




Public Trust Board

Schedule	Tuesday 31 January 2023, 10:45 — 14:00 GMT
Venue	Avonmouth House, 6 Avonmouth Street, London SE1 6NX and via Zoom
Description	Join Zoom Meeting https://us06web.zoom.us/j/84218647375?pwd=VkMwWFhzS2EwamVueWgzNk1ZRzJzZz09 Meeting ID: 842 1864 7375 Passcode: 670566 Dial by your location 0330 088 5830 The United Kingdom 0203 481 5237 The United Kingdom
Organiser	Committee Secretary

Agenda

	Agenda	1
	 0. Public Board Agenda 31st January 2023.pdf	2
10:45	1. Opening Administration	4
10:45	1.1. Welcome and apologies (Verbal) For Information	5
	1.2. Declarations of Interest (Verbal) For Approval	6
	2. General Business	7
	2.1. Minutes of the public meeting held on 29 November 2022	8



(Enclosed)
For Approval

 2.1 29 November 2022 Public Board Minutes (Draft).pdf 9

2.2. Action log and Matters arising (Enclosed)

For Discussion

 2.2 Action Log - January Public Board .pdf 22

3. Patient Story 23

10:50 3.1. Urgent Community Response 24
Presented by Alison Blakely, Director of Clinical Pathways and
Clinical Transformation

4. Chair and Chief Executive Reports 25

11:10 4.1. Report from the Chair (Enclosed) 26
For Information

 4.1 chair January.pdf 27

11:15 4.2. Report from the Chief Executive (Enclosed) 29
For Assurance - Presented by Daniel Elkeles

 4.2 CEO message board report January 2023.pdf 30

11:20 4.3. Report from the Deputy Chief Executives 39
Presented by John Martin and Fenella Wrigley

 4.3 DCEO_Board_Jan_2023.pdf 40

5. Director and Board Committee Reports 47



11:30	5.1. Summary Integrated Performance Report (Enclosed) For Information	48
	5.1 Integrated Performance Report summary Sheet - Trust Board - January 2023.pdf	49
	5.1a 202301 - IPR MASTER SUMMARY version (November 2022 Data) v1.1.pdf	50
<hr/>		
11:35	5.2. Quality and Clinical Care	53
	5.2.1 Director's Report (Quality)	
	5.2.2 Director's Report (Clinical Care)	
	5.2.3 Quality Assurance Committee	
	For Assurance - Presented by John Martin and Fenella Wrigley	
	5.2.1 Final_CPQO_Board_Report_Jan_2023.pdf	54
	5.2.2 Report of the CMO - January 2023 v2. docx.pdf	57
	5.2.3 QAC Assurance report January 2023 .pdf	63
<hr/>		
11:55	Break for Lunch 12.00pm to 12.20pm	66
<hr/>		
12:15	5.3. People and Culture	67
	5.3.1 Director's Report	
	5.3.2 People and Culture Committee	
	For Assurance - Presented by Damian McGuinness and Anne Rainsberry	
	5.3.1 Dir PCC January 2023 Public Board Paper V1.pdf	68
	5.3.2 PCC Assurance report 120123 final.pdf	73
<hr/>		
12:40	5.4. Finance	76
	5.4.1 Director's Report	
	5.4.2 Finance and Investment Committee	
	For Assurance - Presented by Bob Alexander and Rakesh Patel	
	5.4.1 Finance Director Report Sep 22_.pdf	77
	5.4.2 FIC Assurance report Jan 2023.pdf	78
<hr/>		



13:00	5.5. Corporate	81
	5.5.1 Director's Report	
	For Assurance - Presented by Mark Easton	
	5.5.1 Director of Corporate Affairs Board Report January 2023 FINAL.pdf	82
<hr/>		
	6. Quality	86
<hr/>		
13:05	6.1. Quality Report	87
	For Approval - Presented by Jaqueline Lindridge	
	6.1 Quality Report Cover Sheet.pdf	88
	6.1a Quality Report December 2022 (November 2022 data)vTrustBoardSummary.pdf	90
<hr/>		
	7. Board Assurance Framework	93
<hr/>		
13:15	7.1. Board Assurance Framework	94
	For Information - Presented by Mark Easton	
	7.1 Trust Board 31 January 2023 - BAF Cover Sheet.pdf	95
	7.1a BAF January 2023.pdf	97
<hr/>		
	8. Concluding Matters	138
	For Assurance	
<hr/>		
13:25	8.1. Any other business	139
	(Verbal)	
	For Information	
<hr/>		
	8.2. Date of Next Meeting – 28th March 2023	140
	(Verbal)	
<hr/>		
	8.3. Questions from Members of the Public	141
	(Verbal)	
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Agenda



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

10.45am to 2.00pm on Tuesday, 31st January 2023
 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 29 November 2022	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient Story					
10.50	3.1	Urgent Community Response Presented by Alison Blakely, Director of Clinical Pathways and Clinical Transformation		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
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)	JM	Assure	Report
		5.2.2 Director's Report (Clinical Care)	FW		
		5.2.3 Quality Assurance Committee	MS		
BREAK FOR LUNCH 12pm to 12.20pm					
12.20	5.3	People and Culture			
		5.3.1 Director's Report	DMG	Assure	Report
		5.3.2 People and Culture Committee	AR		
12.45	5.4	Finance			
		5.4.1 Director's Report	RPa	Assure	Report
		5.4.2 Finance and Investment Committee	BA		

1.05	5.5	Corporate 5.5.1 Directors Report	ME	Assure	Report
6 Quality					
1.15	6.1	Quality Report	JL	Assure	Report
7. Board Assurance Framework					
1.35	7.1	Board Assurance Framework	ME	Inform	Report
8. Concluding Matters					
1.50	8.1	Any Other Business	All	Note	Verbal
	8.2	Date of Next Meeting – 28 th March 2023	Chair	Note	
	8.3	Questions from Members of the Public	Chair	Note	



1. Opening Administration



1.1. Welcome and apologies (Verbal)

For Information



1.2. Declarations of Interest (Verbal)

For Approval



2. General Business



2.1. Minutes of the public meeting held on 29 November 2022

(Enclosed)

For Approval



London Ambulance Service NHS Trust

Public Meeting
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
held at 10.45am. Tuesday, 29th November 2022
Avonmouth House, 6 Avonmouth Street, London SE1 6NX and via Zoom

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RPe	Deputy Chair
Bob Alexander	BA	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Amit Khutti	AK	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Daniel Elkeles	DE	Chief Executive Officer
John Martin	JM	Joint Deputy Chief Executive and Chief Paramedic & Quality Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Rakesh Patel	RPa	Chief Finance Officer
In Attendance		
Jaqueline Lindridge	JL	Director of Quality
Damian McGuinness	DMG	Director of People and Culture
Mark Easton	ME	Interim Director of Corporate Affairs
Roger Davidson	RD	Director of Strategy and Transformation
Barry Thurston	BT	Director of IT
Camella Main	CM	Practice Lead Midwife (item 3.1 only)
Victoria Moore	VM	Deputy Head of Corporate Affairs (Minutes)
Apologies		
Anne Rainsberry	AR	Non-Executive Director
Jill Anderson	JA	Associate Non-Executive Director

1.OPENNG ADMINISTRATION		
1.	Welcome and Apologies	
a.	The Chairman welcomed those present to the meeting.	
2.	Declarations of Interest	
a.	There were no declarations of interest made	

2. GENERAL BUSINESS	
2.1	<p>Minutes of the Previous Public Board Meeting</p> <p>a. The Minutes of the previous public meeting of the Board held on 27th September 2022 were approved as an accurate record pending the amendment of Bob Alexander, Non-Executive Director Declaration of interest to reflect</p> <ul style="list-style-type: none"> • Non-Executive Director, North West London Acute Collaborative Board
2.2.	<p>Action Log</p> <p>a. The action log and updates were noted and accepted as accurate.</p>
3. STAFF STORY	
3.1	<p>Maternity <i>Presented by Camella Main, Practice Lead Midwife</i></p> <p>a. The Chief Medical Officer introduced Camella Main (CM), Practice Lead Midwife to the meeting and noted that she would share a patient story with the Board recognising that it was a distressing story and that members were welcome to leave at any stage if they required.</p> <p>b. Following presentation of the patient story members recognised the complexities of the case, the challenges encountered by the crews and the care provided by the LAS in the situation and those actions taken when debriefing the case.</p> <p>c. Crews expressed how challenging it was and how it had left them feeling, the clinical elements of the call and looked at areas of excellence for learning points. In this case it was the speed that language line had been engaged to allow for smooth handover at the hospital and enable good continuation of care.</p> <p>d. In addition to considering the individuals story and the experiences of the crews members considered the importance of maternity services across the system and the importance of ensuring people know how to access care, how to know what care is available and what routes to take.</p> <p>e. Members thanked CM for the presentation of the patient story and for the work the maternity team do across the Trust and with system partners, recognising that the team consisted of two members and that the work they do for the Trust has enabled transformation of maternity care.</p>
4. CHAIR AND CHIEF EXECUTIVE REPORT	
4.1	<p>Report from the Chair</p> <p>a. The Chair presented his report to the Board noting that the challenge of meeting response times was 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.</p>

b.	The report recognised the Trust's current challenges and that 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.	
4.2	<p>Report from the Chief Executive</p> <p>a. The CEO presented his report that reflected on events happening between September and November 2022. In particular, the CEO reiterated his thanks to all staff and volunteers for their work during Her Majesty the Queen's Lying-in-State and State Funeral. More than 1000 members of staff were involved in the Trust response over the period, working closely with the Royal Household and our emergency service partners.</p> <p>b. Further to this the CEO recognised and celebrated the winners of the Trust VIP awards 2022 and shared that teams had received recognition for their work from outside the service. In October the Trust was 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.</p> <p>c. The Trusts Frequent Caller team and Advanced Paramedic Practitioners in the Urgent Care programme were finalists at this year's HSJ Patient Safety Awards, alongside our Cycle Response Unit who were finalists at the HSJ Awards in November.</p> <p>d. The CEO also updated demand and performance recognising increasing demand and those action in place to prepare to meet demand across winter.</p>	
4.3	<p>Report from the Deputy Chief Executives</p> <p>a. The Deputy Chief Executives presented a summary of their report recognising the pivotal role of the Trust 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. Trust plans resulted in an additional daily requirement of over 300 staff both within EOC and on frontline duties to meet demand with additional capacity from support services. Thanks were extended to all partners for their support across this time.</p> <p>b. The provided update on ambulance service recognised that a performance improvement plan had put in plan 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 and the aim of this programme would be to embed improvements in both category 1 and 2 performance and support the expected challenges of winter. There is dedicated support for both the 999 operations and frontline work streams.</p> <p>c. 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.</p> <p>d. 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</p>	

	<p>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.</p> <p>e. In 999 Emergency operations members recognised implementation of a new Computer Aided Dispatch (CAD) system on the 23rd September 2022 after a substantial period of preparation and planning. The switchover was successful and there is now a period of embedding the technology and familiarisation with the system. Details of the support in place was noted.</p> <p>f. Integrated Urgent and Emergency Care update recognised that demand continued to be higher than contracted however, performance had improved in September. Although still not within Key Performance Indicators (KPI), the Trust were reporting against mandated national KPIs however not all Trust contracts reflect these KPIs, work is underway to ensure contracts are varied to meet these revised requirements.</p>	
4.4	<p>Report from the Public and Patient Council</p> <p>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.</p> <p>b. In line with the LASPPC's terms of reference, the paper provided an update from the 24 November 2022 meeting and other LASPPC related activity including involvement in the development of the Trust's new 5 year strategy and emerging estates 'vision'</p>	
5. DIRECTOR AND BOARD COMMITTEE REPORTS		
5.1	<p>Summary Integrated Performance Report</p> <p>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.</p>	
5.2	<p>Quality and Clinical Care</p> <p>5.2.1 Report of the Chief Paramedic and Quality Officer</p> <p>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.</p> <p>b. 2022/23 Quality Priorities continue on track with monthly assurance in place and planning has commenced to develop the 2023/24 quality priorities.</p> <p>c. In respect of Quality indicators, the report recognised those 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%.</p>	

d.	The Clinical Education and Standards 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.
e.	Members recognised that the Trust was 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 Freedom to Speak Up (FtSU) leads being interviewed directly. The review is expected to be published later this year.
5.2.2. Report of the Chief Medical Officer	
f.	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.
g.	The Trust continues to work with system partners to reduce the impact the wider pressures have on our patients. Members recognised that they are reflective of national pressures and well reported challenges that exist within the Health and Social Care. In response to winter pressures a number of priorities to protect patient safety and ensure we are able to provide a timely response to our sickest patients have been agreed.
h.	In October, to coincide with International Infection Prevention week, the Trust published its 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.
i.	The Trust continues to work closely with hospitals to address handover delays with a number of initiatives, all of which have been successfully piloted, and are being introduced in additional Trusts. The Trust continues 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.
j.	The strategic development update recognised progress in development of improved models of care, Urgent Community Response (UCR), Health inequalities, Clinical digital transformation and the co-designing of better care pathways.
k.	Finally following on from the Maternity Services presentation to the Board, the Chief Medical Officer reiterated that on the 19 th October 2022, a report into the independent investigation examining maternity and neonatal services across two hospitals in East Kent was published.
l.	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.
m.	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

	<p>Quality Assurance Committee.</p> <p>5.2.3. Report from the Quality Assurance Committee</p> <p>n. The Chair of the Quality Assurance Committee presented the assurance report noting that the Committee had received the Health and Safety Policy noting that the key amendments to the document related 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 Policy was recommended for Board approval</p> <p>o. The Committee had also received a presentation on health inequalities and 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.</p>	
5.3	<p>People and Culture</p> <p>5.3.1 Director's Report</p> <p>a. The Director of People and Culture provided a summary of the presented report noting the external recognition received in the period.</p> <p>b. The Wellbeing Team are 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.</p> <p>c. Further to this the team celebrated the announcement that the Trust 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.</p> <p>d. To date 500 frontline staff had been recruited and started and circa 850 conditional employment offers had 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.</p> <p>e. Leavers remained consistent at 13%, a trend similar to that of all ambulances Trusts. The number of frontline leavers had also remained positively below plan (-49FTE) and there had also been a lower level of International Paramedic leavers.</p> <p>f. 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.</p> <p>g. 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.</p>	

	<p>5.3.2 Report from the People and Culture Committee</p> <p>h. The Chair of the People and Culture Committee presented the assurance report noting that the Committee had received a presentation on potential industrial action.</p> <p>i. Members noted that the ballot was taking place with potential industrial action taking place in December and January. Contingency plans were being developed with partners and the committee requested that these plans be presented to the November Board. At this time the planning assumption was CAT1 and some CAT2 would be protected but this was 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 was asked to formally note this risk.</p> <p>j. There was concern expressed at the low levels of both flu and COVID 19 vaccination which were reported as 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 was asked to formally note this risk.</p> <p>k. 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%.</p> <p>.</p>	
5.4	<p>Finance</p> <p>5.4.1 Director's Report</p> <p>a. The Trust had posted 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.</p> <p>b. 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. Underspend is concentrated in a few schemes and the year-end forecast remains to fully spend the capital allocation.</p> <p>c. The Trust has been 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.</p> <p>d. Members noted that the first draft of Estates Strategy had been completed. As part of engagement plan it had 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.</p>	

	<p>5.4.2 Report from the Finance and Investment Committee</p> <p>e. The Chair of the Finance and Investment Committee noted that the Committee had considered the development of a new risk 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.</p> <p>f. The Committee received a paper which sought approval to bid for National Pathways Light model and 111 Resilience Capacity tender and 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.</p> <p>g. A proposal was presented which related to the replacement of double crewed ambulances (DCA). The proposal recommended that identified funds were utilised to purchase 52 ambulance base vehicles in 2022/23, a further 17 ambulance base vehicles and 10 cars are purchased with an 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.</p> <p>h. 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.</p> <p>i. Finally it was reported that the Committee 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 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.</p> <p>5.4.3 Report from the Charitable Funds Committee</p> <p>j. 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 received them and External Audit comments for completeness.</p> <p>k. 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.</p> <p>l. 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.</p> <p>5.5.4 Approval of Charity Accounts 2020/21</p> <p>m. 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 were submitted to Charitable Fund Committee and approved on 3 November 2022, and to Audit Committee for noting on 15 November 2022.</p>	
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n.	The Board approved submission of the Charity Accounts 2020/21	
5.5	<p>Report from the Audit Committee</p> <p>a. The Audit Committee Chair noted that the provided assurance report related to the meeting held in November 2022 which included oversight of the Charity Accounts. Audit committee noted the Annual Report and accounts for the financial year 2021/22 and recommended them to the Trust Board for approval.</p> <p>b. The Committee received the Trusts Risk Management policy for review and approval. The main changes to the policy included 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.</p> <p>c. The policy had been approved by the Risk Compliance and Assurance Group and the Executive Committee and the Committee is recommended that the Board approve the policy.</p>	
5.6	<p>Corporate Affairs – Director’s Report</p> <p>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. 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.</p> <p>b. 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.</p> <p>c. Significant progress had been made 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.</p> <p>d. 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.</p> <p>e. 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.</p>	

