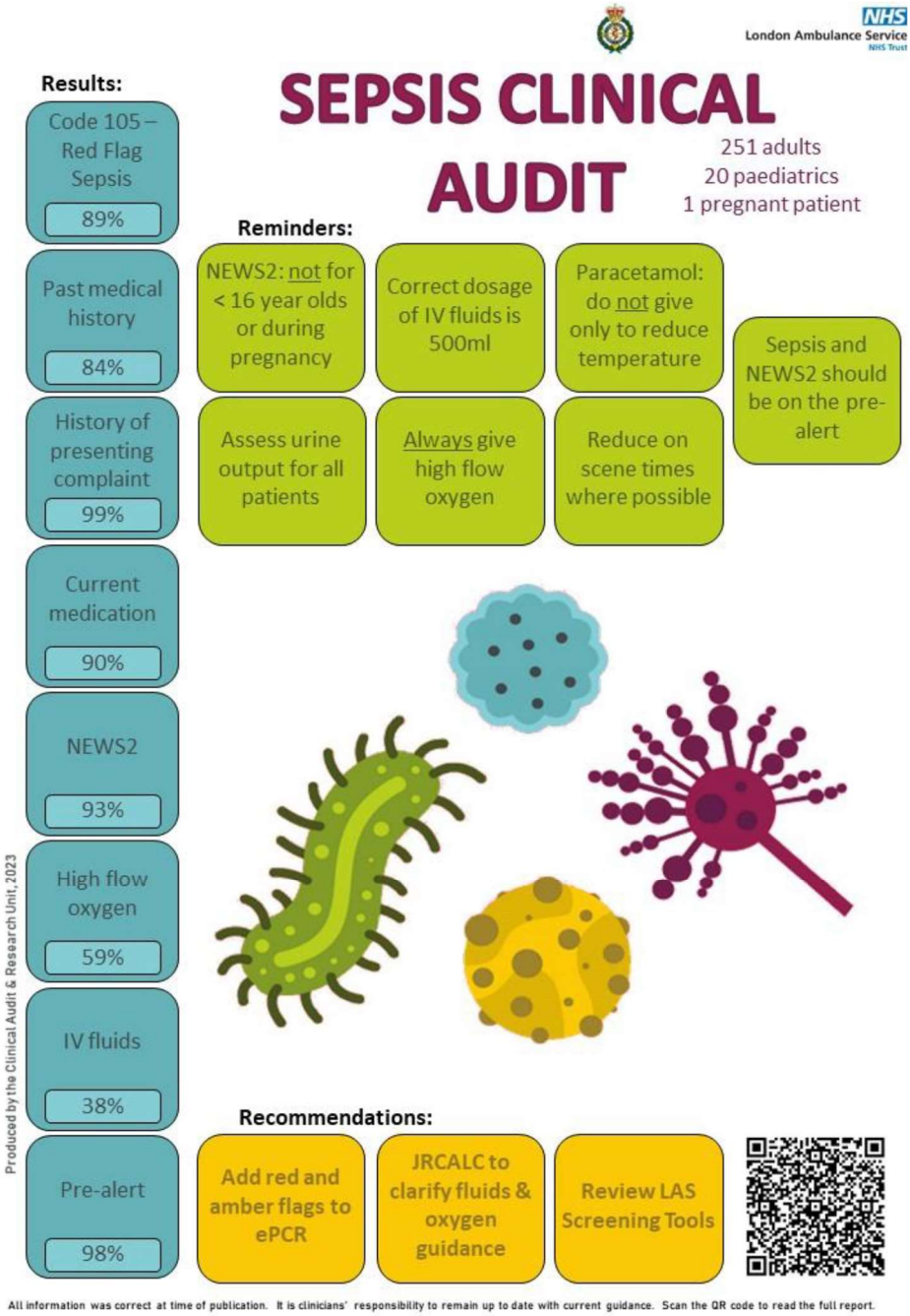


The Sepsis audit report demonstrates that there have been substantial improvements in the assessment and management provided to adult and paediatric patients with suspected sepsis. Nearly all patients were conveyed to hospital with a pre-alert to the receiving hospital, and had history of presenting complaint recorded. While the

London Ambulance Service NHS Trust

proportion of patients receiving high flow oxygen and IV fluids (for adults) has increased, this remains an area for further improvement and is areas of focus for local clinical teams.



London Ambulance Service NHS Trust

Assurance report:	Quality Assurance Committee	Date:	04/07/2023

Summary report to:	**Trust Board**	**Date of meeting:**	**20/07/2023**
Presented by:	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**	**Prepared by:**	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**

Matters considered:

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

Quality Report
QAC reviewed the Quality Report containing May 2023 data. In particular:

- The committee spent time discussing the number of incidents of no harm and other harm categories over the past four quarters, using the new SPC mythology to explore trends. QAC noted an increase in the number of events in 999 and IUEC during Q3 related to the increased demand loads during that time. The number of incidents is trending back in the control range. QAC recognized that this relationship between incidents and demands reflects a service running close to capacity and highlighted the need to continue to build capacity and resilience into the system as we plan for both short term and more prolonged surges such as over winter.

- Hand Hygiene: The compliance rate for May 2023 was 98% and this score continues to exceed the Trust performance target (90%).

- Overdue Incidents: The Trust-wide improvement plan is making in-roads into the overdue incidents. Currently there are 794 overdue incidents which had been open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs). Currently the number of overdue incidents is the lowest since pre 2022. The improvement plan continues to be implemented and the current trajectory is planned to remove all long wait incidents (>6 months) by the end of Q4.

999 Performance Improvement
QAC had previously noted that 999 performance relating to call answering mean and face-to-face response times had deteriorated during the winter period. As a result the Executive had taken a series of actions to mitigate patient harm and to improve overall 999

performance. QAC noted that there had been an improved 999 performance from January '23, although hospital handover delays continue to be challenging. Again QAC noted how demand surges like the recent heatwave had led to a large deterioration in performance. On Thursday 15th June, the Trust had undertaken a 'circuit breaker' day whereby non-patient facing clinicians were focussed on patient facing duties to support the ongoing operational challenges. This was successful with REAP level being reduced from 4 to 3. REAP 3 had since been maintained.

QAC also noted that the Trust has increased the use of Statistical Process Control (SPC) run charts to better represent performance data and this has made identifying expected/common cause variation vs special cause variation clearer than past data representation methods.

Quality Improvement Presentation
QAC received a comprehensive update on a programme of work to establish quality improvement at LAS as a process integrated into all levels of the organisation. The programme was being designed using an evidence basedmodel for improvement, with systematic QI methods employed throughout the design phase. It was recognised that QI improvements predating this work needed to be folded into the new methodology. Next steps include developing the infrastructure needed to support success, including curating an LAS improvement approach and developing the social structures needed to support effective QI. In particular, it was felt that the implementation of team working would hold substantial opportunities for embedding the QI process across the service.

Sepsis Clinical Audit Report
QAC received the latest clinical audit report which focused on the assessment and management of sepsis. The results of the audit demonstrated that here had been substantial improvements in the care provided to adult and paediatric patients with suspected sepsis. Nearly all patients were conveyed to hospital with a pre-alert, and had history of presenting complaint recorded.

Update on Patient Safety Incident Response Framework
QAC received an update on Patient Safety Investigations and thematic reviews noting that identified themes and learning points would be taken forward through the various learning channels across the Trust. It was noted that there were 22 Patient Safety Incident Investigations and/or reviews completed during April and May. The group noted actions in place to ensure comprehensive spinal assessment after injury, discussed issues pertaining to capacity assessments when patients refuse transport to hospital, reviewed incidents that may have been impacted by industrial action, and received assurance that staff involved in difficult incidents had been given appropriate support.

Sexual Safety

	QAC received the Sexual Safety Report for 2022-23 with recommendations to improve sexual safety within the Trust. This important report showed improvements in some areas but highlighted continued episodes of unacceptable behaviours. It was noted that work was underway to align sexual safety and safeguarding cases with the resolution framework triage so that allegations could be considered via one process. Work is ongoing to ensure clarity of professional standards across the organisation. QAC also approved the sexual safety tool kit for dissemination to AACE (Association of Ambulance Chief Executives) to support other ambulance trusts and guardians. **Coronation Weekend – After Action Review** QAC received a report detailing learning points and recommendations for future actions from the Coronation Weekend.
Risks:	**Board Assurance Framework** QAC reviewed a number of draft risks pertinent to their remit relating to: • The risk of not achieving the quality standards required in stroke, cardiac care, and cardiac arrest • The risk of not achieving Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC • The risk of 111 services not achieving timely call back and clinical assessment • The risk of not achieving the quality account standards No changes to the current documented risk levels were made.

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 20 July 2023

Report from the Director of People and Culture

1. Executive Summary

Recruitment & Retention

The Trusts attraction strategy remains competitive both within the UK (with 590 staff either awaiting interview or completion of pre-employment checks) and internationally, with 300 international employment offers currently in progress.

Our Turnover continues on a downward trend (circa 13%) and the number of frontline leavers has remained positively below plan.

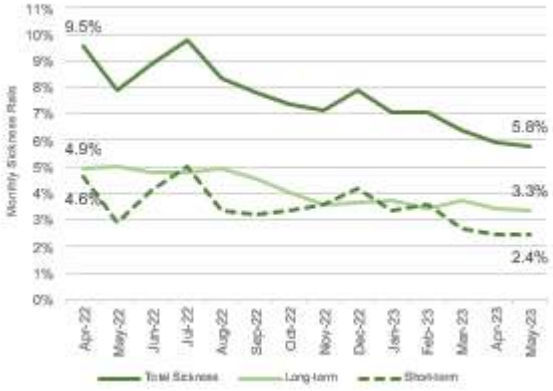
Wellbeing

The Wellbeing Team have been shortlisted for the HSJ patient safety award for Staff Wellbeing Initiative, based on our model of restricted duties colleagues who are able to join the team. The panel presentation to decide if we are finalists meets on July 27th.

- The Keeping Well North West London Mental Health team have delivered ten of the twenty planned Wellbeing conversation workshops to managers across the Trust. Feedback is excellent with the vast majority reporting increased confidence levels.
- Four of our five new Wellbeing Support vehicles have been delivered back into the Trust, each fitted out with a microwave and fridge
- Immunisation Clinics have been fully established in four out of five sectors, with North Central yet to be completed. Colleagues who require immunisations are being written to by the Occupational Health Provider
- Nap pods have been installed at three contact centres to assist colleagues who are struggling with fatigue or stress
- The Centre for Anxiety, Stress and Trauma have been conducting group sessions in “Processing Trauma” with colleagues from Resilience and Specialist Assets
- The first internal stakeholder meeting looking ahead to the 2023/24 Flu season has taken place, with an aim to identify improvements that can be made to this years’ campaign.
- Five of the Wellbeing Team have started an accredited health coaching course that was originally identified within the LAS but has now been picked up by AACE and offered to all the English Ambulance services wellbeing teams. 14 members of the LAS Wellbeing and OD & Talent teams will subsequently be trained.

Supporting Attendance

Our first day absence reporting service continues to embed with over 30,000 calls made to the service since its launch in August. Supporting our staff back to work has seen significant improved since the introduction of the service – with May recording the lowest absence since 2020.



Supported by various well-being initiatives and our new occupational health provider, we have also seen the crossover of short term and long term absence.

OD & Talent Management

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

P&C Operations

Recruitment

In Quarter One we have seen a positive performance by the recruitment team with strong paramedic and AAP pipelines and fill rates. We have filled 136 out of 148 places and the gap due to be recovered in Quarter 4.

Paramedic recruitment - Year to date we have filled 88 of the 98 training places which is 10 behind plan. The international pipeline is very strong with over 300 candidates offered which includes 236 offers from the international trip and 60 from our 'Rest of the World' campaign. The UK graduate pipeline is over 230 (including previous campaigns) with one more partner university (University of West London) to recruit from.

AAP Recruitment - Year to date we have filled 48 of the 50 training places which is two behind plan. The pipeline is positive with over 180 candidates offered. The team have attended a number of recruitment events during this quarter including Islington college, DWP Job Centre, Westfield Job show, NHS Jobshow (White City Westfield) and Woolwich Job Centre.

Call Handling Recruitment – Positive fill rates of over 95% achieved in Q1 for EOC call handling. The on-line recruitment campaign, led by comms, has started and the recruitment team have attended a large number of external recruitment events to boost the pipeline. Monthly Super Saturdays and fortnightly assessment centres are booked for July, August and September as are weekly meetings in place with EOC Project Team. We have seen an increase in the number of staff who have had to retake their courses (14 in Q1).

111 call handlers – lower fill rates than anticipated due to challenges building the pipelines specifically in Croydon. Overall there are circa 100 candidates at offer stage. The recruitment team have attended community events where they actively promote 111 and 999 roles to boost the pipelines with a particular focus on South London for the Croydon 111 pipeline.

NETS recruitment has been positive with 17 of 18 places filled in April. The next course is in October and the pipeline is building well to meet this demand.

Retention

Turnover continues on a downward trend (currently 11.5% in May) and the number of frontline leavers has remained positively below plan. The stability rate which measures the % of staff in post for more than one year averages 85% for the year. We have low turnover rates across the Ambulance Sectors ranging from 6% to 10%, NETS (8%) and Resilience and Specialist Assets (6%). Call handling turnover remains an area of concern with rates of 22% in EOC and 38% in 111, with EOC the focus of our people and culture committee with respect to a workforce deepdive.

The Workforce Retention Group has been established to provide oversight, direction and support regarding all aspects of improving staff retention within the Trust with specific objectives to improve our morale and engagement scores, oversight of all retention development plans and ensuring the right support and resources are in place for managers to improve staff retention. Deep dives in each of the call handling areas have been planned for July (999) and September (111).

Supporting Attendance

The work of the supporting attendance group continues to focus on two broad areas; firstly, the introduction and embedding of the first day reporting service; secondly, the devising and deployment of directorate focussed improving attendance plans that focus on health promotion, management training and development and employee experience and engagement.

Nearly 30,000 calls have been made to the service from Sept to. Attendance levels overall are being sustained at or below 6%. The weekly embedding meetings continue with the GoodShape Team, improving data quality and processing. A consultation was launched in mid-June to determine whether we continue to mandate the use of the GoodShape portal, due to manager feedback that it can be cumbersome. The consultation makes it clear that the requirement to phone a clinician on the first date of absence will remain in place.

Local plans are being reviewed at the monthly FFR meetings and we have seen some impressive in-roads being made into long-term sickness absence management. Ambulance operations sectors have sustained downward trajectories and improved attendance. 999 and 111 remain outliers.

In May the monthly Trust wide sickness decreased from 5.9% to 5.8%. The top five reasons for absence are shown in the below table.

Reason	FTE days lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	2,958	22%
S99 Unknown causes / Not specified	1,743	13%
S27 Infectious diseases	1,670	13%
S12 Other musculoskeletal problems	790	10%
S25 Gastrointestinal problems	1,207	8%
S28 Injury, fracture	1,088	8%

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

Employee Relations

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

Proposals on revisions to team structure will close on 30th June 2023. This focusses on decentralised teams, working closer to front line staff and strengthening our resources directed at 'just culture' principles and especially early, facilitated resolution of issues.

Workforce Intelligence, Payroll & Pensions

The first phase of the DBS rechecking programme will start with those who have a DBS checks which is three years or older as at 31st March 2024 (including bank staff) and 4,671 staff meet this criteria. All staff will be required to subscribe to the DBS update service. An implementation plan has been designed and engagement with key stakeholders has started (including the Staff Council) and a RIB notice in June. The checks will start in July 2023.

The first phase is expected to run from June 2023 to January 2024. Once this phase has been completed, we will then move on to those who have a check which is three years or over as at 31st March 2025. This will be circa 1,500 checks. It is expected that over time the requirement for rechecks will be greatly reduced due to leavers, joiners (who are mandated to subscribe to the DBS Update Service) and internal movers subscribing to the update service.

The Pensions sub-group recently held its first meeting. The group has been established jointly with managers and staffside colleagues to discuss the forthcoming changes to retire and return arrangements and draw-down options and the associated engagement plan.

Our Payroll & Pensions teams have had an extremely busy and positive Quarter 1, processing all of the TEAC arrears (circa 200 staff), Fleet rebandings, the on-boarding and supporting of the in-house cleaning services and the recent pay awards and arrears.

4. Health and Wellbeing

Occupational Health

Optima clinicians are currently running clinics across London in order to ensure colleagues are up to date with their immunisations. There are currently seven clinic locations across London, including at our training stations and in all five sectors, although the location in North Central is an Optima clinic rather than on LAS estate. A safe and suitable room is yet to be established at an internal location in North-Central.

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

Mental Health Provision

The Trust has a wide range of mental health resources and options to support colleagues over the summer. The LAS Wellbeing Hub remains the central point of contact, open seven days a week via both phone and email and able to provide signposting to appropriate services. Our peer support network LINC has more than 100 highly trained members and 30 in the senior team who are able to conduct TRiM assessments. The Trust Psychotherapist has arranged a number of refresher training courses to ensure that current LINC workers are up to date.

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

Wellbeing Activities

Workshops for staff and managers that aim to enhance team and individual wellbeing have been developed. Additionally, wellbeing conversation training provided by the team at Keeping Well NWL is underway, with one face to face training session per week until October 2023.
All Ambulance Services and Emergency Operations Centre managers will have the opportunity to attend and gain a greater understanding of how they can sensitively and appropriately support their teams, whilst safeguarding their own boundaries and wellbeing. To date ten courses have been held, with excellent feedback from colleagues.

