London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

10.45am to 2.00pm on Tuesday, 29th November 2022 (20 minute break at 12pm)
at Avonmouth House, 6 Avonmouth Street, London SE1 6NX and via Zoom

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
10.45	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
10.45	2.1	Minutes of the Public Meeting held on 27 September 2022	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Staff Story					
10.50	3.1	Maternity *Presented by Camella Main, Practice Lead Midwife*		Inform	Present
4. Chair and Chief Executive Report					
11.10	4.1	Report from the Chair	Chair	Inform	Report
11.15	4.2	Report from the Chief Executive	CEO	Inform	Report
11.20	4.3	Report from the Deputy Chief Executives	Deputy CEO's	Inform	Report
11.30	4.4	Report from the Public and Patient Council	RD	Inform	Report
5. Director and Board Committee Reports					
11.35	5.1	Summary Integrated Performance Report	CEO	Assure	Report
11.40	5.2	Quality and Clinical Care 5.2.1 Director's Report (Quality) 5.2.2 Director's Report (Clinical Care) 5.2.3 Quality Assurance Committee	JM FW MS	Assure	Report
BREAK FOR LUNCH 12pm to 12.20pm					
12.20	5.3	People and Culture 5.3.1 Director's Report 5.3.2 People and Culture Committee	DMG AR	Assure	Report
12.45	5.4	Finance 5.4.1 Director's Report 5.4.2 Finance and Investment Committee 5.4.3 Charitable Funds Committee 5.4.4 Approval of Charity Accounts 2020/21	RPa BA BA BA	Assure	Report
1.05	5.5	Audit 5.5.1 Audit Committee	RPe	Assure	Report

1.10	5.6	Corporate 5.6.1 Director's Report	ME	Assure	Report
6 Quality					
1.15	6.1	Quality Report	JL	Assure	Report
1.25	6.2	Clinical Audit and Research Annual Reports • STEMI Annual Report • Stroke Annual Report • Cardiac Arrest Annual Report	FW	Inform	Report
7. Board Assurance Framework					
1.35	7.1	Board Assurance Framework	ME	Inform	Report
8. Policies					
1.45	8.1	Approval of the Health and Safety Policy and the Risk Management Policy	JL	Approve	Report
9. Concluding Matters					
1.50	9.1	Any Other Business	All	Note	Verbal
	9.2	Date of Next Meeting – 31st January 2023	Chair	Note	
	9.3	Questions from Members of the Public	Chair	Note	

Public Meeting
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
held at 2.30pm. Tuesday, 27th September 2022
Brentford Education Centre, Unit 4 Brentside Executive Park, Great West Road, London, TW8 9DR

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RPe	Deputy Chair
Bob Alexander	BA	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Anne Rainsberry	AR	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Amit Khutti	AK	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
Carol McLaughlin	CM	Deputy Chief Finance Officer
Agatha Nortley-Meshe	ANM	Medical Director (Urgent Care)
In Attendance		
Jaqueline Lindridge	JL	Director of Quality
Damian McGuinness	DMG	Director of People and Culture
Mark Easton	ME	Interim Director of Corporate Affairs
Antony Tiernan	AT	Director of Communications
Roger Davidson	RD	Director of Strategy and Transformation
Barry Thurston	BT	Director of IT
Victoria Moore	VM	Deputy Head of Corporate Affairs (Minutes)
Apologies		
Rakesh Patel	RPa	Chief Finance Officer
Sheila Doyle	SD	Non-Executive Director
Jill Anderson	JA	Associate Non-Executive Director

1.OPENNG ADMINISTRATION		
1. a.	**Welcome and Apologies** The Chairman welcomed those present to the meeting.	
2. a.	**Declarations of Interest** BA declared his current interests to be:	

	• Member of the NWL acute collaborate Board.	
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 31st May 2022 were approved as an accurate record.	
2.2. a.	**Action Log** The action log and updates were noted and accepted as accurate.	
2.3 a. b.	**Report from the Chair** The Chair presented his report to the Board noting that it was his first meeting as Chair and thanking Heather Lawrence for her help, guidance and advice as he had joined the Trust. The report recognised the Trust's current challenges and noted that all of the staff he had met had demonstrated pride in what they do.	
2.4 a. b.	**Report from the Chief Executive** The CEO presented his report that reflected on events happening between June and September 2022. In particular, the CEO recognised the death of Her Majesty the Queen and noted that the Trust was heavily involved in planning for the Lying-in-State and State Funeral. The CEO also updated on work undertaken to progress development of the Trust's business plan.	
2.5 a. b. c.	**Report from the Deputy Chief Executives** The Deputy Chief Executives presented a summary of their report recognising the challenges relating to a number of large events in London including the HM Queen's Platinum Jubilee, transport strikes and periods of unusually hot weather which had affected the health of Londoner's. These events had been managed through continued use of specific delivery groups, bringing all areas of the Trust together to develop response plans with direct executive oversight. Additionally members recognised the national outage of the 111 Adastra system, which had not affected the telephony system, but had resulted in the 111 teams reverting to paper operations and utilisation of alternative software. Consequently this had impacted on the call times. Work was continuing in terms of collaboration with partner providers to minimise hospital handover delays and the actions and challenges were recognised. Work will continue to ensure that high quality patient care continues to be delivered.	

d.	In response to a query about the reference to regional and national 'call balancing' whereby providers support other NHS 111 providers, the CEO confirmed the volumes were relatively small. There was, however, a national discussion taking place about whether 111 should be a national service.	
e.	Finally, the Board recognised that the Trust had submitted its annual assurance RAG rated self-assessment and associated plans, policies and procedures to NHS England on 9 September 2022 relating to the 50 Emergency Preparedness, Resilience & Response (EPRR) core standards.	
f.	The Trust's self-assessment rating against each of the 50 standards was fully compliant. The self-assessment RAG ratings will be reviewed, agreed or amended as required at the assurance review meeting with NHS England's EPRR network team on the 15th November 2022 and will determine overall level of compliance.	
2.6	**Report from the Public and Patient Council**	
a.	The London Ambulance Service Public and Patients Council (LASPPC) was established in 2020 and is one of many ways in which the Trust engages patients and local communities with its work.	
b.	In line with the LASPPC's terms of reference, the paper provided an update from the 24 August 2022 meeting and other LASPPC related activity including involvement in the development of the Trust's new 5 year strategy and emerging estates 'vision'	
3. DIRECTOR AND BOARD COMMITTEE REPORTS		
3.1	**Summary Integrated Performance Report**	
a.	The Board received a summary version of the integrated performance report. A full version of the report was available on the website and in the Convene library.	
3.2	**Quality and Clinical Care** 3.2.1 **Report of the Chief Paramedic and Quality Officer**	
a.	The Chief Paramedic and Quality Officer presented his report noting that the Trust remained in regular contact with the Care Quality Commission (CQC), and had received no further regulatory visits since the system inspection in December 2022. A positive relationship with the regulators had been maintained through regular engagement meetings and responding to requests for information.	
b.	2022/23 Quality Priorities continue on track with monthly assurance in place and planning has commenced to develop the 2023/24 quality priorities.	
c.	The Trust continues to see a positive incident reporting culture, particularly in no and low harm incidents. There remains a focus on overdue incidents as well as medical equipment incidents, which have risen above the mean.	
d.	In respect of Quality indicators, the report recognised those relating to training, including Clinical Performance Indicators and Operational Workplace Review remain steady following the recent reduction seen during Resource Escalation Action Plan (REAP) 4	

	actions. Personal Development Review (PDR) completion is now at 41%, whilst statutory and mandatory training compliance exceeds the 85% target level.	
e.	The health and safety team have appointed a fulltime Violence Reduction Manager, who will focus on reducing incidences of violence against Trust staff. A total of 231 physical assaults on staff were reported for the current year, the majority of assaults (59%) occurring, at least in part, due to the clinical condition of the patient. Police attended 61% of physical assault incidents and five successful prosecutions for assault have been recorded.	
f.	Members sought assurance that the roll out of body worn cameras was having a positive impact on violence reduction. It was confirmed that the roll out had not been completed but in cases where camera footage was available it was having a positive impact. Further to this members considered utilisation and noted that there had been some deployment challenges relating to battery life and uptake. However solutions to challenges would continue to be pursued.	
	3.2.2. **Report of the Chief Medical Officer**	
g.	The Chief Medical Officer presented her report noting that the Trust continued to experience sustained increase in patient demand, compared to pre-COVID levels, for 111/Integrated Urgent Care, 999 Operations and Ambulance services. For much of July and August 2022 the Trust operated at REAP level 4 (Extreme Pressure) of the Trust Resource Escalation Action Plan (REAP) reducing to REAP level 3 (Severe Pressure) on 11 August 2022.	
h.	In order to manage the ongoing high level of demand accessing the urgent and emergency care system the Trust had maintained the provision of additional senior clinical support to oversee safety and to maximise reducing the conveyance to hospital where clinically safe.	
i.	During the unusually high temperatures which affected London over two periods in July and August the Communications team provided clinical messages to Londoners, and wider, advising patients on how to keep themselves safe, where best to access care for their health needs to ensure those with emergency needs could access a 999 response without delay.	
j.	On-going infectious disease outbreaks in London, COVID and Monkey Pox, continue to be overseen by the Head of Infection Prevention Control ensuring the provision of support for staff with up to date Infection Prevention and Control clinical guidance, and collaboratively working with the Wellbeing team to ensure they are able to provide consistent advice to staff and volunteers with concerns for their own welfare.	
k.	Members considered the role of the Clinical Audit and Research Unit (CARU) and noted that it had continued to review the care provision for cardiac arrest, ST- Elevation Myocardial Infarction and stroke patients on a monthly basis. These Care Packs are shared with Sector Senior Clinical leads and Clinical and team Managers to facilitate clinical feedback and learning within their teams.	
	3.2.3. **Report from the Quality Assurance Committee**	
l.	The Chair of the Quality Assurance Committee presented the assurance report noting that the Committee had received an update on the quality aspect of the Computer Aided dispatch implementation.	

j.	The Committee had also reviewed and commented on the 6 monthly update on progress against the Quality report and noted that assurance had been provided that quality remained an area of focus for the Trust and that activities undertaken were sufficient to provide the assurances.	
3.3	**People and Culture** 3.3.1 **Director's Report**	
a.	The Director of People and Culture provided a summary of the presented report noting that 350 staff had been recruited and started and circa 800 conditional employment offers had been made across Ambulance Services (494 paramedics and 120 AAPs), 111 (104 call handlers) and 999 (67 offers). This was against a plan to offer 1400 positions in 2022/23.	
b.	Recognising service pressures, the Board was informed that additional mental health support had been commissioned from Keeping Well North West London. Keeping Well is a partnership service between the Improving Access to Psychological Therapies Services provided by Central and North West London NHS Foundation Trust and West London NHS Trust and the service enables Trust staff to assess and refer on colleagues who require mental health support, including priority access to IAPT services	
c.	Non-Covid absence remained stable during the summer months and was in line with the ambulance sector as a whole. Covid absence continues to fluctuate, with a notable increase in July to c3% of all absence.	
d.	The Trust's multi-disciplinary Supporting Attendance Group have been reviewing directorate performance, deep diving 'hot' areas of high absence and setting improvement targets for 2022/2023. The First Day Absence Reporting service is a core enabler to facilitate colleagues back to work, this service works closely with the new OH provider in fast-tracking occupational health referrals and with the Employee Assistance Programme and Wellbeing Teams as part of an integrated approach being taken to employee health and wellbeing.	
e.	The Autumn Covid-19 booster became available to NHS workers from 12th September 2022. The wellbeing team had been in contact with other London and Ambulance Trusts who had higher uptake of the flu vaccine in order to understand what best practice can be bought into the LAS for 2022/23. Communications relating to both the flu and Covid vaccines have been circulated since the beginning of September, emphasising the importance of receiving and recording any vaccinations as well as the introduction of the "Vaccine Advocate" scheme in EOC and 111.	
f.	Members noted that a bespoke session of the People and Culture committee was held on 5th September 2022 in which race in the LAS was discussed. The meeting was shown data relating to demographics of the LAS workforce and LAS 2022 Workforce Race Equality Standard (WRES) indicators.	
g.	The meeting then heard powerful personal testimony from three members of staff about their experiences of working in the LAS as a member of an ethnic minority, and as a white ally. In the final section, the meeting reviewed some examples of best practice in the NHS and discussed what actions need to be taken in the LAS.	

h.	The outputs from the meeting had been used to present a roadmap for where the Trust needs to make the changes needed to both build a workforce more reflective of the communities we serve in London, and to improve the working experiences of colleagues from Black, Asian and Minority Ethnic backgrounds.	
i.	Members discussed diversity and the importance of the work to ensure that the Trust is representative of the population it serves across all areas of the workforce and at all levels.	
	3.3.2 **Report from the People and Culture Committee**	
j.	The Chair of the People and Culture Committee presented the assurance report noting that the Committee had received a presentation on the revised workforce plan. This set out the assumptions underpinning the model and how these relate to performance. The committee noted the good progress in understanding but also noted the shortfall in funded establishment to deliver CAT 2.	
k.	The committee also received a presentation on those actions being taken to improve resource availability within current funded establishment with the aim of delivering CAT 2 at 25 minutes. The committee welcomed this plan and will receive regular updates on its delivery.	
l.	The committee discussed the impact of the 111 outage and the impact on staff given the protracted nature of the incident. The committee commended the tremendous effort that all staff had made to respond to the unprecedented pressures. A range of initiatives are in place to support staff including learning from the event, staff well-being, ensuring staff receive much needed time off and expediting overtime payments.	
m.	The committee discussed the potential for industrial action and the impact it may have on service delivery and recommended a new risk be added to the Board assurance framework relating to industrial action.	**DMG**
n.	Further to this the additional meeting held dedicated to race was recognised and the proposal to establish a formal Board Committee was supported.	
3.4	**Finance**	
	3.4.1 **Director's Report**	
a.	The Trust had posted year to date surplus of £2.7m as at the end of August against a plan of £2.1m, a favourable variance of £0.6m. There are risks to delivering a breakeven plan at year end of £3m to £5m. The primary reason is the forecast under-delivery of the Cost Improvement Programme (CIP) of £3.8m against a plan of £24m. The Executive Team, through the CIP Programme Board, will work with the relevant leads to develop further mitigation plans.	
b.	The Trust spent £5.3m on capital projects by the end of August against the planned expenditure of £12.7m. This underspend is concentrated in a few schemes and the year-end forecast remains to fully spend the capital allocation	
c.	Members also noted that the Fleet department had placed orders for 220 electric/hybrid and ULEZ compliant vehicles in quarter 4 of 2021/22. Although there had been a number of delays due to supply chain and manufacturer capacity, the Trust has to date taken delivery of over 60 vehicles which are in operational use.	

	3.4.2 **Report from the Finance and Investment Committee**	
d.	The Chair of the Finance and Investment Committee noted that the Committee had continued to meet across the summer and that the presented assurance report related to matters considered by 4 meetings.	
e.	The Telephony Modernisation Business Case (CM10) was presented. Members recognised that was a key element of the Digital Strategy roadmap, which established a plan of initial strengthening of core services, followed by a long-term programme of digital change. The conscious decision to increase telephony resilience which aligned to the Trust's strategic approach was recognised and Members requested that the Board was reminded of this alignment.	
f.	Having completed a desktop review of the Newham Emergency Operations Centre the project team provided a high-level view of lessons learnt. Members welcomed the update and recognised the importance of ensuring that it moves from a lessons-learnt document into a lessons implemented process and recommended that the final report was presented to the Audit Committee for their consideration and information	
g.	The Committee received a briefing in respect of the Advanced Outage incident causing London Ambulance Service NHS Trust (LAS) (Integrated Urgent Care and finance) services to operate an electronic Business Continuity (BC). Members noted the updates and requested that a lessons-learnt paper be developed and presented to the Audit Committee following the receipt of any external reviews into the issues to ensure all learning is addressed and implemented. The Committee had previously received and approved a recommendation to reconnect the Finance Systems on Friday 19 August that it supported and approved.	
h.	Finally the Board noted that the Finance and Investment Committee received a paper which sought approval to novate FIAT Double Crewed Ambulances (DCAs) contract to North West England Ambulance Service (NWAS) and were asked to approve this transfer which it supported and approved.	
	3.4.3 **Report from the Charitable Funds Committee**	
i.	The Committee had received the Charity Annual report and accounts and following inclusion of final comments the report would be progressed for approval.	
j.	The Committee Chair noted the work that had been done to establish a good Charity foundation and that there was evidence of continued sound management	
3.5	**Report from the Audit Committee**	
a.	The Audit Committee Chair noted that the provided assurance report related to the meeting held in June 2022 which included oversight of the Trust's Annual Report and Accounts production and an update in respect of Emergency Planning, Resilience and Response (EPRR)	
b.	Further to this a verbal update was provided in respect of the meeting held on 23rd September 2022 which had considered an initial lessons learnt report from the Advanced Adastra 111 outage and lessons learnt from the Newham EOC project. Final reports would be presented to the committee once they are available.	

c.	The committee had recognised the internal audit plan and the work planned, with particular consideration given to any anticipated impact on delivery from winter pressures	
3.6	**Corporate Affairs – Director's Report**	
a.	The Director of Corporate Affairs reported that the Patient Experiences team continued to manage a higher number of complaints in comparison to previous years during the same period (Between April 2022 – August 2022, the Trust received 555 complaints, in comparison to 504 the previous year). This continues the trend demonstrated last year where complaints in 2021/22 was 1,249 compared to 862 in 2020/21. Complaints relating to communication and conduct and behavior continue to be the highest theme of complaints, followed by delay in an ambulance attending and non-conveyance.	
b.	The Data Security and Protection Toolkit (DSPT) allows Health Care organisations to measure their performance against the National Data Guardian's 10 data security standards. The Trust was awarded 'Standards Met' for the 2021/2022 DSPT. This standard demonstrates the Trust can be trusted to manage personal information in a secure, ethical and legal manner.	
c.	The current DSPT 2022/2023 was released on the 25th August 2022, releasing details of the assertion evidence items required for this year's submission. All relevant divisions and departments have been notified and offered support regarding any applicable assertion evidence items related to their roles.	
3.7	**Report from the D999 PAG Assurance Group**	
a.	The Chair of the D999 Programme assurance group (PAG) presented a verbal update noting that the computer aided dispatch (CAD) project had gone live and that the D999 PAG would continue to meet until an after action review had been conducted.	
b.	The Trust Chair thanked all involved for the work that had been done to deliver the project and thanked the D999 chair for all of her involvement and oversight.	
4. QUALITY		
4.1	**Quality Report**	
a.	The Director of Quality presented the Quality report which related to July 2022 data. The report continues to demonstrate the impact of prolonged demand on quality of care. This impact remains closely monitored through various quality and safety assurance mechanisms including robust quality visits as well as daily and thematic reviews of patient safety incidents resulting from delayed responses.	
b.	The Trust continues to see a positive incident reporting culture, particularly in no and low harm incidents. There remains a focus on overdue incidents as well as medical equipment incidents, which have risen above the mean recently.	
c.	Infection Prevention and Control compliance across the Trust remains positive, with high compliance rates amongst the indicators assessed.	
d.	Quality indicators relating to training, including Clinical Performance Indicators (79%)	

	and Operational Workplace Review (51.12%) remain steady following the recent reduction in Resource Escalation Action Plan (REAP) level. Personal Development Review (PDR) completion is now at 41%, whilst statutory and mandatory training compliance is at the 85% target level.	
5. BOARD ASSURANCE FRAMEWORK		
6.1	**Board Assurance Framework**	

a.	The Director of Corporate Affairs presented an updated version of the Board Assurance Framework that incorporated comments and feedback from Board Assurance Committees. In particular, it was noted that the following new risks had been proposed for inclusion:
	• BAF risk 3A: relating to the delivery of 111 and 999 service call answering, initial assessment and clinical consultations operating under different contracts which are governed by different regulators, contracts, funding, performance, and quality metrics.
	• BAF risk 3B: relating to delivering a programme of change within LAS to support delivery of a fully integrated system.
	• BAF risk 7C: articulates two linked risks associated to the delivery of the new Cleric CAD system:
	  • Risk 1 – relates to the Trust failing to implement the new CAD system by September 2022. T
	  • Risk 2 - relates to the CAD system being implemented on time but system functionality or stability problems result in an unsuccessful implementation.
	• BAF risk 8B: relating to the Trust not having the required number of ULEZ compliant vehicles to achieve compliance with ULEZ regulations by October 2023.
	• BAF risk 10A: relating to the failure of achieving alignment with a complex range of external partners which may result in not achieving our strategic objectives.	

b.	The Board noted the additional recommendation from the People and Culture Committee to consider a risk relating to industrial action and approved the six new risks for inclusion in the BAF.	
6. POLICIES		
6.1	**Approval of Health and Safety Policy and Risk Management Policies**	
a.	The Director of Quality presented two policies for approval by the Board: • Health and Safety Policy • Risk Management Policy	
b.	Confirmation was provided that the policies included minor changes to job titles and terminology and that both policies had been approved by the Executive Committee'	
c.	The Board noted that a programme of work was underway to ensure that all policies were up to date and that in order to expedite the process given the non-substantive changes these policies had not been presented to a Board assurance Committee.	
d.	The Board discussed the policies and requested that both the Quality assurance committee and Audit committee review the policies as appropriate.	

e.	The policies were not approved however the Chair provided these committees with delegated authority to approve the policy following their oversight and acceptance.	**JL**
7. CONCLUDING MATTERS		
7.1 a.	**Any Other Business** **Thank You** The Board noted this was the last meeting of the Director of Communications and Engagement who would be going on secondment to NHSE for 10 months, and the Medical Director (Urgent Care) who would be joining NHSI as the Medical Director for Primary Care in London. The Chair thanked them for their valuable contributions during their tenures with the Trust.	
7.2. a.	**Date of Next Meeting** The next public meeting of the Board would be held on 29th November 2022	
7.3 a.	**Questions from the Public** There were no questions presented from members of the public.	

ACTION LOG – 29th November 2022 PUBLIC BOARD

Meeting	Action	Lead	Due	Update
31st May 2022	**6.2.b Approval of the Business Plan 2022/23** The Board approved the Business Plan 2022/23 but in doing so agreed the following actions: • That a review of all the metrics should be undertaken after the conclusion of Q1 in terms of developing more clearly defined targets.	RD	September	Q2 stocktake about to be undertaken and this will look at any adjustments to metrics as part of this exercise
27th September 2022	**3.3.2 m Report from the Director of People and Culture** The committee discussed the potential for industrial action and the impact it may have on service delivery and recommended a new risk be added to the Board assurance framework relating to industrial action. **6.1 e Approval of the Health and Safety Policy and Risk Management Policies** The policies were not approved however the Chair provided these committees with delegated authority to approve the policy following their oversight and acceptance.	DMG/ ME JL	November November	The risk has been drafted and is presented as risk 1C in the Board Assurance Framework The Health and Safety Policy was received and approved by the Quality Assurance Committee The Risk Management Policy was received by and subject to the inclusion of recommended amendments was approved. These are presented to the November Board for ratification

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 29 November 2022

Report from the Chair

Since my last report to the Board, I have continued with visits to our services across London including meeting front line staff in SW and SE Sectors at their stations and at Emergency Departments. Topics discussed with them included our estate, sickness reporting, impacts of Reap 4, and delays at ED. I visited staff at Newham and Waterloo EOCs to listen to their concerns over work pressures, staffing and getting used to working with Cleric. I spent some time at Barking and Croydon 111 centres being briefed on the system and on the somewhat complex contract arrangements. I had a very useful meeting with our Unison trade union representatives where we discussed a range of current issues.

Our staff are clearly working very hard and are determined to do a good job, but they are, without doubt, working under great pressure which shows no sign of reducing.

I went out on patrol with one of our Incident Response Officers who gave me a comprehensive overview of their role, training and equipment. We discussed the implications of the reviews into terrorist attacks including London Bridge and Manchester Arena.

I visited EDs at King's, St. Thomas', St George's, and QEH Woolwich to see the arrangements for receiving our patients and I had meetings with the CEOs at Lewisham and Greenwich, and Barking, Havering and Redbridge Trusts. LGT has introduced the 'Woolwich Way' to improve patient flow at ED at the QEH, and BHR has modified the Ambulance Reception Centre at Queen's Romford to create more capacity. I had meetings with the Trust Chairs in the SW and SE London ICSs, and I took the opportunity to raise ambulance wait times at EDs and to ascertain where in their meetings structures that this issue was being addressed.

The challenge of meeting our response times is clearly a system issue with long handover times keeping ambulances waiting at EDs and therefore unable to respond to more calls. The lack of social care provision causing discharge delays in acute wards resulting in blockages in EDs is well known and a lot of hard work will be required by all within the system to improve our service to patients.

I've met a lot of trainees on my travels, and I've paid visits to Newham Training Education Centre and to the SW Operational Placement Centre. I was very impressed with the quality of our trainees, the calibre of our staff and the standard of our training facilities.

I attended our Black History Month event at HQ where we were able to say goodbye and thank you to Dr Agatha Nortley-Meshe as she moves on to NHSE after her outstanding service to LAS.

There were moving tributes to our much l oved colleague Helen Hayton at her funeral at Eltham on 14th November. Helen was a paramedic at Croydon and Bromley and there was a large attendance of friends and colleagues from LAS.

Our VIP Awards at City Hall were a great success celebrating the outstanding work of LAS staff and volunteers. The event was superbly organised by Antony Tiernan and his team. Antony is now on attachment to NHSE and we wish him well in his new role.

I would like to thank Daniel and his team for their diligence and determination in pursuing the data anomalies uncovered by the move to Cleric. Their hard work and persistence has uncovered attendance time recording issues that will now be independently examined by Verita on behalf of NHSE.

I have been very impressed by our staff and volunteers that I've met during my visits to our services across London, they have been open and direct over their concerns and the challenges that they face but was does shine through is their determination to do a good job for Londoners.

Andy Trotter

Chair, London Ambulance Service NHS Trust.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 29 November 2022

Report from the Chief Executive Officer

Report from the Chief Executive - November 2022

I would like to begin my report by reiterating my thanks to all our staff and volunteers for their work during Her Majesty the Queen's Lying-in-State and State Funeral to ensure Londoners and those who visited the capital received the care they needed over this period. More than 1,000 of our members of staff were involved in our response over this period, working closely with the Royal Household and our emergency service partners.

I was very proud that His Majesty the King took the time to thank some of our members of staff who were working alongside colleagues at the Metropolitan Police control centre in Lambeth for their efforts. The then Health Minister Robert Jenrick also wrote to the Service to thank our staff and volunteers for their contribution to the response by the emergency services over this period.

Demand and performance update

Between September and November, we have seen demand grow across our 111 and 999 services. We have been at REAP (Resource Escalation Action Plan) level 4 since escalating to this level on 22 September.

We have also been working hard to prepare for challenges to come by bringing together three strands of action to help us meet demand across the winter:

1. The first of these is to recruit more staff. After recruiting 1,074 new starters since 1 April this year as part of our biggest ever recruitment drive, we have already been able to increase the number of ambulances on the road by up to 20 to 30 a day. We are continuing our focus on recruiting and training more call handlers and dispatch staff for our emergency operations centres.
2. The second set of actions relates to setting up more alternative care pathways to give our staff and volunteers further options to ensure patients receive the care they need. This is based on the success of schemes such as our six mental health response cars (where we team our paramedics with registered mental health nurses), which are now running across the capital.
3. Lastly, we are recruiting many more clinicians to our emergency operations centres to ensure patients waiting for an ambulance are kept as safe as possible and our sickest patients are prioritised. As the Service is an early adopter of NHS England's Category 2 segmentation pilot, our clinicians are in particular assessing these calls to ensure patients who are most in need receive the fastest response. This approach

will not delay our response for patients who still require an ambulance. Instead, our expanded clinical team will be able to better direct people in need to the right care services for them.

We are also continuing to work with our partners at integrated care systems and hospital trusts to address delays in patient handovers to emergency departments.

As you might have read in our previous Board papers, we have been working incredibly hard to move to a new Computer Aided Dispatch (CAD) system, known as Cleric. Our new CAD is being used by staff in our emergency operations centres to assess and prioritise 999 calls and to dispatch ambulance crews when they are needed. We are working with other trusts to help our transition to this new system and have set up processes to monitor patient safety and performance.

The introduction of the new CAD has meant we have recently been putting the data we generate and record under a renewed level of forensic focus.

This new level of scrutiny has revealed some anomalies that might be making some parts of our response time data unreliable and not reflective of our actual response times. This is not an issue with the new software but a general reporting issue and it is clear we need to look into our processes.

As an open and honest organisation with a commitment to the highest quality patient care, at the Service we know that we have to take action to make sure we are recording data properly and are doing everything we can to reduce our response times. It is imperative that our patients and the communities we serve can also see a full and accurate picture of performance.

To do this as quickly, fairly and transparently as possible, we have commissioned an independent review, in partnership with NHS England and our commissioners, which will be carried out by an expert external organisation that regularly works with the NHS. Independence and transparency are important to this process so that we can check we are doing the right things and can all have full confidence in our approach as we move forward.

In the meantime, we have to continue delivering for patients by doing everything we can to improve our response times as we head towards winter. That will mean a renewed focus on Category 1 as well as Category 2 calls, getting the most effective mix of clinicians on the road, ensuring we have the vehicles available, and improving our processes for dispatch.

For all of our hard work and innovation, we are set to be very busy during winter and would ask the people of London for their support during these colder months. One of the best things you can do to stay well this winter is to make sure you have your flu jab and COVID-19 booster.

As we work to meet expected demand, it has been important for us to engage with our senior stakeholders to explain the situation in the capital and the innovative approaches we are taking to meet current and anticipated pressures.

At our Annual Public Meeting in September, we shared a range of presentations on our work over the last year with our partners, members of the public and our staff and volunteers. It was a hugely successful event, with nearly 500 people joining us in person and online.

That month I was also pleased to welcome the then Health Minister Robert Jenrick MP to our Waterloo HQ, where he met members of our Cycle Response Unit and joined an ambulance crew for a shift.

In October, we were delighted that the Mayor of London, Sadiq Khan signed up to become a London Lifesaver after completing emergency life support training with our Community Resuscitation Trainer, Victoria Geary, at City Hall. After undertaking the session alongside a number of his colleagues, the Mayor backed our campaign to sign up 100,000 London Lifesavers and urged members of the public to complete this vital training.

Later that month, I welcomed the Liberal Democrat Leader Sir Ed Davey MP and the party's Deputy Leader and Health and Care Spokesperson Daisy Cooper MP on a tour of our Waterloo HQ. They saw our fleet of electric and low-emission vehicles and met call handlers in our Emergency Operations Centre, taking time to listen in on some 999 calls.

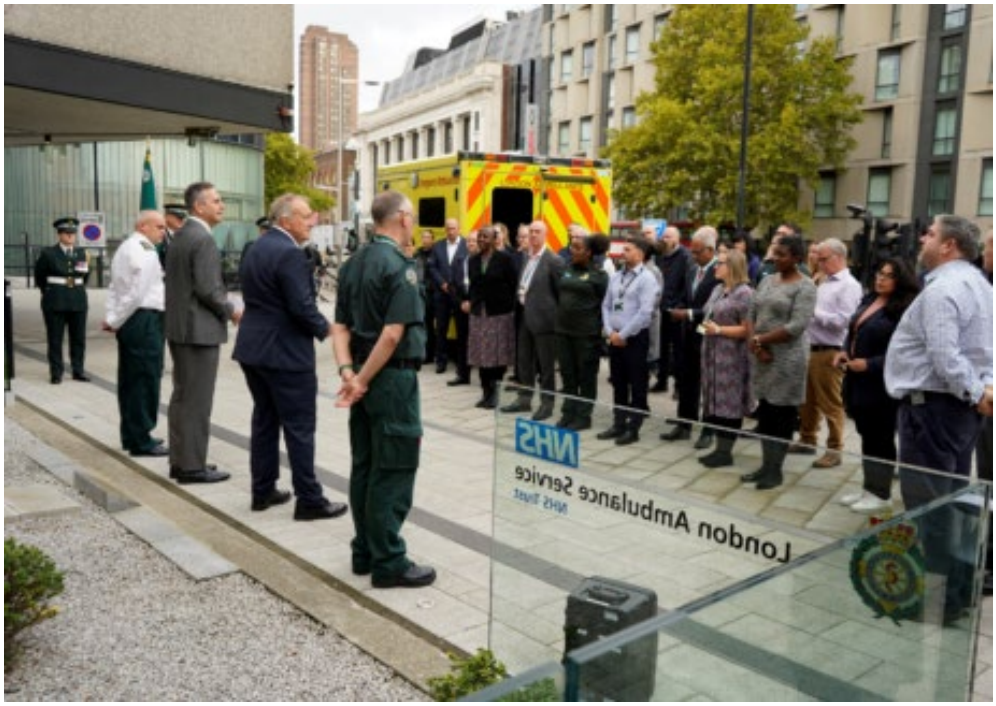
Chief Paramedic and Quality Officer and Deputy Chief Executive Dr John Martin and I also gave evidence to the House of Lords Public Services Committee inquiry on access to emergency services, where we highlighted the collective challenges faced across emergency services and how we are collaborating with our partners to find solutions.

Periods of reflection

The Service has recently taken part in a number of remembrance events to honour our emergency service colleagues and service people.

On the 11th of November, teams from across the Service gathered at 11am to mark Remembrance Day at special commemoration services where we observed a two-minute silence and thanked those who have lost their lives in armed conflicts for defending our freedoms.

I am very proud that the Service has recently been named a Veteran Aware Trust in recognition of our commitment to improving NHS care for veterans, reservists, members of the armed forces and their families.



In October, I joined colleagues at a ceremony in our memorial garden as we took part in national celebrations and tributes to mark Emergency Services Day. It was an honour to pay tribute to every member of the Service as we showed our thanks for our colleagues in the NHS and emergency services while commemorating those we have sadly lost.

I would also like to thank Richard Webb-Stevens QAM, a Clinical Team Manager in our Motorcycle Response Unit, who represented the Service at the Trees of Life service of remembrance at Westminster Abbey in November.

Celebrating our people

We continue to receive a huge number of messages of thanks from members of the public for the exemplary care they have received from our teams. Since my last report, we have received 237 new thank you messages for more than 580 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
2022	January	143	1468	385	3679
2022	February	109	1577	279	3958
2022	March	147	1724	371	4329
2022	April	115	115	293	293
2022	May	126	241	327	620
2022	June	131	372	370	990
2022	July	118	490	335	1325
2022	August	116	606	277	1602
2022	September	96	702	246	1848
2022	October	141	843	335	2183

In November, our former patient Val Dyakyuk was able to personally thank a group of our staff including a call handler, an ambulance crew and two paramedics for their incredible work to save his life following a cardiac arrest.

It is hugely important that we recognise the incredible work done by our staff and volunteers, so I was very pleased that we were able to take time to celebrate our teams at our VIP Awards 2022 at City Hall in October. I'm extremely proud of all the individuals who won an award, as well as those who were highly commended. I would also like to thank the Mayor of London Sadiq Khan and our sponsor Assembly Member Caroline Pidgeon MBE who were both able to join us on the night.

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

Respect award – presented by Sadiq Khan, Mayor of London

- Winner: Metin Halil, Clinical IT Services Manager
- Highly commended: The Ceremonial Unit.

Best innovation to improve patient care award – presented by Mark Faulkner, Consultant Paramedic

- Winner: The Patient Flow Team
- Highly Commended: Nayab Sheikh, NHS111 Team Manager and Karl Baxter, NHS111 Clinical Team Navigator
- Highly Commended: Benjamin Laws, Emergency Medical Technician/Quality Partner.

Best teamwork award – presented by Caroline Pidgeon AM MBE and Bethan Norfor, Judge

- Winner: Greenwich Ambulance Station management team
- Highly commended: Computer aided dispatch training team
- Highly commended: NHS111 team.

Breakthrough apprentice/trainee award – presented by Damian McGuiness, Director of People and Culture and Ben Miller, Judge

- Winner: Lee Knowles, Paramedic Apprentice
- Highly commended: Rachel Patag, Trainee Emergency Ambulance Crew
- Highly commended: Charlotte Hope, Trainee Assistant Ambulance Practitioner.

Excellence in urgent and emergency Care award/Call handler award – presented by Dr Agatha Nortley-Meshe, Medical Director for Urgent Care and Brian Jordan, Director of 999 Operations

- Winner: Sapphire McFarlane, NHS111 Service Advisor and Shanice Sinclair, NHS111 Service Advisor
- Highly commended: Sonia Stewart, Senior Clinical Advisor
- Highly commended: Kayleigh Knights, Emergency Resource Dispatcher.

Caring award – presented by Darren Farmer, Director of Ambulance Operations and Moh Okrekson, Judge

- Joint winner: Nathan Estall, Multi-Skilled Fleet Technician
- Joint winner: Martyn Tillett, Incident Response Officer
- Highly commended: Sophie Clayton, Wellbeing Support Officer

Clinician of the year award – presented by Dr John Martin, Deputy Chief Executive and Chief Paramedic and Quality Officer

- Winner: Jodie Grace, Paramedic and End of Life Care champion
- Highly commended: Amanda Bruce, Paramedic, Hazard Area Response Team.

Exceptional support worker award –presented by Mark Easton, Interim Director of Corporate Affairs and Jules Lockett, Judge

- Winner: Sarah Galka, Operations Placement Centre Support Manager
- Highly commended: Anna Booth, Information Management and Technology Business Analyst.

Most inspirational leader award – presented by Andy Trotter, Chair and Dr Kathy French, Judge

- Winner: Liz Carpenter, Training Manager, First Responder Department
- Highly commended: Jules Lockett, General Manager, Emergency Operations Centres
- Highly commended: Steve Markham, Location General Manager – Croydon.

Chief Executive's Award – presented by Daniel Elkeles, Chief Executive

- Winner: North East London team
- Winner: Emergency responder team
- Winner: Computer aided dispatch, move to Newham emergency operations centre and telephone upgrade programme teams
- Winner: Ukraine team (colleagues who took 10 ambulances to Poland)
- Winner: Emergency Preparedness Planning and Resilience team – HM Queen's lying-in-state preparation and management
- Winner: Make ready team.

I am delighted to share that our teams have also received significant recognition for their work from outside the Service.

In October, we were named the Apprenticeship Employer of the Year at the Mayor of London Adult Learning Awards. Our teams in people and culture also won the award for Outstanding Initiative in Education or Employment in the East London Community Heroes Awards and a Recruitment Excellence Award at the National Apprenticeship Awards.

I would like to congratulate our Frequent Caller team and our Advanced Paramedic Practitioners in the Urgent Care programme for being finalists at this year's HSJ Patient Safety Awards, alongside our Cycle Response Unit who were finalists at the HSJ Awards in November.

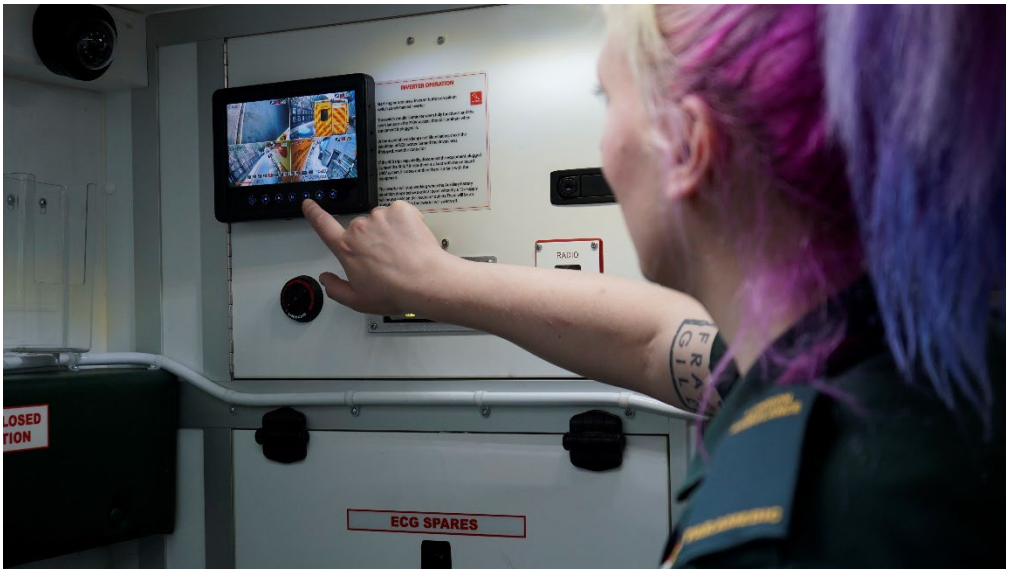
I would like to congratulate our First Responders who trained an incredible 1,100 people in lifesaving skills during Restart a Heart Week in October. They ran sessions at sites across London, including Brentford Football Club, schools and universities and major transport hubs such as Heathrow Airport.

Throughout October, we celebrated Black History Month across the Service with a range of events led by our BME Network.

That month I was also pleased to meet the 11 Service colleagues who ran the London Marathon and pass on my thanks for their incredible efforts to raise funds for our London Ambulance Charity.

Supporting our colleagues

Our members of staff and volunteers should never have to experience violence or aggression, but sadly – due to the behaviours of a small minority of patients and members of the public – these incidents remain unacceptably high.



In September, we invested more than £3million to fit 510 of our ambulances and 55 of our fast response cars with an upgraded and comprehensive crew safety system to deter violence and aggression against team and help secure a conviction in court should an assault occur.

Daniel Elkeles

Chief Executive, London Ambulance Service NHS Trust.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 29 November 2022

Report of the Deputy Chief Executives

1. Ambulance Services

A performance improvement plan has now been written and agreed to continue to improve the service we provide to all patients and with a particular focus on the highest acuity, triaged as category 1 or category 2.

The focus of activities have been identified in three overarching programme aims to maximise effectiveness of frontline ambulances:

- Reduce the demand by increasing the number of calls which can be safely dealt with in ways other than sending a vehicle;
- Increasing the capacity of our existing resources through making systems more effective;
- Reducing the amount of ineffective time clinicians are having to spend with patients, making them available to attend the next incident.

Within the overall programme of work there are 18 projects which covers the following themes:

- Increasing capacity within Emergency Operations Centre (EOC) to maximise and improve dispatch processes
- Increasing the use of the clinical hub in validating incidents and finding appropriate alternative pathways
- Increasing resources to meet challenges across staff changeover times
- Decreasing the number of requests for inter-facility transfers and other emergency service calls where an emergency ambulance is not required
- Reducing sickness absence and increasing attendance
- Increase in the use of cars and solo responders including volunteers
- Increasing the numbers of Non-Emergency Transport Service (NETS) for low acuity incidents
- Improving processes with make ready and reducing out of service ensuring that crew time is maximised, especially at the start of shift
- Reducing hospital handover time and increasing flow of patients across hospitals by working with partners across the health service
- Reducing the amount of inappropriate time spent completing the electronic patient care record.

The aim of this programme is to embed improvements in both category 1 and 2 performance and support the expected challenges of this winter. There is dedicated support for both the 999 operations and frontline work streams.

Progress against each of these projects is being reported to the Executive Leadership Team bi-weekly where there is a level of challenge and support to ensure that real and sustained benefits are achieved.

Delays at hospital remain a challenge in maximising availability of ambulances to attend other patients. The Trust lost 31,778 hours (time calculated over the 15 minute handover window) in quarter 2. This was a decrease of 3,660 hours on quarter 1, although still equates to a loss of 2,648 ambulance shifts.

Handovers at hospital are expected to be completed within 15 minutes. Figure 1 shows the percentage of conveyances which took more than 30 minutes to handover by hospital in quarter 2.

Hospital site	Percentage of handovers over 30min
Barnet	48%
Charing Cross	2%
Chelsea & Westminster	3%
Croydon University Hospital (Mayday)	24%
Ealing	32%
Hillingdon	25%
Homerton	6%
King Georges, Ilford	72%
Kings College	37%
Kingston	21%
Lewisham	33%
Newham	50%
North Middlesex	63%
Northwick Park	38%
Princess Royal, Farnborough	34%
Queen Elizabeth II, Woolwich	12%
Queens, Romford	81%
Royal Free	30%
Royal London (Whitechapel)	45%
St Georges, Tooting	33%
St Helier	35%
St Marys, W2	17%
St Thomas'	18%
University College	26%
West Middlesex	7%
Whipps Cross	52%
Whittington	27%

Figure 1: Proportion of handovers over 30 minutes Quarter 2 2022/23

The Trust has continued to work collaboratively with hospitals to reduce handover delays and introduce a system of proactive cohorting of patients to release staff and vehicles as quickly as possible. This is also balanced with a continued focus on reducing the number of patients conveyed to Emergency Departments through the use of alternative care pathways which better meet patient needs.

In addition we have reviewed the success of the ambulance receiving centre and cohorting at Queens hospital in Romford and have commenced a 2 week trial at King George's hospital at Ilford. Early indications is that this is supporting earlier handover of patients, so reducing patient risk and reducing the number of ambulances waiting.

2. 999 and IUEC Operational Performance

999 Emergency Operations

The Trust implemented a new Computer Aided Dispatch (CAD) system on the 23rd September 2022 after a substantial period of preparation and planning.

The implementation was overseen by a dedicated project team which brought together many parts of the organisation including EOC, IM&T, Estates and Projects and Programmes.

This was a key focus of the Executive Leadership team who undertook weekly assurance meetings and assurance was provided to wider healthcare system including gateway reviews by NHS England and Improvement (London Region). Both these meetings provided assurance to the 999 Assurance Group chaired by a non Executive Director.

The technical switchover from the previous system happened at 04:00 hours on the 23rd September 2022. The timing of the switchover was deliberately chosen to minimise pressure on both the people and system due to an expected lower volume of demand at this time.

All the efforts to ensure the interfaces worked properly on the night of go-live were successful, with all the technology working as expected. In addition, call handling has picked up the process quicker than expected, seeing benefits from the introduction of the new system. However, the change in dispatch processes has been the greatest challenge, with the Trust working through reported issues from staff.

The hospital handover process went well, with only a few snagging issues with data to the crews.

Since implementation there has been a Cleric Cell, chaired by the Chief Clinical Information Officer (CCIO) and who has been providing a daily review with Executive colleagues.

The Trust has been working through a stabilisation period, led by the cell with user feedback on system performance being reviewed with Cleric who are supporting any required updates. Call handling support has been provided by other ambulance services over the go-live and embedding period. LAS would like to record our thanks for this support.

The Trust has continued with the system of floorwalkers who continue to be on-site to support staff and flag any significant issues/concerns with the system.

Concerns from users are being prioritised, and themes are identified early to aid in resolving any potential issues with Cleric.

The Cleric Cell's priority is merging the organisational business as usual and user elements to ensure a system of continual improvement.

In parallel to the Cleric Cell, a User Group has been formed with an open invitation to colleagues to join and is chaired by the General Managers from within EOC. This group now has representation from EOC, Clinical Hub and frontline operations and has drawn up a top 10 user list of improvements. These are being communicated across the organisation through a dedicated page of the Trusts intranet site.

As a result of this improvement process 3 core updates have been issued, with staff already seeing positive system changes.

As with the introduction of any new system there has been a period of familiarisation of the operation of the CAD and improvements have been seen as EOC staff become more confident in its use.

Month, Year	Contacts	Calls Answered	Call Answer Mean	Max. Call Answer	See & Treat	See & Convey	Hear & Treat
Sep-22	167,429	125,549	00:01:12	00:20:26	32%	56%	11%
Oct-22	192,242	130,617	00:01:23	00:16:01	33%	55%	12%

Figure 2: Emergency Operations Centre performance

Since the last board reporting period, the number of contacts in September 2022 fell by 3% from August 2022 and was 14% less than the previous September 2021. This was followed by a sharp increase in contacts in October 2022 which rose by 15% on September albeit remained 5% below October 2021.

Call answering mean has seen an increase since August 2022 from 1 minute and 3 seconds to 1 minute and 23 in September 2022. However, in the same period the maximum call answering time has dropped from 29 minutes and 42 seconds in August to 16 minutes and 1 second in October.

The LAS matched the national average for hear and treat for both September and October 2022. See and treat metrics also mirrored the national average and consequently there was a rise in the number of patients conveyed to hospital. As part of the improvement programme there will a focus on the use of alternative care pathways and alternative responses, which should increase the amount of hear, as well as see and treat, which should see either greater calls closed at call taking or alternative destinations other than hospitals used as a point of care. Both are seen as measures to reduce pressure on hospital EDs and consequently reduce handover times.

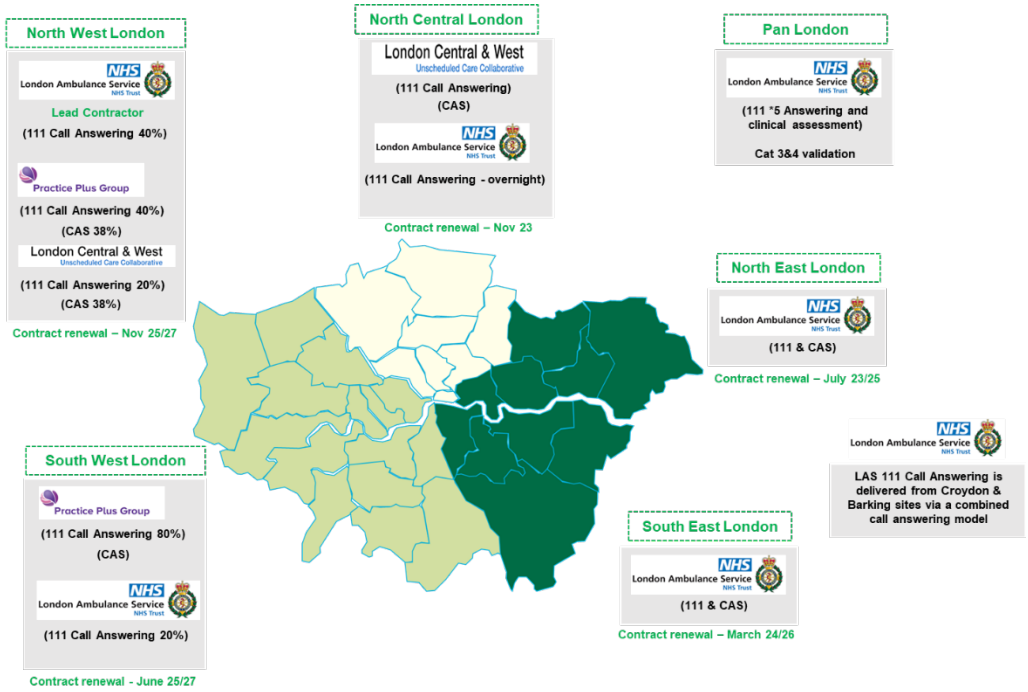
Recruitment and training of EOC call handlers had been paused in the run up to the implementation of the new CAD. In October 2022, 41 staff were recruited and a further 20 in November 2022. Courses for training have commenced with the initial group becoming operational in mid November. A further 20 people were recruited in November and will complete their course in December. Further courses are scheduled for January, February and March 2023 which will introduce further 84 call handlers towards the end of the financial year.

There is a need identified through the implementation of the CAD to increase the number of dispatchers. A course for emergency response dispatchers has been arranged and recruitment is underway.
EOC Supervisory capacity has also been increased through the recruitment of 10 Emergency Call Handling Supervisors.

Integrated Urgent & Emergency Care

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

LAS now deliver part or all 111 call answering and CAS across the 5 London Integrated Care Board (ICB) as outlined below:



LAS continue to run a combined 111 call answering and CAS model across all ICBs, aimed at improving performance and efficiency and in-line with the Single Virtual Contact Centre (SVCC) LAS combined performance across all services is outlined below:

Demand continues to be higher than contracted however, performance has improved in September. Although still not within Key Performance Indicators (KPI), LAS are reporting against mandated national KPIs however not all LAS contracts reflect these KPIs, work is underway to ensure contracts are varied to meet these revised requirements.

The Single Virtual Contact Centre (SVCC) London pilot, which balances NHS 111 calls to other providers in the region, has been live in since April 2022 and continues to impact on performance. We are in an interim position where existing contracts and KPIs have been stood down and await commissioner decision regarding a move to a “one London” contract, which will ensure individual provider performance can be understood and enable fair payment for activity taken by individual providers.

North West London (NWL) mobilisation progressed to go-live on 17th Nov with LAS as the Lead Provider, sub-contracting elements of call handling and clinical assessment to Practice Plus Group and London Central Westminster.

3. Events

Following the death of HM Queen Elizabeth II, the LAS played a pivotal role in supporting the arrangements for operation London Bridge in collaboration with the Royal Household, Cabinet Office, Metropolitan Police, Transport for London and St John Ambulance.

250,000 people attended the Queen’s lying in state and a further estimated one million people came to the capital for the funeral.

Planning for the period was co-ordinated by our Resilience and Specialist assets (R&SA) team and more than 1,000 staff were involved over the ten day period to ensure the safety and care of the public during this time. Our plans saw an additional daily requirement of over 300 staff both within EOC and on frontline duties to meet demand with additional capacity from support services. We were supported across this time by South Central Ambulance, South East Coast Ambulance and St John Ambulance.

4. Resilience and Specialist Assets

NHS England's (NHSE) London region Emergency Preparedness, Resilience and Response (EPRR) team will be visiting Headquarters on Tuesday 15th November 2022 to conduct the annual assurance review. The Trust submitted in September 2022 a green (fully compliant) self-assessment rating for the EPRR core standards. The review gives the NHSE team the opportunity to discuss and review additional evidence against the nine domains for ambulance services; governance, duty to risk assess, duty to maintain plans, command and control, training and exercising, response, warning and informing, co-operation and business continuity.

Additionally the team will review the Trust against this year's deep dive subject of Shelter and Evacuation.

The Interoperable Capabilities standards will also be reviewed by NHSE on the 15th November, however due to the standards still being draft and the National Ambulance Resilience Unit's (NARU) extensive review of the Trust's compliance against the standards on the 16th March 2022, all Ambulance Services will be measured against the previous standards. In the seven months since the NARU review work has been underway to improve compliance rating against several of the standards.

The second Manchester Arena inquiry report was released on Thursday 3rd November 2022, detailing the findings and recommendations on the emergency response to the attack on the 22nd May 2017. The report is being reviewed by the R&SA team, as well as nationally by NARU and the Association of Ambulance Chief Executives (AACE). The report details 149 recommendations in total, of which the inquiry team have identified the priority recommendations for monitoring. A progress update is required approximately three months after the publication date, specifically for health from the relevant agencies including North West Ambulance Service, NARU, the College of Paramedics and the Department for Health and Social Care (DHSC).

Whilst the LAS has not been directly identified within the report a full review will be undertaken by the Trust to identify lessons, learning and relevant actions to be undertaken for both ambulance services and the multi-agency response. Prior to 2017 the Trust had implemented and embedded recommendations following the Coroner inquests into the attacks at Westminster, London Bridge and Fishmongers' Hall. Major incident response plans and procedures were re-evaluated, embedding lessons and learning. Multi-agency training has been reviewed and enhanced since 2017 for the response to such incidents, including an uplift of specialist trained responders within the ambulance service.

John Martin

Chief Paramedic and Quality Officer and Deputy Chief Executive Officer, London Ambulance service NHS Trust.

Fenella Wrigley

Chief Medical Officer and Deputy Chief Executive Officer, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	29 November 2022			
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 in which 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 (November 2022) as well as other LASPPC related activity.

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 on 24 November 2022 (agenda attached, appendix 1).

2. November's meeting was an opportunity for members to meet Andy Trotter for the first time. Andy spoke about his background and gave his early reflections on the Service. On feeding back from his visits across LAS, Andy remarked on the dedication, enthusiasm and specialist expertise of our staff. As well as speaking about the importance of the Council and engaging with our patients, he talked about the significance of building stakeholder relationships across London to ensure we get feedback on the care we provide.

3. Recognising the ongoing pressures on the Service, the Council received a briefing from Daniel Elkeles on our winter plan and how we are responding to the additional demand for our 999/111 services.

4. Daniel also gave the members an update on the new Computer Aided Dispatch (CAD) and spoke about commissioning an independent review to look at response time data. Members were keen to be involved in the review and kept updated on its progress. They also asked Daniel about opportunities for members to be involved in the early stages of implementing new systems and processes, helping to scrutinise data and outcomes.

5. The meeting received updates on developing the Service's five year strategy. Roger Davidson, Director of Strategy and Transformation and Beata Malinowska, Deputy Director of Strategy and Transformation, briefed members on how we are engaging the public and patients in our strategy development. The Service has commissioned 23 London Healthwatches to conduct bespoke engagement on our behalf. They thanked members for their help in shaping the strategy engagement plan. Members were pleased with the progress of the plan. Beyond strategy engagement, members representing Healthwatches were eager to discuss how they could provide ongoing support to the Service, such as helping to educate the public about our work.

