



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST PUBLIC
 BOARD OF DIRECTORS**

Tuesday 30 March 2021 at 9.30am – 12.00pm via video-conference

Agenda: Public session

| Timing | Item | Owner | Status |
|---|---|---------------------|---|
| 9.30 | 1. Welcome and apologies | HL | Verbal |
| | 2. Declarations of interest | All | Verbal |
| | 3. Minutes of the public meeting held 26 January 2021 | HL | Enclosed <i>Approval</i> |
| | 4. Matters arising | HL | Enclosed |
| 9.35 | 5. Report from the Chair | HL | Enclosed <i>Information Approval</i> |
| 9.45 | 6. Report from the Chief Executive | GE | Enclosed <i>Assurance</i> |
| 9.55 | 7. Report from the Chief Operating Officer | KM | Enclosed <i>Assurance</i> |
| Director and Board Committee Reports | | | |
| | 8. <ul style="list-style-type: none"> Integrated Performance Report | | Enclosed <i>Information</i> |
| 10.20 | 8.1. Quality and Clinical Care <ul style="list-style-type: none"> Directors Report (Quality) Directors Report (Clinical Care) Quality Assurance Committee meeting | JMa FW MS | Enclosed Enclosed Enclosed <i>Assurance</i> |
| 10.35 | 8.2. People and Culture <ul style="list-style-type: none"> Directors Report People and Culture Committee meeting | KN JMe | Enclosed Enclosed <i>Assurance</i> |
| 10.45 | 8.3. Finance & Audit <ul style="list-style-type: none"> Directors Report Finance & Investment Committee Audit Committee | LB FC / AK RP | Enclosed Enclosed Enclosed <i>Assurance</i> |
| 11.00 | 8.4. Logistics and Infrastructure <ul style="list-style-type: none"> Logistics and Infrastructure Committee | SD | Enclosed <i>Assurance</i> |
| 11.05 | 8.5. D999 Programme Assurance Group | SD | Enclosed <i>Assurance</i> |

| Timing | Item | | Owner | | Status |
|---|--|---|----------|----------------------|-------------------------------------|
| Finance | | | | | |
| 11.10 | 9. | Finance 9.1 Financial Plan Update 2021/22 9.2 M11 Finance Report | LB LB | Enclosed Enclosed | <i>Approval</i> <i>Assurance</i> |
| Quality | | | | | |
| | 10. | Quality Account and Quality Priorities | | | <i>Deferred to next meeting</i> |
| People and Culture | | | | | |
| 11.25 | 11. | Resolution Framework | KN | Enclosed | <i>Approval</i> |
| Governance and Risk | | | | | |
| 11.50 | 12. | Board Assurance Framework | SDa | Enclosed | <i>Approval</i> |
| Concluding Matters | | | | | |
| 11.55 | 13. | Any other business | HL | Verbal | <i>Information</i> |
| 12.00 | Meeting close | | | | |
| | The Chair shall bring the meeting to a close and exclude representatives of the press and other members of the public having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960). | | | | |
| Additional reports, circulated for information only: | | | | | |
| <ul style="list-style-type: none"> • Corporate Risk Register • Quality Report • Register of the Seal | | | | | |



TRUST BOARD: Public meeting – Tuesday 26 January 2021

DRAFT Minutes of the public meeting of the Board held on 26 January 2021 at 1pm, via Video Conference

| Present | | |
|-------------------------|-----------------|---|
| Name | Initials | Role |
| Heather Lawrence | HL | Chair |
| Jill Anderson | JA | Associate Non- Executive Director |
| Trisha Bain | TB | Chief Quality Officer |
| Lorraine Bewes | LB | Chief Finance Officer |
| Karim Brohi | KB | Non-Executive Director |
| Fergus Cass | FC | Non-Executive Director |
| Sheila Doyle | SD | Non-Executive Director |
| Garrett Emmerson | GE | Chief Executive Officer (CEO) |
| Amit Khutti | AK | Non-Executive Director |
| Jayne Mee | JM | Non-Executive Director |
| Khadir Meer | KM | Chief Operating Officer |
| Rommel Pereira | RP | Non-Executive Director |
| Mark Spencer | MS | Non-Executive Director |
| Fenella Wrigley | FW | Chief Medical Officer |
| In attendance | | |
| Syma Dawson | SDa | Director of Corporate Affairs |
| Ross Fullerton | RF | Director of Strategy and Transformation |
| Kim Nurse | KN | Interim Director of People and Culture |
| Jason Rosenblatt | JR | Head of Engagement |
| Antony Tiernan | AT | Director of Communications and Engagement |
| James Stanton | JS | Head of Corporate Governance (Minute taker) |

Welcome and apologies

1. The Chair opened the meeting and welcomed everyone in attendance. In particular, the Chair welcomed all the members of the public viewing the meeting online via YouTube.
2. The Chair noted that no apologies for absence had been received.

Declarations of interest

3. There were no interests declared in any matter on the agenda.

Minutes of the meeting held in public on 24 November 2020

4. The minutes of the meeting held in public on 24 November 2020 were approved as an accurate record.

Matters Arising

5. The Board reviewed the action log and noted the updates provided. It was noted that reprioritisation of the capital programme had not been necessary. There had been some slippage in the programme due to the response to the second Covid spike, however this had been offset and was now proceeding. The proposed deep dive into NHS 111 had also been paused due to the operational pressures arising from Covid response. It was agreed that this action would be carried over until the next Board meeting.

Our COVID Response

6. The Chair advised that the main focus of the meeting would be the Trust's response to Covid. An extraordinary Board meeting had been held in January to assure the Board that the service was as safe as it could be in the circumstances for patients and colleagues.
7. The Chief Executive advised that, although there had recently been an improvement in the trajectory of Covid related calls, the winter period was not yet over. Everyone's support would be needed to keep to the lockdown measures and help the service and NHS more generally.
8. The Chief Executive introduced an overview of the Trust's response focusing on people, the quality of care provided to patients and operational performance. Updates were provided on the areas set out below.

Our People

• Welfare

9. A significant effort had been made to mobilise resources to support the welfare of frontline and operational staff. Welfare trucks had been operating extended hours in order to provide food, refreshments and welfare support to staff where it was needed most. Counselling and wider welfare support had also been made available. In addition to regular support activities, the Trust had received additional contributions from organisations such as Project Wingman. This support from the airline industry had enabled staff to take time out from control room situations in order to access welfare facilities. Consultation had also taken place with the Trust's Core Leaders Group to receive feedback on what additional support staff would appreciate. It was acknowledged that support would need to continue for some time to come.
10. The Chair thanked the external companies who had donated their time, staff and resources to assisting the service at short order. The Chief Executive and other Board Members joined in expressing their gratitude for the assistance that had been provided.
11. Board Members welcomed the efforts that had taken place to support the welfare of staff and volunteers. Members shared examples of feedback that had been received as part of the staff welfare calls initiative. This initiative had formed part of the Trust's 'Golden Thread' approach of board-to-floor learning. The Chair thanked those who had participated in the welfare calls.

12. One of the issues which had been raised by staff had been the ability to keep in touch and engage with the rest of the organisation while shielding or on home working duties. It was noted that remote working where possible would remain in place for a number of staff for the foreseeable future. The need for a return to work plan in the future which addressed any concerns was noted. The Chief Executive advised that discussions would take place on a granular level as to what individual members of staff's work-life balance would be and how office space and physical accommodation could be reshaped to reflect future needs.

- **Sickness**

13. The Board noted that staff sickness levels had been on an overall downwards trend in recent days. The second wave of Covid had meant that sickness was at double the level that would usually be expected at that time of year. The levels of staff sickness had presented at different rates in different areas of the service and work was ongoing to understand and support staff in returning to work.

- **Vaccination**

14. The Board received an update on the current situation with the vaccination programme. 80% of frontline staff had been booked to receive their first vaccination jab and 66% had confirmed receipt. The vaccine continued to be offered to all frontline staff as a priority. The fantastic effort from the Chief Quality Officer and her team in rolling out the vaccination programme to Trust staff was acknowledged.

15. The Board noted that vaccination was not mandatory for staff although take up was high. Work had taken place to understand and help with information to address any concerns or hesitancy from staff. It was noted that consent and vaccine take up had been lowest within BAME groups and a targeted information campaign had been taking place to address this. BAME champions had also been encouraging staff to take up the vaccine offer. As the vaccination was not mandatory, it was acknowledged that those staff who had not been vaccinated would remain at higher risk. Risk assessments would continue as part of the ongoing management of staff.

- **Communication**

16. The Board noted the efforts which had been made to redouble the Trust's communication with staff. A wide variety of communication methods had been utilised during the response to the second Covid wave. These included the reactivation of the Covid specific question and answer hotline, the introduction of daily shift briefings and debriefings and a daily Executive briefing which helped to share the strategic perspective and kept staff in touch with what was going on across the organisation. A COVID Special TV Live event had also been scheduled for 29 January and would be led by a lead clinician in 111.

Quality and Clinical Care

- **Maintaining Safety and Quality during COVID**

17. The Chief Medical Officer and Chief Quality Officer gave an updated on the steps which the Trust had taken to maintain the safety of care during the second Covid wave. The Board noted the multiple clinical review points which were undertaken on a daily basis which assured that the patient's experienced safe care, even if the pandemic level of service demand meant that quality was not always what the Trust would aspire to in terms of response times.

18. The Trust had followed the SJR national process. This categorised patients likely to have higher harm levels into four groups and each was then independently reviewed on an individual basis with an option to escalate to the serious incident process. The

overarching reasons for delays were collated and examined. There had been a reduction in the number of patients waiting and improvements had been made in call handling. Although call volumes had fallen, it was noted that the number of patient facing incidents and the severity of cases was still high.

19. The Chair addressed the listening public with a request for them to help by following the guidelines around masks and lockdown rules.
20. Chief Medical Officer informed the Board that the age of those requiring respiratory support had been younger on average in the second Covid wave than in the first. Better outcomes from learning and treatments had created different pressures on the NHS as more patients required oxygen and therapy in order to get them home. A system approach was being taken to get patients well. Patients could be monitored at home with pulse oximeters on a virtual ward in touch with a Covid specialist. Patients could then be directed to a hospital with Covid and Oxygen capacity if required. The Trust played a central role in supporting this approach, including setting up and delivering a critical care transfer service. This was a dedicated service across capital to ensure that the flow of the patients didn't delay moves into critical care beds.
21. The Board noted the importance of the increase in access to crisis mental health pathways. This was supported by governance via an interdisciplinary clinical advisory group. This group, consisting of a wide range of clinicians, was able to agree the process for agreeing pathway changes. It was anticipated that analysis on this and other aspects of the learning from the second Covid wave response would be collated and brought through the governance reporting systems from April 2021.
22. The Chair of the Quality and Assurance Advisory Committee advised that the Committee had considered the most recent data at its previous meeting. The Committee had been assured that the team was doing everything it could do and commended them for their work in keeping everyone as safe as they could.
23. The Board noted an update on the delays which had been experienced outside hospitals during the second Covid wave. Concern had been expressed about the potential for long waits for staff in the back of ambulances with undiagnosed patients with Covid symptoms and the level of Personal Protective Equipment (PPE) available. The Trust had responded to staff concerns that the fluid resistant mask didn't feel like it fitted closely enough and had made the decision to offer staff the option of a slightly closer fitting Level 2 mask as an alternative. It was noted that this did not go against national guidance.

Our performance in COVID

24. The Chief Operating Officer provided an update on the Trust's performance levels. He advised that the last eight weeks had some of the most extraordinary in the history of the Trust with exceptionally high levels of service demand. Despite this, the service had demonstrated huge resilience in its call facing function and had mobilised significant enhancements in service provision in response. This included the Enhanced Clinical Assessment Service in 999 control rooms, which providing triage and clinical review of each call to ensure support of each patient while awaiting response.
25. Key Performance Indicators had moved significantly out from national standards during the peak of the pressures however service pressures had since started to decline. Performance was noted to be at more normal levels for a busy winter period. The decline in the significant levels of staff sickness during the peak, though still high, had also helped to ease pressures.
26. The Board noted the performance update and that at no time did the service fail to provide a lifesaving response (Category 1 calls). The actions taken to enhance clinical

assessment had helped to identify the sickest patients, alternative pathways for those not in immediate need and support Category 2 responses. Category 3 had similarly been supported by a focus on downstream provision and primary care options. Whilst a larger number of patients might have been waiting in a queue at times during the second Covid wave, this was part of the triage approach and helped to assure safety. Lifesaving responses were quickly identified and prioritised in this approach.

27. The clinical hub represented good learning from the experience of the first Covid wave. Learning from the second wave was likely to focus on increasing the speed of the activation of additional external support. Mutual aid during both the Covid waves had demonstrated a huge amount of resilience across the ambulance sector. The Trust noted that it would be available to be called on as other parts of the country goes through similar experiences.
28. The Chair noted the hard work which everyone had carried out through challenging times and significant pressures in all areas of the service. She asked that thanks be recorded on behalf of the Board. The Chair noted that safety was the key factor behind the Trust's response.

Resolution

The Board:

- Agreed that appropriate assurance had been received on the Covid response to date;
- Noted the systems and processes in place to provide assurance that the impact of Covid was being monitored, acted upon and reported in a robust manner; and
- Noted the Trust's operational performance during the second wave of the Covid-19 pandemic to date, the impact on operational performance and LAS staff, and the immediate priorities being taken forward.

Finance and Performance

Finance summary (month 9)

29. The Chief Finance Officer presented a summary of the Month 9 financial position.
30. The second Covid wave was noted to have had a significant impact on the financial forecast. Prior to the second wave of the pandemic, the Trust had been on plan to deliver as breakeven against the guaranteed financial framework. The Trust's planned reserve contingency for a second spike, based on national modelling, had been for a one month peak. The demand experienced during the second wave had been unprecedented and outside of the national modelling forecast. Should the level of demand continue until the end of the financial year, the Trust could be faced with an £18m deficit. This would move the Trust from a position of a £2.3m surplus to a £15m deficit.
31. Reimbursement of the additional Covid demand costs would now be progressed with North West London ICS as part of the contingency arrangements within the local system. The outcome would be dependent on the overall position and calls on the contingency from elsewhere in the system. The Trust was confident in its ability to demonstrate that prudence and reasonableness were applied in its response to the second wave. Additional resources which had been utilised by the Trust had been called on with the support of the national NHS. Escalation to regional and national level would not be required should the NWL contingency be sufficient to cover the Trust's funding. A decision on Covid funding would not be known until Month 10 of the financial year.

32. The Chair of the Finance and Investment Committee advised that there was a significant difference between income and expenditure and this presented a risk around having sufficient funding. This would have implications in terms of the control total and cash. He also noted that spending on capital projects appeared to be behind schedule and that there was significant work to be done on areas such as training consolidation. The Chief Executive advised that there had been a recent and significant ramp up in spending and that the capital programme was within target.

Resolution

The Board noted the financial position and forecast outturn for the Trust for the period ending 31 December 2020.

Integrated Performance Report

33. The Board noted the Integrated Performance Report. The Trust was reported to have performed strongly in terms of outcomes although there were some potential longer term risks in terms of staff turnover. Staff PDR appraisal rates were noted to have fallen behind target following their suspension during the second wave. This would be picked up in order to return towards the Trust's target. Board Members received assurance on the process in place for staff risk assessments. Consideration would be given to the needs arising from the impact of long Covid and the Trust had applied to be linked into the Londonwide system on this to provide a multi-disciplinary approach.
34. The Board discussed the rates of assaults on staff and what further action could be taken to both support staff and tackle violence. It was noted that assaults on staff was an issue experienced by the NHS across London and that the Trust supported an ongoing programme of work including violence reduction officers. Each incident of violence against staff was followed up by the Chief Executive and Chief Operating Officer to ensure that colleagues were supported and prosecutions were followed through with. In response to a question about the violence prevention and reduction standard, it was confirmed that a task and finish group was being established to work through this and details would be shared with Board Members.

Action:

SDa to send details of violence prevention and reduction standard task group to Board members.

Resolution

The Board noted the Integrated Performance Report.

Strategy

LAS response to the NHS People Plan

35. The Board received an update from the Interim Director of People on Culture on the work which had taken place to ensure alignment between the Trust's 18 month People and Culture Plan and the NHS People Plan.
36. A mapping exercise had been undertaken to identify the consistency and gaps between the two strategic documents. The Project Map had been expanded to include references to the 18 month plan and to provide assurance of progress and ongoing actions required. Recent developments included the appointment of an Associate Director of Equality and Diversity, to focus on culture, diversity and inclusion within the Trust. The Trust was also implementing a new focus on resolution processes and would be looking to incorporate learning around civility and preventing harassment.

37. Board Members noted the work which had taken place and welcomed the progress reported and timelines for future actions. It was noted that a large amount of activity was ongoing and the People and Culture Committee would continue to be engaged and kept informed of developments in this area.

Action:

KM and KN to ensure that appropriate engagement and ownership is in place for managers as part of the roll out of the resolution framework and provide an update at a future meeting.

Resolution

The Board noted the Project Map.

Integrated Care Systems consultation response

38. The Board noted the proposed response to the consultation from NHS England and NHS Improvement (NHSE/I) on next steps for Integrated Care Systems. Board Members also noted that two additional consultations had been reported under the information section of the agenda in relation to the transformation of urgent and emergency care and reform of the Mental Health Act.
39. The consultation response periods were noted to be short. The briefing paper on emergency care proposals would be shared with Board Members following the meeting. Mental Health Trusts would be consulted for their views as part of the preparation of the Trust's response. It was agreed that Board Members would be involved informally in the response process.

Action:

RP to engage with Board Members as part of drafting responses to the consultations.

Resolution

The Board noted the LAS response to the ICS engagement process.

Quality Strategy Overview and Progress

40. The Chief Quality Officer presented an overview to the Board of the progress that had been made over the course of the Quality Strategies between 2018 and 2020. The development of the revised strategy and the annual Quality Account 2021-22 would be handed over to the incoming Chief Paramedic and Quality Officer from 1 March 2021.
41. The Board noted the highlights as set out under the four main strategic themes: Building the Will; Creating Alignment and Infrastructure; Apply, Monitor, Assure; and Building Capacity and Capability. Key achievements were noted to include:
- The significant amount of improvements made by Trust staff as reported in the annual Quality Accounts 2018-2020 and evidenced by the Trust being removed from the Care Quality Commission's (CQC) special measures and its current rating of Good overall;
 - The Trust being the highest reporting ambulance service for reporting safety incidents, reflecting its strong safety culture;
 - Programme Management Structures now in place that focus on key areas for improvement and with strong governance to ensure Quality Impact Assessments are included for all projects and subsequent contracts;
 - Health Assure fully implemented across all sectors;

- Strong quality governance systems and processes from station to Board with improved reporting and engagement with operational staff and services via the Quality Governance and Assurance Managers and Senior Sector Clinical Leads;
 - The Trust's Station Accreditation Programme, which assesses all stations and services in line with the CQC's fundamental standards.
 - The London Ambulance Service's position as the only ambulance service to be chosen as an early adopter of NHS E/I's new Patient Safety Incident Response Framework (PSIRF), with a major focus on quality improvement that would be taken forward within the QI hubs
 - The national recognition which the Trust's Safeguarding function had received as 'best practice';
 - The use of the Quality Service Improvement and Re-design methodology approach, with over 200 staff trained in QI methodology and 75 key individuals (senior clinical, corporate and operational leaders) as QSIR practitioners; and
 - The focus on Quality within the Trust, with Quality roles now in place in every sector and level.
42. The Chief Quality Officer noted that this would be her final Board meeting prior to stepping down from the organisation at the end of February 2021. She expressed her thanks to the Board, the staff across the organisation, the teams who had worked and currently work in the Quality Directorate and to executive colleagues for their support.
43. The Trust Chair, Chief Executive and Board Members expressed their thanks to the Chief Quality Officer and noted the performance of both her and the colleagues within her team. The Trust was seen to have come a long way in terms of its quality agenda and was well placed to continue its journey thanks to the contribution of Trisha Bain and the development of metrics, performance information and culture which she had overseen. The Board joined the Chair in acknowledging Trisha's contribution to the Trust and thanked her for her professionalism and leadership over the previous five years. Board Members also looked forward to the new Chief Quality and Paramedic Officer, John Martin, continuing the good work.
44. The Trust Chair also took the opportunity to note that the meeting represented the last Board meeting for Fergus Cass, who had served as a Non-Executive Director for seven years. The Chair thanked Fergus for his phenomenal contribution to the Trust, helping both staff and the organisation with his wise and thoughtful counsel on financial and investment matters and his role in embedding the Freedom to Speak Up culture. On behalf of the Board, the Chair noted that the Trust owed Fergus a great debt of gratitude and would be greatly missed. Fergus thanked the Chair for her kind words and noted the privilege he felt to have shared the journey with the Trust over the past seven years. He noted the progress that had been made on financial discipline and the development of longer term strategic thinking and expressed thanks to those who had made great contributions and had helped him in his time with the Trust.

Resolution

The Board noted the report.

Finance Finance & Investment Committee

45. The Chair of the Finance and Investment Committee presented the assurance report.
46. The Board was advised of three areas of escalation from the previous Finance and Investment Committee meetings. The Committee had approved five contracts relating to the provision of emergency blue-light drivers to support Ambulance Operations and additional capacity in the IUC/111 service. These measures were taken as part of the

response to the pressures on the Trust as a result of the second COVID-19 wave. The Committee had also noted changes in expected income and costs since the budget agreed with the Board in November 2020. Discussions had been taking place about the funding of the unbudgeted costs of the Trust's response to COVID-19 in order to reduce uncertainty around the financial outturn for the year. Assurance had also been requested around the actions being taken to spend the full year capital forecast of £39.9m and complete key projects on time and on budget.

47. The Chair also highlighted the considerable progress which had been achieved under the Chief Finance Officer in the area of procurement. The Trust's procurement approach had strengthened purchasing from contracts and category plans in both monetary and percentage terms. The Finance and Investment Committee was noted to have been conscious of the need for the continued engagement of senior leadership to continue to deliver these improvements in procurement.

Resolution

The Board noted the report.

Quality and Clinical Care Quality Assurance Committee

48. The Chair of the Quality Assurance Committee presented the report of the most recent meeting of the Committee and noted the detailed presentation on Quality which had been received earlier in the meeting.
49. The Trust Chair noted that the Quality presentation had been useful and agreed that it would be beneficial for the Board to receive more clinical presentations in the future.

Action:

FW to arrange for clinical presentations to the Board, similar to the Quality presentation at this meeting, in future

Resolution

The Board noted the report.

People and Culture People and Culture Committee

50. The Chair of the People and Culture Committee presented a report of the most recent meeting of the Committee.
51. The Board was advised of points which had been raised during the Committee's discussion of workforce planning. The Trust intended to substantially increase the resources available for Ambulance Operations for 2021/22 in order to maintain resilience and improve performance. Only around 200 Paramedic Science students were due to graduate from partner Universities and it was therefore necessary to explore other options. Work was needed to ensure a long term development pipeline however, in the short term, an external recruitment agency with access to local resources across the world would be engaged to help provide alternative sources of recruitment for the Trust. The approach to international recruitment had required significant change as Australia, previously a source of qualified staff, had tight travel restrictions in place. The Committee had expressed the need to move forward with this quickly in order to recruit for later this calendar year.

52. The Strategic Workforce Plan also aimed to significantly increase the number of staff recruited and trained in 2021-22. This included a significant increase in the number of TEACs compared to previous years. This would require an increase in the capacity of Recruitment and Clinical Education & Standards. An external partner would need to be engaged to provide training for the additional numbers. This would be covered through the apprenticeship levy.
53. The Committee Chair advised that the Committee would receive a presentation on culture, diversity and inclusion at its next meeting. She also drew the Board's attention to the work of the Employer Relations team in reducing the number of outstanding cases from 62 in November 2020 to 13 in January 2021. This had represented a 78% reduction in total cases, with suspensions down from six to two and grievances reduced from 20 to four. The team was congratulated for working through the outstanding cases and providing a good platform for the Trust's resolution framework going forward.

Resolution

The Board noted the report.

Charitable Funds Committee

Charitable Funds Committee

54. The Chair of the Charitable Funds Committee presented the report and accounts for the Charity and recommended their approval by the Board. It was noted that the accounts had previously been reviewed by the Audit Committee and the Charitable Funds Committee. The accounts had been independently examined, as a full audit was not appropriate due to the size of the charity. The accounts would be submitted by 31 January 2021.
55. The Board noted that the charity faced two challenges. Firstly, it had not previously been spending its funds within the financial year. Work had taken place to address this going forward. The second challenge was that funding had been increasing and it was necessary for the charity to chart the right course and ensure appropriate governance was in place.
56. The Chief Executive and Trust Chair paid tribute to the considerable fundraising efforts of Sean Ash. Sean, an Emergency Call Handler with paralysis below the waist, had raised over £60,000 for LAS Charitable Funds by walking a mile with his Zimmer frame.

Action:

GE to write to Sean Ash to congratulate him on his achievement in raising funds for LAS Charitable Funds.

Resolution

The Board approved the draft unaudited annual report and financial statements of the Charity.

Governance and Risk

Board Assurance Framework

57. The Director of Corporate Affairs presented the Board Assurance Framework (BAF) to the Board, noting the changes made since the previous Board meeting.

58. The Board noted the BAF risk updates provided and the consideration given to changes in risk ratings by the Assurance Committees.
59. Following a discussion about ensuring that BAF risks are both strategic and specific, it was agreed that the Executive should review and consider revisions to the existing BAF. It was agreed that the BAF should be examined to ensure that corporate risks were reported at the appropriate level, with necessary granularity and details on longer term implications. This would ensure that corporate risks that presented a strategic level risk would be presented to the Board via the BAF for assurance. The example of recruitment issues and the international and academic implications involved was noted to be an area for review. The content and detail of Covid related risks would also need to be considered and assessed in the light of additional consequences from long Covid, impacts on mental health and the workplace.

Action:

GE and SDa to oversee a review of existing BAF level risks and bring a revised BAF to the next meeting.

Resolution

The Board:

- approved the Board Assurance Framework;
- agreed that BAF risk 62 - service disruption in the event of a no deal departure from the EU – be removed from the BAF; and
- noted the residual and sub-category ratings for BAF risk 61 – COVID-19 Impact and agreed that this be considered as part of the wider review of the BAF level risks to be presented to the next meeting.

Any Other Business

60. There was no other business raised.
61. The Chair and Board Members reviewed the meeting. The Trust's Executive was reported to feel both supported and sufficiently challenged from the discussion.
62. Board papers, particularly those relating to Covid, were noted to be clear and well done. It was also noted that some of the papers had been late due to the need for input from commissioners however this would there was a need to return to the usual publication pattern.
63. The Chair noted that the main areas of focus of the meeting had been on the impact of Covid and the welfare of the Trust's people. This was felt to be appropriate in the circumstances and there was recognition of the huge efforts of staff. The Board had been assured as to the actions taken to date however it was acknowledged that the Trust had to keep delivering. It was not always possible to give the quality of service that would otherwise be wanted in the middle of a pandemic, however the safety of patients and staff had consistently been prioritised.

Additional Reports

The Board received the following additional reports for information only:

- Patient Safety Investigation Framework Plan;
- Annual Reports – Cardiac Arrest, STEMI and Stroke; and
- Formal DHSC and NHSE&I Consultations.

Meeting Close

The Chair brought the meeting in public to a close and it was resolved to exclude representatives of the press and other members of the public having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

The next Trust Board meeting in public will take place on 30 March 2021.

DRAFT

TRUST BOARD - Public Meeting: ACTION LOG

| Ref. | Action | Owner | Date raised | Date due | Comments / updates <i>(i.e. why action is not resolved / completed)</i> |
|--|--|----------------------------------|-------------|------------|---|
| NHS 111 services | KM to hold deep dive on NHS 111 services. | Khadir Meer | 02/11/2020 | TBC | A new Director of IPC has been appointed, the new director is currently implementing directorate restructure with a revised senior management team structure. Alongside this, once new SMT is in post they are looking to review directorate governance, system processes and controls. |
| Integrated Performance Report | SDa to send details of violence prevention and reduction standard task group to Board members. | Syma Dawson | 26/01/2021 | 30/03/2021 | An update was provided to People and Culture Committee at its last meeting and will be shared with other Board members. |
| LAS response to the NHS People Plan | KM and KN to ensure that appropriate engagement and ownership is in place for managers as part of the roll out of the resolution | Khadir Meer and Kim Nurse | 26/01/2021 | 30/03/2021 | The Resolution Framework is on the agenda for this meeting |
| Integrated Care Systems consultation response | RF to engage with Board Members as part of drafting responses to the consultations. | Ross Fullerton | 26/01/2021 | 30/03/2021 | Board members were contacted for their views during this process |
| Clinical presentation to Board | FW to arrange for clinical presentations to the Board, similar to the Quality presentation at this meeting, in future | Fenella Wrigley | 26/01/2021 | 30/03/2021 | Following discussion with the Chair on the format this should take, the Chief Medical and Chief Quality and Paramedic Officers will agree a year long programme for the Board. |
| Charitable Funds Committee | GE to write to Sean Ash to congratulate him on his achievement in raising funds for LAS Charitable Funds. | Garrett Emmerson | 26/01/2021 | 30/03/2021 | A letter of congratulations has been drafted. |
| Board Assurance Framework | GE and SDa to oversee a review of existing BAF level risks and bring a revised BAF to the next meeting. | Garrett Emmerson and Syma Dawson | 26/01/2021 | 30/03/2021 | An updated BAF is on the agenda for the meeting. |



| | | | | |
|---|--------------------------|------------------|-------------------------------------|-------------------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Report from the Chair | | | |
| Agenda item: | 6 | | | |
| Report Authors: | Heather Lawrence, Chair | | | |
| Presented by: | Heather Lawrence, Chair | | | |
| History: | N/A | | | |
| Status: | <input type="checkbox"/> | Assurance | <input type="checkbox"/> | Discussion |
| | <input type="checkbox"/> | Decision | <input checked="" type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board's attention: | | | | |
| <p>The Chair's report provides an overview of meetings and events attended with external/internal stakeholders of the Service since the last time the Board convened.</p> | | | | |
| Recommendations for the Board: | | | | |
| <p>The Board is asked to note this report and approve the change to the schedule of meetings for the Staff and Volunteer Advisory Group.</p> | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|--|----|--|--------------------------|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | | No | | |
| Finance | Yes | | No | | |
| Chief Operating Officer Directorates | Yes | | No | | |
| Medical | Yes | | No | | |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | | No | | |
| Corporate Governance | Yes | | No | | |

Report from the Chair

Internal Meetings

1. Board development

- 1.1. The February Board development day was Fergus Cass' last Board meeting and we thanked him for his considerable contribution as a Non-Executive Director (NED) at LAS for seven years. Fergus was also the Senior Independent NED, Freedom to Speak Up NED and chair of the Finance and Investment Board sub-committee. All of these roles he carried out with integrity, professionalism and diligence.
- 1.2. The interviews for Fergus' replacement took place on 4 March 2021 and a recommendation has been made to NHS Appointments for his successor. The interview panel consisted of myself and Rommel Pereira, Deputy NED and Deputy Chair of LAS, Kyn Aizlewood, NHS London and Ian Farmer NED and Audit Chair at Royal Marsden Hospital. I hope to be able to announce the approved new NED at our board meeting this month.

1.3. Sub-committee Board Structure

- 1.4. When we know the timing of the arrival of the new NED we will review all of the Board Sub-Committee Governance Terms of Reference and membership, and to bring Finance and Investment and Logistics and Infrastructure committees together. Until that time Amit Khutti has kindly agreed to act as Interim Chair of the Finance and Investment Committee. Amit has also taken over the role of Lead NED for Freedom to Speak Up

2. London Ambulance Service and Patient Council Meeting

- 2.1. Along with several of our NEDs I attended this virtual meeting chaired by Dame Christine Beasley. It was really good to see so much interest in our Service as it impacts on patients and their relatives from a wide group of stakeholders. Antony Tiernan will update the Board on the work programme.

3. Staff and Volunteers Chair's Advisory Group

- 3.1. On the 4 March 2021 I held a virtual meeting with a wide range of staff from across the organisation. The meeting lasted for three hours, everyone participated in the conversations and concerns concentrated on were:
 - Mental Health and Wellbeing concerns – including the impact of the pandemic
 - Australian colleagues and staff with work permit/visas
 - Personal Protective Equipment (PPE) concerns
 - Development and progression opportunities
 - Leadership and management training

- Wellbeing hub
- Annual leave carry over arrangements

External Meetings

4. Royal Visit

4.1. On Thursday 18 March 2021 Their Royal Highnesses The Duke and Duchess of Cambridge visited Newham Ambulance Station to thank staff and volunteers for their work throughout the pandemic. They visited the Wellbeing Garden and spoke to many staff, all of whom appreciated the attention and sensitive questions and understanding demonstrated by our Royal visitors. Newham Ambulance Station recently received a Gold Award in the Station/Service Quality Accreditation Programme and won the best LAS site garden in our Internal Garden competition.

5. NHS Confederation Reset Meeting

5.1. This meeting focused on the development of Primary Care Networks (PCNs) with contributions from PCN leads in Northern Ireland, Leicester City and Surrey. The focus of all PCNs has been on the roll out of the vaccine and they are at different stages of development. This said, they see themselves working at as a single PCN for a population of circa 50,000, as a group of PCNs at Locality or Borough and then at system level at an ICS. A focus going forward will be on population health and health inequality, working with their respective Local Authority. The role of Community trusts in this work and their relationships with PCNs was seen as important. I have reached out to the Chair of Central London Community Healthcare NHS Trust Angela Greatley OBE to arrange a meeting to see how London Ambulance Service can dovetail into this work.

6. NHS Providers roundtable discussion with Dr Navina Evans, CEO of Health Education England (HEE)

6.1. Dr Evans described how she saw the role of HEE as the enabler of System workforce issues with the expectation of delegating responsibility to each ICS. The discussion focused on issues relating to how we ensure a future supply of staff following the pandemic, and how to support staff. A focus on a more flexible workforce with easier access to career progression through schemes such as apprenticeships was seen as important.

7. London Chairs meeting- Sir David Sloman

7.1. The focus on these meetings continues to be on:

- COVID-19 levels in the capital, hospital beds occupied by COVID-19 patients and occupied Intensive CareBeds
- Roll out of the vaccine

- Reset - in terms of catching up and resuming diagnostics and elective care with a particular focus on long waiters.

8. NWL Chairs ICS Meeting

8.1. These meetings follow a similar agenda to the London Chairs' meetings and are now exploring governance arrangements, priorities for the Integrated Care Systems (ICSs) and Provider Collaborative arrangements.

Heather Lawrence OBE
Chairman



| | | | | |
|-------------------------|-----------------------------------|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Report from the Chief Executive | | | |
| Agenda item: | 6 | | | |
| Report Authors: | Garrett Emmerson, Chief Executive | | | |
| Presented by: | Garrett Emmerson, Chief Executive | | | |
| History: | N/A | | | |
| Purpose: | <input type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |

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

- The Chief Executive's report provides a strategic update on the key activities and internal and external engagement by the London Ambulance Service NHS Trust (LAS) since the last time the board convened in January 2021.

Recommendation for the Board:

- The Board are asked to note the content of the Chief Executive's report.

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

| Directorate | Agreed | | | Relevant reviewer [name] |
|--------------------------------------|--------|----|--|--------------------------|
| | Yes | No | | |
| Quality | Yes | No | | John Martin |
| Finance | Yes | No | | Lorraine Bewes |
| Chief Operating Officer Directorates | Yes | No | | Khadir Meer |
| Medical | Yes | No | | Fenella Wrigley |
| Communications & Engagement | Yes | No | | Antony Tiernan |
| Strategy | Yes | No | | Ross Fullerton |
| People & Culture | Yes | No | | Kim Nurse |
| Corporate Affairs | Yes | No | | Syma Dawson |

Report from Chief Executive

1. Overview

- 1.1. Since our last Trust Board meeting in January 2021, we have continued to focus our efforts on supporting the welfare and wellbeing of our staff as we work with colleagues across the system on our continued journey to recovery from the challenges of COVID-19 over the last year, and preparation for the easing of lockdown restrictions. The Chief Operating Officer's report to the Board provides further detail on our activities in this regard and on our operational performance; our Chief Medical Officer updates on our partnership with the Integrated Care Systems (ICS) which have helped ensure patients have access to the right healthcare pathways; our new Chief Paramedic and Quality Officer reports on patient safety incidents, which have been impacted by the second wave of the pandemic and a corresponding increase in activity and demand.
- 1.2. Tuesday 23 March 2021 marks the first anniversary of the day the UK went into the first national lockdown. This past year has been incredibly traumatic for the whole country and our staff and volunteers have helped more people than at any time in our history. The anniversary will be marked by a 'National Day of Reflection', which is being spearheaded by end-of-life charity Marie Curie. We will be holding a minute's silence at midday to remember those who lost their lives to the virus, to offer our condolences to, and stand in support of, those grieving for loved ones, and to acknowledge the incredible efforts and sacrifices made by staff and volunteers to care for patients over the last year.
- 1.3. Sadly, COVID19 has had a considerable impact on our staff, the effects of which may not be fully realised for some time. The Trust has introduced a number of initiatives and improvements to services to help support staff health and wellbeing over the last year, and, led by our Head of Health and Well-being, we will continue to review the support provided to and required by our people. The Board update by our Director of People and Culture provides further detail.

2. Building a World-class Workplace

Trust Senior Leadership

- 2.1. As noted in my last report to the Board in November 2020, we have recruited to several leadership positions. Firstly, Dr John Martin joined us on 1 March 2021, taking up the role of Chief Paramedic and Quality Officer, following the departure of Dr Trisha Bain, Chief Quality Officer, on 28 February 2021. Secondly, Damian McGuinness will be taking up the position of Director of People and Culture from 14 June 2021, taking forward our work on HR, recruitment, organisational development and health and wellbeing. He will be taking over from Kim Nurse, who has been supporting us on an Interim basis since November 2020 following the departure of Ali Layne Smith. Damian was formerly Director of People at Bart's Health NHS Trust – The Royal London and Mile End Hospitals.
- 2.2. Two of our Executive Directors now lead national workstreams for the Association of Ambulance Chief Executives (AACE). Fenella Wrigley, our Chief Medical Officer, is the Director Lead for the National Ambulance Services Medical Directors' Group (NASMeD), whose objective is to improve clinical safety and quality of care for patients by reducing unwarranted variation and sharing best practice across English Ambulance Services. Lorraine Bewes, our Chief Finance Officer, is the Director Lead for the National Directors of Finance Group (NDoF), which provides collective leadership for NHS finance in ambulance services in England.

Modernising our Operations

- 2.3. The programme business case for Ambulance Operations Modernisation (AOM), including implementation of our Estates Vision, is in development and was discussed at a Board development session in February. The business case addresses the need to resiliently deliver outstanding patient care, improve operational facilities and wellbeing support for our staff, work towards the NHS Green Plan, and be much more efficient in our use of public funds.
- 2.4. We are moving forward with our plans to create our first new Ambulance Deployment Centre (ADC) – HUB1. A proposed site for HUB1 has been selected, the HUB1 project delivery team has been in continuous negotiations with the landlord, and the current tenants of the premises have been informed of their intended departure. Once the current tenant has completed their internal consultations in regards to staff displacement we will commence engagement with our staff and external stakeholders. Whilst these negotiations have been taking place the team has also been working on understanding the entirety of change required to realise all of the opportunities that this programme will offer.
- 2.5. We are continuing development work for the next-generation ambulance – an accessible, safer, lightweight and zero emission capable vehicle able to meet London’s blue-light emergency needs. This included a design-day on Project Zerro where a range of our staff looked at a prototype of a hydrogen/electric ambulance to guide the interior design. We also held an industry day with NHS England & Improvement and the Niche Vehicle Network launching our ambition to over 180 suppliers.

Staff Engagement

- 2.6. A significant portion of our communications and engagement activity since the last Board has focused on supporting the Trust’s ongoing COVID-19 response. To ensure our people were updated with the latest information, we continued to run our live question and answer session with senior management, called LAS TV Live, three times a week. In January, the sessions, which were launched in early 2020, attracted up to 700 live viewers (staff and volunteers), with over a thousand post-event downloads.
- 2.7. In addition, we launched an Executive Daily Briefing, which provided a daily update of our operational challenges and achievements through the height of the second wave. The briefings attracted several hundred virtual attendees each time. With demand and operational pressure decreasing in recent weeks, this briefing now takes place twice a week.
- 2.8. The NHS Staff Survey results for 2020 were published on 11 March 2021. 72% of colleagues across the Service completed the survey - our highest ever response rate. I am pleased to say that we have made progress in several key areas, moving forward in 30 questions; with no change in 41 questions, and moving backwards in only four questions compared to 2019. The questions in which there has been a significant improvement or deterioration year on year are grouped in four themes, as follows:

| AREA | | |
|---------------------|----|---|
| YOUR JOB | 9 | 1 |
| YOUR MANAGER | 7 | 0 |
| HEALTH & WELL-BEING | 11 | 3 |
| YOUR ORGANISATION | 3 | 0 |
| TOTAL | 30 | 4 |

- 2.9. Following the publication of 2019's staff survey results, we focussed on engagement with and development of our core leaders/managers. We also improved the visibility of our senior managers through LAS TV Live and local operational briefings, as well as through the delivery of six sector conferences attended by the CEO, Executive Team Members, and Local Senior Managers (ADO/LGMs/CTMs).
- 2.10. Throughout the last year and a result of COVID-19, we have also put considerable effort into improving the health and wellbeing offering to our staff. We have set up a wellbeing hub providing wayfinding support to staff; provided staff COVID-19 testing and immunisations; introduced tea trucks for operational staff; provided free food and drinks; assisted with accommodation needs.
- 2.11. As a result, the 'Immediate Manager' and 'Senior Manager' scores in this year's survey have all improved. We shall therefore continue to focus in this area. Further information is provided in the Director of People and Culture's report to the Board.

Staff and volunteer wellbeing

- 2.12. A wellbeing campaign was promoted across all of our internal communication channels to ensure our staff and volunteers were aware of the support services available to them (further detail in the report of the Director of People and Culture). This included promoting our popular tea trucks which delivered refreshments to staff and volunteers on the road, as well as in our 999 and 111 control centres. We also reminded colleagues about the mental health services we offer, launching a new leaflet and supporting materials.
- 2.13. We have also worked hard to encourage our staff and volunteers to have the COVID-19 vaccine, busting myths and addressing concerns.

LAS Charity

- 2.14. The LAS Charity has grown in strength over the last year, increasing its income from circa £40,000 a year to £327,000 during the first 10 months of 2020/21. In recent months, we have secured more than £190,000 in grants for the LAS charity to support our workforce, including volunteers. This includes kind support from NHS Charities Together.
- 2.15. In addition, we have been working with NHS Charities Together to bid, through a competitive process, for a substantial grant to enable us to resource the LAS Volunteering Strategy, approved by the Board in 2019, of recruiting 100,000 volunteers. This work is ongoing and we will update the Board as soon as possible.
- 2.16. In addition to grants, we continue to receive generous donations from the patients and the public. Our staff and volunteers also fundraise for us, including, in recent weeks, the sterling efforts of 999 call handler, Sean Ash. Despite being paralysed below the waist as a result of a rare condition, Sean walked a mile to raise funds for the Charity. To date, Sean has raised more than £80,000.
- 2.17. Funds from the LAS Charity are invested in improving the working lives of our staff and volunteers, including funding social activity (such as football and other sports teams), TVs for ambulance stations and wellbeing rooms and gardens.

3. Our Public and Patient Engagement

- 3.1. The Trust has been invited to input and respond to a number of consultations and papers since the last Trust Board in January 2021. This has included NHS England's consultation on proposed changes to Urgent and Emergency Care system metrics; an NHS England engagement process inviting discussion around how Integrated Care Systems could be embedded in legislation; the next 5-year strategy for NHS Providers; and a thought piece from AACE on the role of ambulance services in promoting public health.
- 3.2. The Trust is currently developing responses to both the Department of Health and Social Care's consultation on proposed changes to the Mental Health Act; and NHS England's proposals for the NHS Provider Selection Regime. Our responses to these consultations will be submitted in line with national deadlines in April 2021.
- 3.3. The London Ambulance Service Public and Patients Council (LASPPC) has met twice since the last Board. In January, we facilitated a dedicated COVID-19 briefing for members to update and engage them on our response to wave two of the pandemic and the Council had its regular full meeting in February. The latter included discussion about how we can involve the public and local communities with our Ambulance Operations Modernisation Programme and an update on the Station Accreditation Programme.
- 3.4. As well as attending formal meetings, LASPPC members continue to support us in a number of ways, including, in recent weeks, judging our staff and volunteer 'VIP Awards' and giving feedback on consultations being undertaken by NHS England (as above). Members also attended our ambulance design day on 19 January, giving feedback on how we can improve the next generation of ambulances so that they are as 'patient-friendly' as possible.
- 3.5. I am pleased to confirm that Michael Bryan has been appointed as Co-Chair of the LASPPC, working alongside Dame Christine Beasley. Michael, who is a student and special constable, is one of the younger members of the Council.
- 3.6. On 1 April, we will host an event for London's 32 Healthwatch branches to engage them on our ongoing response to COVID-19 and plans for the end of 'lockdown'. We will also use the event, which will be chaired by our Chair, Heather Lawrence OBE, to provide an update on our recently approved patient and communities engagement and involvement strategy.
- 3.7. Our media activity has focused on managing demand on our 999 and 111 services at peak times, with a piece in BBC London TV News featuring call handlers from our Emergency Operations Centre appealing for the public to go to NHS111 online first for urgent medical help and to only call 999 in a life-threatening emergency.
- 3.8. Our engagement with our stakeholders also increased in the height of the second wave. Over the course of January, we issued weekly updates to our stakeholders across London providing them with the reassurance that our staff and volunteers are going above and beyond to care for Londoners at a time when they need us most.
- 3.9. We utilised our popular digital communications channels to support the national coronavirus message of 'stay home, protect the NHS, save lives' and also increased our messaging around the COVID-19 vaccination programme and the importance and benefits of vaccines. This includes creating our own video content of LAS staff sharing key vaccine messages to assure the public of the safety and efficacy of the vaccines.

- 3.10. January saw the launch of our new blue-light partnership with the Metropolitan Police Officers (MPS), which saw 75 police officers volunteer alongside our staff to provide care to Londoners. Our communications team worked hard to promote the launch of the partnership and to reassure the public, our staff, volunteers and our stakeholders of the measures we are taking to ensure we can respond to Londoners in need. The launch at Wembley Stadium, which I attended alongside the Commissioner of the MPS Dame Cressida Dick, generated significant media coverage on ITV London, BBC London, LBC news and the Daily Mirror.

Body worn camera trial

- 3.11. In order to respond to the rise in violence and assaults, the Board agreed in September 2020 to roll out Trust-wide body worn video cameras as a measure to help reduce the number and impacts of assaults on crews.
- 3.12. Prior to the launch of our body worn camera trial, an internal communications campaign provided staff and volunteers with information on how to report violent and aggressive behaviour, and aimed to instil confidence for colleagues to use the body worn cameras to help capture assaults or aggressive behaviour.
- 3.13. When the trial went live on 22 February, we publicised its launch with our stakeholders and secured national and regional media coverage, which allowed us to amplify our #NotPartoftheJob campaign and highlight some of our continuous efforts to ensure that our staff and volunteers can carry out their duties free from verbal or physical abuse

Visit by the Mayor of London

- 3.14. We were delighted to host a visit by the Mayor of London, Sadiq Khan, to our Headquarters in Waterloo on 22 January, where he thanked our staff and volunteers for their dedication and commitment to caring for the capital during the second wave of the pandemic.

Visit by Their Royal Highnesses the Duke and Duchess of Cambridge

- 3.15. The Duke and Duchess of Cambridge visited Newham Ambulance Station on 18 March 2021 to meet some of our frontline teams, and to find out more about what it has been like responding to the COVID-19 pandemic, and the impact on their mental health and wellbeing. During the visit, their Royal Highnesses met paramedics who have responded throughout the pandemic, as well as ambulance staff who have supported their colleagues' mental health and welfare.

4. Corporate Affairs

Patient Experiences

- 4.1. The Patient Experience Department (PED) is working closely with Health Service Ombudsman's office as the Trust is a pilot site for the new Complaints Standards Framework, which sets out universal guidance, including standards for leaders, to help capture and act on the learning from complaints. The team is also working with the National Ambulance Services Patient Experiences Group (NASPEG) to ensure a voice for the emergency care sector in influencing the regulatory framework which is anticipated will arise from the 'road testing' exercise.
- 4.2. Complaint volumes have remained fairly steady throughout the year despite the impact of Covid -19. We anticipate the annual trajectory will result in fewer complaints than 2019/20,

but these are now often more complex and involve multiple themes, including, sadly, in relation to patient deaths. PED is liaising with the End of Life Care team and exploring ways to be able to refer bereaved families to support services in the community and arranging emotional welling support to the team itself. Internal

- 4.3. Quality Alerts by Trust staff and complaints about NHS 111 providers have increased. Over half of complaints received related to conduct, behaviour or communication issues (479).
- 4.4. The high number of Covid related enquiries and offers to the Service were logged on a dedicated spreadsheet, the data in figure 1 shows how these have declined significantly since the peak in July 2020.

| Month | Complaints 2019/20 | Complaints 2020/21 | Quality Alerts 2019/20 | Quality Alerts 2020/21 | PALS 2019/20 | PALS 2020/21 | Enquiry spreadsheet 2020/21 only | Total Contacts 2020/21 |
|---------------|--------------------|--------------------|------------------------|------------------------|--------------|--------------|----------------------------------|------------------------|
| April | 88 | 67 | 17 | 33 | 337 | 430 | 140 | 570 |
| May | 90 | 66 | 30 | 31 | 386 | 258 | 278 | 536 |
| June | 89 | 93 | 30 | 38 | 325 | 299 | 304 | 603 |
| July | 105 | 100 | 38 | 45 | 399 | 365 | 405 | 770 |
| August | 82 | 78 | 43 | 35 | 366 | 271 | 351 | 622 |
| September | 102 | 90 | 30 | 31 | 324 | 262 | 390 | 652 |
| October | 112 | 84 | 33 | 41 | 311 | 225 | 374 | 1180 |
| November | 101 | 86 | 36 | 36 | 346 | 217 | 324 | 1146 |
| December | 99 | 90 | 24 | 28 | 289 | 165 | 265 | 960 |
| January | 103 | 110 | 32 | 38 | 343 | 251 | 282 | 1159 |
| February | 89 | 68 | 31 | 35 | 333 | 237 | 187 | 980 |
| Totals | 1060 | 932 | 344 | 391 | 3759 | 2980 | 3300 | 9178 |

Figure 2

- 4.5. After a period of prolonged pressure, a review of the PED Duty Line function has identified the vulnerability of staff in managing calls from distressed, angry and sometimes abusive callers whilst working from home. A number of initiatives are being introduced to provide additional support, including a 'buddy' being available to the duty officer on a daily basis.
- 4.6. Figure 3 below shows the number of thank you letters and emails received for the months of January to March 2020, and only those emailed during the same months in 2021. The 2021 totals will increase when mailed letters are included. However, it can be seen that the Trust received a significant number of messages of thanks during January, February and March 2020 (as we started to feel the impact of the first COVID-19 peak), compared to the same period this year (as demand from the second peak starts to reduce).

| | 2021 | 2020 |
|------------------------------------|--------------|--------------|
| January | 132 | 512 |
| February | 170 | 318 |
| March *to 18 March 2021 | 178* | 401 |
| Total | 1,124 | 2,200 |

Figure 3

Health and Safety

- 4.7. The Health, Safety & Security Department (HS&SD) continues to work closely with local management teams, including Estates, Infection Prevention & Control, and Trade Union Representatives as part of the programme to review and update site specific risk assessments, which have been updated to incorporate COVID-19 secure requirements. The HS&SD also continues to investigate Covid-19 related cases for analysis and action. These are presented to the Covid-19 Review Panel for a determination as to whether they are reportable to the HSE under RIDDOR.
- 4.8. The two Violence Reduction Officers recently recruited to help tackle violence and aggression against staff and volunteers have been working closely with the Police as they support victims who want to take their cases to court. Throughout 2020/21 (up to January 2021), a total of 529 physical assaults on staff were reported, which the VROs have reviewed and followed up. So far, 27 cases have been successfully prosecuted and a further 23 cases are awaiting trial. The HS&SD is developing a new LAS Violence Prevention and Reduction Standards Plan of action (based on the NHSE/I Standard).
- 4.9. As mentioned above, the trial of Body Worn Cameras went live on 22 February 2021. The body camera trial pilot is funded by NHS England to understand how body cameras affect violence and aggression against staff. The trial is rolling out across specific Group Station sites, and phase one includes Edmonton, Chase Farm, Croydon and South Croydon. The Service is committed to reducing violence and aggression towards all staff, and the purpose of introducing the cameras is to help reduce violence and aggression against staff, and safeguard patients, and the public highlighting all anti-social behaviour and violent incidents. We strongly encourage all staff to always report abusive incidents and violent behaviour.

The Board is asked to note and discuss this report.



| | | | | |
|---|--------------------------------------|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Report from Chief Operating Officer | | | |
| Agenda item: | 7 | | | |
| Report Author: | Khadir Meer, Chief Operating Officer | | | |
| Presented by: | Khadir Meer, Chief Operating Officer | | | |
| History: | N/A | | | |
| Purpose: | <input type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board's attention: | | | | |
| <p>This report updates the Board on activities undertaken in COO Directorates since the last meeting and draws the Board's attention to any other issues of significance or interest.</p> | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| <p>The Board is asked to note the paper.</p> | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | |
|--|--------|---|----|--------------------------|
| Directorate | Agreed | | | Relevant reviewer [name] |
| Quality | Yes | | No | |
| Finance | Yes | | No | |
| Chief Operating Officer Directorates | Yes | x | No | |
| Medical | Yes | | No | |
| Communications & Engagement | Yes | | No | |
| Strategy | Yes | | No | |
| People & Culture | Yes | | No | |
| Corporate Governance | Yes | | No | |

Report from Chief Operating Officer

1 EXECUTIVE SUMMARY

Following the report provided to the Board in January 2021, the effect of the second wave of the pandemic saw the number of incidents rise above forecast levels until national lockdown resumed in January. In early February, the Trust began to see a gradual decline in demand and an opportunity for much needed respite for our staff from the intense operational pressure experienced through the second wave of the pandemic. Therefore, our efforts during February and March has predominantly focussed on the welfare and wellbeing of our staff, specifically in ensuring individuals take the opportunity to take annual leave. This is alongside our work towards recovery, and to return business operations that have been impacted by the pandemic.

Further planning activity is now underway to prepare the Trust for the easing of lockdown restrictions in line with the Government's four-step roadmap. It is expected levels of demand will see a gradual return from early March 2021 with the return of workplaces and schools, and the Trust's expectation is that levels of seasonal demand will resume by mid-June 2021. In partnership with NHS England/Improvement, a series of after action reviews have been initiated which will reflect back on our experience of second wave, learning from the actions and internal decisions made by the Trust as well the system approach taken to respond to the pandemic.

Despite these challenges, we have continued to make good progress in a number of areas:

- Through the **Strategic Workforce Planning Group**, the Trust will be embarking on our most ambitious recruitment programme in the forthcoming year that will support delivery of consistent performance standards and delivery of Primary Care Network (PCN) paramedics.
- Launch of a **restructure in Integrated Patient Care** to create a robust senior leadership team that will drive forward our strategic ambitions and deliver operational performance
- Celebrating the graduation of the first cohort of 80 **Assistant Ambulance Practitioners**, who will be an integral part of our frontline workforce
- Alongside regular check in's with staff, we want to refocus on meeting the target of **85% or more of our staff receive an annual performance development review (PDR)** to support discussions on welfare, agree objectives for 2020/21, and to identify individual training and development needs
- Our Digital 999 Programme continues to deliver our **digital transformation ambitions, with ePCR and CAD as the key enablers** of how the Trust will access and share patient information. To date we have seen a rising adoption of ePCR with over 70% of clinicians using the online system
- We continue to demonstrate our **compliance against the DHSC Data Security and Protection Toolkit** to access NHS patient data and systems
- Although we have seen some disruption in the supply chain, there has been considerable progress to **deliver the in year capital programme**, which will include the introduction of new training centres, fit for purpose sites for our Logistics Supply and Medicines Packing Units, and modernised control room facilities to replace the estate at Bow.

- A substantial effort made to deliver **improvement works to a large number of our consolidated ambulance stations** to make them as comfortable as possible for staff and volunteers, and significant improvement in the **statutory/mandatory estate compliance** has been achieved in the past 2 months with renewed focus and rigour on key operating licence requirements.

Looking forward into the next financial year, the four key focus area for the COO Directorates will be:

1. **Maintaining resilience** by reflecting on our experience and learning from the two pandemic waves and to have plans in place that can be deployed in times of surge.
2. **Our journey towards recovery** and to return business operations that have been impacted by the pandemic, including acceleration of recruitment activities, delivering national performance standards consistently and cost effectively, and mitigating slippage in our capital programmes
3. **Responding to our staff** following the results of the staff survey and to champion positive cultural improvements across COO Directorates by sharing the positive learning across our teams and to take action where improvements can be made
4. **To refocus on our strategic ambitions** and to continue to make rapid progress on the integration of 111/999, development of the Ambulance Operations Modernisation Programme and implementation of the Digital999 Programme

2 OPERATIONAL UPDATES

3 Integrated Patient Care

There are continued developments in integrated urgent and emergency care services to deliver our ambitions of bringing closer 111 and 999 Control Room services, which is expected to bring about significant economies of scale and quality improvements across service provision, particularly in relation to call answering, clinical assessment and triage. A further step towards this ambition is through the launch of an integrated management structure and recruitment of four new senior leadership posts: Deputy Director – Clinical Assessment Services, Deputy Director – Control Centres (111/999), Deputy Director – Incident Management & Service Delivery, Deputy Director Service and Partnership Development. In addition, a comprehensive review is underway to identify the digital enablers that will improve joint internal working, the external interface with other system providers, and different ways we engage with patients.

3.1 NHS 111 / Integrated Urgent Care Services

Highlights

- Working closely with NHS England/Improvement and other 111 providers to deliver a **system approach** to collectively tackle the challenges faced by London NHS 111 services during the second wave of the pandemic, which was an extremely positive experience in being able to support and deliver regional resilience
- Introduction of new clinical pathways as part of the **111 First initiative** enabling clinicians across the 111 and 999 to refer into a non-Emergency Department outcome in collaboration with ICS downstream services.

2020/21 YTD Performance

- The notable challenges seen across the year in the North East and South East London 111 services have been closely aligned to the peaks of the pandemic waves – where the Trust saw excessive call demand and high levels of staff absences relating to sickness and covid isolation.
- At the peak of wave two on 28th December 2020, there was where a total of 17,745 calls presented to 111 providers across London, and the Trust managed 65.5% of these call on this day – a total number of contacts of 11,619. LAS worked with all providers to support 999 service, to maintain clinical validation of Category 3 and 4 calls at 96% to reduce ambulance despatch. In addition, there was also an increase on the previous week of 191.4% use of the Healthcare Professional (HCP) lines including calls from crews to speak to a CAS clinician to avoid conveyance.
- Levels of demand from February has seen a decline, and our focus is now to recover performance consistently across all three sectors to meet performance targets.
- Service delivery in North West London continues to settle in, and we look to develop a targeted programme to improve levels of performance alongside our two existing services.

| Indicator (KPI name) | Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Trend |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| 111/IUC (NEL) - Calls answered within 60 sec | > 95% | 79.9% | 98.3% | 99.5% | 98.7% | 98.3% | 96.0% | 95.5% | 91.7% | 65.0% | 63.1% | 95.1% | |
| 111/IUC (NEL) - Calls Abandoned within 30 sec | < 5% | 7.8% | 0.1% | 0.0% | 0.1% | 0.0% | 0.7% | 0.3% | 0.6% | 6.7% | 8.6% | 1.7% | |
| 111/IUC (SEL) - Calls answered within 60 sec | > 95% | 77.3% | 98.3% | 99.8% | 99.2% | 99.0% | 95.4% | 98.2% | 95.1% | 69.1% | 64.4% | 94.2% | |
| 111/IUC (SEL) - Calls Abandoned within 30 sec | < 5% | 8.4% | 0.2% | 0.0% | 0.1% | 0.0% | 2.5% | 0.2% | 0.5% | 5.5% | 7.2% | 3.7% | |
| 111/IUC (NWL) - Calls answered within 60 sec | > 95% | N/A | 93.6% | 80.9% | 71.8% | 94.1% | |
| 111/IUC (NWL) - Calls Abandoned within 30 sec | < 5% | N/A | 0.7% | 3.9% | 5.6% | 1.8% | |

Workforce

- The **workforce assumptions underpinning the IUC establishment** figures have an additional 20% 'resilience' built in for call handling capacity, and includes an abstraction rate of 25%.
- There is continued **focus to deliver the IUC workforce plan**, particularly in NEL and NWL in order to improve service resilience.
- In addition to internal resilience plans, the Trust has **mobilised partnership arrangements with IUC providers outside of London**. We see this support being used dynamically in order to further enhance our workforce resilience, as well as the Trust being able to provide reciprocal support to partners when required.

3.2 999 Emergency Operations Centre

Highlights

- During the peak of wave 2 on 4 January 2021, 999 Control Services experienced the **highest number of contacts received** in a day in the Trust's history
- Refurbishment at Waterloo HQ is due to complete that will provide a **permanent, dedicated and fit-for-purpose space for the Tactical Operations Centre (TOC)**. This will relocate the existing team from its current location at Bow, and mitigates the risk of the TOC being displaced in the event a serious incident is declared.
- A core component of our control room transformation plans will deliver a **modernised estate based at Newham in replacement of Bow HQ** staff that is safe, effective and efficient.

2020/21 YTD Performance

- During the peak of the second Covid-19 wave, the Trust continued to see a rise in call demand from the tail end of December 2020 up to Mid-January 2021, with approximately 6,000 calls going into the Emergency Operations Centre (EOC) per day
- Since February to date, we have seen stable levels of demand and performance.

| Indicator (KPI name) | Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Trend |
|-------------------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| 999 Mean answering time | < 5 sec | 45 | 0 | 0 | 1 | 2 | 2 | 1 | 1 | 39 | 23 | 0 | |

Workforce

- Delivery of the **EOC workforce plan remains on track**, with workforce levels progressing well against plan and above establishment level.

4 Ambulance Services

Highlights

- On New Year's Day, crews attended 3758 incidents which is the **busiest day in the Trust's history for patient facing incidents** attended.

- Continued **working with NHSE and system partners to develop a London-wide plan for cohorting at EDs** to minimise delays experienced at hospitals during elevated demand. On any given day during the height of the Wave 2 peak, approximately 25% of our total ambulances were unavailable, delayed due to the pressures on the wider health services from the pandemic. If this regional arrangement is agreed, this will form a core element of a future resilience plan for ambulance services.
- The **first cohort of 80 Assistant Ambulance Practitioners (AAP)** graduating from the 12-week training course. This new role aims to bridge the gap between Non-Emergency Transport staff (NETs) and the Emergency Ambulance Crew role in our career structure.
- Significant progress made on the **creation of two new education centres in East and West London** to replace our five old and outdated sites, with the Agreement for Lease signed on our West London site based in Brent.
- The paramedics currently involved in the **Primary Care Network (PCN) trial** have reported they are benefiting from new experiences and gaining new skills to bring back to the Trust, and early indications and feedback from the trials show that this arrangement works well for the PCNs and popularity with LAS staff.

2020/21 YTD Performance

- The challenges in performance of our ambulance services during the second wave of the pandemic was heavily impacted by the elevated demand, high staffing absences and challenges experienced in specific sectors of London.
- The Trust experienced an unprecedented number of hospital handover delays in December and January, which was directly attributable to the pressures felt by acute hospitals, particularly in North East London. Discussions are underway with regional and system partners to agree a pan-London approach for cohorting at EDs in order to minimise delays experienced at hospitals during elevated demand
- The Trust was focussed to ensuring a minimum daily peak vehicle requirement of 500 Double Crewed Ambulances

| Indicator (KPI name) | Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Trend |
|------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|
| Category 1 Response - Mean | 7 mins | 00:07:10 | 00:05:52 | 00:05:46 | 00:05:58 | 00:06:22 | 00:06:33 | 00:06:20 | 00:06:03 | 00:07:30 | 00:07:09 | 00:05:51 | |
| Category 2 Response - Mean | 18 mins | 00:23:32 | 00:08:54 | 00:09:32 | 00:11:10 | 00:14:12 | 00:16:53 | 00:15:13 | 00:14:16 | 00:44:48 | 00:41:30 | 00:11:14 | |
| Category 3 Response - 90th centile | 120 mins | 01:34:37 | 00:47:32 | 00:51:02 | 01:01:11 | 01:21:15 | 01:53:51 | 01:31:31 | 01:21:35 | 04:12:06 | 03:32:00 | 01:01:59 | |
| Category 4 Response - 90th centile | 180 mins | 02:12:07 | 01:30:16 | 01:39:54 | 02:00:01 | 02:25:10 | 03:14:14 | 02:51:29 | 02:23:53 | 06:37:06 | 05:07:26 | 02:19:27 | |

Workforce

- Through the work of the Strategic Workforce Planning Group, the number of **frontline staff required for this financial year** will be a gross total of c1000 staff, with c450 over and above current establishment. Three focussed initiatives to support delivery of workforce establishment includes (i) procurement an external TEAC provider, and (ii) procurement an external recruitment agency for overseas recruitment (iii) a working group has been mobilised to improve retention.
- From April 2021, paramedic roles will become part of the additional role cohort in primary care contracts. LAS currently have 16 **paramedics working in Primary Care Networks (PCNs)** in two trials in Merton and Redbridge, with other areas across London seeking LAS paramedics within their PCNs.
- In addition, there is consideration of how **emergency responder volunteers** can be utilised for frontline duties during differing levels of operational pressure. This includes how we can develop their competencies to support them working as part of a DCA crew, for example, obtaining C1 driving licences

5 Strategic Assets and Property

5.1 Estates

Highlights

- A substantial effort made by the estates team to deliver **improvement works to a large number of our ambulance stations** to make them as comfortable as possible for staff and volunteers, including having appropriate parking, toilets, showers and mess rooms. Since March 2020, we have invested £2.9m of additional works on the consolidated estate, in addition to £1.4m planned estates work
- Through consolidation of the estate there has been **positive benefits seen with the reduced movement of ambulances between sites**, meaning the vehicle preparation team have been able to save 165 hours a day to restock and clean vehicles
- **Wembley ambulance station was decommissioned** in December 2020 due to lease expiration
- Significant improvement in the **statutory/mandatory estate compliance** achieved in the past 2 months with renewed focus and rigour on key operating licence requirements.

| Compliance dashboard | Nov-19 | Dec-19 | Jan-20 | | Aug-20 | Sep-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Trend |
|-----------------------------|--------|--------|--------|--|--------|--------|--------|--------|--------|--------|-------|
| Gas Appliance Testing | 66% | 79% | 78% | Gas appliance testing. Annual test | 93% | 82% | 80% | 8% | 7% | 41% | |
| Pressure Vessels | 40% | 73% | 70% | Insurance inspection by contractor and Allianz. Inspection annually. Fleet undertake this safety check | 80% | 80% | 69% | 81% | 78% | 94% | |
| Diesel Tank Maintenance | 0% | 0% | 0% | Biannual check on tanks | 0% | 0% | 0% | 0% | 0% | 100% | |
| Tyre Compressors | 75% | 67% | 66% | Insurance inspection for compressors. Annual Test | 92% | 83% | 67% | 75% | 17% | 81% | |
| Lifts, Hoists & Cradles | 20% | 100% | 10% | Allianz inspector and contractor - put equipment through a test biannually | 63% | 6% | 46% | 60% | 66% | 80% | |
| Air Conditioning | 26% | 16% | 15% | Service operational sites (P99 Control rooms / 111 control rooms - biannually) Office spaces - annually | 75% | 75% | 79% | 97% | 82% | 97% | |
| Fixed Wire Testing | 100% | 63% | 97% | Five yearly check of fixed wires | 84% | 84% | 84% | 84% | 85% | 85% | |
| Waste Pre-Acceptance Audit | 100% | 100% | 10% | 5 yearly check for each site. Spot checks also done. More than 500,000kg annual audit | 96% | 81% | 81% | 94% | 100% | 100% | |
| Waste Audit - DGSA Audit | 6% | 97% | 97% | In depth - annual audit | 97% | 97% | 6% | 8% | 100% | 100% | |
| Fire Risk Assessment | 100% | 100% | 100% | Fire risk assessments carried out annually per high risk site. (carried out by H&S) A report is provided on the number of risks at each site. For lower risk sites this is done every 3 years. | 41% | 41% | 41% | 41% | 100% | 100% | |
| Fire Alarm Tests | 3% | 63% | 62% | The alarm system is to be tested weekly by site management per site (not included in this compliance requirement as it is covered by H&S). A qualified engineer must run test biannually. This includes software updates and a silent alarm test. The numbers reported here relate to the biannual test. | 97% | 88% | 35% | 97% | 100% | 100% | |
| Fire Fighting Equipment | 85% | 85% | 85% | Check of all fire fighting equipment must be carried out biannually (Fire extinguishers are annually, gas suppression / sprinklers biannually) | 98% | 98% | 33% | 94% | 96% | 96% | |
| Fire Drill | 84% | 68% | 67% | Carry out an annual fire drill at each site. (carried out by H&S) | 28% | 25% | 47% | 48% | 64% | 68% | |
| PAT Testing | 99% | 12% | 12% | All items tested annually | 98% | 98% | 84% | 80% | 95% | 99% | |
| Asbestos | 65% | 65% | 64% | Sites have an up to date Asbestos survey. Time period can vary but needs to be reviewed annually | 84% | 84% | 84% | 98% | 98% | 96% | |
| Emergency Lighting | 20% | 63% | 62% | Annually a complete discharge - all emergency lights are turned on and time how long the batteries last. Biannually a flash test is also carried out which turns the lights on and off. | 96% | 88% | 35% | 89% | 96% | 96% | |
| Legionella Risk Assessments | 100% | 85% | 85% | Weekly temperature check per site and take remedial action if required. Tank Temperature Check needs to be conducted biannually. Scalloping check - once per quarter | 98% | 98% | 89% | 89% | 84% | 84% | |
| Lightning Protection | 0% | 67% | 100% | Annual test - per site | 100% | 67% | 67% | 67% | 100% | 100% | |

Next Steps

- A further **£3m is expected to be spent on works to improve stations in 2021/2022**
- **Current arrangements relating to the consolidated ambulance stations** is currently under review with operational and staff side colleagues. This will determine the interim configuration of the estate whilst the wider Ambulance Operations Modernisation Programme is developed.

5.2 Fleet and Logistics

Highlights

- Throughout the second wave of the pandemic, the Fleet and Logistics teams have worked hard to maintain a **minimum availability of 500 Double Crewed Ambulances (DCA) every day**. This is alongside the continued and uninterrupted supply of Personal Protective Equipment (PPE), medical consumables, equipment, medical gases and medicines.

- **Ongoing support provided by the AA** to carry out vehicle repairs overnight and minimising the time crews are out of service
- LAS has launched the **Next Generation Ambulance (NGA) project** to redesign ambulance vehicles around four key themes – zero emission, lightweight, more accessible and digitally enabled.
- **Conversion of 37 purchased vehicles** into fully equipped double crewed ambulances, to replace the oldest vehicles of the LAS Fleet, which are over 10 years old and beyond end-of-life.
- **Bunkered fuel** now in use at 13 complexes across the Trust with a further two to be implemented. This assists the vehicle preparation teams to supply a more robust preparation process, and the time saved attributes to an increase in the number of Double Crewed Ambulances (DCAs) that can be managed through the vehicle preparation process.

| | Target | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
|---|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total # of Ambulances in Service | 450 | 494 | 537 | 537 | 537 | 536 | 537 | 533 | 532 | 532 | 532 | 542 |
| Workshop Resourcing | >90% | 106% | 107% | 102% | 99% | 95% | 97% | 99% | 103% | 94% | 101% | 99% |
| Out of Service due to no vehicle (hours) | <1% | 0.13% | 0.10% | 0.01% | 0.01% | 0.03% | 0.02% | 0.03% | 0.04% | 0.07% | 0.06% | 0.06% |
| Average # DCAs unavailable due to Road Traffic Collisions per day | <15 | 10.4 | 6.4 | 7.5 | 11.9 | 10.2 | 8.8 | 9.4 | 12.0 | 20.9 | 16.3 | 18.1 |

Next Steps

Progress continues on a number of in year capital programmes including:

- securing a lease for a suitable and fit-for-purpose warehouse to house the **Logistics Support Unit** which will dispense with the current arrangement of the 5 separate poor-quality units in Deptford, and transition the logistics operations to the new unit
- The design, purchase and construction of a new **Medicines Packing Unit** which is compliant against regulatory requirements for medicines packing and distribution, and storage of controlled drugs, in accordance with medicines legislation
- Installation of a new **crew safety system unit** into vehicles capable of capturing, tracking and monitoring activity to provide a mechanism for safeguarding our staff and patients, and managing fleet and assets.
- To **replace the current Fleet Management System** which is no longer fit for purpose, with an enterprise system for Fleet, Medical devices and the Make Ready operations, which will also provide automation of manual processes and deployment of mobile apps.

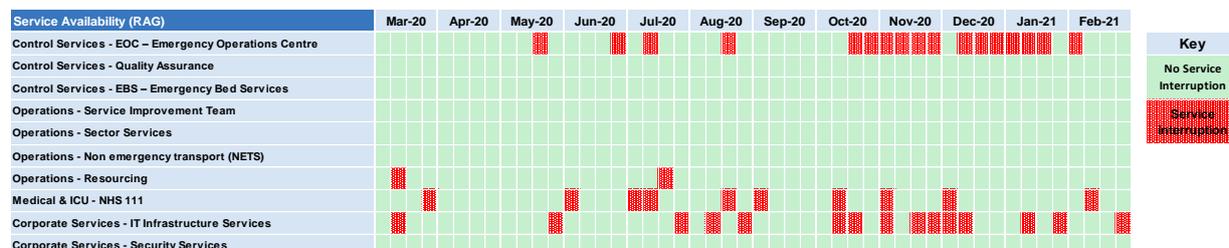
6 IM&T

Highlights

- Continued **adoption of ePCR with 70% of clinicians using the online system**, which is pivotal in moving away from paper based records and the ability to share patient data to clinicians across the health system.
- **Full service migration of the Trust of 9000 individual accounts to NHSmail** from November 2020, providing the Trust with an email service that is compliant with NHS

security standards for the transfer of patient information and delivery of a secure email solution Trust-wide that is NHS Digital certified.

- We continue to demonstrate our **compliance against the DHSC Data Security and Protection Toolkit** to access NHS patient data and systems:
- The number of **Priority 1 incidents resulting in disruption to services experienced during January and February decreased significantly** compared previous reporting periods, down from 27 to 15. The teams continue to undertake debriefs to better understand the root cause of each P1 Incident, and to implement mitigations where necessary.



Next Steps

- The Trust is committed to keep the focus and momentum on **delivering a refreshed CAD (Computer Aided Dispatch) system for delivery in November 2021** which will improve operational efficiency with the rollout of ePCR, provide interoperability other Trusts and with the London Care Record, and improve the user experience for staff and volunteers
- The IM&T directorate continues to progress its people plan to establish a **substantive Senior Management and Infrastructure Team** and reduce reliance on managed service agreements and contract staff. This will help move the directorate toward being a more stable and effective team with the capability to drive improvements in our IT infrastructure.

7 Programmes and Projects (P&P)

Highlights

- **The portfolio now comprises 46 capital projects** with four projects that are now live, and the remaining projects forecast to go-live across the remainder of 2021
- **The effect of the pandemic has affected delivery of some of our key capital programmes.** A deep dive review was carried out in January 2021 to fully assess the impact, and this showed that 48% of our projects had identified a Covid-related impact on delivery timelines for planned works ranging from a couple of weeks to a few months. A range of mitigations is in place to recover the position and reduce any further slippage in delivery.
- A series of in deep dives for in year programmes has been completed to confirm if the **full capital spend for 2020/21 will be achieved.** At present, the Trust is forecasting minimal underspend against the total capital allocation of £41.3m.

Next Steps

- Work is well underway to **develop the 5-year capital plan**, which cements the move to multi-year programming.



| | | | | |
|--------------------------|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Integrated Performance Report | | | |
| Agenda item: | 8 | | | |
| Report Author(s): | Key Leads from Quality, Finance, Workforce, Operations and Governance | | | |
| Presented by: | Lorraine Bewes, 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’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 escalated on the front summary pages in the report.

It is designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.

Recommendations for the Board:

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

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

| Directorate | Agreed | | | Relevant reviewer [name] |
|--------------------------------------|--------|---|----|--------------------------|
| Quality | Yes | x | No | |
| Finance | Yes | x | No | |
| Chief Operating Officer Directorates | Yes | x | No | |
| Medical | Yes | x | No | |
| Communications & Engagement | Yes | x | No | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|-------------------------------------|----|--------------------------|--------------------------|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Strategy | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| People & Culture | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| Corporate Affairs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |



London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

Analysis based on Year to **January 2021** data, unless otherwise stated (please see page 2 for data reporting periods)

| Section | Content | Reporting Period | Pages |
|---|---|----------------------|--------|
| Overview | Narrative Against Patients, People, Public Value & Partners | Current | 3 |
| | Trust wide Scorecard 999 | Jan-21 | 4 |
| 1. Our Patients | 999 Response Time Performance | Jan-21 | 5 |
| | Operational Demand | Jan-21 | 6 |
| | Operational Capacity | Jan-21 | 7 |
| | Operational Context | Jan-21 | 8 |
| | Safe Scorecard – 999 Incident Management | Jan-21 | 9 |
| | Clinical Quality Ambulance Indicators | TBC | 10 |
| | Trust wide Scorecards IUC | Jan-21 | 11-12 |
| | IUC Performance | Jan-21 | 13 |
| | Safe Scorecard – IUC Incident Management | Jan-21 | 14 |
| | Safe Scorecard – Serious Incident Management | Jan-21 | 15 |
| | Safe Scorecard – Medicines Management | Jan-21 | 16 |
| | 2. Our People | Trust wide Scorecard | Jan-21 |
| Vacancy Rates, Staff Turnover & Sickness | | Jan-21 | 18 |
| Additional Workforce Analysis | | Jan-21 | 19 |
| Health & Safety – MSK RIDDOR Incidents | | Jan-21 | 21 |
| Health & Safety – Violence & Aggression Incidents | | Jan-21 | 22 |
| Health & Safety – Physical Assaults on Staff | | Jan-21 | 23 |
| Responsive Scorecard - Complaints | | Jan-21 | 26 |
| Well Led - Excellence Reporting | | Jan-21 | 27 |
| 3. Public Value | Trust wide Scorecard | Jan-21 | 32 |
| | Financial Position & Contract Position | Jan-21 | 33 |
| | Financial Position & Statement of Comprehensive Income | Jan-21 | 34 |
| | Cash flow Statement | Jan-21 | 35 |
| | Cost Improvement Programmes (CIPS) & Capital Plan | Jan-21 | 36 |
| 4. Our Partners | Trust wide Scorecard | Jan-21 | 37 |
| | Maximising safe non-conveyance to ED | Jan-21 | 38 |
| | End of Life Care & Mental Health | Jan-21 | 41 |
| 5. Strategic Themes | Strategic Themes Update | Current | 42 |

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

Update on performance:

999 Performance in all national measures were not met in January 2021, with the London Mayor declaring a major incident effective from 8th January 2021. Unprecedented call demand and face to face incidents along with utilisation of our full capacity of staff and vehicles, led to a challenging response profile. This significant surge in demand was not captured in any national forecasts.

This resulted in the Trust being 4th nationally for C1 mean; 11th for C2 mean and 5th for C3 mean. The C4 90th centile was also challenged where we finished 9th.

The Trust saw an exceptional rise in call demand for both 999 and 111 services, following one of the busiest months ever experienced. During the peak of the Covid-19 2nd wave, the Trust continued to see a rise in call demand from the tail end of December 2020 up to Mid-January 2021, with approximately 6,000 calls going into the Emergency Operations Centre (EOC) per day. 111 Performance on calls answered within 60 seconds and abandonment rates SLA were outside target for North East London (NEL), South East London (SEL) and North West London (NWL) again due to excessive call demand. Calls transferred to 999 and Calls Recommended to ED remained challenged. The Trust responded quickly to the increasing demand with implementing lessons learnt from the first Covid wave. The Trust are working with NHS England Regional colleagues to identify external indicators that will help recognise any future wave of Covid related demand further ahead of time. This will better support the LAS ability to respond.

In January, the Trust continued to support frontline colleagues with their staffing requirements and have seen increases in call handling and operational staffing numbers. The in-ops vacancy rate for Ambulance Services has increased from 3.9% in November to 4.9% due to the increased number of new entrants in training and the Trust is forecasting an end of year operational gap of 102fte posts. The Trust turnover rate has improved from 8.5% to 8.4% since the last report. The monthly Trust wide sickness (including both Covid and Non-Covid) has increased from 4.8% in November 2020 to 9.4%, largely due to the three fold increase in Covid sickness cases compared with December's 5.7%. Trust compliance in statutory and mandatory training has remained at 83% whilst appraisals are now sitting at 74%, down from 76% in November 2020. The Trust have received the Workforce, Race Equality Standard (WRES) report and are currently reviewing the results to benchmark against the Trusts data.

In M10 the Trust is reporting a year to date deficit of £1.613m (£1.690m deficit on an adjusted financial performance basis) and a full year forecast position being reported in conjunction with NW London partners is a £1.197m deficit (£1.646m deficit on an adjusted financial performance basis) due to the new COVID variant and its impact. Costs to meet these new requirements are now estimated at around £11.6m (down from £18m estimated in the prior month due to a shorter surge period than expected) offset by confirmed income from NW London STP of £4.8m to reflect the accepted deficit equivalent to the increase in annual leave recognised. The amount of retrospective top up recognised covering M1-6 remained unchanged at £49.9m year to date and the Trust's M9 year to date reported COVID costs are £72.8m. Capital spend net of disposals was £19.8m year to date (including COVID-19 phase 1 response requirement capital of £5.6m) with reduced full year forecast capital expenditure of £39.9m in response to reduced capital funding availability and hosting. The month end cash position was £80.6m.

Work is ongoing to improve on our Patient handover metric through continuous dialogue with hospital management teams pan London. In January 2021, the winter period coincided with additional Covid-19 demand, hospitals then faced extreme pressure with daily activity. Ambulances were queueing to get patients into hospitals due to the lack of beds and staff available to care for patients. As a result of this surge, it has significantly increased our average hospital handover time to 27.7 minutes, an increase of nearly 10 minutes from November 2020.

LAS performance for Hear & Treat was 1st nationally with 14.3% against the national average of 9.6%. LAS attained 45.8% for ED conveyance, which was 1st nationally against a national average of 49.8%. Although the Trust attended to a larger number of patients than usual, Hear and Treat and ED conveyance figures were driven by a modified approach in the Trusts response to the pandemic throughout the major incident period.

Achievements since the last report (November 2020)

- January saw the very challenged performance for most 999 performance metrics.
- NEL/SEL has shown reduced performance in call answering and abandonment. The trust worked with system partners to increase downstream capacity to respond to these challenges.
- Trust leadership were focused on responding to the continued demand and Covid calls and incidents, implementing learning from the first wave and working closely with system partners to resolve system issues such as handover delays.

- Over 3,000 staff have engaged with the lateral flow testing (45% started testing) and over 85% of staff have engaged and 70% have received their first Covid vaccination
- Launched a series of weekly themed Wellbeing Webinars to support staff with different aspects of physical and mental wellbeing.
- ESR Manager Self-Service Project has commenced with stakeholder engagement, the corporate data collection of manager information to populate the management hierarchy and the building of business intelligence reports for managers to access.
- Supporting managers in managing Covid absence and returning colleagues back to work

- The Trust has been operating under an adjusted financial framework for April to September 2020 which involved pausing business planning and contracting, block income and top up income for COVID expenditure.
- From month 7 this framework has been replaced with fixed income envelopes managed at STP level, and will require the achievement of financial efficiencies by the Trust of £2.4m, with additional efficiency required to match new approved spend (currently £4.5m, total £6.9m).
- This new plan has now been reflected in revised NHSI plans and internal budgets.

- The Trust received significant mutual aid from around the country as well as from the Police and Fire Services.
- Trust continues to work with system partners to develop Cohorting arrangements at particularly pressured sites.

Provide outstanding care for **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



Patients Scorecard

January 2021

| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | Benchmarking (Month) | | |
|--|---------|-----------------|---------------------------------------|---|--------------|---------------------------|-------------------|----------------------|---------------|---------------------|
| | | | | Target & Type (Internal / Contractual / National / All) | Latest Month | Year To Date (From April) | Rolling 12 Months | National Data | Best In Class | Ranking (out of 11) |
| Category 1 response – Mean | mm:ss | Jan-21 | ● | 07:00 A | 00:07:09 | 00:06:31 | 00:06:55 | 07:38 | 06:37 | 4 |
| Category 1 response - 90th centile | mm:ss | Jan-21 | ● | 15:00 A | 00:11:56 | 00:11:01 | 00:11:48 | 13:26 | 11:44 | 2 |
| Category 1T response – 90th centile | mm:ss | Jan-21 | ● | 30:00 N | 00:17:44 | 00:15:53 | 00:17:39 | | | |
| Category 2 response – Mean | mm:ss | Jan-21 | ● | 18:00 A | 00:41:30 | 00:21:07 | 00:25:03 | 29:40 | 14:48 | 11 |
| Category 2 response - 90th centile | mm:ss | Jan-21 | ● | 40:00 A | 01:41:00 | 00:42:57 | 00:55:42 | 01:04:12 | 00:27:49 | 11 |
| Category 3 response – Mean | h:mm:ss | Jan-21 | ● | 1:00:00 A | 01:23:50 | 00:45:13 | 00:54:42 | 01:27:33 | 00:51:45 | 5 |
| Category 3 response - 90th centile | h:mm:ss | Jan-21 | ● | 2:00:00 A | 03:32:00 | 01:40:01 | 02:04:02 | 03:32:03 | 02:00:38 | 5 |
| Category 4 response - 90th centile | h:mm:ss | Jan-21 | ● | 3:00:00 A | 05:07:26 | 02:51:22 | 03:39:52 | 04:53:52 | 02:29:09 | 9 |
| Call Answering Time - 90th centile | ss | Jan-21 | ● | 24 I | 81 | 7 | 81 | | | |
| ROSC at Hospital | % | Oct-20 | ● | 31% N | 28.2% | 26.3% | 27.9% | 25.6% | 33.7% | 3 |
| Severe Sepsis Compliance - (national AQI reported quarterly) | % | Sep-20 | ● | 95.0% | 92.7% | | | 81.5% | 92.7% | 1 |

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

- G KPI on or ahead of target
- A KPI off target but within agreed threshold
- R KPI off target and outside agreed threshold
- KPI not reported / measurement not started

Note: **Sepsis** is measured quarterly

*National average YTD

1. Our Patients

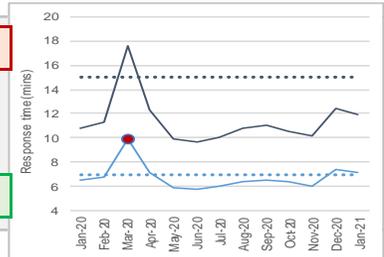
999 Response Time Performance



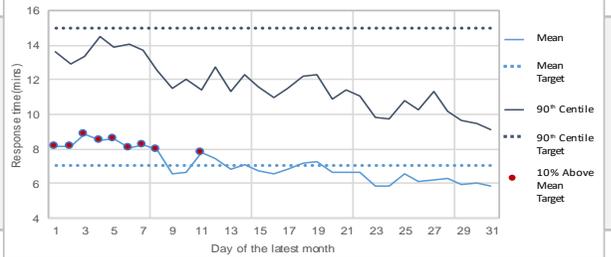
Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

The Category 1 mean in January returned 7 minutes and 09 seconds while the Category 1 90th centile was 11 minutes and 56 seconds. The Category 1 90th centile had remained within the standard each week since the implementation of the Ambulance Response Programme (ARP), until the Covid-19 impact and shows that our most critical patients are being responded to quickly. The latest nationally published data shows that the Trust is ranked fourth in the Category 1 mean measure and ranked second in the Category 1 90th centile measure when compared to all Ambulance Trusts across England. In the latter part of January, the Covid demand began to decrease, which coincided with mobilisation of additional resources and this resulted in a return to performance within targets.

Monthly Trend



Daily Analysis



C1

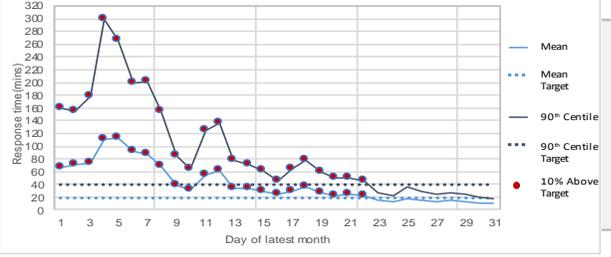
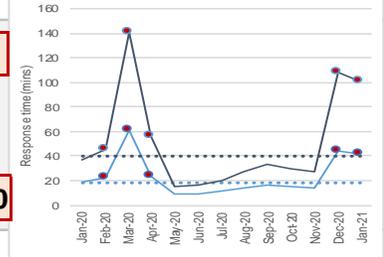
Mean: 7:09

Target: 7:00

90th Centile: 11:56

The C1 performance was affected by the demand and system pressures of the second Covid wave in January. The increased demand and continued high rate of Covid cases impacted both the Trust and the system in its entirety, meaning the Trust struggled to deliver on the performance metrics.