Additionally, sessions in processing trauma have been rolled out to colleagues in Resilience and Specialist Assets. Work in a course in "Coping Mechanisms and Supporting Each Other", developed in collaboration with The Ambulance Staff Charity is also almost complete, with this to be rolled out in the autumn.

Additionally;

- Four of our five new Wellbeing Support vehicles have been delivered back into the Trust, each fitted out with a microwave and fridge
- Nap pods have been installed at three contact centres to assist colleagues who are struggling with fatigue or stress
- The first internal stakeholder meeting looking ahead to the 2023/24 Flu season has taken place, with an aim to identify improvements that can be made to this years' campaign.
- Five of the Wellbeing Team have started an accredited health coaching course that was originally identified by the LAS team but has now been picked up by AACE and offered to all the English Ambulance services wellbeing teams. 14 members of the LAS Wellbeing and OD & Talent teams will subsequently be trained.
- The Wellbeing Support Officers have started to attend huddles at Group stations that have moved over to Team Based working to ensure colleagues are up to date with information about support services.

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

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

Our LAS Culture Change Programme

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

1. **Building leadership capability**

- We are currently implementing the Our LAS, Leaders 100 programme in partnership with Middlesex University for over 160 band 6 and 7 managers. Upon completion of the programme, participants will receive a Level 6 National Qualifications Framework (NQF)
- Work is underway to develop the leadership and management package for our first time managers (bands 4 and 5) in collaboration with the Culture and Leadership Network for Ambulance Services (CALNAS).
- We have facilitated MBTI sessions with the Strategy Team and various leaders across the Trust. We are working alongside an external agency to provide the Strategy Team with bespoke training on delivering change through others.

2. Supporting team based working

- We continue to provide OD interventions to support team based working for Ambulance Operations and more recently, EOC. We also continue to provide targeted OD support to corporate teams across the LAS.
- In autumn this year, we plan to launch our new digital e-Appraisal and talent management system. The new system will support colleagues with appraisals and their 1-2-1s and will also support personal development and well-being conversations. We have completed the initial configuration and are sharing this with key stakeholders during July. A pilot will follow in some of the Ambulance Operation and Corporate areas with a planned go-live in Q3 (all Corporate) and Q1 (all Operational staff).

3. Other OD Support and Interventions

- The OD & Talent Team have been working closely with the Internal Communications team on the rollout of a new 'LAS Connect' digital communication platform. The platform enables people from across the Trust to communicate and engage with each other in a fun and timely way

- We are also working with Internal Comms on 'You said, we did posters' which have been produced to demonstrate the action taking place to improve staff experience at the LAS and spans three core areas – our patients, our people, our organisation. We will be engaging with teams between now and September.

- The Well-led Review recently conducted by NHS England between April and June 2023 identified micro aggressions and racism as being challenges. The leadership team has addressed this by commissioning 'tackling discrimination and promoting

inclusivity' training for all staff by Summer 2024. The FTSU guardian and EDI Team are aware of these issues and are working with the staff networks to address them.

- The current statutory and mandatory training compliance is 86.2%. Targeted messaging to leaders across LAS where compliance is low or has dropped has been instigated. The current information governance compliance rate is 95% (up 2% since May 2023).

- We are currently looking at best practice from other similar organisations to further refine plans for the Our LAS Culture Change programme and working closely with internal communications on a communications and engagement plan to ensure we continue to get buy in from LAS colleagues.

Damian McGuinness

Director People and Culture, London Ambulance Service NHS Trust.

London Ambulance Service NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**11/07/2023**

Summary report to:	**Trust Board**	**Date of meeting:**	**20/07/2023**
Presented by:	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**	**Prepared by:**	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**

Matters for escalation:

Other matters considered:

WORKFORCE PLANNING AND RECRUITMENT

The committee received an update on the highlights from the NHS Long Term Workforce Plan which was published at the end of June 2023, noting the three focus areas of training, retaining and reforming.

It was reported that the plan has a minimal reference to paramedics and no mention of EOC. There was a focus on apprenticeships and it indicated that the LAS were on track with 4% growth in paramedics through the apprenticeship route and our retention figures are on track.

The ICB's level of involvement indicates they will be the gatekeepers of the plan. Members discussed the opportunity to develop a stronger involvement to establish LAS' contribution to discussions and influence the system as a pan London organisation. The committee felt strongly that to be effective ICBs should collaborate to take a regional response to workforce planning with LAS. The opportunity for acute trusts to commission the LAS to feed into other organisations was raised and was agreed it would form part of a discussion at the Trust Board Development session on 29 August 2023 alongside our operational model. It was agreed that theNHS Workforce Plan would be brought to the committee on 7 September as a substantive item.

The committee received a presentation on recruitment, where it was noted 300 paramedic candidates at offer stage and 88 of the 98 training places have been filled. 228 frontline staff have joined this year against an adjusted training plan of 256. 111 call handling recruitment is slightly behind the target of 120 for Q1, however there is confidence that this gap will be recovered in Q4. The committee discussed the challenges of recruiting 111 staff within a competitive London labour market. It was agreed that the committee would receive a 111 deep dive report at its meeting in November.

SCHEDULING

The committee received a verbal update on scheduling activity and agreed they would receive a draft report setting out proposed scope of work, including suggested the KPI's to measure delivery at the meeting on 7 September. It was agreed this would be used as a formal reporting mechanism to the committee going forward.

TURNOVER DEEP DIVE - EOC

The committee received a presentation on the call handling turnover in EOC and proposals to improve call handler retention. The committee noted the investment that had been approved earlier this year to undertake a transformation programme of EOC, which has also been supplemented with national investment in the LAS.

The three key improvement areas have been identified as:

- Workforce: increasing call handling establishment to reduce pressure, teams based working and better support by increasing supervisory establishment.
- Staff engagement: fixing the basics thereby removing barriers to effective working, review of our dispatch operating model, creating staff forums and improvement of staff side relations.
- Management structure: putting an interim structure in place and undergoing a senior team restructure.

The committee noted that this work is being facilitated by an improvement team, which is being led both internally by a Transformation & Improvement Manager and with external support from the Association of Ambulance Chief Executives. The committee were informed that the Chief Medical Officer is overseeing the programme board who will be providing progress update reports to the Committee.

ATTENDANCE AT WORK AND WELLBEING

The committee received a presentation on supporting attendance at work and absence reporting. The Goodshape first day absence reporting service continues to embed, with attendance levels overall are improving since the introduction of the service. The committee was advised that the overall level of absence continues to reduce and is consistently below 6%, with the current figure at 5.14%. It was noted that absence rates for 111 staff are more than double this rate. Two existing HR managers have been recruited to focus on an improvement plan in this area, with better traction expected as an outcome

EMPLOYEE RELATIONS

The committee received a presentation on progress with employee relations cases. It was noted that proposals were moving forward to revise team structures to focus on working closer to front line staff aimed at culture principles, particularly early, facilitated resolution of issues.

The committee were advised that a significant case had been won in June 2023, where costs were awarded to the Trust. Lessons learned from the case both positive and negative have been shared with local management teams. It was noted that the ER team are utilising a Capsticks secondment to manage down the overall case numbers and developing strategies to close down the most resource intensive cases.

RETENTION AND WELLBEING

The committee received a report on retention and wellbeing and noted that work is ongoing on wellbeing support and training.

The committee were advised that there was an overall improvement in retention noting the stability rate is 85% for staff remaining in post for the last year. The Trust's overall staff turnover rate is currently 11.5%, ranked 6th compared with other Ambulance Trusts. Turnover rates within EOC (22%) and 111 (38%) remain a concern. Work is being done to look across these areas which will be reported through the Retention Group and will be brought back to the P&C committee.

The committee noted that a pensions sub group has been set up who are looking at forthcoming changes as a result of reforms to the NHS pension scheme. They will be looking at flexible retirement opportunities available for retiring and return or draw down, ensuring options are made visible and clear to staff, which is likely to improve turnover.

The committee were informed that the LAS Charity has agreed to fund consumables on the tea trucks and wellbeing cafes for 2023/24, which will be reviewed on a quarterly basis. This will allow the provision of healthier snacks and has been used to provide additional cold drinks during periods of hot weather.

The committee noted that the Advanced Wellbeing Conversation training, which is being delivered by mental health professionals from Keeping Well NWL has received has good feedback, with over 120 colleagues attending so far.

The committee were advised that following a desktop review of immunisation records, colleagues identified as having gaps in their records were contacted by LAS Wellbeing Team. This is being followed up by Optima our OH provider, who are requesting that colleagues contact them to arrange a suitable date for vaccination, at their most convenient location.

OD / CULTURE PROGRAMMES / EDI

The committee received a presentation on OD / culture programmes which included EDI. Feedback was given from the recent Well-Led review which acknowledged the work undertaken to improve culture and also recognised areas for improvement, which will be addressed as a priority and included within the 2023-34 Business Plan.

The committee noted that work is continuing with Middlesex University to build leadership capability on Our Leaders 100 Programme. The EDI

team are also working with internal communications on engagement with staff and have been involved with the recent roll out LAS connect which provides a space to communicate, share information amongst teams and work together. The committee were advised that preparations are underway to engage with staff before the next staff survey, including the development of a poster setting out feedback and actions taken from the last survey.

The committee discussed work that still needs to be done in respect of the Trust's cultural journey, which was acknowledged as having a strong start but there are areas are still to be addressed. It was noted that a broader overview was required and the committee agreed that a report on culture would be brought to the September committee in advance of the Board doing a deep dive on culture.

CLINICAL AND NON-CLINICAL EDUCATION

The committee received an update on clinical and non-clinical education. It was noted that the overall statutory and mandatory training compliance is currently 86% with information governance training at 95%, in line with the IG toolkit compliance level.

The committee were advised that 7 new managers had been appointed as well as 2 new posts developed who will support apprentices going out to the work place, which are integral to feedback from Ofstead.

The committee were informed that the AAP to EMT upskill apprenticeship (which has been brought in house) was going well, with good feedback received. It was also noted that the new Transition to Practice is delivering its 4th cohort of LAS University of Cumbria apprentice's paramedics and we are working with the university to support them becoming London paramedics. The Trust are hosting around 900 students over 3 years with partner universities and it was noted that this places a burden on paramedic mentors.

The committee noted an external quality assurance visit relating to the delivery of blue light training, which went well with some feedback provided on quality and quantity of feedback on learner's progress documented.

The committee were advised of the establishment of the Education Governance Committee which will support work streams focusing on the quality of learning not just the numbers of staff going through training and will feed into the Quality Oversight Group.

UPDATE ON PEOPLE STRATEGY

The committee received an update on the People Strategy and were advised that it was a working draft document produced following a series of engagement sessions with staff across the organisation.

The committee commented on the lack of detail within the document which was presented . The committee discussed the need to ensure it

	receives a People Strategy which clearly describes how the clinical and operational strategies will be delivered. It was agreed that the Director of People and Culture would work with other executives on the further development of the people strategy, before it was brought back to the committee **FREEDOM TO SPEAK UP REPORT** The Q4 report was presented to the committee and it was noted that the Q1 report would be reported to the committee in September. 47 concerns were raised with the majority related to process, system and management issues around recruitment and not about clinical care. 11 concerns were raised in relation to conflict within the workplace and unfair treatment. Feeling bullied and restricted in role, with lack of career progression. The committee were advised that numbers of sexual safety issues had increased over the last three years (almost doubling) which is thought to be due to the work done on making a safe place for people to raise their concerns. The sexual safety toolkit and a report on sexual safety in the LAS was shared with the committee, which refers to the initiatives the Trust has introduced to address the issues.
Key decisions made / actions identified:	See other commentary.
Risks:	**Board Assurance Framework** The 2023-24 BAF extract including People and Culture risks was reviewed by the committee and approved. There was discussion the risk relating to burnout and it was agreed that it would be rearticulated with the emphasis of the risk being on sickness and staff turnover.
Assurance:	Assurance was received on sickness absence, wellbeing of staff and staff retention. Assurance was also received on the progress being made with clinical training team and delivery of the AAP programme.

	Assurance was not received on the development of the People Strategy and the committee will consider this at its next meeting

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 25 May 2023

Report from the Chief Finance Officer

Financial Position at the end of April 2023

Income and Expenditure Plan

For the financial year 2022/23, the Trust reported a full year Income and Expenditure (I&E) surplus of £0.1m as at 31 March 2023 against the NHS performance target of a breakeven position, a favourable variance of £0.1m. This position is subject to the year end audit.

The Trust has agreed a breakeven financial plan for 2023/24. The in-month I&E position for April 2023 (month 1) is a £1.8m surplus; £0.3m favourable to plan.

Capital Programme

The Trust invested £33.9m on capital expenditure in 2022/23, and utilised all of its available capital funding.

The capital plan for 2023/24 has been set at £28.8m. Expenditure in April 2023 (month 1) was £0.7m.

Cash Balance

The Trust had a closing cash balance of £32.3m at end of April 23.

Fleet

The roll out of new vehicles has continued at pace since the last report. The Fleet department has made 152 vehicles for operational use during 2022/23. The first 10 lightweight ambulances have been delivered and are either in commissioning or with the Training Department, to be deployed from Oval Station in late May. In addition, the first batch of 17 Fast Response Vehicles ordered in March are being signed off in May for delivery in June.

Estates

The Trust has started construction enabling work and network infrastructure work at Bernard Weatherill House, Croydon. Project design is at RIBA Stage 3 and the second phase of principal contractor selection is nearing completion.

In sourcing of the Trust's premises cleaning service was achieved at the end of March and the Trust is now working with our new colleagues to enhance the service and induct them to the Trust.

The additional education centre facilities at Brentside were also completed in March and these are now being used to support the Trust's ambition of recruiting additional staff and delivering an expanded educational training programme.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.

London Ambulance Service NHS Trust

Assurance report:	Finance and Investment Committee	Date:	20/07/2023

Summary report to:	**Trust Board**	**Date of meeting:**	**22/06/2023**
Presented by:	**Bob Alexander, Non-Executive Director, Chair of Finance and Investment Committee**	**Prepared by:**	**Bob Alexander, Non-Executive Director, Chair of Finance and Investment Committee**

Matters for escalation:

There have been two meetings of the Finance and Investment Committee since the last meeting of the Board:

- 26th May 2023
- 22nd June 2023

The June meeting of the Committee was a 'Light' meeting that is held in the intervening months between full meetings of the Committee. There were no matters for escalation from either meeting.

FIC

Other matters considered:

2022/23 Final Report – M12 Finance

At its May meeting, FIC received the M12 end of year finance report and noted that the full year I&E surplus was £0.1m against the NHS performance target of a breakeven position, representing a favourable variance of £0.1m. FIC noted that the Trust had delivered £24.8m of efficiency reductions to the end March 2023, of which £8.8m wee non-recurrent. FIC agreed that this represented a positive result for the organisation and reflected good work by the Finance team to get to this position.

2022/23 Final Report – Month 12 Capital

The total capital expenditure, excluding leases, for 2022/23 was £33.7m, £0.2m below the final £33.9m capital allocation. In terms of fleet, The Trust had invested a total of £19.2m during 2022/23.

2023/24 Month 2 Report - Finance

FIC Light considered the M2 financial position at its meeting in June. Key points were noted as being:

- The in-month I&E position for M2 was a £0.7m surplus; £0.2m favourable to plan
- The full year I&E forecast was a breakeven position as at 31 March 2024 against the NHS performance target of a breakeven position
- The Trust had set a capital plan of £28.8m for the year. Spend in M2 was £0.7m.

2023/24 Month 2 Report - Capital

The Trust has capital resources of £28.2m available for investment in 2023/24 and the capital forecast is £28.1m. Spend to M2 was £1.4m which was behind the £3.4m forecast spend to date. This underspend was mainly due to delays on the South London 111 premises fit out project and a slower than planned delivery of the fleet mass casualty units.

Cost Improvement Programmes

At its May meeting, FIC had received the 2023/24 cost improvement plan including details around the governance, risk rating and in-year monitoring. It was noted that the plan had a strong focus on improving productivity whilst making financial efficiencies that were ambitious yet achievable. At the June meeting, FIC had noted that as at end of M2, the Trust had identified £21.1m recurrent savings, which was an improvement of c.£1.5m from the previous month. The Trust was forecasting to deliver £25m CIPs by the end of the year. At close of M2, the Trust planned to deliver CIPs of £3.3m and had achieved £1.9m recurrently and £1.4m on a non-recurrent basis.

Bow Redevelopment Programme

At the May meeting, FIC had received an update on the redevelopment of Bow Station noting that this presented an opportunity to design an exemplar ambulance station of the future which embodies the LAS Vision for ambulance stations. Specific funds were being sought to enable this redevelopment and a costed set of options for the redevelopment of the site had been developed through workshops. It was stressed to FIC that further work was required around sources of funding and to the financing of the estates strategy as a whole.

Key decisions made / actions identified:

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Contract Award – Financial Records System

At the May meeting, FIC approved the award of a contract for provision of an outsourced financial records system and financial services.

Risks:

Board Assurance Framework

FIC noted that the following financial risks were being worked up for inclusion on the Board Assurance Framework for 2023/24:

- Ability to recruit sufficient staff and acquire assets in time to realise the target improvement of Category 2 and call answering performance, utilising the indicative £25M central investment allocation.
- Getting the basics right- staff having access to the full range of equipment that is in full working order to meet the 2023/24 expectation that there would be zero tolerance in terms of crew not having the medical equipment that they need.