6. Alison Blakely, Director of Clinical Pathways and Clinical Transformation, gave an update on the south west London community car pilot, with members acknowledging the significant benefits of the scheme and asking to be kept updated as the scheme progresses.

7. The Council received a Quality Account update from Jaqualine Lindridge, Director of Quality, and Lee Hyett-Powell, Head of Quality. Lee summarised the quality priorities for 22/23 and gave an update on their current status. Jaqualine led members in a discussion about how they can be involved in shaping the quality priorities for next year. Members agreed to be individually aligned to some of the 23/24 priorities to provide ongoing assurance.

8. Jessica Howe, Learning Disabilities and Vulnerabilities Specialist, provided an update from the learning disabilities subgroup. She spoke about the group's

aims and how they had been working to define their priorities and activities to reflect the varying needs of patients across London. She also talked about the importance of involving people with lived experience together with the expertise from the Council to help further improve the care we provide to people with learning disabilities.

London Ambulance Service NHS Trust

Meeting of the London Ambulance Service Public and Patients Council on Thursday 24 November 2022, 11:00am – 1.00pm via Microsoft Teams

Agenda

Item		Owner		Time
1.	**Welcome** **Observers:** • Robin Shone, CQC Inspector Hospitals • Simba Tombe, Head of Quality NWL ICB • Alvin Kinch, Volunteering and Regional Network (London) Manager, Healthwatch England. • Ali Kalmis, Associate Director of Ambulance/111 Commissioning NWL ICB **Apologies:** • RashidAli Ismail Laher -Healthwatch Kingston • Janet Meehan – Carers Trust • Mary Leung- Healthwatch Harrow • Patrick Burns -Healthwatch Merton • Oonagh Heron- London clinical senate • Stella Franklin, Inspection Manager, CQC	**Michael Bryan**, Co-Chair	Verbal	11.00 am
2.	**Notes and actions of the last meeting**	**Michael Bryan,** Co-Chair	Papers – attached Notes (001) Actions (002)	11.05 am
3.	**Declarations of Interest – not previously declared or pertinent to the agenda**	**Michael Bryan**, Co-Chair	Verbal	11.10 am
4.	**Update from subgroups:**	**Jessica Howe**	Verbal	11.15 am

Item		Owner		Time
	○ **Learning disability Group**	Learning Disabilities and Vulnerabilities Specialist		
5.	**Introduction to the new LAS Chair**	**Andy Trotter** LAS Chair	Verbal	11.20 am
6.	**Plans for Winter and update on Cleric data review**	**Daniel Elkeles** LAS Chief Executive	Verbal	11.30 am
7.	**Five year strategy – including approach to engagement**	**Roger Davidson** Director of Strategy and Transformation **Beata Malinowska** Deputy Director of Strategy and Transformation	Presentation (003)	11.55 am
8.	**Update on Community Car Pilot**	**Alison Blakely** Director of Clinical Pathways and Clinical Transformation	Presentation (004)	12.25 pm
9.	**Quality account development**	**Jaqualine Lindridge** Director of Quality **Lee Hyett-Powell** Head of Quality and Assurance Systems	Presentation (005)	12.35 pm
	Meeting ends			1:00 pm

Next meeting: Wednesday 22 February 2023 11:00am -1:00pm

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	29 November 2022			
Report title:	Integrated Performance Report			
Agenda item:	5.1			
Report Author(s):	Key Leads from Quality, Finance, Workforce and Operations			
Presented by:	Rakesh Patel, Chief Finance Officer			
History:	N/A			
Purpose:	☒	Assurance	☒	Approval
	☒	Discussion	☐	Noting

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

This high level Integrated Quality and Performance Report serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across London Ambulance Service.

This report brings together the areas of Quality, Operations, Workforce and Finance.

It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.

Key messages from all areas are outlined in the two page summary report.

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

The Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.

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

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

NHS
London Ambulance Service
NHS Trust

London Ambulance Service – Integrated Performance Report

Report for discussion with Trust Board members

Analysis based on Year to **22nd September 2022** data, unless otherwise stated **(please see page 2 for data reporting periods)**

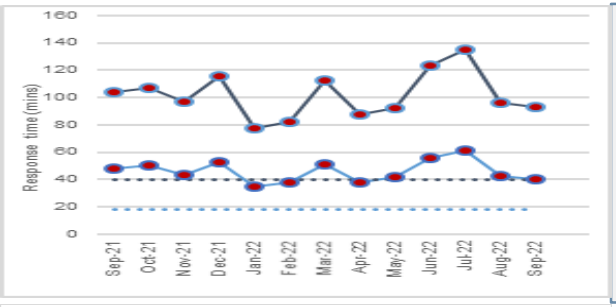
Overview

We have structured our management of performance and business plan around our organisational goals: **our patients**, **our people**, **public value** **and** **our partners**

Provide outstanding care for **our patients**

Category 1 and 2 Performance

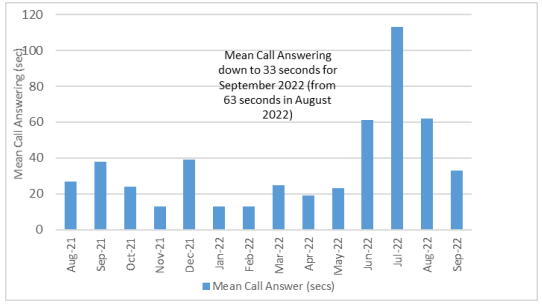
Category 1 undergoing independent review

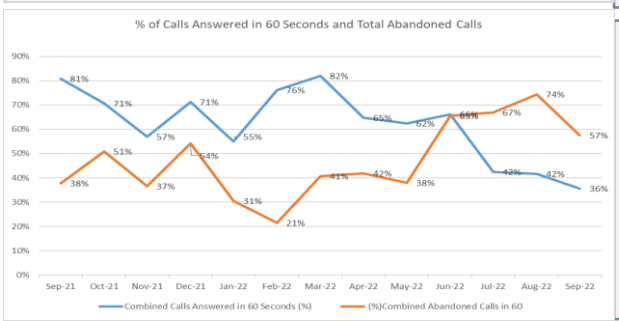


The Trust moved to Cleric CAD on September 23rd. C2 response time performance reflects the position to September 22nd.

- *Category 2 mean and 90th centile performance continue to be challenged. Category 2 mean improved by 2 minutes when compared to the previous month.*

Call Answering (999 and 111/IUC)

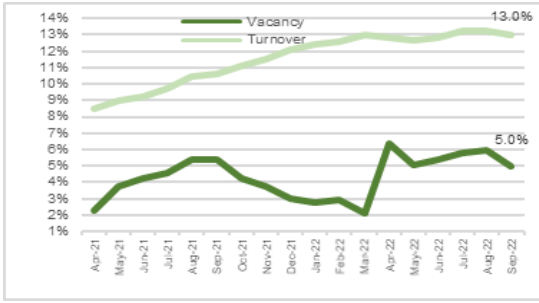




- *The Mean 999 call answering time decreased in September 2022 to 33 seconds compared to 62 seconds in August 2022. NEL & SEL IUC call answering in September returned an average of 63.6% of calls answered in 60 seconds. Though this remains below the 95% standard, it remains ahead of other London IUC providers who achieved 56% and 49.4%.*

Be a first class employer, valuing and developing the skills, diversity and quality of life of **our people**

Vacancy Rate (Ambulance Operations)



- *The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage.*
- *The paramedic recruitment pipeline is positive with 494 candidates at conditional offer stage to fill the remaining 328 course places from October 2022 to March 2023.*
- *For AAPs there are 244 candidates in the pipeline to fill the 174 course places from October to March 2023.*
- *The number of frontline leavers has remained positively below plan (-49FTE) and we have seen a lower level of International Paramedic leavers.*

Turnover

- *In September the monthly Trust wide sickness decreased from 8.4% to 7.8%.*
- *Sickness episodes have decreased by 6% (1,870 to 1,754) with COVID accounting for 14% of all episodes.*
- *The First Day Absence Reporting service is a core enabler to facilitate colleagues back to work, this service will work closely with our new OH provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing.*

Overview

We have structured our management of performance and business plan around our organisational goals: **our patients**, **our people**, **public value** **and** **our partners** :

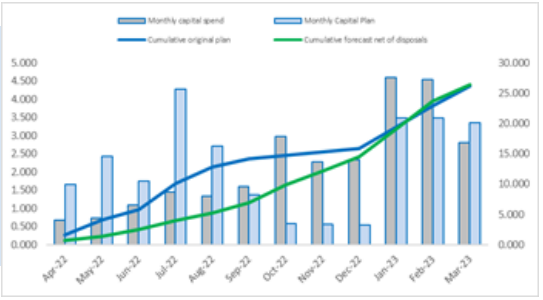
Provide the best possible value for the tax paying **public**, who pay for what we do

Financial Performance

Financial Performance

- *YTD position: Surplus £3.558m which is £0.832m above plan. Block Income is assumed in line with plan.*
- *Full Year Forecast Position: Breakeven position, which is in line with the plan. However there are potential risks of circa £0.5m to £4.5m.*

Capital Expenditure



Capital

Capital spend net of disposals and excluding donated assets is £6.894m YTD against a plan of £14.182m, which is £7.288m below plan due to slippage on several projects: Telephony Infra Mod To Cm8 (IM&T), Phase 4a Secure Drugs Rooms and Replacement vehicles. However these schemes remain on plan overall and the capital programme forecast is now £26.4m, which is on plan. The increased plan from prior month reflects new ICB Capital Resource Limit (CRL) award of £5m, and £3m to be confirmed for ambulance purchases from NHSE.

Efficiencies

- *YTD efficiency savings of £8.9m have been delivered. The Trust is forecasting to deliver £24.0m savings, which is on plan (of which £7.0m is non-recurrent).*

Cash

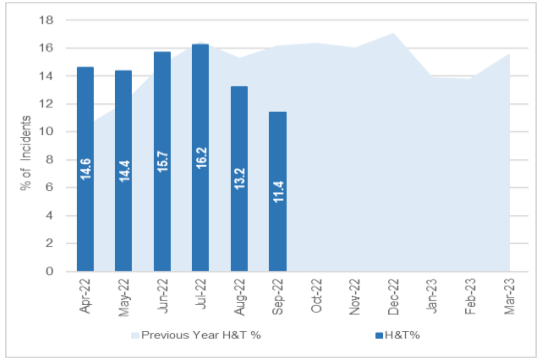
- *The month end cash position was £53.4m*

Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

	Jul-22	Aug-22	Sep-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	34.4	30.8	30.9	18.0

- *The arrive at hospital to patient handover metric showed minimal variation when compared to the month of August. The handover to green metric was also outside the target of 15.5 minutes at 18.9 minutes. Some emergency departments still face challenges which have an impact on these metrics.*

Hear & Treat



- *Hear & Treat performance saw us achieve 11.4% during September, which is lower than the same month last year. This is in line with a slight reduction in the number of incidents. LAS ranked 5th nationally out of 11 ambulance trusts. In 2022/23 year to date, the performance in the metric has been strongly within the 2020/21 target and continues to outperform last year's benchmark of 8%. Hear & Treat remains a key focus for the Trust, allowing robust delivery on our conveyance rates and keeping frontline resources available for our most critically ill patients.*

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 29 November 2022

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

1.0 Regulatory Update

The Trust remains in regular contact with the Care Quality Commission (CQC) and has received no further regulatory visits since the system inspection in December 2021. Improvement action plans arising from this inspection remain on track.

A new framework for the CQC has been published and work to ensure the Trust responds accordingly is in progress. Information sessions, led by the Head of Quality and Assurance Systems and the Quality Compliance Manager were attended by 172 managers and staff.

2.0 Quality Account & Quality Priorities

The 2022/23 quality priorities are broadly on track with monthly assurance reporting in place. A mid-year review showed that the delivery of some priorities has been impacted by the implementation of Cleric, the Adastra outage and continued high demand, these are now being reviewed. Work to identify and develop the 2023/24 quality priorities has now commenced.

Quality visits for quarter 2 have been completed and the thematic report is now available. Quarter 3 quality visits have been planned with a view to supporting the new intake of Quality Support Officers (QSOs).

3.0 Quality Assurance - Trust Wide (see Quality Report)

The Quality Report (September 2022 data unless otherwise stated), continues to demonstrate the impact of prolonged demand on quality of care. This impact remains closely monitored through various quality and safety assurance mechanisms including robust quality visits as well as daily and thematic reviews of patient safety incidents resulting from delayed responses.

The Trust continues to see a positive incident reporting culture, particularly in no and low harm incidents. There remains a focus on overdue incidents.

Infection Prevention & Control compliance across the Trust remains positive, with high compliance rates amongst the indicators assessed.

Quality indicators relating to training, including Clinical Performance Indicators (81%) and Operational Workplace Review (52.54%) remain steady. Personal Development Review

(PDR) completion is improving and is now at 51.8%, whilst statutory and mandatory training compliance has reduced slightly to 83%.

4.0 Clinical Education & Standards (CES)

Successful recruitment campaigns during the current year have resulted in the appointment of 17 trainee clinical tutors, 1 qualified driving tutor and 4 trainee driving tutors since April 2022.

An expansion of the training facilities at Brentside Education Centre is due to be completed by February 2023, providing a further 6 classrooms, 4 skills rooms and an audio/visual recording room to develop content for e-learning, utilising subject matter experts from across the Trust. A temporary expansion of Dockside Education Centre will provide an additional 4 classrooms and 4 skills rooms whilst work at Brentside is being completed.

The CES team were instrumental in the Trust being recognised as Apprenticeship Employer of the Year at the Adult Learning Awards. The team were also shortlisted for the Staff & Training Development award at the Newham Business Awards and outstanding initiative in Education and Employment award at the East London Community Heroes Awards.

5.0 Safeguarding

Safeguarding training has continued despite service pressures and compliance currently stands at 86.42% for Level 1 and 81.38% for Level 3. A Trust board training update was also completed on the 1st November 2022.

The annual safeguarding conference, titled “Think Family”, was held on the 11th November at the Oval cricket ground and was well attended by Trust staff and external safeguarding partners.

The safeguarding team have met with Integrated Care System (ICS) chief nurses, safeguarding & quality colleagues to build productive relationships within the new safeguarding system.

6.0 Quality Improvement & Learning

A total of 2,279 patient safety incidents were reported on the Trust’s Risk Management system, in quarter 2, an increase of (17%) when compared to 1,898 incidents in quarter 1. The top five report patient safety incident categories:

1. Dispatch and Call
2. Clinical treatment (Except medication related)
3. Communication, Care and Consent
4. 111/Integrated Urgent Care – Call Handling
5. Medical Equipment

In quarter 1 Communication, Care and Consent had been the most reported incident category but has now been surpassed by Dispatch and Call issues. Of the **2,279** patient safety incidents reported, **337** incidents were considered under the Patient Safety Incident Response Framework (PSIRF) and the Patient Safety Incident Response Plan (PSIRP). **199** of these incidents will receive an enhanced level of investigation, **180** of which relate to Dispatch and

Call issues and will inform the Delays Thematic Report. All patient safety incident categories, themes and numbers are monitored by the Quality Improvement and Learning Team and triangulated with other safety intelligence at the Trust's Safety Investigation Assurance and Learning Group (SIALG).

Further focus on Duty of Candour compliance is underway, with Sectors/Departments urged to initiate prompt conversations with patients and/or their families following the reporting of an incident.

7.0 Freedom to Speak Up (FtSU)

77 concerns were raised with the Guardian during quarter 2, the majority relating to staff behaviour and workplace culture. During October, the Guardian celebrated Freedom to Speak Up Month and collaborated with the B-ME Network in organising a Black History Month Event held at Trust Headquarters.

The Trust is currently participating in the National Guardian Office (NGO) Ambulance Speaking-Up review. The Trust was one of five ambulance services selected to participate in a second stage of the review, with staff participating in focus groups and FtSU leads being interviewed directly. The review is expected to be published later this year.

A FtSU Coordinator has been appointed to support the Guardian, with further recruitment planned for later this financial year.

8.0 Health, Safety and Security

A total of 80 Reportable Injuries, Diseases and Dangerous Occurrences (RIDDOR) incidents have been reported to the Health & Safety Executive(HSE) during 2022/23 (up to end of October 2022). 50 related to manual handling whilst 18 related to Slip, Trips and Falls incidents. A Health and Safety audit of Fleet Services is scheduled to commence in November 2022.

A total of 318 physical assaults on staff have been reported for current year 2022/23 (up to end of October 2022). The majority of physical assaults (57%) occur due to the clinical condition of the patient. The Police attended 63% of physical assault incidents and 10 successful prosecutions for assault have been recorded. The Violence Reduction Manager has commenced a series of hate crime drop in sessions for Emergency Operation Centres (EOC) and 111 staff in conjunction with hate crime Officers from the Metropolitan Police Service.

John Martin
Chief Paramedic and Quality Officer, London Ambulance Service NHS Trust

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 29 November 2022

Report from the Chief Medical Officer

Maintaining Patient Safety

We continue to see sustained high levels of demand across all areas of the Trust with system pressures across the Urgent and Emergency Care system further impacting on our ability to reach patients within nationally set Ambulance Response Standards. Whilst we are continuing to work with system partners to reduce the impact the wider pressures have on our patients, they are reflective of national pressures and well reported challenges that exist within the Health and Social Care system. As we go into winter, and recognising there is a programme of transformation required to collaboratively address the system pressures across the NHS, we have agreed a number of priorities to protect patient safety and ensure we are able to provide a timely response to our sickest patients.

These include:

- **Recruiting more staff**. We have launched our biggest ever recruitment drive and are working to recruit 1650 members of staff this year. This has already seen a positive impact and we are now able to deploy up to an additional 30 ambulances per day. We also continue work to increase the number of volunteer London Lifesavers and Community First Responders and Emergency Responders who dedicate their time to supporting their communities.
- **Alternative Care Pathways**. We are working with system partners to develop new pathways for patients and improving access to existing ones. We have secured funding for six Mental Health Joint Response Cars to operate every day across all areas of the capital. In October, we launched a pilot initiative to pair paramedics at London Ambulance Service with nurses from community health providers in south west London to respond to elderly and frail patients in a ground-breaking pilot scheme to prevent delays this winter.
- **Clinicians within our 999 Emergency Operations Centres**. We are recruiting more clinicians and expanding the clinical skill and specialties within our EOCs. This will ensure we can provide early clinical assessment for patients and navigation toward alternative care pathways where an emergency ambulance is not required.

The number of patient safety incidents reported across the service remains steady when compared against the number of EOC contacts and face to face incidents. Whilst there is some variation in each month, this is consistent with historic trends and indicates a positive

reporting culture exists within the LAS. We continue to review all reported incidents to ensure continuous observation for emerging trends, appropriate investigations are conducted in line with the Patient Safety Incident Response Framework and that we share this learning across all areas of the organisation effectively.

Infection Prevention and Control

In October, to coincide with International Infection Prevention week, we published our Infection Prevention and Control (IPC) winter preparedness campaign and will continue to share messages with staff and volunteers in the following months. This focuses on advice to all LAS staff and volunteers about keeping themselves, their patients and their family / friends safe over the winter when we know viral infection rates are increasing. The importance of the influenza and COVID-19 booster vaccinations is also emphasised and we have ensured support is available for colleagues who have questions about the vaccines to enable them to make informed decisions. We have also produced a pathogen specific factsheet and have updated the IPC Manual (v1.4) to align with the NHS England and Improvement national manual.

Strategic development

Developing improved models of care

Our Right Care, Right Place programme continues to focus on delivering opportunities for collaboratively designed alternative care pathways and supporting the implementation of operational changes to realise the clinical strategy.

We have initiated a long term pilot of non-medical prescribing for qualified Advanced Paramedic Practitioners (Urgent Care). This will enable improved management of an increased number of patient care episodes in the out-of-hospital environment without direct clinical handover to other services, which are already under pressure.

Urgent Community Response (UCR)

UCR is a partnership project between the 5 community providers of South West London Integrated Care Board (ICB) and the LAS. It sees multiple cars staffed by a paramedic and community nurse or therapist working between the hours of 8am to 8pm, 7 days a week and is targeted to patients with urgent care needs. 111/999 services, emergency departments, GPs, clinical hubs, care homes, social care providers, pendant alarm companies and specialist local authority services and care workers are all able to refer to the UCR team. The overall aim of the project is to improve the rate of community based care delivered to patients, avoid unnecessary conveyance to the Emergency Department (ED) and to enable patients to remain at home (including residential and nursing care homes) wherever possible.

The project was launched on 3rd October and has seen encouraging early signs of success with a reduction in conveyance to ED and positive feedback from patients and staff. In the first four weeks of the pilot, the community response teams were able to treat 300 people at home, in each case avoiding an ambulance being called and a trip to hospital. This equates to between 60 and 70 per cent of patients getting the right care at home and is freeing up ambulances to respond to life-threatening emergencies. We are already preparing to deploy this model in North East London and are in discussions with partners in North Central London to explore opportunities to expand the project into these areas.

Health Inequalities

An important area of focus for us is our work with groups addressing the identified health and social inequalities in society and the direct causal link these have to health outcomes. As part of our 2022/23 CQUIN we are focused on improving the identification of unrecognised hypertension, continuing to improve the care we provide to our patients with sickle cell disease and identifying health inequalities within pre-hospital maternity care to improve clinical decision making and improve the patients experience. We are also doing preparatory work looking at data for patients presenting with chest pain and diabetes to look at the ethnicity, age, gender and location of the 999 calls.

Clinical Digital Transformation

Digital transformation is one of the building blocks of a patient-focused approach to healthcare with benefits ranging from improved clinical outcomes, better patient and service user experience and greater staff and volunteer engagement. Since the last update we have concluded a trial of the Language Line application for clinicians and due to its success, the app has now been pushed to iPads for all clinicians and is available for immediate use. The app brings a number of benefits to patients and staff through ease of access to translation services and for the first time in the Trust, the ability to provide video translation for patients who communicate through sign language.

Co-designing and Improving better care pathways

- **Alternative Care Pathways (ACP)**: We have undertaken an exercise to map out existing ACPs, along with sector colleagues and ICB partners to better understand the main pathways in place in each sector and any barriers to referral. Alongside identifying the actions needed to address any issues accessing established pathways, we have also been able to identify the need to develop additional pathways in some areas. This exercise was well attended with all sectors being represented. The outcome will be presented to each ICB for discussion and further action planning. Some of the pathways discussed were for patients with Mental Health care needs, Same Day Emergency Care (SDEC), Urgent Treatment Centres (UTC), UCR and community based teams such as rapid response.

- **SDEC Access**: We have worked extensively across London with EDs and NHSE London Region and we now have clear referral criteria for each sector with pathways signposted on MiDoS so our staff are able to access the most up to date information.

- **End of Life Care (EoLC) Response Car**: We have now concluded the evaluation of a three month pilot of an EoLC specialist response car which was staffed by a Palliative Care Nurse Consultant and/or an EoLC specialist paramedic. The response car was tasked by EOC to attend EoLC patients who were identified as potentially requiring specialist care or provide on scene or remote support to ambulance clinicians. The pilot evaluation was presented at the recent Ambulance Leaders Forum and won the prize for best service evaluation being recognised for the transparency of identifying areas which worked well and those which were not as beneficial as perhaps expected. We are continuing to ensure EoLC patients and their families are supported through

their journey with LAS and that clinicians receive the required training and Continuous Professional Development (CPD) opportunities they need to continue to deliver excellent care for this group of patients.

System Wide Collaboration – hospital handovers

We continue to work closely with the hospitals to address handover delays with a number of initiatives, all of which have been successfully piloted, and are being introduced in additional Trusts. LAS are continuing to focus on reducing the number of patients conveyed to the Emergency Department where alternative pathways would better meet their clinical need. The collaborative working between the LAS, NHSE London and Acute hospital Trusts will continue to improve safety to reduce delays to respond to patients in the community.

Patient Outcomes

Clinical Audits

We have recently published 2 clinical audits;

Paediatric Pain Management: Since 2006 the LAS has conducted a number of clinical audits into the management of pain in children. Following the implementation of recommendations and learning from each audit, a re-audit is conducted to understand the outcome. The most recent follows an audit undertaken in 2017. It is a retrospective clinical audit to examine whether the initiatives introduced following the 2017 re-audit have led to improvements in pain assessment and pain management provided to children presenting with suspected fractures and/or dislocations.

This re-audit demonstrates strong improvements in a number of areas: particularly the use of injury immobilisation techniques (42% improvement since the 2017 re-audit), recording of a second pain assessment, and analgesia administration for patients in pain (20% and 11% improvement since the 2017 re-audit respectively). A number of enhancements have also been identified and we are working in collaboration with a number of internal teams to implement these improvements.

Chronic Obstructive Pulmonary Disease (COPD): COPD is defined by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) as a common, preventable, and treatable disease characterised by persistent respiratory symptoms and airflow limitation. The most common respiratory symptoms experienced by people with COPD include shortness of breath, cough and/or sputum production (GOLD, 2021). Exacerbations of COPD are characterised by a worsening of the patient's normal symptoms (Lareau et al, 2018), the main cause of which are infections. Managing these correctly is very important in order to minimise disease progression (GOLD, 2021).

Three previous projects have been conducted by the LAS in the last 20 years looking at the assessment and management of COPD. The first, in 2003, recommended a separate illness code be introduced to allow any ambiguities concerning the guidelines for oxygen administration be reported (LAS, 2003). Later projects looked at clinicians' views of oxygen administration and found that most staff would aim for 94-100% SpO2 without recognising that the patients had COPD and required an adjusted target SpO2 range (LAS, 2013). The most

recent clinical audit in 2019 was the first to look at COPD as a whole and found that there were several areas for improvement, including: the administration of ipratropium bromide; documentation of oxygen saturation level after intervention, and the documentation of oxygen when medicines have been administered using an oxygen-driven nebuliser (LAS, 2019).

This re-audit aimed to ensure that the documented management of COPD by the LAS is in line with the JRCALC guidelines (JRCALC, 2019) by determining whether all patients experiencing a COPD exacerbation received the best possible care.

Overall, this re-audit demonstrated several improvements since the 2019 clinical audit (oxygen saturation level recorded after intervention; oxygen, salbutamol and ipratropium bromide administration, and chest auscultation). A number of further improvements have been identified and an action plan developed that has been shared by the Clinical Audit and Research Unit. This will be overseen by the Patient Safety and Clinical Effectiveness Group.

An infographic has been produced congratulating staff on achieving the improved levels of documented care across all audits.

Cardiac Arrest Data – September 2022

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 ROSC are the speed of starting basic life support and defibrillation where the patient is in a shockable rhythm. Our September cardiac arrest data indicates;

- 950 patients in cardiac arrest were attended by LAS
- 356 patients had resuscitation commenced
- 60 patients were in a ‘shockable rhythm’ on arrival of LAS and defibrillation occurred within 2 minutes of arrival with the patient
- For all patients in cardiac arrest return of spontaneous circulation was achieved in 31% of patients.

ST-Elevation Myocardial Infarction (STEMI or Heart Attack) Data – September 2022

A heart attack 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 intervention such as stenting. This procedure is time critical and the target time from call to angiography target is 150 minutes. Our most recent data indicates;

- In September 204 patients were attended by LAS and had a confirmed STEMI, a slight increase since the last report.
- 85% 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.

We are continuing to focus on ensuring both early dispatch of an ambulance to patients with chest pain and rapid conveyance to the Heart Attack Centre (HAC) following initial assessment on scene. Our Senior Sector Clinical Leads continue to work with the Clinical Team Managers on the documentation of all aspects of the care bundle.

Stroke Care – September 2022

The health outcomes of patients who suffer an acute stroke can be improved by recognising the symptoms of a stroke of 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 patients refer to FAST positive patients who 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 1085 suspected stroke patients
- 1015 were FAST positive and 662 of these were identified as time critical
- 99.4% of patients were conveyed to destination Hyperacute Stroke Unit directly.

Work continues to reduce the on scene time to ensure there are no delays to the response and conveyance. This is being led by the Senior Sector Clinical Leads and monitored through the Sector quality meetings.

The LAS annual reports have been reviewed through the Quality Assurance Committee.

Learning from national reports to improve patient safety and outcomes

On the 19th October 2022, a report into the independent investigation examining maternity and neonatal services across two hospitals in East Kent was published.

This independent investigation panel looked at 202 maternal and neonatal cases from the timeframe of 2009 and 2020. Of these cases, the panel found that if care had met nationally recognised standards the outcome could have been different in 48% of cases.

The report highlighted 4 key actions for all NHS trusts to consider. The LAS maternity team will review the provision of maternity care within LAS and provide assurance about how we will work to the recommendations set out in this report and will report via the Quality Assurance Committee.

Annual statement of compliance – A framework of quality assurance for responsible officers and revalidation

The annual statement of compliance has been submitted with no areas of concern.

Fenella Wrigley

Chief Medical Officer, London Ambulance service NHS Trust.

Classification: Official

Publication reference: PR1844

NHS England

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2022

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,
b) provide the necessary assurance to the higher-level responsible officer,
c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:
Comments: **Dr Fenella Wrigley – GMC 4309088**
Action for next year:

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year:
Comments:
Action for next year:

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year:
Comments: **Yes – GMC Connect**
Action for next year:

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:
Comments: **Yes – reviewed 2021 and presented to HLRO visit**
Action for next year:

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year
Comments: **HLRO visit October 2021**
Action for next year:

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year:
Comments: **YES – within the Revalidation Policy**
Action for next year:

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.[1]
Action from last year:
Comments: **YES**
Action for next year:

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:
Comments: **N/A**

[1] For organisations that have adopted the Appraisal 2020 model (recently updated aby the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

Action for next year:

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:

Comments: **Yes**

Action for next year:

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:

Comments: **Appraisals are undertaken outside of LAS by external trained appraisers**

Action for next year:

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year:

Comments: **N/A – Appraisals are undertaken outside of LAS by external trained appraisers**

Action for next year:

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:
Comments: **YES – and Trust Board received the output form from the HLRO visit**
Action for next year:

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	London Ambulance Service NHS Trust
Total number of doctors with a prescribed connection as at 31 March 2022	2
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	2
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	0
Total number of agreed exceptions	0

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year:
Comments: **YES**
Action for next year:

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year:
Comments: **YES**
Action for next year:

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:
Comments: **YES**
Action for next year: **Patient Safety and Clinical Effectiveness reports to Quality Oversight Group and through to Trust Board subcommittee (Quality Assurance Committee)**

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:
Comments: **Concerns would be raised via incident reporting (datix) or directly to the RO.**
Action for next year:

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:

Comments: **YES - covered in Revalidation policy**

Action for next year:

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Action from last year:

Comments: **YES – regularly reviewed; via Quality Assurance Committee for patient safety concerns and People and Culture for conduct**

Action for next year:

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year:

Comments: **YES, MPIT form**

Action for next year:

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:

Comments: **YES, covered in Revalidation Policy**

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Action for next year:

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:

Comments: **Yes, covered in recruitment and selection policy**

Action for next year:

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- General review of actions since last Board report
- Actions still outstanding
- Current Issues
- New Actions:

Overall conclusion:

HRLO visit completed October 2021 and all actions / recommendations completed

Section 7 – Statement of Compliance:

The Board / Executive management team of London Ambulance Service NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[Chief executive]

Official name of designated body: London Ambulance Service NHS Trust

Name: Daniel Elkeles Signed:

Role: Chief Executive

Date: 22 November 2022

NHS England
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

Publication reference: B1844

London Ambulance Service
NHS Trust

Assurance report:	**Quality Assurance Committee**	**Date:**	**08/11/2022**

Summary report to:	**Trust Board**	**Date of meeting:**	**29/11/2022**
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 for escalation:

Health and Safety Policy

The Health and Safety policy was presented to the Committee for approval and recommendation to the Trust Board for update and implementation.

The key amendments to the document relate to updates to roles, job titles and other nomenclature reflecting current structures and processes and a revised section which deals with occupational health, following our transition to a new provider.

The Committee are recommending that the Board approve the Health and Safety Policy for implementation.

Other matters considered:

Quality Report

The Committee received the Trust's Integrated Quality Report providing an overview of the quality performance through relevant quality Key Performance Indicators and information including the quality improvement agenda across the organisation.

6 Monthly update on Quality Priorities

The Committee received an update on progress against the Trusts 12 Quality priorities noting that each priority had associated objectives and KPIs aligned with different action owners across the Trust.

Patients Safety Incident Response Framework (PSIRF)

The Committee received an update on Patient Safety Incident Investigations closed between August and September 2022.

Members discussed those cases presented and recognised that the themes and learning points from those investigations would be taken forward through the various learning channels across the Trust.

LAS Clinical Audit Reports

The Chief Medical officer presented 2021/22 Annual reports for Stroke and STEMI for the Committees information prior to submission to the Trust Board in November 2022.

Members noted that all reports demonstrate continued high standard patient care

Health Inequalities

The committee received presentation in relation to Health inequalities in response to an action from March 2022 Quality Assurance Committee.

The Committee considered equity of care v equality of care and the importance of both recognising that not all solutions were in the gift of the Trust and that it would be essential to work with the system to improve.

Health Education England Return

The Committee were asked to receive the Trusts 2022 HEE self-assessment for assurance and note that post HEE review, feedback on Trusts' submissions were anticipated in early 2023. HEE has indicated that moving forwards, assessments will be required on an annual basis

Key decisions made / actions identified:

See other commentary

Risks:

Board Assurance Framework

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. The extract relating to quality objectives 1, 2, 3 and 4 was presented noting that the risks had been updated by Lead Executives.

The risks and scores were supported as appropriate.

The Committee have also provide an assurance statement relating to each risk and the levels of assurance provided.

Assurance:	The Committee received assurance of progress against the Quality Priorities. Assurance was also provided that quality remained an area of focus for the Trust and that activities undertaken were sufficient to provide the assurances.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting
29 November 2022

Report from the Director of People and Culture

1. Executive Summary

External Recognition

Healthcare People Management Association/NHS Employers Wellbeing Award

The Wellbeing Team are very proud to have been one of three Trusts shortlisted for the HPMA/NHS Employers Wellbeing Award, a category with over 40 entries. The Trust has been shortlisted based on the inclusive nature of the LAS Wellbeing Hub, including the employment of colleagues on restricted duties, and the outreach of the service via our tea trucks and wellbeing cafes. The winner was to be announced on 8th September but this was delayed due to the passing of Her Majesty the Queen – the awards have now been rescheduled to take place on December 1st.

Top 100 Apprenticeship Employers 2022

The team celebrated the announcement that the LAS had made the list of the Top 100 Apprenticeship Employers 2022 – ranking at number 25! We were one of only three NHS trusts in the country to make the rankings and the only London trust – we also maintained our status as the top NHS Apprenticeship Employer in the country.

Recruitment & Retention – To date 500 frontline staff have been recruited and started and circa 850 conditional employment offers have been made across Ambulance Services (515 paramedics and 230 AAPs), 111 (50 call handlers) and 999 (60 call handlers). This is against a plan to offer 1400 positions in 2022/23.

Leavers remain consistent at 13%, a trend similar to that of all ambulances Trusts. The number of frontline leavers has remained positively below plan (-49FTE) and we have also positively seen a lower level of International Paramedic leavers.

Wellbeing – Our OH provider Optima has now been fully embedded across the Trust, and there are several support lines and feedback options in place to enable managers to flag any issues. Since September, there has been focus on promoting both the covid booster at external clinics and the flu programme via our own peer vaccinators.

Winter planning has been a focus for the wellbeing team and as well as a refreshed communications campaign highlighting existing and new mental health support – including the recently launched TASC 24/7 crisis line – work has been done to ensure there are additional resources in place for colleagues suffering from extreme financial hardship. Recruitment of

ten new tea truck operatives is currently underway to ensure that support is available to colleagues in ambulance operations and additional initiatives for EOC, such as wellbeing training for managers and staff and the provision of activities to enhance wellbeing whilst on breaks.

Staff Absences

Staff Absence has reduced to 7.8% in September. The multi-disciplinary supporting attendance group have been revisiting directorate performance, deep diving hot areas of high absence and setting improvement targets for 2022/2023. The First Day Absence Reporting service is a core enabler to facilitate colleagues back to work, this service is working closely with our new OH provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing.

Our LAS Culture Transformation Programme: We have mobilised and trained approximately 50 well-networked (Freedom to Speak Up champions, HR Business Partners, HR Managers, Resolution Framework advocates etc.) colleagues to work with us to embed the Our LAS Culture Change Programme and to improve NHS Staff Survey engagement. The role of a Culture Change Champion will be to share information on You Said, We Did – demonstrating actions taken since the last staff survey - and to obtain feedback from colleagues on the Our LAS culture. As of Tuesday 15 November, the end of Week 8, we have achieved a 53% response rate (3852 colleagues), giving us the highest response rate amongst the ambulance trusts who also use Picker, our survey contractor. So far, two Group Stations (St Helier and New Malden) have reached the 75% target.

People & Culture Committee Workshop on Race

A bespoke session of the People and Culture committee was held on 5th September in which race in the LAS was discussed, which included powerful personal testimonies from three members of staff about their experience whilst working in the LAS.

One key output from the meeting is the design of a roadmap to build a workforce more reflective of the communities we serve in London, and to improve the working experiences of colleagues from Black, Asian and Minority Ethnic backgrounds.

Black History Month & See me First Campaign

The Service celebrated Black History Month in October by marking it in our Internal Communications channels. The event also saw the launch of the See ME First campaign and attendees were able to make pledges to show their support

Potential Industrial Action

The People and Culture Committee met in November to discuss mitigation plans with respect to potential industrial action (national pay dispute). A new Trust risk was agreed at this committee. The Emergency Planning and Resilience department was finalising their emergency response plans – caveated on the detail of any strike action.

P&C Operations

Recruitment

The Trust vacancy level has reduced to the target level of 5%. The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. For IUC, call handling fill rates are very positive (all places filled in September) and we are now at full establishment. For EOC, we have filled 40 of the 44 places for the next intake (October 2022) and we expect a similar fill rate for November's courses. In total there were 96 joiners in September 2022. 25% were from a BAME background covering roles in 111, 999 and Ambulance Services.

The Trust agreed a 2022/2023 recruitment programme for over 1400 staff which included circa 500 Paramedics and 500 AAPs. The paramedic recruitment pipeline is positive with 494 candidates at conditional offer stage to fill the remaining 328 course places from October 2022 to March 2023. For AAPs there are 244 candidates in the pipeline to fill the 174 course places from October 2022 to March 2023. The plan is currently running at circa 115FTE behind plan and we are looking at options to close this gap including additional training places.

Retention

Post lockdown we have continued to see a leaving rate in line with the experience of other Ambulance Trusts (circa 13%). The number of frontline leavers has remained positively below plan (-16FTE) and we have seen a lower level of International Paramedic leavers. The Workforce Retention Group has met 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 (thus improving the level of staff retention), oversight of all retention development plans and ensuring the right support and resources are in place for managers to improve staff retention. In total there were 84 leavers in July 2022 with 15% from a BAME background.

Staff Absences – The profile of sickness absence for 2022 is detailed below (source ESR dashboard).

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	2022	2022	2022	2022	2022	2022	2022	2022	2022
Trust wide sickness rate	11.0%	9.4%	9.9%	9.6%	8.0%	8.8%	9.9%	8.4%	7.8%
Covid sickness	4.5%	2.8%	3.2%	2.9%	1.3%	1.4%	2.8%	1.0%	0.8%
Non-Covid sickness	6.5%	6.6%	6.7%	6.7%	6.7%	7.4%	7.1%	7.4%	7.0%

A new first day absence reporting system was introduced to Trust wide on 1st September 2022. The service appears to have had an immediate impact in supporting staff back to work with the monthly Trust wide sickness decreasing from 8.4% to 7.8%. The multi-disciplinary supporting attendance group have been revisiting directorate performance, deep diving hot areas of high absence and setting improvement targets for 2022/2023.

The First Day Absence Reporting service is a core enabler to facilitate colleagues back to work, working closely with our new OH provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing. OH clinics have been established via a heat map of staff home postcodes, management reports that better reflect an understanding of the job roles in the Trust. Colleagues will also be able to access counselling, CBT and EMDR therapies directly via the new Employee Assistance Programme (EAP) service from our new provider without the need for a management referral. Additional mental health support has been commissioned from Keeping Well North West London. The services enable our staff to assess and refer on colleagues who require mental health support, including priority access to IAPT services

Employee Relations

In September 2022, the Resolution Hub received 15 referrals, 13 of which were referred from managers. The majority of cases (75%) were resolved using a formal resolution route. This includes a number of cases related to sexual misconduct (33%).

Digital Workforce Programme

Phase 2 of ESR Manager Self-Service will provide managers additional access and functionality that will enable users to make staff assignment, pay and leavers changes directly in ESR, replacing the current e-forms system and associated cost. The streamlining of this process will deliver multiple benefits including; the removal of duplication of entry, a reduction in the number of approval stages, improved data quality, accuracy and timeliness, the removal of the annual 3rd party e-forms system costs and efficiencies in corporate processes

The project team successfully completed a pilot in the North West Sector in October and have been preparing for go-live on 1st December by providing over 20 training sessions to date with over 60% of all managers having attended one of the sessions. By go-live it is projected that over 80% of managers will have been trained. Additional training sessions and an e-learning package will be available for users that have not yet attended or new managers to the Trust.

One of the mandatory requirements of MSS is that all users have an NHS Smartcard. The project team have facilitated the creation of 200 additional cards which will be distributed to users prior to go-live. Identification and photographs are required for 70 users.

The project is on track to go-live as planned on Thursday 1st December 2022. All planned system activities will take place between 28th and 30th November and both the forecasted number of managers trained and the number of smartcards produced are at an acceptable level to launch with minimal disruption to the overall process.

Talent and Performance Management System – The project team have met with six suppliers (who were identified via the G-Cloud 12 framework), where they demonstrated their products and system functionality. The suppliers have now provided implementation and annual license costs and from this group, three were a positive cultural fit and met the functional requirements. Two of these three suppliers were the best value for money and will move to the next stage of the process.

Prior to a second round of demonstrations and subsequent identification of a preferred supplier, the next phase of the project is to engage with key stakeholders across the service to discuss the process, proposed changes and benefits. There will be individual meetings and the opportunity for stakeholders to join the demonstrations. This approach will offer a greater opportunity for key stakeholders to contribute directly to the project, building confidence and

improving access to the decision making process. This will also be the opportunity to leverage stakeholder views and experience. Meetings will be planned with key stakeholder groups including the Extended Leadership Group, Clinical Team Managers and the Staff Council.

Recruitment Technology – The project commences in December 2022 and will be completed by May-2023. The replacement of the Authority to recruit e-forms with in-built TRAC functionality and internally developed e-forms will streamline processes, remove duplication for the Recruitment Team and remove dependency on 3rd party external suppler for changes or enhancements. A revised IR35 process will be included in the non-payroll e-form which will improve governance and provide greater assurance.

The applicant dashboard will enhance the on-boarding experience for new starters by enabling them to complete e-learning and online corporate induction, be provided with key information about the Trust (CEO welcome video, maps, policies, etc.) and update personal information prior to starting with the Trust.

4. Health and Wellbeing

Occupational Health

With Optima now fully embedded across the Trust, work has turned to ensuring robust feedback and improvement mechanisms are in place. There are several avenues for managers to contact Optima for guidance or advice, including direct contact with the LAS operational lead at Optima. Our clinical lead at Optima has now visited both EOC sites and has provided some feedback about enhancing health and wellbeing for colleagues, particularly in the context of the introduction of the new CAD system Cleric, providing advice on good working practices. The Wellbeing Team are also assisting with the roll-out of a new online platform for physiotherapy from TPN (The Physio Network), which not only has the ability to triage injuries, but can also signpost to a range of short exercises targeted at the specific injury site.

Mental Health Provision

The Trust has a wide range of mental health resources and options to support colleagues over winter. 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.

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.

Over winter, the wellbeing team will also be promoting the new 24/7 crisis line from TASC (The Ambulance Staff Charity) that has been established with the support of AACE, not only to stabilise callers who are displaying suicidal thoughts, but also to provide a series of follow up sessions for ongoing support and to ensure the caller is safe.

Vaccination

The Autumn Covid-19 booster became available to NHS workers from 12th September 2022. Initiatives to increase uptake include additional communications, live Trust-wide Q&A sessions and looking at the potential for colleagues to access walk in clinics co-located at hospitals where there are waits to handover.

The flu programme is progressing well, with the Trust placed 8th in London by vaccination rate at 31.2% by the beginning of November. In October there were more than 150 clinics held at locations across the Trust, run by 75 trained peer vaccinators. The programme will run with the same resources for at least the remainder of the calendar year.

Wellbeing Activities

The Wellbeing Team are very proud to have been one of three Trusts shortlisted for the HPMA/NHS Employers Wellbeing Award, a category with over 40 entries. The judges were impressed with the inclusive nature of the LAS Wellbeing Hub, including the employment of colleagues on restricted duties, and the outreach of the service via our tea trucks and wellbeing cafes. The winner was due to be announced on September 8th, but was delayed due to the passing of Her Majesty the Queen – the rescheduled award ceremony will now be held on 1st December.

Much of the activity of the LAS Wellbeing Team has been centred on preparing for winter. In addition to the mental health support detailed above, there has been a focus on making sure that colleagues are not only aware of these offers, but also really understand when and how to use them. Part of this outreach programme involves our Wellbeing Cafes and Wellbeing Support Vehicles which are utilised to distribute wellbeing information face to face. This is supported by the recruitment of ten new Wellbeing Support Vehicle Operatives who will staff our vehicles over winter and ensure that colleagues are able to access refreshments and a wellbeing conversation whilst at hospital.

AACE have a current focus on EOC and 111 wellbeing and are looking at a number of national initiatives to improve support. The Wellbeing team are trialling a selection of interventions in November and December in order to understand this on a local level, including additional training for managers, peer support, careers information, workstation health and safety advice and how to use breaks to better promote personal wellbeing. These interventions will be evaluated and then the most effective rolled out on a wider basis.

There is also enhanced support for colleagues that are experiencing financial difficulties. Financial and debt advice is available via the 24/7 Employee assistance programme and the Wellbeing Hub are able to signpost colleagues to a number of local and national resources, including our Benevolent Fund. The London Ambulance Charity continues to offer a hardship fund in partnership with Unison to assist colleagues with one off unexpected costs. The Trust will also provide one-off staff welfare food packs for those who are struggling to access food banks.

5. Organisational Development and Talent Management

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:

Apprenticeship success: The team been successful in winning various Apprenticeship Awards, namely: Outstanding Initiative in Education from East London Community Heroes Awards; Apprenticeship Employer of the Year from The Mayor of London Adult Learning

Awards; Recruitment Excellence and Highly Commended Macro Employer at the London region of the National Apprenticeship Awards. In addition, Non-Emergency Transport Service colleague, Jacqueline Hearn, has been named Healthcare Apprentice of the Year at the Lifetime Learner Achievement Awards.

Emergency Operations Centre (EOC) Waterloo Careers Day: The team collaborated with the Wellbeing Hub to host a careers hub for our B Watch Colleagues in EOC to showcase our Learning & Education Course Catalogue; spotlight our mentoring programme; and offer information about Apprenticeships by way of promoting careers opportunities within the Trust.

Enabling Talent Mentoring Programme: The next part of the Our LAS programme is to focus on developing and nurturing our talent, with the launch of our Enabling Talent Mentorship Programme – an evolution of our B-Mentored programme. The programme will support career progression and is open to everyone. We particularly encourage registrations for mentees from our Black, Asian & Minority Ethnic, female and disabled colleagues within LAS. We welcome mentors from all backgrounds and grades and the first training session for mentors will take place on 24 November 2022. We currently have 30 mentors signed up to the programme and continue to welcome more mentors and mentees.

Culture Champions Network: We are continuing to work with nearly 50 well-networked and trained colleagues to support embedding the Our LAS Culture Change Programme. We have established a regular programme of meetings to focus on how we can improve use of NHS Staff Survey data to inform effective local activity within teams to create a better place to work, whilst also working with them to develop behaviours that best support our culture change objectives.

Learning and Education Course Catalogue: We have launched the catalogue in partnership with the Clinical Education & Standards Department to make it easier to source information and book on to learning events as well as seek mentoring and other career opportunities. We are now focussed on a communications plan, which includes adding the Pulse (colleague intranet) link to the catalogue on the appraisal form to encourage course bookings during appraisals as part of colleague development plans.

6. Equality, Diversity & Inclusion

NHS Staff Survey 2022

The NHS Staff Survey 2022 launched on Tuesday 20 September and colleagues across People and Culture have been working with the Internal Communications team to promote the survey to all colleagues. This has included a “You Said, We Did” campaign which links the results to last year’s survey to improvements made this year, giving us an opportunity to highlight work done in the Our LAS Cultural Transformation Programme, as well as local initiatives taken to improve people’s working lives.

As of Tuesday 15 November, the end of Week 8, we have achieved a 53% response rate (3852 colleagues), giving us the highest response rate amongst the ambulance trusts who also use Picker, our survey contractor. So far, two Group Stations (St Helier and New Malden) have reached the 75% target.

The survey runs until Friday 25 November.

Black History Month 2022

The Service celebrated Black History Month in October by marking it in our Internal Communications channels. We also promoted Show Racism the Red Card's Wear Red Day on Friday 21 October which included that week's LAS TV Live panel wearing the charity's branded red T-shirts.

The highlight of the month was an event organised by our LAS B-Me Staff Network Group. Over 60 colleagues, including members of our Executive Leadership team were able to attend and enjoy the food and drink laid on, while learning about Black history. The event also saw the launch of the See ME First campaign and attendees were able to make pledges to show their support

See ME First

The See ME First campaign is an initiative created by Whittington Health NHS Trust in 2020 and has since been taken up by NHS trusts across the country. It shows our commitments to treat staff from Black, Asian and Minority Ethnic backgrounds with dignity and respect; to have zero tolerance for any form of discrimination; to ensure staff who are subjected to or witness this behaviour are supported to speak up and challenge this behaviour in a safe way.

Colleagues are invited to pledge their support for the campaign and wear the See ME First badge to publicise the campaign. With their permission, we will be sharing some of the pledges on the Pulse.

Damian McGuinness

Director People and Culture, London Ambulance Service NHS Trust.

London Ambulance Service
NHS Trust

Assurance report:	People and Culture Committee	Date:	10/11/2022

Summary report to:	**Trust Board**	**Date of meeting:**	**29/11/2022**
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:

Potential Industrial Action

The committee was briefed on the potential for industrial action. The ballot is taking place this month with potential industrial action taking place in December and January. Contingency plans are being developed with partners and the committee requested that these plans be presented to the November Board. At this time the planning assumption is CAT1 and some CAT2 will be protected but this is yet to be agreed. The committee also noted the considerable risk of handover delays to a depleted ambulance resource and requested assurance that plans will be in place to expedite handover during any action. The Board is asked to formally note this risk.

Vaccination

There was concern expressed at the low levels of both flu and COVID 19 vaccination which currently are 31.2% and 22.7% respectively. If not addressed this could have a considerable impact on operational performance. Discussion took place on possible strategies to improve this including developing a package of incentives and these will be presented to the board. The board is asked to note this risk.

Other matters considered:

Workforce planning and recruitment

The committee noted the excellent progress on the Apprenticeship Programme. The LAS has been recognised as one of the top 100 Apprenticeship Employers nationally and the highest-ranking NHS Employer. The service has also received awards and recognition for its recruitment strategy from the Mayor and the London Region. The committee commended the tremendous work of the team

The committee received a presentation on recruitment. The current projection is that of the 1,412 wte required there will be a gap of 123 wte against plan. The expectation is that the full plan will be delivered in Q2 of 23/24. The shortfall is almost exclusively in paramedic and AAP

recruitment and is as a result of lower fill rates in Q1 and Q2 of this year. Fill rates at the current time are much improved and are now at 100% for paramedics and 96% for AAPs

Recruitment continues to be impacted the C1 DVLA driving qualification with existing qualifications changes. This has required additional training and has added 5-6 weeks delay. The DVLA has recently consulted on changes to the regulations which would, if agreed, allow those with a B license to drive ambulances. The decision is due in January 2023. If agreed this will significantly improve the delays although the committee also discussed that the service will need to consider what additional training it may need to provide to ensure safety.

The committee also noted the improved position on the retention of frontline staff. Whilst overall turnover has remained constant at 13% there has been a significant drop in those leaving front line roles.

Wellbeing

The committee also received a presentation on the progress absence management plan which was focused on supporting staff who are unwell and when ready back to work. Goodshape is now in place and is beginning to have an impact on overall sickness absence level which are currently from 8.3% in August to 6.8% in October. At the time of writing, it has crept up to 7.3% against a plan of 6%.

The committee was also briefed on a wide range of well-being initiatives including the B watch pilot and focused well being support to staff with EOC

Employee Relations

The committee received an update on the resolution framework. Good progress is being made although the committee noted the majority of claims come from managers rather than staff. The committee asked that more was done to ensure staff members felt able to use the framework.
The committee also received a briefing on Employment Tribunals and noted this was being considered by the audit committee.

OUR LAS

The committee received an update on the Our LAS programme. Work has begun on talent management and working group established to deliver a new process. Key to this will be the redesign of the appraisal system and ensuring that the numbers of staff that receive one is significantly increased. The committee also received an update on the culture programme supporting the Make Ready team and noted a comprehensive training needs analysis was underway.

	Development of People Strategy This item was deferred to allow time to discuss industrial action
Key decisions made / actions identified:	See other commentary.
Risks:	**Board Assurance Framework** This was reviewed. The committee felt the assurance statements required redrafting and the Director of People and Culture agreed to undertake this and share with members for comment.
Assurance:	Assurance was received on identified risks to recruitment plans but concerns exist on whether these can be sufficiently mitigated. Assurance was received on sickness absence and well being of staff Assurance was requested on plans to manage any potential industrial action

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 29 November 2022

Report from the Chief Finance Officer

Financial Position at the end of October 2022

Income and Expenditure Plan

The Trust posted a year to date surplus of £5.3m as at the end of October against a plan of £3.3m, a favourable variance of £2.0m. There are risks to delivering a breakeven plan at year end of £0.5m to £4.5m. The primary reason being potential under-recovery of income associated with providing 111 services.

Capital Programme

The Trust is forecast to invest £26.7m on capital programmes for the year. By the end of October, the Trust had spent £8.9m. The underspend is concentrated in a few schemes and the year-end forecast remains to fully spend the capital allocation.

Cash Balance

The Trust had a closing cash balance of £54m at end of October.

Fleet

The Trust is now in the process of commissioning fully electric Fast Response Vehicles (FRVs) and NETs vehicles at a purpose built site in North London. The first FRV was delivered for operational use to Fulham Ambulance station two weeks ago with an aim of delivering 5 per week. This is addition to 60 new vehicles already brought into operational use early this year.

This roll-out of electric vehicles is supported by the EV infrastructure that is currently being installed and due to be completed by Christmas.

The Trust was successful in obtaining a derogation to purchase a further 44 DCAs – 20 Ford lightweight diesels, 20 MAN lightweight diesels and 4 fully electric DCAs. Orders for these vehicles have now been placed with a due date for delivery in the 4th quarter of this financial year.

Estates

The first draft of Estates Strategy has been completed. As part of engagement plan it has been shared with ICB Accountable Officers and London Finance and Estates leads. Meetings to brief the ICBs have taken place, with positive feedback on the ambition and timescales contained with the strategy. The Trust is currently preparing to present the strategy to the London Estates and Infrastructure Board.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

Assurance report:	Finance and Investment Committee	Date:	17/11/2022

Summary report to:	**Trust Board**	**Date of meeting:**	**29/11/2022**
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**

The Finance and Investment Committee has met twice since the last Board Assurance report was provided in September 2022.

Formal Finance and Investment Committees was held 17 November 2022 and, an interim meeting was held 27 October 2022.

Matters for escalation:

Board Assurance Framework

A new risk is being developed relating to the reporting of performance data and members requested consideration of a further risk related to the 2023/24 financial position in the light of specific national economic and NHS financial framework issues that were emerging.

111 Pathways light and national resilience.

The Committee received a paper which sought approval to bid for National Pathways Light model and 111 Resilience Capacity tender' comprising two lots:

- Lot A: Pathways Light Service - a nationally commissioned service accessed via a "press 1" style menu option on 111 to manage lower complexity conditions.
- Lot B: National Resilience Capacity - national service commissioned to provide additional national call handling and clinical capacity.

The Committee reviewed the proposal considering the reasons for the submission and associated risks and mitigations. Members recognised that the submission data was aligned to and consistent with other similar bids and supported the submission of the bid. It requested an update paper on the actual implementation/delivery impacts for approval once the bid had been considered by Commissioners and awarding decisions made.