The C1 90th centile was within the national standard of 15 minutes



C2

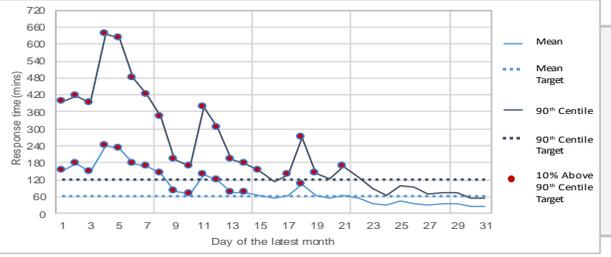
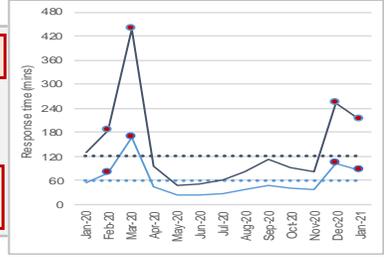
Mean: 00:41:30

Target: 18:00

90th Centile: 01:41:00

During January 2021, our C2 mean and 90th centile were both outside the target due to the Covid second wave impact on the system.

Actions based on the learning from the first wave were being rolled out as a response to the second wave in January, among those, mobilising a number of mutual aid initiatives.



C3

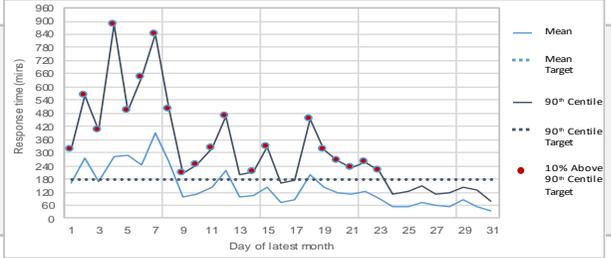
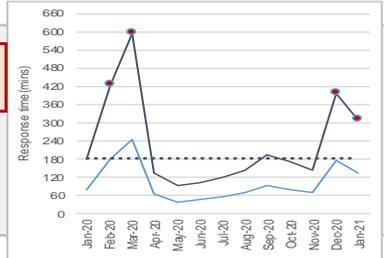
Mean: 01:23:50

Target: 2:00:00

90th Centile: 03:32:00

C3 90th centile was not met in January, due to the increased overall pressure on the system.

Actions based on the learning from the first wave were being rolled out as a response to the second wave in January.



C4

90th Centile: 05:07:26

Target: 3:00:00

C4 90th centile was not met in January along with the other metrics. This category of calls were particularly impacted due to a low number with each delay having a higher impact on the overall average.

The Trust are working to reduce longer waits for this category of patients by reviewing the process response and the type of resource that can respond to category 4 calls.

1. Our Patients

999 Response Time Performance

Operational Demand



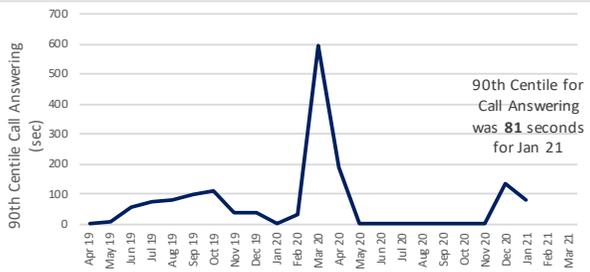
Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: **1) Calls Received, 2) Incidents and Response Type (incl. Hear & Treat, See & Treat, See & Convey), 3) Incident Category**

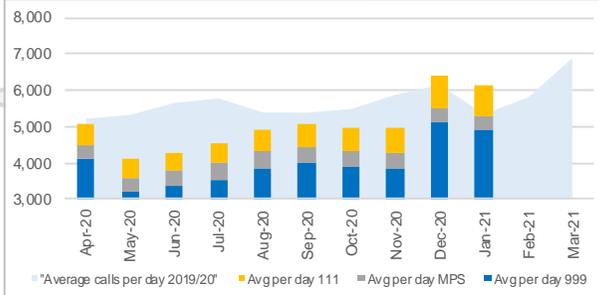
999 Calls Received

January 2021 saw a high number of calls, above the number in the equivalent period in 2019/20. As a result of the demand and increase in Covid calls, call answering performance was affected, and was worse of against the last year's tally, finishing at 81 seconds for the 90th centile. However, calls received started to decline from the tail end of January.



Performance (90th Centile)

Average Calls Per Day



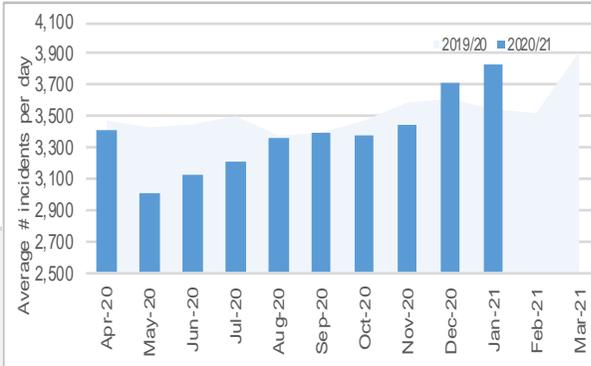
Daily Calls Answered



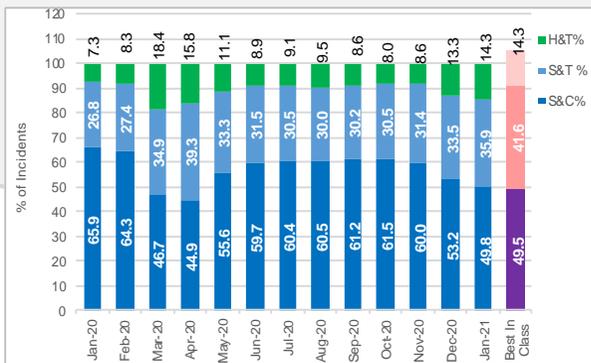
Incidents and Response Type

In January 2021 the number of incidents per day was significantly higher than 2019/20. Performance improved for ED conveyance and Hear & Treat compared to 2019/20 due to a modified response from the Trust to Covid-19 second wave.

Incidents



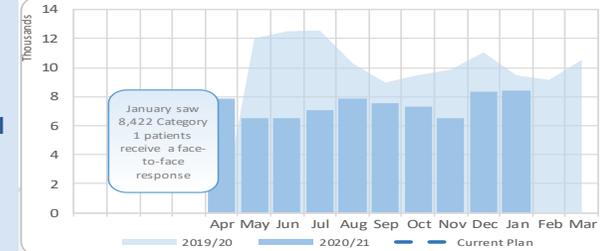
Response Type



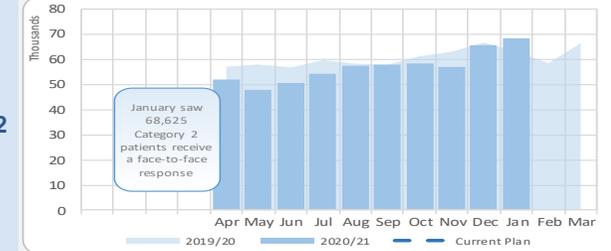
During January 2021, SWAS was best in class achieving 41.6% for See & Treat. LAS gained 1st place and was best in class for both See & Convey and Hear & Treat categories, achieving 49.5% and an astonishing 14.3% respectively.

Incident Category (By Month)

C1



C2



C3



C4/C5

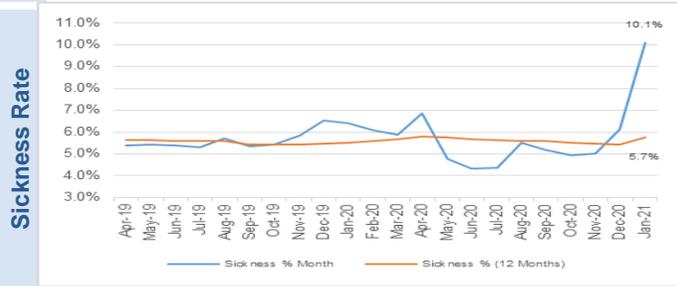
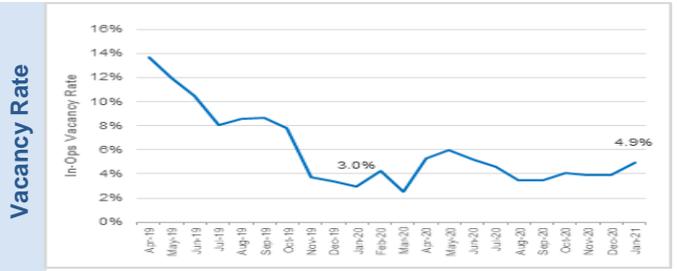
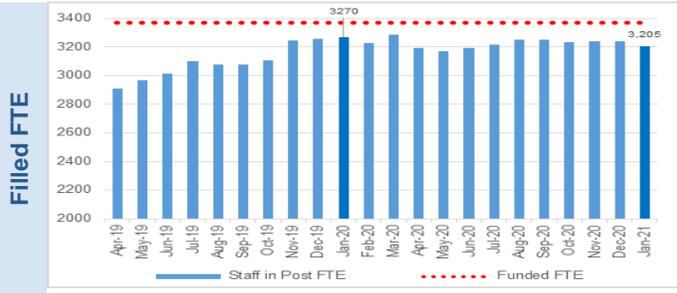




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

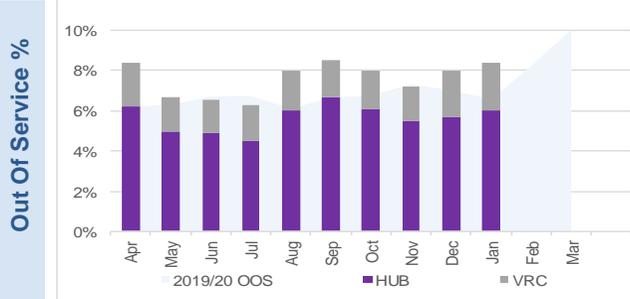
Frontline Operational Staff

The operational vacancy rate has increased from December to January as there are a total of 137fte in classroom training. 56fte of this group will move in the Operational Placement Centres in February 2021 and become available to work operationally. This will reduce the overall 'in-ops' vacancy rate from 4.9% to 3.1%.

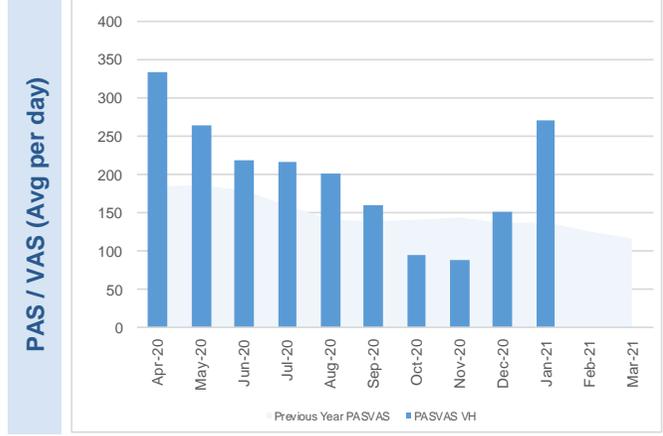
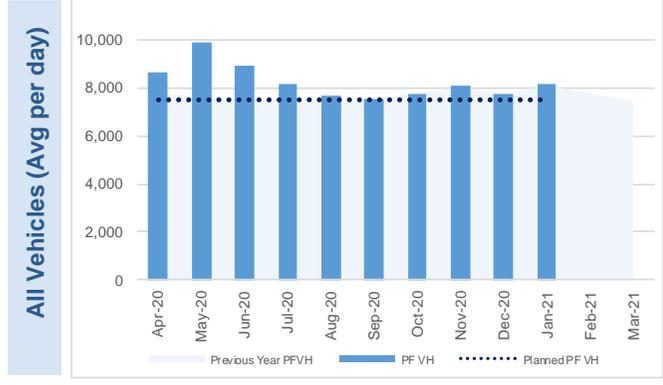
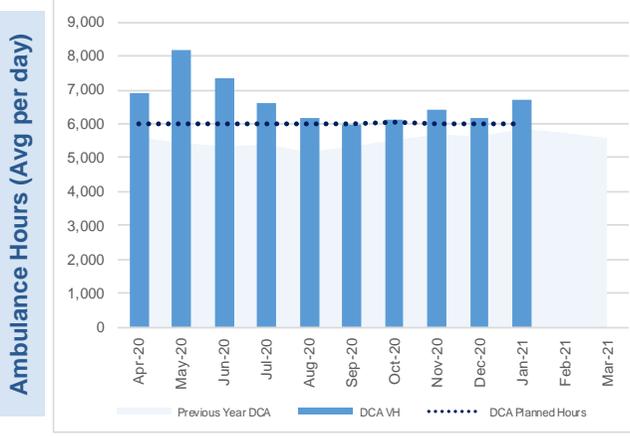


Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged **8.51%** for January 2021, a slight increase of 0.3% from the previous month. The Trust has provided an average of **9,833.8hrs** patient facing vehicle hours per day in January 2021, an increase from December 2020 which averaged **9466.3hrs**. Due to increasing patient demand the DCA PVR fluctuated and rose steeply – December 2020 **392** > January 2021 **429**. The SA&P Teams supported the Operational rotas incurring limited downtime and this is demonstrated by the VRC Performance which reflects a total of **136.3hrs (0.03%)** accrued against OOS category **VEHNO** (no vehicle at start of shift) against total DCA and OPC hours for January 2021 of **217,859.5hrs**. We had reintroduced The **AA** to work overnight to boost DCA vehicle availability as well as **VP Teams Hospital Day Teams** to assist crew turnaround at 4 hospital locations across London. We maintained our PPE Stock target of 14 days stock at Unit 12 and continue to receive weekly deliveries from the NHS Push Stock. We worked with BOC and our Pharmacy Team to continue monitoring utilisation and stock levels of Oxygen as hospitals continued to experience long waiting turnaround times for our crews. Our teams continue to respond to operational demand to ensure we maximise the availability of ambulances and minimise avoidable down-time.



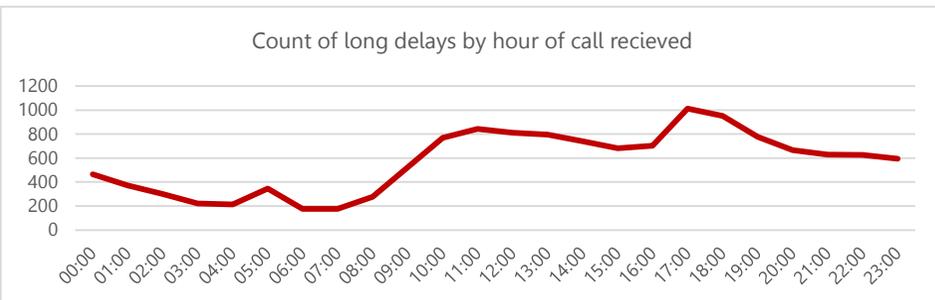
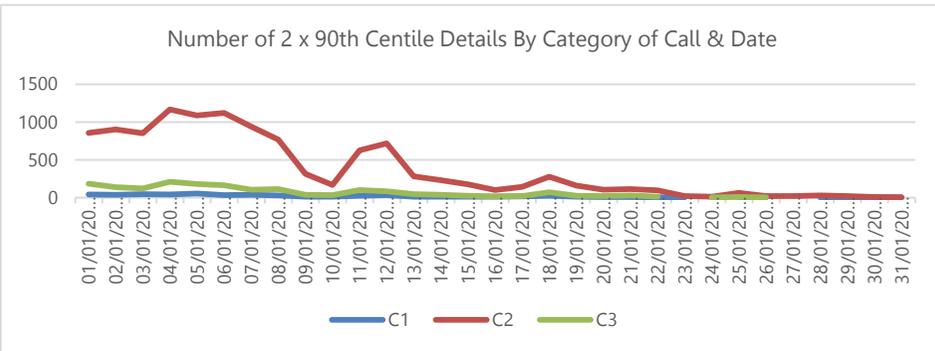
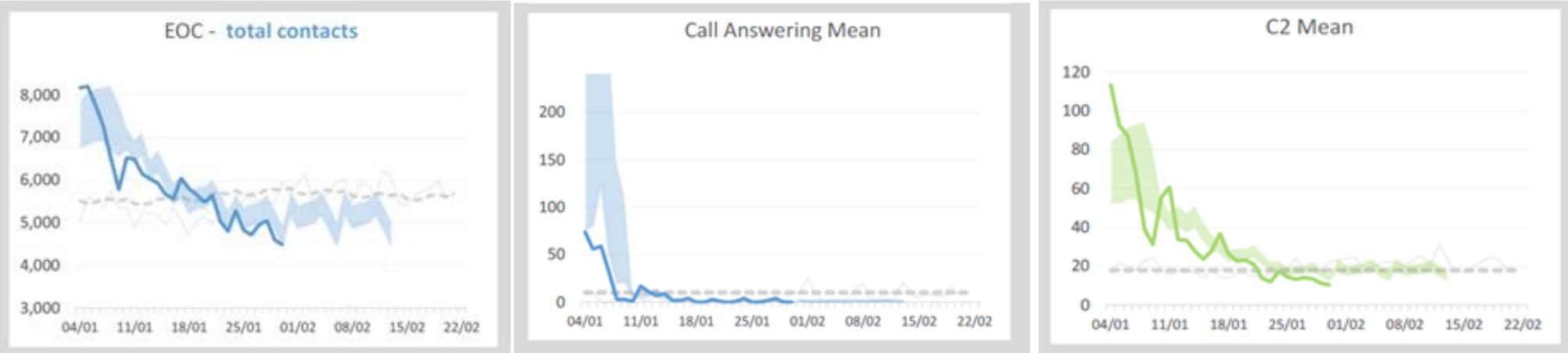
Note:
OOS HUB - This account for out of service codes related to people/crew reasons for out of service hours
OOS VRC - This account for out of service codes related to vehicle reasons for out of service hours





The service is meeting operational delivery KPIs, with call answering and mean response times for Cat 1 and 2 returning to within national set timeframes. The National Ambulance Scorecard has rated the Trust as 100% against 13 weekly metrics including response times and long waits.

For reference only – Demand & Performance, showing 4 weeks past and 3 weeks future from today



In January there were 13668 long delays of which 13% resulted in a blue call.

| | C1 | C2 | C3 | Grand Total |
|------------------|-----|-------|------|--------------|
| Total | 514 | 11384 | 1770 | 13668 |
| Blue call | 140 | 1578 | 92 | 1810 |

The top three determinants where a long delay was incurred was:

- 36D2A - Protocol 36 Pandemic card with difficulty breathing (12% n = 1583) – 368 required a blue call
- Dx0112 - 111 referral chest pain (9% n = 1190) – 98 required a blue call
- 36C5A - 111 referral emergency ambulance response, category 3 (6% n = 841) – 112 required a blue call

All delays are reviewed daily using the parameters developed during the COVID19 March/April review which identified 150 cases where harm may have been caused by the delay. A positive learning point from the first review was to encourage agencies to be reported by sectors/EOC and this is being seen within the current pandemic wave.

59% (n 8126) patient whom experienced a long delay were not conveyed and 41% were conveyed. It was also found that 20% (n 2739) of all long delays occurred between the hours of 17:00 and 19:00.

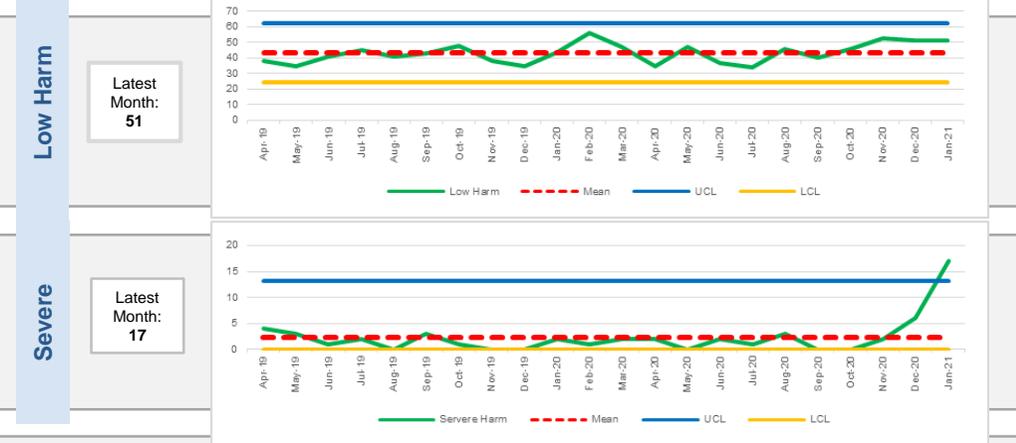
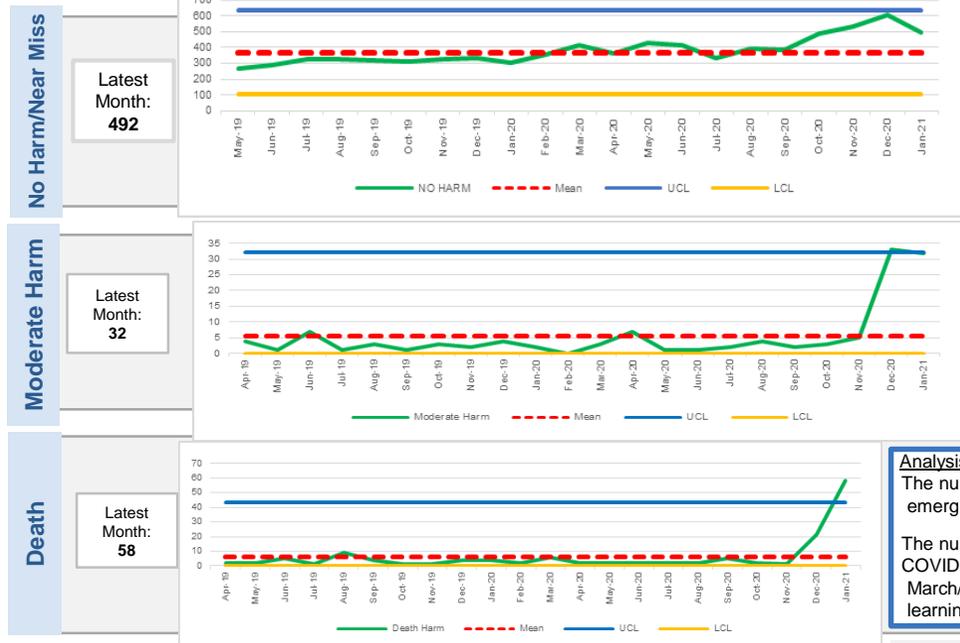
Action being taken include:

- Forecasting and planning focus at DSLT
- Overtime incentives to ensure cover at predicted busy periods.
- Daily operational performance review and actions

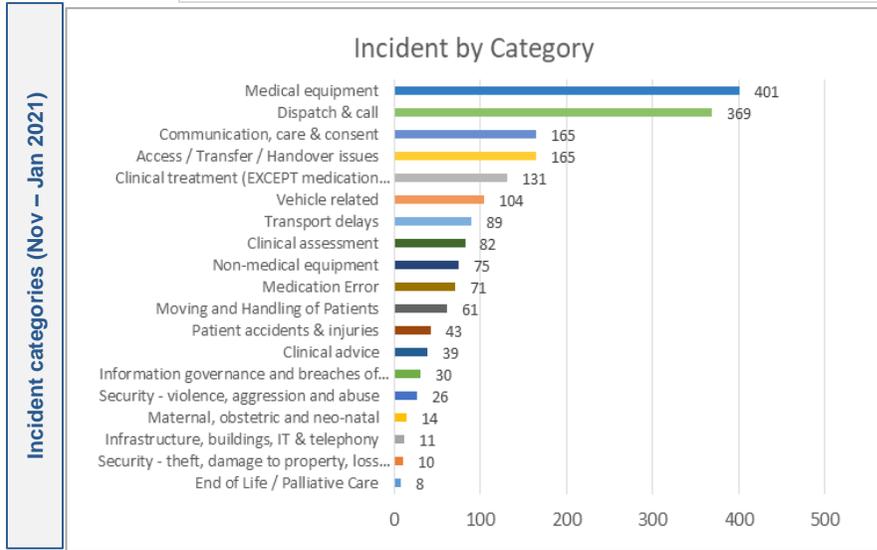
1. Our Patients

Safe Scorecard

999 Incident Management



Analysis of SPC graphs:
The number of reported no and low harm incidents remain high with ongoing monitoring in place to manage themes/trends emerging. This is reviewed and acted upon monthly via the Trust Safety Investigations Assurance and Learning Group (SIALG).
The number of moderate, severe and death incidents increased in December and January as a result of the second wave of COVID19. These are the patient safety incidents that have been identified using the parameters developed during the COVID19 March/April review. These incidents will undergo a Structured Judgement Review (SRJ) to review the case and ensure that any learning is identified and actions are taken.

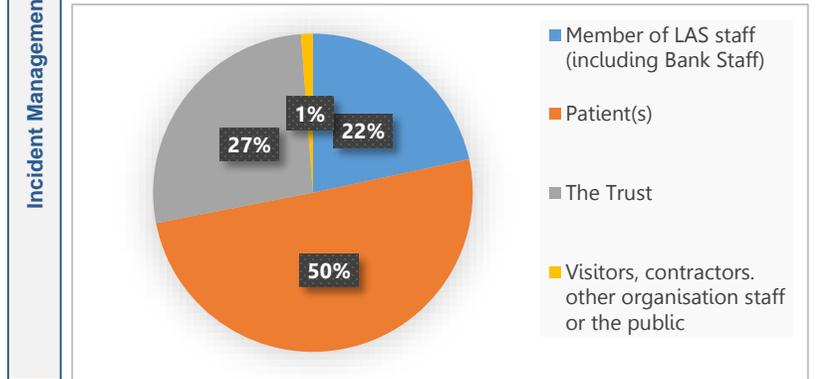


Actions are being taken to address these themes including:

- Incidents relating to medical equipment's are reviewed by F&L to ensure equipment is replaced. There is a risk on the Corporate (TW) Risk Register regarding missing equipment.
- Manage the talk group communications to ensure this is not left unmonitored in EOC.
- The London Ambulance Trust is working with TfL into the traffic calming schemes and the impact it is having on the Trust. There is a risk on the Corporate (TW) Risk Register due to the reputational risk to the Trust.

There are 1087 (as of 16/02/2021) which have been opened on the system longer than 35 working days (this excludes Sis and COVID 19 reviews). This breaks down to 534 patient incidents, 235 staff incidents 13 visitor incidents and 292 Trust related incidents.

This remains a focus of QGAMs to support operational colleagues investigate and close down incidents accordingly.





Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from **October 2020**, which is the most recent month published by NHS England.

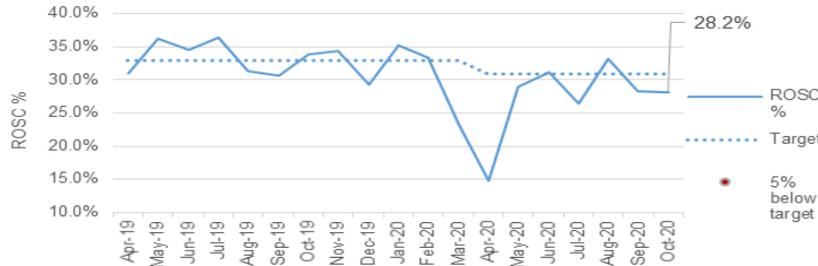
ROSC at Hospital

Month: 28.2%

Target: 31.0%

2019/20 Position:

31.9%



In October 2020, the LAS ranked 3rd for ROSC on arrival at hospital for the overall group with 28.2% and 2nd for the Utstein group with 54.9%, both above the national average of 25.6% and 47.7% respectively. We ranked 6th for Survival to Discharge for the overall group with 5.6% (below the average of 7.9%) and 3rd for the Utstein group with 26.2% (above the average of 24%). Post ROSC Care Bundle data for October ranks the LAS 3rd with 87.6% which is greatly above the national average of 74.4%.

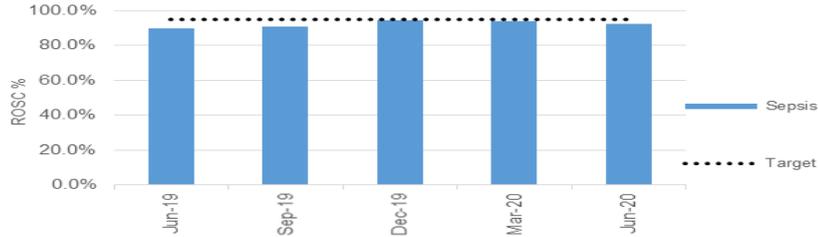
Sepsis Care Bundle

Month: 92.7%

Target: 95%

2018/19 Position:

89.5%



NHS England did not publish Sepsis Care Bundle data for October, the next data due to be published will be for December 2020 (in May 2021).

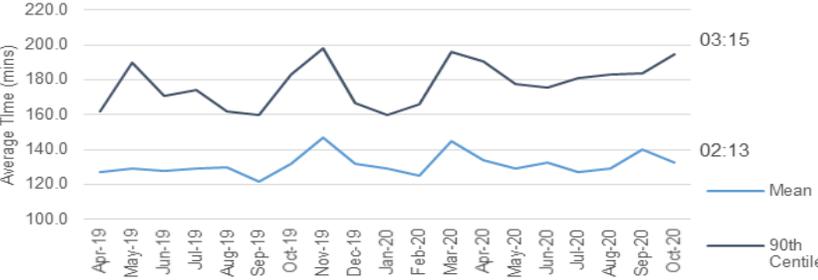
STEMI call to angiography

Mean: 02:13

Target: 02:10

2019/20 Position:

02:11



For the call to balloon measure, the LAS' mean average time for October 2020 was 02:13, which ranked 3rd in England overall. This time was 8 minutes shorter than the national average.

STEMI Care Bundle data was published for October 2020. The LAS achieved a score of 68.5%, which places 8th when ranked against all other ambulance services. This figure is a fall of 0.6% from the previous set of figures published (for July 2020).

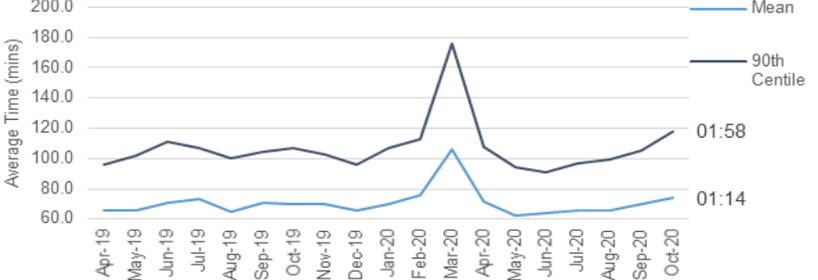
Stroke call to door

Mean: 01:14

Target: 01:10

2019/20 Position:

01:13



In October 2020, for the third consecutive month, the LAS continues to lead the rest of the country in terms of our mean call to hospital time for suspected stroke patients (01:14), significantly above the national average of 01:28. NHS England did not publish Stroke Diagnostic Bundle data for October, the next data due to be published will be for November (in April).



Patients Scorecard (NEL IUC)

January 2021

| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | | Benchmarking (Month) | | |
|--|-------|-----------------|---------------|---|---|--------------|---------------------------|-------------------|----------------------|---------------|----------------------|
| | | | | Target & Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | London Data | Best In Class | Ranking (Pan London) |
| Percentage of calls answered within 60 seconds | % | Jan-21 | ● | 95.0% | A | 63.1% | 86.3% | 77.8% | 66.7% | 74.6% | 5 |
| Percentage of Total number of calls abandoned after 30 seconds | % | Jan-21 | ● | 5.0% | A | 8.6% | 3.2% | 11.7% | 6.48% | 3.7% | 5 |
| % of calls closed with no onward referral (health advisor and clinician) | % | Jan-21 | ● | 33.0% | A | 21.9% | 24.9% | 25.2% | | | |
| % of calls transferred to 999 | % | Jan-21 | ● | 10.0% | A | 10.1% | 8.5% | 8.4% | 27.5% | 8.8% | 4 |
| % of calls recommended to ED | % | Jan-21 | ● | 10.0% | A | 10.2% | 10.1% | 9.5% | 10.4% | 9.8% | 3 |

| Benchmarking Key | |
|------------------|------------------|
| Top 3 | Blue background |
| Ranked 4-7 | White background |
| Ranked 7+ | Red background |

Patients Scorecard (SEL IUC)

January 2021

| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | | Benchmarking (Month) | | |
|--|-------|-----------------|---------------|---|---|--------------|---------------------------|-------------------|----------------------|---------------|----------------------|
| | | | | Target & Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | London Data | Best In Class | Ranking (Pan London) |
| Percentage of calls answered within 60 seconds | % | Jan-21 | ● | 95.0% | A | 64.4% | 87.2% | 78.7% | 66.7% | 74.6% | 4 |
| Percentage of Total number of calls abandoned after 30 seconds | % | Jan-21 | ● | 5.0% | A | 7.2% | 2.9% | 9.9% | 6.5% | 3.7% | 4 |
| % of calls closed with no onward referral (health advisor and clinician) | % | Jan-21 | ● | 33.0% | A | 28.0% | 28.4% | 28.2% | | | |
| % of calls transferred to 999 | % | Jan-21 | ● | 10.0% | A | 8.8% | 8.0% | 7.7% | 27.5% | 8.8% | 1 |
| % of calls recommended to ED | % | Jan-21 | ● | 10.0% | A | 12.4% | 11.3% | 10.6% | 10.4% | 9.8% | 4 |

| | |
|-----|---|
| ● G | KPI on or ahead of target |
| ● A | KPI off target but within agreed threshold |
| ● R | KPI off target and outside agreed threshold |
| ● | KPI not reported / measurement not started |



London CCGs have awarded the provision of 24/7, 365 day 111 call handling services to London Ambulance Service NHS Trust (LAS) with London Central and West Unscheduled Care Collaborative (LCW) and Practice Plus Group (PPG) as mandated sub-contractors.

The Trust has rolled out phase 1 on 17th November, which involved taking a small concentrated number of night calls. Phase 2 of the service provision has begun where the Trust is now increasing its capacity on call taking with the intention to uptake 33% of the calls through extended hours for NWL.

The scorecard below shows the performance for NWL including data from all 3 providers, combined. Further detail when available will allow us to provide a further detailed analysis in this report, as with our other 2 contracts.

Patients Scorecard (NWL IUC)

January 2021

| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | Benchmarking (Month) | | | |
|--|-------|-----------------|---------------------------------------|---|---|--------------|---------------------------|----------------------|-------------|---------------|----------------------|
| | | | | Target & Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | London Data | Best In Class | Ranking (Pan London) |
| Percentage of calls answered within 60 seconds | % | Jan-21 | ● | 95.0% | A | 71.8% | | | 66.7% | 74.6% | 2 |
| Percentage of Total number of calls abandoned after 30 seconds | % | Jan-21 | ● | 5.0% | A | 5.6% | | | 6.5% | 3.7% | 3 |
| % of calls closed with no onward referral (health advisor and clinician) | % | Jan-21 | ● | 33.0% | A | 14.4% | | | | | |
| % of calls transferred to 999 | % | Jan-21 | ● | 10.0% | A | 9.3% | | | 27.5% | 8.8% | 2 |
| % of calls recommended to ED | % | Jan-21 | ● | 10.0% | A | 10.8% | | | 10.4% | 9.8% | 3 |

| Benchmarking Key |
|------------------|
| Top 3 |
| Ranked 4-7 |
| Ranked 7+ |

- **G** KPI on or ahead of target
- **A** KPI off target but within agreed threshold
- **R** KPI off target and outside agreed threshold
- KPI not reported / measurement not started

1. Our Patients

111 IUC Performance



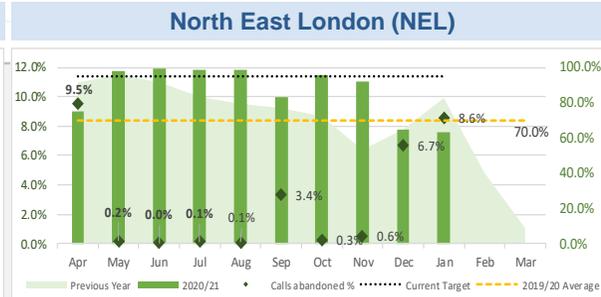
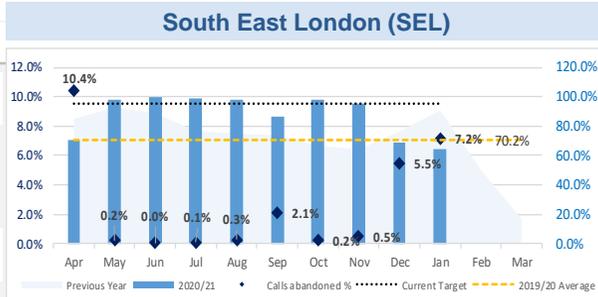
Call answering was outside target in January for North East London (NEL) and South East London (SEL) due to a steep rise in demand following Covid second wave and third lockdown. SEL was within target for calls transferred to 999, while NEL was outside. The abandonment rates were also not within target for January. We were challenged in the recommendation to attend ED performance for SEL.

Call Answering & Abandoned Calls

SEL: 69.1% / 5.5%

Target: 95% (CA) and 5%

NEL: 65.0% / 6.7%



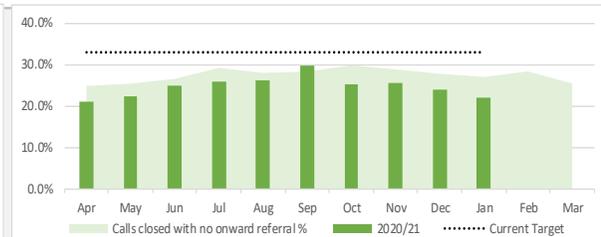
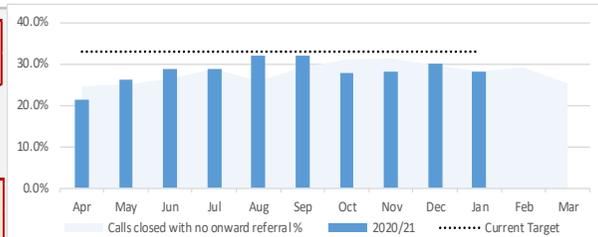
The 111/IUC centres have been critically important in national Covid-19 response as any concerns were directed to 111 across England. The call demand in January increased due to Covid cases, which challenged the 111 performance. The Trust worked with system partners and downstream providers to increase capacity.

% of calls closed with no onward referral

SEL: 28.0%

Target: >33%

NEL: 21.9%



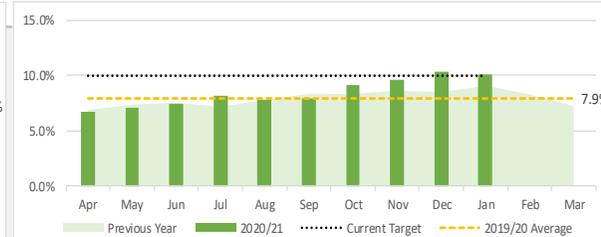
We are continuing to work to identify which patients benefit most from being managed via the CAS so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard 111 service and releases pressure on the wider healthcare system.

Calls Outcome: Transferred to 999

SEL: 8.8%

Target: <10%

NEL: 10.1%



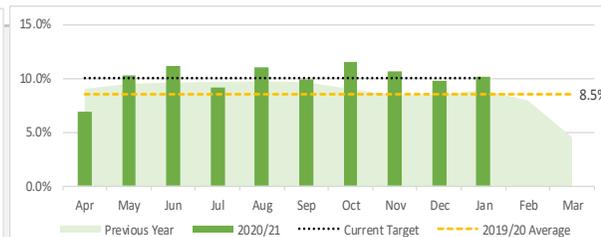
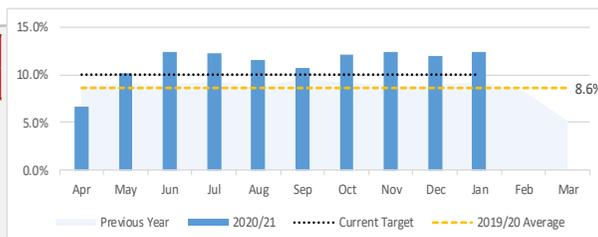
Referrals to 999 services remain within the 10% national standard for SEL and outside for NEL. During January, NEL delivered 10.1%, with SEL delivering 8.8%.

Call Outcome: Recommended to attend ED

SEL: 12.4%

Target: <10%

NEL: 10.2%



The development of our IUC services has enabled NEL and SEL to consistently outperform other providers on A&E avoidance. The performance on this metric has been challenged while striving to give patients the most appropriate care. There is still work to do to reduce recommendation for patients to attend A&E while balancing with patient safety and the transfer to 999.

1. Our Patients

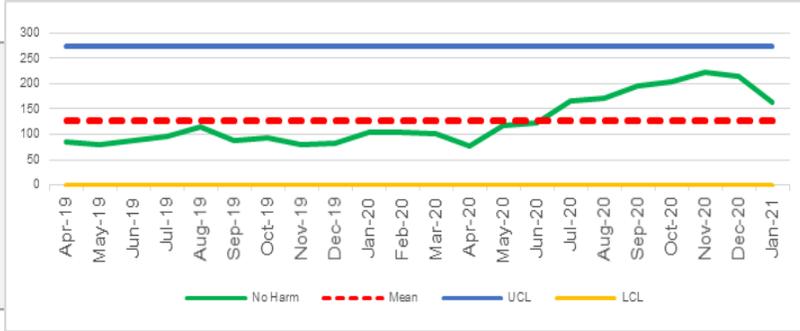
Safe Scorecard

IUC Incident Management



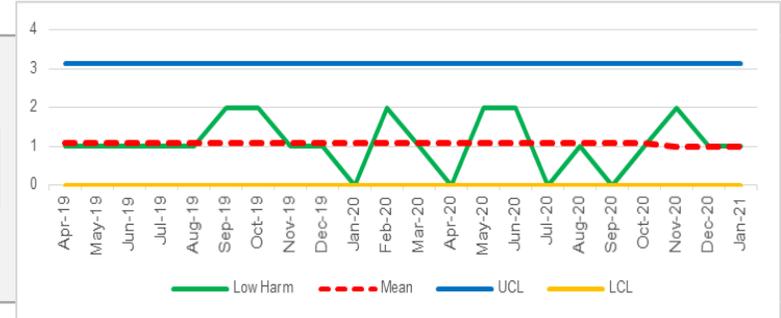
No Harm/Near Miss

Latest Month: 164



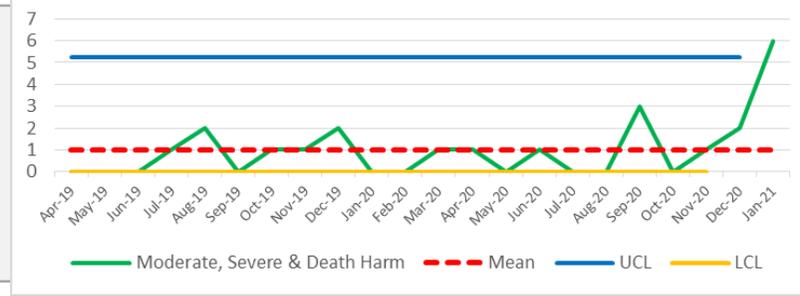
Low Harm

Latest Month: 1



Moderate, Severe & Death Harm

Latest Month: 6



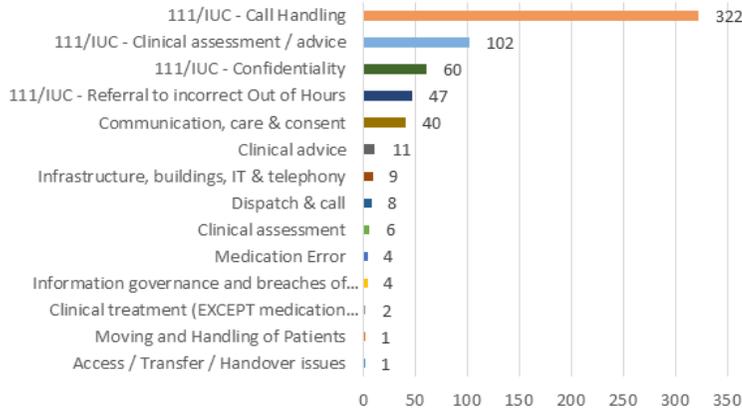
Analysis of SPC graphs:

The number of reported incidents continues to be positive in reporting numbers particularly in regards to no harm incidents. This is a sign of a good reporting culture.

There are increases in incident reporting that match the SPC graphs matches times of seasonal demands on the service. There was an increase in the IUC services in December and January due to the COVID19 pandemic in London

Incident categories (Nov – Jan 2021)

Incidents by Category

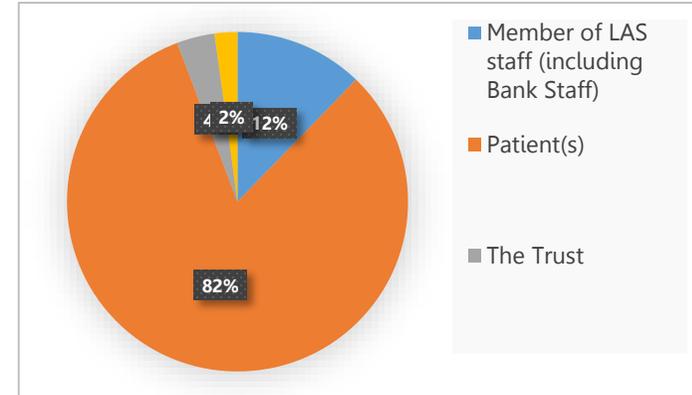


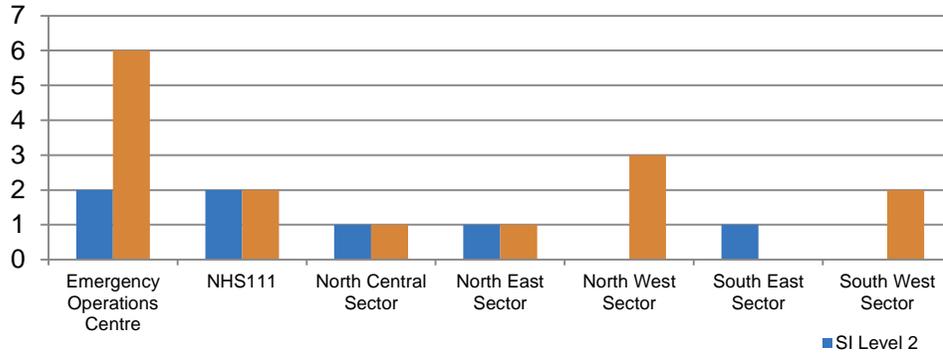
Call handling, Clinical assessment / advice and Confidentiality are the top three categories. Actions are being taken to address these themes including:

- A pilot QI project has been undertaken to refine the way demographics are taken to reduce instances of inaccurate information capture. Although paused, conversations are ongoing to identify if this work can continue.
- Regular Clinical CPD sessions have recommenced, individual feedback is provided and deep dives into practice occur to ensure any trends are addressed.
- Consent is routinely monitored to ensure principles of consent and capacity are adhered to. There is good use of these Acts within IUC

Incident Management

There are 139 (as of 16/02/2021) which have been opened on the system longer than 35 working days (this excludes Sis & COVID 19 reviews). This breaks down to 114 patient incidents, 17 staff incidents 3 visitor incidents and 5 Trust related incidents.





During December 2020 and January 2021, total of **22** (including NHS 111) reported incidents were declared as SIs after review at the Serious Incident Group (SIG). Fig. 1 shows the monthly distribution of declared SIs across the Trust.

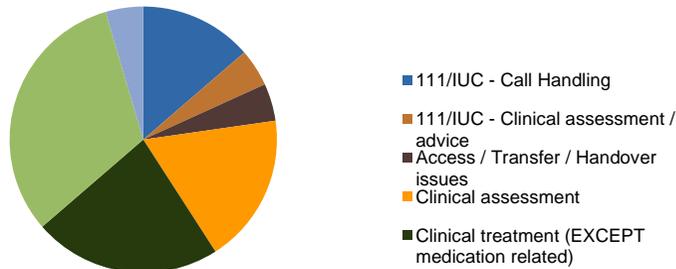
Of note

- 6 incidents were declared based on the incorrect triage of a 999 call resulting in a delayed response.
- 4 incidents involved the clinician decision making regarding the non conveyance of a patient.
- 3 incidents involved 111/IUC call handling and an incorrect triage resulting in the incorrect disposition being obtained.
- 2 incidents involved the management of patients suffering from major trauma.
- 2 incidents involved the management of cardiac arrests and the application of a defibrillator.

Mitigating actions that have taken place:

- The Emergency Rule regarding *staying on the line* for 999 call handlers was clarified.
- A review of Pre-Triage Sieve compliance was undertaken to understand whether the call handling errors was related to the experience and/or route of education.
- Communications were sent out on LIA following the two cases of delayed defibrillation.

SI categories



There continues to be a focus on SI actions, at the end of January there were 167 open actions, of these 27 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

- Action owners are made aware of the overdue action by the Datix system which send a reminder every 2 days.
- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.
- Overdue actions are also monitored at the Safety Investigation Assurance and Learning Group (SIALG) where escalations to departments are communication, if required.

There are 2 incidents which are oldest and highest in priority:

One is to distribute iPads to all frontline operational members of staff and remove pocket books from operation, ensuring only one source of information is available to all staff at the point of care.

Update:

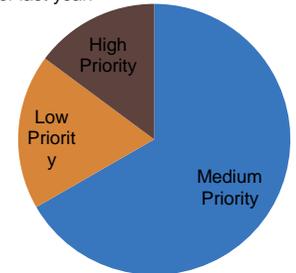
All contracted frontline operational staff now have iPads and the Trust is working through the final arrangements for dealing with Bank staff, so there is assurance that most staff have access to JRCALC+ for their information now, instead of the pocket books.

There are challenges with the access to iPads for Bank staff which relate to multiple users on a single iPad which the Trust is working to resolve

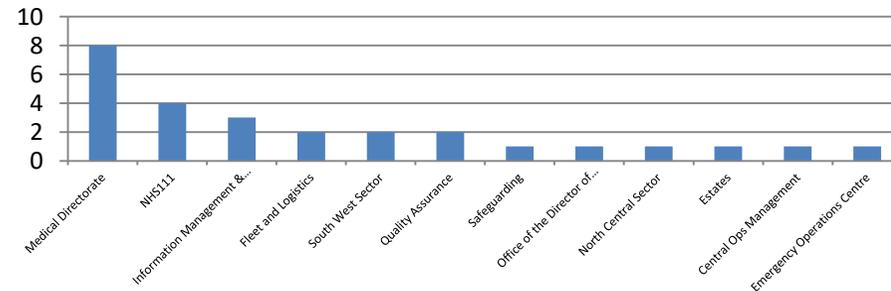
The other overdue SI actions is for the Logistical Support Unit (LSU) to review and develop an options appraisal on available automated stock management systems for approval within 9 months.

Update

The Orderwise stock management system was put in place in March last year to manage the PPE stock for the Trust and has since been extended to cover medical consumables. A business case has been written and a project manager put in post for an asset and stock management system. This was approved towards the end of last year. The tender has closed and is now being evaluated.

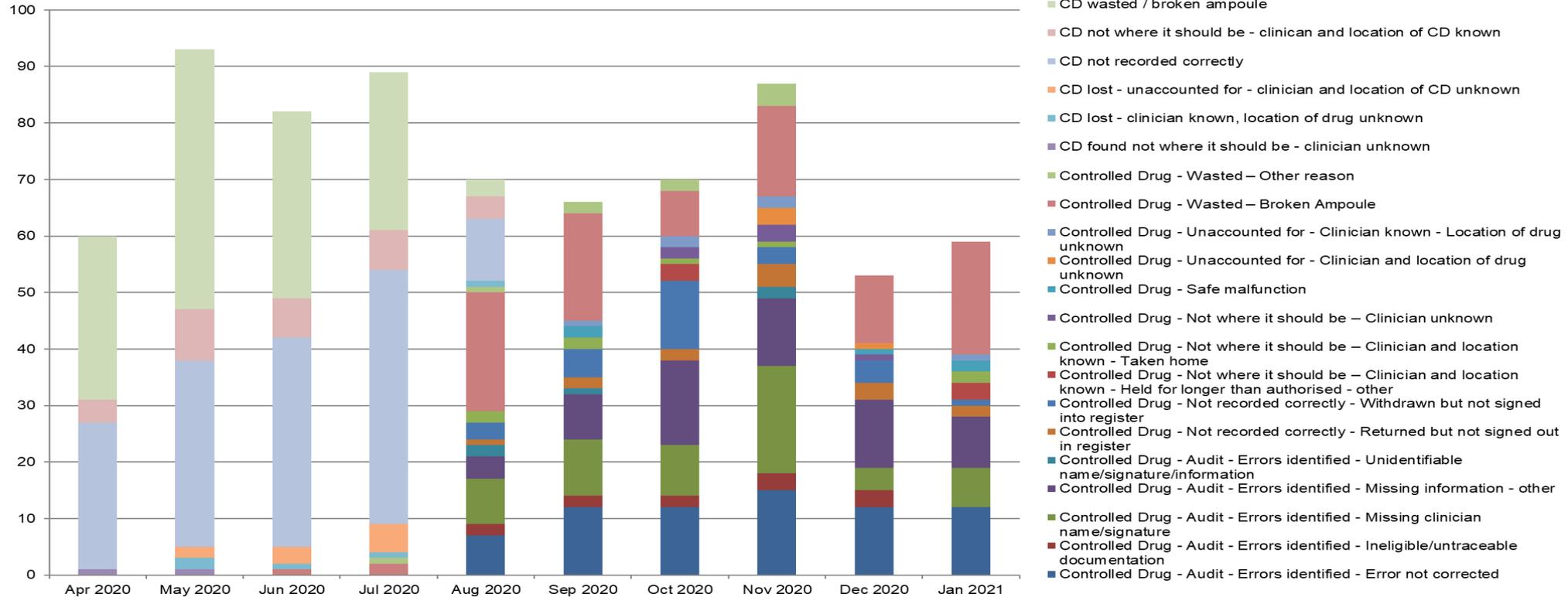


Overdue actions by Department





BI Controlled Drug Report



- No unaccounted for loss of injectable morphine
- Total of 70 other controlled drug (CD) incidents including
 - Abloy system/CD safe loss of malfunction (n=5)
 - Errors identified during CD audit (n=32)
 - CD damage or breakages (n=25)
 - CD retained off duty (n=5)
 - Unsecured, expired or missing CDs in pack (n=3)
- Non-controlled drugs incidents
 - Breakage, spillage or out of date drugs (n=3)
 - Inappropriate administration of adrenaline (n=1), atropine (n=1), diazepam (n=3), hydrocortisone (n=1), aspirin (n=3), chlorphenamine (n=1), glucose (n=1), midazolam (n=1), morphine (n=3), paracetamol (n=4), saline (n=1)
 - Reaction to morphine (n=1)
 - Delay in prescription from non-LAS provider (n=1)

Assurance

- No incidents where morphine retained off duty. This means that controlled drugs remain secure and accounted for.
- No unaccounted for losses of morphine.
- No non-CD drugs found unsecured.

Actions

- Approval of additional PGD drug protocols to facilitate more community treatment of patients by APP-UC
- Ongoing development of new medicines packing unit



People Scorecard

January 2021

| Indicator (KPI Name) | Frequency | Basis | Data From Month | Target Status against current month | Current Performance | | | | | Trajectory | Target Status against trajectory | Benchmarking | | |
|---|-----------|-------|-----------------|-------------------------------------|---|----------|--------------|---------------------------|-------------------|------------|----------------------------------|--------------------|---------------|----------------------------------|
| | | | | | Target and Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | | | FY20/21 Trajectory | National Data | Best In Class (Ambulance Trusts) |
| In-Ops Vacancy Rate (% of establishment) | Monthly | % | Jan-21 | ● | 5% | Internal | 4.9% | 4.5% | 4.3% | 3.3% | ● | | | |
| Staff Turnover (% of leavers) | Monthly | % | Jan-21 | ● | 10% | Internal | 8.4% | 9.0% | 9.2% | 8.5% | ● | | | |
| Staff Sickness levels (12 month rolling) (%) | Monthly | % | Jan-21 | ● | 5% | Internal | 5.5% | 5.4% | 5.4% | 5.5% | ● | | | |
| Statutory & Mandatory Training (85% or above) | Monthly | % | Jan-21 | ● | 85% | Internal | 83.0% | 84.0% | 84.0% | 83.0% | ● | | | |
| Staff PDR Compliance (85% or above) | Monthly | % | Jan-21 | ● | 85% | Internal | 74.0% | 69.0% | 71.0% | 75.0% | ● | | | |
| Flu Vaccination Rate (Trust Total - 55% achieved last year) | Monthly | % | Jan-21 | ● | 80% | Internal | 77.3% | 77.3% | 77.3% | 77.3% | ● | | | |
| % of BME Staff | Monthly | % | Jan-21 | ● | 17.5% | Internal | 18.0% | 17.3% | 17.0% | 18.0% | ● | | | |
| Improve leadership and management across the Trust (Visible and Engaging Leader Programmes - target of 36% of Trust Managers in 2019/20) - <i>currently on hold</i> | Monthly | (n/%) | Jan-21 | ● | 36% | Internal | 14.0% | 14.0% | 14.0% | 14.0% | ● | | | |
| Level 3 Safeguarding Training Completed (90% target over 3yr period) | Monthly | % | Jan-21 | ● | 800 | National | 100.0% | 85.0% | 85.0% | 85.0% | ● | | | |
| Staff Engagement Theme Score | Yearly | (n) | Jan-21 | ● | 6.5 | Internal | 6.2 | | 6.1 | | ● | 6.3 | 6.6 | |
| Staff Survey Response Rate | Yearly | % | Jan-21 | ● | ≥72% | Internal | 72% | | 72% | | ● | | 72% | 1 |
| Equality, Diversity & Inclusion Theme Score | Yearly | (n) | Jan-21 | ● | 8.3 | Internal | 8.0 | | 8.1 | | ● | 8.5 | 9.5 | |
| BME Staff Engagement Theme Score | Yearly | (n) | Jan-21 | ● | 6.4 | Internal | TBC | | 6.2 | | ● | | | |
| Bullying & Harassment (Safe Environment Theme) | Yearly | (n) | Jan-21 | ● | 7.3 | Internal | 7.1 | | 7.0 | | ● | 7.4 | 7.5 | |

● G KPI on or ahead of target
● A KPI off target but within agreed threshold
● R KPI off target and outside agreed threshold
● KPI not reported / measurement not started

2. Our People

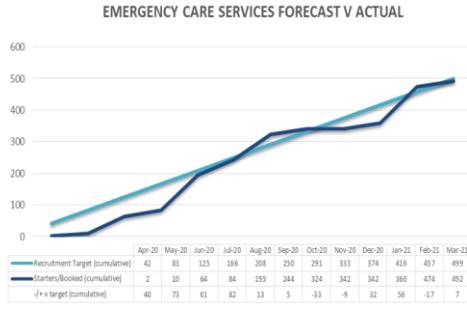
Vacancy Rates, Staff Turnover and Sickness



Recruitment

Month:
35FTE

Target: 40FTE



Required Frontline:
499FTE

Supply: 470FTE

Recruited gap: 29FTE
under

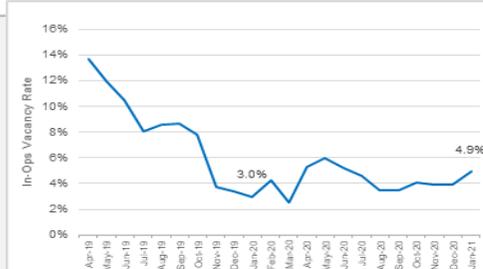
In-ops gap: 137FTE(4.9%)

People & Culture's recruitment team continue to work with Ambulance Services and Clinical Education to deliver a strong pipeline of registered and non-registered staff. Whilst we have recruited up to our level of 3,370fte, our in-ops rate has increased to 4.9% with 102 Assistant Ambulance Practitioners and 35 Paramedics in classroom training. We have an end of year 'in-ops' forecast for frontline staffing of 3.3% (102ftes). We are currently developing a specification for the procurement of an external international recruitment provider to meet the 269 international paramedics required for 2021/22. To support our non-registrant requirements for 2021/22 we are planning to work in partnership with a new external TEAC provider to deliver our planned TEAC numbers. This will release capacity within Clinical Education Services and maximise staff for operations.

Vacancy Rate

Month: 3.6%

Target: 5%

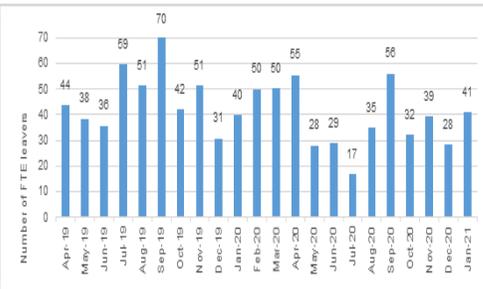
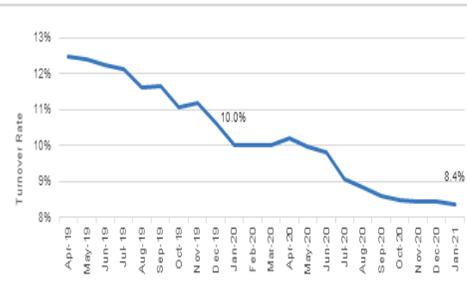


Our overall vacancy rate remains below target at 3.6%. There are significant activities in progress to deliver increased resources in both our EOC and 111 call handling services. This includes a dedicated training and recruitment plan to build pipelines to ensure we meet our 2021/22 demand forecasts. The current paramedic pilots with Merton PCN and Redbridge PCN will provide us with the opportunity to test arrangements for PCNs and apply any lessons learned in advance of a fuller launch in 2021/22.

Staff Turnover

12 Month
Rolling: 8.4%

Target: 10%

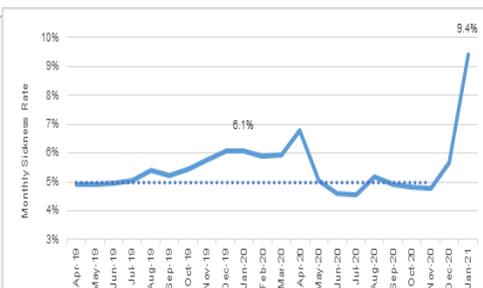
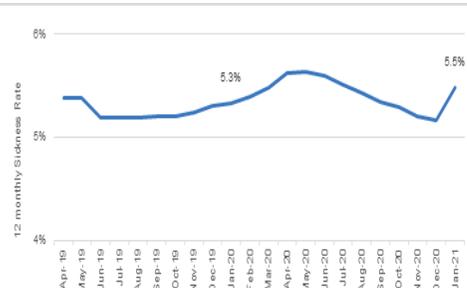


Our turnover rate has slightly improved from 8.5% to 8.4%. We continue to see a lower number of leavers in Emergency Care Services, 111 and EOC than forecast. We have a number of retention activities in place including funding indefinite leave to remain, supporting staff to utilise the Government's automatic one year visa extension and enhancing our programme of retention interviews with our international paramedics. Also, the telephone exit interview pilot with NHS Shared Business Services is now in its 5th month and the first feedback report is being reviewed to identify key themes and trends.

Sickness

12 Month
Rolling: 5.5%
Monthly: 9.4%

Target: 5%



The monthly Trust wide sickness has increased from 5.7% in December to 9.4% in January due to the second Covid peak. Our 12 monthly rate has also increased from 5.2% to 5.5%. At its peak there were 363 Covid related sicknesses, compared with 125 in December and 27 in November. The P&C teams are working with managers to ensure that a number of activities are in place including return to work interviews, welfare checks on absent colleagues and more engagement with OH.

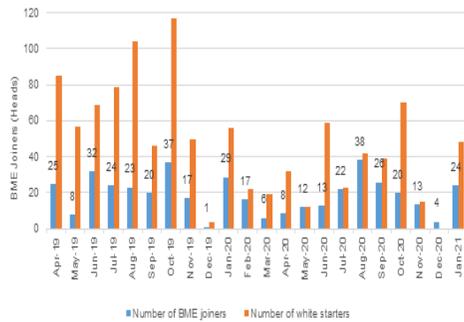


Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion Standards

These graphs show the numbers of BAME starters and leavers from April 2019 to January 2021. During this period we have had 418fte BAME starters and 202fte BAME leavers, a net increase of 216fte. 29% of our total starters during this period were BAME. This has improved to 35% from April 2020 to date.

BME Starters

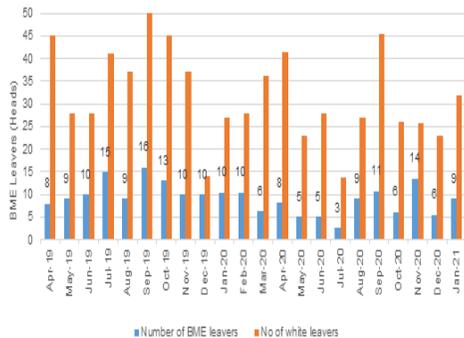


Overall numbers of BAME staff continue to increase (currently 1,160) although this representation varies at different levels in the organisation.

| % of BME staff in band | |
|------------------------|-------|
| Bands 1-4 | 40.4% |
| Bands 5-7 | 12.9% |
| Band 8A to 9 | 14.2% |

We are awaiting the WRES and WDES National reports from NHSi which are normally released in November/December each year.

BME Leavers



We have to date completed 98% of BAME risk assessments. We are now identifying themes from the assessments which will provide intelligence to support and inform our overall planning of activities to ensure that staff remain safe and protected.

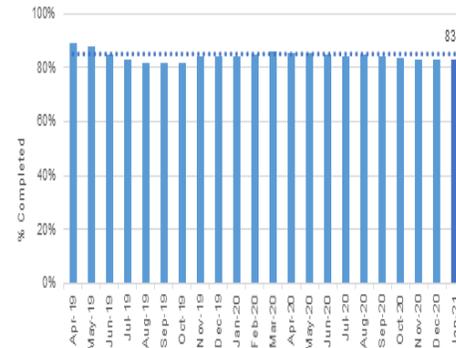
The Equality, Diversity & Human Rights (3 Years) e-learning has remained at 82%.

Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **83%**.

Appraisal completions at **74%** at the end of January.

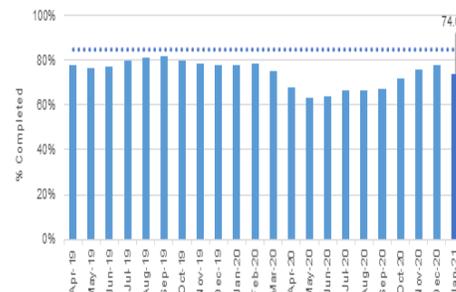
Statutory & Mandatory



As at 31st January we are tracking slightly below our 85% target at 83%. Information Governance is at 94% for January against an annual target of 95% to meet the requirements of the NHS Digital's IG Toolkit.

We have seen a decrease in PDR rates during January which has reduced the compliance from 78% to 74%. We are working closely with Corporate teams who have lower compliance

Appraisal Compliance



levels than frontline teams to improve their compliance levels to the required level of 85%. To support this, Corporate Directors are receiving weekly PDR reports for their teams highlighting those who have an expired PDR date and those who are due to expire in the coming three month period.



Current position

- Safeguarding Level 3 is now a National Requirement for all paramedics/clinical staff as of the 1st April 2019.
- There are 4,816 staff who need to be trained.
- A training plan was agreed with our Commissioners to deliver the training to all clinical staff by March 2022, and targets have been set for each of the years 2019/20, 2020/21 and 2021/22 as follows:
- For year one we achieved 103% completion with 913 having completed the Level 3 training.

| | Year Start | Year End | Compliance Target | % Completed |
|--------|------------|----------|-------------------|-------------|
| Year 1 | Apr-19 | Mar-20 | 800 | 17% |
| Year 2 | Apr-20 | Mar-21 | 3,000 | 62% |
| Year 3 | Apr-21 | Mar-22 | 4,816 | 100% |

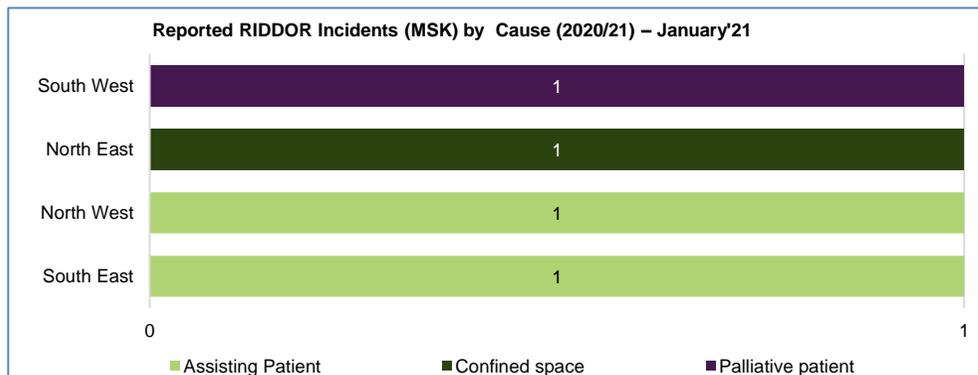
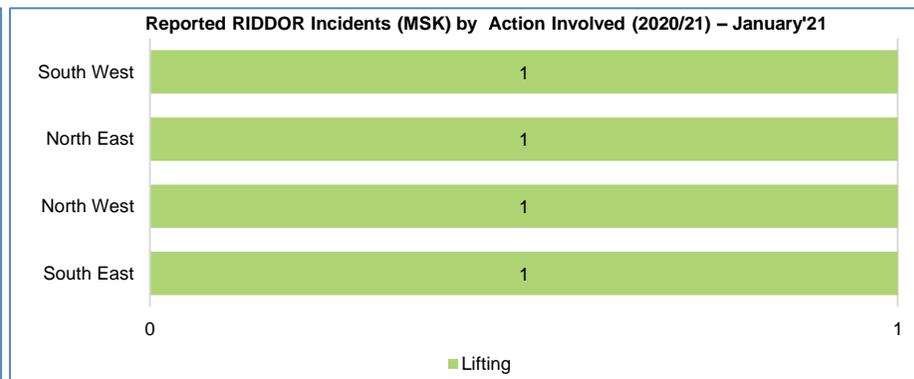
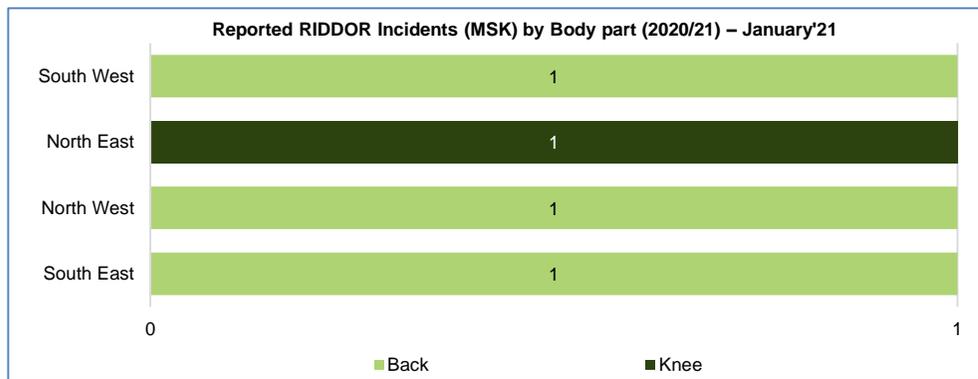
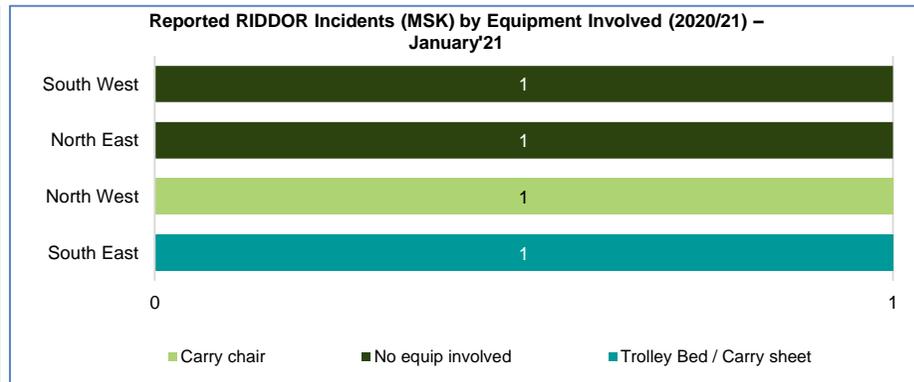
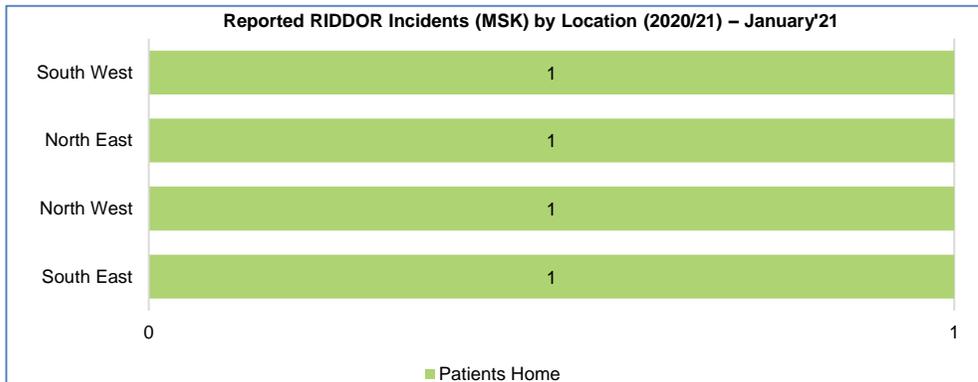
- As a result of Covid 19 and the changes required to training we are currently seeking agreement to the new compliance target for year 2 of 2500 compliance whilst still completing full compliance by end of year 3.
- This training is part of the CSR hours of allocation and 8 hours was given to safeguarding.
- We are currently developing a mixture of e learning and virtual training via teams that equates to 8 hours. Just awaiting operations agreement to the new delivery plan.

Safeguarding Trajectory





Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) by Sector – January 2021



The above graphs provide details from the thematic analysis of 4 reported RIDDOR incidents in January 2021 (1 incident occurred in December'20, and 3 incidents occurred in January'21). These relate to Manual Handling (MSK):

1. All 4 reported RIDDOR incidents occurred in Patients Home (n=4).
2. 2 reported RIDDOR incidents involved no equipment, 1 incident involved while handling Carry Chair (n=1) and 1 incident involved Trolley Bed/Carry sheet (n=1).
3. 3 reported RIDDOR incidents resulted in Back injury (n=3), 1 incident resulted in Knee injury (n=1).
4. All 4 reported RIDDOR incidents occurred during Lifting (n=4).



Violence & Aggression Incidents (Physical Assaults on Staff) Report– Findings & Actions - 2020/21 (up to end January'21)

Findings

- 33 assaults reported during January'21.
- The greatest number of reported physical assaults (53%) occur due to the clinical condition of the patient;
- Police attended 70% of physical assault incidents;
- 27 successful prosecutions for assault have been recorded (year to date); and further 23 cases are awaiting trial.

Actions

- Close liaison with MPS Operation Hampshire continues to support victims through the criminal justice process.
- LAS and MPS information sharing agreement being produced to help facilitate VROs in liaising with MPS to support and update victims.

General

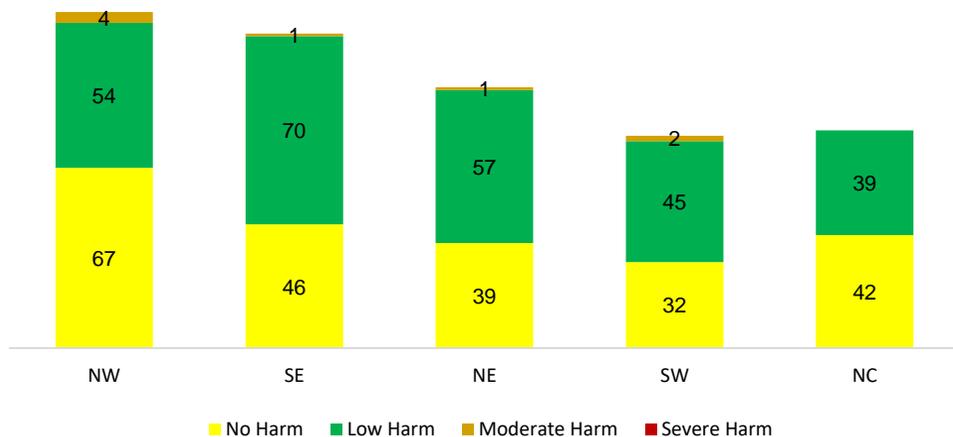
- Violence Reduction – Violence Reduction Officers (VROs) continue to provide support and guidance to both victim and management, following incidents of violence and aggression.

Latest Updates

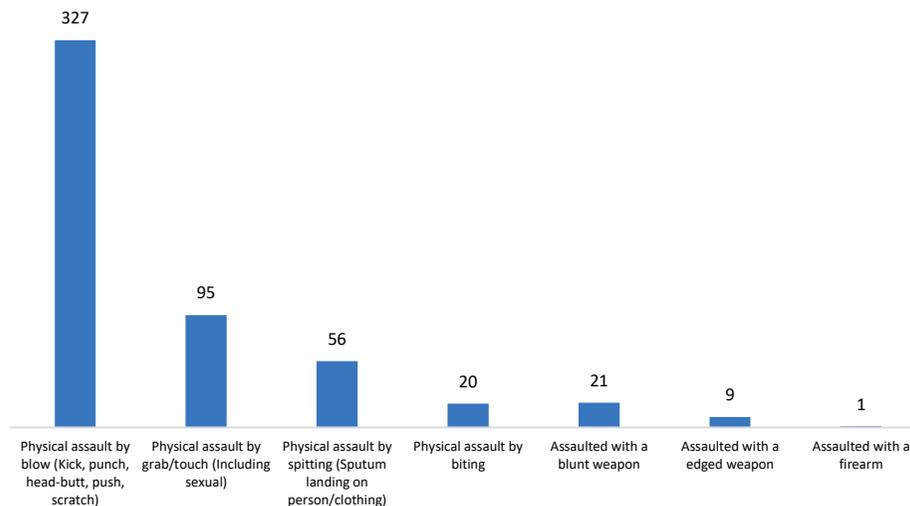
- TBWV Standard Operating Procedure (SOP) final approval at Corporate Health Safety & Wellbeing Committee.
- BWV training plans being finalised.
- BWV equipment undergoing User Acceptability Testing.
- BWV equipment quantities for second trial sites (Greenwich and Newham) being finalised.
- BWV working with Comms (internal and external) to prepare media for trial start.
- BWV Outline Business Case for full roll out.
- NHS England Violence Prevention and Reduction Standards published
- NHS England Violence Prevention and Reduction Standards gap analysis.



Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (year to date) –2020/21



Number of reported Physical Assaults on Staff by Type (year to date) – 2020/21



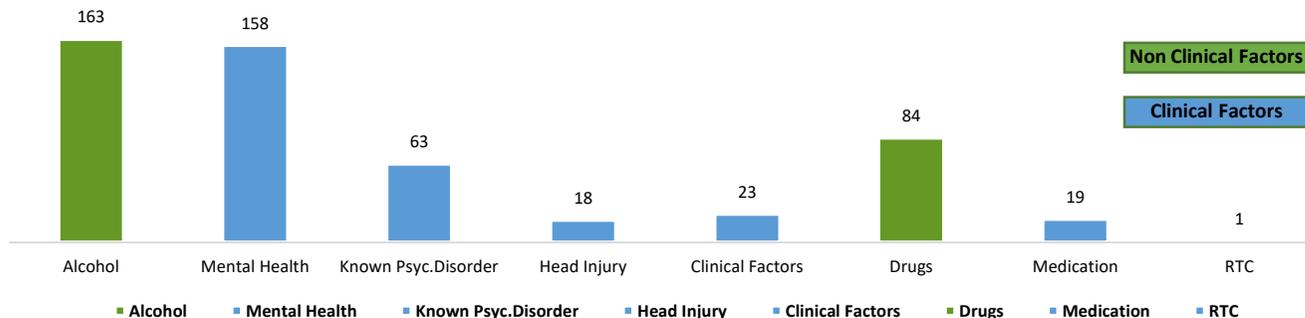
Notes:

- A total of 529 Physical Assaults on Staff were reported during 2020/21 (up to end January'21).
- 243 (46%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 286 incidents resulted in Harm. 277 (52%) of the harm related incidents were reported as 'Low Harm and 9 (2%) incidents were reported as Moderate Harm.
- 34 out of the 529 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc).

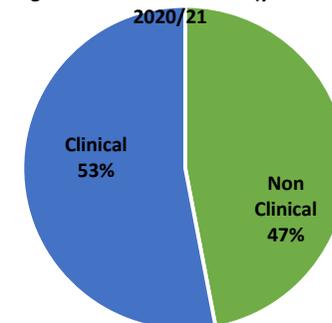
Notes:

- Physical Assault – by blows, kicks/ assault to staff (62% , n=327) accounted for the highest number of incidents reported during 2020/21 (up to end January'21).

Number of reported Physical Assaults on Staff by Influencing Factors (year to date) – 2020/21

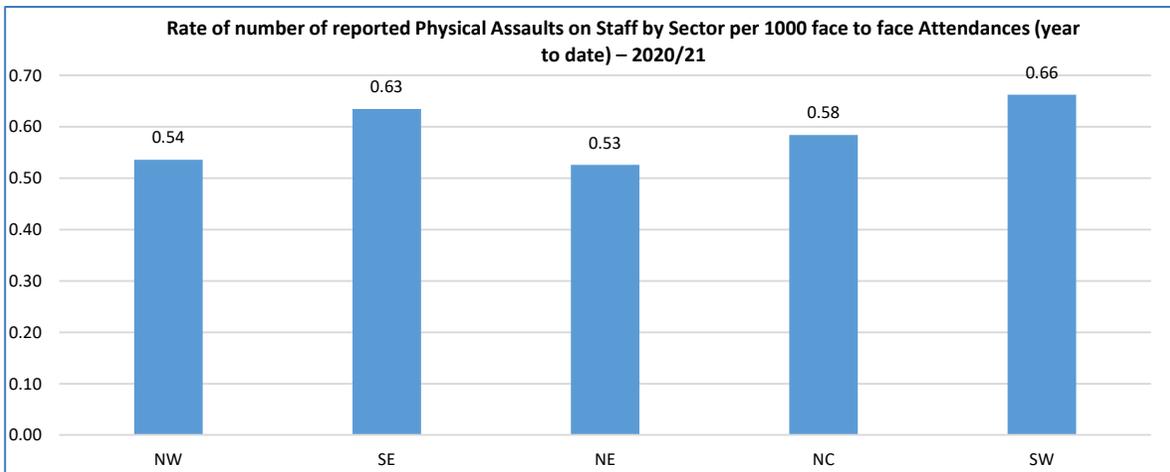


Percentage Breakdown of Factors (year to date) – 2020/21



Notes:

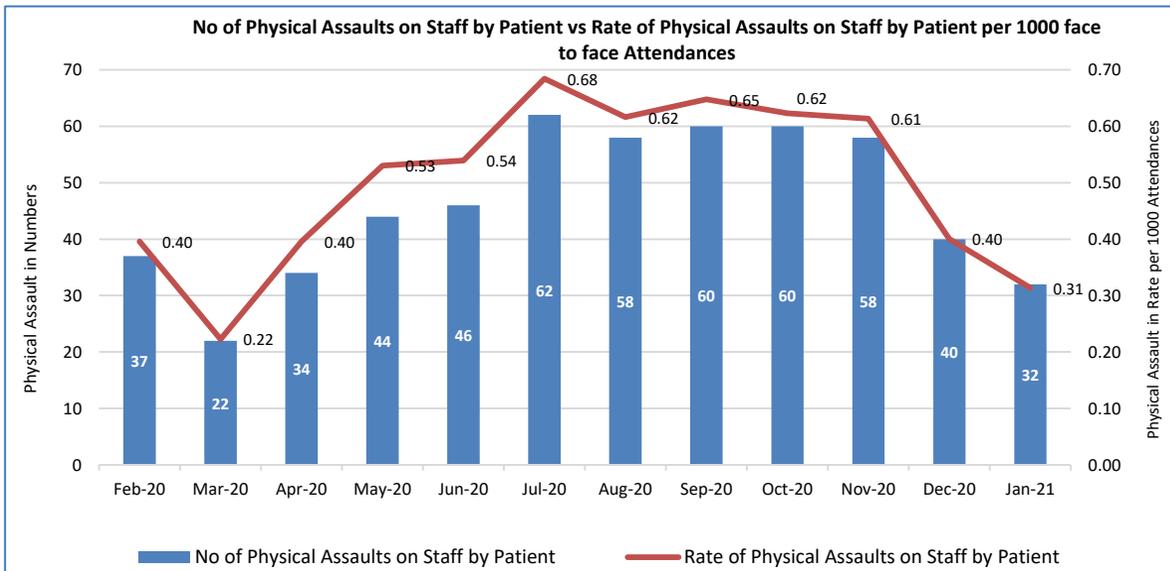
- Clinical Factor: 281 (53%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=158), Known Psyc.Disorder (n=63), Head Injury (n=18), Clinical Factors (n=23), Medication (n=19).
- Non Clinical Factor: 248 (47%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=163), and Drug (n=84) and, RTC (n=1).



| Sector | Rate of Physical Assaults on Staff |
|--------|------------------------------------|
| NW | 0.54 |
| SE | 0.63 |
| NE | 0.53 |
| NC | 0.58 |
| SW | 0.66 |

Notes:

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



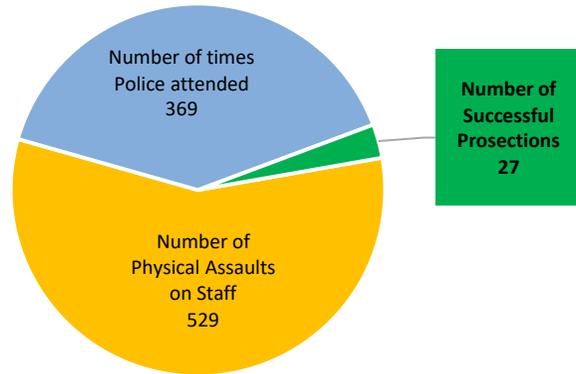
| Month | No of Physical Assault on Staff by Patient | Rate of Physical Assault on Staff by Patient |
|---------|--|--|
| Feb-20 | 37 | 0.40 |
| Mar-20 | 22 | 0.22 |
| Apr-20 | 34 | 0.40 |
| May-20 | 44 | 0.53 |
| June-20 | 46 | 0.54 |
| July-20 | 62 | 0.68 |
| Aug-20 | 58 | 0.62 |
| Sep-20 | 60 | 0.65 |
| Oct-20 | 60 | 0.62 |
| Nov-20 | 58 | 0.61 |
| Dec-20 | 40 | 0.40 |
| Jan-21 | 32 | 0.31 |

Notes:

- The graph and dash board (above) provides the Number of reported Physical Assault on Staff by Patient & the Rate of reported Physical Assault on Staff by Patient per 1000 face to face Attendances over the last 12 months (Feb'20 to Jan'21).



Number of: Physical Assaults - Police Attended - Successful Prosecutions (year to date) – 2020/21



| Total Number of Successful Prosecutions (2020-21) | Number of LAS Victims |
|---|-----------------------|
| 27 | 31 |

Notes:

- Total of 529 physical assaults on staff reported during 2020/21 (up to end of January'21).
- Police were attended 369 occasions out of the 529 incidents.
- 27 cases were successfully prosecuted during 2020/21 and the outcome of the prosecution are given in the dash-board below.
- Further 23 cases are awaiting trial.

| Prosecution Outcomes (2020-21) | |
|---|------|
| Suspect got custodial sentence | 18 |
| Compensation awarded | 12 |
| Average compensation awarded per victim | £140 |

| Prosecution Outcomes (2020-21) | Total |
|---|-------|
| 26 weeks imprisonment | 1 |
| 3 months imprisonment suspended for 12 months | 1 |
| 4 weeks imprisonment | 1 |
| 7 months imprisonment | 1 |
| 12 weeks imprisonment | 1 |
| 34 weeks imprisonment | 1 |
| 12 weeks prison suspended for 12 months & £275 compensation | 1 |
| 8 weeks imprisonment | 1 |
| 20 weeks imprisonment | 1 |
| fined £110 & compensation £34 | 1 |
| 10 weeks prison suspended for 18mths & £250 compensation | 1 |
| 16 weeks imprisonment suspended for 12 months | 1 |
| 8 months imprisonment & £200 compensation | 1 |
| Community order & £75 compensation | 1 |

| Prosecution Outcomes (2020-21) | Total |
|---|-------|
| Conditional discharge for 9 months | 1 |
| Fined £150 & compensation £150 | 1 |
| 28 days prison suspended 12 months & £200 compensation | 1 |
| 8 weeks prison suspended for 12 months & £50 compensation | 1 |
| 16 weeks prison suspended for 18 months & £200 compensation | 1 |
| £200 compensation | 1 |
| Community order & £350 compensation | 1 |
| Community order & £200 compensation | 1 |
| Youth referral order & £200 compensation | 1 |
| 6 weeks imprisonment | 1 |
| 4 weeks custodial sentence | 1 |
| 6 week custodial sentence | 1 |
| No separate penalty | 1 |

Claims:

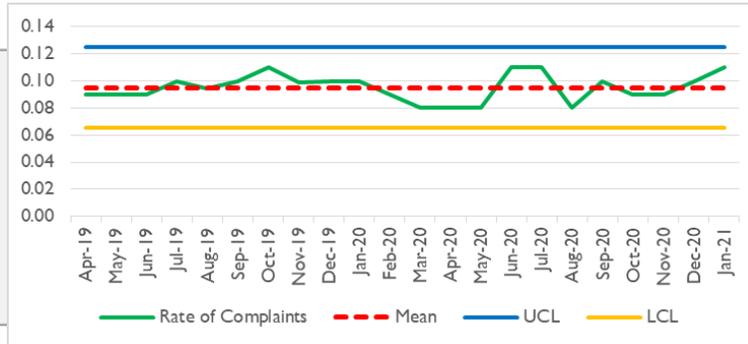
Currently there is no claim made by staff member due to physical assault.