London Ambulance Service NHS Trust

Assurance report:	**Audit Committee**	**Date:**	**26/06/2023**

Summary report to:	**Trust Board**	**Date of meeting:**	**20/07/2023**
Presented by:	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**	**Prepared by:**	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**

Matters for escalation:

Annual Report and Accounts

All NHS Trusts are required by law to prepare and submit an annual report and accounts for parliamentary and public scrutiny. The Audit Committee received the final draft of the London Ambulance Service NHS Trust Annual Report and Accounts which incorporated comments and corrections made by NEDs, ExCo, and those agreed with external auditors during the audit.

Prior to approval, the Committee received an analytical review of the following financial statements showing any movement/variance in 2022/23 as against 2021/22 and the reasons for the change:

- Key Targets (Statement of Comprehensive Income: breakeven and control total) at 31 March 2023
- Balance Sheet Review as at 31 March 2023 Income Review for the year to 31 March 2023
- Expenditure Review for the year to 31 March 2023

External Audit on the Annual Report and Accounts

The report noted that subject to Trust Board's approval of the financial statements, External Audit would be in a position to sign their audit opinion, provided that an outstanding matter around provisions was satisfactorily resolved. At the meeting, however, it was confirmed that external audit had reviewed the disclosure re.provisions and was comfortable with what was included in the accounts.

External audit issued an unmodified Auditor's Report on the financial statements, noting that they had not identified any significant weaknesses in LAS arrangements to secure value for money.

In addition to this opinion, the Committee received the Auditor's Annual Report which contained a narrative summary of findings to be published on the Trust's website.

Head of Internal Audit Opinion

The Audit Committee received the Head of Internal Audit Opinion reporting on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed.

The Audit Opinion accounted for the fact that since the end of the Covid-19 pandemic, the Trust had maintained a focus on its key objectives for the year with the continuation of strong governance arrangements and management of key risks. Whilst noting that there were considerable operational challenges, these did not appear to have impacted adversely on the control environment. It was also noted that financially, the Trust had reported a full year I&E surplus for 2022/23 of £0.1m against the NHS performance target of a breakeven position.

It was further noted that at the year end, the Trust had successfully closed all except one of the prior year recommendations made by the previous internal audit providers, which is in progress. At the time of reporting, BDO had issued 14 final reports resulting in three high and 76 medium recommendations.

Based upon the work completed, an overall moderate assurance (the second highest level of assurance) was provided that there is a sound system of internal control, designed to meet LAS's objectives and that controls were re being applied consistently.

Going Concern Statement

To validate audit opinion, the Trust is required to stress test the financial plan for 2023/24 to assess its ability to remain as a going concern, reflected by cash resources available to meet liabilities as they fall due. The period of review is 12 months after the signing date of the accounts and opinion.

This assessment concluded that the Trust is a going concern and that the Trust will prepare its 2022/23 Financial Statements on a Going Concern basis. This basis was supported by the low risk of the Trust not providing its services for 12 months after signing of the 2022/23 Financial statements and financial modelling that supports the assertion that, even if the Trust does not achieve its financial targets, it has sufficient liquidity to pay its bills as they fall due.

Other matters considered:

Management Letter of Representation

The management letter of representation was presented. The letter noted that it was probable that one or more workforce claims would be received and that a provision, based on best estimate of the potential liability, had been made for this in the financial accounts.

The Committee approved the Management Letter of Representation for signing.

SIRO Update

The Audit Committee received an update on progress towards completion of the Data Security and Protection Toolkit.

Subsequent to the meeting, it was confirmed that the Trust had achieved Standards Met, including achieving 97% of staff completing their information governance training.

Internal Audit

The Committee received two final internal audit reports:

Data Integrity – this report had been commissioned by the Trust Board in order to seek assurance that information systems that supply key data that underpins the KPIs that the Board receive in the IPR are accurate. The report noted that recalculation of the KPI data yielded matching results although some minor deviations were identified requiring periodic evaluation for consistency and as best practice. The report had also highlighted some improvements required around data governance and data management practices. However, no significant errors had been identified. The Audit Committee had concluded that the report enabled the Committee Members to feel more assured around the indicators that were tested but that further internal audit work is required on clinical indicators, 111/IUC (for which terms of reference would be agreed by AC) and around the governance of data (which the new Digital & Data Committee would be monitoring).

IR35 – The report had concluded that internal audit could provide moderate assurance on the framework that LAS had put in place to ensure compliance with IR35 legislation with some elements of the process provide a strong foundation to support compliance.

Local Counter Fraud Update (LCFS)

The LCFS provided a progress overview of the counter fraud work undertaken since 1 April 2023, including both proactive and reactive work streams, in accordance with the approved LCFS Work Plan 2023/24. The report set out that within the reporting period that LCFS had pursued key workstreams including, but not limited to:

- delivery of a bespoke fraud and bribery awareness session to the Finance and Procurement teams
- circulation of a fraud spotlight document detailing the risks associated with dual working
- progression of fieldwork activities for the local proactive exercises in the areas of expense claims and credit card payments, payroll and time recording.

	The LCFS also presented their Annual Report which provided an overview of the counter fraud work undertaken since during 2022/23, including both proactive and reactive work streams, in accordance with the approved LCFS Work Plan.

//

Assurance:	The Committee received assurance that the annual reporting requirements had been completed with a robust approach and that those reports which required sign off by the Board were appropriate to do so.

London Ambulance Service NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Director of Corporate Affairs

The Corporate Affairs Directorate incorporates Patient Experience, Legal Services, Information Governance, and Corporate Governance.

This report summarises the Directorate activity from May 2023 to July 2023.

PATIENT EXPERIENCE

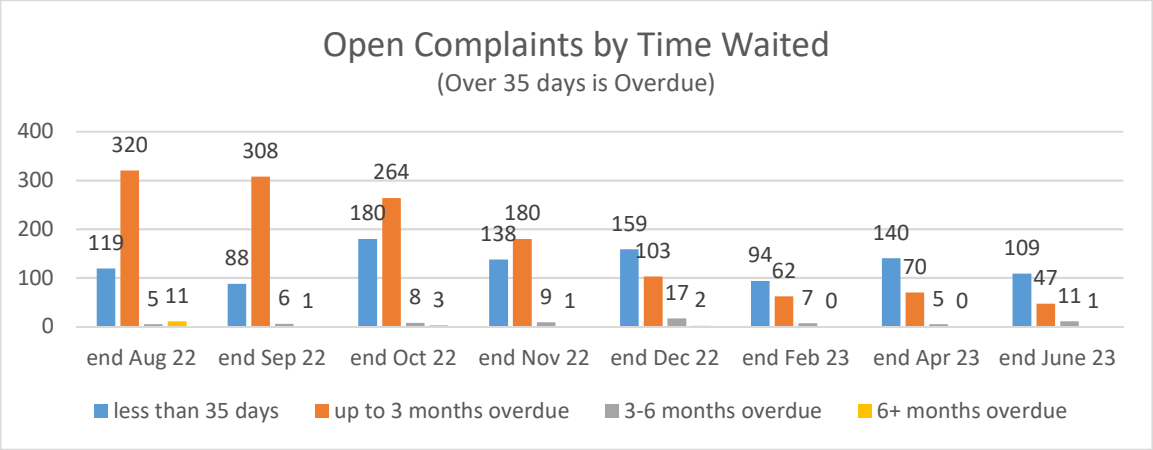
Complaints

Complaints received May – June 2023

161 (223 in same period 2022)

Complaints closed May – June 2023

180 (89 in same period 2022)



At the end of June, there was a total of 168 open complaints. 59 (35%) were overdue the 35 working day target response. The team are continuing to reduce the number of overdue complaints through the monitoring and escalation processes contained in the SOP.

The top five themes of complaints are similar to the previous year data in the same period but with a significant reduction in complaints about delays (this includes delay in an ambulance attending and delay in 111 ringing back).

	Conduct and behaviour	Delay	Non-conveyance	111 Call Handling	999 call handling
May/June 23	58	32	29	12	8

	Conduct and behaviour	Delay	Non-conveyance	111 Call Handling	Treatment
May/June 22	58	67	30	18	12

The Standard Operating Procedure (SOP) for complaints management has been audited for compliance and will be further reviewed in August 2023. The audit indicated good compliance with acknowledging and actioning complaints in time and keeping complainants informed of progress. Numbers for escalating overdue complaints and responding to complaints within 35 days continue to improve but remain below the required target and will be closely monitored. These findings have been shared with the team.

The team attended the Corporate Affairs Away Day where the focus was on getting to know colleagues in the directorate, reviewing the key themes of the staff survey and discussing proposals to improve the visibility and effectiveness of our work.

LEGAL SERVICES

Inquests opened 12 May 2023 – 7 July 2023

Level 1[i] Inquests – 335

Level 2[ii] Inquests – 11

Claims opened 12 May 2023 – 7 July 2023

Employment Liability - 4

Public Liability - 1

Clinical Claims - 9

The Legal Services Manager (LSM) and the Senior Clinical Lead for Mental Health Capacity and Legal Services (SSCL) are reviewing templates for staff providing witness statements and will organise training sessions for all relevant across the Trust in the Autumn.

The Medical Directorate have now recruited an assistant to the SSCL who will start this month.

The senior management Team at 111 Services will be attending a legal training session in July. This will cover Inquests, writing reports, giving evidence in Court and providing evidence and subject matter expertise for submissions to Coroners. This training is being delivered by Legal Team and one of our panel firms.

The LSM is working with a panel firm and a Senior Coroner to create short videos about Inquests, giving evidence in Court etc. This will be specific to the Trust and will assist witnesses when giving evidence in Court.

[1] 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.

[1] 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

The trust has an annual programme to ensure compliance with the Data Security and Protection Toolkit (DSPT), which is an online self-assessment tool that allows Health Care organisations to measure their performance against the National Data Guardian's 10 data security standards. It is a requirement that any organisation that has access to NHS patient data and systems completes the DSPT. Of the 113 mandatory assertion evidence items included in the 2022 – 2023 DSPT, 100% were completed in a timely manner.

A significant mandatory evidence requirement of the DSPT is that 95% of all staff are compliant with mandatory Data Security and Awareness Training. It is also required that the Trust only count staff who have been trained within the last twelve months towards the 95% compliance target. Upon completion of the evidence requirement the Trust achieved 97% training compliance.

The Trust submitted the 2022 – 2023 DSPT on 28th June 2023. Upon submission the Trust received 'Standards Met' accreditation which provides assurances to the public, staff and other organisations that the Trust is practicing good data security and that personal information is handled correctly.

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. During 2022/23 six incidents were notified via the data security incident reporting portal. Of these, all six were reported to the ICO and one was also reported to the Department of Health and Social Care and NHS England. This incident specifically related to an external cyber-attack upon a third party software supplier used by the Trust. Of the six incidents reported, four have been fully investigated and the cases are now closed with the ICO. The remaining three open cases are still part of ongoing investigations within the Trust and updates will be sent to the ICO in due course. The Audit Committee oversees these arrangements and receives a briefing at each of its meetings.

The Trust continues to embed data privacy by design into new projects by undertaking a data protection impact assessment (DPIA), a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information governance and security framework.

POLICIES

At previous meetings NEDs have noted the number of policies overdue for renewal. This report will now regularly update the Board on progress with addressing this.

Directors have been overseeing efforts to bring policies within their directorates back into compliance with support from the Corporate Governance team. Directors have been advised to complete the policy review checklist, which will bring most policies back into date quickly, identifying those policies that can be deleted or reclassified and can also give a temporary extension of 6 months to those policies which will need to undergo a full review with more extensive changes.

There are a number of policies that are very overdue, which are being addressed by the relevant directorates as a priority, with the aim to bring all such policies in date by the end of July 2023.

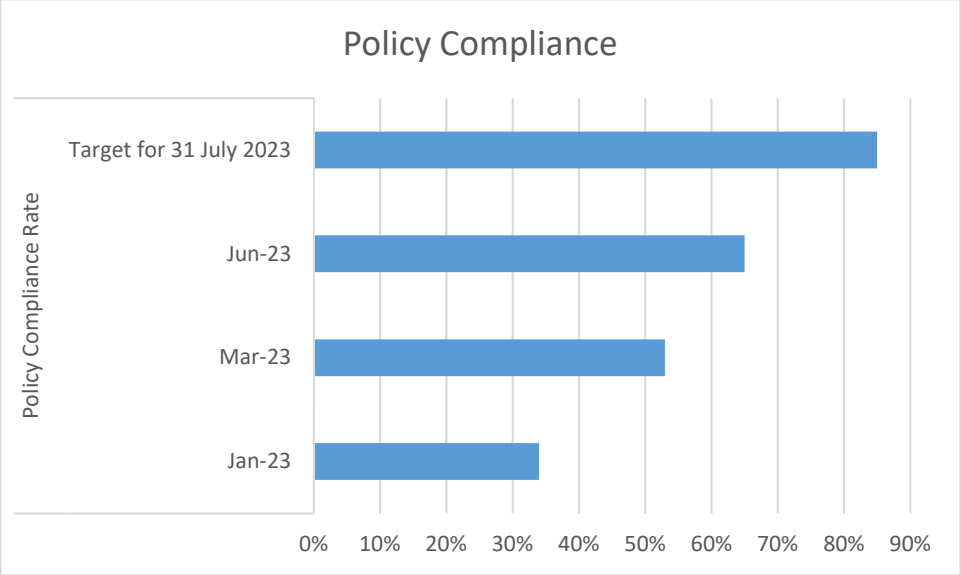
More fundamentally in order to improve our position some changes need to be made to our approach:

We are proposing a new Policy for the Development of Policies which sets out:

- How policies can be approved for up to three years rather than just one as currently
- How policies can be reclassified to procedures and guidelines where appropriate (the LAS currently has a large number of policies which arguably are really procedures).
- Simplified arrangements for sign off, with greater clarity as to which body signs off policies and more delegation to ExCo.

The new Policy for the Development of Policies is on the agenda for Board approval.

Following a recent review of policy compliance it has been noted that our position has improved from 53% in March 2023 to 65% in June 2023. A target compliance level has been set at 85% of policies being in date by the end of July 2023, with no policies being overdue by 2 years or more. The Corporate Governance Team are working with directorates to help them to achieve this level of compliance.



FREEDOM OF INFORMATION

This update highlights the Trust's latest developments concerning Freedom of Information (FOI) requests.

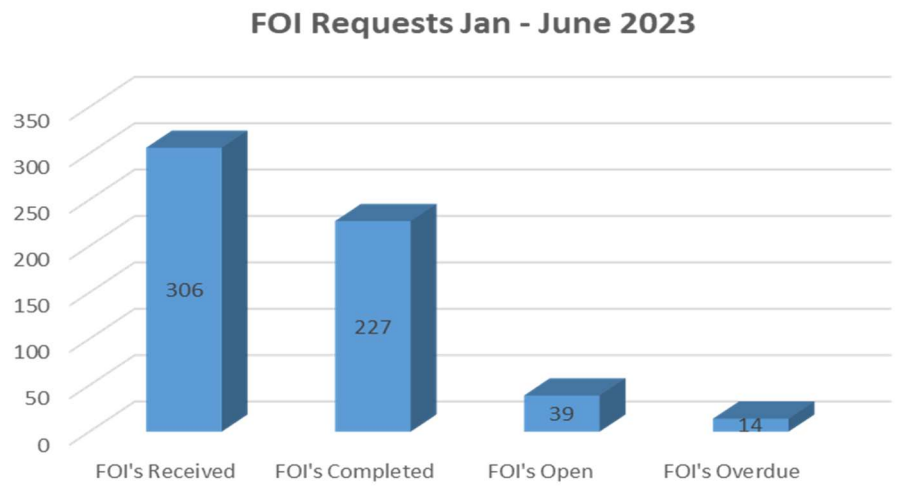
Increased Case Volume: Since the start of the year, there has been a notable rise in the number of cases, with an additional 83 requests received compared to the same period last year.

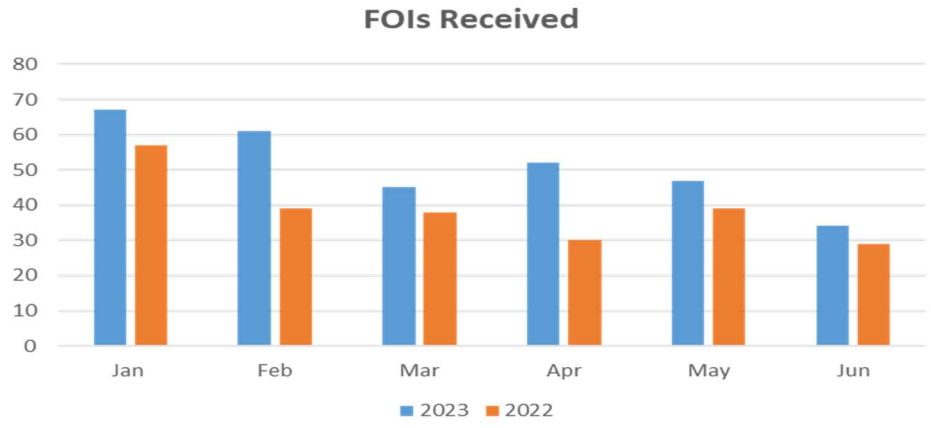
For the period January to June 2023 we received 306 requests for information and to date we have responded to 227 of these. We have 39 open requests, 14 which are overdue. We are currently working to clear this backlog.