Other matters considered:

Finance Report

The Committee has received a briefing each month on the financial position of the Trust and considered the Month 7 (October) position at the November meeting and was assured on the actual financial performance to October.

The Committee received at the November meeting a report on the emerging recurring financial position of the Trust going into 2023/24. The resultant discussion identified further actions to clarify 23/24 planning and suggested a new BAF risk be developed regarding the financial position challenge for next year.

Capital Programme

The Committee has received an update at each meeting on the capital programme position for the Trust and the steps in train to fully utilise Trust capital resources this year.

Cost Improvement Programme

The Committee has received an update at each meeting on the cost improvement programme of the Trust. This provided an analysis on the recurrent and non-recurrent savings achieved against the target for 2022/23. It provided an update on individual project theme status including activities completed to date and risk profile.

Procurement Update

The Committee received an update relating to the Trusts Procurement activity recognising 2022/23 savings, the procurement transformation programme and procurement performance and risks. It recognised the good work undertaken by the Procurement Team.

Key decisions made / actions identified:

DCA Replacement proposal

The Committee received a paper which recommended the Ford/Venari credit was utilised to purchase 52 ambulance base vehicles in 2022/23, a further 17 ambulance base vehicles and 10 cars are purchased with and additional £1m funding in 2022/23 and recommending the approval of 86 ambulance conversions in 2023/24 for £12.3m by placing orders with converters in the 2022/23 financial year.

Members considered the proposals and supported them, recognising the impact on 2023/24 capital plan and the pre-allocation of funds against a plan that has not been formalised.

A proposed 2023/24 Capital plan would be presented to the Committee at the January meeting that recognised the implication of this approval. The Committee also requested clarity of the complete revenue impact of

	this approval covering both additional expenditure in capital charge terms but also expected associated revenue savings in associated areas.
Risks:	**Board Assurance Framework** The Director of Corporate Affairs provided the Committee with an update on the current position relating to the Board Assurance Framework (BAF) for finance and investment associated risks, against Trust objectives 7, 8 and 10. Following discussion at ExCo on 2 November 2022, BAF risk 7C was proposed for closure. This proposal was considered and members considered the risk should remain open until the post implementation lessons learnt had been completed and assurance was available that the risk had been fully mitigated. A new risk is being developed relating to the reporting of performance data and members requested consideration of a further risk related to the emerging 2023/24 financial position.
Assurance:	The Finance reports, Cost Improvement Plan reports and Capital reports provided assurance that systems and processes to provide robust reporting and oversight are in place.

London Ambulance Service
NHS Trust

Assurance report:	Charitable Funds Committee	Date:	03/11/2022

Summary report to:	Trust Board	Date of meeting:	29/11/2022
Presented by:	Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee	Prepared by:	Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee

Matters for escalation:

Charity Annual Report and Accounts

The Committee considered the Annual Report and Accounts for 2021/22 as presented and supported onward transmission to the Board for approval. It also recommended that the Audit Committee receive them and External Audit comments for completeness.

Terms of Reference

The Charitable Funds Committee Terms of Reference were approved by the Committee at its September 2022 meeting. Since their approval there have been some changes within the Trust Executive structure and a proposed updated membership to reflect the new roles and member portfolios was proposed and approved.

Other matters considered:

Charitable Activities Update

The Committee received overview of charitable activities, noting that work had been undertaken to ensure smooth leadership transition, with meetings focussed on updating the Charity Development plan.

The Charity microsite was reviewed by the enterprise architecture council at its October meeting and is being progressed. The microsite will allow for greater functionality to engage supporters in various ways including newsletter sign ups, direct donations and events.

Members noted that the Head of Charity Development and Director of Communications (Interim) had met with the Director of Fundraising and Marketing of London Air Ambulance. Quarterly meetings have been scheduled for the organisations to strengthen their relationship as well as for charities to share diaries and campaign plans.

Progress against Charity Strategy

A progress update was provided noting that this was in the early stages if implementation (four months into year 1 of the 5 year strategy).

Members recognised the income challenges and risks. It was also recognised that the first year of the strategy had planned to set and establish the foundations on which to build with the intent of launching a significant campaign in years 2 and 3.

Charity Annual Report and Accounts

As the corporate trustees of the London Ambulance Charity, there is a statutory requirement to publish an annual report and financial statements.

The report and accounts have been produced having reviewed best practice examples supplied by HFMA on writing annual reports for charities. The minimum content for the annual report is set out in the Charities SORP (FRS 102) and the financial statements are in accordance with the Charities Act 2011.

The Trust is required to submit the Charities annual report and financial statements to the Charity Commission on or before 31st January 2023.

The draft Annual Report and Accounts 2021/22 were shared with the committee on 1 September 2022 and feedback from members of the committee was incorporated in the updated version considered by the Committee at the November meeting.

Members were asked to recognise that at the time of submitting the Report and Accounts there were no outstanding audit queries, KPMGs report was at draft rather than final stage. No further issues were expected to emerge (this was subsequently confirmed at Audit Committee).

Finance Report

The Committee received the Charities Finance report noting the current funds balance and expenditure to date.

Key decisions made / actions identified:

See other commentary

Risks:

Risks and mitigations against the Charity strategy were presented and considered.

Assurance:	The Committee received assurance on the Charities activities, financial position and progress against the strategy.

London Ambulance Service
NHS Trust

Report Title	London Ambulance Charity Annual Report and Accounts 2021-22			
Meeting:	The Trust Board			
Agenda item:	5.4.4	**Meeting Date:**	29 November 2022	
Lead Executive:	Rakesh Patel, Chief Finance Officer			
Report Author:	Elvira Patrasco, Chief Financial Accountant			
Purpose:		Assurance	x	Approval
		Discussion		Information

Report Summary

The charity is required to prepare Annual Report and Accounts and submit to the Charity Commission by 31 of January. The Annual Report and Accounts attached were submitted to Charitable Fund Committee and approved on 3 November 2022, and to Audit Committee for noting on 15 November 2022.

During the audit, the charity agreed the following changes to the draft Annual report and financial statements.

Financial Statements changes:

1. Statement of Financial Activities, page 25 – recognition of additional income of £12,926 within Volunteer Responders Group fund, received in April 2022. The net movement in funds increased to £531k.

2. Notes to the accounts, page 28 – removed reference to investments held, the charity has no investments.

3. Notes to the accounts, page 28 – rewording the paragraph about Going Concern note, to clarify there are sufficient reserves in place for the charity to continue its activities. The reference to material uncertainties was removed, as the accounts have no significant estimated values. The sentence about risks was removed, as sufficient information on the risks provided in the Annual report.

4. Notes to the accounts, page 29 – reference to COVID-19 impact was removed, as no longer applicable in the 2021/22 financial year. The sentence to note that there are no post balance sheet events was added.

5. Note 3 Income from donations and legacies, page 33 - reclassification of £2,344 income from donations from the public to corporate donations.

6. Notes to the accounts, page 34 – stock disclosure note was removed, as the charity don't hold any stock.

7. Notes to the accounts, page 37 – additional sentence was added to reference transfer between funds to top up reserves.

Annual Report changes:

1. Annual report, page 2 – reference to the five sustainability and transformation partnerships (STPs) was removed, as no longer exists as an entity.

2. Annual report, page 2 – the wording 'and fully deploying' was removed, as the funds received from NHS Charities Together are not fully deployed in the year.

3. Annual report, page 4 – the wording 'to benefit from throughout 2022' removed to provide clarity over period.

4. Annual report, page 4 – additional sentence was added to explain that we don't have sufficient information to estimate legacy income.

5. Annual report, page 6 – sentence with reference to approved accounts on 31 March 2022 was removed.

6. Annual report, page 7 – income figures for donations from the public and corporate donations amended, as referenced above.

7. Annual report, page 8 – change of heading to reference grants for staff for education and welfare.

8. Annual report, page 16 – removed reference to a risk register, the charity didn't have a risk register during the year 2021/22.

9. Annual report, page 17 – rewording the first paragraph in Wider networks section, to clarify NHS Charities Together membership of all NHS Charities.

10. Annual report, page 20 – Auditor's report and opinion was added.

The Audit Report is included with the Annual Report and Accounts.

Recommendation/Request to the Board/Committee:

The Board is asked to approve the Annual Report and accounts for the financial year 2021/22.

Routing of Paper i.e. previously considered by:

Charitable Fund Committee approved the accounts on 3 November 2022.
Audit Committee noted the accounts and recommended to the Board on 15 November 2022.

Annual Report & Accounts

2021/22

London Ambulance Charity - Annual Report 2021/22

1. Background to the London Ambulance Charity

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

• Provide an emergency response (999)

• Respond to less serious calls (111)

• Find hospital beds

• Deal with major incidents

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

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

The charity is an active fundraiser and produces its annual report as a dual-purpose document to meet the requirements of the SORP FRS 102 but also to be used as part of the fundraising document. This means that the trustee's annual report can be distributed with the accounts or as a free-standing document. Therefore, the charity includes summary financial statements in its annual report.

2. Foreword by the Chairman of charitable funds committee

Welcome to our Annual Report for 2021/22. We are the Charity that works for the specific benefit of the London Ambulance Service, its staff and its patients. We do that of course with our colleagues and partners in the wider NHS family. Our corporate trustee, London Ambulance Services NHS Trust (LAS), works closely with all NHS bodies and emergency services across London to provide an integrated response to emergency care and major incidents.

In the second year of the Covid-19 pandemic, the Service remained at its highest level of operational pressures. The Charity has worked to grow its support for the wellbeing of Service staff and volunteers through targeting the spend of grants from NHS Charities Together received in 2020/21 on the Wellbeing Tea Trucks, and the distribution of further funds to improve rest break amenities. This was possible as a result of the Charity's own fundraising activities.

Key highlights of our year include:

- Success in receiving over £895,500 funding from NHS Charities Together
- Recruiting a Head of Charity Development
- Developing a comprehensive strategy for the London Ambulance Charity
- Attracting over £100,000 in Legacy income.

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

The operational pressures on the ambulance service continue with little respite even as we recover from the intensity of the pandemic at its height. We hope to make real progress in recruiting our 100,000 London Lifesaver volunteers, aiming to save 100 lives a year for 10 years, and increasing our fundraising operations to raise more to support our people and patients.

We are the Charity of the world's busiest ambulance service and are committed to ensuring the health and wellbeing of our staff and volunteers, supporting the LAS in its objective to ensure patients across London receive the right response, in the right place, at the right time. Your donations made this work possible, and your future donations are the key to our future success.

Robert Alexander
Chair of the Charitable Funds Committee

3. Who we are: our objectives and activities

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

By securing donations, legacies, and sponsorship, LAC can support projects beyond the scope of NHS statutory funding to improve the wellbeing of the 8000 people who work or volunteer for LAS, and improve access to life-saving care to the nine million people who live in, work in or visit London.

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

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

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

Voluntary Responders Group (Registered Number 1061191-1)

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

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

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

The London Ambulance Service Charitable Fund is defined as a Public Benefit Entity. The Trustees confirm that they have given due consideration to the Charity Commission's published guidance on the Public Benefit requirements under the Charities Act 2011.

4. Our Mission

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

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

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

Grants are made in accordance with charity law, our constitution and the wishes and directions of donors. In making grants, we endeavour to reflect the wishes of patients, staff and volunteers by directing funds towards areas they tell us are most in need. During the year 2021/22, grants totalling £225,301 were made. When considering where to focus our attention our corporate trustee's board and, particularly, the members of the charitable funds committee have regard to the Charity Commission for England and Wales's guidance on public benefit and what this means for LAC.

As we support the busiest NHS ambulance Trust in the UK it is our ambition to be the leading NHS ambulance charity in size, income and impact to support our partner Trust. Now we have a Charity Team in place, we plan to increase our proactive fundraising to achieve our target of £427k by the end of 2022/23, following our 5 Year Charity Strategy trajectory to grow to £1 million unrestricted income by 2026/27 to help save more lives in London.

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

- In line with the public benefit of the charity, we were successful in receiving a £895,551 Ambulance Grant from NHS Charities Together to increase life-saving skills in communities across London; a strand of LAS's ambitious 2019 Volunteering Strategy. Our London Lifesavers project, which is being delivered over two years, aims to recruit 100,000 volunteers with lifesaving skills and increase public access defibrillators to 10,000 across London, with the aim of saving at least 100 more lives a year through quick interaction following a cardiac arrest, for the next ten years.
- A Head of Charity Development was recruited and started in post in September 2021 to be the strategic and operational lead for the Charity.
- We secured a Charity of the Year partnership with London Market Forums, our first corporate partnership of this nature. This included being beneficiary of their flagship Market People Awards held on 30th March 2022 which raised nearly £9,000, with further events planned throughout 2022.
- Working collaboratively with five other NHS ambulance charities we launched our first fundraising campaign, 'Outrun an Ambulance' in January 2022. There was a great amount of engagement from staff and volunteers and the campaign is on track to hit its £10,000 target in 2022.
- The Charity's first 5 Year Strategy, focusing on increasing unrestricted income, building a support base and improved charity governance was agreed at the Charitable Funds

Committee in February 2022. This includes a detailed financial forecast to reach £1 million unrestricted income within the life of the Strategy.

- Initiating a grant round to support our staff networks; LGBT+, B-Me, Women's, En-Abled and Multi-faith to ensure the rights are championed and voices are heard amongst staff, volunteers and patients.
- We received two legacies in 2021/22, £10,000 from the Will of the Late Diana Cawson and £93,436.34 from the sale of investments of the Late John Higgins. We are anticipating further update on the sale of the Estate of the Late John Higgins, however there is no sufficient information to estimate any further income at this stage. These generous gifts-in-wills have supported our grant making potential.

6. NHS Charities Together grants

We continued to spend Stage 1: Covid Emergency Response grant funding on stocking the Wellbeing Tea Trucks during 2021/22. Within year we also launched the new Intranet and continue to host LAS TV Live once a week which was established with support from this grant.

Ambulance Grant

In 2021/22 we received an Ambulance Grant of £895,551 for our London Lifesaver project to train 100,000 volunteers with life-saving skills and increase public access defibrillators to 6,000 across London. The project, to be delivered over two years, includes:

- Recruiting 5 Training Officers, a Training Manager, and an Administrator (£793,308 total salary costs)
- Campaign and promotional costs (£93,243)
- Evaluation and learning (£9,000)

Due to the continued high demand for its services, the Trust has remained at its highest level of operational pressures, meaning those who are clinical are required to do operational shifts. The training staff recruited for the London Lifesavers project are therefore having to take time away from this project which has delayed it. NHS Charities Together have been kept informed of the challenges and anticipated timescales.

Future Grants

The Charity will continue to monitor grant opportunities from NHS Charites Together, including working up applications for the coming financial year.

Case Study: London Lifesavers

Across the capital last year, London Ambulance Service responded to almost 14,000 cardiac arrests, and in the few minutes it takes for an ambulance crew to arrive at the scene, the actions of passers-by can make the difference between life and death. Without intervention like CPR and defibrillators the chances of survival decrease by about 10% with every passing minute.

The London Lifesaver campaign was launched in October 2021 thanks to funding from *NHS Charities Together: Ambulance Grant*, and aims to train 100,000 people with life-saving skills, and increase the number of public access defibrillators to 6,000 in order to save more than 100 lives a year.

Ashley Bickers, general manager for Greenwich Leisure Limited helped to save two lives thanks to his quick-thinking and speedy interventions – the first, a 29-year-old footballer who collapsed during a football match at Hackney Marshes Leisure Centre.

Again just a few weeks later, Ashley pulled over his car to help a runner who had collapsed at the side of the road and again administered CPR (cardio pulmonary resuscitation) until our paramedics arrived.

There are lots of ways to get involved and become a London Lifesaver, including opportunities for organisations, local communities and workplaces.

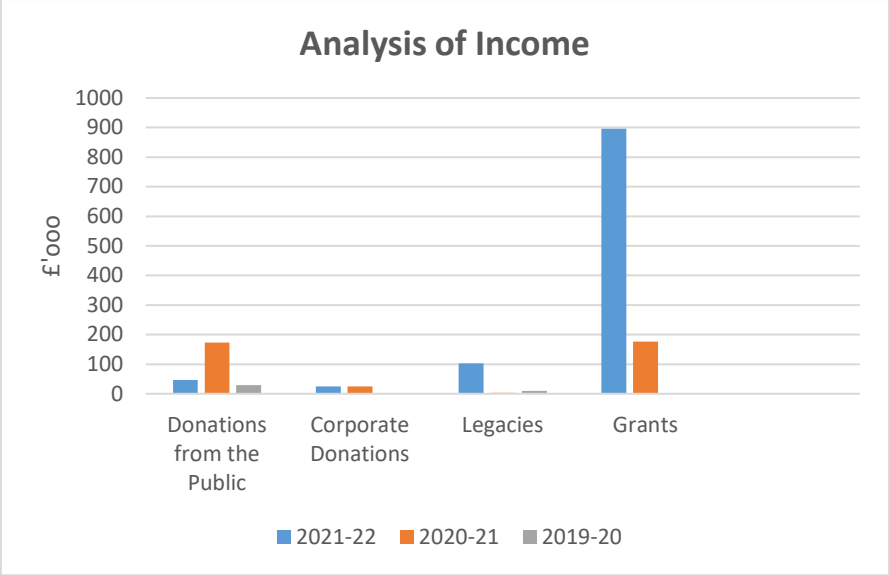
The London Ambulance Service also offers support and advice on how to buy and use defibrillators for communities and organisations in London.

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

This part of the trustee's annual report comments on key features of those accounts. In this section we firstly explain how we raised the money and then how we spent it. If more details are required please refer to the full accounts.

Money received £1.1 million – **Money spent** - £558k
2021/22 represents the highest annual income received by the London Ambulance Charity. This was thanks to the large restricted grant from NHS Charities Together (NHSCT). Outside of grants, all other income comes voluntarily from corporate giving or the general public as donations or legacies. This year we spent £518k less than we received in income. This is due to receiving the full two year grant funding for a restricted two year project in the first year.

Money received: sources of funds
The chart below shows our main sources of income over the past three years. Our largest source of income over the last two years is from grants (NHSCT). Next it is gifts-in-wills and donations from the public, mainly through platforms such as Justgiving.



Grants from external organisations (£895,551) – our largest source of income. We are grateful to the NHS Charities Together that have given us grants to fund particular projects.

Legacies and gifts-in-wills(£103,436) – made up of two Legacies, £93,436 and £10,000; we are fortunate to be remembered by people each year.

Donations from the public (£46,376) – the public continue to support us, some engaging with our *Outrun an Ambulance* virtual fundraising campaign in 2022. Donations mainly come through Justgiving.

Corporate donations (£24,092) – we are extremely grateful for a large donation we received from PWC Foundation in memory of a colleague through their #MoveforJack campaign. We registered with AmazonSmile in year and received our first quarterly payout.

Corporate Case Study: PwC - #MoveForJack

Jack Ryan, a senior manager in the Digital Marketing team at PwC, sadly lost his life in a traffic accident. On what would have been Jack's 30th birthday his friends and colleagues planned a fundraising activity that would aim to raise £50k in his memory. London Ambulance Service Charitable Fund was one of the two chosen charities to benefit from the funds raised. Both Jack and his partner had previously volunteered at LAS.

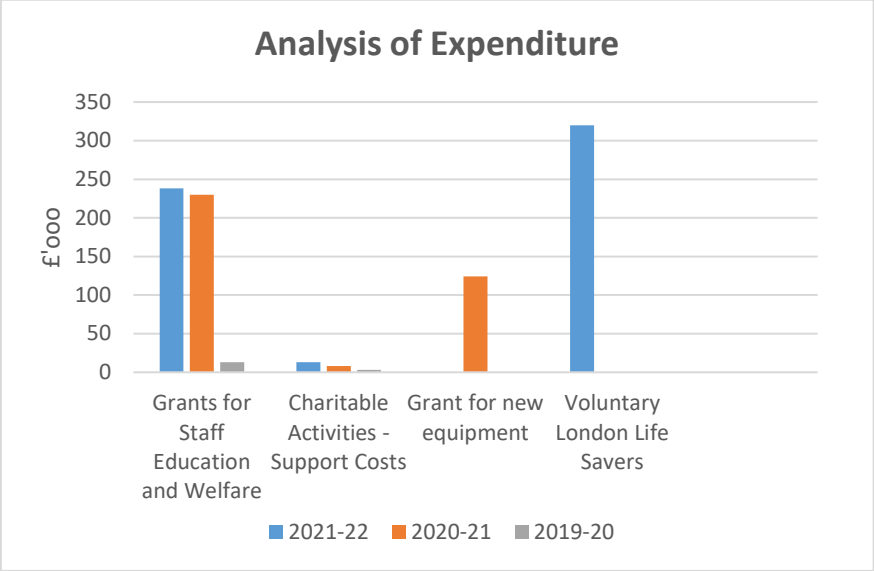
PwC Annual Report 2021:

"After we unexpectedly lost our colleague Jack Ryan in January in a traffic incident, his colleagues and friends in the firm came together to celebrate and honour his memory. The resulting #MoveForJack campaign raised £50,000 in funds for two charities that Jack cherished."

We anticipate grant income to remain our highest source of income until 2023/24 due to known grants available to the charity from NHS Charities Together. The new Head of Charity Development is establishing a diverse portfolio of fundraising income streams to maintain income above pre-pandemic levels and to ensure sustainable growth. We expect income from all other income streams to increase as the charity raises its profile and demonstrates its public benefit.

8. Money spent: what we spent our money on

As the chart below shows, our largest area of spend was on charitable activities in the form of grants.



Grants for Staff Education and Welfare (£225,301)

During the year the Charity supported over 46 projects through charity grants including:

- Wellbeing Tea Trucks (£102,757) to provide our staff and volunteers with a snack and a wellbeing conversation whilst on shift when breaks are difficult to take..
- Staff/volunteer support networks (£20,000) to celebrate and recognise our diversity.
- Recognition of the Queen's Platinum Jubilee (£22,248), a commemorative coin commissioned by the Association of Ambulance Chief Executives (AACE) was produced to ensure all serving staff and volunteers received recognition through the Queen's Platinum Jubilee Medal or Coin.
- Support of the LAS Retirement Association (£2,500), for the calendar of social events and newsletter for LAS retirees.
- Christmas Amenities (£49,838) to recognise and thank our staff and volunteers for what they do during winter pressures.
- Christmas Hampers (£10,500) to provide refreshments and snacks for those working on ambulance stations and in the emergency operation centres over the bank holidays period.
- Equipment for staff (£9,262) - TVs, Radios and kitchen appliances to improve mess room facilities at ambulance stations.

- Furniture and Gardens (7,396) – to create relaxing spaces for our staff and volunteers to take their breaks.

Case Study: Wellbeing Spaces

Caption: Mural painted on garden wall at Walthamstow Station to brighten it up.

The charity supported a number of grants to improve the wellbeing of our staff and volunteers through improved rest facilities and wellbeing spaces. This included improving outside spaces at ambulance stations for staff and volunteers to relax and recharge in during their rest breaks. Outside furniture and memorial benches were requested to remember staff and volunteers who lost their lives during the Covid-19 pandemic and in service at LAS.

Volunteers London Life Savers (£320,039) – a proportion of the London Lifesavers grant was spent in accordance with the grant spending plan; to recruit into a number of training roles to support the project**.**

External Audit Fee (£12,000) – this was estimated as part of year end accounts. The fee has increased, as the LAS Charity is fully audited this year.

Other Expenditure (£1,493) – this Justgiving subscription and fees on donations for both general and Volunteer Responder Group funds.

Case Study: Wellbeing Tea Trucks

Caption: Tea Truck driver Alison, set up to provide snacks and a friendly ear to our crews.

"The Wellbeing Team has been a massive support for me. The ability to man the tea trucks Beryl and Gregory has been such a privilege. It has enabled me to keep in touch with my colleagues in green and has reduced my feelings of isolation and has helped massively with the feelings of imposter syndrome that I have experienced since my diagnosis.

Being able to work on the tea trucks has enabled me to feel like I can give something back. Although I cannot carry out my substantive role, I can do my bit by looking after my colleagues on the front line. By giving out drinks and little treats and having conversations that perhaps help my crewmates to carry on in these times of unprecedented pressure. It is both a joy and a privilege to be able to empower my colleagues to keep on keeping on to help those who need us most."

9. Performance against objectives

We spent £545,340 on our charitable objectives in 2021/22.

We secured a grant to establish the framework for recruiting 100,000 London Lifesavers, and the training programme for those that will require training. The roll out of the LAS Community Defibrillator scheme and the target to increase the number of public access defibrillators to 10,000 was incorporated as a key outcome of the grant.

We are ready to apply for the NHS Charities Together Stage 3 Recovery Grant in early 2022/23 that will support and consolidate the arrangements for our Emergency Responder volunteers to work on double-crewed ambulances.

A Head of Charity Development, funded by the London Ambulance Service NHS Trust, to drive the direction, strategy and forward planning for the charity started in September 2021.

Due to limited proactive fundraising taking place prior to Covid-19, the continued impact of the pandemic on fundraising has been limited. Any promoted fundraising activities were virtual or Covid-19 secure events, which were hosted by third parties, reducing the liability and risk to the charity should such events be cancelled.

10. Our fundraising practices

The Head of Charity Development recruited in September 2021 is a Certified Full Member of the Chartered Institute of Fundraising (MCIOF(Cert)). Membership confirms abidance to the Chartered Institute of Fundraising Code of Conduct, certification confirms completion of the CIOF accredited Certificate in Fundraising Management qualification, and full membership confirms over 5 years of experience in fundraising.

Charity staff organise fundraising events and co-ordinate, recognise and celebrate the activities of our supporters both internally and externally. The Charity does not use professional fundraisers or involve commercial participators.

There have been no complaints about fundraising this year.

The Charity is expecting to register with the independent Fundraising Regulator in the coming financial year to ensure donor confidence and fundraising best practice.

.

Supporter Case Study: Virgin London Marathon

"My name is Navaid Sherwani and I have the honour of running for my second London Marathon in which I would like to support the London Ambulance.

This charity is incredibly valuable to London and especially to me as they previously helped me when I had a life threating accident in 2017. Being a passionate cyclist, I was cycling home from work where I was hit by a car causing a broken pelvis and several other injuries (causing me to be unable to walk for six months).

Fortunately, London Ambulance were quick to get to the scene and I was taken to hospital.

I am now blessed with the opportunity to show my gratitude by making a contribution to this amazing workforce."

Caption: Navaid presenting cheque to LAS Chief Executive Daniel Elkeles, and post-race.

11. Our fundraising performance

During the year the total donations, grants, legacies and income from fundraising came to £1.1 million. With the recruitment of the Head of Charity Development we started proactively fundraising in September 2021/22 and have agreed a 5 Year Charity Strategy to drive the Charity's development, enhance governance and grow the Charity's operations.

In 2022/23, we will review our plans especially in the light of the increasing cost of living at the end of the current financial year. The pandemic is expected to continue to affect charitable giving.

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

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

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

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

*The Corporate Trustee recognises the impact unexpected financial hardship can have on physical and mental wellbeing. Many of our colleagues are experiencing financial difficulties, not only caused by the Covid-19 pandemic, but also the rising cost of living. The Charity is looking to launch a scheme in 2022/23 to make grants available to staff or volunteers who are experiencing unexpected financial hardship. A transfer of £15k was moved from the General Fund in year to increase the restricted Hardship Fund to £25k.

Our 5 Year Charity Strategy focuses on *Scope and Build* operational priorities in Year 1 2022/23 to ensure a strong foundation for growth and sustainability into the future:

- Approve Charity Strategic Direction
- Scope out employee fundraising options
- Establish low-risk low-resource fundraising streams that generate unrestricted income
- Identify existing internal/external relationships
- Attract support through established low risk campaigns
- Secure CRM system for donor management
- Review governance documents and create policies and procedures to ensure the Charity meets it legal obligations and best practice
- Support NHS Charities Together grant applications and reporting on previous received grants
- Develop supporter journey/stewardship
- Recruit Fundraising Assistant

13. How we manage the money

Our grant making policy – Grant requests are submitted to the Charity each month for discussion and approval. They are invited from any member of the London Ambulance Service. Based on their knowledge of the Service, the Charitable Funds Committee, agrees funding priorities and the CFC or their delegated representative reviews the

applications for quality, public benefit and value for money. A Grants Guidance document is currently being developed.

14. Our reserves policy

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

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

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

15. Trustee arrangements

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

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

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

• review and approve the charity's strategic plan

• re-appoint or appoint members of the charitable funds committee and

• approve the trustee's annual report and accounts for the year.

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

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

Robert Alexander	Non-Executive Director (in the Chair)
Rommel Pereira	Non-Executive Director

Daniel Elkeles	Chief Executive (from 1 September 2021)
Lorraine Bewes	Chief Finance Officer (to 5 December 2021)
Rakesh Patel	Chief Finance Officer (from 6 December 2021)
Antony Tiernan	Director of Communications and Engagement
Sally George	Head of Charity
Mark Easton	Interim Director Corporate Affairs
Elvira Patrasco	Chief Financial Accountant (from 1 November 2021)
James Corrigan	Financial Controller
Michael John	Head of Financial Services (to 31 October 2021)
Chris Hartley-Sharpe	Head of First Responders (to 31 March 2022)
Sam Palfreyman-Jones	Head of First Responders (from 1 April 2022)
Eddie Brand	UNISON representative

16. Our staff and advisors

Director of Communications and Engagement, Antony Tiernan, from London Ambulance Service NHS Trust also has a role of trust fund director of the charity. LAS Charity is not charged for the employment costs relating to the trust fund director and his personal assistant.

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

External auditors:

KPMG LLP
15 Canada Square
Canary Wharf
London
E14 5GL

Internal auditors:

BDO LLP
55 Baker Street
London
W1U 7EU

Fraud advisor:

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

How to contact us

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

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

For fundraising queries please contact:

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

17. Key management personnel remuneration

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

• directing and controlling the charity

• running and operating the charity on a day-to-day basis.

London Ambulance Service (LAS) NHS Trust's board members are either executive members who are employees of LAS NHST or non-executive members who are remunerated in accordance with the LAS NHST constitution. None of the board members are specifically paid in relation to LAS Charity, they give of their time freely. Since September 2021 the Trust has paid for a Head of Charity Development post to oversee the development, management, governance and coordination of charitable activities.

The Charity has no other paid staff.

18. Risk analysis

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

Future levels of income

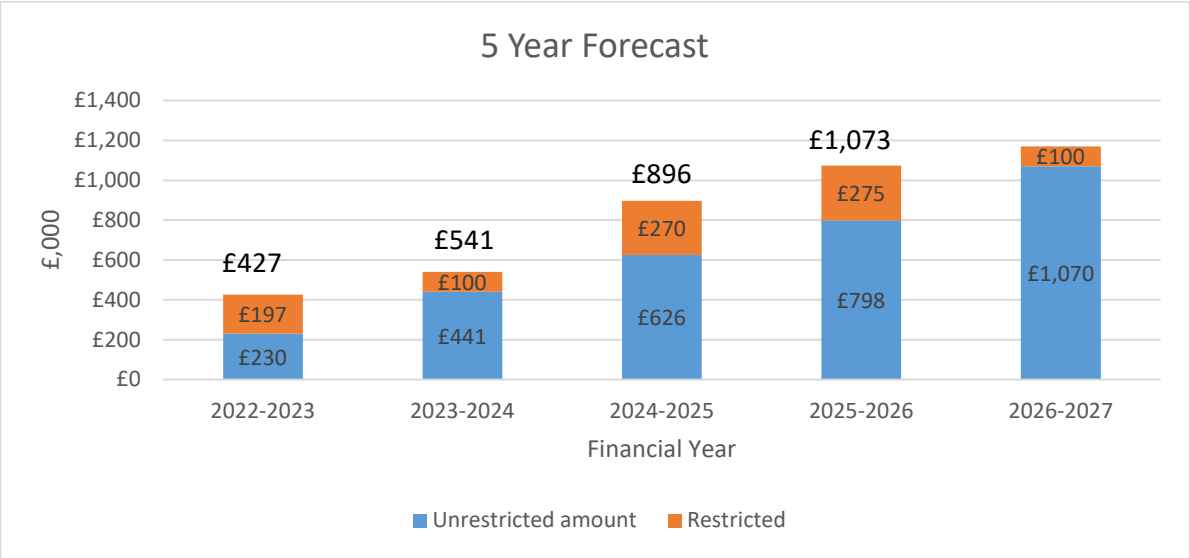
The charity is reliant on donations to allow it to make grants to the London Ambulance Service NHS Trust. If income falls, then the charity would not be able to make as many grants or enter into longer term commitments with the London Ambulance Service NHS Trust it supports.

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

We expect to receive income of £162,000 across two grant rounds in 2022/23 from NHS Charities Together, and no further grant funding within the next financial year. The Charity will work to deliver a range of fundraising 'products' with an initial focus on low-risk, low

resource income streams whilst the Charity is small e.g. established campaigns and events, staff fundraising and shared initiatives.

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



19. Wider networks

The Charity is an active and paid up member of NHS Charities Together, which has membership of 100% of NHS charities across Great Britain and Northern Ireland. NHSCT is a membership organisation providing peer support, as well as an independent registered charity, and grant funder. We currently attend three NHSCT special interest groups; London, Ambulance and Sole-Fundraiser.

We are also part of the Ambulance Working Together group, chaired by South West Ambulance Service charity, with members from across all the NHS ambulance Trust charities in the UK.

20. Related parties

London Ambulance Service NHS Trust is the corporate trustee of the charity as well as its main grant beneficiary – they are therefore related parties. Grants paid by the charity to London Ambulance Service NHS Trust are detailed in note 10.

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

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

21. Our relationship with the wider community

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

22. Volunteers

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

We've had 201 volunteers who have made 5,850 emergency responses, 2,278 community first responses and delivered 4,763 hours on double crewed ambulances. A total of 30,412 hours was given by volunteers during the year to 31 March 2022.

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

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

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

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

- selects suitable accounting policies and then apply them consistently
- makes judgments and estimates that are reasonable and prudent
- states whether the recommendations of the SORP FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements
- states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the trustee to ensure that, where any statements of accounts are prepared by the trustee under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of

regulations under that provision. The trustee has general responsibility for taking such steps as are reasonably open to the trustee to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

Signed on behalf of the trustee:

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

Date:

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

Opinion

We have audited the financial statements of London Ambulance Service Charitable Fund ("the charity") for the year ended 31 March 2022 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows, and related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK accounting standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

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

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

Going concern

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

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

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

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

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

As required by auditing standards, we perform procedures to address the risk of management override of controls, in particular the risk that management may be in a position to make inappropriate accounting entries. On this audit we do not believe there is a fraud risk related to revenue recognition because there is minimal complexity in revenue recognition or incentives for management to seek to manipulate revenue as commitments are not made in advance of funding being available.

We did not identify any additional fraud risks.

We performed procedures including identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual accounts, unusual cash account combinations, journals posted with no description, and material post year end journals.

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

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

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

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

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

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

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

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

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

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

Other information

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

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

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

We have nothing to report in these respects.

Matters on which we are required to report by exception

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

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

We have nothing to report in these respects.

Other matter - prior period financial statements

We note that the prior period financial statements were not audited. Consequently ISAs (UK) require the auditor to state that the corresponding figures contained within these financial statements are unaudited. Our opinion is not modified in respect of this matter.

Trustee's responsibilities

As explained more fully in their statement set out on page 18, the trustee is responsible for: the preparation of financial statements which give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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

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

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

Dean Gibbs

for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants

KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

15 Canada Square, Canary Wharf, E14 5GL

LONDON AMBULANCE SERVICE CHARITABLE FUND

FINANCIAL STATEMENTS

FOR THE YEAR ENDING 31 MARCH 2022

London Ambulance Service Charitable Fund Statement of Financial Activities for the year ending 31 March 2022

		Unrestricted Fund		Restricted Funds							
		General Fund		*Voluntary Responders Group*		*Volunteers London Life Savers*		*Other (Hardship, Museum)*		Total Funds	
	Note	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000
Income from:											
Donations and Legacies	3	174	181	20	4	0	0		16	194	201
Charitable Activities	4					895			176	895	176
Total incoming resources		**174**	**181**	**20**	**4**	**895**	**0**	**0**	**192**	**1,089**	**377**
Expenditure on:	5										
Charitable Activities											
Staff Amenties/ Grant		(225)	(45)	0	(129)	(320)	0		(182)	(545)	(356)
External Audit Fee		(12)	(2)							(12)	(2)
Subscription Fee		(1)	(5)	0	0					(1)	(5)
Support Costs		0								0	0
Total expenditure		**(238)**	**(52)**	**0**	**(129)**	**(320)**	**0**	**0**	**(182)**	**(558)**	**(363)**
Net income/ (expenditure)		**(64)**	**129**	**20**	**(125)**	**575**	**0**	**0**	**10**	**531**	**14**
Transfer between funds		(15)						15		**0**	0
Net movement in funds		**(79)**	**129**	**20**	**(125)**	**575**	**0**	**15**	**10**	**531**	**14**
Reconciliation of Funds											
Total funds brought forward		235	106	12	137	0	0	10	0	**257**	243
Total funds carried forward		**156**	**235**	**32**	**12**	**575**	**0**	**25**	**10**	**788**	**257**

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

The notes at pages 28 to 37 form part of these accounts.

London Ambulance Service Charitable Fund Balance Sheet as at 31 March 2022

		Unrestricted Fund		Restricted Funds						Total Funds	
		General Fund		*Voluntary Responders Group*		*Volunteers London Life Savers*		*Other*			
	Note	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000
Current Assets											
Stock										0	0
Debtors	6	1	9	13						14	9
Cash at bank and in hand	7	167	266	19	12	575	0	25	10	786	288
Total current assets		**168**	**275**	**32**	**12**	**575**	**0**	**25**	**10**	**800**	**297**
Liabilities :											
Creditors falling due within one yea	8	(12)	(40)	0						(12)	(40)
Total current liabilities		**(12)**	**(40)**	**0**	**0**	**0**	**0**	**0**	**0**	**788**	**257**
Total net assets		**156**	**235**	**32**	**12**	**575**	**0**	**25**	**10**	**788**	**257**
The funds for the charity:											
Restricted income funds	11			32	12	575	0	25	10	632	22
Unrestricted income funds	11	156	235							156	235
Total charity funds		**156**	**235**	**32**	**12**	**575**	**0**	**25**	**10**	**788**	**257**

The accounts set out on pages 24 to 37 were approved by the Corporate Trustee on 29 November 2022, and signed on its behalf by

Signed: ……

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

Date: ……

London Ambulance Service Charitable Fund Statement of Cash Flows for the year ending 31 March 2022

	Note	**2021-22 Total Funds £000**	2021-20 Total Funds £000
Cash Flows from operating activities:			
Net Cash provided by (used in) operating activities	10	**498**	**38**
Change in cash and cash equivalents in the reporting period		**498**	**38**
Cash and cash equivalents at the beginning of the reporting period	8	288	250
Cash and cash equivalents at the end of the reporting period	8	**786**	**288**

London Ambulance Service Charitable Fund Notes to the Accounts for the year ending 31 March 2022

1. Accounting Policies

1.1 Basis of preparation

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

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

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The trustees reviewed forecast for the next 12 months, there are sufficient reserves in place for the charity to continue its activities. The trustees consider that there are no material uncertainties about the London Ambulance Charity's ability to continue as a going concern.

Donations and Legacies

Donations and Legacies have been grouped together on the Statement of financial activities.

1.2 Funds Structure

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

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

The major funds held under these categories are disclosed in note 11.

1.3 Incoming resources

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

- entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;

- probable – it is more likely than not that economic benefits associated with the transaction or gift will flow to the charity; and
- measurement – when the monetary value of the incoming resources can be measured with sufficient reliability.

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

1.4 Incoming resources from legacies

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

Receipt is probable when:

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

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

1.5 Resource expended and irrecoverable VAT

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

a. Fundraising costs

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

b. Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly incurred in the pursuit of the charitable objectives.

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

c. Allocation of support costs

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

d. Irrecoverable VAT

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

1.6 Stock

Stock is stated at the lower of cost and net realisable value.

1.7 Debtors

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

1.8 Cash at bank and in hand

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

1.9 Creditors

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

1.10 Post Balance Sheet Events

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

2. Prior Year Comparatives by type of fund

2a. Restricted funds – Statement of Financial Activity for the year ended 31 March 2022

	2021-22 Total Funds £000	2020-21 Total Funds £000
Income from:		
Donations and Legacies	**20**	20
Charitable activities	**895**	176
Total income	**915**	196
Expenditure on:		
Charitable activities	320	311
Total expenditure	**320**	311
Net income/ (expenditure)	**595**	(115)
Net movement in funds	**595**	(115)
Reconciliation of Funds		
Total fund brought forward	**22**	137
Transfer between funds	**15**	0
Total fund carried forward	**632**	22

Restricted funds – Balance sheet for the year ended 31 March 2022

	2021-22 Total Funds £000	2020-21 Total Funds £000
Current Assets		
Stock	**0**	0
Debtors	**13**	0
Cash at bank and in hand	**619**	25
Total current assets	**632**	25
Creditors: Amounts falling due within one year	**0**	0
Net current assets/(liabilities)	**632**	25
Total assets less current liabilities	**632**	25
Total net assets	**632**	25
Funds for the charity		
Restricted fund	**632**	22
Total charity funds	**632**	22

2b. Unrestricted funds – Statement of Financial Activity for the year ended 31 March 2022

	2021-22 Total Funds £000	2020-21 Total Funds £000
Income from:		
Donations and Legacies	**174**	181
Total income	**174**	181
Expenditure on:		
Charitable activities	**238**	52
Total expenditure	**238**	52
Net income/ (expenditure)	**(64)**	129
Net movement in funds	**(64)**	129
Reconciliation of Funds		
Total fund brought forward	**235**	106
Transfer between funds	**(15)**	0
Total fund carried forward	**156**	235

Unrestricted funds – Balance sheet for the year ended 31 March 2022

	2021-22 Total Funds £000	2020-21 Total Funds £000
Current Assets		
Stock	**-**	-
Debtors	1	9
Cash at bank and in hand	167	263
Total current assets	168	272
Creditors: Amounts falling due within one year	12	40
Net current assets/(liabilities)	**156**	232
Total assets less current liabilities	156	232
Total net assets	**156**	232
Funds for the charity		
Unrestricted fund	**156**	235
Total charity funds	**156**	235

3. Income from donations and legacies

	Unrestricted Funds		Restricted Funds							
	General Fund		*Voluntary Responders Group*		*Volunteers London Life Savers*		*Other*		Total Funds	
	2021-22 £000	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000
Donations from individuals	47	153	7	4				16	54	173
Corporate donations	25	25	13						38	25
Legacies	103	3							103	3
	174	**181**	**20**	**4**	**0**	**0**	**0**	**16**	**194**	**201**

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

There were two legacies totalling £103,436 received during the year (2020/2021: £2,600).

4. Analysis of income for charitable activities

	Unrestricted Funds		Restricted Funds							
	General Fund		*Voluntary Responders Group*		*Volunteers London Life Savers*		*Other*		Total Funds	
	2021-22 £000	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000
Stage 2 grant from NHS Charities Together								176	0	176
Stage 3 grant from NHS Charities Together					895				895	0
	0	**0**	**0**	**0**	**895**	**0**	**0**	**176**	**895**	**176**

In 2020/21, the charity received the first grants from the NHS Charities Together Covid-19 emergency appeal. In 2021/22, another grant was received from the same fund to fund the Voluntary London Life Savers programme.

5. Analysis of charitable expenditure

	Unrestricted Funds		Restricted Funds							
	General Fund		*Voluntary Responders Group*		*Volunteers London Life Savers*		*Other*		Total Funds	
	2021-22 £000	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000	**2021-22 £000**	2020-21 £000
Charitable Activities:										
Fundraising Events	(1)								(1)	0
Staff Amenities/ Grant:										
Improvements to working Environment	(34)	(6)							(34)	(6)
Equipment	(5)	(38)		(126)					(5)	(165)
Crockery	(103)							(2)	(103)	(2)
Christmas Amenities	(60)								(60)	0
Improve Staff Communications	0							(74)	0	(74)
Ceremonial Coins	(22)								(22)	0
Tea Truck Service	0							(100)	0	(100)
Driver Training	0	(1)		(8)					0	(8)
Voluntary London Life Savers					(320)				(320)	0
Fees:										
External Audit Fee	(12)								(12)	0
Independent Examination Fee		(2)								(2)
Subscription Fee (Just Giving)	(1)	(5)	(0)	(0)					(1)	(5)
	(239)	**(52)**	**(0)**	**(135)**	**(320)**	**0.00**	**0.00**	**(176)**	**(559)**	**(363)**

All grant applications are considered and approved by a sub group of the Charitable Funds Committee on behalf of the Corporate Trustee.

The audit fee was £12,000 for the year (2020/2021: nil) related solely to the audit with no other work undertaken (2020/2021: nil).

The independent examiners remuneration was nil (2020/2021: £2,244) related solely to the independent examination with no other work undertaken (2020/2021: nil).

The charity has no employees.

6. Debtors

	2021-22 Total Funds £000	2021-21 Total Funds £000
Amounts falling due within one year:		
Other debtors	**14**	9
	14	**9**

7. Analysis of cash and cash equivalents

	2021-22 Total Funds £000	2020-21 Total Funds £000
Cash in hand	**786**	288
	786	288

8. Analysis of Liabilities

	2021-22 Total Funds £000	2020-21 Total Funds £000
Amounts falling due within one year:		
Trade Creditors	-	-
Accruals	12	40
	12	40

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

	2021-22 Total Funds £000	2020-21 Total Funds £000
Net income/(expenditure) for the reporting period as per the statement of financial activities	**531**	14
	531	14
Adjustment for:		
(Increase)/decrease in stock	**-**	124
(Increase) decrease in debtors	(5)	(6)
Decrease in creditors	(28)	(94)
Net cash provided by (used in) operating activities	**498**	38

10. Allocation of Support Costs and Overhead

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

11. Analysis of Charitable income funds

a. Restricted funds

	Balance 1 April 2021 £000	Resources Expended £000	Incoming resources £000	Transfers	Balance 31 March 2022 £000
Voluntary Responders Fund	12	(0)	20	0	32
Hardship Fund	10	0	0	15	25
Voluntary London Life Savers Fund	0	(320)	895	0	575
	22	**(320)**	**915**	**15**	**632**

Name of Fund	Description, nature and purpose of the fund
Voluntary Responders Fund	The objectives of the restricted fund are to advance health, save lives and to promote the efficiency of ambulance services through volunteering.
Hardship Fund	The objectives of the restricted fund are to support staff and volunteers who are facing financial difficulties.
Voluntary London Life Savers Fund	The objectives of the restricted fund are to support driver training for the volunteers.

b. Unrestricted income funds

	Balance 1 April 2021 £000	Resources Expended £000	Incoming resources £000	Transfers	Balance 31 March 2022 £000
General Fund	232	(238)	174	(75)	93
Reserves	3	0	0	60	63
	235	**(238)**	**174**	**(15)**	**156**

During the year £15,000 was transferred from the General Fund to the Hardship Fund in preparation for a scheme launch in 2022/23. In addition, £60,000 was transferred into reserves in line with the revised Reserves Policy.

Name of Fund	Description, nature and purpose of the fund
London Ambulance Service General Fund	The objectives of the unrestricted fund are that it is available for any charitable purposes relating to the NHS at the

absolute discretion of the trustees. This fund also includes reserves amount of £63,000.

12. Related party transactions

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

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

The London Ambulance Service NHS Trust waived the annual administration fee of £2,500.

13. Trustees' remuneration, benefits and expenses

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

14. Role of Volunteers

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

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

KPMG

Year end report 2021/22

London Ambulance Service Charitable Fund
November 2022

Key contacts

Your key contacts in connection with this report are:

Dean Gibbs
Director
Tel: +44 7776 163710
Dean.Gibbs@kpmg.co.uk

Rachit Babbar
Senior Manager
Tel: +91 9773 736336
Rachit.babbar@kpmg.co.uk

Philip Kent
Manager
Tel: +44 7920 372476
Philip.Kent@kpmg.co.uk

Muskaan Thakral
In-charge
Tel: +91 8168 419798
Muskaan.Thakral@kpmg.co.uk

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Introduction

To the Charitable Fund Committee of London Ambulance Service Charitable Fund

We are pleased to have the opportunity to share the results of our audit of the financial statements of London Ambulance Service Charitable Fund, as at and for the year ended 31 March 2022.

We are providing this report in advance of our meeting to enable you to consider our findings and hence enhance the quality of our discussions. We will be pleased to elaborate on the matters covered in this report when we meet.

Our audit is substantially complete. There have been no significant changes to our audit plan and strategy.

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

We expect to issue an unmodified Auditor's Report. Due to this being the first period in which the charity has been subject to an audit, rather than an independent examination, we include an additional paragraph in our opinion to confirm that the comparative information for 2020-21 has not been subject to audit. This does not represent a modification to our opinion.

We draw your attention to the important notice on page 4 of this report, which explains:

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

Yours faithfully,

Dean Gibbs

24 November 2022

How we have delivered audit quality

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion. We consider risks to the quality of our audit in our engagement risk assessment and planning discussions.

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

– **Executed consistently**, in line with the requirements and intent of **applicable professional standards** within a strong **system of quality controls**; and

– All of our related activities are undertaken in an environment of the utmost level of **objectivity**, **independence**, **ethics** and **integrity**.

External auditors do not act as a substitute for the Charity's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

Important notice

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

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

This report has been prepared for the Charitable Fund Committee, in order to communicate matters of interest as required by ISAs (UK and Ireland), and other matters coming to our attention during our audit work that we consider might be of interest, and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone (beyond that which we may have as auditors) for this report, or for the opinions we have formed in respect of this report.

Purpose of this report

This report has been prepared in connection with our audit of the financial statements of London Ambulance Service Charitable Fund (the 'Charity'), prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019. This report summarises the key issues identified during our audit but does not repeat matters we have previously communicated to you.

Limitations on work performed

This report is separate from our audit report and does not provide an additional opinion on the Charity's financial statements, nor does it add to or extend or alter our duties and responsibilities as auditors. We have not designed or performed procedures outside those required of us as auditors for the purpose of identifying or communicating any of the matters covered by this report.

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

Status of our audit

Our audit is approaching completion but matters communicated in this Report may change pending signature of our audit report. We would like to highlight that at the time of drafting the following work is still outstanding:

- Final review of audit work and financial statements; and
- Receipt of signed management representation letter

Restrictions on distribution

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

Our audit findings

Significant audit risks Page 6 - 7

Significant audit risks	Our findings
Management override of control	Our testing of journals is complete. There is nothing we wish to bring to the Committee's attention.
Other areas of focus	
Opening balances	Our testing of the opening balances is complete. There is nothing we wish to bring to the Committee's attention.

Outstanding matters

- Final review of audit work and financial statements; and
- Receipt of signed management representation letter

Number of Control deficiencies Page 11

Significant control deficiencies	0
Other control deficiencies	1
Prior year control deficiencies remediated	N/A

Uncorrected audit misstatements Page 12

No uncorrected misstatements identified, please see Appendix 2 for further details.

Audit risks

1 **Management override of controls[(a)]**

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

Significant audit risk

The risk

Professional standards require us to communicate the fraud risk from management override of controls as significant.

Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

We have not identified any specific additional risks of management override relating to this audit.

Our response

Our audit methodology incorporates the risk of management override as a default significant risk. In line with our methodology, we have tested the design and implementation of controls over journal entries and post closing adjustments.

- We have assessed the design and implementation of the controls in place for the approval of manual journals posted to the general ledger to ensure that they are appropriate.
- We have analysed all journals through the year using data and analytics and focused our testing on those with a higher risk, such as journals impacting cash, expenditure or income recognition. Our testing of such journals is ongoing.
- We have assessed the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates.
- We have reviewed the appropriateness of the accounting for significant transactions that are outside the Charity's normal course of business, or are otherwise unusual.
- We have assessed the design and implementation of controls in place for the identification of related party relationships and test the completeness of the related parties identified. We will verify that these have been appropriately disclosed within the financial statements. Our testing of the related parties note is yet to be finished.

Our findings

- We did not identify any significant unusual transactions. We noted that the London Ambulance Service Charitable Fund has a linked charity, Voluntary Responders Group, also administered by the corporate trustee . This charity was also presented in the same financial statements which was confirmed to be appropriate and in line with the concerned guidance.
- The results of our other testing performed were also satisfactory.

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

Other Area of Focus

2 **Opening Balances**

Risk related to the audit work over opening balances

Other Area of Focus

This is the first year the Charity has been subject to an audit. Consequently the opening balances have not been subject to audits historically.

Auditing standards require we gain sufficient appropriate audit evidence over the reliability of opening balances.

Our response

- We were able to perform sufficient appropriate audit procedures over the opening balances, including reviewing the historic build-up of reserves and reviewing the bank confirmation for the prior year-end date. We have no exceptions to report from this work.

We note that the prior period financial statements were not audited. Consequently ISAs (UK) require the auditor to state in the audit opinion that the corresponding figures contained within these financial statements are unaudited. Our opinion has not been modified in respect of this matter.

Appendix

Contents

Appendix One

Required communications with the Charitable Fund Committee

Type		Response
Our draft management representation letter		We have not requested any specific representations in addition to those areas normally covered by our standard representation letter for the year ended 31 March 2022.
Adjusted audit differences		There are nil adjusted audit differences at thistime.
Unadjusted audit differences		The aggregated net income/expenditure impact of unadjusted audit differences is £nil.
Related parties		We have no adverse findings to report.
Other matters warranting attention by the Charitable Fund Committee		There were no matters to report arising from the audit that, in our professional judgment, are significant to the oversight of the financial reporting process.
Control deficiencies		Refer to page 11.
Actual or suspected fraud, noncompliance with laws or regulations or illegal acts		No actual or suspected fraud involving management, employees with significant roles in internal control, or where fraud results in a material misstatement in the financial statements was identified during the audit.
Make a referral to the regulator		If we identify that potential unlawful expenditure might be incurred then we are required to make a referral to your regulator. We have not identified any such matters.
Issue a report in the public interest		We are required to consider if we should issue a public interest report on any matters which come to our attention during the audit. We have not identified any such matters.

Appendix One

Required communications with the Charitable Fund Committee

Type		Response
Significant difficulties		No significant difficulties were encountered during the audit.
Modifications to auditor's report		We note that the prior period financial statements were not audited. Consequently ISAs (UK) require the auditor to state in the audit opinion that the corresponding figures contained within these financial statements are unaudited. Our opinion has not been modified in respect of this matter.
Disagreements with management or scope limitations		The engagement team had no disagreements with management and no scope limitations were imposed by management during the audit.
Other information		We are required to report if in our opinion the Annual report is not fair, balanced and comprehensive, and complies with the Statement of Recommended Practice: Accounting and Reporting by Charities and whether material inconsistencies exist relating to this. We have nothing to report in respect to this.
Breaches of independence		No matters to report. The engagement team have complied with relevant ethical requirements regarding independence.
Accounting practices		Over the course of our audit, we have evaluated the appropriateness of the Charity's accounting policies, accounting estimates and financial statement disclosures. In general, we believe these are appropriate.
Significant matters discussed or subject to correspondence with management		No significant matters have arisen from our audit work to date.
Certify the audit as complete		Our work is complete.

Appendix Two

Recommendations raised

The recommendations raised as a result of our work in the current year are as follows:

Priority rating for recommendations					
1	Priority one: issues that are fundamental and material to your system of internal control. We believe that these issues might mean that you do not meet a system objective or reduce (mitigate) a risk.	2	Priority two: issues that have an important effect on internal controls but do not need immediate action. You may still meet a system objective in full or in part or reduce (mitigate) a risk adequately but the weakness remains in the system.	3	Priority three: issues that would, if corrected, improve the internal control in general but are not vital to the overall system. These are generally issues of best practice that we feel would benefit you if you introduced them.