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

Rate of Complaints

Latest Month: **0.11**

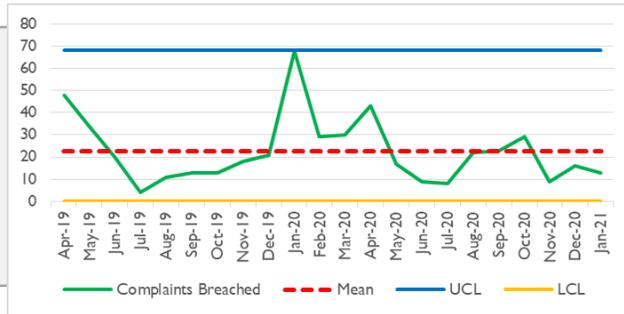


Complaints (including those recorded as concerns) was higher than the average for this time of year at 109. There were 533 PALS enquiries which includes 282 added to the duty spreadsheet that did not require any further actions other than referring the enquiry to the correct team. This number was considerably higher than December (428) and reflects the increased numbers of enquiries during the peak 999 call period

We managed 39 Quality Alerts of which 5 were from LAS staff. 22 related to Acute Trusts.

Responding to complaints

Latest Month: **13**



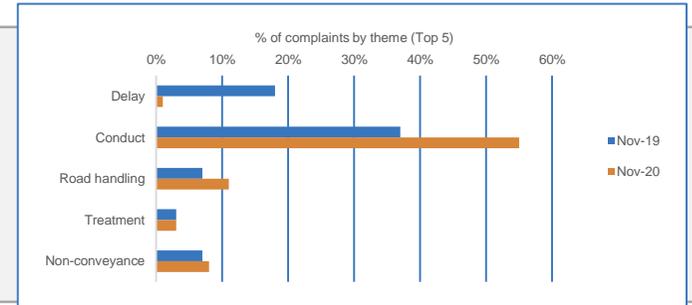
13 complaints due for a response in January breached the target response.

It remains likely that the 2020/21 trajectory of complaint numbers will be circa 1000

As a result of the NHSE guidelines, the department put in place similar 'pause' measures similar to March 2020 which will be reviewed continually.

We are mindful of the REAP levels set out by the Trust and if the level of that is below REAP level 4, we will manage complaints using Business as Usual guidelines.

Categorisation



A second national lockdown was imposed in January 2021. NHS England and NHS Improvement recommended that all healthcare organisations should opt to operate as usual regarding the management of complaints if they are able to do so but where organisations that need to process complaints more slowly a set of guidelines were issued.

Primarily the advice was to acknowledge complaints in accordance with the NHS Complaint Regulations, to triage complaints and to inform complainants of possible delays. This will be effective from 01 February to 30 April 2021.

Actions and Learning

Patient Experience – January 2021

The Ombudsman is working on the Complaints Standards Framework which sets out a single sets of standards for staff to follow and will provide standards for leaders to help them to capture and act on the learning from complaints.

Our Department has been selected as an Early Adopter site the new guidance to work on this project which aims to provide a clear vision of how to approach feedback and complaints effectively and will set out the best practice regarding learning from complaints to improve services. It is anticipated that this will establish the basis of a new regulatory framework.

Improvements to the case weighting mechanism in Datix have been implemented to monitor performance and the complexity of some complaints. This is part of an ongoing project regarding staff development and links to the Training Workshops we have delivered via Teams. Good progress has been made with the Training Programme primarily for new staff but this also acts as a refresher and monitoring mechanism for existing team members.

Following the outcome audit of Subject Access Requests by Grant Thornton, further changes were made to Datix to improve recording of time frames in line with statutory requirements. We have also improved the SAR information on the website to clarify the process for those who request copies of the records we hold



Aim & Benefits of the accreditation scheme

The aim is to drive quality standards by empowering front line staff to make improvements in line with the Care Quality Commission's (CQC) fundamental standards.

Benefits include:

- Safe patient care & improved patient experience
- Improved front line staff engagement in the quality agenda, a sense of collective leadership & pride in care delivered
- Clear standardised approach and expectations in terms of quality standards of care

The pilot & the outcome

The pilot run between 1 Sept & 30 Nov 2020. Independent assessments took place between 30 Nov & 4 Dec .

Independent assessors comprised of CCG Quality Leads from all the 5 London STPs/ICS and members of the LAS Public & Patient Council. The sessions were facilitated by the Quality Governance & Assurance Managers.

Standards assessed

| | |
|---|---|
| Safe CQC KLOES e.g. compliance with IPC, safeguarding, meds management, stat & man training, Datix etc. | Caring KLOES e.g. involving patients in decisions about their care & treatment |
| Effective CQC KLOES e.g. CPI, MCA, PDRs | Well Led KLOES e.g. staff engagement, risk management, information management, vision & strategy that aligns with the wider trust vision & strategy |
| Responsive CQC KLOES e.g. complaints response rates, timely care | |

Accreditation levels



Key

| | |
|---------------|---|
| Gold | Meeting all assessed quality standard's and is deemed excellent |
| Silver | Meeting most quality standards with plans to improve |
| Bronze | Meeting basic quality standards |

| Participating stations | Awards achieved at the end of the pilot |
|------------------------|---|
| Hanwell station | Gold |
| Wimbledon station | Gold |
| Camden station | Gold |
| Newham station | Gold |
| Brixton station | Silver |
| SEL IUC | Assessments were postponed due to operational pressures |

Platinum is achieved after 1 year at Gold. A monitoring system has been developed to routinely check that expected standards are being maintained.



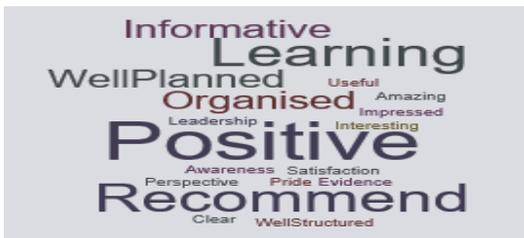
To understand whether the actions taken as part of the station accreditation pilot led to any improvements, we used a weighting methodology to track progress from baseline (B) to the position at assessment (A).

This measured improvements against the quality performance data and outcomes of interviews with LGM & CTMs. Progress made over the **10 week** period is illustrated below.

| Station | B. Rating | A. Data | A. LGM | A. CTM | A. Overall | A. Rating | % Improvement |
|-----------|-----------|---------|--------|--------|------------|-----------|---------------|
| Newham | Silver | 75% | 97% | 100% | 90.67% | Gold | 14.21% |
| Camden | Silver | 77.17% | 97% | 100% | 91.39% | Gold | 12.06% |
| Wimbledon | Silver | 76.09% | 100% | 97% | 91.03% | Gold | 9.71% |
| Brixton | Silver | 77.17% | 86% | 97% | 86.72% | Silver | 4.46% |
| Hanwell | Gold | 82.61% | 94% | 100% | 92.20% | Gold | 3.98% |

This work feeds into our wider quality improvement plans

FEEDBACK



Feedback on the pilot process from assessor/observer perspective



Feedback on station performance from assessor/observer perspective

100% of stakeholders who provided feedback reported that they would recommend the programme.

While the feedback was very positive, we will continue to listen and respond as we develop the programme further.

NEXT STEPS

- Plans are in place to roll out the programme from April 2021
- There is on going work to develop the programme further including establishing a monitoring system to ensure sustainability of standards following accreditation.



In January we saw an increase with 110 *Excellence Reports* submitted.



Key themes identified from January reports include:

- Thank you
- Outstanding Patient Care
- Call Handling

Key Themes





Thank You

On two separate occasions recently I have found myself in situations with patients who are refusing hospital against clinical advice. The first patient was in a public place but not appropriate for a 136 and had disengaged from services. I had tried contacting SPA but had not been successful. I felt the patient needed an urgent assessment in the community and he was accepting of that.

A clinical advisor discussed my decision making through with me and was in agreement with the treatment plan. Using her terminology I was able to call the SPA back and organise a [telephone consultation immediately](#) between the patient and the team and a face to face assessment in the community within 2 hours. The second occasion the patient had a medical need to go to hospital but refused although she was able to complete the Ia5 capacity form to prove capacity. I was unhappy and sought [advice from the CHUB](#). After a lengthy discussion with a clinical advisor it was deemed that the patient did not have capacity as her mental health was intruding on her ability to understand the risk of refusing, and decisions needed to be made in the patients best interest. A stepwise plan was formalised resulting in the patient coming willingly to hospital. I feel that the CHUB are very supportive of road staff, It really is a [relief to be able to speak to such a knowledgeable clinician](#) with a very clear structured decision making technique in stressful jobs.

Outstanding Patient Care

We've just completed a run of night shifts, that were [very challenging](#). But two patients that we saw were handled by a crew member in a way that I've never seen with such a new member of staff.

The first patient was a palliative patient, and the attendant really drew from his own personal experience to provide this man with support, facts, guidance and to simply be there as a friendly ear. This was so important while myself and our other crewmate were arranging for him to be [referred to appropriate pathways](#). As the attendant said himself, these are the most important jobs that we go to. We can make a [huge difference to somebody's last hours or days](#) on this earth. The attendants whole manner with this patient was impressive.

The second patient that the attendant [dealt with really well](#) was a young man who appeared to be suffering from psychosis, possibly drug related. He took the time to listen to and understand the patients concerns, and the attendant really connected with him. This helped the patient [to calm down and trust](#) that we were going to get the right help for him. By the time we arrived at the hospital, the patient had regained some [hope for the future](#), and this was all down to the attendant.

Call Handling

A child called in as their diabetic mother was having a fit. The call handler [handled the call brilliantly, comforting and reassuring](#) the caller until help could arrive and did very well at adapting her questioning to get [accurate information quickly](#).

The Call Handling Supervisor on duty over the Christmas week when the call rate was exceptionally high and the staffing was extremely low. There was a high staff absence rate over the week and the [call handler supervisors positive attitude and calm demeanour](#) kept the staff engaged and focused. They are fairly new to the role and had no support from a performance manager during the week, they did an [exceptional job of supporting](#) and managing those on the team who were able to report for duty. They are [calm and collected](#) under pressure and although she hadn't managed EOC under those pressures before, their attributes enabled them to fully support those on duty and make a [difficult run of shifts a lot easier](#).



Some examples of excellence reports from January:

Multi-agency positivity-

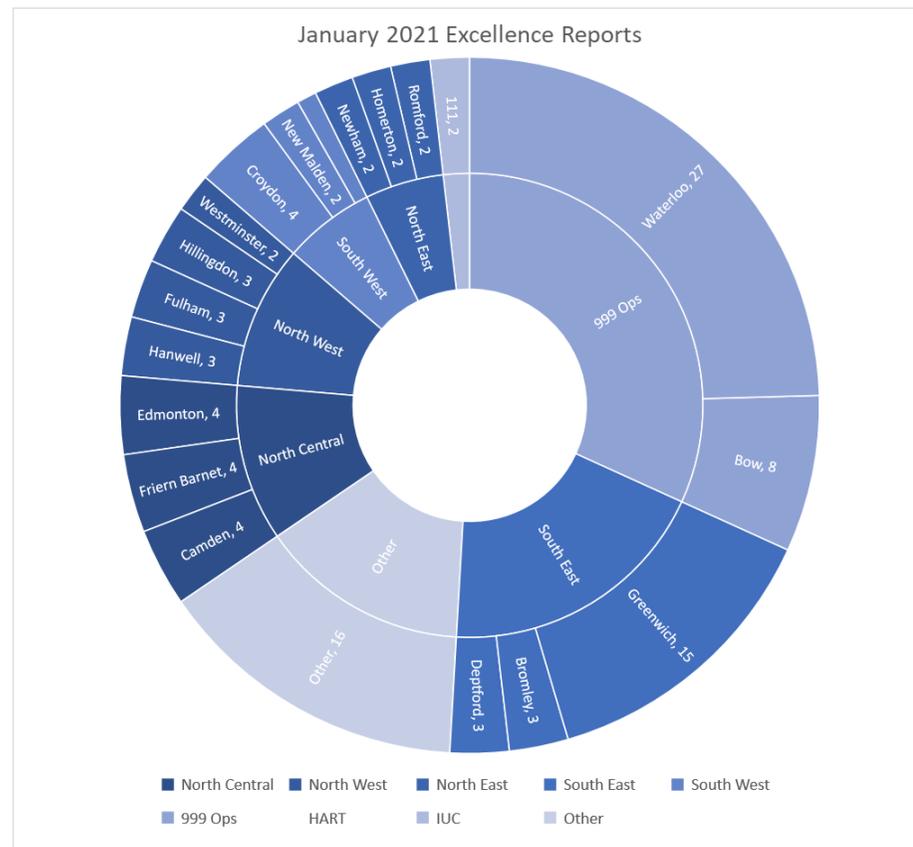
Positive feedback received from London Underground and TfL regarding the professionalism and excellent command and control/JESIP processes exhibited by one of our IRO's on scene at a person injured at Oxford Circus. The knowledge and expertise shown allowed for good joint working with partner agencies and a swift resolution of the incident. Well Done.

Busy Periods -

They were one of the few members who was on duty during the week of Christmas. During this exceptionally busy time, the call rate was very high and the staffing was well below where it should've been. They reported for duty everyday with a positive attitude and didn't let the demand on the service or their colleagues affect their role. They supported their colleagues through this difficult time and continued to make a difference to the callers by being resilient and being able to report for duty during a time where some of their team were not able to.

Working together -

Two dispatchers on a day turn were absolutely amazing dealing with the huge workload of calls from crews pan London. Remained professional yet jovial during this time of unprecedented demand on the Service. They were absolutely fantastic, asset to LAS.





Public Value Scorecard

January 2021

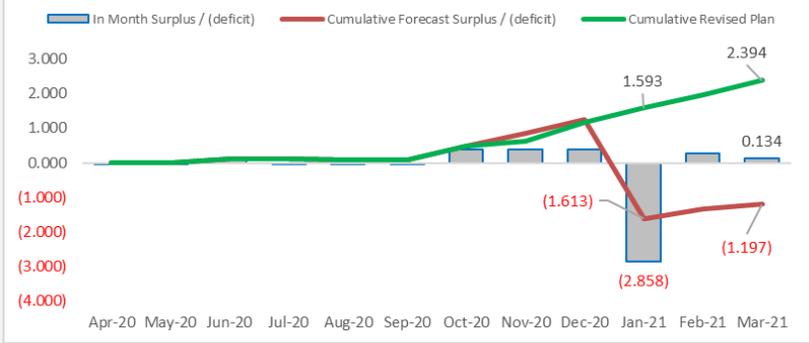
| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | | | | Outturn | | Benchmarking | | |
|--|--------|-----------------|---------------|---|---------------------|-------------------|------------|----------|-------------------|------------------|--------------|---------------|---------------|---------------------|--|
| | | | | Target and Type (Internal / Contractual / National / All) | Latest Month Actual | Latest Month Plan | YTD Actual | YTD Plan | Rolling 12 Months | FY20/21 Forecast | FY20/21 Plan | National Data | Best In Class | Ranking (out of 11) | |
| Adjusted Financial Performance Total (Deficit)/Surplus | £m | Jan-21 | ● | 2.326 A | (2.853) | 0.388 | (1.690) | 1.551 | | | (1.646) | 2.326 | | | |
| Performance Against Adjusted Financial Performance Plan | £m | Jan-21 | ● | >=0 A | (3.241) | 0.000 | (3.241) | 0.000 | | | (3.972) | 0.000 | | | |
| Use of resources index/indicator (Yearly) | Rating | Jan-21 | ● | 1 A | | | | | | | | | | | |
| % of Capital Programme delivered | % | Jan-21 | ● | 100% A | 6% | 8% | 45% | 85% | | | 90% | 100% | | | |
| Capital plan | £m | Jan-21 | ● | 44.211 A | 2.447 | 3.428 | 19.783 | 37.373 | | | 39.862 | 44.211 | | | |
| Cash position | £m | Jan-21 | ● | 15.1 A | 80.6 | | | | 62.1 | | 41.9 | | | | |
| % spend against Agency Ceiling | % | Jan-21 | ● | A | 5% | 8% | 62% | 83% | | | 74% | 100% | | | |
| CIP Savings YTD | £m | Jan-21 | ● | A | | | | | | | | | | | |
| | % | Jan-21 | ● | A | | | | | | | | | | | |
| CIP Savings achieved - % Recurrent | £m | Jan-21 | ● | A | | | | | | | | | | | |
| | % | Jan-21 | ● | A | | | | | | | | | | | |
| Commercial income generation | £m | Jan-21 | ● | I | | | | | | | | | | | |
| Corporate spend as a % of turnover | % | Jan-21 | ● | I | <7.0% | 12.7% | 9.6% | | | | 9.7% | | | | |
| Cost per incident (measures to be confirmed in light of COVID) | £ | Jan-21 | ● | I | | | | | | | | | | | |
| Average Jobs per shift | % | Jan-21 | ● | I | 5.3 | 4.9 | 4.4 | | 4.5 | | | | | | |

- G KPI on or ahead of target
- A KPI off target but within agreed threshold
- R KPI off target and outside agreed threshold
- KPI not reported / measurement not started



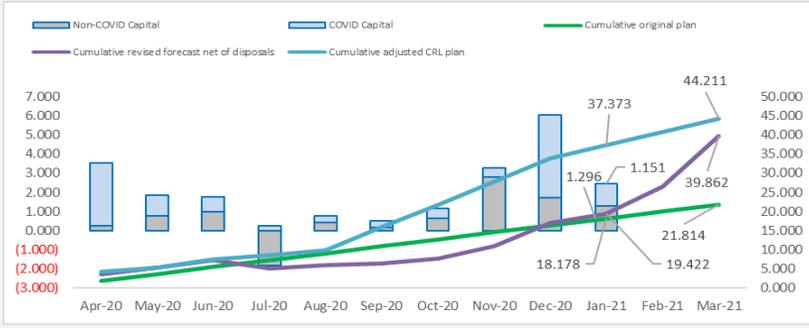
The Trust's month 10 year to date position was a £1.613m deficit (£1.690m deficit on an adjusted financial performance basis) and the month end cash position of £80.6m is strong.

year to date outturn vs budget



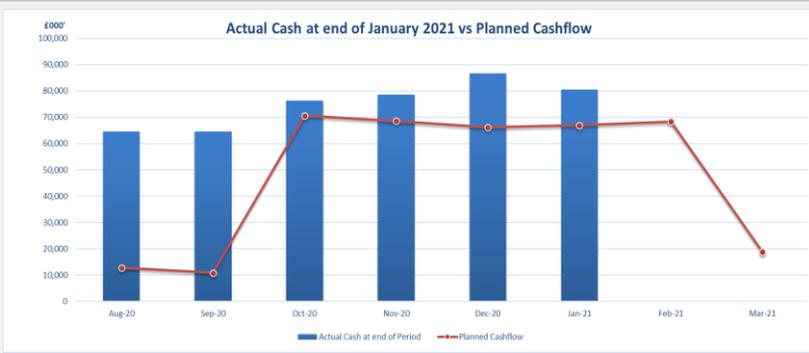
- year to date Position:** The month 10 year to date position was a £1.613m deficit (£1.690m deficit on an adjusted financial performance basis) costs of additional resourcing to respond to the new COVID variant. The year to date position incorporated £72.8m of costs in relation to the Trust's response to COVID-19, and a retrospective income top up unchanged since month 6 of £49.9m.
- Full year forecast:** The full year forecast position at month 10 is a £1.197m deficit (£1.646m deficit on an adjusted financial performance basis). This incorporates costs of additional resourcing to meet current increased demand due to the new COVID variant (estimated at around £11.6m), offset by confirmed income from NW London STP of £4.8m to reflect an accepted deficit equivalent to the increase in annual leave cost recognised. This forecast position takes into account M7-12 fixed income envelopes managed at STP or ICS level, the required achievement of financial efficiencies and incorporates £85.1m of costs in relation to the Trust's response to COVID-19, and combined retrospective income top ups, fixed COVID income and additional COVID support income of £83.1m.

Financial Position Metrics



- Use of Resources:** NHSI rates Trust's on a Use of Resources rating. The scoring system ranks from '1' (low risk/best score) to '4' (high risk/worst score). No use of resources scores are currently available under the interim financial framework arrangements.
- Capital:** year to date capital expenditure net of disposals is £19.4m year to date (£19.8m excl disposals) compared to previously planned capital expenditure of £37.4m (£17.9m behind plan). Full year forecast capital expenditure net of disposals is £39.9m and has been reduced in conjunction with NW London STP partners given constrained funding, changes to project hosting and spend reductions. Significant acceleration of capital spend is still required. Combined phase 1 and 2 COVID-19 response spend is £12.5m year to date (primarily on expanding IT and telephony systems, additional IT equipment and additional clinical equipment), with other significant spend on Spatial Development, Fleet and Digital 999 programmes. The Trust's year to date capital spend position has been impacted in prior months by the reversal of £2.3m of capital work in progress in connection with the Trust Board approved CAD replacement project.

Cash position



- Cash:** Cash was £80.6m as at 31 January 2021, £13.6m above the revised plan. The main reason for the favourable position was the continuing payment in advance of one month's block contract income between April and December. Cash balances are expected to remain high until the end of February 2021 when this arrangement ceases.
- Better Payment Practice Code:** The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days. The NHS and Non-NHS performance by volume for January 2021 was 82.7% and 94.4% respectively. The Trust has a high volume of overdue invoices waiting to be approved and Directorate managers and staff are regularly sent lists of invoices that are outstanding and require approval. During the COVID period there has been a focus on paying invoices within 7 days wherever possible. Whilst only 12.6% of invoices were paid within 7 days based on their invoice date (19.7% based on date received), invoices are put on the next payment run regardless of due dates as soon as they are authorised for payment, with two payment runs to suppliers each week.



Our Statement of Comprehensive Income reports the Trust's financial performance over a specific accounting period. Financial performance is assessed by giving a summary of how the Trust incurs its income and expenses through both operating and non-operating activities. It also shows the net surplus or deficit incurred over a specific accounting period.

Statement of Comprehensive Income (Month 10 – January 2021)

| | Month 10 2020-21 £000 | | | YTD Month 10 2020-21 £000 | | | Full Year 2020-21 £000 | | |
|---|--------------------------|-----------------|-----------------------|------------------------------|------------------|-----------------------|---------------------------|-----------------------|------------------------------------|
| | Budget | Actual | Variance fav/(adv) | Budget | Actual | Variance fav/(adv) | Budget | Full Year Forecast | Variance to budget fav/(adv) |
| Income | | | | | | | | | |
| Income from Activities | 43,423 | 45,349 | 1,926 | 377,891 | 375,526 | (2,365) | 463,886 | 467,888 | 4,002 |
| Other Operating Income | 155 | 778 | 622 | 69,004 | 70,301 | 1,297 | 69,289 | 71,431 | 2,142 |
| Total Income | 43,578 | 46,127 | 2,549 | 446,895 | 445,827 | (1,068) | 533,175 | 539,320 | 6,145 |
| Operating Expense | | | | | | | | | |
| Pay | (29,831) | (33,492) | (3,660) | (302,177) | (305,392) | (3,215) | (361,685) | (368,032) | (6,347) |
| Non Pay | (11,297) | (14,155) | (2,858) | (125,201) | (126,086) | (885) | (147,086) | (153,596) | (6,511) |
| Total Operating Expenditure | (41,128) | (47,646) | (6,519) | (427,378) | (431,477) | (4,099) | (508,771) | (521,629) | (12,858) |
| EBITDA | 2,450 | (1,520) | (3,970) | 19,517 | 14,350 | (5,167) | 24,404 | 17,691 | (6,713) |
| EBITDA margin | 5.6% | (3.3%) | (8.9%) | 4.4% | 3.2% | (1.1%) | 4.6% | 3.3% | (1.3%) |
| Depreciation & Financing | | | | | | | | | |
| Depreciation & Amortisation | (1,596) | (1,324) | 272 | (13,101) | (11,873) | 1,227 | (16,293) | (14,737) | 1,556 |
| PDC Dividend | (445) | (25) | 420 | (4,450) | (3,730) | 720 | (5,340) | (3,788) | 1,552 |
| Finance Income | 0 | 13 | 13 | (4) | 9 | 13 | (4) | 9 | 13 |
| Finance Costs | (2) | (2) | 0 | (30) | (30) | 0 | (34) | (34) | (0) |
| Gains & Losses on Disposals | 0 | 0 | 0 | (340) | (339) | 1 | (340) | (339) | 1 |
| Total Depreciation & Finance Costs | (2,043) | (1,338) | 705 | (17,924) | (15,963) | 1,961 | (22,010) | (18,888) | 3,122 |
| Net Surplus/(Deficit) | 407 | (2,858) | (3,265) | 1,593 | (1,613) | (3,206) | 2,394 | (1,197) | (3,591) |
| NHSI Adjustments to Fin Perf | | | | | | | | | |
| Remove Donations I&E Impact | 5 | 5 | (0) | (77) | (77) | (0) | (68) | (450) | (382) |
| Adjusted Financial Performance | 412 | (2,853) | (3,265) | 1,516 | (1,690) | (3,206) | 2,326 | (1,647) | (3,973) |
| Net margin | 0.9% | (6.2%) | (7.1%) | 0.4% | (0.4%) | (0.7%) | 0.4% | (0.2%) | (58.4%) |

Year to Date Position

The year to date position is a £1.613m deficit (£1.690m deficit on an adjusted financial performance basis) which is £3.2m behind plan (an allowable deviation due to movements in annual leave accruals).

Forecast Full Year Position

The full year position is forecast to be a £1.2m deficit following the inclusion of costs and some income in relation to the Trust's anticipated costs to respond to the impact of the new COVID-19 variant on services. This is £3.6m behind plan (an allowable deviation due to movements in annual leave accruals).

Key Drivers of Position

Income:

- Income from activities is primarily comprised of the Trust's block contract income under the current interim financial arrangements, along with M8-12 top up and fixed COVID income. It is £2.4m behind budget year to date due to deferral of COVID and 111 First income, adjustment of expected PRU income, and £4m favourable to budget full year forecast due to additional COVID surge income (£4.8m) offset by reduced expected PRU and CTT income (£0.8m).
- Other operating income is £1.3m favourable year to date and forecast to be £2.1m favourable to budget for the full year due to the notification of an additional £1.3m of education and training income from Health Education England and £0.6m of additional charity, recharge and capital asset grant income expected.

Pay Expenditure:

- Pay expenditure is currently £3.2m over budget year to date (forecast £6.3m adverse full year forecast) due primarily to additional COVID surge resourcing.

Non-Pay Expenditure:

- Non pay expenditure excl depreciation and finance costs is £0.9m adverse year to date (full year forecast is £6.5m adverse) due to additional COVID support to respond to the impact of the new COVID-19 variants (£2.8m adverse full year forecast variance) and higher general supplies and services spend (£3m adverse full year forecast) largely in relation to Professional services and training costs.
- Depreciation and finance costs are favourable to budget (£2m year to date and £3.1m full year forecast) due to slippage on the Trust capital programme and subsequent PDC cost adjustments.



Our Cashflow Statement summarises the amount of cash and cash equivalents entering and leaving the Trust. It measures how well the Trust manages its cash position, meaning how well the Trust generates cash to pay its debt obligations and fund its operating expenses.

Cashflow statement (Month 10 – January 2021)

| | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Jan-20 YTD Move | Jan-20 YTD Plan | Jan-20 Var |
|--|---------------|----------------|---------------|----------------|----------------|----------------|-----------------------|-----------------------|---------------|
| | Actual | Actual | Actual | Actual | Actual | Actual | £000 | £000 | £000 |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Opening Balance | 58,338 | 64,534 | 64,610 | 76,394 | 78,620 | 86,719 | 25,964 | 25,964 | 0 |
| Operating Surplus | 1,531 | 2,289 | 1,849 | 2,117 | 1,677 | (1,519) | 14,347 | 19,501 | (5,154) |
| (Increase)/decrease in current assets | 1,223 | (8,435) | 8,512 | 2,247 | 7,024 | (3,985) | (184) | 2,564 | (2,748) |
| Increase/(decrease) in current liabilities | 3,514 | 7,220 | 2,397 | 4,700 | 1,807 | 1,836 | 65,274 | 44,247 | 21,027 |
| Increase/(decrease) in provisions | 284 | 817 | (86) | (240) | (1,265) | (104) | (398) | 1,297 | (1,695) |
| Net cash inflow/(outflow) from operating activities | 6,552 | 1,891 | 12,672 | 8,824 | 9,243 | (3,772) | 79,039 | 67,609 | 11,430 |
| Cashflow inflow/(outflow) from operating activities | 6,552 | 1,891 | 12,672 | 8,824 | 9,243 | (3,772) | 79,039 | 67,609 | 11,430 |
| Returns on investments and servicing finance | 0 | 0 | 0 | 0 | 0 | 12 | 0 | (12) | 12 |
| Capital Expenditure | (356) | (1,922) | (888) | (3,880) | (1,144) | (2,387) | (21,820) | (31,165) | 9,345 |
| Dividend paid | 0 | 0 | 0 | (2,718) | 0 | 0 | (2,718) | 0 | (2,718) |
| Financing obtained | 0 | 107 | 0 | 0 | 0 | 0 | 107 | 4,565 | (4,458) |
| Financing repaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cashflow inflow/(outflow) from financing | (356) | (1,815) | (888) | (6,598) | (1,144) | (2,375) | (24,431) | (26,612) | 2,181 |
| Movement | 6,196 | 76 | 11,784 | 2,226 | 8,099 | (6,147) | 54,608 | 40,997 | 13,611 |
| Closing Cash Balance | 64,534 | 64,610 | 76,394 | 78,620 | 86,719 | 80,572 | 80,572 | 66,961 | 13,611 |

Operating Position

There has been a net inflow of cash to the Trust of £54.6m, this is £13.6m higher than the planned inflow of £41m and cash funds at 31 January stand at £80.6m.

The operating surplus at £14.3m is (£5.2m below plan)

Please note: Following the revision of NHSI plans during October, plan figures included here (which previously the outturn statement of financial position) have now been replaced with updated plan figures.

Current Assets

- The movement on current assets is (£0.2m), (£2.7m) lower than the planned movement
- Current assets movement was due to receivables (£1.5m), accrued income (£1.2m), prepayments £0.2m and inventories (£0.2m)

Current Liabilities

- The movement on current liabilities is £65.3m, a £21.0m higher than planned movement.
- Current liabilities movement was lower than planned due to trade and other payables (£0.9m), accruals £14.9m and deferred income at £7.0m. The deferred income increase is due to additional block contract income and IUC income being paid in advance

Dividends

- The movement on dividends paid is (£2.7m), the timing of the payment was not known when the plan was prepared.

Provisions

- The movement on provisions is (£0.4m), which is (£1.7m) lower than the planned movement

Capital Expenditure

- Capital cash movement was an outflow of £21.8m which is £9.3m below plan due to capital slippage



To prepare our Trust for the future we need to ensure we manage our costs effectively and where possible reduce the costs of running the Trust whilst maintaining the absolute best care for our patients. We also need to strategically invest year on year in our estate, fleet and technology capability so that we can continue to offer a world-class ambulance service.

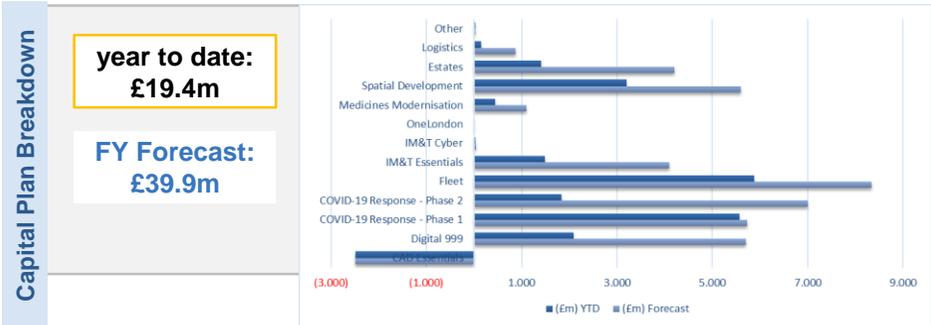
Cost Improvement Programmes (CIPS)

- The Trust was operating under an adjusted financial framework for April to September 2020 in response to the COVID-19 pandemic. This involved pausing business planning and Cost Improvement Programmes and as such no CIP data was available.
- Under the new financial framework to be put in place over the second half of the financial year, a £2.4m efficiency to meet the fixed income available to the Trust, and projects are being developed to meet this need. Additional efficiencies will need to be identified to match any new approved spend with a further £4.5m currently expected bringing the total to £6.9m which is currently expected to be met.

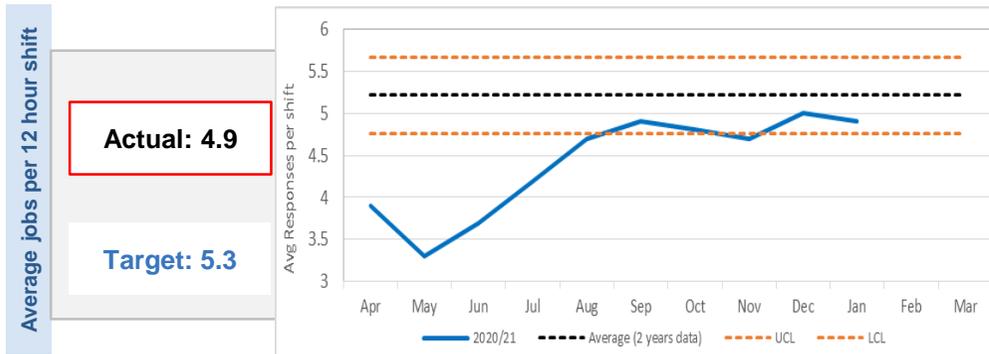


Capital Plan

- year to date capital expenditure net of disposals is £19.4m (excl. disposals £19.8m) compared to planned expenditure of £37.4m (£17.9m behind plan) due to slower than planned spend, and the reversal of £2.3m of CAD upgrade project related capital work in progress.
- Full year forecast capital expenditure is £39.9m which has been reduced in conjunction with NW London STP partners due primarily to constrained funding and hosting changes.
- Capital spend on the Trust's phase 1 and 2 responses to COVID-19 is £12.5m year to date primarily on expanding IT and telephony systems, IT equipment and clinical equipment, with other significant spend on Spatial Development, Fleet and Digital 999 programmes.



Jobs per shift (DCA)



Operations are tracking the performance of jobs per shift on a monthly basis and are consistently hitting the agreed target. While there is no programme of work focusing solely on this metric, a number of our efficiency and productivity schemes will impact this number. For example success in improving Handover to Green times and reducing OOS CIPs would improve the Jobs per shift measure



Partners Scorecard

January 2021

| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | | Benchmarking (Month) | | |
|---|---------------|-----------------|---------------------------------------|---|---|--|---------------------------|-------------------|----------------------|---------------|---------------------|
| | | | | Target and Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | National Data | Best In Class | Ranking (out of 11) |
| Hospital handover | minutes | Jan-21 | ● | 18.0 | I | 27.7 | 20.4 | 20.8 | | | |
| Post-handover (Handover 2 Green) | minutes | Jan-21 | ● | 15.5 | I | 15.6 | 14.8 | 14.7 | | | |
| See and Convey – to ED (Contractual Position) * | % | Jan-21 | ● | 57.0% | C | 45.8% | 50.8% | 50.4% | 49.8% | 46.9% | 1 |
| Hear and Treat % ** | % | Jan-21 | ● | 8.39% | I | 14.3% | 10.8% | 11.3% | 9.6% | 14.3% | 1 |
| Hear and Treat (n) ** | % | Jan-21 | ● | 108,073 | I | 16,984 | 112,111 | 142,908 | | | |
| Savings delivered to wider urgent & emergency care system through management of IUC services (£m) – Still being developed | £m | | | TBC | | This metric has proved difficult to ascertain in a way that can be tracked on a regular basis. As part of the long term financial plan development we are refreshing our strategy modelling over July and August and the specifics for this metric will come out of that work in a way that can be tracked on a regular basis through the IPR. | | | | | |
| CQC rating - Overall | Annual Rating | | | O / S | N | TBC | Awaiting CQC Inspection | | | | |
| CQC rating - Well-led | Annual Rating | | | G | N | TBC | | | | | |
| Cyber Essentials Plus Accreditation | % | | ● | 100 | | | | TBC | | | |

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

- **G** KPI on or ahead of target
- **A** KPI off target but within agreed threshold
- **R** KPI off target and outside agreed threshold
- KPI not reported / measurement not started

4. Our Partners

Maximising safe non-conveyance to ED



Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

Patient Handover to Green

We saw an unprecedented high number of delays in January, with the overall number of hours lost at 9,710 hours lost from our arrival to patient handover over 30 mins. North Middlesex, King George's and Queens Romford had the greatest proportion of handovers exceeding 30 minutes. Queens Romford had the highest number of lost hours over 30 minutes, at 1,084 hours for the month.

In January, we saw handover to green performance worse than in recent months, with 15.6. Over 6,400 hours were lost due to patient handover to green exceeding the 14 minute threshold. Handover to Green received organizational focus through the covid response team and will receive renewed focus as part of planning and recovery.

| STP | Hospital | Total Conveyances | Handovers | Handovers Exceeding 30 mins | % of Handovers over 30 mins | Total Time Lost Over 30 Mins | Average Arr at Hosp to Patient Handover Time |
|---------------|--------------------|-------------------|---------------|-----------------------------|-----------------------------|------------------------------|--|
| North Central | Barnet | 1,381 | 1,339 | 528 | 39% | 299.4 | 37.5 |
| | North Middlesex | 2,016 | 1,946 | 967 | 50% | 420.6 | 38.1 |
| | Royal Free | 1,492 | 1,407 | 342 | 24% | 105.0 | 27.2 |
| | University College | 1,118 | 1,084 | 54 | 5% | 8.8 | 16.0 |
| | Whittington | 1,329 | 1,255 | 337 | 27% | 148.8 | 28.4 |
| North East | Homerton | 1,313 | 1,223 | 104 | 9% | 17.7 | 18.2 |
| | King Georges | 1,127 | 1,064 | 535 | 50% | 324.1 | 44.4 |
| | New ham | 1,330 | 1,230 | 538 | 44% | 208.3 | 35.5 |
| | Queens Romford | 2,166 | 1,985 | 1,084 | 55% | 615.7 | 45.1 |
| | Royal London | 1,838 | 1,697 | 333 | 20% | 85.8 | 24.9 |
| | Whipps Cross | 1,175 | 1,073 | 494 | 46% | 309.8 | 42.0 |
| North West | Charing Cross | 1,420 | 1,382 | 32 | 2% | 7.0 | 13.9 |
| | Chelsea & West | 1,237 | 1,177 | 20 | 2% | 1.5 | 16.6 |
| | Ealing | 1,340 | 1,288 | 252 | 20% | 149.0 | 24.7 |
| | Hillingdon | 1,549 | 1,469 | 181 | 12% | 63.4 | 19.3 |
| | Northwick Park | 2,605 | 2,511 | 508 | 20% | 321.8 | 25.7 |
| | St Marys | 1,686 | 1,623 | 271 | 17% | 54.9 | 22.0 |
| | West Middlesex | 1,886 | 1,832 | 314 | 17% | 120.3 | 22.9 |
| South East | Kings college | 2,061 | 1,943 | 491 | 25% | 106.5 | 26.1 |
| | Lewisham | 1,559 | 1,444 | 444 | 31% | 238.4 | 32.8 |
| | Princess Royal | 1,685 | 1,564 | 356 | 23% | 292.9 | 31.4 |
| | Queen Elizabeth II | 1,710 | 1,617 | 181 | 11% | 95.0 | 20.8 |
| | St Thomas' | 1,735 | 1,673 | 105 | 6% | 11.7 | 18.7 |
| South West | Croydon | 1,578 | 1,518 | 565 | 37% | 497.1 | 43.4 |
| | Kingston | 1,470 | 1,392 | 80 | 6% | 8.0 | 20.2 |
| | St Georges | 1,789 | 1,656 | 341 | 21% | 52.2 | 23.1 |
| | St Helier | 1,223 | 1,151 | 253 | 22% | 110.9 | 27.2 |
| | TOTAL | 42,818 | 40,543 | 9,710 | 24% | 4,675 | 27.7 |

Max average breach value
Value >10 mins per breach

| Sector | Station Group | Handovers to Green | Handovers Exceeding 14 mins | % over 14 mins | Total Time Lost (hours) | Avg Time PH to Green | 90th Centile PH to Green | Avg mins lost per breach |
|---------------|---------------|--------------------|-----------------------------|----------------|-------------------------|----------------------|--------------------------|--------------------------|
| North Central | Camden | 1,939 | 1,185 | 61% | 192.8 | 16.7 | 30.2 | 9.8 |
| | Edmonton | 2,549 | 1,526 | 60% | 236.4 | 16.6 | 29.3 | 9.3 |
| | Friern Barnet | 1,575 | 878 | 56% | 140.4 | 16.1 | 27.6 | 9.6 |
| | Homerton | 2,095 | 1,158 | 55% | 206.6 | 16.1 | 29.7 | 10.7 |
| North East | New ham | 2,438 | 1,392 | 57% | 245.9 | 16.3 | 31.8 | 10.6 |
| | Romford | 2,789 | 1,629 | 58% | 240.5 | 15.9 | 28.7 | 8.9 |
| | Brent | 3,407 | 1,951 | 57% | 256.8 | 15.6 | 26.4 | 7.9 |
| North West | Fulham | 2,324 | 1,334 | 57% | 175.0 | 15.7 | 26.5 | 7.9 |
| | Hanwell | 2,582 | 1,383 | 54% | 154.9 | 14.5 | 24.1 | 6.7 |
| | Hillingdon | 1,484 | 794 | 54% | 97.3 | 15.0 | 24.2 | 7.4 |
| | Westminster | 1,660 | 1,019 | 61% | 142.6 | 16.4 | 27.8 | 8.4 |
| | Deptford | 3,823 | 2,145 | 56% | 247.3 | 14.8 | 25.8 | 6.9 |
| South East | Greenwich | 1,752 | 986 | 56% | 102.7 | 14.6 | 25.0 | 6.2 |
| | Croydon | 1,518 | 884 | 58% | 136.1 | 16.4 | 26.0 | 9.2 |
| | New Malden | 1,458 | 871 | 60% | 94.5 | 15.2 | 25.1 | 6.5 |
| South West | St Helier | 1,236 | 716 | 58% | 79.7 | 15.1 | 25.1 | 6.7 |
| | Wimbledon | 1,282 | 771 | 60% | 88.4 | 14.3 | 25.6 | 6.9 |
| | LAS | 40,543 | 23,537 | 58% | 3249.5 | 15.6 | 27.2 | 8.3 |
| Other | NULL | 1,013 | 796 | 79% | 122.8 | 17.2 | 29.1 | 9.3 |
| | IRO | 10 | 6 | 60% | 2.2 | 22.4 | 43.9 | 22.0 |
| | Other | 402 | 247 | 61% | 51.6 | 13.1 | 34.0 | 12.5 |
| | Training | 807 | 452 | 56% | 63.0 | 15.4 | 26.8 | 8.4 |
| | Bromley | 2,400 | 1,414 | 59% | 172.0 | 15.0 | 26.3 | 7.3 |
| TOTAL | 81,086 | 47,074 | 58% | 6499.0 | 15.6 | 27.2 | 8.3 | |

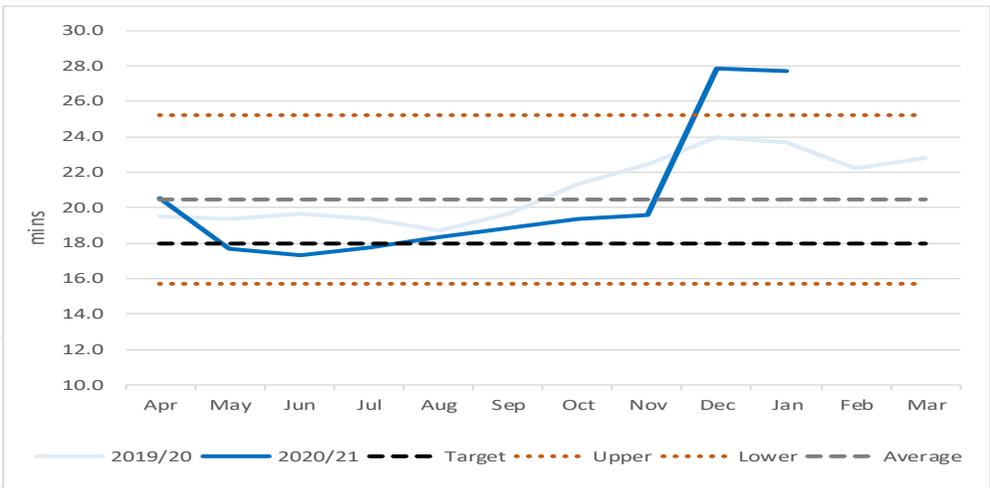
Max average breach value
Value >7 mins per breach



Arrive at Hospital to Patient Handover (**Emergency Departments only & Excluding blue calls)

| | Nov-20 | Dec-20 | Jan-21 | Year-end Target |
|--|--------|--------|--------|-----------------|
| Arrive at Hospital to Patient Handover (mins) | 19.6 | 27.9 | 27.7 | 18.0 |

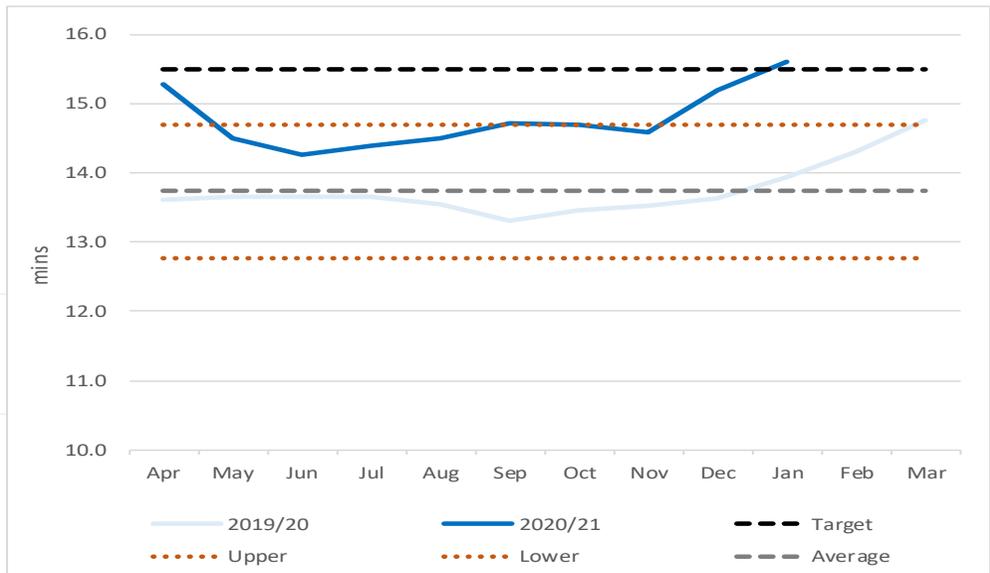
Hospital Handover performance is currently outside of target. Since June we have been seeing a steady worsening of performance on this metric, due to increasing overall demand and pressure on the hospitals as a result, impacting LAS teams ability to hand patients over. However January was a particular outlier due to operational pressures on the EDs stemming from the second wave of Covid and a steep rise of Covid cases in NE, NC and NW London.



Patient Handover to Green (**Emergency Departments only & Excluding blue calls)

| | Nov-20 | Dec-20 | Jan-21 | Year-end Target |
|---|--------|--------|--------|-----------------|
| Patient Handover to Green (mins) | 14.6 | 15.2 | 15.6 | 15.5 |

Handover to Green performance has been within target, but above the 19/20 average since April 2020. In January we are seeing performance outside the target for the first time, in line with the increased demand on the teams.



Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

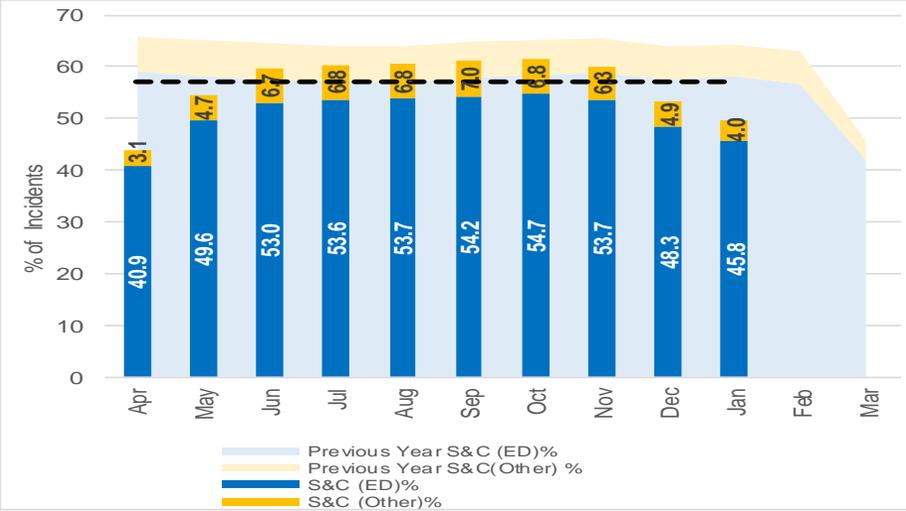


See and Convey to Emergency Department

Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

| | | Jan-21 | Year To Date | Year-end Target |
|-------------------|--------|--------|--------------|-----------------|
| See & Convey ED % | LAS | 45.8% | 50.8% | |
| | Target | | | 57.0% |

The conveyance to emergency departments target (57.0%) was delivered in January (45.8%). A steady profile of demand has allowed us to achieve this metric month on month. LAS ranked 1st nationally as the Covid profile demand was higher on London and for a larger proportion of patients than usual the best clinical decision was to not convey and be overseen by the clinical hub, with patients advised to call back if their condition deteriorates.

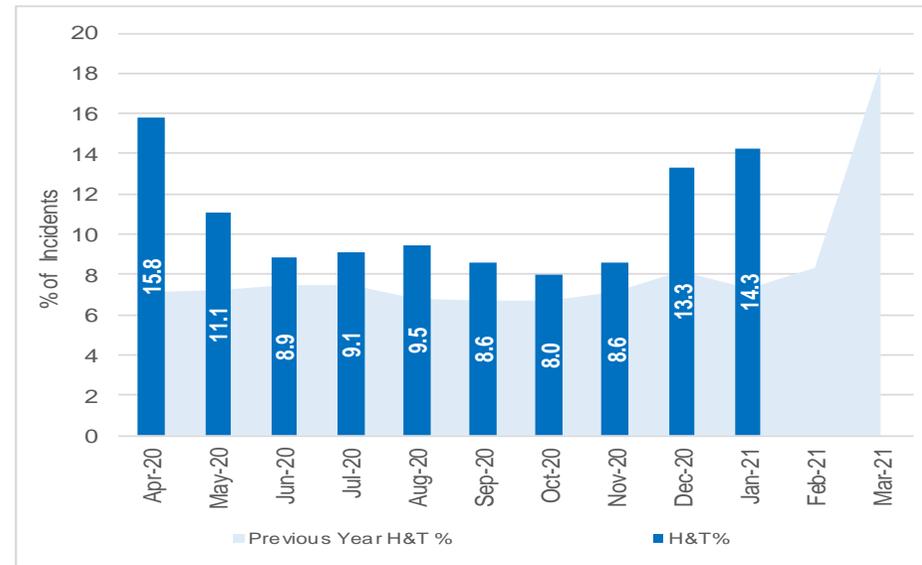


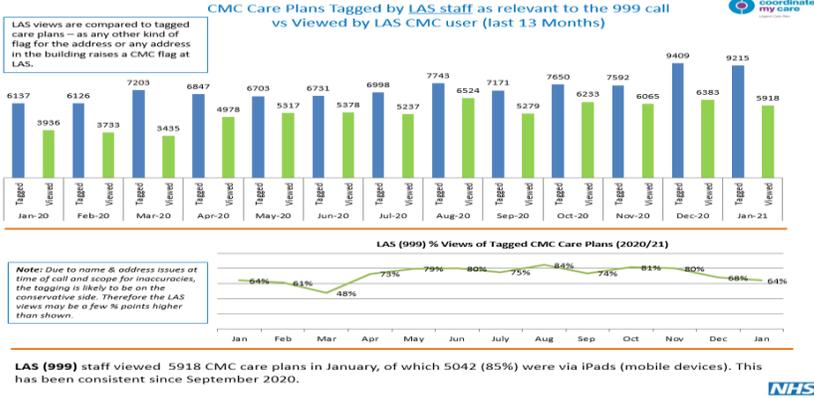
Hear and Treat %

| | | Jan-21 | Year To Date | Year-end Target |
|----------------|-----|--------|--------------|-----------------|
| Hear & Treat % | % | 14.3% | 10.8% | |
| | (n) | 16,984 | 112,111 | TBC |

Hear and treat delivered 14.3% in January. Following an increase of Covid patient related calls in December, our Hear & Treat rate saw a sharp increase compared to June - November. As mentioned, since the Covid profile demand was higher in London and for a larger proportion of patients than usual, the best clinical decision was to not convey and be overseen by the clinical hub, with patients advised to call back if their condition deteriorates.

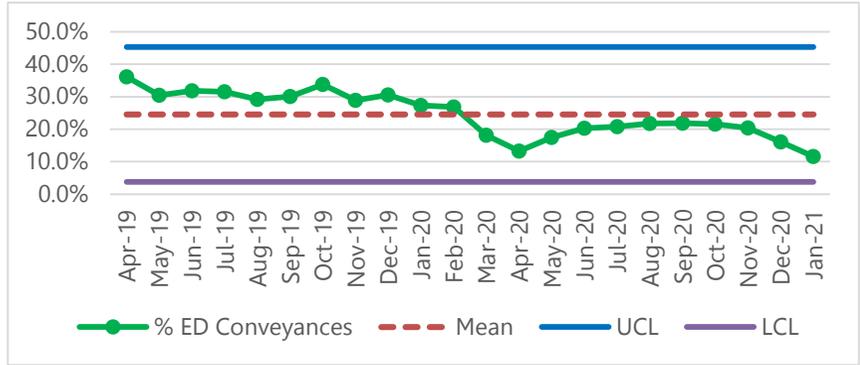
In 2020/21 year to date, the performance in the metric has been strongly within the 2019/20 target (7.9%) and continue to outperform last year's benchmark of 8%. Hear & Treat remains a key focus for the Trust, allowing robust delivery on our conveyance rates and keeping frontline resources available for our most critically ill patients.





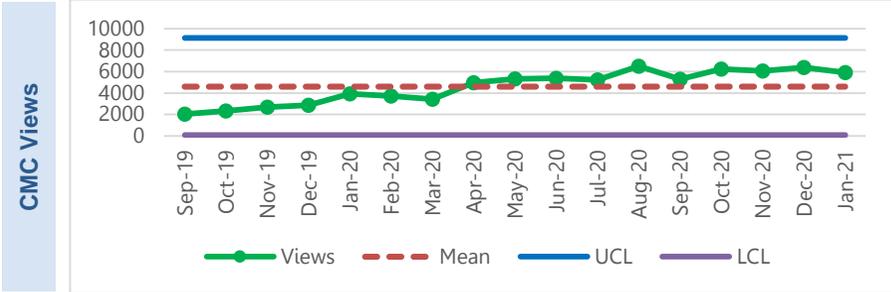
ED Conveyance

Latest Month (Jan): 11.6%



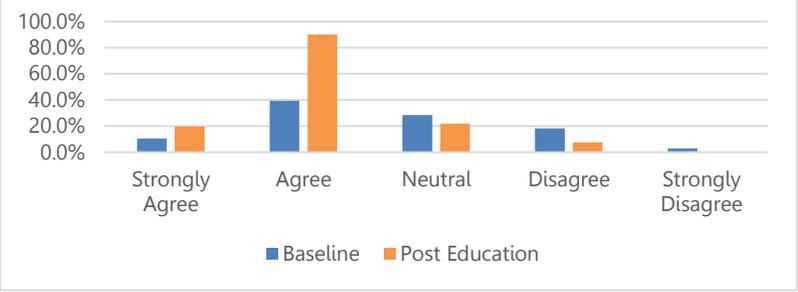
Focus on CMC promotion and education in 111 IUC's

Final Programme Evaluation approved and dissemination begun



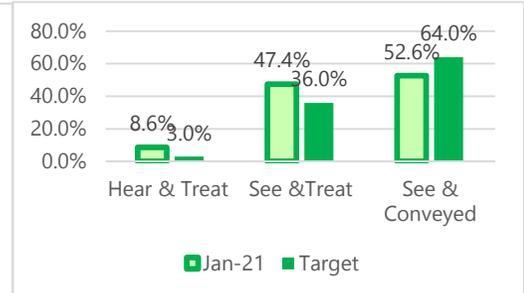
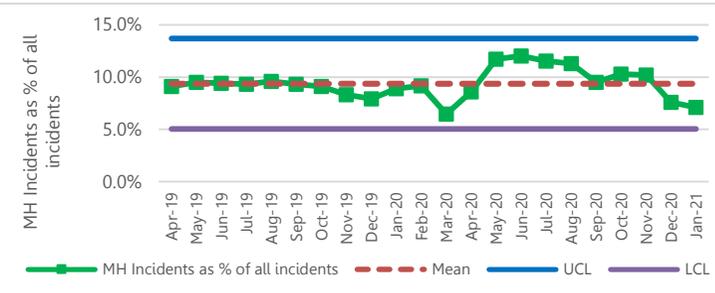
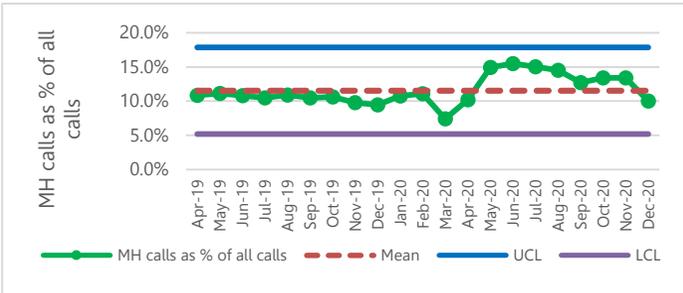
Staff Confidence

78% staff post education felt confident
28% increase from baseline



Recruitment for EoLC Coordinator vacancies begun across all group stations

Virtual CPD education session for 111 staff



The team have been focusing on supporting demand – there have been some gaps due to staff sickness and vacancies. Meetings with commissioners have been cancelled due to system pressures



Transformation of Urgent and Emergency Care: models of care and measurement

The LAS provided a response to the NHSE/1's consultation proposals to introduce new measures for measuring performance and quality within Urgent and Emergency Care (UEC) across a number of patient pathways looking more broadly at the whole patient journey. This provided a chance for us to identify opportunities to improve patient flow and service user experience. We also contributed to a response provided by the Association of Ambulance Chief Executives (AACE) to this consultation exercise.

Health and Care Bill White Paper

The UK Government (Department of Health and Social Care - DHSC) formally published new proposals to join up health and care services in an 'Integration and Innovation: working together to improve health and social care for all' white paper. The paper sets out legislative proposals for a Health and Care Bill . There are key measures within the proposals aimed at making it easier to integrate care, reduce legal bureaucracy and better support partnership working across social care, public health and the NHS. The white paper will be laid before Parliament later this year.

Developing a Public Health Approach within the Ambulance Sector

We commented on a thought piece that has been co-developed by the AACE and Public Health England which sets out how public health could be promoted through the ambulance sector. We looked at the important role ambulance services can play in improving population health and wellbeing as well as the opportunities to work more closely and collaboratively with our system partners to better provide for the urgent and emergency care needs of our population. We also looked at how to play a wider role in reducing the occurrence of ill health and injury to avoid the development of more acute needs. The paper will be published in the spring.

Reforming the Mental Health Act – Consultation Review

A white paper was published by the DHSC in response to Sir Simon Wessely's independent review of the Mental Health Act. The LAS will be responding to the Government's proposed changes via the National Mental Health Leads Group by the deadline date of 21st April.

Next Generation Ambulance Project Update

Our Next Generation Ambulance Project aims to redesign ambulance vehicles with NHSI and other Trusts to be zero emission, lightweight, more accessible and digitally enabled. An Ambulance design day took place on 19 February 2021 for a limited number of staff across the organisation and members of the Public and Patients Council to see a test rig of a future ambulance and provide feedback on their requirements. This involved colleagues from workshops, training, staff side representatives, clinical including infection prevention control, operations, health and safety, IM&T, violence reduction and make ready. This feedback will contribute to an updated specification of requirement for prototype vehicles being developed this year.



PUBLIC BOARD OF DIRECTORS MEETING

Report of the Chief Paramedic and Quality Officer

The Quality and Assurance Directorate continues its change in portfolio areas with the addition of the 999 quality governance and continuous improvement teams. The health, safety and security, patient experience and the legal teams are now transferred to the Corporate Governance Directorate. The nursing, maternity, end of life and mental health teams, have also transitioned into the Clinical Directorate. The transfer of education and training is in progress with a plan to move directorates in April 2021.

The directorate records it's thanks to Dr Trisha Bain as outgoing Chief Quality Officer for her leadership in improving patient safety and quality across the organisation during her tenure. The new Chief Paramedic and Quality Officer started in post on the 1st March 2021.

This report summarises the directorate activity on patient safety, safeguarding and quality assurance, utilising the Integrated Performance Report (IPR) and quality report for the January 2021 reporting period.

1. Patient Safety

The number of reported incidents remain positive overall indicating a good reporting culture. As a Trust, there has been an increase in incidents graded moderate harm and above in December and January. This is associated with the second wave of Covid-19 and the corresponding significant increase in activity and demand.

To understand the impact of the second wave a further review of the delays that occurred to both call answering and dispatch in resources is underway. The total for Covid-19 incident reviews stands at 150, in the following groups:

- 75 incidents: above two times the 90th centile (cohort 1)
- 32 incidents: delays in 999 call answering (cohort 2)
- 39 incidents: between 90th centile and two times the 90th centile (cohort 3)
- 4 incidents: delays in undertaking an assessment in Clinical Advice Service (CAS) queue.

The structured judgement review into these incidents is underway and it is anticipated that a report and action plan will be published in April 2021.

Patient Safety Incident Responses Framework (PSIRF)

The Trust's Patient Safety Incident Response Plan (PSIRP) was approved by Trust Board in January 2021. The team's current focus is to engage all staff across the

Trust in this change with implementation of the communication plan during March and April 2021. Commissioning colleagues will support the Trust to ensure external communication and understanding to all CCGs and other healthcare providers.

Current themes from Serious Incidents and data analysis

During quarter three, the main themes from incident analysis relate to:

- The declaration of two incidents regarding delayed defibrillation. These are the first incidents where a delay of more than four minutes has been identified since December 2019 and the completion of a thematic review. New learning included ensuring adequate chest preparation for defibrillation and this has been confirmed as part of all teaching in basic life support delivered by the Trust. Additionally communications were sent using the Trust's platforms.
- In addition to the two incidents of delayed defibrillation, a further three incidents have been declared in relation to the management of patients who presented in cardiac arrest. These included advanced airway management for a paediatric cardiac arrest, non-conveyance to hospital for a patient with a return of spontaneous circulation and the management of a cardiac arrest when working with partner organisations. At this stage of the investigation no common themes have been established from previous incidents.
- Conveyance to hospital decision making continues to account for a high proportion of serious incidents (34.6% in Quarter 3) and includes both decisions to non-convey and also non conveyance to definitive care. An audit of patients re-contacting within 24 hours following non-conveyance and subsequently pre-alerted to hospital in September 2020 showed low rates of 1.5 patients per 1000 face-to-face incidents attended. The number that this accounts for is reflected in the Trust's local priorities within the proposed Patient Safety Incident Response Framework.

The Trust has a tiered system for incident learning, which encompasses individual learning via specific support and feedback, sector level monitoring and action on incidents to higher level thematic / strategic learning within sectors, and across the Trust.

2. Safeguarding

Implementation of the National Child Protection Information Sharing System (CPIS) in the Trust is now complete with all areas having access and live from the 1st March 2021. This system will enable information on where children on a safeguarding plan or looked after are accessing care and provide vital information to local authorities to help protect them. This also includes pregnant females whose baby will be subject to a Child Protection plan when born.

Safeguarding level 2 & 3 training via virtual platform will be restarting on 1st April 2021 following suspension due to Covid-19 pressure. A plan is in place to complete

all level 2 and level 3 training by the end of 2021-22 in line with commissioner agreement.

The Safeguarding team are continuing to work with the EPCR implementation team to move safeguarding referrals and concerns to an electronic process, this will enable staff to be accountable and have greater ownership of their safeguarding concerns and streamline the process. Ultimately this will improve patient care and communication with partner agencies whilst realising a potential cost reduction. This is expected to be introduced in 2021-22.

The Trust is undertaking an internal learning review in April into the death of a child in Croydon who accessed different parts of the service multiple times to identify what lessons could be learned from this sad case. This will then feed into the Croydon safeguarding practice review and Trust learning pathways.

3. Quality Assurance

The Directorate's quality assurance systems identifies key issues as well as areas where assurance can be provided in relation to the status of various quality topics. The following are the key points based on quality data analysis and soft intelligence collated between December 2020 & January 2021.

- The number of reported incidents remain positive overall indicating a good reporting culture. However; we have seen an increase in incidents graded as moderate harm or above in this period (107 incidents). This is associated with the second wave of Covid-19 and the corresponding increase in activity. The top two incident categories relate to medical equipment (401 incidents) and dispatch & calls, including call handling (369 incidents).
- No incidents were reported in relation to handling of morphine, indicating good practice with security of controlled drugs.
- Safeguarding level 1 & 2 training are well above the target and LAS was represented at all required joint agency response meetings during the period.
- Trust wide, 98% of staff who require DBS check have it recorded. Staff without this are not patient facing until it has been completed.
- Overall the Trust Operational Workforce Review (OWR) hand hygiene compliance for January 2021 is 97% compared with 95% in December which exceeds the expected Trust target of 90% for the group station that submitted data. Vehicle preparation deep clean compliance of Accident & Emergency vehicles is at 99% which exceeds the target of 95%.
- There is focus on violence reduction and partnership working with Metropolitan Police. Violence Reduction Officers (VROs) continue to provide support and guidance to both victim and management, following incidents of violence and aggression
- Mental Capacity Act (MCA) level 1 training is at 95% which is above target of 85%.

Current areas of focus are:

- Analysis of the staff survey to draw out quality related themes.
- Improving uptake of the safeguarding level 3 training. As at the end of January, Level 3 training is at 68.88%. This is a month on month improvement since September 2020 and work continues to train the outstanding staff.
- Improving compliance with statutory & mandatory training. As at the end of January performance was at 83% tracking slightly below the 85% target. Compliance rates have been affected by the recent Covid-19 pressures but relevant teams are currently working to improve this.
- Personal Development Review (PDR) rate remains below the 85% target at 74%. This is a particular issue in corporate areas which are underperforming and focused efforts are in place to address this including regular reports of compliance being sent to managers and staff.
- Plans are in place to include MCA level 2 training in 2021-22 CSR programme are being developed.
- OWR compliance was low at 45.47% against the target of 85%, due to recent demands and Covid-19 restrictions. A monthly compliance report is sent to the relevant teams.

4. Quality Account Priorities

The quality team have identified 12 quality priorities which are proposed for the next financial year. These priorities were developed following consultations with Quality Governance Managers across the organisation, the medical Directorate and members of the Quality Oversight Group.

The principles used to identify the new priorities were;

- Learning from the pandemic
- Progress against the current quality priorities
- The emerging CQC strategy
- Priorities informed by various sources of quality intelligence, trust business plan as well as clinical and quality strategy
- What matters to our staff, patients & the communities we serve; for example staff wellbeing & patient involvement

The priorities were discussed at the Quality Assurance Committee on the 9th March 2021 and further work is agreed to clarify outcome measures. Once this is complete they will come to the Board as part of the Quality Account process.

For the 2020-21 quality priorities 17 of the 18 priorities remain on track and are making good progress. The only exception relates to the roll out of tempus monitors for motorcycle and cycle responders as both services were suspended during the Covid-19 high demand. These priorities are monitored by the Quality Governance & Assurance team and reported to the Quality Oversight Group.

5. Care Quality Commission

The CQC ran a formal consultation on their new strategy from January to March. The comments from the Trust quality oversight group were generally supportive of the

proposed strategy. It was felt that some aspects of the strategy required further details to enable understanding of its applicability in the ambulance sector.

6. Looking forward

Following a successful pilot of the station/service quality accreditation scheme, the quality assurance team have developed a detailed programme which is now open for stations/services to take part.

A review of the quality strategy is planned to take place including alignment with the Ambulance Operational Modernisation programme.

Development of the directorate is planned as the additional portfolio areas join, ensuring a focus on collaboration across directorates.

Strategic development

Developing improved models of care

Delivery of our Clinical Strategy continues with the Clinical Directorate clinically supporting a pilot, in partnership with Primary Care Networks, of paramedics rotating between the ambulance service and primary care in preparation for the role out of First Contact Practitioners. This supports the strategic aim to provide a responsive service delivering care as close to home as possible, avoiding unnecessary conveyances to emergency departments and ensuring patients are referred into the most appropriate service for their needs. Aside from the patient care benefits this scheme offers potential benefits in terms of recruitment and retention – all of which will be reviewed in the evaluation which will then inform the strategic model of care, workforce plan and operating model for the coming years. The Advanced Paramedics are utilising their skills in clinical and education supervision acquired through their Masters degrees, to assist with the development of the educational programme and following supervision of the Paramedics seconded to Primary Care Networks.

System Wide Collaboration

Engaging with Integrated Care Systems

During the COVID-19 second wave (December to February) LAS worked in partnership with the Integrated Care Systems (ICS) to provide support to manage the flow of patients into the Emergency Departments in order to ensure all patients had access to the right healthcare facility. These pathways, overseen by NHSE London, were agreed between the ICS, LAS operations and LAS clinical and were dynamic and responsive to individual ICS requirements to support capacity, oxygen supply and specialist care pathways. The learning and benefits will inform future operational and clinical delivery models to ensure improved access and outcomes for all patients.

Through the senior sector clinical leads development of local clinical pathways has continued. The NCL Video Conferencing Pathway for patients with stroke symptoms has continued. Of the 1000 patients seen since May 2020, the service has safely triaged 48% of cases as non-stroke and diverted them mainly to local EDs (43%). The other 5% of patients were managed using usual pathways as they were felt to be non-acute and/or non-stroke. We have also expedited the referrals for high risk Transient Ischaemic Attack patients facilitating them being assessed by specialists. Stroke mimics have been identified in 8.5% of cases. The use of the Video Conferencing Pathway has not delayed the definitive care. For 33 patients who subsequently underwent thrombolysis for a confirmed stroke the median Door To Needle time (DTN) 32 minutes Inter Quartile Range (IQR) = 15mins. (Pre-video triage- median DTN 35 minutes IQR = 26 minutes) and the time to thrombectomy, mechanical removal of the clot, for 11 patients improved from a median Arrival to Groin Procedure (AGP) = 152 minutes (IQR= 92 minutes to a median AGP) = 112.5 minutes (IQR= 55 minutes).

In North East London we have co-designed and implemented two innovative pathways. The first is the King George's Hospital Beech Frailty Unit which is able to assess and manage older adults from the boroughs of Havering, Redbridge and Barking and Dagenham using Comprehensive Geriatric Assessment (CGA), which is a multidimensional, interdisciplinary diagnostic process to determine the medical, psychological, and functional capabilities of an older person in order to develop a coordinated and integrated plan for treatment and long-term follow up. This service has input from multidisciplinary team led by a doctor with expertise in care for older patients and enables more patients, after a full assessment, to be managed in the community. LAS directly convey around 50 patients a week to this unit.

The second pathway is a six month pilot which has been implemented whereby patients who are suspected as having a fractured neck of femur (hip fracture) are transported directly to Whipps Cross, and not the nearest hospital Emergency Department. Using the GIRFT (Getting It Right First Time) methodology, and learning from the South East London pathway already in place, there is clear evidence that these patients who are high risk to where all the support services are available reduces unwarranted variation with improved outcomes and reduced hospital length of stay (from 13.3 days to 9.2 days per patient). Further roll out of this pathway is being explored through the London CAG with other ICS clinical leads.

Regional & National Stakeholders

Our engagement with regional and national stakeholders has strengthened throughout the Pandemic.

LAS have been integral in the rapid development of the Oximetry@Home pathway across London. Patients were concerned about safe access of care, preferring to be treated outside hospitals, and we needed to be able to keep them safe and identify deterioration at the right time. The pathway is designed to provide a consistent clinical pathway to safety net lower risk patients with COVID-19 in the community and identify early deterioration, reducing pressure on ED and LAS as well as facilitating supported discharge from ED for patients not needing a G&A bed.

Pathways are being written collaboratively for LAS clinicians to be able to access Same Day Emergency Care Team (SDEC). SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with certain conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. LAS will have direct access for patients with conditions where the care required cannot be provided in the community but where admission to hospital and emergency care in the ED is not needed eg possible deep vein thrombosis. The initial focus has primarily been on the development of SDEC pathways post face to face assessment. However, this is now developing to include SDEC pathways for symptom based assessments via telephone clinical assessment (111 and 999).

Additionally, our maternity team have been working with the pan London Clinical Network to develop a COVID screening tool for pregnant patients, which is to be published internally in the near future.

Our research activity has continued throughout this latest phase of the COVID-19 pandemic. Of particular note, we are currently participating in two research projects designated 'Urgent Public Health' status by the Government due to their importance to the pandemic (PRINCIPLE, which is evaluating treatments for COVID-19 in the community; and UK-REACH, which aims to better understand COVID-19 outcomes for ethnic minority healthcare workers). We recently published the UK's first scientific paper to describe the association between out-of-hospital cardiac arrest and COVID-19 (which reported an 81% increase in the number of cardiac arrests that we saw during the first wave of the pandemic). We are working with international collaborators to explore this association further. We have recently secured external funding for a large out-of-hospital cardiac arrest study which, along with a number of other studies, will commence in the next 12 months.

The LAS Chief Medical Officer has been elected chair of the National Ambulance Service Medical Director Group from 9 March 2021.

Clinical Transformation

Development of the Clinical Workforce

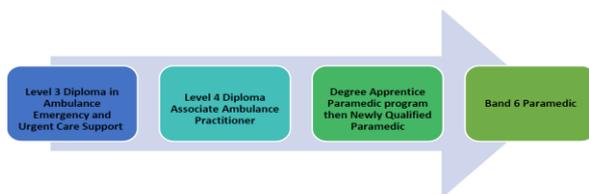
A strategic theme for Clinical Education and Standards was to align its structure to facilitate the

streamlined delivery and leadership of all clinical education under a single umbrella. Following the assimilation of the additional functions (the training teams for 999 operations, 111 training and Non-Emergency Transport) and we now have a full complement of senior managers in place to support teams. Building on the whole Clinical Directorate development programme which was delivered in 2019 -2020 a bespoke development program is underway for the Clinical Education and Standards senior management team and wider management group, focusing on improving the culture and team dynamics to assist with this change.

To support the ongoing transformation of clinical education delivery, from late April 2021 the department will begin to provide face-to-face elements from bespoke training and learning centres which will have digital capabilities, support the delivery of enhanced digital learning and simulation-based training.

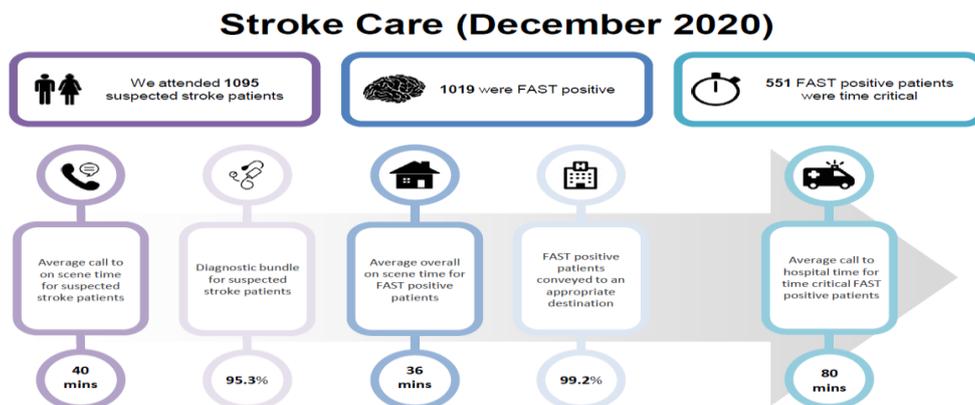
The Clinical Directorate are leading on the development of the Clinical Team Managers (CTM) through ongoing clinical training, to ensure that their clinical supervision on scene remains up-to-date. With the increasing paramedic workforce and evolving clinical model of care it is necessary to ensure our first line clinical managers continue to feel equipped to provide the necessary clinical and professional supervision and leadership to their clinical teams and they are able to reinforce the university based education and increased multi-disciplinary working.

The Clinical Education department has led the creation and successful implementation of the new Assistant Ambulance Practitioner (AAP) training programme. The role, which is a band 4 position, fits within our career structure and means that colleagues can start in NETS and transition right the way through to Advanced Paramedic Practitioner (APP) if this is the ambition. To first 80 AAPs graduated in February 2021



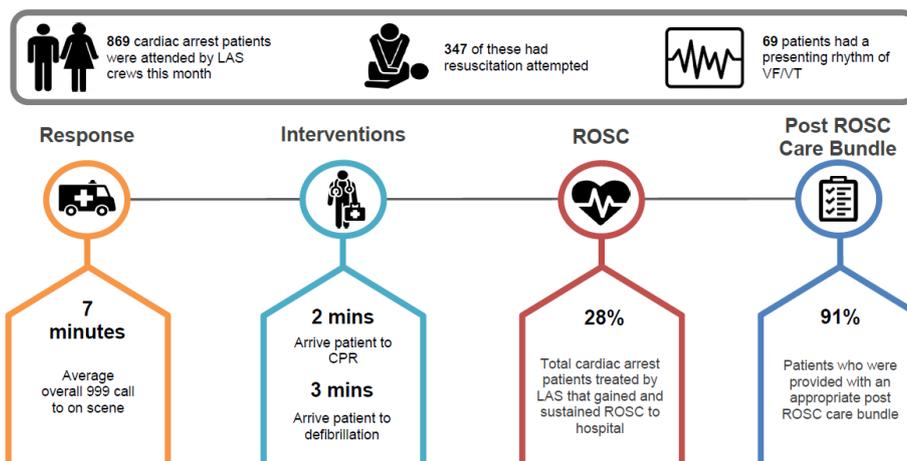
Patient Outcomes

Internally, CARU has continued to review the care provision for cardiac arrest, ST- Elevation Myocardial Infarction and stroke patients. There is always a time lag in receiving end-to-end patient data. These Care Packs are shared with Clinical Team Managers to facilitate clinical feedback and learning within their teams



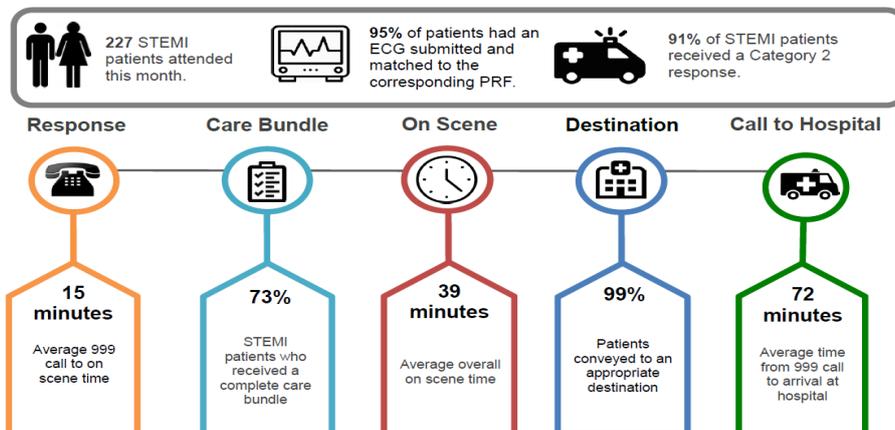
Out of hospital cardiac arrest

September 2020



Out of hospital STEMI

September 2020



The advanced paramedic practitioner urgent care team continue to deliver care to patients at home achieving a non-conveyance rate of 65% in January and 59% in February and utilising a double crewed ambulance for conveyance to a healthcare facility in less than 15% of patients attended. The recontact rate (patients calling 999 again within 24 hours of discharge at scene) for January was 0.94% and for February there were no recontacts.

The pharmacy team continue to support Integrated Patient Care through prescribing audit work and mentoring of pharmacy professionals employed in the service. Changes in legislation means advanced paramedics are now able to prescribe, bringing huge benefits to patients and the NHS across the UK. The first phase of the paramedic independent non-medical prescribing pilot supported by Health Education England (HEE) has concluded, and the next phase of to address operationalisation of non-medical prescribing has begun. NHS England anticipate that for patients this will mean more timely access to medicines, care closer to home reducing conveyance and reducing the need for additional appointments with other health professionals such as a GPs. For LAS, we hope to see an increase in the See and Treat and decrease in See and Convey responses.

Special patient groups

In January, we published a clinical audit examining the response and clinical assessment provided to bariatric patients. We found a very high standard of clinical assessment and also some opportunity to further improve the service around identifying the need for and dispatching bariatric vehicles. This learning will be overseen by the Deputy Medical Director for Emergency Care, working closely with the Operations Directorate.

The Trust has benefitted from a fully funded Macmillan End of life Care (EoLC) Team for the last 2.5 years. During that time the team have provided education and training to improve staff confidence when caring for this patient group, improved the use of care plans held on Coordinate My Care (CMC), reduced unnecessary Emergency Department (ED) conveyance, forged strong links with external stakeholders and engaged patient public involvement. In February the decision was taken to continue this important and award winning work into providing innovative and collaborative care to patients. The primary objectives going forward will be to; improve the care and support LAS provide to patients in the last phase of life and support patients who have a documented plan of care to receive their care at home or in the community setting (if that is their preference). The plans to deliver this include local support to through 18 EoLC Champions supported by an expert team.

Medicines Management

The past year seen a lot of change for medicines management - medicines are no longer regulated by the European Medicines Agency (EMA) and now solely regulated by the Medicines and Healthcare Products Regulatory (MHRA); also the country is slowly moving out of the year-long COVID-19 Pandemic. The pharmacy team has provided clinical and pharmaceutical support to immunisation projects in collaboration with Health and Well-being team, which has resulted in the successful partnership work across London for the COVID-19 vaccination program.

The COVID-19 pandemic has reinforced the strategic decision to develop a pharmacy led bespoke medicines packing and distribution function. The realisation of Medicines Modernisation was conceived in Summer 2020 and has progressed into a programme of work. Projects that sit under the Medicines Modernisation Programme are phased across three financial years and ensure that staff are equipped with the correct skills and qualifications in accordance with the Pharmacy Order 2010, the core medicines estate meets the highest quality assurance standards, medicines continue to be tracked and temperature is monitored for all medicines storage areas. The next year will see significant expansion in the team and one that will start to be on par with counterparts in other Trusts.



Assurance report: Quality Assurance Committee

Date: 09/03/2021

| | | | |
|---------------------------|---|-------------------------|---|
| Summary report to: | Trust Board | Date of meeting: | 30/03/2021 |
| Presented by: | Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee | Prepared by: | Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee |

Matters for escalation:

The MPS CDLO team has reduced in number which has resulted in a reprioritisation of their activity. To date this has not affected their work with the Trust but the Quality Assurance Committee Chair would write to recognise the value of their activity.

Other matters considered:

The Committee received presentation from MPS CDLO which provided assurance as to the partnership working approach and the importance of their role.

The Committee received the quality report and recognised that The number of reported incidents remain positive overall indicating a good reporting culture. However; there has been an increase in incidents graded as moderate harm or above in the last two months. This is associated with the second wave of COVID 19 and the corresponding increase in activity and demand. The overall top 2 incident categories relate to medical equipment and dispatch & calls (including call handling)

Members considered the proposed quality priorities and recognised that these must link to the golden thread. It was agreed that there they could be strengthened in respect of links to quality and that some required explicit links to outcomes and SMART Key performance indicators.

Members were provided the outcome of Clinical Audit into Bariatric care and noted that it had identified that the clinical assessment undertaken for patients who are identified as bariatric is of a very high standard, especially given the variation in clinical presentation and their potential for deterioration. However, there are some areas for improvement specifically around identifying and dispatching bariatric vehicles.

Other matters considered:

Members noted that the body worn video camera pilot had commenced on 14 February 2021. To date there have been no patient safety concerns or incidents that have required the use of the cameras but the impact of the trial will continue to be monitored.

Key decisions made / actions identified:

Members were updated on the Trust responsibility to ensure that all staff are immunised in line with Green Book requirements and that it had been identified that records did not support the position and identified that there are significant gaps that require address. This is a significant risk to the health and safety of our staff.

Members requested that the people and Culture Committee receive immunisation update and consider the proposed actions.

Risks:

The Committee received an update on Board Assurance Framework (BAF) risks: BAF 61 in respect of COVID-19 impact, and BAF 65, the risk that health and wellbeing of staff and volunteers may be compromised due to lack of contemporaneous immunisation records and were asked to recognise changes since previous presentation.

It was agreed that BAF 61 Clinical Safety sub risk and Quality sub risk should both have their scores reduced to 12 given the current mitigations

BAF risk 65 remained under review by the Director of People and culture and Chief Medical Officer to ensure that the immunisation impact had been accurately reflected and that this would be further discussed by the People and Culture Committee.

Assurance:

The Committee received a paper which provided a summary of inquests and prevention of future deaths (PD) in January and February 2021.



PUBLIC BOARD OF DIRECTORS MEETING

Executive Director Report: People and Culture March 2021

1. Introduction

The Directorate continues to work on the approved **18 month strategy**, focussing on the strategic themes, including responses to the NHS National People Plan, national Workforce Race Equality Standards and Workforce Disability Equality Standards, and the key deliverables in the Trust Business Plan.

This report is submitted to provide assurance.

2. Culture, Diversity & Inclusion

Staff survey

The annual NHS staff survey was undertaken between 21 September and 27 November 2020. All eligible staff were encouraged to participate.

The Trust commissioned an external organisation (Picker) as the survey provider. The survey contained 78 questions (75 of which allow historical comparison with scores in 2019). National Staff Survey results for 2020 were published on 11 March 2021 by NHSEI which benchmarked the responses at LAS with all other NHS organisations, and with the ambulance sector in England.

72% (4427) of our staff completed the survey in 2020, compared to 71% [4215] in 2019. This is encouraging as despite the restrictions during the pandemic, an increasing number of staff were willing to participate in this survey year on year. The London Ambulance Service is second highest scoring Ambulance Trust in terms of response rate.

A review of the 75 questions that allow year on year comparison has identified that the Trust has seen:

| | | |
|---------------------------|--------------|---|
| Significant improvement | 30 questions |  |
| No change | 41 questions |  |
| Significant deterioration | 4 questions |  |

Further Ambulance Service benchmarking and progress is attached to **Appendix 1**.

The 2020 staff survey results have shown improvements and progress in the following areas:

- **Improved relationships with managers** – The results highlight improvements in communications between staff and managers. This has strengthened relationships throughout the service, allowing managers to address staff concerns early, and provide actions and solutions to improve overall teamwork.

- **A reduction in bullying and abuse from managers and colleagues** – there has been a decline in colleagues telling us that they are experiencing bullying or perceived harassment in the workplace, and staff have reported improved relationships with managers and colleagues.
- **Staff wellbeing has improved** – supported by the creation of the wellbeing hub, with greater access to more support services, wellbeing assistance, mental health resources and initiatives such as the Tea Truck rollout. The Trust is committed to continuing to improve the current wellbeing support initiatives in place, to make sure colleagues get the right help at the right time.
- **Safety culture** – The Trust has seen an improvement in the reporting of near misses and clinical errors and the subsequent lessons learnt.

The 2020 staff survey results have highlighted three key priority areas that require improvement and focus:

- **Building a safer environment** – Paying a particular focus to ensuring that our frontline colleagues are protected and do not have to experience unacceptable violence, abuse, and discrimination from patients and the public.
- **Stepping-up our approach to equality, diversity and inclusion** – Ensuring we have the right recruitment, induction, development opportunities, that build, maintain and value the talent of all of our people.
- **Continuing to strengthen our wellbeing services** – Ensure that staff have access to the services needed throughout the COVID19 pandemic and beyond.

Going forward, it will be necessary to further understand the individual questions behind the key themes. This will ensure that targeted actions are identified and progressed and ensure appropriate actions to address the needs of specific staff groups are also covered. It is considered that Local Management Teams who understand the local context will be the most effective method of influencing these actions. The intention is to provide thematic responses to each of the 55 localities. This will provide further understanding and detail which will inform local plans.

The Trust will continue to focus on:

- increasing the number of Staff Survey Champions in each locally,
- providing Q&A sessions to ensure survey questions are clear
- exploring opportunities for bank staff and volunteers to participate.