Ongoing Monitoring: The Trust diligently monitors its FOI performance on a fortnightly basis. This regular assessment helps track progress, identify areas for improvement and ensure compliance with FOI regulations.

Enhanced Approval Process: There has been an improvement in the sign-off process for FOI requests, with the Director of Corporate Affairs signing off the majority of FOIs, liaising with other directors as necessary. This has been a positive development in streamlining and expediting the approval procedure, contributing to more efficient handling of requests.

By actively monitoring FOI performance and implementing measures for improvement, the Trust aims to effectively manage the growing number of requests while maintaining compliance with regulations and ensuring timely responses.


FOI Requests Jan - June 2023
350
300
250
200
150
100
50
0
306
227
39
14
FOI's Received
FOI's Completed
FOI's Open
FOI's Overdue


FOIs Received
80
70
60
50
40
30
20
10
0
Jan
Feb
Mar
Apr
May
Jun
2023
2022

London Ambulance Service NHS Trust

Digital and Data Quality Committee

Terms of Reference (effective April 2023-March 2024)

1. Purpose

1.1 The Digital and Data Quality Assurance Committee has been established in order to provide the Trust Board with assurance on the achievement of the London Ambulance Service NHS Trust's strategic objective in relation to the development and delivery of its digital strategy and assurance on non-financial data quality.

1.2 Scope of Committee:

- Digital infrastructure supporting the service.
- Digital Strategy, Transformation & Innovation to enable patient care
- Receiving assurance on the integrity and quality of all data apart from financial data.

2. Constitution

2.1 The Committee is a standing committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

3. Authority

3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the Committee.

3.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3.3 The Committee is authorised by the Trust Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

4. Accountability

4.1 The Committee will report directly to the Trust Board.

5. Membership

The Committee shall be appointed by the Board from amongst the Non-Executive Directors and Executive Committee of the Trust and shall consist of not less than five members (of whom three should be Non-Executive Directors), all of whom shall have voting rights. The Chief Quality & Paramedic Officer is the lead Executive committee member.

The executive members are:

- The Chief Paramedic and DCEO,
- The CCIO,
- The CDO,
- The Director of Strategy and Transformation

The committee shall have the ability to co-opt external (non-voting) advisory members who bring an independent, expert perspective.

6. Chair

6.1 One Non-Executive Director member will be the Chair of the Committee and, in their absence, another Non-Executive Director member will be nominated by the others to deputise for the Chair.

7. Attendance

The following executives should normally attend all Digital and Data Quality Assurance Committee meetings;

7.1 The Medical Director (Caldicott Guardian) and the Director of Corporate Affairs (SIRO)
7.2 The Caldicott Guardian if not the Medical Director.
7.3 The Director of Performance and Business Intelligence
7.4 The Director of Finance when resources are being discussed
7.5 The Chief Executive can attend any meeting but must attend at least annually.

7.6 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee.

8. Quorum

8.1 The meeting will be quorate provided that the following are in attendance.

8.1.1 The Chair or nominated Chair of the Committee; and
8.1.2 At least two Executive Committee members, one must be the Chief Quality and Paramedic Officer or the CCIO.

9. Meeting administration

9.1 A member of the Corporate Governance Team will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.

9.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

10. Notice of meetings

10.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.

10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

10.3 Late and additional papers will be tabled at the discretion of the Chair of the Committee.

11. Frequency of meetings

11.1 Meetings will be held bi-monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee. The regularity of meetings will be reviewed annually. A calendar of dates will be published with the agenda setting out the dates of the meetings for the remainder of the financial year.

12. Duties

12.1 To gain assurance that:

i. The Trust Digital Transformation Strategy aligns with the 2023-2028 Trust Strategy.

ii. Governance and Management of Digital Transformation programmes are effective.

iii. Data quality Governance and management structure is operating effectively.

iv. Data Collection, validation, manipulation and reporting processes adhere to the Trusts Data Quality Policies and Standards.

v. The Trust implements the recommendations arising from the Verita C1 review.

vi. The Trust's BAF risks, delegated to the committee, are being tracked and mitigated.

To aid its work the Committee will receive regular assurance from the Trust Data Quality Group and any audit reports on data quality and other digital matters within its remit.

12.2 To receive any other relevant items as identified on the Committee's forward plan.

13. Review and reporting responsibilities

13.1 The minutes of all meetings of the Committee shall be formally recorded and submitted to the Trust Board.

13.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.

13.3 The Committee will report annually to the Trust Board in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.

13.4 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

14. Equality and diversity

14.1 The committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

London Ambulance Service NHS Trust

Report Title	Quality Report				
Meeting:	Trust Board				
Agenda item:	5.1.4		**Meeting Date:**	20th July 2023	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer				
Report Author:	Various				
Purpose:	**X**	Assurance	**X**	Approval	
	X	Discussion		Information	

Report Summary

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

- Incidents: The number of no harm incidents increased during Q3. During Q4 the number of no harm incidents reported has returned to the mean. The top 3 no harm categories in May 2023 were Medical Equipment (73), Clinical Treatment (63) & Dispatch & Call (55) (compared to 179 in December 2022)
- The number of incidents reported within IUEC has significantly increased the last few months for both No Harm & Low Harm incidents. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service is experiencing high demand. The top 3 incident categories in May 2023 were Communication, Care & Consent, Call Handling and Clinical Assessment/Advice.
- Hand Hygiene: The compliance rate for May 2023 was 98% and this score continues to exceed the Trust performance target (90%). Two stations did not submit data this reporting period (Romford and Brent). Overall submission for May was 191. The IPC training compliance for level 1 and level 2 is above the Trust compliance target (90.54% and 93.11% respectively)
- Premises cleaning: Overall Trust compliance for May dropped was 94% continuing to exceed the Trust performance target of 90%. Both IUEC and EOC have been actioned with submission improvements.
- Overdue Incidents: There are 794 overdue incidents which have been open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs). This breaks down further to: 461 Patient incidents, 133 Staff incidents, 193 Trust related incidents and 7 visitor incidents. A Trust wide improvement plan is has been agreed to

recover this position, the benefit of which can been seen with the number of overdue incidents being the lowest since pre 2022.

- Statutory & Mandatory Training: This has decreased slightly from the last reporting period from 87% to 86% but remains above the 85% target. The Trust achieved an average of 85% for the period of April 2022 to March 2023. The highest training level is IPC Level 2 at 93.14% compared to the lowest (Moving & Handling Level 2-Load Handling (3 years)) at 3.09%.
- The Patient Experience team continue to make good progress in closing a higher percentage of complaints within 35 working days (51% in April). The number of complaints in the backlog is 63/158 (39%) and is continuing to be closely monitored. Themes from complaints received include delays (primarily relating to delays in an ambulance attending), conduct & behaviour (down 27.5% on previous month), and conveyance decisions (including
- There are 58 (64%) policies in date across the Trust which is an increase of 9 since the last reporting period. 33 (36%) of policies remain overdue.

Recommendation/Request to the Board/Committee:

The Board is asked to discuss and approve the Quality Report

Routing of Paper i.e. previously considered by:

CQOG (19/06/23)
QAC (04/07/23)

Corporate Objectives and Risks that this paper addresses:

This paper addresses the agreed reporting metrics for quality, in the safe, effective, caring responsive and well led domains.

London Ambulance Service NHS Trust

London Ambulance Service – Quality Report

Report for discussion at the Trust Board

Analysis based on May 2023 data, unless otherwise stated

To be read in conjunction with the Integrated Performance Report

Quality Report Summary

London Ambulance Service NHS Trust

	KPI	Latest Month	Measure	Variation	Assurance	Comment
SAFE	Number of No Harm 999 Incidents	May-23	459			**Incidents:** The number of no harm incidents increased during Q3. During Q4 the number of no harm incidents reported has returned to the mean. The top 3 no harm categories in May 2023 were Medical Equipment (73), Clinical Treatment (63) & Dispatch & Call (55) (compared to 179 in December 2022
	Number of No Harm 111 Incidents	May-23	270	H		The number of incidents reported within IUEC has significantly increased the last few months for both No Harm & Low Harm incidents. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service is experiencing high demand. The top 3 incident categories in May 2023 were Communication, Care & Consent, Call Handling and Clinical Assessment/Advice.
	OWR Hand Hygiene Compliance	May-23	96%		P	**Hand Hygiene**: The compliance rate for May 2023 was 98% and this score continues to exceed the Trust performance target (90%). Two stations did not submit data this reporting period (Romford and Brent). Overall submission for May was 191. The IPC training compliance for level 1 and level 2 is above the Trust compliance target (90.54% and 93.11% respectively)
	Premises Cleaning Audit	May-23	94%		P	**Premises cleaning:** Overall Trust compliance for May dropped was 94% continuing to exceed the Trust performance target of 90%. Both IUEC and EOC have been actioned with submission improvements.
	Patient Safety - Medical Equipment Incidents	May-23	104	L		**Medical equipment incidents:** The top 3 incident categories in May 2023 remain the same- Security, violence, aggression and abuse (190), Medicines Management (134) and Medical Equipment (104). The number of medical equipment incidents has been decreasing the last few months indicating special cause variation Aug'22 onwards.
	Overdue 999 Incidents	May-23	794			**Overdue Incidents:** There are 794 overdue incidents which have been open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs). This breaks down further to: 461 Patient incidents, 133 Staff incidents, 193 Trust related incidents and 7 visitor incidents. A quality improvement project has been commenced to reduce overdue incidents, which have plateaued following the improvement seen earlier in the year.
	Percentage of Safeguarding Training - Level 3	May-23	91%			**Safeguarding Level 2 & 3 Training:** A recovery plan for IUEC has been implemented with improvement in the IUEC level 2 compliance. Overall level 2 compliance is now 72% across both IEUC and EOC, with further recovery work planned in EOC. Level 3 training Trust wide for March 2023 is at 91%.
	Statutory & Mandatory Training Compliance	May-23	86%	H	?	**Statutory & Mandatory Training:** This has decreased slightly from the last reporting period from 87% to 86% but remains above the 85% target. The Trust achieved an average of 85% for the period of April 2022 to March 2023. The highest training level is IPC Level 2 at 93.14% compared to the lowest (Moving & Handling Level 2-Load Handling (3 years)) at 3.09%.

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

Quality Report Summary

London Ambulance Service NHS Trust

EFFECTIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
ROSC to Hospital (AQI) - Reported 4 Months in Arrears ROSC At Hospital	Jan-23	32%			In January 2023, the LAS ranked 2nd for the overall ROSC on arrival at hospital group (up from 8th; 21.6%) with 31.8%, above the national average of 27.2% and 6th for the Utstein group with 50.0%, slightly below the national average of 51.2%.
Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	Jan-23	01:19:00			In January 2023, the LAS achieved a time of 01:19 for the call to arrival at hospital measure which was significantly shorter than the national average of 01:31. As a result, the LAS has been ranked **1st place** against other ambulance services for the second month consecutively.
MCA Level 1 Training	May-23	90%			**MCA Level 1 Training:** is 90% with the current eLearning provides both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed.
Personal Development Review (PDR) Compliance	May-23	70.%			In May, the PDR compliance is at 70%. The 'Our LAS' appraisal process is underway to empower better, efficient conversations between leaders and their team members throughout the year, not just a one-off appraisal session. The new 4S's form – aiding discussion around an employees' successes, struggles, setting goals and support requirements – is available on the intranet and colleagues are invited to 90-minute training sessions to convert their learning into practice.
CPI - Completion Rate (% of CPI audits undertaken)	Apr-23	82%			**CPI Completion rates:** Completion rates for April 2023 were at 82% and still remain below the target of 95%. All aspects of documented care were above the 95% target except sickle cell compliance which was at 93% and elderly fallers which was 94%. Staff feedback (face to face) for March 2023 was 475 with the YTD total at 3864.
Operational Workplace Review (OWR) compliance:	May-23	62.60%			OWR: This is currently at 62.60% for May 2023 Trust wide. This remains below the Trust target of 85% and further action is required

RESPONSIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of Complaints	May-23	113			**Complaints:** The Patient Experience team continue to make good progress in closing a higher percentage of complaints within 35 working days (51% in April). The number of complaints in the backlog is 63/158 (39%) and is continuing to be closely monitored. Themes from complaints received include delays (primarily relating to delays in an ambulance attending), conduct & behaviour (down 27.5% on previous month), and conveyance decisions (including

WELL - LED

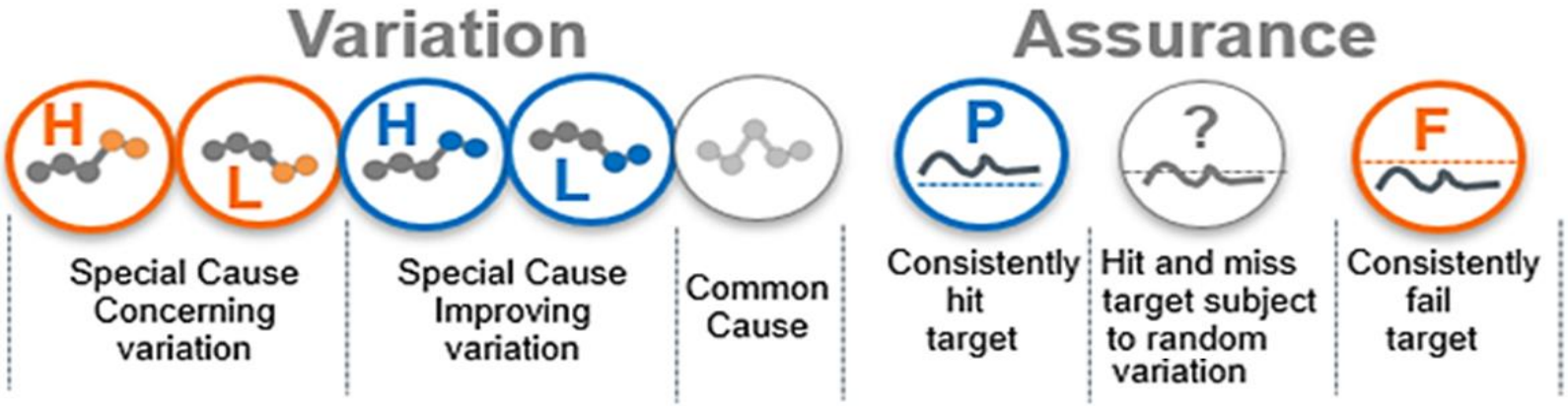
KPI	Latest Month	Measure	Variation	Assurance	Comment
Percentage of all risks reviewed within 3 months	May-23	86%			The Trust's compliance is 85.6% for risks reviewed within the last 3 months which is below the 90% target. Only 62.5% of risks were approved within 1 month (target 90%)
Percentage of policies in date	May-23	64%			There are 58 (64%) policies in date across the Trust which is an increase of 9 since the last reporting period. 33 (36%) of policies remain overdue.

Statistical Process Control (SPC) - Explained

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

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

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



London Ambulance Service NHS Trust

Report Title	Patient Safety Investigation Highlight Report			
Meeting:	Trust Board			
Agenda item:	6.2	**Meeting Date:**	20th July 2023	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	April Wrangles, Head of Quality Improvement and Learning Jaqui Lindridge, Director of Quality			
Purpose:		Assurance		Approval
		Discussion	X	Information

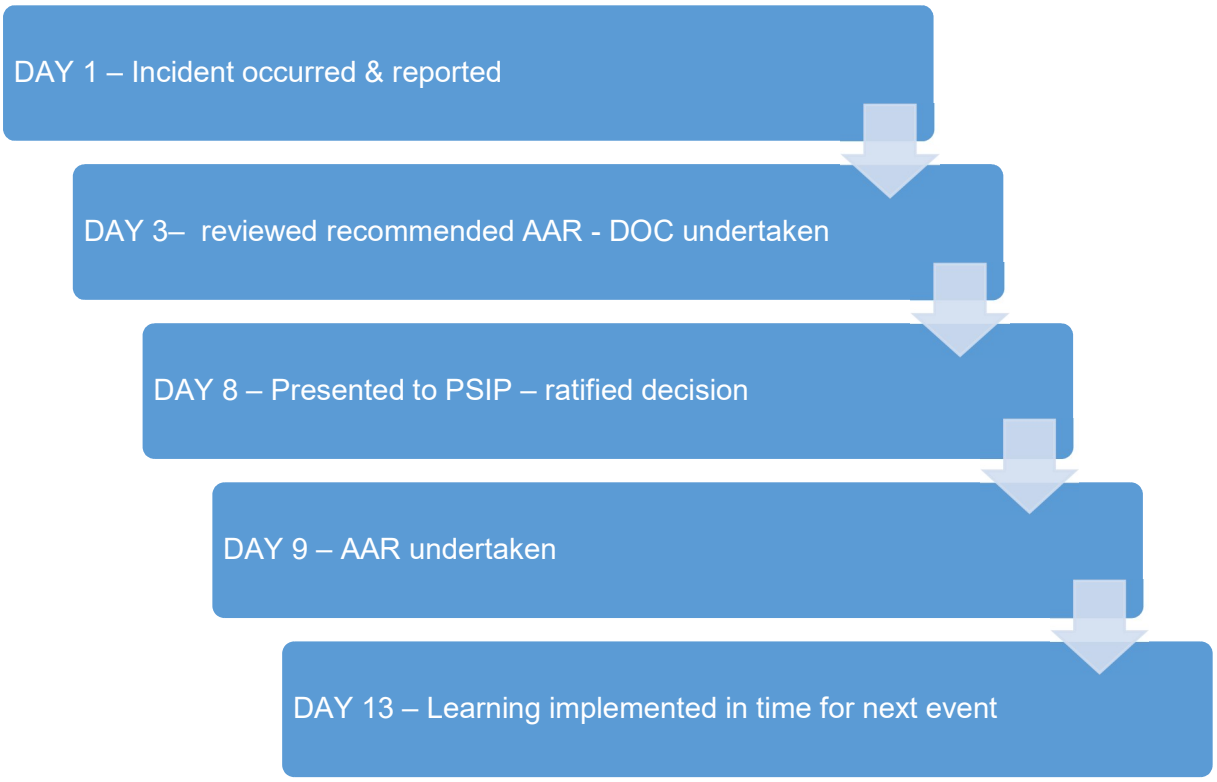
Report Summary

This report summarises some of the improvements made in relation to Patient Safety Investigation in recent months:

- **Patient Safety Investigation Response Framework (PSIRF) Internal Audit:** The first internal audit of our PSIRF took place late last financial year. Our auditors made 3 recommendations, all of which are now in place.
- **Recruitment:** the team are now fully established.
- **Timeliness of investigations:** In order to recover and improve timely completion of enhanced investigations and improve contact with patients and families, we have focussed on increasing our pool of Lead Investigators. Since January 2023 we have provided training to 197 staff, providing a mixture of half day and one day training courses, as well as updates on new learning response techniques.
- **Streamlining processes:** In order to improve the pathway from incident report to Patient Safety Investigation Panel decision an After Action Review took place in February 2023. Since early March, we have seen consistent special cause improvement and a downward trend in incidents awaiting PSIP review. Improvements are linked to a return to full establishment for Quality, Governance and Improvement Managers, increased consistency in the work of sector Patient Safety Incident Groups, improving the accuracy in harm level reporting, improvements in the LfD process and technical changes to the Trust Incident Management System, Datix.
- **Duty of candour:** As a result of the increase in availability of Lead Investigators and access to LI time to undertake investigators our DoC compliance has improved to 96.5% in July 2023. We continue to improve processes to increase this figure further.
- **Quality Improvement:** QI training has resumed, with 3 QI Fundamentals (1 day) courses since June, and a further 5 dates planned over the next 3 months enabling another 80 staff to be trained by the end of September. Our next 5 day, QSIR Practitioner programme

begins in September. The team are supporting several QI initiatives, including 'Fixing the Basics', reducing job cycle time and overdue incident reduction.