#	Risk	Issue, Impact and Recommendation	Management Response / Officer / Due Date
Financial Statements			
1	3	**Presentation of Financial Statements** To aid the readers of the financial statements and make the financial statements easier to follow through, we recommend that the charity alters the presentation to provide aggregated information in the primary financial statements only and utilise the notes to the financial statements to display the disaggregated balances by fund. We would recommend using the Statement of Financial Activities to analyse the income and expenditure for the year analysed between restricted and unrestricted funds in a columnar format as set out within the Charities SORP and to prepare a note to the financial statements that reconciles the opening and closing balances of the different funds maintained by the Charity. This will enable users of the financial statements to use the primary statements to obtain an overview of the performance of the charity and use the notes to the financial statements to gain a more detailed understanding of specific balances or funds if desired.	We agree with the recommendation and will implement the change in 2022/23 accounting year

Appendix Two

Audit Differences

Under UK auditing standards (ISA (UK&I) 260) we are required to provide the Charitable Fund Committee with a summary of unadjusted audit differences (including disclosure misstatements) identified during the course of our audit, other than those which are 'clearly trivial', which are not reflected in the financial statements. In line with ISA (UK&I) 450 we request that you correct uncorrected misstatements. However, they will have no effect on the opinion in our auditor's report, individually or in aggregate. As communicated previously with the Charitable Fund Committee, details of all adjustments greater than £1,610 are shown below:

Unadjusted audit differences (£)				
No.	Detail	SOCI Dr/(cr)	SOFP Dr/(cr)	Comments
1	None identified to date			
Total		£nil	£nil	

Under UK auditing standards (ISA UK&I 260) we are required to provide the Charitable Fund Committee with a summary of adjusted audit differences (including disclosures) identified during the course of our audit. The adjustments below have been included in the financial statements.

Adjusted audit differences (£)				
No.	Detail	SOCI Dr/(cr)	SOFP Dr/(cr)	Comments
1	Dr Debtors Cr Donation Income	- (12,926)	12,926 -	One donation was received post year-end but it related to the current year-end, and should have been accrued in the current year.
Total		(12,926)	12,926	

Disclosure Errors

We identified a misstatement in the audit fees disclosure, which have been discussed and agreed with the management to be corrected in the final version of the financial statements. We have also made suggestions for presentational improvements to the annual report and financial statements that have been incorporated by management in the final draft.

Appendix Three

Confirmation of Independence

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

To the Charitable Fund Committee members

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

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

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

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

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

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

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

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

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

	2021/22
Financial statements audit	£10,000
Total audit	**£10,000**
Total non-audit services	0
Total Charity Fees	**£10,000**

Confirmation of audit independence

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

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

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

Yours faithfully

KPMG LLP

Appendix Four

FRC's areas of focus

The areas of focus from the FRC's Annual Review of Corporate Reporting 2020/21, annual letter to CEOs, CFOs and Charitable Fund Committee chairs along with the five thematic reviews issued in 2021 should be considered for reporting in the current financial period. The reports identify where the FRC believes organisations should be improving their reporting. Below is a high level summary of the key topics. We encourage management and those charged with governance to read further on those areas which are significant to the Charity.

Judgements and Estimates	In the current climate it is particularly important for entities to provide as much context as possible for the assumptions and predictions underlying the amounts recognised in the financial statements, including potential sensitivities or ranges of possible outcomes. Charities should disclose the carrying amounts impacted by estimation uncertainty. Disclosures of key assumptions and sensitivities could be improved. Preparers are encouraged to clearly distinguish between sources of estimation uncertainty with a significant risk of a material adjustment in the following year and other, perhaps longer-term, uncertainties. Significant accounting judgements should be clearly explained along with factors considered.
Revenue	Having raised a considerable number of queries in relation to revenue recognition policies and related disclosure, the FRC strongly encourage preparers to read their thematic report which includes tips and examples of good and inadequate disclosure. Entities should disclose significant judgements made in accounting for revenue. This could include judgements in relation to performance obligations, transaction price and amounts allocated to performance obligations. Disclosures should clearly identify the methods used to estimate any variable consideration.
Statement of Cash Flows	Organisations need robust reviews of the cash flow statement to ensure consistency with other parts of the annual report and to ensure preparation in line with the accounting standard. Errors continue to be identified, including inappropriate classification of cash flows and inappropriate netting. The FRC also challenges organisations on the composition of cash equivalents and on incomplete or incorrect related disclosures. Organisations are reminded that even in the limited cases where borrowings can be included as a component of cash and cash equivalents in the cash flow statement, the IAS 32 'Financial Instruments: Presentation' criteria need to be applied to determine whether they can be presented on a net basis in the balance sheet.
Alternative Performance Measures (APMs)	APMs should not be given undue-prominence. Preparers should avoid statements appearing to provide APMs with more authority than IFRS measures and are reminded that meaningful commentary on the IFRS figures is required. APMs, including ratios, should be appropriately labelled and reconciled to the most directly reconcilable financial statement line item. It should be clear how reconciling items are determined and companies should explain clearly why amounts are excluded from adjusted measures. Adjusting items should include gains as well as losses, where relevant.

Appendix Four

FRC's areas of focus

Strategic Report	The annual report should provide a fair, balanced and comprehensive analysis of the development and performance of the business in the financial year and of its position at the end of the year. In particular companies are encouraged to include discussion of relevant significant matters and performance against key strategicobjectives.
Provisions and contingencies	Provisions and contingencies should be clearly explained including the nature of the exposure, the timeframe and the basis for determining the amount. Any significant judgements and relevant assumptions should be disclosed clearly. There should be consistency between information provided in the annual report and accounts. If material provisions are dependent on the future performance of a business expected to be heavily impacted by climate change, this should be disclosed and detail provided on how climate change had been taken into account in the estimate.
Leases	Lessees and lessors are required to disclose information that gives a basis for users to assess the effect of leases on financial position, financial performance and cash flows. This could include information about variable payment features, for example. Judgements should be disclosed. Entity-specific accounting policies should be disclosed for material transactions.
2021/22 priorities for FRC review: - Impact of COVID-19	In addition to the topics summarised above, the FRC have indicated that routine monitoring for the 2021/22 cycle will include a focus on: - judgement and uncertainty in the face of continuing economic and social impact of Covid-19; and - climate-related risks and new disclosures. Disclosure on judgements and assumptions about the future will remain important to users of reports, particularly when considering matters such as going concern and liquidity. Therefore as part of their routine 2021/22 routines, the FRC will continue to consider whether entities: - Explain the significant judgements and estimates made; - Provide meaningfulsensitivity analysis or details of a range of possible outcomes; - Describe any significant judgements made in determining whether there is a material uncertainty about their ability to continue as a going concern; and - Ensure that assumptions used in the going concern assessment are compatible with those used elsewhere.

London Ambulance Service
NHS Trust

London Ambulance Service Charitable Fund
Headquarters
220 Waterloo Road
London
SE1 8SD

Tel: 020 1234 5678
Fax: 020 1234 5678

www.londonambulance.nhs.uk

KPMG LLP
15 Canada Square
London
E14 5GL

29 November 2022

Dear Dean,

This representation letter is provided in connection with your audit of the financial statements of London Ambulance Service Charitable Fund ("the Charity"), for the year ended 31 March 2022, for the purpose of expressing an opinion:

i. as to whether these financial statements give a true and fair view of the state of the Charity's affairs as at 31 March 2022 and of its surplus for the financial year then ended;
ii. whether the financial statements have been properly prepared in accordance with UK Generally Accepted Accounting Practice (including Charities SORP FRS 102: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)); and
iii. whether the financial statements have been prepared in accordance with the Charities Act 2011.

These financial statements comprise the Balance Sheet, the Statement of Financial Activities, the Statement of Cash Flow and notes, comprising the principle accounting policies and other explanatory notes.

The Trustee confirms that the Charity is exempt from the requirement to also prepare consolidated financial statements.

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

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

Financial statements

1. The Trustee has fulfilled their responsibilities, as set out in the terms of the audit engagement dated 29 September 2022, for the preparation of financial statements that:

i. give a true and fair view of the state of the Charity's affairs as at the end of its financial year and of its surplus for that financial year;
ii. have been properly prepared in accordance with UK Generally Accepted Accounting Practice ("UK GAAP") (including Charities SORP FRS 102: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)); and
iii. have been prepared in accordance with the Charities Act 2011.

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

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

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

Information provided

4. The Trustee has provided you with:

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

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

6. The Trustee confirms the following:

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

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

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

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

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

In respect of the above, the Trustee acknowledges their responsibility for such internal control as they determine necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Trustee acknowledges their responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud and error.

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

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

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

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

10. The Trustee confirms that:

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

b) No events or circumstances exist that may cast significant doubt on the ability of the Charity to continue as a going concern.

This letter was agreed by the Trustee on 29 November 2022.

Yours faithfully,

Daniel Elkeles
Signed on behalf of London Ambulance Service NHS Trust, the Corporate Trustee

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

Criteria for applying the disclosure exemptions within Financial Reporting Standard 102 for the Charity's Financial Statements

- The Charity discloses in the notes to its financial statements:
  - A brief narrative summary of the disclosure exemptions adopted; and
  - The name of the parent of the group in whose consolidated financial statements its financial statements are consolidated, and from where those financial statements may be obtained

Financial Statements

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

- a Balance Sheet as at the end of the period;
- a Statement of Financial Activities for the period;
- a Cash Flow Statement for the period; and
- notes, comprising a summary of significant accounting policies and other explanatory information.

Material Matters

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

FRS 102 states that:

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

Fraud

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

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

Error

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

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

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

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

Management

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

Qualifying Entity

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

Related Party and Related Party Transaction

Related party:

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

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

Related party transaction:

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

London Ambulance Service
NHS Trust

Assurance report:	**Audit Committee**	**Date:**	**15/11/2022**

Summary report to:	**Trust Board**	**Date of meeting:**	**29/11/2022**
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:

Data Quality

The Committee received a statement on the LAS and NHSE commissioned Verita review of Cat 1 measures and noted it's relevance for integrated governance, internal controls, year end Annual Governance Statement disclosures and that further assurance work might be required.

Risk Management Policy

The Committee received the Risk Management policy for review and approval. The main changes to the policy include a Risk Management statement, emphasis of the role of Audit Committee, updates to reflect changes in management structure and the Information Governance Group and inclusion of a risk management maturity and effectiveness process to be used as indicators for success.

The policy had been approved by the Risk Compliance and Assurance Group and the Executive Committee.

The Committee is recommending that the Board approve the policy.

Charity Accounts

The charity is required to prepare Annual Report and Accounts and submit to the Charity Commission by 31 of January 2023. The Annual Report and Accounts were submitted to Charitable Fund Committee and approved on 3 November 2022. Audit committee noted the Annual Report and accounts for the financial year 2021/22 and is recommending them to the Trust Board for approval.

Other matters considered:

SIRO Update

The SIRO report updated the Committee in matters relating to information governance, including: Data Security and Protection toolkit (DSPT) 2022/23 and BDO Audit and Information Commissioners office (ICO) Accountability framework.

Lessons Learnt

Component testing - recommended the adoption of a robust and

industry standard testing strategy (in line with ISO9001) for all IT services, encompassing processes and governance to manage the procurement, installation, testing and deployment of new software systems, as well as the routine update, test and deployment of existing software/systems; overseen by a IT Change Advisory Board.

New 1st Line of Defence "IT Risk, Governance & Cyber" function within IM&T (in line with Cyber Essentials), to continuously monitor and improve the Trust's security posture while preventing, detecting, analysing, and responding to cybersecurity incidents.

Members supported the approach and asked that the governance processes be included on the Trusts Assurance Map and that the Committee should receive regular updates.

Single Tender Waivers

The Committee received its regular update on single tender waiver usage, noted the reduction on their usage (see LCFS update below), good disciplines being enforced by the Supply Chain Management Board and that a new Provider Selection Regime would be in place by end 2022.

Key decisions made / actions identified:

I Internal Audit

The Committee received 6 internal audit reports

- Progress Report - noted the status of internal work in respect of 2021/22 (now fully completed) and 2022/23 plans
- Moderate opinions on audits of Capacity and Operational Planning (Workforce), Recruitment and Business Continuity/Disaster Recovery. With respect to the latter, AC challenged the opinion given the findings and work required to resolve; the Head of Internal Audit clarified that he reserved the right to revise the opinion from moderate to limited by year end.
- Follow up Reports, noting that 39 out of the 40 high and medium recommendations made by the previous internal auditors have been implemented. Additionally nine reports had been issued resulting in 63 recommendations. Update was provided in relation to the progress against the closure of these actions.
- HFMA Financial Sustainability Review Terms of Reference. AC noted that this mandated review would cover budget management and efficiency (including those elements of a Key Financial Controls review) and that there would be a read across to the external auditor's work on Value for Money.

Local Counter Fraud update

AC noted LCFS work on Accounts Payable data analytics, good

	executive engagement on proactive work, NHS CFA's report on Purchase Order and Non Purchase Order spend (where the Trust compared reasonably), a reasonable position on STW benchmarking conducted across RSM clients and that a reactive investigation in progress may result in improvements in contract management and Gifts & Hospitality declarations. AC requested that upcoming Salary Overpayments benchmarking work draw out suggestions to reduce the incidence of these items in the Trust's Losses & Special Payments. **External Audit Update** The Committee received the external audit indicative audit plan recognising the early stage of planning and the anticipated presentation of final plan at the February 2023 meeting.

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Risks:	**Board Assurance Framework (BAF)** AC noted that the BAF has been reviewed and updated by the lead executives and lead scrutiny committees and that workforce risks remained high reflecting the ongoing national and local environment. In particular, a new risk has been articulated for industrial action with a current risk score of 4 x 5 (20) and agreed at the People and Culture Committee. The risks relating to handover delays will be separated from the risk of operational demand exceeding capacity, to better differentiate system dependence and taken to Quality Assurance Committee. In view of recent positive external reviews, AC is reasonably assured on EPRR risks, remains partially assured on Cyber and given the variable state of development of the Anchor Institution risks (currently assigned to AC) and mixed RAG ratings, has requested an update on this domain at its next meeting.

Assurance:	The Committee had received assurance relating to the approval of the Charity accounts, the management of BAF risks and the outcomes from Audits and lessons learnt.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 29 November 2022

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 September 2022 to November 2022.

PATIENT EXPERIENCE

Complaints

The Patient Experiences team continue to receive and respond to a higher number of complaints in comparison to last year. In October 2021, we received 96 complaints in comparison to 137 this year. We completed 60 complaint investigations in October 2021, in comparison to 130 in October 2022.

Complaints relating to communication and conduct and behaviour remain the highest theme of complaints, followed by delay in an ambulance attending and non-conveyance (which includes referrals to NHS 111). We are continuing to share learning identified from complaints and escalate cases to the Quality, Improvement and Learning team where harm has occurred, so that an enhanced investigation can be completed. A regular report is now sent to the Quality and Outcomes Committee for feeding into the governance systems of the Trust.

We have made significant progress in reducing the backlog of complaints that are overdue the Trust's 35 working day target for a response (319 were overdue at the end of September compared to 210 to date). This progress has been aided by the recruitment of agency staff to draft response letters and project management support to set a trajectory, weekly targets as well as close monitoring of open complaints. Our objective to the end of the calendar year is to focus on the longest waits so that although we might have some overdue complaints, they will only be marginally overdue.

We have agreed with senior managers from other teams regarding turnaround times to complaints and continue to chase and escalate overdue investigations. For example, there has been an 89% decrease in overdue reviews of 999 calls (decrease from 80 overdue reviews in the middle of September to 9 to date). We have also introduced a clearer monitoring and escalation process for overdue investigations. This is being included in a new Standard Operating Procedure which is currently being drafted.

We have set up weekly meetings to triage new complaints. Specific cases relating to significant delays and/or where the service provided affected the patient's outcome are being flagged with the senior members of the Executive team for review. We also have introduced weekly meetings with the Quality, Improvement and Learning team to provide a joined up approach to complaints that are also the subject of a patient safety incident investigation.

We have met with the Parliamentary and Health Service Ombudsman (PHSO) regarding our evaluation of their new NHS Complaints Standards. The PHSO were grateful for our input and we will continue to work with them in implementing the standards, such as early resolution of complaints and embedding a quality improvement culture across the Trust.

LEGAL SERVICES

The Legal Services Department is making progress on consolidating all Trust Legal Services and working towards a central budget for better management of legal advice across the organisation – a centralised system within Legal Department for all instructions to external firms. We are working with Procurement to establish the right frameworks with a view to reducing legal expenditure on external lawyers. The legal department has also started assisting Estates with their legal matters.

A briefing on the role of the Coroner with Mr Graeme Irvine, Senior Coroner for East London took place on 07 October 2022. This very useful briefing was welcomed by everyone who attended. We have subsequently contacted Mr Irvine to arrange further training for the Trust.

3 x Band 5s started in October (filling existing vacancies) and this is already having a positive impact on work. Given their experience, they have picked up work very quickly and already progressing on matters and assisting the Band 7 managers.

The Senior Clinical Lead for Leal Services and Mental Capacity, Sophie Hill, has been appointed and is due to start on 28 November 2022. Training will be arranged within the Legal Services Department.

The Legal Services Manager will be starting a one day per week secondment with the Quality Directorate from January 2023. The initial focus will be on capturing and disseminating shared learning from Inquests and claims.

INFORMATION GOVERNANCE

The Data Security and Protection Toolkit (DSPT) 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. The DSPT must be completed between 1st July and the 30th of June each year. Failure to submit the DSPT or complete it to a satisfactory level can have serious implications. This can include, but is not limited to, contract tender refusals and refusal by other organisations and Trusts to share data which can have a direct impact on patient care. It also implies the cyber security infrastructure within the Trust is not secure and is open to attack. Progress against the DSPT is monitored at the Audit Committee.

The current DSPT was released on 25th August 2022, with the baseline submission for the DSPT confirmed as 28th February 2023. The baseline is not a full assessment of the DSPT submission. It is an interim assessment to indicate that our DSPT is under way. Of the 113

mandatory assertion evidence items included in the DSPT, 15% have either been completed or are near completion. By EOM November 2022 the Information Governance Team are confident that 20% of assertion evidence items will have either been completed or near completed, which is on target for DSPT completion projections. However, it must be recognised that some evidence items cannot be completed till later in the DSPT year.
It is a requirement of the DSPT that 95% of all staff are compliant with mandatory Data Security and Awareness Training and only staff who have been trained within the last twelve months can be counted towards the 95% compliance target. As the DSPT will not be submitted till end-June 2023, this means the Trust can only count staff who have been trained since 1st July 2022. The ramification for the Trust of not having at least 95% of all staff trained would mean failing the DSPT. As of 16th November 2022 the Trust is reporting a 31% training compliance level, which is above target for Data Security and Awareness Training compliance target projections.

Each year the Trust must complete an audit as part of the criteria for completion of the DSPT. The purpose of this audit is to provide an independent high level review of the assertions and evidence items in the DSPT and to identify how compliance could be improved. The audit will be completed by Binder Dijker Otte (BDO LLP), with a terms of reference having already been received and approved by the Information Governance Team. The audit will commence on 6th March 2023, with an opening meeting between the auditor and the Information Governance Team scheduled. At the end of the audit a closing meeting will take place, where general feedback on the audit process and evidence submitted will be given. A draft report of the audit will then be submitted to the Trust by 7th April 2023, with a final report issued by 28th April 2023. Any recommendations made in the final report will be added to an action plan for completion as soon as possible.

The Information Governance Team is committed to completing the DSPT in a timely manner; it is a high priority project and the teams is confident that the DSPT will be completed before the deadline of 30th June 2023.

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

FREEDOM OF INFORMATION

Interest in the work of the Trust remains high and this is reflected in the number of information requests received. As part of the Trust's governance processes, Freedom of information compliance is reported to the Information Governance Group and Executive Committee, this review and challenge helps to support awareness and to ensure that internal stakeholders are aware of their responsibilities.

In line with a continuous learning approach during November 2022 the Executive Committee reviewed the existing Freedom of information process and recommended implementation of adjustments which would further support the process, improve the response compliance and to deliver a robust approach to internal oversight and response.

During 2021/22 the Trust received 483 requests under the Freedom of Information Act 2000.

In the period Apr 2022 – October 2022 the Trust has received 271 requests. Of these 73% requests have been completed within the statutory deadline which is a 28% improvement on the same period in 2021/22. Response times continue to be impacted by periods of increased operational pressure however actions are in place to minimise the impact and process improvements will further assist with this issue.

In order to reduce the burden on subject matter experts and manage the impact on operational duties, the team actively review previous FOI requests and extract data/responses which may be appropriate to the current request.

Mark Easton

Director of Corporate Affairs, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

Report Title	Quality Report			
Meeting:	Trust Board			
Agenda item:	6.1	**Meeting Date:**	29 November 2022	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	Various			
Purpose:	**X**	Assurance		Approval
		Discussion	**X**	Information

Report Summary

The Quality Report (September 2022 data unless otherwise stated), continues to demonstrate the impact of prolonged demand on quality of care. This impact remains closely monitored through various quality and safety assurance mechanisms including robust quality visits as well as daily and thematic reviews of patient safety incidents resulting from delayed responses.

The Trust continues to see a positive incident reporting culture, particularly in no and low harm incidents. There remains a focus on overdue incidents.

Infection Prevention & Control compliance across the Trust remains positive, with high compliance rates amongst the indicators assessed.

Quality indicators relating to training, including Clinical Performance Indicators (81%) and Operational Workplace Review (52.54%) remain steady. Personal Development Review (PDR) completion is improving and is now at 51.8%, whilst statutory and mandatory training compliance has reduced slightly to 83% and is now below the target level. The number of complaints breaching the Trust's 35 day time frame remains high.

Recommendation/Request to the Board:

The Trust Board is asked to note the contents of the Quality Report.

Routing of Paper i.e. previously considered by:

Quality Oversight Group
Quality Assurance Committee

NHS
London Ambulance Service
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London Ambulance Service – Quality Report

Report for discussion at the Trust Board

Analysis based on September 2022 data, unless otherwise stated

Quality Report Summary

NHS London Ambulance Service NHS Trust

	KPI	Latest Month	Measure	Variation	Assurance	Comment
SAFE	Rate of Low/No Harm Incidents per 1000 Contacts - 999	Sep-22	3.5			**Incidents:** The number of reported no and low harm incidents has increased slightly over the past month with the top 3 incidents remaining the same from the previous reporting period- Clinical Treatment, Dispatch & Call and Medical Equipment. Overall reporting of incidents remains within normal variation.
	OWR Hand Hygiene Compliance	Sep-22	95%			**Hand Hygiene**: The compliance rate for September 2022 was 95% and this score continues to exceed the Trust performance target (90%). Two stations did not submit data this reporting period (Romford & Friern Barnet). **Actions:** Each station has an annual trajectory for maintaining compliance which is discussed in the Sector Quality Meetings, reinforcing the importance of exemplary hand hygiene practice as part of the IPC annual work programme
	Premises Cleaning Audit	Sep-22	97%			**Premises cleaning:** Overall Trust compliance for September was 97%, continuing to exceed the Trust performance target of 90%. However, 16/19 Group Stations and 0/4 IUC/EOC services submitted data for analysis in September 2022. Some group stations were late submissions or incorrect completion.
	VP Deep Clean A&E Vehicles	Aug-22	94%			**Vehicle prep deep clean:** Overall Trust compliance for August is 94%, which is under the Trust performance target of 95%. There were only 2 sectors which achieved the 95% target (NW and NC) and 6 out of 18 sites. Actions: Recruitment of the Governance Manager and Performance Manager has been successful for better oversight and action. **Assurance Note**: There is variation in the extent to which this target has been consistently met.
	Patient Safety - Medical Equipment Incidents	Sep-22	75			**Medical Equipment:** This remains a top reported incidents for patient safety and work is underway to ensure that diagnostic equipment is available. Although it remains a top 3 reported category, there has been a reduction seen in August and September. Diagnostic pouches incidents are shared with the supply and distribution team to ensure improvements are made to the diagnostic pouch project.
	Overdue 999 Incidents	Sep-22	1092			**Overdue Incidents:** There are 1029 overdue incidents which have been open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs). The continued high levels of demand can be attributed to the rise in these overdue incidents**. Actions**: There is an ongoing system wide review underway of overdue incidents in all stages of the incident workflow. This is being undertaken by the Quality teams in conjunction with key stakeholders across the Trust
	Percentage of Safeguarding Training - Level 3	Sep-22	81%			**Safeguarding Level 2 & 3 Training:** Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Discussions remain ongoing with IUC & EOC on how they can improve their compliance rates and we are awaiting a recovery plan. Level 3 remains near end of year target with sufficient courses being run to achieve compliance. We are still seeing low take up that has resulted in some courses being cancelled. Safeguarding Specialists continue to raise compliance at local governance meetings..
	Statutory & Mandatory Training Compliance	Sep-22	83%			**Statutory & Mandatory Training:** This has dropped below the 85% target to 83% for September. This is had an impact due to REAP4 and Cleric implementation. **Assurance Note**: There is variation in the extent to which this target has been consistently met.

Quality Report Summary

NHS 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	May-22	30%			In May 2022, the LAS ranked 3rd for the overall ROSC on arrival at hospital group with 30% improving the score from April (27%) but below the target of 31%. This was also above the national average of 27.7%. Although 43% was achieved for the Utstein group (up from 34.9%), this was ranked 10th and below the national average of 48% and the target score of 55%.
Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	May-22	01:31:00			In May 2022, the LAS achieved a time of 01:31 for the call to arrival at hospital, compared with the national average of 01:40. This is outside the target of 01:10 but was 2 minutes shorter than April (1:33) and ranked 5th against other ambulance services.
MCA Level 1 Training	Sepl-22	92.3%			**MCA Level 1 & 2 Training:** is 92% with the current eLearning provides both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed.
Personal Development Review (PDR) Compliance	Sep-22	51.8%			In September, the PDR compliance is at 52% (up from 4134% in July 22). **Actions:** a recovery plan is being developed to get the appraisal process back on track with the expectation that PDRs will be completed by all Corporate colleagues by 30th August 2022 (58%) and operational & clinical colleagues by 31st March 2023. Operational trajectories have been produced and monitored in the compliance report. There is overall improvement in compliance.
CPI - Completion Rate (% of CPI audits undertaken)	Aug-22	81%			**CPI Completion rates:** Completion rates have dropped slightly from 83% in July to 81% in August and still remain below the target of 95%. Additionally, it is noted that the percentage of staff receiving 2 feedback sessions in August was 1% and although this is an increase from 0% for this year, it is still significantly low.
Operational Workplace Review (OWR) compliance:	Sep-22	52.54%			OWR: This is currently at 52.54% which is a slight increase from 51.49% reported in July. This remains below the Trust target of 85% and further action is required.

RESPONSIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of Complaints	Sep-22	106			**Complaints:** The number of complaints received in month continues to be high-For September the figure was 106 (compared with 139 in Sept 20-21). Actions: The team are planning to dynamically review the older complaints with a view to closure as soon as is practical.

WELL - LED

KPI	Latest Month	Measure	Variation	Assurance	Comment
Percentage of all risks reviewed within 3 months	Sep-22	83.9%			The Trust's compliance in September was 83.9% for risks reviewed within the last 3 months which was below the 90% target. 100% of risks approved within 1 month (August, target 90%)
Percentage of policies in date	Sep-22	70%			There are 64 policies in date across the Trust which is an increase against the 56 reported in July 22. A target for 75% compliance by end September 2022 was set by the Executive Leadership Group but the current value sits at 70% against that target. However, the September Committee was cancelled due to the Death of the Queen and operational pressures.

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	29 November 2022			
Report title:	Clinical Annual Reports (Cardiac Arrest, STEMI, Stroke)			
Agenda item:	6.2			
Report Author(s):	CARU			
Presented by:	Fenella Wrigley, Chief Medical Officer			
History:	Approved by Quality Oversight Group Received by Quality Assurance Committee			
Purpose:	☐	Assurance	☐	Approval
	☐	Discussion	☒	Noting

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

- The 2021-2022 Clinical Annual Reports for Cardiac Arrest, Stroke and STEMI are provided for information.
- All three reports demonstrate that our care of these patient groups continues to be of a high standard.
- Demand and the COVID-19 pandemic has continued to impact performance with increased response times seen across all areas (of note, response times for stroke almost doubled compared to last year).
- More cardiac arrest patients than ever before received bystander CPR (69.9%), and more patients had a Public Access Defibrillator (PAD) applied than last year
- There was an increase in the proportion of cardiac arrest patients who had ROSC on arrival at hospital, and an increase in survival. However, these outcomes remain below pre-pandemic levels.

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

- None – for noting only
- The reports have been presented to the Quality Oversight Group, ExCo and the Quality Assurance Committee

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

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

London Ambulance Service
NHS Trust

ST Elevation Myocardial Infarction Annual Report
April 2021 – March 2022

November 2022

Produced by:

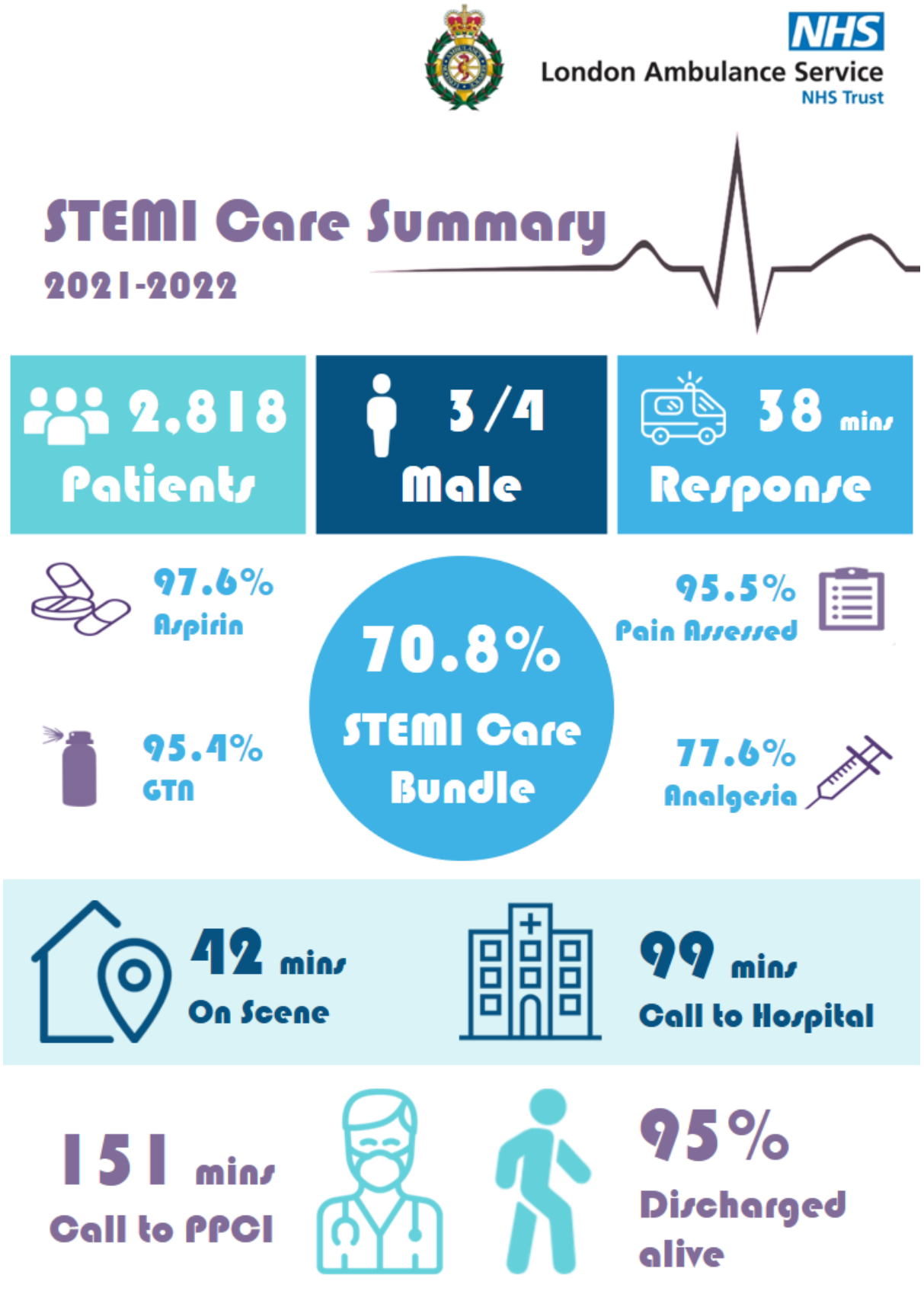
Clinical Audit and Research Unit,
London Ambulance Service NHS Trust,
220 Waterloo Road,
London,
SE1 8SD.

✉ londamb.Caru.Enquiries@nhs.net

Contents

Data within this report are correct at the time of publication

STEMI Summary Infographic



1. Introduction

This report presents an overview of care provided to the **2,818** patients with a suspected ST-Elevation Myocardial Infarction (STEMI) who were attended by the London Ambulance Service NHS Trust (LAS) between April 2021 and March 2022.

Data were sourced from the LAS Acute Coronary Syndrome (ACS) clinical registry, which pools information from LAS clinical and operational records, with additional information provided by the Myocardial Ischaemia National Audit Project (MINAP). Patients suffering a cardiac arrest prior to arrival at hospital are not included in this analysis, but information on this group can be found in the Cardiac Arrest Annual Report.

2. Findings

2.1 Profile of patients

Gender, n (%)	
Male	2,128 (75.5)
Female	690 (24.4)

Ethnicity, n (%)	
White	1,333 (47.3)
Black	295 (10.5)
Asian	398 (14.1)
Mixed	44 (1.6)
Other	76 (2.7)
Unknown	672 (23.8)

Age, mean (median) in years	
Overall	62 (61)
Male	59 (59)
Female	71 (72)

Chief complaints at the 999 call, n (%)			
Chest pain	1,261 (44.7)	Pandemic surveillance †	165 (5.9)
NHS 111 transfer	506 (18.0)	Unconscious/fainting	148 (5.3)
Breathing problems	273 (9.7)	Other ‡	465 (16.5)

† A pandemic surveillance triage protocol was used during the COVID-19 pandemic to assist in the triage of patients with non-specific symptoms who may have COVID-19. ± Includes HCP admissions (n=111)

Table 1: Profile of patients presenting with suspected STEMI

Figure 1: Numbers of suspected STEMI patients attended each month

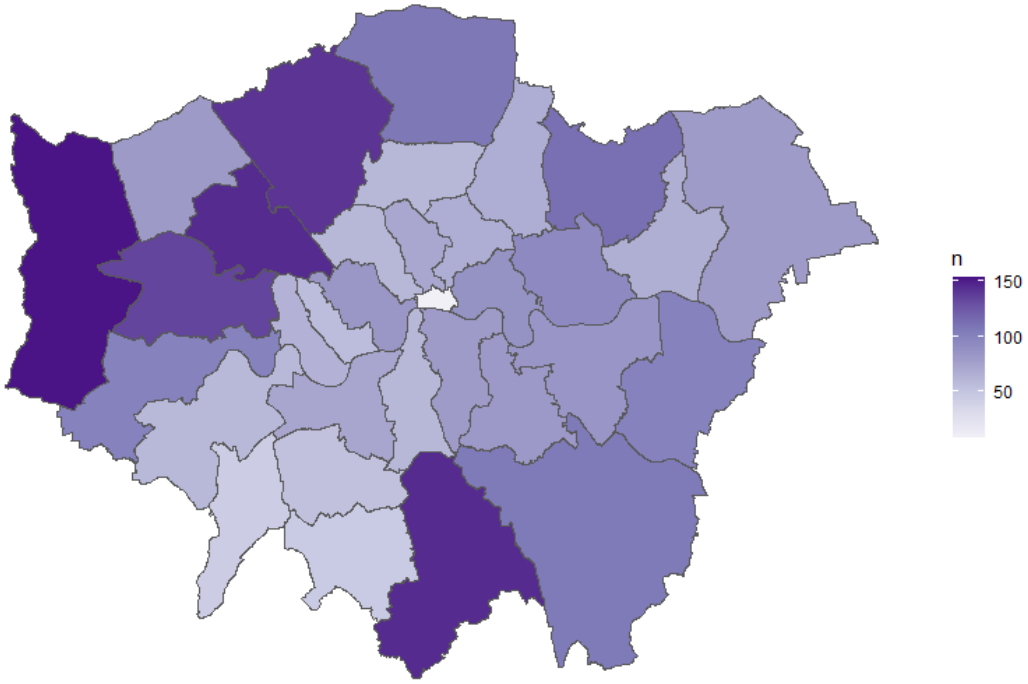


Figure 2: Geographical spread of suspected STEMI cases by Local Authority District

Excluding patients where an exact incident location was not recorded (n=60)

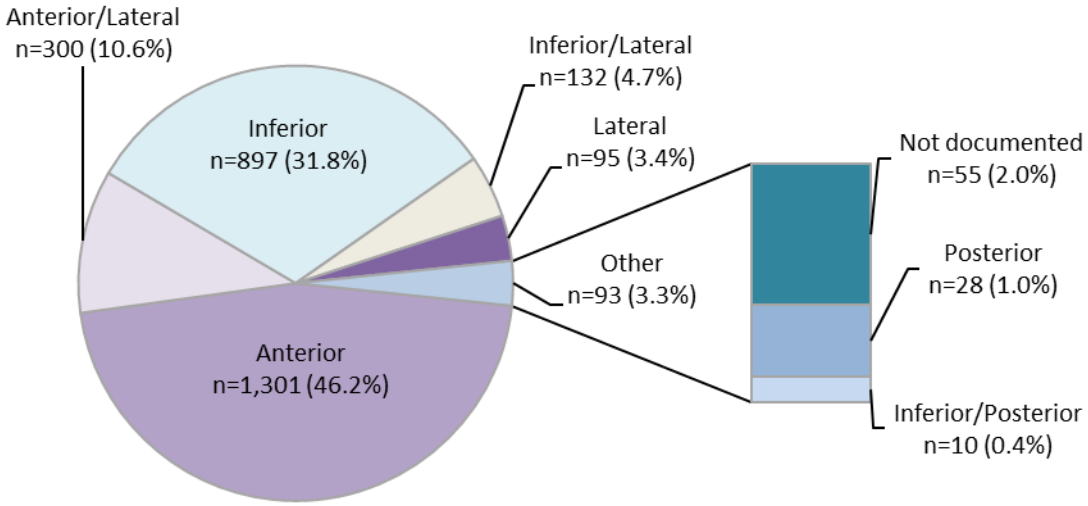


Figure 3: Documented ECG territory of infarct

- The number of patients presenting with a suspected STEMI this year was almost identical to last year (2,818 vs. 2,826).

- Similar to previous years, the majority of patients were **male** (**75.5%**). The mean age of all patients was **62 years**, which is the same as in 2020/21.

- There was **variation** in the number of suspected STEMI patients seen each month, ranging from **194 in September** 2021 to **273 in May** 2021.

- There was considerable **geographical variation** in the location of suspected STEMI incidents in London. This highest number occurred in **Hillingdon** (n=153) with the lowest occurring in the **City of London** (n=7). This is likely to be related to differences in population density and demographics across London.

- **Over half** of the patients seen this year had evidence of a STEMI in the **anterior** ECG territory. 46.2% (n=1,301) had isolated anterior involvement whilst 10.6% (n=300) had concurrent ST segment elevation in the lateral territory. This is consistent with previous years.

2.2 Response times

Table 2 reports '999 call to arrival at scene' times, following the international definition for reporting the response interval of clinical significance. The response time starts when the 999 call is connected to the ambulance service, and ends when the first vehicle's wheels stop turning upon arrival at scene (https://www.ahajournals.org/doi/pdf/10.1161/01.CIR.84.2.960).

n (%)	Mean	Median
2,817	38:22	23:59

†One Category 2 incident had no response times recorded and has been excluded from these figures.

Table 2: '999 call – arrival at scene' response interval (mm:ss)

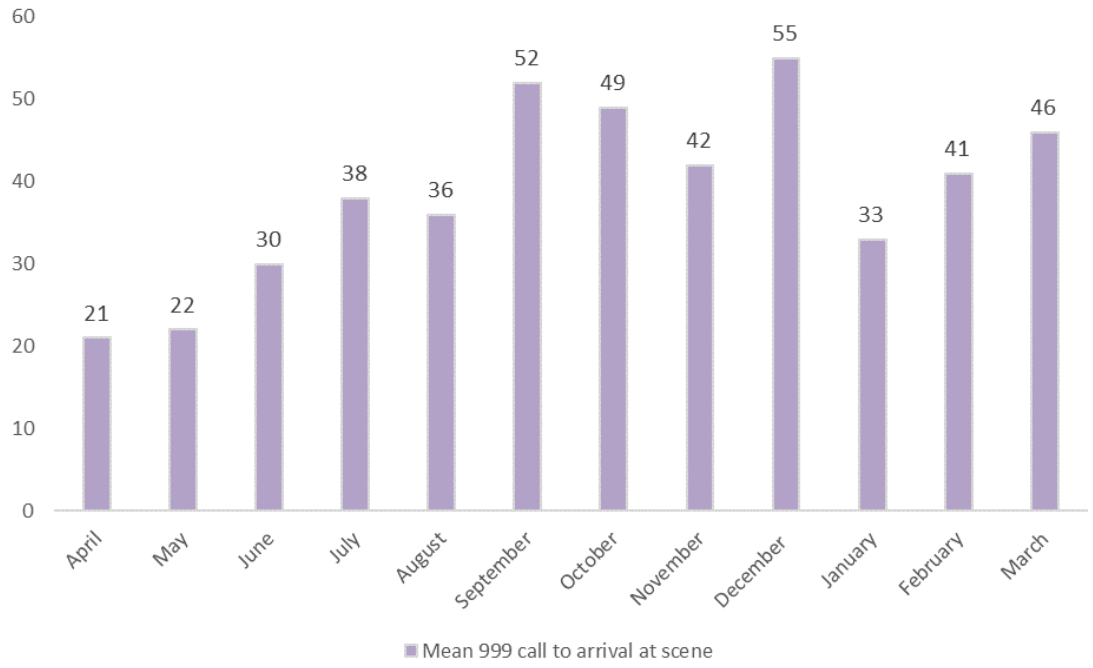


Figure 4: Mean response intervals per month (mins)

- The mean 999 call – arrive scene interval **increased** this year up from 21:14 in 2020/21 to **38:22** this year.
- There was an **increase** in monthly response times during the first half of the year, with more variation in the latter part of the year. The **fastest** response times were seen in **April 2021**.

2.3 On-scene times

First vehicle on scene	n (%)†	Mean	Median
Solo responder	537 (7.8)	48:52	45:16
Double-crewed ambulance	2,279 (92.2)	40:00	38:03
Overall	**2,816**	**41:42**	**39:09**

†Two incidents with missing on scene times have been excluded from this analysis

Table 3: On-scene times by first vehicle to arrive on scene

The time interval from the first vehicle arriving on scene to the transporting vehicle leaving scene. As solo responders are dispatched to some incidents to provide early assessment and on-scene management, but unable to transport patients, their times will be longer.

- A **double-crewed ambulance** was the first vehicle to arrive on scene in **92.2%** of cases, this is comparable to 2020/21.
- The overall on scene time (from arrival of the first attending vehicle) was **41:42**, an **increase of almost 3 minutes** from 2020/21 (38:45)

2.4 STEMI care bundle

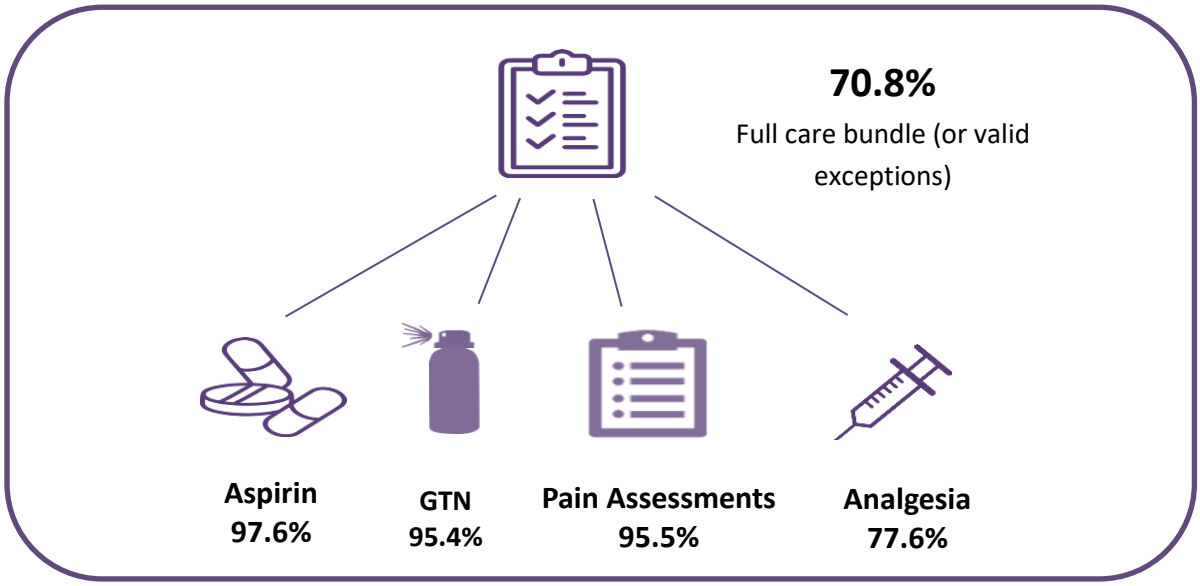
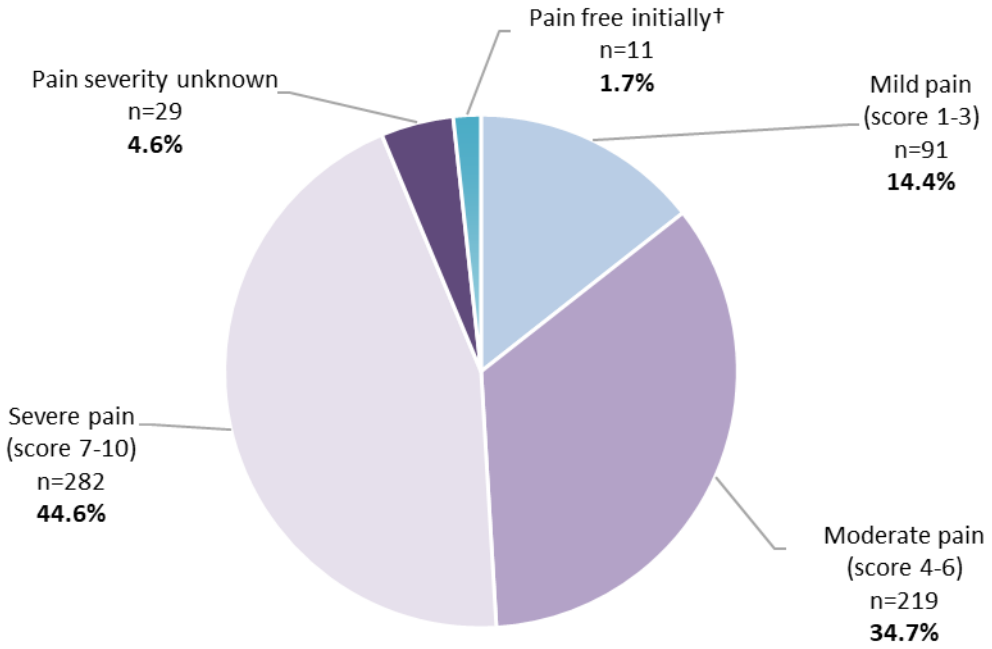


Figure 5: Compliance with the STEMI care bundle and each individual element

- Compliance with the STEMI care bundle **increased by 1.6%** this year compared with 2020/21 (**70.8%** vs. 69.2%).
- The proportion of patients receiving GTN and having their pain assessed (including documentation of a valid exception) fell by just over **1%** compared with last year.
- Meanwhile, the proportion of patients who received analgesia or had a valid exception documented **increased by 2.2%** (**77.6%** vs. 75.4% in 2020/21).



† patients who were initially pain free and later developed pain but did not receive analgesia

Figure 6: Initial pain level of patients who did not receive analgesia as part of the STEMI care bundle

- **623 patients** did not receive analgesia as part of the STEMI care bundle and did not have a valid exception documented.
- The majority of these patients presented with **moderate** (**34.7%**) or **severe pain** (**44.6%**). This finding is consistent with previous years.

2.5 Conveyance

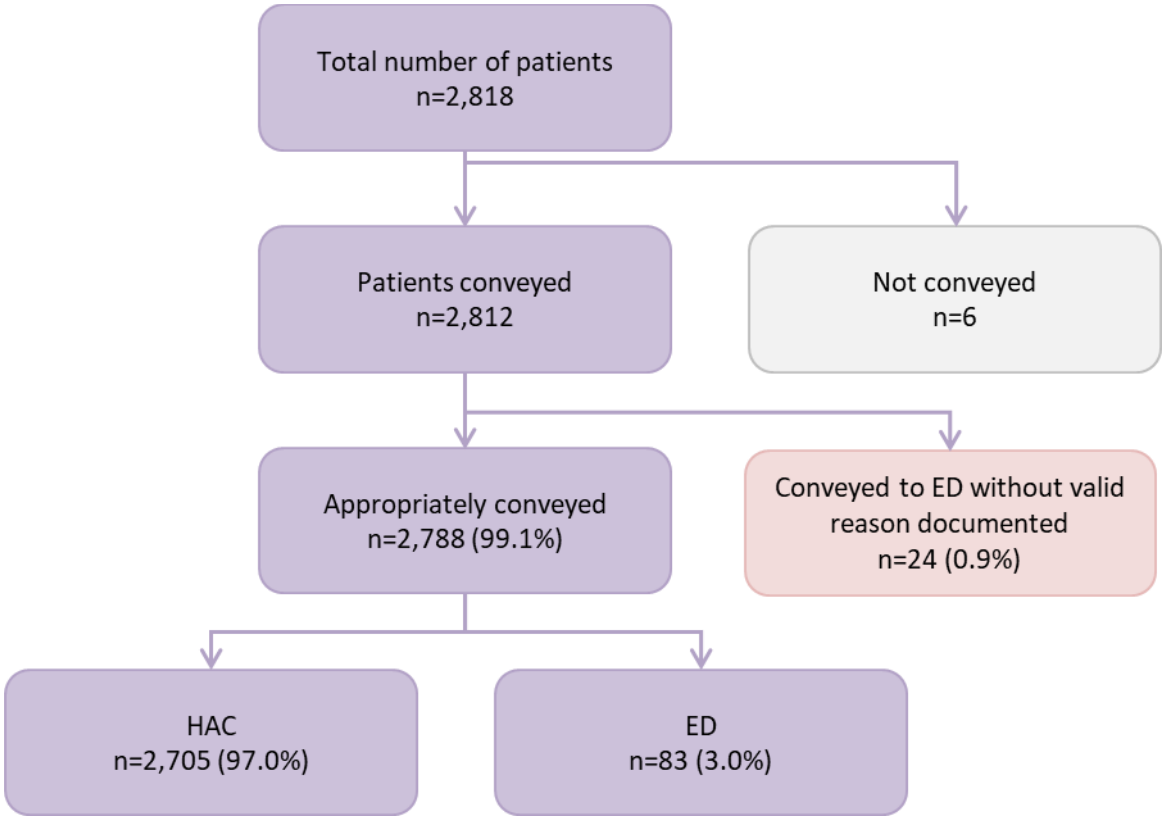


Figure 7: Patient destination

- The proportion of patients conveyed to an **appropriate** destination remains high (**99.1%** vs. 98.9% in 2020/21).
- Most patients who were appropriately conveyed (97.0%) were transported directly to a specialist **heart attack centre** (HAC).
- **83** patients were appropriately taken to an **Emergency Department** (ED), whilst **24** were conveyed to an ED without a valid reason being documented (0.2% lower than in 2020/21).

2.6 Journey and Call to HAC times

19 minutes
leaving scene to arriving at HAC (journey time)

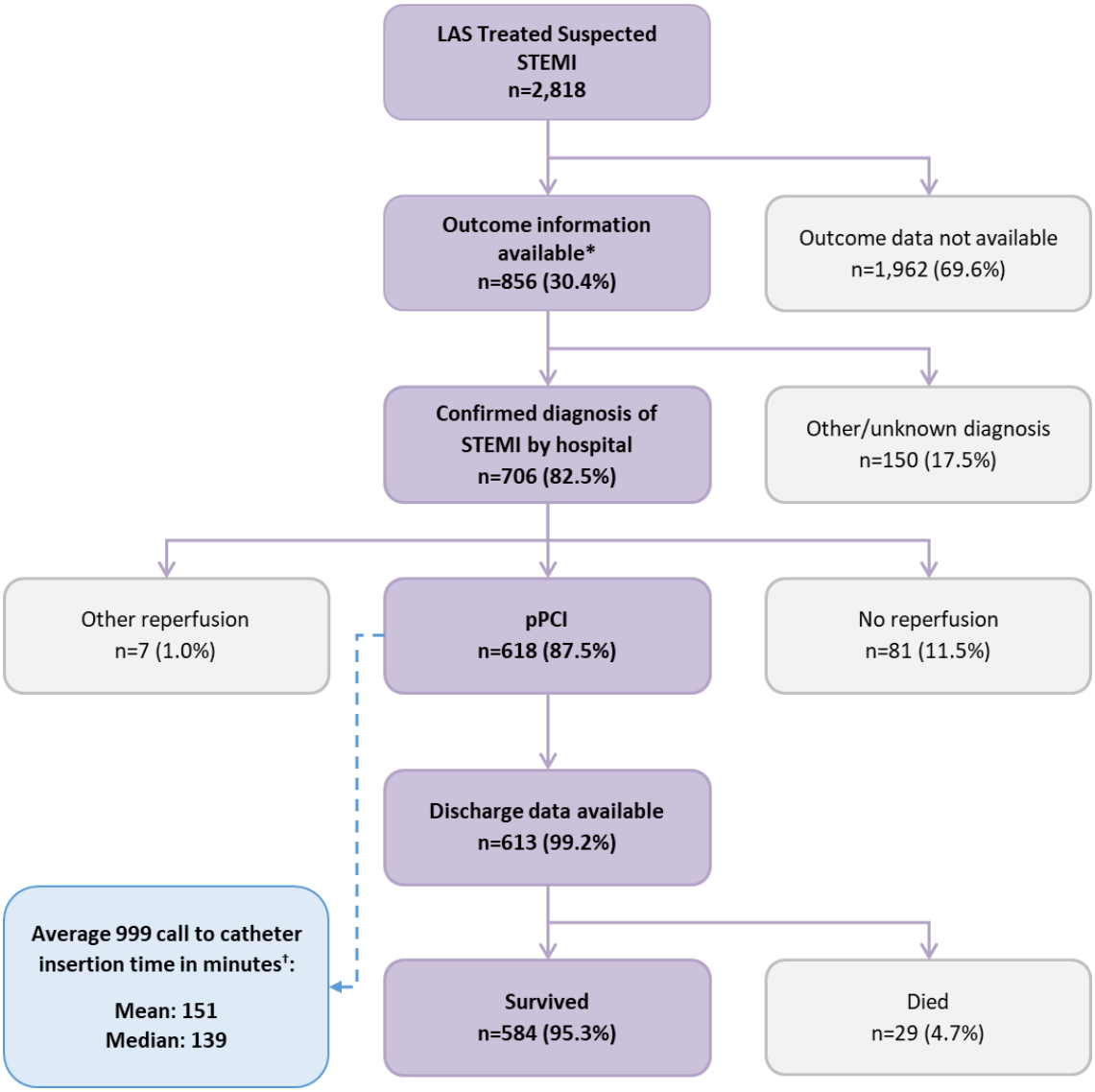
99 minutes
999 call to arrival at HAC†

† calculated from the time that the 999 call was connected to the ambulance service.

Figure 8: Mean journey and call to hospital times for patients conveyed to a HAC

- The mean journey time for patients conveyed directly to a **HAC increased slightly by 1 minute** this year compared with 2020/21 (**19** vs. 18 minutes).
- The mean time from 999 call to arrival at a HAC **increased by 21 minutes**, up from 78 minutes in 2020/21 to **99 minutes** this year.

2.7 Reperfusion and patient outcomes



** Outcome data are sourced from the Myocardial Ischaemia National Audit Project (MINAP) database and are only available if provided to MINAP by the receiving hospital.*
† calculated from the time the 999 call was connected to the ambulance service; data available for >99% of cases.

Figure 9: Outcomes for suspected STEMI patients

- **82.5%** of patients for whom outcome data were available had their **STEMI diagnosis** confirmed at hospital.
- **87.5%** of these patients underwent a **pPCI** procedure in hospital.
- **95.3% of patients survived** to hospital discharge following their pPCI, this is **0.8% lower** than in 2020/21.
- The mean time from 999 call to catheter insertion for patients undergoing pPCI was **151 minutes**, which is **22 minutes longer** than in 2020/21 and one minute longer than the national target of 150 minutes.

3. Conclusions

The COVID-19 pandemic has continued to impact performance this year, with operational pressures leading to increased response times across all areas of the LAS, including for patients with suspected STEMI. However, once on scene, the care provided to these patients by our clinicians remains at a consistent and high standard. Whilst the time to hospital treatment increased this year, a similar proportion of patients received pPCI treatment and survived to hospital discharge as in previous years.