Diversity

Actions are continuing to be progressed from the Trust's Black Lives Matter action plan. The following provides a summary of the key actions:

- **Embedding fair recruitment principles across the Trust** – A review of the recruitment and selection policy is underway. As part of this, guidance will be provided to improve diversity in panels. The design of recruitment and selection training is also under way.
- **Interview panel training** – 10 BME staff have undertaken training and are supporting managers across the trust on interview panels.
- **BAME Mentoring** – A renewed BAME mentoring programme will launch on 26 March, under the new name of **B-Mentored**

- **Increase diversity of the Clinical Team Manager leadership pool** – BME staff are being supported in respect of completion of applications, interview skills, a day in the life of a CTM and a buddying programme. To make the interview process fair all panels will be diverse (including gender diversity) and applications on the recruitment system (TRAC) will be further anonymised.
- **Corporate Induction** – A new Equality Diversity and Inclusion corporate induction commenced on 1 February, it includes sessions on unconscious bias and cultural awareness.
- **Weekly BME drop in** – Drop-in sessions resumed on 19 February for staff to raise concerns or any issues they may have.
- **Reinvigorate BME Staff Network Group** – Draft proposal to give staff protected time to attend network meetings completed and awaiting approval. Protected time is also being sought for core networks (Enable, LGBT and CAA) members to allow them to undertake network related activities that support CDI agenda.
- **Trust EDI strategy** – A new EDI strategy is being developed.
- **Anti-racism campaign** – A taskforce has been created, comprising key stakeholders from the B-ME network, Communications team, CDI team as well as the wider organisation. The campaign is currently at the planning stage and will be presented to AACE as a national communications in due course.

Our percentage of Black Asian Minority Ethnic (BAME) staff has improved to 18%, against our end of year target of 17.5%. The Trust is one of the top performers for BME representation at Trust Board level. Our overall BAME staff numbers continue to increase (currently 1,160) although this representation varies at different levels in the organisation as follows:

| % of BME staff compared to White staff, in each pay band | |
|---|-------|
| Bands 1-4 | 40.4% |
| Bands 5-7 | 12.9% |
| Band 8A to 9 | 14.2% |
| Board | 29.4% |

Workforce Race Equality Standard (WRES) 2020

The Trust received the national WRES report at the end of February 2021, we are one of the highest performing trusts for indicator 9 – BME representation at Trust Board. However it is recognised that there is further work for the trust in terms of indicator 5 and 7, verbal abuse and assaults from public and patients towards clinical staff and staff opportunities for development. Final WRES data will be available at the end of March 2021, update will be provided once available.

Four questions from the staff survey contribute towards the WRES staff survey indicators. **Appendix 2** highlights this additional information.

The first question – percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months has increased for both White and BME staff. The differential in scores between White and BME colleagues is the lowest reported since the first publication of the WRES. The Trust has undertaken extensive communications to encourage all staff to report incidents. The Trust continues to focus on issues of bullying and harassment, opportunities for progression and discrimination from managers.

3. P&C Operations

Staffing Position

The recruitment team continue to work with Ambulance Services and Clinical Education teams to deliver a strong pipeline of registered and non-registered staff. The recruitment process has delivered the year end workforce plan level of 3,370 wte staff, albeit 3.9% of staff [102 Assistant Ambulance Practitioners and 35 Paramedics] are completing their classroom training.

Moving forward to the 2021 – 2022 workforce plan, a specification is currently being developed to procure an external international recruitment provider to meet the 269 international paramedics required for 2021/22. In addition, work has commenced to engage an external apprenticeship training organisation to deliver the Trainee Emergency Ambulance Crew (TEAC) numbers. This will release capacity within Clinical Education Services and maximise staff for operational deployment during the pandemic.

There are significant activities in progress to deliver increased resources in both our Emergency Operation Centre (EOC) and 111 call handling services. This includes a dedicated training and recruitment plan to build pipelines to ensure we meet our 2021/22 demand forecasts.

There are two rotational paramedic pilots in place, at Merton Primary Care Network (PCN) and Redbridge PCN. These will provide the trust with the opportunity to test these partnership arrangements with PCNs and apply any lessons learned in advance of a full national launch from April 2021

Retention

Staff turnover rate has slightly improved from 8.5% to 8.4%. We continue to see a lower number of leavers in Emergency Care Services, 111 and EOC than forecasted. We have a number of retention activities in place relating to our international paramedics which include; funding indefinite leave to remain, supporting staff to utilise the Government's automatic one year visa extension and enhancing our programme of retention interviews. The number of IP leavers in 2020/2021 is below forecast.

Staff Absences

The monthly Trust wide sickness rate has increased from 5.7% in December 2020 to 9.4% in January 2021 due to the second Covid19 peak. At its peak (January 2021) there were 363 staff absent due to Covid related infections, compared with 125 staff in December and 27 staff in November.

Figure 1 –General sickness rates in comparison to COVID19 sickness

| | November 2020 | December 2020 | January 2021 |
|---------------------------------|---------------|---------------|--------------|
| Trust wide sickness rate | 4.8% | 5.7% | 9.4% |
| Covid sickness | 0.29% | 0.40% | 4.04% |
| Non-Covid sickness | 4.51% | 5.30% | 5.36% |

The P&C teams are working with managers to ensure that a number of activities are in place including return to work interviews, welfare monitoring checks and increased engagement with the trusts occupational health service provider as well as other wellbeing services detailed later in this report.

Statutory Mandatory Training/Personal Development Reviews

As at 31 January 2021, the overall statutory and mandatory training completed is slightly below the 85% target, at 83%. A recovery plan is in place to address this gap. PDR compliance, based on a rolling 12 month period, has slightly decreased from 78% in December to 74% in January. Corporate teams have lower PDR compliance. To support a recovery plan Corporate Directors are receiving weekly PDR reports for their teams highlighting those who have an expired PDR date and those who are due to expire in the next three month period, to aid the effective scheduling of these reviews.

Resolution Framework

The final version of the Resolution Framework, developed in partnership with the Trade Unions together with operational managers, is presented to the Board for approval.

Prior to implementation work will continue with the trade unions to ensure processes are fully effective. Training on the resolution framework is scheduled to begin in April 2021 to all key stakeholders.

This framework follows the learnings from the work of Mersey Care NHS Foundation Trust on its 'Just and Learning Culture', which has delivered a significant reduction in disciplinary investigations over a two year period.

Figure 2 below shows the number of open disciplinary cases and grievances month on month from the beginning of the financial year that are recorded in our Employee Relations Tracker. It is pleasing to note that case numbers in relation to disciplinary and grievances continue to reduce.

The deep dive review on our 12 BLM cases is almost complete and will be finalised in March 2021

Figure 2 – Grievance and Disciplinary cases April 2020– January 2021

| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of open cases (Disciplinary) | 35 | 52 | 74 | 73 | 59 | 63 | 63 | 62 | 15 | 19 |
| Number of open cases (Grievance) | 16 | 19 | 16 | 21 | 18 | 21 | 20 | 20 | 4 | 13 |
| Number of open suspensions | 3 | 5 | 7 | 6 | 8 | 5 | 4 | 6 | 2 | 3 |
| Number of ET's | 10 | 8 | 9 | 10 | 12 | 11 | 7 | 6 | 7 | 6 |
| Average case length time (Disc) | 88 | 166 | 68 | 80 | 118 | 59 | 95 | 80 | 97 | 61 |

The number of staff listed under suspension are also included in the disciplinary case work.

4. Health and Wellbeing

The impact to staff wellbeing as a direct result of COVID19 is still not completely clear. The Trust has started many initiatives and made improvements to existing services to ensure that staff are supported with a range of health and wellbeing needs. These initiatives include:

- **Wellbeing Hub** – This service is continuing to be used extensively by staff and acts as a first point of call to all staff for any health and wellbeing related information and issues. On average over January and February the hub received over 600 calls relating mainly to COVID19, vaccination advice, mental health and physical health support.
- **Mental Health First Aid training** – Colleagues learn to recognise the signs and symptoms of a variety of mental health conditions, as well as how to support each other. Over 200 staff have currently completed the training course.
- **Hot and cold food and drink** – From January hot and cold meals and beverages were distributed across the trust, particularly for staff waiting for long periods outside hospitals, and at the beginning and end of shifts. Food was provided by private donations, charitable organizations and NHS/LAS charitable funds.
- **Tea Wagons** – Continue to provide hot/cold beverages and snacks to staff waiting at busy hospitals. The feedback form staff has been extremely positive. The Trust has therefore agreed to continue to provide this service.
- **Flasks** - Front line patient facing staff were all provided with a flask to keep hot water along with sachets of tea and coffee so that they can have a hot drink when they are unable to return to base or where a tea wagon is not available.
- **Accommodation** – Staff have been offered free accommodation when they meet set criteria. At the time of writing 7 staff are using this service. Guidelines will continue to change regarding accommodation based on government restrictions.
- **Wellbeing Webinars** – Designed and launched by the Learning Education and Performance (LEaP) team in collaboration with the North West London Mental Health Lead. These are a 10 week programme, held twice a week, covering topics such as coping with stress and anxiety, communicating with empathy and introduction to mindfulness. 6 workshops have been held to date with attendance from over 80 colleagues from across all disciplines of the Trust.
- **Project Wingman** – A charity set up by furloughed airline staff to provide a 'First Class' lounge experience in the atrium on the 1st floor at HQ. This service provided hot drinks, snacks, magazines and a chat to corporate and operational staff and volunteers. All airline staff have human factors training, particularly covering how to deal with people in stressful situations.

Future plans include:

- **One to one wellbeing conversations** – Plans to reserve time for all staff including operational staff to have dedicated wellbeing conversations with a manager.
- **Team Time (Schwartz Rounds)** – A reflective practice forum which provides an opportunity for staff from different disciplines to reflect on the emotional aspects of their work. The first session is due to take place March 2021.
- **Group Supervision for Managers** – Group sessions designed for managers to share experiences and decompress in a safe space.
- **Support for staff working from home** – Dedicated online space on LAS new intranet system to provide information e.g. such as links about healthy working, taking breaks etc.
- **Physical Health**– Looking at how to stay healthy, different equipment, gym facilities etc.

- **Welcome back from shielding** packs – Wellbeing based information for staff and managers about returning to work after a long period of being away

Flu and Covid-19 Vaccination Programmes

The Trust 2020 flu campaign aimed to see 100% of staff offered a vaccination. The Internal Communications Team created a holistic communication plan which included interviews and videos from clinical staff, survivors of flu and several of the 200 peer vaccinators who were trained to deliver the vaccines across the Trust. NHSEI had asked that all staff be offered the vaccine by 30 November 2020 to make way for the Covid-19 vaccination programme. By this date the Trust had achieved a 78% vaccination rate for frontline workers and 72% across the organisation.

The Trust has partnered with Bart's Health NHS Trust to deliver Covid-19 vaccinations from the Excel centre, with 18 of our own restricted duties staff working on the programme. 40 other NHS sites/trusts have also offered our staff and volunteers vaccinations and as of the end of February 2021, over 76% of the frontline workforce had been vaccinated and 71% of the organisation overall. Vaccinations were also made freely available to our LFB and Police colleagues who were seconded to the LAS, as well as all regular contractors including vehicle preparation, cleaning service and security teams – almost 800 workers. Other Ambulance Trusts were also able to provide vaccinations for colleagues who live outside of London.

Occupational Health Service

The contract for the Trust's Occupational Health service is due to end in the summer of 2021. We are currently framing our requirements for future services and determining the best approach to procuring this. An update will be provided to the People & Culture Committee and Trust Board as this work stream develops. A short term 6 month extension to the current occupational health provider's contract is currently in negotiation, due to delays experienced during the Pandemic. However, this extension will enable time to fully appreciate all aspects of the specification and options for the next contract to be fully developed. A full time project manager has therefore been recruited to oversee this work. Engagement from representatives across the Trust also ensures that project meetings focus on the key requirements and standards within the specification and that robust monitoring arrangements are scoped to enable effective governance and assurance when the new contract is awarded.

5. Talent Management and Organisational Development

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

- **Ways of Working Directorate Conversation.** – The P&C directorate held an all staff on-line event to discuss the benefits and considerations of home working. Colleagues from Corporate Affairs were also invited to participate. The session asked staff to give feedback on what they liked most when working from home, and would wish to retain, and what challenges they had and suggestions of how these could be addressed. The level of engagement was extremely positive. The feedback is now being grouped into Themes for discussion with Executive Directors and will inform the design of a new Agile Working Policy.
- **Re-launch new sponsorship mentoring programme** – The LEaP team are working with colleagues in the B-Me Staff Network to establish a re-launch of this programme, which will be called Be-Mentored Programme. Communications will be starting mid-March.

- **Redesign of the Engaging Leader course** – This redesign is based on a blended format, and working closely with NHS Elect.
- **Increasing the provision of blended learning opportunities** – LEaP team are working with Clinical Education and Standards to further utilise AtLAS (the Totara Learning Management System)
- **Paramedic Apprenticeship** – This apprenticeship is due to commence from April 2021.
- **Business Administration Apprenticeship** – The training provider has been chosen and Stakeholder Engagement sessions are proceeding. .
- **Clinical Team Manager Recruitment and Training Plan** – LEaP are working closely with representatives from the operations directorate to increase involvement in the planning and delivery.

Appendix 1

Ambulance Services 2020 Staff Survey Comparison

The following table benchmarks the Trusts scores against each of the 10 Key Themes against all other Ambulance and Acute Trusts. All scores are based on a weighted calculation on a scale of 1 to 10.

| NHS Staff Survey Themes | LAS Position (out of 11) | LAS Score | | Amb. Service Lowest | Amb. Service Highest | | Acute Trust Lowest | Acute Trust Highest |
|---|--------------------------|-----------|--|---------------------|----------------------|--|--------------------|---------------------|
| Diversity | 10th | 7.9 | | 7.9 | 9.2 | | 8.5 | 9.5 |
| Health & Wellbeing | 10th | 5.1 | | 4.8 | 6.3 | | 6.0 | 6.8 |
| Morale | 10th | 5.6 | | 5.2 | 6.5 | | 6.2 | 6.7 |
| Quality of Care | 9th | 7.3 | | 7.2 | 7.6 | | 7.5 | 8.1 |
| Safe Environment Bullying/Harassment | 10th | 7.0 | | 6.6 | 8.3 | | 7.8 | 9.0 |
| Safe Environment Violence | 11th | 8.5 | | 8.5 | 9.4 | | 9.4 | 9.9 |
| Safety Culture | 7th | 6.4 | | 5.6 | 6.9 | | 6.9 | 7.5 |
| Staff Engagement | 9th | 6.1 | | 5.8 | 6.8 | | 7.1 | 7.6 |
| Line Manager | 7th | 6.4 | | 5.4 | 6.9 | | 6.8 | 7.3 |
| Teamwork | 8th | 5.2 | | 4.6 | 6.0 | | 6.4 | 7.0 |

Although there is evidence of progress, when the data is compared to all other Ambulance Trusts, it is noted that further work is needed to raise the Trusts scores from the lower quartile. It is also shown from this data that the ambulance sector scores nationally are lower than all other NHS organisation scores. Action therefore, needs to continue in those themes where the greatest improvements are needed. Work is underway in the following areas:

- **Safe environment – violence:** investment in an ongoing public awareness campaign; introduction of body worn cameras and violence reduction officers. Additionally, a campaign to further promote incident reporting that enables the Trust to work with police to take forward prosecution action where appropriate.
- **Equality, Diversity & Inclusion** A cultural audit has commenced; gender pay gap analysis will be completed in 2021 and a new Equality, Inclusion and Diversity policy will be ready for initial feedback at the beginning of April 2021.
- **Health & Wellbeing:** for the Trust is awaiting the announcement of a permanent Head of Wellbeing to continue the progress made over the last year in this area (moving from a score of 4.7 to 5.1). The Trust is also re-tendering our Occupational Health provision.
- **Safe environment – bullying & harassment:** The Trust will continue to focus on the development of our ‘core leaders’ and will shortly launch a new resolution framework to further enhance our values of a just and learning culture, with empowered managers across the organisation.

Appendix 2

WRES Staff Survey Indicators

| Indicator | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | Change |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---|
| % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | White 56% BME 35% Diff 21% | White 56% BME 34% Diff 22% | White 57% BME 39% Diff 18% | White 58% BME 42% Diff 16% | White 59% BME 43% Diff 16% | White 60% BME 49% Diff 11% |  |
| % off staff experiencing harassment, bullying or abuse from staff in the last 12 months | White 38% BME 40% Diff 2% | White 32% BME 32% Diff 0% | White 31% BME 38% Diff 7% | White 28% BME 32% Diff 4% | White 28% BME 30% Diff 2% | White 24% BME 32% Diff 8% |  |
| % of staff believing that the Trust provides equal opportunities for career progression and promotion | White 63% BME 42% Diff 21% | White 74% BME 57% Diff 17% | White 62% BME 47% Diff 15% | White 68% BME 51% Diff 17% | White 72% BME 56% Diff 16% | White 71% BME 52% BME 19% |  |
| % in the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader or other colleagues | White 13% BME 25% Diff 12% | White 9% BME 18% Diff 9% | White 11% BME 19% Diff 8% | White 10% BME 17% Diff 7% | White 10% BME 16% Diff 6% | White 10% BME 19% Diff 10% |  |



Assurance report: People and Culture Committee

Date: 15/03/2021

Summary report to: Trust Board

Date of meeting: 15/03/2021

Presented by: Jayne Mee, Non-Executive Director, Chair of People and Culture Committee

Prepared by: Jayne Mee, Non-Executive Director, Chair of People and Culture Committee

Matters for escalation:

Immunisations

The Chief Medical Officer to provide an update on immunisations. It is the Trust's responsibility to ensure that all staff are immunised in line with Green Book requirements and that it had been identified that records did not support the position and identified that there are significant gaps that must be addressed. This is a significant risk to the health and safety of our staff.

A paper which considers options available to resolve the position and will be presented to the March Executive Committee meeting for discussion.

Members were supportive of the proposals and requested that further update was provided to the May People and Culture Committee or to members via correspondence if available prior to the May meeting.

Other matters considered:

Culture, Diversity and Inclusion

The **Trust Gender Pay Gap Report for 2020** is scheduled to be published late summer 2021, this will also include information from 2019 to demonstrate movement of key indicators over three years. Members were asked to note that figures for 2019 were not required by NHSE, however they are necessary to show progress over the past three years. Although previous Gender Pay Gap reports which have fallen within the 5% margin set by regulators it is recognised that a working group should be established to ensure the Trust is not inadvertently missing issues.

Clinical Team Manager (CTM) recruitment for 2021 is due to commence in April 2021. Discussions have started with Associate Director Operations (ADO) and Local General Manager (LGM) leads to actively consider how we can recruit and support more diverse candidates. The group have agreed to facilitate a number of open workshops to help potential candidates prepare for interviews and assessments. There is also an appetite for candidates to undertake psychometric testing which will also help their individual development plans.

The Committee received an update the Trusts **Workforce Race Equality Standard (WRES)** and detail of indicators and analysis of the Trust position.

Indicator 5, Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months has increased for all staff over the last year and is significantly higher than the national average. This is an issue the Trust are aware of and members were assured action is being taken to address the issue including the participation in the Body Worn Video Camera trial and intended roll out across the Trust.

Indicator 7 Percentage of staff believing that the Trust provides equal opportunities for career progressing and promotion has decreased for all staff and is significantly lower than the national average. Only 52% of BME believe the Trust provides equal opportunities for career progression and promotion compared with 56% the previous year. White staff also scored lower at 70.5% compared to 72% in 2020. This score is in line with the Trusts anticipated outcome and can partly be attributed to a large proportion of the BME workforce in the lower banded support roles and action is being taken to strengthen the Trusts activity in response to this including reverse mentoring and peer group support.

Members recognised the results and agreed that the existing action plan would need to be updated. This should be presented to the Committee in May.

Staff Survey

Following the release of the 2020 Staff Survey Results each of the Directorates were asked to present a brief overview of the key themes and proposed high level Action Plans in their respective areas of LAS.

Members sought assurance in respect of the proposed methods to track and monitor progress against the themes. It was acknowledged that there was further work required to identify these metrics and that it would be beneficial to share four further documents which identify benchmarking data, analysis and priorities.

Sickness

In respect of long-term sickness, members recognised the plan to address issues and that progress had been made to return individuals to work, it was also acknowledged that some had been delayed whilst awaiting external intervention such as medical treatment, but progress would continue to be made.

Resolution Framework

The Resolution Framework was endorsed for and recommended for approval by the Trust Board.

Timings for implementation were on schedule provided that the governance for sign off was also timely and roll out would begin in April.



Workforce Planning

Members discussed the ambitious recruitment and training plans and noted that other Ambulance Trusts had been approached to seek the use of any spare training capacity.

Further work is required to continue to understand the PCNs and the implications associated with the provision of paramedics and this will continue to be reported and monitored and that the roles that PCN paramedics can fill once they return from rotation are being reviewed.

Members supported the progress that is being made against ambitious plans and sought assurance that work would continue to develop plans to surge workforce in the future as required. It was further suggested that the Royal College of Paramedics could be approached to contact those Paramedics who are maintaining their registration, but not actively employed as Paramedics.

Health & Safety

The violence prevention and reduction standards plan was presented to members. Feedback from members was that it was comprehensive plan that will be resource intensive. They sought assurance through the Head of Corporate Governance of these requirements as the Head of Health and Safety did not attend the meeting.

Key decisions made / actions identified:

See other commentary.

Risks:

Board Assurance Framework

Following discussion members concluded that BAF risk 61, people specific sub risk score should be reduced to 12 given the mitigations in place.

Assurance:

The Committee took much assurance from the meeting that key priorities are moving forward and will be sustained.



PUBLIC BOARD OF DIRECTORS MEETING

Executive Director Report: Finance M10

- **Hot Topic Updates**

- The Trust agreed a fixed income envelope of £522.2m for 2020/21 which excluded any additional COVID 19 second wave impact although it did identify a forecast £5m impact assuming a second wave of one month (October) based on national modelling.
- During December and January the Trust experienced severe operational pressure through increased call demand, increased staff abstractions through unplanned isolation and sickness and significant increases in hospital handover delays.
- Since the announcement of the latest lockdown in January the Trust experienced demand return to 'normal' winter levels and a steady reduction in the level of COVID related staff isolations and sickness and hospital handover delays also steadily decreased.
- The Trust continued to review resourcing levels in light of changing demand whilst retaining additional resilience for the remainder of 2020/21 and reforecast the financial impact of the latest surge. Through working with NWL ICS the Trust secured an additional £4.8m income to fund the additional costs of responding to the latest surge.
- The Trust has also received a number of further additions to the fixed income envelope previously agreed including £2.9m for Think111First implementation, £5.7m to recognise the commencement of integrated urgent care services for NWL and £1.3m income from Health Education England.

- **M10 Finance Position**

- The Trust has a year to date deficit of £1.6m as at 31 January 2021.
- The Trust is currently forecasting a £1.2m deficit against plan (at the end of January) due to the inclusion of second wave COVID costs (£11.7m) above plan for the remainder of 2020/21 offset by £4.8m additional income agreed by NWL CFOs (subject to formal approval), other movements in the forecast such as BP free fuel and reduced training costs (£3.3m improvement) and an allowable deterioration in outturn due to increased annual leave remaining compared to 2019/20 outturn (£3.6m)
- Remaining risks to the forecast outturn at M10 include the impact of a case (the Flowers case) relating to overtime on holiday pay which is being negotiated centrally

by NHSE/I. Subsequent to the report a national settlement has been concluded which materially confirms the assumptions on central funding.

- The Trust has a cash balance of £80.6m at the end of January 2021
- £73m of revenue COVID 19 expenditure has been incurred year to date.
- The Trust continues to forecast delivery of its capital plan of £40m for 2020/21.
- [Looking forward](#)
 - The Trust has agreed a further allowable deviation from its control total in M11 as part of the NWL system forecast, which will move the full year outturn to £3.7m deficit vs its £2.3m surplus plan. This is an agreed position with NWL.
 - NHSE financial planning arrangements were published on 25th March 21, after the Finance and Investment Committee's consideration of the Finance Plan which standing orders require to be set from 1st April. A six month budget for April to September is recommended for approval which is consistent with the financial planning guidance just published and the plan for the 2nd half of the year will be revisited in light of the published guidance.

Lorraine Bewes OBE
Chief Finance Officer
March 2021



Assurance report: Finance and Investment Committee (FIC) **Date:** 19/02/2021

| | | | |
|---------------------------|---|-------------------------|--|
| Summary report to: | Trust Board | Date of meeting: | 30/03/2021 |
| Presented by: | Amit Khutti, Non-Executive Director Chair of Finance and Investment Committee | Prepared by: | Fergus Cass, Non-Executive Director, Chair of Finance and Investment Committee |

Note: The meeting held on 19th February focused mainly on forward-looking issues that were not covered at the Committee's January meetings; it also reviewed the latest expectations of the 2020/21 outturn. In addition, this Assurance Report refers to a special meeting that was held on 9th February and adjourned until 11th February; the meeting discussed contracts and expected expenditure relating to the consolidation of training facilities.

Matters for escalation:

Consolidation of training facilities

The Committee approved the award of the contract for construction work on the new training facilities that the Board approved in September 2020. The Committee was briefed on negotiations relating to the leases for the two sites and noted that the final cost of the project, at £14,770k, is expected to be within the total amount approved by the Board.

Financial performance 2020/21

Uncertainty around the financial outturn has reduced since January. COVID-related expenditure is lower than previous estimates; agreement has been reached with commissioners for reimbursement; NHSI has permitted a revision of the control total to take account of higher annual leave provisions; and there are other favourable income and cost movements. Some risks remain to the new target deficit of £1.2m, but the risk level is much less than was previously indicated.

Capital expenditure

The Committee reviewed the activity that is planned in order to spend the agreed full-year budget of £39.9m.

Other matters considered:

Cost Improvement Programme (CIP)

The Committee was briefed on the processes being followed to identify and assess efficiencies. It reviewed the savings that have been validated so far and noted that more will be needed. It recommended a focus on a relatively small number of significant projects.

Ambulance Operations Modernisation (AOM)

The Committee discussed financial aspects of the Ambulance Operations Modernisation programme and suggested issues to be considered in further iterations. It noted that the efficiencies expected to result from the programme are being validated via the CIP process.

Financial Planning

The Committee was briefed on the expected financial planning framework for 2021/22. It discussed a first draft of projected income and expenditure up to 2025/26 and reviewed the underlying assumptions, noting that these may change. The Committee offered suggestions in relation to future iterations. A CIP contribution of £17.8m is included in the projection for 2021/22; sources have not yet been fully identified.

Key decisions made / actions identified:

Finance transformation and costing system development

The March meeting will receive a progress report on these key projects.

Annual review of effectiveness

The Committee discussed its effectiveness over the past year, noting: areas that had gone well; other areas where progress had been delayed as a result of COVID pressures; current and future challenges; and possible areas for improvement.

Risks:

- As indicated above, the risk level relating to achievement of the agreed control total has reduced.
- The Committee noted the actions being taken to mitigate the risk of underspending the capital budget of £39.9m

Assurance:

- In approving the construction contract for the Training Consolidation, the Committee reviewed the results of the tender and received satisfactory answers to questions about delivery risk, the overall cost of the project, changes in the composition of total cost, and financial risks and contingencies.
- In relation to the latest expectation of the control total for 2020/21, the Committee reviewed interim data for Month 10, was provided with explanations of changes in the forecast of income and expenditure for the year, and discussed risks and mitigations relating to the forecast.



London Ambulance Service

NHS Trust

Assurance report: Finance and Investment Committee (FIC)

Date: 23/03/2021

Summary report to: Trust Board

Date of meeting: 30/03/2021

Presented by: Amit Khutti, Non-Executive Director Chair of Finance and Investment Committee

Prepared by: Amit Khutti, Non-Executive Director Chair of Finance and Investment Committee

Matters for escalation:

Finance Plan 2021/22

The Committee received presentation of the Finance Plan for the first half of 2021/22 and financial assumptions for the second half of the year. The NHS is still waiting for national guidance on how to plan for the second half of the year, so a full-year budget and plan cannot be set at the moment.

The Committee recommended that cost-improvement plans be commenced immediately, that work continues to identify a level of future staffing that is resilient and affordable, and that the capital plan be revisited.

The Committee recommends that the Trust Board approve the statement of comprehensive income (SOCl), statement of financial position (SOFP) and cash flow for the half year April-September 2021/22 to allow budgets to be issued by 01 April 2021.

Make Ready Business Case

The Make Ready Full Business Case is recommended to the Trust Board for approval

Hub 1 Business Case

The Committee was asked to recognise the changes to the Hub 1 business case and members discussed the implications and consequences of such changes. Assurance was provided that the selected location was the best option. Further work is needed to finalise the Hub 1 specification.

The Committee recommends that the Trust Board approves a revised overall financial envelope for the business case and receives presentation of the anticipated final specification.

Board Assurance Framework

The Committee approved and recommends acceptance of BAF risk 61 Financial sub risk score reduction to 5 (5 x 1) due to the mitigations in place to secure the funding required.

Other matters considered:

Procurement

The Committee was briefed on the Trust's procurement position and discussed category management plans and sought assurance that contract due diligence included cyber resilience where appropriate.

Commercial

The Committee received a brief about commercial activity across the Trust and noted the continued commitment to engage with PCN paramedic provision. It was recognised that further work is required to establish the ongoing requirement and ensure it fits with the Trust's strategic ambition. The Executive will take an update to the Quality Assurance and/or People & Culture sub-committees as appropriate.

Other commercial opportunities were briefed and members recognised that it was essential that commercial plans were in line with NHS values, that they did not take Executive focus away from the daily business of the Trust and that due diligence was conducted on potential partners.

Ambulance Operations Modernisation

The Committee received a presentation which focused on the draft key findings from the economic, commercial and financial cases and established the estimated revenue and capital implications of the preferred way forward, including funding and affordability assessment.

Hub 1 Business Case

The Committee were asked to recognise the changes to the Hub 1 Business case and members discussed the implications and consequences of such changes. The capital request has increased from £1.1m to between £6.5-8.7m due to the identified site requiring significantly more work than had been assumed in the original business case. The case is still affordable and has a positive Net Present Value as actual lease costs will be significantly lower than assumed. Assurance was provided that the selected location was the best option. Further work is required to finalise the specification.

Make Ready Business Case

The Make Ready Full Business Case was presented and considered following recommendation from the Logistics and Infrastructure Committee. Members resolved to recommend approval by the Trust Board.

Medicines Packing unit project change request.

The original business case for the Medicines Packing Unit was approved at a total capital cost of £1.701m. Since completion of RIBA stage 4 and selection of the preferred main contractor for the construction works, the total capital costs have increased to £3.051m, an increase of £1.349m. Lessons learned from a review of why the costs had increased highlighted the need for subject matter expert interventions to be made at the right time, and that this was relevant across the whole portfolio of transformation.

Key decisions made / actions identified:

Hays Managed Service Contract

The Committee considered a request to extend the contract of Hays specialist recruitment for 1 year to continue to provide agency staff to LAS 111 Call Centres. The detail, costs and intended action were presented and the Finance and Investment Committee resolved to approve the contract.

Finance Plan 2021/22

The Committee resolved to recommend the approval of budgets for the first half of 2021/22 and recognised the request to provide refined future reporting.

Ambulance Operations Modernisation

Members concluded that there would be benefit to focused discussion of the plans to ensure that the Trust Chair and Non-executive Directors receive holistic oversight of all intentions and are able to gain necessary assurance.

Hub 1 Business Case

Members concluded that the Executive should continue to progress the work on the Hub 1 Business case including lease negotiations, that a recommendation is made to the Board to approve the revised overall cost envelope and that the Board receives presentation of the anticipated final specification.

Medicines Packing unit project change request

Approval was sought to increase the capital costs, approve the appointment of the main contractor and recognise the planned completion date is August 2021. The request was approved.

Future Capital Projects

Members supported the proposal to create an expert panel of advisors to be used when developing future capital projects which would provide independent advice and support during the development phases.

Risks:

- Members supported the proposal to reduce the residual risk score of BAF 61 finance sub category risk to 5 (5 x 1) due to the mitigations in place to secure the funding required.
- Members reviewed BAF risk 63 and concluded that the reported score and mitigations required no further change.

Assurance:

- The finance report for M11 was received, indicating a forecast deficit of £3.7m for the financial year 2020/21, which is an agreed position with the Trust's commissioners.



Assurance Audit Committee (AC)
report:

Date: 23/03/2021

Summary report to: Trust Board

Date of meeting: 26/02/2021

Presented by: Rommel Pereira, Chair of AC

Prepared by: Rommel Pereira, Chair of AC

Matters for escalation:

Reflections on the risk framework and the BAF

Following a year of unprecedented pandemic uncertainty and acceleration of the Trust's transformation agenda, the Audit Committee recommends the completion of an assurance mapping exercise and a review of the effectiveness of the 3 lines of defence model.

Other matters considered:

Immunisation Review Update

The Committee considered the Trust wide action plan arising from its examination of the September 2020 immunisation review. It noted progress with leadership coaching, reducing Single Tender Waiver exposure through the disciplines of 'no contract, no purchase order, no pay' exercised by the Supply Chain Management Board but asked for a further update on HR related matters. QAC will receive an update on clinical oversight of the vaccination programme.

Internal Audit Plan

The Internal Audit Plan for 2020/21 has been revised to reflect agreed changes to the timings and scopes of individual reviews, impacted by the 'second wave' of Covid-19. Internal audit have prioritised reviews identified as essential for the Head of Internal Audit year end opinion and these will be completed by the end of April 2021.

External Audit Plan

The Committee reviewed the audit approach and scope for 2020/21 audit. It noted that (given operating expenditure is forecast to exceed £500m) we were now a "Major Local Audit" subject to additional quality control procedures, the increased scrutiny and reporting on Value for Money and the inherent public finance risk in relation to going concern. The auditors advised that they would review management's assessment of cash flows in relation to the latter, and commended last year's assessment as the best they had tested.

Counter Fraud

The Committee received an update on the progress of the Fraud Risk Assessment and the conclusion of the Bribery Risk Review, Declarations of Interest Local Proactive Assignment (LPA) and Charitable Funds LPA. The Committee reviewed specific counter fraud cases and requested improvements in how investigations are assessed before escalations into allegations of fraud eg. timekeeping being a performance management issue.

Collaborative Procurement of audit services

The Committee was advised that the contract process for internal audit and counter fraud services was underway with a view to a recommendation at the Committee's April meeting. The Committee would then look to confirm the audit plan for 21/22 at its May meeting. The existing contracts had been extended by two months.

The Committee was assured that the Trust would have an internal auditor at the end of May but tasked the executive with clarifying arrangements to handle annual assurances for 20/21 and 21/22 with internal audit commissioned part way through a financial year.

The procurement of external audit services through the collaborative framework would be considered next year.

Single tender waiver register

The Committee noted the steps taken to improve compliance, through cultural and procedural interventions. It was agreed that a high-level review should take place to draw a line under historical issues.

Key decisions made / actions identified:

Losses and Special Payments

The Committee requested assurance on controls in place surrounding the exceptional use of overtime payments to some staff as part of the Covid peak response.

Interim staff and III/IUC controls

The Committee requested assurance on the controls in place for interim staff and asked for an internal audit review of 111/IUC agency controls.

Risks:

Board Assurance Framework

The Committee noted that initial discussions had been held with the Chief Executive and many of the directors to determine the key areas of risk which needed further development. This followed the Board's discussion at its January meeting around ensuring that BAF risks were both strategic and specific. The Committee's meeting had taken place early in the meeting cycle and work was noted to be underway to draft risks relating to workforce / training, finance / innovation and AOM, as appropriate, with the relevant directors and that any proposals in these areas would be presented to the Board meeting for consideration.

Assurance:

Internal Audit report – BAF Review

The Committee commended the executive on the SIGNIFICANT level of assurance, examples of best practice and horizon scanning that this represented. The Committee noted that the next step would be to focus on the risks which could stop the Trust from achieving its strategy.

Internal Audit report – Covid Expenditure

The Committee noted that the design and operation of the Covid-19 expenditure control environment had received a SIGNIFICANT level of assurance with two medium priority recommendations. Members commended the positive result and the confidence and assurance this gave in the work to protect the Trust's financial position.



Assurance report: **Logistics and Infrastructure Committee**

Date: **16/03/2021**

Summary report to: **Trust Board**

Date of meeting: **30/03/2021**

Presented by: **Sheila Doyle, LIC Chair**

Prepared by: **Sheila Doyle**

Matters for escalation:

The Make Ready retender is recommended for FIC and Board approval.

Hub 1 delivery timelines have been impacted by Covid pressures. An updated business case, project plan and underlying assumptions will be presented to the Trust Board.

The Governance structure for the Ambulance Operations Modernisation program to be developed, including an outline of how it will integrate with existing board sub-committees.

A Trust wide (holistic) approach to benefits capture is being developed and will be presented to the Finance and Investment Committee.

Other matters considered:

Members received an update on plans to develop the next generation of ambulance (NGA), aligning with the new national specification for a zero emissions, lightweight, accessible vehicle. The procurement strategy is being developed with NHSI. The current plan anticipates that the first set of ambulances will be available for purchasing by the summer of 2022. If the plan is delayed, the Trust has an option to use the existing national standard, which will ensure compliance with the Ultra-Low Emissions standard.

An update on the Ambulance Operations Modernisation project, including the detailed analysis of different hub scenarios and operating model configuration, was presented. Further details on 1) benefits, 2) key assumptions 3) program governance, 4) integration of Hub 1, 5) engagement of clinical and operational staff will be provided in the next update.

The delivery plan and underlying assumptions for Hub 1 is being reviewed to capture lessons learned and assess the impact of delays due to Covid pressures.

The identification and attribution of benefits is proving challenging. An holistic Trust wide approach to benefits capture is under development.

The make ready retender including scope of service, costs and benefits was presented. Members complimented the team for all their work in delivering a robust and thorough procurement process and business case. The new tender offers additional services, annual efficiencies and integrated technology solutions. The paper will be updated to include key risks and mitigations before it is presented to the FIC.

The committee received an update on the program of work to address 3 domains: People (Values and Behaviours), Operations and Planning and Modernisation, within Fleet, Estates and Logistics. Significant staff engagement (50+ interviews) has taken place to identify current challenges and improvement opportunities. A comprehensive staff engagement and change management program is underway. The committee noted the good progress to date and recommended that Andrew Goodman engages with the People and Culture Committee to share his findings and enlist their support.

A report on IM&T capability and leadership development was presented. Good progress has been made in increasing the capacity and expertise within the function. 15 substantive appointments have been made with the remaining 7 in progress. A succession plan for the CIO will be developed.

Key decisions made / actions identified:

- AOM economic analysis and key assumptions to be presented at the March FIC.
- People Values and Behaviours program for Fleet, Estates and Logistics to be presented to the People & Culture Committee
- Update on Cyber 2nd line of defence and cyber awareness and culture to be presented to the Audit Committee.

Risks:

Members support the proposal to reduce the residual risk rating of BAF risk 61 – Covid 19 impact.

Risk 58 (IT failure) and 45 (Cyber) were reviewed. The risk scores will remain unchanged until the risk remediation program is completed.

Cyber risk will be discussed with the Executive to assess and agree how cyber awareness and culture can be further embedded across the Trust.

Assurance:

Substantial improvements in statutory compliance performance, particularly in Estates.

The Cyber technology remediation program is making good progress. However, further work is required to ensure that Cyber awareness and culture is embedded across the Trust.



Assurance report:

Digital 999 Programme Assurance Board

Date: 11/03/2021

Summary report to:

Trust Board

Date of meeting:

30/03/2021

Presented by:

Sheila Doyle, Non-Executive Director, Chair of Digital 999 Programme Assurance Board

Prepared by:

Sheila Doyle

Matters for escalation:

Good progress has been made since ePCR went live in Nov 2020. The drive to increase adoption was put on hold due to Covid. Adoption rates are rising again, currently at 64%, with full adoption expected by end April.

CAD progress was deliberately slowed to cope with Covid pressures. A reset plan proposes a November go-live which will be reviewed in June and September to determine feasibility.

Other matters considered:

The CAD reset plan proposes a CAD go-live in November 2021. Go-Live checkpoints will occur in June and September to assess if November is achievable. Members discussed the potential impact of a 3rd Covid surge, winter pressures, managing operational performance whilst delivering a change program in EOC and the impact of other internal / external factors. The project plan will be revisited, taking all of these factors into account, assessing likely risks and mitigations. The PAG will receive an update in May.

ePCR adoption is progressing very well with 64% adoption as of 11 March. Members are very supportive of the actions being taken to drive 100% adoption by end April. An exception process will be triggered to allow for temporary use of the manual PRF process, in the event of a technical failure or other unforeseen issues.

Release 2 of ePCR (planned for Q1 21/22) will include onboarding of London Air Ambulance, integration with NHS spine to pre-populate demographic data including NHS number and GP data.

Release 3 will include full integration with the new CAD, reducing a significant amount of data entry, improving the hospital handover experience and providing a fully digital safeguarding referral process.

Members recognised the success of the ePCR project and the outstanding contribution of Stuart Crichton, Peter Rhodes, Giles Clayden and their teams. The project will move to a business as usual status by end of April.

Proposed changes to the CAD solution were discussed. A rigorous process has been undertaken under the leadership of Peter Rhodes, to



assess and approve any 'must- do' changes. A change freeze is being implemented, exceptional items must be approved by a change management board, chaired by the CIO. It is expected that circa 20% of EOC working practices will change as a result of the new CAD system. These changes will be included in a detailed change management and adoption plan that will be presented to the PAG in May.

Key decisions made / actions identified:

An holistic view of wider system benefits will be discussed at March FIC.

An update on the CAD reset plan and a detailed change management plan will be presented at the May PAG.

Risks:

Covid19 third wave could impact the CAD project timelines.

Assurance:

The second PWC assurance report was presented at a separate meeting in February. The report confirmed that the program is progressing well with robust governance and strong stakeholder engagement. The report highlighted areas of attention including testing plans, change and adoption plans and enhancing supplier engagement. Moreover the report highlighted a that a further opportunity exists to document the overarching Trust change portfolio and associated dependencies, to ensure the change roadmap ahead is fully understood.

ePCR project is tracking well within budget limits. Changes to the CAD timeline will require a draw down on business case contingency budget whilst remaining within the overall budget scope.

Partial assurance on benefits realisation. Cash releasing benefits are impacted by the delayed CAD timeline and slower ePCR adoption rates over the past quarter. Non-Cash releasing benefits will be revisited within the wider Trust change program to ensure that system benefits (for example reduced conveyancing, reduced cycle times) can be tracked holistically.

A National user-group, led by Stuart Crichton has been established to ensure that ePCR product changes are coordinated and prioritised.



| | | | | |
|--|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Financial Plan Update 2021/22 | | | |
| Agenda item: | 9.1 | | | |
| Report Author: | James Corrigan, Financial Controller | | | |
| Presented by: | Lorraine Bewes, Chief Finance Officer | | | |
| History: | This paper provides an update on the Trust month 9 financial position. Presented to Finance and Investment Committee 20 March 2021 | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board's attention: | | | | |
| <p>The purpose of this paper is to provide an update on business and financial planning for 2021/22 and to seek approval of the SOCI, SOFP and cash flow for H1 to allow budgets to be issued by 01 April 2021.</p> <p>At the time of writing this paper, national planning guidance has not be published for 2021/22, however we know that the current block arrangements will remain in place to the end of June 2021 at the earliest and the latest signal from the national team is that these arrangements will remain in place until the end of Q2. A letter was published on 23 December 2020 that set out the approach that was being considered to moving back to contracts in 2021/22, however this was pushed back during the latest COVID 19 surge.</p> <p>The plan has been developed for the first 6 months of the year (H1) which the Board are asked to approve to ensure budgets can be issued in April 2021, there is also a look at current assumptions on income for the remainder of the year (H2) which are not for approval at this time and the business and financial plan will be developed for the second half of 2021/22 for approval in September.</p> <p>Key points to note are that:</p> <ul style="list-style-type: none">• The Trust has now recommenced Business Planning now that operational pressures have reduced for the year• H1 currently shows a breakeven position over the first half of the year. This deteriorates in the second half of 2021/22 due to a significant reduction in income as we move from current block/top up arrangements. H2 also includes £9m of efficiency savings. The Trust would require a full year income of £530.9m to deliver a break even position.• The business planning work to date has identified cost pressures of £17.0m and service developments of £14.7m, further work is required to validate and approve these. | | | | |

- The plan assumes delivery of £9.0m of savings in year, the Trust has identified efficiencies for £12.0m.
- The plan currently excludes any new services that may start in 2021/22 such as SWL IUC and excludes NWL IUC as this falls outside current block funding arrangements.
- Further work is required to agree the capital plan for 2021/22, to prioritise and agree service developments, to finalise savings plans and to secure the required level of income for the Trust to deliver its statutory duties.

Recommendation for the Board:

The Finance and Investment Committee have considered the paper and recommended that the Trust Board note the business and financial planning update for 2021/22 and approve the SOCI, SOFP and cash flow for H1 to allow budgets to be issued by 1 April 2021.

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

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



London Ambulance Service
NHS Trust



Financial Plan 2021/22 Overview for Trust Board

14 March 2021





- Introduction and Background
- Business Planning Process
- Planning Assumptions
- Statement of Comprehensive Income
- Statement of Financial Position
- Cash Flow Statement
- Workforce and Performance
- Efficiencies (Cost Improvement Programme)
- Cost Pressures
- Service Developments



At the time of writing this paper, national planning guidance has not been published for 2021/22, however we know that the current block arrangements will remain in place to the end of June 2021 at the earliest and the latest signal from the national team is that these arrangements will remain in place until the end of Q2. A letter was published on 23 December 2020 that set out the approach that was being considered to moving back to contracts in 2021/22, however this was pushed back during the latest COVID 19 surge.

Given the continued uncertainty it has not been possible to establish and validate a set of agreed underlying assumptions upon which financial forecasts may be developed. The attached financial plan is therefore based on a combination of **National and Local assumptions** and work that has been undertaken to date in respect of developing a normalised baseline (Forecast Outturn adjusted for non recurrent and full year effects) and collating cost pressures and planned developments from Directorates. The plan has been developed for the first 6 months of the year (H1) which the Board is asked to approve to ensure budgets can be issued in April 2021, there is also a look at current assumptions on income for the remainder of the year (H2) which are not for approval at this time and the business and financial plan will be developed for the second half of 2021/22 for approval in September.

LAS itself is also engaged in a number of large scale changes which will have significant impact upon the organisation and the system within which it operates, the financial implications of which are still being assessed but which will require inclusion within any financial model.

Therefore, the following require further development and validation to allow inclusion within the financial plan:

- Confirmation of an agreed activity growth rate to fund service developments;
- Confirmation of commissioning mechanisms, tariffs and values;
- Adjustment for the impact of National planning guidance (cost inflation);
- Validation of identified cost pressures and service developments; and
- Validation of revenue implications of business and capital cases.

Notwithstanding the above the following slides seek to provide an update on business planning and our initial forecast plan for H1 2021/22 and setting out the process and timetable for setting plans and budgets for H2.



Re-starting the Business planning process

The proposed business planning process for 2021/22 was paused in January due to the operational pressures from Covid across the organisation.

Prior to the decision to pause Business planning the following had been completed:

- Early Nov: Organisation priorities had been agreed (aligning with the 20/21 Business Plan priorities)
- Mid Dec: Directorate teams had submitted initial drafts of their proposed plans which set an ambition for delivery and development across their teams, and the first cut of proposed service development, cost pressures and possible efficiencies.

The December submissions had only been subject to minor scrutiny from finance colleagues and has not had any cross-directorate challenge or review prior to the process pausing in January

As the Covid pressures have receded, the business planning process has been re-started and, where necessary, re-defined. The main points of the process are outlined below, with indicative timings for delivery.

As before, the updated Business Planning process aims to provide each directorate with the opportunity to define their operational plans within the constraints of an agreed budget and agreed Trust priorities.

Business Plan Process



Confirm Trust Priorities

We will work with regional and national teams to ensure a comprehensive understanding of the 2021/22 Financial context for LAS and agree how this impacts our ambition to delivery specific levels of performance and ongoing transformation

We are currently defining the medium to long-term transformation priorities for LAS and will use these to ensure a coherent and comprehensive plan is developed across the Trust.

It is also necessary to define the short term, more immediate priorities, and be clear how these align with or enable any longer term objectives for the organisation.

These trust level priorities will be the foundation for more detailed directorate planning and negotiation



Validate and Prioritise Directorate Submissions

Since the submissions in December, it is likely that requirements will have moved on. As such, it will be necessary to review and challenge the details included in the submissions.

The aim of the directorate reviews will be to ensure clarity on the Directorate ambition, notably performance expectations, with a prioritised list of service developments aligned to trust objectives and suggested efficiencies for further definition.

At the close of all directorate conversations, a consolidated list of opportunities for investment and efficiency will be available for scrutiny across the executive team.

Prioritisation with Directors

Working within the constraints of the financial planning, it will be necessary to agree the following with Directors and subsequently the Trust Board:

- Performance expectations for each operational team
- Funding available to deliver Trust priorities and required transformation
- Relative priorities for service development funding to deliver the required performance or transformation

A working session to review these priorities will be held during April to agree the position and confirm the directorate development plans (agreed for H1 and assumed position for H2 pending financial settlement)

Directorate plans confirmed and consolidated

Directorates to refine and confirm their delivery plans and key objectives for 2021/22 to include agreed operational performance, development and associated impacts, and efficiencies schemes.

Directorate plans will also include the activities and expectations resulting from the Capital Planning process.

All directorate plans will be consolidated to a single position for the Trust, with clear objectives and priorities set out, with robust directorate delivery plans available in support.

The timings of the above process will be subject to review as understanding of the regional and national planning processes become clearer

2021/22 Draft Plan Assumptions

Financial Planning Framework 2021/22



The Trust has developed the H1 planned income based on the signalled roll forward of current block income arrangements as per the last published guidance (23 December 2020), for the first 6 months of 2021/22. Income assumptions for H2 are estimated based on current income assumptions from NWL STP and guidance issued on 23 December ie 19/20 Contract Values adjusted for growth and service changes

The Trust continues to work with commissioners to finalise the income envelope for 2021/22, however we have prepared the plan for H1 and H2 using the following assumptions:

Plan Assumptions (H1)

Planning assumptions for H1 are as follows:

- H1 income based on H2 (2020/21) block contract (Q3 Block and Top up income x2) with tariff inflator of 2.6% (exc QIPP) applied
- Income includes 6 months of £35.3m (£17.65m) for resilience and excludes Covid 19 surge funding (see slide 12 for performance)
- Expenditure based on 2020/21 forecast outturn adjusted for non recurrent items (ie Covid 19) and full year effects
- Pay expenditure has inflation applied at 2.9% based on NWL STP assumptions (Paramedic and EAC band changes reflected in recurrent baseline)
- Non pay expenditure has inflation applied at 1.8% based on NWL STP assumptions
- No efficiencies are assumed in H1
- No Service Development reserve has been included in H1
- Assumes cost pressures are funded through new income, however further work to be done to agree priorities

Plan Assumptions (H2)

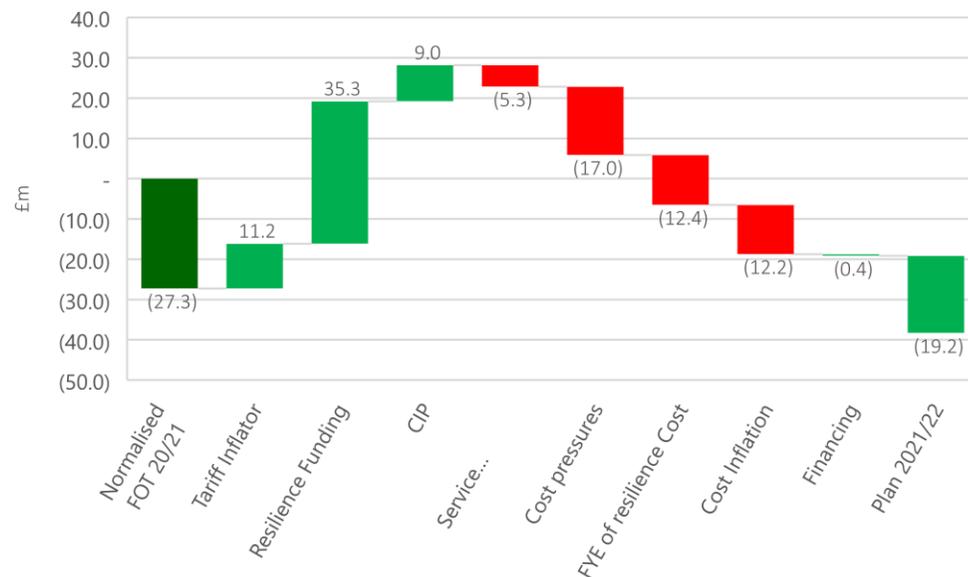
- H2 Income is based on current income assumptions signalled by NWL STP and guidance issued on 23 December ie 19/20 Contract Values adjusted for growth and service changes
- Income includes 6 months of £35.3m (£17.65m) for resilience and excludes Covid 19 surge funding (see slide 12 for performance)
- Efficiencies are included at £9m in line with 2% signalled by NWL STP and consistent with £17.8m CIP target previously assumed
- Pay expenditure has inflation applied at 2.9% based on NWL STP assumptions (Paramedic and EAC band changes reflected in recurrent baseline)
- Non pay expenditure has inflation applied at 1.8% based on NWL STP assumptions
- 6 months Service Development reserve has been included at £5.3m and is funded from assumed demand growth.

Statement of Comprehensive Income (SOCI) – 2021/22



Our draft financial plan SOCI for 2021/22 is summarised in the table below.

| SOCI (£m) | H1 | H2 | Total |
|---------------------------------|----------------|----------------|----------------|
| Clinical income | 267.0 | 241.8 | 508.8 |
| Other operating income | 1.0 | 1.9 | 2.9 |
| Total income | 267.9 | 243.7 | 511.7 |
| Operating Expenses: | | | |
| Pay | (187.7) | (185.7) | (373.4) |
| Non pay | (68.1) | (63.9) | (132.0) |
| Total operating expenses | (255.8) | (249.6) | (505.3) |
| EBITDA | 12.2 | (5.8) | 6.4 |
| Financing: | | | |
| Depreciation | (9.4) | (10.6) | (20.0) |
| Interest | (0.1) | (0.1) | (0.2) |
| PDC | (2.7) | (2.7) | (5.4) |
| Total financing costs | (12.2) | (13.4) | (25.6) |
| Surplus/(deficit) | 0.0 | (19.2) | (19.2) |



The Statement of Comprehensive Income for H1 and H2 are set out in the table above and the movements from the normalised forecast outturn to the 2021/22 plan are set out in the bridge above.

H1 currently shows a breakeven position over the first half of the year. This deteriorates in the second half of 2021/22 due to a significant reduction in income as we move from current block/top up arrangements. H2 also includes £9m of efficiency savings.

Statement of Comprehensive Income (SOCl) – 2021/22



The following table shows the monthly plan profile for the financial year 2020/21

| SOCI | Apr - 21 | May - 21 | Jun - 21 | Jul - 21 | Aug - 21 | Sep - 21 | Oct - 21 | Nov - 21 | Dec - 21 | Jan - 22 | Feb - 22 | Mar - 22 | Total |
|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| Clinical income | 44.6 | 44.6 | 44.4 | 44.4 | 44.6 | 44.4 | 39.4 | 40.5 | 40.5 | 40.6 | 40.4 | 40.4 | 508.8 |
| Other operating income | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.2 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 2.9 |
| Total income | 44.7 | 44.7 | 44.5 | 44.5 | 44.9 | 44.6 | 39.8 | 40.8 | 40.8 | 40.9 | 40.7 | 40.7 | 511.7 |
| Operating Expenses: | | | | | | | | | | | | | |
| Pay | (31.5) | (32.0) | (32.1) | (30.2) | (31.6) | (30.2) | (30.5) | (30.3) | (31.8) | (31.0) | (30.9) | (31.1) | (373.4) |
| Non pay | (11.4) | (11.3) | (11.6) | (11.3) | (11.4) | (11.0) | (10.8) | (9.8) | (11.1) | (10.8) | (10.6) | (10.6) | (132.0) |
| Total operating expenses | (42.9) | (43.3) | (43.7) | (41.5) | (43.1) | (41.2) | (41.3) | (40.1) | (42.9) | (41.9) | (41.5) | (41.7) | (505.3) |
| EBITDA | 1.8 | 1.3 | 0.8 | 3.0 | 1.8 | 3.4 | (1.6) | 0.7 | (2.1) | (1.0) | (0.8) | (1.0) | 6.4 |
| Financing: | | | | | | | | | | | | | |
| Depreciation | (1.5) | (1.5) | (1.5) | (1.6) | (1.6) | (1.6) | (1.7) | (1.7) | (1.7) | (1.8) | (1.8) | (1.8) | (20.0) |
| Interest | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.2) |
| PDC | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (5.4) |
| Total financing costs | (2.0) | (2.0) | (2.0) | (2.1) | (2.1) | (2.1) | (2.2) | (2.2) | (2.2) | (2.3) | (2.3) | (2.3) | (25.6) |
| Surplus/(deficit) | (0.1) | (0.6) | (1.2) | 0.9 | (0.3) | 1.3 | (3.7) | (1.5) | (4.3) | (3.3) | (3.2) | (3.3) | (19.2) |

Statement of Financial Position– 2021/22



Forecast balance sheet is summarised in the table below, showing the reduction in cash at bank based on the forecast deficit.

| Balance Sheet (£m) | 2021/22 FOT | 2021/22 Plan |
|--|----------------|-----------------|
| Tangible fixed assets | 204.9 | 204.9 |
| Intangible fixed assets | 5.7 | 5.7 |
| Fixed assets | 210.6 | 210.6 |
| Current assets: | | |
| Inventories | 4.8 | 4.8 |
| Debtors receivable | 21.1 | 23.7 |
| Cash at bank | 41.9 | 29.4 |
| Current assets total | 67.8 | 57.9 |
| Current liabilities: | | |
| Trade payables | (64.4) | (67.1) |
| Other creditors | (10.3) | (10.3) |
| Current liabilities total | (74.7) | (77.4) |
| Net current asset/(liabilities) | (7.0) | (19.5) |
| Non-current liabilities: | | |
| Other creditors | (8.8) | (8.8) |
| Net assets/(liabilities) | 194.8 | 182.3 |
| Taxpayers' equity: | | |
| Public dividend capital | 86.2 | 86.2 |
| Retained Earnings (Accumulated Losses) | 53.4 | 40.9 |
| Revaluation reserve | 55.6 | 55.6 |
| Miscellaneous Other Reserves | (0.4) | (0.4) |
| Net assets/(liabilities) | 194.8 | 182.3 |

Cash Flow Statement – 2021/22



Forecast cashflow statement is summarised in the table below.

| Cashflow statement (£m) | 2021/22 Plan |
|--|-----------------|
| Surplus/(Deficit) from operations | 6.4 |
| Non cash adjustments | - |
| Operating cash flows before movements in working capital | 6.4 |
| Movement in working capital: | |
| (Increase)/decrease in inventories | - |
| (Increase)/decrease in trade Receivables | - |
| (Increase)/decrease in Other assets | - |
| Increase/(decrease) in provisions | - |
| Increase/(decrease) in Trade payables | - |
| Increase/(decrease) in Other payables | - |
| Increase/(decrease) in PDC Dividend payable | - |
| Increase/(decrease) in accruals | - |
| Increase/(decrease) in Other liabilities | - |
| Increase/(decrease) in working capital | - |
| Increase/(decrease) in Non Current Prvns | - |
| Net cash inflow/(outflow) from op actvts | 13.2 |
| Cash flow from investing activities | |
| Tangible and intangibles | (20.0) |
| Net cash inflow/(outflow) invest actvts | (20.0) |
| CF before Financing | (6.8) |
| Cash flow from financing activities | |
| Dividends paid | (5.4) |
| Interest (paid)/received | (0.2) |
| Net cash inflow/(outflow) from financing | (5.6) |
| Net cash outflow/inflow | (19.2) |

Notes

- Capex = depreciation still to be finalised
- Reducing bank balance forecast due to deficit on operations maintaining existing levels of working capital

Capital Plan – 2021/22



The table below sets out the existing commitments against the internally generated capital for the Trust which is approximately £20m per annum. Financing of further capital projects will be subject to business case approval and securing external capital.

| Portfolio Update | 21/22 Capital Forecast (£'000) |
|--|--------------------------------|
| CAD Replacement | 2,278 |
| Electronic Patient Care Record | 34 |
| D999 | 2,312 |
| WiFi Phase 2 | 4 |
| EOC upgrade to Windows10 | 87 |
| Develop data warehouse | 148 |
| IM&T Infrastructure for Bow Modernisation - EOC Move to Newham | 1,633 |
| IM&T Infrastructure for other underway projects | 300 |
| IM&T | 2,171 |
| EPRR Vehicle Replacement (Polaris & Carrier) | 95 |
| Crew Safety System Units | 596 |
| Vehicle replacements (Logistics, IRO, FRU, specialist FRU x 3) | 524 |
| Satellite Navigation Upgrade | 522 |
| Fleet | 1,737 |
| Bunkered Fuel (Phase I & II) | 54 |
| UPS & Generator | 986 |
| Spatial | 1,040 |

| Portfolio Update | 21/22 Capital Forecast (£'000) |
|--|--------------------------------|
| Training Consolidation (Sites x2) | 2,200 |
| Control Room (999/111 Expansion & SEL Expansion) | 116 |
| Ambulance Consolidation | 469 |
| Bow Modernisation | 2,466 |
| Tactical Operations Centre at Waterloo EOC | 30 |
| Estates | 5,281 |
| Project Zerro (SLF) | 277 |
| Ambulance Ops Modernisation | 277 |
| Replacement Logistics Supply Unit | 614 |
| Logistics | 614 |
| Medicines Packing Unit | 2,525 |
| FMD & IMS system | 314 |
| Kit Prep 2 | 4 |
| Medicines Modernisation | 2,843 |
| Grand Total | 16,276 |

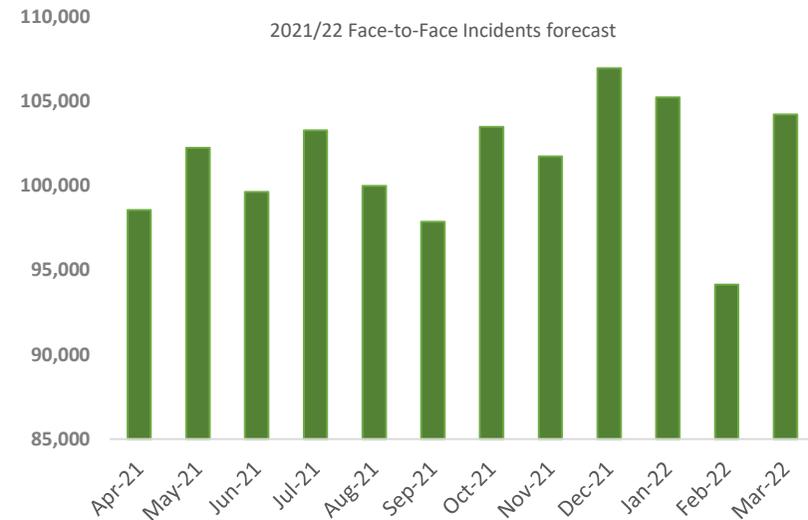
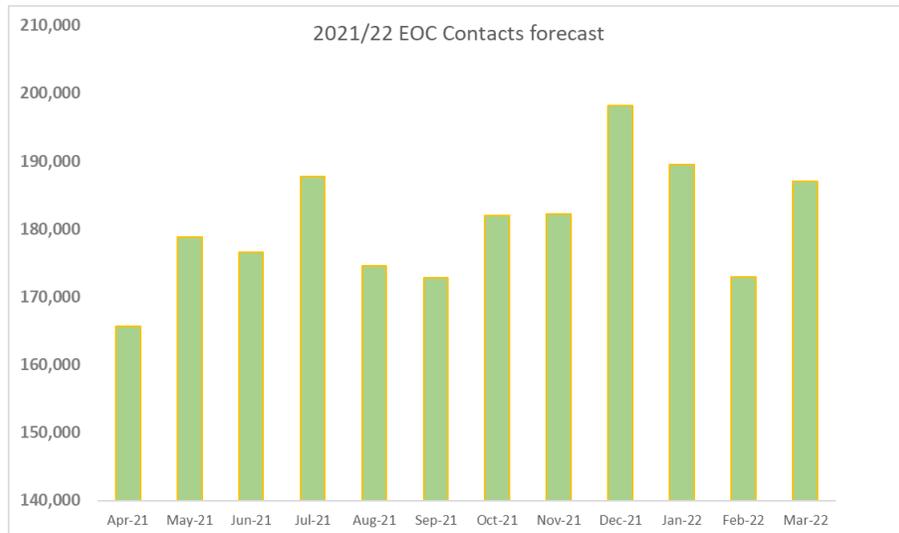
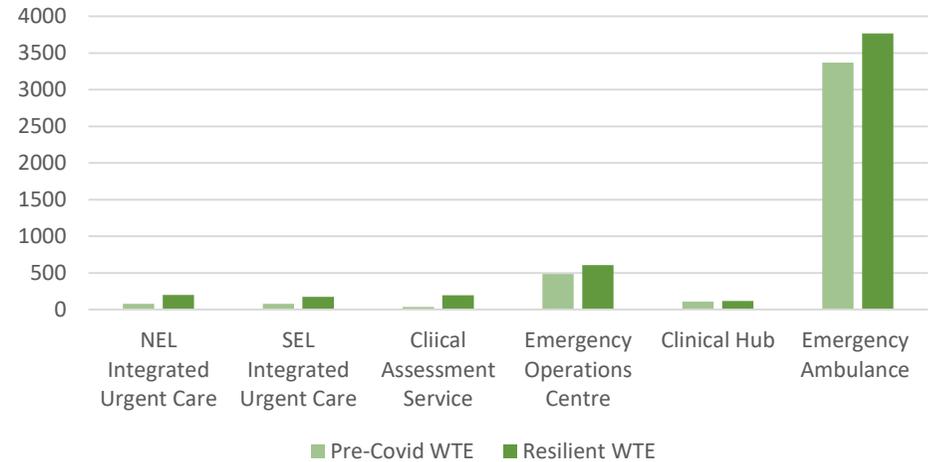


Workforce and Performance– 2021/22

The forecast change in workforce to maintain resilience and deliver performance on a consistent basis for the demand forecast is summarised in the table below. This is based on the demand projections used to inform the Strategic Workforce Plan.

| Establishment Changes: | Pre-Covid WTE | Resilient WTE |
|-----------------------------|------------------|------------------|
| NEL Integrated Urgent Care | 81 | 202 |
| SEL Integrated Urgent Care | 80 | 174 |
| Clinical Assessment Service | 38 | 196 |
| Emergency Operations Centre | 488 | 607 |
| Clinical Hub | 110 | 119 |
| Emergency Ambulance | 3370 | 3770 |
| Total | 4167 | 5068 |
| Increase | | 21.6% |

Change in establishment to ensure resilience



Efficiencies (Cost Improvement Programme) - 2021/22



The Trust has identified £12m of efficiencies for 2021/22 against an assumed £9m target and will continue to develop and implement these from Q1 to ensure delivery of the £9m target across the year.

| Efficiency opportunity identified | Identified £m | Current GW Status | Current GW £ | Supporting explanatory and GW progression next steps | Target Apr-21 GW Status | Target Apr-21 GW £m |
|--|---------------|-------------------|--------------|--|-------------------------|---------------------|
| Ambulance conversions | 0.1 | GW 1 | 0.0 | Residual FYE of 2020/21 delivery. Anticipated GW3/4 approval end Mar-21. | GW 3/4 | 0.1 |
| EPCR switch to electronic records | 0.5 | GW 3/4 | 0.5 | Confirmed and validated via D999 project group work | GW 3/4 | 0.5 |
| Implementation of a new CAD system | 0.2 | GW 3/4 | 0.2 | Confirmed and validated via D999 project group work | GW 3/4 | 0.2 |
| Transfer to new logistics support unit | 0.8 | GW 2 | 0.4 | Anticipated GW 3/4 approval end Apr-21. | GW 3/4 | 0.8 |
| Bunkered fuel savings | 0.3 | GW 3/4 | 0.3 | Anticipated GW 3/4 approval end Apr-21. | GW 3/4 | 0.3 |
| ALS bags | 0.0 | GW 3/4 | 0.0 | Residual FYE of 2020/21 delivery. Anticipated GW3/4 approval end Mar-21. | GW 3/4 | 0.0 |
| Primary response bags | 0.0 | GW 3/4 | 0.0 | Residual FYE of 2020/21 delivery. Anticipated GW3/4 approval end Mar-21. | GW 3/4 | 0.0 |
| Bow data centre cooling | 0.0 | GW 2 | 0.0 | Residual FYE of 2020/21 delivery. Anticipated GW3/4 approval end Mar-21. | GW 3/4 | 0.0 |
| Interim fleet management system | 0.2 | GW 2 | 0.1 | In progress. Hoping GW 2 by end Apr-21. | GW 2 | 0.1 |
| Public education team funding | 0.0 | GW 3/4 | 0.0 | Fully approved | GW 3/4 | 0.0 |
| Legal advisory restructure | 0.1 | GW 2 | 0.1 | Anticipated GW 3/4 approval end Apr-21. | GW 3/4 | 0.1 |
| Strategy and transformation restructure | 0.1 | GW 3/4 | 0.1 | Fully approved | GW 3/4 | 0.1 |
| Air ambulance resource funding | 0.8 | GW 1 | 0.1 | In progress. Hoping GW 3/4 by end Apr-21. | GW 3/4 | 0.8 |
| Charitable income generation | 0.2 | GW 3/4 | 0.2 | Fully approved | GW 3/4 | 0.2 |
| 111/IUC call balancing | 0.9 | GW 1 | 0.1 | Awaiting financial validation. Anticipate GW2 end Apr-21 | GW 2 | 0.5 |
| Commercial income opportunities | 1.0 | GW 2 | 0.5 | Some further work to be undertaken to progress. Assume GW 2 end Apr-21. | GW 2 | 0.5 |
| Corporate process improvement | 2.0 | GW 1 | 0.2 | Awaiting financial validation. Target GW2 end Mar/Apr-21 | GW 2 | 1.0 |
| Supply chain efficiencies | 4.0 | GW 2 | 2.0 | Awaiting financial validation. Target GW3 end Mar/Apr-21. Discounted 9/12* | GW 3/4 | 2.7 |
| Asset management savings | 0.6 | GW 1 | 0.1 | In progress. Hoping GW 3/4 by end Apr-21. | GW 2 | 0.6 |
| Reduced theft/loss of equipment/assets from vehicles | 0.2 | GW 1 | 0.0 | In progress. Hoping GW 2 by end Apr-21. | GW 2 | 0.0 |
| | 12.0 | | 4.9 | | | 8.4 |

* majority of this is make ready procurement savings anticipated to commence Q2.

Gateway recognition legend:

Initial opportunity identified, high level estimate of £, accepted by EDG onto tracker

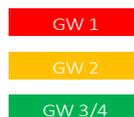
Benefit Initiation Documents (BID) developed, approved by finance/EDG

BID and QIA completed, appropriate detail, approved by project lead/SRO for go live

Notes to the above:

1. Identified efficiencies £12m with gateway assessed delivery £4.9m
2. Target of end Apr-21 for increased value of gateway approved schemes to £8.4m*
3. Scheme values subject to change as circumstances dictate
4. LAS will continue to seek to early adopt schemes in year and b/f from subsequent years.

* acknowledging proximity of year end may create some staff accessibility pressures



Indicative cumulative efficiency delivery £m:



Cost Pressures – 2021/22



Cost pressures identified to date are summarised by directorate in the table below, these are assumed as funded in the plan, however further work needs to be undertaken to validate these as genuine cost pressures

| | Cost Pressure (£) |
|-------------------------------------|---------------------|
| Chief_Operating_Officer | |
| 999 Operations | (183,234) |
| Emergency Care Services | (750,000) |
| Fleet & Logistics | (9,111,518) |
| Iuc Service | (72,000) |
| Property | (537,500) |
| Resilience & Specialist Assets | (169,128) |
| Strategic A&P Management | (100,000) |
| Communication_and_Engagement | |
| Community Training & Response | (107,166) |
| Finance | |
| Procurement | (69,300) |
| IM_and_T | |
| Im&T Management | (176,600) |
| Integrated It Service Delivery | (415,082) |
| Medical | |
| Education & Training | (2,020,357) |
| Medical Directorate | (181,861) |
| People_and_Culture | |
| Recruitment & Relocation | (3,109,729) |
| Grand Total | (17,003,476) |

Next steps:

1. Review and challenge assumptions

The business planning and Finance Teams are meeting with each of the directorate leadership teams to test and review the cost pressures identified in December.

2. Validate and include in the plans

By end of March, it is expected that a fully validated list of cost pressures will be available to include in the budgeting and planning with Directorate teams.

Prioritising Service Developments



Process with directorates will confirm highest priority items for both the Trust and Directorates

The process to consolidate and refine the list was originally planned for January 21. This has been delayed as a result of Covid and is currently underway. The following steps will be completed by the end of March 2021.

1. Refine the Service development lists

Across the Trust the initial submissions were varied in the level of completeness and ambition. Discussions with Directorates will drive a focus on only the items that considered the highest priority for both the Trust and the Directorates

2. Measure the impact of developments

Service developments will updated to focus on the outcome of the investment. Each proposed development will be required to quantify a measurable impact or benefit to even make the shortlist for investment, should a surplus be identified.

3. Align to Trust priorities

It is essential that all proposed priority developments are aligned to the delivery priorities for the Trust. LAS is in the process of defining a journey of transformation across operational and corporate areas. This transformation is currently described across 6 main themes (below).

Right Care Right Place

AOM

Culture Change

Workforce Development

Corporate Efficiency / Transformation

Asset Renewal

In April we will:

4. Confirm Trust and Directorate plans

A session with the directors will be necessary to agree on the Directorate proposals. This will be shaped by plans transformation across the Trust, particularly what is required in the short term to build priorities, and what is agreed to be affordable based on the financial planning agreed when details are finalised.

By early May:

Process will have been completed, pending any additional financial details. The outcomes we aim to deliver by early May include:

- Business Plan setting out the Trust Priorities for 2021/22
- Affordable set of Service Developments and proposed efficiencies across the Trust
- Directorate plans outlining objectives for the year, aligning to the transformation agenda agreed by Trust Leaders.

To:

- STP and ICS Leaders
- Chief executives of all NHS trusts and foundation trusts
- CCG Accountable Officers
- GP practices and Primary Care Networks
- Providers of community health services
- NHS 111 providers

Skipton House
80 London Road
London
SE1 6LH

23 December 2020

CC:

- NHS Regional Directors
- Regional Incident Directors & Heads of EPRR
- Chairs of ICSs and STPs
- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Local authority chief executives and directors of adult social care
- Chairs of Local Resilience Forums

Dear colleague

Important – for action – Operational priorities for winter and 2021/22

As we near the end of this year, we are writing to thank you and your teams for the way you have responded to the extraordinary challenge of Covid-19 and set out the key priorities for the next phase.

An extraordinary 2020

In the past year we have cared for more than 200,000 of those most seriously ill with Covid-19 in our hospitals. At the same time NHS staff have also worked incredibly hard to keep essential services such as cancer, mental health, general practice, urgent, emergency and community healthcare running and restore non-urgent services that had to be paused. Community nurses, pharmacists, NHS 111 staff and other NHS workers have cared for countless others, and been supported by the wider NHS team, from HR and finance to admin and clerical staff. The number of cancer treatments is above the level at the same time last year. GP appointments are back to around pre-pandemic levels. Mental health services have remained open and more than 400,000 children have accessed mental health services, above the target for 2020/21. Community services are supporting 15 per cent more people than they were at the same point last year. And we have had a record number of people vaccinated against flu, including a higher percentage of NHS staff than in the last three years. It has been an incredible team effort across our health and care system.

The response to the pandemic has also demonstrated our health service's enormous capacity for innovation with rapid development and implementation of new treatments, such as dexamethasone, rolling out of pulse oximetry and at-home patient self-monitoring, and the move to virtual and telephone consultations. We are already in the third week of our world-leading vaccination programme – the largest in NHS history.

We know that this relentless pressure has taken a toll on our people. Staff have gone the extra mile again and again. But we have lost colleagues as well as family and friends to the virus; others have been seriously unwell and some continue to

experience long-term health effects. The response of the NHS to this unprecedented event has been magnificent. We thank you and your teams unreservedly for everything that you have given and achieved and the support you continue to give each other.

You have asked us for a short statement of operational priorities going forward. This letter is therefore intended to help you and your staff over the next few months by:

- ensuring we have a collective view of the critical actions for the remainder of this financial year, and
- signalling the areas that we already know will be important in 2021/22.

Managing the remainder of 2020/21

Given the second wave and the new more transmissible variant of the virus, it is clear that this winter will be another challenging time for the NHS. Our task is five-fold:

- A. Responding to Covid-19 demand
- B. Pulling out all the stops to implement the Covid-19 vaccination programme
- C. Maximising capacity in all settings to treat non-Covid-19 patients
- D. Responding to other emergency demand and managing winter pressures
- E. Supporting the health and wellbeing of our workforce

In addition, as the UK approaches the end of the transition period with the European Union on 31 December 2020, we will provide updates as soon as the consequences for the NHS become known. We are following a single operational response model for winter pressures, including Covid-19 and the end of the EU transition period. All CCGs and NHS trusts should have an SRO to lead the EU/UK transition work and issues should be escalated to the regional incident centre established for Covid-19, EU transition and winter.

A. Responding to ongoing Covid-19 demand

With Covid-19 inpatient numbers rising in almost all parts of the country, and the new risk presented by the variant strain of the virus, you should continue to plan on the basis that we will remain in a level 4 incident for at least the rest of this financial year and NHS trusts should continue to safely mobilise all of their available surge capacity over the coming weeks. This should include maximising use of the independent sector, providing mutual aid, making use of specialist hospitals and hubs to protect urgent cancer and elective activity and planning for use of funded additional facilities such as the Nightingale hospitals, Seacole services and other community capacity. Timely and safe discharge should be prioritised, including making full use of hospices. Support for staff over this period will need to remain at the heart of our response, particularly as flexible redeployment may again be required.

Maintaining rigorous infection prevention and control procedures continues to be essential. This includes separation of blue/green patient pathways, asymptomatic testing for all patient-facing NHS staff and implementing the [ten key actions on infection prevention and control, which includes testing inpatients on day three of their admission](#).

All systems are now expected to provide timely and equitable access to post-Covid assessment services, in line with the [commissioning guidance](#).

B. Implementing the Covid-19 vaccination programme

On 8 December, after the MHRA confirmed the Pfizer BioNTech vaccine was safe and effective, the biggest and most ambitious vaccine campaign in NHS history began.

The Joint Committee for Vaccination and Immunisation (JCVI) priorities for roll out of the vaccine have been accepted by Government, which is why the priority for the first phase of the vaccination is for individuals 80 years of age and over, and care home workers, with roll out to care home residents now underway. It is critical that vaccinations take place in line with JCVI guidance to ensure those with the highest mortality risk receive the vaccine first. To minimise wastage, vaccination sites have been ensuring unfilled appointments are used to vaccinate healthcare workers who have been identified at highest risk of serious illness from Covid-19. Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify these individuals and it remains important that this is organised across the local healthcare system to ensure equitable access.

If further vaccines are approved by the independent regulator, the NHS needs to be prepared and ready to mobilise additional vaccination sites as quickly as possible. In particular, Covid-19 vaccination is the highest priority task for primary care networks including offering the vaccination to all care home residents and workers. All NHS trusts should be ready to vaccinate their local health and social care workforce very early in the new year, as soon as we get authorisation and delivery of further vaccine.

C. Maximising capacity in all settings to treat non-Covid-19 patients

Systems should continue to maximise their capacity in all settings. This includes making full use of the £150m funding for general practice capacity expansion and supporting PCNs to make maximum use of the Additional Roles Reimbursement Scheme, in order to help GP practices maintain pre-pandemic appointment levels. NHS trusts should continue to treat as many elective patients as possible, restoring services to as close to previous levels as possible and prioritising those who have been waiting the longest, whilst maintaining cancer and urgent treatments.

To support you to maximise acute capacity, as set out in Julian Kelly and Pauline Phillip's letter of 17 December, we have also extended the national arrangement with the independent sector through to the end of March, to guarantee significant access to 14 of the major IS providers. NHS trusts have already been notified of the need for a Q4 activity plan for their local IS site by Christmas; this should be coordinated at system level. If you need it, we can also access further IS capacity within those providers subject to the agreement of the national team. However, we will need to return to local commissioning from the beginning of April and local systems, in partnership with their regional colleagues, will need to prepare for that.

The publication of the Ockenden Review of maternity services is a critical reminder of the importance of safeguarding clinical quality and safety. As set out in [our letter of 14 December](#) there are twelve urgent clinical priorities that need to be implemented. All Trust Boards must consider the review at their next public meeting along with an assessment of their maternity services against all the review's immediate and essential actions. The assessment needs to be reported to and assured by local systems, who should refresh their local programmes to make maternity care safer, more personalised and more equitable.

D. Responding to emergency demand and managing winter pressures

Alongside providing [£80m in new funding](#) to support winter workforce pressures, we are asking systems to take the following steps to support the management of urgent care:

- Ensure those who do not meet the 'reasons to reside' criteria are discharged promptly. We know that maximising capacity over the coming weeks and months is essential to respond to seasonal pressures. We are asking all systems to improve performance on timely and safe discharge, as set out in today's [letter](#), as well as taking further steps that will improve the position on 14+ and 21+ day length of stay, aided by 100% completion of discharge and reasons to reside data.
- Complete the flu vaccination programme, including vaccinating our staff against flu and submitting vaccination uptake data to the National Immunisation and Vaccination system (NIVS).
- To minimise the effects of emergency department crowding, continue to develop NHS 111 as the first point of triage for urgent care services in your locality, with the ability to book patients into the full range of local urgent care services, including urgent treatment centres, same day emergency care and speciality clinics as well as urgent community and mental health services.
- Maximise community pathways of care for ambulance services referral, as a safe alternative to conveyance to emergency departments. Systems should also ensure sufficient arrangements are in place to avoid unnecessary conveyance to hospital, such as the provision of specialist advice, including from emergency departments, to paramedics as they are on scene.

E. Supporting the health and wellbeing of our workforce

Our NHS people continue to be of the utmost importance, and systems should continue to deliver the actions in their local People Plans. Please remind all staff that wellbeing hubs have been funded and will mobilise in the new year in each system.

Planning for 2021/22

The Spending Review announced further funding for the NHS for 2021/22 but in the new year, once we know more about the progress of the pandemic and the impact of the vaccination programme, the Government will consider what additional funding will be required to reflect Covid-19 cost pressures.

In the meantime, systems should continue to:

- **Recover non-covid services**, in a way that reduces variation in access and outcomes between different parts of the country. To maximise this recovery, we will set an aspiration that all systems aim for top quartile performance in productivity on those high-volume clinical pathways systems tell us have the greatest opportunity for improvements: ophthalmology, cardiac services and MSK/orthopaedics. The Government has provided an additional £1bn of funding for elective recovery in 2021/22. In the new year we will set out more details of

how we will target this funding, through the development of system-based recovery plans that focus on addressing treatment backlogs and long waits and delivering goals for productivity and outpatient transformation. In the meantime we are asking you to begin preparatory work for this important task now, through the appointment of a board-level executive lead per trust and per system for elective recovery.

- Strengthen delivery of local **People Plans**, and make ongoing improvements on: equality, diversity and inclusion of the workforce; growing the workforce; designing new ways of working and delivering care; and ensuring staff are safe and can access support for their health and wellbeing.
- Address the **health inequalities** that covid has exposed. This will continue to be a priority into 2021/22, and systems will be expected to make and audit progress against the eight urgent actions set out on 31 July as well as reduce variation in outcomes across the major clinical specialties and make progress on reducing inequalities for people with learning disabilities or serious mental illness, including ensuring access to high-quality health checks.
- Accelerate the planned expansion in **mental health** services through delivery of the Mental Health Investment Standard together with the additional funding provided in the SR for tackling the surge in mental health cases. This should include enhanced crisis response and continuing work to minimise out of area placements.
- Prioritise investment in **primary and community care**, to deal with the backlog and likely increase in care required for people with ongoing health conditions, as well as support prevention through vaccinations and immunisations. Systems should continue to focus on improving patient experience of access to general practice, increasing use of online consultations, and supporting the expansion of capacity that will enable GP appointments to increase by 50 million by 2023/24.
- Build on the development of effective **partnership working at place and system level**. Plans are set out in our [Integrating Care](#) document.

These priorities should be supported through the use of data and digital technologies, including the introduction of a minimum shared care record in all systems by September 2021 to which we will target some national funding, and improved use of remote monitoring for long term conditions.

The 2021/22 financial framework

For the reasons set out above, we won't know the full financial settlement for the NHS until much closer to the beginning of the new financial year, reflecting, in particular, uncertainty over direct Covid-19 costs. We will, however, need to start work early in the new year to lay the foundation for recovery. The underlying financial framework for 2021/22 will therefore have the following key features:

- Revenue funding will be distributed at system level, continuing the approach introduced this year. These **system revenue envelopes will be consistent with the LTP financial settlement**. They will be based on the published CCG allocation and the organisational Financial Recovery Fund each system would

have been allocated in 2021/22. There will be additional funding to offset some of the efficiency and financial improvements that systems were unable to make in 2020/21.

- Systems will **need to calculate baseline contract values to align with these financial envelopes** so there is a clear view of baseline financial flows. Our planning guidance will suggest that these should be based on 2019/20 outturn contract values adjusted for non-recurrent items, 2020/21 funding growth and service changes, not on the nationally-set 2020/21 block contracts.
- Systems and organisations should start to develop plans for **how Covid-19 costs can be reduced and eliminated** once we start to exit the pandemic.
- **System capital envelopes** will also be allocated based on a similar national quantum and using a similar distributional methodology to that introduced for 2020/21 capital planning.

We will aim to circulate underlying financial numbers early in the new year. We will then provide fuller planning guidance once we have resolved any further funding to reflect the ongoing costs of managing Covid-19. Further detail of non-recurrent funding announced in the recent Spending Review for elective and mental health recovery will also be provided at that point.

Conclusion

This year has arguably been the most challenging in the NHS's 72-year history. But even in these most testing times, people across the service have responded with passion, resilience and flexibility to deal with not only the virus but also the needs of patients without Covid-19. The rollout of the vaccine will bring hope to 2021 and we will need to maintain the energy and effort to meet the needs of all we serve throughout the year. Thank you for all that you have done and continue to do to achieve this.

With best wishes,



Amanda Pritchard
Chief Executive, NHS Improvement and
NHS Chief Operating Officer



Julian Kelly
NHS Chief Financial Officer



Finance Report

Month 11: February 2021



Key Headlines

This paper updates on the financial position as at the end of February 2021 (month 11, financial year 2020-21).

The Trust was operating under an adjusted financial framework up to M6 which involved pausing business planning (including Cost Improvement Programmes) and contracting and commissioning processes (including CQUIN). The framework involved the Trust receiving block contract income in advance as determined by NHSE/I, along with a standard monthly top-up amount and retrospective top ups to breakeven financial performance positions. This has allowed expenditure on the Trust's response to the COVID-19 pandemic to be funded.

From month 7 onward, this framework was replaced with fixed income envelopes which are being managed at STP or ICS level, and will require the achievement of financial efficiencies by the Trust of £2.4m based on that plan, with additional efficiency required to match new approved spend (currently expected to be around £4.5m bringing the total to £6.9m). This has now been reflected in revised NHSI plans and internal budgets.

The Trust is reporting a YTD deficit of £5.679m (£5.751m deficit on an adjusted financial performance basis) and a full year forecast position being reported in conjunction with NW London partners is a £3.693m deficit (£4.142m deficit on an adjusted financial performance basis) due to the reversal of accrued COVID retrospective top up income (£5.35m) and the impact the new COVID variant surge has had on resourcing requirements. The position incorporates costs of additional resourcing to meet COVID surge requirements (now estimated at around £9.2m, down from £11.6m estimated in the prior month due to a shorter surge period than expected) offset by confirmed income from NW London STP of £4.8m to reflect the accepted deficit equivalent to the increase in annual leave recognised. The amount of retrospective top up has decreased by £5.35m in M11 (YTD £44.564m). Total COVID costs YTD are £78.1m, with £5.3m recognised in M11 primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, and operational support services.

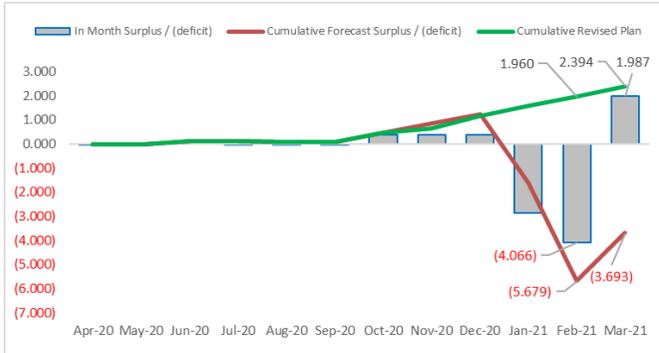
Items of note include:

1. Income is forecast to end the year £11.5m higher than NHSI plan due predominantly to the expected receipt of £4.8m from NW London Commissioners to support COVID costs, £2.9m to support 111 First resourcing (now reflected in budgets), £5.7m in relation to NW London IUC Service provision (now reflected in budgets) and the notification of an additional £1.3m of Health Education England income for education and training offset by a £5.35m reduction in COVID retrospective top up income in relation to M1-6.
2. Forecast full year pay expenditure is expected to be £369m which is £7.3m higher than budget due primarily to the increased resourcing requirements to respond to the impact of the new COVID-19 variant.
3. Non pay expenditure (including depreciation and finance costs) is forecast to end the year £1.4m higher than budget due primarily to net increased resourcing requirements to respond to the impact of the new COVID-19 variant (£3.4m adverse full year variance), higher general supplies and services spend in relation to professional services (£2m) and offset by lower depreciation and PDC (£3.3m).

The Trust finished the month with a cash position of £84.8m, and capital spend (excl donated assets) was £22.3m YTD (£22m YTD net of disposals) which includes the reversal of £2.3m of CAD upgrade work in progress costs in prior months and COVID-19 phase 1 and 2 response related capital spend which amounted to £13.7m YTD. The Trust had scaled back its forecast capital spend in conjunction with NW London partners in response to reduced capital funding availability and changes to hosting of OneLondon and reductions in other projects, however additional specific PDC allocations now mean the Trust is forecasting to spend £43.6m net of disposals. Very significant capital project spend is needed in M12 to meet this target.