- **Learning responses:** We have increased our use of new types of learning response as part of our adoption of PSIRF. Since the 1st April we have commissioned 27 After Action Reviews allowing learning to take place earlier, with associated improvements in the speed of implementing change. In one case, we were able to undertake the AAR and implement the learning in less than 2 weeks, as the following example demonstrates.



Feedback from staff has been positive, particularly in relation to our development of a just culture:

"Everyone had the opportunity to talk"

"The wider discussion led to other points of learning bridging a communication gap".

"I was made to feel like I could speak openly about what had happened"

"I felt that I was involved throughout the process"

I felt the process was a lot more inclusive and made me feel like was not being blamed".

Recommendation/Request to the Board/Committee:
The Board is asked to note the patient safety investigation highlight report.
Routing of Paper i.e. previously considered by:
N/A

London Ambulance Service NHS Trust

Report Title	Draft 2023/24 Board Assurance Framework Risk			
Meeting:	Trust Board			
Agenda item:	7.1	**Meeting Date:**	20 July 2023	
Lead Executives:	Mark Easton, Director of Corporate Affairs			
Report Author:	Frances Field, Corporate Governance Manager			
Purpose:		Assurance	x	Approval
	x	Discussion		Information

Report Summary

A draft 2023-24 Board Assurance Framework (BAF) summary has been developed which aligns with the three missions and 10 priorities outlined in 2023-24 Business Plan. Selected risks from business plan actions were identified where they represent significant strategic risks. Some of these risks are amalgamations of a number of actions in the business plan.

Following approval in principle of the 2023-24 BAF summary at the Trust Board Development Session on 27 June 2023, draft risks were developed by the lead Executives and are included in the attached draft 2023-24 BAF.

So far, because of scheduling only two assurance committees have been able to review their BAF entries: People & Culture and Digital.

It was agreed at the Trust Board Development Session that the scored risks which have been removed from the 2022-23 BAF and do not appear on the 2023-24 BAF, either because they have become outdated or they are replaced with updated risks, would be shared with the Board and assurance committees, these are:

- Risk 1A: If cases of Covid, or other infection e.g. influenza, increase there will be a significant increase in demand and a reduced availability of staff due to isolation and staffing vacancies leading to longer response times and poorer outcomes for patients.
- Risk 1B: There is a risk that the increasing backlog of elective care may result in the national focus on elective care leading to de-prioritisation of focus to transform emergency care at a time when UEC demand is increasing.
- Risk 1C: Following the ballots on industrial action a series of strikes are planned which will affect the LAS with a widened scope to include all staff including 111, EOC and front line vehicles. We expect significant staff participation in the strike leading to a reduction in workforce availability to respond to calls, provide health advice, dispatch ambulances and crew ambulances including specialist responders; resulting in a reduction in our ability to provide services resulting in prolonged and/or substantial failure to meet operational performance targets, which will lead to worse patient outcomes, including patient harm up to loss of life.
- Risk 3A: Our 111 service operates under five different contracts which are governed by different regulators, contracts, funding, performance, and quality metrics. Calls are distributed across contract boundaries depending on response times leading to a

potential mismatch between contacts and activity leading to a risk of reputational damage, quality issues and financial loss.

- Risk 3B: There is a risk that if we don't deliver a programme of change within LAS to support delivery of a fully integrated system due to capacity causing delay to completing key deliverables caused by IUC expertise and management capacity within LAS being limited.
- Risk 4A: If we do not have sufficient capacity to enact the Business Continuity Plan in the event of a protracted Major Incident (i.e. over 12 hours in duration) we will not be able to respond to routine calls leading to poorer patient outcomes.
- Risk 8A: If the Trust does not deliver the financial plan for 2022/2023, there is a risk that expenditure might exceed agreed income levels leading to regulator/commissioner intervention.

Recommendation/Request to the Board:

The Board is asked to review the content and scoring of the risks in the attached draft 2023-24 BAF, pending further review by assurance committees.

Routing of Paper i.e. previously considered by:

ExCo and selected assurance committees where they have met before the Board.

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.

DRAFT Board Assurance Framework 2023-24

Mission 1:	Delivering outstanding urgent and emergency care wherever and whenever needed										
Mission Priority	**Overall Risk**	**Selected Risks from the Business Plan**		**uncon[d]**	**Current**	**Q2**	**Q3**	**Q4**	**Committee**	**Owner**	**Pge**
Rapid and Seamless Care	20	1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	16				QAC	FW	3
		1.2	We may not achieve Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC	25	16				QAC	JM	7
		1.3	Our 111 services may not achieve timely callback and clinical assessment	25	20				QAC	JN	9
A learning and teaching organisation	16	1.4	We may not achieve our quality account standards	20	16				QAC	JL	13
		1.5	We may not improve Data Quality and implement the C1 improvement plan	20	16				Digital	JM &CIO	14
Mission 2:	**Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**										
Mission Priority		**Risks**		**uncon[d]**	**Current**	**Q2**	**Q3**	**Q4**	**Committee**	**Owner**	**Pge**
Inclusive and Open Culture	16	2.1	We may not achieve our recruitment and retention targets	20	16				P&C	DM	15
		2.2	We may not improve the diversity of our staff and achieve equality standards	16	16				EDI	RD	16
		2.3	We may not improve staff wellness measured by sickness absence and burnout.	20	16				P&C	DM	17
		2.4	We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks.	20	16				P&C	DM	19
Improved Infrastructure	20	2.5	We may not be adequately prepared for cyber attacks	25	15				AC	CIO	20
		2.6	We may suffer a critical systems failure unless we replace radio and telephony systems	20	15				FIC	CIO	22
		2.7	CAD implementation[1]	16	4				Digital	CIO	23

[1] The outstanding action is the post implementation review to come to the Digital Committee in August.

		2.8	Operations may be affected by the shortage of Mobile Data Terminals (MDT's)	20	20				FIC	CIO	24
		2.9	We may not improve staff morale and productivity by "Fixing the Basics"	20	16				FIC	RP	26
Well-led across the organisation		2.10	We may not meet our financial plan including CIP for 2023/24	20	16				FIC	RP	27
		2.11	We may not deliver our capital plan including new ambulance stations and Bernard Wetherill House	20	20				FIC	RP	28
		2.12	We may not make the organisational changes required including: team working and professional standards	20	16				P&C	JM	29
Mission 3:	**Using our unique pan-London position to contribute to improving the health of the capital**										
Mission Priority		**Risks**		**uncon[d]**	**Current**	**Q2**	**Q3**	**Q4**	**Committee**	**Owner**	**Pge**
Green and sustainable future	16	3.1	We may become liable for increased costs because of ULEZ if we are not compliant by October 2023	20	16				FIC	RP	30
		3.2	We may fail our environmental targets for conversion to EV and carbon reduction	20	16				FIC	RP	31
A system leader and partner	16	3.3	We may not play our full part in leading and delivering London's health and care system	16	16				Audit	RD	32

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1-3	Low risk
	4-6	Moderate risk
	8-12	Significant risk
	15-25	High risk

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

Mission Priority: Rapid and Seamless Care	BAF Risk: 1.1
We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
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

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

	• Monitoring of Community First Responder outcomes and LifeSaver numbers to reduce time to defibrillation • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • New cardiac arrest checklist includes ROSC care bundle prompts and handover metrics and tools. • CTM training includes post ROSC importance to enable further discussion with their teams during OWR and CPI feedback. • Monitoring of advanced care interventions by APP – Critical Care
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. • New ‘best in class’ posters designed for Stroke and STEMI – identifying where the group station and organisation compliance is.
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.

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	• 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.
Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	• Monthly Stroke Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to stroke care. • Early work of exploring optimisation of stroke pathway with thrombectomy • Annual Stroke report. • Local oversight of Stroke care led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases. • Feedback to LAS from Pan London Stroke networks • Clinical update and Insight share cases • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • New 'best in class' posters designed for Stroke and STEMI – identifying where the group station and organisation compliance is. • Pilot for video stroke triage live in NC and NE London – LAS clinician and stroke clinician discussion prior to conveyance. Learning for LAS clinicians, and more patients identified into the right pathways (ED, TIA, Stroke)
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%	
• Deliver resuscitation update training to 85% of staff	
Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction	
Develop a Health Inequalities Action Plan	

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

Mission Priority: Rapid and Seamless Care	BAF Risk: 1.2
We may not achieve Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
	x		=	

Controls	Assurances
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Weekly NHSE London / Commissioner performance meeting	Executive attendance at meeting
Flexible approach to use of staff including roles and hours/rotas.	Quality directorate have established risk and incident hub to interrogate and learn.
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Early adopter of Patient Safety Incident Response Framework (April 2021) Development of Delays Thematic Reports for each quarter.
Redeployment scheme for corporate staff utilised in times of high demand	At REAP 4 all clinicians working operationally 50-100% of time.
Twice weekly staffing and resourcing meeting to review operational	Chaired by Directors – review of staffing levels by hour to identify and mitigate risks
Ongoing communication with acute hospitals on handovers understanding current system pressures and instigating timely divert processes.	Monitored at weekly North West London Gold System call
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
The use of volunteers is maximised	
LAS input to national solutions to reduce handover delays	Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework
Weekly NHSE London / Commissioner performance meeting	Senior attendance at NASMED and QiGARD and Ambulance Capacity Meeting
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Appointment of Pathways Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Real time balancing of patient transport destinations recognising live system pressures at individual ED sites co-ordinated via the Intelligent Conveyance Desk.	Tactical Operations Centre grip report produced bi-daily
Placing of hospital ambulance liaison officers (HALO) at certain challenged ED sites to improve the handover process between triage nurses and ambulance staff.	
Cohorting process in place to release crews, handing over patients care to ambulance colleagues.	
Rapid release procedure to release crews covering a CAT 1 call in the community, handing over patient care to hospital staff.	
Utilisation of alternative means of conveyance using St John Ambulance volunteers to convey patients not requiring ambulance transportation	

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

Further actions

Action	Date by which it will be completed
Reduce conveyance to Emergency Department to under 50% in all ICSs	
Continual Review of dispatch process 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.	
Reduce ambulance conveyance to Emergency Department to under 50% in all ICSs	31/03/2023
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	31/03/2023

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

Mission Priority: Rapid and Seamless Care	**BAF Risk: 1.3**
Our IUC services may not achieve timely call back and clinical assessment	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by				
L	x	C	=	Score
2	x	5	=	10

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. New ways of Duty Navigator supporting HA/SA's taking call to manage complex calls and the senior team are exploring new methods used in other IUC areas to create improves streaming of cases but also consider what actions within the CSEP plan can be deployed for short periods with the need to review/ switch off any actions when agreed levels are reached. 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. Ie. NHS Pathways outcome = P1, clinical review = P3, case now shows as P3 in the queue but report will show as a breached P1.**
Finance / CAS Profile – funding agreed with NEL & SEL based on their available budget was with caveat that current response times would not be met without significant reduction of activity. This work being undertaken jointly with LAS & Commissioner management & GP Clinical Lead	**Joint working group in place with commissioner Management and GP Clinical Leads to review and reduce current CAS workload in hours.** Performance has improved based on real time monitoring as a result of this work. In July 2023, LAS have obtained written agreement from NHS Pathways to work outside licence without penalty if agreed by provider/ commissioner/ region. First

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

to CAS adjust CAS profile and revert to being an Urgent Care & OOH primary care provider as originally commissioned.	change being worked up for implementation and group will explore further opportunities with support from National IUEC Clinical Lead and agreement to feed into NHS Pathways learning.
CAS Priorities/ KPI's NEL and SEL differ from National KPI's and each London/ UK provider has different local mapping & response times, this is not reflected in National reporting. Internal BI are working to create reports to incorporate clinical input. This results in NWL/SWL & NCL creating poor reflection on performance as comparison is not like for like.	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. Ie. local = 1 hr response but reports from national = 20 minutes so shows a breach. Commissioners have agreed to consider how NWL operates with fewer priorities and also to reflect response times as currently longest wait is 4 hours but DX outcome may be 6/12/24/ 3days landing in the CAS due to no alternative option.
National Review, IUC metrics being considered at National level in recognition of current KPI"s / response rates being unaffordable and in some cases unnecessary for an non-emergency service.	NHS England have launched a National review of NHS 111 and NEL/SEL commissioners are also considering future ICB procurement. The work we are doing to this will include whole IUC and CAS may revert to traditional OHH metrics with 2 hour = Urgent and 6 hour = Routine which is more manageable. Adjusting National call answering KPI's and supporting local CAS configuration to respond based on clinical decision and not initial NHS Pathways assessment.
Introduction of IUC rostering tool to improve rota fill through equitable access and easy booking via app. Also improved grip by local management to increase/ decrease core rota to manage sessional workforce more effectively in response to demand.	Phased implementation has reduced over rostering/ spend and next step is use of allocation wizard to improve equitability and reduce admin of rota allocation allowing direct/ sessional allocation prior to agency and using combined with clinical guardian information **triangulated performance/ productivity / quality outputs used to influence allocation.**
Individual performance and management, monitoring & review to ensure appropriate standards are met to deliver high quality care and achieve performance.	Advancement 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**

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

	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 ie. Frailty/ EoL or crew on scene call back**.** **Introduction of Senior IUEC Navigator located next to the IDM within TOC working across 111 and 999 CTN's to support safe management of workload and resource** has improved safety however the role needs further development
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.**
Escalation – throughout CoVid & high pressures IUC was tethered to 999 however this is resulting in over escalation and change of service flow or use of IUC capacity to support 999 when IUC has not reached triggers.	**Renewed Clinical Safety Plan (CSEP) to reduce blanket approach** to changes that may impact on KPI's ie. ED Validation in response to events in 999 or other parts of the system when the IUC triggers have not been met. Internal discussion needed to 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.