6. QUALITY	
6.1	<p>Quality Report</p> <p>a. The Director of Quality presented the Quality report which related to September 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.</p> <p>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.</p> <p>c. Infection Prevention and Control compliance across the Trust remains positive, with high compliance rates amongst the indicators assessed.</p> <p>d. Quality indicators relating to training, including Clinical Performance Indicators (81%) and Operational Workplace Review (52.54%) remain steady. Personal Development Review (PDR) completion is now at 51.8%, whilst statutory and mandatory training compliance is at 83%.</p>
6.2	<p>Clinical Audit and Research Annual Reports</p> <ul style="list-style-type: none"> • STEMI Annual Report • Stroke Annual Report • Cardiac Arrest Annual Report <p>a. The 2021-2022 Clinical Annual Reports for Cardiac Arrest, Stroke and STEMI were presented to the Board for information. All three reports demonstrate that the Trusts care of these patient groups continues to be of a high standard.</p> <p>b. Demand and the COVID-19 pandemic had continued to impact performance with increased response times seen across all areas.</p> <p>c. 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.</p> <p>e. The Board noted the reports and that they had been considered by the Quality Assurance Committee.</p>
7. BOARD ASSURANCE FRAMEWORK	
7.1	<p>Board Assurance Framework</p> <p>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 risk had been added to the BAF:</p>

	<ul style="list-style-type: none"> • 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). <p>b. Members also noted the following risks were in development and would be presented to the Board once they have gone through the appropriate committees.</p> <ul style="list-style-type: none"> • The risk relating to handover delays would be separated from risk (2A) – Operational demand exceeding capacity. This risk was being drafted and would be presented to the Quality Assurance Committee on 31 January 2023, for approval. • A risk relating to data reporting was being drafted and would be presented to the Quality Assurance Committee on 31 January 2023, for approval. • A risk relating to financial planning for 2023 - 2024 was being drafted and would be presented to the Finance and Investment Committee on 19 January 2023, for approval <p>c. The Board noted the changes to current risk ratings</p> <ul style="list-style-type: none"> • 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). 	
8. POLICIES		
8.1	<p>Approval of Health and Safety Policy and Risk Management Policies</p> <p>a. The Director of Quality presented two policies for approval by the Board:</p> <ul style="list-style-type: none"> • Health and Safety Policy • Risk Management Policy <p>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'</p> <p>c. The Board noted that the Quality assurance committee had recommended the Health and Safety Policy for approval and the Audit committee had recommended the risk management policy for approval.</p> <p>d. Members discussed the policies and recognised that since publication it had been identified that the Risk Management policy required further amendment and as such was not approved.</p> <p>e. The Health and Safety policy was approved for implementation.</p>	
9. CONCLUDING MATTERS		
9.1	<p>Any Other Business</p> <p>a. There were no items of other business raised</p>	

9.2. a.	Date of Next Meeting The next public meeting of the Board would be held on 31 January 2023	
9.3 a.	Questions from the Public There were no questions presented from members of the public.	



2.2. Action log and Matters arising (Enclosed)

For Discussion



ACTION LOG – 31st January 2023 PUBLIC BOARD

Meeting	Action	Lead	Due	Update
31 st May 2022	<p>6.2.b Approval of the Business Plan 2022/23</p> <p>The Board approved the Business Plan 2022/23 but in doing so agreed the following actions:</p> <ul style="list-style-type: none"> 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



3. Patient Story



3.1. Urgent Community Response

Presented by Alison Blakely, Director of
Clinical Pathways and Clinical
Transformation



4. Chair and Chief Executive Reports



4.1. Report from the Chair (Enclosed) For Information



London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 31 January 2023

Report from the Chair

Operational Visits

During the period since the last Board meeting we have seen the London Ambulance Service NHS Trust (LAS) respond to significant build up in demand in the run up to Christmas, with pressures building across the health and care system, as well as the additional pressure of national industrial action.

I have carried out visits to Fulham, Deptford and Greenwich Ambulance Stations to meet the staff and hear their views on current challenges. I undertook two very busy shifts with Incident Response Officers in SE London. Calls attended included a stabbing, a sick prisoner in HMP Brixton and cardiac arrests. In addition, we carried out visits to EDs to check on delays and speak to our crews. I was very impressed with the calm, professional and sensitive way that our people dealt with some difficult situations. I was also impressed by the teamwork with Metropolitan Police colleagues.

Before Christmas I visited the Cycle Response Unit at Heathrow and went out on cycle patrol with them around the airport. They can respond to calls in any part of the airport and were clearly well regarded by the airport staff they we met on our travels.

In early December Daniel and I attended a meeting with operational managers to discuss current issues. It was an excellent opportunity to meet front line middle managers and to listen to their concerns. We will continue with these meetings throughout the year.

Partnership

I have attended numerous meetings including AACE Chairs, NW and SE ICS Chairs, Health and Wellbeing Chairs, LAS Public and Patients Council, and the London Government Dinner.

On 24th January I attended Dockside with Daniel and members of the Executive and Cathy-Anne Burchett to meet members of the London Assembly Health Committee. They were given a tour of the Education Centre and the EOC before meeting our team for a presentation followed by a Q and A session on our strategy. Our presentations were very good and the whole visit was well put together by Roger Davidson and his team. The Health Committee will write to us in due course with their views on our strategy.

Industrial Action

As colleagues are aware there have been three separate days of industrial action. We have held Extraordinary Board Meetings prior to each strike day to keep the Board apprised of developments.

Staff across the Trust have worked very hard to provide an adequate service on the strike days. We have had much appreciated assistance from the military, and I had the opportunity to visit Knightsbridge Barracks to view the training that we provide and to visit the military operations room.

We received help from all ICSs in London to provide clinical expertise during the industrial action and their assistance proved to be vital in maintaining a service. We also received help from HMRCS staff in EOC and when I visited them, they seemed to have adapted very quickly to their role.

The derogations negotiated with our union representatives ensured that staff would attend from picket lines if required. Throughout these days of industrial action, I have been impressed by the positive relationship that Daniel and Damien and the rest of the Executive have developed and maintained with both LAS and national union representatives. These positive relationships have, so far, ensured that life and limb calls have been dealt with promptly and that when union concerns have been raised, they have been dealt with swiftly.

These days of industrial action have been challenging for our staff and our public and we look forward to a resolution to the union dispute with the Government.

It will be hard for the LAS and other parts of the care system to tackle the key issues we collectively face if we are dealing with prolonged industrial action.

Andy Trotter

Chair, London Ambulance Service NHS Trust.



4.2. Report from the Chief Executive (Enclosed)

For Assurance

Presented by Daniel Elkeles



London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 31 January 2023

Report from the Chief Executive Officer

As it is still January, I would like to begin my report by wishing everyone a Happy New Year and reiterating my thanks to our members of staff and volunteers for their work over the festive and New Year period. Christmas Day was business as usual for our teams and the sacrifices they make when working shifts during this time is greatly appreciated.



On Boxing Day, I was pleased to be able to join our logistics team who were delivering drug packs to 14 ambulance stations across West London. I spent the day with Tony Keegan.

Industrial action update

You will be aware that since my last report there have been three rounds of industrial action for ambulance services across the country, taking place on 21 December 2022, 11 January 2023 and 23 January 2022.

Thanks to weeks of planning and a strong working relationship with our staff-side colleagues, on all occasions we were able to respond to our sickest patients in life and limb-threatening emergencies.

We enlisted the support of our health and social care partners as well as the military, who volunteered to drive ambulances while our expert clinicians provided care to patients. To help ensure our ambulance crews on the road were available for those who needed them,

we worked with our partners in NHS trusts to ensure patient handover delays at emergency departments were kept to a minimum.



Thanks to some strong communications, with our [messaging shared across the national press](#) and [our social media channels](#), we were able to influence the public's behaviour during these periods and saw a significant reduction in the number of calls we received.

I am also grateful that during talks with our union representatives at the Service, we jointly agreed that the length of time for the industrial action on 11 and 23 January would be reduced from 24 hours to 12 hours and that staff in our emergency operations centres would stagger their participation in the picket line. This helped us to keep services running and is testament to the respectful relationship the Service shares with our trade unions.

I would like to repeat my thanks to everyone who was part of our response, from the planning to the steps taken on the days themselves. We are very grateful to our wellbeing team and the volunteers who helped support the picket lines, as well as to the clinicians from across London who helped us treat more patients over the phone. I would like to thank the clinicians and military teams who increased the number of ambulances we had on the road and the team of civil servants who helped us with patient welfare calls.

These were challenging days for all of us and the impact on patients was significant. We are continuing to evaluate our performance across both periods and are focussing on whether the positive changes that were achieved can be sustained.

Demand and performance update

Although the months of November and December were extraordinarily busy, January has seen a let up in demand. We remained at REAP (Resource Escalation Action Plan) level 4 – our highest level of demand – between 22 September and 13 January, when we took the decision to lower the level.

In November and December our crews faced challenging delays when handing over patient care to hospital emergency departments. In response we implemented cohorting (where selected crews stay with a number of patients in Emergency Departments to free-up colleagues to go back on the road), which helped us reduce our Category 2 response time.

From Thursday 12 January, NHS England asked London hospitals to support the timely handover of patient care and the release of our crews within a maximum of 45 minutes where it is safe and appropriate to do so. It is important to note that hospitals assume clinical responsibility for the patient 15 minutes from the arrival of an ambulance. With support from the five Integrated Care Systems in the capital and all London hospital trusts, this ground-breaking policy is the first of its kind and is allowing patients in an emergency to receive the care they need sooner. In the first couple of weeks of implementing the policy we have seen a significant decrease in handover delays.

To make sure we are getting to the people who need us as quickly as possible, we are working on and expanding a number of initiatives.

This year we will be increasing the number of mental health joint response cars on the road, with six teams deployed a day by the end of March. We will also be looking to expand the mental health support in our 999 and 111 emergency operations centres so that patients can be supported into the right services as soon as they get in touch. We are also aiming to increase our community response cars from the three currently operating in south west London to eight cars, with five in north east and north central London.

To help our 999 and 111 call handlers respond effectively to the growing numbers of calls they are receiving and reduce the volume of patients phoning us back to ask for an estimated time of arrival for an ambulance, we are now sending text messages to patients to update them on their expected waiting time.

Performance data reporting

You may have read in our previous Board papers that as we introduced a new computer-aided dispatch (CAD) system in September, we paused the publication of our response time data.

The introduction of the new CAD meant we were putting the data we generated and recorded under a renewed level of forensic focus. This additional level of scrutiny revealed some anomalies which may have made some parts of our response time data unreliable and not reflective of our actual response times. As a result, we paused the publication of our response time data and commissioned an independent review into the matter, in partnership with NHS England and our commissioners.

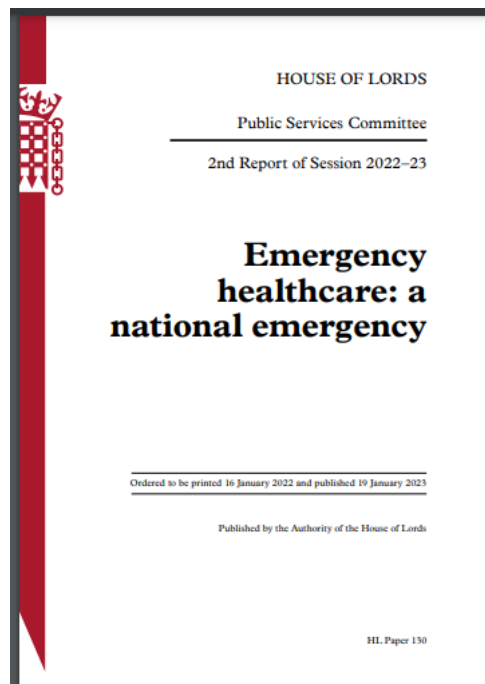
This review is ongoing, but in the interest of transparency and openness we have agreed with NHS England and our lead commissioner that we should resume publication of our data and so we did this in December and are confident that the data from Cleric is accurate.

Diversity and inclusion



In December, our BME staff network met NHS England's Chair Richard Meddings and Chief Strategy Officer Chris Hopson to share their lived experiences of the workplace. I was pleased to join them for this important conversation.

House of Lords Public Services Committee inquiry on access to emergency services



In October, our Chief Paramedic and Quality Officer Dr John Martin and I both gave evidence to the House of Lords Public Services Committee on pressures in the ambulance sector. The committee has now published its [report on emergency healthcare](#), which uses our evidence throughout.

Showcasing our pharmacy service



In January I was pleased to welcome NHS England's Chief Pharmaceutical Officer, David Webb, Professional Lead for Pharmacy Technicians, Liz Fidler, and Regional Pharmacist for London, Richard Goodman (pictured above) on a tour of our state-of-the-art site Medicines Packing Unit in Lewisham, where they also heard more about how our pharmacy teams in 111 are supporting patients to receive medication and appropriate care.

Estates strategy

In December, our Chief Financial Officer Rakesh Patel and I presented our proposed estates strategy to the London Estates Board, who were supportive of progressing our plans. In the coming months we will be engaging more widely on our suggested approach, so please keep an eye out for developments and latest news.

Our plans are based around ensuring that we improve our Category 2 response times across the capital, make best use of the estate we have and become more environmentally friendly. Subject to engagement and funding, we are planning to move towards having around 45 ambulance stations across the capital rather than 62. We are going to need to build seven new ambulance stations in the parts of London where our estate needs the most improvement and where our sites are not located in the most appropriate locations to deliver the best response times.

Celebrating our people

I am very proud of our staff and volunteers and it is always hugely rewarding to see the many thank you messages we receive from members of the public for the exemplary care they have received from our teams.

Since my last report, we have received 258 new thank you messages for more than 684 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	143	845	335	2187
2022	November	114	959	297	2484
2022	December	119	1078	304	2788



At the start of this year, I was delighted that our [Paramedic Nigel Flanagan was awarded the highly prestigious King's Ambulance Medal](#). Nigel has worked at the Service for more than 20 years and for more than a decade has devoted huge amounts of his own time to leading charity campaigns at the Service that have seen thousands of gifts delivered to children spending Christmas away from home and supported hundreds of families facing hardship.

In November, our Head of Fleet, Rob Macintosh, and Fleet Modernisation Manager, Chris Rutherford, were awarded the [Public Sector Fleet Manager of the Year prize at the 2022 Greenfleet awards](#) for their work to [expand our electric response fleet](#).

And in December, our Cycle Response Unit were shortlisted for an NHS Sustainability Partnership Awards in the clinical category.



At the Healthcare People Management Association Excellence in People Awards, our [Wellbeing team won the NHS Employers Award for Wellbeing](#) for their outstanding work on our Wellbeing Hub.

I want to thank Emergency Call Co-ordinator [Scott Robinson, who used his experiences with mental health problems to encourage men to seek support when they need it](#) as part of Men's Mental Health Month in November.



In December we celebrated the actions of our 999 Call Supervisor Estelle Williams (pictured above), who [saved her father's life when he collapsed in cardiac arrest at home](#). I really enjoyed this video of [Eddie dancing with our team members who helped save his life](#) at a surprise birthday party.



I know we are all very proud of our [111 call handlers Shanice Sinclair and Sapphire McFarlane, Mental Health Nurse Tahmina Begum and Paramedic Greg Browne from the Service's mental health joint response team for their recent work recording health and safety announcements with Transport for London](#). These important messages about taking extra care when drinking alcohol during the festive and New Year period were heard by millions of people using public transport in December and January.

Supporting our teams



In December, I joined our Chair, Andy Trotter, for the first of our new staff Sounding Board meetings, which provide an opportunity for our operational managers from across the capital to have an open conversation about what is working well, what hasn't been successful and their ideas for improvement.

And finally, I am very pleased that this year we have launched a new training package in our fleet workshops and fleet workforce in conjunction with the Henry Ford Training Academy. This will mean all of these team members will get the latest and most up-to-date training on modern day vehicles and can stay ahead of the curve with new vehicle technology.

This extra level of training has allowed the banding of vital roles in this team to be re-evaluated and raised, while we are also introducing an NHS Master Technician position to make sure our technicians have an opportunity to develop their career with the Service.

Daniel Elkeles

Chief Executive Officer, London Ambulance Service NHS Trust.