Key Financial Indicators

Surplus / (Deficit)



Use of Resources Rating

| | YTD | | Full year | |
|------------------------------|------|--------|-----------|--------|
| | Plan | Actual | Plan | Actual |
| Capital service cover rating | | | | |
| Liquidity rating | | | | |
| I&E margin rating | | | | |
| Variance from control total | | | | |
| Agency rating | | | | |
| Overall rating | | | | |

M11 YTD Forecast

| | | |
|-------|-------|-------|
| GREEN | GREEN | GREEN |
|-------|-------|-------|

- The month 11 in-month position was a £4.066m deficit (£4.062m deficit on an adjusted financial performance basis), the YTD position was a £5.679m deficit (£5.752m deficit on an adjusted financial performance basis) and the full year forecast position is a £3.693m deficit (£4.142m deficit on an adjusted financial performance basis). These incorporate the reversal of £5.35m COVID retrospective top up income from M1-6 that will not be received and costs of additional resourcing to respond to the new COVID variant (£9.2m), offset by income from NW London STP of £4.8m to support additional COVID costs.
- The YTD position incorporated £78.1m of costs in relation to the Trust's response to COVID-19 and the M1-6 retrospective income top up in the position decreased by £5.35m to £44.6m.
- The Trust has been operating under an adjusted financial framework for April to September 2020 which involved the Trust receiving block and top up income in advance as determined by NHSE/I, from month 7 onward, this was replaced with fixed income envelopes managed at STP or ICS level.

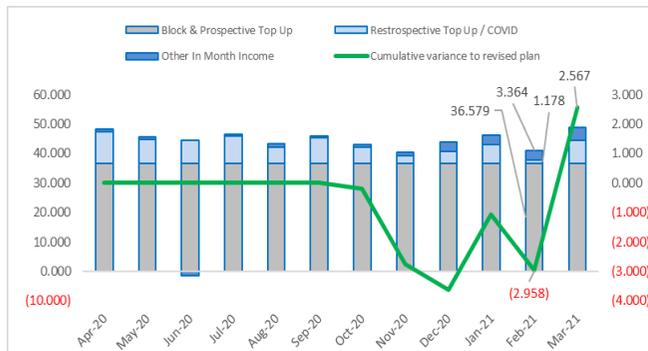
M11 YTD Forecast

| | | |
|-----|-----|-----|
| N/A | N/A | N/A |
|-----|-----|-----|

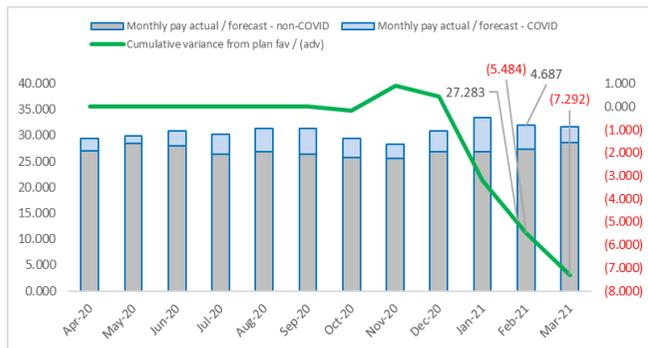
- NHSI rates Trust's on a Use of Resources rating. The scoring system ranks from '1' (low risk/best score) to '4' (high risk/worst score). The table left shows the Trust's current Use of Resources rating for YTD and full year position.
- The overall rating is a weighted risk rating across five financial metrics. The overall rating includes an override where if any one metric is a 4, the highest overall rating that can be achieved is a 3
- No use of resources scores are currently available under the interim financial framework arrangements.**

Key Financial Indicators

Income



Pay Expenditure



M11 YTD Forecast

AMBER AMBER AMBER

- YTD and forecast block income assumptions are in line with the financial framework for M1-6 and M7-12 fixed envelope amounts previously notified.
- In M1-6 this involved the Trust receiving block contract income in advance (£34.084m per month) as determined by NHSE/I, along with a standard monthly top-up amount (£2.657m per month) and retrospective top ups to breakeven financial performance, though this has now been reduced by £5.3m to £44.6m.
- In M7-12 block contract income in advance (£34.084m per month) remains, and is supplemented by standard top up income of £15.313m (£2.552m per month) and increased COVID support income of £33.3m which is included in patient care income. £38.1m has been recognised YTD with a forecast of £48.7m.
- Other Operating Income is £65.4 YTD (FY forecast £66.2m) which is comprised mainly of top up and retrospective top up income outlined above for M1-6 and Education & Training Income £3.8m YTD (FY forecast £4.1m).
- The total income position is forecast to finish £11.5m higher than NHSI plan predominantly due to additional income for IUC Services (£9m).

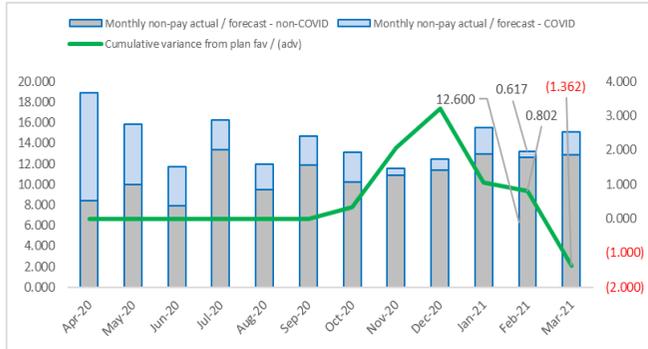
M11 YTD Forecast

AMBER AMBER AMBER

- Pay expenditure is £5.5m over budget YTD at £337.4m due to additional COVID support resourcing from internal, LFB and Met Police sources and recognition of increased annual leave costs, and £10.9m higher than NHSI plan due to additional COVID costs, post plan budget phasing adjustments to respond to changes in projects and expanded service provision in IUC.
- Forecast full year pay expenditure is expected to be £369m which is £7.3m higher than budget due primarily to the increased resourcing requirements to respond to the impact of the new COVID-19 variant (£6.4m).
- Total COVID pay costs are £41.9m YTD and forecast to be £44.9m full year.
- £7.7m has been recognised YTD (full year forecast £8.4m) for seconded LFB and Met Police resources covering COVID support provided during the May to January period, and including support in relation to the impact of the new COVID-19 variant.

Key Financial Indicators

Non-Pay Expenditure



M11 YTD Forecast

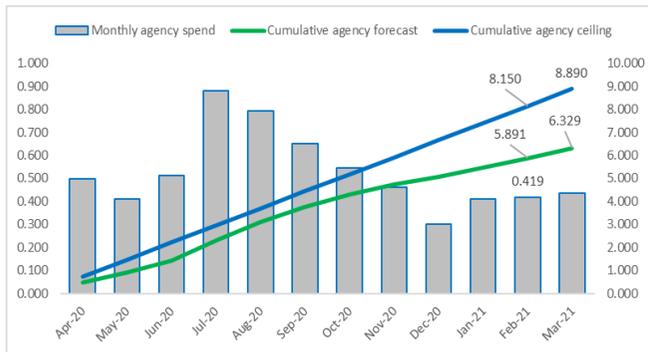
GREEN

GREEN

AMBER

- Non pay expenditure including depreciation and finance costs was £155.3m YTD, £0.8m lower than budget, however full year forecast spend is £170.4m which is £1.4m higher than budget due to overspend in IUC (£1.5m) for external resourcing, Programmes and Projects (£1m) in relation to project costs and resources and IM&T (£1m) for external resources and technology costs offset by lower ambulance services (£1.7m) and net lower central costs (£0.8m).
- Non pay COVID-19 costs are £36.1m YTD (FY forecast £38.4m) in relation to increased 111 IUC external resourcing, increased fleet maintenance and vehicle preparation services through external suppliers, increased vehicle and premises cleaning, personal protective equipment, medical equipment and operational consumables, and in relation to IT equipment and IT services to enable home working and expand the capacity and capability of systems and telephony.
- £1.9m of previously capitalised non pay costs (hardware, software and professional fees) related to the CAD replacement project were written back as expenditure in prior month positions.

Agency Ceiling



M11 YTD Forecast

GREEN

GREEN

GREEN

- YTD agency spend is £5.9m compared to the cumulative YTD agency ceiling of £8.2m.
- Full year agency spend is currently forecast to be £6.3m, which is £2.6m below the agency ceiling of £8.9m.
- The Trusts limited agency forecast reflects the implementation of alternative resourcing models within the IUC Clinical Triage service.

Key Financial Indicators

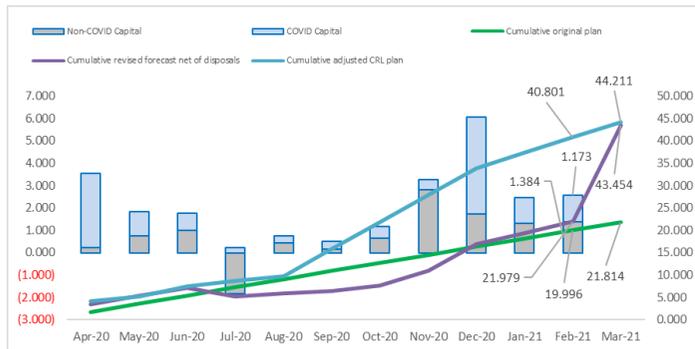
Cost Improvement Programme

M11 YTD Forecast

GREEN GREEN AMBER

- The Trust was operating under an adjusted financial framework for April to September 2020 in response to the COVID-19 pandemic.
- This involved pausing business planning and Cost Improvement Programmes and as such no CIP data was available across this period.
- Under the new financial framework in place over the second half of the financial year, a £2.4m efficiency to meet the fixed income available to the Trust, and projects were developed to meet this need.
- Additional efficiencies were identified to match any new approved spend with a further £4.5m bringing the total to £6.9m.
- The Trust has delivered £6.7m of run rate reductions leaving a balance of £0.2m to be delivered before the end of the financial year.

Capital Expenditure



M11 YTD Forecast

AMBER AMBER AMBER

- YTD capital expenditure net of disposals is £22m YTD (£22.3m before disposals) compared to previously planned capital expenditure of £40.8m (£18.8m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals is £43.5m and has been increased from previous levels due to the provision of additional PDC for technology investments. Very significant capital project spend is needed in M12 to meet this target.
- Capital spend on the Trust's phase 1 and 2 COVID-19 responses is £13.7m YTD (primarily on expanding IT and telephony systems, additional IT equipment and additional clinical equipment), with other significant spend on Spatial Development, Fleet and Digital 999 programmes.
- The Trust's YTD capital spend position has been impacted in prior months by the reversal of £2.3m of capital work in progress costs in connection with the Trust Board approved CAD replacement project.

Key Financial Indicators

Cash

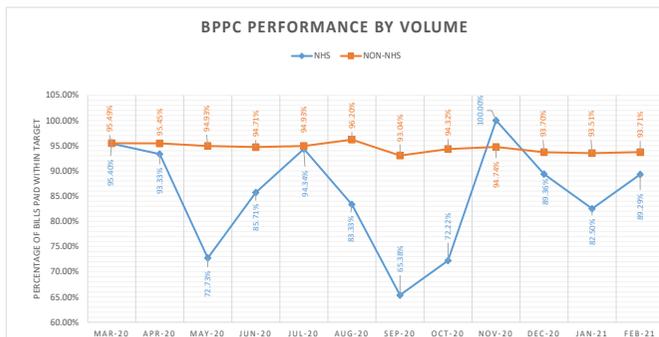


M11 YTD Forecast

GREEN GREEN GREEN

- Cash was £84.8m as at 28 February 2021, £16.5m above the revised plan.
- The main reason for the favourable position was the continuing payment in advance of one month's block contract income between April and February, additional income and capital slippage. Cash balances are expected to remain high until the end of February 2021 when the advance payments ceases.

Better Payment Practice Code



M11 YTD Forecast

AMBER AMBER AMBER

- The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days.
- The NHS and Non-NHS performance by volume for February 2021 was 82.5% and 93.5% respectively.
- The Trust has a high volume of overdue invoices waiting to be approved
- Directorate managers and staff have been sent lists of invoices that are outstanding that require approval.

COVID-19 Response Expenditure (YTD)

| | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 | Actual £000 |
|---|---------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| YTD | Month 11 2020-21 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 |
| Additional Staff Costs (EOC and Ambulance Services) | 34,013 | 1,677 | 801 | 1,894 | 2,347 | 3,955 | 4,263 | 2,782 | 2,367 | 3,461 | 6,146 | 4,321 |
| NHS 111 Additional Capacity - Staff | 6,271 | 297 | 527 | 890 | 1,239 | 270 | 603 | 903 | 434 | 385 | 397 | 326 |
| NHS 111 Additional Capacity - External Contracts | 10,453 | 979 | 1,849 | 1,330 | 726 | 936 | 814 | 1,522 | 251 | 587 | 1,052 | 406 |
| Decontamination Services - Premises | 1,782 | 116 | 206 | - | 16 | 236 | 148 | 237 | 261 | 123 | 173 | 202 |
| Defibrillators, Medical and Ambulance Equipment | 795 | 1,229 | 191 | - | 681 | 59 | - | 16 | 86 | 26 | 11 | - |
| IT Support | 1,415 | 370 | 496 | 43 | 303 | 60 | 81 | 34 | 39 | - | 0 | - |
| Private Ambulance and Managed Operations Services | 1,587 | 558 | 638 | 593 | - | 95 | 476 | 346 | - | 89 | 4 | - |
| Vehicle Leasing | 177 | 26 | 29 | 38 | 14 | 18 | 36 | 38 | - | 25 | - | 7 |
| Telephony, Radio and IT Systems Expansion | 2,416 | 906 | 112 | 848 | 173 | 117 | 41 | 48 | 146 | 146 | - | 42 |
| Accommodation | 1,262 | 400 | 344 | 241 | - | 33 | 91 | 319 | 11 | - | 0 | 2 |
| Personal Protective Equipment | 4,041 | 3,639 | 905 | - | 1,165 | 5 | 51 | 354 | - | 0 | - | 237 |
| Fleet Maintenance and Preparation | 7,679 | 1,531 | 621 | 1,535 | 1,001 | 377 | - | 20 | 832 | 416 | 492 | 647 |
| Critical Care Transfer Service | 1,246 | 524 | 242 | 167 | 50 | 78 | 73 | 23 | 8 | 7 | 13 | 61 |
| Property Adjustments and Expansions | 709 | 148 | 48 | 123 | 62 | 24 | 34 | 41 | 29 | 31 | 128 | 42 |
| COVID Asset Depreciation | 639 | - | - | - | - | - | - | 301 | 64 | 90 | - | 7 |
| Other | 3,263 | 516 | 336 | 665 | 530 | 330 | 191 | 93 | - | 17 | 317 | 194 |
| Total COVID-19 Expenditure | 78,061 | 12,915 | 7,346 | 6,807 | 6,617 | 6,915 | 7,758 | 6,588 | 3,526 | 5,166 | 9,119 | 5,305 |

The Trust has incurred £78.1m of COVID 19 incremental costs YTD (M1 £12.9m, M2: £7.3m, M3: £6.8m, M4: £6.6m, M5: £6.9m, M6: £7.8m, M7: £6.6m, M8: £3.5m, M9: £5.2m, M10: £9.1m, M11: £5.3m) in order to provide significantly expanded resourcing, vehicle, vehicle and technical capacity.

The new variant of the COVID virus and the impact this is having on staffing, NHS demand and thus resourcing requirements means that costs in these areas have increased significantly, though the shorter than expected surge period has allowed the February to March 2021 forecast to be reduced.

PPE requirement for the Trust has increased significantly compared to BAU and the Trust has supported the wider health system through mutual aid for single use PPE (in excess of 0.6m items provided).

Vehicle deep cleans have continued to be required at a significantly

increased level and Critical Care Transfer support was being provided for hospital transfers after being mobilised for the Nightingale Hospital.

Estate consolidation has been undertaken including temporary closure of 33 ambulance stations to consolidate operations and enable a flexible deployment model and improve efficiency across supply chain management.

The Trust is actively reviewing its COVID-19 response in conjunction with partners to minimise cost whilst maintaining resilience and resource capacity throughout this challenging period.

Significant items of spend are summarised in the table at top left and are detailed to the right.

- Additional Staff Costs Ambulance Services and EOC (£34m YTD) reflecting the cost of additional resourcing to cover increased abstractions, longer job cycle times, higher time off the road and increased resource capacity in control rooms. Includes LFB and Met Police support charges of £8.4m YTD.
- Personal Protective Equipment (£4m YTD) for items such as gowns, coveralls, protective face visors, glasses, masks and filters.
- Accommodation (£1.3m YTD) for accommodation for staff to support isolation requirements and related PSA to prevent staff being unduly impacted financially. Limited new provision has commenced in line with the current surge.
- NHS 111 Additional Capacity Staff (£6.3m YTD) for additional resourcing through internal sources.
- NHS 111 Additional Capacity External Contracts (£10.5m YTD) predominantly for additional clinician resources such as GPs, nurses and advanced practitioners (£5.4m) and additional non-clinical call handling resource support (£4.7m).
- Fleet Maintenance and Preparation (£7.7m YTD) additional external fleet maintenance support and preparation resources for cleaning higher numbers of vehicles more frequently.
- Defibrillators, Medical and Ambulance Equipment (£0.8m YTD) for additional defibrillators, ambulance and medical equipment for the expanded fleet.
- Private Ambulance Services (£1.6m) for additional private ambulance resources
- Telephony & IT Systems Expansions (£2.4m YTD) expanding the capacity of telephony and technical systems and equipment.
- IT Support (£1.4m YTD) for additional IT support resources
- Critical Care Transfer Service (£1.2m YTD) which was stood up in conjunction with London Nightingale Hospital and now supports hospital transfers.
- Decontamination Services - Premises (£1.8m YTD) for increased frequency of premises cleaning.

Movement in Forecast Outturn

| Directorate / Division | Full Year 2020-21 £000 | | | | |
|------------------------------------|---------------------------|------------------|------------------|-------------------------------|----------------------------------|
| | Annual Budget | M10 Forecast | M11 Forecast | M10 to M11 Movement fav/(adv) | COVID-19 Total Cost in Positions |
| Chief Executive | (2,490) | (2,465) | (2,482) | (17) | 0 |
| Chairman & Non-Executives | (118) | (118) | (135) | (16) | 0 |
| People & Culture | (6,392) | (6,730) | (6,602) | 127 | (30) |
| Communication & Engagement | (2,475) | (2,538) | (2,469) | 69 | 0 |
| Ambulance Services | (260,000) | (263,941) | (264,927) | (986) | (36,079) |
| 999 Operations | (39,772) | (40,526) | (40,221) | 305 | (2,772) |
| IUC Services | (43,634) | (45,677) | (44,473) | 1,203 | (18,179) |
| Performance | (1,272) | (1,212) | (1,167) | 45 | 0 |
| Programmes & Projects | (8,518) | (7,452) | (7,803) | (351) | 0 |
| COO Management | (1,266) | (1,222) | (1,235) | (13) | 0 |
| Corporate Services | (8,172) | (8,267) | (8,309) | (42) | 0 |
| Finance | (4,271) | (4,263) | (4,210) | 52 | 0 |
| Strategy & Transformation | (2,126) | (2,667) | (2,703) | (36) | 0 |
| IM&T | (17,900) | (18,701) | (18,634) | 67 | (3,496) |
| Medical | (19,608) | (18,047) | (16,063) | 1,983 | (1,246) |
| Quality & Assurance | (5,616) | (5,481) | (5,436) | 45 | 0 |
| Strategic A&P Management | (332) | (520) | (494) | 27 | 0 |
| Property | (12,957) | (13,165) | (13,114) | 51 | (2,049) |
| Fleet & Logistics | (54,283) | (55,076) | (53,749) | 1,327 | (15,845) |
| Directorate Sub-Total | (491,203) | (498,067) | (494,228) | 3,839 | (79,697) |
| Central Income | 516,772 | 522,070 | 516,966 | (5,105) | 0 |
| Central Depreciation & Fin Charges | (19,528) | (16,565) | (16,393) | 172 | 0 |
| Apprenticeship levy | (1,414) | (1,417) | (1,429) | (12) | 0 |
| Legal Provisions | (945) | (772) | (588) | 183 | 0 |
| Other central costs & income | 207 | 516 | (918) | (1,435) | 0 |
| Net Reserves incl Unallocated CIP | 2,283 | (2,982) | (3,168) | (186) | 0 |
| COVID-19 Income and Central Costs | (3,778) | (3,981) | (3,936) | 46 | (3,635) |
| Central Sub-Total | 493,597 | 496,870 | 490,535 | (6,335) | (3,635) |
| Total surplus / (deficit) | 2,394 | (1,197) | (3,693) | (2,496) | (83,332) |

Commentary on key forecast movements

1. Ambulance Services

- Increase in FY forecast cost between periods due to higher net levels of resource usage (overtime and incentives £1.2m higher than expected for COVID and COVID Contingency resources) partially offset by slightly higher than expected income (£0.2m).

2. IUC Service

- Reduction in FY forecast cost between periods due to lower than forecast additional COVID contingency resource usage (£0.8m) and the notification of additional income to support COVID costs (£0.5m).

3. Medical

- Reduction in FY forecast cost between periods due to significantly lower numbers of recruits in training compared to forecast and thus lower trainee pay, course costs and facilities costs (£1.7m), delayed recruitment (£0.1m) and additional income (£0.1m).

4. Fleet & Logistics

- Reduction in FY forecast cost between periods due to lower operational supplies and services costs (£1m) primarily due to lower required levels of vehicle preparation support (primarily for COVID) than forecast (£0.8m) and lower PPE and operational supplies costs (£0.1m), and lower fleet repair and maintenance costs (£0.2m) primarily in relation to updated information in relation to 3rd party accident damage.

5. Central Corporate

- Central Income forecast movement due to the reversal of accrued COVID retrospective top up income (£5.35m) which the Trust has now been notified by NHSE/I will not be received.
- Other Central Costs and Income movement due to initial recognition of lease property related dilapidation and other costs (£1.1m).

Risks and Mitigations to Forecast

| Financial Position Component | Full Year Forecast 2020-21 | |
|------------------------------|----------------------------|--|
| Income | 535,742 | |
| Pay | (369,023) | |
| Non Pay | (151,708) | |
| Depreciation & Financing | (18,703) | |
| Net Surplus/(Deficit) | (3,693) | |

Risks and Mitigations to Forecast:

| Risk or Mitigation | Downside | Upside | Commentary |
|--|----------|---------|--|
| New COVID Variant Impact Resourcing and Support Requirements | (870) | 687 | The expenditure forecast has been adjusted to reflect the expected revised resourcing profile for the remainder of the year to respond to the impacts of the new COVID variant (now £9m down from £18.1m) taking into account the shorter surge period than expected. There is a risk that costs incurred to address these impacts are higher than those currently forecast as well as a potential mitigation if costs incurred are lower. |
| Total Risks / Mitigations | (870) | 687 | |
| Net Risk/Mitigation Adjusted Position (Deficit)/Surplus | (4,563) | (3,006) | |

Supporting Information



| | Month 11 2020-21 £000 | | | YTD Month 11 2020-21 £000 | | | Full Year 2020-21 £000 | | |
|---|--------------------------|-----------------|--------------------|------------------------------|------------------|--------------------|---------------------------|--------------------|------------------------------|
| | Budget | Actual | Variance fav/(adv) | Budget | Actual | Variance fav/(adv) | Budget | Full Year Forecast | Variance to budget fav/(adv) |
| Income | | | | | | | | | |
| Income from Activities | 42,886 | 46,048 | 3,162 | 420,777 | 421,573 | 796 | 463,886 | 469,584 | 5,698 |
| Other Operating Income | 126 | (4,926) | (5,052) | 69,130 | 65,375 | (3,755) | 69,289 | 66,158 | (3,131) |
| Total Income | 43,012 | 41,121 | (1,890) | 489,907 | 486,948 | (2,958) | 533,175 | 535,742 | 2,567 |
| Operating Expense | | | | | | | | | |
| Pay | (29,678) | (31,970) | (2,292) | (331,879) | (337,362) | (5,484) | (361,732) | (369,023) | (7,292) |
| Non Pay | (10,923) | (11,845) | (922) | (136,101) | (137,930) | (1,830) | (147,039) | (151,708) | (4,669) |
| Total Operating Expenditure | (40,601) | (43,815) | (3,214) | (467,979) | (475,292) | (7,313) | (508,771) | (520,732) | (11,961) |
| EBITDA | 2,411 | (2,694) | (5,105) | 21,928 | 11,656 | (10,272) | 24,404 | 15,010 | (9,394) |
| EBITDA margin | 5.6% | (6.6%) | (12.2%) | 4.5% | 2.4% | (2.1%) | 4.6% | 2.8% | (1.8%) |
| Depreciation & Financing | | | | | | | | | |
| Depreciation & Amortisation | (1,596) | (1,345) | 251 | (14,697) | (13,219) | 1,478 | (16,293) | (14,647) | 1,646 |
| PDC Dividend | (445) | (25) | 420 | (4,895) | (3,755) | 1,140 | (5,340) | (3,693) | 1,647 |
| Finance Income | 0 | 0 | 0 | (4) | 9 | 13 | (4) | 9 | 13 |
| Finance Costs | (2) | (2) | 0 | (32) | (32) | 0 | (34) | (34) | (0) |
| Gains & Losses on Disposals | 0 | 0 | 0 | (340) | (339) | 1 | (340) | (339) | 1 |
| Total Depreciation & Finance Costs | (2,043) | (1,373) | 671 | (19,967) | (17,335) | 2,632 | (22,010) | (18,703) | 3,307 |
| Net Surplus/(Deficit) | 368 | (4,066) | (4,434) | 1,960 | (5,679) | (7,640) | 2,394 | (3,693) | (6,086) |
| NHSI Adjustments to Fin Perf | | | | | | | | | |
| Remove Asset Donations I&E Impact | 5 | 5 | 0 | (72) | (72) | 0 | (68) | (450) | (382) |
| Adjusted Financial Performance | 372 | (4,062) | (4,434) | 1,888 | (5,752) | (7,640) | 2,326 | (4,142) | (6,468) |
| Net margin | 0.9% | (9.9%) | (10.7%) | 0.4% | (1.2%) | (1.6%) | 0.4% | (0.7%) | (237.1%) |

Year to Date Position

The YTD position is a £5.679m deficit (£5.752m deficit on an adjusted financial performance basis) which is £7.6m behind plan due to annual leave movements and the reversal of £5.35m of accrued COVID retrospective top up income that the Trust has been notified will not be received.

Forecast Full Year Position

The full year position is forecast to be a £3.693m deficit which is £6.1m behind plan primarily for the same reasons as the YTD position, with improvement due to phasing of income.

Key items to note in the positions are:

- Income from activities is primarily comprised of the Trust's block contract income under the current interim financial arrangements, along with M8-12 top up and fixed COVID income. It is £0.8m favourable to budget YTD (£5.7m favourable full year forecast) mainly due to additional COVID surge income (£4.8m FY forecast), Critical Care Transfer Service income (£0.5m FY forecast) and IUC income (£0.5m FY forecast) offset by reduced expected PRU income (£0.7m).
- Other operating income is £3.8m unfavourable YTD (FY forecast £3.1m unfavourable) due primarily to the reversal of £5.35m of accrued COVID retrospective top up income that the Trust has been notified will not be received, partially offset by the notification of an additional £1.3m of education and training income from Health Education England and £0.6m of additional charity, recharge and capital asset grant income expected.
- Pay expenditure is currently £5.5m over budget YTD (forecast £7.3m adverse full year forecast) due primarily to additional COVID surge resourcing.
- Non pay expenditure excl depreciation and finance costs is £1.8m adverse YTD (full year forecast is £4.7m adverse) due to additional COVID support to respond to the impact of the new COVID-19 variants (£3.4m adverse full year forecast variance) and higher general supplies and services spend (£2m adverse full year forecast) largely in relation to professional services and training costs.
- Depreciation and finance costs are favourable to budget (£2.6m YTD and £3.3m full year forecast) due to slippage on the Trust capital programme and subsequent PDC cost adjustments.

Financial Position by Directorate

| Directorate | Month 11 2020-21 £000 | | | | | YTD Month 11 2020-21 £000 | | | | | Full Year 2020-21 £000 | | | | |
|------------------------------|--------------------------|-----------------|---------------------------------|----------------|-------------------------|------------------------------|------------------|---------------------------------|-----------------|-------------------------|---------------------------|------------------|---------------------------------|-----------------|-------------------------|
| | Budget | Actual | Budget Variance fav/(adv) | COVID | Actual excl COVID | Budget | Actual | Budget Variance fav/(adv) | COVID | Actual excl COVID | Budget | Forecast | Budget Variance fav/(adv) | COVID | Actual excl COVID |
| Chief Executive | (213) | (218) | (5) | | (218) | (2,278) | (2,285) | (7) | | (2,285) | (2,490) | (2,482) | 9 | | (2,482) |
| Chairman & Non-Executives | (12) | (28) | (16) | | (28) | (107) | (123) | (17) | | (123) | (118) | (135) | (17) | | (135) |
| People & Culture | (569) | (711) | (142) | (10) | (701) | (5,823) | (5,766) | 58 | (15) | (5,751) | (6,392) | (6,602) | (210) | (30) | (6,572) |
| Communication & Engagement | (205) | (162) | 43 | | (162) | (2,270) | (2,246) | 23 | | (2,246) | (2,475) | (2,469) | 6 | | (2,469) |
| Ambulance Services | (20,891) | (22,752) | (1,862) | (4,327) | (18,426) | (239,109) | (244,055) | (4,946) | (33,625) | (210,430) | (260,000) | (264,927) | (4,927) | (35,979) | (228,948) |
| 999 Operations | (3,054) | (2,917) | 138 | 260 | (3,177) | (36,652) | (36,993) | (341) | (2,558) | (34,436) | (39,772) | (40,221) | (449) | (2,772) | (37,449) |
| IUC Services | (2,666) | (2,980) | (314) | (393) | (2,588) | (41,052) | (41,687) | (635) | (16,917) | (24,771) | (43,634) | (44,473) | (840) | (17,710) | (26,763) |
| Performance | (96) | (81) | 16 | | (81) | (1,176) | (1,070) | 106 | | (1,070) | (1,272) | (1,167) | 105 | | (1,167) |
| Programmes & Projects | (587) | (1,803) | (1,216) | | (1,803) | (8,043) | (7,985) | 58 | | (7,985) | (8,518) | (7,803) | 714 | | (7,803) |
| COO Management | (108) | (109) | (0) | | (109) | (1,156) | (1,123) | 33 | | (1,123) | (1,266) | (1,235) | 31 | | (1,235) |
| Corporate Services | (703) | (753) | (50) | | (753) | (7,463) | (7,587) | (124) | | (7,587) | (8,172) | (8,309) | (137) | | (8,309) |
| Finance | (352) | (458) | (107) | | (458) | (3,920) | (3,901) | 19 | | (3,901) | (4,271) | (4,210) | 61 | | (4,210) |
| Strategy & Transformation | (244) | (152) | 92 | | (152) | (1,883) | (2,406) | (523) | | (2,406) | (2,126) | (2,703) | (577) | | (2,703) |
| IM&T | (1,258) | (1,292) | (34) | (108) | (1,185) | (16,654) | (17,199) | (546) | (3,417) | (13,782) | (17,900) | (18,634) | (734) | (3,496) | (15,138) |
| Medical | (1,918) | (1,396) | 522 | (61) | (1,336) | (17,443) | (14,003) | 3,439 | (1,246) | (12,757) | (19,608) | (16,063) | 3,544 | (1,246) | (14,817) |
| Quality & Assurance | (487) | (460) | 27 | | (460) | (5,129) | (4,969) | 161 | | (4,969) | (5,616) | (5,436) | 180 | | (5,436) |
| Strategic A&P Management | (35) | (45) | (10) | | (45) | (298) | (413) | (115) | | (413) | (332) | (494) | (161) | | (494) |
| Property | (1,053) | (1,018) | 35 | (60) | (958) | (11,903) | (11,881) | 22 | (1,893) | (9,988) | (12,957) | (13,114) | (157) | (2,049) | (11,065) |
| Fleet & Logistics | (4,144) | (3,227) | 917 | (272) | (2,956) | (50,123) | (49,157) | 966 | (14,318) | (34,839) | (54,283) | (53,749) | 534 | (15,845) | (37,904) |
| Directorate Sub-Total | (38,596) | (40,563) | (1,967) | (4,970) | (35,593) | (452,481) | (454,849) | (2,369) | (73,988) | (380,861) | (491,203) | (494,228) | (3,025) | (79,128) | (415,100) |
| Central Income | 40,679 | 37,879 | (2,800) | 4,916 | 32,963 | 475,902 | 471,868 | (4,033) | 77,872 | 393,996 | 516,772 | 516,966 | 194 | 83,063 | 433,903 |
| Central Corporate | (1,716) | (1,382) | 334 | 54 | (1,436) | (21,461) | (22,628) | (1,237) | (3,884) | (18,814) | (23,175) | (26,431) | (3,256) | (3,936) | (22,495) |
| Total | 368 | (4,066) | (4,434) | 0 | (4,066) | 1,960 | (5,679) | (7,640) | (0) | (5,679) | 2,394 | (3,693) | (6,086) | 0 | (3,693) |

Ambulance Services

- Overspend YTD of £4.9m (FY forecast £4.9m) primarily due to increased COVID resourcing costs to respond to the new variant surge (£4.2m overspend YTD, £4.5m FY forecast) and lower PRU and CTT service income (£0.6m YTD, £0.5m FY forecast).
- COVID-19 costs are £33.6m YTD (FY forecast £36m) primarily in relation to increased resourcing levels in preparation for higher absence rates and longer out of service, and LFB and Met Police support costs (£7.7m YTD, £8.4m FY forecast).

999 Operations

- YTD position is £0.3m over budget (FY forecast overspend of £0.4m) primarily due to increased resourcing costs to respond to the new variant of COVID-19.
- COVID-19 costs are £2.6m YTD (FY forecast £2.8m) primarily in relation to increased resourcing levels.

IUC Services

- YTD position is £0.6m over budget (FY forecast overspend of £0.8m) due primarily to the increased anticipated resourcing costs to respond to the new variant of COVID-19, partially offset by additional income (£0.5m).
- COVID-19 111 IUC costs net of income are £16.9m YTD (£17.7m FY forecast) primarily in relation to increased call handling and clinical resourcing compared to pre-COVID planning.

Programmes & Projects

- YTD position on plan (FY forecast £0.7m underspend) driven by Digital 999 project cost phasing differences due to COVID related slippage and capitalisation differences.

Strategy & Transformation

- YTD overspend of £0.5m (FY forecast £0.6m) driven by Ambulance Operations Modernisation project overspends.

Fleet & Logistics

- £1m favourable to budget YTD (£0.5m favourable FY forecast) due primarily to lower operational supplies and services costs than expected (£0.7m YTD, £0.2m FY forecast).
- COVID-19 costs of £14.3m YTD (FY forecast £15.8m) relate primarily to increased fleet maintenance and vehicle preparation services through external suppliers, increased vehicle cleaning, and increased purchases of personal protective equipment, medical equipment and operational consumables.

IM&T

- £0.5m unfavourable to budget YTD and forecast to be £0.7m unfavourable for the year due to higher net resourcing costs (£0.4m FY forecast) and higher technology services costs (£0.4m FY forecast).
- COVID-19 costs of £3.4m YTD (FY forecast £3.5m) relate primarily to IT equipment and IT services to enable home working, and systems and telephony expansions.

Medical

- Favourable variance of £3.4m YTD (FY forecast £3.5m) driven by increased HEE income notified less associated costs not already forecast, and re-phased and reduced trainee costs due to current COVID pressures.
- Critical Care Transfer Service COVID-19 costs of £1.2m YTD (FY forecast £1.2m).

Property

- On budget YTD (FY forecast budget overspend of £0.2m) driven by additional resourcing and cleaning/clinical waste disposal costs.
- COVID-19 costs of £1.9m YTD (FY forecast £2m) relate primarily to increased premises cleaning and facilities adjustments to facilitate new operating models.

Income

| Income by Type | Month 11 2020-21 £000 | | | YTD Month 11 2020-21 £000 | | | Full Year 2020-21 £000 | | |
|----------------------------------|--------------------------|----------------|---------------------------------|------------------------------|----------------|---------------------------------|---------------------------|----------------|---------------------------------|
| | Budget | Actual | Budget Variance fav/(adv) | Budget | Actual | Budget Variance fav/(adv) | Budget | Forecast | Budget Variance fav/(adv) |
| Patient Care Income | | | | | | | | | |
| Commercial Service Income | 117 | 111 | (5) | 1,093 | 1,002 | (92) | 1,210 | 1,099 | (110) |
| Emergency & Urgent Care Income | 40,552 | 43,107 | 2,555 | 408,657 | 409,913 | 1,256 | 449,400 | 454,496 | 5,096 |
| Emergency Bed Service Income | 0 | 8 | 8 | 0 | 39 | 39 | 0 | 47 | 47 |
| Injury Cost Recovery Income | 81 | 79 | (1) | 889 | 971 | 81 | 970 | 1,059 | 89 |
| Neonatal Service Income | 12 | 12 | 0 | 118 | 118 | 0 | 130 | 130 | 0 |
| Non-Contract E&UC Income | 16 | 11 | (5) | 159 | 139 | (19) | 174 | 153 | (21) |
| Other Patient Care Income | 101 | 535 | 434 | 672 | 1,377 | 705 | 773 | 2,048 | 1,274 |
| Patient Transport Service Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Specialist Service Income | 203 | 150 | (52) | 2,331 | 1,592 | (739) | 2,533 | 1,846 | (688) |
| Telephone Advice Service Income | 1,805 | 2,034 | 229 | 6,858 | 6,423 | (435) | 8,695 | 8,707 | 12 |
| Total Patient Care Income | 42,886 | 46,048 | 3,162 | 420,777 | 421,573 | 796 | 463,886 | 469,584 | 5,698 |
| Other Operating Income | 126 | (4,926) | (5,052) | 69,130 | 65,375 | (3,755) | 69,289 | 66,158 | (3,131) |
| Total Income | 43,012 | 41,121 | (1,890) | 489,907 | 486,948 | (2,958) | 533,175 | 535,742 | 2,567 |

The Trust was operating under an adjusted financial framework for the period April to September 2020 which involved pausing contracting and commissioning processes (including CQUIN), the Trust receiving block contract income in advance as determined by NHSE/I, along with a standard monthly top-up amount and retrospective top ups to breakeven financial performance positions. In M8-12, fixed Top up and COVID supplement income is being received, and £4.8m has been included from NWL STP in relation to response costs for the new COVID variant.

Patient Care Income

Emergency & Urgent Care Income

- E&UC income is £1.3m favourable YTD and is expected to exceed plan by £5.1m full year due to additional NWL STP

and other specific COVID support income.

- The Trust's block contract income is predominantly reported under the emergency and urgent care heading with £34m being received each month until the end of the financial year.
- M7-12 top up, fixed COVID and additional COVID surge support income totalling £48.7m is also included here.
- This has been offset in the YTD position by the crediting of invoices issued in relation to the Flowers case (£2.5m) in M3.

Telephone Advice Service Income

- Income in this category is currently limited to forecast 111 First programme and NW London 111 service income due to the adjusted financial framework in place, and is unfavourable YTD due to the deferral of income in relation to 111 First, though the forecast is in line with budget.

Commercial Service Income

- Due to the COVID-19 pandemic, very limited stadia income is expected across the year and Heathrow contract income has been reduced temporarily. YTD and full year forecast positions are both behind revised budget by £0.1m.

Specialist Service Income

- YTD and full year forecast are behind revised budgets (£0.7m variances) due to adjusted BARTS PRU service income.
- Other forecast income in this section includes National Ambulance Resilience Unit income (£0.5m), neonatal income (£0.5m) and pilot project income (£0.4m).

Other Operating Income

M1-6 Top Up Income

- Standard monthly top up income of £2.657m has been recognised monthly in the M1-6 position, along with retrospective top up income to breakeven (on an adjusted financial performance basis) of £44.6m YTD. This has decreased by £5.35m in month due to notifications this amount will not be paid. M7-12 top up and COVID income is recognised under patient care income.

Education & Training

- Education and Training funding is £1.2m favourable to revised budgets YTD due to higher training & development funding.
- It is forecast to be £1.4m favourable to revised budgets full year due to increased allocations from Health Education England for the Nov – Mar period, and slightly higher apprenticeship income.

Pay Expenditure

| Pay Expenditure by Type | Month 11 2020-21 £000 | | | YTD Month 11 2020-21 £000 | | | Full Year 2020-21 £000 | | |
|-------------------------------|--------------------------|-----------------|---------------------------------|------------------------------|------------------|---------------------------------|---------------------------|------------------|---------------------------------|
| | Budget | Actual | Budget Variance fav/(adv) | Budget | Actual | Budget Variance fav/(adv) | Budget | Forecast | Budget Variance fav/(adv) |
| Substantive | | | | | | | | | |
| Corporate & Support Staff | (2,937) | (2,819) | 118 | (30,638) | (29,559) | 1,079 | (33,589) | (32,484) | 1,105 |
| Directors And Senior Managers | (1,498) | (1,266) | 233 | (14,696) | (13,641) | 1,055 | (16,196) | (15,049) | 1,147 |
| Frontline Control Staff | (2,589) | (2,711) | (122) | (25,140) | (24,655) | 485 | (27,821) | (27,295) | 526 |
| Frontline Ops Staff | (15,149) | (15,654) | (505) | (163,734) | (164,222) | (488) | (179,055) | (179,568) | (513) |
| Med, Nursing & Clin Adv Staff | (731) | (720) | 11 | (7,448) | (7,189) | 259 | (8,158) | (7,926) | 232 |
| Non-Emergency Control Staff | (15) | (15) | 0 | (165) | (163) | 2 | (179) | (178) | 2 |
| Non-Emergency Ops Staff | (442) | (337) | 105 | (4,888) | (4,531) | 357 | (5,330) | (4,871) | 459 |
| Ops Management & Team Leaders | (2,769) | (2,897) | (127) | (29,454) | (29,777) | (323) | (32,223) | (32,666) | (442) |
| Other Pay Costs | 29 | (230) | (259) | (973) | (5,020) | (4,047) | (945) | (6,260) | (5,315) |
| Overtime & Incentives | (2,605) | (3,399) | (794) | (37,456) | (38,992) | (1,537) | (39,983) | (41,612) | (1,629) |
| Total Substantive | (28,705) | (30,047) | (1,342) | (314,592) | (317,749) | (3,157) | (343,478) | (347,908) | (4,430) |
| Agency | (111) | (419) | (308) | (4,869) | (5,891) | (1,022) | (4,980) | (6,329) | (1,349) |
| Bank | (368) | (359) | 9 | (5,868) | (5,714) | 153 | (6,230) | (6,001) | 229 |
| Seconded | (494) | (1,145) | (652) | (6,550) | (8,008) | (1,458) | (7,044) | (8,786) | (1,742) |
| Total Pay Expenditure | (29,678) | (31,970) | (2,292) | (331,879) | (337,362) | (5,484) | (361,732) | (369,023) | (7,292) |

| Pay Expenditure by Directorate | Month 11 2020-21 £000 | | | YTD Month 11 2020-21 £000 | | | Full Year 2020-21 £000 | | |
|--------------------------------|--------------------------|-----------------|---------------------------------|------------------------------|------------------|---------------------------------|---------------------------|------------------|---------------------------------|
| | Budget | Actual | Budget Variance fav/(adv) | Budget | Actual | Budget Variance fav/(adv) | Budget | Forecast | Budget Variance fav/(adv) |
| Central Corporate | 26 | (264) | (291) | (1,302) | (4,108) | (2,806) | (1,276) | (5,326) | (4,050) |
| Chief Executive | (170) | (177) | (6) | (1,867) | (1,932) | (65) | (2,037) | (2,088) | (50) |
| People & Culture | (336) | (397) | (61) | (4,230) | (4,521) | (290) | (4,567) | (4,920) | (353) |
| Communication & Engagement | (185) | (191) | (6) | (2,185) | (2,199) | (13) | (2,370) | (2,404) | (34) |
| Ambulance Services | (20,137) | (22,577) | (2,439) | (227,082) | (232,757) | (5,675) | (247,220) | (253,367) | (6,147) |
| 999 Operations | (2,953) | (2,775) | 178 | (35,493) | (35,678) | (185) | (38,511) | (38,803) | (292) |
| IUC Services | (1,820) | (1,904) | (84) | (18,757) | (18,290) | 466 | (20,527) | (20,469) | 58 |
| Projects & Programmes | (224) | (73) | 151 | (1,913) | (897) | 1,016 | (2,066) | (992) | 1,074 |
| COO Management | (90) | (73) | 18 | (934) | (843) | 91 | (1,025) | (919) | 105 |
| Corporate Services | (210) | (177) | 32 | (2,014) | (1,922) | 92 | (2,224) | (2,110) | 113 |
| Finance | (269) | (353) | (84) | (3,005) | (3,103) | (99) | (3,274) | (3,341) | (67) |
| Performance | (86) | (85) | 1 | (873) | (849) | 25 | (959) | (935) | 24 |
| Strategy & Transformation | (65) | (104) | (39) | (706) | (767) | (61) | (771) | (860) | (88) |
| IM&T | (405) | (408) | (3) | (3,998) | (3,744) | 254 | (4,390) | (4,154) | 237 |
| Medical | (1,587) | (1,320) | 267 | (14,471) | (12,857) | 1,614 | (16,300) | (14,288) | 2,012 |
| Quality & Assurance | (488) | (471) | 17 | (5,224) | (5,102) | 123 | (5,712) | (5,578) | 134 |
| Strategic A&P Management | (34) | (15) | 19 | (265) | (190) | 75 | (299) | (234) | 65 |
| Property | (40) | (63) | (23) | (609) | (707) | (98) | (649) | (773) | (125) |
| Fleet & logistics | (606) | (544) | 62 | (6,946) | (6,890) | 55 | (7,551) | (7,459) | 92 |
| Total Pay Expenditure | (29,678) | (31,970) | (2,292) | (331,879) | (337,362) | (5,484) | (361,732) | (369,023) | (7,292) |

YTD Position

Pay expenditure is currently £5.5m adverse to revised budgets YTD. Key items include:

- COVID-19 response costs of £41.9m primarily in relation to additional resourcing across Ambulance Services, IUC Services, 999 Operations and Critical Care Transfer Services. The YTD position now also includes costs in relation to seconded support from the LFB and Met Police of £7.7m.
- Overspends in Ambulance Services (£5.7m) driven by higher COVID related resourcing costs, and Central Corporate (£2.8m) primarily in relation to annual leave accruals.
- Partially offset by underspends in Medical (£1.6m) due to lower than expected numbers of staff in training as well as capitalisations and delayed recruitment to vacancies, and in Programmes and Projects (£1m) due to largely to capitalisations and changes to project phasing.

Full Year Forecast Position

Pay expenditure is currently forecast to end the year £7.3m adverse to revised budgets. Key items include:

- COVID-19 response costs of £44.9m (including anticipated costs associated with responding to the new COVID variant which have reduced since M9) primarily in relation to additional resourcing across Ambulance Services, IUC Services, 999 Operations and Critical Care Transfer Services. The COVID forecast now also includes £8.4m of costs in relation to seconded support from the LFB and Met Police.
- Forecast overspend in Ambulance Services (£6.1m) is primarily due to anticipated costs associated with responding to the new COVID variant, whilst the overspend in Central Corporate (£4.1m) is primarily in relation to anticipated annual leave costs.
- These are partially offset by favourable variances in Programmes and Projects (£1.1m) due to capitalisations and delays in projects due to COVID, and Medical (£2m) due to capitalisations and delayed recruitment to vacancies.
- Pay spend in relation to the 111 First programme and NW London IUC services are now included in budgets and forecasts (both funded through additional income).

Non Pay and Financial Charges

| Non Pay by Type | Month 11 2020-21 £000 | | | YTD Month 11 2020-21 £000 | | | Full Year 2020-21 £000 | | |
|--|--------------------------|-----------------|---------------------------------|------------------------------|------------------|---------------------------------|---------------------------|------------------|---------------------------------|
| | Budget | Actual | Budget Variance fav/(adv) | Budget | Actual | Budget Variance fav/(adv) | Budget | Forecast | Budget Variance fav/(adv) |
| Non Pay Expenditure | | | | | | | | | |
| Establishment Expenses | (669) | (737) | (68) | (9,354) | (9,511) | (156) | (10,023) | (10,359) | (335) |
| General Supplies & Services | (1,396) | (2,454) | (1,058) | (18,675) | (20,922) | (2,247) | (20,134) | (23,427) | (3,293) |
| Technology & Communications | (1,088) | (1,482) | (394) | (16,055) | (17,528) | (1,473) | (17,131) | (18,499) | (1,368) |
| Operations Supplies & Services | (4,313) | (4,092) | 221 | (50,886) | (50,718) | 168 | (55,137) | (55,988) | (851) |
| Premises & Fixed Plant | (1,514) | (1,967) | (453) | (16,702) | (17,041) | (339) | (18,226) | (19,806) | (1,580) |
| Transport | (1,943) | (1,112) | 831 | (24,428) | (22,210) | 2,218 | (26,387) | (23,630) | 2,757 |
| Total Non Pay Expenditure | (10,923) | (11,845) | (922) | (136,101) | (137,930) | (1,830) | (147,039) | (151,708) | (4,669) |
| Financial Charges | | | | | | | | | |
| Depreciation & Amortisation | (1,596) | (1,345) | 251 | (14,697) | (13,219) | 1,478 | (16,293) | (14,647) | 1,646 |
| Other Financial Charges | (447) | (27) | 420 | (5,270) | (4,116) | 1,154 | (5,717) | (4,056) | 1,661 |
| Total Financial Charges | (2,043) | (1,373) | 671 | (19,967) | (17,335) | 2,632 | (22,010) | (18,703) | 3,307 |
| Total Non Pay & Financial Charges | (12,966) | (13,217) | (251) | (156,068) | (155,265) | 802 | (169,050) | (170,411) | (1,362) |

| Non Pay by Directorate | Budget | | | Budget | | | Budget | | |
|--|-----------------|-----------------|-----------------------|------------------|------------------|-----------------------|------------------|------------------|-----------------------|
| | Budget | Actual | Variance fav/(adv) | Budget | Actual | Variance fav/(adv) | Budget | Forecast | Variance fav/(adv) |
| Central Corporate | (1,742) | (1,118) | 624 | (20,406) | (18,807) | 1,599 | (22,147) | (21,322) | 825 |
| Chief Executive | (43) | (42) | 2 | (415) | (362) | 53 | (458) | (405) | 53 |
| Chairman & Non-Executives | (12) | (28) | (16) | (102) | (119) | (17) | (114) | (130) | (17) |
| People & Culture | (320) | (414) | (94) | (3,603) | (3,252) | 351 | (3,957) | (3,795) | 161 |
| Communication & Engagement | (25) | (33) | (8) | (290) | (282) | 8 | (315) | (309) | 6 |
| Ambulance Services | (1,042) | (479) | 563 | (15,107) | (13,815) | 1,292 | (16,149) | (14,464) | 1,685 |
| 999 Operations | (101) | (141) | (40) | (1,180) | (1,335) | (156) | (1,281) | (1,438) | (157) |
| IUC Services | (2,662) | (3,537) | (876) | (29,319) | (30,443) | (1,124) | (31,979) | (33,437) | (1,458) |
| Projects & Programmes | (430) | (1,768) | (1,338) | (6,705) | (7,827) | (1,122) | (7,093) | (8,094) | (1,000) |
| COO Management | (18) | (36) | (18) | (221) | (279) | (58) | (241) | (316) | (75) |
| Central Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Corporate Services | (494) | (576) | (82) | (5,460) | (5,676) | (216) | (5,960) | (6,211) | (251) |
| Finance | (83) | (113) | (30) | (915) | (806) | 109 | (998) | (878) | 120 |
| Performance | (10) | 5 | 15 | (303) | (221) | 81 | (313) | (232) | 82 |
| Strategy & Transformation | (179) | (55) | 124 | (1,176) | (1,649) | (473) | (1,355) | (1,861) | (505) |
| IM&T | (853) | (884) | (31) | (12,656) | (13,490) | (834) | (13,509) | (14,515) | (1,005) |
| Medical | (385) | (310) | 76 | (3,568) | (3,072) | 496 | (3,959) | (3,928) | 31 |
| Quality & Assurance | (12) | (18) | (6) | (133) | (164) | (30) | (146) | (185) | (39) |
| Strategic A&P Management | (1) | (30) | (29) | (33) | (223) | (190) | (34) | (260) | (226) |
| Property | (1,014) | (956) | 58 | (11,298) | (11,178) | 120 | (12,311) | (12,343) | (32) |
| Fleet & logistics | (3,538) | (2,684) | 855 | (43,177) | (42,266) | 911 | (46,731) | (46,290) | 442 |
| Total Non Pay & Financial Charges | (12,966) | (13,217) | (251) | (156,068) | (155,265) | 802 | (169,050) | (170,411) | (1,362) |

YTD Position

Non pay expenditure is £0.8m favourable to revised budgets. Key items include:

- Lower depreciation and PDC (£2.6m favourable variance) due to capital project slippage and subsequent PDC recalculation, and reduced transport costs (£2.2m favourable variance) driven by lower realigned private ambulance costs, partially offset by higher technology costs (£1.5m) in relation to software and services, and higher general supplies and services costs (£2.2m) due to project costs and delayed recruitment to vacancies.
- COVID-19 response costs of £36.1m in relation to increased 111 IUC external resourcing, increased external vehicle maintenance and prep services, increased vehicle and premises cleaning, PPE, medical equipment, operational consumables and IT equipment and services to enable home working and expand systems and telephony capacity and capability.
- Prior month write back of £2.3m of previously capitalised technology and general supplies and services costs in relation to the CAD project.

Full Year Forecast Position

Non pay expenditure is forecast to end the year £1.4m unfavourable to revised budgets. Key items include:

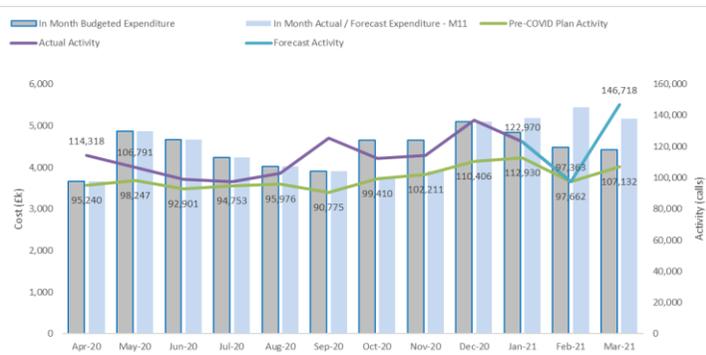
- £3.3m negative variance on General Supplies and Services due to recruitment and training costs (£0.5m), forecast achievement of CIP in transport previously budgeted in general supplies and services (£1.2m), managed service resourcing in IM&T (£0.7m) and increased project costs (£0.7m).
- £1.6m negative variance on Premises expenses primarily in relation to expected dilapidation provisions.
- £1.4m negative variance on Technology and Comms due to additional system and technology service costs, project costs and GoodSam app costs.
- £0.8m negative variance on Operational Supplies and Services primarily driven by increased COVID response costs.
- Partially offset by lower depreciation and PDC (£3.3m favourable variance) due to capital project slippage, and reduced transport costs (£2.8m favourable variance) driven by lower private ambulance costs.
- COVID-19 response costs of £38.4m in relation to increased 111 IUC external resourcing, increased external vehicle maintenance and prep services, increased vehicle and premises cleaning, PPE, medical equipment, operational consumables, IT equipment and services to enable home working and expand systems and telephony capacity and capability, and depreciation impacts in respect of assets purchased.
- Write back in prior months of £2.3m of previously capitalised technology and general supplies and services costs in relation to the CAD project.

IUC / 111 Services

| | 111 IUC Total YTD M11 2020-21 £000 | | | 111 IUC Total FY Forecast M11 2020-21 £000 | | |
|--------------------------------|--|-----------------|-----------------------|--|-----------------------|-----------------------|
| | Budget | YTD | Variance fav/(adv) | Budget | Full Year Forecast | Variance fav/(adv) |
| Income | | | | | | |
| Income from Activities | 7,023 | 7,046 | 22 | 8,872 | 9,433 | 561 |
| Other Income | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Income | 7,023 | 7,046 | 22 | 8,872 | 9,433 | 561 |
| Pay | | | | | | |
| Substantive Staff | (15,203) | (14,091) | 1,111 | (16,852) | (15,921) | 931 |
| Agency | (2,498) | (3,100) | (602) | (2,551) | (3,402) | (851) |
| Bank | (1,056) | (1,099) | (43) | (1,124) | (1,147) | (22) |
| Total Pay Expenditure | (18,757) | (18,290) | 466 | (20,527) | (20,469) | 58 |
| Non Pay | | | | | | |
| Establishment Expenses | (36) | (28) | 8 | (39) | (32) | 7 |
| General Supplies & Services | (1,110) | (1,494) | (384) | (1,224) | (1,499) | (275) |
| Technology & Communications | (1,416) | (1,507) | (91) | (1,565) | (1,714) | (149) |
| Operations Supplies & Services | (25,180) | (25,762) | (581) | (27,407) | (28,356) | (949) |
| Premises & Fixed Plant | (1,296) | (1,371) | (75) | (1,437) | (1,525) | (88) |
| Transport | (7) | (6) | 1 | (8) | (7) | 1 |
| Depreciation & Amortisation | (274) | (275) | (1) | (300) | (305) | (5) |
| Total Non Pay | (29,319) | (30,443) | (1,124) | (31,979) | (33,437) | (1,458) |
| Net Surplus/(Deficit) | (41,052) | (41,687) | (635) | (43,634) | (44,473) | (840) |

Key points to note:

- The current financial arrangements mean that funding for NE and SE London contracts are predominantly covered by block contract arrangements, however specific income is now expected for 111 First (£2.9m) and NW London IUC (£5.7m).
- YTD activity is around 13% higher than the pre-COVID plan due to COVID related demand changes. Compounding this, calls requiring transfer to a clinician have increased by 29% and 30% YTD for SE and NE London respectively, along with an increase in clinician call time of 35% and 36% in SE and NE London respectively.
- Significant quantities of additional resource have been engaged to manage activity - COVID-19 response costs have been £17.3m YTD (£18.2m FY forecast).
- The overall IUC YTD position includes £25.5m of managed services and GP costs (FY Forecast £28m) to deliver stable clinical services and respond to current COVID-19 demand levels, the 111 First programme and to provide the NW London 111 service.



Capital Investment

| | Actual (£m) | Forecast (£m) | Total |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|---------|
| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | |
| Monthly capital spend | 3.554 | 1.842 | 1.770 | (1.603) | 0.761 | 0.512 | 1.164 | 3.278 | 6.058 | 2.447 | 2.557 | | 22.340 |
| Original plan | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 1.818 | 21.814 |
| Adjusted CRL Plan | 4.226 | 1.080 | 2.197 | 1.145 | 1.145 | 6.038 | 6.038 | 6.038 | 6.038 | 3.428 | 3.428 | 3.410 | 44.211 |
| Revised forecast | 3.554 | 1.842 | 1.770 | (1.603) | 0.761 | 0.512 | 1.164 | 3.278 | 6.058 | 2.447 | 2.557 | 21.475 | 43.815 |
| Disposals | | | | (0.356) | | (0.005) | | | | | | | (0.361) |
| Revised forecast net of disposals | 3.554 | 1.842 | 1.770 | (1.960) | 0.761 | 0.507 | 1.164 | 3.278 | 6.058 | 2.447 | 2.557 | 21.475 | 43.454 |
| Cumulative actual | 3.554 | 5.396 | 7.166 | 5.562 | 6.323 | 6.836 | 8.000 | 11.278 | 17.336 | 19.783 | 22.340 | | |
| Cumulative original plan | 1.818 | 3.636 | 5.454 | 7.271 | 9.089 | 10.907 | 12.725 | 14.543 | 16.361 | 18.178 | 19.996 | 21.814 | |
| Cumulative revised forecast net of disposals | 3.554 | 5.396 | 7.166 | 5.206 | 5.967 | 6.474 | 7.638 | 10.917 | 16.975 | 19.422 | 21.979 | 43.454 | |
| Cumulative adjusted CRL plan | 4.226 | 5.306 | 7.503 | 8.648 | 9.793 | 15.831 | 21.869 | 27.907 | 33.945 | 37.373 | 40.801 | 44.211 | |

| Programme | (£m) | | YTD as % of forecast |
|------------------------------------|----------------------------|---------------------------------|----------------------------|
| | YTD (excl Disposals) | Forecast (excl Disposals) | |
| | | | |
| CAD Essentials | (2.492) | (2.523) | 99% |
| Digital 999 | 2.213 | 5.926 | 37% |
| COVID-19 Response - Phase 1 | 5.821 | 5.821 | 100% |
| COVID-19 Response - Phase 2 | 2.370 | 6.204 | 38% |
| Fleet | 5.943 | 9.435 | 63% |
| IM&T Essentials | 1.683 | 8.328 | 20% |
| IM&T Cyber | 0.082 | 0.224 | 37% |
| OneLondon | 0.000 | 0.000 | 100% |
| Medicines Modernisation | 0.578 | 1.098 | 53% |
| Spatial Development | 3.986 | 4.965 | 80% |
| Estates | 1.628 | 3.541 | 46% |
| Logistics | 0.199 | 0.467 | 43% |
| Ambulance Operations Modernisation | 0.296 | 0.296 | 100% |
| Other | 0.033 | 0.033 | 100% |
| Total | 22.340 | 43.815 | 51% |

The Trust's capital plan was revised in mid-late June 2020 (following review in late May) to reflect additional capital investment in relation to COVID-19 from the initial £21.8m to a revised £44.2m. A further £6.1m had been identified to increase the CRL limit to £50.3m, however in conjunction with NW London partners, this was scaled back to £39.9m due to reduced availability of funding and other changes. This has now increased to £43.8m due to additional PDC for technology investments and is expected to be funded from:

- Internally generated capital (£20.2m);
- HSLI, Provider Digitisation and other Technology Programme PDC (£5.7m);
- Grants (£0.4m);
- COVID Phase 1 PDC (£5.8m); and
- COVID Phase 2 PDC (£12.2m).

YTD and Full Year Position

- YTD capital expenditure net of disposals is £22m YTD (£22.3m before disposals) compared to previously planned capital expenditure of £40.8m (£18.8m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals is £43.5m and has been increased from previous levels due to the provision of additional PDC for technology investments. Very significant capital project spend is needed in M12 to meet this target.
- Capital spend on the Trust's phase 1 and 2 COVID-19 responses is £13.7m YTD (primarily on expanding IT and telephony systems, additional IT equipment and additional clinical equipment), with other significant spend on Spatial Development, Fleet and Digital 999 programmes.
- The Trust's YTD capital spend position has been impacted in prior months by the reversal of £2.3m of capital work in progress costs in connection with the Trust Board approved CAD replacement project.

Cash Flow Statement

| | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Feb-20 | Feb-20 | Feb-20 |
|--|----------------|---------------|----------------|----------------|----------------|----------------|-----------------|-----------------|----------------|
| | Actual | Actual | Actual | Actual | Actual | Actual | YTD | YTD | Var |
| | £000 | £000 | £000 | £000 | £000 | £000 | Move | Plan | £000 |
| Opening Balance | 64,534 | 64,610 | 76,394 | 78,620 | 86,719 | 80,572 | 25,964 | 25,964 | 0 |
| Operating Surplus | 2,289 | 1,849 | 2,117 | 1,677 | (1,519) | (2,694) | 11,653 | 21,870 | (10,217) |
| (Increase)/decrease in current assets | (8,435) | 8,512 | 2,247 | 7,024 | (3,985) | 7,279 | 7,095 | 5,575 | 1,520 |
| Increase/(decrease) in current liabilities | 7,220 | 2,397 | 4,700 | 1,807 | 1,836 | 4,547 | 69,821 | 40,794 | 29,027 |
| Increase/(decrease) in provisions | 817 | (86) | (240) | (1,265) | (104) | 402 | 4 | 1,297 | (1,293) |
| Net cash inflow/(outflow) from operating activities | 1,891 | 12,672 | 8,824 | 9,243 | (3,772) | 9,534 | 88,573 | 69,536 | 19,037 |
| Cashflow inflow/(outflow) from operating activities | 1,891 | 12,672 | 8,824 | 9,243 | (3,772) | 9,534 | 88,573 | 69,536 | 19,037 |
| Returns on investments and servicing finance | 0 | 0 | 0 | 0 | 12 | 0 | 0 | (12) | 12 |
| Capital Expenditure | (1,922) | (888) | (3,880) | (1,144) | (2,387) | (5,300) | (27,120) | (36,165) | 9,045 |
| Dividend paid | 0 | 0 | (2,718) | 0 | 0 | 0 | (2,718) | 0 | (2,718) |
| Financing obtained | 107 | 0 | 0 | 0 | 0 | 0 | 107 | 9,023 | (8,916) |
| Financing repaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cashflow inflow/(outflow) from financing | (1,815) | (888) | (6,598) | (1,144) | (2,375) | (5,300) | (29,731) | (27,154) | (2,577) |
| Movement | 76 | 11,784 | 2,226 | 8,099 | (6,147) | 4,234 | 58,842 | 42,382 | 16,460 |
| Closing Cash Balance | 64,610 | 76,394 | 78,620 | 86,719 | 80,572 | 84,806 | 84,806 | 68,346 | 16,460 |

Please note: Following the revision of NHSI plans during October, plan figures included here (which previously the outturn statement of financial position) have now been replaced with updated plan figures.

Summary

There has been a net inflow of cash to the Trust of £58.8m, this is £16.4m higher than the planned inflow of £42.4m

Cash funds at 28 February stand at £84.8m

Operating Surplus

- The operating surplus at £11.7m is (£10.2m below plan)

Current Assets

- The movement on current assets is £7.1m, £1.5m higher than the planned movement
- Current assets movement was due to receivables (£1.0m), accrued income £0.3m, prepayments (£1.2m) and inventories £0.4m

Current Liabilities

- The movement on current liabilities is £69.8m, a £29.0m higher than planned movement.
- Current liabilities movement was lower than planned due to trade and other payables (£3.2m), accruals £22.9m and deferred income at £9.3m. The deferred income increase is due to additional block contract income and IUC income being paid in advance

Dividends

- The movement on dividends paid is (£2.7m), the timing of the payment was not known when the plan was prepared.

Provisions

- The movement on provisions is £0.004m, which is (£1.3m) lower than the planned movement

Capital Expenditure

- Capital cash movement was an outflow of £27.1m which is £9.0m below plan due to capital slippage

Statement of Financial Position

| | Mar-20 Act £000 | Sep-20 Act £000 | Oct-20 Act £000 | Nov-20 Act £000 | Dec-20 Act £000 | Jan-21 Act £000 | Feb-21 Act £000 | Plan £000 | Feb-21 Var £000 | % |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|-----------------------|---------------|
| Non Current Assets | | | | | | | | | | |
| Property, Plant & Equip | 177,186 | 176,445 | 175,818 | 178,122 | 182,659 | 184,050 | 185,029 | 198,337 | (13,308) | (6.7%) |
| Intangible Assets | 8,183 | 9,167 | 9,202 | 9,601 | 9,253 | 8,990 | 9,223 | 9,167 | 56 | 0.6% |
| Trade & Other Receivables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Non Current Assets | 185,369 | 185,612 | 185,020 | 187,723 | 191,912 | 193,040 | 194,252 | 207,504 | (13,252) | (6.4%) |
| Current Assets | | | | | | | | | | |
| Inventories | 4,508 | 4,492 | 4,555 | 4,641 | 4,761 | 4,755 | 4,943 | 4,492 | 451 | 10.0% |
| Trade & Other Receivables | 22,270 | 36,268 | 27,693 | 25,360 | 18,216 | 22,207 | 14,740 | 16,711 | (1,971) | (11.8%) |
| Cash & cash equivalents | 25,964 | 64,610 | 76,394 | 78,620 | 86,719 | 80,572 | 84,807 | 68,346 | 16,461 | 24.1% |
| Non-Current Assets Held for Sale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Current Assets | 52,742 | 105,370 | 108,642 | 108,621 | 109,696 | 107,534 | 104,490 | 89,549 | 14,941 | 16.7% |
| Total Assets | 238,111 | 290,982 | 293,662 | 296,344 | 301,608 | 300,574 | 298,742 | 297,053 | 1,689 | 0.57% |
| Current Liabilities | | | | | | | | | | |
| Trade and Other Payables | (47,012) | (98,371) | (100,753) | (103,289) | (109,433) | (111,359) | (113,189) | (93,601) | (19,588) | 20.9% |
| Provisions | (6,584) | (8,455) | (8,489) | (8,226) | (6,974) | (6,419) | (6,798) | (8,455) | 1,657 | (19.6%) |
| Borrowings | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Working Capital Loan - DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Capital Investment Loan - DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Current Liabilities | (53,596) | (106,826) | (109,242) | (111,515) | (116,407) | (117,778) | (119,987) | (102,056) | (17,931) | 17.6% |
| Total Assets Less Current Liabilities | 184,515 | 184,156 | 184,420 | 184,829 | 185,201 | 182,796 | 178,755 | 194,997 | (16,242) | (8.3%) |
| Non Current Liabilities | | | | | | | | | | |
| Trade and Other Payables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Provisions | (8,436) | (7,874) | (7,756) | (7,781) | (7,770) | (8,223) | (8,248) | (7,884) | (364) | 4.6% |
| Borrowings | (107) | (107) | (107) | (107) | (107) | (107) | (107) | (107) | 0 | 0.0% |
| Working Capital Loan - DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Capital Investment Loan - DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Non Current Liabilities | (8,543) | (7,981) | (7,863) | (7,888) | (7,877) | (8,330) | (8,355) | (7,991) | (364) | 4.6% |
| Total Assets Employed | 175,972 | 176,175 | 176,557 | 176,941 | 177,324 | 174,466 | 170,400 | 187,006 | (16,606) | (8.9%) |
| Financed by Taxpayers Equity | | | | | | | | | | |
| Public Dividend Capital | 66,178 | 66,285 | 66,285 | 66,285 | 66,285 | 66,285 | 66,285 | 75,201 | (8,916) | (11.9%) |
| Retained Earnings | 54,593 | 54,689 | 55,071 | 55,455 | 55,838 | 52,980 | 48,914 | 56,604 | (7,690) | (13.6%) |
| Revaluation Reserve | 55,620 | 55,620 | 55,620 | 55,620 | 55,620 | 55,620 | 55,620 | 55,620 | 0 | 0.0% |
| Other Reserves | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | 0 | 0.0% |
| Total Taxpayers Equity | 175,972 | 176,175 | 176,557 | 176,941 | 177,324 | 174,466 | 170,400 | 187,006 | (16,606) | (8.9%) |

Non Current Assets

- Non current assets stand at £194.3m, £13.3m below plan. This is due to capital slippage.

Current Assets

- Current assets stand at £104.5m, £14.9m above plan
- Cash position as at 28 February is £84.8m, £16.5m above plan
- Within Trade & Other Receivables, Receivables (debtors) at £1.1m are (£1.0m) below plan, accrued income at £9.1m is £0.3m above plan and prepayments at £4.6m are (£1.2m) below plan

Current Liabilities

- Current liabilities stand at £120.0m, £17.9m above plan
- Within Trade and Other Payables, Payables and accruals at £67.0m are £10.3m above plan
- Deferred Income at £46.2m is £9.3m above plan. The deferred income increase is due to additional block contract income and IUC income being paid in advance
- Current provisions at £8.2m is £0.4m above plan

Non Current Liabilities

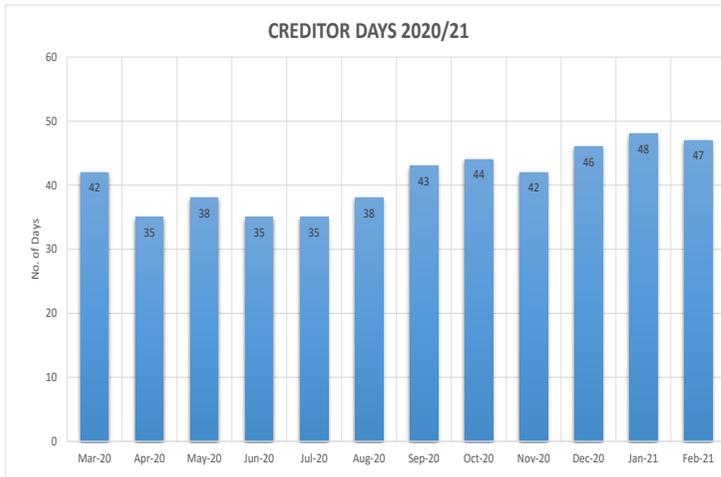
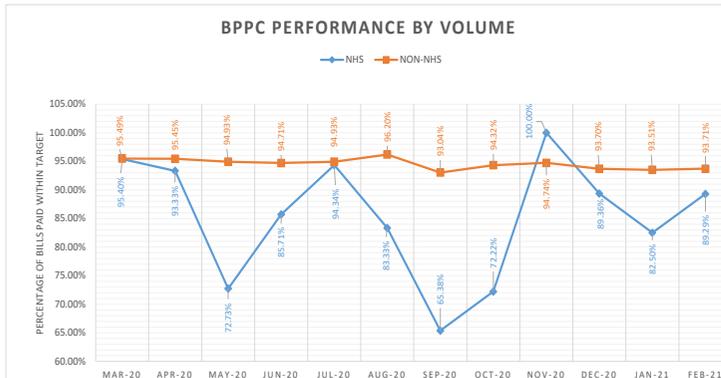
- Non current provisions at £8.2m, £0.3m above plan. Borrowings are on plan

Taxpayers Equity

- Public Dividend Capital stands at £66.3m is (£8.9m) below plan
- Retained Earnings stands at £48.9m, is (£7.7m) below plan
- Revaluation Reserve stands at £55.6m, on target
- Taxpayers Equity stands at £187.0m, is (£16.6m) below plan

Please note: Following the revision of NHSI plans during October, plan figures included here (which previously the outturn statement of financial position) have now been replaced with updated plan figures.

Better Payment Practice Code (BPPC)



BPPC

- The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days.
- The Trust has a high volume of overdue invoices waiting to be approved. ELFS and finance team are chasing managers and staff to approve their invoices.
- ELFS and finance are working to fine tune the process of invoice approval to reduce the delays.
- The volume of invoices paid for the 11 months to the end of February 2021 is 49,226 and 409 for Non-NHS and NHS respectively.
- During the COVID period there has been a focus on paying invoices within 7 days wherever possible. At present whilst only 12.6% of invoices were paid within 7 days based on their invoice date (19.7% based on date received), invoices are put on the next payment run regardless of due dates as soon as they are authorised for payment. The Trust currently makes two payment runs to suppliers each week.

Creditor Days

- The increase in creditor days in September 20, October 20 and March 20 was due to an increase in capital creditors and COVID spend.
- There has been a steady increase in creditor days over the winter and summer months.

Debtors Analysis

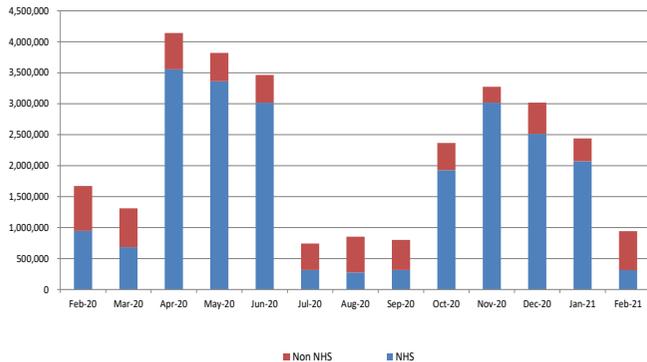
Debtors:

Aged Debtors Summary 28th February 2021

| Note | Total £'000 | Days Overdue | | | | |
|---|----------------|-----------------|------------------|------------------|-----------------------|------------|
| | | 0 - 30 £'000 | 31 - 60 £'000 | 61 - 90 £'000 | Over 91 days £'000 | |
| NHS Debtors | | | | | | |
| Nhs South East London Ccg | 1 | 82 | 32 | 2 | - | 48 |
| Imperial College Healthcare Nhs | 1 | 77 | 75 | - | 1 | 1 |
| Barts Health Nhs Trust | 1 | 50 | 22 | 1 | 1 | 26 |
| Nhs Brent Ccg | 1 | 25 | 25 | - | - | - |
| Nhs England - Y56 - London - Q71 | 1 | 10 | 10 | - | - | - |
| Lewisham & Greenwich Nhs Trust | 1 | 5 | 1 | - | - | 4 |
| <£5,000 | 1 | 61 | 16 | 1 | 3 | 42 |
| NHS Debtors | | 310 | 181 | 4 | 5 | 122 |
| Non-NHS Debtors | | | | | | |
| Merton Health Ltd | 2 | 159 | 159 | - | - | - |
| Heathrow Airport Ltd | 3 | 111 | 111 | - | - | - |
| Tottenham Hotspur Fc | 4 | 31 | 31 | - | - | - |
| Association Of Ambulance Chief Executives | 5 | 24 | 24 | - | - | - |
| Kings College London | 6 | 15 | 15 | - | - | - |
| <£15,000 | 7 | 290 | 69 | 12 | 10 | 200 |
| Total Non NHS Debtors | | 630 | 409 | 12 | 10 | 200 |
| TOTAL DEBTORS 28th February 2021 | | 940 | 590 | 16 | 15 | 321 |

Source: Debtors Ledger 28th February 2021

Debtors Analysis



Debtors Position: 28th of February 2021

Total outstanding NHS and Non-NHS debtors as at 28th February 2021 amounted to £940K. The NHS over 60 day's debt stands at £127k.

1. NHS Debtors.

- 1 x IUC HETTY invoice for £44k. South East London CCG have requested backing to support that SEL commissioned the service, an update will be provided in due course. 7 x small balance and Extra Contractual Journey (ECJ) fees which the Trust is actively pursuing, we expect much of this remainder to be resolved during March.
- 35 x Barts Health NHS Trust Invoices (£29.5k). The invoices relate to ongoing issues the Trust have had in respect of Barts raising the required purchase orders. We have now managed to locate the correct senior finance managers for each case and are now liaising directly with finance, so expect resolution for all these invoices in the coming weeks.
- 84 x other small balance ECJ/Lost Journey invoices across various NHS Trust's (£53k). The Trust are in the process of resolving these individually with the respective budget holders and expect payments to continue to come in during March.

2. Merton Health Ltd - £159k (1 invoice) – The invoice is not due for payment until 28th March 2021.

3. Heathrow Airport Ltd - £111k (1 invoices) – The invoice is not due for payment until 11th March 2021.

4. Tottenham Hotspur Fc - £31k (4 invoice) - .The invoice is not due for payment until 5th March 2021.

5. Association Of Ambulance Chief Executives - £24k (2 invoice) - The invoice is not due for payment until 25th March 2021.

6. Kings College London - £15k (2 invoice) - The invoice is not due for payment until 3rd April 2021.

7. Non-NHS Debtors <£15k - £290k consists of:

- £196k of salary overpayments made to employees, the individuals are paying us on a monthly basis based on their financial status,
- £78k of stadia events, the stadiums are being chased for payment on a regular basis
- £13k is due from local Government bodies and other miscellaneous organisations.

The graph to the left shows the debtors trend for the last 12 months.



| | | | | |
|---|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Month 11 Finance Report | | | |
| Agenda item: | 9.2 | | | |
| Report Author: | James Corrigan, Financial Controller | | | |
| Presented by: | Lorraine Bewes, Chief Finance Officer | | | |
| History: | This paper provides an update on the Trust month 11 financial position. | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board: | | | | |
| <p>The purpose of this paper is to set out the financial position for the Trust as at 28 February 2021 (month 11)</p> <p>Key points to note are that the Trust:</p> <ul style="list-style-type: none">• The Trust has a YTD deficit of £5.7m as at 28 February 2021.• Is currently forecasting a £3.7m deficit (£6m deficit against £2.4m plan surplus) which represents an allowable deterioration in outturn due to increased annual leave remaining compared to 2019/20 outturn (£3.6m) and the write back of CCG income included in 2019/20 following recent guidance from NHSE/I on how the annual leave payments will be managed.• The only residual risk to the forecast outturn is higher than planned Covid 19 costs relating to the most recent surge as set out in slide 10.• Has a cash balance of £84.8m at the end of February 2021• £5.3m of revenue COVID 19 expenditure was incurred during February and £78.1m year to date.• The Trust continues to forecast delivery of its capital plan for 2020/21 | | | | |
| Recommendation for the Board: | | | | |
| <p>The Board is asked to note the financial position and forecast outturn for the Trust for the period ending 28 February 2021.</p> | | | | |
| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | |

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



Resolution Framework

Document Control

| | |
|-----------------------|------------------------------|
| Document Reference | TO BE ALLOCATED |
| Version | 1.0 |
| Approved by | Director of People & Culture |
| Lead Director/Manager | |
| Author | |
| Distribution list | All staff |
| Issue Date | TBC |
| Review Date | TBC |

Change History

| Date | Change | Approved by/Comments |
|------|---|----------------------|
| TBC | <p>Replaces:</p> <ul style="list-style-type: none">• HR026 Dignity at Work Policy: the Resolution approach• HR026 Dignity at Work Procedure• HR014 Grievance Policy• HR021 Disciplinary Policy and Procedure <p>The above policy documents are withdrawn</p> | |

Foreword by Garrett Emerson, CEO

I am pleased to write the foreword for this new Resolution Framework, although it was triggered by a set of very tragic circumstances it does represent a significant step in transforming our organisational culture:

Following a dismissal of an employee from an NHS Trust in December 2015, Nurse Amin Abdullah tragically took his own life in February 2016. An independent investigation was conducted the findings of which were accepted and recommendations for all NHS Trusts in relation to their formal procedures were set out in 2019 by Baroness Dido Harding, Chair of NHS Improvement.

Inevitably as a large employer as part of upholding standards for our patients, there are times when we need to follow formal procedures, but in these circumstances it is essential that we treat people with dignity and kindness in line with our values, regardless of the circumstances.

We are also committed to combatting any bias or discrimination in our employment and management practices and like many NHS Trusts have been deeply concerned by the disproportionate number of BAME employees that have been subject to disciplinary procedures in the past.

I also want to thank staff-side representatives and regional trade union colleagues who provided valuable insight and advice, Not only does this procedure reflect the ACAS Disciplinary Code of Practice, it goes beyond what is expected.

Any allegations of misconduct in the Trust now start from a different basis: As part of our commitment to developing a just and learning culture cases are thoroughly assessed to ensure there is sufficient understanding of the issues or concerns, and the circumstances relating to them, to justify the initiation of formal action. We should always be asking ourselves whether our actions are proportionate and justifiable and whether managing situations informally achieves a more productive outcome.

I am pleased to say that we have clearly made progress, but we know that we cannot be complacent. We need to continually reflect and challenge ourselves to ensure everyone is treated fairly and build a culture of openness and transparency to ensure we are doing the right thing by our people.

This Resolution Framework is a significant step to building on that commitment and I hope contributes to our ambition of becoming an exemplar of good practice in this area.

Garrett Emerson
Chief Executive

1. Introduction - Policy Objective

London Ambulance Service (LAS) believes that a positive working environment and good working relationships have a substantial impact on our well-being and engagement leading to better performance, improved employee retention, reduced stress and absence, and improved patient experience.

Our Resolution Framework aligns to the values and behaviours of our organisation. The values of the organization are;

- Respectful
- Innovative
- Professional
- Collaborative

The key objective is to integrate our values for the development of a fair and just culture within LAS. We strive to develop a culture with an emphasis on accountability and learning. A culture which instinctively asks in the case of an event: "what was responsible, not who is responsible". That said, our Just and Learning Culture is not the same as an uncritically tolerant culture where anything goes - that would be as inexcusable as a blame culture. When an incident or conflict happens we want to understand not only how the event happened but what it meant to you and what support is needed by those affected by the event both directly and indirectly.

A new framework for managing concerns at work and for handling conduct issues

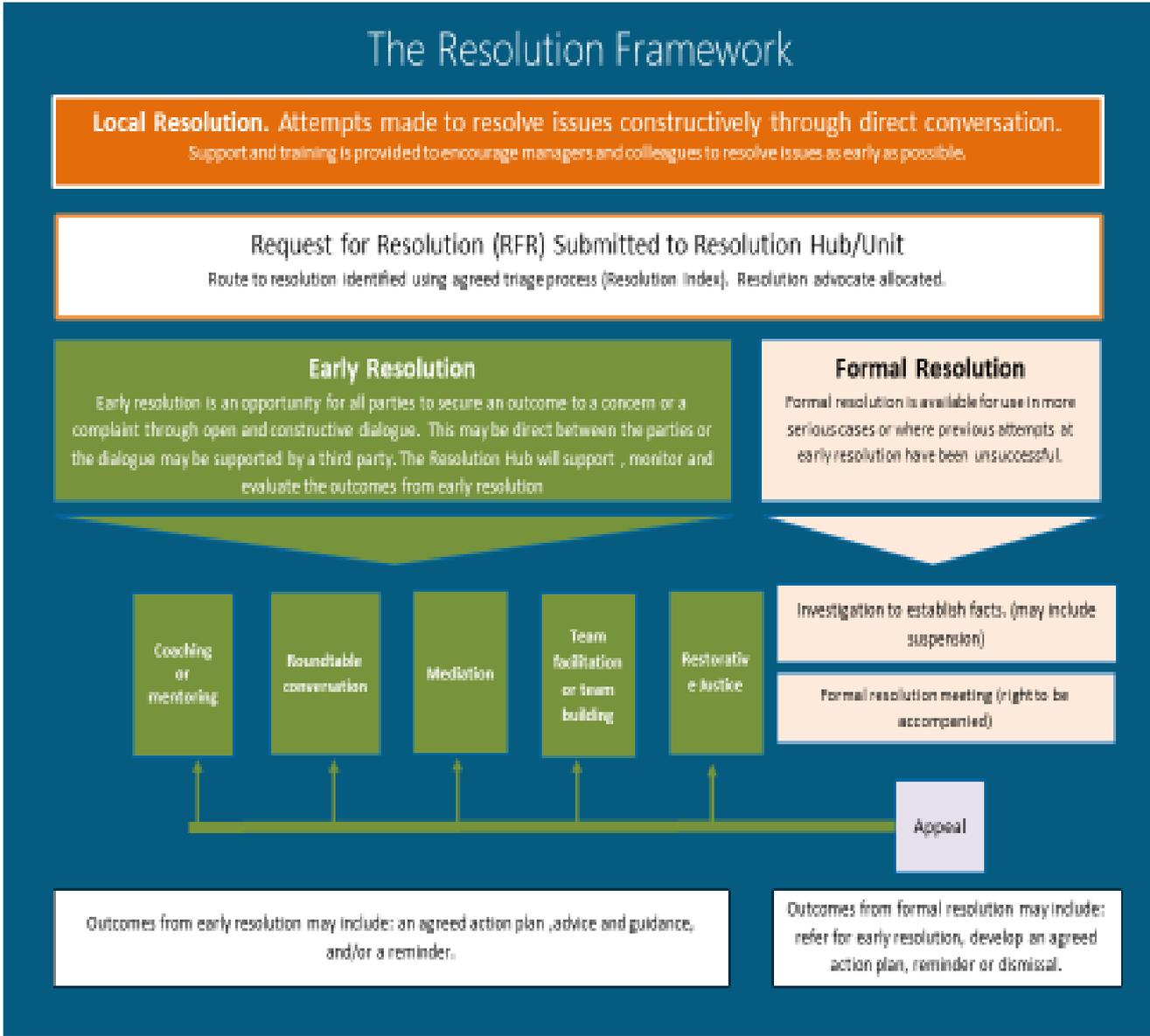
Disputes, concerns or complaints are a natural and inevitable factor for any organisation. A resolution that is mutually agreed by the people involved, is more likely to have a lasting impact over the longer term than one that is imposed.

Our Resolution Framework replaces our traditional Grievance, Dignity at Work and Disciplinary policies. Employees must continue to act in accordance with the values and behaviours of the Trust policies, national standards of professionalism and clinical practice from any relevant body. The Resolution Framework offers a timely, supportive and proactive approach for resolving workplace issues and is designed to secure constructive and lasting outcomes.

Objectives

- To support managers to maintain a workforce that adopts the values, behaviours and standards of conduct expected of them and if they fall short of these standards, to help and encourage improvement where this is possible.
- To ensure consistent and fair treatment of staff in relation to resolving concerns and any action taken in response to allegations of unacceptable conduct.

The LAS Resolution Framework incorporates both informal and formal resolution processes, although greater emphasis is given to informal remedies or what is referred within this document as early resolution. Most issues can be resolved through informal dialogue. We encourage all parties to engage with the early resolution methods first. Early resolution routes may include (but are not limited to) round table discussions, mediation and coaching where this is required. Formal resolution may be recommended where the informal processes do not resolve matters.



Scope and Definitions

The LAS Resolution Framework applies to all employees.

The Framework can be used to resolve all types of issues including concerns, problems, disagreements, disputes, complaints, allegations of misconduct, allegations of bullying and harassment. It can also be used to resolve collective disputes.

If an employee raises a request for resolution and subsequently resigns, the procedure for handling any complaints and concerns will continue and be considered via correspondence to its conclusion (including appeal).

Definitions

Advice and Guidance - is an informal outcome issued by the manager in response to minor misconduct which stays on the staff record for up to 12 months and reviewed by the manager after 6 months

Collective disputes - where a complaint applies to more than one person,

Early resolution – an opportunity for the parties to secure an outcome to a concern or a complaint through dialogue and by working collaboratively. The options for early resolution range from direct conversation through to mediation.

Fair and Just culture – is one that learns and improves by openly identifying and examining its own weaknesses. Organisations with a just culture are as willing to expose areas of weakness as they are to display areas of excellence.