This year, compliance with the full STEMI care bundle (where a patient should receive aspirin, GTN, analgesia and pain assessments both pre- and post-treatment), improved slightly but the individual elements of GTN administration and the documentation of pain assessment were slightly down from last year. Whilst the proportion of patients receiving analgesia as part of the bundle increased, there was still a large group of patients who did not receive analgesia. In line with previous years, the majority of these patients reported either moderate or severe pain and would therefore have benefited from the administration of analgesia.

To continue driving improvement in care bundle compliance, CARU have been providing monthly feedback on incomplete care bundles to the Senior Sector Clinical Leads, enabling individual staff members to receive further guidance and education where appropriate. The STEMI Care Bundle has also been the focus of additional training sessions and articles in the LAS' Clinical Update. This annual report, along with the monthly reports, provides valuable information to inform future practice and contribute evidence needed to make any required changes.

London Ambulance Service
NHS Trust

Stroke Annual Report
April 2021 – March 2022

November 2022

Produced by:

Clinical Audit and Research Unit,
Clinical Directorate,
London Ambulance Service NHS Trust,
220 Waterloo Road,
London,
SE1 8SD

✉ londamb.CARU.enquiries@nhs.net

Contents

Data within this report are correct at the time of publication.

NHS
London Ambulance Service
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Stroke Overview | April 2021 - March 2022

12,453
suspected stroke patients

48.2%
68 years*

51.8%
70 years*

*mean average

99.5%
conveyed in line with current guidelines

60.2%
Symptoms started within 4.5hours*

* measured at the point of leaving scene

94.5%
received a full diagnostic bundle

99.9% F A S T

99.4% BP

94.9% BM

999 call to scene
43 mins

Overall on-scene
36 mins

Journey to HASU
19 mins

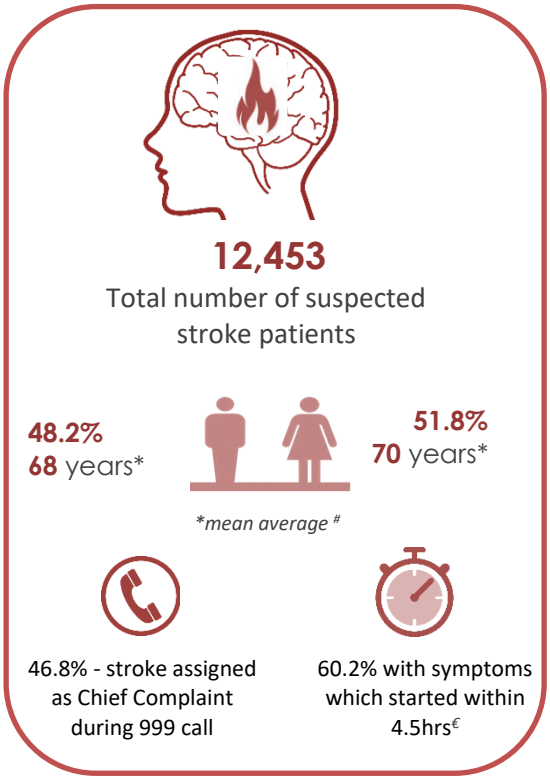
1 Introduction

This report presents key information on the care provided by the London Ambulance Service NHS Trust (LAS) to adult patients (aged 16 and above) who were identified by our clinicians as presenting with a suspected stroke following the Face, Arm and Speech Test (FAST) between 1st April 2021 and 31st March 2022.

Data for this report were sourced from the LAS Stroke Registry, which holds clinical and operational information obtained from the Electronic Patient Care Records (ePCRs), Patient Report Forms (PRFs), Emergency Operations Centre (EOC) Call Logs and vehicle Mobile Data Terminals (MDTs).

2 Findings

2.1 Patient demographics



- LAS clinicians attended **12,453** suspected stroke patients aged 16 and above. There was a slight increase (0.7%) compared to the last year's figure of 12,370.
- On average, suspected stroke patients were **69 years old**, which was the same as the previous year.
- The majority of suspected stroke patients (n=7,501, **60.2%**) had an onset of symptoms within the **potential thrombolysis window** (4.5hrs at the point of leaving the scene).
- In just under half of all cases (n=5,823, **46.8%**), **stroke** was identified as the Chief Complaint at the time of the 999 call (see Figure 2 overleaf).

 # sex unknown (n=1); age unknown (n=10); € measured at the time of leaving the scene.

Figure 1: Patient overview

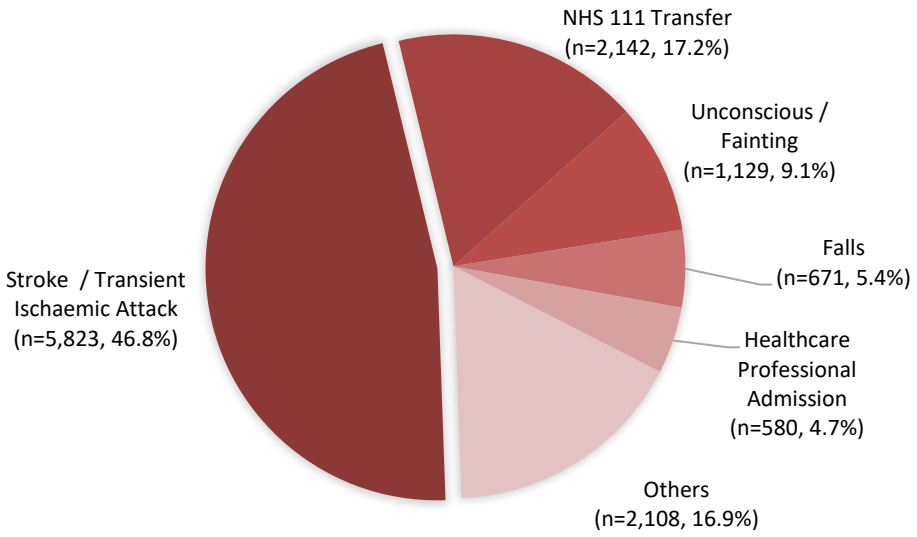


Figure 2: Chief Complaint (at the time of the 999 call)

- Croydon had the highest number of suspected stroke patients (n=655, 5.3%) whilst City of London had the lowest number (n=18, 0.1%). Please note that different areas have different demographics which affects the number of patients attended in each area.

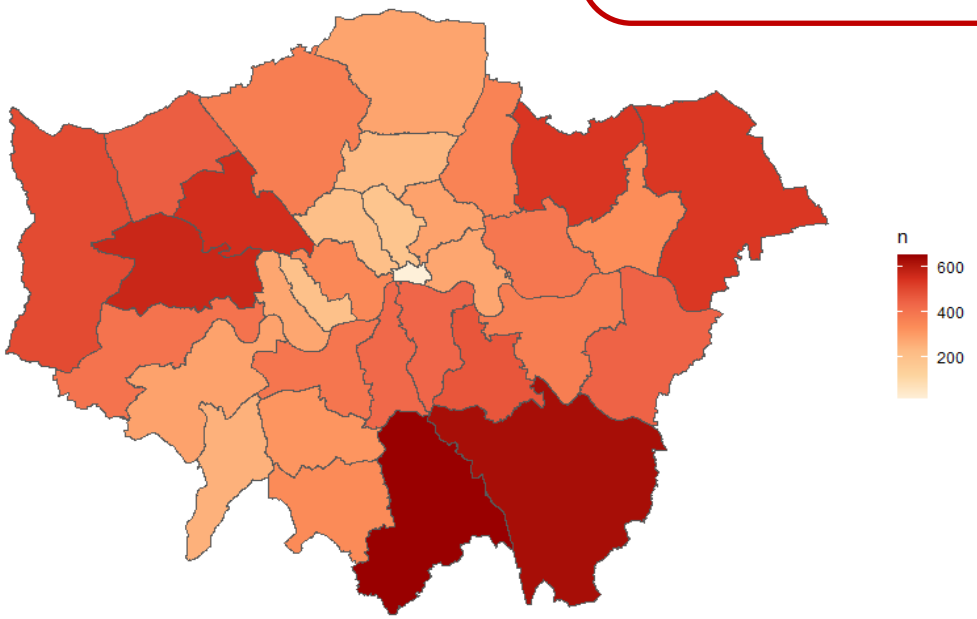


Figure 3: Geographical spread of suspected stroke cases by Local Authority District*

* Three cases are excluded due to missing coordinates.

2.2 Response times

Table 1 reports '999 call to arrival at scene' times, following the international definition for reporting the response interval of clinical significance. The response time starts when the 999 call is connected to the ambulance service, and ends when the first vehicle's wheels stop turning upon arrival at scene (https://www.ahajournals.org/doi/pdf/10.1161/01.CIR.84.2.960).

n (%)^	Mean	Median
11,873	**0:43:14**	**0:26:15**

^Healthcare Professional admissions (n=580) are excluded as they request a response within a specific time frame.

Table 1: '999 call to arrival at scene' response times (h:mm:ss)

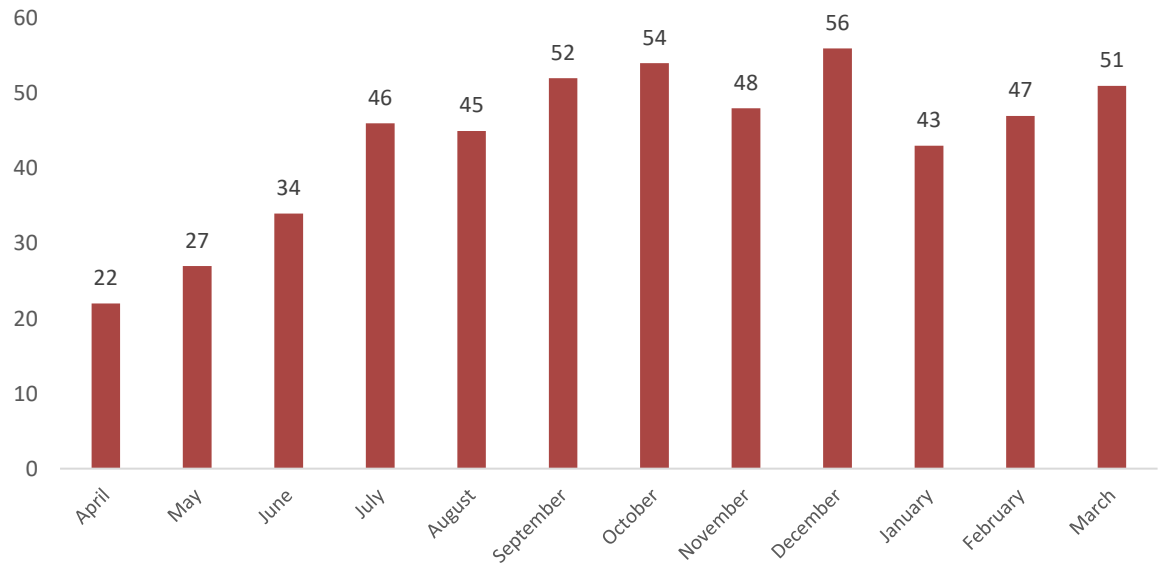


Figure 4: Response intervals per month (mins)

- There were considerable increases in response times compared to last year.
- The mean '**999 call to arrival at scene**' response time was **43 minutes,** which was 20 minutes **longer** than in the previous year (23 minutes).
- Response times were the longest in December 2021. This was in line with historical winter pressures affecting the NHS but made worse this year by the unprecedented demand and the ongoing impact of the Covid-19 pandemic.

2.3 Onset of symptoms

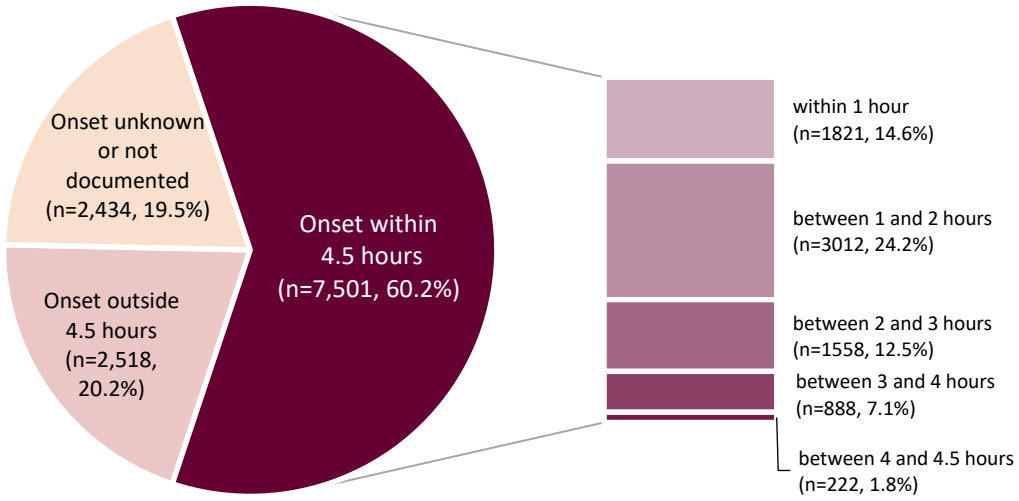


Figure 5: Onset of symptoms

N.B. Due to rounding, the percentages do not add up to 100%.

- The majority of suspected stroke patients (n=7,501, **60.2%**) had a **symptom onset within 4.5 hours** at the point of leaving the scene, which, based on the existing guidelines*, made them potentially eligible for the thrombolysis treatment at hospital. This is the **highest** proportion of stroke patients identified as potentially eligible for thrombolysis since 2017/18.
- The onset of symptoms was recorded as **unknown** for **19.3%** of patients. This was predominantly due to patients waking up with symptoms or being unable to recall the timeline of events.
- In 26 cases (**0.2%**) the onset time was **not recorded** by the attending clinicians.

** Please note that these guidelines changed on the 28th April 2022 which is outside the period covered in this report.*

2.4 On-scene times

First vehicle on-scene	All patients^			Symptoms onset ≤4.5 hrs*		
	n (%)	Mean	Median	n (%)	Mean	Median
Solo responder	926 (7.5%)	46:51	41:17	650 (8.7%)	42:37	38:11
Double-crewed ambulance	11,417 (92.5%)	35:05	31:49	6,819 (91.3%)	31:12	28:48
Overall	**12,343**	**35:58**	**32:26**	**7,469**	**32:11**	**29:31**

*^Patients not conveyed to hospital (n=110) are excluded from on-scene time figures. * Measured at the point of leaving the scene.*

Table 2: On-scene times by first vehicle to arrive on scene (mm:ss)

Time from first vehicle arriving on scene to conveying vehicle leaving scene. As solo responders are dispatched to some incidents to provide early assessment and on-scene management, but unable to transport patients, their times will be longer.

- On-scene times have continued to **increase** after the reduction seen in 2018/19.
- The overall average **on-scene** time (measured from the arrival of the first LAS vehicle to the conveying vehicle leaving) was **36 minutes**, which was nearly **2 minutes longer** than last year (34 minutes) and **5 minutes longer** than 2019/20 (31 minutes).
- Where, based on the existing guidelines, patients were potentially eligible for thrombolysis (with a symptoms onset **within 4.5 hours**, measured at the point of leaving the scene), the average on-scene time was nearly **4 minutes shorter** compared to the overall average (**32 minutes**).

2.5 Diagnostic bundle compliance

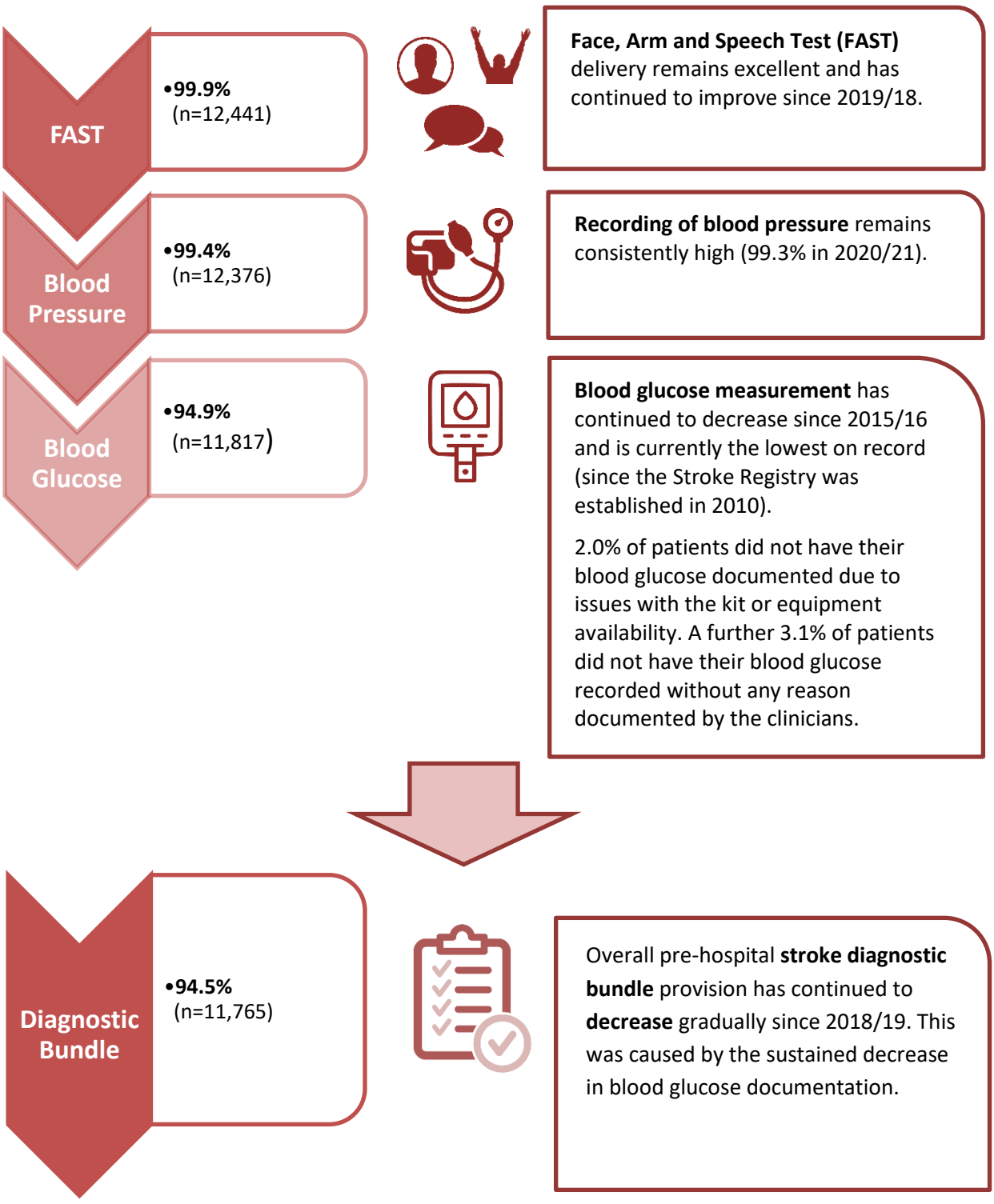


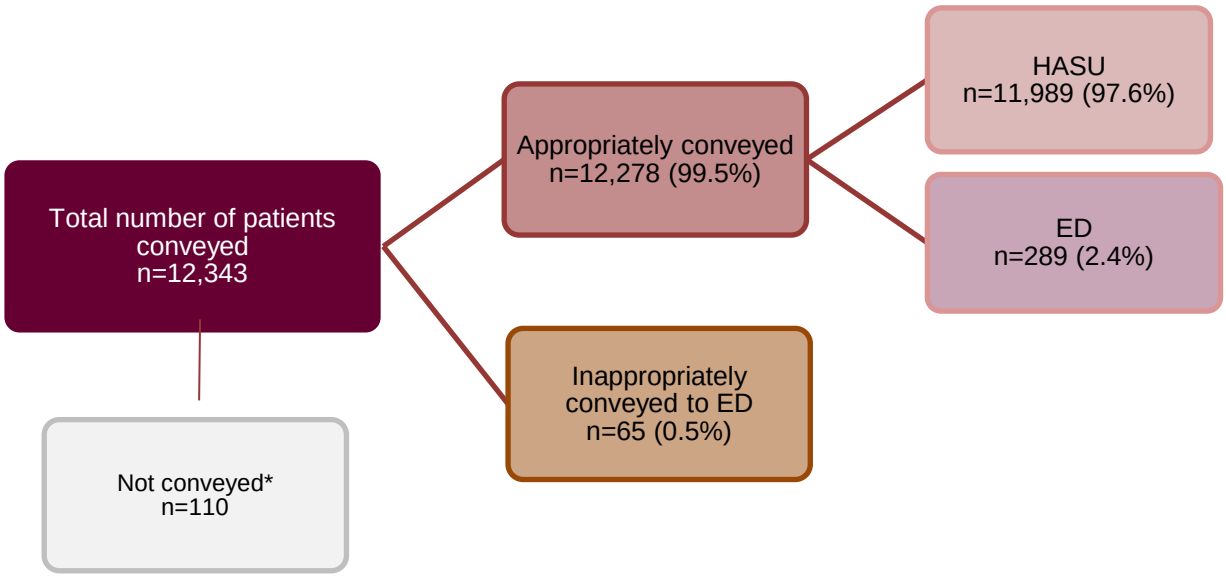
Figure 6: Diagnostic bundle administration

2.6 Conveyance

The current Stroke London Pathway stipulates that all suspected stroke patients should be taken to a Hyper Acute Stroke Unit (HASU). Where the patients' symptoms are known to be less than 4.5 hours old (at the point of leaving the scene), they should be transported with a hospital pre-alert[#] so that a specialist stroke team are notified and ready to rapidly assess the patient on arrival. Other patients should be conveyed under normal driving conditions. In some circumstances, for example, where the attending clinicians have concerns about their patient's condition (e.g. due to unmanageable seizures or issues with their airway), these patients can be appropriately transported to their nearest Emergency Department (ED).

During this reporting period, a service evaluation project enabling pre-hospital video triage of suspected stroke patients was running in the North Central Sector (and was expanded to the North East Sector on the 23rd March 2022). Through this project, patients receive a remote assessment by stroke clinicians, who then determine whether the patient would benefit from being transported to a HASU, or if they should attend their local hospital instead. This has led to an increase in the number of patients going to an ED appropriately.

[#] Please note that on the 28th of April 2022 the pre-alert window was extended to 10 hours. However, this change falls outside the time period covered in this report.



** Patients who refused conveyance or had end-of-life arrangements in place at the time of the attendance.*

Figure 7: Patient destination

- Nearly all suspected stroke patients (n=12,278, **99.5%**) were conveyed to **the most appropriate destination** for their condition according to the existing guidelines. This is a return to a consistently high figure from previous years, following a slight decline in 2020/21 (98.5%).
- The majority of patients were transported **directly to a HASU** (n=11,989, **97.6%**). Northwick Park Hospital HASU received the highest number of patients (n=1,864, 15.6%); whilst the National Hospital for Neurology and Neurosurgery HASU received the lowest number (n=896, 7.5%).
- 289 patients (**2.4%**) were conveyed to an **ED** with valid reasons provided by the clinicians. This includes 200 patients who were transported to an ED as instructed by stroke consultants following a video consultation as part of the service evaluation project.
- A small fraction of patients (n=65, **0.5%**) were conveyed to an **ED inappropriately**. This is a **1.0% improvement** compared to last year. These cases have been reported as potential incidents via Datix.

2.7 Journey to hospital times

Destination		n	Mean	Median
HASU	**All HASU patients**	11,989	18:51	16:30
	Symptoms onset ≤4.5 hrs*	7,375	16:02	14:46
ED	**All ED patients**	354	17:30	14:12
	Symptoms onset ≤4.5 hrs*	94	17:43	13:34

** Measured at the point of leaving scene.*

Table 3: Journey to HASU times (leaving scene – arrival at hospital) (mm:ss)

- Overall mean journey time to a HASU was just under **19 minutes**.
- Where patients were potentially eligible for thrombolysis (with a symptoms onset **within 4.5 hours**), the average journey to a **HASU** was **nearly 3 minutes quicker** (16 minutes). This was in line with the last years' figures and remains **well within the aspirational 30 minutes target** set by the London Stroke Network.
- The mean journey time for patients conveyed to an **ED** was **17.5 minutes**.

2.8 999 call to arrival at HASU

Destination		n†	Mean	Median
HASU	**All HASU patients**	11,453	1:29:48	1:16:51
	Symptoms onset ≤4.5 hrs*	7,172	1:17:07	1:08:51

†Healthcare Professional admissions (n=536) are excluded from these figures as they request a response within a specific time frame.
** Measured at the point of leaving scene.*

Table 4: Call to HASU times (h:mm:ss)

- '999 call to arrival at HASU' times have been **increasing** since 2018/19; however, the increase this year is the biggest seen, owing to notable increases in response times and smaller increases in on-scene times.
- For patients whose symptoms started within 4.5 hours (measured at the point of leaving the scene), the mean '999 call to arrival at HASU' time was **77 minutes**. This was 15 minutes **slower** than in to 2020/21.
- The mean overall '999 call to arrival at HASU' time was just below **90 minutes,** which was 20 minutes **longer** than last year.

3 Summary

This report demonstrates that our care of patients with a suspected stroke continues to be of a high standard as evidenced by a comprehensive assessment on-scene and a rapid transportation to the most appropriate destination for the patient's condition. This is something that we have managed to maintain despite the unpreceded demand on our service and the ongoing pressures from the Covid-19 pandemic which have led to notable rises in response times.

To ensure that we uphold the excellent standards of care provided to this patient group, we will continue to highlight instances where patients have not received a full stroke diagnostic bundle, or where patients were not transported in line with the current guidelines, for investigation and on-going education. In addition, the relaunch of the Diagnostic Pouches (which contain blood glucose monitors) and the new electronic tracking process are expected to reduce instances where the blood glucose could not be measured due to missing equipment; this should simultaneously improve our stroke care bundle provision. We will also continue working with the NHS England by providing data for the Ambulance Quality Indicators to enable benchmarking against other ambulance services across the country.

The Trust will maintain a continual focus on the care we provide to patients with a suspected stroke and will use the valuable information contained within this report, and our monthly reports, to evidence the need for change and to inform future practice.

Appendix 1: Care provided to suspected stroke patients by month

	All patients attended	999 call to arrival at scene (mean, h:mm:ss)	On-scene times (from arrival of first vehicle to leaving scene, mean, h:mm:ss)	Journey to HASU (mean, h:mm:ss)	999 call to HASU (mean, h:mm:ss)	Diagnostic bundle provision	Destination in line with guidelines
April 2021	1,130	0:22:12	0:34:58	0:19:06	1:11:49	94.9%	99.7%
May 2021	1,149	0:26:43	0:34:23	0:18:42	1:14:39	96.1%	99.6%
June 2021	977	0:34:19	0:34:35	0:19:02	1:20:55	94.9%	99.4%
July 2021	1,015	0:45:33	0:34:56	0:18:33	1:29:51	92.9%	99.3%
August 2021	1,031	0:45:00	0:35:42	0:17:51	1:29:31	94.3%	99.3%
September 2021	984	0:51:45	0:35:13	0:18:50	1:36:43	92.9%	99.3%
October 2021	1,008	0:53:47	0:35:55	0:18:22	1:38:59	92.9%	99.4%
November 2021	1,061	0:47:56	0:36:56	0:19:09	1:36:11	93.9%	99.7%
December 2021	1,041	0:55:47	0:38:05	0:19:07	1:43:28	94.0%	99.7%
January 2022	1,078	0:42:42	0:37:03	0:18:43	1:28:51	95.8%	99.2%
February 2022	965	0:46:42	0:37:14	0:19:10	1:31:44	96.1%	99.3%
March 2022	1,014	0:50:30	0:36:46	0:19:34	1:38:32	94.9%	99.8%
Total	**12,453**	**0:43:14**	**0:35:58**	**0:18:51**	**1:29:48**	**94.5%**	**99.5%**

London Ambulance Service
NHS Trust

Cardiac Arrest Annual Report

April 2021 – March 2022

November 2022

Produced by:

Clinical Audit and Research Unit,
London Ambulance Service NHS Trust,
8-20 Pocock Street,
London,
SE1 0BW.

✉ londamb.Caru.Enquiries@nhs.net

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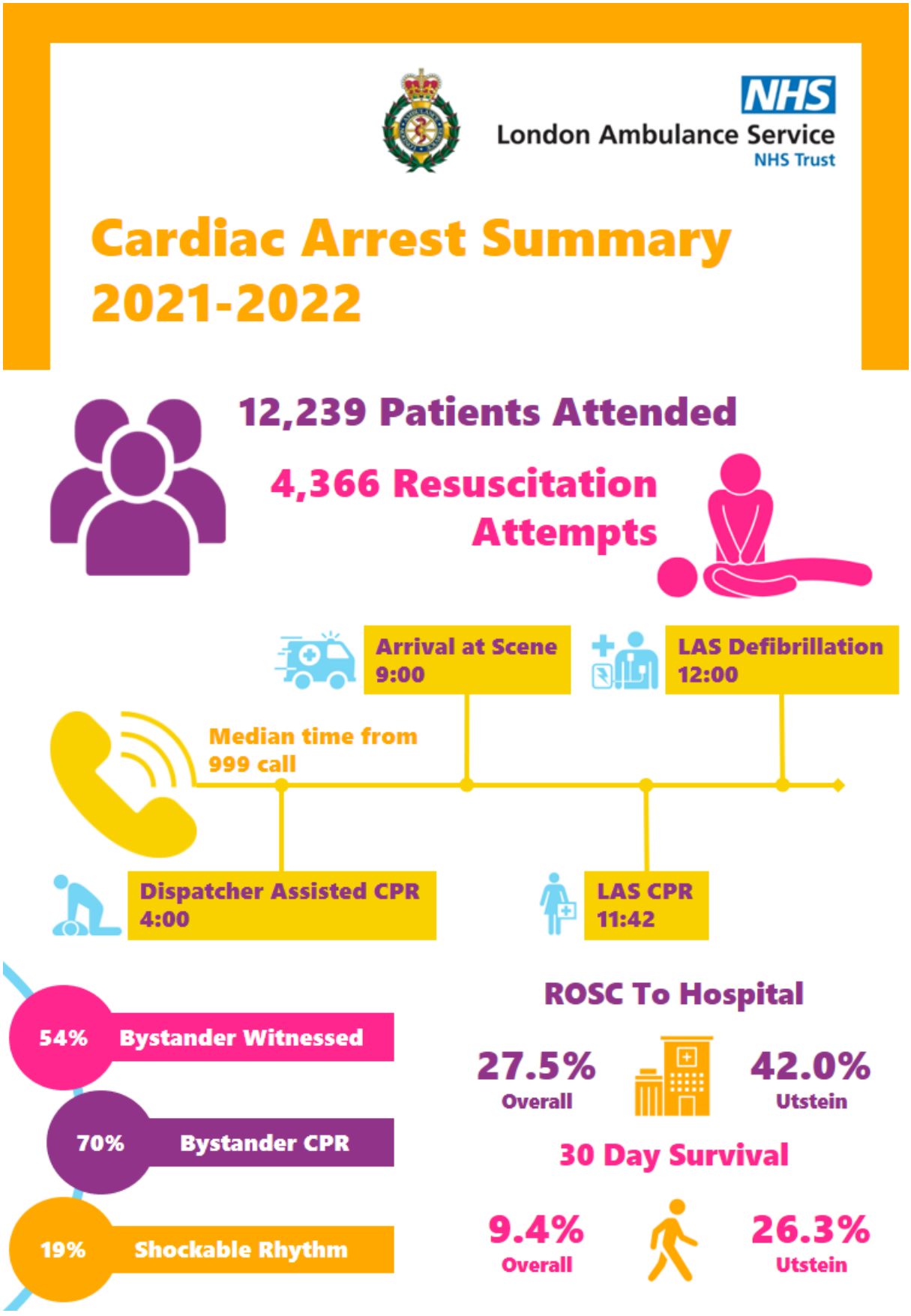
Data within this report are correct at the time of publication

Cardiac Arrest Summary Infographic



1. Introduction

Between 1st April 2021 and 31st March 2022, the London Ambulance Service NHS Trust (LAS) responded to 12,239 patients in London who had a cardiac arrest. 7,833 of these (64.3%) were either found to have died on arrival of LAS clinicians (n=4,529), had a valid Do Not Attempt Cardio-Pulmonary Resuscitation (DNA-CRP) order, or equivalent, in place (n=2,849), or there was evidence that resuscitation would be futile (n=455). Resuscitation was attempted by LAS clinicians for **4,366** patients (**35.7%**), and a further 40 patients (0.3%) had received a shock from a public access defibrillator and were no longer in cardiac arrest on arrival of LAS clinicians.

Thirteen patients were attended by LAS clinicians outside of London in order to provide assistance to the local ambulance service – these patients are not included in this report.

2. Systems Saving Lives

This section focusses on the bystander interventions that were delivered (before LAS clinicians arrived on scene) to all **12,239** patients that we attended in London this year.

2.1. Dispatcher-Assisted CPR

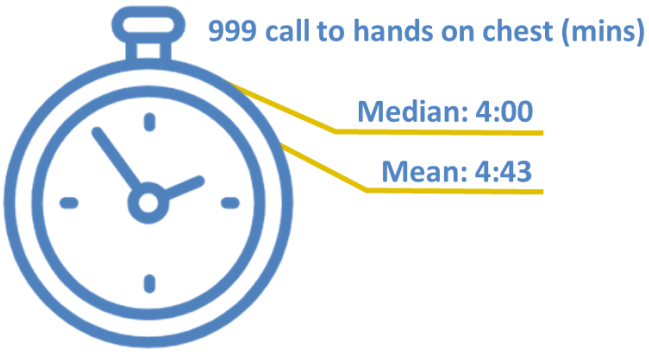


Figure 1: Average time to hands on chest for patients who received dispatcher-assisted CPR (n=4,385)

- Our Emergency Call Handlers provided dispatcher-assisted CPR instructions to **35.8%** of patients, up 2.4% from 33.4% in 2020/21. Where DA-CPR instructions were not provided, this may have been due to an obvious death, ongoing CPR before the 999 call, or the caller may have refused.

- The average time from the 999 call being connected to the ambulance service and these instructions being given **increased by 18 seconds** (mean 4:43 vs 4:25mins in 2020/21).

2.2. GoodSam[1] Responders

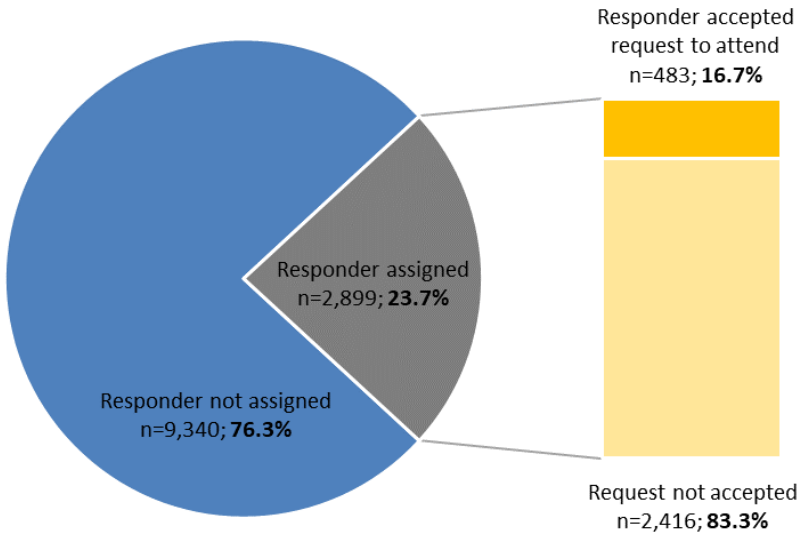


Figure 2: GoodSam responder assignments and acceptance

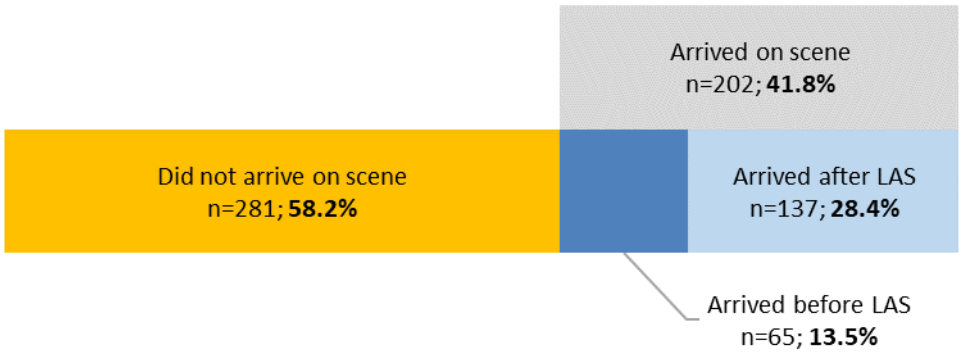


Figure 3: Outcome of GoodSam alerts accepted by a responder
Based on the responder 'arrival at scene time' recorded on the GoodSam app

- GoodSam volunteer responders were alerted to 2,899 cardiac arrest incidents in London this year. **16.7%** (n=483) of these alerts were accepted by a volunteer.
- Less than half (**41.8%**; n=202) of the responders who accepted an alert arrived on scene, and of these only 65 (**32.2%**) arrived before the first LAS resource.
- **56** patients who had a GoodSam responder arrive before LAS had resuscitation continued by our clinicians. Of these, **35.7%** (n=20) achieved ROSC which was sustained until hospital arrival and **10.9%** (n=6/55) were alive at 30 days.

[1] GoodSam (https://www.goodsamapp.org/) is a mobile phone application that automatically alerts trained volunteer responders of cardiac arrest incidents in their area

2.3. Public Access Defibrillation (PAD)

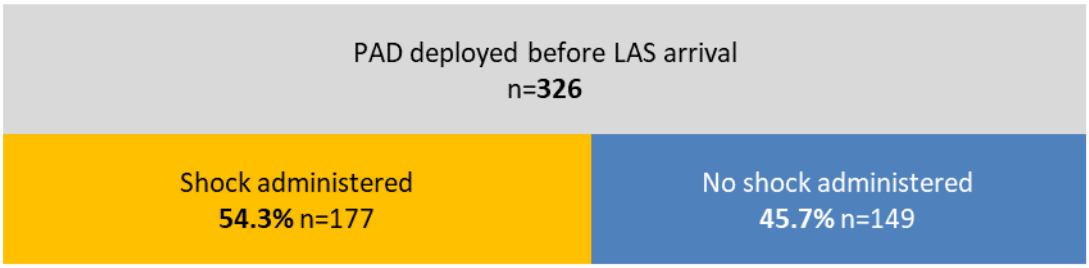


Figure 4: PAD deployments and shocks delivered before LAS arrival

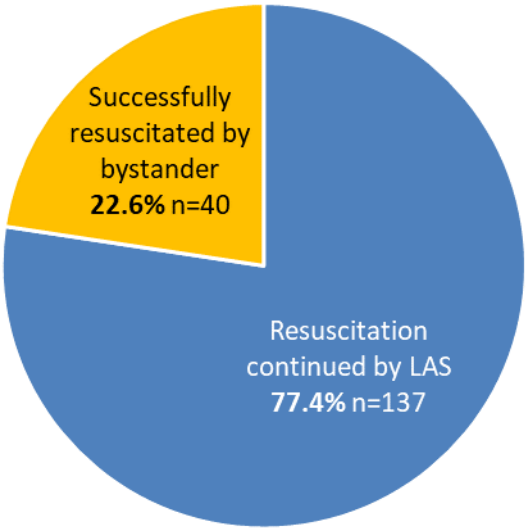


Figure 5: Patients who received a PAD shock and were successfully resuscitated before LAS arrival

- **326** patients had a defibrillator applied prior to the arrival of LAS, an increase of 70.7% (n=191 in 2020/21).
- A shock was delivered before LAS arrival on **177 occasions**.
- Of those patients who received a PAD shock, **40 (22.6%)** were successfully resuscitated prior to the arrival of LAS clinicians, and further cardiopulmonary resuscitation by LAS clinicians was not required.

3. LAS Resuscitation

In this section, we describe the demographics and care provided to the **4,366** patients in London for whom LAS clinicians attempted resuscitation.

3.1 Profile of arrests

Gender, n (%)	
Male	2,885 (66.1)
Female	1,476 (33.8)
Unknown	5 (0.1)

Age, mean (median) in years	
Overall	63 (66)
Male	62 (64)
Female	67 (72)

Location, n (%)	
Private location	3,322 (76.1)
Private address	*3,197 (96.2)*
Care home	*125 (3.8)*
Public Location	1,044 (23.9)

Race, n (%)	
White	1,961 (44.9)
Black	330 (7.6)
Asian	378 (8.7)
Mixed	40 (0.8)
Other	95 (2.2)
Unknown	1,562 (35.8)

Chief complaints at the 999 call, n (%)	
Cardiac arrest	2,256 (51.7)
Unconscious/fainting	548 (12.6)
Breathing problems	320 (7.3)
Falls	151 (3.5)
Chest pain	132 (3.0)
Other †	959 (22.0)

†includes HCP admissions (n=9)

Table 1: Profile of cardiac arrests where resuscitation was attempted

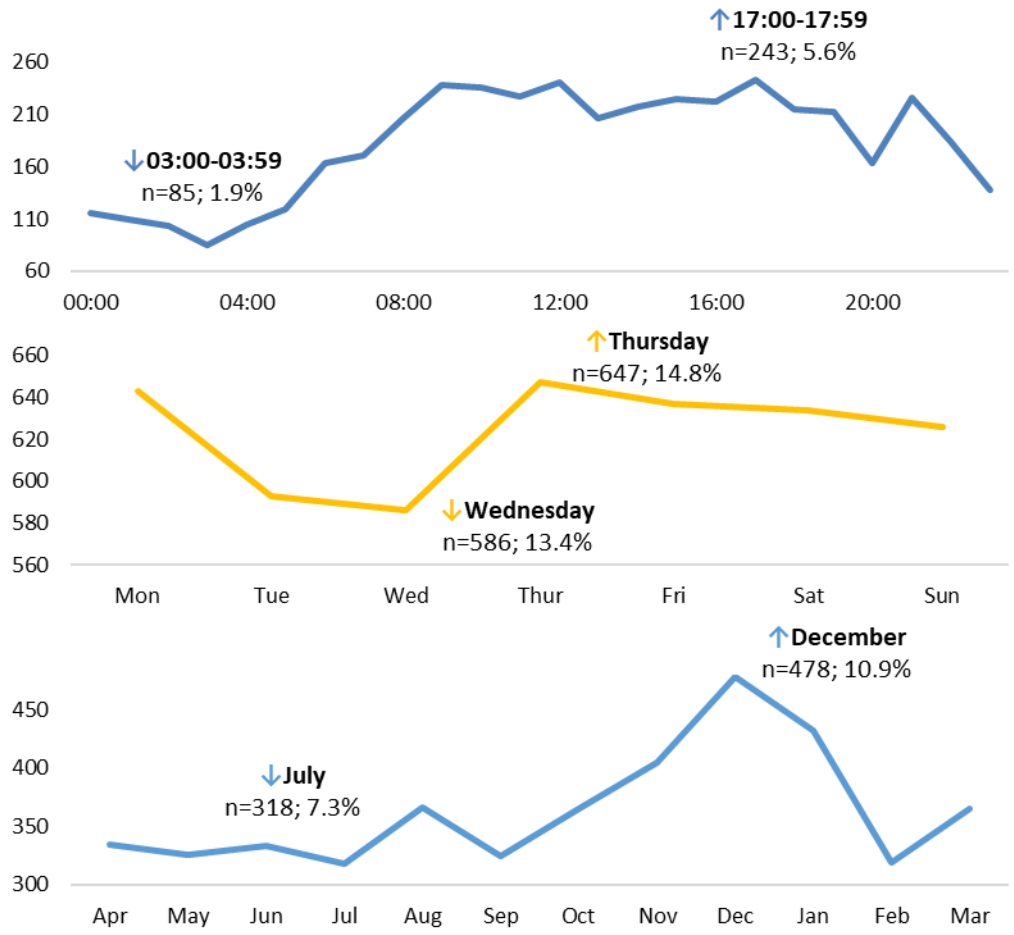


Figure 6: Peak occurrence of cardiac arrests where resuscitation was attempted

- The demographics of patients treated for cardiac arrest in London this year was similar to 2020/21. However, more patients had their cardiac arrest in a public place compared with last year (**23.9%** vs. 19.6%), although this remains lower than pre-COVID levels.
- The number of cardiac arrests peaked between **17:00-17:59**, with fewer cardiac arrests occurring overnight.
- **Thursday** was the day of the week with the most cardiac arrests in London (n=647), and **December** was the month with the most incidents (n=478; 10.9%).

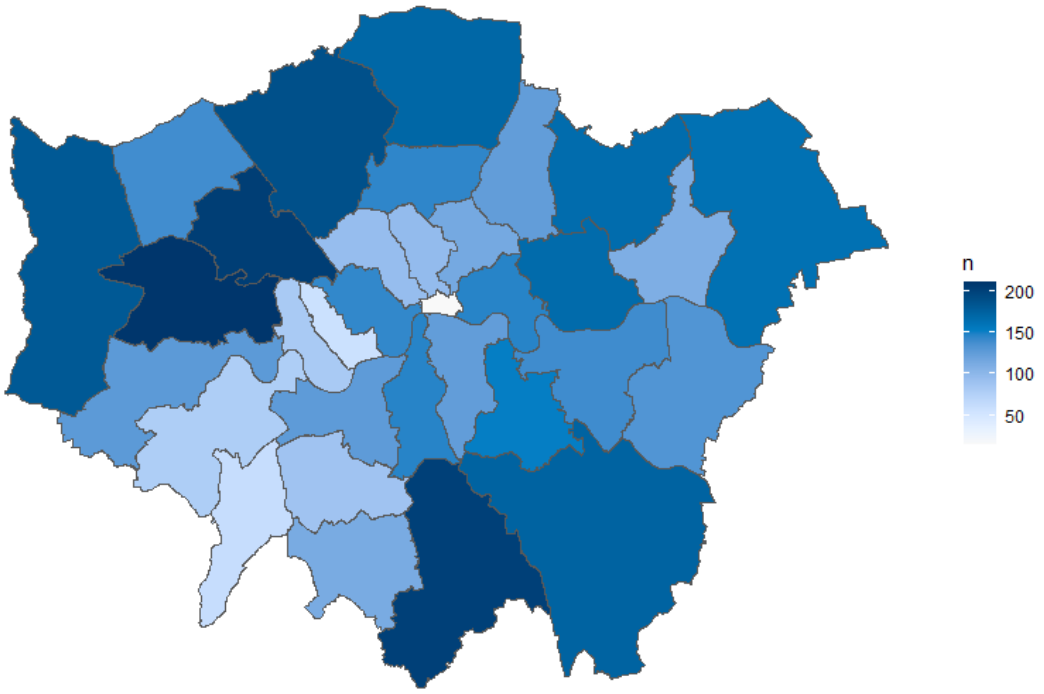


Figure 7: Geographic spread of cardiac arrest incidents by Local Authority District

- There was considerable **geographical variation** in the location of cardiac arrests in London. The highest number of cardiac arrests occurred in **Ealing** in the West of London (n=210) with the lowest number occurring in the **City of London** (n=14). This is likely to be related to differences in population density and demographics across London.

3.2 Response times

Table 2 reports '999 call to arrival at scene' times, following the international definition for reporting the response interval of clinical significance. The response time starts when the 999 call is connected to the ambulance service, and ends when the first vehicle's wheels stop turning upon arrival at scene (https://www.ahajournals.org/doi/pdf/10.1161/01.CIR.84.2.960).

n (%)	Mean	Median
4,366	14:22	09:00

Table 2: '999 call to arrival at scene' response interval (mm:ss)

- Overall response times were longer this year than in 2020/21. The mean call to arrival at scene interval **increasing by 2:29**.

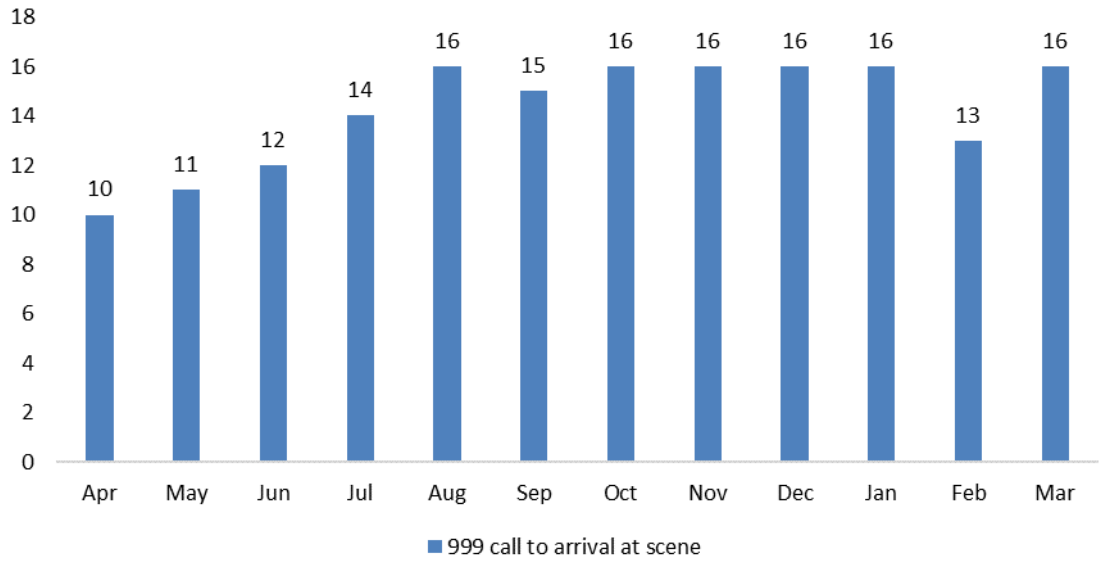


Figure 8: Mean response intervals per month (mins)

- There was monthly variation in response times this year, with the shortest times observed in **April 2021**.

3.3 Key clinical time intervals

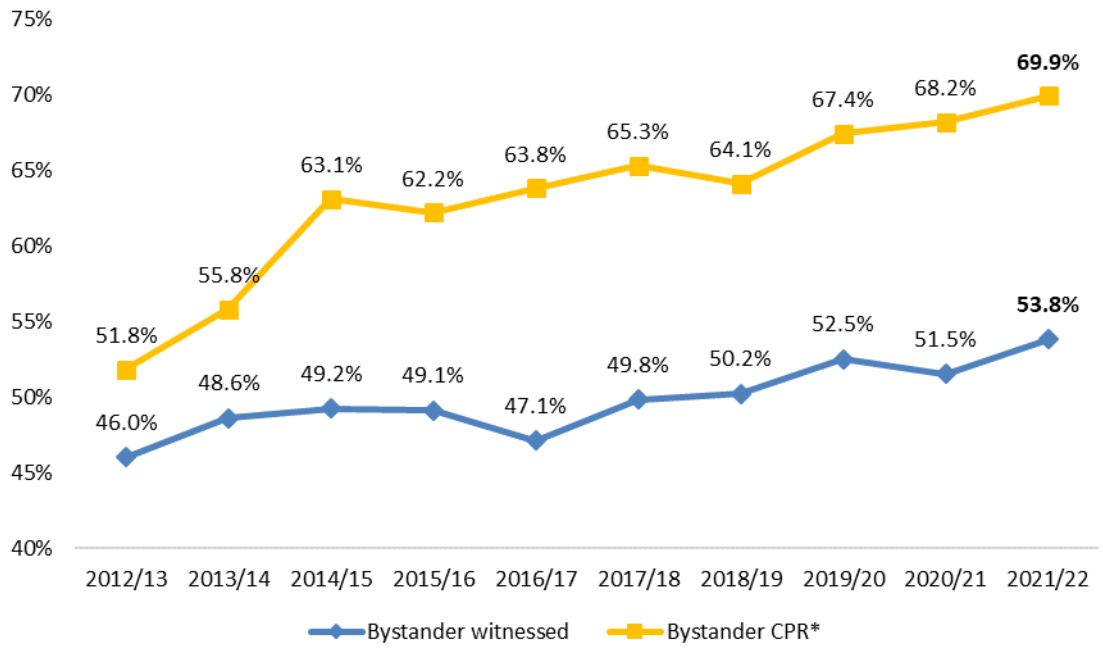
Time interval	n	Mean	Median
999 call^ – LAS CPR*	2,479	15:59	11:42
999 call^ – LAS defibrillation*~	553	14:11	12:00

*^ Time the 999 call was connected to the ambulance service; * Excludes LAS witnessed arrests and incidents where times were not documented; ~ Based on an initial rhythm of VF/VT*

Table 3: Key time intervals from 999 call (mm:ss)

- The mean time from 999 call to both LAS CPR and LAS defibrillation **also increased this year**. The mean time to CPR increased by **1:42** mins (from 14:17 to 15:59) whilst the mean time to defibrillation increased by **1:15** mins (from 12:56 to 14:11).

3.4 Bystander interventions



**Excludes LAS witnessed arrests*

Figure 9: Bystander witnessed arrests and bystander CPR by year

- More patients (**53.8%**) had their cardiac arrest witnessed by a bystander this year than in previous years.
- For the third consecutive year, more than two thirds of patients received bystander CPR prior to the arrival of LAS. This year's figure is the highest ever reported at **69.9%**.
- After a fall last year, the number of patients who had a Public Access Defibrillator (PAD) applied and subsequently had resuscitation attempted by LAS **increased by 69.2%** this year raising from 169 to **286** (see Appendix 1).

3.5 Clinical Presentation

3.5.1 Aetiology

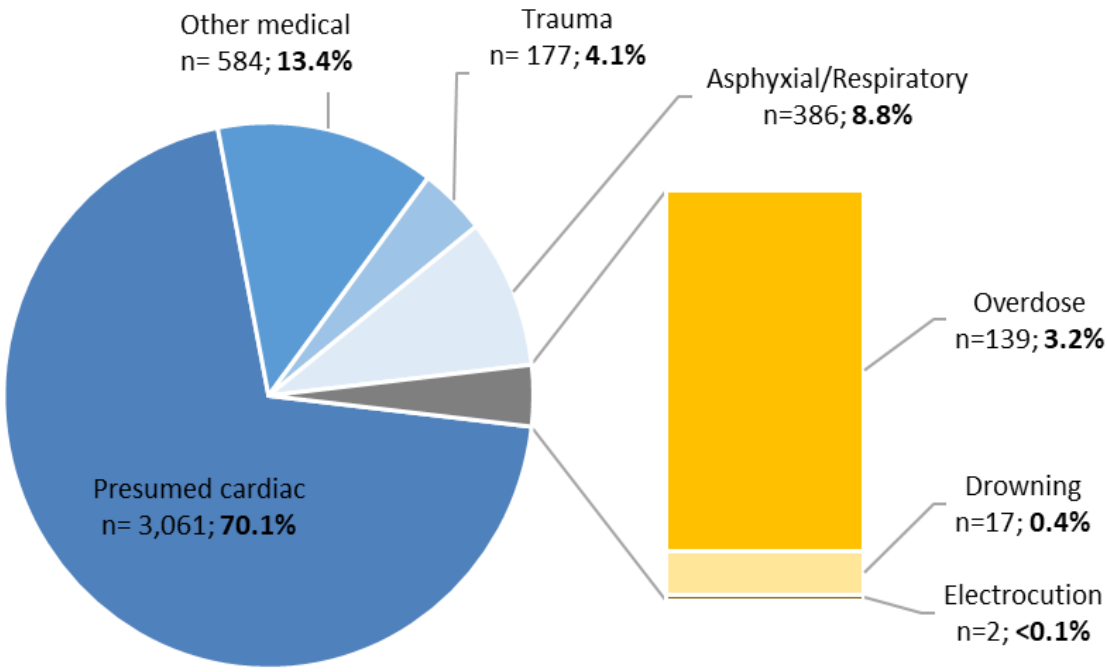


Figure 10: Breakdown of aetiology of cardiac arrests

- Most cardiac arrests in London (**70.1%**) were due to a presumed cardiac aetiology. This proportion is 5.4% lower than in 2020/21.
- Compared with last year, a higher proportion of cardiac arrests were attributed to an **asphyxial or respiratory cause** (8.8% vs. 3.8%) and a higher proportion were due to **overdose** (3.2% vs 1.5%).