4.3. Report from the Deputy Chief Executives

Presented by John Martin and Fenella Wrigley



London Ambulance Service NHS Trust Board meeting 31 January 2023

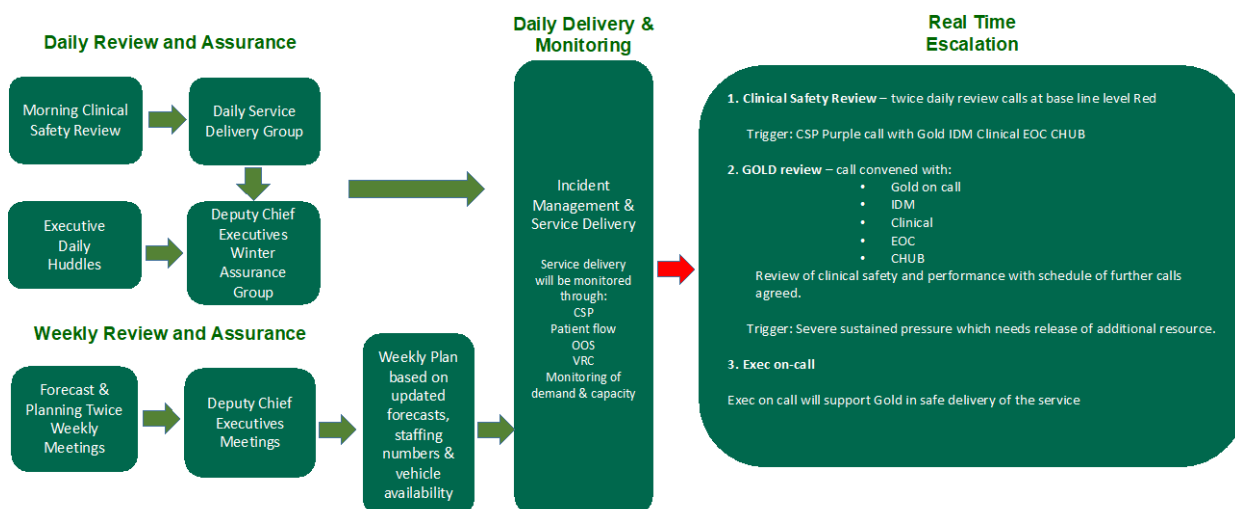
London Ambulance Service NHS Trust Board meeting 31 January 2023

Report of the Deputy Chief Executives

1. Winter Delivery & Assurance

In response to expected winter pressures, in December 2022 we put in place a revised reporting and assurance structure to ensure continued, safe service delivery throughout with Deputy Chief Executive Officer (DCEO) oversight as shown in Figure 1.

Reporting Structures, Governance and Escalation



This structure ensured that patient safety and performance was reviewed daily allowing the service to quickly identify challenges and implement quick solutions for the benefit of patients and staff who continue to work under extreme pressure.

The process built on the learning from earlier in 2022 managing periods of pressure such as Easter and “heatwave” and ensures the collaborative working across the whole organisation with executive oversight.

2. Ambulance Services

Performance data for the month of December 2022 is shown in figure 2.

Category 1	Category 2	Category 3	Category 4	Total Incidents

	Mean	90 th Centile	Incidents	Mean	90 th Centile	Incidents	Mean	Incidents	Mean	Incidents	(Including HCP incidents)
December 2022	00:10:34	00:18:12	14,134	01:23:39	03:13:21	51,956	02:24:57	10,985	03:52:51	556	80,762
England National Average	00:10:57	00:19:25		01:32:54	03:41:48		04:19:10		11:39:08		

Figure 2. December 2022 response times measured against Ambulance Quality Indicators

A decline in response times occurred during December and was, in part, attributable to the system pressures seen across healthcare.

Nationally, all ambulance services saw a worsening in their response time delivery. LAS response times were better than the national average (figure 2) and in comparison with other services delivered the 4th best response for Category 1 patients.

The first national industrial action took place on the 21st December 2022 and the second strike was on the 11th January 2023, both of which were widely publicised in both national and local press. For LAS one trade union achieved a mandate to strike and this was Unison. We have worked closely with staff side around the action derogations to maintain a life and limb response from the picket line and ensure that 999 emergency calls can be answered. On both of the industrial action days we saw a marked effect on the number of calls into our Emergency Operations Centres (EOC). Following the action on 21st December 2022 the average number of contacts reducing by 14% post the action. The average contacts per day fell from 6,458 pre-strike to 5,541 post-strike action with a call answering mean time subsequently improving from 3 minutes 17 seconds to 57 seconds.

Industrial action on the 21st December did not adversely affect LAS Integrated Urgent Care (IUC) provision. Preparations were taken by the NHSE regional team and Integrate Care Systems (ICS) to amend messaging when patients called NHS 111 and minimised activity being directed to our Clinical Assessment Services (CAS) where the patient could be given self-care advice or referred to a pharmacy or their General Practitioner (GP). This was achieved through adjustments to the directory of services and coupled with reduced demand to NHS 111 on the day, helped maintain service levels.

A full operational and clinical plan was in place to maintain safety for patients and a rapid response to life and limb threatened patients. We are very grateful for the support we have received from the wider NHS and military.

Following the industrial action on 21st December, the average number of incidents per day saw no change (2,648 vs 2,643). However, the improvement in the call answering mean delivered improved performance across all categories of incidents, as demonstrated in figure 3.

Period in Month	Category 1			Category 2			Category 3		Category 4		Total Incidents (Including HCP incidents)
	Mean	90 th Centile	Incidents	Mean	90 th Centile	Incidents	Mean	Incidents	Mean	Incidents	
1 st to 20 th December 2022*	00:11:13	00:19:24	9,675	01:36:50	03:38:13	33,362	02:46:03	7,473	04:18:38	375	52,957
22 nd to 31 st December 2022*	00:08:52	00:14:48	4,186	00:59:48	02:19:04	17,781	01:41:36	3,267	02:53:41	173	26,433

*Comparison excludes data on the 21st December 2022 national strike day.

Figure 3. Response time comparison pre and post 21st December strike action

Hospital handover times remain a challenge for the LAS. During quarter 3 the service lost 46,040 operational hours (handover time greater than 15 minutes national standard). This was an increase of 10,576 hours over quarter 2 where 35,464 hours were lost.

Figure 4 shows the percentage of conveyances which took more than 30 minutes for the ambulance crew to handover their patient at hospital in quarter 3.

Hospital site	Percentage of handovers over 30 mins
Barnet	51%
Charing Cross	5%
Chelsea & Westminster	4%
Croydon University Hospital (Mayday)	34%
Ealing	37%
Hillingdon	31%
Homerton	8%
King Georges, Ilford	75%
Kings College	30%
Kingston	26%
Lewisham	38%
Newham	50%
North Middlesex	65%
Northwick Park	39%
Princess Royal, Farnborough	39%
Queen Elizabeth II, Woolwich	16%
Queens, Romford	76%
Royal Free	30%
Royal London (Whitechapel)	39%
St Georges, Tooting	34%
St Helier	37%
St Marys, W2	20%
St Thomas'	23%
University College	21%
West Middlesex	11%
Whipps Cross	55%
Whittington	33%

Figure 4: Proportion of handovers over 30 minutes Quarter 3 (unvalidated data)

As part of the **Category 2 improvement programme**, hospital handovers has been a focus of performance improvement and improving patient care. Whilst collaborative working has continued with hospital Trusts to reduce handover times the LAS has looked to instigate cohorting of patients earlier and more consistently across London. This involves an agreed number of patients being managed at the hospital by LAS staff, allowing other crews to be released to attend patients waiting for a 999 emergency response.

The actions which were implemented in October and November in relation to cohorting included;

- implementing cohorting sooner as ambulance handovers begin to be delayed, refreshing the criteria for suitable patients to enter the cohorting stream
- facilitating cohorting to be implemented concurrently with steps 2 and 3 of the patient flow framework.

In December, all hospitals were engaged with cohorting implementation and, with the exception of three hospitals pan London, had been able to implement LAS led cohorting. Work continues on other handover processes to further reduce hospital delays and the monitoring of all aspects of patient flow.

The number of operational hours released through cohorting are shown in figure 5. The peak day for cohorting was 28th December 2022, with 961 hours released back into operational delivery.

Month	Hours released
Aug-22	8.1
Sep-22	133.7
Oct-22	623.0
Nov-22	2,429.5
Dec-22	13,572.8

Figure 5. Hours released through LAS led cohorting at hospital

The **Metropolitan Police Service (MPS) demand monitoring** project to better manage the numbers of contacts directly from the MPS, and ensure the right patients are referred for an emergency ambulance has also progressed during December. An agreement was reached with MPS and implemented on the 19th December to ensure critical and high acuity incidents are passed electronically to the LAS to allow early dispatch of a clinical response. For other incidents the MPS are advising the patient/caller to ring 999/111 to allow for a full triage/assessment to take place with the LAS and subsequently managing patients more appropriately.

Assessment of the first two weeks of operation to the end of December 2022 (figure 6) has seen a reduction of circa 30% daily calls from the MPS with a subsequent reduction of circa 37% in incidents.

	Average No. of daily calls/incidents pre 19 th Dec	Week 1	Week 2
Average no of daily MPS calls post 19 th Dec % Reduction post change	488.90	347.86 28.85%	333.29 31.83%
Average no of daily incidents post 19 th Dec % Reduction post change	139.95	84.14 39.88%	91.57 34.57%

Figure 6. Reduction in MPS daily calls and incidents

To improve our ambulance operations capacity, we have continued recruitment to increase **Non-Emergency Transfer Service (NETS) staffing hours**. Three courses of 15 learners are being delivered between December and the end of March 2023.

The first course commenced on the 12th December 2022, with 10 students starting operationally at the end of January 2023.

The remaining courses are planned to commence on the 9th January and the 6th February 2023 with staff becoming operational after four weeks of training and familiarisation.

A lot of work is continuing with the ICS to develop alternative pathways and increase the accessibility to them for clinicians both on the road and through the Clinical Assessment Service, this increases the availability of ambulances for patients with time critical illnesses and more information is covered in the clinical and quality reports.

3. 999 Emergency Operations

Performance of the Emergency Operations Centres since the last Board report is shown in figure 7.

Month, Year	Contacts	Calls Answered	Call Answer Mean	Max. Call Answer	See & Treat	See & Convey	Hear & Treat
Nov 22	182,958	125,434	00:01:19	00:28:34	32%	55%	14%
Dec 22	189,413	139,192	00:02:30	00:40:52	31%	51%	18%

Figure 7. EOC Performance for November and December 2022

November 2022 saw a reduction of 2.58% in the number of contacts to EOC from October 2022 and there was an improvement of four seconds in the call answering mean. December 2022 had an increase of 3.53% in number of contacts over November 2022 and the call answering mean worsened by 1 minute and 11 seconds.

However, the number of contacts into EOC reduced on 21st December 2022 and subsequently which was likely to be attributable to the high level of publicity around the first national ambulance strike, Christmas holidays beginning and gradual reduction in the cases of viral illness. We also recognise that when ambulances are available to respond in a timely way the number of contacts to 999 reduces as patients do not call back asking when their ambulance will arrive. Had the number of contacts remained at pre-strike levels throughout December it would have been circa 200,193 for the month which is comparable to the number of contacts received in December 2021.

The performance of EOC pre and post-strike are shown in figure 8. As previously noted, there was a good improvement in call handling performance which is multifactorial. As explained above there was a reduction in the number of contacts over the end of December, this with increased confidence with the new Cleric CAD, increase in call handling staffing and the expansion of call handling supervisors all contributed.

Period in Month	Contacts	Calls Answered	Call Answer Mean	Max. Call Answer
1 Dec to 20th Dec*	129,158	91,685	00:03:17	00:40:52
22 Dec to 31 Dec*	60,255	43,663	00:00:57	00:13:32

*Comparison excludes data on the 21st December 2022 national strike day

Figure 8. EOC Performance pre and post 21 December 2022

Following the pause in training of new recruits during the period of Cleric CAD implementation, we have seen ongoing training and commencement of increased numbers of call handling and dispatch staff within EOC.

A course of 16 call handlers became operational the week of 5th December 2022 and a further 22 staff on the 19th December. This helped reduce the pressure on the call handlers over the Christmas period.

A further cohort of 19 call handlers commenced training on the 19th December and were signed off on the 9th January 2023. Additional training courses are scheduled for:

- 9th January 2023
- 23rd January 2023
- 13th February 2023
- 6th March 2023

15 Emergency Response Dispatchers (ERD) commenced their training course on the 5th December 2022. These staff have completed the formal aspect of their training and are currently undertaking a period of mentoring in the live environment. They will become operational on the 30th January 2023.

In December we agreed the commencement of a 999 Emergency Operations transformation programme. This comprehensive programme of work will review the existing structures within the EOC, determining the size of workforce required to meet service delivery, recruitment and retention of staff, engagement and undertaking a number of rapid improvement projects.

4. Integrated Urgent and Emergency Care

This section provides an update regarding the 111 Call Answering and 111/999 Clinical Assessment Service (CAS) performance, key issues, events and activities.

LAS continues to provide a pan London integrated 111 call answering service. We deliver all or part of 111 services across all 5 ICSs with a direct contract in place with all 5 ICBs. Key developments since the last Board update are:

- Go-live of the new NWL IUC Service on 17th November 2022. LAS are the lead contract holder for this service and sub-contract LCW and PPG to deliver elements of call answering and Clinical Assessment Service.
- Through a combined call-answering model, LAS managed 5.75% (29,935) above contract activity for the period October to December 2022. Demand continues to be particularly higher than contract in NEL and SEL, who were over contract by 33.5% (51,343) and 18.5% (24,241) respectively. LAS continues to report against National Integrated Urgent Care KPIs but it should be noted that not all contracts aligning to these metrics.
- LAS maintains a high level of performance and has worked in collaboration with other London providers to support the London overall performance' with focus on ensuring Pan London validation of CAT 3&4 Ambulance outcomes
- To manage the increased call volume and deliver the combined call answering capacity across all 111 contracts from our Barking and Croydon sites, there has been a significant increase in workforce and management teams to meet demand, maintain recruitment and gain efficiencies. As of end December 2022, we have 11.5% WTE above our contracted WTE requirement for 111 call answering.
- We continue to recruit clinicians for our Clinical Assessment Service through a combination of substantive and sessional / overtime staffing. The Clinical Assessment Service and CHUB workforce has been increased and recent adverts are in place to reach required WTE aimed to deliver higher telephone consultation and reduce Ambulance response. With a continued average of 14% hear and treat, the multi-disciplinary teams are focusing on developing this pool of clinicians to increase clinical input to management of 111 and 999 patients on the phone.

5. Resilience and Specialist Assets (R&SA)

On the 24th November the Trust received formal notification from NHS England's Emergency Preparedness, Resilience and Response (EPRR) London regional team of our confirmed compliance ratings against the 2022 EPRR core standards, the interoperable capabilities standards and the deep dive topic of Shelter and Evacuation.

All of the core standards were compliant, therefore the overall assessed level was fully compliant.

Of the 163 interoperable capabilities standards, 157 received a green rating and 6 received an amber rating, therefore the overall assessed level was substantially compliant.

For the 2022 deep dive topic of Shelter and Evacuation the Trust received a full compliant rating.

The six interoperable capabilities standards amber ratings related to staffing numbers, data capture surrounding the dispatch timings of the Hazardous Area Response Team (HART) and the estate specifications of the Trust's specialist capabilities. Our key priorities were identified as carrying out further work in relation to these six standards, maintaining in 2023 our current level of compliance and ensuring we update Trust documentation in line with the development of the ICSs.

The review panel commended the Trust on its continued hard work in respect of EPRR and a number of areas were identified as good practice:

- The quarterly EPRR newsletter disseminated to all staff that reports on recent major incidents and highlights lessons, learning and actions
- The R&SA teams' use of SharePoint forms and databases to track inter-agency meeting attendance and Trust actions from those meetings, such as the Safety Advisory Group with stadia venues
- The review and enhancement of contingency cards, including a card for all elements of countermeasures, such as acid attacks, specialist response and mass prophylaxis;
- The scope and objectives of the Business Continuity Management System (BCMS) were well detailed and including 'plan, do, check, act' in the framework was noted as a good practice.

In December 2022 the Trust responded to two significant incidents. On the 15th December we responded to a crowd crush at the Brixton Academy, which resulted in 10 patients being treated, 8 of whom were conveyed to hospital. On the 17th December a burst water main in Belsize Road, NW6 caused major flooding to residential properties and over 300 residents were evacuated. Our HART supported with the evacuation. For both incidents a pre-determined commander and resource attendance was dispatched and our Special Operations Centre (SOC) at Newham was staffed to manage the incidents.

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.