Formal Resolution: Whilst the Trust would always encourage and promote early resolution we recognise that there are times when a more formal approach is necessary either due to the seriousness of the complaints or concerns or when early resolution has failed.,

Gross misconduct - issues that may lead to a serious breach of trust and confidence and possible dismissal without notice include the following:

Local resolution – most concerns or complaints can be resolved in a supportive and constructive forum through direct conversation with the other party, with the support of a line manager or head of department if necessary.

Mediation – a structured process whereby a neutral third party/ies intervenes in a workplace conflict or dispute to assist the parties to identify, consider and discuss their own and each other's current and future needs in order to reach a satisfactory outcome. Mediation typically lasts one full day and is more in depth than a roundtable facilitation. It is typically suited for more complex conflicts.

Reminders – are in place to encourage all employees to be open and honest when a mistake is made and actively promote a culture of learning and insight rather than blame and retribution.

Resolution Index Matrix – is a scoring system which gives an objective assessment of the alleged incident or complaint and informs the manager on how to seek resolution.

Roundtable conversation - is a confidential, voluntary discussion between all parties, which draws on the same principles as mediation. However, it is shorter and less structured than mediation and brings parties together at an earlier stage of the dispute.

Staff side – elected recognised trade union officials who work in partnership with the Trust in relation to employee matters.

Stand down – a brief “cooling off” period for up to three working days at full pay

Suspension – a decision to remove a member of staff from the workplace to allow an investigation to take place without any assumption that they are guilty of misconduct. Suspension should not be treated as being prejudicial to the outcome of any subsequent investigation.

2. Accountabilities and Responsibilities

2.1 Line Managers

To assist at the earliest opportunity with the effective resolution of conflict and the management of concerns about conduct and behaviour, we expect our managers to create and sustain a positive working environment where employees feel able to come to them directly with their concerns and where issues can be resolved quickly, cooperatively and amicably.

Managers will encourage a culture of learning and insight rather than blame and retribution.

2.2 LAS Employees

Concerns or complaints held by employees should be raised at the earliest possible opportunity and at least within three months of the incident, in order that situations do not escalate. We expect employees to engage in direct dialogue to resolve any differences and to raise concerns, where possible, directly with their manager or colleagues in a respectful manner in accordance with LAS values and behaviours.

If you are unable to resolve the issue directly with your colleague or manager, you can seek the support of a senior manager or request a resolution via the LAS Resolution Hub.

All employees are required to take a positive learning approach where concerns about their conduct or behaviour are raised so that they are not repeated.

2.3 Resolution Hub

The LAS Resolution Hub promote constructive, non-confrontational resolution management across LAS where possible. The LAS Resolution Hub are available to support managers and employees.

The Resolution Hub advise how workplace conflict can be resolved in a timely, constructive and supportive manner. The role of the Resolution Hub includes:

- Act as a coordinating function for all incoming Requests for Resolution from both employees and managers.
- The triage and/or assessment of any alleged misconduct or employee complaint using the Resolution Index Matrix.
- Ensuring a register of Resolution Advocates is maintained and allocated to support parties during resolution processes.
- Co-ordinate key resolution processes including early resolution, round table conversations, mediation, coaching and investigations where these are required.
- Support any formal resolution meeting.
- Ensure that the Resolution processes meet and/or exceed the ACAS Code of Practice and are fully compliant with all relevant legislation and statutory requirements.
- Gather data and evidence to help measure the impact of resolution within LAS.

2.4 Staff Side

Staff side played a key role in the design and delivery of the Resolution Framework and will continue to support the principles through encouraging employees to achieve lasting and constructive resolution of issues through mutual agreement and collaborative working where possible.

The framework will apply equally to employees who are trade union representatives. With the agreement of the representative, at an early stage of applying any formal part of these processes involving a trade union representative are being contemplated, the Resolution Hub will notify an official employed by the union.

Representatives from staff side will sit on half yearly multi-disciplinary review panels and take a full part in ensuring that the Resolution Framework is working for LAS staff and managers and offering solutions where it is not, alongside other members of the panel.

2.5 Resolution Advocate

Our Resolution Advocates come from a multidisciplinary background and are separate to the Resolution Hub. They are available at any stage of (resolution to provide peer support and impartial advice and guidance for the parties where it is required.

Resolution Advocates do not give legal advice or undertake analysis of the merits of the case. They will be able to answer your questions about the Resolution Framework, signpost you to additional sources of support and maintain contact throughout the resolution process.

In instances where the Resolution Framework is addressing conflict between two or more parties, each case will be appointed a Resolution Advocate.

Resolution advocates will be trained and conduct roundtable facilitation. They will also be appointed as a welfare liaison officer where staff are suspended from duty with responsibility for addressing any practical needs, signposting to wellbeing services and maintaining regular contact with staff.

2.6 Investigator

To act as the authorised person to undertake a formal investigation if required in accordance with this Resolution Framework.

3. Request for Resolution

Many workplace issues can be resolved locally. It provides an opportunity for managers and employees to discuss issues in a supportive and constructive forum together. Employees are encouraged to have a direct conversation with the other party to try to secure a resolution to the situation with the support of a line manager or head of department if necessary.

Where this is not possible or is deemed inappropriate, a request for resolution must be made to the Resolution Hub by completing a 'Request for Resolution' (RfR) form.

Each section of the RfR form should be completed as fully as possible. The questions are designed to be future focused and outcome orientated. The RfR should be sent to the Resolution Hub.

The Triage Process explained

Once the RfR has been submitted, it will be assessed (triaged) by an assessor from the Resolution Hub using the Resolution Index Matrix to determine the most appropriate route to resolution.

It is important to note that the Resolution Index Matrix outcome is for guidance only. The Resolution Hub in conjunction with the complainant should take a view on whether the final outcome and the suggested route to resolution is appropriate for that case. The Resolution Hub has discretion to allocate an alternative route to resolution if that would be more suitable where supported by evidence.

4 Handling employee complaints or concerns via the Resolution Framework

In order that issues are addressed promptly, they must be raised as soon as possible and within 3 months of the matter being complained about or the incident coming to light. If an issue is raised after this time, it will be important for the Resolution Hub to consider whether it would be just and equitable to extend time.

If the involvement of a third party is required, this can be arranged via the Resolution Hub and may include use of:

Round Table Conversations

A round table conversation is a safe, confidential, environment for you to discuss your concerns in a supportive, constructive way. It will be facilitated by a Resolution Advocate.

The facilitator will create the opportunity for dialogue between yourself and the party you have an issue with, in order to reach a mutually acceptable outcome.

Mediation

Mediation is a more in-depth resolution process compared to the round table conversation. Mediation is proven to be highly effective at resolving complex workplace disputes, disagreements, complaints or concerns. If all parties agree to take part in mediation, the issue will be referred to one of our accredited mediators.

The mediator will help the parties have an open and honest dialogue with the aim of identifying a mutually acceptable outcome. If this is the case, the mediator will encourage parties to draw up an agreement.

At the end of mediation an agreement will be made of what information can be shared.

Formal Resolution Process

We encourage all parties to try to resolve workplace issues through the options described above. A formal resolution process is available where it has not been possible to resolve matters informally, either due to the complexity or serious nature of the complaint, or there may be occasional issues where formal resolution is the only viable option.

If local and early resolution has not resolved the issues, or as a manager you feel that the issue is serious enough to move to a formal resolution process immediately, you should contact the Resolution Hub setting out your request for formal resolution.

Investigation/fact finding

If your issue is particularly sensitive or complex, an investigation may be appropriate prior to the formal resolution meeting. The purpose of the investigation is to discover all the relevant facts and information in a fair, reasonable and objective manner. Investigators must be sufficiently trained, unbiased and neutral without personal or close professional links with the main parties or any other perceived conflict of interest with the case.

Once the investigation is concluded all the evidence will be presented in an investigation report to the Commissioning Manager who will decide on what formal Resolution is required.

Formal Resolution Meeting

A formal resolution meeting will be arranged as soon as possible but within 14 days to discuss the matter of concern. If investigation/ fact finding is required prior to the formal resolution meeting, the timescale will be extended and you will be informed. The meeting will be chaired by a senior manager. The outcome will be a decision on whether the complaint or concern is upheld and a formal recommendation for resolution will be determined or the complaint/concern is not upheld.

Where an employee's complaint or concern is upheld and relates to the alleged misconduct or inappropriate behaviour of another employee it will be referred to the procedure for handling concerns about employee conduct or behaviour under this Resolution Framework. For confidentiality purposes, any action taken to resolve the employee conduct or behaviour will not be shared with the employee who raised the concerns.

Collective Disputes

In circumstances where a request for resolution applies to more than one person, the details must be set out in the RFR and all who are party to the complaint or concern needing resolution listed. Normally one person should be nominated to represent the group. Details of a collective dispute will only be considered at one resolution meeting and (if applicable) one appeal meeting. Where employee complaints are not identical or where there is not a full voluntary agreement amongst the complainants, the issue will be dealt with on an individual basis in line with this procedure.

5. Handling concerns about employee conduct or behaviour via the Resolution Framework

The framework is intended to cover concerns about employee conduct or behaviour which do not result from a genuine lack of capability on the part of the employee. Where capability is an issue that needs addressing then the Managing Performance Capability Policy should be used.

LAS managers are encouraged to seek a constructive resolution to their concerns directly with the employee, as soon as possible.

The Resolution Framework encourages all LAS employees to be open and honest when a mistake is made and for managers to take that into account when reaching a decision about the next steps.

Managers are encouraged to address conduct matters initially through advice and guidance and if the issue persists or is more serious through the use of reminders.

Advice and guidance and the use of reminders offer an opportunity for a manager and an employee to agree an acceptable outcome to a concern. It is also a chance to draw out any learning and for the employee and manager to seek to understand the causes and the impact of the concern.

The reminder is used to set out the expectations of the manager and to discuss any needs that the employee may have to help them to resolve the concerns and not repeat the behaviour. The reminder is also used to explain any consequences, should the issues arise again in the future.

The reminders will usually be given sequentially, although can be commenced at any stage should the circumstances warrant. Wherever possible, the process of agreeing a reminder will be a collaborative and supportive process between the manager and the employee. They should always reference the LAS values and behaviours. The manager will provide a copy of the reminder and any learning to the employee in writing within 7 calendar days of being agreed.

The first or second reminder will remain in place for a period of up to 12 months from the date it is given and will be reviewed after 6 months at which point, if the standards of conduct have improved sufficiently, it may be deemed as spent.

A final reminder will remain in place for a period of 12 – 18 months and will set out the impact of not achieving the expected standards of behaviour or conduct, which may include the matter being triaged and referred to the formal element of the resolution framework.

Reminders do not constitute as a formal warning and does not impact on pay progression.

There is no right to appeal against Advice and Guidance or the use of reminders.

Formal Resolution Meeting

In more serious cases of misconduct, consideration will be given to convene a formal resolution meeting which will be chaired by a senior manager. The formal resolution meeting is a chance to discuss the concerns and to agree a suitable remedy.

An investigation may be undertaken following triage of a concern by the Resolution Hub, prior to deciding to convene a formal resolution meeting. The purpose of the investigation is to establish, as far as possible, the facts. An investigation will be commissioned by the referring manager with support from the Resolution Hub to appoint an investigator. Investigators must be sufficiently trained, unbiased and neutral without personal or close professional links with the main parties or any other perceived conflict of interest with the case.

It is essential that the investigation is carried out promptly, as soon as possible after the incident. Once the investigation is concluded all the evidence will be presented in an investigation report to the Commissioning Manager who will decide on whether a formal Resolution meeting is required.

Where a formal Resolution meeting is to be held at least seven calendar days' notice will be given to allow the employee an opportunity to consult with her/his representative.

The employee will be informed of the concerns to be discussed at the Resolution meeting and sent in advance copies of all documentation that will be referred to during the Resolution meeting, and confirm arrangements for any witnesses to be called.

The Resolution meeting will be chaired by a manager of appropriate seniority supported and accompanied by a member of the Resolution Hub.

Suspension or Stand Down

In serious cases of misconduct, consideration may be given to suspending, or standing down, the employee.

The senior manager on site is able to stand an employee down to allow a “cooling off” period for up to three working days. The decision to suspend over and above the three day stand down period is restricted to assistant director; or band 8d level; and above. In all cases where suspension is being considered, the Resolution Hub must be contacted before a decision is made to facilitate an assessment of whether suspension is justified using the triage tool at appendix 3.

Suspension may be considered in circumstances where:

- the alleged act or omission is sufficiently serious to potentially constitute gross misconduct and potentially lead to dismissal.
- the employee's presence at work may inhibit an investigation; or
- in order to ensure the safety of the employee, others or the LAS.

Suspension should only be used as a last resort after all other alternatives have been considered. Alternatives to suspension may include (but are not limited to) increased supervision, alternate duties, a change in work location or shift pattern, or a behavioral agreement.

During any period of suspension, arrangements must be made for regular contact with the employee and employees should be advised about the full range of employee wellbeing support services available to them.

Employees should not be suspended for any longer than is necessary and therefore suspensions should be reviewed by the manager who approved the suspension from duty every 14 days or sooner if appropriate, if applicable seeking the views of the investigator.

Suspension will be on full pay, calculated in the same way as holiday pay.

Where employees are registered with professional bodies, such as the HCPC, the Trust will comply with any obligations it has to inform of a registrant's suspension from duty or disciplinary sanction. Similarly, there may be occasions when a sanction given by the professional body to a member of staff may initiate disciplinary or capability considerations by LAS.

Fraud

If an employee is suspected of fraud at any stage, then the procedure should be paused immediately and the matter should be referred to LAS' Local Counter Fraud Specialist (LCFS). It is essential that no contact is made with the individual regarding the matter until the views of the LCFS have been sought. It is the LCFS's role to ensure that, where appropriate, allegations of theft and fraud are pursued through the criminal courts. To this end, it is vital that any evidence obtained during the course of the investigation is established in line with the necessary legal rules.

The involvement of the LCFS is not intended to hinder the Resolution process – the LCFS will work with LAS to ensure that any disruption to internal processes is kept to a minimum.

Contact details for the LCFS are on the Pulse at <http://thepulse/managing/1074608862.html>

Safeguarding

When concerns about the behaviour or conduct of staff in relation to children (up to their 18th birthday) and to vulnerable adults at risk (including neglect, theft, physical, sexual or emotional abuse) these must be notified immediately to the Head of Safeguarding & Prevent and this policy should be used in conjunction with the Managing Safeguarding allegations against staff policy.

The Trust's Head of Safeguarding & Prevent will participate as a member of the triage panel in any instances where safeguarding is a factor.

Drink driving / Loss of driving licence

For any employee who drives as a key part of their job, any conviction of driving (either a Trust or private vehicle) with excess alcohol in their blood or under the influence of drugs will be subject to an investigation and formal Resolution. This will be considered as matter of gross misconduct and therefore potential dismissal.

For those who are not required to drive as part of their job then consideration, subject to due investigation, will be given to dismissal. This consideration will take into account factors such as the individual's role and seniority within the Trust i.e. there are higher expectations of the conduct for those in senior positions.

Separate provisions exist for those who voluntarily come forward to their managers and report that they have a substance misuse issue (and there are no issues of driving with excess alcohol in their blood or under the influence of drugs). Further information is included in the Alcohol, drug and solvent misuse policy (HR 015)

Reporting of criminal charges/convictions

It is the employee's contractual duty to inform his or her manager of any police cautions, conditional discharges, criminal charges and/or convictions.

Gross Misconduct

Those issues that fall into gross misconduct and may lead to a serious breach of trust and confidence and possible dismissal without notice include the following:

- Theft, fraud and deliberate falsification of records
- Acceptance of bribes or other corrupt practices
- Physical violence, sexual assault and serious verbal abuse
- Improper conduct in relation to job responsibilities
- Serious breach of obligations to patients and professional misconduct
- Bullying and harassment
- Unlawful discrimination or harassment
- Deliberate damage to property, equipment or vehicles
- Serious insubordination
- Serious misuse of LAS property or name
- Serious misuse of email, social media or other internet facilities either within or outside of work time
- Prohibited use within worktime of email, social media or other internet facilities including excessive personal use of email/the internet so that it impacts upon the employee's work performance as well as viewing/downloading images or text including pornography or other inappropriate material that may be reasonably considered to be obscene or offensive
- Bringing, or having the intention of bringing, LAS into serious disrepute
- Incapability on duty brought about by alcohol or drug misuse
- Serious negligence which causes or might cause unacceptable loss, damage or injury
- Serious breach of health and safety rules
- Avoidance of, or non-response to, emergency calls or not acting once an emergency call has been accepted
- Deliberate failure to take key clinical equipment or medication appropriate for the call, in line with the information known about the call

- Breaches in patient confidentiality
- Drink driving / Loss of driving license where driving is a key part of the role
- Criminal charges/convictions
- Falsification of qualifications or information in connection with employment

The above list should not be regarded as exhaustive.

Deciding the outcome

Following the formal resolution meeting, the chair will review the facts and decide the outcome and recommendations for resolution. Decisions will be communicated to the employee in writing, within 7 calendar days of the formal resolution meeting and, where appropriate, will set out what action we intend to take to resolve the issue which may include a recommendation for mediation. The employee will be informed that they can appeal the decision if they are not content with the action.

Formal Warning

A possible outcome of a formal resolution meeting may include a formal warning for a duration of 12-18 months.

Dismissal

Dismissal is a last resort sanction that can be used by an employer against an employee. Dismissal could be an outcome in cases of gross misconduct or when earlier reminders may have failed to bring about the desired improvement. Dismissal must be reasonable in all circumstances of the case.

In all cases where dismissal is a potential consideration, this will be made clear to the employee in the letter requesting his or her presence at the formal resolution meeting. The formal resolution meeting will be arranged, and the matter considered by the panel. The chair must be of Assistant Director level or above who will be advised by a People & Culture representative.

Dismissal with notice

Unless the employee is being dismissed for reasons of gross misconduct, they should receive the appropriate period of notice and annual leave in line with their contract of employment.

Dismissal without notice

Matters which may be considered gross misconduct are outlined in the Gross Misconduct paragraph earlier in this Resolution Framework. The list is not exhaustive. A finding of gross misconduct may lead to dismissal without notice. Such action in repudiating the contract of employment and dismissing without observing the appropriate period of notice or payment in lieu of notice reflects the absolute breakdown in trust between the Service and the staff member.

Alternatives to Dismissal

Alternative outcomes to dismissal may be considered in some cases, e.g. demotion, transfer to other duties or place of work, a formal written warning or a further reminder.

Where demotion or transfer is offered to the employee as alternative to dismissal, the employee will be given a short period of cooling off to consider the outcome which will be no

longer than 5 days. Following this period, if the alternative action is agreed, there will be no right to appeal.

Referral to professional bodies

Where an employee is a registrant with a professional or regulatory body the Trust **t** will comply with its duty to protect the public by informing the body of any suspension from duty or formal resolution to concerns relating to conduct or behaviour of a registrant. Similarly, there may be occasions when a sanction given by the professional body to a member of staff may initiate considerations under this procedure

Where an Employee Raises a Complaint or Concern during the Formal Resolution Process for handling concerns about their conduct or behaviour

Where an employee raises a concern during a formal resolution process that is related to the case, it will usually be appropriate to deal with both issues concurrently at the formal Resolution meeting and/or appeal unless the content of the employee's concern is so significant that the manager should consider suspending the process for a short period whilst the concern is dealt with.

6. Timescales

In the interests of natural justice matters should be dealt with promptly and whilst memories are fresh; the following timescales are set to assist with this;

- Investigations – carried out and report completed in 28 calendar days. This specific timescale is for guidance only - it is recognised that some investigations will take longer than others e.g. due to its complexity or both the availability of, and number of witnesses to be interviewed.
- Outcome Letter to be sent within 7 calendar days of formal resolution meeting date.
- Any appeal letter to be submitted within 14 calendar days of receipt of formal resolution letter. N.B. this specific timescale is mandatory unless there is good reason that it cannot be met.
- Employee to be contacted to acknowledge the receipt of appeal letter within 7 calendar days of receipt and for the appeal meeting to be arranged as soon as possible thereafter.

7. Right to be accompanied

Employees have the right to be accompanied to meetings during the formal stages of the Resolution Framework (including any investigation) by a workplace colleague or trade union representative. It is the employee's responsibility to arrange this.

The right to be accompanied does not extend to legal representatives or to friends and relations not working for LAS. Reasonable adjustments may be made for staff with a disability.

Employees do not have the right to be accompanied to meetings during any informal processes of the Resolution Framework (including roundtable discussions or mediation).

8. Covert Recording

Covert recording by anybody during the early resolution processes, investigation, formal Resolution meetings or appeal will be considered as potential gross misconduct.

9. Right of appeal

The employee will have the right of appeal against the outcome of a formal resolution meeting, whether the meeting was in order to resolve employee complaints or concerns or was in relation to concerns about employee conduct or behavior, within 14 calendar days from the date that the employee is aware of the outcome. You should write to the Resolution Hub and confirm which of the following grounds your appeal is based on:

- Procedural errors where there is evidence the process was incorrectly followed
- New evidence has come to light that may change the outcome of the original decision
- Fairness and reasonableness of the outcome

Your written appeal must:

- Make clear the grounds for the appeal and include all relevant new information or supporting evidence.
- Outline which of your issues you feel haven't been properly considered and why
- Clearly state your desired outcome from the appeal

The appeal will be heard without unreasonable delay.

For appeals regarding conduct resolution where dismissal was an outcome the appeal panel will comprise an Executive Director, a senior P&C representative and an external person from another Trust/emergency service or ACAS. If an external panel member is not available, a senior manager at band 8d and above will be on the panel.

For all other appeals a manager who is senior to the chair of the formal resolution meeting who made the original decision. The Resolution Hub will appoint an appeal manager.

Where an appeal against dismissal is successful, the employee will be reinstated and any outstanding pay backdated.

10. Implementation Plan

The policy will be posted on the Trust intranet site and all staff will be made aware of its existence via the Routine Information Bulletin (RIB).

11. Competence (Education and Training)

The Director of People & Culture will ensure the provision of advice for staff and managers on the application of the Resolution Framework through dedicated Resolution Hub and Resolution Advocates

12. Monitoring Compliance

To ensure that the Resolution Framework is being used fairly, consistently and appropriately, it is important to ensure that accountability and governance is in place. To support this, the Trust have put the following in place:

A multi-disciplinary review panel will meet twice a year to review a sample of anonymised cases that have been managed through the Resolution Framework. The group will review different case types to ensure a fair and just culture within LAS is operating and the review panel will assess the outcomes and the processes. Any unforeseen or unintended consequences will be reviewed, and lessons learned for increased efficiency and fairness in the future.

13. Effectiveness and Reporting

14. Policy Review

This policy will be reviewed after 3 years or earlier subject to any statutory or contractual changes.

15. Equality Impact Assessment Statement:

LAS is committed to promoting equality, valuing diversity and protecting Human Rights and is committed to eliminating discrimination against any individual on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, as well as to promote positive practice and value the diversity of all individuals and communities. We are committed to ensuring that all our employees are treated with dignity and respect. The Resolution Framework and associated guidance and checklists provide an accessible process and level of support to enable everyone to constructively resolve any issues that they have.

16 References

This policy has drawn on guidance from:

ACAS “Code of Practice on Discipline and Grievance”
NHS Improvement “A Just Culture Guide”

Appendix one

The Request for Resolution (RfR) Form

Please read the LAS Resolution Framework for more details. If you would like any support completing this form, please contact the LAS resolution Hub.

Please complete this form as fully as possible

To be used for individual and collective complaint(s) by employees and managers with concerns over employee conduct or behaviour.

Your Name: _____ **Contact Number:** _____

Email: _____

1. Briefly, please outline the areas that you wish to have resolved.
2. What do you need to achieve through the resolution process?
3. What impact is the situation having?
4. What would a fair outcome look like?
5. Have you discussed your needs and goals with the person that you are seeking resolution with? YES/NO
6. If YES – What was the outcome? If NO – Please explain why?
7. What other action has been taken so far (eg reminders, facilitation or mediation) and what was the result?
8. Do you have anything else that you wish to add?

By submitting this form, you are agreeing to engage in a resolution process as outlined in the LAS Resolution Framework.

A member of the LAS Resolution Hub will contact you to discuss the most appropriate options available for you which may include:

- A face to face meeting with the person that you have an issue with. This may be facilitated by a manager.
- A roundtable conversation (facilitated by a trained resolution)
- Mediation – the mediator may be an internal or an external accredited mediator.
- Coaching support
- Team facilitation or team building
- A Formal resolution meeting. These generally happen once we have exhausted all other options or where we believe the case would benefit from such a meeting.

**Appendix Two
LAS Resolution Index (RI) Matrix**

For use to assess a Request for Resolution (RfR) raised by an employee OR relating to employees conduct or behaviour.

| | |
|--|--|
| ER Tracker Unique Case number | |
| Name of Triage Assessor | |
| Name of Manager consulted on assessment | |
| Date RFR received | |
| Name of person raising the concern surname/first... dropdown | |
| Person about whom the concern or complaint is being raised (if applicable) | |
| Date triage completed (day/month/year) | |

Enter scores for each factor or resolution index. Scores should be out of 5. To score, use the RI descriptors from #1 to #6 below.

| Resolution Index (RI) criteria | Score | Notes |
|---|------------|-------|
| 1. Duration and frequency of the concerns. | /5 | |
| 2. Severity and complexity of the concerns raised. | /5 | |
| 3. Any previous attempts to resolve the concerns raised/reminders of action taken. | /5 | |
| 4. Impact of the issues on the complainant, service delivery, patient care and/or organisation. | /5 | |
| 5. Needs of the complainant or responsibility/culpability where conduct is in question. | /5 | |
| 6. Potential risk to employee, service delivery, core organisation and/or patient safety. | /5 | |
| Total Score | /30 | |

Other factors not picked up by the RI which may impact this case?

Resolution Index (RI) Scoring mechanism and decision-making framework

Request for resolution (RfR) raised by employees and/or managers use the same triage process but there are two slightly different scoring mechanisms as the possible action after scoring can be different:

Box 1 is for concerns or complaints raised by employees about an issues affecting themselves personally

Box 2 is for concerns raised about an employee's conduct or behaviour.

Box 1. LAS Decision making framework for resolution for concerns raised by an employee/manager

| Aggregate score | Possible action |
|-----------------|--|
| 6 - 10 | Local and early resolution: a meeting with line manager or colleague. |
| 11 - 18 | Round table restorative conversation facilitated by the Resolution Hub/Adviser |
| 19 - 25 | Mediation |
| 26 - 30 | Investigation or Formal Resolution meeting |

Box 2. LAS Decision making framework for resolution relating to concerns raised about an employee's conduct or behaviour.

| Aggregate score | Possible action |
|-----------------|---|
| 6-12 | Management action, 1st or 2nd reminder. Agree outcome |
| 13-18 | Final reminder. |
| 19-30 | Investigation & where applicable formal resolution meeting. |

| | |
|-------|--|
| | Consideration of suspension may be required where RI#6 is at level 3 or above. |
| 25-30 | <i>Potential gross misconduct & consideration of suspension</i> |

RI#1: Duration/Frequency of the concerns raised

This question relates to how long the issues have been *going on* and the frequency of incidents. The shorter the length of time the issues have been taking place and the lower the frequency, generally, the more likely the issue will be resolved via management action or a facilitated or mediated process.

Please note that this is the only resolution index to use the same scoring mechanism, whatever the issues raised.

| RI #1 Duration/Frequency of the concerns raised | | | | |
|--|---|---|--|--|
| Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| A one-off incident or first time it has happened | Infrequent but recent. e.g. once every 2 weeks and within the last month. Excluding Abuse & Neglect of Child or Adult (5) | Persistent during recent period, e.g. twice a week or more and within a month OR One-off incident but a serious event. | Infrequent issues over a sustained period, e.g. once every 2 weeks and over the last 3 months. OR One-off incident but a significant event. | Persistent issues over sustained period, e.g. twice a week or more and over the last 3 months or more. OR One-off major incident. |

Definitions and notes:

This factor measures the frequency of the behaviour from an alleged aggressor or the number of times an individual has acted out of kilter with the values of LAS.

A one-off incident or first time incident (Level 1) is the lowest possible score that can be given

Infrequent (Level 2): is when an incident has occurred recently and started within the last month. It may occur once every two weeks.

Occasional (Level 3): is where the incident has taken place more often, for example at least 3 times per month or twice a week and started within the last month. It is important to note that behaviour or conduct may not be brought to immediate attention and it may be necessary to go back to the individual requesting resolution or witnessing behaviour out of LAS values for more explicit information on the frequency and when the incident(s) started. This level may also be used for a one off incident that is serious. Serious acts of misconduct are more than just minor but may not amount to gross misconduct.

Frequent (Level 4): is where there have been issues on a more regular basis than in Level 3 (Occasional) and they have been taking place over the last 3 months before being resolution has been sought. This level may also be used to score a one off incident that is significant. Significant is likely to include examples of gross misconduct.

Ongoing (Level 5): is pertinent when the incidents are frequent and in addition they are persistent and over a prolonged period, i.e. for longer than 3 months. This level may also be used to score one off major incidents which will include the most serious cases of gross misconduct.

RI#2 - Severity or complexity of the concerns raised

This question relates to the levels of severity and complexity of the behaviour of the perpetrator or the individual who is allegedly not following the values or behaviours of LAS. The less complex the issue(s), the lower the score. More complex and serious issues will be given a higher score. The criteria for this category includes the number of parties involved and the nature of the allegations.

| RI # 2 Severity or complexity of the concerns raised | | | | |
|---|--|---|--|--|
| Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| For a concern or complaint raised by an employee(s) about an issue affecting them personally | | | | |
| Relationship breakdown, <i>between two individuals.</i> | Multiple parties. e.g an issue within a work or project team. | More serious relationship breakdown including allegations of bullying and abuse of power. | Complex working relationship issues. | Highly complex issues; concerns raised including harassment or discrimination and/or retaliation for raising concerns. |
| Inconsiderate behaviour. | Favouritism by a manager. Incivility and inappropriate language. | Concerns about a policy or application of a policy. | Alleged misconduct including harassment or discrimination and/or retaliation for | Potentially gross |

| | | | | |
|---|---|---|---|--|
| | | | raising concerns. Potential misconduct. | misconduct |
| For concerns about an employee's conduct or behaviour | | | | |
| Simple issue e.g. lateness, a misunderstanding between two colleagues resulting in an error. | Minor error and reasonably straightforward issue Behaviour is out of character | Of concern, e.g. a more serious issue and concern | Serious misconduct. Could be due to negligence or a deliberate refusal to follow a reasonable management instruction. | Of significant concern, e.g. alleged gross misconduct and could be deliberate harm to patients, staff or resources. |

Definitions and notes:

Simple (Level 1): means straightforward and uncomplicated although clearly the issue is impacting on the organisation and/or individual.

Complex (Level 4): means complicated and potentially multiple issues which can bring a level of confusion to working relationships and issues. Complex as a level indicates a complicated set of concerns which can be made up of several components

Highly complex (Level 5): is used to refer to extremely difficult and immensely challenging issues. This level refers to situations where there are complicated sets of concerns and needs of the parties which may be conflicting.

RI#3 - Any Previous attempts to resolve the concerns raised/reminders or action taken

This question relates to previous attempts to resolve the situation. In new cases or those that have not been complained of before, a low score will be given. In cases where multiple attempts have been made previously, a higher score will be given.

| RI # 3 | | | | |
|--|---------|---------|---------|---------|
| Any previous attempts to resolve the concerns raised/reminders or action taken | | | | |
| Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |

| For a concern or complaint raised by an employee(s) about a matter affecting them personally | | | | |
|---|--|---|--|---|
| No previous attempts made or Not known about before | Conversations or face to face meeting has been held previously and this is a recurrence of the same/similar issues/complaints. An issue is being raised that has been dealt with via other channels but it has not been resolved and continues. | Informal management intervention previously carried out | Facilitated conversation or mediation previously undertaken. | Investigation followed by formal process - issue has now resurfaced or there has been an alleged repeat of behaviours |
| For concerns about an employee's conduct or behaviour | | | | |
| No previous attempts made or the issues were not previously reported. | Advice and Guidance issued previously | 1 st reminder issued in the past | 2 nd reminder issued in the past | Final reminder issued in the past |

RI#4 - Impact of the issues on the complainant, service delivery/patient care/organisation

This question requires consideration of the impact on the person raising the complaint for employees raising issues and the service delivery, patient care and or that of LAS for conduct issues a manager is looking into.

| RI # 4 Impact of the issues on the complainant, service delivery, patient care, organisation. (The potential effect the incident could have on a reasonable person) | | | | |
|--|----------------|----------------|----------------|----------------|
| Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| | | | | |

| For a concern or complaint raised by an employee(s) about a matter affecting them personally | | | | |
|---|---|--|--|--|
| Mild impact and mildly concerned. Or, curious about a situation that does not seem right. Excluding safeguarding concerns | Minor impact on service delivery/reputation . Clearly concerned by events, but continuing to be fully functioning in their role | Distressed/angry, but still functioning in role for the most part, although possibly avoiding the perpetrator. | Distressed and noticeably struggling. Not able to perform job duties at their former level of competence or interact with certain individuals. | Highly distressed and emotional. Absent from work and cannot continue working. Seems likely to leave the organisation or potentially act in what would normally be an irrational manner. |
| For concerns about an employee's conduct or behaviour | | | | |
| Little impact on either patient(s), organisation or staff | Minor impact on patient(s), organisation and/or staff. Not critical or long term. | Serious impact on patient and/or staff and concern for their wellbeing. Some impact on organisation - resources now unavailable - e.g. vehicles or equipment. | Significant harm done to patient - worsened their condition and disregard for dignity. Behaved in a way to cause harm to staff. Verbal aggression. Negative Impact on operational effectiveness of LAS. | Major harm sustained by patient which could lead to significant impact on health or death. Staff put in danger. Major impact on organisational effectiveness. Major harm to LAS resulting in lives being put in danger. |

| | | | | |
|--|--|--|------------------------------------|--|
| | | | Serious harm to reputation of LAS. | Impact is across or beyond the organisation. |
|--|--|--|------------------------------------|--|

RI#5 - Needs of the complainant or responsibility/culpability where conduct in question

This question relates to the needs of the individual or in conduct issues the manager needs to understand where culpability and responsibility sits. Low level minor impact will have a lower score and a more significant or major impact will score higher. This question does not require you to make an assessment or a judgment about the health of the individual.

| RI # 5 Needs of the complainant or responsibility/culpability where conduct in question | | | | |
|---|--|---|---|--|
| Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| For a concern or complaint raised by an employee(s) about a matter affecting them personally | | | | |
| Local and early resolution to improve the relationship, to be heard or to receive an apology. Wants behaviour to stop. | To have a supportive or productive conversation with the line manager or manager from the business area. | Support from a third party facilitator, e.g. HR, a facilitated meeting or mediation with the other party to help reach resolution | A formal investigation or review of the case. | For the organisation to commence a formal process. |

| For concerns about an employee's conduct | | | | |
|---|--------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Accepts full responsibility | Accepts some responsibility. | Accepts some responsibility. | Refuses to accept responsibility. | Refuses to accept responsibility. |
| Willing to engage in learning. | Willing to engage in learning. | Not willing to engage in learning. | Willing to engage in some learning. | Not willing to engage in learning. |

RI#6 - Potential risk to employee, service delivery, core organisation and/or patient safety

This question relates to the risk to the employee and/or LAS. It is important to understand as fully as possible from the request to resolution form what the potential risks are and if there is insufficient information, to revert to the complainant. The score for this question will relate to the threat of retaliation or litigation from the employee, patients or public, media coverage or an inquiry.

| RI #6 Potential risk to employee, service delivery, core organisation and/or patient safety (The potential probability of harm) | | | | |
|--|---|---|---|--|
| Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| For a concern or complaint raised by an employee(s) about a matter affecting them personally | | | | |
| Very low risk | Low risk | Moderate risk | High risk | Very high risk |
| For concerns about an employee's conduct or behaviour | | | | |
| Very low risk: Minimum risk to patient, organisation or service | Low risk: A potential risk to patient organisation or service Mild concern and media may report | Moderate risk and therefore serious: Serious risk to patient, organisation or service. Some impact and an inquiry ordered. Journalists contacting LAS. | High risk and therefore significant: Significant risk to patient, organisation or service Inquiry required and likely litigation from patients. | Very high risk and therefore major risk. Major risk to patient, organisation or service Major risk of closure of LAS and complex litigation from members of the public |

Definitions and notes:

Risk in terms of concerns raised by an employee or about their conduct/behaviour is related to the exposure to them, LAS service delivery the organisation itself and/or patient safety. It is one of the more volatile and serious factors and as it could have serious implications for individuals and LAS it needs several levels to ensure the appropriate action is taken.

Very low risk (Level 1): hardly any risk at all but not acceptable in terms of valuing LAS, colleagues, patients and service delivery.

Low risk (Level 2): occurring not far above the lowest level (Level 1).

Moderate risk (Level 3): Not trifling but also not extreme, excessive or intense; a medium quantity extent or amount.

High risk (Level 4): Relatively large amount of risk.

Very high risk (Level 5): Greater in size, extent or importance.

Notes for the Triage Assessor

The assessment will be led by a triage assessor from the Resolution Hub.

In cases where the assessment relates to an employee's conduct or behaviour, the referring manager will form part of the triage panel.

Where the assessment relates to concerns or complaint of an employee, the individual's line manager (or more senior manager if the line manager is the subject of the concern or complaint) will sit on the triage panel.

The triage assessment will be made using information provided in the RfR. In some cases, it may be necessary for a preliminary conversation with the complainant or others to access additional information or the initial establishing of facts. All information used in the triage process will be recorded on the RI. In the event that the Triage panel is unable to secure additional information within a reasonable time period, the Triage assessor should allocate a score of 3 to the criteria making this clear in the notes.

The Triage assessor/panel will use the RI to attach a score to the RfR, based on the framework. This score will then determine the most appropriate route to resolution.

Routes to Resolution

Each of the six criteria are scored from 1 to 5. The scores are entered into a table and the scores are added together to create an overall score out of 30. The RI offers an objective and fair assessment of the situation, the scores suggested route to resolution is for guidance only.

The decision to pursue a specific route to resolution should also consider:

- Other factors which have not been included in the scoring process, but which are relevant in the case
- The party's willingness or otherwise to engage in a specific resolution process

Agreement with the Complainant

It is preferable that the Triage assessor gains agreement from the complainant. However in some cases a decision may be taken to progress the concerns about individuals behaviour and/or conduct without the need of an agreement.

Governance

The completed RI will be kept securely by the Resolution Hub.

Guidance notes for using the Resolutions Index

Each RI criteria has brief guidance notes above the scoring factors. The criteria acts as a guide to support consistent and fair outcomes. Clearly, every kind of issue cannot be included so at times the Triage Assessor may be required to make certain decisions about which score is appropriate, based on the information available. Any decisions should be clearly noted for governance purposes.

The score increases with the criteria that are deemed potential or actual risks to the organisation.

Appendix Three
Suspension Assessment Form

Part A

This form should be completed and kept with the LAS Resolution Index Matrix. Completion is required whenever suspension is first being considered (usually where the RI score is higher than 25 **or** where the RI is higher than 19 and RI#6 is at level 3 or above.

| | |
|--|--|
| ER Tracker Unique Case number | |
| Person about whom the concern or complaint is being raised | |
| Date of assessment (day/month/year) | |
| Assessment undertaken by | |

Nature of Allegations?

Any Explanations given?

None Inconsistent Explanation Consistent explanation

Individual Wellbeing factors?

Are others currently aware of incident, internal / external?

Nature of job duties:

Administration Patient Contact (Call handling) Direct Patient facing

Other please state.....

Complete the following where applicable to allegations:

Unsupervised Access to Children /Vulnerable Adults at risk? Yes No N/A

Access to Drugs/Medicines? Yes No N/A

Access to Financial systems/Cash/Valuables? Yes No N/A

Access to confidential information? Yes No N/A

Risk of harm to self or others or Trust reputation/property or services?

Consider RI#6 and likelihood of recurrence

Mild

Moderate

Severe

Risks of interference with investigation?

Mild

Moderate

Severe

Alternatives to Suspension – Feasibility and Adequacy

Please note below on whether the alternative listed below is feasible and or whether risk mitigation is adequate

| | Feasibility | Adequacy |
|--------------------------------------|-------------|----------|
| Behavioural agreement | Yes No | Yes No |
| | Comments | |
| Removal of individual Tasks / Duties | Yes No | Yes No |

| | | | | |
|---------------------------------|----------|----|-----|----|
| | Comments | | | |
| Increased supervision | Yes | No | Yes | No |
| | Comments | | | |
| Transfer to other duties | Yes | No | Yes | No |
| | Comments | | | |
| Transfer to alternative locaton | Yes | No | Yes | No |
| | Comments | | | |

Other factors not picked up which may impact the need for suspension?

Initial Decision:

Completed by:

Date:

.....

Part B - Suspension Review history

This form should be completed when considering whether suspension should be continued

| Date | Detail of any change from initial assessment / investigation findings | Outcome | Employee notified of review outcome | Reviewer |
|------|---|---|---|----------|
| | | Suspension extended <input type="checkbox"/> Alternative to suspension <input type="checkbox"/> Return to normal duties / no restriction <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Suspension extended <input type="checkbox"/> Alternative to suspension <input type="checkbox"/> Return to normal duties / no restriction <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Suspension extended <input type="checkbox"/> Alternative to suspension <input type="checkbox"/> Return to normal duties / no restriction <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |



| | | | | |
|-------------------------|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Resolution Framework | | | |
| Agenda item: | 11 | | | |
| Report Author: | Jason Rosenblatt, Head of Engagement | | | |
| Presented by: | Kim Nurse, Director of People & Culture | | | |
| History: | The Resolution Framework has been considered and recommended for approval by the Board by the Trust's People & Culture Committee and the Executive Committee. | | | |
| 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 Trust Board's attention:

Our Resolution Framework replaces our traditional Grievance, Dignity at Work and Disciplinary policies. Employees must continue to act in accordance with the values and behaviors of the Trust policies, national standards of professionalism and clinical practice from any relevant body. The Resolution Framework offers a timely, supportive and proactive approach for resolving workplace issues and is designed to secure constructive and lasting outcomes.

The LAS Resolution Framework incorporates both informal and formal resolution processes, although greater emphasis is given to informal remedies or what is referred within this document as early resolution. Most issues can be resolved through informal dialogue. We encourage all parties to engage with the early resolution methods first. Should early resolution not be successful other resolution routes may include (but not limited to) round table discussions, mediation and coaching where this is required. Formal resolution may be recommended where the informal processes do not resolve matters.

Recommendations for the Trust Board:

The Trust Board is asked to agree the Resolution Framework.

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

| Directorate | Agreed | | | | Relevant reviewer [name] |
|-------------|--------|--|----|--|--------------------------|
| Quality | Yes | | No | | |
| Finance | Yes | | No | | |

| | | | | | |
|--------------------------------------|-----|---|----|--|--|
| Chief Operating Officer Directorates | Yes | | No | | |
| Medical | Yes | | No | | |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | X | No | | |
| Corporate Affairs | Yes | | No | | |

Please indicate which Board Assurance Framework (BAF) risk it relates to:

| | |
|--------------------------------|--|
| Clinical and Quality | |
| Performance | |
| Financial | |
| Workforce | |
| Governance and Well-led | |
| Reputation | |
| Other | |

This report supports the achievement of the following Business Plan Workstreams:

| | |
|---|--|
| Ensure safe, timely and effective care | |
| Ensuring staff are valued, respected and engaged | |
| Partners are supported to deliver change in London | |
| Efficiency and sustainability will drive us | |



| | | | | |
|-------------------------|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Board Assurance Framework | | | |
| Agenda item: | 12 | | | |
| Report Author: | Frances Field, Risk and Audit Manager | | | |
| Presented by: | James Stanton, Head of Corporate Governance | | | |
| 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 Trust Board’s attention:

The headline picture presented by the BAF is in relation to the decline in Covid related risks from their peak. The strategic risks around Covid 19 rose during the second pandemic peak over winter and can now been seen to be coming back down. This is also reflected in the position reported by other ambulance trusts nationally. This has helped the Trust to close the assurance gap between its risk appetite and the unique scale of the strategic challenge faced by the initial waves of the pandemic.

At the last Board meeting on 26 January 2021, Board members agreed that the BAF should be examined to ensure that corporate risks were reported at the appropriate level, with necessary granularity and details on longer term implications. This was to ensure that corporate risks that presented a strategic level risk would be presented to the Board via the BAF for assurance.

Discussions have been held with the Trust’s Executive team to determine the key areas of risk which needed further development. Risks have been reviewed in relation to workforce / training, finance / innovation and the Ambulance Operations Modernisation Programme with the relevant directors. This work is ongoing to ensure that the BAF not only appropriately captures the strategic risks at present, but is also fit for the future and supports the Board with the required levels of assurance as the Trust continues to meet the challenges faced by Covid 19 and progresses its transformation agenda.

An assurance question to be considered going forward is around how and when the Trust should consider integrating Covid risks into a more ‘business as usual’ strategic approach. The decision last year to split off the risks associated with Covid into their own assurance and category risks proved to be appropriate and supported the Trust through the initial waves of the pandemic. It is proposed that the Executive Committee be asked to consider whether this remains the most appropriate approach and to set out the timeline and milestones going forward to incorporate Covid risks into ongoing strategic risk planning.

Recommendations for the Trust Board:

The Trust Board is asked to:

1. Note the current position of BAF risks as summarised overleaf and the detail set out in the accompanying BAF document
2. Consider and agree the recommended changes in risk ratings, as endorsed by the Board Assurance Committees, as follows:
 - **BAF risk 61 – COVID-19 Impact** – in line with the proposals to reduce the sub-category risk ratings due to decreased pressure on the organisation from the recent peak, to agree the strategic COVID-19 residual risk level be set at **12** (4 x 3) (representing the highest of the sub-category risks):
 - **Finance** sub-category risk: The residual risk score be reduced to 5 (5 x 1) due to the mitigations in place to secure the funding required.
 - **Operational** sub-category risk: The residual risk rating to be reduced to 12 (4 x 3) due to the pressure reduction as a result of a drop in COVID-19 cases.
 - **Clinical safety** sub-category risk: The residual risk score be reduced to 12 (4 x 3) due to the reduced number of COVID-19 cases.
 - **Quality** sub-category risk: The residual risk score rating be reduced to 12 (4 x 3) due to reduced likelihood after the passing of the second peak of the pandemic.
 - **People and Culture** sub-category risk: The residual risk score be reduced to 12 (4 x 3) due to the mitigations in place.
3. Request the Executive Committee to consider the timeline and milestones that would need to be met going forward for the incorporation of the Covid related risks into ongoing strategic risks and report back to the Trust Board at a future meeting.
4. Note that Executive Directors continue to develop the Trust's approach to transformation programme risks and governance and that proposals will be brought to a future meeting.

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

| Directorate | Agreed | | | | Relevant reviewer [name] |
|--------------------------------------|--------|---|----|--|--|
| Quality | Yes | X | No | | Helen Woolford, Head of Quality Improvement and Learning |
| Finance | Yes | | No | | Lorraine Bewes, Chief Finance Officer |
| Chief Operating Officer Directorates | Yes | X | No | | Khadir Meer, Chief Operating Officer |
| Medical | Yes | X | No | | Fenella Wrigley, Chief Medical Officer |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | | No | | Kim Nurse, Director of People & Culture |
| Corporate Affairs | Yes | X | No | | James Stanton, Head of Corporate Governance |

Summary of BAF risks

- **BAF risk 61 – COVID-19 Impact.** A proposal made to the Trust Board on 26 January 2021 to increase the residual rating from $(4 \times 3) = 12$ to $(4 \times 5) = 20$ to reflect the increased pressure on the organisation due to COVID was agreed. **The rating is under review following proposals to reduce the sub-category strategic COVID-19 residual risk ratings, due to decreased pressure on the organisation:**
 - Finance sub-category risk for COVID-19: The Finance and Investment Committee agreed to increase the residual risk score from 10 (5×2) to 15 (5×3) at its meeting on 19 January 2021, which was approved by the Trust Board on 26 January 2021. **The Risk was further reviewed on 4 March 2021 with a proposal to reduce the residual risk score to 5 (5×1) due to the mitigations in place to secure the funding required.**
 - Operational sub-category risk for COVID-19: A proposal by the Quality Committee on 14 January 2021, to increase the residual risk score from 12 (4×3) to 20 (4×5) due to pressures with performance due to COVID cases was approved by the Trust Board on 26 January 2021. **The risk was further reviewed by the Chief Operating Officer on 4 March 2021, with a proposal to reduce the residual rating to 12 (4×3) due to the pressure reduction as a result of a drop in COVID-19 cases.**
 - Clinical safety sub-category risk for COVID-19: Residual risk score updated 8 January 2021 and increased from 8 (4×2) to 20 (4×5) with the support of the Quality Assurance Committee at its meeting on 14 January 2021. The proposal to increase the rating was endorsed by the Trust Board on 26 January 2021. **The risk was further reviewed by the Chief Medical Officer on 5 March, with a proposal to reduce the rating to 12 (4×3) due to the reduced number of COVID-19 cases.**
 - Quality sub-category risk for COVID-19: On the 14 January 2021 the Quality Assurance Committee considered the proposal to increase the residual risk score from (3×3) 9 to (4×4) 16 due to current pressures on the organisation and on London wide healthcare system. **The proposal to increase the rating was endorsed by the Trust Board on 26 January 2021. The risk was further reviewed on 4 March 2021, with a proposal to reduce the residual rating to 12 (4×3) due to reduced likelihood after the passing of the 2nd Peak of the pandemic.**
 - People and Culture sub-category strategic COVID-19: The People and Culture Committee considered the sub-category risk at its meeting on 14 January 2021 and recommended an increase in the residual risk score from 12 (4×3) to 20 (4×5) . The proposal to increase the rating was endorsed by the Trust Board on 26 January 2021. **The risk was further reviewed on 4 March 2021 with a proposal to reduce the residual risk score to 12 (4×3) due to the mitigations in place.**
- **BAF risk 56** -The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets. Risk reviewed by Director of People and Culture with amendments made to controls, residual risk score remains at 16 (4×4) . **The risk was reviewed on 8 March with amendments made to actions, residual risk score remains at 16 (4×4) .**
- **BAF risk 58** – There is a risk of catastrophic failure of IT systems caused by software, hardware or communications failure may result in business continuity/ manual processes being invoked. Expected to be an ongoing residual risk due to the critical nature of IT systems in deploying resources to patients. This risk has been

reviewed and updated by the Chief Information Officer, residual risk rating remains at 16 (4 x 4).

- **BAF risk 45** - A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period. This risk has been reviewed and updated by the Chief Information Officer, residual risk rating remains at 15 (5 x 3).
- **BAF risk 63** – Due to the national uncertainty over future funding arrangements, from 21/22, there is a risk that the Trust will only secure a minimum level of funding more in line with pre-Covid contract funding, that is insufficient to deliver sustainably against agreed national quality and performance standards. The residual risk rating remains at 15 (5 x 3).
- **BAF Risk 65** - There is a risk that the health and wellbeing of our staff and volunteers may be compromised due to lack of contemporaneous immunisation records indicating a lack of assurance around immunity, which could result in individuals being required to isolate following exposure to an infectious disease. The residual risk score is currently a 12 (4 x 3). **This risk is currently under review with the Interim Director of People and Culture and the Chief Medical Officer.**

Board Assurance Framework: March 2021

Purpose

The purpose of the Board Assurance Framework (BAF) is to present the Trust's risk assurance framework in the context of the strategic objectives based on the Goals and deliverables set out in the Strategic Plan 2018 – 2023.

The Board is asked to note the changes highlighted in red and in particular the risks exceeding the Board tolerance scores as shown in the table below.

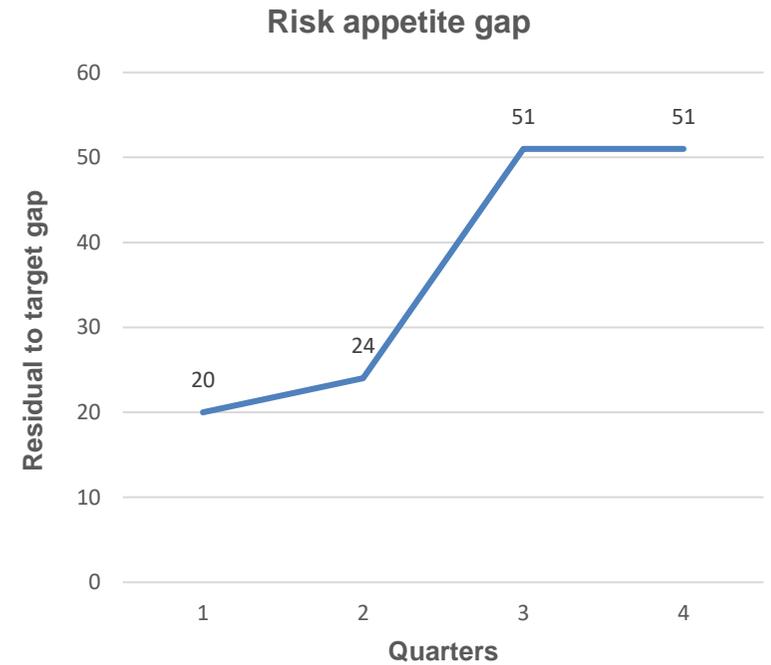
Summary of current position

| Strategic Risk | Initial Risk Score | Residual Risk Score | Risk Tolerance | Risk exceeding tolerance? | Change in risk score |
|--|--------------------|---------------------|------------------|---------------------------|---|
| COVID-19 Impact * | 20 | 42 20 | Low (6-10) | Yes |  |
| Catastrophic failure of IT systems caused by software, hardware or communications failure may result in business continuity/ manual processes being invoked. Expected to be an ongoing residual risk due to the critical nature of IT systems in deploying resources to patients | 16 | 16 | Low (6-10) | Yes |  |
| A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period. | 20 | 15 | Low (6-10) | Yes |  |
| The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets. | 16 | 16 | Low (6-10) | Yes |  |
| Due to the national uncertainty over future funding arrangements, from 21/22, there is a risk that the Trust will only secure a minimum level of funding more in line with pre-Covid contract funding, that is insufficient to deliver sustainably against agreed national quality and performance standards. | 20 | 15 | Moderate (12-16) | No |  |
| There is a risk that the Health and Wellbeing of our staff and volunteers may be compromised due to lack of contemporaneous immunisation records indicating a lack of assurance around immunity, which could result in individuals being required to isolate following exposure to an infectious disease | 16 | 12 | Low (6-10) | Yes |  |

* The residual risk rating of the overarching BAF COVID-19 is due to be reviewed by the Board following proposals by risk owners, recommended by the Board Assurance Committees, to reduce the sub-category strategic COVID-19 residual risk ratings. This is due to decreased pressure on the organisation.

BAF Risk reporting Trend – 2020/2021

| | Target | | | | |
|-------------------------------------|-----------|----------|---------|---------|-----|
| | April '20 | July '20 | Oct '20 | Jan '21 | |
| BAF 61 COVID 19 | 8 | 16 | 16 | 12 | 20 |
| BAF 58 IT failure | 4 | 12 | 16 | 16 | 16 |
| BAF 45 - Cyber Security | 10 | 15 | 15 | 15 | 15 |
| BAF 56 Recruitment/Retention | 8 | 12 | 12 | 16 | 16 |
| BAF 62 - EU Exit | 8 | 16 | 16 | 16 | 8 |
| BAF 63 - Future Funding | 5 | | | 15 | 15 |
| BAF 65 - Immunisation | 8 | | | 12 | 12 |
| Total risk score | 51 | 71 | 75 | 102 | 102 |
| Residual to target gap | | 20 | 24 | 51 | 51 |



BAF 62 – EU Exit was approved for removal from the BAF by the Trust Board on 26th January 2021

- forum) to share knowledge and build consistency where possible in relation to temporary changes to terms and conditions, and ways of working
8. Australian recruitment programme regularly reviewed and approach updated as necessary. Current status – planning to continue on a Skype basis as international travel to conduct interviews is not possible. This will require training of non-operational staff to conduct interviews. **We are now procuring a third party supplier to support our international paramedic recruitment.**
 9. Appointment of dedicated COVID Wellbeing lead with remit for creating the Trust's COVID staff wellbeing delivery plan and working with internal and external partners to deliver the plan
 10. Interim Head of Wellbeing has been appointed and the Wellbeing Hub has been set up to provide one point of entry for all staff covering their health and wellbeing needs
 11. The Trust has set up a strategic Incident Room (COVID 19 cell) to plan and monitor impacts of COVID 19 on the Trust in alignment with the Pan London Strategic Coordination Group and planning assumptions for London.
 12. Patient Safety and Risk Hub established to collate incidents and risks, and other quality data as well as produce the daily safety and risk hub report.
 13. SIG monitoring and reporting all Serious incidents – COVID19 and non-COVID19 related – monthly end to end review of patient pathway incidents (IUC and Emergency pathways)

- | | | | | | | |
|--|--|---|--|--|--|--|
| | | <ol style="list-style-type: none">14. Worked with CQC and NHSI and agreed SI process whilst recognising the scale of investigations required to meet LfD regulatory requirements15. The Trust has established a COVID 19 Resource Tracking template to be completed for all COVID 19 related resource requests, these are all approved by Trust Gold and reported to ExCo and FIC on a regular basis.16. In year monthly financial reporting and forecasting continues to provide assurance on underlying financial position of the Trust and to ensure all material COVID 19 expenditure has been captured17. The Trust continues to fully document all COVID 19 related expenditure to ensure it will with stand the scrutiny of both internal audit and parliament.18. The Trust agreed its resource and cash requirements for the rest of the year relating to Covid 19 based on month 4 forecasts.19. The Trust has secured the forecast outturn as at month 10 including £4.8m for COVID surge which was set aside within the NWL STP contingency fund. The Trust is now required to deliver an allowable deficit of £1.2m (after the impact of increasing the annual leave accrual by £3.6m. The Trust has also delivered £7.0m efficiency savings.20. Budget based approved financial plan including CIP has been issued to Directorates based on month 6 forecast and is being monitored with focus on Covid spend to determine ongoing run rate and bear down on any unnecessary spend | | | | |
|--|--|---|--|--|--|--|

| | | | | | | |
|--|--|-------------------|--|--|--|--|
| | | Assurances | | | | |
|--|--|-------------------|--|--|--|--|

- | | | | | | | |
|--|--|--|--|--|--|--|
| | | Assurances | | | | |
| | | 1. Reports are provided to the Board Assurance Committees on COVID-19 related activities. | | | | |
| | | 2. Reports provided to Executive Committee who sign off strategic risks and actions. | | | | |
| | | 3. Status reports provided to the Trust Board via weekly NED calls and monthly Trust Board meetings. | | | | |

funded paramedic places.

6. The Trust will hold primary authority for the supply of Paramedics to the 220 London Primary Care Networks. This has been built into the recruitment plans for 2021/22. Pilots with Merton PCN and Redbridge PCN commenced in October 2020 and will provide us with the opportunity to test arrangements for PCNs and apply any lessons learned in advance of the full launch in April 2021. The paramedics currently working within the PCNs are benefiting from new experiences and gaining new skills to bring back to the Trust.
7. To improve our internal pipeline of registered clinicians, we are partnering with Medipro to provide additional training capacity for our TEAC programme.
8. To increase the CES capacity this year, we are exploring the spare clinical education capacity from other Ambulance Trusts nationally.
9. The Strategic Workforce Planning Group is meeting fortnightly to review performance against workforce plans.
10. Under the Ambulance Operations Programme there is a retention workstream which is focusing on the design and implementation of initiatives to reduce the number of planned leavers. This includes working with the LAS International Support team to put in place 121 retention interviews with our international paramedic staff, addressing the feedback from the iPara survey and supporting this

group with applications for visa extensions and indefinite leave to remain and promoting opportunities for staff who are considering retirement.

11. The Trust has an experienced recruitment team who have demonstrated their ability to flex to meet the recruitment targets required of the organisation
12. The Trust has developed a paramedic apprenticeship programme to attract and retain non clinical employees.
13. The Trust is developing accessible career pathways for non-registered clinical roles. Introduced new Band 4 role (Assistant Ambulance Practitioner). Two cohorts totalling 130 have joined in 2020/21, one will be operational in Feb 21 and the second cohort in July 21.
14. We are working on a new Band 5 TEAC / Future Paramedic programme at Band 5. The LAS academy is coming to an end and we will move to the partnership with Cumbria for an apprenticeship programme which provides a level 5 qualification.
15. Covid Paramedic bank to LAS Bank - procedure now in place to help support front-line resourcing.
16. We have developed Ambulance Ops, 111 and 999 workforce sustainability Plans.

Assurances

17. The International recruitment campaign is ongoing via skype interviews for 2020/21 subject to available training places.

- | | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | <ol style="list-style-type: none">18. ExCo led Strategic Workforce Planning Group (SWPG) put in place to develop and agree a three year strategic workforce plan which takes into account internal and external priorities is currently under review.19. The Strategic Workforce Planning Group is meeting on a fortnightly monthly basis supported by a number of workstreams including IUC and Ambulance Operations.20. Skills Mix Matrix is the subject of ongoing executive meetings. Strategic Workforce Group will own this on behalf of ExCo. | | | | |
|--|--|--|--|--|--|--|--|

| | | | | | | |
|--|--|--|---|---|--|--|
| | | <ul style="list-style-type: none"> 6. Outline business cases. 7. Project boards established for replacement of critical systems 8. Capital allocation of funds for corrective actions. 9. D999 Programme Board established and overseeing key projects 10. Issues with systems discussed at all levels of the Trust | <ul style="list-style-type: none"> 5. Business cases to be developed / approved to determine the voice solution relating to Avaya architecture fall back arrangements and resilience for current and proposed Avaya systems. going forward (Avaya CM7) 6. Review CISCO telephony platform and create a plan for transitioning from the current system. 7. CAD Essentials Board has been superseded by the IMT Delivery Board 8. CAD dashboard to be implemented and reviewed at IMT Delivery Board 9. Cyber to be moved to ICT and a clear roadmap developed to resolve outstanding issues including patch management 10. Completion of build of new hardware platform for existing CommandPoint to be completed at Crown Hosting Centres 11. IT Priorities reassessed and focused on key areas 12. IT Structure to be reviewed and areas of capacity and capability identified and corrected - Projects to replace or mitigate for all faults on telephony, CAD, radio and mobile data put in place. Tactical/Strategic Telephony and LAS Infrastructure Business Cases under review and CAD | <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> | | |
|--|--|--|---|---|--|--|

| | | | | | | | | |
|--|--|--|--|--|---|---|--|--|
| | | | | | <p>Replacement Strategies in progress to address</p> <p>13. Network configuration to be reviewed and upgraded to include resilience</p> <p>14. Primary network site of Bow to be relocated to Waterloo</p> <p>15. Relocate all hardware platforms out of Bow data centres and into Crown Hosted Data Centres</p> <p>16. Relocation of all Trust services from systems in Bow to new hardware platforms in Crown Hosted Data Centres</p> | <p>01/04/21</p> <p>30/05/21</p> <p>01/11/21</p> <p>01/11/21</p> | | |
|--|--|--|--|--|---|---|--|--|

STRATEGIC GOAL 4 : Provide the best possible value for the tax paying public, who pay for what we do

| Executive Lead | | Chief Information Officer | | Assuring Committee | | Logistics and Infrastructure Committee | | |
|--------------------------|--|-----------------------------|--|---------------------|---|--|----------------|--------------|
| No. and Risk description | Initial risk score | Key controls and assurances | | Residual risk score | Action plan | Timescale | Risk tolerance | Board update |
| 45 | A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period. | 20 | <p>Controls</p> <ol style="list-style-type: none"> 1. Technical cyber protection, detection and remediation solutions are deployed but require review. 2. The continuation of a professional cyber security team as a managed service to deal with incidents and cyber response e.g. Royal Surrey ransomware notification. Information Security Management support in Corporate Affairs. 3. Auditable set of documents covering people, processes, procedures and technical controls; reviewed by NHSD and third parties at least twice a year 4. Broad set of real-time security reporting and alerting with ability to take immediate action 5. NHS specific intelligence feed from NHS Digital implemented in technical controls and cyber responses <p>Assurances</p> <ol style="list-style-type: none"> 1. Compliance-based cyber security KRIs/KPIs (reported to IM&T SMT and monthly CEO performance review) 2. Performance reporting to L&IC through IM&T 3. Internal Audit and independent audit against DSPT 4. Additional NHSD assurance support through CORS programme 5. CareCert notifications performance measured and reported as part of the IM&T's KPIs, reported to IM&T SMT & ExCo monthly | 15 | <ol style="list-style-type: none"> 1. Deliver technical control/assurance projects: <ol style="list-style-type: none"> a. Network segregation and access control (Cisco ISE and TrustSec) b. Hardening of internet-facing systems (configuration and improved access control) c. N365 – Underpinned by the IG Compliance monitoring and data loss prevention (potential requirement for license upgrade) d. SolarWinds Logging solution and Security Information & Event Management (SIEM) 2. Leverage NHSD funded opportunities: <ol style="list-style-type: none"> a. Cyber Risk Framework workshops to enable enterprise integrated cyber risk management b. CORS Support – Supplier cyber management process, training needs analysis, baseline security architecture patterns, cyber cultural vision statement c. Cyber training opportunities e.g. CISSP and CIPR NCSC recognised qualifications. 3. Recruitment of substantive IG and Information Security resource at 2nd line of defence. | <p>CIO</p> <p>Aug-2020 June 21</p> <p>March 21</p> <p>April 22</p> <p>Complete</p> <p>CIO</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> | 6-10 | |

STRATEGIC GOAL 4: Provide the best possible value for the tax paying public, who pay for what we do

Executive Lead Chief Finance Officer Assuring Committee Finance and Investment Committee

| No. and Risk description | Initial risk score | Key controls and assurances | Residual risk score | Action plan | Timescale | Risk tolerance | Board update |
|--|-----------------------------------|---|--|--|--|----------------|--------------|
| <p>63 Due to the national uncertainty over future funding arrangements, from 21/22, including uncertainty of future commisstioning arrangements, there is a risk that the Trust will only secure a mimumum level of funding more in line with pre-Covid contract funding, that is insufficient to deliver sustainably against agreed national quality and performance standards.</p> <p>This risk relates to all commissioned services including 999 and IUC /111 services covering both existing NEL and SEL prospective services in NWL onboarding from Nov 20.</p> | <p>5x4=20 11.11.20</p> | <p>Controls</p> <ol style="list-style-type: none"> 1. Case made to regulator and ICS system leaders for investment in ambulance operations modernisation programme to realise Carter identified efficiency opportunity over 3-5 years. The Trust needs to get further commitment from commissioners that they will support the transformation programme, including the ambulance operations modernisation business case. 2. Seeking minimum income guarantee for new NWL 111 service model to ensure income in line with current expenditure run rate. 3. Comprehensive resource model developed which links workforce, frontline fleet capacity, finance, and demand to forecast ability to deliver national response performance standards. 4. Income for remainder of 2020/21 agreed with ICS with agreement of receipt of non NHS income and additional surge costs excluded. Capital budget doubled in recognition by NWL ICS of need to invest in infrastructure to pump-prime modernisation. 5. Efficiency Delivery Programme established with oversight over all CIP programmes, with best practice approach | <p>5x3=15 11. 11.20</p>  | <ol style="list-style-type: none"> 1. Develop 5 year financial plan and get this agreed by commissioners 2. Identify components of the strategic efficiency plan to PID level. 3. Monthly reporting of downside or worst case scenarios included in the Finance Report. 4. Implement service line reporting and finance transformation plan. 5. Complete on-boarding and due diligence on NWL IUC/111 service 6. Work with pan-London ICS CFO lead to achieve buy in to modernisation Programme. 7. A surge funding case has been presented to NWL STP for the expected forecast expenditure. 8. The Head of Income and Financial Controller are members of the NWL STP group assessing the financial gap for 2021/22. | <p>31/06/21</p> <p>Complete</p> <p>31/03/21</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>Complete</p> | <p>12-16</p> | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | <p>to benefits realisation captured from external review of Digital investment programme and improved governance put in place to ensure effective identification, implementation and tracking of CIPs.</p> <p>6. A 999 operational winter plan to ensure delivery of national performance trajectories agreed with commissioners within resources available has been developed and is being tracked weekly.</p> <p>7. CFO linking with national tariff setting, National Ambulance Implementation and Improvement Board and commissioner CFO group to ensure transparency and ongoing awareness of cost to deliver expectations set through NHSE & Regional directives.</p> <p>8. A surge funding case has been presented to NWL STP which needs to be agreed for an amount between £6.4M – £7.3M per month. The total amount is dependent on duration of the second wave of COVID-19, but for the remainder of this year is between £19.3M - £21.9M.</p> <p>Assurances</p> <p>1. Monthly finance reports to the ExCo and the Finance and Investment Committee including forecast outturn.</p> <p>2. Bi-monthly Integrated Performance Reports to the Trust Board</p> | | | | |
|--|--|--|--|--|--|--|--|

STRATEGIC GOAL 2 : Be a first class employer, valuing and developing the skills, diversity and quality of life or our people

Executive Lead Director of People and Culture Assuring Committee People and Culture Committee / Quality Committee

| No. and Risk description | Initial risk score | Key controls and assurances | Residual risk score | Action plan | Timescale | Risk tolerance | Board update |
|--|------------------------------|--|--|--|---|--------------------|--------------|
| <p>65 There is a risk that the Health and Wellbeing of our staff and volunteers may be compromised due to lack of contemporaneous immunisation records indicating a lack of assurance around immunity, which could result in individuals being required to isolate following exposure to an infectious disease</p> <p>Source Recent review of OH records indicate transfer of vaccination record information between previous providers does not provide assurance of immunity.</p> <p>Lack of evidence of immunity may result in recommendation for restricted attendance or isolation following exposure.</p> | <p>16 3.11.20</p> | <p>Immunisation catch up programme commenced.</p> <p>Records are now captured in ESR</p> <p>Analysis of immunisation records to identify any gaps</p> <p>Contract tracing processes in place to identify and protect staff at risk of lack of immunisation /immunity</p> <p>Initiation of work through the ESR Account Manager and local/regional user groups to create a reporting framework in ESR.</p> <p>A task and finish group commenced work to review the systems and processes pre & in early employment to improve the opportunities for immunisations prior to commencement in roles where the risks are the highest.</p> <p>Gaps in controls Some staff have no results from historic immunity testing.</p> <p>There have been periodic Occupational Health provider changes, where the transfer of records from one third party provider to the next was incomplete, missing or corrupted.</p> <p>No systems in place for periodic immunity reviews.</p> | <p>12 3. 11.20</p> <p>↔</p> | <p>Data analysis using OHIO/ESR to understand the full scope of the issue.</p> <p>Design and deliver clear concise factual communications to staff about:</p> <ul style="list-style-type: none"> • The issues • The risks • The solutions <p>Delivery of the Phase 1 immunisation catch up programme will be completed in December 2020</p> <p style="color: red;">Verbal Update from CMO to board recommending next steps for immunisations programme, with paper presented to EXco on 17.3.21.</p> <p>Design and implement immunisation assurance reports from OHIO.</p> <p>Task and finish group- Review & redesign the approach to immunisations, timings of checks and processes starting at the pre employment. Currently being worked into retender spec. timeline will be in line with contract renewal.</p> <p>Review the clinical evidence for periodic immunity reviews.</p> | <p>Complete</p> <p>Complete</p> <p>Complete</p> <p style="color: red;">Complete</p> <p>31/12/21</p> <p style="color: red;">31/06/21</p> <p>31/03/21</p> | <p>6-10</p> | |

| | | | | | | | | |
|--|--|--|---|--|---|---|--|--|
| | | | <p>There is a cohort of staff for whom we can't demonstrate that we have offered vaccines due to lack of records.</p> <p>There is lack of staff uptake of immunisations and personal record keeping</p> <p>There are no systems in place for risk assessments of "non or low responders" to vaccines.</p> <p>ESR does not currently report in a format which provides assurance on immunisation status.</p> | | <p>Complete delivery of Phase 2 of the immunisation catch up programme.</p> <p>Review and revise the Workforce Immunisation Policy in line with the evidence for or against periodic immunity reviews.</p> <p>Launch new processes enabling staff to take personal responsibility to attend appointments , keep up to date and maintain personal immunisation records.</p> <p>Scope and tender process underway for a proactive and flexible OH service which strives for continuous quality improvement and uses the " Making Every Contact Count" principles to assess health and lifestyle choices, including immunisation status awareness and checks through every staff interaction. This has commenced and is noted for completion by 30 June 2021.</p> <p>Ensure the OH contract award includes the requirement for a live bi-directional OH interface with ESR.</p> <p>Complete a validation audit with the appointed OH contract holder to validate records transferred to them with those in ESR prior to switching on the bi-directional interface for vaccination data. No other OH data will be shared.</p> | <p>Ongoing</p> <p>31/03/21</p> <p>1/04/21</p> <p>30/06/21</p> <p>30/06/21</p> <p>30/08/21</p> | | |
|--|--|--|---|--|---|---|--|--|

| | | | | | | | | |
|--|--|--|--|--|--|---|--|--|
| | | | | | Continue to engage with NHSE/I as they develop digital “immunisation passports”. Provide information and lobby for this to interface with OH records &/or ESR. | Ongoing timeline for delivery not yet defined by NHSE/I | | |
|--|--|--|--|--|--|---|--|--|

Appendix 1

Risk Appetite Statement

The London Ambulance Service NHS Trust (LAS) recognises that it delivers an integral part of the National Health Service (NHS) in London by ensuring patients get the right emergency care at the right time and as such operates in a high risk environment. Its long term sustainability depends upon the delivery of its strategic ambitions and its relationships with its patients, people, public and partners. As such, the Board has agreed that the Trust has an overall low appetite for risks relating to all safety and compliance objectives, including public and patient harm and employee health and safety. The Trust has a moderate risk appetite for the pursuit of its operational objectives, including reputational risks and financial risks involving value for money. The Trust has a higher risk appetite when seeking opportunities for innovation (clinical and financial) within the constraints of the regulatory environment.

Risk appetite score matrix

| Risk Appetite | Score |
|---------------|---------|
| Low | 1 - 10 |
| Moderate | 12 – 16 |
| High | 20 - 25 |

Key Risk Categories – risk appetite and risk tolerance scores

| Risk Category | Link to 4 Ps in LAS strategy | Risk Appetite | Risk Appetite Score |
|-----------------------------------|------------------------------|---|---------------------|
| Quality/ Outcomes | Patients | LAS has a LOW risk appetite for risks that may compromise the delivery of outcomes for patients. | 6-10 |
| Reputation | Partners Public | LAS has a MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation. | 12-16 |
| Innovation (clinical & financial) | Partners Our People | LAS has a HIGH risk appetite for innovation that does not compromise quality of care. | 20-25 |
| Financial/VFM | Partners Public | LAS has a MODERATE risk appetite for financial/VFM risks which may ensure the achievement of the organisation's strategy whilst ensuring that the risk of financial loss is minimised and statutory requirements are complied with. | 12-16 |
| Compliance/ Regulatory | Partners Our People | LAS has a LOW risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements. | 6-10 |

COVID-19 Strategic Risk Assessments

| | | | |
|---|----------------|--------------------|---------------|
| Responsible Director : Kim Nurse | | People and Culture | |
| Risk assessment using NHS risk matrix * | Initial Rating | Current Rating | Target Rating |
| | 16 | 20 12 | 8 |

The risk was reviewed by the People and Culture Committee on 2 March 2021 – residual risk score proposed to decrease to (4 x 3) = 12 from (4 x 5) = 20.

1. Not enough staff to meet increased service demand due to incrementally increased staff COVID related sickness and self-isolation absence.

Key activities and actions to mitigate risks:

- Departmental business continuity plans created to map provision of business critical activities at 25 / 30 / 50 / 50% + sickness absence
- Daily sickness absence monitoring and reporting of COVID / non-COVID sickness absence to allow for trend analysis once sufficient data is available. Resourcing plans then adjusted in anticipation of trend
- Early access to national testing programme to enable staff to return sooner if self-isolating and have a negative result
- National contact tracing arrangements in place for crew members and co-workers
- Covid bank to LAS Bank - procedure now in place will allow for rapid recruitment of additional volunteers and Bank staff to provide backfill in operational frontline areas to offset workforce resourcing gaps as a result of increased sickness absence, and increased call and ambulance demand to help support front-line resourcing.
- A new Assistant Ambulance Practitioner (AAP) band 4 role is being recruited to fill the gaps identified by the Ambulance Ops Sustainability Plan. We plan to have recruited 184 AAPs and **130 have joined us so far.**
- 111 and EOC have been increasing their staffing levels to meet the anticipation of increased demand. We have a programme of on-going call handling recruitment in place to March 2022.
- Partnership arrangements with LFB are under discussion to provide business as usual and surge support as needed.
- **Partnership arrangements have been put in place with the Met Police to support us at peak times.**
- Engaged with and employed 3rd year Paramedic Students to undertake bank shifts.

2. Limited welfare and wellbeing support to meet staff's physical, emotional and mental wellbeing requirements.

Key activities and actions to mitigate risks:

- Interim Head of Wellbeing has been appointed and the Wellbeing Hub has been set up to provide one point of entry for all staff covering their health and wellbeing needs.
- Appointment of dedicated COVID Wellbeing lead with remit for creating the Trust's COVID staff wellbeing delivery plan and working with internal and external partners to deliver the plan
- Prioritisation of additional mental health support across the Trust – publicise and bolster existing services, identify and rapidly introduce new internal and external support routes
- Provision of clinical advice to line managers and staff relating to self-isolation and testing
- Provision of food for staff self-isolating, unwell or unable to access refreshments on shift
- Provision of accommodation of staff who have vulnerable relatives at home, or need to self-isolate away from home.
- Increase availability of staff and partners with mental health and psychology backgrounds to our staff at group stations, call centres and office locations.

COVID-19 Strategic Risk Assessments

| Responsible Director : Kim Nurse | | People and Culture | |
|--|----------------|--------------------|---------------|
| Risk assessment using NHS risk matrix * | Initial Rating | Current Rating | Target Rating |
| | 16 | 20 12 | 8 |
| <ul style="list-style-type: none"> • Introduction of the 'How are you Doing Survey' provided a base line of staff morale so that initiatives can be identified to respond to staff needs. • There is a national programme of lateral flow testing which has been in place since December 2020, designed to help prevent the spread of COVID-19. Tests will help to identify staff and volunteers who should be isolating. • There is a national covid vaccination programme which has been in place since December 2020 to protect staff and patients. • The Trust has started to test asymptomatic workers for COVID-19 this may result in a withdrawal of front line workers of between 10-15% (currently 3% as at 5th January 2021). Rostering and scheduling as well as ongoing impact on the operational performance will need to be reviewed as testing progresses. • Completed individual risk assessments Trust wide. | | | |
| <p>3. Possible safety and reputational risk through the rapid recruitment of significant additional staff and volunteers to be deployed to frontline and support areas.</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Utilise national "fast track" arrangements put in place for the NHS with agencies such as DBS, UK Visa, • Utilise existing services such as NHS Passport to verify employment history, statutory and mandatory training, qualifications and registration or existing and returning NHS staff members • Expand existing Bank arrangements to hire staff and reduced risk of co-employment exposure • Require individual/departmental risk assessments that confirm supervisory requirements, limited access to restricted areas • Establish and accelerated Occupational Health declaration process for new staff and volunteers • Incorporate requirements for 3rd party resource providers to verify and guarantee staff have the correct authorisation to work, qualifications, registrations, DBS etc. | | | |
| <p>4. Impact on BAU Recruitment especially the Australian Paramedic programme</p> <p>Key activities and actions to mitigate risks: (reflected in BAF risk 56)</p> <ul style="list-style-type: none"> • Departments encouraged to review all current and planned recruitment at the beginning of the COVID period and decisions made to pause, delay or stop recruitment • BAU recruitment resource redirected to focus on priority recruitment areas such as call handlers, blue-light drivers, C1 licence holders through the dedicated "Personnel hub". • Australian recruitment programme regularly reviewed and approach updated as necessary. Current status – planning to continue on a Skype basis as international travel to conduct interviews is not possible. This will require training of non-operational staff to conduct interviews. We are now procuring a third party supplier to support our international paramedic recruitment. • 12 to 18 month Workforce plan created incorporating additional skills types and volunteers that will enable surge capability as required. • One to one retention interviews with international paramedics approaching their three year anniversary with the LAS have continued and we have agreed to fund any international paramedics who wish to apply for indefinite leave to remain. • We have supported staff to utilise the Government's automatic one year visa extension. | | | |

COVID-19 Strategic Risk Assessments

| | | | |
|--|----------------|--------------------|---------------|
| Responsible Director : Kim Nurse | | People and Culture | |
| Risk assessment using NHS risk matrix * | Initial Rating | Current Rating | Target Rating |
| | 16 | 20 12 | 8 |
| <ul style="list-style-type: none"> • Training identified for international paramedics for inbound Australian paramedics when they are able to enter the UK. • 96 UK graduates joined the LAS in August 2020 and are now operational as newly qualified paramedics. | | | |
| <p>5. Ensure new and redeployed staff receive the training and equipment they require to fulfil new and existing roles safely</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Bespoke training programmes created to equip staff to carry out new roles safely e.g. EOC support call handler • Buddying and supervisory shifts implemented before new starters work in “live” environment • Induction days for specific role types e.g. London Fire Brigade vehicle orientation • Home working Health & Safety guidance provided for those now working from home for the first time and risk assessments completed • Additional IT resources provided – laptops, heads sets, MSTeams rolled out | | | |
| <p>6. Governance risk</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Utilise Joint Decision Making (JDM) / Decision Log protocols to capture decisions made / authorisation levels etc. during the COVID period • Regular contact with EPRR teams to seek advice on the above • Membership of regional and national network bodies (e.g. Ambulance HRD forum) to share knowledge and build consistency where possible in relation to temporary changes to terms and conditions, and ways of working • Extraordinary staffside / management consultation arrangements in place • People & Culture Committee short form process established and utilised as required. • Membership of COVID, Daily Senior Leadership Team (DSLTL) represented at GOLD meetings and calls, daily submission of metrics and reports with regards to P&C elements e.g. sickness absence, accommodation required, and staffing | | | |
| <p>7. Future impact on our culture of actions taken and behaviours adopted through COVID period.</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Continuing FTSU arrangements in place • Regular contact between P&C HR Managers, HR BPs, line managers and staff side to ensure issues captured and addressed quickly and fairly as most hearings and investigations are paused (now back to BAU Staff Council held every other month, weekly OPF, hearings now taking place) • Resolution framework is being implemented to provide swift resolution of staff issues supported by external mediation resource. • National reporting for WRES, WDES and staff survey has recommenced. | | | |

COVID-19 - Sub-category Strategic Risk Assessments

| | | | |
|--|----------------|----------------|---------------|
| Responsible Director: Lorraine Bewes | | Financial | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 20 | 15 5 | 5 |
| <p style="color: red;">Risk reviewed on 4 March 2021 with proposal to decrease rating from $(5 \times 3) = 15$ to $(5 \times 1) = 5$ due to the mitigations in place to secure the funding required.</p> <p><u>Strategic Risk Description:</u></p> <p>There is a risk that the Trust is unable to deliver its key performance metrics due to insufficient Covid funds being secured for the second half of 20/21.</p> <p><u>Underlying Cause</u></p> <p>The financial arrangements for the remainder of 20/21 have now been finalised with NWL STP. The Trust has secured the forecast outturn as at month 10 including £4.8m for COVID surge which was set aside within the NWL STP contingency fund. The Trust is now required to deliver an allowable deficit of £1.2m (after the impact of increasing the annual leave accrual by £3.6m. The Trust has also delivered £7.0m efficiency savings.</p> <ol style="list-style-type: none"> 1. Fails to capture the material financial impacts of COVID 19. Cannot recover the full income required for COVID 19 from NHS England/Improvement. <ul style="list-style-type: none"> Actions taken: <ul style="list-style-type: none"> • The Trust has established a COVID 19 Resource Tracking template to be completed for all COVID 19 related resource requests, these are all approved by Trust Gold and reported to ExCo and FIC on a regular basis. • The Trust continues to fully document all COVID 19 related expenditure to ensure it will stand the scrutiny of both internal audit and parliament. • An inventory management system has been procured and implemented in Deptford for COVID 19 related stock management. • Budget based approved financial plan including CIP has been issued to Directorates based on month 6 forecast and is being monitored with focus on Covid spend to determine ongoing run rate and bear down on any unnecessary spend. • The Trust has secured the forecast outturn as at month 10 including £4.8m for COVID surge which was set aside within the NWL STP contingency fund. 2. Is unable to identify and sustain cost efficiencies from opportunities post Covid-19 <ul style="list-style-type: none"> Actions taken: <ul style="list-style-type: none"> • The Trust is developing an efficiency programme, building in benefits realisation principles from PWC audit of D999 programme to deliver savings to meet the 1% CIP requirement expected of all organisations plus cost pressures that have arisen in the 2nd half. A total opportunity of £11m was been identified of which £7.0m is now delivered. 3. Is unable to identify and sustain innovation and improvements during and post Covid-19 i.e. CAD replacement/EPCR implementation. <ul style="list-style-type: none"> Actions taken: <ul style="list-style-type: none"> • Secured capital of £41.8M to support the capital programme for transformation requirements in 20/21. 4. Experiences an increase in loss of assets due to fraud and theft (tracking and receipting of goods to be enhanced) <ul style="list-style-type: none"> Actions taken: | | | |

COVID-19 - Sub-category Strategic Risk Assessments

| Responsible Director: Lorraine Bewes | Financial |
|--|-----------|
| <ul style="list-style-type: none">• Case for urgent Covid funding includes investment in asset tracking of key equipment and kit required for ambulances to be functional across the whole organisation and deployment points to track and manage inventory and reduce the risk of fraud.• The Trust is maintaining its existing control environment across segregation of duties, adherence to SFIs, Scheme of Delegation and procurement controls. <p>Additional action against mitigation of risks 1-5</p> <ol style="list-style-type: none">1. We have expanded senior Finance capacity: CFO full time with further proposal to review senior finance and procurement in light of transformation timeline and post COVID.2. Revenue bridge for STP CFO has been agreed across NWL STP.3. Review of monthly Covid spend by Directorate4. Development of downside mitigation plan5. Development of a BAU and transformation efficiencies plan <p>Assurance of controls</p> <ol style="list-style-type: none">1. Monthly finance reports to the ExCo and the Finance and Investment Committee including forecast outturn.2. Bi-monthly Integrated Performance Reports to the Trust Board3. Daily Senior Leadership Team priority theme for July is Budget resilience | |

COVID-19 Sub-category Strategic Risk Assessments

| | | | |
|---------------------------------------|----------------|----------------|---------------|
| Responsible Director: Khadir Meer | | Operational | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 20 | 20 12 | 8 |

Residual risk score proposed to be decreased from a $(4 \times 5) = 20$ to $(4 \times 3) = 12$ due to pressure reduction as a result of a drop in COVID cases.

Operational Risk Description:

As a result of the Covid-19 pandemic, all operational areas in LAS suffered from reduced ability to deliver timely responses to the 999 / 111 / IUC demand. In addition to failing to deliver service, there are risks of gaps in IM&T response to the changing situation, supply chain gaps, business continuity, and emergency preparedness. The three main strategic risk components are: risk of reduced infrastructure availability to support demand; reduced staffing capacity to respond to demand and reduced responsiveness in with a view of circumstances change. The current concern is focused on the need to respond to the additional peak combined with the usual winter pressures.

The three main strategic aims that the activities listed below cover:

- Increased capacity and capabilities in terms of infrastructure; including in times where the Trust is undergoing development and transformation.
- Responsive staffing across different LAS services and impact on staffing availability from transformation work as well as BAU.
- Increased process responsiveness to changes in situation (both internally and through collaboration with system partners). This includes operational focus to recover activities during times of reduced Covid-19 impact and then returning to a full capacity operation as well as a pattern of recurring peaks in demand that is forecasted.

Key activities and actions to mitigate risk:

- COLT was set up to support information sharing, enable a resilient response to the situation and robust decision making. This has been converted into a BAU daily Exec-led group, and following the increasing pressure over December the Daily Performance Group was stood up. Following a reduction in pressure, the daily performance meeting was stood down and the regular exec led meeting took its place.
- Regular meetings taking place to ensure a timely response in case the Covid pressures increase and pose a risk to performance delivery. In that case a plan is in place to stand up a daily response meeting looking at specific pressure points to allow a daily exec oversight of trust position and decision making such as: Alignment and joint working with the system, operational and performance oversight, resource availability and staff absence and Fleet and PPE status.
- We are operationally supporting a wide programme of vaccinations to staff.
- Medium term forecast and planning is undertaken by the trust to cover the response to demand expected during the government proposed roadmap.
- Priorities in development that will drive the Exec group focus over the next 9-12 months.
- Sustainability plans developed to cover operational response in the next 12 months.
- Review of the current recruitment position across the Trust to ensure we are able resiliently to respond to additional peaks combined with winter pressures.
- The Trust has set up a Strategic Incident Room (COVID 19 cell) this has been stood down with the reduction of demand, however plans are in place to reinstate it as required.
- Wrote a Covid-19 response plan of operational and clinical response based on different levels of expected impact on the service.