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

Further actions

Action	Date by which it will be completed
IPR Reporting being developed to support accurate reporting to Board will be used by Operational Teams when available. Discussed in FFR, joint working with Nic Daw to bring key information together in a format that reflects true performance and teams can act upon.	October 2023 – EXCO work led by Nic Daw
IM&T Workshop agreed priority – accurate reporting/ Dashboard in call centres with current metrics & portal for IUC similar to Gold/ Ambulance/ EoC to show accurate real time and reflective performance.	Timelines to be agreed – workshop held Friday 7th July 2023.
Structure Review to support increased capacity to focus on performance – Dep Director of Performance in response to growth in IUC service , Lead Provider role and need to manage multiple contractual performance objectives across multiple ICB/ contracts & feed into internal performance forums. Also review of overall IUC structure as complexity of IUC and new primary car work requires additional senior leadership/ capacity.	August 2023

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

Mission Priority: A learning and teaching organisation	BAF Risk: 1.4
We may not achieve our quality account standards	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
ROSC rates measured monthly	CSR contains a focus on decreasing time to first shock and high quality chest compressions
Resuscitation training is in CSR for 2023 and was also in 2022. It is mandated for clinicians to attend	Measured across the Trust
EOC delivery of the business plan target to reduce hands on chest time by 60 seconds	Can be monitored through ProQA
There is a national change in the appetite to use lay responders through Good Sam application, allowing a trained response to rapidly attend scene	Continued engagement with the Good Sam and working to provide national assurance around governance and balance of risk
Category 2 segmentation pilot implemented on the 9th November 2022.	Over 18,500 cases have been validated, saving over 11900 ambulance hours. A recent increase in focus on referrals has seen a 5% rise in the proportion of calls with an alternative response.
InPhase implemented for IPC auditing (as well as other non-clinical audits)	Weekly meetings with InPhase, access to building audits and developing reporting

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
• Improve return of spontaneous circulation rates to ≥30%	This is a Priority to achieve within the financial year and is monitored monthly
• Deliver resuscitation update training to 85% of staff	On-going throughout the year and mandated for clinical staff on CSR

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

Mission Priority: A learning and teaching organisation	BAF Risk: 1.5
We may not improve Data Quality and implement the C1 improvement plan	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
	x		=	

Controls	Assurances
Departmental training on data quality has been included in the current year for all BI staff with a view of a wider rollout in 24/25.	A Digital Committee has been formed whose terms of reference will include responsibility for Data Quality
	QAC and IGG have had their terms of reference updated, and a new officer-level data quality group is being established

Further actions

Action	Date by which it will be completed
The data quality policy will be revised to and approved take account of revised accountabilities and structures.	June 2023
The department consists of 3 WTE but currently have 2 vacancies albeit with a new head starting at the end of the May. The remaining vacancy will be filled by the end of June.	
Specialist firm employed to fully document the ETL process in both 111 and 999s. Work underway and will be complete in 999s end of May and 111 mid-June.	

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

Mission Priority:	**Inclusive and Open Culture**	**BAF Risk:**	**2.1**
We may not achieve our recruitment and retention targets			

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
18-month recruitment and retention plan in place	P&C report performance to the Trust Board and PCC demonstrating we are making some progress but slightly below plan on recruitment
International Recruitment Partner in Place	P&C Director's update to the Trust Board and PCC showing positive impact seen from Nov 2021
Agreed retention programmes in place	P&C Report to the Trust Board and PCC detailing retention
Vacancy management and recruitment systems and processes	P&C OPM reporting
Working with NHS England and Ambulance Sector on joint campaigns	Recruitment workforce group bi weekly meeting

Further actions

Action	**Date by which it will be completed**
Review team structures and operational roles to improve support for staff and provide progression opportunities for a more diverse workforce	
Recruit 477 additional paramedics	
Recruit 500+ Assistant Ambulance Practitioners (AAP) from our local population	
Develop the operational plan for the blended learning / digital education plans.	
Develop workforce plan for establishing Driving Education Academy	
Identify sites for expanding our education provision both short and long term	
Develop guidance for use across the Trust for inclusion objectives, reasonable adjustments and a commitment to anti-racism	
Outreach Programmes to support with Recruitment and address EDI objectives e.g. Princes Trust, Job Centres, Local community centres, Football Academies	
Submission for Silver accreditation of the Armed Forces Covenant which will support further recruitment of Ex-military staff into roles within LAS	

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

Mission Priority: Inclusive and Open Culture	**BAF Risk: 2.2**
We may not improve the diversity of our staff and achieve equality standards	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Established process and reporting for WRES	BME recruitment and retention metrics reported to EXCO, PCC and Trust Board
Recent demographic reporting of recruitment of CTM and CTN	Improvement on Staff Survey Results with BME indicators reported Trust wide.
Our Trust Anti-Racism document is to be agreed at ExCo	Introduction of de-bias recruitment tool kit and interview panel training for all staff.
Re-design and facilitation of new EDI training package for Engaging Leader Programme	BME recruitment and retention metrics reported to EXCO, PCC and Trust Board
Development of a new Cultural Intelligence programme.	BME recruitment and retention metrics reported to EXCO, PCC and Trust Board
Recruitment campaigns that attract diversity	Recruitment KPIS
Our LAS - behavioural framework	
Our LAS – recruitment toolkit	
Alignment of the outputs from our cultural transformation programme, e.g. policies, EQIa and training programmes.	

Further actions

Action	**Date by which it will be completed**
Proactive approach to encourage all staff to improve and record their protected characteristics, on ESR thereby reducing the difference seen in staff survey.	
Introduction of Inclusion Ambassadors to sit on Trust wide interview panels	
Recruitment EDI KPIs	
Commissioning of specialist recruitment campaign	

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

Mission Priority:	**Inclusive and Open Culture**	**BAF Risk:**	**2.3**
We may not improve staff wellness measured by sickness absence and burnout			

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Promotion of the Flu programme with Trust wide flu clinics	Progress of programme reported to Board in PCC Directors report
Wellbeing Strategy	Monitoring of progress via PCC
Robust Sickness absence policy management	Audited sickness numbers, highlights reported to board via directors' report
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 and champion networks	Feedback from Q4 will be in PCC Directors report
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
Paramedic agenda embedded both acute and primary care setting to allow more efficient resource utilisation	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
2022/23 workforce plan – establishment growth	Recruitment and Retention Steering Groups
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
Absence management recovery plan	Daily monitoring of sickness levels with particular focus on frontline staff
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

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Further actions

Action	Date by which it will be completed
Develop a wellbeing strategy that aligns to P&C Strategy	
Procurement and implementation of first day absence reporting system	
Review of teams and associated scheduling	
Immunisation records to be validated and outstanding vaccinations to be addressed	
Actions from reviewing wellbeing offerings	
Complete stress risk training (risk:1048)	

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Mission Priority:	**Inclusive and Open Culture**	**BAF Risk:**	**2.4**
We may not improve the culture by using tools such as rollout of teams, better FTSU, rest breaks			

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
	x		=	

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

Further actions

Action	**Date by which it will be completed**
Develop 2023-2026 People and Culture Strategy	
Aligned EDI/CDI Strategy	
Suite of EDI Training tools	
Comprehensive review of all Policies EQIA	

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Mission Priority: Improved Infrastructure	**BAF Risk: 2.5**
We may not be adequately prepared for cyber attacks	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by				
L	x	C	=	Score
2	x	5	=	10

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

Further actions

Action	**Date by which it will be completed**
Cyber security monitoring and assurance - Tenable vulnerability monitoring - weekly scanning of all active windows devices and actioning alerts - Lansweeper – daily check of windows domain and high priority device alerts - Windows Defender – automated alerting in place for virus protection on windows devices and actioning where necessary	Ongoing

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- Zscaler – daily checks of browsing activity - Robust procedure for the acknowledgment and mitigation of NHSD Cyber alerts	
Hardening of internet facing systems	March 2023
Infrastructure refresh completion	June 2023
Compliance with DSPT 2023	June 2023

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Mission Priority: Improved Infrastructure	**BAF Risk: 2.6**
We may suffer a critical systems failure unless we replace radio and telephony systems	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by				
L	x	C	=	Score
2	x	5	=	10

Controls	**Assurances**
Review of CAD infrastructure and report on telephony system.	Reports provided to COLT and FIC and accepted. Reported to the Board via the Finance and Investment Committee.
CAD performance monitoring	tbc
Annual winter maintenance by CAD vendor on existing database	Telephony resilience tested and proven to work. Data centre network resilience to HQ and BOW tested and works.
Replacement of legacy infrastructure and operating systems	Regular reporting on progress reports to the Board via the Finance and Investment Committee
Migration of infrastructure to Tier three data centres	IMT Delivery Board in place which oversees the work and reports to the Board via the Director of IT's updates.
EOC controls upgraded to CM8 telephone system	No high priority events outstanding for the telephone system
Upgrade of data network to include resilience and failover at Corsham and Farnborough	Demonstrated CAD resilience and recovery
Go live testing for 4 four period the week before go live date	

Further actions

Action	**Date by which it will be completed**
Completion of Corsham migration	End of March 2023?
Completion of Farnborough migration	June 2023
999 and 111 on supported CM10 telephony platform	August 2023

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Mission Priority:	**Improved Infrastructure**	**BAF Risk:**	**2.7**
CAD Implementation			

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
1	x	4	=	4

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

Controls	**Assurances**
ExCo continues to receive a fortnightly assurance report from the Programme Team	Lessons learnt report to Audit Committee
QAC clinical review	

Further actions

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

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Mission Priority: Improved Infrastructure	**BAF Risk: 2.8**

Operations may be affected by the shortage of Mobile Data Terminals (MDT's)

The Trust are looking to establish a new solution to replace the existing Mobile Data Terminals (MDTs) in trust emergency vehicles (to provide information between CAD and Ambulances) to follow the national rollout of radio and mobile data systems to all Trusts. However, that programme of work has been considerably delayed and the Trust finds itself with legacy system still in operation that is no longer available to purchase, and devices are rapidly reaching the end of their economic life.

It is unlikely that the full national system will be available in time for this situation not to become a major issue for the Trust and therefore an interim system to bridge the period is a necessity.

Without an appropriate solution LAS will not be able to fit new vehicles with MDTs or replace those that break in service, potentially resulting in vehicles being withdrawn from service.

The national Mobile Data Vehicle Solution (MDVS), which will replace MDTs is currently due to start 01/12/2023

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
5	x	5	=	20

Tolerance by				
L	x	C	=	Score
1	x	5	=	5

Controls	**Assurances**
Purchased all available MDT stocks from incumbent supplier (for delivery 20/01/2022)	Completed. All 14 devices delivered to Telent (22/02/2023)
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. Telent have confirmed they over counted allocated stock which has reduced the available stock Stock figures currently tracking above initial predictions and being monitored weekly
Lobby national ARP Project Team to bring forward MDVS rollout in LAS	Weekly meeting established alongside Project Board and Working Group

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Pilot Cleric MDT and NMA Lite to identify interim MDT solution	Cleric and ARP actively engaged and pilots are moving forwards. Cleric MDT Testing conducted 6th and 11th April. Cleric progressing fixed. Pilot due to start second half of April NMA Lite available; meetings underway with National Programme to agree config updates prior to pilot. YAS site visit cancelled by YAS due to go-live. Awaiting new date from YAS.
ePCR system in place that will receive patient demographics with some interface adjustments	Alternative means of receiving data in the cab
Implemented agreed recommendation from ExCo Paper	
Purchased Android Tablets	
Enabling works for Cleric MDT Pilot	

Further actions

Action	Date by which it will be completed
Enabling works for NMA Lite Pilot	31/05/2023 – Delayed due to Cleric MDT work progressing.
Pilot replacement interim solution (Cleric MDT) on 2 Apple Devices at Oval	05/05/2023 – Delayed by 5 weeks
Pilot replacement interim solution (NMA Lite) on 2 Android Devices at Oval	31/06/2023
Review plans for vehicles with no MDT capability (using Cleric MDT)	31/06/2023
Review LAS vehicles with MDTs that haven't been used for 1+ months	14/05/2023

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Mission Priority: Improved Infrastructure	**BAF Risk: 2.9**
We may not improve staff morale and productivity by "Fixing the Basics" Reduction in Vehicle Defects, Improve quality of Uniforms, Reduce delays to Booking on, Improve Access to Equipment, & streamline Refuelling and identify new areas for continuous improvement.	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Fixing the Basics Programme Board Established	Programme board has structured project plan including key deliverables and timescales. The programme board will report on regular basis to Exco on progress and request for support.
Fixing the Basics Programme will follow a quality improvement methodology –	Valuable opportunity for individuals to be involved in leading and delivering changes. The use of the PDSA model will allow us to test and implement change whilst focusing on end user feedback

Further actions

Action	**Date by which it will be completed**
Engage Staff to assess if the programme has improved morale as a result of specific improvements made through this project. This will be a continuous feedback loop and will be undertaken through surveys, interviews and site visits.	August 31st 2023

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Mission Priority: Well-Led Across the Organisation	**BAF Risk: 2.10**
We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2023/24	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Draft 2023/20224 financial plan for submission to NHSE as per national timetable (yet to be published)	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
	Regular oversight of CIP delivery by CIP Programme Board(ExCo)

Further actions

Action	**Date by which it will be completed**
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash)	March 2023
Deliver 2023 / 24 control total including £25m CIP programme	Ongoing
Continue negotiations with commissioners and London Regional Office to secure income	July 2023
Develop medium term financial strategy to underpin the five year strategy 2023 / 28	October 2023

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Mission Priority: Well-Led Across the Organisation	**BAF Risk: 2.11**
We may not deliver our capital plan including new ambulance stations and Bernard Wetherill House	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
South London 111 Programme Board Set up	Bi weekly Programme Board which governs the weekly project board meetings. Full Project team in place. Regular updates to Exco.
Bow Ambulance Business Case	Full business case to be reviewed and approved at Exco and FIC

Further actions

Action	**Date by which it will be completed**
Deliver 2023 / 24 capital plan	March 2024
Work up design and achieve planning permission for new ambulance station in Bow	August 2024
Move into new 111 Call Centre at Bernard Wetherill House, Croydon	March 2024
Increase footprint of at least 2 further ambulance stations to increase capacity	March 2024

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Mission Priority:	Well-Led Across the Organisation	BAF Risk:	2.12
We may not make the organisational changes required including: team working and professional standards			

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Team Based working set as value for the organisation	CEO led oversight and challenge on progress
Teams Based Working Ambulance Operations (TBW-AO)– programme support in place, weekly working group meeting, weekly steering group.	TBW-AO – Clear Gantt chart for delivery
Teams Based Working EOC (TBW-EOC) in development	TBW-AO – weekly progress checks with reporting on variation to plan
Teams Based Working IUC (TBW-IUC) in development	Leadership review concluded need for professional standards function
Professional standards agreed in leadership review	Staff survey results
Single point of access for professional regulator enquires	Professional regulator enquiries database established

Further actions

Action	Date by which it will be completed
Delivery of Deptford & Camden groups TBW-AO	31July 2023
Delivery of Hillingdon and Wimbledon TBW-AO	31 August 2023
Completion of phase 1 TBW-AO	9 October 2023
Finalisation of Staffside agreement TBW-AO	31 July 2023
Commissioning of phase 2 TBW-AO	4 September 2023
Scoping of TBW-EOC	31 August 2023
Scoping of TBW-IUC	31 August 2023
Professional standards function job description	31 July 2023
Professional standards function development	31 September 2023

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

Mission Priority: Green and Sustainable Future	**BAF Risk: 3.1**
We may become liable for increased costs because of ULEZ if we are not compliant by October 2023	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Memorandum of understanding in place with the Mayor's office to provide a dispensation from any ULEZ fines until March 2024.	Signed MOU
Delivery of 129 lightweight diesel DCA's and 4 electric ambulances and 55 ULEZ compliant hybrid cars.	Delivery by October 2023
FIC approved purchase of compliant vehicles	

Further actions

Action	**Date by which it will be completed**
Exploring additional funding streams for replacement ambulances (Green Bonds)	31 March 2024

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

Mission Priority: Green and Sustainable Future	**BAF Risk: 3.2**
We may fail our environmental targets for conversion to EV and carbon reduction	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Sustainability Programme Board	Detailed action plan to convert non ULEZ compliant to compliant. Board updates Sponsor Executive director and updates to Exco where needed
Fleet Modernisation Programme	Detailed replacement programme which also looks for ongoing EV opportunities
Green Plan	Four year green strategy outlining how to meet our net zero targets by 2040 being refreshed and will be presented to Trust Board in Sept 2023

Further actions

Action	**Date by which it will be completed**
Reduce annual carbon emissions by 5% (about 5,000 tonnes CO2e) through interventions in estates, fleet, clinical, digital, logistics and staff engagement	
Install EV charging point across 40 sites	

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

Mission Priority: A System Leader and Partner BAF Risk: 3.3
We may not play our full part in leading and delivering London's health and care system

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by:				
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, FIC
	Approach to be reviewed at planned Board Development days

Further actions

Action	**Date by which it will be completed**
Develop a health inequalities action plan alongside commissioners	
Develop a shared, rotational PCN model with the primary care networks in London	
Develop an updated estates modernisation strategy in collaboration with staff and partners	
Define and agree new models (for ways of working) with partners	
Developing links to external partners	

London Ambulance Service NHS Trust

Report Title	The Policy for the Development and Implementation of Policy Documents (TP001)			
Meeting:	Trust Board			
Agenda item:		**Meeting Date:**	20 July 2023	
Lead Executives:	Mark Easton, Director of Corporate Affairs			
Report Author:	Frances Field, Corporate Governance Manager			
Purpose:		Assurance	x	Approval
	x	Discussion		Information

Report Summary

The Policy for the Development and Implementation of Policy Documents (TP001) has been reviewed and updated with the aim of simplifying and streamlining our process, and making it easier to keep policies in date.

The significant changes are:

- **Section 10:** the policy has been amended to reflect a revised position on the policy review period from 1 year to a maximum of once every 3 years. A number of policies must be reviewed annually depending on their content to keep up to date with a change in regulation or law affecting an aspect of service provision.

- **Section 13**: The process for reclassifying / removal of policies is now outlined in the policy, which is incorporated into the review process. This will assist with assessing whether policies in place are still relevant to the Trust, or could be incorporated into an existing policy or reclassified as a guidance document or a procedure.

- **Appendix 6:** It is proposed that only one policy (this one) be approved by the Board rather than the 10 which currently require Board approval. It is proposed that 4 of the 10 are instead taken to Board assurance committees and 5 are approved by ExCo. A responsibility is placed on directors to keep Board committees updated on policy changes in their area, and for the Director of Corporate Affairs to report changes to policies in his report to the Board.

Proposed Changes to Approval Pathway:

- TP001 Policy for the Development and Implementation of Procedural Documents (retained by Board)

- TP002 Fit and Proper Person Policy (People & Culture)
- TP004 Conflict of Interest Policy (Audit)
- TP005 Risk Management Strategy and Policy (Audit)
- TP007 Anti-Fraud Bribery and Corruption Policy (Audit)

Delegated to ExCo:

- TP003 Freedom to speak up Policy

- TP003 Policy Statement of Duties to Patients
- TP004 Complaints and Feedback Policy
- TP006 Business Continuity Management Policy
- HS001 Health and Safety Policy

Recommendation/Request to the Board:

The Board is asked to approve the revised Policy for the Development and Implementation of Policy Documents (TP001).

Routing of Paper i.e. previously considered by:

ExCo

Corporate Objectives and Risks that this paper addresses:

Without up to date policies the Trust is unable to ensure delivery of consistent practices and therefore ensure that a compassionate and positive culture is created.

Policy is the framework that individuals and directorates operate within, they are the supporting structures to ensure that equality and inclusion in the workplace can be enabled.

London Ambulance Service NHS Trust

Policy for the Development and Implementation of Policy Documents

Document Control

Document Reference	TP001
Version	3
Approved by	Executive Committee / Trust Board
Lead Director/Manager	Director of Corporate Affairs
Author	Director of Corporate Affairs
Distribution list	Trust Board, Executive Committee, Senior Managers, All staff (via intranet)
Issue Date	
Review Date	

Change History

Date	Change	Approved by/Comments
19/04/2023	Full review and revision of policy	
02/08/20	Full review and Revision of Policy • Addition of Appendix 4 – Policy Approval certificate • Addition of Appendix 5 – Process for publishing • Addition Appendix 6 – Checklist for policy ratification	
09/09/21	Full review and revisions to existing policy • Amended titles for Corporate Affairs • Addition of Core and Organisational Policies and approval routes • Addition Appendix 7 – Checklist for policy review • Addition Appendix 8 – List of policies	Reviewed and approved by ExCo 18 August 2021

Associated Documents

Reference	Title	Location/Link

Contents

APPENDICES **Page**

1. Introduction

1.1 This policy document sets out the approval process at London Ambulance Service NHS Trust for policies.

1.2 In order to ensure a consistent, high quality level of service provision across the whole organisation, it is essential for the Trust to set standards that are evidence based and developed in conjunction with relevant stakeholders. These need to be compliant with mandatory requirements and consistent with the Trust's strategic objectives. To achieve this, it is important to have policy documents that are developed and managed in a systematic way within the Trust.

1.3 A policy is a statement of the Trust's principles and intent. Policies are high-level statements and give Trust rules for consistent practice and to ensure compliance.

1.4 The London Ambulance Service NHS Trust (LAS) is committed to ensuring that its people, patients and partners are fully aware of its objectives and the way those who work for it need to operate to achieve these objectives. This policy aims to define the standard approach to communicating these requirements.

2. Scope

The scope of this policy applies to the development of Trust policies and does not include the development of strategies, procedures, guidelines or protocols.

3. Purpose

3.1 The purpose of this policy is to ensure that:

- All policy documents are developed and reviewed within a clearly defined accountability framework;
- Staff involved in the process have access to appropriate guidance and support;
- All new policy documents are generated due to a clearly identified need;
- There is consistency in the development, format, implementation and review of all Trust policies;
- All Trust policy documents are compliant/consistent with the Trust's strategic objectives, national guidance and relevant legislation;
- Appropriate consultation takes place when policy documents are being developed;
- All policy documents are properly disseminated throughout the Trust;
- Appropriate training is provided to staff;
- All policy documents are subject to regular review of their effectiveness.
- All policies promote diversity and are non-discriminatory.

3.2 This policy seeks to reduce risk by having a robust document control process in place, so that the right policies are available to the right staff at the right time, by ensuring that staff receive appropriate training, and ensuring that each policy is regularly reviewed.

3.3 This policy provides a consistent approach on how Trust policy documents are generated and provides a framework by which policies are:

- Developed
- Approved
- Managed
- Implemented
- Monitored
- Reviewed

4. Definitions

Policy – A policy is a formal written statement of the Trust's governing principles stating its position, actions and plans relating to its operation and delivery of service. A Policy states what must be done across the Trust to remain compliant with Trust standards and practices.

Procedure – A procedure is an official way of describing how a task, practice or activity should be undertaken. A procedure is a systematic sequence of activities required to complete a task - they are rigid in nature and are how a policy can be implemented. Procedures are often based upon and underpin an over-arching policy.

Guideline – A general rule, principle or piece of advice based on accepted good practice. Guidelines may reinforce policies, procedures or protocols. However they may also provide information to staff about a Trust strategy, action plan or initiative.

Standard Operating Procedure (SOP) – A SOP is an instructional document to take staff through how to do a specific task or undertake a specific process. This is different to a normal procedure in that it provides an 'on the ground' explanation, instead of a high level overview. SOPs are internal ways of working subject to regular change.

Protocol - A protocol is a written plan that specifies procedures to be followed in defined situations: A protocol represents a standard of care that describes an intervention or set of interventions. Protocols are more explicit and specific in their detail than guidelines; in that they specify who does 'what', 'when' and 'how'. Ordinarily, a protocol intended to be followed closely.

5. Duties and Responsibilities

5.1 Lead directors are accountable for all policy documents within their area of responsibility, and will consult and involve the relevant committee as set out in Appendix 6.

Directors will have responsibility for identifying staff and other resources required for the development of individual policies and will normally nominate a policy lead (policy documents author) to carry out the development work in accordance with this policy.

Directors are accountable for keeping policies in their area in date.

Directors will also ensure that new documents and changes are effectively implemented and monitored and cascaded to their staff through line managers. Directors should flag to the appropriate Board assurance committee changes to policies in their areas. The Director of Corporate Affairs should report policy changes as part of his report to the Board.

5.2 Trust Approved Policy Documents Authors / Leads are responsible for ensuring that documents are developed in line with best practice and legal requirements and updated in line with the agreed review date. Authors / leads will normally be subject matter experts.

5.3 Operational Managers are responsible for ensuring staff are aware and have read and understood relevant operational policies for their service.

5.4 All Trust Employees are responsible for ensuring that they:

- Cooperate with the development and implementation of policy documents;
- Read, comply and maintain up-to-date awareness of policy documents, as laid down in job descriptions and contracts of employment;
- Attend training as required, to familiarise themselves and enable compliance with, policy documents relevant to their role and responsibilities; and
- Raise any queries about implementation of policy documents with their line manager.

6. Consultation and Communication with Stakeholders

6.1 When developing a policy document, it is essential to gain an understanding of different perspectives and experiences of the issue(s) being addressed, and to draw on the expertise of all relevant individuals. The policy document lead must therefore identify relevant internal and external stakeholders to be consulted in the development of the policy. This will always include those listed in the duties section and may include:

- Consultation with patients, carers and patient/carer representatives may be appropriate on policies that relate to services/care that directly affect them. For advice on reaching patient and public groups please see the Trust's Patient and Communities Involvement Strategy. Further advice is available from the Director of Strategy and Transformation.

- Partner and other external organisations as appropriate.

- Staff Side on all employment related policies. This should be done in accordance with the Partnership Agreement and by presenting draft documents to the Director of People and Culture.

6.2 Communication arrangements relating to the development, consultation, approval and implementation of policy documents will be the responsibility of the relevant director.

7. Approval of Policy Documents

7.1 The Trust Board is responsible for approving the Policy for the Development, Review and Control of Trust Approved Policy Documents outlined in this document.

7.2 There are a small number of policies that require board or board assurance committee approval, whilst the majority are approved the Executive Committee (the approval route of specific policies is set out in Appendix 6)

- The sponsor groups identified will have responsibility for reviewing and approving policy documents.

- The ratifying committee will ratify the policy on receipt of formal assurances from the sponsor group that the correct process for development, consultation and approval has been followed.

7.3 Appendices to policy documents (e.g. guidance and templates) may be changed from time to time with the approval of the policy lead, without the need for a full review of the policy.

8. Style and Format of Policy Documents

8.1 When drafting a policy document, it is important to consider that the document needs to be read and understood by all members of Trust staff, as well as service users, volunteers, members of the public and others in the delivery of services and functions. Policies should therefore be written with their target audience in mind, with the objective of increasing awareness. All policy documents are public documents and may be made available on the Trust's website.

8.2 All policy documents must be written in a clear and consistent manner. Trust policies should be cross- referenced where appropriate.

8.3 Policies should contain a brief summary of the key points at the beginning to help readers readily understand what is required by the policy.

- All policy documents should be typed in Arial Font (size 11).
- All headings should be in bold.
- All pages of text shall be numbered including appendices.
- A footer should include at the bottom of each page the Trusts name and the full title of the policy document.

8.4 Related documents published elsewhere on the intranet should not be included in the policy either in the body of the text or as an appendix. Instead, a hyperlink to the related document should be used. This is to ensure that the policy is always connected to the current version of the related document.

8.5 Any reference to an external document or organisation, which is providing an evidence base for the policy or strategy, should be included in the References section in its most up-to-date form, in full, with web links to the organisation or the actual document as appropriate.

8.6 Internal documents associated with the policy or its development should be listed as **Associated Documents in a table** at the start of the document with their links on the Trust's Intranet, for easy reference by all readers.

8.7 All policy documents should be structured in the following manner (using the policy document template attached to this policy at Appendix 2)

- Standard front cover (including document control summary)
- Version control summary
- Contents page
- Executive summary
- Introduction
- Purpose
- Duties / Responsibilities
- Section headings
- References
- Associated Documentation
- Appendices (including implementation plan)

9. The Development of New Policy Documents

The process for the development of new policy documents is set out in the flow chart in

Appendix 5.

9.1 Justification for a new policy

When considering the justification for developing a policy document, the responsible director should consider how the intended objectives are best met. This could include the review/development of an existing policy, rather than developing a separate policy, in order to prevent duplication of work. The Policy lead / director should check the Trust's library of current policies on the intranet, and/or search for similar in place in other organisations.

- The director should consider the implications of implementing a new policy, including operational and resource implications, and the risk of action or inaction.

- The director should also consider how the proposed policy links with the Trust's strategic objectives.

9.2 Equality and Confidentiality Impact Assessments

9.2.1 The Equality Act 2010 places a statutory duty on all public authorities to analyse the effect of their existing and new policies and practices on equality. It makes clear that the analysis has to be undertaken before making the relevant policy decision, and include consideration as to whether any detrimental impact can be mitigated. A written record to demonstrate that due regard has been taken is also expected. An Equality Analysis template has been developed for staff to help them assess equality issues and is attached to this policy document as Appendix 3.

9.2.2 Policy leads are responsible for completion of the template and must do so prior to sending the policy to the sponsor group for approval. It is recommended, however, that policy leads consider potential equality issues at an early stage of the policy development process, so that appropriate consultation can take place and major issues identified and addressed.

9.2.3 Where a policy is new or it is an existing policy that requires significant amendment, an Equality Impact Assessment and a checklist for Confidentiality Impact Assessment must be completed (see template attached to this policy document as Appendix 3).

9.2.4 Copies of each assessment should also be included with the completion of Policy Approval Certificate. The approval paperwork containing the document approval certificate, the Equality Impact Assessment and Confidentiality & Data Protection Checklist is available from the Corporate Governance Team (see template attached to this document as Appendix 3).

9.2.5 Help and advice regarding consulting on equality issues, and completion of the Equality Impact Assessment can be sought from the Director of People and Culture.

9.3 Approval and Ratification Process

9.3.1 Once consultation and impact analyses have been undertaken. All new and revised policy documents should to be reviewed and approved in line with the approval routes set out in Appendix 6 The approving bodies will consider the document proposed and approve it or recommend changes as appropriate.

9.3.2 The draft document in the correct format (see Appendix 2) should be sent to the Corporate Governance team for review and agreement of the format before proceeding through the approval process.

9.3.3 Policies that require review by two groups/committees should be scrutinised and signed off at the lower level of the two groups/committees to address any comments received before being submitted to the second committee for approval.

9.3.4 If the draft document is staff related, it will be required to be discussed at the Staff Council. It will be sent to them for information purposes only in other instances.

9.3.5 Where there is a relevant Board Assurance or Corporate Committee, certain draft documents should be presented to that committee for review, in line with the Policy Document Approval Routes set at Appendix 1.

9.3.6 On approval, the lead manager will forward the document and signed completed policy approval paperwork including a certificate, to Corporate Governance. This certificate is set out in Appendix 4. The Corporate Governance team will add a reference number to the document and provide it with a published version number.

9.3.7 The Corporate Governance team will only upload the policy onto the Intranet once they have received the completed policy approval certificate. The author should retain a copy of the policy approval certificate for their records.

10. Review and Revision Arrangements including Version Control

10.1 Process for Reviewing a Policy Document

10.1.1 All policies must be reviewed at least every three years. A director may decide to set a shorter review period, if appropriate/required. There may also be a need to review a policy in advance of a planned review date, i.e. due to changes in national policy or legislation, changes in service provision, recommendation from internal or external review, change in local and national reporting requirement or targets.

10.1.2 The director will be responsible for the review process. All reviews and revision to any policy document must be approved according to the process set out in section 9.

10.2 Version Control

A version control log will be used for all policies and maintained by the author / lead in order to aid tracking and retrieval, as follows:

Version	Date	Change	Approved by

A new policy is assigned a unique identifier number. Each time a policy is republished its version number increases by one and the previous version of the policy is archived policies are held electronically.

11. Dissemination and Implementation of Policy Documents

11.1 Dissemination

Policy documents can be disseminated in a number of ways, including the following:

- Publishing on the Trust intranet/website
- Routine Information Bulletin (RIB).
- Circulation via email
- Induction/training sessions
- Trust electronic communication medias

The director should also consider whether confirmation that staff have read and understood

the document is required, and if so, arrange for this to take place.

11.2 Implementation and Training

11.2.1 Each policy document must be supported by an implementation plan, which records how the policy will be disseminated, implemented and any training or audit requirements. The author / lead is responsible for undertaking this process.

11.3.1 Education and training appropriate for the particular policy should be identified in the document, via discussion with the Organisational Development and Talent Team via londamb.odtalent@nhs.net (An implementation plan template is attached as Appendix 1).

12. Monitoring

The effectiveness in practice of all policy documents should be routinely monitored to ensure the document objectives are being achieved. The process for how the monitoring will be performed should be included in the policy document.

The details of the monitoring to be considered include:

- The aspects of the policy document to be monitored through the use of standards or key performance indicators (KPIs);
- The methodology for monitoring e.g. spot checks, observation audit, data collection;
- Frequency of the monitoring e.g. quarterly, annually, to include the timeframe for performing and reporting;
- The designation (job title) of who will have responsibility for monitoring and reporting on compliance;
- The committee or group who will be responsible for receiving the results and taking action as required. In most circumstances this will be the committee which ratified the document.

13. Document Control including Reclassification and Removal Arrangements

13.1 Registration of Policy Documents

13.1.1 All policy documents will be recorded on a Policy Register which is to be maintained and kept up to date by the Corporate Governance team.

13.1.2 Directors/Senior Managers responsible for a policy document must ensure that the Corporate Governance team is notified when a new document is proposed, or amendments are proposed to an existing document, in order to ensure that appropriate approvals are obtained and the Policy Register remains up-to- date.

13.1.3 Master copies of all policies documents will be published on the Trust intranet (the Pulse).

13.1.4 Directors must submit all approved policies and the supporting documentation to the Corporate Governance Team via (londamb.policies@nhs.net) for updating to the Trust intranet (the Pulse).

13.2 Reclassification and Removal of Policy Documents

13.2.1 The approval of reclassification and/or removal of policies will be the responsibility of the original approving group/committee (refer to appendix 5). The policy lead/director should inform the Corporate Governance Team via (londamb.policies@nhs.net) of the requirement to remove or reclassification a policy from the pulse, providing the evidence of the approval process followed.

13.2.2 An archive of policy documents will be kept on the Trust intranet site (the Pulse). On receipt of a revised policy, the Corporate Governance Team will publish it on the Pulse and the previous version will be retained in the archive file on the Pulse.

13.3 Process for Retrieving Archived Documents

Copies of archived documents are stored on the Pulse and the S drive and are available on request from the Corporate Governance Team via (londamb.policies@nhs.net).

Appendix 1 – Implementation Plan Template for New Policies

IMPLEMENTATION PLAN				
Intended Audience				
Dissemination				
Communications				
Training				
Monitoring:				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/group Where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**

Appendix 2 – Policy Document Template

London Ambulance Service
NHS Trust

Document Title

Document Control

Document Reference	
Version	
Approved by	
Lead Director/Manager	
Author	
Distribution list	
Issue Date	
Review Date	

Change History

Date	Change	Approved by/Comments

Referenced Documents

Reference	Title	Location/Link

Appendix 3 – Policy Approval Certificate

London Ambulance Service NHS Trust

Policy approval certificate

Policy title:	

Policy Number *If existing policy*	
Review Period *maximum of 3 years or sooner*	

Author(s)	
Authors Job title(s)	
Authoring Department	

Level of Amendments	This policy *does not* require approval through two committees/groups because:		This policy *does* require formal approval through two committees/groups because:	
	☐	no amendments are required	☐	material revisions other than minor amendments are required
	☐	only minor amendments, such as changes in spelling, grammar or contact details are required	☐	it's a new policy

Who has been consulted? *(e.g. patients, relevant team, group/committee members)*	

To be disseminated to, how and by when *(once fully approved)*	

Schedule of approvals		
Approval Committee/Group	Approval date *(date of meeting policy was approved at)*	Signature of the Chair of the approval committee
1.		Sign
		Print
2.		Sign
		Print

Once fully complete, please forward this certificate and e-mail the final Word version of the policy, to the Corporate Governance Team, committeesecretary@lond-amb.nhs.uk

Sections 1 and 2 should be completed for new and existing policies and for new services and service redesign.