5. Director and Board Committee Reports



5.1. Summary Integrated Performance Report (Enclosed) For Information


NHS

London Ambulance Service

NHS Trust

Report to:	Trust Board			
Date of meeting:	31 January 2023			
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:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	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]
	Yes	x	No	
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	

London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

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



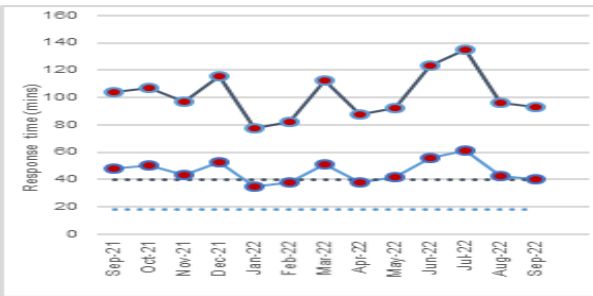
We have structured our management of performance and business plan around our organisational goals: **our patients, our people, public value and our partners**

Provide outstanding care for **our patients**

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

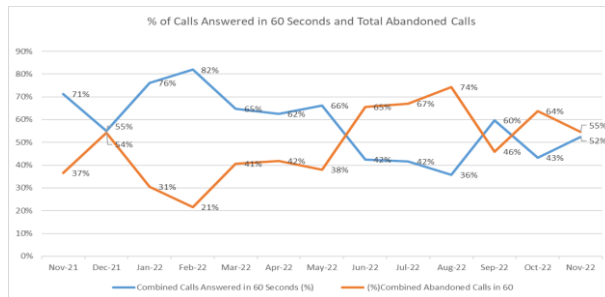
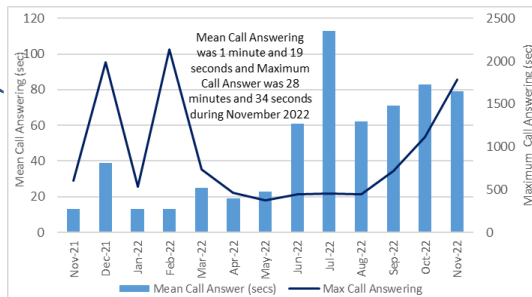
Category 1 and 2 Performance

Category 1 undergoing independent review



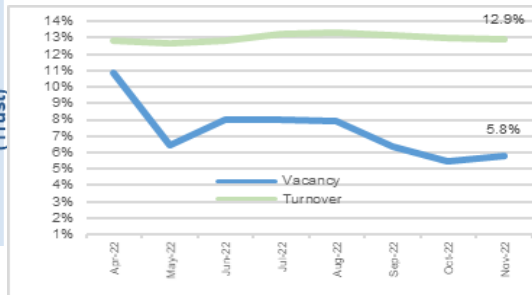
Response time data reporting has been paused as following the move to Cleric it became clear some of the response times contained anomalies which could make the data unreliable and not reflective of actual response times. This is being worked through. In the meantime response time data for categories C2-C4 reflects the period up to September 22nd

Call Answering (999 and 111/IUC)



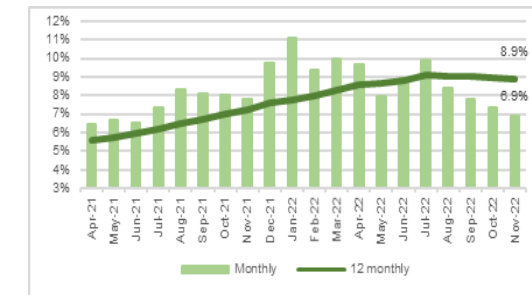
- The Mean 999 call answering time decreased in November 2022 to 79 seconds compared to 83 seconds in October 2022.
- The mean call answering time across NEL, SEL and NWL contracts in November was 51.7% of calls answered within 60 seconds. This remains below the 95% standard and is a decrease from 53.6% in October.

Vacancy/Turnover Rate (Trust)



- The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. 100% of 999 courses and 96% of 111 courses filled in November.
- The frontline pipelines remain strong with over 600 candidates at conditional offer stage to fill the remaining 320 course places from January 2022 to March 2023.
- Fill rates for frontline recruitment remain very positive with 100% of paramedic and AAP places filled in November.
- The number of frontline leavers has remained positively below plan (-71FTE) and we continue to see a lower level of International Paramedic leavers.

Sickness



- In November the monthly Trust wide sickness decreased from 7.2% to 6.9%.
- Increases in episodes of coughs, colds and flu, gastro-intestinal and stress, anxiety and depression. Decrease in Covid sickness.
- Winter planning continues to be a focus for the wellbeing team (including mental health support) and work has been undertaken to ensure there are additional resources in place for colleagues suffering from extreme financial hardship.
- 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.

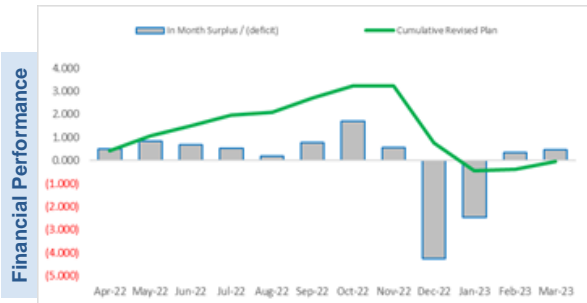


Overview

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

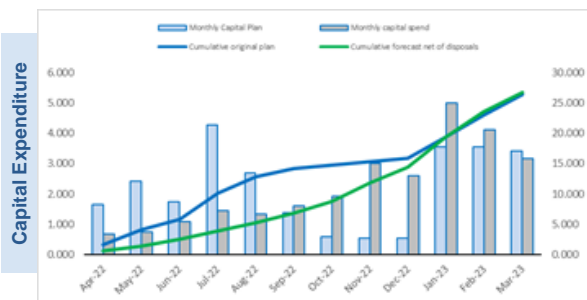
Provide the best possible value for the tax paying **public**, who pay for what we do

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



Financial Performance

- YTD position: Surplus £5.836m which is £2.57m above plan.
- Full Year Forecast Position: Breakeven position, which is in line with the plan.



Capital

Capital spend net of disposals and excluding donated assets is £11.883m YTD against a plan of £15.323m, which is £3.490m below plan due to slippage on several projects. Actuals forecast to exceed plan for the remainder of the year and the capital programme forecast is now £26.7m, which is £0.3m above plan. The increased plan includes new ICB Capital Resource Limit (CRL) award of £5.2m, and £3m for ambulance purchases from NHSE.

Efficiencies

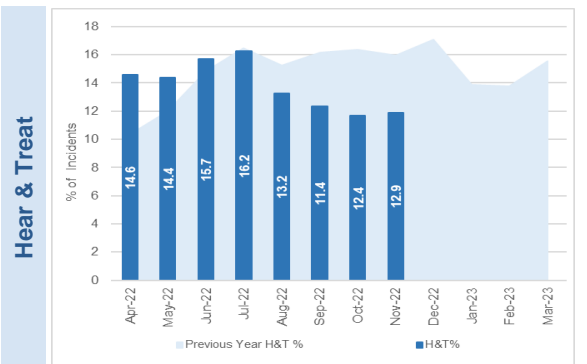
- YTD efficiency savings of £14.0m have been delivered. The Trust is forecasting to deliver £24.7m savings, which is £0.7m ahead of plan, (of which £8.9m is non-recurrent).

Cash

- The month end cash position was £55.7m

	Sep-22	Oct-22	Nov-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	30.9	36.2	37.0	18.0

- Hospital Handover performance remains outside of target. A sustained performance challenge on this metric is due to increasing overall demand and pressure on the hospitals as a result, impacting the LAS crews ability to hand patients over in some hospitals. Work is continuing with the hospitals in liaison with the wider system and ICBs along with management of delays in real time within the Tactical Operations Centre and the Patient Flow team.
- The arrival to handover and handover to green metrics are based on the time a handover "PIN" is exchanged and entered into the system. Prior to the transition to the new LAS CAD in October 2022 this functionality was hosted in the "Hospital Alert System" and the setup within that system differs to that within our new CAD system "Cleric". The exchange of the PIN occurs at the same stage within the handover and transfer of care process, however, the system functionality does not allow for "PIN over-rides" and the ability now exists within the system to transfer the patient to the receiving unit within the site. This causes a variance in data capture and does not allow effective comparison of stand-alone metrics pre and post the new system.



- Hear & Treat performance saw us achieve 12.9% during November, which is slightly lower than the same month last year. This is in line with a slight reduction in the number of incidents. LAS ranked 2nd 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.



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

For Assurance

Presented by John Martin and Fenella Wrigley



London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting

31 January 2023

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

1.0 Regulatory Update

The Care Quality Commission (CQC) launched a new framework for the care systems in January 2023. A regulatory action plan has been formulated by the Quality directorate to ensure all key elements of the new framework have been actioned or are in the process of being embedded. Quality regulatory meetings are in place to ensure all areas of the Trust are aware of their responsibilities and to share awareness of regulatory updates and information. CQC training material has also been made available to all staff via the service intranet.

The Trust remains in regular contact with the CQC and has received no further regulatory visits since the system inspection in December 2021. Improvement action plans relating to inspection feedback remain on track, with Integrated Urgent and Emergency Care (IUEC) and Emergency Operation Centres (EOC) plans being reviewed every six months.

2.0 Quality Account & Quality Priorities

The 2022/23 Quality Priorities are broadly on track with monthly assurance reporting in place, however certain priorities have been affected by the implementation of Cleric, the Adastra outage, industrial action planning and continued high demand. A timeline for completion of the 2023/24 priorities has been developed and engagement meetings commenced in January 2023. A presentation to the Patient and Public Council (PPC) in November generated interest within the group to be included in the design and on-going management of the new priorities.

Site quality visits for quarter 3 are now complete and a thematic report is in development. Quarter 4 quality visits have been planned in conjunction with the new intake of Quality Governance and Assurance Managers (QGAMs) and Quality Support Officers (QSOs).

3.0 Quality Assurance - Trust Wide (see Quality Report and Agenda 6.1)

The Quality Report (November 2022 data unless otherwise stated) continues to demonstrate the impact of a prolonged period of high 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 delays.

4.0 Clinical Education & Standards (CE&S)

Following a successful recruitment campaign, three trainee driving tutors joined the team during January with further recruitment campaigns to supplement all tutor roles due to commence by the end of this month. A series of information sessions as well as a short video interview have been created to promote these roles, particularly amongst Black, Asian & Minority Ethnic (BAME) colleagues and female staff.

The temporary 4th floor expansion at Dockside Education Centre is now being fully utilised in the delivery of clinical education programmes. Similar work to prepare for an expansion of the Brentside Education Centre is nearing completion.

Following a nomination for 'Learning Team of the Year' at the Learning Awards 2023, the CE&S team delivered a presentation to an adjudicating panel in November ahead of an awards ceremony to be held in February.

5.0 Safeguarding

A recovery plan for IUEC compliance with Safeguarding training was shared with commissioners in December and a target compliance with Level 2 safeguarding training was set at 85%. Following focussed work within IEUC, an improving trend in compliance was noted with NEL moving from 28.3% to 50.8% and SEL rising from 56.7% to 71.4%. An onward plan to further improve and maintain compliance levels is now in place.

6.0 Quality Improvement & Learning

During November 2022 a total of 119 patient safety incidents were assessed against the Trust's Patient Safety Incident Response Plan (PSIRP), 89 incidents being determined to require an enhanced level of investigation.

The breakdown of these incidents was as follows:

- 3 incidents met the nationally defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care.
- 2 incidents met the nationally defined priority to be referred for Patient Safety Incident Investigation (PSII) or review by another team.
- 12 incidents did not meet the Trust's PSIRP and are being investigated as a case review. These incidents arose from locally defined face to face clinical assessment including telephone assessment, dispatch and call handling, medicines management, and assessment of spinal injuries.
- 72 further incidents did not meet the Trust's PSIRP and are being investigated via Structured Judgement Reviews (SJR). These incidents involved a delayed response with the possibility of harm caused as a result.

The quality improvement and learning team currently lead on thematic reviews in relation to the management of patients who have fallen and Cleric related incidents. In addition, the team have established, and lead on, an Industrial Action Patient Safety Incident Group (IA PSIG), which meets weekly to determine whether individual cases affected by industrial action meet the Trusts PSIRP and to rapidly identify learning to inform future planning.

7.0 Freedom to Speak Up (FtSU)

93 concerns were raised in quarter 3, the majority of which relate to the augmented working systems & processes implemented as a result of industrial action on the 21st December 2022.

Other concerns raised included capacity and support in clinical education, international students, visa restrictions, redeployment pathways and alternative role availability. All of these have been reviewed and considered within the Trust.

A FtSU coordinator has been appointed to support the Guardian and further recruitment for administrative support is planned. An additional 13 FtSU ambassadors have been appointed, bringing the current total to 32. Training for these colleagues is due to commence in February.

FtSU resource packs containing information and contextualised promotional materials have been produced and now supplement the FtSU newsletter.

The Trust is participating in the National Guardian Office ambulance speaking up review which is due for publication in January 2023.

The Guardian continues to have regular engagement with the Chief Executive, FtSU Executive and non-Executive leads, alongside support from colleagues nationally.

8.0 Health, Safety and Security

A total of 94 Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) incidents have been reported to the HSE during 2022/23. 58 (62%) of the incidents reported related to manual handling incidents and 23 (24%) of the 94 incidents were related to slip, trips and falls incidents.

The Health, Safety & Security Team recently visited each EOC site in order to provide guidance and assistance to staff in relation to workstation queries, chair setup and screen positioning. This proved popular amongst staff, with a high proportion seeking advice over the course of the visits.

The introduction of a new harness onto all Trust trolley beds commenced in December 2022, improving safety for both staff and patients during transport.

Stress assessment tool-kit training will be launched in January with the aim of providing monthly sessions to staff, the initial target audience being colleagues with line management responsibilities and managers who have previously made referrals to Occupational Health.

A total of 389 Physical Assaults on Staff have been reported during the current financial year. The greatest number of reported physical assaults (58%) occurring, at least in part, due to the clinical condition of the patient. Police attended 61% of physical assault incidents and 15 successful prosecutions for assault have been recorded during 2022/23 so far.

John Martin

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



London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 31 January 2023

Report from the Chief Medical Officer

Maintaining Patient Safety

During November and December 2022 we continued to see very high levels of demand across all areas of the Trust which were reflective of national pressures and well reported challenges that exist within the Urgent and Emergency Care and Health and Social Care system. In December the pressure was further increased by the period of extremely cold weather and rising numbers of patients with viral illnesses and the outbreak of Streptococcus A in children. This impacted on our ability to reach patients within nationally set Ambulance Response Standards. We are very sorry to those people who have waited longer than they should for an ambulance during this very challenging period. We are continuing to do everything we can to reduce our response times.

Ongoing work includes:

- working with the wider London Health system to ensure patients are able to access care nearer home and do not default to NHS111 or 999;
- supporting all healthcare professionals to access alternative pathways; maximising the number of patients who are able to receive an enhanced telephone clinical assessment (with video consultation);
- working across the Integrated care and 999 systems to deliver seamless transfer of care and working to develop new alternative pathways for ambulance clinicians to refer or take patients to in order to reduce the demand on the busy emergency departments.
- working with hospitals and NHS partners across the capital to minimise delays as we handover patient care to Emergency Departments
- increasing the crews on the road and staff in our 999 control rooms so we can respond to patients as quickly as possible.

We saw the first national ambulance service Industrial Action in December with LAS seeing 12 hours of strike action by Unison members on 21 December 2022. In order to maintain safety during the period of the Industrial Action, and either side of it, we implemented a clinical safety cell which saw LAS clinicians working alongside senior clinicians from across the NHS. This multi-disciplinary cell provided an expanded clinical skillset and range of specialties and enabled an increased amount of early remote clinical assessment for patients and navigation to alternative care pathways where an emergency ambulance was not required.

The number of patient safety incidents reported across the service remains within the expected numbers 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.

Medicines Management

The LAS has successfully renewed the Controlled Drugs Licence following a full Home Office inspection of the Medicines Packing Unit in November 2022. The previous inspection was carried out in 2018 when the medicines function was co-located with logistics in Deptford. This was the first inspection at the new unit. All LAS sites that store controlled drugs are now included on the licence and as such there will be an annual Home Office inspection of one LAS site each year.

On 13th January 2023 the NHS England's National Chief Pharmaceutical Officer, National Chief Pharmacy Technician, Regional Chief Pharmacist visited the MPU and spoke to colleagues, including the CEO, Chief Medical Officer / Controlled Drugs Accountable Officer and Chief Pharmacist about how medicines management and governance has evolved since 2017. We demonstrated the packing process, Abloy system, Kitprep Depot and discussed the career path for pharmacists and pharmacy technicians in the ambulance service. NHSE colleagues also were given a summary of the role of pharmacists in IUC and their contribution clinically and strategically to the care of patients and the positive impact on the whole system

Strategic development

Developing improved models of care

We are continuing to focus on delivering opportunities for collaboratively designed alternative care pathways and supporting the implementation of operational changes, within LAS and across the wider system, to realise the clinical strategy of ensuring every patient receives the right care in the right place. This might be a referral for a face to face pathway or a virtual pathway - we are developing a direct referral into the virtual ward for patients with Chronic Obstructive Pulmonary Disease in North West London.

Reducing the number of patients who are conveyed to the Emergency Department who could have been cared for closer to home is key to improving the flow through the Urgent and Emergency Care system.

LAS access into the Same Day Emergency Care (SDEC) units is developing and the new pan-London exclusion criteria for direct referrals has successfully launched and LAS staff are making referrals successfully. A film was recorded for LAS staff, including the Director of Clinical Pathways and Transformation and the Medical Director at Chelsea and Westminster Hospital, in conjunction with NHS England London Region to talk about SDECs and the benefits of this developing pathway. Croydon University Hospital has trialled a direct to SDEC without a prior phone call which has been successful and increased utilisation of the pathway and this will reduce pressure in the Emergency Department.

We have continued to work collaboratively with Barts Health NHS Trust to provide access to remote telephone hub and 'virtual consulting rooms' (REACH) which offer alternative emergency care provision for patients that have either been referred to attend the emergency department by the 111 Clinical Assessment Service or where a London Ambulance Service paramedic crew is intending to convey the patient to the emergency department. Clinical exclusions apply so there is no risk for patients who require immediate hospital care. The average number of calls to REACH is 29 per day with a conveyance rate of 21.7%.

Advanced Paramedic Urgent Care – APP-UC

Our advanced paramedic urgent care team continue to provide a bespoke pathway for patients who require a face to face assessment and treatment beyond the standard paramedic skill set. The average conveyance to ED rate for APP-UC is 20.86%.

Urgent Community Response (UCR)

We continue to operate the UCR partnership project between the 5 community providers of South West London Integrated Care Board (ICB) and the LAS. 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. This model sees urgent response 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. Recruitment to the nursing positions is underway externally, and there is a lot of interest internally from our paramedics. The SWL teams have attended 836 patients since we launched to mid December 2022 with about 35% of patients being conveyed to hospital, compared to a usual average of 70% for similar patients. Patients are being referred into community services successfully, for conditions such as minor wounds which would normally have been conveyed, falls for falls prevention and general deterioration in patients with comorbidities. We are preparing to deploy this model, with partners, in North East London and North Central London in the coming weeks.

Mental Health Joint Response Car (MHJRC)

Since launch the MHJRC has seen over 16,000 patients with an ED conveyance rate of 16%.

Frailty

As previously reported in November 2021 London Ambulance Service [LAS] and Central North West London [CNWL] launched Silver Triage to improve the outcomes for older people living with frailty in NCL who have urgent / emergency care needs which has necessitated calling an ambulance. Silver Triage enables LAS Paramedics on scene to call a Consultant Geriatrician to identify the best treatment pathways for the frail patients in the community. This pathway is now operating 7 days a week and 70% of those referred through the pathway have been able to be treated in the community preventing hospital attendance.

Health Inequalities

As part of our work to better understand health inequalities we have gathered the data relating to gender, age and ethnicity, broken down by borough of London to understand whether there is learning or improvements to be made for specific patient groups, including maternity pre-term birth, patients coded as hypertensive and also sickle cell. We will now start to analyse the data to decide next steps.

Over the past two months we have been focused on pre-hospital maternity care to share learning, support clinical decision making and the patient's experience.

On 1st December 2022 the maternity team held a collaboration event with maternity services across London. More than 170 people from all 28 maternity units in London attended the two hour session. There were a series of presentations from a range of LAS clinicians to raise awareness about the maternity incidents that LAS are involved with and the challenges to providing safe and high quality maternity care in the pre hospital setting. The attendees then went in to break-out rooms to discuss how maternity units and LAS could collaborate to ensure

that the interface between hospital and out-of-hospital maternity care is optimised and identify gaps which need to be addressed.

On 15th December 2022 the maternity team held an extraordinary workshop for LAS staff “Making Maternity Care Safe for All”. There were two excellent speakers – a Consultant Obstetrician and lead for Maternal Medicine Network in South East London and the Head of Maternity Equality, NHS England. Both presenters talked about their lived experience of being black women and the stark inequalities faced by Black, Asian, deprived and vulnerable women. During break-out rooms attendees were encouraged to discuss what respectful care looks like, how we can acknowledge bias and ensure that it doesn't negatively influence our practice.

Both events have been well evaluated and the conversations which have been captured will be used to influence our maternity care in the future.

Staff development

The maternity joint training programme remains in progress and so far has brought together midwives from 8 maternity units across London with ambulance clinicians for multi-disciplinary simulation-based training. According to evaluation data, 95.2% of LAS attendees felt significantly more confident in their role in maternity incidents following the training. This innovative approach to improving safety of women having maternity care in the community was presented at a recent NHS Resolutions conference and won the poster award for the best collaborative approach.

On the 24th November, the LAS lead nurse hosted a nurses networking meeting and lunch. This provided an opportunity for colleagues employed in different areas of the service to liaise, share experiences of working in the pre-hospital setting and discuss ideas for future career pathways. The Chief Medical Officer and CEO both visited during the meeting. During the event NHSE presented the 12 week university course (professional nurse/midwife advocate programme (PNA/PMA)), which supports restorative supervision and encourages quality improvement initiatives. In addition, the LAS Macmillan nurse consultant shared her career pathway as a nurse specialist in palliative/end of life care and how this led her to the LAS.

Recruitment has continued to the Advanced Paramedic Practice Urgent Care and Critical Care (APP-UC and APP-CC) and First Contact Practitioner (FCP) programmes. The aim of these programmes is to provide specialist/ advanced practice opportunities and rotational working. During 2022/23 we recruited 4 APP-CC bringing the total to 40 clinicians; 15 APP-UC bringing the total to 56 clinicians and 3 FCP bringing the total to 36 clinicians.

System Wide Collaboration – hospital handovers

We continue to work closely with the hospitals to address handover delays with a number of initiatives and patient cohorting is now possible at all London Emergency Departments. We have a collaborative agreement between LAS and all 5 ICSs to handover patients at a maximum of 45 minutes where patient cohorting is not in place. This ensures ambulances can be freed up to attend the next 999 emergency patient in the community.

Clinical Research

We finished recruitment to the ARREST trial in December, enrolling 860 patients into this British Heart Foundation funded research project. This trial was a collaboration with King's College London, the London School of Hygiene and Tropical Medicine and St Thomas's hospital. The study will help paramedics and doctors decide the best treatment for patients who have a cardiac arrest outside of hospital

A fall from standing in older people is the commonest cause of major trauma. Traumatic brain injury in older adults is a major cause of death and disability. Due to increased use of antiplatelet and anticoagulant drugs older adults are more likely to suffer intracranial bleeding

after a traumatic brain injury. The CRASH4 trial aims to provide reliable evidence about the effects of intramuscular tranexamic acid on intracranial bleeding, disability, death and dementia in older adults with symptomatic head injury. Tranexamic acid reduces bleeding by inhibiting the enzymatic breakdown of fibrin blood clots. LAS Clinical Audit and Research team were successful in a bid for funding, with the London School of Hygiene and Tropical Medicine, to support the national roll-out of the CRASH4 trial (amongst both ambulance services and hospital sites). The award, from NIHR, totals £3 million over the next 3 years.

We continue to be the highest recruiting of 10 ambulance services to the PARAMEDIC3 trial. In this trial the University of Warwick is working with ambulance services in this area to study how best to give people life-saving medications if their heart suddenly stops (they have a cardiac arrest).

Patient outcomes:

Stroke Care – November 2022

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

- LAS attended 1027 suspected stroke patients
- 974 were FAST positive and 646 of these were identified as time critical
- 96.8% of patients were conveyed to destination Hyperacute Stroke Unit directly after an average on scene time of 37 minutes.

ST-Elevation Myocardial Infarction (STEMI or Heart Attack) Data – November 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 November 206 patients were attended by LAS and had a confirmed STEMI, a similar number to the the last report.
- 81% of patients subsequently confirmed as having an ST elevation myocardial infarction were categorised at the point of 999 call triage as a category 2
- 99% of the patients were conveyed to the correct destination and 75 % of patients had received the complete care bundle.

Our Senior Sector Clinical Leads are continuing to work with the Clinical Team Managers to reduce on scene time in a confirmed STEMI and on the documentation of all aspects of the care bundle.

Cardiac Arrest Data – November 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 November cardiac arrest data indicates;

- 1083 patients in cardiac arrest were attended by LAS
- 409 patients had resuscitation commenced
- 82 patients were in a 'shockable rhythm' on arrival of LAS and defibrillation occurred within 2 minutes of arrival with the patient
- For all patients in cardiac arrest return of spontaneous circulation was achieved in 29% of patients.

Clinical Performance Indicators (CPIs) are a tool used to continuously audit the care the Service provides to 7 different patient groups:

- Cardiac arrest (100% of all clinical records)
- Difficulty in breathing: 50% sample overall (derived by looking at all clinical records every other month)
- Elderly fallers: 50% of all clinical records
- Patients discharged at scene: 20% of all clinical records
- Diagnosed mental health: 50% sample overall (derived by looking at all clinical records every other month)
- Undiagnosed mental health: 50% sample overall (derived by looking at all clinical records every other month)
- Sepsis (all clinical records)

In addition, a General Documentation CPI examines the standard of basic documentation on a random 1.7% sample (1 in 60) of clinical records, regardless of the patient's clinical condition or destination. We launched two new Clinical Performance Indicators: a Sickle Cell Crisis CPI went live on the 1st December and an End of Life Care CPI on the 1st January.

Through the CPI audits we identify aspects of care to focus improvement on through the work undertaken by the Sector Senior Clinical Leads and Sector Clinical leads working with the Clinical Team Managers.

Fenella Wrigley

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



London Ambulance Service

NHS Trust

Assurance report: **Quality Assurance Committee**

Date: **17/01/2023**

Summary report to:	Trust Board	Date of meeting:	31/01/2023
Presented by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee	Prepared by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee

Matters considered:

Quality Report

The Committee received the Trust's Integrated Quality Report containing November 2022 data.

After careful review by the Committee, it was agreed that some data in the report required further review by the Executive team.

Quality Priorities

The Committee received an update on progress against the Trust's 12 Quality priorities noting that 6 were RAG rated as Amber and 6 as Green. Each priority had associated objectives and KPIs aligned with different action owners across the Trust.

It was agreed that the Executive team should further review the report to ensure an accurate description of the current position and to ensure consistency with other reports including the Quality Report and BAF.

The Committee noted that work was underway to set the Quality Priorities for 2023/24. A Quality Priorities Task and Finish Group had been established, meeting every fortnight with key stakeholder representation from across the Trust.

Patient Safety Incident Response Framework (PSIRF)

The Committee received an update on Patient Safety Incident Investigations closed between October and November 2022.

Members also received the patient safety thematic report which provided an overview of patient safety incidents themes and investigation activity. The report outlined that the Trust's operational performance continued to be impacted by external system wide pressures across the 999 and 111 services.

The Committee considered carefully how best to review and look in more detail at patient safety incidents, given the wide variety of pressures on Committee time. The Committee agreed that a separate

group should be formed to look at a selection of patient incidents included in the report in more detail, to include complex coronial cases, which could be important sources of learning.

Category 2 Improvement Programme

The Committee received an update on progress against the category 2 improvement programme, in particular the work on Hear and Treat which was demonstrating that having very senior clinicians providing support enabled higher numbers to be treated and managed. As a result, part of the work going forwards would focus on how to develop LAS staff to enhance their skills to enable them to operate at a standard similar to GPs.

The Committee also noted the large amount of work undertaken around cohorting to mitigate against handover delays at hospitals. The Committee also noted that there had been a significant improvement in handover delays since introduction of the new 45 minute handover standard across London. A review of the impact of the new standard would be undertaken to ensure the impact was fully understood.

Industrial Action

The committee received presentation in respect of industrial action and sought assurance relating to those actions and mitigations in place to ensure continued delivery of quality of care.

How the CQC is Changing

The committee received a presentation which outlined the way in which the CQC is changing its inspection regime and the implications for LAS.

Key decisions made / actions identified:

See other commentary

Risks:

Board Assurance Framework

The Committee reviewed the latest version of the Board Assurance Framework (BAF), noting two new risks relating to hospital handover delays and data reporting had been developed.

The Committee also noted that the risk relating to the impact of industrial action had been updated to reflect the increase in the risk score to a 25 following discussion at the Board Briefing on 10th January. At this stage, it was not intended to reduce the scoring of this risk, but there would be updates in terms of the mitigations.



In discussion, it was agreed that the risks relating to the 111 service required further review of terms of whether these were more challenges rather than risk.

Assurance:

The Committee received assurance of progress against the Quality Priorities.

The Committee also received assurance in relation to actions and mitigations put in place during periods of industrial action, noting that LAS has a high proportion of union staff compared to other ambulance trusts.

Overall, the Committee received assurance that quality remained a key area of focus for the Trust.



Break for Lunch 12.00pm to 12.20pm



5.3. People and Culture

5.3.1 Director's Report

5.3.2 People and Culture Committee

For Assurance

Presented by Damian McGuinness and Anne Rainsberry



London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 31 January 2023

Report from the Director of People and Culture

1. Executive Summary

External Recognition

Healthcare People Management Association/NHS Employers Wellbeing Award

In December, the Wellbeing Team won the HPMA/NHS Employers Wellbeing Award, a category with over 100 NHS Trust entries. Our well-being team was shortlisted for the award based on the inclusive nature of the LAS Well-being Hub, including the employment of colleagues on restricted duties, and the outreach of the service via our tea trucks and wellbeing cafes. The judges felt that the LAS entry was the winner based on the sustainability of the Wellbeing Hub model and the evidence of enormous use and quality of feedback from colleagues.

Industrial Action – Core focus of activity

The main focus of activity for the directorate has been the preparation and participation in the UNISON led Industrial action which took place on 21st December 2022, 11th & 23rd January 2023.

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 directorate subsequently lead on derogation negotiations and supported operations on the days of industrial action. The resource demand to fulfil these tasks has been extremely challenging, significantly impacting on core People and Culture activity, and thus this month's board report reflects such disruption.

Recruitment & Retention – To date 850 frontline staff have been recruited and started and circa 750 conditional employment offers have been made across Ambulance Services (380 paramedics and 247 AAPs), 111 (61 call handlers) and 999 (61 call handlers) to fill the remaining places for 2022/2023. 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 (-71FTE) and we have also positively seen a lower level of International Paramedic leavers.

Wellbeing – The internal flu vaccination programme began in October and continues into 2023. By the end of December 2022, the Trust had achieved a vaccination rate of 49.6%, placing the Trust 4th in London for uptake. There have also been ongoing efforts to increase uptake of the covid booster including opportunities for LAS colleagues to receive their vaccine at clinics co-located at A&E and contact centre visits from UCLH and East London outreach teams.

The Wellbeing Team provided refreshments for all colleagues working Christmas day, utilising funding from the London Ambulance Charity. There was also a communication focus on 24/7 Crisis Lines for colleagues who may be struggling over the festive period and the Wellbeing Hub was open throughout, including Christmas Day.

Staff Absences

Staff Absence has continued to decline since the introduction of first day absence reporting. Absence had reduced to 6.9% in November. 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.

2. P&C Operations

Recruitment

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 and we are now at full establishment. For EOC, we filled all 24 places for the November course and we are on track to fill 95% of places in January. In total there were 134 joiners in November including over 40 call handlers, 60 paramedics and 24 AAPs. 33% of joiners were from a BAME background covering roles in 111, 999 and Ambulance Services.

There are 380 paramedics in the pipeline to fill the remaining 200 course places from January 2023 to March 2023. For AAPs there are 247 AAPs at conditional offer in the pipeline to fill the 120 remaining course places from December 2022 to March 2023. 60 AAP places have been converted to NETS places with courses of 15 running from December 22 to March 2023.

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 (-71FTE) and we have seen a lower level of International Paramedic leavers.

The Workforce Retention Group has been reformed with new terms of reference to provide oversight, direction and support regarding all aspects of improving staff retention within the Trust with specific objectives to improve our morale and engagement scores, oversight of all retention development plans and ensuring the right support and resources are in place for managers to improve staff retention.

The group are using the NHS Employers Staff Retention Guide as a framework, which is aligned to the NHS People Promise and highlights areas where attention may be needed.

Staff Absences – The profile of sickness absence for 2022 is detailed below (source ESR dashboard), with first day absence reporting being introduced in August 2022.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
	2022	2022	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%	7.2%	6.9%

In November, the monthly Trust wide sickness decreased from 7.2% to 6.9%. Covid accounts for 11% of all episodes and has reduced by 0.3%. Our First day absence service has taken 11,600 calls to date. User Groups in Ambulance Operations, 999, 111 and Corporate Areas met to discuss the service and a weekly task and finish group is in place making improvements to further embed the system and identify the benefits derived so far for staff and managers since implementation. Attendance levels overall continue to improve since the introduction of the service.

The 'B Watch' HQ wellbeing pilot has been completed in EOC. The wellbeing conversations were highly valued by managers and staff alike, as were career conversations and therapy dogs. The key messages were the need to focus on looking after each other, management support and relaxation. Various charity funds and initiatives are available for this work to be taken forward.

Employee Relations

In November 2022, the Resolution Hub received 16 referrals and all were initiated by managers. 54% of cases were resolved using an informal resolution route whilst 46% of cases were resolved using the formal resolution route. This reflects the average for the 12-month period December 2021 to November 2022 (53% informal/17% formal).

Phase 2 of ESR Manager Self-Service went live on 1st December 2022, granting access to 512 managers to make staff assignment, pay and leavers changes directly in ESR, replacing the 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 third party e-forms system costs and efficiencies in corporate processes.

Since go-live, circa 2,000 changes have been made in the system and the MyESR helpdesk have supported managers with over 300 queries the project team continue to host weekly drop in sessions providing refreshers and training new users.

3. Health and Wellbeing

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 also promoted 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 Trust runs an internal seasonal flu vaccination programme every winter, beginning as soon as vaccines become available. Since October 2022, there have been more than 800 flu clinics pan-London, staffed by our 170 trained paramedic peer vaccinators. The clinics have been held on stations or contact centres and on dedicated flu ambulances to provide safe, private spaces for colleagues to get vaccinated at hospital. There has been a noted level of vaccine fatigue at a regional level, so whilst the uptake by LAS staff has been lower than previous years at 50%, this reflects 4th place for London Trusts – an achievement given the additional logistical challenges.

Vaccine fatigue has also affected uptake of the covid booster, and work has been ongoing to encourage staff to come forward to receive this. This has included increased communications through all internal channels, webinars and the offer of individual conversations with experts for colleagues with questions about the vaccines. Other London Trusts have provided exceptional support to the LAS and colleagues working in our ambulance services directorate are now able to receive their vaccine on a walk-in basis at a number of clinics co-located with A&Es. Both UCLH and East London Outreach teams have visited our contact centres to provide the covid and flu vaccinations on site.

Wellbeing Activities

In December, the Wellbeing Team were very proud to have won the HPM/NHS Employers Wellbeing Award, a category with over 100 entries. The Trust was shortlisted for the award 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 judges felt that the LAS entry was the winner based on the sustainability of the Wellbeing Hub model and the evidence of enormous utilisation and quality of feedback from colleagues.

Over the winter period, the Wellbeing Team has had a focus on promoting our mental health and financial support services. This has included 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. In order to recognise the hard work of colleagues who were on shift over the Christmas bank holidays, the LAS Charity funded snack bags that the Wellbeing team collated which included food, hand cream, a plastic free Christmas cracker and some had one of 500 hand-made cards that were drawn by children from one London school.

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 trialled a number of different initiatives over

November and December to look at which had the most positive impact, and these are now being expanded with a new six to nine month plan. This will include additional wellbeing training for managers and staff from The Ambulance Staff Charity, improvements to quiet spaces, a range of holistic activities and a dedicated Wellbeing Support Officer.

For 2023, the Wellbeing Team have been focussing on a new programme of self-care activities and improving our outreach. This has included looking at ways to increase our healthy tea truck provision, running special events such as menopause and nutrition workshops and how we can create a “Wellbeing Community” within the Trust.

4. Organisational Development and Talent Management

Apprenticeships: The New Year has started with two further apprenticeship award nominations – Apprenticeship Programme of the Year from the Learning Awards (due to be announced in February) and Apprentice Employer of the Year from FE Week and AELP Apprenticeship Awards (due to be announced in March). We are currently in the process of finalising our new level 3 Ambulance Support Worker apprenticeship – this will be launched from April 2023 as the training programme for new Assistant Ambulance Practitioners joining the LAS.

NHS Staff Survey 2022: The NHS Staff Survey ran between September and November 2022. The Service achieved a 62% response rate, a great achievement given the demands on the organisation at the time. The results have are being analysed by the team and will be shared in the next board report.

Damian McGuinness

Director People and Culture, London Ambulance Service NHS Trust.



London Ambulance Service



NHS Trust

Assurance report: People and Culture Committee

Date: 23/01/2023

Summary report to:	Trust Board	Date of meeting:	12/01/2023
Presented by:	Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee	Prepared by:	Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee

Matters for escalation:

This was a shorter meeting of the committee in recognition of the seasonal pressures combined with industrial action. This is therefore a shorter report.

RECOGNITION FOR THE WELL BEING TEAM

The committee was delighted to hear that the Trust's well being team won the HPMA award for well-being at the event hosted by NHS Employers. The judges were hugely impressed by what had been achieved and described it as "phenomenal". They noted the approach was forward thinking and innovative.

Other matters considered:

WORKFORCE PLANNING AND RECRUITMENT

A new group – The Trust Workforce Group has been established. This brings together people & culture with ambulance operations. The group will oversee resourcing and deployment plans and will provide for greater integration between resourcing plans and activity plans.

The committee received a presentation on recruitment. The recruitment pipeline remains strong- 900wte in the pipeline- with current projections suggesting the Trust will be 81 wte behind plan – and improvement since the last report. There had been a very successful recruitment campaign in Australia with 290 wte at offer stage. AAP recruitment also remains strong with 300 wte completing employment checks together with strong recruitment pipelines for both 111 and EOC.

One challenge is the capacity of clinical education. Additional capacity originally envisaged has been delayed meaning there is some delay in staff becoming operational

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 continues to bed in. They have taken over 11,600 calls since September and absence rates overall continue to show improvement with December projected to be 7.2% - although below the original plan.

The committee was also briefed on a wide range of well-being initiatives in particular the additional mental health support that will be available over the winter months

EMPLOYEE RELATIONS

The committee received an update on the resolution framework. Progress is being made in resolving more issues informally with 54% reaching resolution prior to needing formal processes. The remaining 46% resolved in more formal processes are taking shorter time to do so.

INDUSTRIAL ACTION

The committee received a verbal briefing on the impact of industrial action. The most recent strike had been well handled and relationships between staff and managers on the front line remain very productive in a very challenging climate. There had been much learning both for day-to-day practice and in planning for the next strike. The committee noted that there were additional challenges given the seasonal pressures and NHS organisations may find it more challenging to release staff. Support will be received once again from the army and the committee noted that there would be some continuity of personnel whilst others would need to be trained.

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



5.4. Finance

5.4.1 Director's Report

5.4.2 Finance and Investment Committee

For Assurance

Presented by Bob Alexander and Rakesh Patel



London Ambulance Service NHS Trust Board meeting 31 January 2023

Report from the Chief Finance Officer

Financial Position at the end of December 2022

Income and Expenditure Plan

The Trust posted a year to date surplus of £5.2m as at the end of December 2022 against a plan of £0.8m, a favourable variance of £4.4m. The Trust is on track to deliver the year end plan to breakeven.

Capital Programme

The Trust is forecast to invest £26.7m on capital programmes for the year. By the end of December the Trust had spent £13.4m. This £2.4m behind plan, however this is concentrated in a few schemes with plans to bring back on track by year end.

Cash Balance

The Trust had a closing cash balance of £60.1m at end of December.

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.

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. Production has now commenced and the Trust has signed off the first of fully converted DCAs and is expecting delivery in mid February.

Estates

The Estates Strategy has been drafted and the Trust has completed the first phase of engagement with the 5 ICSs and London Estates and Infrastructure Board. The strategy has also been discussed with Extended Leadership Group. A detailed communication plan is being developed to engage with the wider the Trust and external stakeholders. The 2023/24 capital plan is being developed and will incorporate funding for elements of the estates strategy.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.



London Ambulance Service

NHS Trust

Assurance report: **Finance and Investment Committee** **Date:** **19/01/2023**

Summary report to:	Trust Board	Date of meeting:	31/01/2023
Presented by:	Bob Alexander, Non-Executive Director, Chair of Finance and Investment Committee	Prepared by:	Bob Alexander, Non-Executive Director, Chair of Finance and Investment Committee

Matters for escalation:

Board Assurance Framework

A new risk was presented for review a. Risk 8C relating to a deliverable financial plan for 2023/24. Members considered the risk as presented and recommend it for approval and inclusion on the Board Assurance Framework

Business Cases

The Committee received 2 business cases relating to Cleaning Services and South London 111 Premises. Both Cases have been supported by the committee for approval and they will be presented to the Trust Board in its private meeting.

Other matters considered:

Finance Report

The Committee received a briefing on the month 9 (December 2022) financial position at the meeting and was assured on the actual financial performance noting key information

- The in-month Income and Expenditure (I&E) position for month 9 is a £0.7m deficit; £1.8m favorable to plan.
- The year to date I&E surplus is £5.2m as at 31 December 2022 against the NHS performance target of £0.8m surplus, a favorable variance of £4.4m.
- The Trust has delivered £16.5m of efficiency reductions to the end of December 2022, of which £6.5m are non-recurrent.
- The Trust had a closing cash balance of £60.1m.

Capital Programme

The Committee has received an update on the month 9 (December 2023) capital programme position for the Trust and the steps in train to fully utilise Trust capital resources this year.

Year to date capital expenditure at Month 9 was reported as £13.4m. which is £2.4m (15%) lower than plan of £15.8m and total capital forecast for the 2022/23 year is £26.7m, against planned capital resources of £26.3m. This represents an over-commitment of £0.4m.

Financial benefits from investment in workshops and DCA replacement in 2023/24

The Committee received a paper which outlined the financial benefits accruing from restructuring of the trust's workshops and purchase of 86 DCAs to be delivered next financial year (for which a pre-commitment has been made in the current financial year).

Savings from these two investments will form part of the Trust's 2023/24 CIP programme. The benefits for 2023/24 are as follows:

- Workshop savings - £173k
- DCA replacement - £397k

Draft 2023/24 Capital plan

The committee received the first draft of the 2023/24 capital programme. The Trust is planning for capital expenditure of £29.6m.

The Committee recognised that capital allocation (CRL) had not yet been agreed with NWL ICS and the paper assumed the resource expected based on current discussions.

The final capital plan will be an integral part of the Trust's 2023/24 financial plan submission to NHSE. The current timetable is to submit a draft Trust plan on 23 February and a final plan at the end of March.

Key decisions made / actions identified:

See other commentary

Risks:

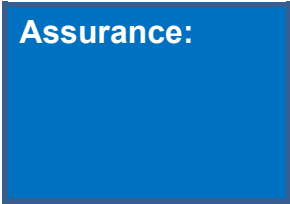
Board Assurance Framework

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.

Members discussed BAF risk 7C 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.



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.



5.5. Corporate

5.5.1 Director's Report

For Assurance

Presented by Mark Easton



London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 23 January 2023

Report from the Director of Corporate Affairs

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

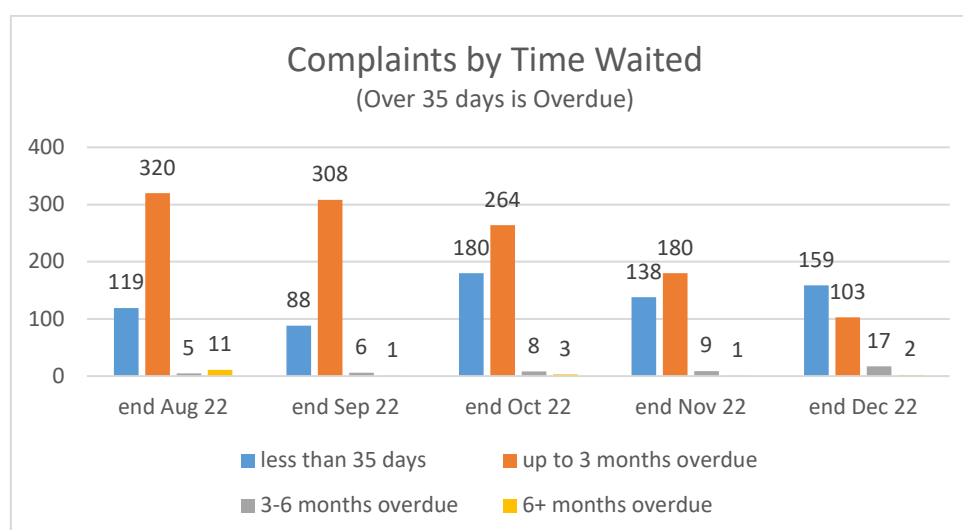
This report summarises the Directorate activity from November 2022 to January 2023.

PATIENT EXPERIENCE

Complaints

The number of complaints received is up compared to the same period this year. Between October - December 2021, we received 317 complaints compared to 363 in the same period this year. However, we completed 165 complaint investigations between October - December 2021, in comparison to 423 in the same period this year.

The increase in completed complaint investigations is due to the complaint backlog project which has significantly reduced the number of overdue complaints, as shown in the graph below (336 were overdue at the end of August, compared to 122 end of December). The continued reduction in the complaints backlog is being closely monitored with the support of the Director of Corporate Affairs and Head of Resolution.



Delay was the theme involving the highest number of complaints in November (including delay in an ambulance attending and delay in 111 call backs), followed by conduct and behaviour, 111 call handling and non-conveyance (which includes referrals to NHS 111). Complaint themes are fed through to the Quality and Outcomes Group.

The Complaints Project Manager completed their contract before Christmas having made a significantly positive impact on the team. We have extended the contract of one agency staff member and an internal secondee to the end of January to complete the backlog work.

We have a new Standard Operating Procedure in place which sets out the management of complaints from receipt to response as well as specific guidance regarding escalation and monitoring of complaint investigations. We have also set out clearer guidance regarding keeping complainants regularly updated and this is also being monitored.

We continue to work closely with the Quality team to ensure joined-up working for complaints that require an enhanced investigation. We are also in the process of re-designing the clinical review process in order to provide clearer expectations and escalation for the clinicians on the rota and to enable them to produce clinical reviews within our set timescales.

We have arranged a training programme for the team for complaints management but also includes individual development needs identified from appraisals. As part of the training programme, the Parliamentary and Health Service Ombudsman (PHSO) have agreed to provide bespoke training for us on early resolution, complaint investigations and response letters.

LEGAL SERVICES

Legal Services Department has started reviewing all legal matters relating to Estates before instructing Panel Firms. The Legal Services Manager (LSM) is organising training covering commercial and property law from Panel Firms for the in-house legal team.

Following, the briefing with His Majesty's Coroner, Mr Graeme Irvine, in October 2022, he has agreed to provide training to covering giving evidence in Court. HMC Mr Irvine is content to prepare a webinar, which will assist witnesses when giving evidence in Court. The LSM will liaise with senior management in due course.

The LSM is reviewing JDs for band 7 recruitment (replacement of two band 7 leavers) and working with Head of Resolution to review existing band 7 workloads.

The Senior Clinical Lead for Legal Services and Mental Capacity, Sophie Hill, started working with the Legal Team in Jan 2023. Sophie will now attend the monthly legal catch up with senior management and other relevant stakeholders. This meeting reviews cases of concern and aims to identify and remove any delay or barriers to investigation from a clinical point of view. The meeting also reviews all ongoing Level 2 inquest cases to ensure appropriate clinical input is available. Level 2 Inquests are complex inquests where the Trust is a party to the case and live witness evidence from attending crew or senior management is required, there may also be patient safety implications. There is also a higher risk of reputational damage with this type of case or that the Coroner may consider issuing preventing future death reports.

Sophie will also attend the Safety Investigation Assurance and Learning Group (SIALG) and the Patient Safety and Clinical Effectiveness Group (PSCEG)

The legal and Health and Safety teams will now meet on a monthly basis from January 2023. Most employer's liability claims involve a health and safety element such as slips, trips and manual handling. The purpose of this meeting is to capture learning and exchange of data for cases, as early as possible. The meeting will enable the legal team to identify areas of concern at an early stage and make admission of liability or prepare a defence in a timely manner with the aim of reducing costs and ensuring early payment to genuine complainants

INFORMATION GOVERNANCE

The trust has an annual programme to ensure compliance with the Data Security and Protection Toolkit (DSPT), which is an online self-assessment tool that allows Health Care organisations to measure their performance against the National Data Guardian's 10 data security standards. It is a contractual requirement that any organisation that has access to NHS patient data and systems complete the DSPT to provide assurance that they are practising good data security and that personal information is handled correctly.

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 not limited to, contract tender refusals, refusal by other organisations and Trusts to share data. It also implies the cyber security infrastructure within the Trust is not secure and open to attack.

The DSPT includes a number of mandatory and non-mandatory evidence assertion items that need to be sourced, saved and potentially submitted for evidence. At a minimum, all 113 mandatory evidence items must be completed for DSPT submission. Of the 113 mandatory assertion evidence items included in the DSPT, 45% have either been completed or are near completion. This percentage is above target for DSPT completion trajectory.

Some evidence items cannot be completed till later in the DSPT year. Data Security and Awareness training compliance is a prime example of this. The DSPT requires that 95% of all staff are compliant with mandatory Data Security and Awareness Training, including all of the below staffing groups:

- Permanent staff
- Non-permanent staff
- Staff on Maternity/Paternity leave
- Staff of long term sick leave
- New starters
- Locums
- Temporary staff
- Students
- Contractors

It is also required that the Trust only count staff who have been trained within the last twelve months towards the 95% compliance target. Any staff members who trained outside of this window cannot be counted towards the target. As the DSPT will not be submitted till late June

2023, this means the Trust can only count staff who have been trained since 1st July 2022. The ramification for the Trust not having at least 95% of all staff trained would mean failing the DSPT. Including the new data sets and only staff trained since 1st July 2022, the Trust is currently reporting a 43% training compliance level which is above target for training completion trajectory.

As previously reported 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 BDO and will commence on 6th March 2023. The audit consists of 49 mandatory evidence assertion items included within the DSPT. Of the 49 mandatory assertion evidence items included in the audit, 47% have either been completed or are near completion. This percentage is above target for DSPT completion trajectory and the Information Governance Team are aiming to have all evidence gathered by February 2023. The DSPT is a high priority project and the Information Governance Team are confident the DSPT will be completed in advance of the deadline of 30th June 2023.

The ICO requested more information regarding the Ransomware Incident (Advanced) Seeking Data Controller Information this was sent by SIRO on 21 December 2022. To date there has been no feedback.

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.

During 2021/22 the Trust received 483 requests under the Freedom of Information Act 2000. In the period Apr 2022 – December 2022 the Trust has received 355 requests. These requests relate to a broad spectrum of questions including response times, hospital handover delays, the impact of industrial action, fleet and Trust spend and procurement.

Of these 69% requests have been completed within the statutory deadline which is a 10% 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 and requestors have been kept informed in respect of any delays.

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.



6. Quality



6.1. Quality Report

For Approval

Presented by Jaqueline Lindridge


NHS
London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	31 January 2023			
Report title:	Trust Integrated Quality Report (November 22 data)			
Agenda item:	6.1			
Report Author(s):	Various			
Presented by:	Jaqualine Lindridge, Director of Quality			
History:	N/A			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

The Trust's Integrated Quality Report, containing November 2022 data, provides an overview of quality performance through relevant quality Key Performance Indicators (KPIs) and information including the quality improvement agenda across the organisation.

The quality report continues to demonstrate the impact of REAP 4 escalations and demand has on the quality of care provided as well as other KPIs across the quality agenda. 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 from delays.

There are 1045 overdue incidents which have been open on the system longer than 35 days (this excludes SIs, PSIs & PSRs). This has been attributed to the continued high levels of demand. Actions: There is an ongoing 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.

Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. A recovery plan for IUEC was shared with commissioners in December; following focussed work in IEUC there is an improving trend in compliance with a plan in place to maintain compliance going forward.

The number of reported no harm incidents has returned to normal variation over the past few months with the top 3 incidents remaining the same from the previous reporting period - Dispatch & Call, Medical Equipment and Clinical Treatment. Overall reporting of incidents remains within normal variation. The moderate harm themes for November 2022 were Falls, Chest Pain, Cardiac Arrest & re-contact audits.

Infection Prevention & Control compliance across the Trust remains positive with high compliance rates (<=95%) across a variety of KPIs. The report highlights that vehicle prep deep clean compliance remains below the Trust's expected target of 95% and requires monitoring.

Quality KPIs in relation to training including Clinical Performance Indicators (71%) and Operational Workplace Review (56.39%) continue to be impacted on by the levels of demand. Personal Development Reviews (PDRs) have increased to 59.5%.

The number of complaints received in month continues to be high. For November the figure was 111 (compared with 118 in Nov 2021). The team continue to focus on overdue complaints with a view to closure as soon as is practical. Overdue complaints have reduced from 345 in September to 219 in November.

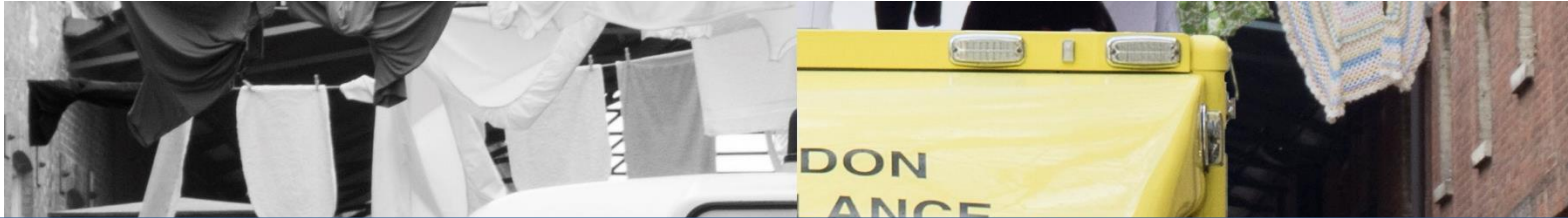
The Trust's compliance in November was 71.5% for risks reviewed within the last 3 months which was below the 90% target. 100% of risks approved within 1 month (target 90%).

Recommendation(s) / Decisions for the Board:

The Board is asked to note and consider the information provided within this report.

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

Directorate	Agreed				Relevant reviewer
Quality	Yes	x	No		Quality Assurance Committee
Finance	Yes		No		
Chief Operating Officer Directorates	Yes		No		
Medical	Yes	x	No		Quality Assurance Committee
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes		No		














London Ambulance Service – Quality Report



Report for discussion at the Trust Board
Analysis based on November 2022 data, unless otherwise stated

Quality Report Summary





SAFE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Rate of Low/No Harm Incidents per 1000 Contacts - 999	Nov-22	3.0			Incidents: The number of reported no harm incidents has returned to normal variation over the past few months with the top 3 incidents remaining the same from the previous reporting period- Dispatch & Call, Medical Equipment and Clinical Treatment. Overall reporting of incidents remains within normal variation. The moderate harm themes for November 2022 were Falls, Chest Pain, Cardiac Arrest & re-contact audits.
OWR Hand Hygiene Compliance	Nov-22	95%			Hand Hygiene: The compliance rate for November 2022 was 95% and this score continues to exceed the Trust performance target (90%). Two stations did not submit data this reporting period (New Malden and Wimbledon). 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	Nov-22	97%			Premises cleaning: Overall Trust compliance for November remained at 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 November 2022 which requires improvement.
VP Deep Clean A&E Vehicles	Nov-22	89%			Vehicle prep deep clean: Overall Trust compliance for November remained at 89%, which is under the Trust performance target of 95%. There were only 2 sites which achieved or exceeded the 95% target (Hillingdon and HART). Actions: Recruitment of the Governance Manager and Performance Manager has been successful for better oversight and action.
Patient Safety - Medical Equipment Incidents	Nov-22	71			Medical Equipment: This remains a top reported incident type with unavailability of device/equipment being the highest for patient safety. The majority of these incidents are related to missing equipment within the diagnostic pouches such as tympanic, BM kits, Sats probes and missing pouches themselves. These incidents are shared with the supply and distribution team to ensure improvements are made to the diagnostic pouch project
Overdue 999 Incidents	Nov-22	1045			Overdue Incidents: There are 1045 overdue incidents which have been open on the system longer than 35 days (this excludes SIs, PSIs & PSRs). This has been attributed to the continued high levels of demand. Actions: There is an ongoing 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	Nov-22	83%			Safeguarding Level 2 & 3 Training: Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. A recovery plan for IUEC was shared with commissioners in December. Discussions remain ongoing with EOC on how they can improve compliance rates. Level 3 remains near end of year target with sufficient capacity to achieve compliance.
Statutory & Mandatory Training Compliance	Nov-22	83%			Statutory & Mandatory Training: This has dropped below the 85% target and remains at 83% for November. This should improve following completion of the CSR 2022.3 cycle.



Quality Report Summary

EFFECTIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
ROSC to Hospital (AQI) - Reported 4 Months in Arrears ROSC At Hospital	Jull-22	30%			In July 2022, the LAS again ranked 3rd for the overall ROSC on arrival at hospital with 29.7% and above the National average of 25.8%. An increase in Utstein from 43% to 51.1% was achieved which is above the National average of 48.1% was achieved for the Utstein group this was ranked 5 th . ROSC bundle for July ranked 3 rd with 83.4%.
Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	Jul-22	01:48:00			In July 2022, the LAS achieved a time of 01:48 (up from 01:31) for the call to arrival at hospital, compared with the national average of 01:56. This is outside the target of 01:10 and was 17 minutes longer than May and remained 5th against other ambulance services.
MCA Level 1 Training	Nov-22	93%			MCA Level 1 & 2 Training: is 93% 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	Nov-22	59.5%			In November, the PDR compliance is at 59.5% with an increase of 3% from October. Actions: Operational trajectories have been produced and monitored in the compliance report.
CPI - Completion Rate (% of CPI audits undertaken)	Oct-22	71%			CPI Completion rates: Completion rates have dropped to 71% for October and still remain below the target of 95%. All aspects of documented care were above the 95% target.
Operational Workplace Review (OWR) compliance:	Nov-22	56.39%			OWR: This is currently at 56.39% which is a slight increase from 56.33% reported in October. This remains below the Trust target of 85% and further action is required.

RESPONSIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of Complaints	Nov-22	111			Complaints: The number of complaints received in month continues to be high. For November the figure was 111 (compared with 118 in Nov 2021). Actions: The team are focusing on the older complaints with a view to closure as soon as is practical. The backlog has been reduced from 345 in Sept to 219 in Nov.

WELL - LED

KPI	Latest Month	Measure	Variation	Assurance	Comment
Percentage of all risks reviewed within 3 months	Nov-22	71.5%			The Trust's compliance in November was 71.5% for risks reviewed within the last 3 months which was below the 90% target. 100% of risks approved within 1 month (target 90%)
Percentage of policies in date	Nov-22	70%			There are 64 policies in date across the Trust which remains the same from the last reporting period. 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. The Executive Committee continue to receive policies for review and approval and they have approved 5 policies in the reporting period. The Director of Ambulance services and the Director of Communication and Engagement maintain 100% compliance.



7. Board Assurance Framework



7.1. Board Assurance Framework

For Information

Presented by Mark Easton



London Ambulance Service

NHS Trust

Report Title		Board Assurance Framework			
Meeting:	Trust Board				
Agenda item:	7.1	Meeting Date:	31 January 2023		
Lead Executive:	Mark Easton, Director of Corporate Affairs				
Report Author:	Frances Field, Corporate Governance Manager				
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval	
	<input checked="" type="checkbox"/>	Discussion		Information	
Report Summary					
<p>The BAF has been 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.</p> <p>Changes to current risk ratings since the BAF was last reviewed by the Board are as follows:</p> <ul style="list-style-type: none"> • Increase in current risk score of - risk (1C) relating to industrial action, from 4 x 5 (20) to 5 x 5 (25). • Decrease in current risk score of risk 8(A) relating to a deliverable financial plan for 2022/23, from 3 x 4 (12) to 2 x 4 (8). <p>The following new risk has been added to the BAF:</p> <ul style="list-style-type: none"> • A new risk has been articulated following discussions at the Executive Committee (ExCo) meeting on 2 November 2022, risk (2A) relating to handover delays. This risk was presented to the Quality Assurance Committee on 31 January, where it was agreed with a current risk score of 4 x 4 (16). • A new risk has been articulated following discussions at the ExCo meeting on 23 November 2022, risk (7D) relating to data reporting. This risk was presented to the Quality Assurance Committee on 31 January, where it was agreed with a current risk score of 3 x 5 (15). • A new risk has been articulated following discussions at the ExCo meeting on 23 November 2022, risk (8C) relating to a deliverable financial plan for 2023 – 2024. This risk was presented to the Finance and Investment Committee on 19 January, where it was approved with a current risk score of 4 x 4 (16). <p>The following risk is in development and will be presented to the Board when it has gone through the appropriate committees.</p> <ul style="list-style-type: none"> • Following discussions at ExCo on 7 December 2022, a risk relating to equipping the operational fleet with MDT's is being drafted and will be presented to ExCo and FIC for approval. <p>Next steps</p>					

Following a period of increased operational pressure and focus, areas of the BAF were identified as requiring further scrutiny by the assurance committees, which will undergo an in-depth review by lead executives prior to it being presented to the assurance committees and the Board in March.

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 Trust Board – 31 January 2023

Introduction

The Board Assurance Framework (BAF) for 2022/23 has been designed so that 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	Objective		Risks		Risk scores							
					uncond ^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	16	QAC	FW	5	
			1B	Development of UEC	12	12	12	12	QAC	FW	6	
			1C	Industrial action	20	N/A	20	25	QAC/P&C	FW	7	
	2	Improve our emergency response	2A	Operational demand exceeding capacity	25	20	20	20	QAC	JM	10	
			2B	Hospital handover delays	20	N/A	N/A	16	QAC	JM	11	
	3	Create more integrated and resilient 111 services	3A	Single clinical assessment model	16	12	12	12	QAC	JN	13	
			3B	Multidisciplinary workforce integration	16	12	12	12	QAC	JN	14	
	4	Strengthen our specialists' teams response to incidents, threats and risks	4A	Major incident capacity	15	12	12	12	AC	JM	17	
	Build our Organisation	5	Support our workforce	5A	Recruitment and retention	20	12	12	12	P&C	DM	20
				5B	Diversity of staffing profile	16	16	16	16	P&C	DM	21
5C				Staff wellness	20	16	16	16	P&C	DM	22	
5D				Staff burnout	16	16	16	16	P&C	DM	23	
6		Develop a positive working culture	6A	Culture	16	12	12	12	P&C	DM	25	
7		Strengthen our digital and telephony capability	7A	Cyber attack	25	15	15	15	AC	BT	28	
			7B	Critical systems failure	20	15	15	15	FIC	BT	30	
			7C	CAD/Newham implementation	16	12	4	4	D999/FIC	BT	31	
	7D		Data reporting	20	N/A	N/A	15	QAC	BT	32		
Develop Our Future	8	Use of resources more efficiently and productively	8A	Deliverable financial plan 2022/23	16	12	12	8	FIC	RP	34	
			8B	ULEZ Compliance	16	12	8	8	FIC	RP	35	
			8C	Deliverable financial plan 2023/24	16	N/A	N/A	16	FIC	RP	36	
	9	Build our role as an anchor institution		(No BAF level risks identified)					AC	RD		
	10	Build a new five-year strategy	10A	Alignment with strategic partners	16	12	12	12	FIC	RD	41	

Strategic Goal 1 – Provide Outstanding Care for our Patients

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 <input type="checkbox"/>	Partially Assured <input checked="" type="checkbox"/>	Not Assured <input type="checkbox"/>
<p>During Q3, following the implementation of the new Cleric CAD our Category 1 response has begun to stabilise towards the nationally agreed ambulance response standards. During Q3 our Category 2 performance remained very challenged with many patients waiting longer than usual for an ambulance response. This was due to multiple factors – increased demand due to viral illnesses, pressure in the UEC system resulting in handover delays and the embedding of the new Cleric CAD. The Category 2 mean performance shows a downward trend toward baseline levels since the end of December 2022, the drivers for this are currently indistinguishable from system wide improvements and national 'use us wisely' messaging in response to industrial action being taken across the NHS. Whilst the wider health system remains fragile we may see Cat 2 performance fluctuate in the coming weeks as we transit through the more challenging period of winter pressures through Q4.</p> <p>An internal LAS Category 2 Performance Improvement Plan is now in the delivery phase. The national Category 2 segmentation pilot continues to ensure patients are receiving the right care in the right place and supports dispatch to our sickest and most seriously injured patients as quickly as possible. We are working to expand its effectiveness in partnership with ICBs and medical and clinical colleagues to enhance the support and advice provided to our clinical hub paramedics. In addition we have enhanced the number of clinicians providing clinical assessments and oversight of those patients waiting for an ambulance. Working with regional leads, we have also introduced an improved hospital handover process that compliments other measures to ensure the timely release of ambulance crews awaiting handover at Emergency Departments. During Q3 we increased the number of ambulances deployed each day available to respond to patients, focused on the additional ambulance hours being to meet the patient demand, started an EOC transformation programme and focused on time to arrive on scene for our most seriously unwell patients (cardiac arrest) by looking at the distribution of our responders.</p> <p>We have continued to review incidents to learn from feedback and make further improvements</p>	<p>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.</p>		

Strategic Goal 1 – Provide Outstanding Care for our Patients

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	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
		RAG		RAG	
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	Deliver the commitments for the action plan	Deliver the commitments for the action plan	Deliver the commitments for the action plan
		RAG		RAG	
Pilot the production of clinical outcome data for a range of conditions linking 111/999/ambulance data with hospital data sets	Director of Strategy	Refine the project to clinical outcome data	Deliver the proposed action plan to share outcome data between providers	Start using the data for improving patient care	Link with the ADS Process
		RAG			

Strategic Goal 1 – Provide Outstanding Care for our Patients

BAF Risk 1A	Objective 1
IF cases of Covid, or other infection e.g. 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 for disposable masks
Infection Control measures in place – infection control audits and support from IPC champions	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.	Adequate spacing in call taking areas and screens between desks where this is challenging
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, and 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	Completed 31/12/22
Internal influenza vaccination programme to encourage uptake	Ongoing

Strategic Goal 1 – Provide Outstanding Care for our Patients

BAF Risk 1B	Objective 1
There is a risk that the increasing backlog of elective care may result in the national focus on elective care leading to de-prioritisation of focus to transform emergency care at a time when UEC demand is increasing.	

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	This has been achieved – a significant focus on UEC pan London. Work continues on delivery of plans
Agree and implement influencing plan for all five ICSs that strengthens partnerships with new ICB leadership teams and ICS members (trusts, local authorities, PCNs)	This has been achieved – a significant focus on UEC pan London. Work continues on delivery of plans
Support the co-design of new pathways to enable patients to be managed closer to home and reduce avoidable conveyance to ED	This has been achieved – a significant focus on UEC pan London. Work continues on delivery of plans
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	Pan London agreement achieved for cohorting and maximum 45 minute handover

Strategic Goal 1 – Provide Outstanding Care for our Patients

BAF Risk	1C	Objective 1
<p>Following the ballots on industrial action a series of strikes are planned which will affect the LAS with a widened scope to include EOC as well as front line vehicles. We expect significant staff participation in the strike leading to a reduction in workforce availability to respond to calls, provide health advice, dispatch ambulances and crew ambulances including specialist responders; resulting in a reduction in our ability to provide services resulting in prolonged and/or substantial failure to meet operational performance targets, which will lead to worse patient outcomes, including patient harm up to loss of life.</p> <p>Causes: National pay dispute – with all unions taking industrial action</p>		

Uncontrolled				
L	x	C	=	Score
4	x	5	=	25

Current				
L	x	C	=	Score
5	x	5	=	25

Target				
L	x	C	=	Score
4	x	4	=	16

Controls	Assurances
Local 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 and operational management arrangements	EPRSG
Sector level NASPF for sector wide engagement	NASPF
Legislation governing conduct of industrial action	NHS Employers
Command structure on the day of the strike	NHS Employers

Further actions

Action	Date by which it will be completed
Continue with action planning to mitigate strike effects including derogation negotiation with unions, deployment of military and other external resources, deployment of clinical volunteers sourced from across London, re-deployment of corporate and other staff, command arrangements on strike days.	ongoing

Strategic Goal 1 – Provide Outstanding Care for our Patients

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 <input type="checkbox"/>		Partially Assured <input checked="" type="checkbox"/>		Not Assured <input type="checkbox"/>
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	Implement the workforce plan actions including recruitment. Deliver learnings, recommendations and action plan from Q1 projects and waste walks.	Achieve a call answering mean of 20s	Achieve a call answering mean of 10s Improved C2 mean performance to be one of the top 5 performing ambulance trusts.
		RAG	RAG	RAG	
		RAG	RAG	RAG	
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 90 th 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	Implementation of national ca2 2 pilot	Reduction in longest held call no longer than 1 times the 90 th centile.

Strategic Goal 1 – Provide Outstanding Care for our Patients

			against baseline and best in class.		
		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	Agree action plan and improvement trajectory in each ICS	Implement action plans	Implement action plans
		RAG		RAG	
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	UCR – implemented at SWL ICS SDEC – 3 patients to each SDEC/ICS from both 111/999	UCR – NEL and NCL go live end Jan 23 SDEC – pan London exclusion criteria agreed. MHJRC agreed for all 5 ICS	SDEC – 5 patients to each SDEC/ICS from both 111/999.
		RAG		RAG	

Strategic Goal 1 – Provide Outstanding Care for our Patients

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
Establish a clinical safety hub within EOC separate from ECAS	Established

Strategic Goal 1 – Provide Outstanding Care for our Patients

BAF Risk 2 B	Objective 2
If hospital handover delays continue at their current levels there is a potential that we will be unable to provide an emergency ambulance response to critically unwell patients within the community which may affect clinical outcomes.	

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
Ongoing communication with acute hospitals on handovers understanding current system pressures and instigating timely divert processes.	Monitored at weekly North West London Gold System call
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
LAS input to national solutions to reduce handover delays	Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework
Weekly NHSE London / Commissioner performance meeting	Senior attendance at NASMED and QiGARD and Ambulance Capacity Meeting
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Appointment of Pathways Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Real time balancing of patient transport destinations recognising live system pressures at individual ED sites co-ordinated via the Intelligent Conveyance Desk.	Tactical Operations Centre grip report produced bi-daily
Placing of hospital ambulance liaison officers (HALO) at certain challenged ED sites to improve the handover process between triage nurses and ambulance staff.	
Cohorting process in place to release crews, handing over patients care to ambulance colleagues.	
Rapid release procedure to release crews covering a CAT 1 call in the community, handing over patient care to hospital staff.	
Utilisation of alternative means of conveyance using St John Ambulance volunteers to convey patients not requiring ambulance transportation	

Further actions

Action	Date by which it will be completed
Enforce new 45 minute handover protocol with appropriate escalation when required.	In place
Reduce ambulance conveyance to Emergency Department to under 50% in all ICSs	31/03/2023
Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response	Ongoing
Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	Ongoing
Maximise use of same day emergency care (SDEC) to reduce unnecessary conveyance of patients to ED's	31/03/2023

Strategic Goal 1 – Provide Outstanding Care for our Patients

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 <input type="checkbox"/>		Partially Assured <input checked="" type="checkbox"/>		Not Assured <input type="checkbox"/>
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. Workforce expansion being developed through cross directorate working, i.e. 50/50 role, and introduction of new skillsets and flexible working arrangements across IUEC.	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.	Provide the structured support for Managers (Our LAS, Values and Leadership)	Implement RotaMaster and Clinical Guardian software to improve rostering and clinical Audit - in progress	
		RAG	RAG	RAG	
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	Agree the 50:50 roles (CAS / Road). Commence Recruitment	Expand recruitment – targeting joint, part-time and flexible clinical assessment roles	Agree and implement job share / rotational roles with partner providers
		RAG	RAG	RAG	

Strategic Goal 1 – Provide Outstanding Care for our Patients

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

Strategic Goal 1 – Provide Outstanding Care for our Patients

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.	February 2023
Project Resource to be identified to support specific work streams	February 2023
Organisational commitment to resourcing and funding service development including backfill key roles to release expertise to needed to deliver objectives	February 2023

Strategic Goal 1 – Provide Outstanding Care for our Patients

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 <input checked="" type="checkbox"/>	Partially Assured <input type="checkbox"/>	Not Assured <input type="checkbox"/>
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	Beckenham has been identified and repurposed for SORT training. Move has been completed RAG	
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

Strategic Goal 1 – Provide Outstanding Care for our Patients

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	

Strategic Goal 2 – Build our Organisation

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 <input type="checkbox"/>		Partially Assured <input checked="" type="checkbox"/>		Not Assured <input type="checkbox"/>
<ul style="list-style-type: none"> Establishment has increased by over 400 WTE year to date We have managed to increase existing workforce availability through various work streams (retention / absence / etc.) Improving 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	Review success of Australian recruitment drive & national NHSP advert for call handling strategy	Review of all recruitment campaigns and agree revised methodologies for remaining posts	Review of all recruitment campaigns and agree revised methodologies for remaining posts
		RAG 	RAG 	RAG 	
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.	Embed new recruitment practice following Our LAS masterclasses training	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.
		RAG 	RAG 	RAG 	
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	Socialise desired team model	Embed new team model with associated Our LAS leadership behaviour framework	Review current team model and address any shortfalls
		RAG 	RAG 	RAG 	

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.	ExCo paper scoping paper for third Clinical Education Centre in South London	Complete the move into new capacity at Brentside Education Centre	Complete the business case for a Third Clinical Education Centre.
		RAG	RAG	RAG	
		Develop the operational plan for the blended learning / digital education plans. Develop workforce plan for establishing Driving Education Academy.			
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	Implement the commitments of the Reduce Violence and Aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan
		RAG	RAG	RAG	
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	Management of 6% trajectory OPMs to review progress in each service. OPMs to review progress in each service Contact monitoring Review feedback of service	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
		RAG	RAG	RAG	
Offer improved occupational health provision, increasing staff health and wellbeing support.	Director of People & Culture	Re-tender and appointment of Occupational Health provider	Start to implement Royal Foundation Mental Health Commitment at work. Prepare for 2022/23 Flu season, review. Improve mobile wellbeing provision	Contract management	
		RAG	RAG	RAG	

Strategic Goal 2 – Build our Organisation

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 31/03/23				
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	31/03/2023

Strategic Goal 2 – Build our Organisation

BAF Risk	5C	Objective 5
<p>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</p>		

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/03/23				
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

Strategic Goal 2 – Build our Organisation

BAF Risk 5D	Objective 5
If staff report high levels of burnout and / or experience moral distress 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. Moral distress is defined as the psychological unease generated where professionals identify an ethically correct action to take but are constrained in their ability to take that action.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16







Tolerance by 31/03/23				
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

Strategic Goal 2 – Build our Organisation

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 <input type="checkbox"/>	Partially Assured <input checked="" type="checkbox"/>	Not Assured <input type="checkbox"/>
<ul style="list-style-type: none"> 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	Embed new Values and Behaviours in the Trust documents, emails, promotional materials and Trust inductions.	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.
		RAG 	RAG 	RAG 	
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.	Re-engage with Staff Survey Champions and work with LGMS to agree top three priorities. EDI/OD tea to provide local support and training.	Introduction of local staff survey engagement tool – monitor and address and shortfalls	Review 2022 staff survey results
		RAG 	RAG 	RAG 	

Strategic Goal 2 – Build our Organisation

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.		Embed new tools in Trust policies and training materials.		Monitor changes in behaviour as a result of new processes / behaviours.		Use staff survey, resolution hub and questionnaires with focus groups to measure effectiveness.
		RAG		RAG		RAG		
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.		The new Culture working group will oversee a Talent programme, which will include Career Pathways.		Launch Pilot Career Pathway Programme.		Roll our Career Pathways more widely across LAS. Use staff survey, questionnaire and focus groups to measure effectiveness of the career pathways.
		RAG		RAG		RAG		

Strategic Goal 2 – Build our Organisation

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: <ul style="list-style-type: none"> • 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	31 March 2023
Comprehensive review of all Policies EQIA	31 March 2023

Strategic Goal 2 – Build our Organisation

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 <input type="checkbox"/>	Partially Assured <input checked="" type="checkbox"/>	Not Assured <input type="checkbox"/>	
<p>The 999 and 111 control rooms are on a manufacture supported telephony platform (CM8) with a move to CM10 due for completion in June 2023</p> <p>Cleric is now the Trusts computer-aided dispatch system and with successful fail-over tested, we are now about to begin replacing legacy radio and mobile data systems</p>		<p>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.</p>			
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	Staff Training MDT Development and Deployment Go Live Infrastructure modernisation	No actions	
		RAG 	RAG 		
		Cleric CAD:	Cleric CAD		
		RAG 	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	Infrastructure Build and configuration for CM10	CM10 Go Live	
		RAG 	RAG 	RAG 	Commence the removal of the legacy IT / telephony
Migrate the emergency operation centre in Bow to Newham.	Brian Jordan		Migration Completed	N/A delivered	

Strategic Goal 2 – Build our Organisation

	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	Completion of the mobile (iPad) access to 'OneLondon' Clinical records. Publication of the recommendations to link up Londoners' maternity data.		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
			RAG			

Strategic Goal 2 – Build our Organisation

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
Cyber security monitoring and assurance <ul style="list-style-type: none"> - Tenable vulnerability monitoring - weekly scanning of all active windows devices and actioning alerts - Lansweeper – daily check of windows domain and high priority device alerts - Windows Defender – automated alerting in place for virus protection on windows devices and actioning where necessary - Zscaler – daily checks of browsing activity 	Ongoing

Strategic Goal 2 – Build our Organisation

- Robust procedure for the acknowledgment and mitigation of NHSD Cyber alerts	
Implementation of Artificial Intelligence threat detection software	February 2023
Hardening of internet facing systems	March 2023
Infrastructure refresh completion	June 2023
Compliance with DSPT 2023	June 2023
Recruitment process for cyber SME in place	February 2023
Recruitment process and change of job description for cyber gatekeeper	Complete

Strategic Goal 2 – Build our Organisation

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 CM8 telephone system	No high priority events outstanding for the telephone system
Upgrade of data network to include resilience and failover at Corsham and Farnborough	Demonstrated CAD resilience and recovery
Go live testing for 4 four period the week before go live date	

Further actions

Action	Date by which it will be completed
CAD replacement strategy	Complete
Relocate Bow hardware	Complete
Completion of Corsham migration	End of March 2023
Completion of Farnborough migration	June 2023
Relocation of radio systems	Complete
Relocation of North Control function to Newham	Complete
Move IP Office (Fall-back telephony) on to new MPLS network	February 2023
999 and 111 on supported CM10 telephony platform	August 2023

Strategic Goal 2 – Build our Organisation

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 <u>or</u>	
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
Conduct an after action review of the project with stakeholders	End of March 2023
Internal audit and Verita review of data quality to be submitted to Audit Committee and any lessons learnt to be identified.	End of March 2023

Strategic Goal 2 – Build our Organisation

BAF Risk 7D	Objective 7
There is a risk which has been highlighted following the go live of Cleric CAD that systems, practice and processes in place may have led to the incorrect reporting of response times leading to organisational disruption, threats to service delivery and reputational damage.	
Cause: Incorrect processes and use of functionality to meet the Operational needs of the Trust, that do not support correct categorisation of patients both resulting in inaccurate reporting of response times and potential patient risk	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 30/11/22				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Cleric CAD cell meeting established to log and resolve issues	Cleric CAD cell team established to remediate the situation
Process in place to highlight and review Category 1 CADs where response times may be incorrectly recorded and reported	Directors meeting daily to review progress
Engagement with AACE subject matter experts to support understanding and implementation of correct processes	External review to assess any incorrect reporting

Further Actions

Action	Date by which it will be completed
Internal audit and Verita review of data quality to be submitted to Audit Committee and any lessons learnt to be identified.	End March 2023

Strategic Goal 3 – Develop our Future

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 <input type="checkbox"/>		Partially Assured <input checked="" type="checkbox"/>		Not Assured <input type="checkbox"/>
<ul style="list-style-type: none"> The Trust has YTD surplus of £5.2m as at 31 December 2022 against the NHS performance target of £0.8m surplus, a favourable variance of £4.4m The Trust has delivered £16.5m of efficiency reductions to the end of December 2022, of which £6.5m non-recurrent. The Trust had a closing cash balance of £60.1m 	The year-end forecast is to deliver the breakeven plan. The CIP programme is forecast to deliver in full for 22/23 (although a significant proportion is delivered on a non-recurrent basis). There is assurance that the Trust will deliver the plan.				
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 ICSSs. Develop detailed CIP plans and governance framework	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required.	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
		RAG 	RAG 	RAG 	
Return to pre-pandemic levels of operational productivity.	Chief Financial Officer	Develop efficiency metrics as part of CIP Programme	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme
		RAG 	RAG 	RAG 	
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 Develop capital plan for 23/24
		RAG 	RAG 	RAG 	

Strategic Goal 3 – Develop our Future

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
2	x	4	=	8

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.	FIC assured at January meeting, that on review of finance report the risk had reduced and the score could be brought down
CIP Programme Management Office also established	Regularly oversight by CIP Programme Board and assurance reports to FIC
	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

Strategic Goal 3 – Develop our Future

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 2 nd 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	completed

Strategic Goal 3: Develop our Future

BAF Risk 8 C Objective 8

IF the Trust does not receive approval of a deliverable financial plan for 2023/2024, 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
4	x	4	=	16




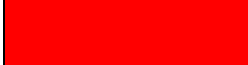
Tolerance by				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Draft 2023/20224 financial plan for submission to NHSE as per national timetable (yet to be published)	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
	Regularly oversight by ExCo during development of plan and assurance reports to FIC

Further actions

Action	Date by which it will be completed
Issue business and financial planning guidance and timescale for 22/23.	Complete
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash)	Planning to be completed by March 2023
Continue working with NWL ISC (as host commissioner) and London regional office during contracting process. discussions with commissioners and regulators over 22/23 budget	Planning to be completed by March 2023

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 <input type="checkbox"/>		Partially Assured <input checked="" type="checkbox"/>		Not Assured <input type="checkbox"/>
We have made good progress across the various projects under this heading which encompass many parts of the organisations. Some have been affected by changing priorities in response to operational pressures in particular the research on diversity. We have however made good progress on defining our role as an anchor institution which will be a key feature of our strategy. This will focus on delivering our green strategy, being a good employer, spending our money to benefit communities where possible and expanding and targeting our public education.	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 recruitment is increasingly representative of the communities and populations we serve across London	Damian, Roger and John	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 	Review public education strategy to ensure it supports our work to ensure diverse local communities to work at LAS, including children and young people. Amber	Finalise public education strategy and ensure inclusion in Trust strategy with implementation plan

Strategic Goal 3 – Develop our Future

Actively promote paramedicine as a career pathway to diverse student communities in London	Damian, Roger and John	Initiate research to define the specific issues and challenges with respect to diversity in para medicine. Join with other partners including ACE support collective view	Discuss findings of research with HEE and LAS education partners including universities Agree action plan with partners and Health education team	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities Postponed until 23/24 Amber	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities Postponed until 23/24	
		RAG	RAG			
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.	Start on developing charging infrastructure Start receiving electric FRUs and mental health cars			
		RAG	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.	Launch a dedicated comms & engagement plan to raise awareness and increase recruits.	Narrative from Samantha PJ Amber?		
		RAG	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)	Promotion of team commenced to raise profile & key messages. Recruit Public Education Lead	Continuing delivery of events on public education	See above for work on review of public education	
		RAG	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 <input checked="" type="checkbox"/>		Partially Assured <input type="checkbox"/>		Not Assured <input type="checkbox"/>
<p>We have made good progress on engagement; engaged 350 more leaders in events across LAS, completed a major crowdsourcing project in which some 500 participated, completed 375 interviews with front line staff, on track to achieve our target of 600, commissioned 23 Health watches to carry out public engagement, reached out to key stakeholders ICSs, health/wellbeing boards, social care leaders and GPs, developed plans for engagement with acute hospitals, primary care, the GLA and London UEC board, engaged with ICBS and London Estates Board on estates strategy and we are preparing socialise this more widely.</p> <p>On content, our workstreams have produced a first cut of their strategic priorities. The key task for the LAS leadership in January is refine this content, ensuring alignment with 23/24 business planning. To support operational pressures, the target for completion of the strategy project has been put back to the end of Q1 23/34.</p>			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.	Engage with partners of the challenges priorities and ambition for LAS	Continuing engagement and policy development Final publication moved back to June 2023 to free management time to address service pressures	Engage partners to finalise strategy document for LAS Board review
		RAG	RAG	RAG	
Co-produce an estates strategy with incremental implementation from 2022/23 onwards.	Chief Financial Officer	Set up programme	Publish Estates options paper following agreement with Trust Board	Formally engage with stakeholders to obtain feedback on the options	Publish an agreed strategy Start implementation of agreed strategy
		RAG	RAG		

Strategic Goal 3 – Develop our Future

Increase collaboration with primary care, working with 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	Start rotational placements with three new PCNs		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
			Identify the priorities and developed an action plan from the Fuller Stocktake			
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		Partnership focussed on operational pressures in particular handover delays	
RAG		RAG		RAG		

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



8. Concluding Matters

For Assurance



8.1. Any other business (Verbal)

For Information



8.2. Date of Next Meeting – 28th March
2023
(Verbal)



8.3. Questions from Members of the Public (Verbal)