COVID-19 Sub-category Strategic Risk Assessments

| Responsible Director: Khadir Meer | | Operational | |
|--|----------------|----------------|---------------|
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | | 20 | 20 12 |
| <ul style="list-style-type: none"> • Operational recovery planning is ongoing to shape the response for decreasing pressure, in view of the forecast. Some of the actions are to be implemented at the end of the incident and some after LAS is after the peak. • Close review of performance and the impact of the various actions undertaken through a response for Covid-19. This will be used to inform the plans for operational response to additional peaks of Covid-19 demand. • Ongoing review of specifically Covid-19 related risks and response to those. • Oversight of CAD stability: <ul style="list-style-type: none"> ✓ CAD Essentials board to be restarted and control room risks will be an agenda item ✓ Projects to replace or mitigate for all faults on telephony, CAD, radio and mobile data put in place ✓ Audits of telephony system ✓ CAD dashboard to be implemented and reviewed at CAD essentials board • IM&T to respond to Trust requirements where a change in practice is requiring a technological change, as part of this increasing the availability of remote working via TEAMS. • IM&T to provide assurance that bandwidth capacity is available to enable higher numbers of staff to work remotely. • The Trust has rolled out a staffing plan to deploy non-standard ambulance to simplify scheduling and increase oversight of delivery levels. • The Trust conducted its assessment of the risks faced by the Trust in the event of a <u>worst case</u> sickness levels across LAS and the wider system, in line with the framework mandated by the Department of Health and Social Care. This risk assessment has now been published, available for the public. • Expansion of the DCA fleet to maximise the vehicle availability to respond to increasing demand. • Incorporated a wide range of volunteers into the 999 and 111 services to support continued service delivery, retained the capability and systems to increase the number of volunteers if required by demand. • Expansion of 999 control room capabilities and capacity to respond to calls. • Separated out the Covid-19 calls from 999 and 111 to allow a specialised response. • Fuel stocks confirmed which address the civil contingency act requirement to supply 24 days' supply. And a fuel monitoring system is installed and working to protect fuel stocks. New Fuel policy and procedure to support business continuity to be rolled out. • The trust rolled out a plan for distribution and testing of FFP3 masks as well as plans for acquiring further supply, with systems in place to source additional PPE as required to respond to changing demand • Engagement with CCG's NHSE&I, PHE and all system partners throughout the planning, preparedness, response and recovery to maintain confidence across the system of robust arrangements within the London Ambulance Service. • Continue adapting the plan clinically and operationally as the situation develops. • To seek assurance from third party suppliers to the Trust that they have a robust Business Continuity Plan to provide supplies to the Trust. Maintain regular contact with suppliers to ensure their position has not changed and that the suppliers remain in a position to supply us. • With the focus of the organisation on COVID 19 and the potential staffing impacts of this, other business has been assessed for its viability during this period. • Review of the impact on staff capacity and availability as a result of transformation projects and development of services by the Trust. | | | |

COVID-19 Sub-category Strategic Risk Assessments

| | | | |
|---------------------------------------|----------------|----------------|---------------|
| Responsible Director: Trisha Bain | | Quality | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 20 | 20 12 | 2x3= 6 |

Risk reviewed 2.03.21 with residual rating proposed for decrease from $4 \times 5 = 20$ to $4 \times 3 = 12$ due to reduced likelihood after the passing of 2nd Peak of the pandemic.

Key activities:

- COVID19 risk register ongoing risks have now been embedded into BAU processes.
- ~~Produce weekly flash scorecards for monitoring by Extended Leadership Group that reflect any new risks that have been raised.~~
- Review all assurance quality and risk processes to ensure they remain at minimum value level. This does bring a risk in terms of improving our regulatory quality rating.
- ~~Produce weekly high level quality report~~
- All compliance and standards audits continue for the moment although quality reviews have been ceased and will be continuously reviewed to ensure they are restarted at an appropriate time.
- COVID19 Review for patient harm has been re-established and learning will be taken forward.
- Demand has decreased significantly and number of incidents back have decreased.
- Plans for managing clinical SJR review process in place now internal teams rotating to provide support to the process and establish this as BAU
- Deteriorating patient process trialled in 2020 re-introduced to provide information to prioritise patients waiting at ED departments, also provides evidence of harm – also being taken forward nationally via QGARD

Controls to identify and mitigate risk:

- Patient Safety and Risk Hub established to collate incidents and risks, and other quality data as well as produce the daily safety and risk hub report
- COVID19 risk register (Inc. EPPR risk register) – now embedded into BAU processes
- Minutes of direct reports meetings
- Daily monitoring of Datix (COVID19 and non-COVID19) by corporate teams and weekly gathering of soft intelligence via QGAMS (this has become a BAU processes)
- Daily report to all senior managers on themes and actions
- Weekly quality directorate call held to collate issues/escalations
- Daily direct reports to escalate any issues
- SIG monitoring and reporting all Serious incidents – COVID19 and non-COVID19 related – monthly end to end review of patient pathway incidents (IUC and Emergency pathways)
- Worked with CQC and NHSI and agreed SI process whilst recognising the scale of investigations required to meet LfD regulatory requirements
- All quality assurance systems assessed to maintain oversight whilst reducing pressure on operational staff – i.e. audits, serious incidents (BAU processes)
- Working with national leads for safeguarding, coroners to maintain oversight whilst reducing operational pressures.
- Review of structures and resources to include additional service e.g. NNWL, IUC
- Re-assessment of resource with new teams joining the directorate and impact of EpCR e.g. EBS to ensure utilise skills and re-deploy staff as needed to deliver the agenda
- ~~QGAMS – time commitments agreed and planned into work load that include operational support and support in EOC~~
- Business plans included additional resources required e.g. QI for future management of resources and delivery of agenda.

COVID-19 Sub-category Strategic Risk Assessments

| | | | |
|---|----------------|-----------------|---------------|
| Responsible Director/s : Fenella Wrigley | | Clinical Safety | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 16 | 20 12 | 8 |
| <p style="color: red;">Residual risk score updated 5 March 2021 with a proposal to decrease from 20 (4 x 5) to 12 (4 x 3) as a result of a drop in COVID cases.</p> <p style="color: red;">As the Trust emerges from the consequences of the second COVID wave the priority is the continued response to our patients and the rapid assimilation of learning from wave 2 into actions that may mitigate the consequences of a 3rd wave.</p> <p style="color: red;">The new Clinical Safety Plan has been launched and has had its first review stage with excellent feedback. This will allow a more dynamic targeted approach undertaking specific actions to mitigate specific challenges</p> <p style="color: red;">Staffing levels in the ECAS/CHUB and IUC are being reviewed with the experience gained from wave 1 and 2</p> <p style="color: red;">We are continuing to work with partners to embed pathways which were beneficial for patients during COVID waves in recognition of the fact that acute hospital providers will continue to see bed pressures as they manage the consequences of COVID</p> <p style="color: red;">We have worked collaboratively with London providers to introduce remote oximetry</p> <p>Strategic Risk Description:</p> <p>Risk of reduced patient outcomes or experience from the COVID pandemic surge and response.</p> <p>Due to significant increases in demand due to Winter pressures and COVID-19 patients may have a delayed response resulting in worsening clinical outcomes or a poor patient experience, and which may affect Ambulance Quality Indicators. Although we knew that a second spike during Winter would be difficult, and we were preparing for it, we could not have predicted the new variant, the increased rate of transmission and the volume of sick patients. Managing this surge has required the use of novel internal and external pathways that require close governance to minimise any associated risks.</p> <p>Key activities and actions to mitigate the risk:</p> <ul style="list-style-type: none"> • Expanded the CHUB and CAS to enable greater hear and treat (where appropriate) and maintain oversight of held calls including utilising appropriate senior clinicians from across the organisation and supported by doctors from NHSE and the ICS under the NHSE COVID staff sharing agreement in place for London. • Increased senior clinical support in EOC to provide clinical support to the different specialist functions including clinical guidance for front line crews on cardiac arrest care and decision making, intelligent conveyance, hospital diverts. • Utilisation of advanced paramedic urgent care clinicians in the ICS area where the highest demand is to manage patients closer to home. • Use of the Clinical Safety Escalation Plan (CSEP), with additional COVID measures, to safely manage the 999 calls in EOC and maximise guiding patients to the right place for care to meet their clinical need. The level and actions of the CSEP are reviewed by the Gold Commander four times per day and decisions logged. • Audits for new clinicians and call handlers in the IUC using accredited audit tools looking at compliance to NHS Pathways (for call handlers and NHS Pathways clinicians), clinical assessment, management and prescribing for clinicians and overall performance. • Increased navigators at 111 to oversee the CAS queue and ensure prioritisation of the sickest patients • Increase in cover on the 24-hour senior clinical on call to include an additional shift from 10 – 19 to support the senior clinical on call as part of the Trust Strategic Command. | | | |

COVID-19 Sub-category Strategic Risk Assessments

| Responsible Director/s : Fenella Wrigley | | Clinical Safety | |
|--|----------------|-----------------|---------------|
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 16 | 20 12 | 8 |
| <ul style="list-style-type: none"> • 24 hour on call Strategic Medical Advisor and Senior Clinical Leadership. • Working with pan-London, Clinical Networks to provide updated patient pathways in real time, and communicating those to changes to the Operations Directorate. • Clinical guidance to provide support to crews in decision making taking into account the ambulance service environment.; All clinical guidance was disseminated on multi-media platforms, to ensure wide and timely distribution to frontline staff. • Working with NHSE London and HLP to rationalise and agree patient pathways and access from both hear and treat and see and treat. • Working with each ICS to support the development of pathways to enable timely off-loading of ambulance handovers to enable the next 999 patient to be attended. • All LAS clinical pathway changes taken through LAS Clinical Advisory Group and then changes monitored through Patient Safety and Clinical Effectiveness Group. • LAS engagement in review of regional and national pathway and processes through NASMED and the NHSE Clinical Advisory Groups, both at regional and director level of all clinical decision making. • Re-contact audits to review any patients who made a second contact with the LAS 999 service within 24 hours of being discharged on scene after assessment and where, on second contact, their condition had deteriorated significantly (i.e. requires pre-alert to ED or had died) • Structured judgment review for patients who have experienced to delay in call answering or waited 2 x 90th centile for a frontline response. • Serious incident panel met weekly throughout to review any incidents raised via internal systems, quality alerts or via the patient experiences team. • Direct support to crews who have been in contact with a confirmed COVID-19 patient through the welfare team, with input from the Wellbeing Hub. • Robust and dynamic review of PHE guidance by the Head of Infection Prevention Control to ensure our staff, and in turn patients, were protected as much as possible through updated PPE guidance. • A Critical Care Transfer service, to provide an essential service for patients requiring advanced clinical assistance whilst being transported to Nightingale Hospital, without impacting on the 999 emergency calls. • Review of patients where there was a delay to answer the 999 call or respond and where this delay may have impacted on their outcomes <p><i>CAVEAT: The Board recognises that due to the overwhelming nature of the pandemic on London healthcare, suboptimal outcomes must be considered in the context of the whole response and the provision of high quality care to the largest number of patients possible.</i></p> | | | |



London Ambulance Service

NHS Trust

| | | | | |
|--|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Quality Report | | | |
| Agenda item: | For Information | | | |
| Report Author: | Helen Woolford, Quality Improvement and Learning | | | |
| Presented by: | John Martin, Chief Paramedic and Quality Officer | | | |
| History: | N/A | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input checked="" type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board's attention: | | | | |
| <p>The Trust's Quality Report, containing January 2020 data, provides an overview of the quality performance through relevant quality KPIs and information across the organisation.</p> <p>The report is summarised on the quality assurance summary page which highlights both positives as well as area where further action or improvement is required.</p> | | | | |
| Recommendation for the Board: | | | | |
| The Trust Board is asked to note and consider the information provided within this reports. | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | |
|--|--------|---|----|-------------------------------------|
| Directorate | Agreed | | | Relevant reviewer |
| Quality | Yes | x | No | Chief Paramedic and Quality Officer |
| Finance | Yes | | No | |
| Chief Operating Officer Directorates | Yes | | No | |
| Medical | Yes | x | No | Chief Medical Officer |
| Communications & Engagement | Yes | | No | |
| Strategy | Yes | | No | |
| People & Culture | Yes | | No | |
| Corporate Affairs | Yes | | No | |



London Ambulance Service – Quality Report



Report for discussion at the Trust Board
Analysis based on January 2021 data, unless otherwise stated



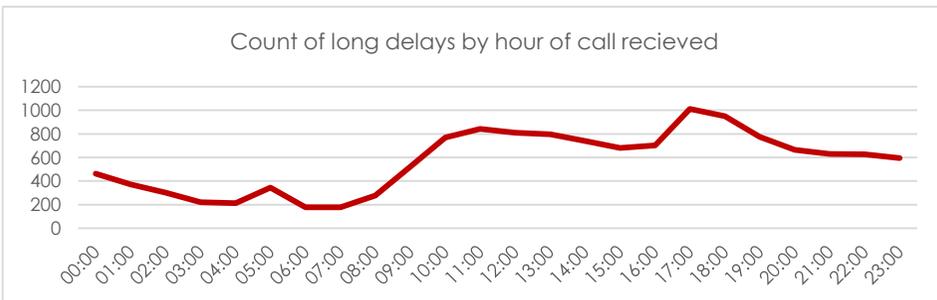
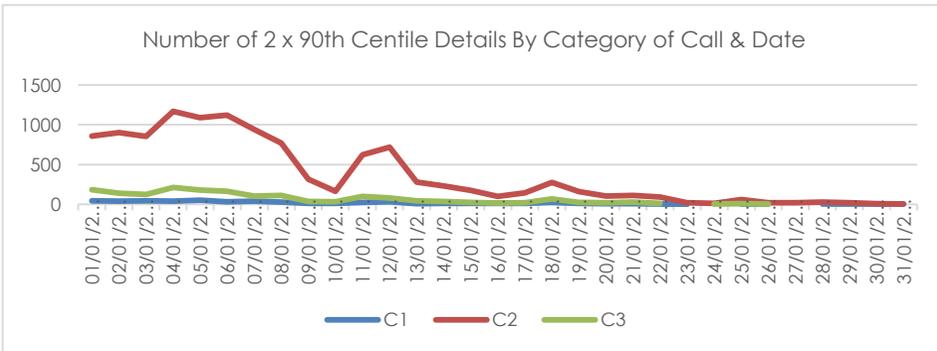
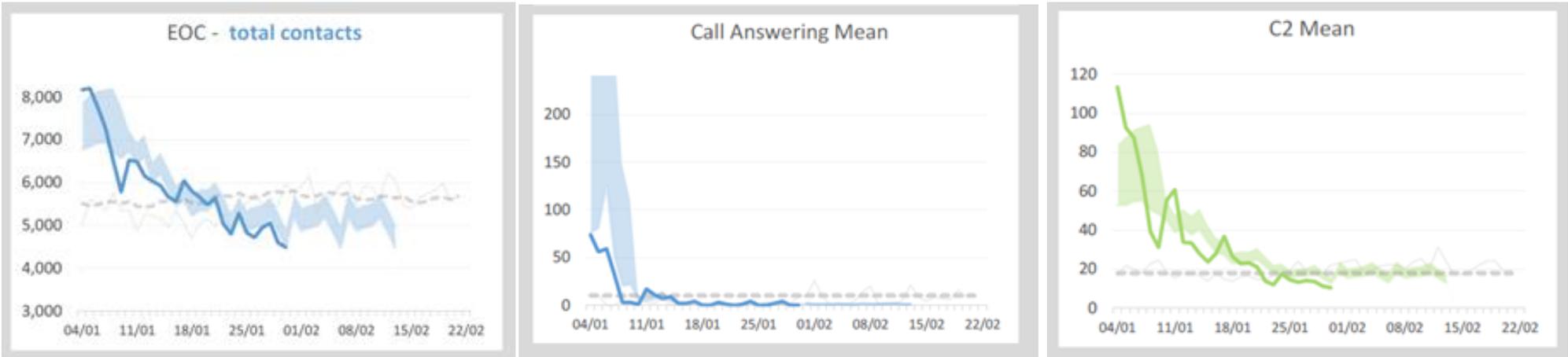
| Section | Content | Pages |
|--------------------------|---------------------------------------|-------|
| Executive Summary | • Quality Assurance Summary | 3 |
| | • 999 Operational Context | 4 |
| | • IUC Operational Context | 5 |
| 1. Safe | • Incident and SI Management | 7-9 |
| | • Medicine Management | 10-11 |
| | • Safeguarding | 12-13 |
| | • Infection Control | 14 |
| | • Health and Safety | 15-19 |
| | • Legal and Claims | 20-21 |
| | • Quality visits scorecard | 22 |
| | • Statutory and Mandatory | 23 |
| 2. Effective | • AQI and Clinical Audit | 24-25 |
| | • Handover to green performance | 26 |
| | • PDR & MCA Training | 27 |
| | • EOC Call Handling Quality Assurance | 28 |
| | • Language Line | 29 |

| Section | Content | Pages |
|----------------------|----------------------------|-------|
| 3. Caring | • Caring Scorecards | 31-32 |
| 4. Responsive | • Frequent Callers | 34 |
| | • Complaints | 35 |
| 5. Well Led | • Station Accreditation | 37 |
| | • Learning from Excellence | 38-39 |
| | • Risk Management | 40 |
| | • Trust Policies | 41 |

| Quality Domain | Highlights from this report by quality domain | Potential concerns and action |
|----------------|---|---|
| Safe | <ul style="list-style-type: none"> Incidents: The number of reported incidents remain positive overall indicating a good reporting culture. However; we have seen an increase in incidents graded as moderate harm or above in the last two months. This is associated with the second wave of COVID 19 and the corresponding increase in activity and demand. The overall top 2 incident categories relate to medical equipment and dispatch & calls (including call handling). Medicines management: No incidents were reported in relation to handling of morphine indicating good practice with security of controlled drugs. Safeguarding: Safeguarding levels 1 & 2 training are well above the target and LAS was represented at all join agency response meeting during the reporting period. Trust wide 98% of staff who require DBS check has it recorded . Infection Prevention & Control: Overall the Trust OWR hand hygiene compliance for January 2021 is 97% compared with 95% in December which exceeds the expected Trust target of 90% for the group station that submitted data. VP deep clean A&E vehicles Trust compliance is at 99% which exceeds the target of 95% Health & Safety: There is focus on violence reduction and partnership working with MPS. Violence Reduction Officers (VROs) continue to provide support and guidance to both victim and management, following incidents of violence and aggression | <ul style="list-style-type: none"> IPC: It is to be noted that seven stations failed to submit any OWR hand hygiene audits for the month of January. Action has been taken to reinforce the importance of compliant Hand Hygiene practice and this has been communicated as part of the IPC programme of work. Safeguarding level 3 training: As at the end of January, Level 3 training trajectory is at 68.88%. This is a month on month improvement since September 2020 and work continues to train the outstanding staff. Environment & equipment: Due to the second wave of COVID and the redeployment of QGAMS, station environmental quality visits had to be suspended. There is a plan in place to restart these visits Statutory & mandatory training: As at the end of January performance is at 83% tracking slightly below the 85% target. Compliance rates have been affected by the recent demand pressures |
| Effective | <ul style="list-style-type: none"> NICE Guidance: NICE guidance is received and reviewed at the Patient Safety and Clinical Effectiveness Group (PS&CEG). The group recently reviewed the September updates and an initial review indicated that there was no guidance that would affect practice within the LAS. There has been no JRCALC updates for three months. Stroke: LAS ranked best in class again for the mean call to hospital for suspected stroke patients (01:10) in September 2020, well above the national average of 01:24MCA level 1 training: MCA level 1 training is well above target at 94.3%. Sepsis: The LAS continued to rank in 1st place for delivery of the Sepsis Care Bundle in September 2020 achieving this for 92.7% of patients compared with a national average of 81.5%. MCA level 1 training: This is currently at 95% which is above target of 85% | <ul style="list-style-type: none"> PDR: PDR rate remains below the 85% target at 74%.. This is a particular issue in corporate areas which are underperforming . Regular reports overdue PDR are sent to staff & their managers. MCA level 2 Training: MCA level 2 is currently not offered. Plans include this in 2021-22 CSR programme are being developed. OWR compliance: This is currently at 45.47% against the target is 85%. Compliance was further affected by recent demands and COVID restrictions. A monthly compliance report is sent to the relevant teams |
| Caring | <ul style="list-style-type: none"> End of Life care: ED conveyance continues to decline below the mean Maternity Team: Stakeholder Mapping in preparation for Process mapping of Co-ordinate My Care into Maternity | <ul style="list-style-type: none"> National shortage of maternity pack: interim kit available until supplies are replenished. |
| Responsive | <ul style="list-style-type: none"> Complaints: Complaints (including those recorded as concerns) is higher the average for this time of year at 109. This reflects the increased numbers of enquiries during the peak 999 call period Meeting people's individual needs:The Frequent Caller Team (FCT) continue to attend multi-disciplinary meetings (MDTs) and High Intensity User (HIU) forums to review individual callers and their needs, and formulate multi-agency strategies to reduce calls and better manage demand. | <ul style="list-style-type: none"> Ongoing issues with IM&T and interoperability of systems used. |
| Well led | <ul style="list-style-type: none"> Risk management KPIs are 95.3% of risks have been reviewed within the last 3 months – target 90%. The risk team continue to devolve risks to local management level starting with risks being reviewed and updated by sector teams at the Sector Quality Governance meetings. | <ul style="list-style-type: none"> One red risk regarding the UPS at Bow which requires a transformer to protect against failure has been escalated to the Project Management Board for resolution as the work was not completed alongside the Waterloo UPS. |

The service is meeting operational delivery KPIs, with call answering and mean response times for Cat 1 and 2 returning to within national set timeframes. The National Ambulance Scorecard has rated the Trust as 100% against 13 weekly metrics including response times and long waits.

For reference only – Demand & Performance, showing 4 weeks past and 3 weeks future from today



In January there were 13668 long delays of which 13% resulted in a blue call.

| | C1 | C2 | C3 | Grand Total |
|-----------|-----|-------|------|--------------|
| Total | 514 | 11384 | 1770 | 13668 |
| Blue call | 140 | 1578 | 92 | 1810 |

The top three determinants where a long delay was incurred was:

- 36D2A - Protocol 36 Pandemic card with difficulty breathing (12% n = 1583) – 368 required a blue call
- Dx0112 - 111 referral chest pain (9% n = 1190) – 98 required a blue call
- 36C5A - 111 referral emergency ambulance response, category 3 (6% n = 841) – 112 required a blue call

All delays are reviewed daily using the parameters developed during the COVID19 March/April review which identified 150 cases where harm may have been caused by the delay. A positive learning point from the first review was to encourage incidents to be reported by sectors/EOC and this is being seen within the current pandemic wave.

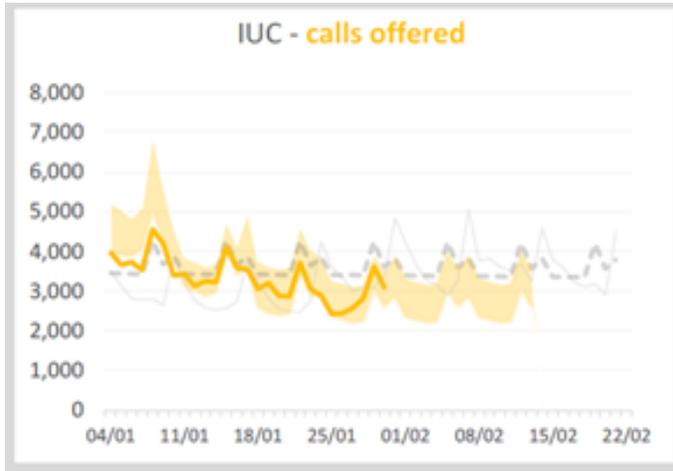
59% (n 8126) patient whom experienced a long delay were not conveyed and 41% were conveyed. It was also found that 20% (n 2739) of all long delays occurred between the hours of 17:00 and 19:00.

Action being taken include:

- Forecasting and planning focus at DSLT
- Overtime incentives to ensure cover at predicted busy periods.
- Daily operational performance review and actions

Operationally, the Trust's performance is outside set performance targets/thresholds for IUC in SEL/NEL in the majority of priorities. The performance of 111 call handling against strategic objectives is being monitored closely to ensure performance is being managed.

For reference only – Demand & Performance, showing 4 weeks past and 3 weeks future from today



| Indicator (KPI Name) | Status | W/C 04/01/21 | W/C 11/01/21 | W/C 18/01/21 | W/C 25/01/21 | Sparkline |
|--|--------|--------------|--------------|--------------|--------------|-----------|
| SEL IUC Priority 1 - %LAS 35 minutes safety threshold | ● | 77.6% | 85.2% | 88.5% | 92.1% | |
| SEL IUC Priority 2 - %las 75 minutes safety threshold | ● | 74.1% | 88.1% | 94.2% | 95.9% | |
| SEL IUC Priority 3 - %LAS 150 minutes safety threshold | ● | 58.0% | 88.9% | 83.8% | 89.3% | |
| SEL IUC Priority 4 - %las 260 minutes safety threshold | ● | 60.8% | 94.5% | 85.1% | 96.3% | |
| SEL IUC Priority 6 - %LAS 420 minutes safety threshold | ● | 78.1% | 93.5% | 96.2% | 100.0% | |
| SEL IUC Priority 7 - %LAS 540 minutes safety threshold | ● | 77.8% | 96.4% | 98.6% | 100.0% | |

| Indicator (KPI Name) | Status | W/C 04/01/21 | W/C 11/01/21 | W/C 18/01/21 | W/C 25/01/21 | Sparkline |
|--|--------|--------------|--------------|--------------|--------------|-----------|
| NEL IUC Priority 1 - %LAS 35 minutes safety threshold | ● | 71.6% | 81.2% | 69.0% | 86.6% | |
| NEL IUC Priority 2 - %LAS 75 minutes safety threshold | ● | 61.5% | 75.2% | 73.7% | 90.0% | |
| NEL IUC Priority 3 - %LAS 150 minutes safety threshold | ● | 77.3% | 91.3% | 88.7% | 97.9% | |
| NEL IUC Priority 4 - %LAS 260 minutes safety threshold | ● | 92.4% | 95.8% | 96.6% | 99.8% | |
| NEL IUC Priority 5 - %LAS 360 minutes safety threshold | ● | 90.6% | 98.3% | 94.6% | 97.7% | |
| NEL IUC Priority 6 - %LAS 420 minutes safety threshold | ● | 87.0% | 96.6% | 94.3% | 99.0% | |

- KPI on or ahead of target
- KPI off target but within agreed threshold
- KPI off target and outside agreed threshold
- KPI not reported / measurement not started

1. Safe

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

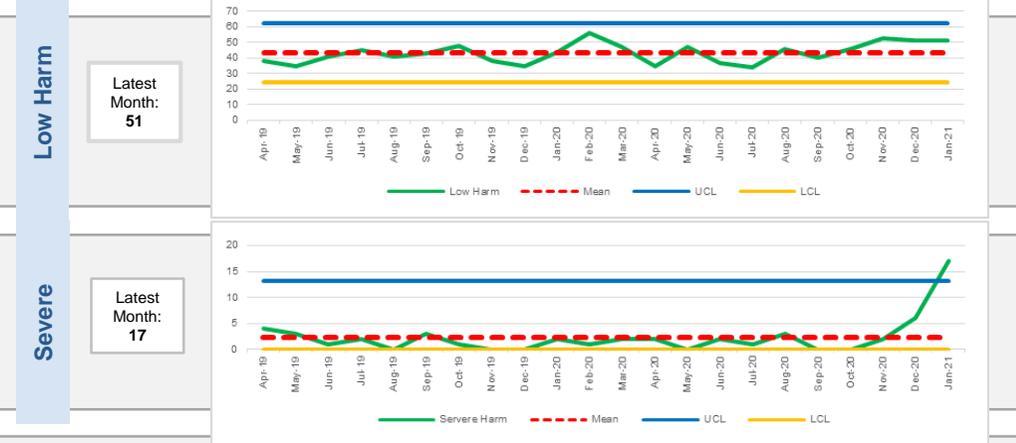
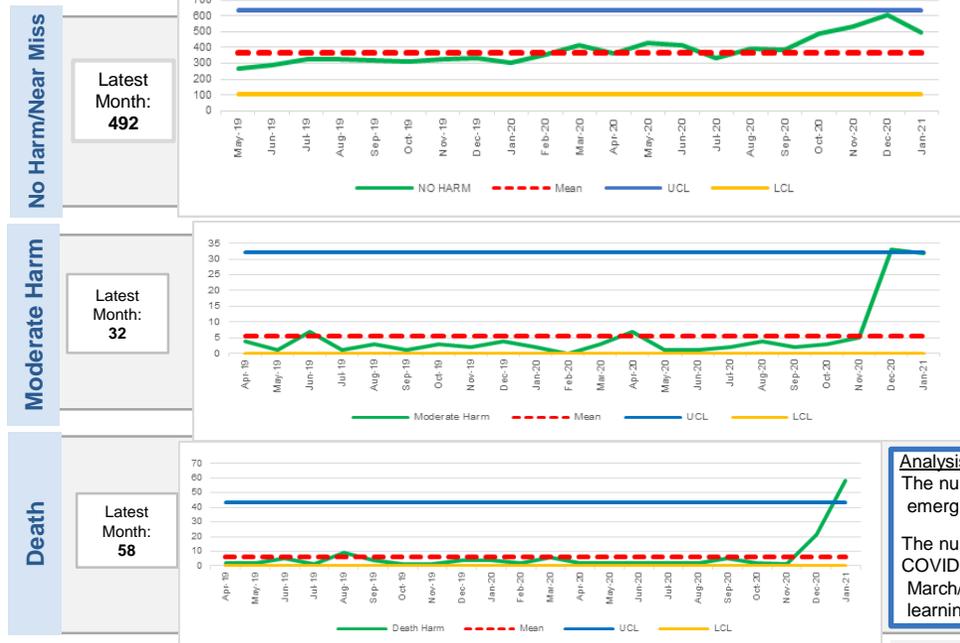
For further assurance we then provide additional data and analysis on:

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

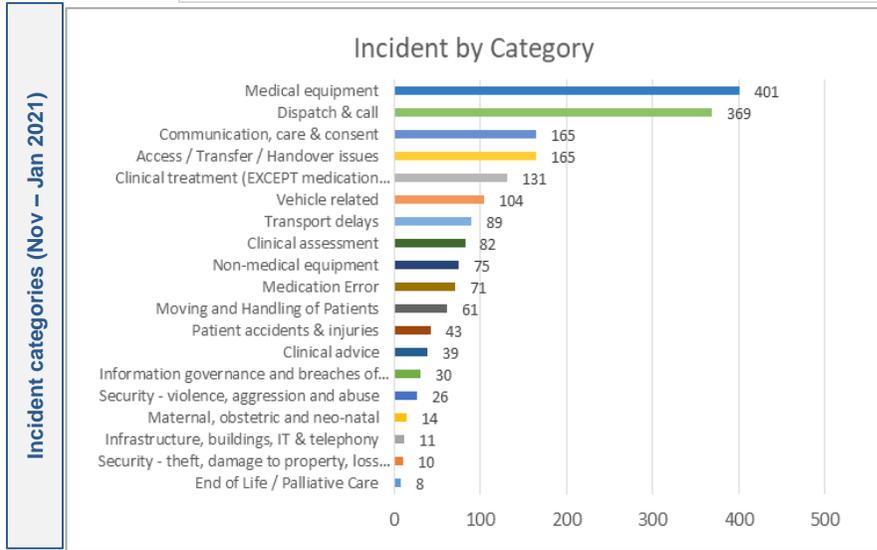
Outstanding Characteristic: People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

1. Safe - 999 Incident Management

Owner: Helen Woolford | Exec Lead: Dr. Trisha Bain



Analysis of SPC graphs:
The number of reported no and low harm incidents remain high with ongoing monitoring in place to manage themes/trends emerging. This is reviewed and acted upon monthly via the Trust Safety Investigations Assurance and Learning Group (SIALG).
The number of moderate, severe and death incidents increased in December and January as a result of the second wave of COVID19. These are the patient safety incidents that have been identified using the parameters developed during the COVID19 March/April review. These incidents will undergo a Structured Judgement Review (SRJ) to review the case and ensure that any learning is identified and actions are taken.

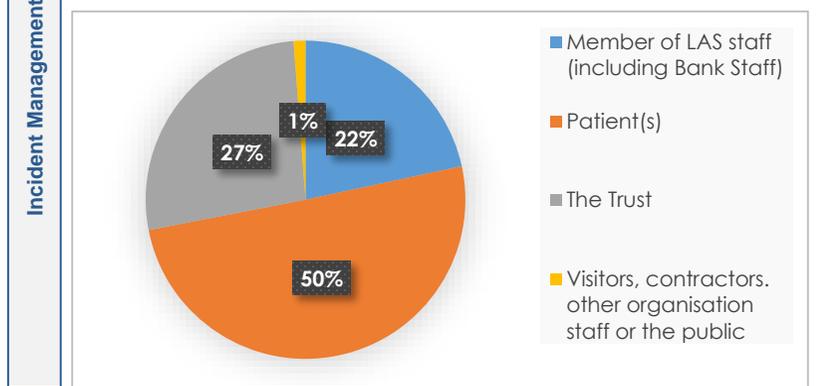


Actions are being taken to address these themes including:

- Incidents relating to medical equipment's are reviewed by F&L to ensure equipment is replaced. There is a risk on the Corporate (TW) Risk Register regarding missing equipment.
- Manage the talk group communications to ensure this is not left unmonitored in EOC.
- The London Ambulance Trust is working with TfL into the traffic calming schemes and the impact it is having on the Trust. There is a risk on the Corporate (TW) Risk Register due to the reputational risk to the Trust.

There are 1087 (as of 16/02/2021) which have been opened on the system longer than 35 working days (this excludes Sis and COVID 19 reviews). This breaks down to 534 patient incidents, 235 staff incidents 13 visitor incidents and 292 Trust related incidents.

This remains a focus of QGAMs to support operational colleagues investigate and close down incidents accordingly.

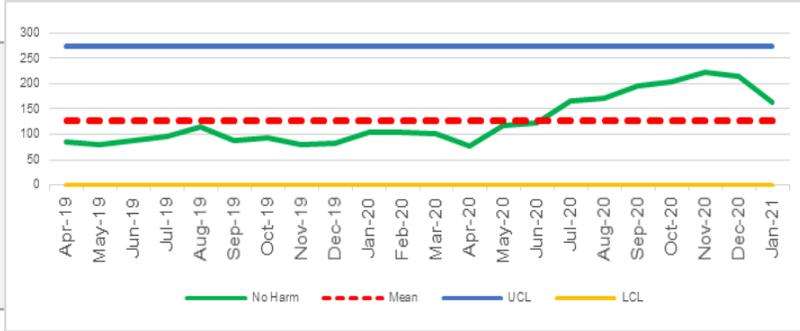


1. Safe - IUC Incident Management

Owner: Helen Woolford | Exec Lead: Dr. Trisha Bain

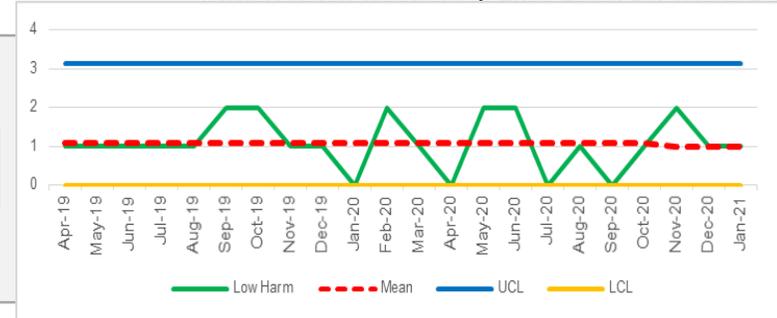
No Harm/Near Miss

Latest Month: 164



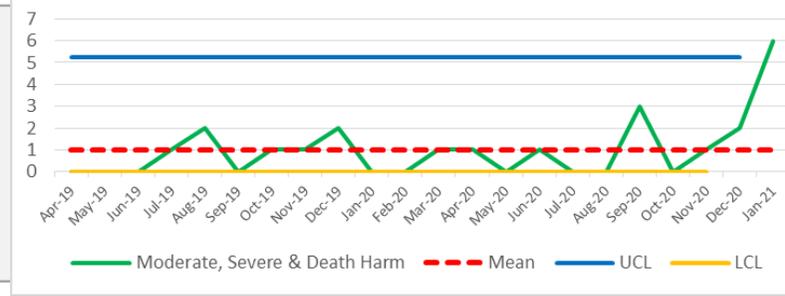
Low Harm

Latest Month: 1



Moderate, Severe & Death Harm

Latest Month: 6



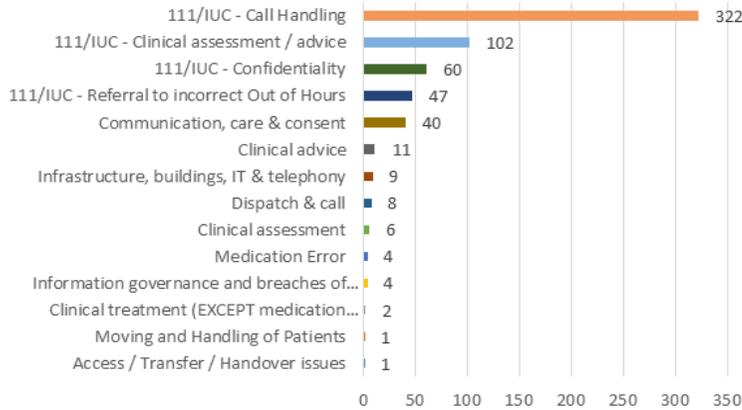
Analysis of SPC graphs:

The number of reported incidents continues to be positive in reporting numbers particularly in regards to no harm incidents. This is a sign of a good reporting culture.

There are increases in incident reporting that match the SPC graphs matches times of seasonal demands on the service. There was an increase in the IUC services in December and January due to the COVID19 pandemic in London

Incident categories (Nov – Jan 2021)

Incidents by Category

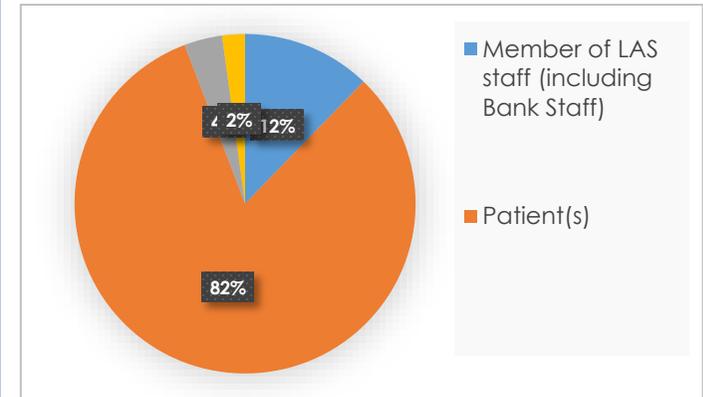


Call handling, Clinical assessment / advice and Confidentiality are the top three categories. Actions are being taken to address these themes including:

- A pilot QI project has been undertaken to refine the way demographics are taken to reduce instances of inaccurate information capture. Although paused, conversations are ongoing to identify if this work can continue.
- Regular Clinical CPD sessions have recommenced, individual feedback is provided and deep dives into practice occur to ensure any trends are addressed.
- Consent is routinely monitored to ensure principles of consent and capacity are adhered to. There is good use of these Acts within IUC

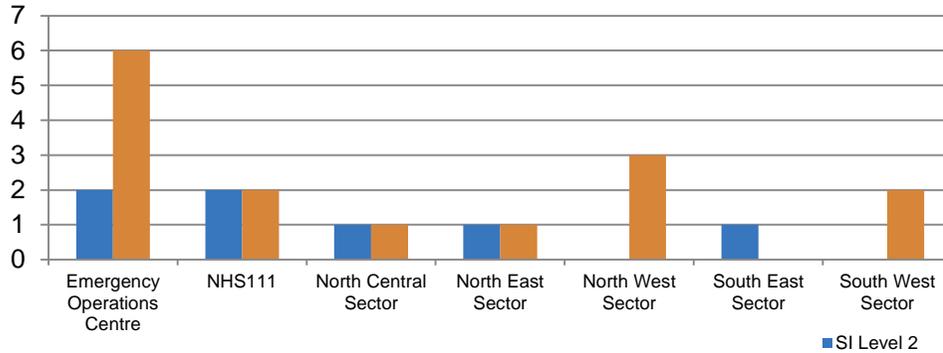
Incident Management

There are 139 (as of 16/02/2021) which have been opened on the system longer than 35 working days (this excludes Sis & COVID 19 reviews). This breaks down to 114 patient incidents, 17 staff incidents 3 visitor incidents and 5 Trust related incidents.



1. Safe - Serious Incidents

Owner: Helen Woolford | Exec Lead: Dr. Trisha Bain



During December 2020 and January 2021, total of **22** (including NHS 111) reported incidents were declared as SIs after review at the Serious Incident Group (SIG). Fig. 1 shows the monthly distribution of declared SIs across the Trust.

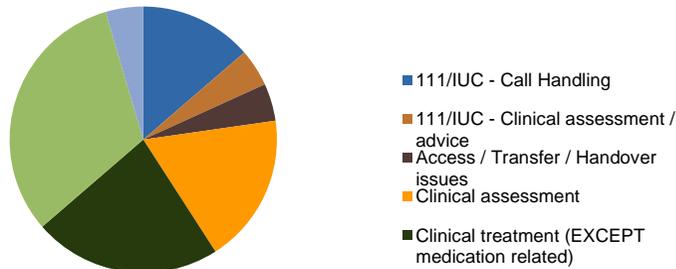
Of note

- 6 incidents were declared based on the incorrect triage of a 999 call resulting in a delayed response.
- 4 incidents involved the clinician decision making regarding the non conveyance of a patient.
- 3 incidents involved 111/IUC call handling and an incorrect triage resulting in the incorrect disposition being obtained.
- 2 incidents involved the management of patients suffering from major trauma.
- 2 incidents involved the management of cardiac arrests and the application of a defibrillator.

Mitigating actions that have taken place:

- The Emergency Rule regarding *staying on the line* for 999 call handlers was clarified.
- A review of Pre-Triage Sieve compliance was undertaken to understand whether the call handling errors was related to the experience and/or route of education.
- Communications were sent out on LIA following the two cases of delayed defibrillation.

SI categories



There continues to be a focus on SI actions, at the end of January there were 167 open actions, of these 27 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

- Action owners are made aware of the overdue action by the Datix system which send a reminder every 2 days.
- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.
- Overdue actions are also monitored at the Safety Investigation Assurance and Learning Group (SIALG) where escalations to departments are communication, if required.

There are 2 incidents which are oldest and highest in priority:

One is to distribute iPads to all frontline operational members of staff and remove pocket books from operation, ensuring only one source of information is available to all staff at the point of care.

Update:

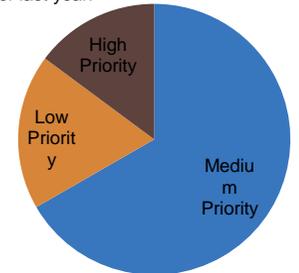
All contracted frontline operational staff now have iPads and the Trust is working through the final arrangements for dealing with Bank staff, so there is assurance that most staff have access to JRCALC+ for their information now, instead of the pocket books.

There are challenges with the access to iPads for Bank staff which relate to multiple users on a single iPad which the Trust is working to resolve

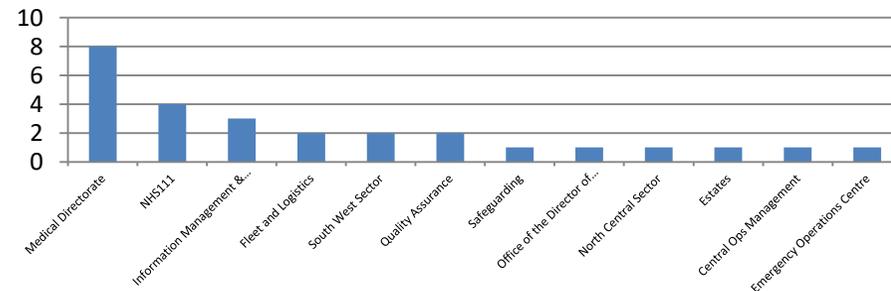
The other overdue SI actions is for the Logistical Support Unit (LSU) to review and develop an options appraisal on available automated stock management systems for approval within 9 months.

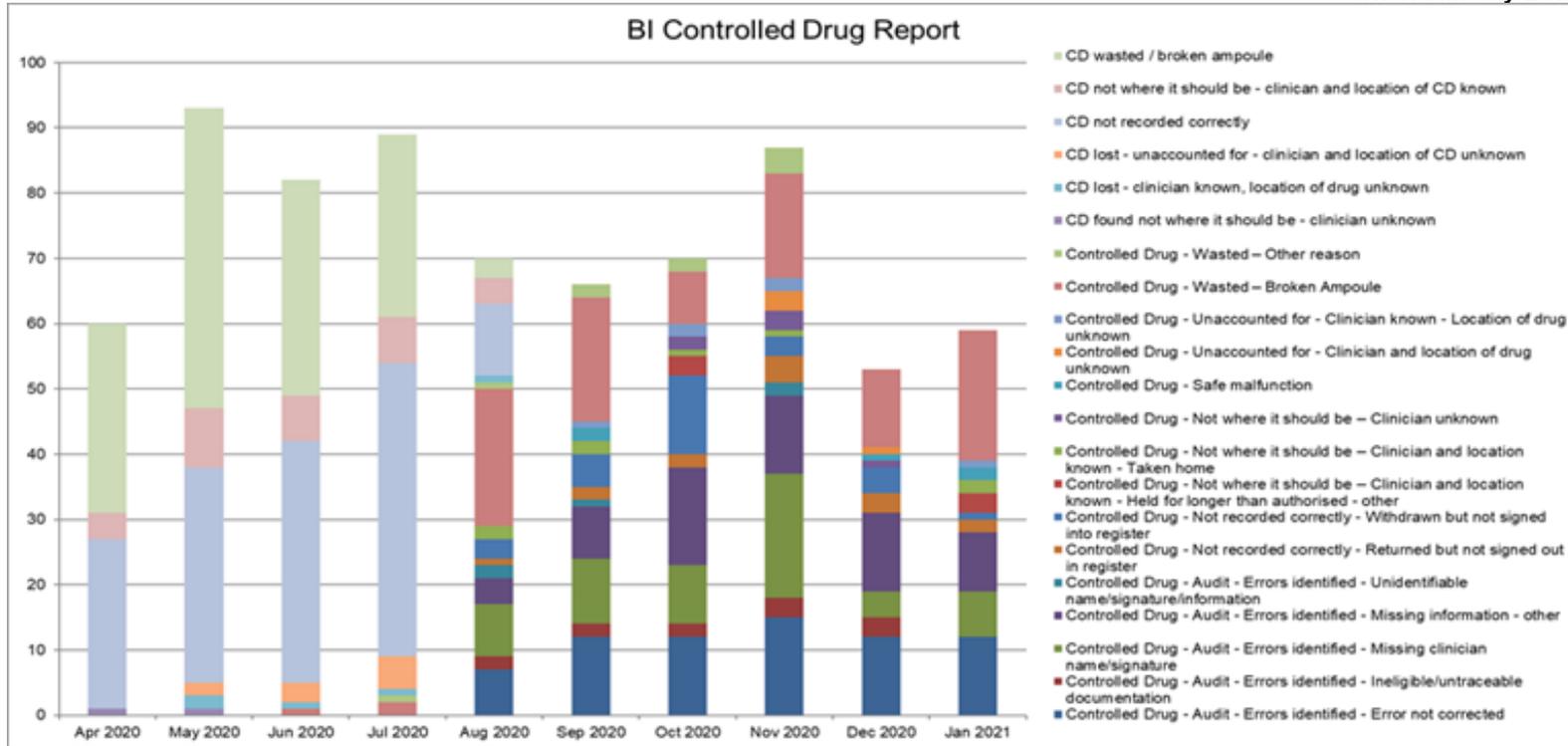
Update

The Orderwise stock management system was put in place in March last year to manage the PPE stock for the Trust and has since been extended to cover medical consumables. A business case has been written and a project manager put in post for an asset and stock management system. This was approved towards the end of last year. The tender has closed and is now being evaluated.



Overdue actions by Department





- No unaccounted for loss of injectable morphine
- Total of 70 other controlled drug (CD) incidents including
 - Abloy system/CD safe loss of malfunction (n=5)
 - Errors identified during CD audit (n=32)
 - CD damage or breakages (n=25)
 - CD retained off duty (n=5)
 - Unsecured, expired or missing CDs in pack (n=3)
- Non-controlled drugs incidents
 - Breakage, spillage or out of date drugs (n=3)
 - Inappropriate administration of adrenaline (n=3), atropine (n=1), diazepam (n=3), hydrocortisone (n=1), aspirin (n=3), chlorphenamine (n=1), glucose (n=1), midazolam (n=1), morphine (n=3), paracetamol (n=4), saline (n=1)
 - Reaction to morphine (n=1)
 - Delay in prescription from non-LAS provider (n=1)

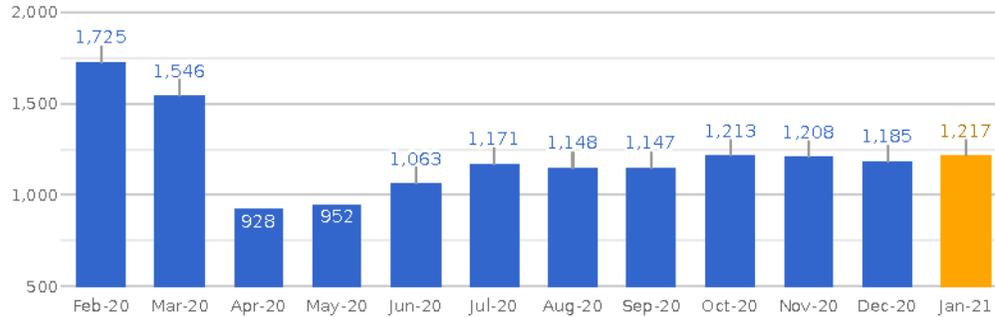
Assurance

- No incidents where morphine retained off duty. This means that controlled drugs remain secure and accounted for.
- No unaccounted for losses of morphine.
- No non-CD drugs found unsecured.

Actions

- Approval of additional PGD drug protocols to facilitate more community treatment of patients by APP-UC
- Ongoing development of new medicines packing unit

Total monthly inspections (last 12 months)

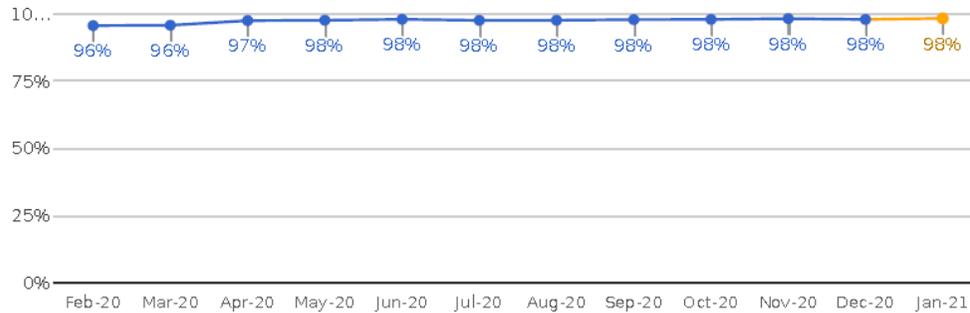


The PW inspection results are based on the numbers of inspections which take place only. Year on year comparison shows .notable difference since station consolidation; inspection trends are remaining consistent.

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

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

Average score (last 12 months)



Highest Scoring Clinical Areas

| Rank | Area | Score this month | Score last 12 |
|------|-------------------|------------------|---------------|
| 1 | Twickenham | 100% (1) | 93% (53) |
| 2 | Tolworth | 100% (1) | 97% (48) |
| 3 | APP Croydon | 100% (1) | 100% (28) |
| 4 | APP Friern Barnet | 100% (2) | 100% (21) |
| 5 | APP Ilford | 100% (2) | 100% (32) |

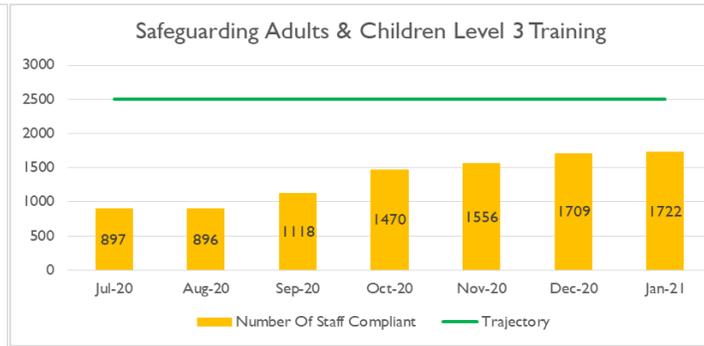
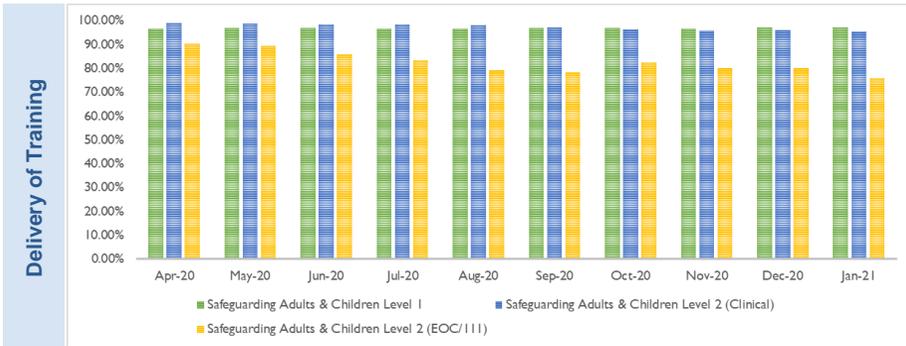
Lowest Scoring Clinical Areas

| Rank | Area | Score this month | Score last 12 |
|------|------------|------------------|---------------|
| 46 | Shoreditch | 96% (31) | 96% (271) |
| 47 | Greenwich | 96% (30) | 97% (356) |
| 48 | Brixton | 95% (29) | 96% (356) |
| 49 | Deptford | 93% (27) | 95% (279) |
| 50 | Oval | 93% (30) | 91% (344) |

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

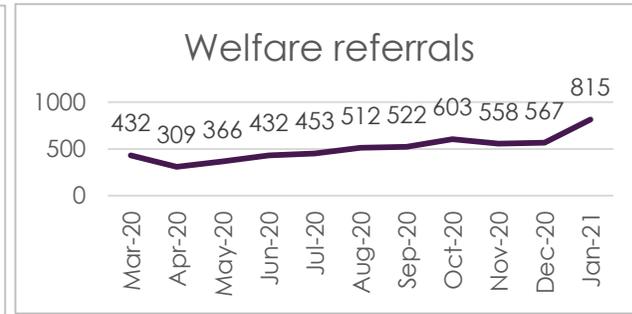
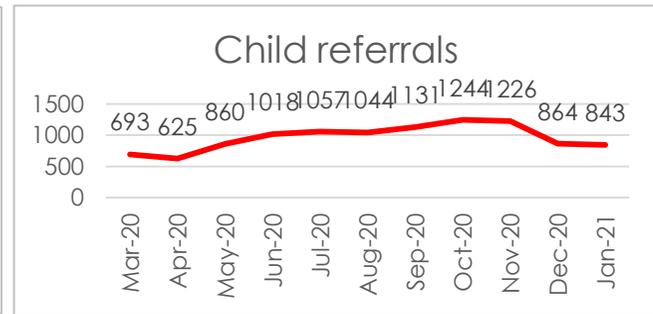
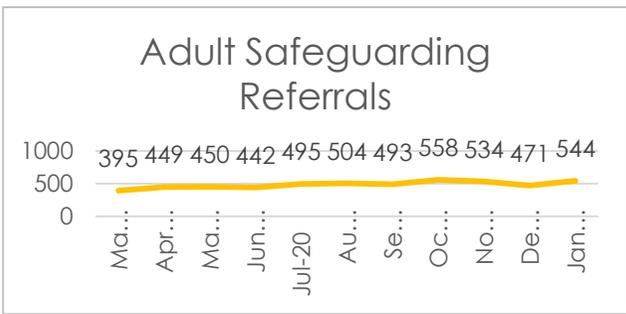
1. Safe -Safeguarding

Owner: Alan Taylor | Exec Lead: Dr. Trisha Bain

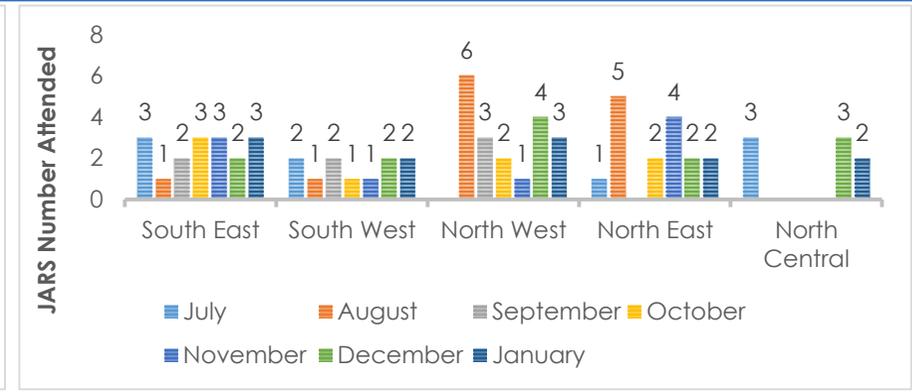
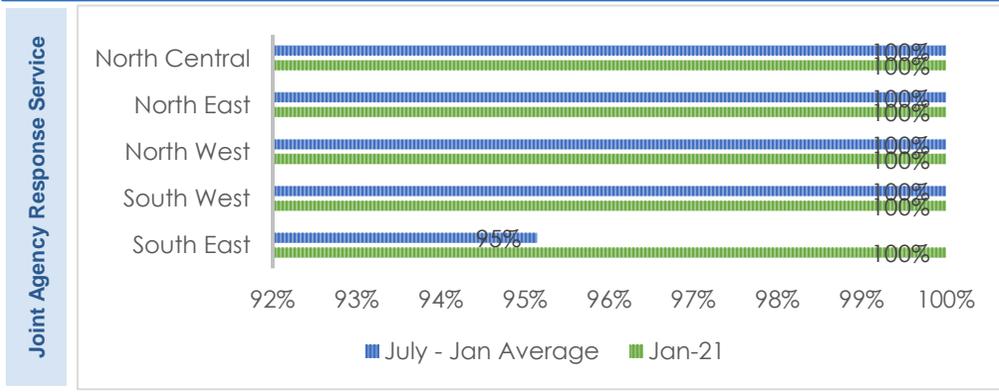


| Month | L3 % |
|--------|--------|
| Jul-20 | 35.88% |
| Aug-20 | 35.84% |
| Sep-20 | 44.72% |
| Oct-20 | 58.80% |
| Nov-20 | 62.24% |
| Dec-20 | 68.36% |
| Jan-21 | 68.88% |

Level 3 training trajectory is at 65.96% ; 1649 staff out of 2500 for 2020-2021. This has been adjusted from 3000 due to coronavirus outbreak. The remainder of the year we have 851 staff to train.



Adult safeguarding referral remain within normal range Child referrals are within normal range Welfare concerns are beginning to rise and return to normal reporting.



The Joint Agency response meetings are now managed directly by the Safeguarding Team. These are now virtual and as a result we have so far been able to attend 100% of these Multi agency meetings a majority of the time.

1. Safe – Safeguarding DBS Checks

Owner: Alan Taylor | Exec Lead: Dr. Trisha Bain

DBS Checks Assurance Template - As at 31st January 2021

| | Total number requiring DBS checks | Total number of recorded DBS checks | Percentage | Starters | Recorded DBS but older than 3 years | December 2020 position | Change from previous month | Comment |
|--|-----------------------------------|-------------------------------------|------------|------------|-------------------------------------|------------------------|----------------------------|--|
| Ambulance Services | 4137 | 4086 | 99% | 51 | 26 | 32 | -6 | We have had confirmation from HR teams that they have contacted all those who have a DBS check which is older than 3 years to complete the DBS process and check IDs |
| Integrated Patient Care | 1243 | 1226 | 99% | 17 | 10 | 10 | 0 | |
| Non-Clinical (Corporate Teams) (inc ERs) | 348 | 281 | 81% | 67 | 5 | 5 | 0 | |
| Ambulance Services (Bank) | 352 | 348 | 99% | 4 | | | | |
| EOC (Bank) | 44 | 41 | 93% | 3 | | | | |
| Total | 6124 | 5982 | 98% | 142 | 41 | 47 | -6 | |

Contractor safer recruitment assurance 111/IUC (Hays)

During September an audit of 220 staff was carried out inclusive of 20 LAS staff. Of this group 183 Agency staff were fully compliant (inc DBS checks) and 13 Agency staff were identified as requiring information governance and/or safeguarding compliance which had recently expired. Staff are subsequently updating their training to be fully compliant.

How do we seek assurance Clinical starters with risk assessment don't move to operations without DBS?

All staff in Ambulance Operations start with a risk assessment if no DBS is in place. In some cases we also have a DBS from a previous organisation at the same level. Usually we would expect the DBS check to be completed within 4 weeks of starting. Clinical Education are notified by Recruitment via the course register where someone starts on a risk assessment and they are notified when the DBS is completed. All iParas start with an Overseas Police Check.

Trainee ECH start with risk assessment assurance how do we assure they don't move to operations without DBS?

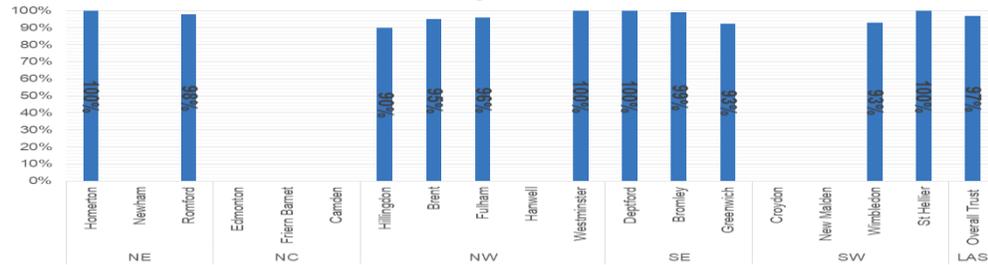
Staff can only start with a risk assessment in place with proof of a previous DBS and a current DBS in progress. They are not allowed to take 999 calls until the current DBS has been received. The 999 team are kept up to date by the Recruitment team regarding the status of the current DBS check.

- Non-Clinical**
- 308 C&E Communications & Engagement L4
 - 308 CHX Chief Executive L4
 - 308 COO Chief Operating Officer Management L4
 - 308 ITS IT & Technical Services L4
 - 308 P&P Programmes & Projects L4
 - 308 PER Performance L4
 - 308 SAP Strategic Assets & Property L4
 - 308 CORP Corporate Governance L4
 - 308 FIN Finance L4
 - 308 MED Medical L4
 - 308 NED Chairman & Non Executive L4
 - 308 P&C People & Culture L4
 - 308 Q&A Quality & Assurance L4
 - 308 S&T Strategy & Transformation L4

1. Safe - Infection Prevention and Control

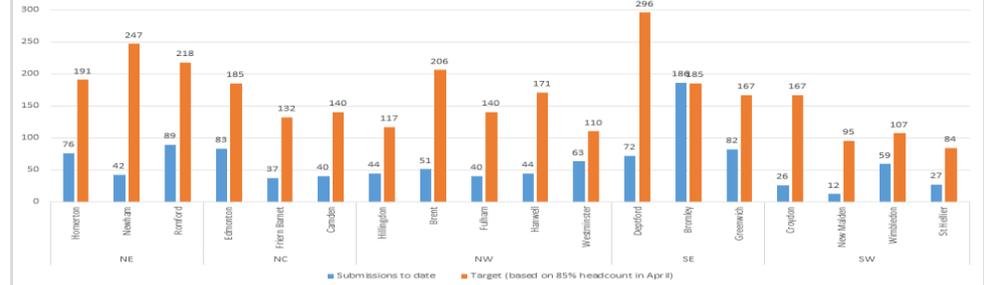
Owner: Claire Brown | Exec Lead: Dr. Fenella Wrigley

OWR Hand Hygiene Compliance - January 2021
Target 90%



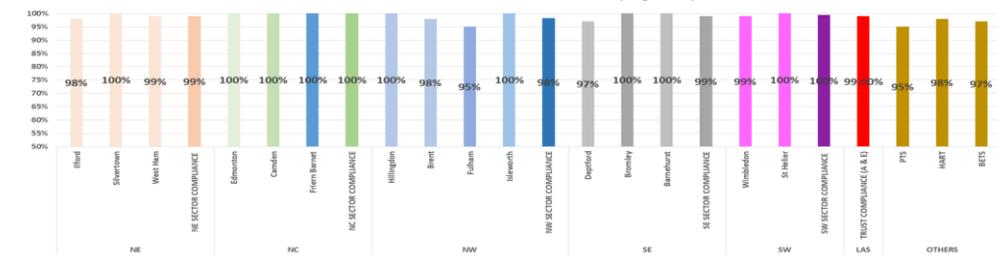
Overall the Trust OWR hand hygiene compliance for January 2021 is 97% compared with 95% in December. It is to be noted that several stations (7/18) failed to submit any OWR audits for the month of January. Compliance exceeds the expected Trust target of 90% for the group station that submitted data. **Actions:** Reinforcing the importance of compliant Hand Hygiene practice has been communicated as part of the IPC programme of work. Hand Hygiene audits at A&E departments, were suspended following the Government lockdown on March 23rd, 2020, as accessibility to A&E departments was restricted to reduce transmission. Audits have been undertaken by link practitioners since mid June and the importance of undertaking these re-emphasised at the IPLCL meeting in November. Daily Quality huddles facilitated by the Quality Team throughout the month of January emphasised the need to continue these audits through the REAP 4 pressures to QGAMS to provide assurance and benchmark compliance.

OWR Hand Hygiene Submissions - YTD



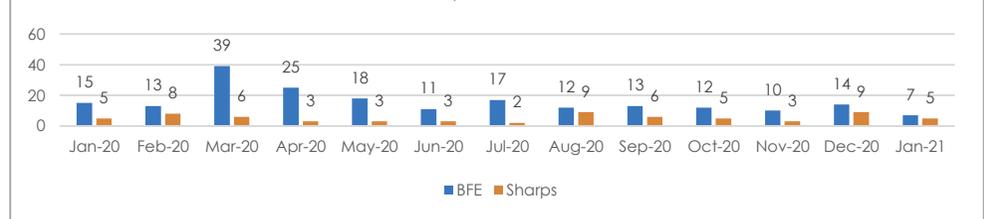
11/18 group stations submitted OWR data for January 2021 compared to 15/18 in December 2020. Overall submissions have decreased to 52, compared to 136 submissions in December. This requires improvement in order to achieve overall data submission targets, currently only 38.8% of the annual submission target has been achieved. This month 13 of the 52 Audits were completed by the IPC Team rather than the stations directly. **Actions:** Volunteers were engaged from the Trust's first responder volunteer pool to support struggling sectors and were due to facilitate audits Mid-December. Given the severe pressure and reap 4 status of the trust these volunteers were deployed elsewhere. Re-engagement conversations are currently in progress. Group station managers were contacted to review low audit submissions. Highlighted at IPCC and QOG the importance of continued audit for preparedness and prevention. Escalation of low submissions escalated to operations for recovery. IPC team are supporting audits for January across all sector and provided 2 audit refresher / induction training sessions completed virtually for IPLCL's.

VP DEEP CLEAN A&E VEHICLES JANUARY 2021 (Target 95%)



Trust compliance in January is reported at 99%, exceeding the Trust target of 95%. In response to COVID-19, 6 vehicle decontamination hubs were organised at: Brent – NW Sector, Isleworth – NW Sector, Bromley – SE Sector, St Helier – SW Sector, Ilford – NE Sector & Silvertown – NE Sector - was the hub where the Nightingale vehicles were cleaned.

DATIX reported Bodily Fluid Exposure (BFE) and contaminated sharps Incidents Jan-20 to Jan-21



A total of 12 incidents were reported via datix for contaminated sharps injuries and exposure to BFE. 3/7 BFE incidents reported in January were as a result of true exposure to body fluids (BFE). All 5 incidents reported in January were as a result of true contaminated sharps injuries

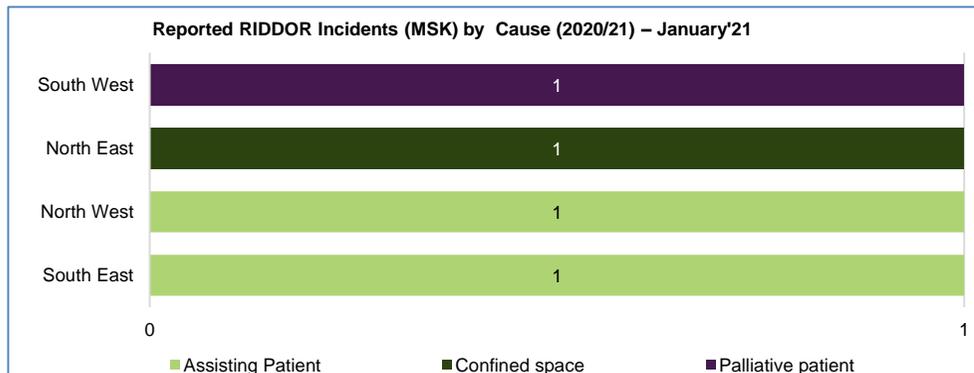
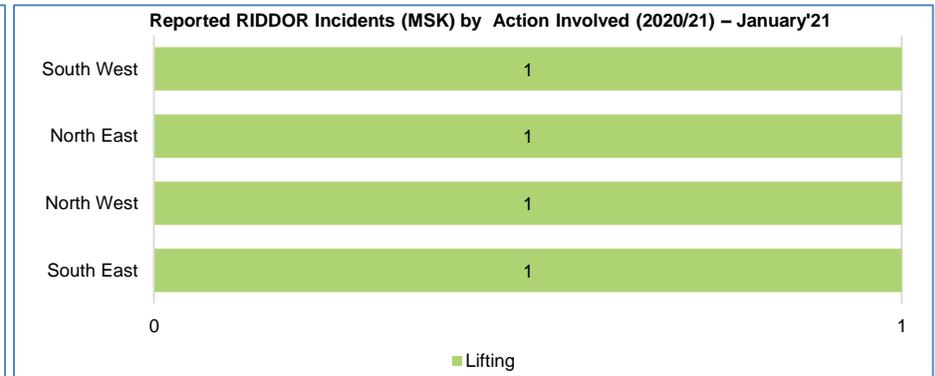
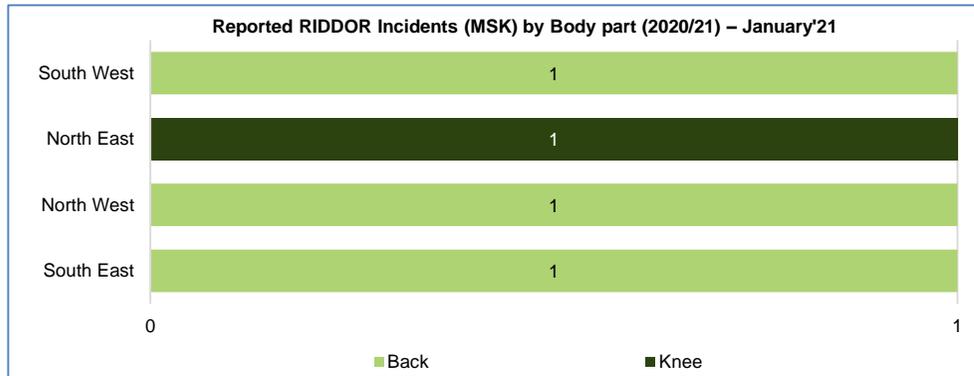
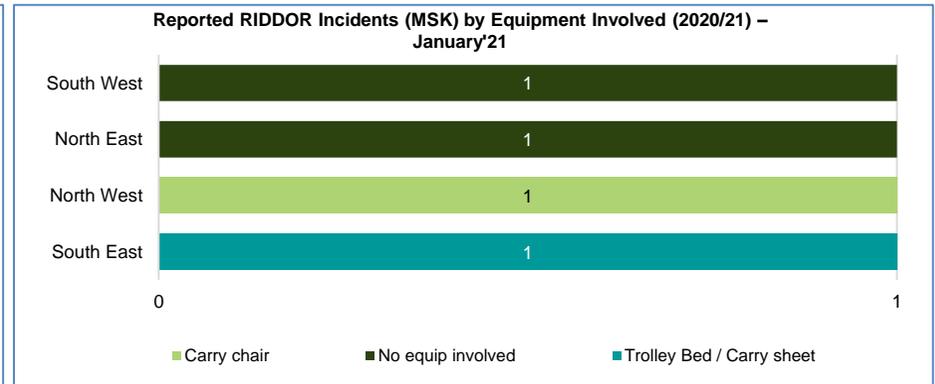
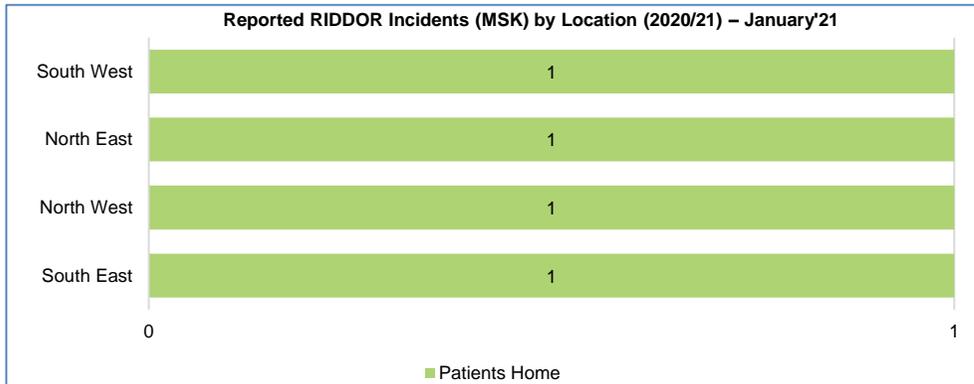
Premises Cleaning Audit - January 2021 (Target 90%)



18 Group Stations/Services submitted data for analysis in January 2021. Overall Trust compliance for December is just under 96%. This score continues to exceed the Trust performance target of 90%. In response to the COVID-19 situation, some Ambulance station premises have been temporarily closed to consolidate resources and therefore not all group stations were occupied. In those instances cleaning audits were not carried out. Stations that failed to achieve the required. **Actions:** Scores below 90% -escalated to facilities manager



Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) by Sector – January 2021



The above graphs provide details from the thematic analysis of 4 reported RIDDOR incidents in January 2021 (1 incident occurred in December'20, and 3 incidents occurred in January'21). These relate to Manual Handling (MSK):

1. All 4 reported RIDDOR incidents occurred in Patients Home (n=4).
2. 2 reported RIDDOR incidents involved no equipment, 1 incident involved while handling Carry Chair (n=1) and 1 incident involved Trolley Bed/Carry sheet (n=1).
3. 3 reported RIDDOR incidents resulted in Back injury (n=3), 1 incident resulted in Knee injury (n=1).
4. All 4 reported RIDDOR incidents occurred during Lifting (n=4).

Violence & Aggression Incidents (Physical Assaults on Staff) Report– Findings & Actions - 2020/21 (up to end January'21)

Findings

- 33 assaults reported during January'21.
- The greatest number of reported physical assaults (53%) occur due to the clinical condition of the patient;
- Police attended 70% of physical assault incidents;
- 27 successful prosecutions for assault have been recorded (year to date); and further 23 cases are awaiting trial.

Actions

- Close liaison with MPS Operation Hampshire continues to support victims through the criminal justice process.
- LAS and MPS information sharing agreement being produced to help facilitate VROs in liaising with MPS to support and update victims.

General

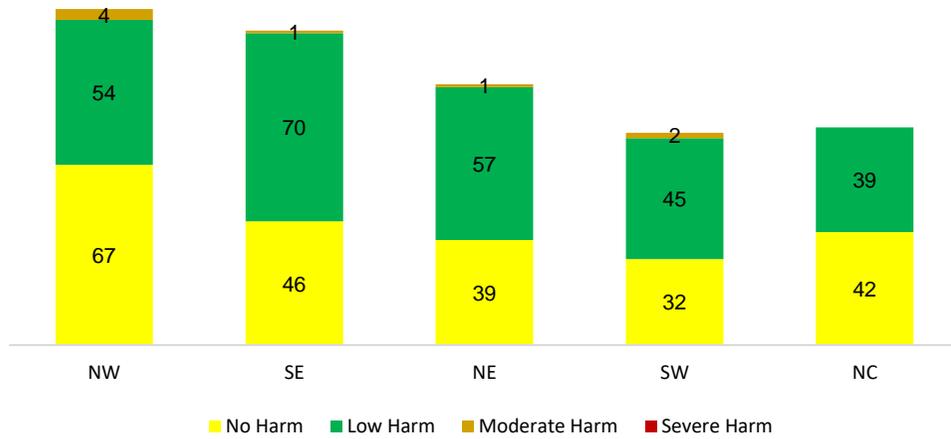
- Violence Reduction – Violence Reduction Officers (VROs) continue to provide support and guidance to both victim and management, following incidents of violence and aggression.

Latest Updates

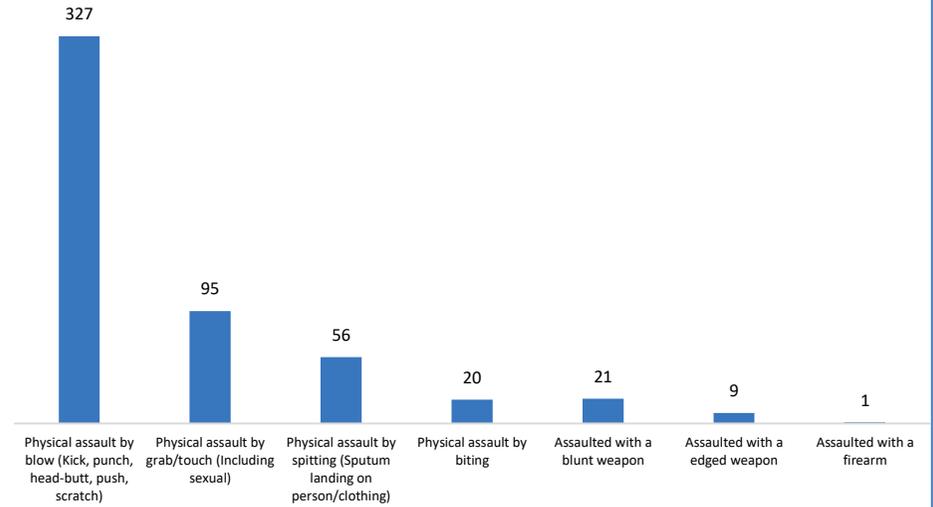
- TBWV Standard Operating Procedure (SOP) final approval at Corporate Health Safety & Wellbeing Committee.
- BWV training plans being finalised.
- BWV equipment undergoing User Acceptability Testing.
- BWV equipment quantities for second trial sites (Greenwich and Newham) being finalised.
- BWV working with Comms (internal and external) to prepare media for trial start.
- BWV Outline Business Case for full roll out.
- NHS England Violence Prevention and Reduction Standards published
- NHS England Violence Prevention and Reduction Standards gap analysis.



Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2020/21



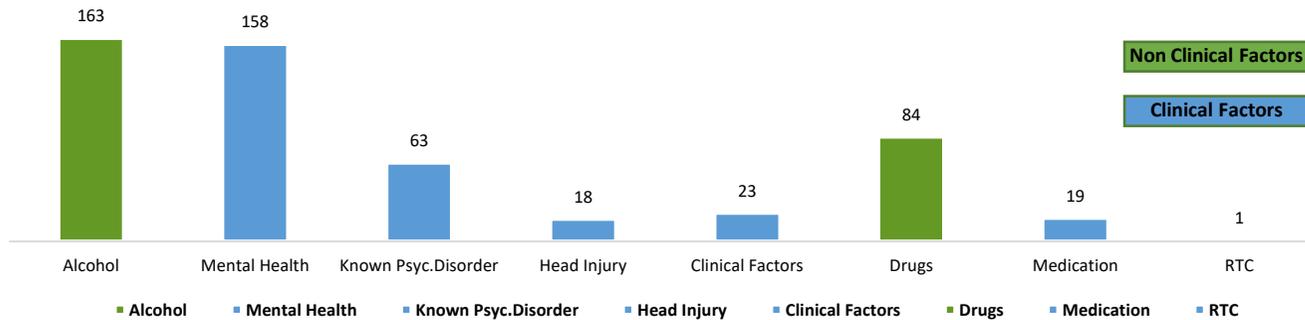
Number of reported Physical Assaults on Staff by Type (YTD) – 2020/21



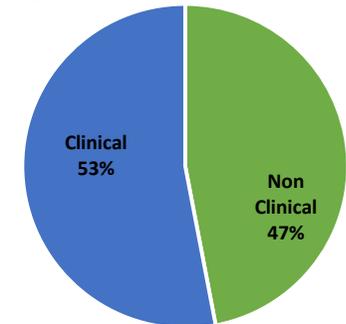
- Notes:**
- A total of 529 Physical Assaults on Staff were reported during 2020/21 (up to end January'21).
 - 243 (46%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 286 incidents resulted in Harm. 277 (52%) of the harm related incidents were reported as 'Low Harm and 9 (2%) incidents were reported as Moderate Harm.
 - 34 out of the 529 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc).

- Notes:**
- Physical Assault – by blows, kicks/ assault to staff (62% , n=327) accounted for the highest number of incidents reported during 2020/21 (up to end January'21).

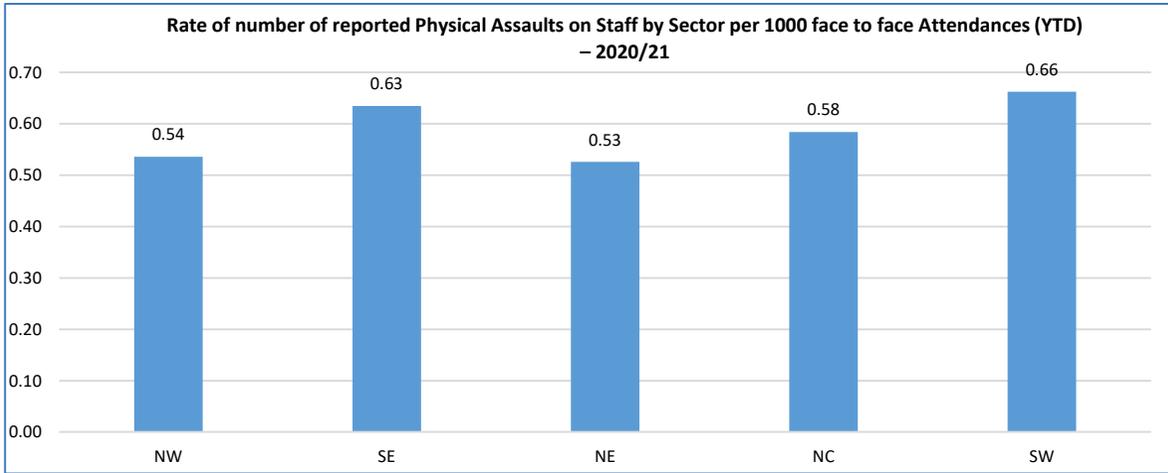
Number of reported Physical Assaults on Staff by Influencing Factors (YTD) – 2020/21



Percentage Breakdown of Factors (YTD) – 2020/21



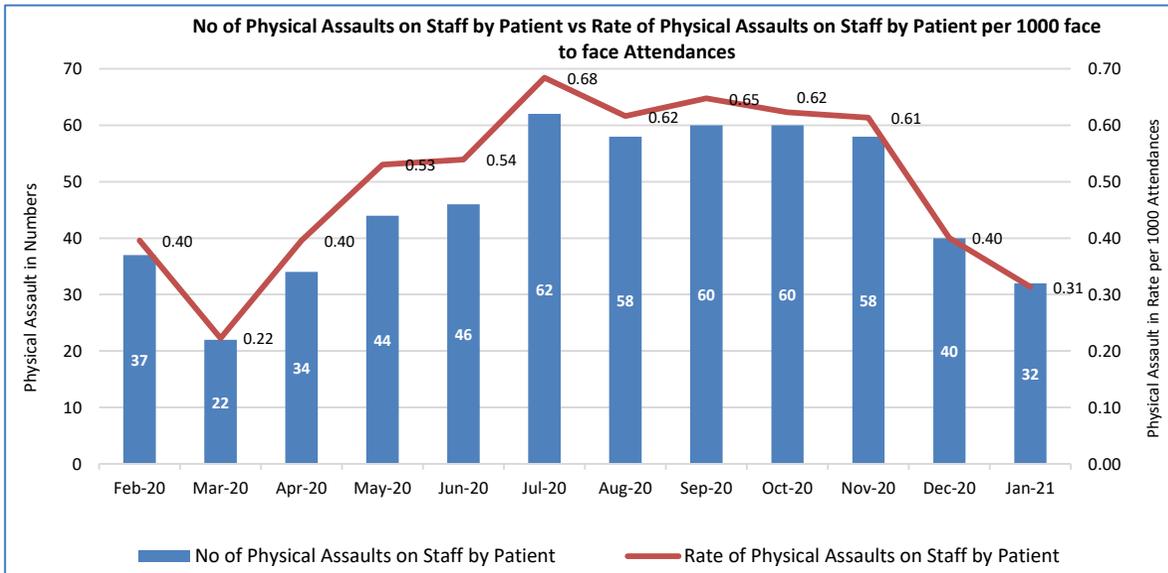
- Notes:**
- Clinical Factor: 281 (53%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=158), Known Psyc.Disorder (n=63), Head Injury (n=18), Clinical Factors (n=23), Medication (n=19).
 - Non Clinical Factor: 248 (47%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=163), and Drug (n=84) and, RTC (n=1).



| Sector | Rate of Physical Assaults on Staff |
|--------|------------------------------------|
| NW | 0.54 |
| SE | 0.63 |
| NE | 0.53 |
| NC | 0.58 |
| SW | 0.66 |

Notes:

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



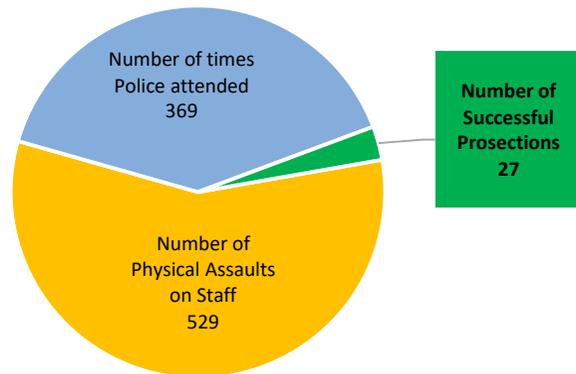
| Month | No of Physical Assault on Staff by Patient | Rate of Physical Assault on Staff by Patient |
|---------|--|--|
| Feb-20 | 37 | 0.40 |
| Mar-20 | 22 | 0.22 |
| Apr-20 | 34 | 0.40 |
| May-20 | 44 | 0.53 |
| June-20 | 46 | 0.54 |
| July-20 | 62 | 0.68 |
| Aug-20 | 58 | 0.62 |
| Sep-20 | 60 | 0.65 |
| Oct-20 | 60 | 0.62 |
| Nov-20 | 58 | 0.61 |
| Dec-20 | 40 | 0.40 |
| Jan-21 | 32 | 0.31 |

Notes:

- The graph and dash board (above) provides the Number of reported Physical Assault on Staff by Patient & the Rate of reported Physical Assault on Staff by Patient per 1000 face to face Attendances over the last 12 months (Feb'20 to Jan'21).



Number of: Physical Assaults - Police Attended - Successful Prosecutions (YTD) – 2020/21



Total Number of Successful Prosecutions (2020-21)

27

Number of LAS Victims

31

Notes:

- Total of 529 physical assaults on staff reported during 2020/21 (up to end of January'21).
- Police were attended 369 occasions out of the 529 incidents.
- 27 cases were successfully prosecuted during 2020/21 and the outcome of the prosecution are given in the dash-board below.
- Further 23 cases are awaiting trial.

Prosecution Outcomes (2020-21)

| | |
|---|------|
| Suspect got custodial sentence | 18 |
| Compensation awarded | 12 |
| Average compensation awarded per victim | £140 |

| Prosecution Outcomes (2020-21) | Total |
|---|-------|
| 26 weeks imprisonment | 1 |
| 3 months imprisonment suspended for 12 months | 1 |
| 4 weeks imprisonment | 1 |
| 7 months imprisonment | 1 |
| 12 weeks imprisonment | 1 |
| 34 weeks imprisonment | 1 |
| 12 weeks prison suspended for 12 months & £275 compensation | 1 |
| 8 weeks imprisonment | 1 |
| 20 weeks imprisonment | 1 |
| fined £110 & compensation £34 | 1 |
| 10 weeks prison suspended for 18mths & £250 compensation | 1 |
| 16 weeks imprisonment suspended for 12 months | 1 |
| 8 months imprisonment & £200 compensation | 1 |
| Community order & £75 compensation | 1 |

| Prosecution Outcomes (2020-21) | Total |
|---|-------|
| Conditional discharge for 9 months | 1 |
| Fined £150 & compensation £150 | 1 |
| 28 days prison suspended 12 months & £200 compensation | 1 |
| 8 weeks prison suspended for 12 months & £50 compensation | 1 |
| 16 weeks prison suspended for 18 months & £200 compensation | 1 |
| £200 compensation | 1 |
| Community order & £350 compensation | 1 |
| Community order & £200 compensation | 1 |
| Youth referral order & £200 compensation | 1 |
| 6 weeks imprisonment | 1 |
| 4 weeks custodial sentence | 1 |
| 6 week custodial sentence | 1 |
| No separate penalty | 1 |

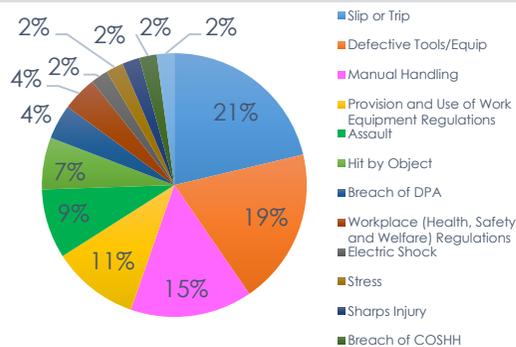
Claims:

Currently there is no claim made by staff member due to physical assault.