Equality Impact Assessment (EIA) Form for policies and services

Section 1: Equality Impact Assessment

Name and contact no of person completing checklist:
……..

Date: ……

Equality analysis screening (Please enter below the names of the project team members who carried out this initial screening with you and their role in the screening (e.g. team colleague or critical friend).

Name	Department	Role
		Critical friend

Aims and outcomes	Description/Details
Give a brief summary of the policy or service including aims, purpose and outcomes	
Who is intended to benefit from this policy/service/function etc. and in what way.	

Questions for you to answer in the EIA process	Yes	No
1. Will or does the policy affect our patients or the public directly or indirectly or our workforce or our employment practice?		
2. Could the policy involve or have an impact upon the Public Sector Equality Duties to: • eliminate unlawful discrimination • promote equality of opportunity • foster good relations between people who share a protected characteristic and those who do not		
3. Could the policy have a different impact on some patients, staff or other people because they have one or more of the protected equality characteristics:	**Yes**	**No**

• **Race** (race, colour and nationality (including citizenship), ethnic or national origins) • **People with disabilities** (including mental, physical, sensory, long term health, learning disabilities) • **Gender** (male, female) • **Age** (young and old) • **Religion or belief** (inc non-believers) • **Sexual orientation** (lesbian, gay, bisexual) • **Gender reassignment** (the process of transitioning from one gender to another) • **Pregnancy/ maternity** • **Marital/ Civil Partnership status**		
If **Yes** to any of the above can this be justified on the grounds of promoting equality of opportunity for a "protected characteristic" group or for another reason?		
Can the policy/service/function etc. be used to advance equality and foster good relations, including for example, participation in public life? If so, how?		

Please provide and summarise below any relevant evidence for your declaration above, including any engagement activities – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.

	Yes	**No**
Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?		
If **yes,** please state below how you intend to acquire this evidence and your timescales for doing so.		

You must complete a full Equality Analysis if you have identified a positive or negative potential impact for any "protected characteristic" group, which is not legal or justifiable or if you have identified any gaps in evidence which make it difficult for you to determine whether there would be adverse impact. Please insert below any issues you have identified/recommendations for the full Equality Analysis.

Please date and sign this form	Signature Date

Confidentiality and Data Protection Checklist

The Confidentiality and Data Protection Checklist must be completed for the review of both new policies and existing policies

Name and contact no of person completing checklist:
…….

Date: ……

	Yes	No
Q1. Does this Policy relate to the collection, use or disclosure of personal data about patients or staff?		
Q2. Is there any potential or evidence that this Policy will or could relate to the collection, use or disclosure personal data about patients or staff?		

If you have answered NO to Q1 and Q2 above, please send the checklist to Information Governance Manager. You do not need to do anything else.

If you have answered YES to Q1 and/or Q2 above, please consider carefully the following questions (based on the Caldicott Principles) prior to returning the Checklist.

	Yes	No
a) Can you justify the purpose(s) of using confidential information? Every proposed use or transfer of person-identifiable information within or from an organisation should be clearly defined and scrutinized, with continuing uses regularly reviewed, by an appropriate guardian.		
b) Is the use person-identifiable information absolutely necessary? Person-identifiable information items should not be included unless it is essential for the specified purpose(s) of that flow. The need for staff or patients to be identified should be considered at each stage of satisfying the purpose(s).		
c) Is the minimum necessary person-identifiable information used? Where use of the person-identifiable is considered to be essential, the inclusion of each individual item of information should be considered and justified so that the minimum amount of identifiable information is transferred or accessible as is necessary for a given function to be carried out.		

	Yes	No
d) Is access to person-identifiable information on a strict need-to-know basis? Only those individuals who need access to personal-identifiable information should have access to it, and they should only have access to the information items that they need to see. This may mean introducing access controls or splitting information flows where one information flow is used for several purposes.		
e) Is everyone with access to person-identifiable information aware of their responsibilities? Action should be taken to ensure that those all staff handling person-identifiable information are made fully aware of their responsibilities and obligations to respect confidentiality.		
f) Does the use or disclosure of personal data comply with the law? Every use of person-identifiable information must be lawful. Someone in each organization handling confidential information should be responsible for ensuring that the organization complies with the legal requirements.		

Please date and sign this form and Return copy of completed checklist to: Information Governance Manager,	Signature Date

Appendix 4 – Checklist for the Review of Policy Documents

Title of document being reviewed:	
Policy Author or Policy Manager:	
Lead Director:	
Date of review:	
Date of next review	

A number of policies and strategies must be reviewed annually depending on their content to keep up to date with legislation and training changes. The review period will be stipulated by the approval committee and recorded on the control sheet.

This form has been designed to aid Policy Managers and Directors with their task of carrying out annual /interim reviews of existing policies and identifying whether a more in depth review is need.

Each policy should also undergo a full review in line with the approval process set out in the Trust's Policy on Policy Documents (TP001) a minimum of once every three years*.

The scheduled review process does not override the need to update policies out of this cycle, for example, where there is a change in regulation or law affecting an aspect of service provision.

(unless a different review schedule is required by statute or agreed by the Trust)*

Notes for completion

This form should be completed by the Policy Author or Policy Manager as designated by the Lead Director.

Once complete, the Lead Director should review and sign off the form.

The signed form should then be returned, along with the updated copy of the policy (showing tracked changes where appropriate), to the Corporate Governance team: londamb.Policies@nhs.net

The outcome of the review will be one of four options:

Agreed	The policy document is agreed as appropriate for a further year by the Director
Agreed with minor updates	The document requires only minor amendments, following which it is agreed as appropriate for a further year by the Director
Temporary extension	Minor updates are agreed to the current policy (e.g. to update contact details) with a full review to take place within six months
Full review required	The policy is out of date or is overdue a full review

Where there is agreement that the document remains up to date, subject to minor updates (e.g. job titles, contact details, structure charts), and a full review of the policy has been carried out within three years*
(unless a different review schedule is required by statute or agreed by the Trust)*

	Title of document being reviewed:	Yes	No	Comments
1.	**Initial Checks**			
	Is the policy still needed and relevant to the Trust?			
	Is the document correctly labelled as a policy, Is the title clear and unambiguous? *(see definitions in TP001 and suggest relabelling in comments if applicable)*			
	Could this policy be incorporated within or combined with an existing policy?			
	Is the document in the correct style and format as set out in TP001?			
2.	**Content**			
	Are reasons for development of the document still applicable?			
	Does the document continue to provide staff with the information and direction required?			
	Does the document reflect the current regulatory environment *(please note in comments any changes in law or regulation that need to be picked up)*			
	Does the document reflect the latest evidence base and thinking in its subject area?			
	Are all the contact names, job titles and directorates up to date and current?			
	Are the names of external bodies up to date and current?			
	Do all document references, web and intranet links work if present?			
3.	**Consultation**			
	Have other directorates directly affected by the document been consulted as part of this review? *(please note details in comments)*			
	If appropriate, has the Staff Council been consulted on the document at this stage?			
	Are Environmental Impact Assessments (EIA) requirements up to date?			
	Does the document identify which Committee/group is its approver?			
4.	**Dissemination and Implementation**			
	The policy will be posted on the Trust internet and intranet site and all staff will be made aware of its existence via the Routine Information Bulletin (RIB). Are plans in place to ensure this information reaches the right people? *Please outline any plans to share in the comments, please confirm, delete or add to the list of steps being taken.*			• *Notification of newly approved/revised policies within one week of approval via a global email* • *Other communication channels will also be used in line with the Trust's Communication processes to inform staff of policy development (for example, by email and notification on the Pulse)*

	Title of document being reviewed:	Yes	No	Comments
				• *Where hard copies need to be circulated to staff, these should be downloaded from the Trust's intranet Policy page by the appropriate line manager.* • *Once issued, individual line managers will be responsible for ensuring that all staff are aware of new policies and policy revisions and that any out of date versions are taken out of local circulation.*
5.	**Monitoring Compliance and Effectiveness**			
	Are there measurable standards to support the monitoring of compliance with and effectiveness of the document?			
	Is there a plan to review or audit compliance with the document?			
	Is the document clear about any training/support that will be necessary to ensure compliance?			
6.	**Review**			
	Has the document been reviewed within the past 3 years? (if no, a full review must be scheduled)			
	Has the next full review date been scheduled?			
	Is it clear who will be responsible for the review of the document?			

Summary of any changes made (please list below)

Summary of Changes	Reason for change	Changes Made by (Name and Job Title)

Outcome of review

Recommendation to director

		Next step	*Tick as appropriate*
Agreed	The policy document is agreed as appropriate for a further year by the Director	Publication	
Agreed with minor updates	The document requires only minor amendments, following which it is agreed as appropriate for a further year by the Director	Publication	
Temporary extension	Minor updates are agreed to the current policy (e.g. to update contact details) with a full review to take place within six months	Publication and review scheduled	
Full review required	The policy is out of date or is overdue a full review	Action full review	

Policy Author		Date:	

Director approval

I agree that the attached policy can be published and circulated to staff in accordance with the recommendation above:

Signed by		Date:	
Director name and title			

Additional Comments

Appendix 5 – Flowchart for the development of policy documents

Rationale and Priority

- Read "The policy for the Development and Implementation of Policy Documents" before commencing
- Establish rationale / priority for the approved document / confirm if still required?
- Identify whether the subject can be part of an existing approved document or whether there is a national policy or template that can be utilised. Do not duplicate work.
- Agree the need for document with relevant committee and lead director.

Development Plan

- Identify: who will do the work, who should be involved including all relevant stakeholders including service users ensuring relevant expertise is used.
- Identify who will be responsible for dissemination, implementation and relevant timescales, training and review.

Content

- Identify clear, focused objectives Intended outcome - what you want it to achieve
- Target population e.g. staff groups, service users, for whom the document is intended
- Keep statements simple and unambiguous. Include references cited in full in agreed organisational format
- How will the organisation measure compliance? Set measurable standards and design methods for monitoring compliance and effectiveness. Plan to develop any necessary support information, leaflets, etc

Evidence Base

- Identify what type and source e.g. research, expert opinion. Is it based on a national document? If yes, is local information needed?

Consultation and Approval

- Consult with all relevant stakeholders including service users. All policy documents with HR implications must be taken to the staff side/human resources committee (or equivalent)
- Complete document review processes, including Impact Assessment Tool, Checklist and Implementation Plan
- Approve document as outlined in the 'Organisation-wide policy for the development and management of policy documents' including completion of the Checklist for the Review and Approval of Policy Documents
- Log document on the organisation's register/library of policy documents

Dissemination, Implementation and Access

- Link with induction training, continuous professional development, and clinical supervision as appropriate
- Upload to the Trust website / intranet site and consider how and where will staff access the document (at operational level)?
- Plan to remove old copies from circulation

Review

- Review document in accordance with planned review date
- Content - is there new evidence of best practice to be incorporated into the document?
- Re-approve policy document at the appropriate committee/group
- Archive old versions of the document according to organisation's procedure for archiving

Responsibility

- Identify who will be responsible for co-ordinating the ongoing development, implementation and review of the document?

Appendix 6 – List of Policies and Approval Committees

The list of policies and approval levels will be kept by Corporate Governance.

Core Policies – Approved by the Trust Board

- TP001 Policy for the Development and Implementation of Policy Documents

Core Policies – Approved by the Trust Assurance Committees

- TP002 Fit and Proper Person Policy (People & Culture)
- TP004 Conflict of Interest Policy (Audit)
- TP005 Risk Management Strategy and Policy (Audit)
- TP007 Anti-Fraud Bribery and Corruption Policy (Audit)

Organisation Policies (approval by ExCo)

Corporate

- TP006 Business Continuity Management Policy
- HS001 Health and Safety Policy (to be renumbered if agreed as a core policy)
- TP159 Annual Leave Policy
- TP003 Freedom to speak up Policy
- TP003 Policy Statement of Duties to Patients
- TP004 Complaints and Feedback Policy
- TP009 Access to Health Records Policy
- TP012 Data Protection Policy
- TP022 FOI and Environmental Information Regulations policy
- TP028 Serious Incident (SI) Policy and Procedure*
- TP029 Records Management and Information Lifecycle Policy
- TP048 Information Security Policy
- TP051 Expenses Policy
- TP056 Statutory, Mandatory and Essential Training Policy
- TP060 Policy for Acceptable use of IT and Communication Systems
- TP062 Information Governance policy
- TP077 Security Management Policy
- TP080 Use of Social Media Policy
- TP151 Resolution Framework
- TP155 Learning from Deaths Policy
- HR015 Alcohol, Drugs and Solvent Misuse Policy
- HR032 Management of Change Policy & Procedure
- HR031 Performance Capability Policy and Procedure

Organisation Policies (Director level approval)

Corporate

- TP052 Carbon Reduction policy
- TP064 Managing Penalty Charges Notices and Notices of Intended prosecution (PCNs and NIPs) Policy
- TP089 Personally Issued Equipment Policy
- TP095 Legionella Prevention and Control Policy
- TP008 The safe and secure handling of medicines by LAS staff Policy
- TP091 Out of Service (OOS) Policy
- TP014 Ambulance Observers Policy
- TP016 Managing Unreasonable Behaviour (Complaints PALS) Policy
- TP018 Safeguarding children and young people Policy
- TP019 Safeguarding Adults in Need of Care and Support Policy
- TP027 Infection Prevention & Control Policy
- TP034 Duty of Candour and Being Open Policy and Procedure
- TP046 Registration Authority Policy
- TP050 Lease car Policy
- TP053 Supervision of Clinical Staff in Training Policy
- TP057 Waste Management Policy
- TP059 Data Protection Impact Assessment (DPIA) Policy
- TP061 Transfer of Personal Data Policy
- TP065 Driving Standards Policy and Procedure
- TP071 Strategy Process Application of Clinical Audit Policy
- TP078 LAS Forensic Readiness Policy
- TP079 IM&T Remote Working Security Policy
- TP094 Workforce Immunisation Policy
- TP101 Transaction Management Policy
- TP102 Domestic Abuse Policy and Procedure
- TP108 Prevent Policy
- TP111 Management of Medical Devices Policy
- TP112 Sustainable Procurement Policy
- TP117 Incident Reporting and Management Policy
- TP118 Chaperone Policy
- TP122 Safe and Secure Handling of Controlled Drugs Sub-Policy
- TP123 Patient Group Directions Sub-policy
- TP127 LAS Research Policy
- TP131 Antimicrobial Prescribing Policy for Integrated Urgent Care
- TP132 Integrated Urgent Care Prescribing Policy
- TP133 Integrated Urgent Care Policy for Safe and Secure Management of Prescriptions
- TP134 Non-Medical Prescribing Policy
- TP150 LAS Publications Policy
- TP152 Premises Cleaning Policy
- TP153 Crew Safety System Policy
- TP154 Computer Equipment Returns Policy
- TP156 Prospective Parents Policy
- TP157 Advanced Paramedic Practitioner Programmes Policy
- TP158 Reserves Policy
- TP160 Data Quality Policy
- TP161 Use of Clinical Imaging Policy

Health and Safety

- HS005 Manual Handling Policy
- HS007 Personal Protective Equipment (PPE) Policy
- HS010 The Control of Substances Policy
- HS013 First Aid at Work Policy
- HS014a Fire Safety Policy
- HS016 Latex Policy
- HS017 Lone Worker Policy
- HS018 Stress Management and Wellbeing Policy
- HS022 Management of Sharps Inoculation Incidents Policy

People and Culture

- HR001 Secondary Employment Policy
- HR005 Recruitment and Selection Policy & Procedure
- HR006 Employment History and Reference Checks Policy and Procedure
- HR007 Transgender Employment Policy
- HR012 Office Based Staff Flexitime Policy
- HR016 Ante natal Care Policy.pdf
- HR017 Maternity Leave and Pay Policy
- HR018 Unpaid Parental Leave Policy
- HR020 Adoption Leave Policy
- HR022 Supporting Attendance Policy
- HR023 Fertility Treatment Policy
- HR027 Policy on Professional Clinical Registration
- HR029 Relationships between employees Policy
- HR033 Employment Break Policy
- HR034 Special Leave Policy
- HR036 Redeployment of Pregnant Operational Paramedics
- HR039 Management of Safeguarding Allegations Against Staff Policy
- HR040 Shared Parental Leave Policy & Procedure
- HR042 Guidelines on the Working Time Regulations
- HR043 Smoke-Free Policy
- HR045 Payment of Travelling Time Policy
- HR044 Operational Rest Break Policy

Operations

- OP026 Vehicle Equipment Use and Inventory Checks Policy
- OP014 managing conveyance of patients policy
- OP031 Consent to Examination or treatment Policy
- OP037 Identifying & Acting upon National Clinical Guidance Policy
- OP039 Resuscitation Policy
- OP046 First Responder Policy
- OP047 Close Relationships Policy
- OP059 Stroke Care Policy
- OP048 Ambient Listening Policy
- OP077 Airway Management Policy and Procedure
- OP001 Uniform work wear and office wear Policy
- OP070 Physical Competencies Assessment Rooms for HART Policy