3.5.2 Initial arrest rhythm

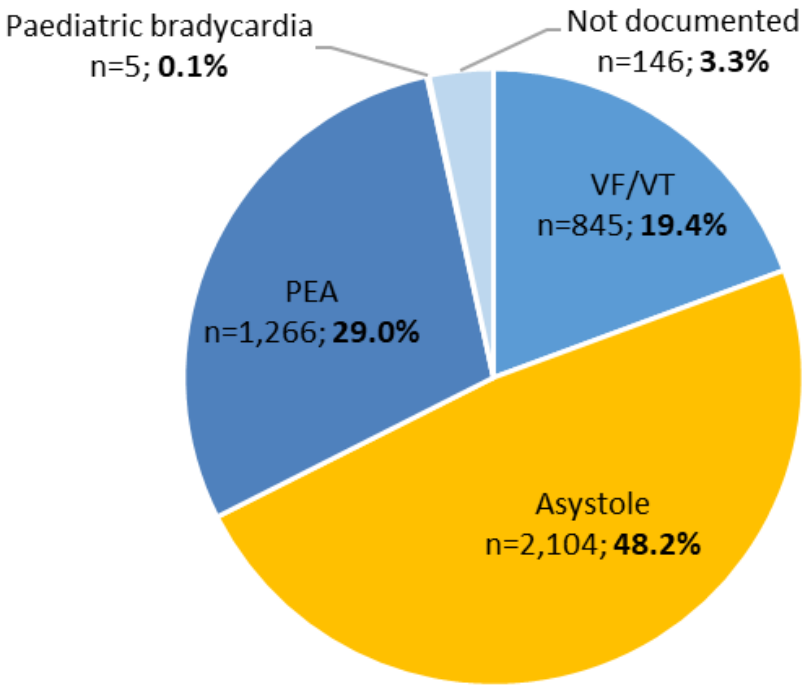
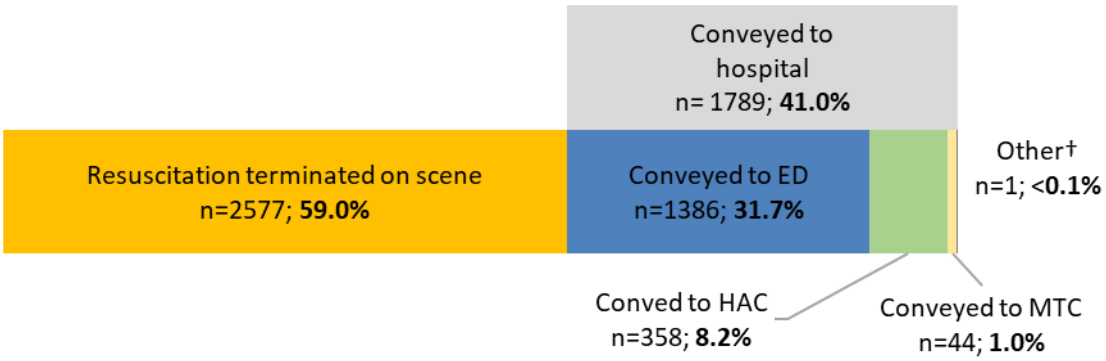


Figure 11: Breakdown of initial recorded cardiac rhythm

- This year, a higher proportion of patients presented with an initial shockable rhythm (**VF/VT**) than in 2020/21 (**19.4%** vs. 17.6%).
- There were corresponding reductions in the proportion of patients presenting in PEA (**29.0%** vs. 30.6%) and asystole (**48.2%** vs. 49.3%).

3.6 Conveyance



† One patient suffered a cardiac arrest in the grounds of a hospital and was handed over to the hospital cardiac arrest team.

Figure 12: Breakdown of conveyance by destination

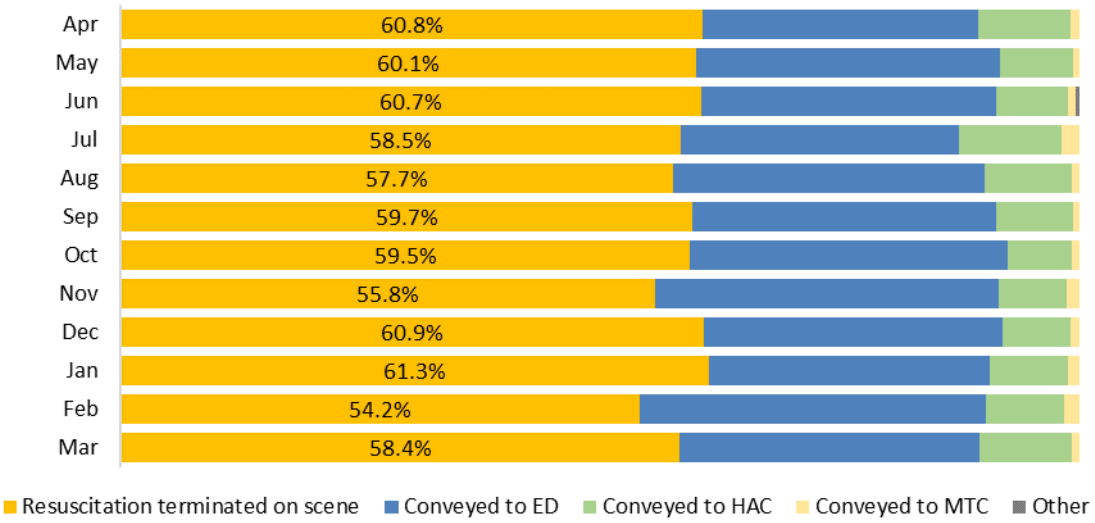


Figure 13: Breakdown of conveyance destination by month

- After an increase last year, a **reduced proportion** of patients had their resuscitation attempt **terminated on scene** this year (**59.0%** vs. 62.4%).
- Most conveyed patients were taken to an Emergency Department (ED; **77.5%**). **20.0%** were conveyed to a Heart Attack Centre (HAC) and **2.5%** to a Major Trauma Centre (MTC). These proportions are similar to those seen in 2020/21.
- There was slight monthly variation in the proportion of patients who had their resuscitation attempt terminated on scene this year (**range 54.2% - 61.3%**). This was much less variable than we observed in 2020/21 (range 52.2% - 75.9%).

4. Patient outcomes

In this section, we report the outcomes for two groups of patients according to international guidelines:

1. **Overall group**: all patients for whom resuscitation was attempted by LAS.

2. **Utstein comparator group**: a sub-group of patients for whom resuscitation was attempted following a cardiac arrest of a presumed cardiac cause, which was bystander witnessed, and presented in a shockable rhythm.

4.1 Return of spontaneous circulation (ROSC)

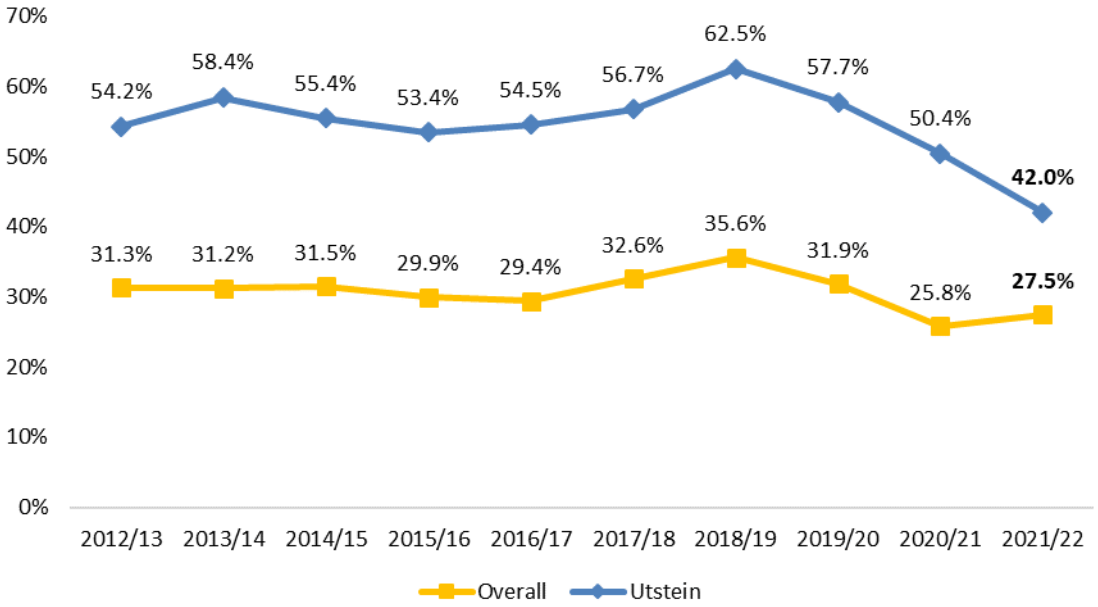


Figure 14: ROSC sustained to hospital per year

- The total proportion of patients achieving ROSC that was sustained until hospital arrival **increased by 1.7%** this year, although at **27.5%** the figure is the second lowest figure reported over the last 10 years.

- In the Utstein comparator group, the proportion of patients with ROSC sustained to hospital was **42.0%**. This is **8.4% lower** than in 2020/21 and is the lowest figure reported over the last 10 years.

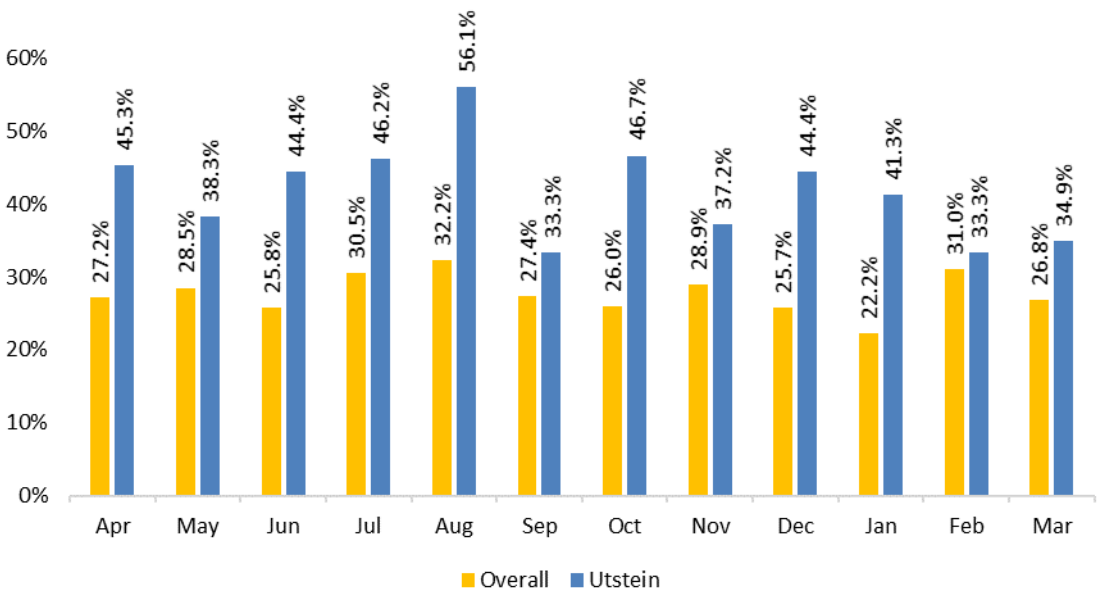


Figure 15: Monthly ROSC sustained to hospital

- **August 2021** was the month with the highest rates of ROSC to hospital in both the overall (32.2%) and Utstein comparator groups (56.1%). There was considerable variation in these figures throughout the year.

4.2 Survival

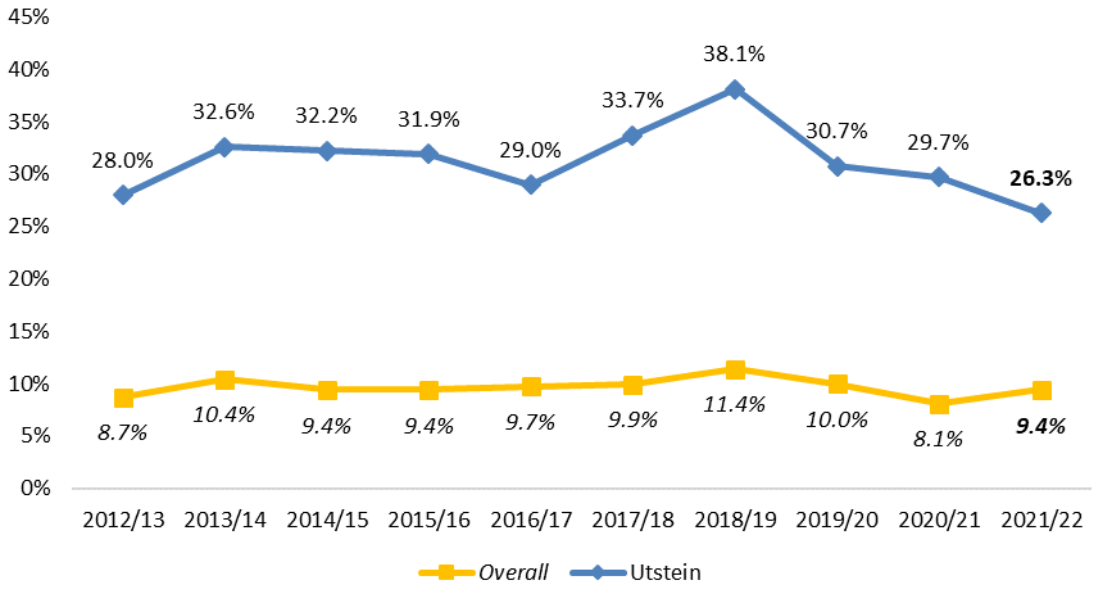


Figure 16: 30 day survival per year

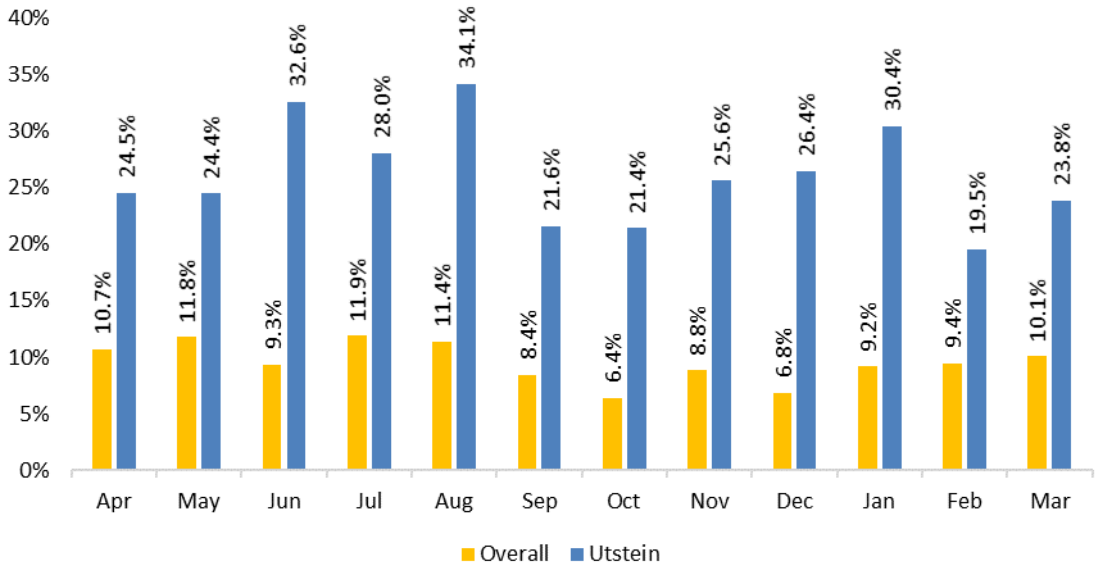


Figure 17: Monthly 30-day survival

- **9.4% of patients were alive** 30 days after their cardiac arrest. This is **1.3% higher** than in 2020/21 although remains lower than in previous years.
- In the Utstein comparator group, survival at 30 days **fell by 3.4%** this year. At **26.3%**, the figure is the lowest we have observed in the last 10 years.
- The rate of survival varied significantly month to month, with the highest rates of overall survival seen in **July 2021** (11.9%) and the highest rates of survival in the Utstein comparator group seen in **August 2021** (34.1%).

Group	30 Day Survival	
	LAS	National Average
Overall group	9.4%	8.6%
Utstein comparator group	26.3%	25.0%

Table 4: LAS survival compared with the national average for England.

- Despite reductions in survival in the Utstein comparator group this year, survival in both the overall and Utstein groups was **above the national average**.

5. Conclusions

During 2021/22, as the UK continued to face challenges associated with the COVID-19 pandemic, the LAS experienced its busiest year ever, answering more 999 calls and dealing with more incidents than ever before.

Despite this increase in overall demand, the number of patients attended following a cardiac arrest in London fell by 9%. Our clinicians attempted to resuscitate 4,366 patients whilst 40 patients were successfully resuscitated by a bystander prior to our arrival.

More patients than ever before received bystander CPR, and more patients had a Public Access Defibrillator (PAD) applied compared to last year. The LAS continued work to improve access to bystander CPR and defibrillation across the capital through the London Lifesavers and Community Defibrillators Scheme. We also continued to work with GoodSam to alert trained volunteer responders in the area when a cardiac arrest occurred.

The time it took our clinicians to reach patients in cardiac arrest this year increased, most likely due to an increase in overall demand. We saw corresponding increases in the time to key interventions including CPR and defibrillation.

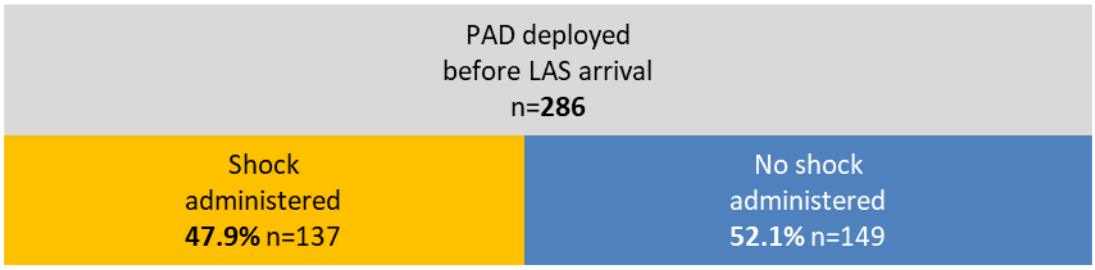
Despite the increases in response time, we saw a reduction in the proportion of patients who had their resuscitation attempt terminated on scene, with a higher proportion of patients being conveyed to hospital. There was an increase in the proportion of patients who had ROSC on arrival at hospital, and an increase in the number of patients who survived their cardiac arrest. However, these outcomes remain below pre-pandemic levels.

Whilst overall outcomes improved, outcomes in the Utstein comparator group were poorer this year than in previous years. Patients in this group have an initial shockable rhythm and therefore require early defibrillation, so it is possible that increased response times and increased times to defibrillation may have contributed to these poorer outcomes. Nonetheless, despite the decrease we observed, outcomes for this group remain above the national average.

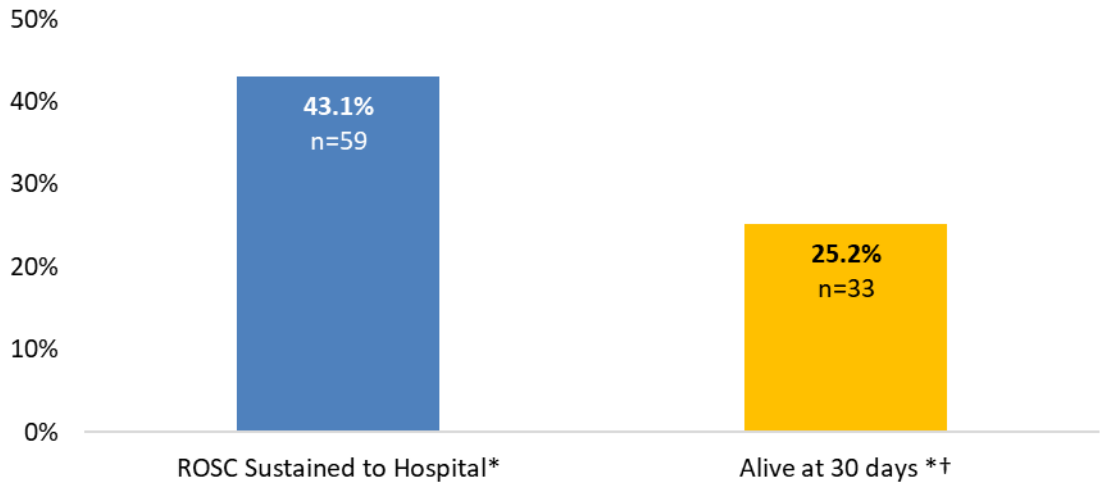
This year we continued to drive improvements in cardiac arrest care through a programme of research and clinical audit. 150 patients participated in cardiac arrest clinical trials, and we provide regular feedback on the management of cardiac arrests to local clinical management teams within the LAS. We also provided refresher training on the management of cardiac arrest to all of our clinicians through our core skills refresher programme. This data presented in this report will be used to inform future practice and provide the evidence needed to make any required changes.

Appendix 1 – Outcomes following Public Access Defibrillator (PAD) Use

A PAD was deployed before the arrival of LAS for 326 patients (section 2.3). 286 (87.7%) went on to have resuscitation continued by LAS clinicians. The outcomes for these patients are reported here.



Public access defibrillator where resuscitation was attempted by LAS

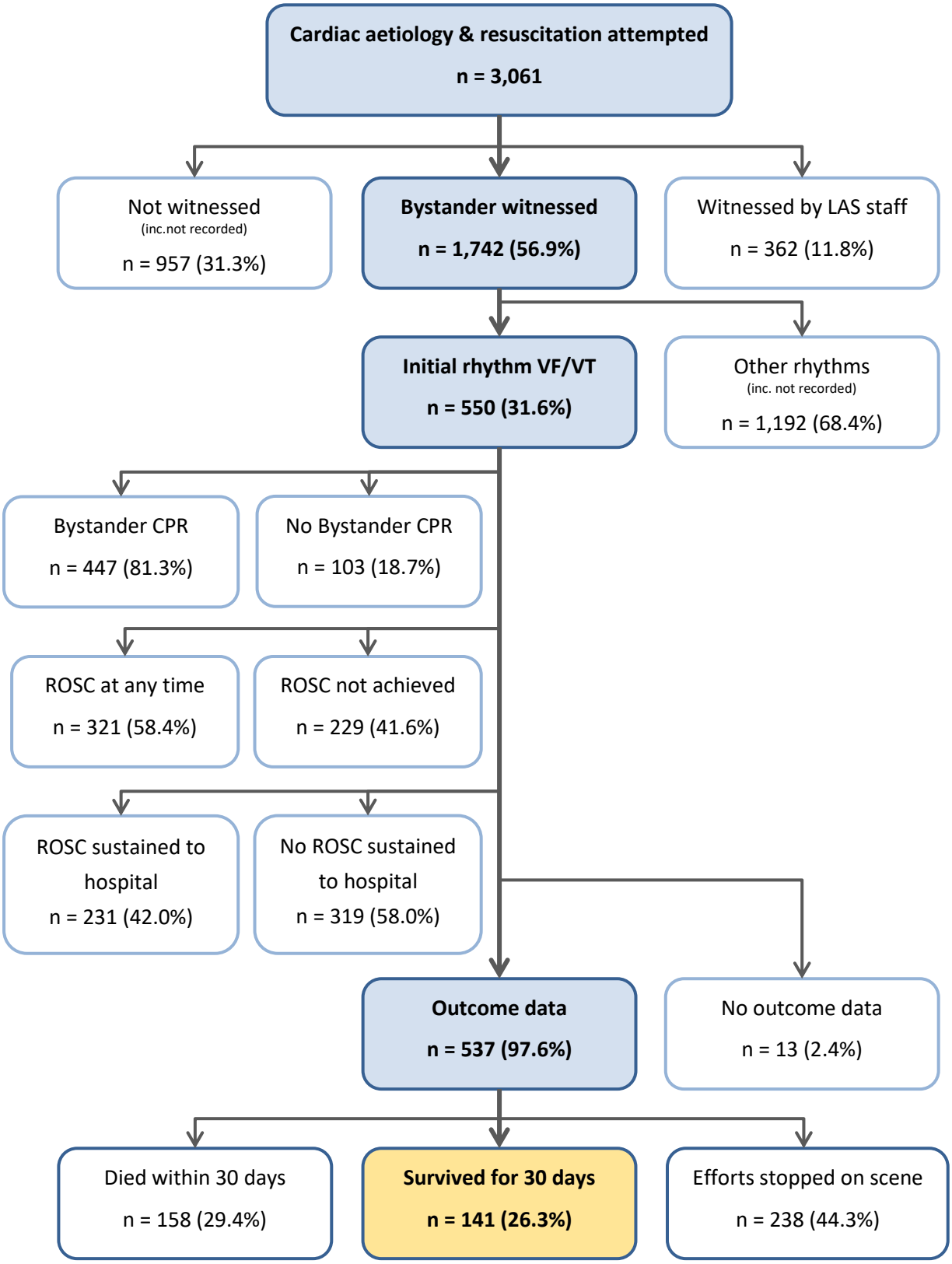


**includes only cases where a PAD shock was delivered; † excludes incidents where outcome is unknown (n=6)*

Outcomes for patients who received a PAD shock and had resuscitation continued by LAS

- This year, the number of PAD deployments in patients who went on to receive a resuscitation attempt by our clinicians **increased by 69.2%**, up from 169 in 2020/21 to **286 deployments** this year.
- At least one shock was delivered for **47.9%** of patients for whom a PAD was applied; this is up from 39.6% in 2020/21.
- **25.2%** of patients who received a PAD shock (n=33/131) survived for at least 30 days after their cardiac arrest, **1.9% higher** than in 2020/21.

Appendix 2 – Utstein survival template



London Ambulance Service
NHS Trust

Report Title	Board Assurance Framework				
Meeting:	Trust Board				
Agenda item:	7.1		**Meeting Date:**	29 November 2022	
Lead Executive:	Mark Easton, Director of Corporate Affairs				
Report Author:	Frances Field, Corporate Governance Manager				
Purpose:	**x**	Assurance	**x**	Approval	
	x	Discussion		Information	

Report Summary

The BAF has been reviewed and updated by the lead executives and presented to the lead scrutiny committees for review and consideration of the controls and actions in place to mitigate the risks linked to objectives. The committees reviewed the objectives assigned to them and considered the evidence provided by the lead executives on the status of the risks.

Changes to current risk ratings since the BAF was last reviewed by the Board are as follows:

- Increase in current risk score for risk 1A - Impact of Covid and other infections on demand from 3 x 4 (12) to 4 x 4 (16).
- Decrease in current risk score for risk 8B – ULEZ Compliance from 3 x 4 (12) to 2 x 4 (8).

The following new risk has been added to the BAF:

- A new risk has been articulated following discussions at the Executive Committee (ExCo) meeting on 27 October 2022 - risk (1C) relating to industrial action. This risk was presented to the Quality Assurance Committee and the People and Culture Committee, where it was agreed with a current risk score of 4 x 5 (20).

The following risks are in development and will be presented to the Board when they have gone through the appropriate committees.

- Following discussions at the ExCo meeting on 2 November 2022, it was agreed that the risk relating to handover delays will be separated from risk (2A) – Operational demand exceeding capacity. This risk is currently being drafted and will be presented to the Quality Assurance Committee on 31 January 2023, for approval.
- Following discussions at the ExCo meeting on 23 November 2022, a risk relating to data reporting is being drafted and will be presented to the Quality Assurance Committee on 31 January 2023, for approval.
- Following discussions at the ExCo meeting on 23 November 2022, a risk relating to financial planning for 2023 - 2024 is currently being drafted and will be presented to the Finance and Investment Committee on 19 January 2023, for approval

The Risk Compliance and Assurance Group review both the BAF and the Corporate Risk Register, and escalate risks from the CRR as required. The last meeting of the group did not identify any issues for escalation to the BAF.

Recommendation/Request to the Board:

The Board is asked to consider the current assessment of risks, controls, assurances and actions set out in the accompanying BAF document, approve the risk scores and the addition of the new proposed risk to the BAF.

Routing of Paper i.e. previously considered by:

Executive Committee and Board Assurance Committees.

Corporate Objectives and Risks that this paper addresses:

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

London Ambulance Service NHS Trust
Board Assurance Framework

Introduction

The Board Assurance Framework (BAF) for 2022/23 has been updated so it is aligned with the three strategic themes and the 10 objectives in the Trust business plan. These objectives feed into objectives for the executive and thereafter to staff.

The Trust's risk appetite statement is a written articulation of the degree of risk exposure, or potential adverse impact from an event, that the Trust is willing to accept in pursuit of its objectives. The full risk management statement is included within the Trust's Risk Management and Strategy which is available on The Pulse and should be used to inform the tolerance of risk areas. In summary:

The London Ambulance Service seeks to minimise risks to its stated purpose to:

- Provide outstanding care for all our patients
- Be a first class employer, valuing and developing the skills, diversity and quality of life of our people
- Provide the best possible value for the tax paying public, who pay for what we do
- Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

Strategic Goal 1 – Provide Outstanding Care for our Patients

Strategic Goal		Objective		Risks	Risk scores						
					uncon[d]	Q1	Q2	Q3	Committee	Owner	Pge
Provide Outstanding Care for our Patients	1	Continuously improve the safe delivery and quality of care for our patients	1A	Impact of Covid and other infections on demand	20	12	16		QAC	FW	5
			1B	Development of UEC	12	12	12		QAC	FW	6
			1C	Industrial action	20	N/A	20		QAC/P&C	FW	7
	2	Improve our emergency response	2A	Operational demand exceeding capacity	25	20	20		QAC	JM	10
	3	Create more integrated and resilient 111 services	3A	Single clinical assessment model	16	12	12		QAC	JN	12
			3B	Multidisciplinary workforce integration	16	12	12		QAC	JN	13
	4	Strengthen our specialists' teams response to incidents, threats and risks	4A	Major incident capacity	15	12	12		AC	JM	15
Build our Organisation	5	Support our workforce	5A	Recruitment and retention	20	12	12		P&C	DM	18
			5B	Diversity of staffing profile	16	16	16		P&C	DM	19
			5C	Staff wellness	20	16	16		P&C	DM	20
			5D	Staff burnout	16	16	16		P&C	DM	21
	6	Develop a positive working culture	6A	Culture	16	12	12		P&C	DM	24
	7	Strengthen our digital and telephony capability	7A	Cyber attack	25	15	15		AC	BT	27
			7B	Critical systems failure	20	15	15		FIC	BT	28
			7C	CAD/Newham implementation	16	12	4		D999/FIC	BT	29
Develop Our Future	8	Use of resources more efficiently and productively	8A	Deliverable financial plan 2022/23	16	12	12		FIC	RP	32
			8B	ULEZ Compliance	16	12	8		FIC	RP	33
	9	Build our role as an anchor institution	9A	Clarity of role on health inequalities/public good elements					AC	RD	
	10	Build a new five-year strategy	10A	Alignment with strategic partners	16	12	12		FIC	RD	38

Objective 1	Continuously improve the safe delivery and quality of care for our patients
Lead Executive	Fenella Wrigley, Chief Medical Officer
Lead Assurance Scrutiny	Quality Assurance Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
Whilst we have continued to provide a safe response to Category 1 patients within nationally agreed ambulance response standards, performance for the other categories of call remains challenged. The Category 2 performance improvement plan has been finalised and we have established an executive led group to oversee delivery of the priority work streams, each with an accountable SRO and named lead. These work streams ensure a safe and effective clinical dispatch model with senior clinical oversight of safety, improved response to high acuity Inter-facility Transfers and electronic patient care record (ePCR) efficiencies that reduce the administrative burden on staff through the use of technological improvements to automatically populate a range of fields	In view of current performance, and current pressures on the service, the committee can only be partially assured until there is evidence of further delivery against the improvement plan.		

Indicators/milestones					
Priorities	Oversight	Q1	Q2	Q3	Q4
Continue to improve clinical outcomes across the organisation, including for patients who have had a stroke and heart attacks	Chief Medical Officer	**ROSC** to hospital 27% Individual **STEMI** bundle components 75% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 43 mins	**ROSC** to hospital 28% Individual **STEMI** bundle components 78% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 38 mins **RAG**	**ROSC** to hospital 28% Individual **STEMI** bundle components 79% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 36 mins	**ROSC** to hospital 30% Individual **STEMI** bundle components 80% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 35 mins
Deliver the quality objectives relating to patient care, patient and family experience and staff engagement, published in the annual report	Director of Quality	Develop the delivery plan for the quality account RAG	Deliver the commitments for the action plan RAG	Deliver the commitments for the action plan	Deliver the commitments for the action plan
Pilot the production of clinical outcome data for a range of	Director of Strategy	Refine the project to clinical outcome data		Start using the data for improving patient care	Link with the ADS Process

conditions linking 111/999/ambulance data with hospital data sets		RAG		Deliver the proposed action plan to share outcome data between providers		

BAF Risk 1A	**Objective 1**
IF cases of Covid, or other infection eg influenza, increase THEN 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.	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/3/23				
L	x	C	=	Score
3	x	4	=	12

Controls	**Assurances**
Personal Protective Equipment issued to staff	FIT testing programme is at >75% for disposable masks
Infection Control measures in place	Infection numbers reported monthly and included in Board reports.
Vaccination to help protect staff from Covid and influenza	See Staff wellbeing entry and indicators
Demand controls set out in objective 1.	
Update to IPC and working safely guidance	Updated each time new national guidance produced and shared widely across LAS using all channels of communication

Further actions

Action	**Date by which it will be completed**
We will continue to monitor the situation and impact of living with COVID, or other infection e.g. influenza, an through attendance at national and regional meetings	Ongoing
Ensure workforce plan is delivered to provide resilience	31/3/23
Ensure lessons from each COVID wave are reviewed and embedded into future planning and actions taken	Ongoing

BAF Risk 1B	**Objective 1**
There is a risk that after the increasing backlog of elective care may result in the national focus on elective care leading to deprioritisation of focus to transform emergency care at a time when UEC demand is increasing.	

Uncontrolled				
L	x	C	=	Score
4	x	3	=	12

Current				
L	x	C	=	Score
4	x	3	=	12

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

Controls	**Assurances**
Continue to influence national agenda around the UEC strategy development and funding	Attendance by executives at regional and national meetings to ensure urgent and emergency care is discussed.

Further actions

Action	**Date by which it will be completed**
Influence regional and national bodies to maintain focus on the delivery of UEC	ongoing
Agree and implement influencing plan for all five ICSs that strengthens partnerships with new ICB leadership teams and ICS members (trusts, local authorities, PCNs)	ongoing
Support the co-design of new pathways to enable patients to be managed closer to home and reduce avoidable conveyance to ED	ongoing
Continue conversations at a national level tariff and funding streams for 2022/23 through active participation on national bodies	ongoing
Ambulance performance is a key focus for winter delivery across the wider healthcare system to address hospital handover challenges	ongoing

BAF Risk 1C	Objective 1
If industrial action is taken by staff it could lead to a reduction in workforce availability to take 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 may lead to poor patient outcome, patient harm including loss of life. Causes: National pay dispute – with all unions balloting staff members	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
4	x	5	=	20

Target				
L	x	C	=	Score
4	x	4	=	16

Controls	Assurances
National Engagement with the Trade Unions to mitigate risk	NHS Employers
Partnership Agreement - Engagement with the Trade Unions to mitigate risk	Staff Council
Business Continuity Plans review	EPRSG
Sector level NASPF for sector wide engagement	NASPF
Legislation governing conduct of industrial action	NHS Employers
Ballot required prior to any action	NHS Employers

Further actions

Action	Date by which it will be completed
Await the outcome of the ballots and the type of industrial action	GMB 29.11.22. UNISON 25.11.22
Review learning from Covid and the business continuity arrangements utilised	17.11.22
All directorates to review staff skill set ie C1 licence, HALO, physical activity,	17.11.22
All directorates to review their Business Continuity Plans for accuracy and effectiveness including Maximum Tolerated Period of Disruption (MTPOD)	27.10.22
MACA request to be drafted in readiness for submission to NHSE	27.10.22
Quality Impact Assessments	17.11.22

Objective 2	Improve our emergency response
Lead Executive	John Martin, Chief Paramedic and Quality Officer
Lead Assurance Scrutiny	Quality Assurance Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
Continuous patient safety review processes in place Implement the Clinical Safety Cell to monitor and prioritise held calls Category 2 recovery work stream developed Workforce plan established and recruitment underway Embed an integrated clinical operational governance structure, including revised performance management (Feedback, Focus, Review meetings) External support to identify areas for improvement	In view of current performance, and current pressures on the service, the committee can only be partially assured until there is evidence of further delivery against the improvement plan.		

Indicators/milestones

Description	Oversight	Q1	Q2	Q3	Q4
Deliver sustainable improvement on national performance indicators compared with 2021/22, particularly for call handling and category two ambulance response times, so we are one of the top five in England	Director of EOC/Director of Ambulance Services	Confirm the workforce plans to increase the resource available including call handling and ambulance crews Confirm plan from the 'improving our response to patients' Q1 project Undertake Waste walks and interviews with best practice RAG	Implement the workforce plan actions including recruitment. Deliver learnings, recommendations and action plan from Q1 projects and waste walks. RAG	Achieve a call answering mean of 20s Achieve an improving C2 mean performance	Achieve a call answering mean of 10s Improved C2 mean performance to be one of the top 5 performing ambulance trusts.
Review and update clinical model for ambulance dispatch to ensure patients get the right response at the right time.	Chief Medical Officer	Scope clinical safety metrics to ensure that no patient is left without a clinical assessment and plan for longer than 2 times the 90th centile	Reduction in clinical incidents based on levels of harm (death, severe, moderate, low, no) Reduction of complaints relating to longest waits linked with scoped trajectory calculated against baseline and best in class.	Implementation of revised clinical model and dispatch	Reduction in longest held call no longer than 1 times the 90th centile.

		RAG	RAG		
Work with our partners to reduce hospital handover delays to achieve standards and improve quality and safety for patients	Director of Ambulance Services	Agree stakeholder forums in each ICS area with representation from Acute trusts and incident delivery function RAG	Agree action plan and improvement trajectory in each ICS RAG	Implement action plans	Implement action plans
Work with our partners to increase the proportion of 999 patients that access alternative care pathways, particularly frail patients and those with mental health conditions.	Chief Medical Officer	**UCR** – Scope and develop the role out of the ICS paramedic/UCR clinician collaborative **SDEC** – Implement exclusion criteria for crews to take patients directly to SDEC RAG	**UCR** – implemented at SWL ICS **SDEC** – 3 patients to each SDEC/ICS from both 111/999 RAG	**UCR** – implemented within a further ICS **SDEC** – 4 patients to each SDEC/ICS from both 111/999	**SDEC** – 5 patients to each SDEC/ICS from both 111/999.

BAF Risk 2 A	Objective 2
IF operational demand increases above capacity due to more patients accessing urgent and emergency care, THEN resources will be over-stretched LEADING TO poorer clinical outcomes and inequitable access to services.	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

Tolerance by 31/3/23				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Workforce plan in place	Monitored at People and Culture Committee
The use of volunteers is maximised	
Flexible approach to use of staff including roles and hours/rotas.	Quality directorate have established risk and incident hub to interrogate and learn.
Ongoing communication with acute hospitals on handovers	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
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.
LAS input to national solutions to reduce handover delays	Senior attendance at NASMED and QiGARD and Ambulance Capacity Meeting
Twice weekly staffing and resourcing meeting to review operational	Chaired by Directors – review of staffing levels by hour to identify and mitigate risks
Weekly NHSE London / Commissioner performance meeting	Executive attendance at meeting
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

Further actions

Action	Date by which it will be completed
Recruit to 1650 wte (UK and overseas) as per workforce plan	31/3/2023
Reduce conveyance to Emergency Department to under 50% in all ICSs	31/3/2023
Increase education directorate capacity to meet workforce plan	31/3/2023
Continual Review of dispatch process to assess the safe management of higher acuity patients at times of high demand	Ongoing
Launch Category 2 recovery programme	Established, training to begin 01/11/2022
Establish a clinical safety hub within EOC separate from ECAS	Established, due to commence 07/11/2022

Objective 3	Create more integrated and resilient 111 services
Lead Executive	Jacqui Niner, Director of IUEC
Lead Assurance Scrutiny	Quality Assurance Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
We have rolled out our LAS values and Leadership and we have introduced 50/50 roles. Initial introduction of Rotamaster and Clinical Guardian have been introduced and this will be ongoing development as we configure the systems to meet our needs and roll it out across the directorate. New types of role are now being advertised.	In view of current performance, and current pressures on the service, the committee can only be partially assured until there is evidence of further delivery against the improvement plan.		

Indicators/milestones

Description	Oversight	Q1	Q2	Q3	Q4
Continue to be one of the top three national 111 providers, as measured by call-answering performance, patient outcomes and the number of referrals to alternative pathways	Director of IUEC	Launch recruitment campaign for new frontline staff to respond to increased demand. RAG	Provide the structured support for Managers (Our LAS, Values and Leadership) RAG	Implement RotaMaster and Clinical Guardian software to improve rostering and clinical Audit	
Establish full digital and a resilient workforce integration of our multi-disciplinary emergency care and urgent care assessment services to enable improved hear-and-treat and consult-and-complete rates for patients	Director of IUEC	Agree the 50:50 Role (Clinical assessment / Ambulance crew) with HR and Finance RAG	Agree the 50:50 roles (CAS / Road). Commence Recruitment RAG	Expand recruitment – targeting joint, part-time and flexible clinical assessment roles	Agree and implement job share / rotational roles with partner providers

BAF Risk 3A	Objective 3
There is a risk that the delivery of 111 and 999 service call answering, initial assessment and clinical consultations operating under different contracts which are governed by different regulators, contracts, funding, performance, and quality metrics, will limit our ability to move to a totally integrated CAS and equality of management of patients based on clinical need rather than the number they telephone. LAS are required to adhere to a variety of National, Regional, and local ICS requirements.	

LAS will continue to work with commissioner's contract negotiation to influence future 111CAS commissioning and use learning/ data to influence change and improvement to allow best management of patients based on their presentation not the number they chose to call.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: 31/03/23				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Ongoing collaborative working with regions and commissioners to design contracts for IUC, to include new quality metrics, KPIs and patient flow pathway.	Weekly regional meetings with regional IUC leads and commissioners
Ongoing internal review of performance and finance to ensure contracts remain viable.	Formal confirmation on how funding will be applied during development
	Fortnightly meetings with CFO and FFR

Further Actions

Action	Date by which it will be completed
Work with commissioners to move to Pan London 111 Contract held by LAS	March 2023
Representation as National/ Regional/ ICB 111 and 999 forums to contribute & drive case for change.	Ongoing
Escalation of areas of risk/ improvement required to influence case for change	Ongoing
Work with Region/ Commissioners for local change/ improvement for London patients	Ongoing
Work with wider system Primary Care/ Community Teams to improve integration	Ongoing

BAF Risk 3B	Objective 3
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	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: 31/03/23				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Continual review of work stream being introduced	Work with ExCo to highlight any challenges and gain support as required

Further actions

Action	Date by which it will be completed
Operational/ training/ clinical/ workforce/ finance/ BI and each area will require a work stream with project support.	January 2023
Project Resource to be identified to support specific work streams	January 2023
Organisational commitment to resourcing and funding service development including backfill key roles to release expertise to needed to deliver objectives	January 2023

Objective 4	Strengthen our specialists' teams response to incidents, threats and risks
Lead Executive	John Martin, Chief Paramedic & Quality Officer
Lead Assurance Scrutiny	Audit Committee

Lead Executive's Assurance statement	Assured ☒	Partially Assured ☐	Not Assured ☐
Positive results from 2 external reviews, discussed at audit committee Full recruitment to teams following a recent recruitment campaign New eSORT training centre established at Beckenham	In view of recent positive external reviews the committee is reasonably assured.		

Indicators/milestones					
Description	Oversight	Q1	Q2	Q3	Q4
Identify an alternative site and agree re-location of the hazardous area response team serving the east of the city	Chief Paramedic & Quality Officer		Develop a business case with options for a new location for HART (East) RAG	Find site that meets the criteria of the preferred option Update business case with known financial information	Confirm new location Develop detailed plan for moving to new site including service continuity through transition
Confirm a new venue for eSORT training which meets the service criteria, including the increased capacity requirements.	Chief Paramedic & Quality Officer	Develop a detailed specification for the alternative training location required by the SORT team RAG	Identify options for the training location Develop detailed plans to move Moved to Beckenham (temporary solution) RAG	Re-locate SORT from Streatham Ambulance Service	
Maintain the team's high quality delivery and responsiveness, evidenced by compliance with national standards and specific feedback from previous inspections	Chief Paramedic & Quality Officer	Receive the final formal feedback from NARU on compliance with National Standards RAG	Develop a comprehensive action plan to address the issues and recommendation made in the feedback RAG	Deliver the commitments made in the action plan including staff training	Deliver the commitments in the action plan Prepare and oversee the next annual inspection

BAF Risk 4A Objective 4
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) THEN we will not be able to respond to routine calls LEADING TO poorer patient outcomes.

Uncontrolled				
L	x	C	=	Score
3	x	5	=	15

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/3/23				
L	x	C	=	Score
2	x	3	=	6

Controls	Assurances
Major Incident Plan and Business Continuity Plans in place	Externally assured by NHSE and March 2022 by NARU
Pager and cascade systems in place to call in extra staff	Regular testing undertaken
Pro-active planning for known increases in demands	Staffing levels increased to ensure impact on BAU minimised
Mutual aid and volunteer support	Development of collaborative working practices at large scale events such as the funeral of HM Queen Elizabeth.
Management of non-major incident patients	Use of CSEP and REAP to manage incoming demand Working with other providers to maximise access to alternative pathways
AAR and debriefs to learn lessons	Actions and learning are fed into EPRSG

Further actions

Action	Date by which it will be completed
As set out in milestone table above	N/A

Objective 5	Support our workforce
Lead Executive	Damian McGuinness, Director of People and Culture
Lead Assurance Scrutiny	People and Culture Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
• Establish a net 300+ WTE increase in our frontline workforce • Increase our existing workforce availability through various work streams (retention / absence / etc.) • Improve our employment offer to existing and new staff through education, learning and development and diversity	Given current and persistent pressures on the workforce the committee can only be partially assured until there is evidence of further delivery against the workforce plan		

Indicators/milestones					
Description	Oversight	Q1	Q2	Q3	Q4
Deliver an ambitious recruitment programme, leading to a net increase of frontline staff of more than 300 whole-time equivalents.	Director of People & Culture	2022/23 recruitment plans to be agreed by ExCo and budgeted accordingly. Recruitment drive in Australia to be commissioned RAG	Review success of Australian recruitment drive & national NHSP advert for call handling strategy RAG	Review of all recruitment campaigns and agree revised methodologies for remaining posts	Review of all recruitment campaigns and agree revised methodologies for remaining posts
Improve further our compliance with the NHS's workforce race equality standards and workforce disability equality standards.	Director of People & Culture	Renewed CEO commitment to delivery of the WRES Action Plan via annual objectives. Formal re-launch and funding of staff networks. B-ME Network Executive Lead is our CEO. RAG	Embed new recruitment practice following Our LAS masterclasses training RAG	Review implementation of Resolution Framework and impact on BAME staff; Demographic data of those involved in cases to be reported by the Resolution Hub on a quarterly basis.	Launch anti-racism campaign/pledge and See Me Campaign.
Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader	Chief Executive / Director of People & Culture	Exploration of current team model, desired outcome and funding available RAG	Socialise desired team model RAG	Embed new team model with associated Our LAS leadership behaviour framework	Review current team model and address any shortfalls

Strategic Goal 2 – Build our Organisation

Expand our educational capacity, both estate and courses.	Director of Education	Secure lease for expansion at Brentside Clinical Education Centre. RAG **Develop the operational plan** for the blended learning / digital education plans. **Develop workforce plan** for establishing Driving Education Academy. **RAG**	ExCo paper scoping paper for third Clinical Education Centre in South London RAG RAG	Complete the move into new capacity at Brentside Education Centre	Complete the business case for a Third Clinical Education Centre.
Publish and implement an action plan to reduce violence and aggression towards our staff and support them more effectively.	Director of Quality	Publish the Reduce violence and aggression action plan RAG	Implement the commitments of the Reduce Violence and Aggression action plan RAG	Implement the commitments of the Reduce Violence and Aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan
Make significant reductions in unplanned and sickness absence, achieving lowest unplanned absence rates compared to other ambulance services.	Director of People & Culture	Initial meeting of the improving sickness absence group following May PCC Signing of contract and implementation period of first day absence reporting service run by Goodshape; Transition to new OH provider. Agree recovery plan and revised 6% KPI RAG	Management of 6% trajectory OPMs to review progress in each service. OPMs to review progress in each service Contact monitoring Review feedback of service RAG	Embedding of first day reporting and performance management of contract; On-going performance review	Review of actions taken in previous quarters - with aim of maintaining 6% KPI
Offer improved occupational health provision, increasing staff health and wellbeing support.	Director of People & Culture	Re-tender and appointment of Occupational Health provider RAG	Start to implement Royal Foundation Mental Health Commitment at work. Prepare for 2022/23 Flu season, review. Improve mobile wellbeing provision RAG		

BAF Risk 5A: Objective 5

If our recruitment and retention strategy fails to account for the needs of the modern workforce across London THEN we will not be able to maintain a sufficiently skilled workforce LEADING TO a reduction in the quality of care.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/03/23				
L	x	C	=	Score
2	x	4	=	8

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	March 2023
Recruit 477 additional paramedics	March 2023
Recruit 500+ Assistant Ambulance Practitioners (AAP) from our local population	March 2023
Develop the operational plan for the blended learning / digital education plans.	Ongoing
Develop workforce plan for establishing Driving Education Academy	Ongoing
Identify sites for expanding our education provision both short and long term	Ongoing
Develop guidance for use across the Trust for inclusion objectives, reasonable adjustments and a commitment to anti-racism	March 2023
Outreach Programmes to support with Recruitment and address EDI objectives e.g. Princes Trust, Job Centres, Local community centres, Football Academies	Ongoing
Submission for Silver accreditation of the Armed Forces Covenant which will support further recruitment of Ex-military staff into roles within LAS	Jan 2023
Create a recruitment workforce steering group – to review and ensure that recruitment activity is on target	Complete

Strategic Goal 2 – Build our Organisation

BAF Risk 5B	**Objectives 5 and 9**
If the diversity of our staffing profile is not representative of London, our ability to deliver a more inclusive service and therefore improve patient care will be compromised. **Cause**: Recruitment campaigns not attracting diverse applicants, caused in the main by the fact the paramedic profession lacks diversity	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/01/23				
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

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.	Ongoing
Alignment of the outputs from our cultural transformation programme, e.g. policies, EQIa and training programmes.	Complete
Introduction of Inclusion Ambassadors to sit on Trust wide interview panels	31/03/2023
Our LAS - behavioural framework	Complete
Our LAS – recruitment toolkit	Complete
Recruitment EDI KPIs	31/03/2023
Commissioning of specialist recruitment campaign	31/3/2023

BAF Risk 5C	**Objective 5**
IF we do not increase staff wellness THEN sickness absence will remain high and retention will be problematic LEADING TO overreliance on temporary staff, stretching the goodwill of staff at work, increasing costs on recruitment and, ultimately, poorer patient outcomes. Causes: The prolonged time that staff have been working under pressure from COVID 19 and remaining on REAP 4 for long periods at a time – reflected across the ambulance sector	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/01/23				
L	x	C	=	Score
3	x	4	=	12

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

Further actions

Action	**Date by which it will be completed**
Develop a wellbeing strategy that aligns to P&C Strategy	March 2023
Procurement and implementation of first day absence reporting system	Sept 2023
Review of teams and associated scheduling	March 2023
Embed OH contract	Complete
Immunisation records to be validated and outstanding vaccinations to be addressed	Ongoing – March 2023 desired end point

BAF Risk 5D	Objective 5
If staff report high levels of burnout and / or lack resilience our ability to maintain a healthy skilled workforce to provide care will be compromised. **Cause**: Longevity of high service demand and increase in operational pressures exceeding available capacity.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/01/23				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
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

Further actions

Action	Date by which it will be completed
Introduction of a first day sickness management service Trust wide	Complete
Actions from reviewing wellbeing offerings	Ongoing
Complete stress risk training (risk:1048)	Ongoing
OH new provider	Complete

Objective 6	Develop a positive working culture
Lead Executive	Damian McGuinness, Director of People and Culture
Lead Assurance Scrutiny	People and Culture Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
• Maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development • Ensuring a workforce that is engaged with what the Trust is seeking to achieve – embedded within our revised Trust values • Ensure staff are being supported in their career development and to maintain competencies and training ensuring a positive "well-led" CQC domain & staff engagement score.	Given current and persistent pressures on the workforce the committee can only be partially assured until there is evidence of further delivery against the workforce plan		

Indicators/milestones

Description	Oversight	Q1	Q2	Q3	Q4
Co-design, launch and embed a new set of Trust values and behaviours	Director of People and Culture	Trust Values and Behaviours will be socialised at the Leadership Masterclasses in May and Launched across the Trust in June 22 RAG	Embed new Values and Behaviours in the Trust documents, emails, promotional materials and Trust inductions. RAG	Monitor changes in behaviour as a result of new values.	Use staff survey, questionnaires and focus groups to measure effectiveness of new values and behaviours.
Improve our performance in the NHS staff survey, including the percentage of staff who recommend our Trust as a place to work.	Director of People and Culture	Key themes from 2021/22 Staff Survey have been captured in our Cultural Transformation Programme. 600 line managers to undergo training to reset Trust values and model expected behaviours. RAG	Re-engage with Staff Survey Champions and work with LGMS to agree top three priorities. EDI/OD tea to provide local support and training. RAG	Introduction of local staff survey engagement tool – monitor and address and shortfalls	Review 2022 staff survey results

Improve the quality and effectiveness of our appraisals, recruitment process and managing inappropriate behaviours in colleagues	Director of People and Culture	Revised process for appraisals, recruitment and expected behaviour will be socialised at the Leadership Masterclasses in May and launched across the Trust in June 22. RAG	Embed new tools in Trust policies and training materials. RAG	Monitor changes in behaviour as a result of new processes / behaviours.	Use staff survey, resolution hub and questionnaires with focus groups to measure effectiveness.
Create pathways to enable career progression for staff in every part of the organisation	Director of People and Culture	Engage with key stakeholders including Networks and Unions to Scope Career Pathways. RAG	The new Culture working group will oversee a Talent programme, which will include Career Pathways. RAG	Launch Pilot Career Pathway Programme.	Roll our Career Pathways more widely across LAS. Use staff survey, questionnaire and focus groups to measures effectiveness of the career pathways.

BAF Risk 6A	Objective 6
Current Risk 6A: IF we do not improve our staff culture and survey engagement scores THEN staff will be arguably feel less engaged, potentially LEADING TO poorer patient care. Caused in the main by operational pressures & associated burnout	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/03/23				
L	x	C	=	Score
2	x	4	=	8

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	31 March 2023
Aligned EDI/CDI Strategy	31 March 2023
Our LAS Leadership Framework	Complete
Our Behavioural and Competencies Frameworks	Complete
Suite of EDI Training tools	December 2022
Comprehensive review of all Policies EQIA	31 March 2023

Objective 7	Strengthen & Optimise our Digital and Data Assets
Lead Executive	Barry Thurston, Chief Information Officer
Lead Assurance Scrutiny	Finance and Investment Committee – Critical Systems / Audit Committee – Cyber Security

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
999 and 111 control rooms are now on a manufacture supported telephony platform (CM8) with CM10 parallel build ongoing to ensure we remain on supported system The trust is now live on Cleric for computer-aided dispatch with the first phase of fail-over tested	The recent cyber-attacks on the 111 and 999 systems and the finance systems shows the continuing vulnerability of our key digital systems. Therefore notwithstanding the excellent work on recovery, the committee looks forward to the reports coming to the Board on lessons learnt, so that further strengthen measures can be considered.		

Indicators/milestones

Priorities	Oversight	Q1	Q2	Q3	Q4
Deliver a new integrated and standardised computer-aided ambulance dispatch system	Chief Information Officer	UAT, TTT, Security Testing Farnborough and Corsham Build Server Testing. **Infrastructure modernisation** RAG **Cleric CAD:** RAG	Staff Training MDT Development and Deployment Go Live **Infrastructure modernisation** RAG **Cleric CAD** RAG		
Upgrade emergency operations and integrated care telephony to allow flexible working across sites and lay ground for further modernisation.	Director of 999 EOC Chief Information Officer	Complete software update to allow Newham to connect to LAS Telephony network CM8 Go Live RAG	Infrastructure Build and configuration for CM10 RAG	CM10 Go Live	Commence the removal of the legacy IT / telephony
Migrate the emergency operation centre in Bow to Newham.	Brian Jordan		Migration Completed	N/A - delivered	

	Dir of 999 EOC Barry Thurston - Chief Info Officer		RAG		
Improve care by enhancing the sharing of our patients' electronic records, joining up data and linking it with our partners' records	Chief Clinical Information Officer	Complete a comprehensive plan for piloting the practical sharing of patient care records RAG	Completion of the mobile (iPad) access to 'OneLondon' Clinical records. Publication of the recommendations to link up Londoners' maternity data. RAG	Completion of the Transfer of Care (ToC) to see data flow from ePCR into the native Cerner EPR. Publication of ePCR records (St Georges patients only) to the London Care Record	Publication of ePCR records for all ePCR submissions to the London Care Record. Adoption of the Ambulance Data Set into the Trust

BAF Risk 7A	Objective 7
New risk description: There is a risk that the current infrastructure within the Trusts technical architecture is not robust enough to withstand a cyber attack	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 31/3/23				
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.
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
Review cyber protection	Ongoing
Hardening of internet facing systems	March 2023
Outstanding action from DSPT to be completed	Completed
Infrastructure refresh completion	June 2023
Compliance with DSPT 2022	Complete
Recruitment process for cyber SME in place	December 2022
Recruitment process and change of job description for cyber gatekeeper	December 2022

BAF Risk 7B	Objective 7
New risk description: There is a risk that our critical systems could fail resulting in the Trusts inability to either answer calls from patients or to be able to dispatch resources to patients	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 31/3/23				
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 CM7 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
CAD replacement strategy	Complete
Relocate Bow hardware	Complete
Completion of Corsham migration	December 2022
Completion of Farnborough migration	June 2023
Relocation of radio systems	Complete
Relocation of North Control function to Newham	Complete

BAF Risk 7C	Objective 7
We previously showed two risks associated to the delivery of the new Cleric CAD system: **Risk 1** - The Trust fails to implement the new CAD system by September 2022 **or** **Risk 2** - The CAD system is implemented on time but system functionality or stability problems result in an unsuccessful implementation. Cleric was successfully implemented in September with only minor issues arising. The risk score has therefore significantly reduced. Two actions need to be completed before the risk can be closed: 1) conduct an after action review of the project and; 2) conduct an assessment of the quality and integrity of the system data and business rules including any changes made to the system post go live. These actions will be overseen by the Audit Committee, following which the risk will be removed from the BAF and become business as usual.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
1	x	4	=	4

Tolerance by 30/9/22				
L	x	C	=	Score
2	x	4	=	8

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
Technical integration testing sign off (includes NFT)	Complete
Load and performance testing in July, to test its capability in the live environment (Newham)	Complete
Infrastructure change freeze from August 2022	Complete
Countdown to go live check point meetings commencing 3 months before implementation deadline, to provide assurance against sign off testing	Complete
Engagement with external colleagues London EPR and NHSE to detail go live arrangements	Complete

Objective 8	Use of resources more efficiently and productively
Lead Executive	Rakesh Patel, Chief Financial Officer
Lead Assurance Scrutiny	Finance and Investment Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
• The Trust has YTD surplus of £2.46m as at 31 July 2022 against the NHS performance target of £2.0m surplus, a favourable variance of £0.6m • The Trust has delivered £4.5m of efficiency reductions to the end of July 2022, of which £3.3m non-recurrent. • The Trust had a closing cash balance of £48.6m.	The committee can only be partially assured until the CIP programme recovers to plan and wishes to undertake a deep dive in under-performing areas at its next meeting.		

Indicators/milestones

Priorities	Oversight	Q1	Q2	Q3	Q4
Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme.	Chief Financial Officer	Resolve outstanding income issues with ICSs. Develop detailed CIP plans and governance framework RAG	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required. RAG	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required.	Monitor I&E delivery and identify mitigations if required. Prepare for yearend close down
Return to pre-pandemic levels of operational productivity.	Chief Financial Officer	Develop efficiency metrics as part of CIP Programme RAG	Monitor delivery as part of CIP programme RAG	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme
Deliver the capital programme for 2022/23 and secure any available additional funding.	Chief Financial Officer	Develop detailed plans for the "core" programme	Monitor capital plan. Develop plan for schemes within "over-programme" pot Access any in-year allocation	Monitor capital plan. Develop plan for schemes within "over-programme" pot Access any in-year allocation	Monitor capital plan Prepare for year-end If appropriate deliver schemes from "over-programme" budget

		RAG		RAG			Develop capital plan for 23/24

BAF Risk 8A	Objective 8
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.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by End of Q4				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
2022/2023 financial plan submitted to NHS England on 20 June 2022	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
CIP governance framework in place.	Regularly oversight by CIP Programme Board and assurance reports to FIC
CIP Programme Management Office also established	
	Gaps in assurances A small number of CIP schemes require further development

Further actions

Action	Date by which it will be completed
QIAs to be completed. PIDs have been developed	End of Q3

BAF Risk 8 B	Objective 8
There is a risk that the Trust will not have the required number of ULEZ compliant vehicles to achieve compliance with ULEZ regulations by October 2023, resulting in possible daily fines for each non-compliant vehicle entering the ULEZ zone. Cause: Commissioning contract stipulates the Trust needs to draw from the national procurement of vehicles which is a single supplier who have currently closed their order books. Update: The November FIC approved a plan to procure compliant vehicles and the risk has now significantly reduced	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by End of Q4				
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 October 2023.	Signed MOU
Approval by NHS England for a procurement contract for 19 ambulances with another provider (currently being fulfilled)	Derogation approval letter from Director for Community Care, Mental Health and Ambulance Improvement Support (NHSE) Inspection of first vehicle on 2nd August
	Gaps in assurance 130 vehicles are currently non-compliant Delay on delivery of the 19 ambulances on order Sufficient funding to replace remaining non-compliant vehicles

Further actions

Action	Date by which it will be completed
Applying for further derogation for 39 diesel ambulances and 4 electric ambulances	Completed
Exploring additional funding streams for replacement ambulances (Green Bonds)	31 March 2023
FIC approval for purchase of complaint vehicles	17 November 2022

Strategic Goal 3: Develop our Future

Objective 9	Build our role as an anchor institution that contributes to life in London
Lead Executive	Roger Davidson, Director of Strategy and Transformation
Lead Assurance Scrutiny	Audit Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
This is a multi-facetted piece of work and different elements are at different stages of development. Make Ready, sustainability and fleet areas are well developed. We also already do a huge amount of work on health inequality and our contribution to the social determinants of health. In our refreshed strategy we will draw this together coherently and define where we will maximise effort, including through analysing data and seeing where health inequality impacts on demand.	The committee notes the variable state of development of the various actions under this domain, and mixed RAG rating of the milestones. It looks forward to the identification of key risks by the time it next meets and an understanding of the drivers of the RAG ratings and how they might be put back on track.		

Indicators/milestones

Priorities	Oversight	Q1	Q2	Q3	Q4
Ensure the transition in house of the Make Ready service delivers the benefits to the staff and our service set out in the business case	Chief Financial Officer	Embed insourced team to feel part of LAS RAG	Continual review of business case to identify and deliver efficiencies RAG	Review the options to expand the scope of the Make Ready service to include more LAS vehicle cohort	Deliver the benefits expressed in the Business Case
Ensure entry level recruitment is representative of the communities and populations we serve across London	Director of People & Culture	Recruit to newly established EDI team - particular focus on EDI specialist recruitment knowledge. Collaborate with NHE/I on anchor network RAG	Recruitment strategies to be commissioned. Recruit public education lead to support – through educational activity – the recruitment of staff and volunteers from diverse communities RAG	Develop and implement public education strategy that encourages diverse local communities to work at LAS, including children and young people	Delivery of public education strategy (ongoing). Review of all recruitment campaigns and agree revised methodologies for failed campaigns

Strategic Goal 3: Develop our Future

Actively promote paramedicine as a career pathway to diverse student communities in London	Director of People & Culture / Director of Education	Initiate research to define the specific issues and challenges with respect to diversity in para medicine. Join with other partners including AACE support collective view RAG	Discuss findings of research with HEE and LAS education partners including universities Agree action plan with partners and Health education team RAG	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities
Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric	Rakesh Patel – Chief Financial Officer	38 new hybrid vehicles brought into use. RAG	Start on developing charging infrastructure Start receiving electric FRUs and mental health cars RAG		
Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.	Antony Tiernan –Dir of Comms & Engagement	Host London Lifesavers Awards - raises awareness and recognition. RAG	Launch a dedicated comms & engagement plan to raise awareness and increase recruits. RAG		
Deliver sessions on health and prevention of harm for children and young people across the capital.	Antony Tiernan –Dir of Comms & Engagement	Visual planner to measure each staff member / volunteer activities and the topics covered (to monitor progress) RAG	Promotion of team commenced to raise profile & key messages. Recruit Public Education Lead RAG		

Strategic Goal 3: Develop our Future

Objective 10	Develop a new five-year strategy to improve services for the communities we serve
Lead Executive	Roger Davidson, Director of Strategy and Transformation
Lead Assurance Scrutiny	Finance and Investment Committee

Lead Executive's Assurance statement	Assured ☒	Partially Assured ☐	Not Assured ☐
ExCo and the Board have received regular updates to the development of our new strategy and been instrumental in shaping it. There is a timeline and process laid out for agreement by the Board and currently there is reasonable confidence it will completed to schedule, with the relevant input from stakeholders and ownership by the organisation. In the past few months we have prioritised engagement including strategy events for LAS leaders, a successful crowd souring project, on-site interviews and commissioning local engagement with the public via Healthwatches. This work will continue. We are now focussing on content development including what our approach will be across 11 work streams that contribute to our five strategic themes, all of which have tested well	The committee is pleased with the progress at this early stage is assured that the development of the strategy is on track.		

Indicators/milestones

Priorities	Oversight	Q1	Q2	Q3	Q4
Co-produce, with our partners and patients, a five-year strategy focused on health inequality, to commence in April 2023.	Director of Strategy and Transformation	Scoping strategic with our internal and external leaders including all ICS's. Board development session with major focus on health inequality. RAG	Engage with partners of the challenges priorities and ambition for LAS RAG	Publish a strategic intent document for formal engagement with partners	Engage with partners Publish final version of strategy document
Co-produce an estates strategy with incremental implementation from 2022/23 onwards.	Chief Financial Officer	Set up programme RAG	Publish Estates options paper following agreement with Trust Board RAG	Formally engage with stakeholders to obtain feedback on the options	Publish an agreed strategy Start implementation of agreed strategy
Increase collaboration with primary care, working with			Start rotational placements with three new PCNs		

Strategic Goal 3: Develop our Future

primary care networks and contributing to implementation of the Fuller Stocktake recommendations.	Chief Medical Officer / IUC Medical Director	Agree contracts of support with next cohort of PCNs Scope LAS response to the Fuller Stocktake	Identify the priorities and developed an action plan from the Fuller Stocktake RAG	Agree additional PCNs looking for support from LAS paramedics Plan and deliver Fuller Stocktake action plan with partners	Plan and deliver Fuller Stocktake action plan with partners
Continue to develop new and innovative ways of working with our partner organisations and across the Trust.	Director of Strategy and Transformation	Collect and analyse data to guide opportunities for new ways of working RAG	Complete review on the feasibility of joint response community cars RAG	Agreed priorities areas where new models / innovation is required	Scoped, defined and agreed new models with partners, ready for implementation

Strategic Goal 3: Develop our Future

BAF Risk 10 A	**Objective 10**
Risk description: There is a risk that if we fail to achieve alignment with a complex range of external partners we may not subsequently achieve our strategic objectives	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: 31/3/23				
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	31 March 2023
Develop a shared, rotational PCN model with the primary care networks in London	31 March 2023
Develop an updated estates modernisation strategy in collaboration with staff and partners	31 March 2023
Define and agree new models (for ways of working) with partners	31 March 2023
Developing links to external partners	Ongoing

London Ambulance Service
NHS Trust

Report Title	Policy for approval - TP005 Risk Management and Policy			
Meeting:	Trust Board			
Agenda item:	8.1.1	**Meeting Date:**	29 November 2022	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	J Lindridge, Director of Quality			
Purpose:		Assurance	**X**	Approval
		Discussion		Information

Report Summary

The following policy are presented to the board for approval: TP005 Risk Management and Policy.

TP005 Risk Management and Policy

The main changes to this version of the policy include: a Risk Management statement (at the beginning of the document), updates to reflect changes in management structure and the inclusion of a risk management maturity and effectiveness process to be used as indicators for success.

The policy has been approved by the Risk Compliance and Assurance Group, the Executive Committee and the Audit Committee.

Approval for the policy is now sought from this board for publication.

Recommendation/Request to the Board:

The Board is asked to approve the policies for publication.

Routing of Paper i.e. previously considered by:

TP005 Risk Management and Policy
Risk Compliance and Assurance Group
Executive Committee
Audit Committee

London Ambulance Service NHS Trust

Risk Management Strategy and Policy

Document Control

Document Reference	TP005
Version	10.3
Approved by	RCAG, ExCo, Trust Board
Lead Director/Manager	John Martin , Chief Paramedic and Quality Officer
Author(s)	Carolyn Slater, Trust Risk Manager Helen Woolford, Head of Quality Improvement and Learning
Distribution list	Trust Board Executive Committee Senior Managers All staff (via intranet)
Issue Date	28 April 2021
Review Date	1 March 2022

Change History

Date	Change	Approved by/Comments
23/11/2022	Updates in relation to role of the Audit Committee and Information Governance Group	Director of Corporate Affairs
06/2022	Minor Updates and changes to the role of the senior management team – Yearly review	Head of Quality Improvement and Learning

06/04/2021	Minor Updates and changes to the role of the senior management team – Yearly review	Head of Quality Improvement and Learning
03/12/2019	New version. Propose change title of Corporate risk register to Corporate (Trust wide) risk register. Updated responsibilities for new roles in the Trust. Changes to RCAG chair and approval of all risks to be incorporated in C(TW)RR regardless of rating.	Quality Oversight Group
15/03/2017	Updated to reflect changes in ELT structure	Director of Corporate Governance
18/01/17	Update to reflect changes in management structure and the use of Datix to record risks.	Risk and Audit Manager
28/04/16	Document Profile and Control update and formatting changes.	IG Manager
02/2016	Major review and revision including updated committee/group terms of reference.	Director of Corporate Affairs
09/2015/& 01/2016	Update including changes to groups.	Risk and Audit Manager
19/11/14	Document Profile and Control update, formatting and minor change to S.7.	IG Manager
08/09/14	Added SMT Terms of Reference.	Risk and Audit Manager
13/05/14	Review and revision with changes to the executive team and the role of the senior management team	Director of Corporate Affairs
24/03/14	Major review and revision including updated committee/group terms of reference.	Risk and Audit Manager
23/01/13	Update to include changes to groups and committees and update risk reporting process	Audit and Compliance Manager
24/09/12	Updated committee/group terms of reference (Appendix 2)	Governance and Compliance Manager
27/07/12	Reformat	Governance and Compliance Manager
19/06/12	Updated monitoring table. Minor amendments to S.4.12.6, S.6.7 & S.9.2	Audit and Compliance Manager
24/01/12	Approved by SMG and Trust Board subject to the updates within this version	Director of Corporate Services
29/12/11	Review and update for RCAG and the SMG approval in January 2012	Director of Corporate Services
20/12/11	Major review and revision	Director of Corporate Services and Audit and Compliance Manager
	Addition of monitoring table	Audit & Compliance Manager
20/09/10	Reformat and updated related documents	Governance and Compliance Manager
03/06/10	Revised Appendix 2: CQSE & LfE ToR	Head of RM & BC
02/06/10	New Gov Committee chart added	Head of RM & BC
20/05/10	Updated to include the final terms of reference for key committees	Director of Corporate Services

02/02/10	Updated to reflect changes to risk committee structure and responsibilities of committees.	Director of Corporate Services
01/10/09	Updated to reflect role changes. Interim policy pending major revision by March 2010.	Head of Governance
21/10/08	Amendments to Risk Management Structure and Details of Committee Membership	Head of Governance
20/10/08	Amendments to ToR for SMG.	Head of Governance
18/09/08	Amendments to ToR for both	Chair of CGC, Chair of SBH group
11/09/08	Amendments from RCAG & new ToR details	Head of RM & BC
28/08/08	Include new ToR for Liability Claims Group. Amendments to Audit Committee entries	Head of Governance(MB)
13/08/08	Revision incl. addition of ToR.	Head of RM & BC
05//08	Revision	Head of Governance & Head of RM & BC
03/07	Major revision	Head of Governance & Head of RM & BC
12/06	Replaced Risk Management Strategy	Head of Governance

1. Introduction – Strategy and Policy Statement

The Trust Board (the Board) recognises risk management as a vital activity that underpins and forms part of our vision, values and strategic objectives, including operating effectively and efficiently, as well as providing confidence to communities we serve across London. The Trust strategy: a world class ambulance service for a world class city, is the means by which the London Ambulance Service NHS Trust (LAS) will ensure its vision, aims, goals and organisational objectives are continually assessed and managed to ensure appropriate risk taking and effective performance management are in place and part of the organisational culture.

Risk is present in everything that we do and it is our policy to identify, assess and treat risks as part of a continuous process aimed at identifying threats and driving change on a proactive basis. Risk Management is most effective as an enabling tool, so we need a consistent, communicated and formalised process across the Trust.

It is important to define the level of risk exposure the board considers acceptable for the Trust. This creates a clear picture of which risks will threaten the ability of the Trust to achieve its objectives. This results in our risk appetite.

This risk management statement and supporting documentation form an integrated framework that support a development and improvement approach to risk management which will be achieved by building and sustaining an organisational risk culture which encourages risk taking, effective performance management, and accountability for organisational learning.

We will involve, empower and give ownership to all staff to identify and manage risk. The Trust acknowledges that the provision of appropriate training is central to the achievement of this aim. Risk Management activity will be regularly supported through discussion and appropriate action by senior management. This will include a thorough review and confirmation of significant risks, evaluating mitigation strategies and establishing supporting actions to reduce them to an acceptable level. Managing risks is a fundamental part of both the operational and strategic thinking of every part of the Trust's business including operational planning and the day-to-day running, monitoring, development and maintaining of the Trust.

The key objectives of this Strategy and Policy are to provide a framework that ensures:

- The implementation and ongoing management of a comprehensive, integrated Trust-wide approach to the management of risk based upon the support and leadership offered by the Trust Board.
- The integration of risk management with the Trust's planning processes, aims and objectives, at all levels to adopt an integrated approach to risk management which includes risks related to clinical care, health and safety, financial and business planning, workforce planning, corporate and information governance, performance management, project/programme management, education and research.
- To clearly define roles and responsibilities and reporting lines within the Trust for risk management.
- Create an environment which is safe as is reasonably practicable by ensuring that risks are continuously identified, assessed and appropriately managed and monitored i.e. where possible eliminate, transfer or introduce controls to reduce risks to an acceptable level.
- That all staff are made aware of and accept their personal responsibility to manage risk and communicate with the Trust using the appropriate reporting mechanism in

the event they become aware of new risks or changes to existing risks; and in the event of changes in the control of existing risks.

- To establish clear and effective communication that enables a comprehensive understanding of risks at all levels of the organisation by maintaining a comprehensive risk register of both clinical and non-clinical risks and reviewing the same on a periodical basis.
- The Risk Compliance and Assurance Group (RCAG) will ensure robust systems and processes are in place to effectively monitor the application of risk management across Directorates and providing assurance to the Board through the Audit Committee on an effective system of risk management.
- To maintain continued compliance with national standards, regulatory requirements and legislation.

2. Scope and Definitions

This strategy and policy and risk management activities applies to all Trust staff and individuals employed by the Trust including; contractors, volunteers, students, locum, agency and staff employed with honorary contracts.

Managers at all levels are expected to make risk management a fundamental part of their approach to clinical and corporate governance.

2.1. **Definitions**

Risk is the effect of uncertainty on objectives. Risk is usually expressed in terms of causes, potential events, and their consequences:

• A **cause** is an element which alone or in combination has the potential to give rise to risk;

• An **event** is an occurrence or change of a set of circumstances and can be something that is expected which does not happen or something that is not expected which does happen. Events can have multiple causes and consequences and can affect multiple objectives;

• the **consequences** should the event happen – consequences are the outcome of an event affecting objectives, which can be certain or uncertain, can have positive or negative direct or indirect effects on objectives, can be expressed qualitatively or quantitatively, and can escalate through cascading and cumulative effects.

Acceptable/Tolerable Risk is the mitigated risk remaining after all reasonable controls have been applied to associated hazards that have been identified, quantified, analysed, communicated to the appropriate level of management and accepted after proper evaluation. Acceptability is defined in accordance with the Trust's defined risk appetite.

Risk Management is the co-ordinated activities designed and operated to manage risk and exercise internal control within an organisation.

Risk Assessment is a systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).

Strategic risks (Principal risks) are those that represent a threat to achieving the Trust's strategic objectives or to its continued existence. They also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder. Strategic risks must be

reported to the Board of the Directors and should be managed at executive level, directly or by close supervision.

Operational risks are by-products of the day-to-day running of the Trust and include broad spectrum of risks including clinical risk, financial risk (including fraud), legal risks (arising from employment law or health and safety regulation), regulatory risk, risk of loss or damage to assets or system failures etc. Operational risks can be managed by the department or directorate which is responsible for delivering services.

Risk Register – is a management tool that allows the Trust to understand its comprehensive risk profile. It is simply a repository of risk information linking risks and controls for the whole organisation. Risk Registers are available at different organisational levels across the Trust.

Risk Appetite - at the organisational level, is the amount of risk exposure, or potential adverse impact from an event, that the organisation is willing to accept/retain. Once the risk appetite threshold has been breached, risk management treatments and business controls are implemented to bring the exposure level back within the accepted range. The risk appetite may vary according to risk type.

Governance is the system by which organisations are directed and controlled. It defines accountabilities, relationships and the distribution of rights and responsibilities among those who work with and in the organisation, determines the rules and procedures through which the organisation's objectives8 are set, and provides the means of attaining those objectives and monitoring performance. This includes establishing, supporting and overseeing the risk management framework.

Internal Control is the dynamic and iterative framework of processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risk. Internal controls permeate and are inherent in the way the organisation operates and are affected by cultural and behavioural factors.

Risk management maturity refers to the level, understanding and effectiveness of the Trust's management of risk.

Assurance is a general term for the confidence that can be derived from objective information over the successful conduct of activities, the efficient and effective design and operation of internal control, compliance with internal and external requirements, and the production of insightful and credible information to support decision-making. Confidence diminishes when there are uncertainties around the integrity of information or of underlying processes.

Board Assurance Framework provides the Trust with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives.

3. Accountabilities and Responsibilities

Responsibilities and accountability for risk management is the responsibility of all staff and formal governance processes map out the escalation route of risks. To support the governance and escalation process the specific risk management responsibilities' are set out below:

3.1. **Trust Board**

The Trust Board has corporate responsibility for reviewing the effectiveness of its internal control systems through its assurance framework. The Board is required to seek assurance that it is doing its reasonable best to ensure the Trust meets its objectives and protects patients, staff, the public, and other stakeholders against risk of all kinds. The Board is responsible for setting the strategic direction and corporate objectives for the Trust. It discharges its functions through a delegated structure (Appendix 2) designed to ensure effective risk management.

3.2. **Audit Committee**

The Audit Committee is the principal Board committee responsible for the oversight of risk, taking a view of the BAF as a whole before its submission to the Board. It is also responsible for the audit programme, based on a risk-based approach to the organisation's main priorities. It receives the Corporate Risk Register once a year for review and to ensure alignment with the BAF.

3.3. **Chief Executive**

The Chief Executive, as Accountable Officer, has overall accountability for having a robust risk management system in place to cover all the Trust's activities and an effective system of internal control, which is embedded within the Trust.

3.4. **Non-Executive Board Members**

Non-executive directors will attend the Trust Board and Trust Board seminars. Non-executive directors will also chair or attend Trust Committees as required where risks aligned to their remit are reviewed.

3.5. **Executive Directors**

Each executive director has delegated responsibility for managing the strategic development and implementation of risk management pertaining to their remit.

3.4.1 Chief Paramedic and Quality Officer/Deputy Chief Executive Officer (CEO)

The Chief Paramedic and Quality Officer/Deputy CEO is the designated Executive Director with overall responsibility for strategic development and implementation of risk management relating to Quality Governance; Safeguarding; Patient Safety Incident Investigations (PSIIs) Freedom to Speak Up. The Chief Paramedic and Quality Officer/Deputy CEO has overall responsibility for promoting and ensuring the implementation of Trust wide systems and processes to enable the Trust to meet its requirements in relation to risk, up to and including the Corporate (Trust Wide) Risk Register.

3.4.2 Director of Quality

The Director of Quality has a devolved responsibility for supporting the responsibilities of the Chief Paramedic and Quality Officer/Deputy CEO. The Director of Quality has responsibility for continuously monitoring of patient safety and risk activity against quality standards; supporting the Chief Paramedic and Quality Officer/Deputy CEO and Chief Medical Officer to implement clinical and organisational risk management actions; ensuring that structures and processes are

in place for safe and effective compliance with all risk management standards; ensuring the directorate Risk Register is up to date and maintained, and identify, plan and monitor risk mitigation strategies to ensure effective risk management is integrated into all Quality directorate plans.
The Director of Quality will advise senior Trust managers on strategies to achieve corporate risk objectives including responsibility for the development, communication and implementation of strategies and policies for safety and risk across the LAS.

3.4.3 Director of Corporate Affairs

The Director of Corporate Affairs is the designated Executive Director with overall responsibility for strategic development and implementation of risk management relating to Corporate Governance, Information Governance, Complaints & Patient Advice & Liaison Service (PALS), Legal and Claims. The Director of Corporate Governance takes the lead, on behalf of the Board of Directors, for maintaining the Board Assurance Framework and ensuring that risks are communicated to the Board, and that the Board receives appropriate training in risk monitoring

3.6. **Executive Responsibilities**

3.6.1. The Deputy Chief Executive Officers

The Deputy Chief Executive Officers are the designated Executive Directors with overall responsibility for risk management relating to aspects of the operational service delivery and will oversee five directorates including; Director of Integrated Urgent & Emergency Care, Director of Ambulance Operations, Director of 999 Emergency Operation Centers, IT Programme Director and Director of Strategy and Transformation who have delegated executive responsibilities.

3.6.1.1. **Director of Ambulance Operations**

The Director of Ambulance Services is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to Frontline service delivery; frontline workforce; Resilience and Specialist Assets; Hazardous Area Response Team (HART), Scheduling and Non-Emergency Transport Service (NETS).

3.6.1.2. **Director of Integrated** Urgent & Emergency Care

The Director of Integrated Patient Care is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to Emergency Operations Centre (EOC) and NHS111/Integrated Urgent Care (IUC).

3.6.1.3. **Director of Strategic Assets and Property**

The Director of Strategic Assets and Property has delegated responsibility for strategic development and implementation of risk management relating to Estates, Fleet, Supply and Distribution and Capital Projects.

3.6.1.4. **IT Programme Director**

The IT Programme Director has delegated responsibility for strategic

development and implementation of risk management relating to all aspects of technology and information management. Ensures that the Board are appraised of all relevant risks, potential impact on the service and mitigation.

3.6.2. Chief Finance Officer

The Chief Finance Officer is the designated Executive Director with overall responsibility for risk management pertaining to finance and/or performance (any element of risk containing financial implications in whole or in part), Business Intelligence, Procurement; and Contracts and Commissioning.

3.6.3. Chief Medical Officer/Deputy Chief Executive Officer

The Chief Medical Officer is the designated Executive Director with overall responsibility for strategic development and implementation of risk management relating to clinical safety; Clinical Audit & Research Unit (CARU); clinical education and development; and medical and clinical advice. The Chief Medical Officer leads on medical equipment and medical devices, medicines management, clinical audit and research and risk responsibilities relating to the role and remit of the Trust's Caldicott Guardian.

3.7. Delegated Executive Responsibilities

3.7.1. Director of Communications and Engagement

The Director of Communications and Engagement has delegated responsibility for strategic development and implementation of risk management relating to Reputation management; Stakeholder management; Staff engagement; and Media relations.

3.7.2. Director of People and Culture

The Director of People and Culture has delegated responsibility for strategic development and implementation of risk management relating to Human Resources; recruitment; health and wellbeing; organisational and personal development; and equality and inclusion.

3.7.3. Director of Strategy and Transformation

The Director of Strategy, Technology and Development has delegated responsibility for the development and sponsorship of major projects and programmes, including IT, Clinical, Fleet, Supply and Distribution, Estates, Organisational Transformation and implementation of risk management relating to the project sponsorship function.

3.7.4. Chief Information Officer

The Chief Information Officer has delegated responsibility for strategic development and implementation of risk management initiatives relating to Information Management & Technology, Data Quality; and Information Security.

3.7.5. Chief Clinical Information Officer

The Chief Clinical Information Officer has delegated responsibility for strategic development and implementation of risk management initiatives relating to Clinical

Information Systems and Clinical Data.

3.8. **Risk Management Specialists**

Other roles which have a specific risk management element include the following: Head of Quality Improvement and Learning, Head of Quality and Assurance Systems, Head of Health, Safety and Security, the Trust Risk Manager and the Risk and Audit Manager. These managers and heads of service are responsible for the development, implementation and management of the policy and processes for ensuring compliance with the Risk Management Procedure. Working with relevant directors and senior managers the risk manager is responsible for ensuring that risks are added onto the relevant risk registers and in collaboration with sector/corporate managers ensure that each service has an active risk register, which is reviewed and updated regularly

3.9. **All Managers**

All managers are responsible for the management of risk locally and for day to day implementation of the Risk Management Procedure within their own area and must ensure that:

- Patient safety is given the highest priority.
- Staff are working within their level of competence.
- Staff are able to attend training appropriate to their role particularly
- mandatory training.
- Sufficient staff are available to carry out formal risk assessments where appropriate to identify and assess risk. Also to determine adequate control measures within the working environment and escalate where risks are not controlled.
- Risks are incorporated into an appropriate level on the risk register and the risk register is maintained.
- Risks are communicated to staff.

3.10. **All Employees**

Staff (including contractors and agency staff) must ensure they are familiar and comply with the Trust's risk-related policies and relevant professional guidelines and standards. It is the duty of all employees to familiarise themselves, and comply, with the Trust Risk Management Procedure to ensure that identified risks are reported to their line manager.

4. Governance Structure Relating to Risk Management

The Trust is committed to implementing the principles of good governance, defined as:

The system by which the organisation is directed and controlled to achieve its objectives and meet the necessary standards of accountability, integrity and openness.

The Trust recognises that the principles of governance must be supported by an effective risk management system that is designed to deliver improvements in patient safety and care as well as the safety of its staff and visitors.

The Trust's governance structure which identifies all the Trust's committees and their relationship to the Board is shown in Appendix 3. The Board through the relevant committees, will ensure that a framework is in place that identifies risks associated with all its activities. This will be an ongoing process in the achievement of its strategic and operational objectives. Specific responsibilities in relation to this strategy and policy, for the management of risk and assurance on its effectiveness are monitored by the following

committees:

4.1 The Trust Board and Chief Executive

The Trust Board and Chief Executive require that consideration of risk and systems of internal control are fully embedded within the culture of the Trust, whilst ensuring a coordinated and holistic approach and maintaining clear lines of accountability. The Trust's organisational structure has been designed to reflect this and is detailed at Appendix 2.

The Board reviews the Assurance Framework (BAF) and principal risks six times a year. The Trust Board receives routine reports throughout the year which identify how risks are being managed. Examples include regular financial reports, complaints and incident reports, reports on performance, reviews of the corporate risk register, updates on national guidance and minutes of all the Board Committees.

Risk Management by the Board is underpinned by a number of interlocking systems of control: The Board reviews risk principally through the following three related mechanisms:

4.1.1. Corporate (Trust Wide) Risk Register

The Corporate (Trust Wide) Risk Register is at the center of the risk management process and changes continually to reflect the dynamic nature of risk and the Trust's management of it. The Corporate (Trust Wide) Risk Register is a high level operational risk register that contains all risks that have been identified as affecting multiple Sector/Department/Directorate or is unable to be mitigated by the Sector/Department/Directorate and requires a Trust wide approach.

They are generally owned by the executive team who delegate their management to either a nominated individual, designated committee or a time limited project group who will monitor actions and plans against them. A risk may also arise as a result of external factors over which the Trust may have limited control.

The Corporate (Trust Wide) Risk Register will be reviewed by the Risk Compliance and Assurance Group on behalf of the Executive Committee and the Trust Board. Used correctly it demonstrates that an effective risk management approach is in operation within the Trust.

4.1.2. Board Assurance Framework

The Board Assurance Framework identifies key strategic risks (those that could prevent achievement of strategic "mission critical" objectives), existing and planned controls to mitigate the risks, and the assurances relied on which demonstrate that risk is being managed and objectives achieved.

It is the "main tool that the [Board] uses in discharging its overall responsibility for internal control" and a key source of evidence for the Annual Governance Statement (NHS Audit Committee Handbook, HFMA, Fourth edition).

The Board Assurance Framework focuses solely on strategic risks whilst risk registers contain operational risks which arise from how the Trust operates day-to-day. Operational risks do not feature in the Board Assurance Framework unless they are of such significance as to impact on the delivery of strategic objectives.

4.1.3. The Annual Governance Statement

The Annual Governance Statement (AGS) is signed by the Chief Executive as the Accountable Officer certifying the effectiveness of the Trust's risk management processes and sets out the organisational approach to internal control. This is produced at the year-end (following regular reviews of the internal control environment during the year) and scrutinised as part of the Annual Accounts process and brought to the Board with the Accounts. The AGS includes an outline of the actions taken, or proposed to deal with any significant internal control issues or gaps in control.

4.2 The Committees

4.2.1. The Quality Assurance Committee

The Quality Assurance Committee provides assurance to the Trust Board on clinical, corporate, information governance and compliance matters ensuring high quality care to patients. Key agenda items would include seeking assurance on clinical safety and standards, professional education and development, and effectiveness and experience, as well as compliance with the CQC regulatory outcomes and other regulatory or mandated standards such as NHS Improvement's Well-led Framework; seeking assurance from within the organisation that patient safety is being managed effectively; and that effective processes are in place to manage and monitor hygiene/infection control and safeguarding.

4.2.2 The Audit Committee

The Audit Committee reviews the corporate risk register and the Board Assurance Framework and is responsible for providing assurance to the Trust Board that there are sufficient controls in place to manage the significant risks to achieving its strategic objectives and that these controls are operating effectively

4.2.3 The Finance Investment Committee

The Finance, Investment and Performance Committee has delegated authority from the Trust Board to consider the medium-term financial strategy and performance and this includes strategic financial risks.

4.2.4 People and Culture Committee

The People and Culture Committee has been established in order to assure the Board on all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks.

4.2.5 Logistics and Infrastructure Committee

The Logistics and Infrastructure Committee has been established principally in order to provide assurance on and oversee strategic development and investment in Fleet, Estate and IM&T whilst ensuring compliance with all regulatory and statutory duties as appropriate.

4.2.6 Executive Committee (Exco)

The ELT manages strategic and operational risk on behalf of the Trust Board. The

ELT ensures that systems, structures and management processes are in place for monitoring and reviewing all forms of risk throughout the Trust. The ELT has responsibility for identifying risks to the delivery of the strategic objectives and priorities and for top-down risk identification, management and mitigation.

4.3 Reporting Groups Relating to Risk Management

Reporting groups will include the review, monitoring and oversight of risks within specific work streams. Details of reporting groups are shown in Appendix 1.

4.3.1 The Risk Compliance and Assurance Group

The Risk Compliance and Assurance Group is chaired by the Director of Quality and the Director of Corporate Governance and manages and monitors all risk management processes and activities within the Trust monthly, ensuring that the objectives of the Risk Management Strategy and Policy are achieved; the group is responsible for the delivery of a systematic and action-oriented approach to the management of all known and foreseeable risks within the Trust to enable the Executive Committee to provide assurance to the Audit Committee and the Trust Board with regard to:

- The appropriate implementation of the Trust's Risk Management Framework;
- The Trust's assessment processes and systems (making recommendations for change where necessary);
- The management of key risks on the Corporate (Trust wide) and local risk registers;
- The grading and articulation of all risks rated 15 and greater and the appropriateness of actions in place to mitigate and reduce the likelihood and impact of those risks (holding risk owners to account for non-delivery of actions);
- The appropriate escalation of risks to the Executive Committee and the Audit Committee, if there is insufficient progress with mitigating actions; and
- The effectiveness of training courses and management arrangements relating to risk management.

4.3.2 Quality Oversight Group

The Quality Oversight Group is chaired by the Chief Paramedic and Quality Officer/Deputy CEO and Chief Medical Officer/Deputy CEO and is established to oversee and co-ordinate the work of several subgroups. In the context of oversight and co-ordination of the Clinical and Quality Agenda, QOG will ensure that the subgroups align their work plans to the organisational objectives, escalating any operational concerns to the Executive Leadership Team. The QOG will add value by challenging the work programmes of sub groups and will validate the content of work plans

4.3.3 Corporate Health and Safety Committee

The Corporate Health and Safety Committee is chaired by the Director of Quality and the Committee's prime purpose is to assist the Trust in safeguarding the health, safety and wellbeing of employees and others who may be affected by the Trust's work activities. The Committee will review Trust-wide risk assessments pertaining to health and safety and to ensure that mitigating actions are identified, implemented and monitored for effectiveness in the prevention of or to minimize future risk.

Each Group Station, Sector, Department and Corporate Directorate area will have a management forum where risk is discussed, including reviewing the risk register, actions and any required escalation.

4.3.4 Information Governance Group

The Information Governance Group is chaired by the Director of Corporate Affairs as SIRO and considers risks associated with data quality and information governance including the DSPT. The SIRO reports to each meeting of the Audit Committee. For data quality the group reports to the Quality Assurance Committee.

5. The Risk Management Process

The Trust adopts a structured approach to risk management, whereby risks are identified, assessed and controlled and if appropriate escalated or de-escalated through the governance mechanisms of the Trust.

Risks are clarified and managed in the following key stages:

- Clarifying objectives
- Identifying risks that relate to objectives
- Defining and recording risks
- Completion of the risk register
- Identifying mitigating actions
- Recording the likelihood and consequences of risks
- Escalation, de-escalation and archiving of risk as appropriate

The LAS will achieve its aims by implementing the risk management process as detailed in the Risk Management Procedure.

5.1. **Principles of successful Risk Management**

It is the role of the Trust Board to lead and support risk management across the organisation. The principles of successful risk management are:

- To embrace an open, objective and supportive culture
- To acknowledge that there are risks in all areas of work
- It is the role of the Trust Board, and in particular the Chief Executive, to lead and support risk management
- It is the role of all managers at all levels to identify and reduce risks
- For all staff to be actively involved in recognising and reducing risk
- To communicate risks across the Trust through escalation and de-escalation processes

5.2 **Risk Register**

Core to this Risk Management Strategy and Policy will be the provision and

maintenance of a well-founded risk register, for all activities of the Trust. The risk register will be maintained on the Trust's risk reporting and management system in accordance with the Trust's Risk Management Procedure.

A Risk Register is one of the basic building blocks of risk management and provides a unified repository for the recording and monitoring of risks at both the local and corporate level within the Trust.

The business planning process will be used to identify key risks to the organisation and individual objectives will be set for all levels of staff to reflect this.

The Risk Management Strategy and Policy will ensure a process (Risk Management Procedure) that follows accepted good risk management practice which involves identification, assessment and control of risk.

There are different level of risk registers in the Trust:

- Board Assurance Framework risk registers
- Corporate (Trust wide) risk registers
- Corporate Directorate/divisional risk registers
- Programme risk registers
- Sector and Departmental risk registers
- Local (Station level/site) risk registers

6. Risk Appetite and Risk Tolerance

The resources available for managing risk are finite and so the aim is to achieve an optimum response to risk, prioritised in accordance with an initial evaluation. Risk is unavoidable, and every organisation needs to take action to manage risk in a way that it can justify to a level which is tolerable. The amount of risk that is judged to be tolerable and justifiable is the "risk appetite".

Risk appetite is therefore 'the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time in pursuance of its objectives'.

Risks need to be considered in terms of both opportunities and threats and are not usually confined to money - they will invariably also impact on the capability of our organisation, its performance and its reputation.

It is important for the Trust to know about its risk appetite because if the organisation's collective appetite for risk is set at a certain level and the reasons for it is not known, then this may lead to erratic or inopportune risk taking, thereby exposing the organisation to a risk it cannot tolerate. Conversely an overly cautious approach can be taken which may stifle growth and development. If the leaders of the organisation do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient outcomes affected.

The Trust will periodically review its appetite for and attitude to risk, updating these where appropriate. This includes the setting of risk tolerances at the different levels of the organisation, thresholds for escalation and authority to act, and evaluating the organisational capacity to handle risk. The periodic review and arising actions will be informed by an assessment of risk maturity, which in turn enables the board to determine the organisational capacity to control risk.

6.1. **Risk appetite statement**

The risk appetite of the Trust is the decision on the appropriate exposure to risk it will accept in order to deliver its strategy over a given time frame. In practice, an organisation's risk appetite should address several dimensions:

- The nature of the risks to be assumed;
- The amount of risk to be taken on;
- The desired balance of risk versus reward;

On an annual basis the Trust will publish its risk appetite statement as a separate document covering the overarching areas of:

- Quality/Outcomes
- Reputation
- Innovation
- Financial/VFM
- Compliance/Regulatory

The statement will also define the Board's appetite for each risk identified for the achievement of strategic objectives for the financial year in question. These categories of risks are more fully explained in Appendix 1.

The Trust's risk appetite will be used to support the assessment of risks across the Trust and identify those which need escalation for mitigation.

7. Horizon Scanning

Horizon scanning focusses on identifying, evaluating and managing changes in the risk environment, preferably before they manifest as a risk or become a threat to the business.

Horizon scanning helps identify positive areas for the Trust to develop its business and services and provides a steer toward taking opportunities where these arise. The Trust will work collaboratively with partner organisations and statutory bodies to horizon scan and be attentive and responsive to change.

By implementing formal mechanisms to horizon scan the Trust will be better able to respond to changes or emerging issues in a planned, structured and co-ordinated way. Issues identified through horizon scanning should link into and inform the business planning process. As an approach it should consider ongoing risks to services.

The outputs from horizon scanning should be reviewed and used in the development of the Trust's strategic priorities, policy objectives and development. The scope of horizon scanning covers, but is not limited to:

- Legislation
- Government white papers
- Government consultations
- Socio-economic trends
- Trends in public attitude towards health
- International developments
- NHS Improvement publications
- Local demographics
- Seeking stakeholders' view
- Risk Assessments

All staff have a responsibility to bring to the attention of their managers potential issues identified in their areas which may impact on the Trust delivering on its objectives.

Board members have the responsibility to horizon scan and formerly communicate matters in an appropriate forum relating to their area of responsibility.

8. Learning Lessons from Risk Management

The Risk Management Policy will be used as a platform to drive organisational learning and feedback on the lessons learned through risk management and mitigation. Board and Executive Committees will review lessons learnt and emerging trends as appropriate and will use the opportunities these present for organisational learning from the management of risk. These committees will also seek action and/or assurance on progress with embedding risk management across the organisation.

The Trust must actively review risk occurrences and ensure that where appropriate these are adequately reported and recorded. The following may be considered during the review:

1. What happened
2. How and why the risk occurred
3. What action has been taken (if any) since the risk occurred
4. The likelihood of the risk occurring again
5. Any additional responses or steps taken; and
6. Key learning points and who and how these are to be communicated.

9. Implementation Plan

The Trust recognises the value of the whole systems approach in preventing, analysing and learning from errors and will continually aim to implement the management of risk in a structured way. Risk registers are used to record and monitor risks from both a local and corporate level within the Trust. Interaction with the risk register occurs at all stages of the risk management process from risk identification, assessment, through to risk response development and monitoring.

10. Competence (Education and Training)

Knowledge of how to manage risk is essential to the successful embedding and maintenance of effective risk management (Appendix 4).

An introductory session is provided to all staff on incident reporting and risk assessment training on induction.

Risk management training is provided to executive and non-executive directors in respect to high level awareness of risk management.

All managers that have the authority to enter risks onto Datix should receive appropriate training to both describe and enter risks. Local training is provided by the Risk Manager relevant to suit the responsibilities and risks associated with their role.

All staff are able to undertake the Risk Awareness training that is available on ESR as an e-learning package. This training can also be provided by the Risk Manager.

11. Monitoring Compliance

The Trust Board will receive reports at each Board meeting in respect of all actions of risk considered high and significant until such actions reduce the level of risk below these levels. This reporting is undertaken by the Audit Committee and Quality Assurance Committee.

The Audit Committee will also receive reports from Internal Audit at each of its meetings and the Quality Assurance Committee will receive reports on a timely basis covering:

- risk register / assessment reporting systems, including analysis and feedback
- risk management training initiatives

The Risk Compliance and Assurance Group will help to provide central support and encourage the uptake of good practice. As the central point for the receipt of risk register information, RCAG will compare the data and approaches being taken by individual groups for consistency across the organisation. RCAG will keep the main risks under strategic review and share information on how to address these risks, as well as maintaining and disseminating up-to-date risk management guidance for managers and policy makers.

Trust board committees will have a standing agenda item on risk, where the top risks from the Corporate (Trust wide) risk register and BAF risks will be discussed and escalated/communicated to the Board, as appropriate.

Changes in the Trust and the environment in which it operates will be identified and appropriate changes made to systems. Regular audits of policy and standards compliance will be carried out and standards of performance will be reviewed to identify opportunities for improvement. Any changes in guidance, best practice and legislation will be considered as the need arises and incorporated appropriately into the Risk Management Policy, which will be reviewed every two years as a minimum and approved by the Trust Board.

12. Effectiveness and Reporting including Policy Review

This policy will be reviewed on an annual basis. A copy of the approved procedure will be posted on the Pulse and staff will be made aware of its existence via the Routine Information Bulletin (RIB)

Continual improvement is a core component of the Trust's risk management framework. The Trust's overall risk management maturity and effectiveness of the risk management process will be used as indicators for success. Using the ALARM National Performance Model for Risk Management in Public Services (Appendix 6) the Trust aspire to achieve maturity level 4 'Embedded & Working'. The Maturity of Risk management within the Trust will be reviewed on a bi-yearly basis to identify key levels of attainment in the following areas:

- Leadership and Management
- Strategy and Policy
- People
- Partnership, shared risk & resource processes
- Processes
- Risk handling and Assurance
- Outcomes and deliveries.

13. Equality Impact Assessment Statement:

This policy has been reviewed in line with the Equality Act 2010 which places a duty on the Trust to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The specific needs of protected characteristic groups have been considered throughout the development of this policy. Special attention should be made to ensure the policies are understood by staff, who are new to the NHS, those whose first language is not English, staff whose literacy skills may be weak, those with special educational needs or those who have little experience of working life.

14. References

Building the Assurance Framework: A Practical Guide for NHS Boards (DOH March 2003)

Dower E & Bullivant J (2014) Building a Framework for Board/Governing Body Assurance

Bullivant J & Corbett-Nolan A (2012) Risk Appetite for NHS Organisations: A matrix to support better risk sensitivity in decision taking

Appendix 1

Risk Appetite Statement

As part of its work on refreshing the Board Assurance Framework, London Ambulance Service (LAS) has also reviewed its risk appetite statement.

A risk appetite statement is a written articulation of the degree of risk exposure, or potential adverse impact from an event, that the Trust is willing to accept in pursuit of its objectives.

London Ambulance Service seeks to minimise risks to its stated purpose to:
• Provide outstanding care for all our patients
• Be a first class employer, valuing and developing the skills, diversity and quality of life of our people
• Provide the best possible value for the tax paying public, who pay for what we do
• Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

LAS endeavours to establish a positive risk culture within the organisation, where unsafe practice is not tolerated and where every member of staff and volunteer feels committed and empowered to identify and correct/escalate system weaknesses. However, LAS recognises that risks will inevitably occur in the course of providing care and treatment to patients, employing staff and volunteers, maintaining premises and equipment and managing finances.

LAS is committed to ensuring that a robust infrastructure is in place to manage risks from an operational level to Board level and that where risks crystallise, demonstrable improvements/mitigations can be put in place.

LAS has a **zero risk appetite** for fraud and regulatory breaches. The Trust may, however, take considered risks where the long term benefits outweigh any short term losses. Well managed risk taking will ensure that the skills, ability and knowledge are there to support innovation and maximise opportunities to further improve services.

LAS has an overall **low risk appetite** for risks relating to all safety and compliance objectives, including public and patient harm and employee health and safety As such, LAS has a low risk appetite:

• To accept risks that could result in a negative impact on quality including poor quality care or treatment or unacceptable clinical risk, non-compliance with standards or poor clinical or professional practice
• To risks relating to all safety and compliance objectives, including public and patient harm to staff health and safety
• To any risk that could result in staff being non-compliant with any frameworks provided by professional bodies

The Trust has a **moderate risk appetite** for the pursuit of its operational objectives including reputational risk and financial risks involving value for money. As such, budgetary constraints mat be exceeded where required to mitigate risks to patient or staff safety or quality of care.

LAS has a **high risk appetite** when seeking opportunities for innovation (clinical and financial) that are within the constraints of the regulatory environment.

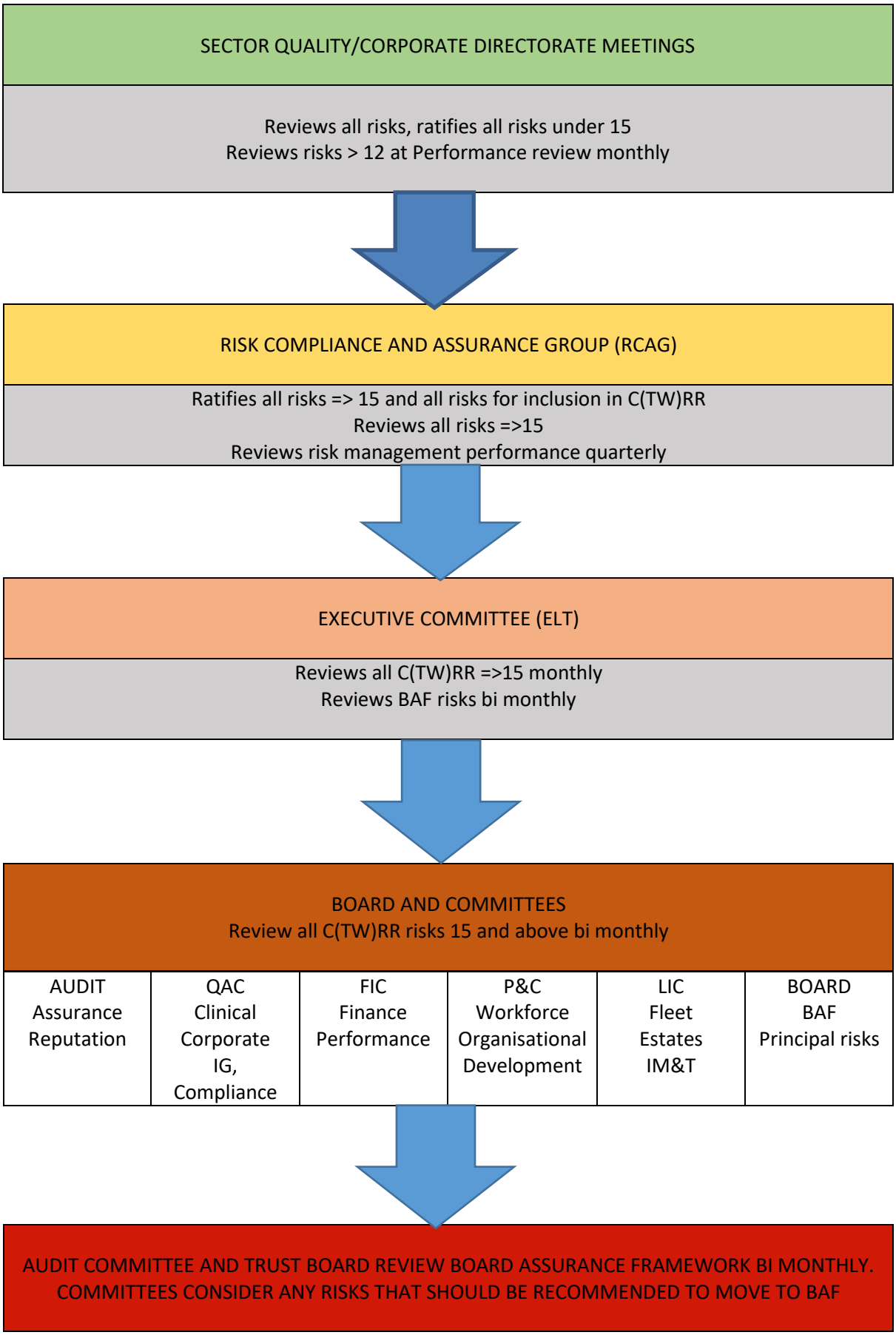
LAS will actively utilise the Risk Appetite Statement during any decision making process.

Key Risk Categories and Risk Tolerances

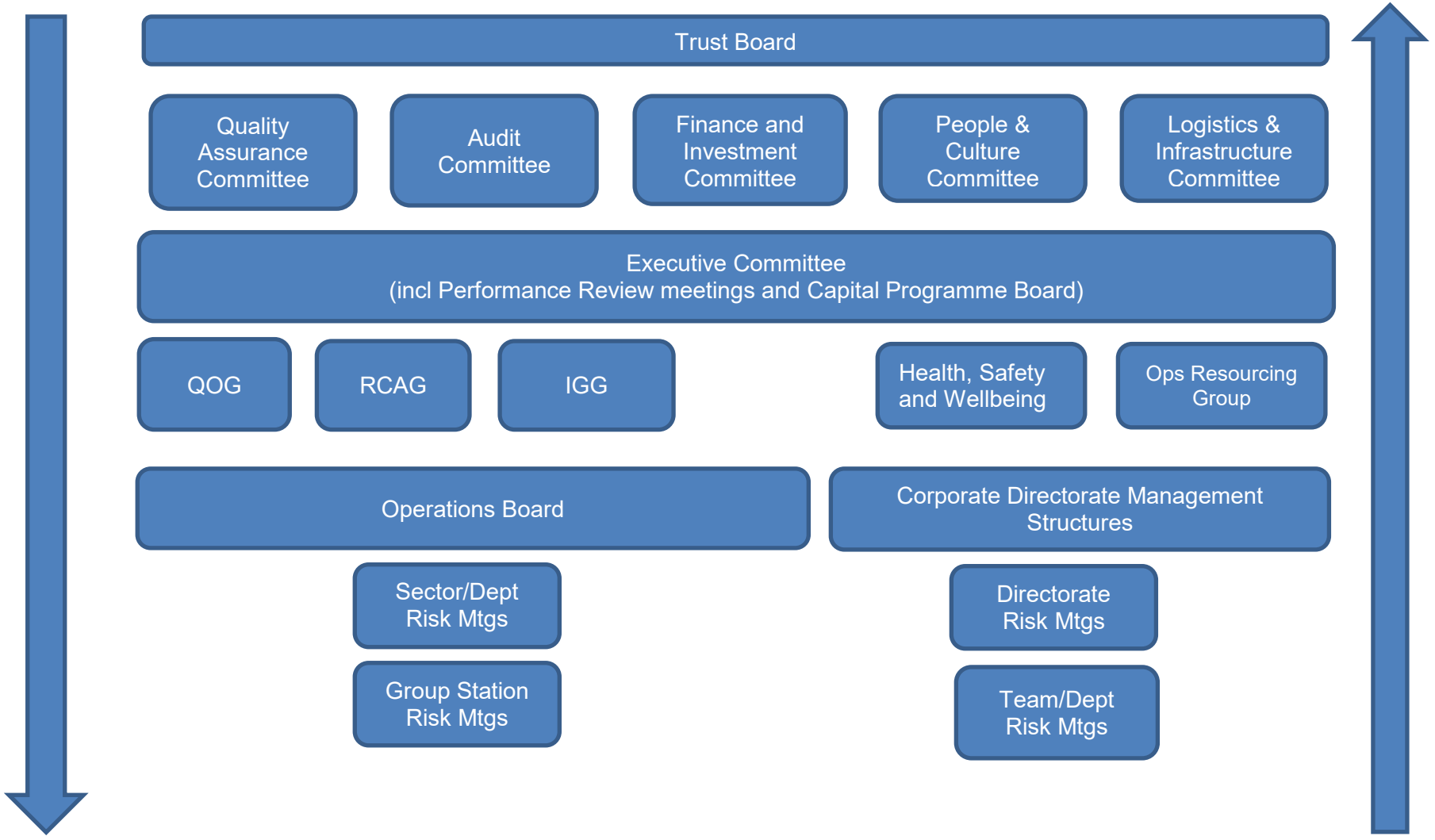
Risk Category	Risk Appetite Level	Risk Appetite Statement	Example
Quality Outcomes	Low	LAS has a low appetite for risks that may compromise the delivery of outcomes for patients. LAS may take measured and considered risks to improve and deliver quality outcomes where there is a potential for long term benefit. However, LAS will not compromise the quality of care provided or the safety of staff or patients.	This is demonstrated by the high levels of action and concern regarding hospital handover delays, which earlier in the year were a significant problem. The LAS were part of system-wide action to remedy the problem, and the steps taken have reduced delays.
Compliance/Regulatory	Low	LAS has a low risk appetite for compliance/regulatory risks which may compromise LAS's compliance with its statutory duties and regulatory environment.	Gaps in the Trust's compliance with medicines management regulations were identified and put on the Trust-wide corporate risk register. Mitigating the risk was a high priority management concern- there was zero appetite for tolerating the risk.
Reputation	Medium	LAS has a moderate appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	There were risks involved in working with the media to share the story of the pressures we were facing during the 'winter 2021 wave' of the COVID pandemic. However, this helped make the public aware of the pressures we faced and the actions they could take to help us. It also provided reassurance to our staff and volunteers.
Financial/Value for Money	Medium	LAS has a moderate risk appetite for financial/value for money risks which ensure the achievement of the organisation's strategy whilst also ensuring that the risk of financial loss is minimised and statutory requirements are complied with.	There were financial risks associated with the taking in-house of the "make ready" team. However the transfer was in line with our strategy of the LAS as an "anchor institution" and we believed there were quality and efficiency benefits.
Innovations (clinical and financial)	High	LAS has a high risk appetite for innovation and will take measured risks to maximise technological innovation and commercial opportunities to improve patient outcomes and transform services whilst ensuring value for money and that do not compromise the quality of care.	The roll out of clinical diagnostic pouches was an innovation introduced into the Trust, which despite the difficulties and risks of implementation, was pursued because of the eventual service and safety benefit.

The Trust commits to review its risk appetite statement on an annual basis and/or following any significant changes or events.
April 2022

Appendix 2 The Trust Organisational Delegation Structure



Appendix 3: LAS Assurance Framework

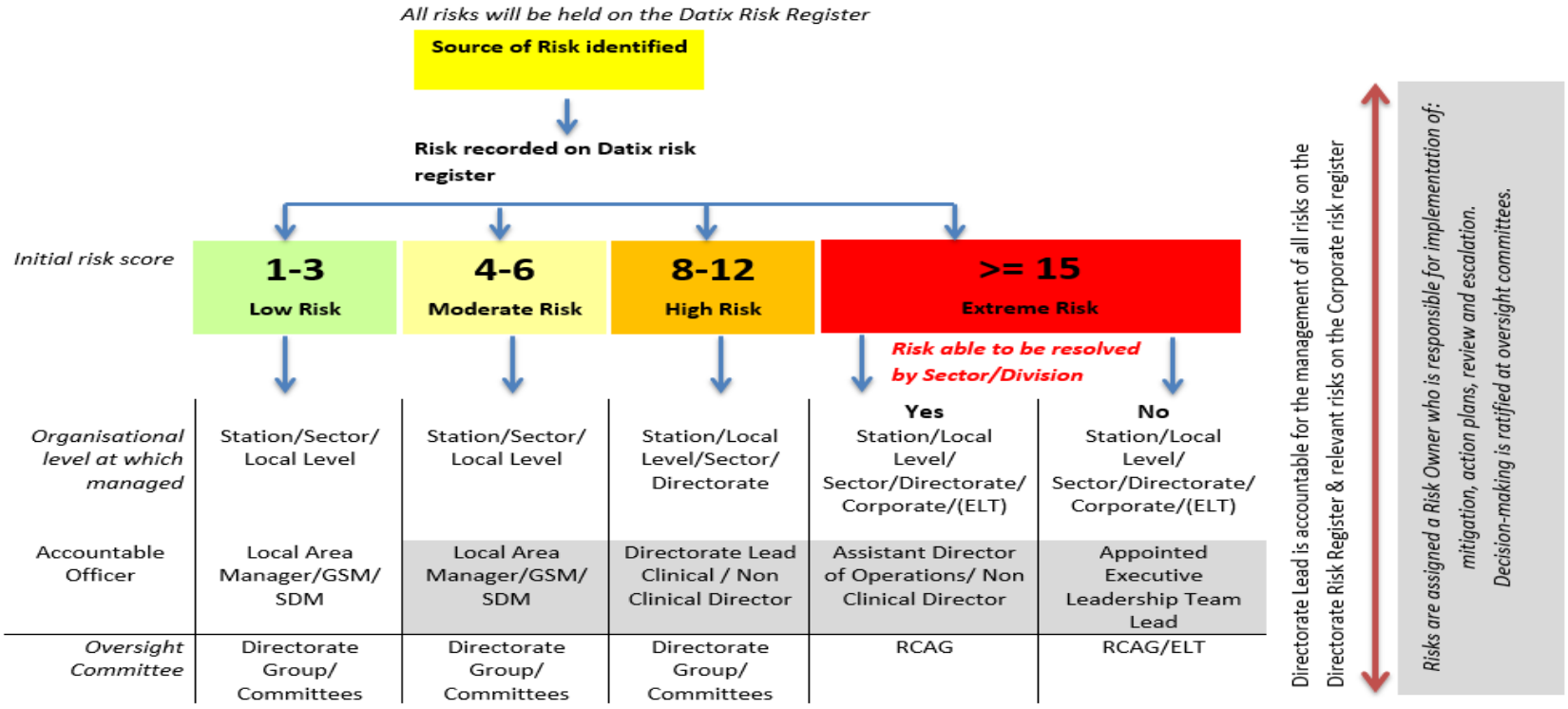


Appendix 4: Risk Management Training Matrix

Risk Management	Key stages of the patient pathway	Level of Training	Agenda for Change Grades	Aims of Training	
Risk Management Process	***Identification, Assessment and Escalation***	***Level 1*** ***Foundation Training***	***All Trust staff***	***Personal and Professional Development Plans*** ***Positive Performance Management*** ***Further training and development as life-long learning***	• For all Trust employees to understand what a risk is, • To undertake the relevant risk assessment (without formal form completion) • Identify any immediate risks to patient safety and correct them. • Appropriate escalation to senior staff to formalise risk assessment and undertake mitigations
	Risk Management and Escalation	***Level 2*** ***Intermediate Training***	***Band 6/7/8*** ***Senior Management Teams*** ***(Identified through PDPR and Job Description)***		• For all staff with responsibility for departments/ clinical areas to be able to identify and assess associated risks. • To undertake formal risk assessments and utilise risk management software (Datix) • To be able to action and document mitigations against risks, and evidence future actions required. • To be able to escalate risks when unable to control risks within own resources (including escalation to Corporate (Trust Wide) Risk Register via RCAG • To understand the process of risk de-escalation in line with Trust policy.
	Strategic and Emerging Risk Management and Control	***Level 3*** ***Advanced Training***	***Executive Team*** ***(in line with Trust Policy and Licence Requirements)***		• To be able to lead on the management of all Corporate (Trust Wide) and Strategic Risks • To undertake scrutiny of the Board Assurance Framework, ensuring appropriate mitigation is in place. • To ensure that any external and longer term risks are identified and managed in line with best practice. • To direct Trust staff in the management of de-escalated risks to Directorate level and below • To provide senior guidance to Trust staff in the identification and management of risk.

Appendix 5 Risk Structure and Escalation/De-escalation

Structure for risk reporting, accountability and escalation/de-escalation



Appendix 6 ALARM National Performance Model for Risk Management in Public Services

Existing Scale	Proposed Scale	Leadership and Management	Strategy and Policy	People	"Partnership, Shared Risk & Resources Processes"	Processes	Risk Handling and Assurance	Outcomes and Delivery
Driving	Excellent 5	"Leadership uses consideration of risk to drive excellence through the organisation, with strong support and reward for well managed risk-taking"	Strategy and Policy are closely aligned to risk management and the threat of failing to achieving objectives	"All staff are empowered to be responsible for risk management. The organisation has a good record of innovation and well-managed risk-taking. Absence of a blame culture."	"Clear evidence of improved partnership delivery through risk management and that key risks to the community are being effectively managed"	"Management of risk and uncertainty is well-integrated with all key business processes and shown to be a key driver in business success"	"Clear evidence that risks are being effectively managed throughout the organisation. Considered risk-taking part of the organisational culture."	"Risk management arrangements clearly acting as a driver for change and linked to plans and planning cycles"
Embedded and Working	Good 4	Leadership is supportive of the risk management process, engages actively and ensures it is embedded throughout the organisation	"Risk management principles are reflected in the organisation's strategies and policies. Risk framework is reviewed, developed, refined and communicated"	"A core group of people have the skills and knowledge to manage risk effectively and implement the risk management framework. Staff are aware of key risks and their responsibilities"	"Sound governance arrangements are established. Partners adequately support one another's risk management capability and capacity."	"A framework of risk management processes in place and used to support service delivery. Robust business continuity management system in place."	"Evidence that risk management is being effective and useful for the organisation and producing clear benefits. Evidence of innovative risk-taking."	"Very clear evidence of very significantly improved delivery of all relevant outcomes and showing positive and sustained improvement"
Working	Moderate 3	Leadership take part sporadically in the risk management process and provide some resources.	A basic risk strategy and related policies exist and are partially implemented	An individual with Risk Management responsibilities is in place with the correct skills and experience.	"Risk with partners and suppliers is managed across organisational boundaries but inconsistently."	"Risk management processes used to support key business processes. Early warning indicators and lessons learned are reported. Critical services supported through continuity plans."	"Clear evidence that risk management is being effective in all key areas. Capability assessed within a formal assurance framework and against best practice standards"	"Clear evidence that risk management is supporting delivery of key outcomes in all relevant areas"
Happening	Poor 2	Leadership are aware of risk management process but do not actively participate	"The need for a risk strategy and risk-related policies has been identified and accepted but not implemented"	Risk management is an informal part of a single persons role within the organisation.	"Approaches for addressing risk with partners are being developed and implemented."	"Some stand-alone risk processes have been identified and are being developed. The need for service continuity arrangements has been identified."	"Some evidence that risk management is being effective. Performance monitoring and assurance reporting being developed"	"Limited evidence that risk management is being effective in, at least, the most relevant areas"
Engaging	Not in Place 1	Leadership are not providing guidance with regards to risk management objectives, culture or practices	"The need for a risk strategy and risk-related policies has not been identified. The risk management system is undocumented with few formal processes present"	No risk management roles or associated skills are in place within the organisation and there is little desire to implement this.	No risk management considerations are given to partnerships	"No stand-alone risk processes have been developed."	"No clear evidence that risk management is being effective"	No clear evidence of improved outcomes

London Ambulance Service
NHS Trust

Report Title	Policy for approval - HS001 Health and Safety			
Meeting:	Trust Board			
Agenda item:	8.1.2	**Meeting Date:**	29 November 2022	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	J Lindridge, Director of Quality			
Purpose:		Assurance	**X**	Approval
		Discussion		Information

Report Summary

The following core policy is presented to the Board for approval: HS001 Health and Safety Policy

HS001 Health and Safety Policy

The key amendments to the this version of document deal with updates to roles, job titles and other nomenclature reflecting current structures and processes and a revised section which deals with occupational health, following our transition to a new provider.

The policy has been approved by the Corporate Health, Safety and Wellbeing Committee, the Executive Committee and the Quality Assurance Committee.

Recommendation/Request to the Board:

The Committee is asked to approve the policies for publication.

Routing of Paper i.e. previously considered by:

HS001 Health and Safety Policy
Corporate Health Safety and Wellbeing Committee
Executive Committee
Quality Assurance Committee

London Ambulance Service
NHS Trust

Health and Safety Policy

Document Control

Document Reference	HS001
Version	v3.6
Approved by	
Lead Director/Manager	Edmund Jacobs, Head of Health, Safety and Security
Author	Edmund Jacobs, Head of Health, Safety and Security
Distribution list	Corporate Health, Safety & Well-Being Committee
Issue Date	August 2022
Review Date	July 2022

Change History

Date	Change	Approved by/Comments
27/10/20	Title changes and update in responsibilities	Head of Health, Safety & Security
13/04/19	Updates to formatting etc.	Health & Safety Manager
27/10/17	Document Profile and Control update	IG Manager
29/09/17	Minor changes following PMAG	Snr QAM EOC
25/09/17	Document Profile and Control update	IG Manager
01/08/17	Clarity/amendment to Section 9 – H&S Union representation; minor amendments to working of document	Head of Health, Safety & Security
13/12/16	Document Profile and Control update	IG Manager
21/11/16	Updated Implementation Plan, and minor amendments to include CAS alerts	Health & Safety Manager
11/11/09	Revised format, added scope	Snr. Health and Safety Advisor
15/09/08	Added monitoring	Snr. Health and Safety Advisor

Table of Contents

Statement of intent

The London Ambulance Service (LAS) ('the Trust') has a duty under the Health & Safety at Work etc. Act (1974) and associated legislation, to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, and those persons who are not employees, but might be directly or indirectly affected by the activities of the Trust.

The Trust Board and Executive Committee of the Board (ExCo) fully recognise the importance of health and safety, and are committed to ensuring that the Trust meets its moral and legal obligations. We will demonstrate this by providing the Senior Management support required ensuring the implementation and monitoring of the arrangements detailed in the Health and Safety Policy, as well as ensure that health and safety is represented as an agenda item at every Board and ExCo meeting.

The Trust Board and ExCo acknowledge that the development of a positive health and safety culture is vital to the continued success of the LAS. We are committed to ensuring that a robust strategy is implemented to safeguard the delivery of the Trust's health and safety responsibilities, and will actively engage with staff and relevant stakeholders in our effort to continually promote and improve on our safety performance.

The Health and Safety Policy has been developed to highlight the Trust's strategy supported by the health and safety strategic plan for ensuring that:

- High standards of health and safety are maintained for our staff, our patients and others affected by the activities of the Trust;
- Working practices that meet the relevant standards of health and safety are established including arrangements to enable the assessment and mitigation of any health and safety risks;
- Sufficient health and safety information, instruction, training and supervision is provided to staff;
- Staff are provided with the necessary resources (e.g., equipment, PPE) required to safely undertake their roles;
- Health and safety standards and practices are regularly monitored and reviewed, and where deficiencies are identified, these are promptly rectified;
- Staff are consulted with, and encouraged to identify and report issues, as well as suggest innovative solutions so that we can all contribute to creating and maintaining a safe and healthy work environment.

Health and Safety is a key value and we are determined that this permeates through everything we do in every aspect of the organisation, but acknowledge that we need the co-operation of staff to do this. We invite all staff and all those affected to commit with us to making the LAS a safe organisation.

……
Chief Executive
Daniel Elkeles

Date: ……..

……
Director of Quality
Jaqualine Lindridge

Date: ……..

1. Introduction

This Policy provides the structure for and sets out the London Ambulance Service's arrangements for:

a) Ensuring so far as is reasonably practicable, the health, safety and welfare of all staff, patients, visitors and others who might be affected by the activities of the Trust,

b) Satisfying the requirements of the Health and Safety at Work etc. Act (HASWA) 1974, and all relevant health and safety regulations.

This policy will be regularly monitored to ensure the effective management of health and safety. It will be reviewed and, if necessary, revised in the light of legislative or organisational changes.

2. Scope and Definitions

This policy applies to all employees (including temporary and bank staff), contractors and volunteers working on Trust premises or on behalf of the Trust. It also applies to patients, visitors and others who use the Trust's services and/or have access to the Trust's premises.

2.1 Hazard

This refers to any object/behaviour/circumstance/condition that may cause harm. Examples include chemicals, electricity, working from ladders, trailing cables, aggressive animal behaviour, weather conditions, etc.

2.2 Risk

It is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be.

2.3 Work-related violence

Any incident, in which an employee is abused, threatened or assaulted in circumstances relating to their work. This includes verbal abuse or threats as well as physical attacks.

2.4 Threat

This is a declaration of the intention to inflict harm, pain, damage or misery. It could be considered as an indication of imminent harm or danger.

2.5 Physical Assault

This is the intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort.

2.6 Non-Physical Assault

This can be defined as the use of inappropriate words or behaviour causing distress and/or constituting harassment. Note that this can either be in person, by telephone, letter or e-mail or other form of communication for example graffiti on LAS property.

2.7 Aggressive behaviour

This refers to behaviour that causes physical or emotional harm to others, or threatens to. It can range from verbal abuse to the destruction of a victim's personal/employer's property.

2.8 Manual Handling operations

This refers to any transporting or supporting of a load (including the lifting, pushing, pulling, carrying or moving thereof) by hand or by bodily force.

3. Accountabilities and Responsibilities (Organisation)

3.1 Chief Executive

The Chief Executive is ultimately accountable for ensuring that the Trust fulfils its legal responsibilities and that the arrangements of this policy are effectively implemented in accordance with the Health and Safety at Work etc. Act 1974.

The Chief Executive has delegated the responsibility for the day-to-day management of health and safety to the Director of Quality who will oversee the co-ordination and implementation of the health and safety policy.

3.2 Director of Quality

The Director of Quality is responsible on behalf of the Chief Executive for:

- Ensuring the effective implementation of health and safety policies; including the monitoring and review of health and safety arrangements, activities and performance.
- Maintaining and chairing the Corporate Health, Safety and Well-Being Committee.
- Ensuring that the Trust has arrangements in place to assess the health and safety impact on staff, patients and visitors during periods of organisational change.
- Ensuring that adequate resources for effectively managing health and safety are provided.
- Providing assurance to the ExCo and Trust Board with regards to health and safety performance.
- Ensuring that health and safety risks can be mitigated so far as is reasonably practicable to achieve and maintain the standards set out within this policy.

3.3 Non-Executive Director of Health and Safety

The Non-Executive Director appointed with the responsibility for health and safety will be expected to:

- Promote health and safety at the Board and Committee meetings
- Scrutinise health and safety performance, provide assurance to the Trust Board and ensure the processes to support the Trust Board where significant health and safety risks are identified are robust.
- Liaise with the Director of Quality and Head of Health, Safety and Security regarding safety priorities and development actions, and provide positive support and constructive challenge.
- Support the Director of Quality and Head of Health, Safety and Security with championing health and safety at Board level.

3.4 Executive Directors

All Executive Directors are responsible for the effective implementation of health and safety policies within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

3.5 Director of People and Culture

The Director of People and Culture is responsible for ensuring that:

- The Trust has a rigorous staff selection process which includes an assessment of the suitability of the candidates based on their skills, experience, previous training and fitness for the role.
- All staff have access to and receive the relevant health and safety related training appropriate to their role.
- A system for monitoring training compliance as well as addressing non-compliance is in place.
- Records are maintained of health and safety training (including training relating to the use of equipment) and can be accessed where required.
- The Trust has a robust occupational health and well-being service to support staff.
- Arrangements are in place to protect new and expectant mothers, including arrangements for risk assessments, which should be carried out in accordance with occupational health procedures.
- Where persons under the age of 18 are employed, or accepted on work experience placements, a specific risk assessment is undertaken before the person begins work or takes part in a work placement.
- Provides advice on developments and facilities for promoting the physical and mental well-being of staff at work.
- Supports the quality and diversity of individuals who have a disability within our workforce.

3.6 Directors of Operations

The Directors of Operations are responsible for ensuring that:

- The health and safety arrangements in this policy as well as other health and safety related policies are appropriately implemented and complied with across operational delivery including all sector operations.
- All Operational staff receive health and safety training commensurate to their role and the level of risks they are exposed to.
- Ensure so far as is reasonably practicable, that resources are in place to enable staff to undertake their work in a safe and healthy way.

3.7 Head of Health, Safety and Security

The Head of Health, Safety and Security is responsible for:

- Leading the implementation of the Trust's health and safety policies.
- Providing advice to ExCo, Managers and staff on matters relating to health and safety.

- Developing and implementing auditing systems to monitor compliance with Health and Safety legislation, escalating identified gaps appropriately and supporting the mitigation of risks.
- Liaising with external agencies, stakeholders, and consultancies with regards to Trust-wide health and safety compliance.
- Monitoring and analysing reported incidents, level of industrial injury absence, near misses and reporting on trends.
- Promoting a positive health and safety culture across the organisation.

3.8 Health, Safety and Security Department

The Health, Safety and Security Department are required to:

- Provide advice, guidance and instruction on health and safety matters including risk assessments to assist the Trust in meeting its statutory obligations and high safety standards.
- Carry out safety audits, checks and analyses of health and safety policies and procedures to ensure safety management standards are achieved and maintained.
- Develop systems for monitoring the Trust's health and safety performance and addressing any areas requiring improvement.
- Raise awareness of health and safety obligations and responsibilities amongst all staff and managers.
- Provide managers with the tools and skills to assist them in managing health and safety within their areas of control.
- Assist managers to update staff, as appropriate, on general and specific matters affecting health and safety.
- Maintain liaison with other departments, external agencies/regulators with regards to health and safety.
- Coordinate and administer Corporate Health, Safety and Well-Being Committee meetings.

3.9 All Managers

Line Managers and Department Heads have a responsibility for:

- Implementing health and safety policies relevant to their areas of management and ensuring that staff are made aware of these policies.
- Undertaking suitable and sufficient risk assessments (in conjunction with the Health, Safety and Security Department), and take appropriate action to reduce any identified risks, as far as is reasonably practicable.
- Ensuring that staff receive health and safety training that is commensurate to their area of work, and the level of risk they are exposed to.
- Ensuring that staff have available to them any necessary safety equipment and that they have received appropriate training or instruction in its use.
- Ensuring that all machinery and equipment (including personal protective equipment (PPE)) are properly maintained, fit for purpose, safe to use and

regularly inspected.

- Ensuring that all accidents and incidents are reported and documented, ensuring that any appropriate investigation and remedial action is taken in accordance with the Incident reporting policy.
- Ensuring regular health and safety inspections are conducted and action plans implemented to reduce incidents and to ensure compliance with policy.
- Ensuring that safety procedures are observed, and that appropriate personal protective equipment (PPE) is available and appropriately used by staff.
- Monitoring and review of health and safety performance.
- Co-operating with Trade Union Representatives in jointly carrying out periodic management health and safety inspections.
- Ensuring that all visitors and contractors are aware of and conform to relevant health and safety policies and procedures e.g., Control of Contractors policy.

3.10 Occupational Health Service

- Provide pre-employment and pre-placement assessment to advise on fitness to work and recommended adjustments
- Provide management referrals to asses and advise on:
  - Fitness for work
  - Return to work / rehabilitation advice
  - Fitness following an incident or accident at work
- Provide immunisation and blood assessment services as agreed, to meet the requirements of current legislation and best practice
- Provide post exposure advice and assessment for employees and volunteers exposed to body fluids and/or contagious diseases
- Where necessary provide Health Surveillance as required by the Management of Health and Safety at Work Regulations (MHSWR 1999)
- As agreed provide health monitoring where there is practice based evidence that monitoring will benefit employer and employee.
- Investigate, report and advise on occupational health related incidents.
- Advise on workplace ergonomics and practice, including Display Screen Equipment.
- Provide advisory services on health and safety matters, including attendance (as appropriate) at the Corporate Health, Safety and Well-Being Committee, and any other relevant committees or meetings upon request.
- Work closely with psychological and physiotherapy support providers to achieve best outcomes for employer and employees
- Provide health promotion activities via an online platform as well as bespoke interventions as required.

3.11 Quality, Governance and Assurance Managers (QGAMs)

In addition to the responsibilities highlighted above for 'All Managers', QGAMs will be responsible for:

- Ensuring the Trust's health and safety policy, NHS national/regional risk management agendas are fully complied with within their Sector.

- Leading on local health and safety engagement forums.
- Ensuring the review and investigation of all incidents.
- Ensuring the collation, monitoring, grading, and investigation, as required, for all incident reports.
- Ensuring the Health, Safety and Security Department is notified of all RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents.
- Undertaking and adopting a lead role, as required, on all sector related health and safety issues
- Monitoring the health and safety performance of their sector and promote a positive safety culture amongst staff.

3.12 Local Group Managers (LGMs)

In addition to the responsibilities highlighted above for 'All Managers', LGMs will be responsible for:

- Ensuring that site-specific risk assessments are completed at least annually and reviewed on a quarterly basis in conjunction with the local Trade Union Representative and the Health, Safety and Security Department.
- Ensuring that site specific health and safety inspections are completed on a quarterly basis in liaison with the local Trade Union Representative.
- Ensuring that Fire drills and alarm tests are undertaken and recorded in accordance with Trust Policy.

3.13 Clinical Team Managers (CTMs)

In addition to the responsibilities highlighted above for 'All Managers', CTMs will be responsible for:

- Assisting the Group Station Manager (LGM) with the implementation of the Trust's health and safety policies.
- Undertaking the review and investigation of incidents including the assessment of physical hazards.
- Undertaking site-specific and general health and safety risk assessments where this responsibility has been delegated.
- Promoting a positive safety culture amongst teams / staff.

3.14 Head of Estates & Facilities

The Head of Estates & Facilities is responsible for:

- Ensuring, so far as is reasonably practicable, that the fabric and facilities of all premises are in a satisfactory condition and meet operational and health and safety requirements.
- Identifying, reviewing and managing the maintenance requirements of the Trust's estate.
- Acquiring and co-ordinating the services of contractors on behalf of the Trust – ensuring that contractors are familiar with the Trust's health and safety requirements.
- Ensuring that suitable and sufficient arrangements are in place to meet the environmental management objectives related to the Trust's Estates.

- Advising ExCo, and Head of Health, Safety and Security on risks associated with the Trust's Estate.
- Ensuring that relevant statutory inspections/assessments/maintenance (e.g., legionella, fixed wire testing etc.) are undertaken and gaps in compliance addressed.

3.15 Head of Fleet and Head of Supply & Distribution

The Head of Fleet and Head of Supply & Distribution are responsible for ensuring that:

- The health and safety arrangements in this policy as well as other health and safety related policies are appropriately implemented and complied with across Fleet and Supply & Distribution.
- All Fleet and Supply & Distribution staff receive health and safety training commensurate to their role and the level of risks they are exposed to.
- That appropriate risk assessments are completed, kept up to date, communicated and actioned for activities undertaken within the service.
- That equipment (including vehicles and/or medical devices) are appropriately maintained, and records of maintenance kept and easily retrievable.
- So far as is reasonably practicable, that resources are in place to enable staff to undertake their work in a safe and healthy way.

3.16 Workshop Managers

In addition to the responsibilities highlighted above for 'All Managers', Workshop Managers are responsible for health and safety in the workshop environment as well as for ensuring that:

- Workshop risk assessments and inspections are completed, and appropriate arrangements are in place to manage any risks/issues identified.
- Communication takes place with other site managers to ensure the safety of all staff working within the site.
- All workshop staff are trained, have access to and use the appropriate PPE.
- Adequate First Aid provision/arrangements are in place within the workshop environment.
- Workshop activities do not pose a risk to other people who may use the site or be affected by the acts/omissions/activities of the Workshop.

3.17 Clinical Education – Training Managers

In addition to the responsibilities highlighted above for 'All Managers', Training Managers will be responsible for health and safety at their respective training facilities as well as for ensuring that:

- The required risk assessments and inspections are completed, and appropriate arrangements are made to manage any risks/issues identified.
- Training related activities do not pose a risk to other people who may use/have access to the site or may be affected by the acts/omissions training staff.
- Communication takes place with other site managers to ensure the safety of all staff working within the site.

3.18 All Staff

All staff must:

- Take reasonable care for the health and safety of themselves and any other persons who may be affected by their acts or omissions at work. This duty not only relates to avoiding obvious reckless behaviour, but also includes taking positive steps to understand the hazards in the workplace, to comply with safety rules and procedures and to ensure that nothing they do or fail to do places others at risk.
- Co-operate so far as is necessary, with their employer, to ensure that all relevant statutory regulations, policies, codes of practice and departmental procedures are adhered to.
- Use any machinery, equipment, substance, transport, and means of production or safety device provided by the Trust in accordance with the guidance, information, instruction, and training provided to them.
- Inform the Trust, through the Trust's Incident reporting system, Datix, of:
  a. Any work situation which represents a serious and immediate danger to health and safety.
  b. Any matter which represents a shortcoming in the arrangements in place to ensure staff/patient health and safety.
  c. Any adverse/near miss incidents (including violence/aggression/abuse incidents) affecting staff, patients, visitors, or the Trust.

Particular regard will be paid to:

- Wearing the appropriate protective clothing and safety equipment and the use of appropriate safety devices where applicable.
- Complying with all safe-working procedures, including vehicles and equipment safety checks.
- Reporting all incidents, faults, hazards, accidents, dangerous occurrences, or damage, regardless of whether persons are injured in accordance with relevant Trust policies.
- Compliance with the Driving Standards Policy and all other associated Policies and Procedures introduced to ensure safety.

3.19 Contractors and Visitors

- Contractors engaged by London Ambulance Service shall comply with any policy, statute and code of practice applicable to the work they have been contracted to undertake for the Trust; and will co-operate with officers of the Trust by ensuring compliance.
- Officers of the Trust who engage Contractors will be responsible for providing information/details of any specific hazards in the place of work so that the contractor may implement safe systems to minimise risk to the Trust, staff/patients.
- All work carried out by Contractors must be in accordance with relevant Health and Safety Legislation and Approved Codes of Practice and must be supervised by the officer/department who has engaged the contractor.
- Where contractors are required to visit the Trust's sites to undertake work, information relating to the contractor's visit must be sent to the relevant Manager(s)/Staff at the site well in advance of the contractor arriving.

- Contractors are required to carry their identity cards with them at all times when visiting LAS property.
- Visitors should only visit LAS property if they will be meeting with a member of LAS staff.
- All visitors to the Trust will be met at the reception or entrances to Trust premises and, where applicable, will be asked to sign in and out when entering and exiting these premises. Visitors will be accompanied around Trust buildings by the person they are visiting/meeting at all times, or someone delegated this responsibility.
- If visitors are on Trust premises and a fire evacuation/emergency evacuation takes place, the visitors will be escorted from the premises to the fire assembly point by the persons they are visiting/meeting at the Trust, or the person delegated the responsibility of accompanying them.
- Visitors who undertake ride outs, must ensure that they have appropriate immunity to protect both LAS staff and patients ahead of undertaking this activity. If necessary advice from Occupational Health may be sought and evidence may be required

3.20 Trade Union Health and Safety Representatives

The Safety Representatives and Safety Committees Regulations 1977 define a legal framework within which Trade Unions may appoint Safety Representatives who have the following statutory rights:

- To investigate workplace hazards, dangerous occurrences, accidents and complaints relating to health and safety.
- To make representation to the Trust about such matters.
- To carry out periodic workplace safety checks and inspections in liaison with local managers.
- To participate in consultation with the Trust via the Health and Safety Operational Partnership Forum and the Corporate Health, Safety and Well-Being Committee.
- Undergo, within available resources, any training necessary to enable them to carry out their functions effectively.
- Contribute to health and safety initiatives and developments within the Trust.
- Keep up to date with health and safety matters, helping managers to update staff, as necessary, in changes to legislation or safe systems of work.
- To participate in consultation with the Health and Safety Executive (HSE) Inspectors.

3.21 Corporate Health, Safety and Well-Being Committee

The Corporate Health, Safety & Well-Being Committee will:

- Provide leadership and commitment for the management of health and safety across the organisation.
- Review the Health & Safety Strategy and Plan, as a standing item at each meeting of the Corporate Health, Safety & Well-Being Committee.
- Develop, consult and approve organisational health and safety policies, procedures and standards.
- Monitor the effectiveness of health and safety policies through quarterly health and safety reports.

- Monitor reported incidents relating to the health and safety of staff and visitors and where necessary make recommendations for a course of action to be taken by senior management.
- Monitor the adequacy of health and safety training, communication and awareness in the workplace.
- Analyse information and reports provided by enforcing authority inspectors e.g., HSE and local authority inspectors, and approve action plans where necessary.
- Provide a forum for staff and Trade Union representatives to raise health and safety concerns, and to act accordingly.
- Union representatives to raise health and safety concerns, and to act accordingly.

4. Arrangements

The following arrangements describe the Trust's approach to planning, implementing and managing health and safety.

4.1 Communication

Health and safety information is communicated across the Trust using:

- Team Briefings
- Monthly Health and Safety Performance Reports
- Bulletins
- Regular Update training
- Health and Safety Meetings
- Notice Boards
- Email Communications
- Trust Intranet – including the Health and Safety Pulse Page(s).

The Health, Safety and Security Department will ensure that relevant health and safety information is available for Managers and all staff to access. Managers are to ensure that they can access health and safety information that is relevant to their areas of work and ensure that these are made available to staff, contractors, volunteers and users of Trust premises.

This policy will be made available on the PULSE and communicated to all staff via induction and other mandatory training programmes. Where required, the policy will also be provided in alternative formats such as Braille, large print or audio.

Communication about health and safety will also be provided to the Trust Board as well as staff and Management from the Corporate Health, Safety and Well-Being Committee in accordance with the Trust's Committee Governance Structure. Trade Union Representatives will be responsible for cascading relevant health and safety information to their relevant Trade Unions.

4.2 Training

The Trust acknowledges its duty to provide appropriate information, training and instruction to all staff to allow them to safely carry out their duties. Training in Health and Safety is a mandatory requirement for all staff however, the extent of training will vary according to the function each staff performs as well as the potential severity of the hazards associated with the activity/(ies) they are required to undertake. A breakdown

of the core health and safety training delivered to staff is provided in the matrix below:

Level of Management	Required Training	Mode of Delivery	Frequency
All Staff	Health and Safety induction	Classroom	Corporate induction
All Staff	Health, Safety and Welfare	E-learning	Every 3 years
Managers of people (below ExCo Level)	Managing Health and Safety	Classroom	Every 3 years
Executive/Board Directors	Directing Safely - recommended by IoD/HSE.	Classroom (external provider)	Annually

Additional health and safety related training may be required for staff. Guidance about this will be provided in the relevant health and safety policies. The Health, Safety and Security Department will provide additional/ad hoc training for staff where required.

All training courses will be evaluated as part of the Training Needs Analysis and revised on a regular basis.

4.3 Risk Assessment

Regulation 3 of the Management of Health and Safety at Work Regulations (MHSWR) 1999 imposes a specific duty upon the Trust as an employer to carry out suitable and sufficient assessments of all risks to the health and safety of its employees and others, arising at or from a work activity and to record all significant findings. This is necessary as a preventative step for identifying, eliminating/controlling hazards in the workplace.

Identified health and safety risks are to be managed in accordance with the Trust's risk management process and will be subject to the procedure described in the Risk Management Strategy and Policy.

The following risk assessments should be completed:

Site specific risk assessments

A programme is in place across the Trust for ensuring that risk assessments are conducted at each of the Trust's sites. The risk assessments will be conducted by the relevant local management in conjunction with the site or station Trade Union Representative, and a representative of the Health, Safety and Security Department. Progress against any actions identified from the risk assessments will be monitored by the local management and local Trade Union Representative and reviewed with the Health and Safety Department on an annual basis.

Quarterly updates on progress with the site-specific risk assessments as well as any risks assessed as 'High' or 'Extreme' will be provided to the Corporate Health, Safety and Well-Being Committee.

New or expectant mothers risk assessment
A new or expectant mother's risk assessment must be completed when a member of staff informs her manager in writing that she is pregnant, breast feeding or returning to work after 6 weeks of having a baby. The risk assessment should take the factors below into consideration and should be completed by the relevant line manager with the member of staff involved using the risk assessment template.

In determining what risks there are, the following factors must be taken into account:

- Physical risks: Movements and Postures, Manual handling, (Slip/Trip/Falls), Noise, Radiation (ionising and non-ionising) and Violence,
- Biological agents: Infectious diseases,
- Chemical agents, including hazardous substances/chemicals, cytotoxic drugs,
- Working Conditions: Long working hours, Stress (including postnatal depression), Temperature, Working with Display Screen Equipment (DSE), Lone Working, Work at Heights, Violence etc.

Pregnancy is not a static condition, and the nature and degree of risk will change as the pregnancy develops. The physiological changes must be taken into account when assessing the risks.

If the risk cannot be avoided, the following steps should be taken to remove the affected staff from the risk:

- adjust the working conditions and /or hours of work,
- offer suitable alternative work,
- where none of the above is reasonably practicable, paid leave should be given for as long as is necessary to protect the health and safety of the staff and her child.

These actions are only necessary where, as a result of risk assessment, there is genuine concern. Any alternative work offered must also be subject to a risk assessment.

A copy of the completed risk assessment should be kept in the personnel file of the staff member. More information can be found in the Maternity Leave and Pay Policy – HR017.

Young Person's Risk Assessment
The LAS does not employ anyone under the age 18. Where young persons are taken on for the purpose of work experience, an appropriate risk assessment must be undertaken in compliance with regulation 19 of the Management of Health and Safety at Work Regulations 1999 before the young person starts. The Health, Safety and Security Department can be contacted for advice and support.

Noise Risk Assessments
Relevant noise risk assessments should be undertaken wherever the risk of exposure to staff has been identified. Noise risk assessments should:

- Identify where there may be a risk from noise and who is likely to be affected
- Measure or include a reliable estimate of staff exposure (taking exposure action and limit values into consideration)

- Identify what is required to ensure the health and safety of staff, and to comply with relevant legislation, e.g., whether noise-control measures or hearing protection are needed, and, if so, where and what type
- Identify any employees who need to be provided with health surveillance and whether any are at particular risk.

Within the LAS, two areas where noise risks have been identified include:

- Exposure to loud noise from the siren on vehicles.
- Workplace activities within the workshops.

Noise risk assessments are completed and taken into account during the build of vehicles installed with sirens that are used across the Trust. Where issues relating to noise arise, staff should report these on the Datix system and the Health, Safety and Security Department will arrange for the appropriate noise risk assessment to be undertaken.

Noise risk assessments for workshops will be undertaken by the Health, Safety and Security Department in conjunction with workshop staff.

Fire Risk Assessments

Fire risk assessments are completed in compliance with the Regulatory Reform (Fire Safety) Order 2005 for all sites across the Trust. The LAS contracts the service for completing fire risk assessments to a specialist external company who undertake the risk assessments on a regular basis. The Corporate Health, Safety and Well-Being Committee monitors progress of completed fire risk assessments.

Other Risk Assessments

Other risk assessments conducted within the Trust are listed below. The process for conducting the risk assessments is described in the relevant listed policies.

Risk Assessment	Relevant Policy
Hazardous substances	Control of Substances Hazardous to Health Policy
Lone Working	Lone Working Policy
Stress	Stress Management Policy
Display Screen Equipment	Display Screen Equipment Policy
Medical Equipment	Medical Equipment Policy
Moving and Handling	Moving & Handling Policy

4.4 Premises Inspections

Site specific premises inspections will be conducted by the relevant local management in conjunction with the local Trade Union health and safety representative every 3 months and following:

- Re-design/moves/significant changes to facilities/fabric of the site.
- Adverse incidents or accidents arising from or in relation to the premises.
- Introduction of a new service(s) at the site.
- Introduction of new equipment/change in technology at the site.
- Changes in legislation which may impact on the health and safety of LAS patients, staff, or visitors, in the provision of services and or employment.

Premises inspections are designed to examine the work environment, work activities and work equipment, with the purpose of identifying hazards or conditions that can lead to harm and ensuring that appropriate controls are put in place to mitigate risks. Actions from the inspections should be managed by the relevant manager, ensuring that any identified gaps can be addressed.

4.5 Incident Reporting

All work-related incidents, accidents, near misses or ill-health must be reported using the Datix System which is accessible to all staff. Staff who do not have immediate access to a computer may also report incidents via the Emergency Bed Service (EBS). All incidents should be reported as soon as they occur.

Incidents are to be managed and investigated in accordance with the Trust's Incident Reporting Procedure accessible via the PULSE.

In the event of failure of a medical device, the equipment must be immediately withdrawn from service, tagged and sent to the Supply and Distribution Department. All adverse incidents relating to or arising out of the use of medical equipment must be reported on the Datix System.

Incidents relating to non-medical equipment such as IT equipment should be reported to the IM&T Department via the IM&T Service Desk.

All faults relating to buildings/facilities or estates must be reported to the Estates Department through/using the Invida system which is the Trust's estates/facilities related fault reporting system.

4.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

The RIDDOR 2013 regulations place a statutory duty on employers to report any injuries, diseases and dangerous occurrences which arise out of or in connection with work activities to the Health and Safety Executive. The requirements under RIDDOR and the procedure for reporting are described below:

What to report:

- **Over seven-day injuries:** work related injuries resulting in the over seven-day incapacitation of a staff member.

- **Major injuries:** such as fractures (other than to fingers, thumbs and toes), serious burns or loss of consciousness as a result of head injury.
- **Non-fatal accident affecting non-employee:** such as:
  - Accidents resulting in a member of the public being taken to hospital for treatment of that injury.
  - Injury to service user caused by failure of equipment, use of wrong equipment to move patient, lack of training. (e.g., fall from a trolley bed resulting in harm).
- **Occupational diseases:** such as carpal tunnel syndrome, hand-arm vibration syndrome and occupational dermatitis.
- **Dangerous occurrences:** such as injury from a contaminated sharp with BBV (e.g., Hep C, HIV) and contact with a harmful biological agent that has been accidentally released.
- **Physical Violence:** Incident resulting in death, major injury or over 7-day incapacitation of staff.
- **Death:** Death of a service user/staff arising out of or in connection with work

How to report:

- All incidents must be reported and investigated using Datix. Staff may also report incidents via the Emergency Bed Service (EBS).
- Managers, Clinical Team Managers and Supervisors must complete the LA473 form – accessible on The Pulse (type in LA473 in the Keywords section the form will open), and submit the completed form to the Health, Safety and Security Department.
- The Health, Safety and Security Department will check the form for completeness, submit it to the HSE and attach a copy of the HSE report to Datix.

When to report:

- All incidents should be reported on the Trust's Datix system as soon as they occur.

4.7 Personal Protective Equipment (PPE)

PPE is defined by the Personal Protective Equipment Regulations 2002 as 'all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects them against one or more risks to their health or safety'. Examples include safety helmets, aprons, gloves, eye protection, high-visibility clothing, safety footwear, helmets and harnesses, respirators, body armour etc.

The Personal Protective Equipment Policy provides guidance on the Trust's arrangements for purchasing, issuing, maintaining and use of Personal Protective Equipment.

4.8 Driving Standards Policy and Procedure

The Trust recognises the risk of injury to staff, patients and others through vehicle accidents involving Trust vehicles and employees. The Policy and Procedure for Driving Standards – TP065, whilst outside the remit of normal health and safety legislation, defines the Trust's procedure for ensuring safety and reduction of accidents associated with vehicles.

4.9 Staff Health Surveillance

In accordance with The Management of Health and Safety at Work Regulations 1999, (Regulation 6), the Trust will provide health surveillance for employees who are exposed to residual risks such as noise or vibration, fumes, dusts, biological agents and other substances hazardous to health in the work environment following a risk assessment and the application of control measures.

Health monitoring may be required to assess fitness and identify early indicators of disease which may limit work in certain conditions or with certain equipment e.g. the use of breathing apparatus, work in confined spaces

The Trust provides, through contractual arrangements, a free Occupational Health Service which is available to all employees and volunteers. This service provides pre-employment assessment, management referrals, vaccination/prophylactic treatment, and confidential psychological support services. See section 3.10.

4.10 Health and Safety Consultation

The Trust recognises that an effective safety culture requires partnership between management and staff, working together to identify risks and to improve safety standards and working practices.

Formal consultation on health and safety matters will be through the Corporate Health, Safety and Well-Being Committee which comprises of Trade Union and management representatives. The Corporate Health, Safety and Well-Being Committee will be chaired by the Director of Quality and will meet at least 4 times per year. The Committee will report to the Trust Board via the Quality Oversight Group.

In accordance with the Safety Representative and Safety Committee Regulations 1977, Trade Unions may appoint Safety Representatives from among employees of the Trust, who are members of a particular Trade Union. Health and Safety representatives must be appointed by a recognised Trade Union and should have worked for a minimum of 2 years in the Trust or a similar organisation. They should possess the relevant accredited qualification. Only Trade Union registered Health and Safety representatives are able to represent staff.

It is a legal requirement for Safety Representatives to be allocated time during the employee's working hours to discharge their duties. The amount of allocated time required should be agreed between the relevant Trade Unions and the Trust's Management and formally noted through the Corporate Health, Safety and Well-Being Committee. The amount of time allocated should be subject to regular review and communicated through the Corporate Health, Safety and Well-Being Committee.

Representation at the Corporate Health, Safety and Well-Being Committee:
In accordance with the Approved Code of Practice and guidance document for the Safety Representatives and Safety Committees Regulations 1977, the number of management representatives will be equal to the number of employee representatives selected to sit on the Corporate Health, Safety and Well-Being Committee.

50 percent (%) of the seats on the Corporate Health, Safety and Well-Being Committee

will be allocated to the two recognised Trade Unions as indicated above. The seats will be shared between both the Trade Unions based on the proportion of staff they represent across the Trust. The number of allocated seats per Trade Union will be recorded in the Terms of Reference for the Corporate Health, Safety and Well-Being Committee, and will be subject to annual review in line with the review of the Committee Terms of Reference.

Trade Unions will be responsible for ensuring that they appropriately represent the various staff groups that make up their respective Unions, and that accredited representatives have received the necessary training to support them in discharging their responsibilities.

Health and Safety Operational Partnership Forum (H&SOPF):
Corporate Health, Safety and Well-Being Committee will be supported by the Health and Safety Operational Partnership Forum which brings together the senior managers, representatives of Ambulance crew and trade union staff side representatives to address any issues escalated from station/site level as well as facilitate the delivery of the health and safety agenda of the organisation. This forum reports to the Corporate Health, Safety and Well-Being Committee on a quarterly basis.

Other Health and Safety Groups:
Health and Safety is discussed at other groups and forums where staff are consulted for their views. Some of these groups include Sector Quality and Governance Meetings, Station Health and Safety Groups, and the respective Fleet and Supply and Distribution Department Fleet and Logistics Health and Safety Groups. The meeting and reporting structure for health and safety groups/committees across the LAS is described below:

Type	Meeting	Reports to	Frequency
Board Level Meetings	Quality Oversight Group	Trust Board	Quarterly
Corporate Level Meetings	Corporate Health, Safety and Well-Being Committee	Quality Oversight Group	Quarterly
	Health and Safety Operational Partnership Forum	Corporate Health, Safety & Wellbeing Committee	Quarterly
Local (Station/Sector) Level Meetings	Sector Quality and Governance Meeting	Operational Sector Quality and Governance meeting.	Monthly
	EOC Health and Safety Meeting	Operational Sector Quality and Governance meeting.	Monthly
		Health and Safety Operational Partnership Forum	Quarterly
	Sector/Station Health and Safety Meetings	Health and Safety Operational Partnership Forum	Monthly

4.11 Performance Monitoring

A successful and effective health and safety management as defined in HSG 65 (Plan / Do / Check / (study) Act) requires both active and reactive monitoring.

Reactive monitoring identifies failures in risk control resulting in adverse outcomes such as injuries, ill health, loss and accidents, and highlights a deficiency in health and safety performance. Monitoring reactive health and safety performance provides an opportunity for organisations to assess performance, learn from failures and improve their health and safety management system.

Active monitoring allows organisations to regularly assess the effectiveness of any systems/activities implemented to promote a positive health and safety culture, as well as reduce harm in the workplace. Active monitoring systems provide feedback on performance before an accident, incident or ill-health occurs. Active monitoring can be carried out in the following ways: -

- Inspections of premises, vehicles and equipment,
- Risk assessments
- Evaluation of performance of safety arrangements
- Audit of activities through independent evaluation

The Health, Safety and Security Department will:

- Ensure that annual Trust-wide internal audits are carried out and issues identified assessed and reported to the relevant department for action.
- Facilitate an annual Trust-wide external audit to provide assurance to the ExCo and Trust Board regarding the status of the Trust's compliance with health and safety regulations.
- Carry out ad hoc / random safety checks of sites, workplaces or processes.
- Review all injuries to staff and patients and ensure they are fully investigated
- Develop a regular report for various groups including:
  - Number of injuries
  - Number of security incidents
  - Number of RIDDORS
  - Number of staff completing mandatory health and safety training
  - Number of Health and Safety Inspections, Fire Risk Assessment
  - Number of Display Screen Assessment completed
  - Lost Time Incidents/Sickness Absence data

Any exceptions identified will be highlighted and included in the quarterly report to the Corporate Health, Safety and Well-Being Committee.

4.12 Management of Safety Alerts

Safety alerts are received through the Central Alerting System (CAS) – a web-based system, as well as directly from the Medicines and Healthcare Products Regulatory Agency (MHRA) and equipment manufacturers/suppliers.

The Health, Safety and Security Department regularly monitor and manage the alerts received across the Trust ensuring that they are disseminated to the appropriate

departments/specialists, and any recommended actions completed. Regular assurance reports are presented to the Clinical Equipment Working Group as well as to the Corporate Health, Safety and Well-Being Committee.

The Health, Safety and Security Department are responsible for reporting safety related medical equipment incidents to the MHRA under the 'Yellow Card Scheme'. All incidents must be reported on the Datix system where they will be reviewed and reported if they meet the MHRA reporting criteria.

4.13 Other Health and Safety Related Policies

In addition to those mentioned previously, the Trust has a number of other Health and Safety policies and procedures which support this policy and are part of the arrangements for health and safety. These include:

- Fire Policy and Procedures
- Control of Substances Hazardous to Health (COSHH) Policy
- Display Screen Equipment Policy
- First Aid Policy
- Moving & Handling Policy
- Security Management Policy
- Violence Reduction Policy
- Stress Management Policy
- Management of Medical Devices Policy & CAS Procedure
- Lone Working Policy
- Sharps Policy
- Personal Protective Equipment Policy
- Lockdown Procedure
- Alcohol, Drugs and Work Policy

5. Monitoring Arrangements

The effectiveness of this policy as well as the Trust's health and safety performance will be monitored and regularly reviewed through the Corporate Health, Safety and Well-Being Committee and its Sub-Groups. Monitoring will be through the production of regular health and safety reports highlighting performance against the arrangements identified in section 5 of this policy.

The monitoring of health and safety performance will include:

- The review of the Health and Safety Strategy and Plan.
- Periodic review of reports highlighting progress/gaps against stated objectives, particularly in risk reduction.
- Periodic review of completed workplace inspections by line managers and safety representatives.
- Periodic review of site-specific risk assessments completed.
- The review of Health and Safety related group/committee meeting reports/minutes.
- The periodic auditing of activities to establish the effectiveness of control measures,
- The regular monitoring of accident, adverse incident and near-miss reporting statistics.

- The regular monitoring of accident and adverse incident investigations
- Sickness and absence monitoring.
- The review of staff training compliance rates
- Regular reporting and assurance of completed statutory inspections

All trend analysis of incidents, including those related to Health, Safety and Welfare will be reported to the Quality Oversight Group at quarterly intervals via the approved minutes of the Corporate Health, Safety and Well-Being Committee.

6. Monitoring and Implementation Plan

Aspect to be monitored	Responsibility	Frequency	Evidence	Committee/ group responsible for monitoring outcomes/ recommendations	Change in practice and lessons to be shared
Corporate Health and Safety Policy	The policy is the responsibility of the Trust Board assisted by the Corporate Health, Safety and Well-Being Committee which is chaired by the Director of Quality who is the nominated Director for Health and Safety in the Trust.	Annually	Written/Approved policy	Corporate Health, Safety and Well-Being Committee	Where changes are required, they will be communicated to all staff via the Corporate Health, Safety and Well-Being Committee. Policy will be updated and accessible via the PULSE.
Corporate Health, Safety and Well-Being Committee Meetings.	Director of Quality	Quarterly	Corporate Health, Safety and Well-Being Committee minutes.	Corporate Health, Safety and Well-Being Committee	Minutes of the committee will be circulated through the members of the committee. Meeting feedback reports will be provided on a quarterly basis to the Quality Oversight Group.
Communication of health and safety information	Health, Safety and Security Department	Monthly Ad hoc	Monthly H&S Scorecards Health and Safety information bulletins	Corporate Health, Safety and Well-Being Committee	Discussion at Corporate Health, Safety and Well-Being Committee and through local H&S groups.
Health and Safety Training: Corporate	Training and	Corporate	Induction Training	Corporate Health, Safety	Discussion at Corporate H&S

6. Monitoring and Implementation Plan

Aspect to be monitored	Responsibility	Frequency	Evidence	Committee/ group responsible for monitoring outcomes/ recommendations	Change in practice and lessons to be shared
Induction	Education Department	Induction	Records	and Well-Being Committee	Committee and Training and Education Group.
Health, Safety and Welfare (e-learning)	All staff	Every 3 years	ESR Training Records	Corporate Health, Safety and Well-Being Committee	Any required changes to practice will be identified and actioned within a specified time frame. A lead member of the team will be identified to take each change forward as appropriate. Lessons learned will be shared with all relevant stakeholders.
Managing Health and Safety – for Managers	Managers (below ExCo Level)	Every 3 years	ESR Training Records	Corporate Health, Safety and Well-Being Committee	
Directing Safely - recommended by IoD/HSE.	Executive/Board Directors	Annually	ESR Training Records	Corporate Health, Safety and Well-Being Committee	
Site Specific Risk assessments	Local Management Team	Annually	Site Specific Risk Assessment Report	Corporate Health, Safety and Well-Being Committee Sector H&S Meetings	Risk assessments are to be communicated to all affected staff by LGMs. High or extreme risks to be escalated to the Corporate Health and Safety Risk Register.
New or expectant mothers risk assessments	Line Manager	When staff member informs the manager in writing of pregnancy.	Completed risk assessment.	HR Corporate Health, Safety and Well-Being Committee	Risk assessment, changes to work arrangements should be discussed with relevant member of staff.
Young Person's Risk Assessments	Line Manager	Before the start of their work experience with	Completed risk assessment.	Corporate Health, Safety and Well-Being Committee	Risk assessment, changes to work arrangements should be discussed with relevant member of staff.

6. Monitoring and Implementation Plan					
Aspect to be monitored	**Responsibility**	**Frequency**	**Evidence**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**Change in practice and lessons to be shared**
		London Ambulance Service.			
Noise Risk Assessments	Relevant Line Managers	When the risk to noise has been identified.	Completion of risk assessment.	Corporate Health, Safety and Well-Being Committee	Risk assessment, changes to work arrangements should be discussed with relevant member of staff. Any issues that cannot be addressed locally should be escalated to the Health, Safety and Security Department/Corporate Health and Safety Committee.
Fire Risk Assessments	Health, Safety and Security Department	Annually	Completed risk assessments for each LAS Site.	Corporate Health, Safety and Well-Being Committee	Discussion at Corporate Health, Safety and Well-Being Committee and through local H&S groups.
Premises Inspection	Local Management	Every 3 months	Premises inspection report	Corporate Health, Safety and Well-Being Committee	Actions from the inspections should be managed by the relevant Manager, ensuring that any identified gaps can be addressed. Any issues that cannot be addressed locally should be escalated to the ADO / Corporate Health, Safety and Well-Being Committee
Near miss/Adverse Incident Reporting	All staff	As and when incident occurs	Datix Record. Invida record for estates/facilities faults.	Corporate Health, Safety and Well-Being Committee Logistics and Infrastructure Committee	Discussion at Corporate Health, Safety and Well-Being Committee and through local H&S groups.
Reporting of Injuries Diseases and	Managers/Clinical Team Leaders	As and when incident occurs	Updated Datix record and completion of LA473.	Corporate Health, Safety and Well-Being Committee	All incidents should be reported on the Trust's Datix system as soon as they occur.

6. Monitoring and Implementation Plan					
Aspect to be monitored	**Responsibility**	**Frequency**	**Evidence**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**Change in practice and lessons to be shared**
Dangerous Occurrences Regulations (RIDDOR) 2013	Health, Safety and Security Department	In cases of a reportable death, specified injury, or dangerous occurrence, the Health, Safety and Security Department must notify the enforcing authority without delay. Over-seven-day injuries must be reported within 15 days of the incident.	HSE RIDDOR Report with updated RIDDOR Tracker.		

7. Policy Review

This Policy will be reviewed annually by the Corporate Health, Safety and Well-Being Committee or earlier if prompted by changes in legislation or organisational changes.

8. Equality Impact Assessment Statement

See appended.

9. References

- The Health and Safety at Work etc. Act 1974
- Approved Codes of Practice and guidance - Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)
- The Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Control of Noise at Work Regulations 2005