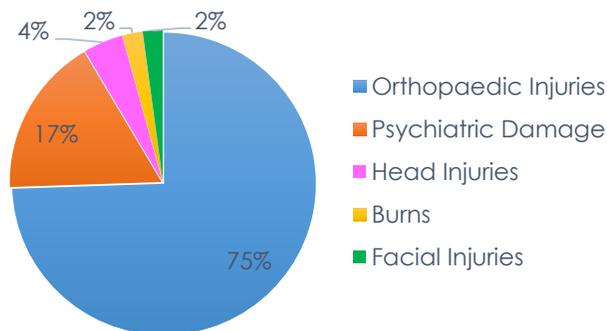
1. Safe - Legal Clinical & Non Clinical Claims

Exec Lead: Syma Dawson

Current Non-Clinical Open Cases by Cause



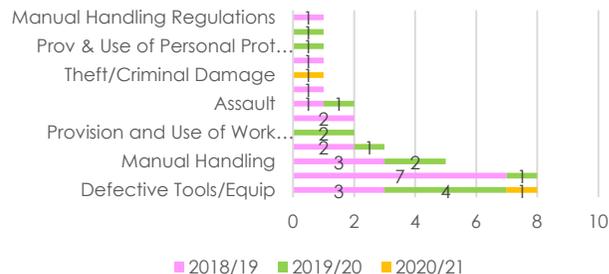
Current Non-Clinical Open Cases by Injury



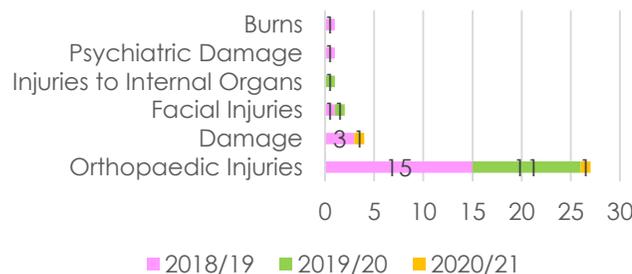
Closed Non-Clinical Claims by Cause and Total Claim Cost

| Cause | 2018/19 | 2019/20 | Grand Total |
|---|-------------------|-------------------|-------------------|
| Assault | £0.00 | £0.00 | £0.00 |
| Breach of DPA | £9,000.00 | | £9,000.00 |
| Defective Tools/Equip | £3,812.11 | £15,036.00 | £18,848.11 |
| Electric Shock | £5,179.00 | | £5,179.00 |
| Hit by Object | £2,233.30 | | £2,233.30 |
| Manual Handling | £0.00 | £4,523.00 | £4,523.00 |
| Manual Handling Regulations | £0.00 | | £0.00 |
| Mgt of H & S at W Regs | | £0.00 | £0.00 |
| Prov & Use of Personal Prot Equip Regs | | £0.00 | £0.00 |
| Provision and Use of Work Equipment Regulations | | £2,822.00 | £2,822.00 |
| Sharps Injury | £10,567.00 | £7,573.80 | £18,140.80 |
| Slip or Trip | £26,991.60 | | £26,991.60 |
| Theft/Criminal Damage | | | £0.00 |
| Grand Total | £57,783.01 | £29,954.80 | £87,737.81 |

Closed Non-Clinical Claims by Cause



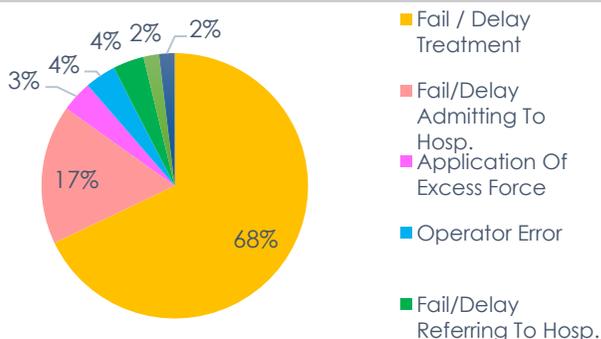
Closed Non-Clinical Claims by Injury



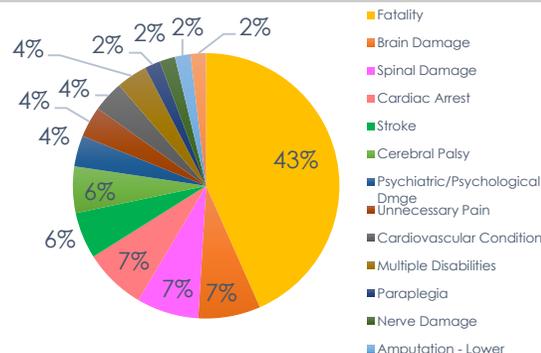
Closed Clinical Claims by Cause and Total Claim Cost

| Cause | 2018/19 | Number of Cases |
|-------------------------------|-------------------|-----------------|
| Fail / Delay Treatment | £21,554.09 | 2 |
| Fail/Delay Admitting To Hosp. | £3,724.65 | 1 |
| Grand Total | £25,278.74 | 3 |

Current Clinical Open Cases by Cause



Current Clinical Open Cases by Injury



Highlights

- Business Planning in progress with Syma Dawson (CA Directorate). Looking to consolidate all Trust Legal Services incorporating Employment and Corporate as well as Claims and Inquests.
- Work continues on the Inquest preparations for Fishmongers Hall. New request for disclosure for the notable incident in Streatham, Feb 2020. Trust on plan for both.
- Legal Secondee working very well in the department and acting as a Trust advocate.
- No PFDs received for the Trust in last 2 quarters.

Lowlights

- 1 x staff leavers 11/12/2020 (C&I Assistant), recruitment process for the substantive post has been commenced. In the meantime, personnel hub has provided a paramedic to assist.
- Large amount of inquests listed virtually for February and March 2021.
- Coroners courts still facing a backlog, high volumes of coroners notification being received per week.

Quality visits were suspended during REAP 4 no data for December & January

October & November: 41 Quality Visits Completed
88.5% average compliance (target: 90%)

Areas of positive outcomes

Security – 91.78% overall compliance

- 27.5% - vehicles were not locked inside garage/site
- 25% - not challenged when entering the building
- 22% - not challenged on site

Medicines Management – 92.41% overall compliance

- 31.25% - Drug packs in the green and red locker do not match KIT PREP record
- 8% - There are discrepancies in signing in/signing out morphine

Garage – 92.55% overall compliance

- 38% - Vehicles were not displaying in date deep clean discs
- 9% - Clinical waste bags were not cable tied
- 98% - Clean and tidy

Offices – 90.45% overall compliance

- 94.11% - Clean and tidy
- 17.2% - Confidential information was not being protected

Kitchen – 91.22% overall compliance

- 100% - Clean and tidy
- 12% - Hand soap was available at non dedicated hand washing sinks

Dirty Utility Area – 91.58% overall compliance

- 12.5% - Buckets were not air drying
- 6% - No cleaning specifications displayed

Areas of concern

Noticeboards – 69.55% overall compliance

- 77.4% - No information displayed on who the local team are
- 75% - No risk register on display
- 54.8% - No information displayed about the staff survey
- 32.2% - No FTSU poster on display
- 35.4% - No Fire Marshall Named and displayed
- 25.8% - No contractor cleaning audit results displayed
- 25% - Noticeboards were not clear/tidy or displaying up to date info
- 16% - No Covid secure posters on display
- 16% - No IPC top tips on display
- 16% - Posters were not laminated

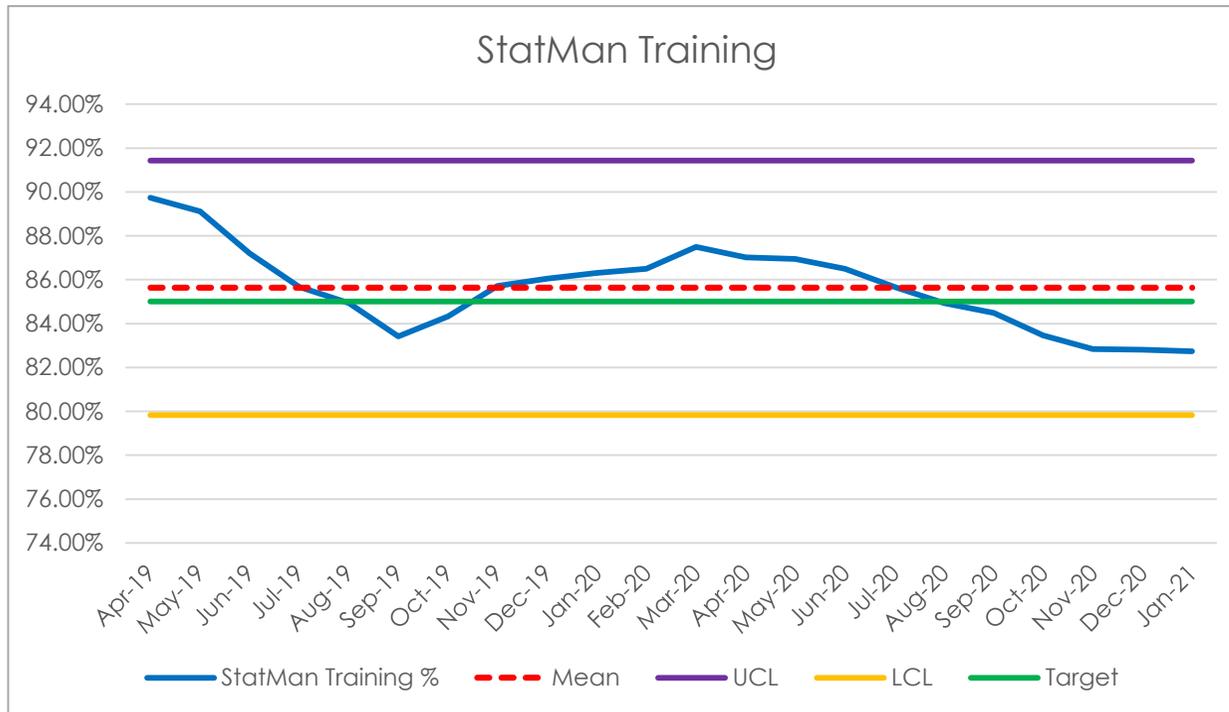
Covid Secure – 87.96% overall compliance

- 29% - No max occupancy if rooms on display
- 19% - felt there could be more Covid signage
- 6% - surface wipes were not available in all rooms with workstations/desks
- Unable to audit frequent touch points, as no clear process on requirements

1. Safe - Statutory & Mandatory Training

Owner: Chris Randall | Exec Lead: Kim Nurse

Stat & Man Training



- Statutory & mandatory training – as at 31st January we are currently tracking below our 85% target at 83%.
- Compliance rates have been affected by the current demand pressures (REAP level 3) and the significant staff absences due to Covid isolations and sickness levels in January (over 1,000 staff absences).

| Training Type | Nov % | Dec % | Jan % |
|---|--------|--------|--------|
| Display Screen Equipment (3 Years) | 84.54% | 78.67% | 79.40% |
| Duty of Candour (3 Years) | 95.32% | 94.65% | 95.13% |
| EPRR Incident Response (Clinical) (1 Year) | 83.16% | 83.46% | 82.45% |
| EPRR Incident Response (EOC) (1 Year) | 89.69% | 79.72% | 75.77% |
| EPRR JESIP Awareness E-Learning (1 Year) | 33.84% | 33.08% | 34.60% |
| EPRR JESIP Commander Classroom (3 Years) | 20.83% | 20.27% | 21.33% |
| EPRR LAS Tactical Commander Foundation Course (3 Years) | 80.00% | 80.00% | 80.00% |
| EPRR Operational Commanders (2015 to 2020) (3 Years) | 32.52% | 29.47% | 26.39% |
| EPRR Tactical Commanders (Old Course) (3 Years) | 0.00% | 0.00% | 0.00% |
| Equality, Diversity & Human Rights (3 Years) | 82.10% | 81.39% | 81.41% |
| Fire Safety (2 Years) | 94.51% | 95.17% | 94.94% |
| Fraud Awareness (No Renewal) | 83.64% | 84.00% | 84.10% |
| Health & Safety Trust Board (1 Year) | 66.67% | 70.00% | 73.68% |
| Health, Safety & Welfare (3 Years) | 96.64% | 97.29% | 97.36% |
| Infection Prevention & Control Level 1 (3 Years) | 96.56% | 95.75% | 96.06% |
| Infection Prevention & Control Level 2 (1 Year) | 95.97% | 95.29% | 95.16% |
| Information Governance (1 Year) | 92.95% | 93.69% | 92.60% |
| Medicines Management (1 Year) | 95.67% | 95.22% | 94.99% |
| Medicines Management (NETS) (1 Year) | 16.67% | 15.63% | 15.75% |
| Mental Capacity Act Level 1 (3 Years) | 94.33% | 95.18% | 95.23% |
| Moving & Handling Level 1 (3 Years) | 93.85% | 93.85% | 94.18% |
| Moving & Handling Level 2 (Load Handling) (3 Years) | 74.04% | 74.51% | 72.82% |
| Moving & Handling Level 2 (People Handling) (1 Year) | 16.84% | 15.24% | 13.18% |
| NHS Conflict Resolution (3 Years) | 92.54% | 93.44% | 93.44% |
| Prevent Level 1 (3 Years) | 95.62% | 95.17% | 95.45% |
| Prevent Level 2 (3 Years) | 92.15% | 92.68% | 92.18% |
| Resuscitation Level 1 (1 Year) | 72.76% | 72.00% | 72.53% |
| Resuscitation Level 2 Adults (1 Year) | 57.89% | 55.04% | 45.31% |
| Resuscitation Level 2 Paediatrics (1 Year) | 57.89% | 55.04% | 45.31% |
| Resuscitation Level 3 Adults (1 Year) | 59.84% | 59.77% | 60.27% |
| Resuscitation Level 3 Newborn (1 Year) | 59.82% | 59.74% | 60.27% |
| Resuscitation Level 3 Paediatrics (1 Year) | 59.82% | 59.74% | 60.27% |
| Safeguarding Adults & Children Level 1 (3 Years) | 96.61% | 97.39% | 97.41% |
| Safeguarding Adults & Children Level 2 (Clinical) (3 Years) | 95.67% | 96.12% | 95.60% |
| Safeguarding Adults & Children Level 2 (EOC/111) (3 Years) | 80.23% | 80.11% | 76.18% |
| Safeguarding Adults & Children Level 3 (3 Years) | 32.97% | 36.07% | 36.90% |
| Safeguarding Trust Board (3 Years) | 42.86% | 45.00% | 36.84% |

2. Effective

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

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

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

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

2. Effective - Clinical Ambulance Quality Indicators

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

| Measures | Target / Range | RAG | YTD 20/21 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Movement | Trend | Business Plan | Schedule 4 LQ Ref. | Quality Account | Data Quality |
|--|----------------|-----|-----------|--------|--------|--------|--------|--------|--------|----------|---|---------------|--------------------|-----------------|--------------|
| ROSC at Hospital (AQI) | 31% | R | 26% | 33% | 28% | | | | | ↔ | | | LQ1a | | |
| ROSC at Hospital UTSTEIN (AQI) | 55% | G | 51% | 57% | 60% | | | | | ↔ | | | LQ1b | | |
| STEMI Care Bundle (AQI) (Reported every 4 months) | 74% | | 77% | - | - | | | | | ↔ | | | LQ2c | | |
| Stroke Care Bundle (AQI) (Reported every 4 months) | 98% | | 98% | 97% | - | | | | | ↔ | | | LQ3b | | |
| Stroke on scene duration (CARU continual audit) | 00:30 | G | 33 | 31 | 33 | | | | | ↔ | | | | | |
| Survival to Discharge (AQI) | | | 4% | 7% | 4% | | | | | ↓ | | | | | |
| Survival to Discharge UTSTEIN (AQI) | | | 18% | 26% | 19% | | | | | ↓ | | | | | |
| STEMI On scene duration (CARU continual audit) | | | 39 | 37 | 39 | | | | | ↓ | | | | | |
| Call to Angiography - Mean (hh:mm) | 02:10 | | 02:09 | 02:09 | 02:20 | | | | | | | | | | |
| Stroke - Call to Arrival at Hospital - Mean (hh:mm) | 01:10 | | 01:10 | 01:06 | 01:10 | | | | | | | | | | |
| CPI - Completion Rate (% of CPI audits undertaken) | 95% | R | - | 93% | 93% | 94% | 97% | 92% | | ↓ |  | ✓ | LQ12 | ✓ | |
| CPI - Percentage of Staff receiving two feedback sessions YTD | | | - | 2% | 3% | 6% | 11% | 12% | | ↑ |  | | LQ12 | | |
| Documented Care - Cardiac Arrest Compliance (CPI audit) | 95% | G | - | 97% | 97% | 96% | 96% | 98% | | ↑ |  | ✓ | LQ12 | | |
| Documented Care - Discharged at Scene Compliance (CPI audit) | 95% | G | - | 94% | 94% | 94% | 95% | 95% | | ↔ |  | ✓ | LQ12 | | |
| Documented Care - Mental Health Compliance (CPI audit) | 95% | R | - | 93% | - | 94% | - | 94% | | ↓ |  | ✓ | LQ12 | | |
| Documented Care - Severe Sepsis Compliance (CPI audit) | 95% | G | - | 95% | 95% | 96% | 96% | 96% | | ↔ |  | ✓ | LQ12 | | |
| Documented Care - Difficulty In Breathing Compliance (CPI audit) | 95% | G | - | - | 97% | - | 97% | - | | ↔ |  | ✓ | LQ12 | | |
| Documented Care - Elderly Falls Compliance (CPI audit) | 95% | R | - | 93% | 93% | 93% | 93% | 94% | | ↑ |  | | | | |

NICE Guidance – New NICE lead in post, update will be provided once

NICE guidance is received and reviewed at the Patient Safety and Clinical Effectiveness Group (PS&CEG). The group reviewed the September updates and an initial review indicated that there was no guidance that would affect practice within the LAS. New NICE lead who will provide an update as soon as possible.

JRCALC Updates:

JRCALC September clinical guidelines updates, consisting of five updates (Trauma, Head injury, IV fluids in adults, Limb trauma and sodium chloride) plus an introduction for vascular emergencies with changes. These updates are enhancements to relayed information. There had been no JRCALC updates for about a quarter.



AQI: Narrative

Cardiac Arrest: In September, the LAS ranked 5th nationally for ROSC on arrival at hospital for the overall group (28.3%) and 2nd for the Utstein group (59.2%), both of which are above the national average of 25.6% and 48.6% respectively. We ranked 10th for Survival to Discharge for the overall group with 4.1% and 8th for the Utstein group with 19.4%, both below the national average of 7.8% and 24.6%.

Stroke: The LAS ranked best in class again for the mean call to hospital for suspected stroke patients (01:10) in September 2020, well above the national average of 01:24. NHS England did not publish Stroke Diagnostic Bundle data for September, the next data due to be published will be for November (in April).

STEMI: The LAS' mean average call to balloon time for September 2020 was 02:20, ranking 5th in England (3 minutes longer than the national average). NHS England did not publish data for the STEMI care bundle as this is reported on a quarterly basis, the next data due for this measure will be for October 2020 (due to be published in March 2021).

Sepsis: The LAS continued to rank in 1st place for delivery of the Sepsis Care Bundle in September 2020 achieving this for 92.7% of patients compared with a national average of 81.5%.

Clinical Audit and Research Update

Clinical audit:

- Clinical audit approval granted for a facilitated clinical audit looking at patient care delivery by Advanced Paramedic Practitioners in Critical Care (APP CC) in non-traumatic Out of Hospital Cardiac Arrest (OHCA) where a Return of Spontaneous Circulation (ROSC) has been achieved.
- In December, CARU launched a survey for staff looking at partnership working during the first wave of the COVID-19 pandemic. The survey findings will inform a clinical audit focussing on the same subject.
- A facilitated clinical audit looking at the use of the Emergency Arrhythmia Centre pathways was completed in January.
- The November CPI report (published at the end of December) highlighted a reduction in CPI compliance in several areas. This is being investigated.
- In December 2020 and January 2021, CPI training was delivered to 11 paramedics on restricted duties, 2 paramedics from Operational Placement Centres (OPCs), 2 paramedics in Team Coordinator roles and 2 Clinical Team Managers (CTMs). CPI auditors reported 4 potential incidents via Datix in January but did not contact EBS to discuss the potential for any retrospective safeguarding referrals.

Research:

- In December, a paper co-authored by the Head of Clinical Audit & Research and the Research Manager ('Out-of-Hospital Cardiac Arrest in London during the COVID-19 pandemic') was published online in Resuscitation Plus.

2. Effective – Maximising safe non-conveyance to ED

Please note: 999 performance data is correct as at 22/02/21 and is subject to change due to data validation processes

Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Arrival at Hospital to Patient Handover

We saw a very high number of delays in December, with the overall number of hours lost has gone up to 5,508 hours lost from our arrival to patient handover over 30 mins. North Middlesex, Whipps Cross and Queens Romford had the greatest proportion of handovers exceeding 30 minutes. Queens Romford had the had the highest number of lost hours over 30 minutes, at 675 hours for the month.

| STP | Hospital | Total Conveyances | Handovers | Handovers Exceeding 30 mins | % of Handovers over 30 mins | Total Time Lost Over 30 Mins | Average Arr at Hosp to Patient Handover Time |
|---------------|--------------------|-------------------|---------------|-----------------------------|-----------------------------|------------------------------|--|
| North Central | Barnet | 1,381 | 1,339 | 528 | 39% | 299.4 | 37.5 |
| | North Middlesex | 2,016 | 1,946 | 967 | 50% | 420.6 | 38.1 |
| | Royal Free | 1,492 | 1,407 | 342 | 24% | 105.0 | 27.2 |
| | University College | 1,118 | 1,084 | 54 | 5% | 8.8 | 16.0 |
| | Whittington | 1,329 | 1,255 | 337 | 27% | 148.8 | 28.4 |
| North East | Homerton | 1,313 | 1,223 | 104 | 9% | 17.7 | 18.2 |
| | King Georges | 1,127 | 1,064 | 535 | 50% | 324.1 | 44.4 |
| | Newham | 1,330 | 1,230 | 538 | 44% | 208.3 | 35.5 |
| | Queens Romford | 2,166 | 1,985 | 1,084 | 55% | 615.7 | 45.1 |
| | Royal London | 1,838 | 1,697 | 333 | 20% | 85.8 | 24.9 |
| | Whipps Cross | 1,175 | 1,073 | 494 | 46% | 309.8 | 42.0 |
| North West | Charing Cross | 1,420 | 1,382 | 32 | 2% | 7.0 | 13.9 |
| | Chelsea & West | 1,237 | 1,177 | 20 | 2% | 1.5 | 16.6 |
| | Ealing | 1,340 | 1,288 | 252 | 20% | 149.0 | 24.7 |
| | Hillingdon | 1,549 | 1,469 | 181 | 12% | 63.4 | 19.3 |
| | Northwick Park | 2,605 | 2,511 | 508 | 20% | 321.8 | 25.7 |
| | St Marys | 1,686 | 1,623 | 271 | 17% | 54.9 | 22.0 |
| South East | West Middlesex | 1,886 | 1,832 | 314 | 17% | 120.3 | 22.9 |
| | Kings college | 2,061 | 1,943 | 491 | 25% | 106.5 | 26.1 |
| | Lewisham | 1,559 | 1,444 | 444 | 31% | 238.4 | 32.8 |
| | Princess Royal | 1,685 | 1,564 | 356 | 23% | 292.9 | 31.4 |
| | Queen Elizabeth II | 1,710 | 1,617 | 181 | 11% | 95.0 | 20.8 |
| | St Thomas' | 1,735 | 1,673 | 105 | 6% | 11.7 | 18.7 |
| South West | Croydon | 1,578 | 1,518 | 565 | 37% | 497.1 | 43.4 |
| | Kingston | 1,470 | 1,392 | 80 | 6% | 8.0 | 20.2 |
| | St Georges | 1,789 | 1,656 | 341 | 21% | 52.2 | 23.1 |
| | St Helier | 1,223 | 1,151 | 253 | 22% | 110.9 | 27.2 |
| | TOTAL | 42,818 | 40,543 | 9,710 | 24% | 4,675 | 27.7 |

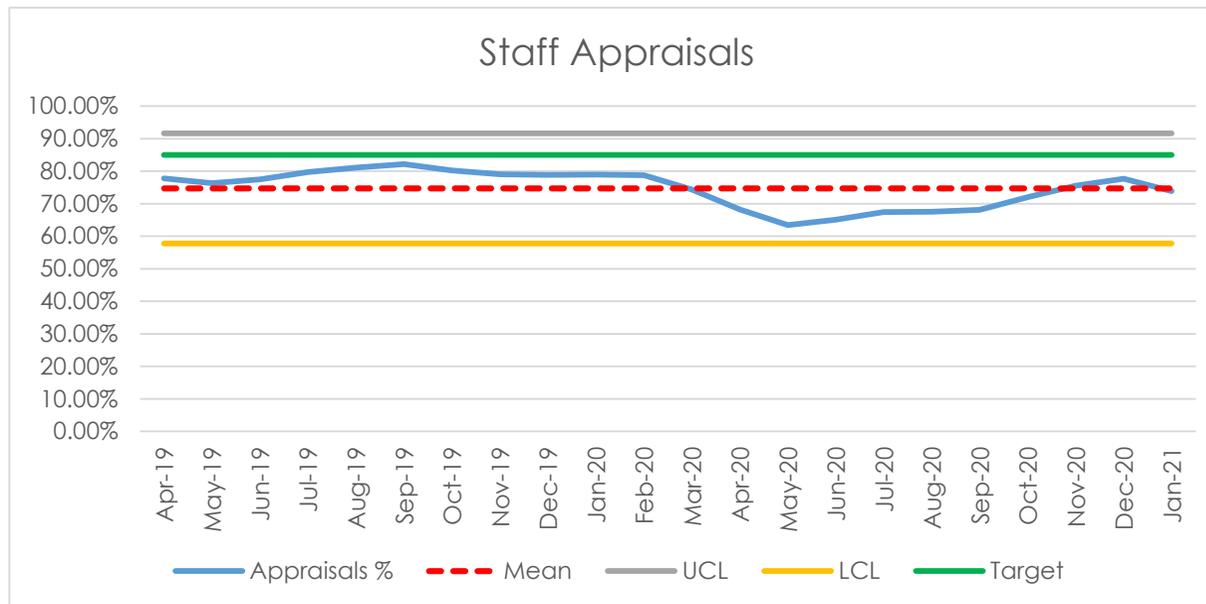
Patient Handover to Green

In December, we saw handover to green performance very similar to that of November, with a 15.2 min average. Over 3120 hours were lost due to patient handover to green exceeding the 14 minute threshold. There is organisational focus to recover this situation with action plans focusing on clarification of targets, improving the process and sharing good practice across sector.

| Sector | Station Group | Handovers to Green | Handovers Exceeding 14 mins | % over 14 mins | Total Time Lost (hours) | Avg Time PH to Green | 90th Centile PH to Green | Avg mins lost per breach |
|---------------|---------------|--------------------|-----------------------------|----------------|-------------------------|----------------------|--------------------------|--------------------------|
| North Central | Camden | 1,939 | 1,185 | 61% | 192.8 | 16.7 | 30.2 | 9.8 |
| | Edmonton | 2,549 | 1,526 | 60% | 236.4 | 16.6 | 29.3 | 9.3 |
| | Friern Barnet | 1,575 | 878 | 56% | 140.4 | 16.1 | 27.6 | 9.6 |
| North East | Homerton | 2,095 | 1,158 | 55% | 206.6 | 16.1 | 29.7 | 10.7 |
| | Newham | 2,438 | 1,392 | 57% | 245.9 | 16.3 | 31.8 | 10.6 |
| | Romford | 2,789 | 1,629 | 58% | 240.5 | 15.9 | 28.7 | 8.9 |
| North West | Brent | 3,407 | 1,951 | 57% | 256.8 | 15.6 | 26.4 | 7.9 |
| | Fulham | 2,324 | 1,334 | 57% | 175.0 | 15.7 | 26.5 | 7.9 |
| | Hanwell | 2,582 | 1,383 | 54% | 154.9 | 14.5 | 24.1 | 6.7 |
| | Hillingdon | 1,484 | 794 | 54% | 97.3 | 15.0 | 24.2 | 7.4 |
| South East | Westminster | 1,660 | 1,019 | 61% | 142.6 | 16.4 | 27.8 | 8.4 |
| | Deptford | 3,823 | 2,145 | 56% | 247.3 | 14.8 | 25.8 | 6.9 |
| | Greenwich | 1,752 | 986 | 56% | 102.7 | 14.6 | 25.0 | 6.2 |
| South West | Croydon | 1,518 | 884 | 58% | 136.1 | 16.4 | 26.0 | 9.2 |
| | New Malden | 1,458 | 871 | 60% | 94.5 | 15.2 | 25.1 | 6.5 |
| | St Helier | 1,236 | 716 | 58% | 79.7 | 15.1 | 25.1 | 6.7 |
| Other | Wimbledon | 1,282 | 771 | 60% | 88.4 | 14.3 | 25.6 | 6.9 |
| | LAS | 40,543 | 23,537 | 58% | 3249.5 | 15.6 | 27.2 | 8.3 |
| | NULL | 1,013 | 796 | 79% | 122.8 | 17.2 | 29.1 | 9.3 |
| TOTAL | IRO | 10 | 6 | 60% | 2.2 | 22.4 | 43.9 | 22.0 |
| | Other | 402 | 247 | 61% | 51.6 | 13.1 | 34.0 | 12.5 |
| | Training | 807 | 452 | 56% | 63.0 | 15.4 | 26.8 | 8.4 |
| | Bromley | 2,400 | 1,414 | 59% | 172.0 | 15.0 | 26.3 | 7.3 |
| | TOTAL | 81,086 | 47,074 | 58% | 6499.0 | 15.6 | 27.2 | 8.3 |

Appraisals

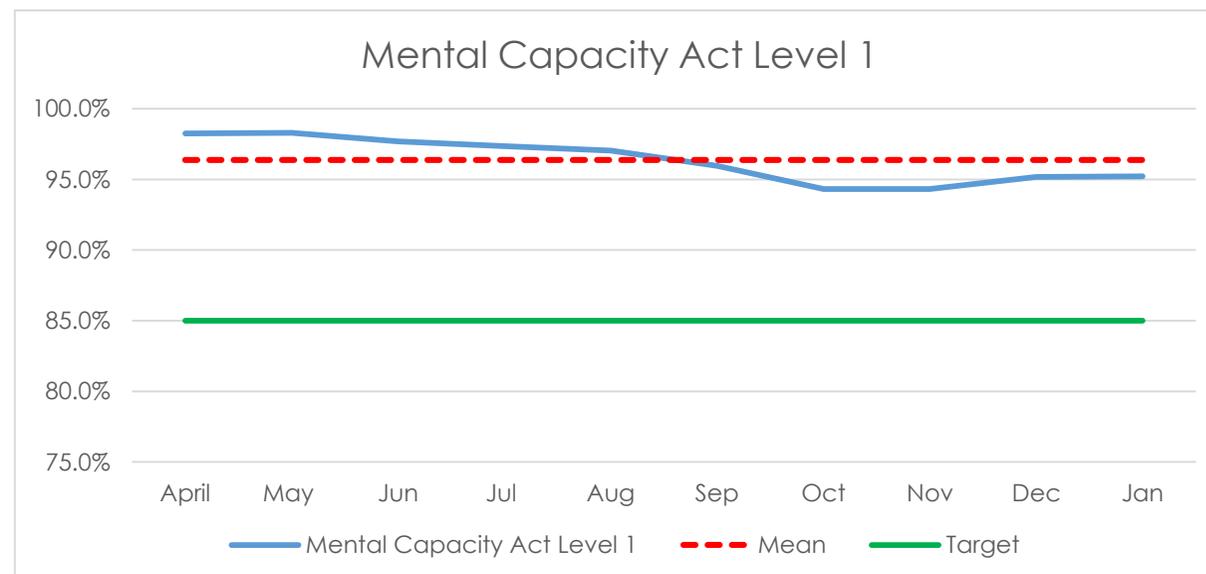
Latest Month: **73.8%**



PDRs – our current compliance is at 74%. We are working closely with Corporate teams (who have lower compliance levels than frontline teams) to improve their compliance levels to the required level of 85%. To support this, Corporate Directors are receiving weekly PDR reports for their teams highlighting those who have an expired PDR date and those who are due to expire in the coming three month period. Compliance rates have been affected by the current demand pressures (REAP level 3) and the significant staff absences due to Covid isolations and sickness levels in January (over 1,000 staff absences)

MCA Training

Latest Month: **95.23%**

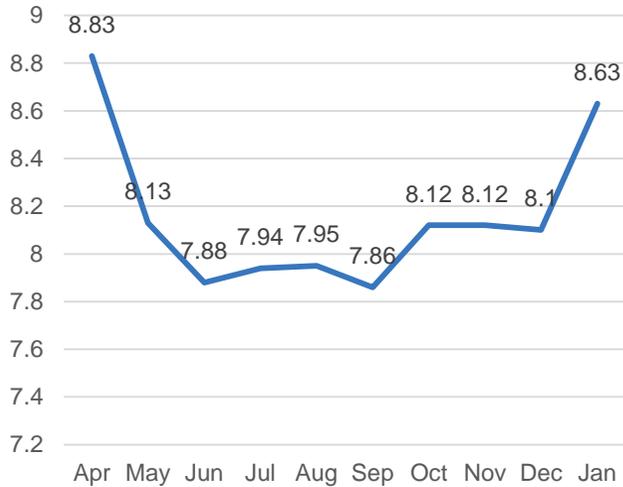


We are currently not delivering Level 2. We are working with Clinical Education and plans are underway to include in 2021-22 CSR programme

2. Effective – EOC Call Handling Quality Assurance

Owner: Sue Watkins | Exec Lead: Dr. Trisha Bain

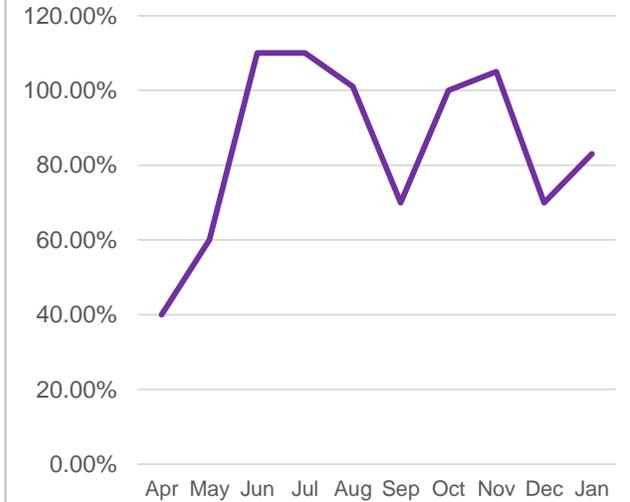
The Average Call Handler (scored from 0 (poor) to 10 (excellent))



Overall Compliance with MPDS (Call Handling) protocols



The Percentage of Emergency (MPDS) calls reviewed against requirements



Highlights

Use of MPDS continues to be high throughout the Covid-19 Wave 2 period.

Accreditation Portfolio has been submitted during January 2021. Engagement is ongoing and results expected in 6-8 weeks. This is a superb achievement in the current climate and credit to all staff involved

Lowlights

Challenges continue to exist in delivering the non-funded aspects of the QA role to support other departments work.

Staffing, within the context of covid related isolation and sickness continues to impact of meeting targets

Current Focus

Currently embedding revised MPDS Audit process. This allows a more supportive, preventative approach rather than the previous corrective approach to resolving call handling issues.

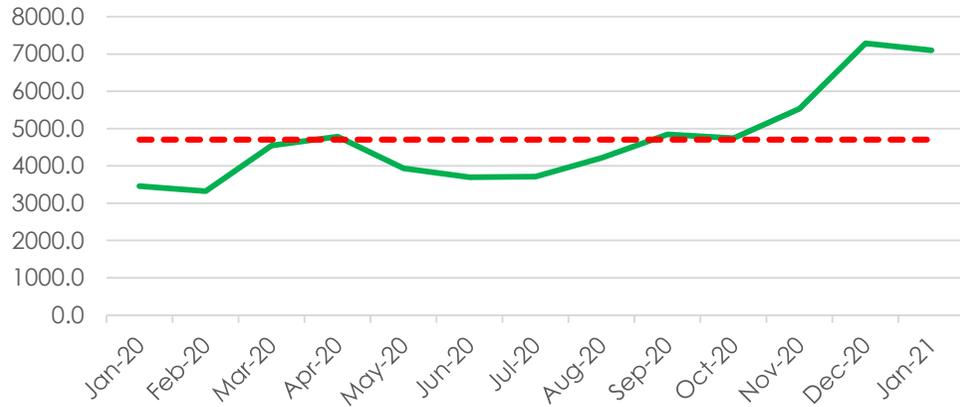
Engaging and facilitating work between EOLC team and the IAED to improve EOLC recognition and support at call handling (EOC).

Working with the Academy to streamline AQUA reporting to enable QA Managers to feedback to EOC Watch teams consistently.

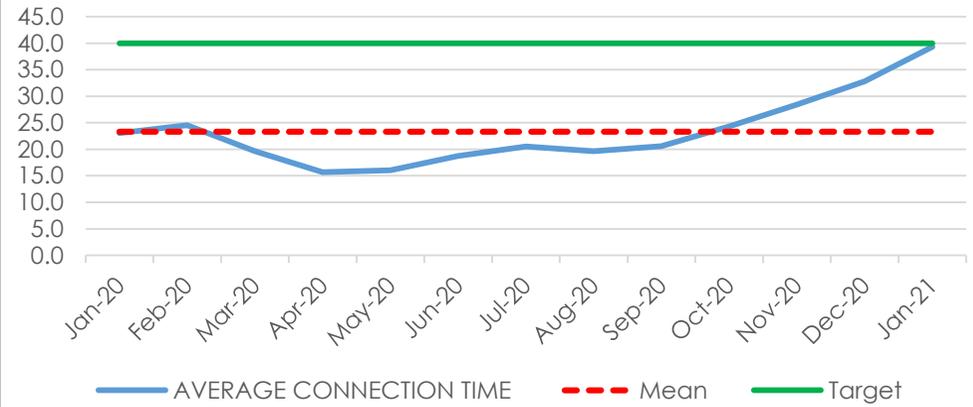
2. Effective – Language Line

Owner: Sue Watkins | Exec Lead: Dr. Trisha Bain

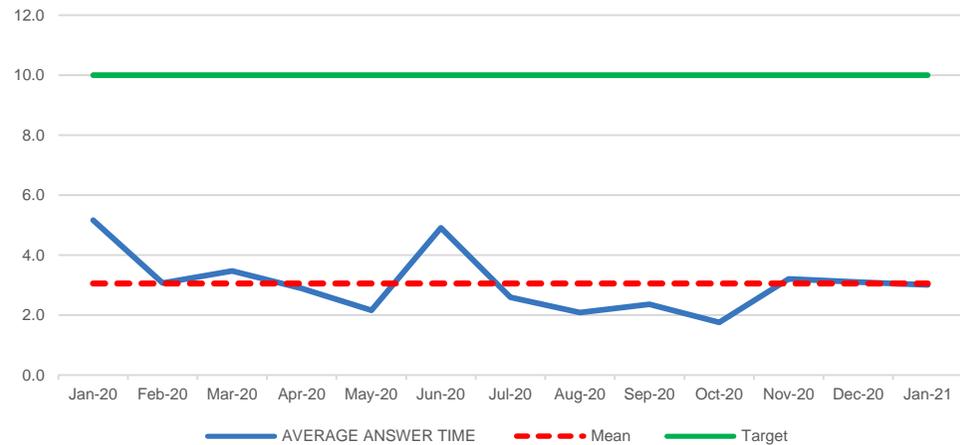
Total Number of Calls



Average Connection Time



Average Answer Time



Highlights

The Trust continues to receive a high-level of service from Language Line. They continue to deliver against their SLA.

Lowlights

The cost of the Language Line service is seeing seasonal increase in line with an increased use of the service by staff

Current Focus

Meeting to be undertaken with Language Line to review availability of key languages and slight increase in dropped calls

| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TOTAL N° OF LOST CALLS | 39 | 35 | 36 | 19 | 19 | 24 | 29 | 48 | 64 | 61 | 82 | 110 | 105 |
| % OF LOST CALLS | 1.13% | 1.05% | 0.79% | 0.40% | 0.48% | 0.65% | 0.78% | 1.14% | 1.32% | 1.29% | 1.48% | 1.50% | 1.48% |

3. Caring

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

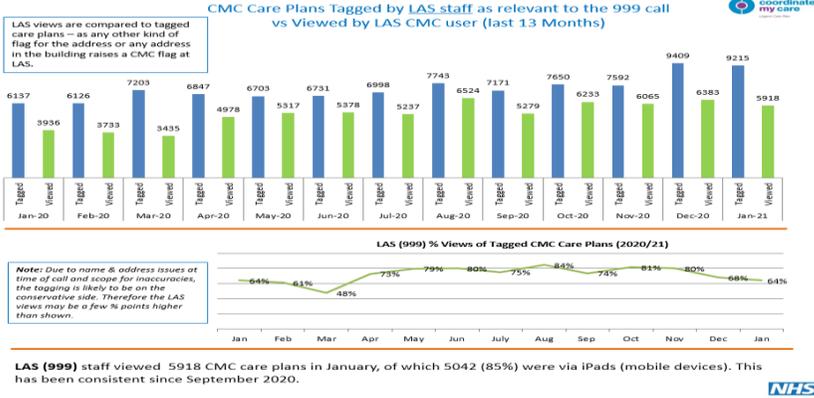
For further assurance we then provide additional data and analysis on:

- Mental Health
- Maternity
- End of Life

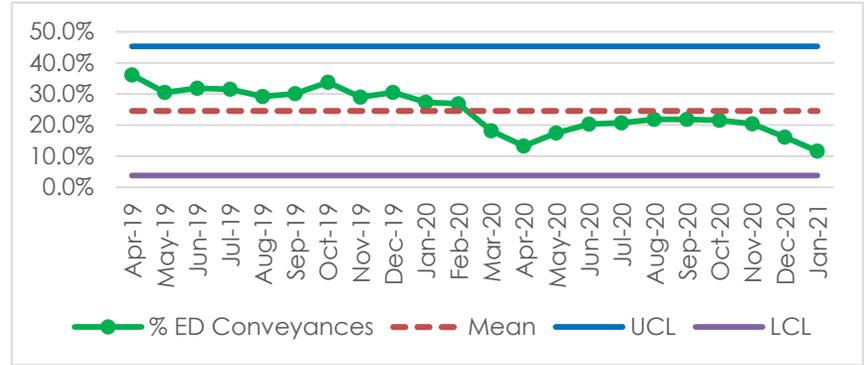
Outstanding Characteristic: *People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.*

3. Caring - End of Life Care/Mental Health

Owner: Various | Exec Lead: Dr. Fenella Wrigley

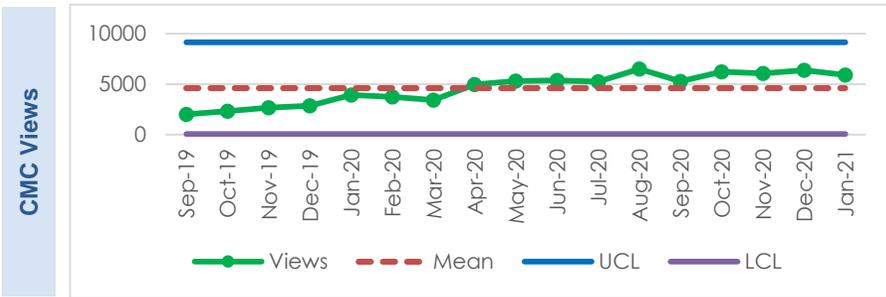


ED Conveyance
Latest Month (Jan): **11.6%**

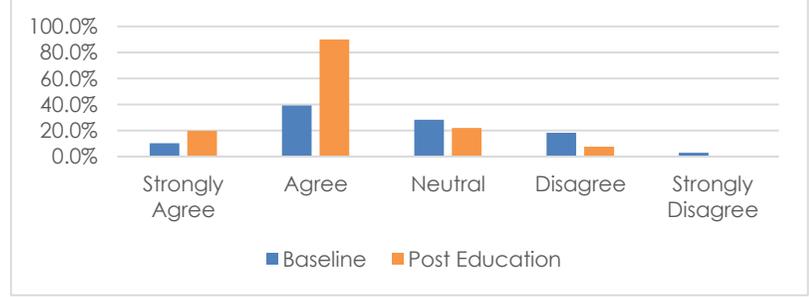


Focus on CMC promotion and education in 111 IUC's

Final Programme Evaluation approved and dissemination begun

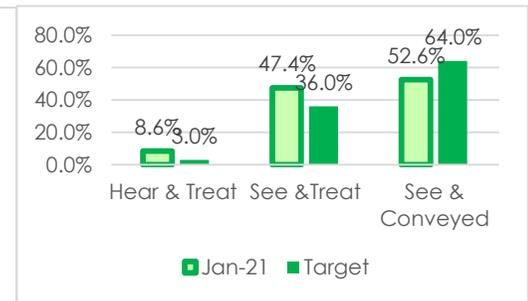
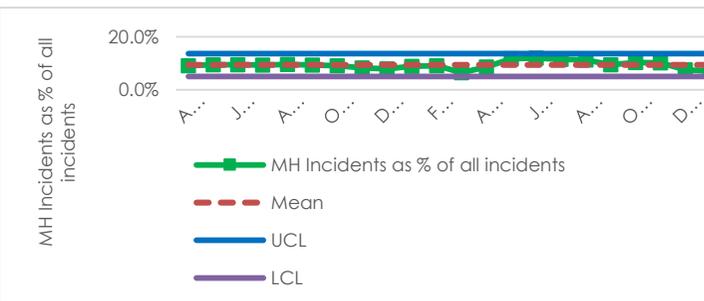
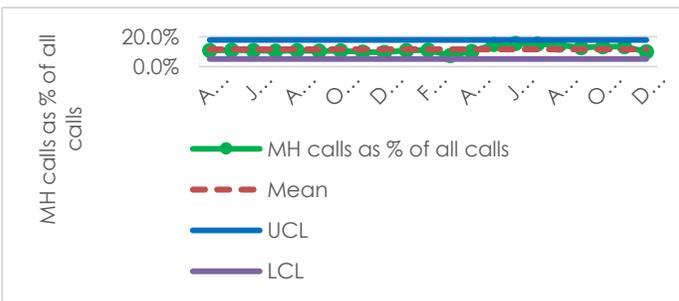


Staff Confidence
78% staff post education felt confident
28% increase from baseline



Recruitment for EoLC Coordinator vacancies begun across all group stations

Virtual CPD education session for 111 staff



The team have been focusing on supporting demand – there have been some gaps due to staff sickness and vacancies. Meetings with commissioners have been cancelled due to system pressures

3. Caring - Maternity

Owner: Amanda Mansfield | Exec Lead: Dr. Fenella Wrigley

Maternity Performance Review Dataset:

First meeting with data scientists and Business Intelligence Team

- Understand the overall maternity incidents and those resulting in ambulance dispatch and ED conveyance
- Present key metrics where service improvement can be measured and appraised
- Share dashboard with other ambulance services to establish best in class

Highlights and Our Service Values:

Respectful

Maternity team support staff wellbeing through debriefing maternity events and Case review
Total staff supported 25 January 2021

Innovative

Covid –BBA Pathway NEL scoped to look for system improvement
Pan London engagement to develop maternity specific Covid screening tool

Professional

Maternity webinars: Newborn resuscitation, postpartum haemorrhage.

Collaborative

NEL & LAS working on Single Operating Process for the Local Maternity System
Joint case reviews between 3 Maternity Units and LAS

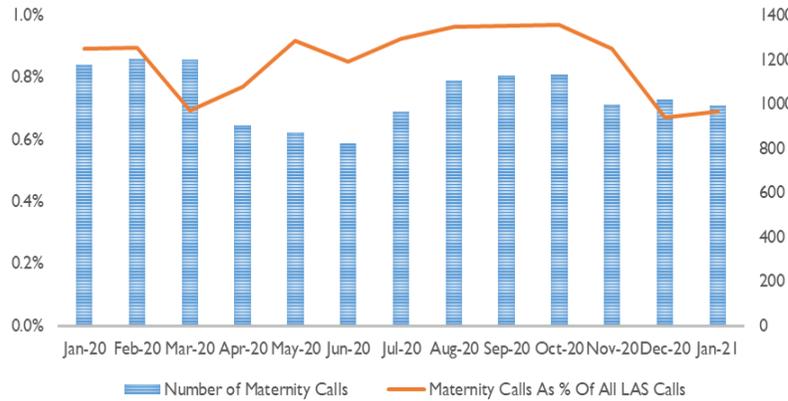
Exceptions (Improvement required):

National shortage of maternity pack: interim kit available until supplies are replenished.
➤ Midwife 2020/2021

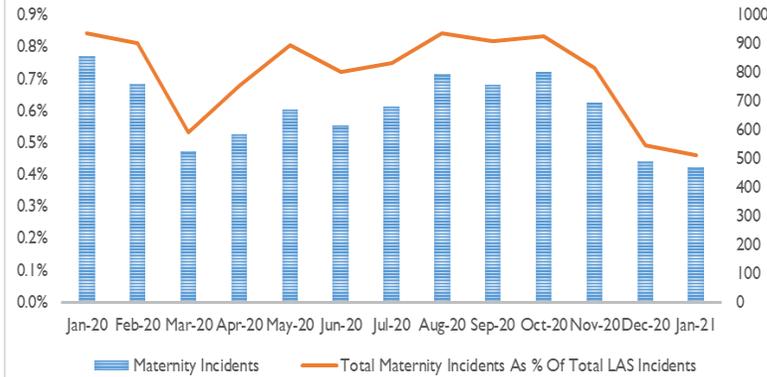
Maternity 3 Top Priorities:

- 1) Test new PPH Screening and Action Tool
- 2) Stakeholder Mapping in preparation for Process mapping of Co-ordinate My Care into Maternity

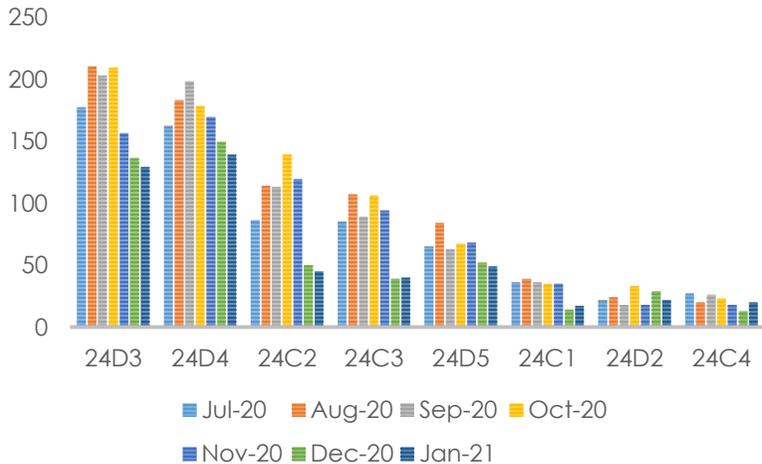
MATERNITY CALLS AS % OF ALL CALLS



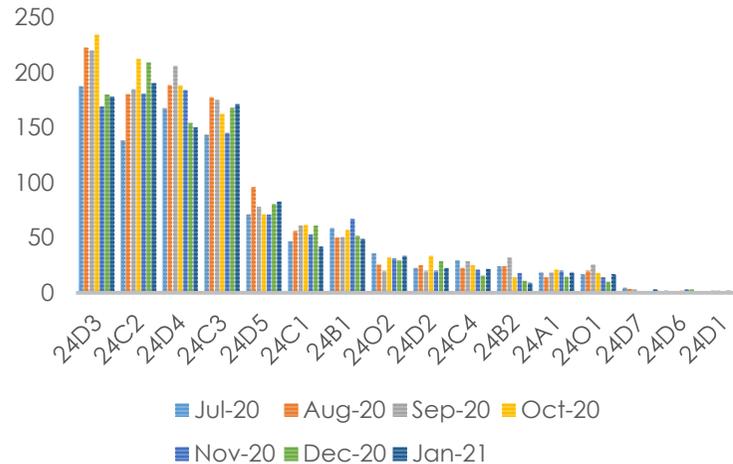
TOTAL MATERNITY INCIDENTS AS % OF TOTAL LAS INCIDENTS



NUMBER OF MATERNITY INCIDENTS BY MOST FREQUENT CATEGORIES



NUMBER OF MATERNITY CALLS BY MOST FREQUENT CATEGORIES



4. Responsive

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

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

- Frequent Callers
- Complaints

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



Owner: Alan Hay/John O'Keefe/Juliette Smyth | Exec Lead: Dr John

Martin

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

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

New & existing callers 698

NHS numbers matched 100%

Stakeholder/MDT meetings online 71

January 2021

The Frequent Caller Team (FCT) continue to attend multi-disciplinary meetings (MDTs) and High Intensity User (HIU) forums to review individual callers and their needs, and formulate multi-agency strategies to reduce calls and better manage demand.

Highlights

- The FCT joined the first pan-London Emergency Department High Intensity User Leads forum, convened by Imperial colleagues. Over 50 professionals participated. Managing complex, chaotic patients, and the need for CMC plans for non-consenting patients were two areas which require further attention at this forum.
- The FCT attended the national Frequent Caller National Network meeting to review strategies and best practice when managing frequent callers.
- The FCT participated in a joint LAS/East of England Ambulance Service Frequent Caller presentation to the Student Paramedic Society at the University of Hertfordshire, to raise early awareness of frequent callers during placements.
- Meeting with LAS 111/IUCs in NEL, SEL and NWL to agree a joined up approach to the management of frequent callers

Lowlights

- Ongoing issues with IM&T and interoperability of systems used.

Plans for February

- Interim team manager has moved to permanent position in Medical Directorate. Transition to new Team manager (Head of EBS) in progress

| Cluster | CCG | Patients | Jan-21 | Calls last quarter | Calls last 12 months | 12 month cost |
|---------|----------------------------------|----------|--------|--------------------|----------------------|---------------|
| NC | HARINGEY CCG | 39 | 657 | 1769 | 4095 | £448,085 |
| NE | CITY AND HACKNEY CCG | 48 | 652 | 1627 | 3509 | £457,334 |
| NC | ENFIELD CCG | 32 | 594 | 2205 | 5362 | £572,795 |
| NE | TOWER HAMLETS CCG | 18 | 434 | 827 | 1946 | £256,000 |
| SE | LEWISHAM CCG | 19 | 431 | 985 | 2588 | £345,052 |
| SE | LAMBETH CCG | 30 | 370 | 1119 | 3542 | £382,229 |
| SE | BEXLEY CCG | 20 | 342 | 810 | 1904 | £225,847 |
| SW | CROYDON CCG | 32 | 336 | 771 | 2133 | £335,535 |
| SE | SOUTHWARK CCG | 32 | 321 | 865 | 2340 | £339,302 |
| NE | WALTHAM FOREST CCG | 26 | 301 | 676 | 1752 | £200,252 |
| NC | CAMDEN CCG | 24 | 290 | 778 | 1983 | £237,884 |
| NW | EALING CCG | 26 | 278 | 751 | 2743 | £397,004 |
| NC | BARNET CCG | 25 | 264 | 874 | 2244 | £288,849 |
| SE | GREENWICH CCG | 24 | 255 | 1035 | 2738 | £323,884 |
| SW | SUTTON CCG | 18 | 239 | 434 | 996 | £160,035 |
| SW | WANDSWORTH CCG | 22 | 239 | 704 | 1549 | £166,423 |
| NW | HOUNSLOW CCG | 20 | 236 | 675 | 1898 | £183,846 |
| NW | HARROW CCG | 18 | 235 | 790 | 1644 | £240,354 |
| NE | HAVERING CCG | 15 | 229 | 717 | 2137 | £241,456 |
| NE | REDBRIDGE CCG | 17 | 224 | 809 | 3011 | £241,796 |
| NW | BRENT CCG | 30 | 199 | 707 | 1270 | £186,662 |
| NE | NEWHAM CCG | 20 | 183 | 537 | 1611 | £217,802 |
| NE | BARKING AND DAGENHAM CCG | 15 | 179 | 477 | 1358 | £153,261 |
| NW | WEST LONDON CCG | 19 | 177 | 620 | 1612 | £231,336 |
| NW | HILLINGDON CCG | 22 | 166 | 517 | 1233 | £159,416 |
| NC | ISLINGTON CCG | 23 | 165 | 543 | 1167 | £177,803 |
| SW | RICHMOND CCG | 13 | 138 | 323 | 890 | £107,832 |
| SE | BROMLEY CCG | 12 | 124 | 397 | 860 | £127,937 |
| NW | CENTRAL LONDON (WESTMINSTER) CCG | 13 | 119 | 546 | 1296 | £163,640 |
| SW | MERTON CCG | 11 | 118 | 301 | 1066 | £172,938 |
| NW | HAMMERSMITH AND FULHAM CCG | 12 | 77 | 256 | 708 | £118,224 |
| SW | KINGSTON CCG | 6 | 21 | 123 | 353 | £62,190 |

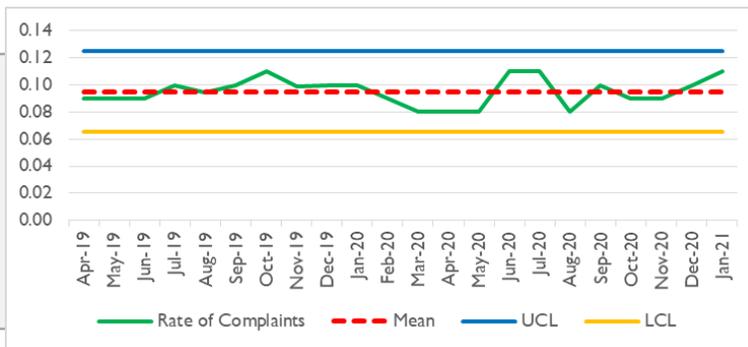
4. Responsive - Complaints

Owner: Gary Bassett | Exec Lead: Syma Dawson

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

Rate of Complaints

Latest Month:
0.11

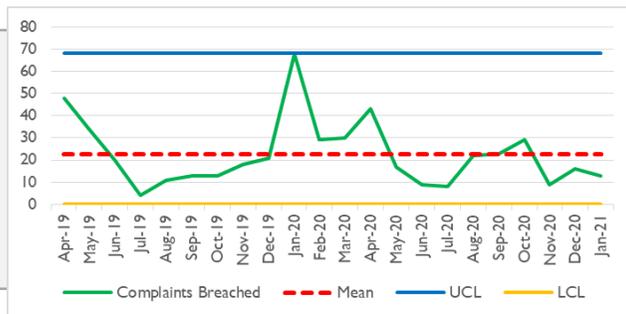


Complaints (including those recorded as concerns) was higher than the average for this time of year at 109. There were 533 PALS enquiries which includes 282 added to the duty spreadsheet that did not require any further actions other than referring the enquiry to the correct team. This number was considerably higher than December (428) and reflects the increased numbers of enquiries during the peak 999 call period

We managed 39 Quality Alerts of which 5 were from LAS staff. 22 related to Acute Trusts.

Responding to complaints

Latest Month: 13



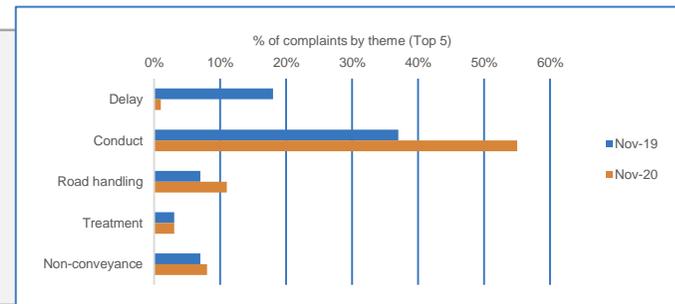
13 complaints due for a response in January breached the target response.

It remains likely that the 2020/21 trajectory of complaint numbers will be circa 1000

As a result of the NHSE guidelines, the department put in place similar 'pause' measures similar to March 2020 which will be reviewed continually.

We are mindful of the REAP levels set out by the Trust and if the level of that is below REAP level 4, we will manage complaints using Business as Usual guidelines.

Categorisation



A second national lockdown was imposed in January 2021. NHS England and NHS Improvement recommended that all healthcare organisations should opt to operate as usual regarding the management of complaints if they are able to do so but where organisations that need to process complaints more slowly a set of guidelines were issued. Primarily the advice was to acknowledge complaints in accordance with the NHS Complaint Regulations, to triage complaints and to inform complainants of possible delays. This will be effective from 01 February to 30 April 2021.

Actions and Learning

Patient Experience – January 2021

The Ombudsman is working on the Complaints Standards Framework which sets out a single sets of standards for staff to follow and will provide standards for leaders to help them to capture and act on the learning from complaints.

Our Department has been selected as an Early Adopter site the new guidance to work on this project which aims to provide a clear vision of how to approach feedback and complaints effectively and will set out the best practice regarding learning from complaints to improve services. It is anticipated that this will establish the basis of a new regulatory framework.

Improvements to the case weighting mechanism in Datix have been implemented to monitor performance and the complexity of some complaints. This is part of an ongoing project regarding staff development and links to the Training Workshops we have delivered via Teams. Good progress has been made with the Training Programme primarily for new staff but this also acts as a refresher and monitoring mechanism for existing team members.

Following the outcome audit of Subject Access Requests by Grant Thornton, further changes were made to Datix to improve recording of time frames in line with statutory requirements. We have also improved the SAR information on the website to clarify the process for those who request copies of the records we hold

5. Well Led

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

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

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



Exec Lead: Dr. Trisha Bain & Dr. Fenella Wrigley



In January we saw a increase with 110 *Excellence Reports* submitted.



Key themes identified from January reports include:

- Thank you
- Outstanding Patient Care
- Call Handling

Key Themes





Thank You

On two separate occasions recently I have found myself in situations with patients who are refusing hospital against clinical advice. The first patient was in a public place but not appropriate for a 136 and had disengaged from services. I had tried contacting SPA but had not been successful. I felt the patient needed an urgent assessment in the community and he was accepting of that.

A clinical advisor discussed my decision making through with me and was in agreement with the treatment plan. Using her terminology I was able to call the SPA back and organise a **telephone consultation immediately** between the patient and the team and a face to face assessment in the community within 2 hours. The second occasion the patient had a medical need to go to hospital but refused although she was able to complete the la5 capacity form to prove capacity. I was unhappy and sought **advice from the CHUB**. After a lengthy discussion with a clinical advisor it was deemed that the patient did not have capacity as her mental health was intruding on her ability to understand the risk of refusing, and decisions needed to be made in the patients best interest. A stepwise plan was formalised resulting in the patient coming willingly to hospital. I feel that the CHUB are very supportive of road staff, It really is a **relief to be able to speak to such a knowledgeable clinician** with a very clear structured decision making technique in stressful jobs.

Outstanding Patient Care

We've just completed a run of night shifts, that were **very challenging**. But two patients that we saw were handled by a crew member in a way that I've never seen with such a new member of staff.

The first patient was a palliative patient, and the attendant really drew from his own personal experience to provide this man with support, facts, guidance and to simply be there as a friendly ear. This was so important while myself and our other crewmate were arranging for him to be **referred to appropriate pathways**. As the attendant said himself, these are the most important jobs that we go to. We can make a **huge difference to somebody's last hours or days** on this earth. The attendants whole manner with this patient was impressive.

The second patient that the attendant **dealt with really well** was a young man who appeared to be suffering from psychosis, possibly drug related. He took the time to listen to and understand the patients concerns, and the attendant really connected with him. This helped the patient **to calm down and trust** that we were going to get the right help for him. By the time we arrived at the hospital, the patient had regained some **hope for the future**, and this was all down to the attendant.

Call Handling

A child called in as their diabetic mother was having a fit. The call handler **handled the call brilliantly, comforting and reassuring** the caller until help could arrive and did very well at adapting her questioning to get **accurate information quickly**.

The Call Handling Supervisor on duty over the Christmas week when the call rate was exceptionally high and the staffing was extremely low. There was a high staff absence rate over the week and the **call handler supervisors positive attitude and calm demeanour** kept the staff engaged and focused. They are fairly new to the role and had no support from a performance manager during the week, they did an **exceptional job of supporting** and managing those on the team who were able to report for duty. They are **calm and collected** under pressure and although she hadn't managed EOC under those pressures before, their attributes enabled them to fully support those on duty and make a **difficult run of shifts a lot easier**.

Risk Management

Against the Trust KPIs:

95.3% of risks have been reviewed within the last 3 months – target 90%

89.7% of all risks approved within 1 month in January– target 90%

The risk team continue to devolve risks to local management level starting with risks being reviewed and updated by sector teams at the Sector Quality Governance meetings. The risk team continue to review and support corporate areas with their management of risk, there has been some changes in leadership and these individuals are being trained which will see further movement of some overdue risks.

Corporate (Trust wide) Risk Register

| | Negligible | Minor | Moderate | Major | Catastrophic | Total |
|----------------|------------|-------|----------|-------|--------------|-------|
| Almost certain | 0 | 0 | 0 | 0 | 0 | 0 |
| Likely | 0 | 2 | 2 | 4 | 0 | 8 |
| Possible | 0 | 0 | 6 | 6 | 3 | 15 |
| Unlikely | 0 | 0 | 0 | 1 | 1 | 2 |
| Rare | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 2 | 8 | 11 | 4 | 25 |

Risk Assurance and Compliance Group (RCAG)

The RCAG review all red (15 and above) scored risks on a monthly basis, including those held in the Corporate Trust wide Risk Register as well as those held on other risk registers across the Trust.

The group have started to review the risks monthly in terms of movement to ensure that risks are, where relevant, moving as required, tolerated or escalated for actions through the Trust.

In the last month, there were 7 red risks on the Corporate risk register. This is demonstrated in the movement table to the right of this text.

The UPS at Bow risk which requires a transformer to protect against failure has been escalated to the Project Management Board for resolution as it was not completed alongside the Waterloo UPS.

| ID | Sector / Department | Description | Opened | Initial Risk Score | December Risk Score | January Risk Score | February Risk Score | Change in Risk Score: | Progress Notes: |
|------|--------------------------------------|--|------------|--------------------|---------------------|--------------------|---------------------|-----------------------|---|
| 973 | Estates | There is a risk that ambulance premises, operational ambulance fleet HQ, vehicle security and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed. | 02/09/2019 | 15 | 15 | 15 | 15 | ➔ | Ambulance modernisation programme to address risk. |
| 1050 | Fleet and Logistics | There is a risk that critical pieces of equipment needed for patient assessment or interventions will be missing from the vehicle or primary response bags due to errors by Vehicle Preparation Team or being misplaced by staff during the treatment of patients which could lead to failure or delays in patient care. | 12/03/2020 | 16 | 16 | 16 | 16 | ➔ | New asset tracking system will mitigate some of the issues |
| 1081 | Fleet and Logistics | There is a risk of the inability for the Trust to store, pack and supply medicines to frontline clinicians due to the legal requirement for organisations that supply medicines to staff, to have a Wholesale Dealers Licence, which may lead to the inability for LAS staff to treat patients if not properly managed. | 25/04/2020 | 16 | 16 | 16 | 16 | ➔ | License can be applied for once new packing unit complete and registered staff are in post. Agreed to tolerate risk and review in 6 months. |
| 1112 | NHS111 | There is a risk that a patient will be connected to an unmanned telephone due to the telephone agent having not logged out of the Avaya system when not in a position to take a call leading to a delay in patient care as the patient receives no answer at the end of the line. | 05/06/2020 | 16 | 16 | 16 | 16 | ➔ | Management issue. IM&T to investigate the option with Avaya for phones to be upgraded |
| 1133 | South East Sector | There is a risk that crews will be delayed attending calls, conveying patients to hospital or accessing properties due to the introduction of road closures, reduced lane capacity causing congestion, parking restrictions and other traffic calming schemes with limited/minimal consultation as a result of a pan London response to COVID by TfL and local authorities to enhance cycling and walking schemes. The aim is to increase capacity to assist with social distancing requirements and the reduced public transport capacity capabilities and local authorities developing schemes to support the reopening of the hospitality sector, provide safe spaces near schools and provide traffic safe neighbourhood zones. This could lead to increased job cycle times which could lead to an adverse impact on patient care/patient safety due to delayed response, members of the public at risk of accident in pedestrian zones, acute site impact and impact on wider NHS providers. | 04/08/2020 | 15 | 15 | 15 | 15 | ➔ | Incidents, ICT and on scene to hospital times being monitored. LAS attending Emergency Services Working Group with TfL and Local Authorities. CEO met with Mayor of London. |
| 775 | Estates | There is a risk that the current UPS which has been upgraded to meet building supply demand will go into safe mode and switch off due to having no isolation transformers to prevent neutral from being lost during a network power outage. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services independently at Bow and HQ. | 16/03/2018 | 15 | 15 | 15 | 15 | ➔ | UPS at Bow and Waterloo require a transformer to protect against failure. |
| 1106 | Resilience and Specialist Operations | There is a risk that the LAS, Hazardous Area Response Team, Special Operations Response Team and Tactical Response Unit will be out of license to perform their core competencies Because of the impacts of COVID-19. Training was suspended for all of the R&SA specialist response staff (HART, SORT, TRU) The core competencies of: HART - Safe Working at Height, Swift Water Rescue, Urban Search and Rescue, Confined Space Working, High Consequence Infectious Disease Transfer and CBRN. SORT - Decontamination. TRU - MTA This has also prevented training/refreshers in all PPE. The consequence of this is the LAS will not be compliant with audit. Staff will not be as conversant with equipment and PPE not used regularly. This could all impact on patient and staff safety | 27/05/2020 | 20 | 15 | 15 | 15 | ➔ | Risk escalated due to a number of staff being non-compliant in accordance with licence requirements due to missing training during COVID. |

5. Well Led - Trust Policies

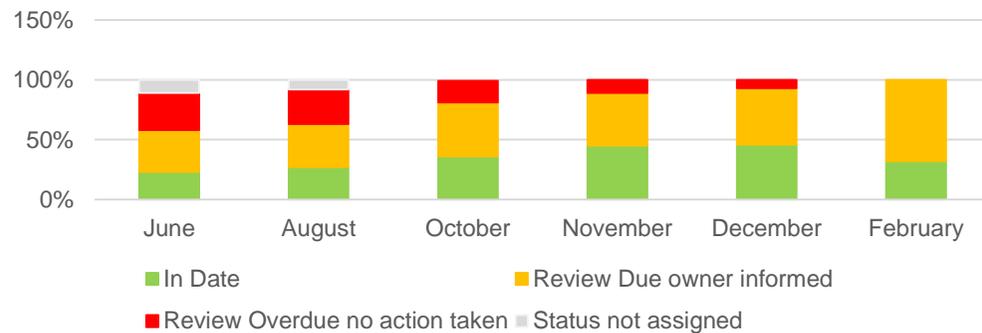
Owner: Victoria Moore | Exec Lead: Syma Dawson

A review of those policies held within Health Assure and on the Pulse has identified 108 Policies, the current status is reported below.

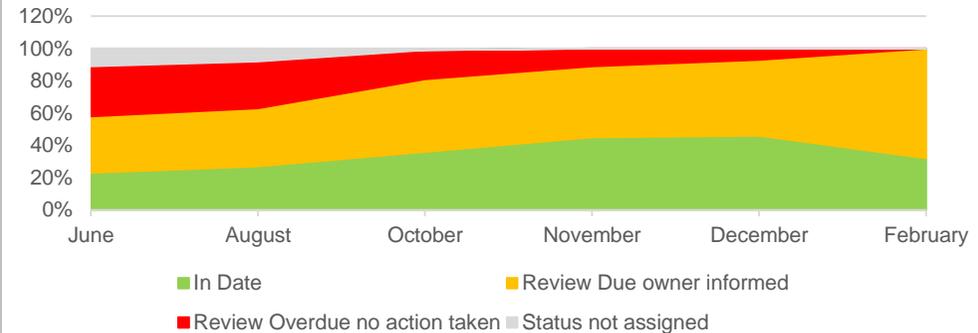
A full review of the position has now been completed and a structured approach is being taken to address the position and to establish a process for recovery.

Progress has been impacted by the recent increased operational activities resulting in responsible owners and stakeholders being require to focus on other tasks.

Policy Update June 2020 to February 2021



Policy Update June 2020 to February 2021



Actions

Following the reinvigoration of a strong governance approach the team have reviewed the historic and taken the following actions:

A shared Policy inbox has been established to provide a single point of contact and reference for policy resolution or queries. It will then be possible to utilise the outlook calendar to programme reminders for the team to take or follow up any planned action.

All policy records have been reviewed, and a clear base line for action has been achieved.

The database has been reviewed and a list of policies belonging to each responsible Director has been collated and identified. These will be shared with the respective Directors to provide additional level of oversight.

Policy owners have previously been contacted and prompted to action with little success this process has been reviewed and refined to include additional accountability.

Further prompts and assistance will be provided to policy owners with the appropriate instructions and guidance needed to assist with the resolution of the position.

Policy owners have been asked to acknowledge the required action and to provide confirmation of plans for resolution within 2 weeks of receipt of prompt email. This will inform development of trajectories for resolution.

Health Assure will be updated with relevant information and approved policies as appropriate.

Work in progress

Acknowledging that the position is not fully resolved the team are committed to continuing to work with stakeholders recognising the requirements and daily pressures and ensuring that deadlines are not unreasonable and continue to ensure that the position is resolved quickly to reduce the consequences of operating with out of date or inaccurate policies.

Next Steps and Improvements

To complement the actions taken and to ensure that Trust staff remain engaged in the process the team have recognised that there is further work that can be done to ensure that the user 'experience' is improved.

It is anticipated that these measures will reduce frustration with the process and action and deter individuals from keeping local unpublished copies, as well as ensuring that all Trust staff are able to find and access the information required.

This work will include:

A review of the Policies page on the Pulse to ensure that policies are easily referenced

A monthly update email to be sent to managers to inform them of those policies that have been updated and published

These next steps are not limited to those listed and will be subject to regular review to ensure that the outcomes are as expected and delivered appropriately.

5. Station/Service Quality Accreditation End of Pilot Update

Aim & Benefits of the accreditation scheme

The aim is to drive quality standards by empowering front line staff to make improvements in line with the Care Quality Commission's (CQC) fundamental standards.

Benefits include:

- Safe patient care & improved patient experience
- Improved front line staff engagement in the quality agenda, a sense of collective leadership & pride in care delivered
- Clear standardised approach and expectations in terms of quality standards of care

The pilot & the outcome

The pilot run between 1 Sept & 30 Nov 2020. Independent assessments took place between 30 Nov & 4 Dec .

Independent assessors comprised of CCG Quality Leads from all the 5 London STPs/ICS and members of the LAS Public & Patient Council. The sessions were facilitated by the Quality Governance & Assurance Managers.

Standards assessed

| | |
|---|---|
| Safe CQC KLOES e.g. compliance with IPC, safeguarding, meds management, stat & man training, Datix etc. | Caring KLOES e.g. involving patients in decisions about their care & treatment |
| Effective CQC KLOES e.g. CPI, MCA, PDRs | Well Led KLOES e.g. staff engagement, risk management, information management, vision & strategy that aligns with the wider trust vision & strategy |
| Responsive CQC KLOES e.g. complaints response rates, timely care | |

| Participating stations | Awards achieved at the end of the pilot |
|------------------------|---|
| Hanwell station | Gold |
| Wimbledon station | Gold |
| Camden station | Gold |
| Newham station | Gold |
| Brixton station | Silver |
| SEL IUC | Assessments were postponed due to operational pressures |

Accreditation levels



Key

| | |
|--------|---|
| Gold | Meeting all assessed quality standard's and is deemed excellent |
| Silver | Meeting most quality standards with plans to improve |
| Bronze | Meeting basic quality standards |

Platinum is achieved after 1 year at Gold. A monitoring system has been developed to routinely check that expected standards are being maintained.

5. Measuring the impact of the accreditation pilot

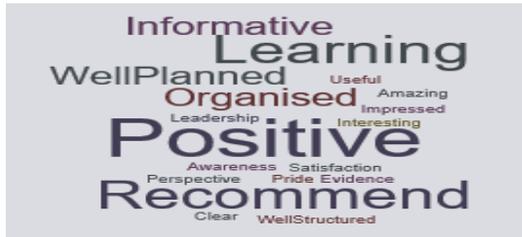
To understand whether the actions taken as part of the station accreditation pilot led to any improvements, we used a weighting methodology to track progress from baseline (B) to the position at assessment (A).

This measured improvements against the quality performance data and outcomes of interviews with LGM & CTMs. Progress made over the **10 week** period is illustrated below.

| Station | B. Rating | A. Data | A. LGM | A. CTM | A. Overall | A. Rating | % Improvement |
|-----------|-----------|---------|--------|--------|------------|-----------|---------------|
| Newham | Silver | 75% | 97% | 100% | 90.67% | Gold | 14.21% |
| Camden | Silver | 77.17% | 97% | 100% | 91.39% | Gold | 12.06% |
| Wimbledon | Silver | 76.09% | 100% | 97% | 91.03% | Gold | 9.71% |
| Brixton | Silver | 77.17% | 86% | 97% | 86.72% | Silver | 4.46% |
| Hanwell | Gold | 82.61% | 94% | 100% | 92.20% | Gold | 3.98% |

This work feeds into our wider quality improvement plans

FEEDBACK



Feedback on the pilot process from assessor/observer perspective



Feedback on station performance from assessor/observer perspective

100% of stakeholders who provided feedback reported that they would recommend the programme.

While the feedback was very positive, we will continue to listen and respond as we develop the programme further.

NEXT STEPS

- Plans are in place to roll out the programme from April 2021
- There is on going work to develop the programme further including establishing a monitoring system to ensure sustainability of standards following accreditation.



| | | | | |
|--------------------------|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Corporate (Trust Wide) Risk Register | | | |
| Agenda item: | For Information | | | |
| Report Author(s): | Helen Woolford, Head of Quality Improvement and Learning | | | |
| Presented by: | John Martin, Chief Paramedic and Quality 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’s attention:

Corporate (Trust Wide) Risks rated 15 and above were considered by the Risk Compliance and Assurance Group (RCAG) on 11th February 2020.

New Risk

- There were no new risks for inclusion in the Corporate (Trust wide) Risk Register.

Current Risk

- Risk ID 775 - There is a risk that the current UPS which has been upgraded to meet building supply demand will go into safe mode and switch off due to having no isolation transformers to prevent neutral from being lost during a network power outage. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services independently at Bow and HQ.

Update: The Group were advised that the Waterloo UPS upgraded had been completed. The Bow upgrade had been put on hold due to the development and expansion of the EOC in Newham. The risk was escalated to the Trust’s Programme Management Board for resolution. The risk and score has remained unchanged since December 2020.

- Risk ID 973 - There is a risk that ambulance premises, operational ambulance fleet HQ, vehicle security and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety patients, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed.

Update: The Group were updated that there were ongoing discussions regarding the mystery shopper questions with Estates to ensure the correct information was captured to inform further work needed. The risk and score has remained unchanged during the last year with the current score rating having been in place since January 2020.

- Risk ID 1050 – There is a risk that critical pieces of equipment needed for patient assessment or interventions will be missing from the new response bags due to packing errors by VP or being diverted by staff which could lead to failure or delay in patient care.

Update: The Group noted that Fleet and Logistics were holding weekly contract meeting with the suppliers and Vehicle Prep to manage the risk. This risk was added to the Corporate (TW) Risk Register in June 2020 and the risk and score has remained unchanged.

- Risk ID 1106 – There is a risk that the LAS, Hazardous Area Response Team, Special Operations Response Team and Tactical Response Unit will be out of license to perform their core competencies because of the impacts of COVID-19. Training was suspended for all of the R&SA specialist response staff (HART, SORT, and TRU) and prevented training/ refresher in PPE. The consequence of this is that the LAS will not be compliant with audit and staff will not be as conversant with equipment and PPE not used regularly which could impact on patient and staff safety.

Update: The Group were advised most training was about to or had started again. The risk was to be reviewed and that the risk scoring was likely to decrease.

- Risk ID 1112 - There is a risk that a patient will be connected to an unmanned telephone due to the telephone agent having not logged out of the Avaya system when not in a position to take a call leading to a delay in patient care as the patient receives no answer at the end of the line.

Update: The Group were informed that this remains a management issue and IM&T are following up with the telephony contractor SPG for possible solutions to eliminate the risk. The risk was escalated to the Trust's Programme Management Board for resolution. This risk was added to the Corporate (TW) Risk Register in June 2020 and the risk and score has remained unchanged.

Tolerated Risk

- Risk ID 1133 - There is a risk that crews will be delayed attending calls, conveying patients to hospital or accessing properties due to the introduction of road closures, reduced lane capacity causing congestion, parking restrictions and other traffic calming schemes with limited/minimal consultation as a result of a pan London response to COVID by TfL and local authorities to enhance cycling and walking schemes. This could lead to increased job cycle times which could lead to an adverse impact on patient care/patient safety due to delayed response, members of the public at risk of accident in pedestrian zones, acute site impact and impact on wider NHS providers.

Update: The Trust remains in discussion with local authorities on any identified access issues. The risk and score remains unchanged and the group agreed to tolerate the risk and review in 6 months.

Closed Risk

- There were no risks considered for closure.

Recommendation for the Board:

- The Board is asked to note the Corporate (Trust Wide) Risk Register.

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

| Directorate | Agreed | | | | Relevant reviewer |
|--------------------------------------|--------|---|----|--|---------------------|
| Quality | Yes | x | No | | RCAG Representative |
| Finance | Yes | x | No | | RCAG Representative |
| Chief Operating Officer Directorates | Yes | x | No | | RCAG Representative |
| Medical | Yes | x | No | | RCAG Representative |
| Communications & Engagement | Yes | x | No | | RCAG Representative |
| Strategy | Yes | x | No | | RCAG Representative |
| People & Culture | Yes | x | No | | RCAG Representative |
| Corporate Affairs | Yes | x | No | | RCAG Representative |

| ID | Sector / Department | Description | Risk level (current) | Controls in place | Risk Owner | Last review date | Assurance | Risk level (Target) | Progress Notes |
|------|--------------------------------------|--|----------------------|---|----------------|------------------|---|---------------------|--|
| 775 | Estates | There is a risk that the current UPS which has been upgraded to meet building supply demand will go into safe mode and switch off due to having no isolation transformers to prevent neutral from being lost during a network power outage. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services independently at Bow and HQ. | 15 | Business resilience fall back accommodation in is place for all operations currently working out of Bow and this has been tested with fall back at Waterloo and other locations across the LAS estate. The business recovery plan was enacted and LAS was able to continue to deliver services across London. | Andrew Goodman | 11/02/2021 | 1. Ops, Strategic Assets and Property and IMT project team have been reinstated 2. A risks and options paper was developed by the team on the 22/3. And this included the set of tests that would be undertaken on the equipment | 5 | 11/02/2020 Risk Reviewed at RCAG: The Group were advised that the Waterloo UPS upgraded had been completed. The Bow upgrade had been put on hold due to the development and expansion of the EOC in Newham. |
| 973 | Estates | There is a risk that ambulance premises, operational ambulance fleet HQ, vehicle security and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed. | 15 | 1.Security Management Policy implemented. 2.Organisational procedure on station duties in place and communicated to staff. 3.Incident reporting system in place to enable the prompt reporting, investigation and management of incidents. 4.Security surveys being carried out on vulnerable sites. 5.Support available from the Metropolitan Police where acts of theft, damage, vandalism are reported. 6.Security awareness training incorporated into H&S training delivered across the Trust. 7.Engagement of security guards at sites where delays in garage | Andrew Goodman | 28/01/2021 | 1. Incidents reported on Datix. 2. Monitoring of Incident reports by Corporate Health & Safety Committee. 3. Regular review of incidents by Trust LSMS. | 4 | 11/01/2021 Reviewed at RCAG: The Group were updated that there were ongoing discussions regarding the mystery shopper questions with Estates to ensure the correct information was captured to inform further work needed. |
| 1050 | Fleet and Logistics | There is a risk that critical pieces of equipment needed for patient assessment or interventions will be missing from the vehicle or primary response bags due to errors by Vehicle Preparation Team or being misplaced by staff during the treatment of patients which could lead to failure or delays in patient care. | 16 | Staff should check bag at start of each shift. VP are replacing all missing pieces of equipment and will place a note in the bag if any supply chain issues. | Andrew Goodman | 11/02/2021 | QA checks on completion of packing and at VP hubs on delivery by LGMs, quartermasters and project team. Staff sign the tag on each sealed bag to state who has packed bag for audit trail Project group are receiving data regarding incidents. | 4 | 11/02/2021 Reviewed at RCAG: Fleet and Logistics were holding weekly contract meeting with the suppliers and Vehicle Prep to manage the risk. The new asset tracking system will mitigate some human-error. |
| 1106 | Resilience and Specialist Operations | There is a risk that the LAS, Hazardous Area Response Team, Special Operations Response Team and Tactical Response Unit will be out of license to perform their core competencies Because of the impacts of COVID-19. Training was suspended for all of the R&SA specialist response staff (HART, SORT, TRU) The core competencies of; HART - Safe Working at Height, Swift Water Rescue, Urban Search and Rescue, Confined Space Working, High Consequence Infectious Disease Transfer and CBRN. SORT - Decontamination. TRU - MTA This has also prevented training/refresher in all PPE. The consequence of this is the LAS will not be compliant with audit. Staff will not be as conversant with equipment and PPE not used regularly. This could all impact on patient and staff safety | 10 | Controls in place to ensure - Assurance process from NARU and NHSE&I - 4/12 extension to current licenses by NARU - Robust training within LAS HART to ensure all staff remain within license - Safe systems of work | Natasha Wills | 11/02/2021 | Achievement records Audit Proclus dashboard National assurance | 5 | 11/02/2021 Reviewed at RCAG: The Group were advised most training was about to or had started again. The risk would be reviewed and the risk scoring decreased as a result. |
| 1112 | NHS111 | There is a risk that a patient will be connected to an unmanned telephone due to the telephone agent having not logged out of the Avaya system when not in a position to take a call leading to a delay in patient care as the patient receives no answer at the end of the line. | 16 | On a daily basis all unmanned phones are checked once per shift to ensure they are logged off. Incidents are raised if an unmanned phone is left logged in and staff member notified. All patients whose calls have been missed and not noted to have recontacted the service will be called back | Jacqui Niner | 11/02/2021 | Incidents are raised on Datix to document when phones are left unmanned but logged in. All patients whose calls have been missed and not noted to have recontacted the service will be called back | 4 | 11/02/2021 Reviewed at RCAG: The Group were informed that this remains a management issue and IM&T are following up with the telephony contractor SPG for possible solutions to eliminate the risk. |
| 1133 | South East Sector | There is a risk that crews will be delayed attending calls, conveying patients to hospital or accessing properties due to the introduction of road closures, reduced lane capacity causing congestion, parking restrictions and other traffic calming schemes with limited/minimal consultation as a result of a pan London response to COVID by TfL and local authorities to enhance cycling and walking schemes and also the introduction of Low traffic Neighbourhood Schemes LTNS. The aim is to increase capacity to assist with social distancing requirements and the reduced public transport capacity capabilities and local authorities developing schemes to support the reopening of the hospitality sector, provide safe spaces near schools and provide traffic safe neighbourhood zones. This could lead to increased job cycle times which could lead to an adverse impact on patient care/patient safety due to delayed response, members of the public at risk of accident in pedestrian zones, acute site impact and impact on wider NHS providers. | 15 | Bulletin circulated to crews Return CRU to certain areas of London Emergency Services Group established and meeting monthly with LAS, LFB, MPS, sub director of streets and TfL head of traffic flow. LAS COO has formally written to TfL and Local Authorities to express concern (LFB has also formally written) and PFD notice from Leeds City Council shared LAS consistently objecting to calming measure that put physical barrier in place (planters or lockable bollards) | Khadir Meer | 11/02/2021 | Review of performance and impact on job cycle times Monitor incidents via Datix | 5 | 11/02/21 Reviewed at RCAG: The Trust remains in discussion with local authorities on any identified access issues. The risk and score remains unchanged and the group agreed to tolerate the risk and review in 6 months. |



London Ambulance Service

NHS Trust

| | | | | |
|-------------------------|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 30 March 2021 | | | |
| Report title: | Use of the seal | | | |
| Agenda item: | For Information | | | |
| Report Author: | James Stanton, Head of Corporate Governance | | | |
| Presented by: | James Stanton, Head of Corporate Governance | | | |
| History: | N/A | | | |
| Purpose: | <input type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |

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

The Trust Seal has been used on the following occasions since previously reported:

| Item No | Date | Detail | Parties | Signed 1 | Signed 2 |
|---------|----------|---|--|----------|----------|
| 204 | 16/12/20 | Lease of Unit 7 Chiltonian Estate, Manor Lane, Lewisham, London, SW12 0TX Lease and licence alteration | LAS NHS Trust Diageo Pension Trust | KM | GE |
| 205 | 23/12/20 | Lease of Unit 3 Falcon Park, Neasden Lane, London NW10 Licence to alter. | LAS NHS Trust Universities Superannuation Scheme Ltd | KM | FW |
| 206 | 3/2/21 | Lease of Unit 4, Brentside Business Park, Great West Road Brentford TW8 9DS Lease | LAS NHS Trust Orbit | LB | KM |
| 207 | 12/3/21 | Lease of Building 1000, East Wing, Ground floor, 1000 Dockside Road, London E16 2QU Lease | LAS NHS Trust The Mayor and Burgesses of the London Borough of Newham | KM | FW |

Recommendation for the Board :

The Board is asked to note the use of the Trust Seal in line with its Standing Orders.

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|--------------------------|----|--------------------------|--------------------------|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Finance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Chief Operating Officer Directorates | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Medical | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Communications & Engagement | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Strategy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| People & Culture | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Corporate Affairs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |