



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

Tuesday 27 July 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 25 May 2021	HL	Enclosed <i>Approval</i>
	4. Matters arising	HL	Enclosed
9.35	5. <b>Report from the Chair</b>	HL	Enclosed <i>Information Approval</i>
9.45	6. <b>Report from the Chief Executive</b>	GE	Enclosed <i>Assurance</i>
9.55	7. <b>Report from the Chief Operating Officer</b>	KM	Enclosed <i>Assurance</i>
<b>Director and Board Committee Reports</b>			
	8. <ul style="list-style-type: none"> <li>Integrated Performance Report</li> </ul>		Enclosed <i>Information</i>
10.10	<b>8.1. Quality and Clinical Care</b> <ul style="list-style-type: none"> <li>Directors Report (Quality)</li> <li>Directors Report (Clinical Care)</li> <li>Quality Assurance Committee meeting</li> </ul>	JMa FW MS	Enclosed Enclosed Enclosed <i>Assurance</i>
10.25	<b>8.2. People and Culture</b> <ul style="list-style-type: none"> <li>Directors Report</li> <li>People and Culture Committee meeting</li> </ul>	DMG AR	Enclosed Enclosed <i>Assurance</i>
10.40	<b>8.3. Finance &amp; Audit</b> <ul style="list-style-type: none"> <li>Directors Report</li> <li>Finance &amp; Investment Committee</li> <li>Audit Committee</li> </ul>	LB AK RP	Enclosed Enclosed Enclosed <i>Assurance</i>
10.55	<b>8.4. Logistics and Infrastructure</b> <ul style="list-style-type: none"> <li>Logistics and Infrastructure Committee</li> </ul>	SD	Enclosed <i>Assurance</i>

Timing	Item	Owner	Status
11.10	8.5 Remuneration Committee	DMG	Enclosed <i>Assurance</i>
11.15	8.6 LAS Patient and Public Council	AT/CB	Verbal <i>Assurance</i>
<b>Finance</b>			
11.25	9 M2 Board Report	LB	Enclosed <i>Assurance</i>
<b>Risk</b>			
11.40	10 Board Assurance Framework and Corporate Risk Register	TB	Enclosed <i>Approval</i>
<b>Concluding Matters</b>			
11.55	11 Any other business	HL	Verbal <i>Information</i>
12.00	<b>Meeting close</b>		
	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).		
<b>Additional reports, circulated for information only:</b>			
<ul style="list-style-type: none"> <li>• Infection Prevention and Control Assurance Framework</li> <li>• Quality Report</li> <li>• Use of the Seal</li> <li>• Audit Committee Annual Report</li> </ul>			



## **TRUST BOARD: Public meeting – Tuesday 25 May 2021**

DRAFT Minutes of the public meeting of the Board held on 25 May 2021 at 9.30am, via Video Conference

<b>Present</b>		
<b>Name</b>	<b>Initials</b>	<b>Role</b>
<b>Heather Lawrence</b>	HL	Chair
<b>Jill Anderson</b>	JA	Associate Non- Executive Director
<b>Lorraine Bewes</b>	LB	Chief Finance Officer
<b>Karim Brohi</b>	KB	Non-Executive Director
<b>Sheila Doyle</b>	SD	Non-Executive Director (vc)
<b>Garrett Emmerson</b>	GE	Chief Executive Officer (CEO)
<b>Amit Khutti</b>	AK	Non-Executive Director (vc)
<b>John Martin</b>	JMa	Chief Paramedic and Quality Officer
<b>Jayne Mee</b>	JM	Non-Executive Director (vc)
<b>Khadir Meer</b>	KM	Chief Operating Officer
<b>Rommel Pereira</b>	RP	Non-Executive Director (vc)
<b>Anne Rainsberry</b>	AR	Non-Executive Director (vc)
<b>Mark Spencer</b>	MS	Non-Executive Director
<b>Fenella Wrigley</b>	FW	Chief Medical Officer
<b>In attendance</b>		
<b>Trisha Bain</b>	TB	Interim Director of Corporate Affairs (vc)
<b>Kim Nurse</b>	KN	Interim Director of People and Culture (vc)
<b>Antony Tiernan</b>	AT	Director of Communications and Engagement
<b>James Stanton</b>	JS	Head of Corporate Governance (Minute taker) (vc)
<b>Victoria Moore</b>	VM	Corporate Governance Manager
<b>Sam Matthews</b>	SM	Communications

(vc) – via video conference

### Welcome and apologies

1. The Chair welcomed those present, in person and via video link, to the meeting and extended a welcome to the public watching online.
2. Trisha Bain was welcomed to her first Board meeting back at the Trust since returning to take up the position of Interim Director of Corporate Affairs.
3. The Chair also welcomed Anne Rainsberry to the meeting noting that she would be joining the Board as a non-executive director to replace Jayne Mee who would be stepping down from her role.

4. It was noted that this would be Jayne Mee's last Board meeting. The Chair thanked Jayne for her great contribution to the Trust, particularly in the area of people and culture and wellbeing, and congratulated her on her appointment as the interim chair of a Trust in Bristol.

### Declarations of interest

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

### Minutes of the meeting held in public on 30 March 2021

6. The minutes of the meeting held in public on 30 March 2021 were approved as an accurate record.

### Matters Arising

7. The Board reviewed the action log and noted the updates provided in the paper. During a discussion of the action log, the following points were made:
  - NHS 111 Services – An action had been taken to commission a LEAN review following discussion at the May meeting of the Finance and Investment Committee. The specification of the review and proposed timeline would be developed at the sub-committee level. It was estimated that September would likely be a realistic target for delivery of the review.
  - Clinical presentations to the Board – The Chief Medical and Chief Quality and Paramedic Officers would take this action forward. The stroke pathway and delivery of clot busting drugs in clinical care for embolism was noted as a potential topic.
  - Director's Report (Quality) – Conveyancing decisions would be discussed during the meeting.
  - International staff working visas/Board briefing on Workforce – Work was taking place to raise awareness of the option of a one year extension on visas and to survey staff on their longer term intentions. An immediate exodus was not expected but it was prudent to understand the factors involved and recognise the potential longer term risk with regard to the supply of international paramedics. This was being fed into the Trust's workforce strategy. The paramedic pathway development programme would be led by the Chief Quality and Paramedic Officer.
  - D999 / Change roadmap - The Chair of the Logistics and Infrastructure Committee advised that the opportunity to create a more integrated change management roadmap for all transformation programmes had been raised by the Committee at their previous meeting.
  - CIPs – A copy of the CIP document was recirculated to Board members.
  - Resolution Framework – It was noted that further action was required on this matter.

### Report from the Chair

8. The Chair presented her report which provided an overview of meetings and events attended with internal and external stakeholders since the previous meeting of the Board in public.

9. The Board had held a development session on 27 April 2021 facilitated by Mike Farrar CBE. This session had set out the context in which the Trust was working in relation to the White Paper and the formation of Integrated Care Systems, the concept of Provider Collaboratives and the concept of Place.
10. The Chair advised that the session had agreed that the Trust's three strategic aims remained relevant, namely:
  - 1) Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients;
  - 2) A world-class urgent and emergency response with enhanced treatment at scene, and for critically ill patients, a faster conveyance to hospital; and
  - 3) Collaborate with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services.
11. Board Members had focused on the initial actions to be taken forward. These were agreed as:
  - The importance of co-production with staff, and describing the staff offer;
  - The interdependencies of existing projects underway and our capacity and capability to deliver them whilst delivering business as usual and how we monitor this;
  - A strategy refresh setting out a framework that pulls across priorities and sequencing in particular where Ambulance Operations Modernisation (AOM) is in this; and
  - Each of these strands of work were allocated to small task and finish groups of combined NED and Executive input.
12. The Chair noted that the importance of staff involvement couldn't be underestimated. An update was provided on meetings which had taken place with staff, including both the Staff and Volunteer Advisory Group and meetings which had taken place with women in the Trust after the murder of Sarah Everard. Matters of inappropriate language and behaviours in the workplace had been raised and action to address this was being taken forward with senior officers.
13. With respect to the external meetings which the Chair had participated in, attention was drawn to the ongoing contributions to the debate on the role of Ambulance Trusts in the implementation of Integrated Care Systems (ICS). Discussions with the Association of Ambulance Chief Executives (AACE) had highlighted the preference of all ambulance trusts that they not report to one ICS within a region. It was felt that this would be detrimental to commissioning decisions. There was also noted to be a desire to retain a lay chair. From the Trust's perspective, organising the ambulance service as a sixth London ICS remained the preferred arrangement. A note would be submitted to the Secretary of State for Health setting out the Trust's views on this point.

#### [Resolution:](#)

The Trust Board noted the paper.

#### [Report from the Chief Executive](#)

14. The Chief Executive presented his report and provided strategic update on the key activities and internal and external engagement by the Trust since the previous Board meeting.

15. The Chief Executive advised of the early work taking place with regard to the overarching strategy refresh. The Board noted that more detailed consideration would be given as part of the discussion on the annual reporting later in the meeting.

Action: An update be provide to LIC on cyber security and broader cyber awareness across the organisation's staff.

Resolution:

The Trust Board noted the paper.

### Report from the Chief Operating Officer

16. The Chief Operating Officer presented the paper. The Board was advised that the operational focus had been on maintaining resilience, ensuring that the Trust continued to learn all the lessons from the previous Covid waves, maintaining the journey towards recovery and remaining focused on delivery of the transformation programme.
17. In response to a question, the Chief Operating Officer and Chief Executive outlined the steps being taken to inform the Trusts approach to agile working. Feedback received from staff had highlighted that, though there had been many challenges over the past year, they were looking to maintain the flexibility that had been developed. Work to devise flexible working and a corporate accommodation strategy was ongoing and Trust management were looking to move forward rapidly. The lease for Pocock Street was noted to be due to expire in June 2022. It was thought that the corporate accommodation strategy might be based on a principle of one desk for every two employees for central London staff. Making greater use of local accommodation was also being considered.
18. The organisation was considering what future working needs would be and to develop its culture to get more used to different ways of working. This included offering staff optimised work-life balance whilst making the most of the time that staff gave to the organisation. The importance of engaging with staff, considering the needs of those who were not able to work from home and maintain effective team working was noted. It was suggested that this represented the biggest change in ways of working since the introduction of email and it would take some time to get completely right.
19. The amount of work taking place in back office areas was noted.

Resolution:

The Trust Board noted the paper.

### Director and Board Committee Reports

- Integrated Performance Report

20. The latest Integrated Quality and Performance Report (IPR) was presented. This provided an Executive Summary for the Board and gave an organisational oversight of all key areas across the London Ambulance Service including Quality, Operations, Workforce and Finance.

Resolution:

The Trust Board noted the Integrated Performance Report.

21. The reports from directors, assurance committees and associated questions were taken in order. The Board noted the key themes as set out below.

### Quality and Clinical Care

- **Director's Report (Quality)**

22. The Chief Paramedic and Quality Officer highlighted the following areas in his report:
- The number of 999 and IUC moderate, severe and death patient safety incidents decreased in February and had returned within normal reporting numbers following the recent COVID19 wave.
  - The Trust was one of the first English ambulance services to fully introduce the Child Protection Information Sharing System (CP-IS) across all its services.
  - 144 Excellence Reports had been submitted in March 2021, the largest number ever received in one month.
23. Future priorities would include supporting the clinical education standards with the opening of two new sites, the roll out of the station accreditation scheme and the refresh of the Quality Strategy.

- **Director Report (Clinical Care)**

24. The Chief Medical Officer highlighted the following areas in her report:
- The Trust continued to provide an excellent service for stroke care patients and was ranked first nationally for the return of spontaneous circulation after cardiac arrest.
  - The clinical education and workforce development team had now moved to the Quality directorate. The work of staff in embracing digital technology and multimedia centres was recognised.
  - Work was ongoing to ensure that the excellent pathways established during Covid remained in place to provide bespoke care for patients and reduce pressure on emergency departments.

- **Quality Assurance Committee**

25. The Chair of the Quality Assurance Committee presented his report and noted that the Committee had been looking at next year's quality reporting.
26. The Board considered the quality and clinical care updates. In response to Members' questions it was noted that:
- Work continued to address challenges in the roll out of Covid vaccinations for staff. This included bespoke work to address lower take up of the vaccine in departments with higher proportions of BAME staff. It was noted that the vaccine was not mandatory however the evidence was that it was beneficial and staff were being helped with advice to make the right choice for them. Some staff were also thought to be more likely to come forward now that members of the public from high risk groups had received their vaccinations.
  - There had been an increase in 111/999 call volumes however there was no evidence to link this specifically to Covid. Staff sickness was being monitored to identify any early trends.
  - The roll out of iPads to ambulance crews nationally based on the work and experience in London was noted. The work of Stuart Crichton and team in helping to make LAS a pioneer in this area was commended.

- Once iPads were replaced, wiped and no longer of Trust use, options for donating to schools, etc would be explored.
- Advice would be put out to teams to ensure that they were only doing diagnosis and what absolutely needed to be done at the scene with a stroke patient and emphasising the importance of transferring to hospital for access to scans and clot busting drugs.
- A scorecard on digital transformation was suggested. It was noted that the new logistics and medicine packing unit were looking at providing this information. This could be linked to the refresh of the digital strategy.

Action: Production of a digital transformation scorecard to be explored.

Resolution:

The Trust Board noted the Quality and Clinical Care reports.

### People and Culture

- **Directors Report**

27. The Interim Director of People and Culture presented her update report.
28. Progress had been made on the action plan in response to Black Lives Matter. The first anniversary of the murder of George Floyd had recently been marked. Activity continued as part of this workstream including creating opportunities for learning, reviewing recruitment and ensuring representation on all recruitment panels and a mentoring programme had been developed. The Trust had seen an increase in the number of BAME staff joining however this was still mostly in the lower pay bands. Work would continue to ensure a full development programme was in place and to accelerate progress.
29. The Trust had also been holding forums for women, as discussed by the Chair in her report. This had enabled the Trust to help highlight and focus on issues of concern to colleagues and to ensure their safety and development.

- **People and Culture Committee**

30. The Chair of the People and Culture Committee updated the Board on the work which had been undertaken to review the 18 month People Plan in detail. Progress had been reported however it had also been recognised that not all actions had been delivered and there had been some examples of reporting being over ambitious with green ratings. The Committee would continue to seek assurance that the plan would be delivered to time.
31. The Freedom to Speak Up (FTSU) annual report had been considered. Further monitoring would be needed going forward to clarify whether the drop in the number of concerns reported was due to the pandemic or improvements within the Trust.
32. Consideration had also been given to a presentation on how to make change happen. The work of Andrew Goodman in particular was praised in this area. It was suggested that the presentation might be brought to a future Board development session.

Action: AG presentation on change management to be considered for future Board development session.

33. In response to a query about the diversity inclusion plan, it was agreed that the Executive would be asked to respond on this point.

Action: Executive to come back on the Diversity inclusion plan.

34. The Board considered the updates on people and culture. In response to Members' questions, it was noted that:
- BAME results were felt to be disappointing and further work was needed.
  - The recruitment risk rating remained high. In addition to the work at the executive level, the Strategic Workforce Plan would continue to be monitored by the People and Culture Committee and matters reported and escalated to Board by its Chair as required. The availability of international paramedics and student pathways remained areas to be addressed.
  - Absence was noted to be increasing in EOC and paramedics. This would be reported in the next update if it represented an underlying issue.

Resolution:

The Trust Board noted the People and Culture reports.

### Finance and Audit

- **Directors Report**
35. The Chief Finance Officer presented her report and noted that all statutory financial duties had been met for the March reporting period. The financial framework had been confirmed for the first half of the year and this was noted to be in accordance with the North West London ICS plan as the Trust's host organisation. Business and financial planning for the second half of the year was being commenced and was expected to be in place in one to two months' time. This would be brought forward for Board approval at the July meeting. The Trust's progress in the area of procurement was also noted and commended as an important element of financial control compliance.
- **Finance and Investment Committee**
36. The Chair of the Finance and Investment Committee advised the Board that the Committee had considered the draft five year capital plan at its previous meeting. This was a first for the organisation. The initial capital allocation for the year was noted to only be sufficient to complete the existing projects from the previous year and that more would be requested to progress other high priority issues. Given the potential gap, the Executive had been asked to consider whether this represented a strategic risk. The Committee has also approved three contract extensions to provide additional capacity for 111 IUC.
- **Audit Committee**
37. The Chair of the Audit Committee updated the Board on the work of the Audit Committee. The Committee was continuing to review external and internal audits and the timetable for their completion post-Covid. No significant issues had been highlighted in meeting with the auditors. The team was commended for their work to date. The Committee Chair noted that the Committee had provided comments on the Annual Governance Statement and that these had been incorporated into the draft for consideration by the Board. The Audit Committee had also reviewed and approved the Local Counter Fraud Statement. It was noted that a request for the Audit Committee to be delegated authority to agree the final submission of the annual reporting documents in line with the national timetable.

### Resolution:

The Trust Board noted the Finance and Audit reports.

### Logistics and Infrastructure

- **Logistics and Infrastructure Committee**

38. The Chair of the Logistics and Infrastructure Committee presented her paper. The Committee had welcomed the rigor and governance which had brought transparency to the transformation programme. Areas of risk had been highlighted and the Executive had been recommended to consider reprioritisation. It was noted that change management and interoperability should be considered as part of ongoing work in line with the three agreed strategic aims.

- **Logistics and Infrastructure Committee Terms of Reference**

39. The Board considered a recommendation to approve a change to the terms of reference of the Logistics and Infrastructure Committee. The change related to the number of Non-Executive Directors (NED) required to be present in order for the meetings of the Committee to be quorate. In response to a question, the Interim Director of Corporate Affairs confirmed that it was not a statutory requirement for committees to have a majority of NED members.

### Resolution:

The Trust Board noted the report and agreed that the quorum, as set out in the terms of reference, of the Logistics and Infrastructure Committee be amended as set out below:

#### *“Quorum*

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

*8.1.1 Two Non-Executive members one of whom must be the Chair or nominated Chair of the Committee; and*

*8.1.2 At least one of the two Executive Committee members, one of whom must be the Chief Finance Officer or the Chief Operating Officer.”*

### D999 Programme Assurance Group

40. The Chair of the D999 Group provided an update on the Group’s work and thanked those involved. The Group would continue to look at opportunities to maximise the available dataset. The Trust Chair noted that the Trust was beginning to adopt good change management processes but there was a need to ensure that this was consistent and something we could have a presentation on.

Action: Presentation from D999 to be considered for future Board development session.

41. The Chief Executive noted that a delay in the programme would have consequences. Computer Aided Dispatch (CAD) had originally been scheduled for delivery in spring but had been pushed back. This would have a knock on effect in terms of delivering the rest of the Trust’s agenda and the efficiencies which were interlinked.

### Resolution:

The Trust Board noted the update.

## [LAS Patient and Public Council](#)

42. The Director of Communications and Engagement presented a report of recent meetings of the London Ambulance Service Public and Patients Council (LASPPC). The LASPPC consisted of 20 patient and public representatives and was one of many ways in which the Trust engages patients and local communities with its work. The Trust Chair welcomed the report and noted the good progress which was taking place with engagement across the Trust with both members of staff and the wider community.

### Resolution:

The Trust Board noted the report.

## [Governance Annual Reporting Annual Report](#)

43. The Board considered the Annual Report, Annual Governance Statement and Self-Certification of Compliance with Provider Licence together.
44. The Interim Director of Corporate Affairs advised the Board of the process which had been taken to draft the annual reporting and incorporate comments received from the Audit Committee at its previous meeting. Board Members were asked to submit any further comments by the end of the week for incorporation into the final report.
45. The latest draft of the Annual Report and Accounts for 2020/21 were being presented to the Board for consideration at the meeting and were due to be submitted to NHSE/I by 15 June 2021.
46. Due to the requirements of the submission timetable, the Board was asked to delegate authority for the final approval of the Annual Report and Accounts to the Audit Committee. This would enable the Committee to consider any significant issues relating to the draft Annual Accounts and AGS in light of external audit findings to date and the Head of Internal Audit Opinion at its meeting on 26 May 2021. The Audit Committee would then agree the final Annual Accounts for signing and submission in light of ISA 260 report from external auditors at its meeting on 10 June 2021.

## [Annual Governance Statement](#)

47. With respect to the Annual Governance Statement, it was noted that control issues had been identified around MHRA and the Trust's immunisation contract. These had been, and would continue to be, monitored through relevant assurance committees. The Interim Director of Corporate Affairs also advised Board Members that an ongoing investigation was taking place, however it was not appropriate to report at this stage. If something did emerge as a result of the investigation then this would be addressed and would be included in next year's report as appropriate.

### Resolution:

The Trust Board delegated authority to the Audit Committee to approve the London Ambulance Service NHS Trust Annual Report and Accounts for 2020/21 at its meeting on 10 June 2021, prior to submission on 15 June 2021.

## [Self-Certification of Compliance with Provider Licence](#)

48. This report was considered as part of the preceding item.

## Resolution:

The Trust Board agreed that:

1. The Trust is compliant with Conditions G6 and FT4 of the NHS provider licence and the Chair and Chief Executive be authorised to sign the submission on behalf of the Board.
2. Authority to be delegated to the Audit Committee to further revise, amend and approve for submission the Trust's Self Certification at its meeting on 10 June 2021, prior to submission on 15 June 2021.

## Finance

### Draft Annual Financial Account and M12 Finance Report

49. The Chief Finance Officer presented the Draft Annual Financial Account and M12 Finance report. The following points were noted:
  - The Trust had met its financial duties subject to final audit.
  - The Trust had delivered a surplus of £1.2m which was £257k higher than the revised breakeven outturn agreed with NW London Health Care Partners (£1.2m lower than originally planned).
  - The Trust had a closing cash balance of £39.8m at the end of March 2021.
  - Operating costs had increased by £115.9m and income increased by £116m compared to 2019/20, primarily due to COVID-19 impacts and funding (incurring an additional £88.4m in responding to COVID 19 during the year).
  - The Trust had delivered its financial position in line with the agreement with NW London.
  - Critical infrastructure projects had been started, with the Trust delivering its full capital plan for 2020/21 and closing capital expenditure of £43.8m.
  - The delivery of £8.3m represented an over achievement from the efficiency programme.
  - The accounts had been prepared on a going concern basis.
50. The Chair of the Audit Committee advised that the Committee had review the draft prior to submission to NHS E/I. He had requested a movement analysis between then and the 10 June meeting of the Audit Committee for comparison. So far, he had been advised that there were no material changes to report.
51. The Trust Chair noted that the accounts contained positives however the non-recurrent funding relating to Covid also had to be acknowledged.

## Resolutions:

The Trust Board noted:

1. That the Draft Annual Accounts had been reviewed by the Audit Committee on 23 April 2021 prior to their submission to NHSI by the 27th April 2021
2. That authority had been delegated to the Audit Committee to approve the London Ambulance Service NHS Trust Annual Report and Accounts for 2020/21 at its meeting on 10 June 2021, prior to submission on 15 June 2021.
3. The financial position and outturn for the Trust for the year ending 31 March 2021.

## Quality

### Annual Quality Account

52. The Chief Paramedic and Quality Officer presented the Annual Quality Account 2020/2021. The Quality Account was presented in two sections. The first section looked forward to this financial year (2021-22) and presented 10 quality priorities to be implemented during the year.
53. The year's 10 quality priorities were:
1. Implementation of the Patient Safety Incident Response Framework (PSIRF)
  2. Improving staffing levels, productivity and efficiency across Integrated Patient Care service
  3. Improving the management of clinical equipment
  4. Improving Medicines management & storage
  5. Further engagement and involvement of Patients & Communities
  6. Delivery of the Clinical Strategy
  7. Integrating the 999 and 111/ IUC CAS systems
  8. Implementation of the station/service quality accreditation programme
  9. Development of the Trust's Culture Diversity and Inclusion (CDI) Strategy
  10. Continued focus on Staff health & wellbeing.
54. The second section looked back at progress made against the 18 quality priorities of the previous financial year (2020-2021). Despite the pandemic, considerable progress had been made on 17 of the 18 priorities. The one exception had been the quality priority relating to the roll out of tempus monitors for MRU and CRU. This had been suspended as a priority as both services had to be taken off the road due to COVID.
55. It was noted that there would be some further tidying up of the Quality Account prior to publication.

#### Resolution:

The Trust Board approved the Annual Quality Account for publication.

## System Oversight Framework consultation – LAS Response

56. The Chief Executive presented the paper and advised that the response to the consultation had been in line with the Trust's previous submission in relation to the ICS consultation. The Trust was supportive of the overall principles whilst seeking to constructively link in to develop the gaps which existed for similar organisations.

#### Resolution:

The Trust Board noted the consultation response which had been submitted on 14 May 2021.

## Risk

### Board Assurance Framework

57. The Interim Director of Corporate Affairs presented the Board Assurance Framework. It was noted that no changes were being proposed on BAF risks at the meeting however three areas were in the process of being reviewed. These included risks in relation to Bow infrastructure improvements, the capital transformation programme and the wider culture of change and people and culture elements arising from the delivery

of Hub1. Any proposals arising would be brought to the July meeting of the Board following consideration by the relevant assurance committee.

58. The Chief Executive advised that the Executive would also be looking at bringing forward a more generic risk around transformation and the normalising of Covid over time as previously discussed. This would be taken forward with the Chairs of the Audit and Logistics and Infrastructure Committee. The need to provide a strategic and holistic approach to reviews was noted.

#### Resolution:

The Trust Board approved the Board Assurance Framework.

#### Any Other Business

59. There was no other business raised.

#### Additional Reports

60. The Board received the following additional reports for information only:
- Corporate Risk Register
  - Quality Report
  - Freedom to speak up Annual Report
  - Patient Experiences Annual Report

#### Meeting Close

61. The Chair summarised the business that had been carried out at the meeting and asked for feedback from Board Members on the format and content of the meeting.
62. There was general support for the 'hybrid' model of meeting which had taken place, with Board Members attending both in person and by video conference. The mixed model of meeting was considered to be well structured and organised.
63. Board Members considered the reporting format in relation to the Integrated Performance Report and associated reports by area. The view was expressed that considering the directors report together with the assurance update and any questions had been more efficient, however more time should be allowed in future.

#### Action: JS to allocate 15 minutes per combined reporting slot on the next agenda

64. The Chair expressed her thanks again to Jayne Mee for her work with the Trust. She noted that this would be Jayne's last meeting of the Trust Board in public and hoped that she would stay in touch with the Trust in future.
65. 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 27 July 2021.

## 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>
<b>NHS 111 services</b>	KM to hold deep dive on NHS 111 services.  Updated action 30/3/21 - KM and RP to discuss assurance to be brought to Audit Committee	Khadir Meer	02/11/2020	25/05/2021	A LEAN review had been commissioned following discussion at the May meeting of the Finance and Investment Committee. The specification of the review and proposed timeline would be developed at the sub-committee level. It was estimated that September would likely be a realistic target for delivery of the review.
<b>Resolution Framework</b>	KN to clarify guidance around NED involvement as part of the Resolution Framework.	KN	30/03/2021	25/05/2021	25/07/21 - Further action required on this matter
<b>Cyber Security</b>	An update be provide to LIC on cyber security and broader cyber awareness across the organisation's staff.	KM	25/05/2021	31/09/21	LIC received a paper which provided cyber update as a standing agenda item
<b>Digital Scorecard</b>	Production of a digital transformation scorecard to be explored	KM	25/05/2021	31/09/21	The productions of a digital scorecard is being explored.
<b>Change Management</b>	AG presentation on change management to be considered for future Board development session.	HL	25/05/2021	31/09/21	This proppsal will be considered for a future development session as appropriate
<b>Diversity Inclusion Plan</b>	Executive to come back on the Diversity inclusion plan	GE/DMG	25/05/2021	31/09/21	The Director of People and Culture Report updates on the combined action plan and actions that have been addressed in respect of civility, diversity and black lives matters action plans.
<b>Board Agenda</b>	JS to allocate 15 minutes per combine reporting slot on the next agenda	JS	25/05/2021	31/09/21	The Board agenda timing has been adjusted to accommodate the request



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Report from the Chair			
<b>Agenda item:</b>	5			
<b>Report Author(s):</b>	Heather Lawrence, Chair			
<b>Presented by:</b>	Heather Lawrence, Chair			
<b>History:</b>	N/A			
<b>Status:</b>	<input type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Noting</b>
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
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.				
<b>Recommendation(s) / Decisions for the Board / Committee:</b>				
The Board is asked to note this report.				

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 Affairs	Yes		No		

# Report from the Chair

## Internal

### **1. Chief Executive continuity plans**

- 1.1. After four years as Chief Executive Officer (CEO) at London Ambulance Service (LAS), Garrett Emmerson resigned from his position for understandable family reasons at the end of August. This Board meeting will be Garrett's last formal Board meeting. Over the last four years Garrett has overseen the Trust's response to an unprecedented number of terrorist attacks on the Capital and the Grenfell tower fire. Under his leadership, together with the team, the Trust moved from a CQC rating resulting in the Trust being placed in Special Measures to a rating of Good overall. The Trust is now seen as the integrator of Urgent and Emergency Care in London, we have begun to rationalise our estate and made progress on modernising our IT systems and began our electronic patient journey.
- 1.2. We wish Garrett all the best for the future.
- 1.3. I am delighted to advise that Daniel Elkeles, an experienced CEO, has agreed to come to us on secondment as CEO from his position as CEO of Epsom and St Helier University Hospitals where he has not only secured the funding for a new hospital but gained a reputation for addressing longstanding culture issues at the hospitals. Daniel will join us on 16 August 2021.

### **2. Non-Executive Director update**

- 2.1. I am also delighted to welcome Line de Decker who joined us on 1 June 2021 as Associate Non-Executive Director. Line is currently Senior Vice President and Chief Transformation Officer at GlaxoSmithKline (GSK).

### **3. Digital Strategy update**

- 3.1. In June we held a Board development session facilitated NHS Providers on current thinking on issues relating to the components of a Digital Strategy from within and without the NHS. We considered the progress we have made but also recognised the current constraints we face nonetheless. We also had presentations from Dr Fenella Wrigley our Chief Medical Officer, and Stuart Crichton our Chief Clinical Information Officer on the LAS Critical Digital Roadmap from a patient, staff and system perspective. We also looked at the role of data, business intelligence and big data priorities.
- 3.2. I am grateful to Amit Khutti and Sheila Doyle, Non-Executive Directors who planned and led this session.
- 3.3. The above will all be embedded in a revised Trust Digital strategy that will be presented to the Board in due course.

## External

### **4. NHS Health and Care Board**

- 4.1. In January 2019 the NHS long term plan was published which led to a White Paper in February 2020.
- 4.2. The proposal set out a plan to:
  - Establish Integrated Care Systems (ICS) and other measures to support the integration health and care
  - To fully merge NHS England and NHS Improvement
  - Make changes to procurement
  - To set up a Health and Safety Investigation Board
- 4.3. In early July the Health and Care Bill had its first two readings in parliament.
- 4.4. Through my reports the Board has been updated on our involvement with the five London ICS', our response to the consultation. We are fully supportive of the concept of ICS and their having a statutory footing.
- 4.5. The London Ambulance Service is supportive of the formal establishment of Integrated Care Systems and in January 2021, the Trust Board agreed to proposals for ICSs to have a statutory footing. This was included in our ICS Consultation response to NHSE/I.
- 4.6. When the white paper was published in February 2021, it did not provide sufficient detail about how services delivered across multiple ICS geographies will be commissioned, including how different ICSs might come together to jointly make decisions that best service the population of a whole region.
- 4.7. Recent NHSE/I guidance published through the 'ICS Design Framework' in June 2021 was also not prescriptive around the arrangements for regional providers, and advised that 'ICSs and ambulance providers ... should agree their working relationships carefully to ensure that ... there is a joined up dialogue between ICSs and their relevant ambulance provider, avoiding unnecessary variation in practice or duplication in communication'.
- 4.8. As part of the LAS response to the ICS Consultation, we set out three options for our future relationship with ICSs, and identified a preferred way forward where LAS would exist as an Integrated Care Organisation (ICO) for urgent and emergency care. Our second preference was to have a single commissioner.
- 4.9. As chair of LAS I have been active in the various meetings at AACE and in NHS Confederation reset discussions with the aim of influencing how Ambulance Trusts will fit in with this new system working. It is the collective view of AACE that it is impractical for Ambulance Trusts to work across multiple ICS' and the preferred model, but not a one size fits all approach, is for there to be a commissioning and funding Board for each Ambulance Trust at a regional level with a Lay chair. Whilst not yet agreed, there has been considerable input from ourselves and others to assist the AACE executive in working with colleagues at NHSE/I.
- 4.10. We do recognise the need to also work at Place and with Primary Care Networks (PCNs) and the Bill leaves it open as to which networks ambulance trust should join

however it is the case that we have clinical pilots working at Place in a number of areas as well as paramedics in primary care network pilots

## **5. Visit to Queen's Hospital Romford**

5.1. Together with our CEO and Chief Medical Officer I visited Queens Hospital Romford, who have the third busiest accident and emergency department in the country. We witnessed excellent joint working between our two organisations resulting in improved care for patients.

6. All external meetings, whether about reset, AACE, NWL and SWL ICS', continue to focus their attention on COVID-19 vaccination rates, elective reset and cancer cancer but overwhelmingly the undue pressures everyone is facing, particular in out of hospital care which is well evidenced by our own 999 and 111 services.

**Heather Lawrence OBE**  
**Chairman**



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Report from the Chief Executive			
<b>Agenda item:</b>	6			
<b>Report Authors:</b>	Garrett Emmerson, Chief Executive			
<b>Presented by:</b>	Garrett Emmerson, Chief Executive			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board 's attention:</b>				
<ul style="list-style-type: none"> <li>The Chief Executive's report looks back over recent developments and 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 May 2021.</li> </ul>				
<b>Recommendation for the Board:</b>				
<ul style="list-style-type: none"> <li>The Board is asked to note the content of the Chief Executive's report.</li> </ul>				

<b>Routing of Paper – Impacts of recommendation considered and reviewed by:</b>			
<b>Directorate</b>	<b>Agreed</b>		<b>Relevant reviewer [name]</b>
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
People & Culture	Yes	No	Damian McGuinness
Corporate Affairs	Yes	No	Trisha Bain

## Report from Chief Executive

### 1. Changes to the Executive Team

- 1.1. I announced at the beginning of July that I have decided to step down from my role as Chief Executive Officer. I will therefore be leaving the Trust at the end of August. Since joining the Service four years ago, I have been honoured to lead the organisation through some of its most challenging and busiest days ever: from the Grenfell fire tragedy and multiple terrorist attacks in 2017; through our journey to get out of NHS 'Special Measures' in 2018 and, of course; the incredible response to the COVID-19 pandemic in 2020. Through all of this time, the outstanding dedication and commitment to patient care demonstrated by everyone in the Service, day in and day out, over such a long period of time, has been truly inspirational.
- 1.2. Our Chief Operating Officer and Deputy Chief Executive Officer, Khadir Meer, will be leaving the Trust at the end of September, moving on to a new role as Chief Operating Officer at SOAS University of London. Khadir has been with the Trust for two years and has played a significant role in leading us through the COVID-19 global pandemic, helping to ensure we continue to provide the best possible care to our patients and to support our staff and volunteer during a period of unparalleled challenge. Although Khadir will remain with the Trust for several months, I want to take this opportunity to thank him for all that he has done for the Trust over the last two years.
- 1.3. I shall continue to work with the Chair, Trust Board, and Executive to ensure there is an effective transition plan in place and a smooth handover to my successor, Daniel Elkeles, who joins us in mid-August from Epsom and St Helier University Hospitals NHS Trust.
- 1.4. I would like to formally welcome two new members of the Executive Team. Firstly, Damian McGuinness, who joined us on 14 June 2021, as Director of People and Culture. Damian joins us from Bart's Heath NHS Trust – The Royal London and Mile End Hospitals, where he was Director of People, having previously undertaken a number of senior HR roles within the NHS. Damian took over from Kim Nurse who has been supporting us on an interim basis since November 2020 following the departure of Ali Layne-Smith. Kim left the Trust on 14 July and I would like to thank her for her significant contribution over the last eight months.
- 1.5. Diane Scott joined us on 5 July 2021, as Interim Director of Corporate Affairs, providing cover for Syma Dawson. Diane joined the ambulance service in 1985 and remains a HCPC registered Paramedic, receiving the Queen's Ambulance Medal in the 2018 New Year's Honours list. Diane has held a number of senior posts and brings with her the experience, knowledge and skills of over 18 years at Board level. Diane replaces Dr Trisha Bain, who, having retired from the Trust as Chief Quality Officer after four years at the end of February, returned to us in April to cover the Director of Corporate Affairs post. I am incredibly grateful to Trisha for supporting us over this period and for her continued dedication to the success of the Trust.

## Building a world-class ambulance service

### 2. Our patients

- 2.1. As outlined in the Chief Operating Officer's update to the Board, we continue to see a sustained increase in demand and acuity for both our 999 and 111 services, meaning that on 17 June we moved to Resource Escalation Action Plan (REAP) Level 4 – significant

pressure. We envisage that this level of demand will continue throughout the summer, and our focus remains on implementing all available measures to maintain service levels and best serve the needs of our patients both in the short and longer term as we approach winter. In response to this increased demand, we have bolstered and uplifted clinical and frontline resources, redeploying non-patient facing staff, being supported by our blue light partners and drawing on our volunteers and private ambulance providers.

- 2.2. Our Chief Medical Officer's report also explains how we have introduced additional measures to ensure the safety of our patients during this period of sustained increased demand and how we maintain oversight of safety through our Clinical Safety Escalation Plan. Our Clinical Support Desk in the Clinical Hub, provides clinical telephone advice to 999 call handlers and frontline clinicians on scene and has access to a senior member of the Clinical Directorate 24 hours a day to assist with complex decision making to ensure each patient receives the best care. In addition, patients who have been delayed receiving a response due to the unprecedented demand are reviewed regularly by the clinical on call team.
- 2.3. We also continue to work with the wider London health care system to manage the increased primary care activity we're receiving into the urgent care setting, and to ensure patients are able to access care in the right place and closer to home, through the use of alternative care pathways and by providing enhanced telephone clinical assessments.
- 2.4. Through our Patient Safety Incident Response Framework (PSIRF), we have strengthened our governance and assurance processes regarding investigation of incidents, and themes from patient safety incidents are shared with managers on a monthly basis to inform and enable learnings (further information in the Chief Paramedic and Quality Officer's report to the Board).

### **Uninjured Fallers pilot**

- 2.5. In June, we were delighted to announce our Uninjured Fallers pilot. This pilot sees our Community First Responders provided with the training and equipment they need to respond to patients who have fallen without injury but who would normally require an ambulance attendance to support safely lifting the patient. Each year we respond to approximately 53,000 calls related to falls. Whilst some patients may require hospital treatment in more serious cases, there is a large percentage of patients who require support being lifted and checked for injuries. This pilot, which is taking place in four locations across London, aims to ensure fallers who require our care receive the right care at the right time by sending the right resources.

## **3. Our people**

- 3.1. The impact of COVID-19 has inevitably taken a toll on our people and we will continue to focus on their health and wellbeing needs. Over 82% of our staff have had at least one dose (and 70% having had their second dose) of a COVID-19 vaccine. That being said, COVID-19 isolations have increased compared to previous months and we are seeing an increased number of contacts through Test and Trace. Sickness has increased very slightly between April and May, but primarily through non COVID-related absence. Staff are being encouraged to participate in lateral flow testing to help keep themselves and their patients safe and our Director of People and Culture's report to the Board updates on the establishment of new pathways and our test and release programme, which will help our staff avoid unnecessary isolations.

- 3.2. The LAS Well-being Hub continues to be a vital and highly regarded resource for staff, including those who are accessing well-being support and counselling and we are progressing with plans to retender for our occupational health service provision.
- 3.3. Our Director of People and Culture also reports on the activity underway to improve recruitment and retention, whilst our Chief Paramedic and Quality Officer updates on work with our partner universities to deliver paramedic degrees and our new apprenticeship paramedic programme, all of which will help to ensure that we are appropriately resourced and have a pipeline of talented and diverse people joining us.
- 3.4. The Prime Minister has announced that, from 19 July, there will be some relaxing of rules around hands, face, and space for the public. The legal restrictions are now removed in respect of mask wearing– meaning people can exercise choice regarding the wearing of a mask within public areas. In addition, working from home remains advised but people can return to the office, and businesses are being asked that this is looked at in stages and to implement agile working arrangements. COVID-secure guidance will remain unchanged within healthcare settings and our Working Safely in Non-Clinical Areas guidance also remains unchanged. Everyone accessing or visiting healthcare settings must continue to wear a face covering and follow social distancing rules.

#### **Action against abuse and violence towards our staff**

- 3.5. Nobody should feel unsafe and threatened at work. As a Trust we have made, and continue to make, a sustained effort to look after our people and keep them safe and supported. Since February 2021, we, alongside our NHS colleagues in the North East Ambulance Service, have been undergoing a Body Worn Camera Trial as part of our efforts to ensure our staff and volunteers are able to carry out their job free from verbal and physical abuse. This is in addition to our recruitment of two Violence Reduction Officers last year.

#### **Volunteers' Week**

- 3.6. Volunteers play a vital role in our Service – and their contribution has never been as valuable as it has been in the past year as we faced the challenge of responding to the pandemic.
- 3.7. During Volunteers' Week (1 – 7 June), we highlighted the invaluable contribution of our volunteers through social media and, via our internal communications channels. This includes the hard work and dedication of our Emergency Responders and Community First Responders, whose roles during the pandemic expanded to support our medics on double-crewed ambulances.

#### **Staff Recognition**

- 3.8. We were delighted that two of our team received recognition in the Queen's Birthday Honours. Our Consultant Midwife, Amanda Mansfield, was awarded an MBE for 'Services to Midwifery' for her exceptional commitment to ensuring mothers, babies, partners and families receive care that makes a difference across London.
- 3.9. Our Clinical Team Manager, Jason Morris, received a Queen's Ambulance Medal (QAM) which recognised his long-standing dedication to the Service and patient care across London. During his 22 years at LAS, Jason has championed many initiatives, taken a leading role in training and developing a team of Helicopter Emergency Medical Service

(HEMS) doctors, as well as ensuring staff and volunteers had the necessary personal protective equipment in our COVID-19 response.

- 3.10. I would like to personally congratulate both Amanda and Jason for their continued devotion and commitment.
- 3.11. I am delighted to announce that we have been shortlisted for two awards at The Institute of Internal Communications National Awards 2021. One nomination is for our overall response to COVID-19 and how we have engaged with our staff and volunteers to keep them informed and updated. The second is for LAS TV Live, which we launched in late January 2020 so that we could respond directly to staff and volunteer questions and concerns about the pandemic. Staff and volunteers regularly tune into the 45 minute show, which, until recently, was broadcast live three times a week offering colleagues direct access to Executive Directors and senior leaders. The awards will be announced in September.

#### **4. Public Value**

- 4.1. As outlined in the Chief Finance Officer's report, we continue to operate under an adjusted financial framework for the first half of the year, which provides a block funding arrangement paid via our NWL Host ICS. Arrangements for the second half of the year continue to be developed and agreed and we continue to progress with business planning, the prioritisation of service developments, and delivery of efficiencies.

#### **5. Our Partners – Public and Patient Engagement**

##### **Trust Strategy - Estates transformation**

- 5.1. As set out in our current five-year strategy, the Trust is committed to our ambition of becoming a world-class ambulance service for a world-class city. In June we were delighted to take our first big step towards transforming another element of our operational estate as part of this vision – moving away from a large number of not fit-for-purpose satellite stations dating back to the Victorian times and towards a network of state-of-the-art Ambulance Deployment Centres across the capital.
- 5.2. On 7 June, we announced that a site has been selected in Dagenham, North East London, for us to develop our first pioneer Ambulance Deployment Centre, subject to planning permission. We have been keeping our staff and volunteers regularly informed and updated with our progress on this, and are engaging with stakeholders in Dagenham and the surrounding areas to provide reassurance that this change will transform the way we work to ensure we can deliver consistent high quality care to our patients, and how this change will not adversely impact patients in the area.
- 5.3. In June we spoke to the Mayor of London, Sadiq Khan, about this transformational change during our regular quarterly meeting, as well as discussing other exciting modernisation programmes we are embarking on over the coming months to ensure we are a world-class service fit for the modern 21st Century.

##### **Working with our Partners**

- 5.4. The Care Quality Commission (CQC) launched its new strategy at the end of May, focussing on four themes - People and communities, Smarter regulation, Safety through learning, Accelerating Quality Improvements. Our 2021/22 quality priorities will ensure we remain aligned with the outcomes to be achieved.

- 5.5. Throughout the pandemic, we have continued to work closely with the five London ICSs to manage sustained surges in demand, and to redirect urgent and emergency care activity across the Capital to reduce the risk of parts of the London health and care system being overwhelmed. The Trust is also participating in a pilot by providing paramedics to primary care networks (PCNs) on a rational basis to understand how we could contribute to the health and well-being of local areas
- 5.6. We also continue to influence system changes and are actively engaged with formal consultations on proposed changes to the health system, working closely with the Association of Ambulance Chief Executives to ensure consistent messaging from the sector.

### Thanks to our staff and volunteers

- 5.7. Figure 1 below shows the number of thank you letters and emails received for the months of January to May 2021, with the Trust continuing to receive a significant number of messages. In total, we received 460 letters and emails of thanks over the last five months directed to over 1,000 members of our staff and volunteers.

Year	Month	Logged	Financial YTD total	Number of staff and volunteers thanked	Financial YTD
2021	January	113	1245	272	2986
2021	February	84	1329	177	3163
2021	March	103	1432	272	3435
2021	April	103	103	197	197
2021	May	57	160	131	288

Figure 1 Number of thank you emails and letters received

- 5.8. We were delighted to have been invited to a special event at 10 Downing Street on 2 June to recognise the hard work of staff and volunteers working for us during the COVID-19 pandemic. The Prime Minister gave his thanks to those in attendance and extended his thanks Trust-wide.
- 5.9. The former Health Secretary, Matt Hancock MP, visited our Headquarters in Waterloo on 22 May to meet staff and volunteers and thank them for their hard work during the pandemic. During the visit, he met with colleagues from across the Trust, including paramedics, volunteers support staff and colleagues from our control rooms
- 5.10. We were also pleased to hear that Paramedic Sukhjit Kadri and Emergency Medical Technician Keith Plummer were commended by the Metropolitan Police Service for their hard work in educating school children on the realities of knife crime to deter them from carrying weapons. A small ceremony was held on 16 June where Detective Chief Superintendent Stephen Clayman presented Sukhjit and Keith with a Commander's Commendation to recognise their commitment and collaborative work on tackling knife crime.
- 5.11. On 21 June, several members of staff were invited to meet HRH The Prince of Wales at Chelsea and Westminster Hospital, where His Royal Highness spoke to our crews about the growing number of assaults and abuse on members of the ambulance service. He also thanked them for their response to the pandemic.

5.12. On Wednesday 7 July 2021 I was honoured to lay a floral tribute on behalf of the LAS at the 7/7 anniversary remembrance service at Hyde Park. The service marked the 16<sup>th</sup> anniversary of the 7/7 London bombings, in which 52 people sadly lost their lives. We remembered them, all those who were injured, and the family members who lost loved ones. We also remember the courage of all emergency services who attended.

**The Board is asked to note and discuss this report.**



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Report from Chief Operating Officer			
<b>Agenda item:</b>	7.			
<b>Report Author(s):</b>	Khadir Meer, Chief Operating Officer			
<b>Presented by:</b>	Khadir Meer, Chief Operating Officer			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<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>				
<b>Recommendation(s) / Decisions for the Board / Committee:</b>				
<p>The Trust Board is asked to note the content of the report.</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	Chief Operating Officer
Medical	Yes		No	
Communications & Engagement	Yes		No	
Strategy	Yes		No	
People & Culture	Yes		No	
Corporate Affairs	Yes		No	

# Report from Chief Operating Officer

## 1 EXECUTIVE SUMMARY

Further to the last update to the Board in May 2021, the directorates within the COO Group continue to focus on four key areas previously set out alongside continued delivery of operational performance.

Further to the recent announcement of my resignation of the Chief Operating Officer and Deputy Chief Executive, I will be working closely with the Trust Board and Executive colleagues to ensure a full and extensive handover plan is prepared to ensure service continuity remains stable, including my role as the Accountable Emergency Officer for the Trust.

### 1.1 Maintaining Resilience

The Trust is continuing to experience significant and sustained increases in 999 and 111 activity, which is a similar experience for all ambulance services across England. June was the fifth busiest month on record, and due to this extreme pressure the Trust made the decision to move to REAP Level 4 on 17 June 2021.

The evolving situation has seen:

- 111 activity considerably above contracted levels for several months. If trends continue into winter, this will pose a serious challenge
- higher levels of emergency 999 demand across all sectors and all hours of the day
- increasing acuity of patients - with Category 1 and Category 2 demand being at a seasonal high
- staff sickness rates remaining stable, however there are notable increases in the numbers of covid isolations being reported.

Our forecasts suggests this level of demand is expected to continue throughout the summer with a potential third wave of the pandemic to peak in late August. Despite efforts to deploy all available operational resources to maximum levels, there remains a gap to meet the forecast levels of demand and achievement of performance targets. The Trust is therefore exploring more innovative and radical measures to address the most challenged operational areas in order to maintain service resilience to protect our most vulnerable patients.

A dedicated Incident Director has been appointed and has established a Strategic Response Group to support the ongoing planning and management of the pandemic, reporting to the Accountable Emergency Officer and upwards to the Executive Committee and Trust Board. The priority is to immediately address short term challenges over the next 8 weeks and then to prepare the organisation for winter 2021/22. Some of the recent changes introduced to support our operational response has included:

## Trust Wide

- The on-going monitoring of the REAP level and delivery of the actions required at **REAP level 4**
- Working across the organisation to free up **non patient facing clinicians** to support operational teams
- Ensuring that all our staff and volunteers feel supported is paramount, and our dedicated **Wellbeing Hub** continue to provide staff with tailored support and guidance and ensuring there is easy access to relevant health and wellbeing resources
- Supporting the NHS England directive to ensure all NHS employees participate in **lateral flow testing** to help keep colleagues and patients safe from COVID-19. This was previously focussed on our operational staff, but is been encouraged for all staff across the organisation
- Clear guidance being provided to manager and staff on **managing absences**, particularly around the need to isolated and managing short and long term illnesses and a review of the Trust's annual leave policy
- Ongoing availability of **Tea Trucks** to give staff and volunteers a chance to have a pause, chat and refresh whilst out on shift

## Integrated Patient Care

- To manage increasing call demand, **clinical rotas have now been uplifted 30%** above baseline activity with circa 90% fill rate
- Work with regional and local commissioners to introduce new ways of working to manage the **increased primary care activity** received within an urgent care setting
- An **increased volume of calls to 111** has led to higher CAT 2 Ambulance referrals, therefore the Trust has introduced a process for clinical input for CAT 2 Referrals in our two 111 services in North East and South East London to improve the responsiveness to patients
- Continued work with **external resilience partners** where support has proved to be a great benefit, and enhanced our ability to provide Regional resilience.
- A new iteration of the "**Buddy Site**" arrangements was implemented in June which links ambulance services with "Network Primary Partners", addressing the issue of trusts having to rely on closely located neighbouring trusts to assist with call answering if delays reach the trigger point. The LAS is paired with SWAST, NWS, WMAS, YAS and EMAS.
- Introduction of the new **Pan London Access Navigation & Tactical Operations centre** in early June, who's role is to oversee 24/7 live time management of service delivery across both 999 and 111 services. The team ensures effective patient focussed services are delivered through the LAS role as the primary navigator for urgent and emergency care by being the single point of contact for live time stakeholder communication.
- dedicated resources have been introduced into the Control Room to allow a **focus on calls received from the Metropolitan Police** to validate if a resource is required and avoid having unvalidated ambulance requests in the CAT 3 queue
- Increased pressure in general practice is causing higher number of **Health Care Professional (HCP) requests** for welfare checks or where observations are needed. A

number of actions have been progressed to reinforce the use by HCP of local community teams and the need to undertake home visits.

### Ambulance Services

- A **new skill mix** agreement developed with the medical directorate and implemented in early June. Better aligning to the 4 levels of REAP.
- Current **overtime incentives** are being successfully taken up and this equates to 8,000 people hours being achieved above normal overtime rates (this equates to an average of +57 Ambulances per day/400 per week)
- **Clinical Team Managers (CTMs)** are being deployed on ambulances with minimal cover remaining on stations to manage staff welfare/return to work arrangements
- A formal request to the **Metropolitan Police Service** for additional support, with a full complement of 70 MPS officers trained and deployed onto the frontline from mid-July
- The **London Fire Brigade** confirmed that that firefighters who supported the Trust's response to wave 2 will remain with us for the foreseeable period and that they will increase this number to 120 over the coming weeks.
- The Trust are continuing to use **Veho** as a third party supplier (who provided retired MPS officers during wave 2) and an agreement to increase the number of blue light drivers to the Trust following requisite training requirements
- Up to 70 places will be available mid July which will allow **paramedic students** (who have completed two years of their paramedic course) to be trained for the Student Paramedic role and they will be able to support the frontline from early August.
- Work continues to identify further support from **Private Ambulance Services** and consider on boarding new companies in line with the safe rapid on boards governance. Learning from the rapid on boarding in wave 1.
- Following the request from clinicians, the Trust has made available disposable **FFP3 Personal Protective Equipment (PPE) masks** to improve on-scene communication and comfort whilst wearing PPE

## 1.2 Our journey towards recovery

The Trust's sole focus at present is to focus efforts in order to maintaining service resilience, therefore delivery of recovery actions has been reduced to a minimum of core activity whilst operating in REAP 4.

## 1.3 Responding to our staff

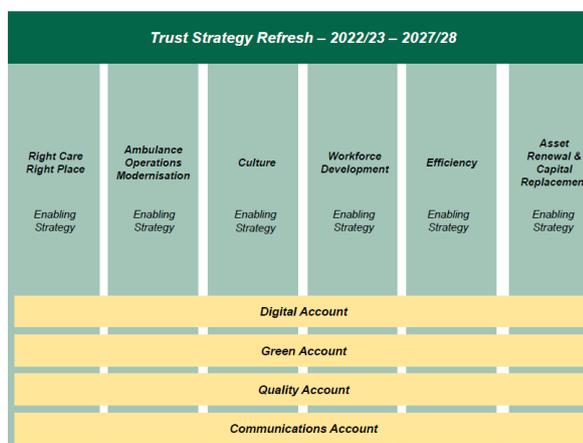
Recognising the continued and sustained pressure of our staff over the past 16 months, it remains a high priority for the Trust to be focussed on:

- Ensuring that all our staff and volunteers feel supported is paramount, and our dedicated **Wellbeing Hub** continue to provide staff with tailored support and guidance and ensuring there is easy access to relevant health and wellbeing resources
- Sharing the **personal stories** of staff experiencing long covid showcasing the support that has been provided by local management teams and the wellbeing hub

- Release of the revised **agile working policy** for corporate staff and providing guidance on the safe return to working at our corporate sites at Waterloo HQ and Pocock Street
- Supporting the NHS England directive to ensure all NHS employees participate in **lateral flow testing** to help keep colleagues and patients safe from COVID-19. This was previously focussed on our operational staff, but is been encouraged for all staff across the organisation
- Following the request from clinicians, the Trust has made available disposable **FFP3 Personal Protective Equipment (PPE) masks** to improve on-scene communication and comfort whilst wearing PPE
- Clear guidance being provided to manager and staff on **managing absences**, particularly around the need to isolated and managing short and long term illnesses
- Ongoing availability of **Tea Trucks** to give staff and volunteers a chance to have a pause, chat and refresh whilst out on shift

## 1.4 To refocus on our strategic ambitions

The Trust has set out plans to refresh the organisation’s strategy that will clearly set out our overarching strategic direction, with six enabling strategies setting out how our strategic direction will be delivered across the organisation. Alongside this, there will be four strategic accounts to describe how we will deliver our strategic direction across cross-cutting themes



To support successful delivery, the Trust’s governance structure and Programme and Projects Directorate has been realigned to effectively enable the Trust to deliver its ambitious portfolio in an integrated way, and to realise strategic outcomes. Work is underway to design a new operating model for the P&P directorate, which will include lessons learned from the first operational year as a Directorate; realign the directorate’s operating model and governance to optimise how it supports LAS effectively, and to identify opportunities to reinforce and accelerate its approach to portfolio and change management.

## 2 OPERATIONAL PERFORMANCE UPDATES

### 2.1 Integrated Patient Care

Indicator (KPI name)	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Trend
111/IUC (NEL) - Calls answered within 60 sec	> 95%	98.7%	98.3%	96.0%	95.5%	91.7%	65.0%	63.1%	95.1%	87.6%	81.2%	87.8%	82.0%	
111/IUC (NEL) - Calls Abandoned within 30 sec	< 3%	0.1%	0.0%	0.7%	0.3%	0.6%	6.7%	8.6%	1.7%	0.9%	0.9%	3.7%	1.3%	
111/IUC (SEL) - Calls answered within 60 sec	> 95%	99.2%	99.0%	95.4%	98.2%	95.1%	69.1%	64.4%	94.2%	90.2%	80.2%	85.9%	81.3%	
111/IUC (SEL) - Calls Abandoned within 30 sec	< 3%	0.1%	0.0%	2.5%	0.2%	0.5%	5.5%	7.2%	3.7%	4.3%	3.9%	10.4%	5.1%	
111/IUC (NWL) - Calls answered within 60 sec	> 95%	N/A	N/A	N/A	N/A	93.6%	80.9%	71.8%	94.1%	88.9%	80.9%	74.3%	58.8%	
111/IUC (NWL) - Calls Abandoned within 30 sec	< 3%	N/A	N/A	N/A	N/A	0.7%	3.9%	5.6%	1.8%	0.9%	1.1%	5.8%	1.4%	
999 Mean answering time	< 5 sec	1	2	2	1	1	39	23	0	1	0	10	17	

## Directorate Highlights

In addition to the actions being progressed by Integrated Patient Care to maintain service resilience as part of surge plans, there have been a number of other initiatives being progressed to address escalating levels of calls received:

- 111 Services nationally has been challenged, with LAS seeing circa **40% above expected baseline call activity**.
- In June 2021 the average incidents by day of week had for each day of the week well **above 6000 total contacts**, which is a significant increase on previous years. Whilst there has been a significant increase in contacts – the level of abandoned calls is drastically below the levels seen during the peaks of March 2020 and December 2020 in the previous peaks of COVID activity
- The 999 Control Room has again been recognised by **Accredited Centre of Excellence status** by the International Academy of Emergency Dispatch. This demonstrates that the trust is operating to internationally recognised levels of performance and quality with regard to 999 call answering and quality assurance processes.
- A recent report produced by the Trust’s Clinical Audit and Research Unit has highlighted the patient groups contributing to **high levels of Category 2 calls**. The summary of findings has identified some opportunities around enhancing triage and using remote clinical assessment and video triage when appropriate, and this is under consideration by operational and clinical teams to action.
- To manage increasing call demand, **clinical rotas have now been uplifted 30%** above baseline activity with circa 90% fill rate but still continue to experience periods of extreme pressure.

## 2.2 Ambulance Services

Indicator (KPI name)	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Trend
Category 1 Response - Mean	7 mins	00:05:58	00:06:22	00:06:33	00:06:20	00:06:03	00:07:30	00:07:09	00:05:51	00:05:21	00:05:38	00:06:05	00:06:33	
Category 2 Response - Mean	18 mins	00:11:10	00:14:12	00:16:53	00:15:13	00:14:16	00:44:48	00:41:30	00:11:14	00:13:14	00:16:32	00:20:00	00:27:21	
Category 3 Response - 90th centile	120 mins	01:01:11	01:21:15	01:53:51	01:31:31	01:21:35	04:12:06	03:32:00	01:01:59	01:17:41	01:48:44	02:27:00	03:26:03	
Category 4 Response - 90th centile	180 mins	02:00:01	02:25:10	03:14:14	02:51:29	02:23:53	06:37:06	05:07:26	02:19:27	03:21:19	04:14:41	05:12:48	07:19:39	

### Highlights:

In addition to the actions being progressed by Ambulance Services to maintain service resilience as part of surge plans, there have been a number of other initiatives being progressed to improve responsiveness and reduce hospital handover delays:

- **The North Central sector Category 2 solo response trial** - North Central has remained the most challenged sector pan-London over the last two months. Approximately 30% of recent face to face Category 2 incidents in North Central have comprised of 111 Category 2 transfers although this has increased to 35% on the busiest days. An alternative solo response trial went live on 23 June which aims to allow the early arrival of a Clinical Team Manager or band 6 paramedic on scene to assess and make a clinical plan, as well as an increased opportunity to downgrade calls to ‘no further resources required’. The results of the six week trial will be fully assessed and, if successful, consideration will be given to rolling this out across other sectors
- **Review of the Barts Emergency Access Co-ordination Hub (BEACH)** - With hospital handover rates continuing to be around eight minutes above the Trust average in the North East sector, a review of the BEACH initiative was undertaken in June. In early 2021, the BEACH was extended to all hospitals in North East London due to significant pressures resulting from wave 2 of the pandemic. This meant that all crews had to contact

the BEACH duty doctor prior to conveying to any emergency department in the North East to seek permission to proceed. Following a review of current job cycle time data relating to the BEACH, the process has been amended and the BEACH now only applies to Barts hospitals (Newham, Whipps Cross and the Royal London Hospital). We are continuing to work closely with Barts and will be formally analysing the impact of this process change on handover times over the coming weeks.

- **Patient Cohorting at Hospitals** - We continue to engage with NHS England and system partners to develop a London-wide plan for patient cohorting at emergency departments to minimise delays experienced at hospitals during elevated demand. NHS England remain in discussion with London providers to seek their support for the proposal. In the meantime, and with the support of the Trust's Clinical Advisory Group, a multi-directorate task and finish group – led by Ambulance Services – is being established to operationalise the currently draft plans so that we are prepared for potential handover delays during any third wave.
- **Efficiencies in Job Cycle Time** – JCT is the totality of time from the point an ambulance is dispatched until a patient is either discharged from scene, or conveyed to hospital. An increase in the overall job cycle time has a direct impact on the availability and productivity of our crews and the Trust ability to deliver ARP performance targets. The Trust planning assumption to meet contracted ARP performance targets is an average JCT of 89 – 90 minutes (pre-pandemic), however the Trust is currently experiencing an average JCT above our baseline assumption of 100 minutes. A reduction in handover times would reduce our JCT and the hours required to deliver performance for the increased demand being seen, therefore work is underway both internally and with system partners to look at how to manage and reduce the levels of JCT

## 2.3 Forecasting and Planning

The Trust's established Business Intelligence and Analytics function continues to support the organisation in its operational response and business operations. Current business priorities for the team is to focus on:

- Supporting the **operational response to the third wave of the pandemic** through the development of medium term demand forecasting to inform and determine the levels of resources required – working alongside the regional NHS England Analytics team to ensure an aligned and a coordinated view of expected demand relating to the pandemic and seasonal pressures
- Working alongside finance and contract colleagues to support business planning and providing information to support funding discussions with Commissioners for the second half of FY2021/22

Senior posts in the directorate's forecasting and planning team have now been substantively appointed to, and they will continue to drive forward and strengthen the Trust's ability to understand our overall demand forecast in the short, medium and long term by considered four essential factors:

1. seasonal patterns which capture the typical pattern of activity over the year, the week and by hour;
2. short terms trends reflecting gradual changes in activity, for example over a busy period in the winter;
3. special events such as bank holidays and lockdown changes, which use the closest possible example;

- the impact of special factors such as temperature, using known relationships between those factors and our activity.

## 2.4 Strategic Assets and Property

### Directorate Highlights

- There has been continued improvement within the area of statutory/mandatory compliance with:
  - fuel tank maintenance completed and up to date
  - 94% Statutory compliance achieved across our estate
  - placement of voluntarily sites subjected to the consolidation programme as non-compliant with regards to asbestos surveys, which will be completed before mid-July when full compliance will be achieved.
- The recruitment to the new Supply and Distribution team has concluded, ahead of the relocation to the new Logistic Supply Unit at Rainham in September.
- The recruitment for a new senior leadership team has now concluded with four appointments made. The new Heads of Planning & Modernisation and Supply and Distribution are now in post, the Head of Estates and Facilities is due to start during July, and Head of Fleet in October. Three of these appointments are external candidates.

### Estates

Compliance dashboard	Description	Aug-20	Sep-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Trend
Gas Appliance Testing	Gas appliance testing, Annual test	93%	47%	0%	9%	7%	45%	73%	73%	100%	100%	
Pressure Vessels	Insurance inspection by contractor and Allianz. Inspection annually. Fleet undertake this safety check	80%	80%	69%	81%	78%	94%	97%	100%	100%	100%	
Diesel Tank Maintenance	Biannual check on tanks	0%	0%	0%	0%	0%	100%	100%	100%	50%	100%	
Tyre Compressors	Insurance inspection for compressors. Annual Test	92%	83%	67%	75%	17%	81%	99%	100%	100%	100%	
Lifts, Hoists & Cradles	Allianz inspector and contractor - put equipment through a test biannually	0%	0%	40%	60%	60%	80%	100%	99%	100%	100%	
Air Conditioning	Service operational sites (999 Control rooms / 111 control) rooms - biannually Office spaces - annually	75%	75%	79%	97%	82%	97%	99%	99%	82%	91%	
Fixed Wire Testing	Five yearly check of fixed wires	84%	84%	84%	84%	85%	85%	85%	85%	90%	92%	
Waste Pre-Acceptance Audit	5 yearly check for each site. Spot checks also done. More than 500,000kg annual audit	96%	81%	81%	94%	100%	100%	100%	100%	100%	100%	
Waste Audit - DGSA Audit	In depth - annual audit	97%	97%	0%	0%	100%	100%	100%	100%	100%	100%	

- Regular contractor engagement** continues with a push to accelerate statutory testing with receipt of supporting certification. Trust wide compliance by 31<sup>st</sup> July 2021.
- Going forward with scheduling, the **planning and timing of statutory tests** and checks will be brought forward to ensure new current valid certification has been received before expiry of the preceding compliance documentation. This will therefore increase frequency of testing however trust wide compliance will be achieved and maintained.
- Diesel Tank Maintenance:** Working closely with our maintenance contractor we have now achieved 100% compliance.
- Enhanced **monitoring of contractor performance** has been put in place to help assure future compliance. The monitoring dashboard will be updated as certificates are added to show and indicate progression towards compliance.

Compliance dashboard	Description	Aug-20	Sep-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Trend
Fire Risk Assessment	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%	100%	100%	100%	100%	
Fire Alarm Tests	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%	99%	99%	100%	99%	
Fire Fighting Equipment	Check of all fire fighting equipment must be carried out biannually (Fire extinguishers are annually, gas suppression / sprinklers biannually)	98%	98%	35%	94%	96%	96%	98%	96%	97%	100%	
Fire Drill	Carry out an annual fire drill at each site. (carried out by H&S)	28%	28%	47%	48%	68%	68%	37%	37%	69%	68%	
PAT Testing	All items tested annually	98%	98%	84%	84%	99%	99%	99%	100%	100%	100%	
Asbestos	Sites have an up to date Asbestos survey. Time period can vary but needs to be reviewed annually	84%	84%	84%	98%	98%	96%	96%	96%	26%	27%	
Emergency Lighting	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%	96%	96%	92%	96%	
Legionella Risk Assessments	Weekly temperature check per site and take remedial action if required. Tank Temperature Check needs to be conducted biannually. Scaling check - once per quarter	98%	98%	89%	89%	84%	84%	97%	97%	100%	99%	
Lighting Protection	Annual test - per site	100%	67%	67%	67%	100%	100%	100%	100%	100%	100%	



- This has been another incredibly busy period for IM&T, with a number of large number of projects underway including:
  - Approved business case for the deployment of 5071 **additional iPad's**, which is due to commence on early July, to provide all Frontline Clinical staff with the most recent device
  - **EOC Win10 Project now complete** with Windows 10 devices and virtual CAD now deployed at HQ call taking, North East and South East London 111 sites, and the new Pan London Access Navigation & Tactical Operations centre
  - Readiness for migration of Telephony Project to migrate the 999 Operations away from the legacy CM5 telephony platform to the newer CM7 platform where 111 services currently reside.

## 2.6 Programmes and Projects (P&P)

### Highlights

- Since the last Board, the Trust has progressed a number of significant and large scale estate transformations, including:
  - two new state-of the art **training facilities** have opened in Newham and Brentside and are fully operational. This will support the Trust's ability to realise their most ambitious workforce plans in its history, namely an increase in the number of patient facing clinicians for 2021/22 of 1000 WTE (gross) / 400 WTE (net)
  - Delivery of the new **Logistics Supply Unit** is on track for delivery for August, and the new **Medicines Packing Unit** in October
  - The majority of activity to deliver the **new CAD is due to be concluded by the end of this calendar year**, with the go-live date under review to ensure the necessary lead in time for testing can be accommodated during the busy winter period
  - Despite the impact on construction delays on **Newham EOC**, this project is still due to go-live in 2021 with a shift from late September to early December start date
- **Five projects have gone live so far this financial year:** control centre expansion; 37 double crewed ambulance (DCA) conversions; WiFi phase 2; completion of the secure drugs rooms installations; and satellite navigation upgrades have commenced with around a third of the planned installations completed to date
- There are a **further 30 projects in flight**, with the majority of which are due to go live across the next six months.
- The governance and management of capital in FY20/21 was subject to internal audit scrutiny and received the highest rating of '**significant assurance with improvements**'.



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Integrated Performance Report			
<b>Agenda item:</b>	8			
<b>Report Author(s):</b>	Key Leads from Quality, Finance, Workforce and Operations			
<b>Presented by:</b>	Lorraine Bewes, Chief Finance Officer			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

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

This report brings together the areas of Quality, Operations, Workforce and Finance. It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.

Key messages from all areas are escalated on the front summary page in the report.

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

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

The Trust Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion and to discuss any particulars relating to this report.

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

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes	x	No	Chief Paramedic and Quality Officer
Finance	Yes	x	No	Chief Finance officer
Chief Operating Officer Directorates	Yes	x	No	Chief Operating Officer
Medical	Yes	x	No	Chief Medical Officer
Communications & Engagement	Yes	x	No	Director of Communications and Engagement
Strategy	Yes	x	No	Associate Director of strategy
People & Culture	Yes	x	No	Director of People and Culture
Corporate Affairs	Yes	x	No	Interim Director Corporate Affairs



# London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

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

Section	Content	Reporting Period	Pages
Overview	Overview narrative against Patients, People, Public Value & Partners	Current	3
	Trust wide Scorecard 999	May-21	4
1. Our Patients	999 Response Time Performance	May-21	5
	Operational Demand	May-21	6
	Operational Capacity	May-21	7
	Operational Context	May-21	8-9
	Safe Scorecard – 999 Incident Management	May-21	10
	999 Overdue Incidents	May-21	11
	999 Incident Category Analysis	May-21	12
	Safe Scorecard – Medicines Management	May-21	13
	Clinical Quality Ambulance Indicators	Feb-21	14
	Trust wide Scorecard NEL & SEL IUC	May-21	15
	Trust wide Scorecard NWL IUC	May-21	16
	111 IUC Response Time Performance	May-21	17-18
	Safe Scorecard – IUC Incident Management	May-21	19-20
	Safe Scorecard – Serious Incident Management	May-21	21-22
2. Our People	Trust wide Scorecard	May-21	23
	Vacancy Rates, Staff Turnover & Sickness	May-21	24
	Additional Workforce Analysis	May-21	25-26
	Health & Safety – MSK RIDDOR Incidents	May-21	27
	Health & Safety – Physical Assaults on Staff	May-21	28-29
	Responsive Scorecard - Complaints	May-21	30
	Well Led - Excellence Reporting	May-21	31-32
	Trust wide Scorecard	May-21	33
3. Public Value	Trust Financial & Contract Position	May-21	34
	Statement of Comprehensive Income	May-21	35
	Cash flow Statement	May-21	36
	Cost Improvement Programmes (CIPS) & Capital Plan	May-21	37
	Trust wide Scorecard	May-21	38
4. Our Partners	Maximising safe non-conveyance to ED	May-21	39-41
	End of Life Care & Mental Health	May-21	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 national measures was challenged in May 2021. Call demand and face to face incidents rose as a response to gradual opening up and warming weather. Despite challenged performance, the Trust was 1<sup>st</sup> nationally for C1 mean; 3<sup>rd</sup> for C2 mean, 2<sup>nd</sup> for C3 90<sup>th</sup> centile. C4 90<sup>th</sup> centile was missed and we finished 8<sup>th</sup>, work is undergoing to improve C4 by reconfiguration and realignment of rosters to best fit call demand on lower acuity calls. The Trust saw an increasing demand for 999 calls and a stable influx for 111 services. 111 Performance on calls answered within 60 seconds were outside the targets and the abandonment rates were missed Calls transferred to 999 were within target, but Calls Recommended to ED remained challenged. The Trust are analysing the impact of progressive lockdown easing and 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.

In May the P&C team have continued to support frontline colleagues with their staffing requirements and are reporting positive staffing in EOC and are on-track to achieve a full call handling establishment in September for IUC. Ambulance Operations are currently behind plan as a result of the non-registrant recruitment pipeline continuing to be impacted by C1 driving theory delays. Leavers increased from 47 to 55 in May (+0.4% turnover). The monthly Trust wide sickness (including both covid and non-covid) has increased from 6.4% to 6.7% with non-covid sickness increasing from 5.5% to 6%. Trust compliance in statutory and mandatory training has remained at 83% and appraisals are now sitting at 81%, up from 80% in April.

As of M2, the Trust is reporting a YTD surplus of £0.584m (£0.595m surplus on an adjusted financial performance basis) which is on plan. Significant additional overtime and seconded expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service is being incurred, but is currently being offset by lower than planned recruit numbers and vacancies. Total COVID costs YTD (excluding centrally provided consumables and equipment) are £9.9m primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services. Capital spend net of disposals and excluding donated assets was £4.1m YTD (full year plan £21.4m) the bulk of which comprised of spend on ongoing property projects, and the month end cash position was £39.3m.

Work is ongoing to improve on our Patient handover metric through continuous dialogue with hospital management teams pan London. In May 2021, the additional Covid-19 demand had reduced and pressure on hospitals had dropped, however the hospital handover times continued to be outside the target, achieving 20.1 mins. Work is underway to prepare for Wave 3 of Covid, with focus on identifying resourcing gaps, MoUs with LFB and MPS and Pan London agreement on cohorting arrangements.

LAS performance for Hear & Treat was 2<sup>nd</sup> nationally with 12.0% against the national average of 9.2%. LAS attained 52.4% for ED conveyance, which was 5<sup>th</sup> nationally against a national average of 53.9%. Although the Trust was 5<sup>th</sup>, it was better than average and the difference from the best in class was 3.1%.

## Achievements since the last report (May 2021)

- *May saw some performance challenges for 999 performance metrics, but we still compared well nationally.*
- *NEL/SEL has shown reduced performance in call answering and abandonment. Work progressing to align KPIs for NEL / SEL (in line with National), ultimately improving patient experience and improving LAS performance against KPIs*
- *Trust leadership were focused on responding to the continued demand and Covid calls and incidents, working closely with system partners to prepare to demand changes and impact of lockdown easing.*

- *91% of staff have engaged and 80% have received their first and 64% their second Covid vaccination*
- *Resolution advocate training sessions are nearly complete and resolution framework training for managers is being delivered at pace.*
- *P&C HR Teams supporting managers in managing Covid absence and returning colleagues back to work.*
- *The B-Mentored Programmed is holding its Mentors Training on 11th June in collaboration with The Performance Coach and Mentees on 16th June*
- *Whole directorate sessions held in May to engage People and Culture colleagues around issues raised in the staff survey*

- *At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6 including fixed income envelopes which are being managed at STP or ICS level and incorporating Cost Improvement Programmes. Other contracting and commissioning processes (including CQUIN) remain paused.*
- *For the first half of the year the Trust is planning a £28k deficit (breakeven on an adjusted financial performance basis) as agreed with NW London partners, and this planning includes a CIP target of £4m.*

- *Trust continues to work with system partners to reduce handover delays at particularly pressured sites.*
- *The Trust created resilience by means of call taking arrangements for 111 with DHU and have mobilized HUC to further increase resilience and business continuity across IUC/111 Services, particularly in view of future waves.*
- *Accurate forecasting is underway with commissioner / regional / national NHSE/I teams to understand true cost of IUC services*

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

May 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	May-21	●	07:00 A	00:06:05	00:05:53	00:05:50	07:25	06:06	1	
Category 1 response - 90th centile	mm:ss	May-21	●	15:00 A	00:10:16	00:09:54	00:09:52	13:11	10:16	1	
Category 1T response – 90th centile	mm:ss	May-21	●	30:00 N	00:16:45	00:16:05	00:15:07				
Category 2 response – Mean	mm:ss	May-21	●	18:00 A	00:20:00	00:18:21	00:19:57	24:35	15:31	3	
Category 2 response - 90th centile	mm:ss	May-21	●	40:00 A	00:41:07	00:37:19	00:39:05	00:49:58	00:29:39	4	
Category 3 response – Mean	h:mm:ss	May-21	●	1:00:00 A	01:01:27	00:54:07	00:46:20	01:24:22	01:00:31	2	
Category 3 response - 90th centile	h:mm:ss	May-21	●	2:00:00 A	02:27:00	02:08:24	01:44:54	03:19:51	02:19:21	2	
Category 4 response - 90th centile	h:mm:ss	May-21	●	3:00:00 A	05:12:48	04:53:10	03:26:55	05:33:19	02:39:18	8	
Call Answering Time - 90th centile	ss	May-21	●	4 I	10	1	3				
ROSC at Hospital	%	Feb-21	●	31% N	23.5%	25.0%	24.8%	24.2%	35.0%	4	
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Dec-20	●	95.0%	94.0%	93.2%	93.5%	85.5%	94.0%	1	

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

**Please note: 999 performance data is correct as at 16/06/21 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

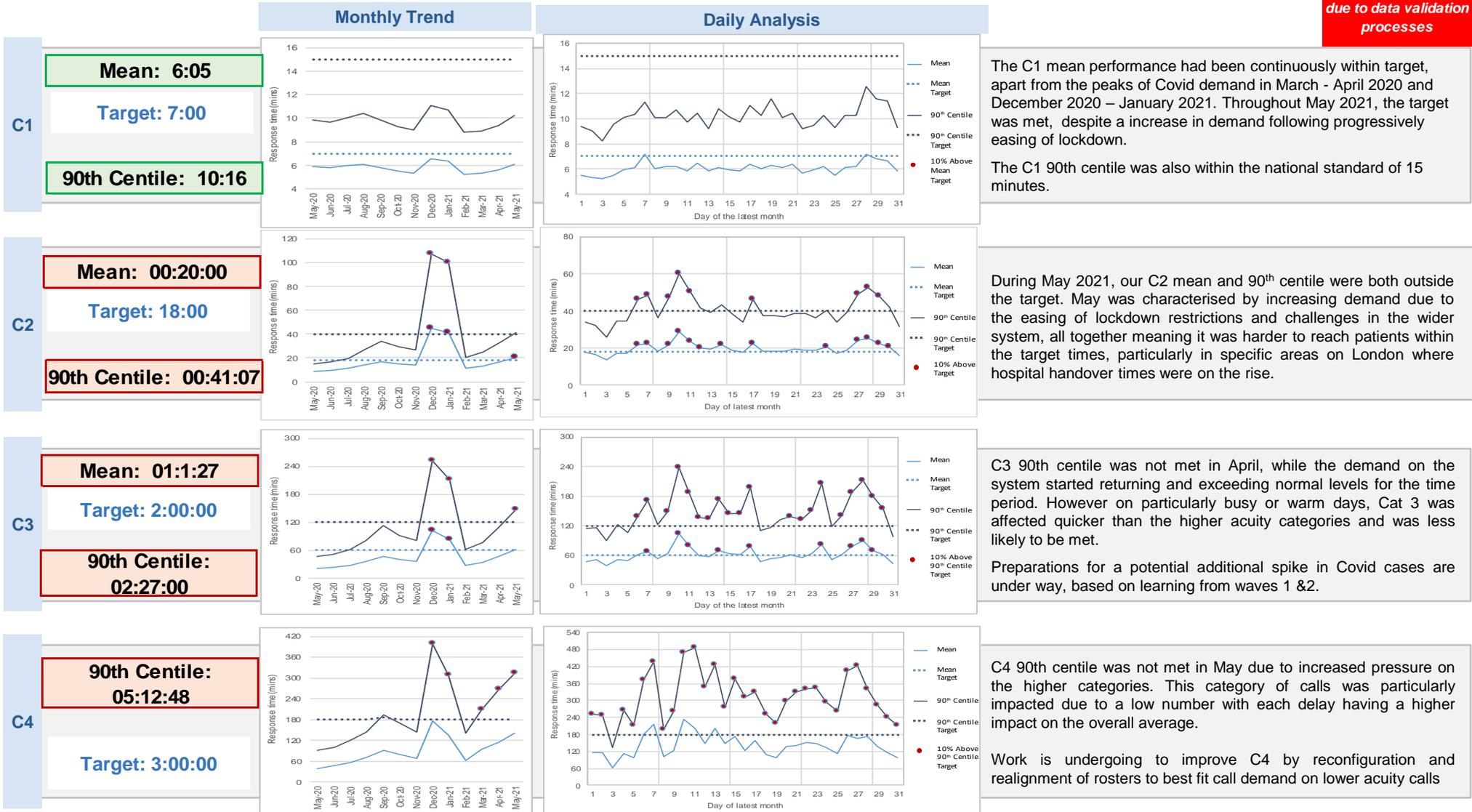
# 1. Our Patients

## 999 Response Time Performance



The Category 1 mean in May returned 6 minutes and 05 seconds while the Category 1 90th centile was 10 minutes and 16 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 third in the Category 1 mean measure and ranked second in the Category 1 90th centile measure when compared to all Ambulance Trusts across England. Further easing of restrictions in May has contributed to increased demand and work is underway to prepare for any additional waves following lifting of restrictions.

**Please note: 999 performance data is correct as at 16/06/21 and is subject to change due to data validation processes**





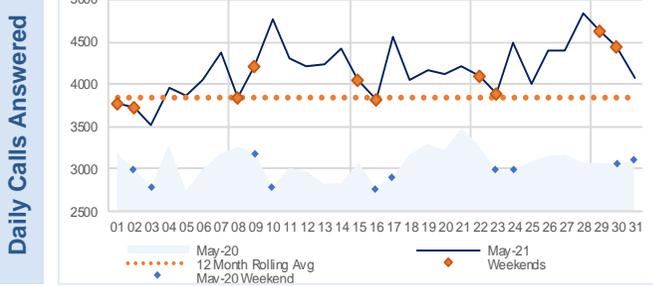
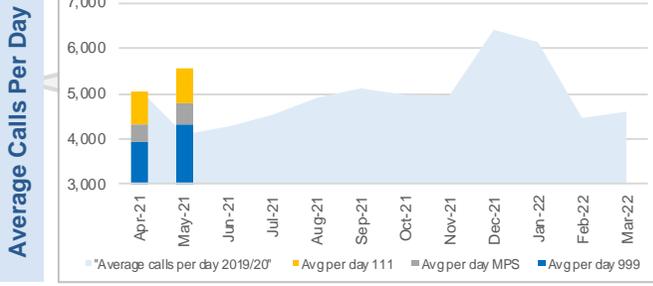
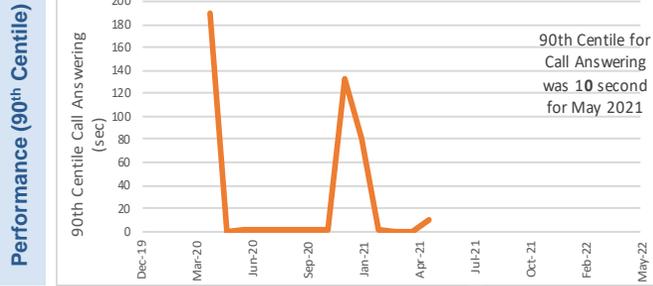
**Please note: 999 performance data is correct as at 16/06/21 and is subject to change due to data validation processes**

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**

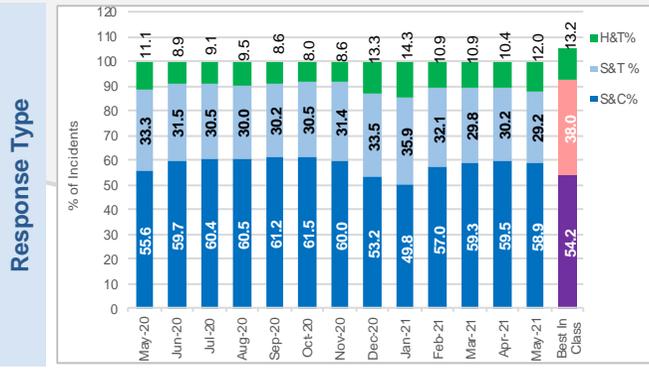
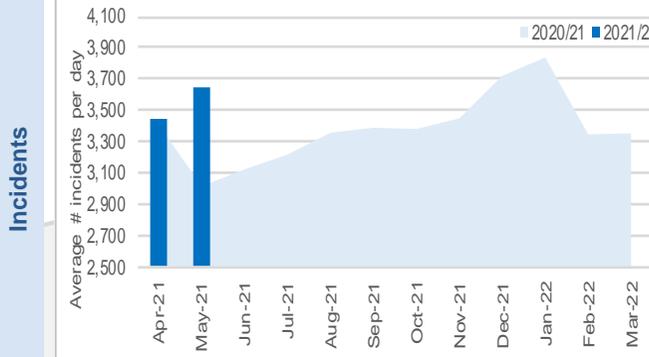
### 999 Calls Received

May 2021 saw a significantly higher number of calls compared to the equivalent period in 2020/21. A surge in average calls received by the Trust saw a significant increase to approximately 5,500 calls per day with call demand continuing to rise.



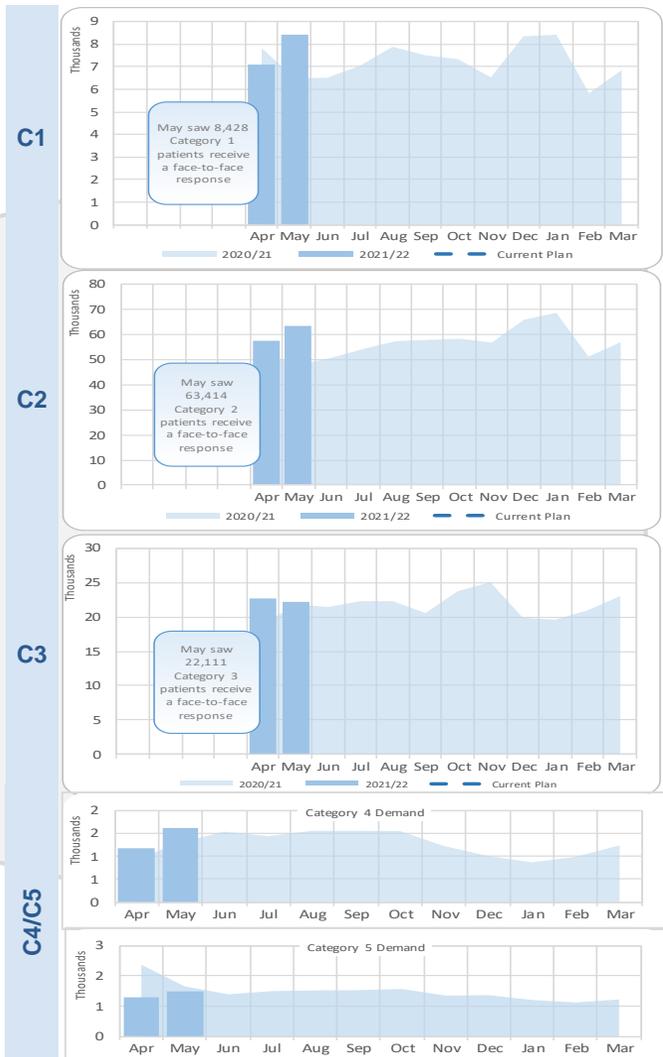
### Incidents and Response Type

In May 2021 the number of incidents per day was higher than in 2020/21. Performance improved for ED conveyance and Hear & Treat was better than the target due to concentrated effort on these measures and a modified response from the trust to Covid-19.



During May 2021, SWAS was best in class achieving 38.0% for See & Treat. SCAS gained 1<sup>st</sup> place and was best in class for both See & Convey and Hear & Treat categories, achieving 54.2% and an astonishing 13.2% respectively.

### Incident Category (By Month)

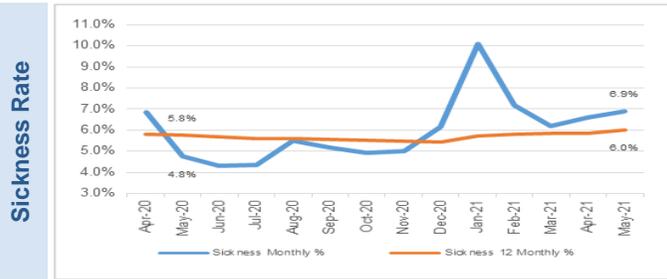
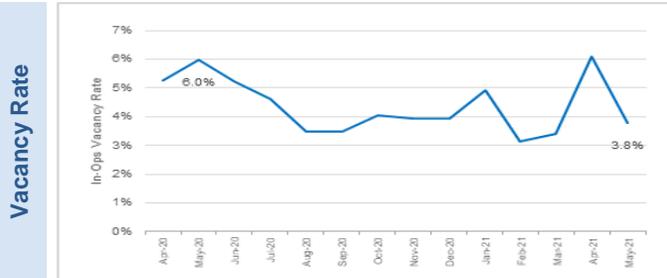
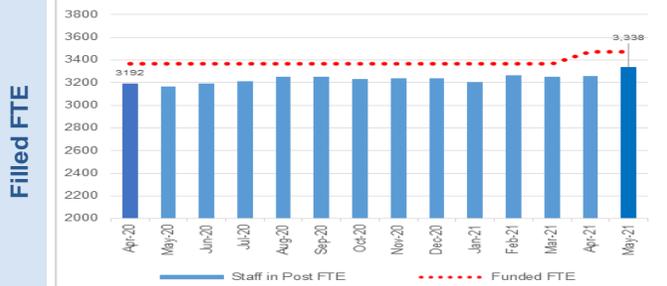




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

### Frontline Operational Staff

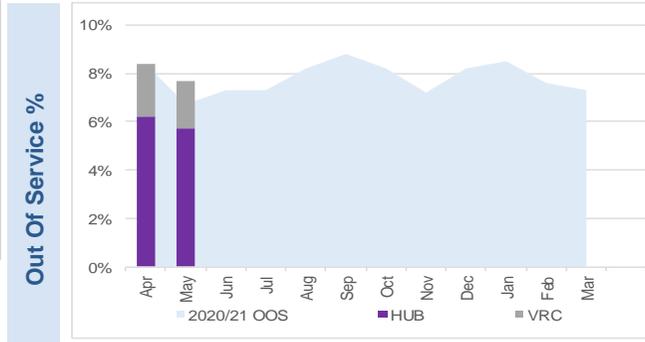
The frontline FTE establishment has increased from 3,370fte to 3,770fte (400fte) to reflect the forecast demand in 2021/2022. This increase has been phased over the 12 month period (100fte per quarter). We have increased our staffing available to be rostered by 170fte since May 2020 and our current operational vacancy rate is 3.8% with 79.58fte staff in classroom training. This gap is currently being filled by overtime and will reduce through the delivery of this year's paramedic and non-registrant recruitment programme.



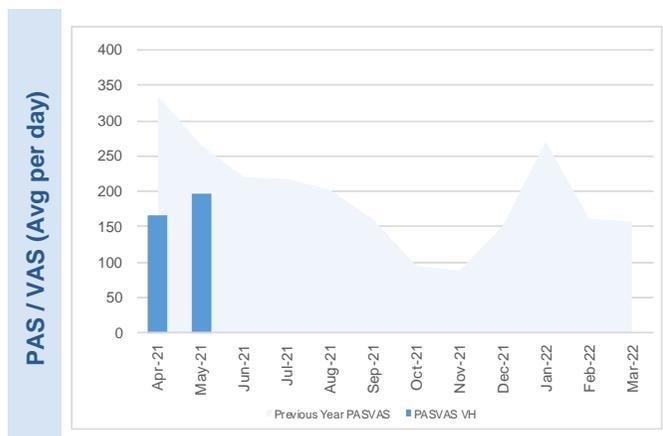
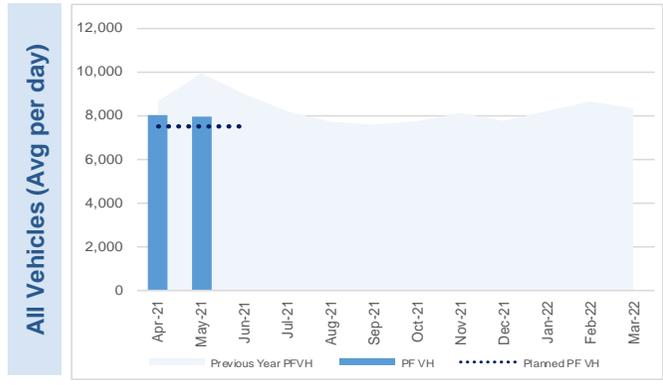
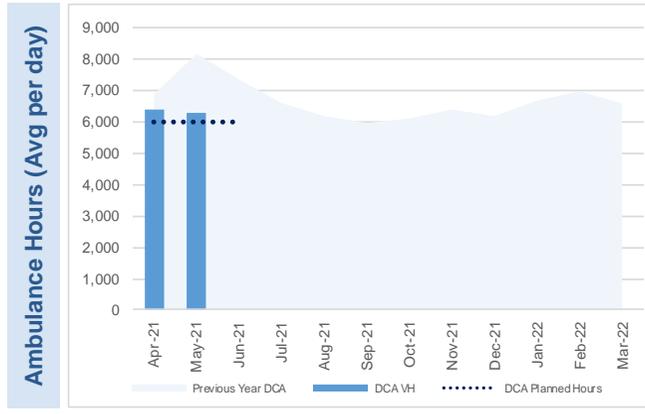
### Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged 7.95% for May 2021,, a slight increase of 0.36% from the previous month. The Trust has provided an average of 9,479hrs patient facing vehicle hours per day in May 2021, a decrease from April 2021 which averaged 9,572hrs. Although reduced the PVR remains a high level – April 402 > May 405. The SA&P Teams supported the Operational rotas incurring limited downtime, this is demonstrated by a healthy DCA vehicle availability. This is evidenced in the VRC Performance reflecting a total of 48.87hrs (0.02%) accrued against OOS category VEHNO (no vehicle at start of shift) against total DCA and OPC hours for May 2021 of 204,335.33hrs.

We continue to work with our external partners, the AA work overnight to boost DCA vehicle and the VP Hospital Day Teams assist crew turnaround at Queens Hospital, Romford in the NE Sector. We are implementing plans to ensure we are in a state of readiness to increase the DCA availability should this be required. We maintained our PPE Stock target of 14 days stock at our distribution centre and continue to receive weekly deliveries from the NHS Push Stock. Our teams continue to respond to operational demand to ensure we maximise the availability of ambulances and minimise avoidable down-time.



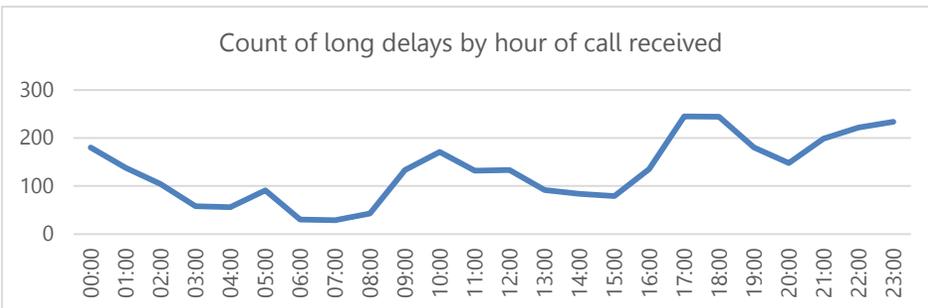
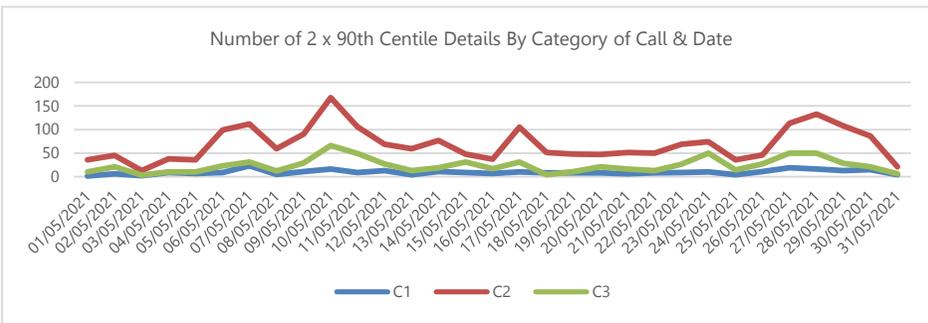
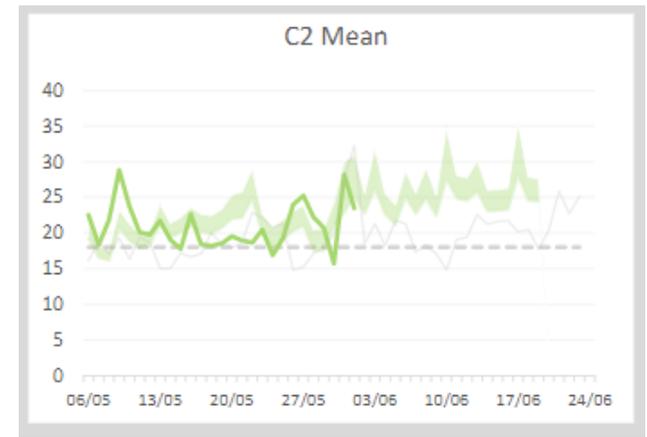
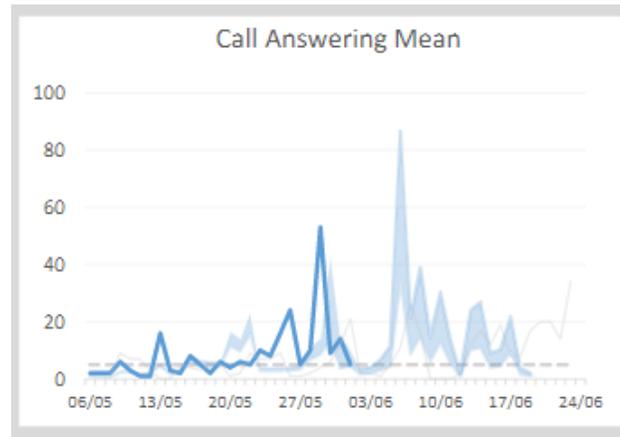
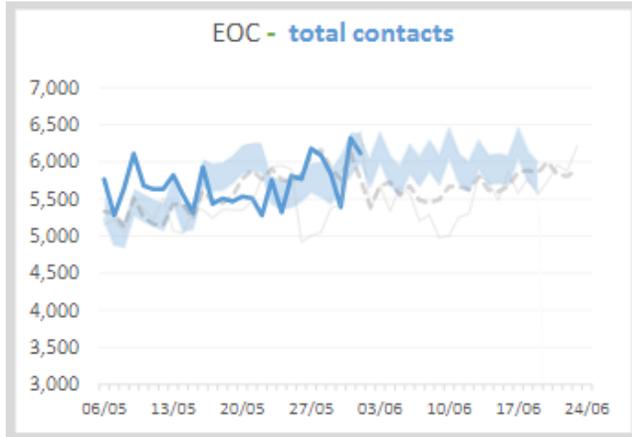
**Note:**  
**OOS HUB** - This account for out of service codes related to people/crew reasons for out of service hours  
**OOS VRC** - This account for out of service codes related to vehicle reasons for out of service hours





The service is meeting some operational delivery KPIs, with call answering and mean response times for Cat 1 within national set timeframes. There have been some challenges in the delivery of Category 2, 3 and 4 and actions are being taken to recover the performance.

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



In May 2021 there were 3160 long delays, 6% of these resulted in a blue call. This is a 79.1% increase compared to the long delays reported in April 2021.

	C1	C2	C3	Grand Total
Total	291	2130	739	3160
Blue Call	49	134	16	199

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

- DX012 - Emergency Ambulance Response (Category 3) (13% n = 417) – 24 required a blue call
- Unknown\* (7% n = 215) – 5 required a blue call
- 17B1G – Falls, possible dangerous body area (4% n = 114) – 2 required a blue call

\*An unknown determinant is when a request from the MPS is made using the CAD link, the Police operators answer limited basic triage questions known as the SEND protocol (Secondary Emergency Notification of Dispatch). This is primarily aimed at identifying any immediately life-threatening conditions, it does not triage the patient in detail as there is no direct contact and predominantly results in a Category 3 outcome.

56% (n=1770) experienced a long delay were not conveyed and 44% were conveyed. It was also found that 15% (n=489) of all long delays occurred between the hours of 17:00 and 19:00 and 14% (n=456) between 22:00 – midnight.

Action being taken include:

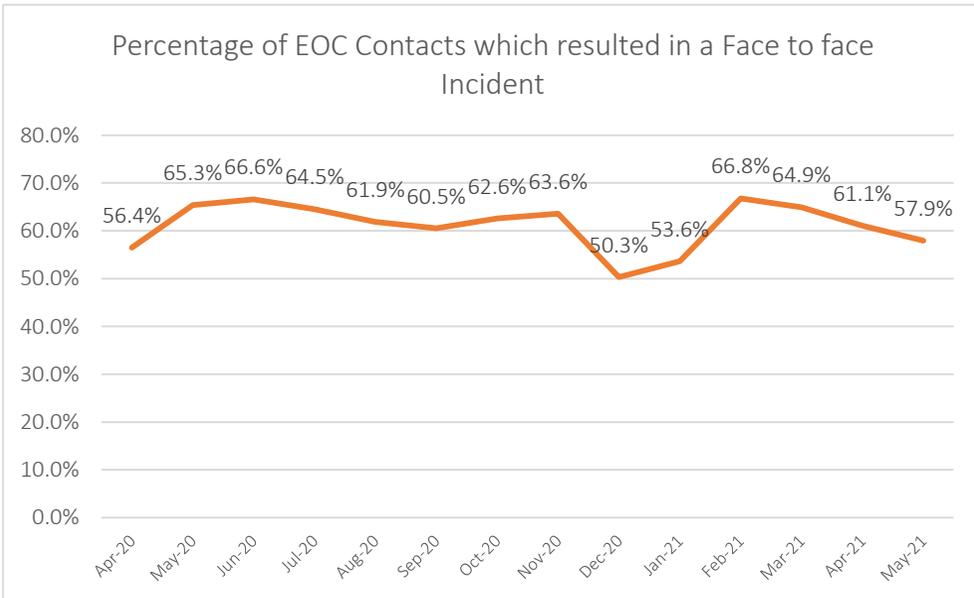
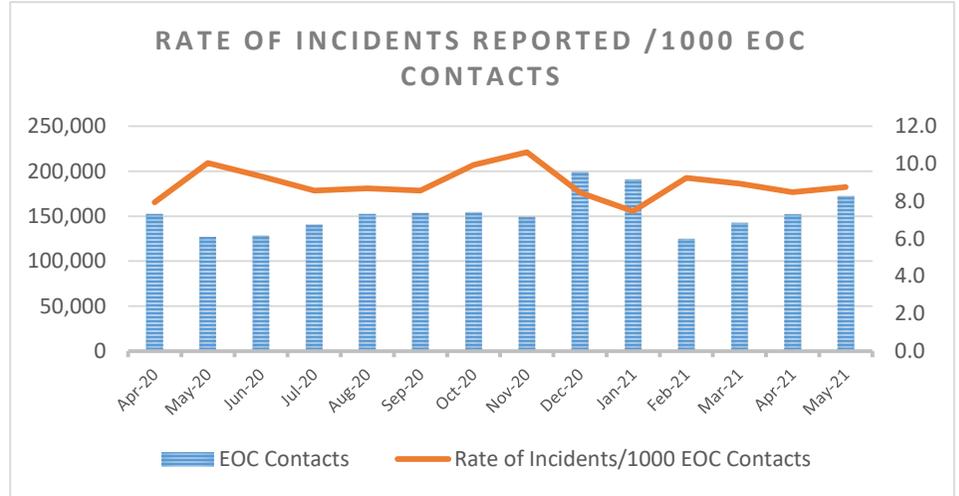
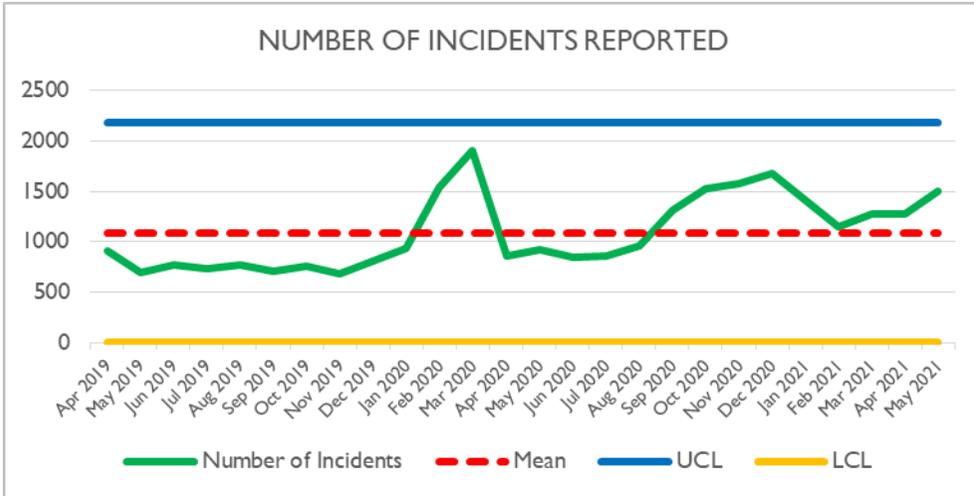
Forecasting and planning focus at Senior Leadership Delivery Meeting (SLDM)

Daily operational performance review and actions

Daily clinical safety reviews and daily patient safety reviews to oversee quality and clinical safety



The number of patient safety incidents reported across the 999 service remains steady when compared against the number of EOC contacts and face to face incidents.



The number of patient safety incidents reported per month has varied between Apr'19 – May'21. From the total number of patient safety incidents reported graph, there is a large reporting peak in March 2020 which correlates to the 1<sup>st</sup> national lockdown within the UK and the peak of the 1<sup>st</sup> COVID19 pandemic wave.

The number of reported patient safety incidents then increases again correlating to the second COVID-19 wave on the service. The number of incidents per month between Feb'21 – present has been increasing, with 1504 incidents reported in May. This can be in part attributed to the lockdown measures being lifted and the increase in activity the Trust has seen.

The rate of incidents reported per 1000 EOC contacts is steady with trends remaining at a similar level. Two months where we saw an increase in the rate of incidents reported per 1000 EOC contacts were in May 2020 and November 2020. This can be attributed to a higher number of face to face incidents recorded in those particular months.

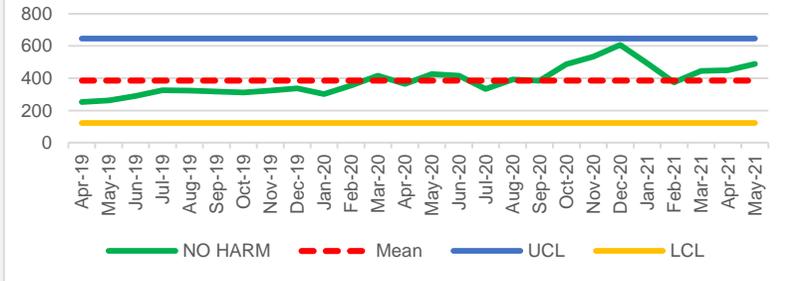
The graph on the left, shows in May 2020, 65.3% of EOC contacts resulted in a face to face incident and 63.6% in November 2020, indicating a reason for why more patient safety incidents were reported.



The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

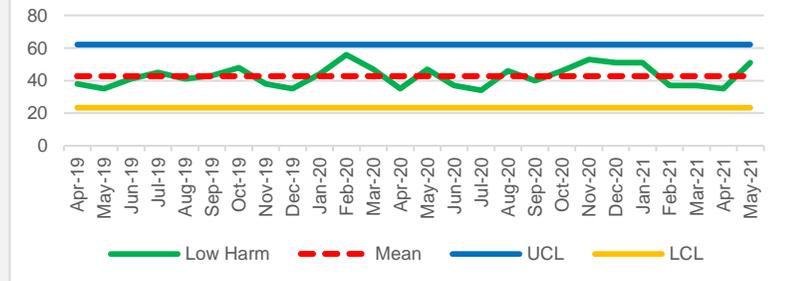
No Harm/Near Miss

May'21: 489



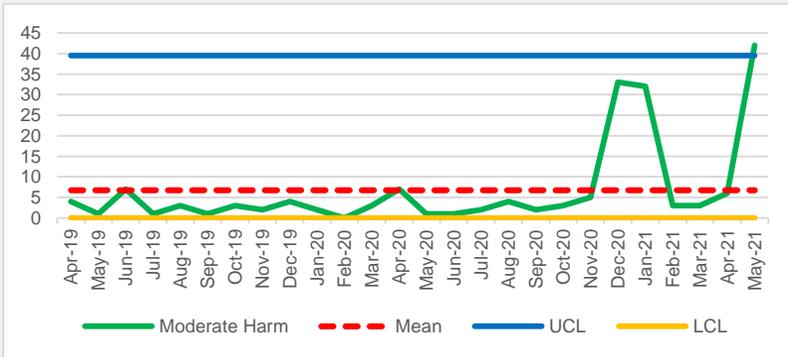
Low Harm

May'21: 51



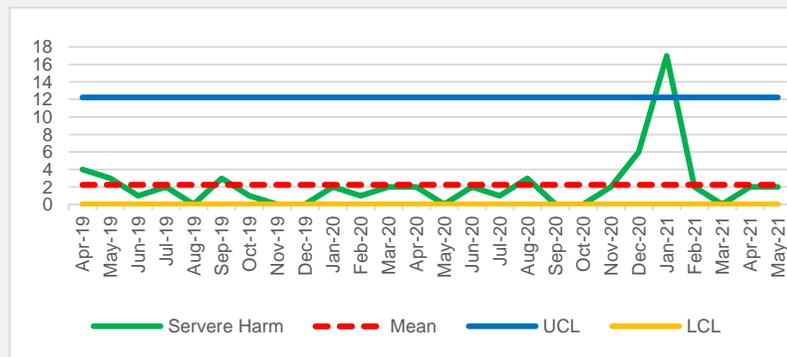
Moderate Harm

May'21: 42



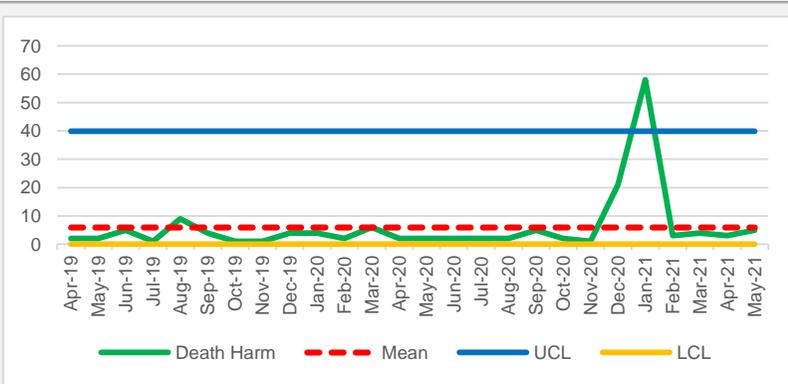
Severe

May'21: 2



Death

May'21: 5



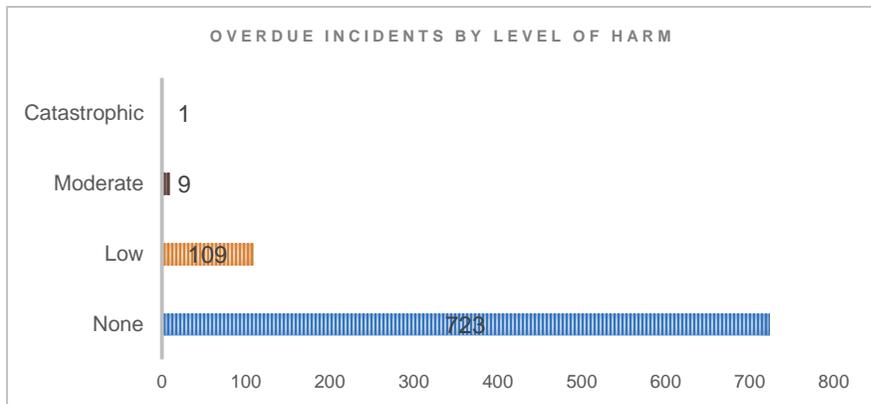
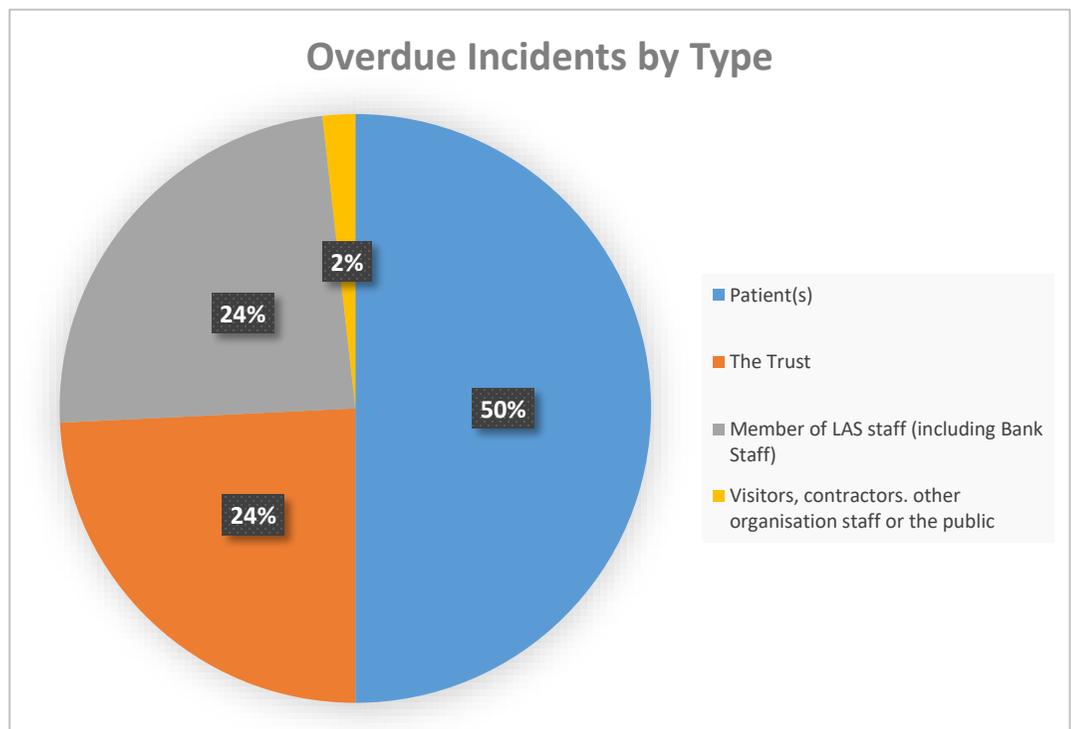
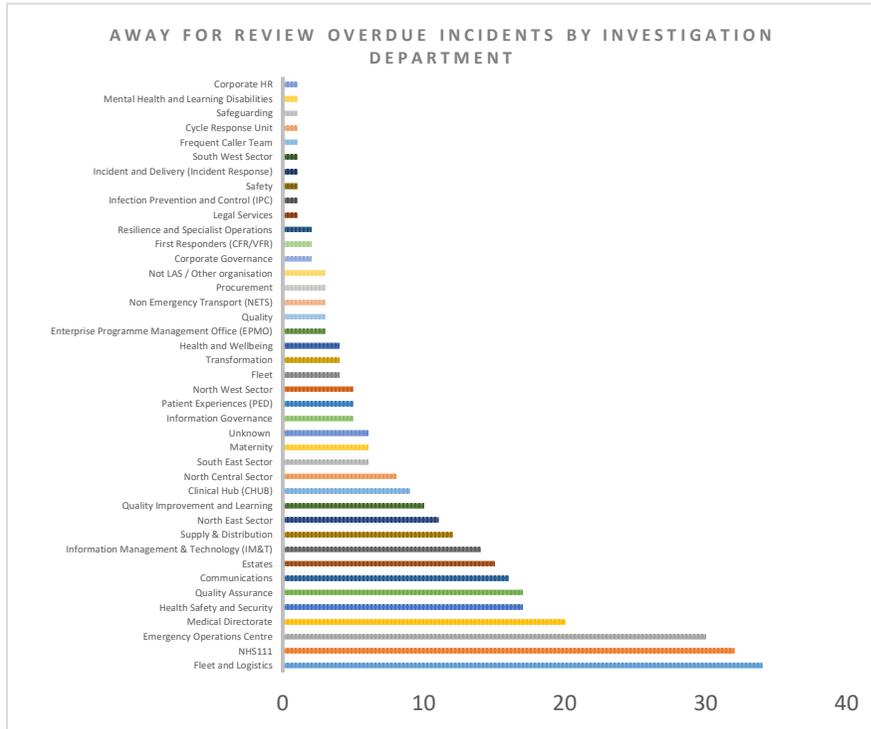
Analysis of SPC graphs:

The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. This is reviewed and acted upon monthly via the Trust Safety Investigations Assurance and Learning Group (SIALG). It has been recognized that the number of No Harm incidents reported has been consistently above the mean since Aug'2020 – present. There was an increase in Low Harm incidents in May, which was due to an increase in medical equipment incidents reported.

The number of moderate harm and above patient safety incidents reported increased in April and May 2021 and this is due to the re-contact audit which has begun to audit the months of December 2020 and January 2021 which was at the height of the recent COVID19 wave with increased demand upon the service. Of note, two of the incidents with a harm severity of death reported in May 2021 were re-contact audits. The auditors report incidents which are found as part of the audit and these will be investigated as a thematic covering the COVID19 wave timeframe.



The number of overdue incidents on the Trust’s risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.



There are 842 incidents (as of 11/06/2021) which have been opened on the system longer than 35 working days (this excludes SI's, PSII and COVID-19 reviews). This is a 12% decrease from April 2021 where we had 959 overdue incidents. This breaks down to:

- 421 patient incidents
- 202 staff incidents (the 9 overdue moderate harm incidents are staff related)
- 15 visitor incidents
- 204 Trust related incidents

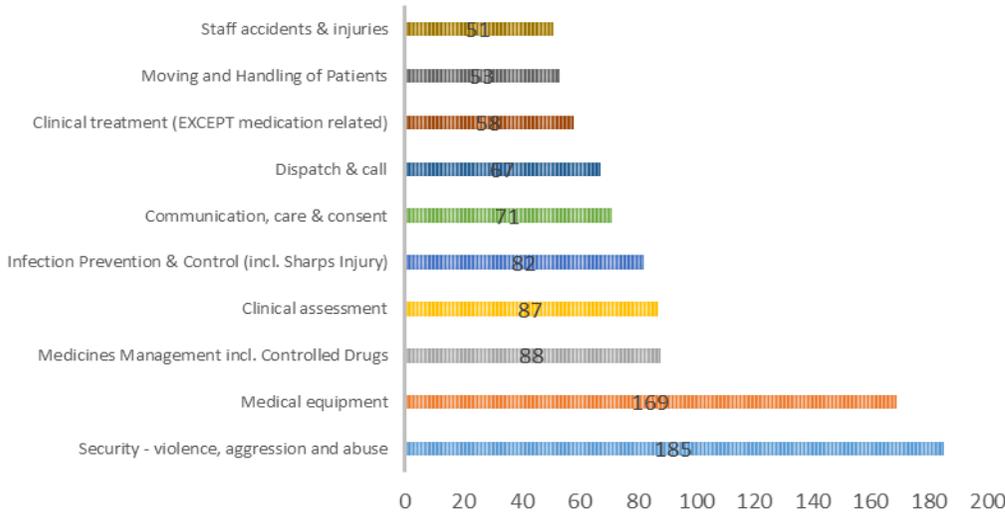
Of the overdue incidents, the highest number, 131 incidents (15%) sits within EOC. In regards to harm levels, 86% of overdue incidents have been labelled as No Harm and 13% as Low Harm.

It is noted the 73% of incidents are either being reviewed locally or are currently with another team for review. Further analysis into those incidents away for review is underway to help ensure these are investigated. This remains a focus of Sector/department managers to support colleagues investigate and close down incidents accordingly. The catastrophic incident is a Trust related incidents that is under investigation awaiting an outcome regarding driving standards.



Incident trends and themes are monitored by the Trust's Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

MAY 2021 TOP 10 INCIDENT CATEGORIES



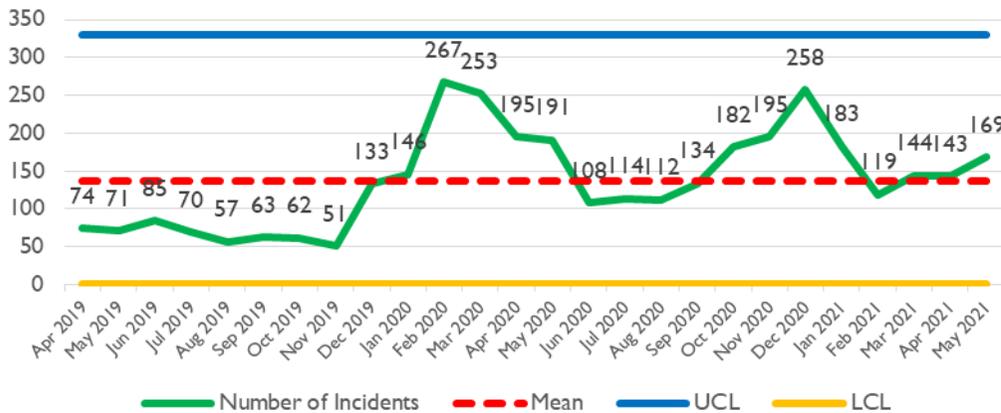
The top 3 Incident categories in May 2021 were Security Violence & Aggression, Medical Equipment and Meds Management inc Controlled drugs.

Themes relating to medical equipment indicate that there has been a change from missing equipment to failure of equipment in recent months. From the graphs below, at the beginning of 2020 there was a rise in lack of unavailable equipment which corresponds to the first pandemic wave, as the months have progressed, we are now seeing an increase in failure of equipment, this was particularly high in the second pandemic wave Nov'20 – Jan'21, numbers seem to have fallen albeit slightly higher than previous months. Actions are being taken to ensure stock levels of tympanic thermometers are maintained which is the most reported incident regarding equipment. There have also been recent issues with BVMs and kinking in tubes and new stock is being received in the coming months which will resolve this issue.

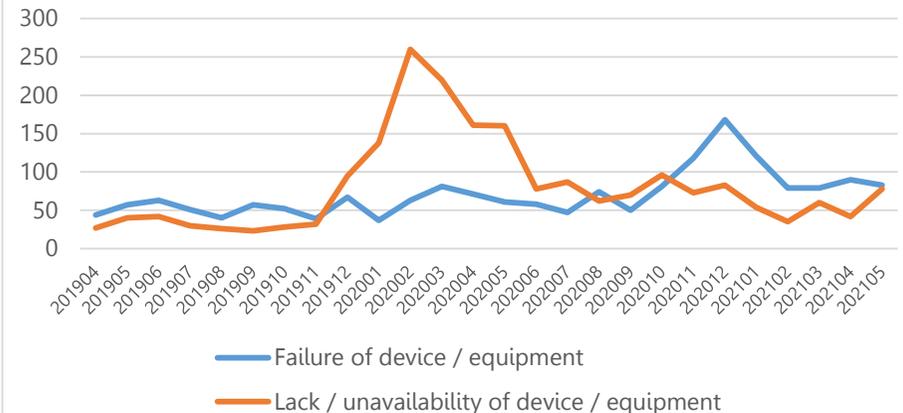
The Trust has procured a central asset management system (CAMS). This is to be introduced and trialed at Ilford from the 28th June 2021 which will see the systematic tagging of all medical equipment with passive RFID tags. The process will be tested to identify any gaps in the process and standard operating procedures will be produced to manage the tracking, inventory, storage and maintenance of all medical devices. This will then be rolled out across the Trust.

The Trust has also commenced a programme of work to further develop the management of medical devices including the appointment of a Supply Chain Specialist responsible for overseeing where all the devices are and for ensuring they are brought in for scheduled maintenance/servicing and ensuring all ambulances have the equipment they need.

MEDICAL EQUIPMENT INCIDENTS

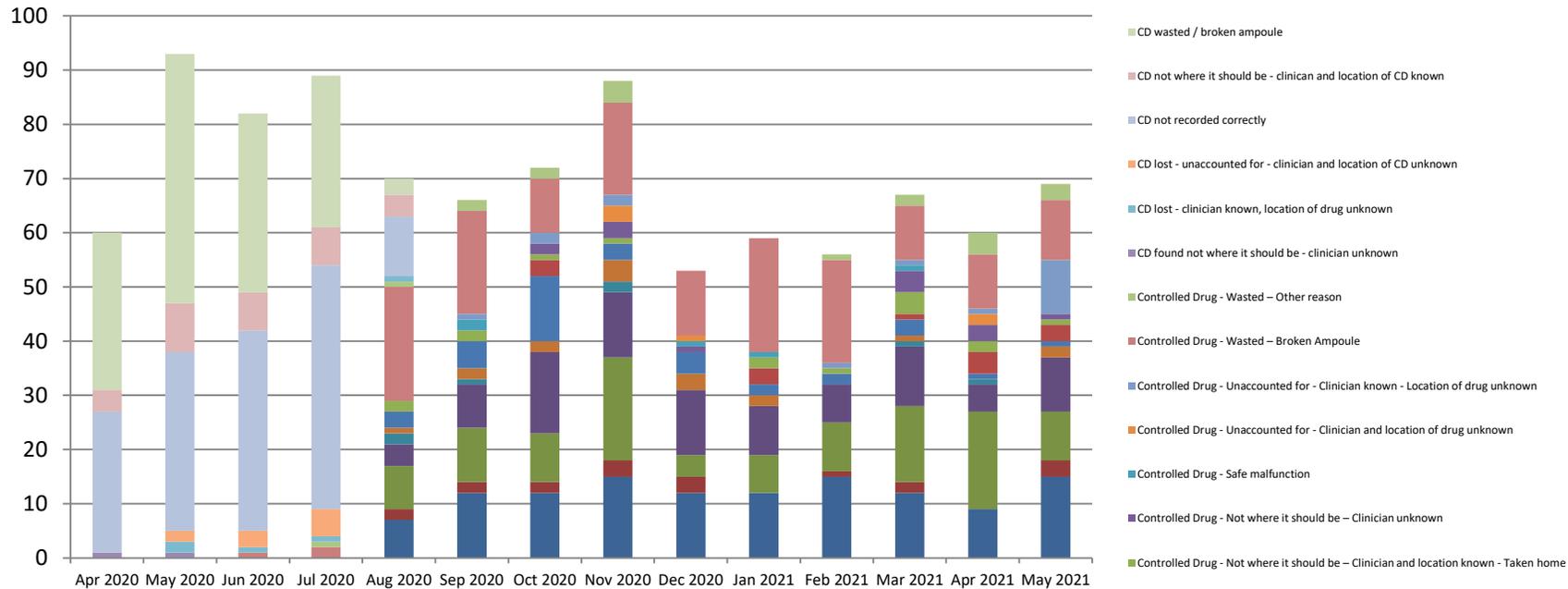


Medical Equipment Incidents by Subcategory





BI Controlled Drug Report



- No unaccounted for losses of schedule 2 controlled drugs
- Total of 74 other controlled drug (CD) incidents including
  - Documentation error (n=43) or usage unaccounted for (n=10)
  - CD damage, breakages or losses (n=15)
  - CD safe left open (n=1), drugs unsecured (n=2) or power failure (n=1)
  - Reaction to morphine (n=1) or contraindicated (n=1)
  - Ketamine near miss (n=1)
- Non-controlled drugs incidents
  - KitPrep discrepancy (n=5)
  - Breakage (n=5) or out of date (n=1) drugs
  - Drug pack unsealed (n=2), drugs unsecured (n=1) or supply issue (n=1)
  - Report of psychoactive substance (NERDS) (n=8)
  - Inappropriate administration of aspirin (n=1), salbutamol (n=1), dexamethasone (n=3), TXA (n=1), glucose (n=1), GTN (n=1), hydrocortisone (n=1), ibuprofen (n=1), ipratropium (n=1)
  - Reports of drug errors by non-LAS clinicians (n=19)

- Assurance**
- No incidents where morphine retained off duty identified. This means that controlled drugs remain secure and accounted for.
  - Reporting of incidents involving psychoactive cannabinoids enabling health surveillance
- Actions**
- Ongoing audit at LSU relating to drugs packing and controlled drugs management
  - Medicines packing unit nearing completion – will provide enhanced security and oversight.
  - Recruitment of additional pharmacists and technicians.

# 1. Our Patients

## Clinical Ambulance Quality Indicators (Latest Reported Month)



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 **February 2021**, which is the most recent month published by NHS England.

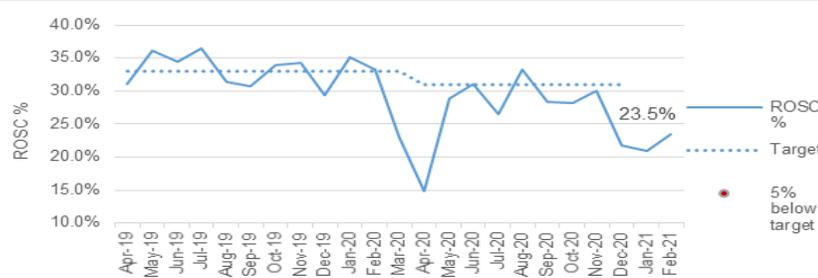
ROSC at Hospital

**Month: 23.5%**

Target: 31.0%

2019/20 Position:

31.9%



In February, the LAS ranked 4<sup>th</sup> nationally for ROSC on arrival at hospital for the overall group (23.5%) and joint 5<sup>th</sup> for the Utstein group (50.0%), both of which are slightly below the national averages of 24.2% and 51.0% respectively. The LAS ranked 10<sup>th</sup> for 30 day survival in the overall group with 5.5% and 9<sup>th</sup> for the Utstein group with 18.6%, both being well below the national averages of 8.8% and 26.7%.

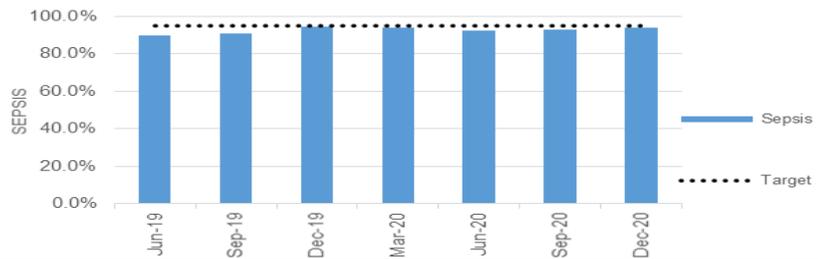
Sepsis Care Bundle

**Month: 94.0%**

Target: 95%

2018/19 Position:

89.5%



Sepsis Care Bundle data was not required by NHS England this month; data is next due to be published in August (relating to March 2021).

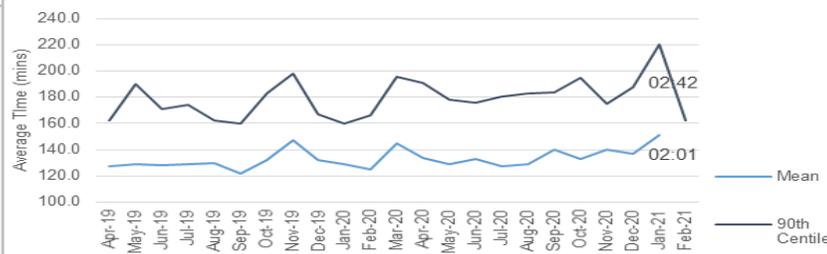
STEMI call to angiography

**Mean: 02:01**

Target: 02:10

2019/20 Position:

02:11



In February 2021, the LAS achieved an average call to balloon time of 02:01, which is 14 minutes shorter than the national average. This result ranked the LAS 1<sup>st</sup> nationally. Year to date rankings show the LAS in 3<sup>rd</sup> place overall, with an average time of 02:14.

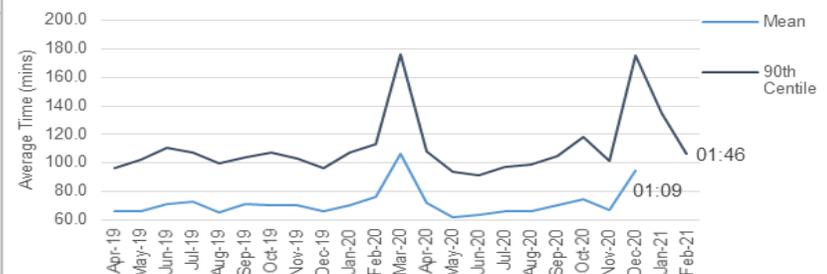
Stroke call to door

**Mean: 01:09**

Target: 01:10

2019/20 Position:

01:13



The LAS ranked joint 1<sup>st</sup> for the mean call to hospital for suspected stroke patients (01:09) in February 2021, well above the national average of 01:21. This is a marked improvement from January 2021 when the LAS ranked 3<sup>rd</sup> in England (with a mean call to hospital time of 01:24).

In terms of our Stroke Diagnostic Bundle data, the LAS has dropped from a ranking of 8<sup>th</sup> place in Nov 2020 to 10<sup>th</sup> in February 2021. In the same month, the Stroke Diagnostic Bundle was performed on 95.2% of suspected stroke patients, significantly below the national average of 97.8%.



### Patients Scorecard (NEL IUC)

May 2021			Current Performance						Benchmarking (Month)		
Indicator (KPI Name)	Basis	Data From Month	Target Status	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	%	May-21	●	95.0%	A	87.8%	85.5%	86.8%	80.2%	87.8%	1
Proportion of calls abandoned	%	May-21	●	3.0%	A	3.7%	4.9%		6.65%	2.0%	2
% of calls closed with no onward referral (health advisor and clinician)	%	May-21	●	33.0%	A	25.0%	24.0%	24.7%			
% of calls transferred to 999	%	May-21	●	10.0%	A	6.1%	6.3%	8.1%	8.1%	6.5%	1
% of calls recommended to ED	%	May-21	●	10.0%	A	11.3%	11.8%	11.0%	11.9%	9.9%	1

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

### Patients Scorecard (SEL IUC)

May 2021			Current Performance						Benchmarking (Month)		
Indicator (KPI Name)	Basis	Data From Month	Target Status	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	%	May-21	●	95.0%	A	85.9%	84.2%	87.8%	80.2%	87.8%	3
Proportion of calls abandoned	%	May-21	●	3.0%	A	10.4%	10.0%		6.7%	2.0%	4
% of calls closed with no onward referral (health advisor and clinician)	%	May-21	●	33.0%	A	29.7%	29.0%	29.1%			
% of calls transferred to 999	%	May-21	●	10.0%	A	6.8%	6.8%	7.3%	8.1%	6.5%	2
% of calls recommended to ED	%	May-21	●	10.0%	A	12.2%	12.5%	12.5%	11.9%	9.9%	2

● 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 17<sup>th</sup> 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)

May 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	%	May-21	<span style="color: red;">●</span>	95.0% A	74.3%	77.4%		80.2%	87.8%	4
Proportion of calls abandoned	%	May-21	<span style="color: red;">●</span>	3.0% A	5.8%	4.4%		6.7%	2.0%	3
% of calls closed with no onward referral (health advisor and clinician)	%	May-21	<span style="color: red;">●</span>	33.0% A	14.4%	14.1%				
% of calls transferred to 999	%	May-21	<span style="color: green;">●</span>	10.0% A	7.9%	7.6%		8.1%	6.5%	3
% of calls recommended to ED	%	May-21	<span style="color: red;">●</span>	10.0% A	12.7%	12.9%		11.9%	9.9%	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

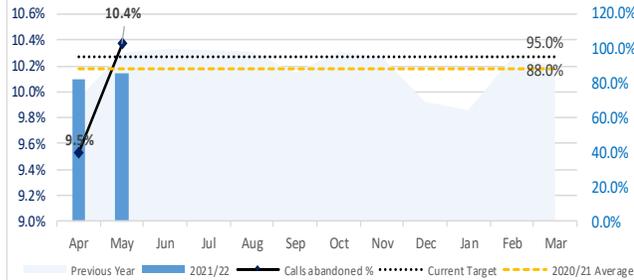
# 1. Our Patients

## 111 IUC Performance



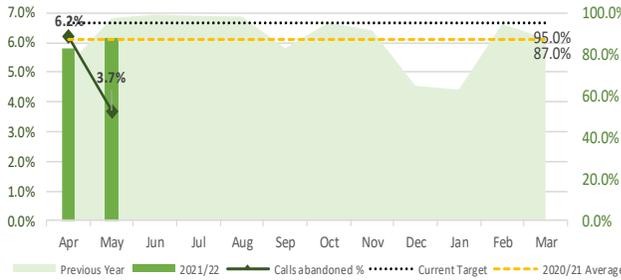
Call answering was outside target in May for North East London (NEL) and South East London (SEL) and North West London (NWL) due to a steady level of demand and increased call levels following progressive lockdown easing. The chief complaint of calls during this period was largely around respiratory complaints and allergies. Previously, the abandonment rate KPI reported calls abandoned after 30 seconds and this has now changed to include all abandoned calls as per the NHSE IUC KPIs for 2021/22. All contracts were within target for calls transferred to 999 and the Trust was challenged in the recommendation to attend ED.

### South East London (SEL)



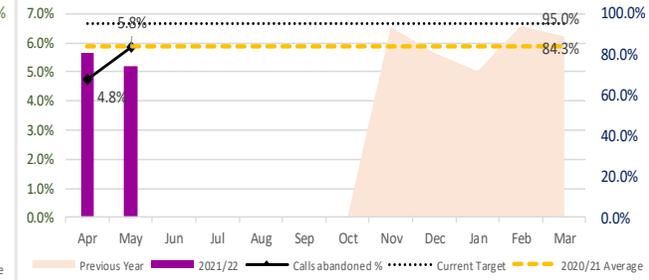
**SEL: 85.9% / 10.4%**

### North East London (NEL)



**NEL: 87.8% / 3.7%**

### North West London (NWL)



**NWL: 74.3% / 5.8%**

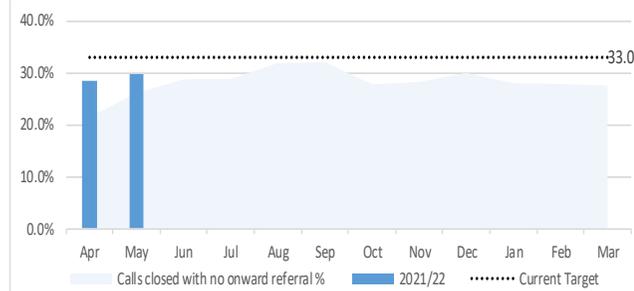
Call Answering & Abandoned Calls

Target: 95% (CA) and 3%

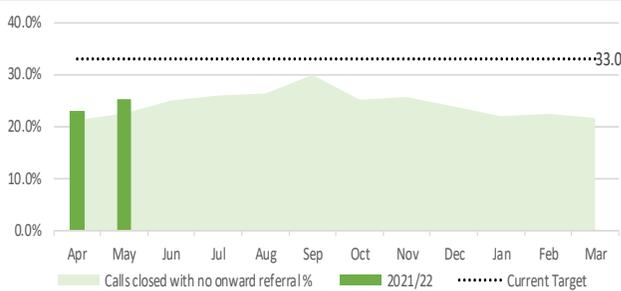
The 111/IUC centres have been critically important in national Covid-19 response as any concerns were directed to 111 across England. The call demand in May increased due to lockdown easing, which challenged the 111 performance.

The number of calls abandoned by patients missed the 3% target.

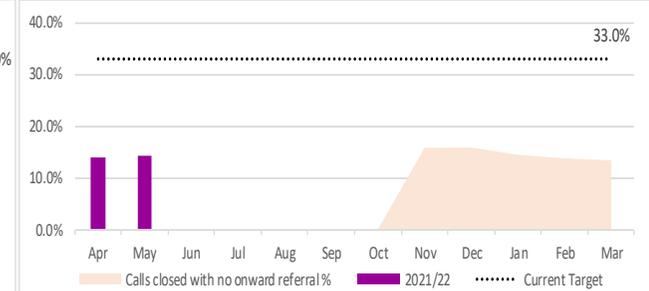
% of calls closed with no onward referral



**SEL: 29.7%**



**NEL: 25.0%**



**NWL: 14.4%**

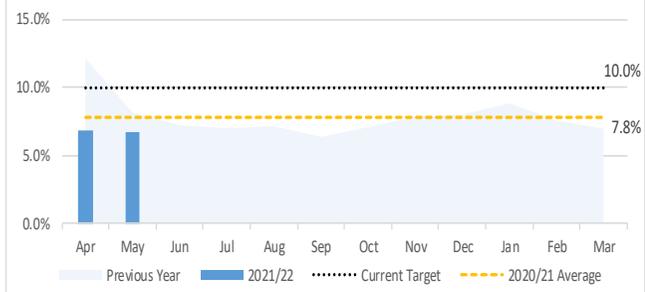
Target: >33%

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.

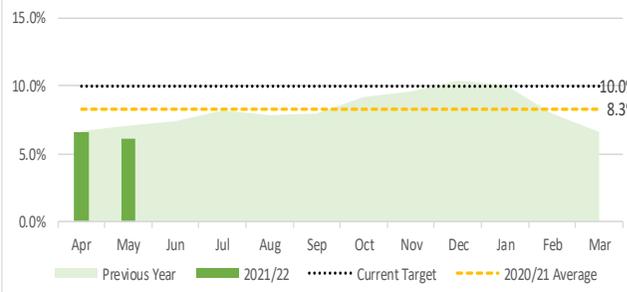


Calls Outcome:  
Transferred to 999

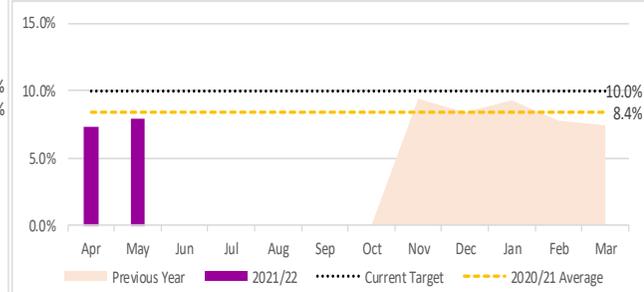
### South East London (SEL)



### North East London (NEL)



### North West London (NWL)



Target: <10%

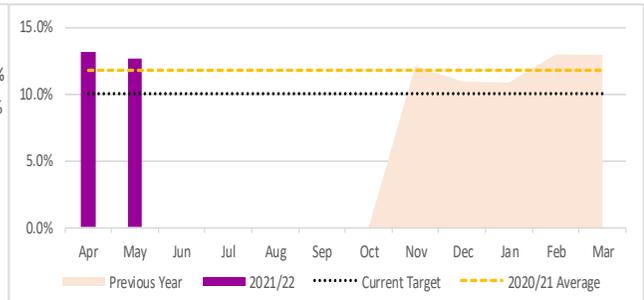
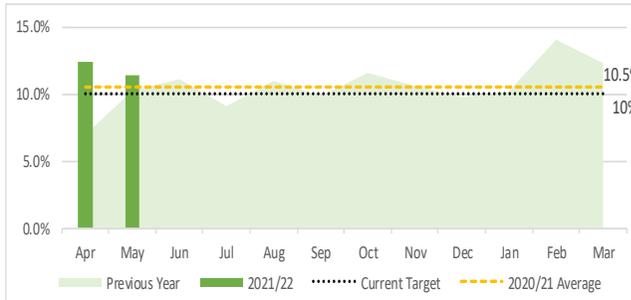
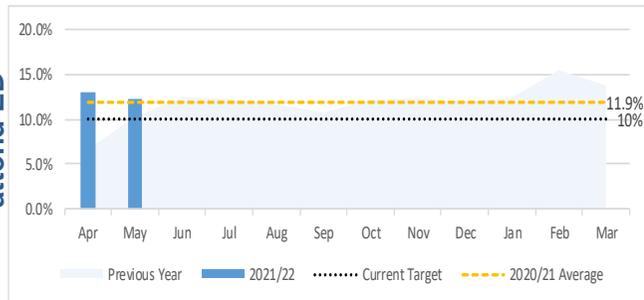
**SEL: 6.8%**

**NEL: 6.1%**

**NWL: 7.9%**

Referrals to 999 services remain within the 10% national standard for NEL, SEL & NWL. During May, NEL delivered 6.1%, with SEL delivering 6.8% and NWL 7.8%. This performance compares positively against the London average which was circa 8%, demonstrating the benefits of a clinical assessment service (CAS).

Call Outcome:  
Recommended to attend ED



Target: <10%

**SEL: 12.2%**

**NEL: 11.3%**

**NWL: 12.7%**

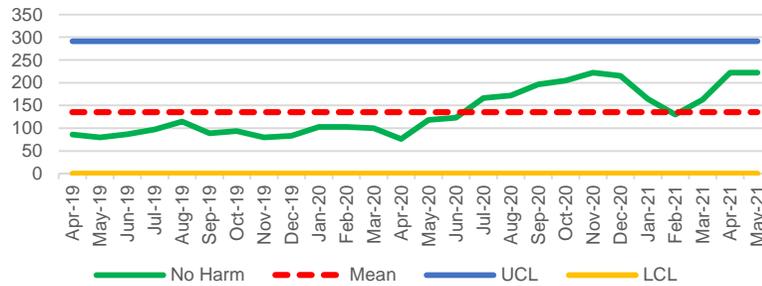
The development of our IUC services has enabled NEL and SEL to consistently outperform other providers on A&E avoidance. The performance on this metric has been challenged while striving to give patients the most appropriate care. There is still work to do to reduce recommendation for patients to attend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



The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

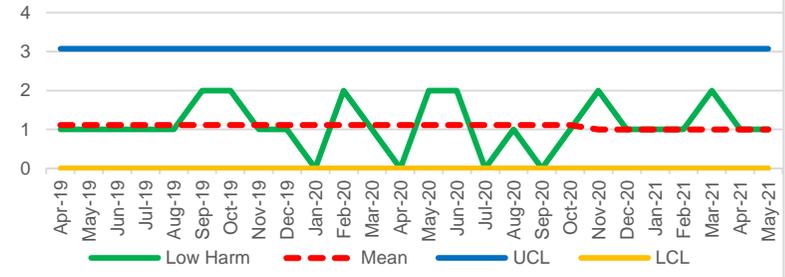
### No Harm/Near Miss

May'21:  
222



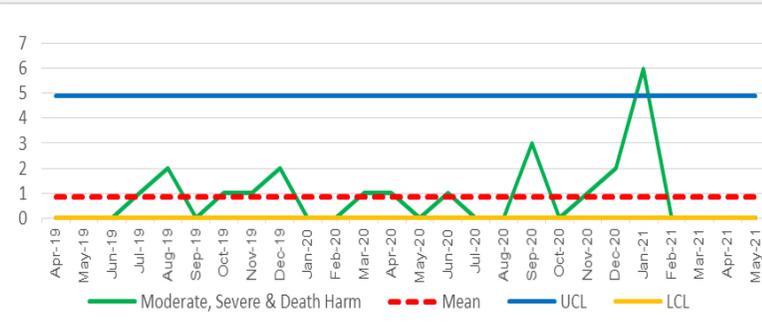
### Low Harm

May'21:  
1



### Moderate, Severe & Death Harm

May'21:  
0



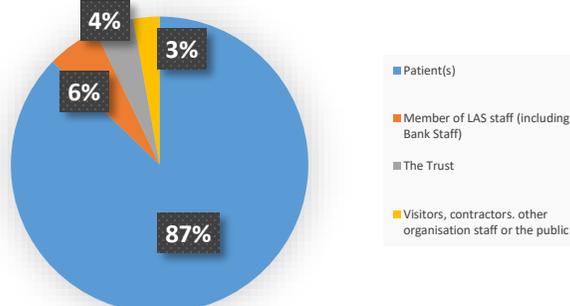
### Analysis of SPC graphs:

The number of reported incidents continues to be positive in reporting numbers. This is a sign of a good reporting culture. There has been an increase in the number of no harm incidents reported in the last few months with April 2021 and May 2021 being tied at the highest over a 2 year period at 222 incidents. The reason for the increase in no harm incidents is because IUC have increased incident reporting for language line issue, a new category has been added on DATIX for such issues, supervisors and team managers are working hard to ensure they report all incidents of issues to help provide improved learning and promote a good reporting culture within LAS.

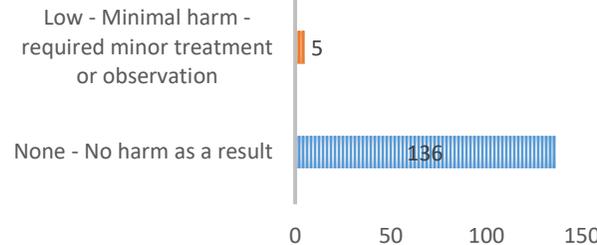
There has been a decrease in incident reporting that matches the seasonal demands on the service. The demand on the second COVID19 wave on the IUC services decreased in February 2021.

### Incident Management

Overdue Incidents by Type



OVERDUE INCIDENTS BY LEVEL OF HARM



There are 141 incidents (as of 11/06/2021) which have been opened on the system longer than 35 working days (this excludes SIs & COVID 19 reviews).

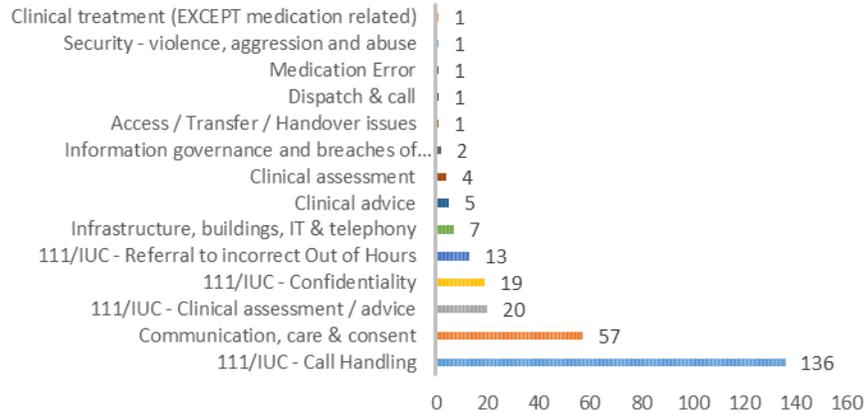
This breaks down to 123 patient incidents, 8 staff incidents 4 visitor incidents and 6 Trust related incidents.

70% of incidents are in the Local Review stage and 30% in the Away for Review stage. 96% of incidents have been classified as No Harm.

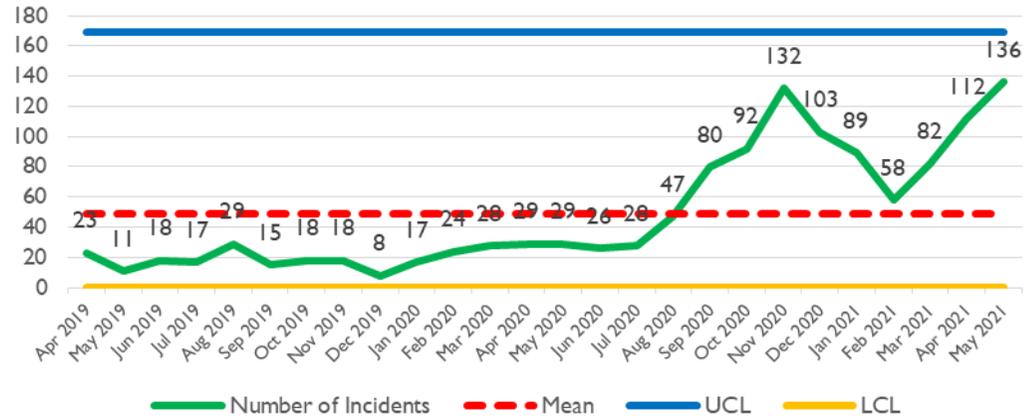


Incident trends and themes are monitored by the Trust's Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

### MAY 2021 TOP 10 INCIDENT CATEGORIES



### IUC CALL HANDLING INCIDENTS

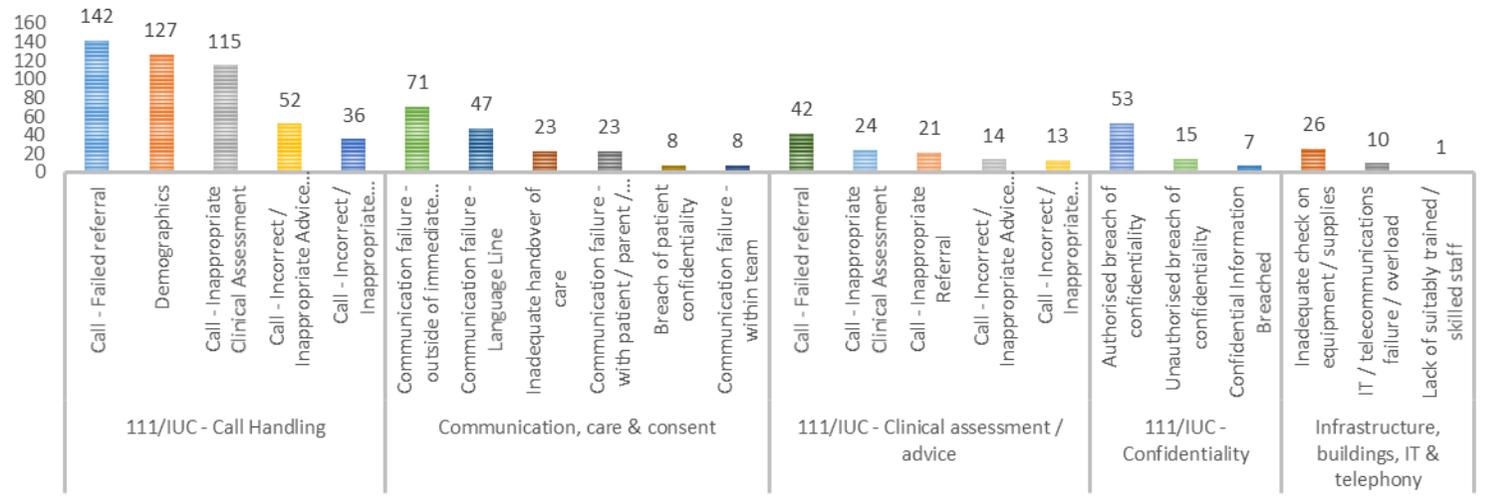


The top 3 Incident categories in May 2021 were Call handling, Communication Care and Consent and Clinical assessment / advice.

There has been an increase in IUC Call Handling incidents the last few months.

IUC have increased incident reporting for language line issue, supervisors and team managers are working hard to ensure they report all incidents of issues to help provide improved learning, which explains the increase.

### JAN'21 - MAY'21 TOP 5 CATEGORIES BY TOP 5 SUBCATEGORIES





The Trust continues to test and develop the Framework to ensure it is correctly embedded within supporting processes and governance structures. All learning is fed back to NHS E/I to support the national development of the overall framework ahead of national roll out in 2022.

During April and May 2021, a total of **104** (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident Response Plan (PSIRP).

Of these 104, 43 were identified as requiring an enhanced level of investigation. The breakdown of the 7 are as follows:

### National Priority – Patient Safety Incident Investigations (PSII)

1 maternity incident met the Nationally – defined priority requiring an external investigation by the Health Safety Investigation Branch (HSIB)

5 incidents met the Nationally - defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care. These cases had been first reviewed by the Trust's Learning from Death process.

### Local Priority – Patient Safety Incident Investigations (PSII)

1 incident met the Trusts Patient Safety Incident Response Plan (PSRIP) under the Local Priority of *Clinical Assessment of Spinal Injuries* and is being investigated as a PSII.

1 incidents met the Trusts PSIRP under the Local Priority of *Medication error* and is being investigated as a PSII.

### Patient Safety Review (Non PSII) including Thematic Review

27 incidents are being investigated as a thematic review and are incidents identified from the re contact audit are occurred during the Winter Peak of COVID-19.

1 incident met the Trusts PSIRP under the Local Priority of *Medication error* and was agreed to be investigated as a Patient Safety Review (PSR). 1 incident met the Trusts PSIRP under the Local Priority of *call assessment* and was agreed to be investigated as a PSR.

4 incidents met the Trusts PSIRP under the Local Priority of *Face to Face Clinical Assessment*. Both incidents are being investigated as Patient Safety Reviews.

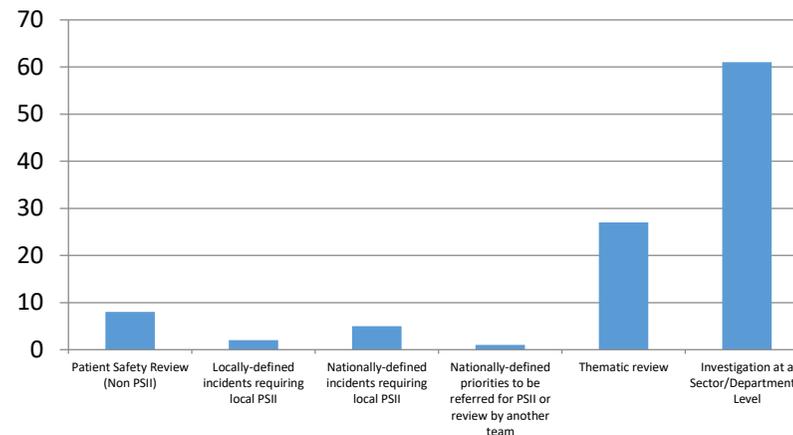
2 incidents did not meet the Trusts PSIRP and are being investigated as a Patient Safety Review via a structured Judgement Review. Both incidents involve a delayed response of more that x2 90<sup>th</sup> centile for the call categorisation.

### Local Review

The remaining 59 incidents were referred to Sector/Department management teams to continue with a local investigation. Of note, 2 incidents were agreed to continue being under investigated under the complaints process. The following mitigating actions that have taken place:

- The high risk ACS clinical guidance is being reviewed to encompass atypical presentations.
- Review of the SOP for handing calls from the MPS.
- Review of JRALC pocket books procurement
- Themes from patient safety incident have been shared with managers via the Monthly Managers Incident and Learning meeting which is hosted by the Quality Improvement and Learning Team.

April and May 2021 Incidents by PSIP Outcome



#### Implementation of PSIRF:

The Trust went live with the PSIRF on the 1<sup>st</sup> April 2021 and the focus is now on developing a set PSRIF process and governance structure that will be tried and tested.

The implementation has seen strengthen governance and assurance processes regarding investigation of incidents from the point of being reported, ensuring that those meeting the PSII criteria are escalated in a timely manner to the PSIP for confirmation. In terms of assurance, this has been further strengthen for those incidents re-categorised with clear rationales and clinical reviews recorded on the incident records.

#### Next Steps of the implementation:

- Continue to implement Framework and communicate across the service
- Engaged with the Trust's Patient and Public Council (PPC) to support the development of the desired patient standards as part of the PSIRF.
- Continue to attend monthly PSIRF webinars with early adopters to fed back and also learn from others.
- Looking at the QI element of the framework and beginning to take this forward.



The number of safety investigation actions on the Trust’s risk management system continue to be monitored centrally to ensure they are closed within their set timeframe.

There continues to be a focus on SI actions, at the end of May there were 161 open actions, of these 15 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 sends 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:

The Trust to review the discharge guidance for paramedics located in Appendix 3 of the Managing the Conveyance of Patients Policy and Procedure.

Update

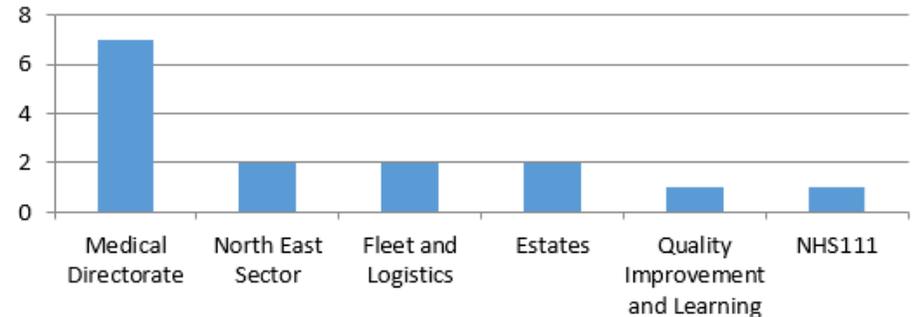
The review has taken place and is awaiting assurance to be updated.

The Trust to Implement a process whereby appropriate internal stakeholders discuss clinical staffing in Integrated Urgent Care and identify areas of concern. Any remedial action required in extreme situations should be discussed and agreed to prevent the Clinical Assessment Service queue from reaching such escalation levels

Update

Recently appointed Deputy Director of 111/999 & Clinical Assessment Service as part of the IUC restructure will give greater assurance regarding capacity to review staffing level. In the interim this is discussed on a weekly basis at the IUC clinical meeting with all relevant stakeholders engaged

Overdue actions by Sector / Department



Overdue actions by priority of action





### People Scorecard

May 2021

Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status against current month	Current Performance					Trajectory		Target Status against trajectory
					Target and Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	FY2021/ 2022 Trajectory			
Trust Vacancy rate	Monthly	%	May-21		5%	Internal	2.1%	2.1%	3.5%	3.5%		
Operational Vacancy Rate	Monthly	%	May-21		5%	Internal	3.7%	5.0%	5.4%	7.0%		
Staff Turnover (% of leavers)	Monthly	%	May-21		10%	Internal	8.8%	8.6%	8.7%	10.0%		
Staff Sickness levels (current month) (%)	Monthly	%	May-21		5%	Internal	6.7%	6.5%	6.1%	5.5%		
Staff Sickness levels (12 month rolling) (%)	Monthly	%	May-21		5%	Internal	5.8%	5.7%	5.5%	5.5%		
Trust Covid Vaccination Rate	Monthly	%	May-21		TBC	Internal	79.0%	78.0%	78.0%	TBC		
Frontline Covid Vaccination Rate	Monthly	%	May-21		TBC	Internal	84.0%	82.2%	82.2%	TBC		
Statutory & Mandatory Training (85% or above)	Monthly	%	May-21		85%	Internal	83.0%	83.0%	83.0%	85.0%		
Information Governance Training	Monthly	%	May-21		95%	Internal	93.0%	93.0%	93.0%	95.0%		
Staff PDR Compliance (85% or above)	Monthly	%	May-21		85%	Internal	80.0%	71.0%	71.0%	85.0%		
Number of disciplinary cases	Monthly	%	May-21		N/A	Internal	22	26	2600.0%	N/A		
Number of grievance cases	Monthly	(n)	May-21		N/A	Internal	11	11	1100.0%	N/A		
Number of dignity at work cases	Monthly	(n)	May-21		N/A	Internal	6	7	700.0%	N/A		
Number of Employment Tribunals	Monthly	(n)	May-21		N/A	Internal	12	10	1000.0%	N/A		
Number of Suspensions	Monthly	(n)	May-21		N/A	Internal	4	7	700.0%	N/A		
% of Trust Staff who are BAME	Monthly	%	May-21		20%	Internal	18.9%	18.7%	17.8%	20.0%		
% of joiners who are BAME	Monthly	%	May-21		>30%	Internal	41.0%	44.0%	37.0%	30.0%		
% of leavers who are BAME	Monthly	(n)	May-21		<20%	Internal	9.0%	14.0%	18.2%	16.0%		

- 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

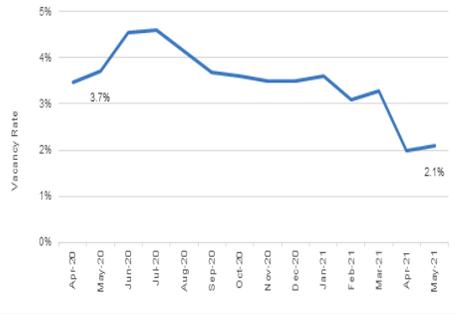
### Vacancy Rates, Staff Turnover and Sickness



#### Vacancy rate

**Month:**  
**2.0%**

**Target: 5%**



The overall vacancy rate remains below target at 2.0%. The call handling establishment in EOC is fully established and is forecast to reach above establishment to provide additional resilience required given CAD / Bow changes and the potential for third wave of Covid-19. A weekly working group has been mobilised to review the CHUB recruitment and training plan. Recruitment has already begun for Clinical Advisors for both internal and external candidates. Currently the CHUB is heavily reliant on secondments, with c. 50% of Clinical Advisors coming from Operations. The team is focussed on substantive recruitment to ensure a sustainable staffing position. The call handling establishment in IUC is on track to be fully delivered by September and plans are in place to bring this forward by a further month by increasing training places and the conversion of agency staff into substantive positions. In total there were 65 starters in May, 41% of whom were from a BAME background (111/999 Call Handlers., TEACs and International Paramedics).

#### Ambulance Ops Recruitment

**Month: 47fte**

**Target: 66fte**

**Required Frontline: 970FTE**

**Forecast Supply: 901 FTE**

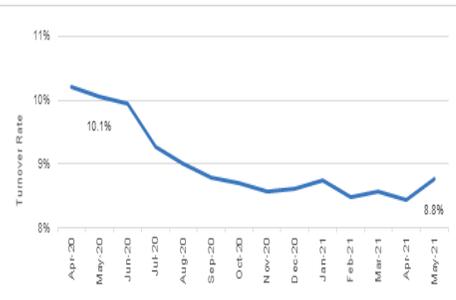
**Actual v forecast : 33fte behind plan**  
**Forecast end of year position: 107fte gap**

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. The required frontline numbers for 21/22 are 970fte and the current training plan is able to deliver 901 places. The gap is planned to be closed by reducing the number of planned leavers (see below). As at 31<sup>st</sup> May, Ambulance Operations are currently behind plan as a result of the non-registrant recruitment pipeline continuing to be impacted by C1 driving theory delays. The tender process to procure an external international recruitment provider is in progress and the timeline will allow the supplier to go live by July 2021, allowing as much time as possible for them to meet the ambitious recruitment targets for 2021-22 (269 international paramedics). To support the non-registrant requirements for 2021/22 the Trust has procured a new external TEAC provider to deliver the planned TEAC numbers. The first TEAC cohort commenced in May 2021 (20fte). The current paramedic pilots with Merton PCN and Redbridge PCN will provide the opportunity to test arrangements for PCNs and apply any lessons learned in advance of a fuller launch this year.

#### Staff Turnover

**12 Month Rolling: 8.8%**

**Target: 10%**

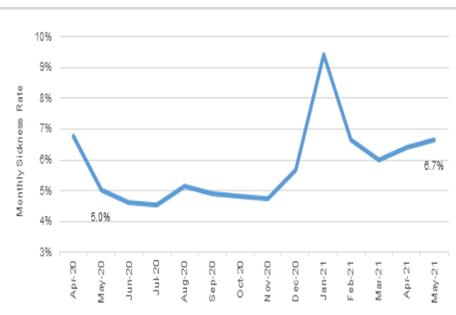


The number of leavers increased from 47 in April to 55 in May and this has increased the turnover rate by 0.4%. There are a number of retention activities in place for frontline staff, led by the Ambulance Ops Retention Group. This includes the iPara engagement survey for which we have had a 40% response rate, the key themes for which are being collated and will be discussed at the engagement workshops in June. The output of these sessions will be an iPara retention action plan to be implemented this year. This will be targeted at influencing those who indicated they are thinking of leaving to get them to stay with LAS for longer. In the meantime, a series of 'quick wins' has been identified from the initial survey results and will be progressed in partnership with the International Liaison Team. Other activities include funding indefinite leave to remain and supporting staff to utilise the Government's automatic one year visa extension. Further work is also being undertaken to explore options for blended roles and enhanced clinical development opportunities such as CPD sessions to improve morale.

#### Sickness

**12 Month Rolling: 5.8%**  
**Monthly: 6.7%**

**Target: 5%**



The monthly Trust wide sickness has increased from 6.4% in April to 6.7% in May and this is due to an increase in the level of short-term non-Covid sickness (5.5% in April to 6% in May). Ambulance Operations has increased by 0.3% in month due to stress, anxiety and back issues and 999 Operations by 1% due to coughs, colds and gastrointestinal problems. IUC has seen a 0.9% reduction in month. The local HR teams are working with managers to complete welfare checks and publicise the health and well-being resources. Further work is underway to support staff through the well-being hub and with Health & Safety to ensure compliance for manual handling.

Benchmarking - with the benchmarking data available, we are in line with the Ambulance Trust's average.

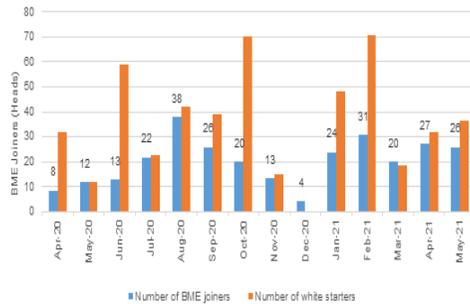


Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

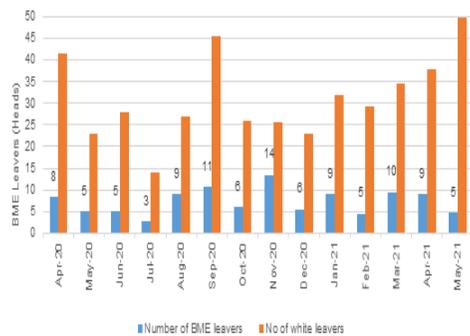
### Equality, Diversity and Inclusion Standards

These graphs show the numbers of BAME starters and leavers from April 2020 to May 2021. During this period the Trust has recruited 283fte BAME starters and there has been 103fte BAME leavers, a net increase of 180fte. In 2020/21, 35% of total starters were BAME. For the year 2021/22, this has improved to 41% covering 111 and 999 call handling, TEAC and international paramedic roles..

#### BME Starters



#### BME Leavers



Overall numbers of BAME staff continue to increase (currently 1,257) 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 have now received the National WRES report and are reviewing the results to benchmark against the Trust's data. We are still awaiting the WDES National report.

Drop in sessions for female staff have been organised to share their experiences and ideas to help shape a better and more inclusive LAS. A Women's Staff Network is also being established.

Staff Survey data at Group Station level to be distributed to local managers.

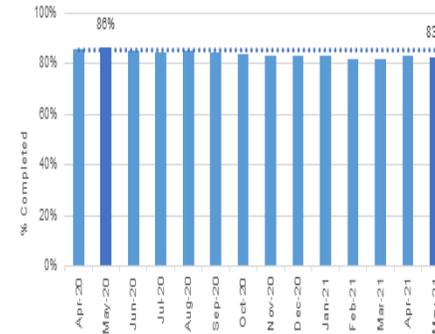
The Equality, Diversity & Human Rights e-learning has improved from 85% to 87%.

### Statutory and Mandatory Training and Appraisals

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

Appraisal completions at **81%** at the end of May.

#### Statutory & Mandatory



As at 31<sup>st</sup> May we are tracking below our 85% S&M target at 83%.

Information Governance is at 94% for May against an annual target of 95% to meet the requirements of the NHS Digital's IG Toolkit.

We have seen an increase in PDR rates during May which has improved the compliance from 80% to 81%.

#### Appraisal Compliance



A weekly PDR compliance report is now being sent out to all Trust managers to help improve compliance. 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%.



#### Current position

- Safeguarding Level 3 is now a National Requirement for all paramedics/clinical staff as of the 1<sup>st</sup> 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%

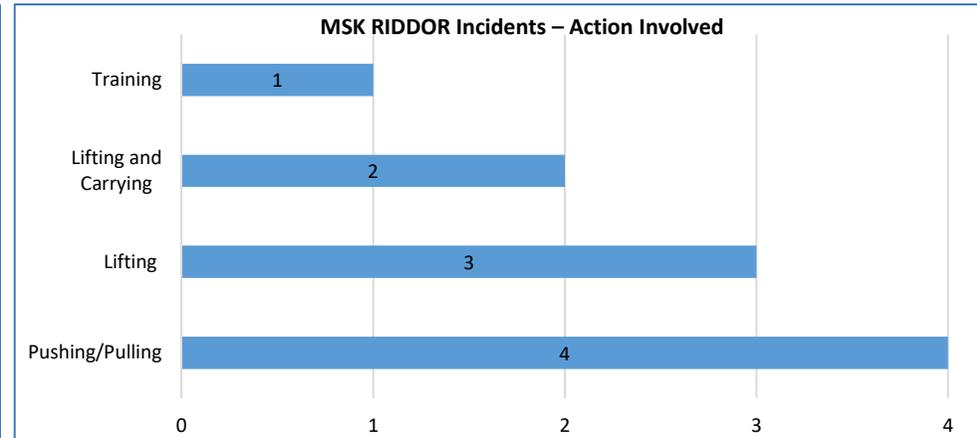
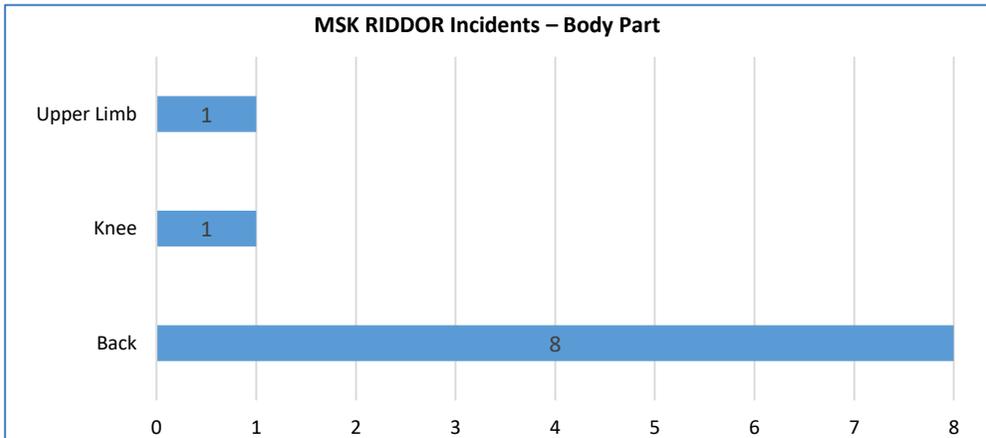
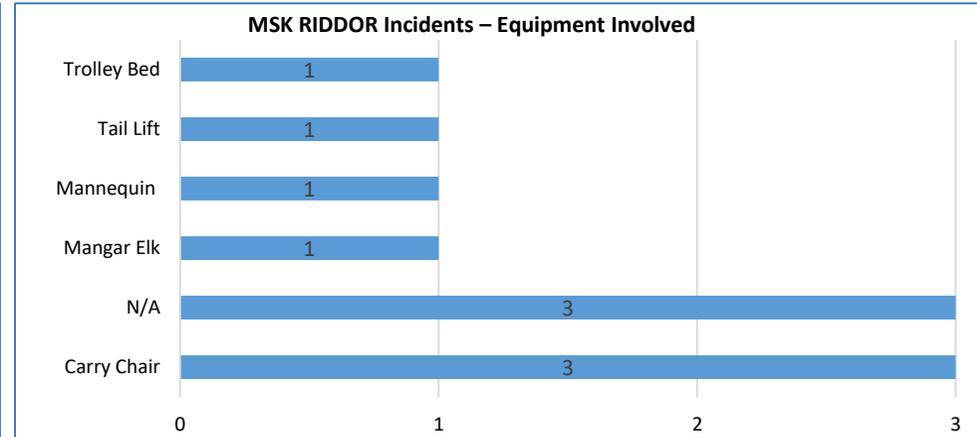
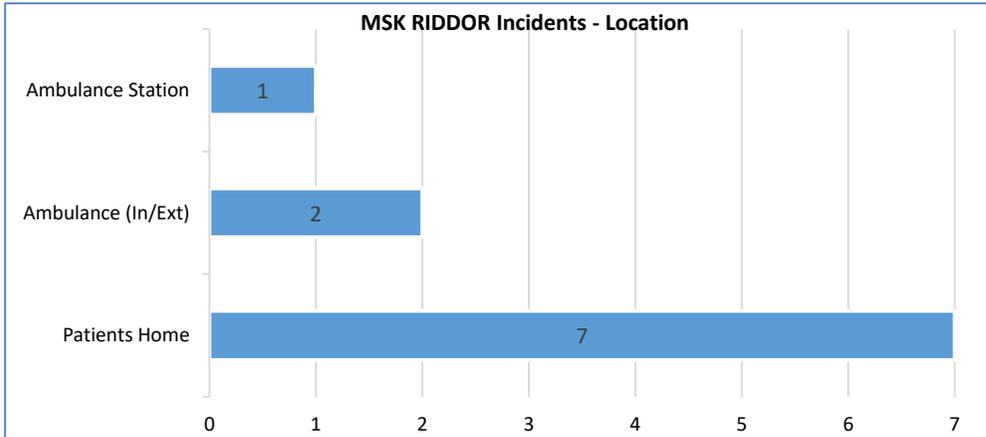
- As a result of Covid 19 and the changes required to training we are currently seeking agreement to the new compliance target for year 2 of 2500 compliance whilst still completing full compliance by end of year 3.
- This training is part of the CSR hours of allocation and 8 hours was given to safeguarding.
- 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) – May 2021

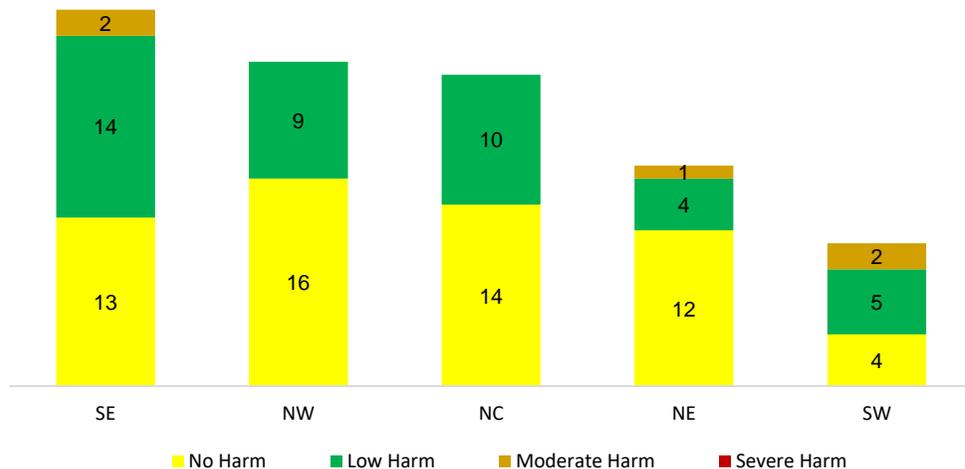


**The above graphs provide details from the thematic analysis of 10 reported RIDDOR incidents in May'21 (3 incidents were occurred in April'21 & 7 incidents were occurred in May'21). These relate to Manual Handling (MSK):**

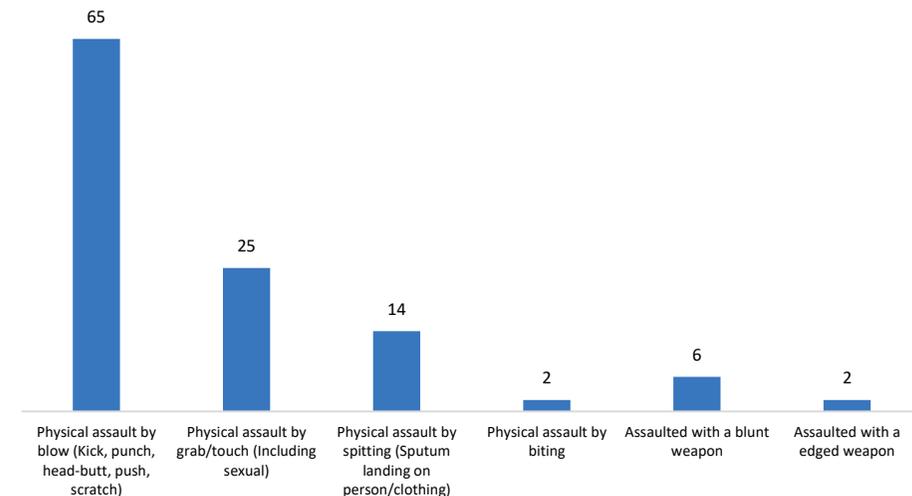
- 7 reported RIDDOR incidents occurred in Patients Home (n=7), 2 incidents occurred in Ambulance In/Ext (n=2) and 1 other incident was occurred in Ambulance Station (n=1).
- 3 reported RIDDOR incidents involved Carry Chair (n=3), 1 incident each involved while handling Trolley Bed, Tail Lift, Mannequin and Mangar Elk (n=1 each) and 3 other incidents involved no equipment (n=3).
- 8 reported RIDDOR incidents resulted in Back injury (n=8), 1 incident was resulted in Knee injury (n=2), and 1 other incident was resulted in Upper Limb injury (n=1).
- 4 reported RIDDOR incidents occurred during Pushing & Pulling (n=4), 3 incidents were occurred during Lifting (n=3), 2 incidents were occurred during Lifting and Carrying (n=2) and 1 incident occurred while undertaking Training (n=1).



Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2021/22



Number of reported Physical Assaults on Staff by Type (YTD) – 2021/22



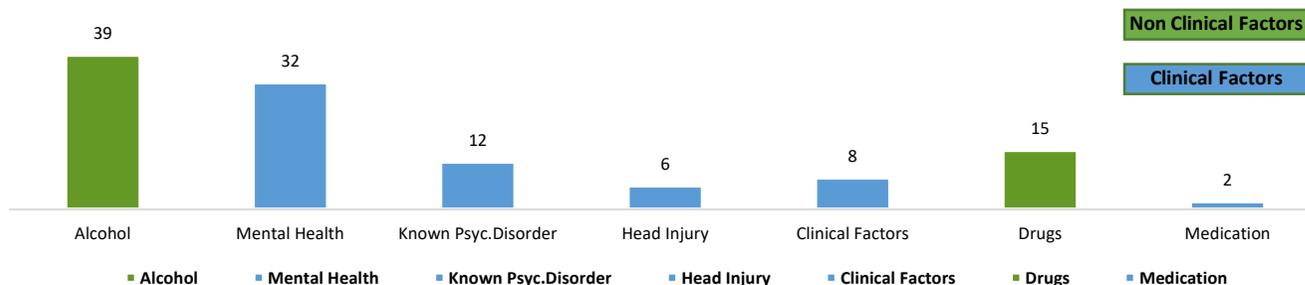
**Notes:**

- A total of 114 Physical Assaults on Staff were reported during 2021/22 (up to end May'21).
- 64 (56%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 50 incidents resulted in Harm. 45 (39%) of the harm related incidents were reported as 'Low Harm and 5 (5%) incidents were resulted in Moderate Harm.
- 9 out of the 114 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc).

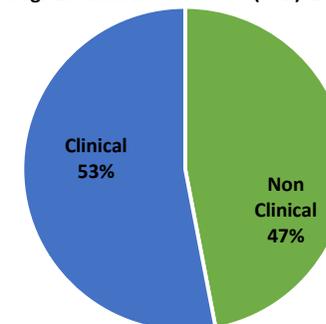
**Notes:**

- Physical Assault – by blows, kicks/ assault to staff (57% , n=65) accounted for the highest number of incidents reported during 2021/22 (up to end May'21).

Number of reported Physical Assaults on Staff by Influencing Factors (YTD) 2021/22



Percentage Breakdown of Factors (YTD) 2021/22

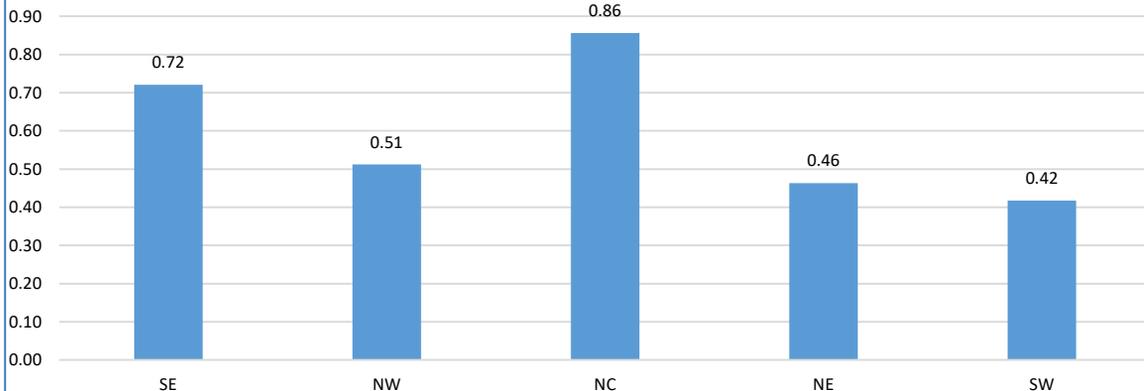


**Notes:**

- Clinical Factor: 60 (55%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=32), Known Psyc.Disorder (n=12), Head Injury (n=6), Clinical Factors (n=8), Medication (n=2).
- Non Clinical Factor: 54 (45%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=39), and Drug (n=15).



Rate of number of reported Physical Assaults on Staff by Sector per 1000 face to face Attendances (YTD) – 2021/22



Sector	Rate of Physical Assaults on Staff
SE	0.72
NW	0.51
NC	0.86
NE	0.46
SW	0.42

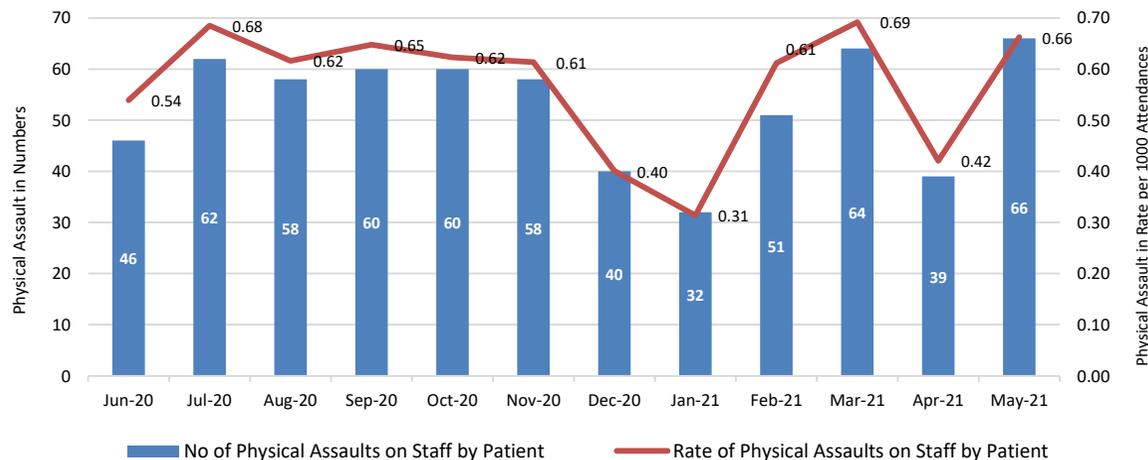
**Notes:**

- 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.

**Key Update:**

- There is one RIDDOR reportable Violence & Aggression related incident recorded during May'2021.

No of Physical Assaults on Staff by Patient vs Rate of Physical Assaults on Staff by Patient per 1000 face to face Attendances



Month	No of Physical Assault on Staff by Patient	Rate of Physical Assault on Staff by Patient
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
Feb-21	51	0.61
Mar-21	64	0.69
Apr-21	39	0.42
May-21	66	0.66

**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 (June'20 to May'21).

NHS definitions of assault:

**Physical assault** – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

**Non-physical assault** – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

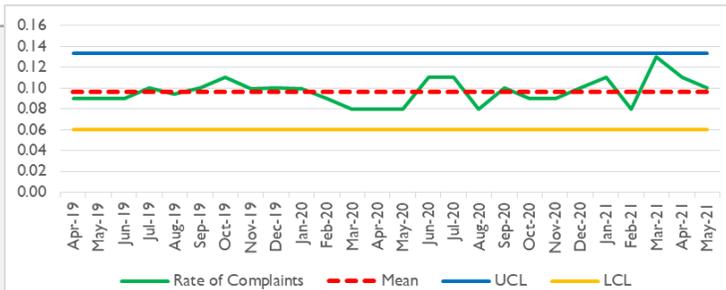
\*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This may result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



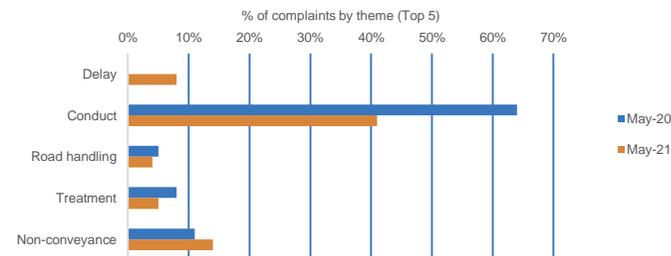
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

### Rate of Complaints

Latest month: **0.10**

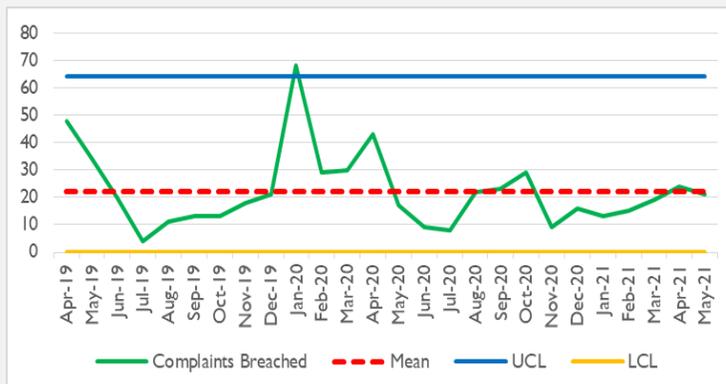


### Categorisation



### Responding to complaints

Latest Month: **21**



Complaint numbers continue to be above the annual average (88) at 103.

There were 442 x PALS enquiries which includes 183 added to the duty spreadsheet that did not require any further actions other than referring the enquirer to the correct team. Also an increase on previous months.

We managed 28 Quality Alerts of which 5 were from LAS staff. We will be discussing the internal QA's with QGAM's and setting up specific guidelines for all Areas.

Complaints recorded as 'non-conveyance' are where a patient may have been referred to another provider (for example NHS111). We are reviewing the appropriateness of the subject codes in Datix to ensure they accurately capture the heads of complaint.

We are reviewing a number of the work streams managed by the team and the appropriateness of those where they are not covered in the NHS Complaint Regulations

### Actions and Learning

#### Patient Experience – May 2021

As a pilot site in testing the Ombudsman's Complaints Standards Framework, a review will be undertaken during the forthcoming months using the pilot sites with the aim of those 'going live' by September - October 2021. The pilot is expected to run until September 2022 with the roll out planned for early 2023

The Ombudsman will be developing training products / guidance and toolkits for complaint handlers. These are aimed at the 12 pilot sites and 60 Early Adopter sites. The focus through the matrix will be on a holistic basis and there will be Senior Leadership development packages to encourage collaboration and buy in from management within individual Trusts.

The findings from the matrix will help to build up community best practice and local experiences.

Each phase will be reviewed and feedback will be sought (including from service users). Advance training will be identified and at the end of the pilot the process will be evaluated and subjected to a reporting process.

#### Compliments May 2021

There were 174 compliments received in May 2021. Of those logged, 9 members of staff have been thanked for their care and treatment of patients.



In May 2021 71 **Excellence Reports** submitted were submitted.

**Key themes** identified from March reports include:

- Outstanding Patient Care
- Thank you
- End of Life Care

**Outstanding Patient Care**

This evening, the crew were involved in a call where the patients were in a collapsed state with an unknown cause, they **quickly** diagnosed CO poisoning and removed the patients and themselves before anyone became seriously ill. The actions of the crew **stopped a minor incident** becoming a catastrophic incident and I would like to **commend** the crew on their actions on scene.

An **excellent** immediate care and intervention by the paramedic on the FRU. Giving **prompt** treatment to a patient with life threatening anaphylaxis who was very unwell. They were a **cool calm cucumber** on our arrival with the scene in complete control.

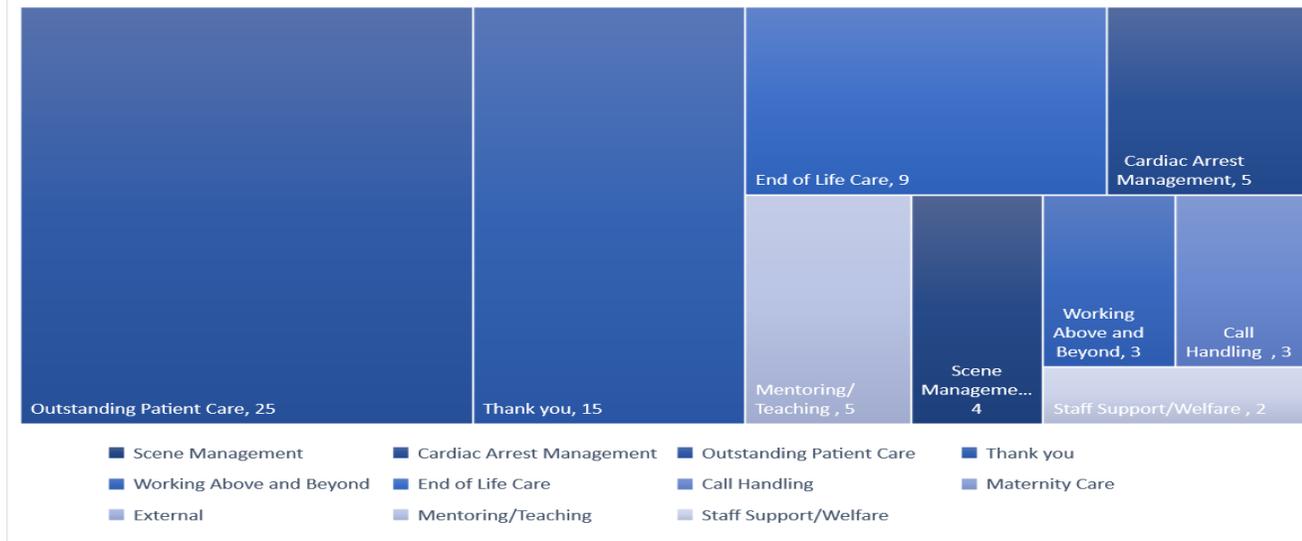
They delivered **excellent patient care**, when attending a gentleman who had several issues effecting his mental and physical health, including self neglect, he had absconded from A&E on several occasions but was in need of medical attention. They had built a good rapport with the patient, he went **above and beyond** to help him, helping him stay in hospital by making him a cup of tea, and arranging for him to have a shower, he made the staff in the hospital aware of the situation and this help to patient to gain the treatment he needed.

**Thank You**

They have developed a **bespoke** simulation day for new recruits into the Tactical Response Unit (TRU). The day consolidated theory, in an interactive simulation environment. This involved a great deal of **preparation** and **planning** and was delivered in an **effective** way. The work that they put in was exceptional and even more relevant as it was delivered by peers who have taken the time to develop their knowledge to inform and support their future colleagues. **Thankyou**

This person has been very **supportive** and always ready to help whenever any distress is present. I have found myself in numerous situations where I was losing control of the call and she has stepped in each time ensuring I have all the **support** required although she is not a trainer. She has made me feel **confident** and made my work experience easier from the moment I stepped through the door. She has also went out of her way to give me **emotional support** even though it wasn't in her line of duty. Thank you.

**Key Themes**



**End of Life Care**

They showed great **compassion** when talking to the patients family during an end of life care call taking care of all their needs and liaising with the hospice team. I could see that this really put the family at **ease** and no doubt assuage some of their fears by explaining what to expect in terms of changes in breathing.

Very **calm** and **knowledgeable** about processes surrounding EOL care. Always acted in the patients **best interests** respecting their advanced decisions, Informed and **engaged** family appropriately to keep them involved and managed the patient with complete dignity and respect for their wishes. **Great work** in an area which we typically don't get much prehospital exposure to.

We would like to **recognise** and share the positive feedback that we have received about your work and in recognition of your actions in caring for a palliative care patient. As a result of your referral to St Luke's Hospice Pall24 they were able to support this 93 year old female to stay at home where she died a few days later. We are delighted to learn of your successful use of this end of life care (EoLC) appropriate care pathway. On behalf of the Macmillan EoLC Team and the staff at St Luke's Hospice we would like to **thank you** for using this service which has made a positive impact on the patient's care.



The LAS 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.

Excellence reporting and themes are monitored at the Safety Investigation Assurance and Learning Group (SIALG). The Group examines excellence reports alongside themes from serious incidents, complaints, legal cases, patient experiences, and audits to see where learning can be extracted and shared throughout the organisation.

Excellence reports are shared via the following local and Trust wide routes:

- All Excellence reports are shared with individuals, teams and sectors within 48 hour of being reported.
- Used in the Learning events such as the monthly SI learning meeting and the quarterly learning from experience group.
- INSIGHT magazine edition 8 was developed by the Quality Improvement and Learning Team and was released in February 2021. This included 11 key topic areas which were supported by case studies from SIs, incidents and also *Excellence Reports*.

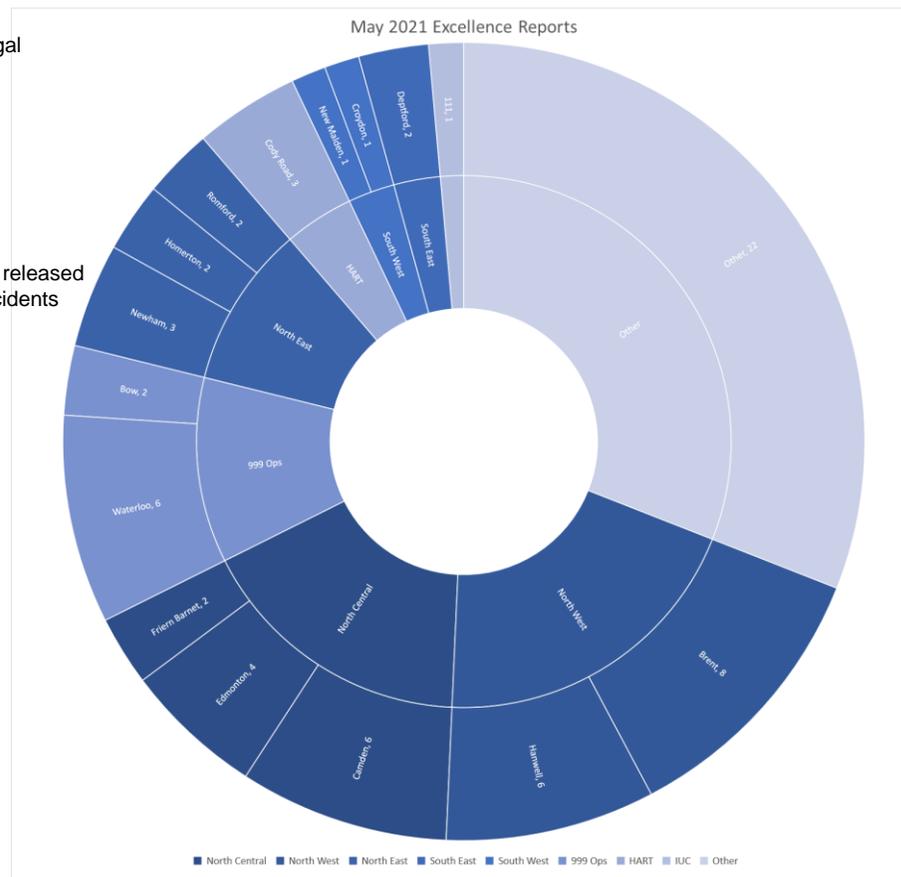
**Some further examples of excellence reports from May:**

**Cardiac Arrest Management–**

They attended a patient in cardiac arrest who was bleeding from a laryngectomy site. They did an **outstanding** job of managing this unusual and difficult airway. By understanding the anatomy and the complications of an adjoining and haemorrhaging throat tumour, they were able to stop the bleeding whilst suctioning residual clots from the tracheostomy tube. Additionally, she acknowledged that the cuff was down causing further air leaks and quickly corrected this by inflating with a syringe. Prior to their arrival, the patient was only receiving high flow oxygen via a mask over the blocked tube. Due to their advanced knowledge and competence, she was able to clear the airway and ventilate the patient **effectively** during the resuscitation attempt. They deserve to be **recognised** for her **excellent clinical skills** in this patient care episode.

**EOC –**

The call was triaged as cat 5. This clinician picked up the call in CHUB and conducted a ring back. Following her telephone assessment the call was upgraded appropriately to a cat2. Their **excellent clinical assessment** meant that a critically ill patient who was rapidly deteriorating received medical intervention in a **timely** manner. Patient given BenPen by crew and blueed to ED with meningitis. ED consultant also **commended** all involved for rapid assessment and treatment of a critically unwell 30 year old female.





## Public Value Scorecard

May 2021

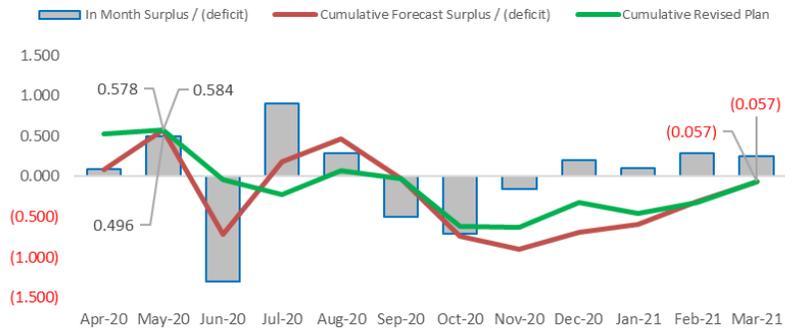
Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance						Outturn		Benchmarking		
				Target and Type (Internal / Contractual / National / All)	Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months	FY21/22 Forecast	FY21/22 Plan	National Data	Best In Class	Ranking (out of 11)
Adjusted Financial Performance Total (Deficit)/Surplus	£m	May-21	●	0.000 A	0.502	0.055	0.595	0.588		0.002	0.000			
Performance Against Adjusted Financial Performance Plan	£m	May-21	●	>=0 A	0.447	0.000	0.007	0.000		0.002	0.000			
Use of resources index/indicator (Yearly)	Rating	May-21	●	1 A										
% of Capital Programme delivered	%	May-21	●	100% A	13%	15%	19%	27%		100%	100%			
Capital plan	£m	May-21	●	21.442 A	2.786	3.151	4.131	5.863		21.442	21.442			
Cash position	£m	May-21	●	15.1 A	39.3				64.1					
% spend against Agency Ceiling	%	May-21	●	A	4%	8%	8%	17%		26%	100%			
CIP Savings YTD	£m	May-21	●	A	0.435	0.437	0.862	0.873		9.700	9.700			
	%	May-21	●	A	4%	5%	9%	9%		100%	100%			
CIP Savings achieved - % Recurrent	£m	May-21	●	A										
	%	May-21	●	A										
Commercial income generation	£m	May-21	●	1m I	0.02	0.02	0.03	0.03	1.60	0.20	1.00			
Corporate spend as a % of turnover	%	May-21	●	<7.0% I	8.1%		8.7%			9.5%				
Cost per incident (measures to be confirmed in light of COVID)	£	May-21	●	I										
Average Jobs per shift	%	May-21	●	5.3 I	4.9		4.8		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 2 YTD position was a £0.584m surplus (£0.595m surplus on an adjusted financial performance basis), and the month end cash position of £39.3m is good.

## YTD outturn vs budget



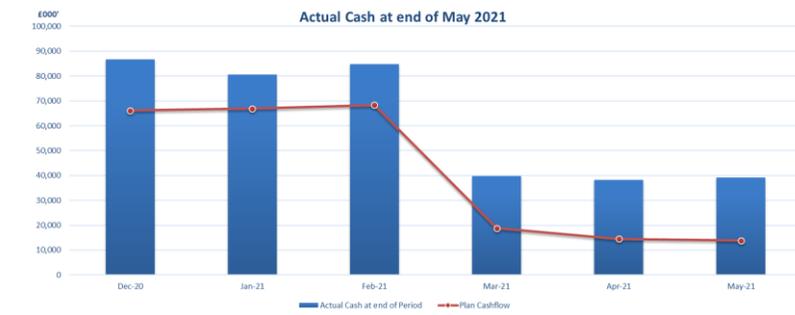
- YTD Position:** The YTD position at month 2 is a £0.584m surplus (£0.595m surplus on an adjusted financial performance basis) which is in line with plan. The position incorporated £9.9m of costs in relation to the Trust's response to COVID-19 primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.
- Full year Forecast:** The full year forecast position at month 2 is a £0.057m deficit (breakeven on an adjusted financial performance basis) which is in line with plan.

## 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:** Month 2 YTD capital spend (excl donated assets) was £4.1m YTD (£4.1m YTD net of disposals), the bulk of which comprised of spend on ongoing property projects. The Trust capital plan currently incorporates full year capital spending of £21.4m, however discussions are underway with NHS partners to increase capital funding available.

## Cash position



- Cash:** Cash was £39.3m as at 31 May 2021. Cash balances have decreased since March compared to February due to the cessation of payment of block contract income in advance.
- 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 May 2021 was 66.7% and 94.1% 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.



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 2 – May 2021)

	Month 2 2021-22 £000			YTD Month 2 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Full Year Forecast	Variance to budget fav/(adv)
<b>Income</b>									
Income from Activities	43,746	43,878	132	87,492	87,656	164	522,745	523,841	1,096
Other Operating Income	505	530	24	1,011	1,081	70	5,003	5,595	591
<b>Total Income</b>	<b>44,251</b>	<b>44,408</b>	<b>157</b>	<b>88,503</b>	<b>88,737</b>	<b>233</b>	<b>527,748</b>	<b>529,436</b>	<b>1,688</b>
<b>Operating Expense</b>									
Pay	(30,435)	(29,994)	440	(60,667)	(60,883)	(216)	(365,116)	(367,049)	(1,934)
Non Pay	(11,802)	(12,014)	(213)	(23,321)	(23,707)	(386)	(137,200)	(137,374)	(174)
<b>Total Operating Expenditure</b>	<b>(42,236)</b>	<b>(42,009)</b>	<b>228</b>	<b>(83,988)</b>	<b>(84,590)</b>	<b>(603)</b>	<b>(502,316)</b>	<b>(504,423)</b>	<b>(2,108)</b>
<b>EBITDA</b>	<b>2,015</b>	<b>2,399</b>	<b>384</b>	<b>4,516</b>	<b>4,146</b>	<b>(369)</b>	<b>25,433</b>	<b>25,013</b>	<b>(420)</b>
<b>EBITDA margin</b>	<b>4.6%</b>	<b>5.4%</b>	<b>0.8%</b>	<b>5.1%</b>	<b>4.7%</b>	<b>(0.4%)</b>	<b>4.8%</b>	<b>4.7%</b>	<b>(0.1%)</b>
<b>Depreciation &amp; Financing</b>									
Depreciation & Amortisation	(1,498)	(1,330)	168	(2,997)	(2,661)	336	(19,682)	(19,301)	381
PDC Dividend	(463)	(581)	(118)	(926)	(926)	0	(5,558)	(5,558)	0
Finance Income	0	0	0	0	0	0	0	0	0
Finance Costs	(3)	8	11	(15)	15	30	(249)	(219)	30
Gains & Losses on Disposals	0	0	0	0	9	9	0	9	9
<b>Total Depreciation &amp; Finance Costs</b>	<b>(1,965)</b>	<b>(1,903)</b>	<b>61</b>	<b>(3,938)</b>	<b>(3,563)</b>	<b>375</b>	<b>(25,489)</b>	<b>(25,069)</b>	<b>420</b>
<b>Net Surplus/(Deficit)</b>	<b>50</b>	<b>496</b>	<b>446</b>	<b>578</b>	<b>584</b>	<b>6</b>	<b>(57)</b>	<b>(57)</b>	<b>0</b>
<b>NHSI Adjustments to Fin Perf</b>									
Remove Asset Donations I&E Impact	5	6	1	9	11	2	57	58	1
<b>Adjusted Financial Performance</b>	<b>55</b>	<b>502</b>	<b>447</b>	<b>587</b>	<b>595</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Net margin</b>	<b>0.1%</b>	<b>1.1%</b>	<b>1.0%</b>	<b>0.7%</b>	<b>0.7%</b>	<b>0.0%</b>	<b>(0.0%)</b>	<b>(0.0%)</b>	<b>0.0%</b>

### Year to Date Position

The YTD position is a £0.584m surplus (£0.595m surplus on an adjusted financial performance basis) which is on plan with significant additional overtime and seconded expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service being offset by lower than planned recruit numbers and vacancies.

### Forecast Full Year Position

The full year position is forecast to be a £0.057m deficit (breakeven on an adjusted financial performance basis) which is in line with budget.

### Key Drivers of Position

#### Income:

- Income from activities was £87.7m YTD (£523.8m full year forecast) and is primarily comprised of the Trust's block contract income under the current financial arrangements, along with standard top up and fixed COVID income.
- Other operating income is £1.1m YTD (£5.6m full year forecast) which is slightly ahead of budget due to staff recharge income and is comprised mainly of education and training income (£0.8m YTD, full year forecast £3.8m) from Health Education England and apprenticeship income.

#### Pay Expenditure:

- Pay expenditure is £0.2m over budget YTD (forecast to be £1.9m over budget full year) due to significant additional resource usage in Ambulance Services and IUC offset by vacancies, lower than expected trainee numbers and unallocated reserves in Central Corporate.

#### Non-Pay Expenditure:

- Non pay expenditure (excl depreciation and finance costs) was £0.4m adverse YTD (full year forecast £0.2m adverse) due to overspends in 111 IUC for additional resourcing in response to higher COVID related activity and is offset by underspends in Programmes and Projects and Strategy & Transformation due to project delays, and People and Culture and Quality and Assurance due to lower recruit numbers than planned.
- Depreciation and finance costs are £0.4m favourable to budget YTD and full year forecast due to delays in projects causing delays in timings for assets being brought into use.



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 2 – May 2021)

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	May-21 YTD Move
	Actual	Actual	Actual	Actual	Actual	Actual	Move
	£000	£000	£000	£000	£000	£000	£000
<b>Opening Balance</b>	<b>78,620</b>	<b>86,719</b>	<b>80,572</b>	<b>84,806</b>	<b>39,788</b>	<b>38,267</b>	<b>39,788</b>
Operating Surplus	1,677	(1,519)	(2,694)	7,298	1,755	2,393	4,148
(Increase)/decrease in current assets	7,024	(3,985)	7,279	(13,363)	(616)	(901)	(1,517)
Increase/(decrease) in current liabilities	1,807	1,836	4,547	(38,141)	6,987	971	7,958
Increase/(decrease) in provisions	(1,265)	(104)	402	959	(140)	(37)	(177)
Net cash inflow/(outflow) from operating activities	9,243	(3,772)	9,534	(43,247)	7,986	2,426	10,412
<b>Cashflow inflow/(outflow) from operating activities</b>	<b>9,243</b>	<b>(3,772)</b>	<b>9,534</b>	<b>(43,247)</b>	<b>7,986</b>	<b>2,426</b>	<b>10,412</b>
Returns on investments and servicing finance	0	12	0	1	0	0	0
Capital Expenditure	(1,144)	(2,387)	(5,300)	(11,853)	(9,507)	(1,431)	(10,938)
Dividend paid	0	0	0	(1,474)	0	0	0
Financing obtained	0	0	0	11,555	0	0	0
Financing repaid	0	0	0	0	0	0	0
<b>Cashflow inflow/(outflow) from financing</b>	<b>(1,144)</b>	<b>(2,375)</b>	<b>(5,300)</b>	<b>(1,771)</b>	<b>(9,507)</b>	<b>(1,431)</b>	<b>(10,938)</b>
Movement	8,099	(6,147)	4,234	(45,018)	(1,521)	995	(526)
<b>Closing Cash Balance</b>	<b>86,719</b>	<b>80,572</b>	<b>84,806</b>	<b>39,788</b>	<b>38,267</b>	<b>39,262</b>	<b>39,262</b>

### Operating Position

There has been a net outflow of cash to the Trust of £0.5m. Cash funds at 31 May stand at £39.3m.

The operating surplus at month 2 is on target.

*Please note: At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6. This process has not yet included detailed cash flow planning, and as such, no detailed cash flow plan figures are included.*

### Current Assets

- The movement on current assets is (£1.5m).
- The movement is due to trade receivables (£3.4m), inventories (£0.4m), accrued income £2.0m and prepayments £0.3m.

### Current Liabilities

- The movement on current liabilities is £8.0m.
- The movements are due to deferred income £0.6m, accruals £8.3m and payable (£0.9m).

### Dividends

- N/A

### Provisions

- The movement on provisions was (£0.2m), this relates legal and international student payments.

### Capital Expenditure

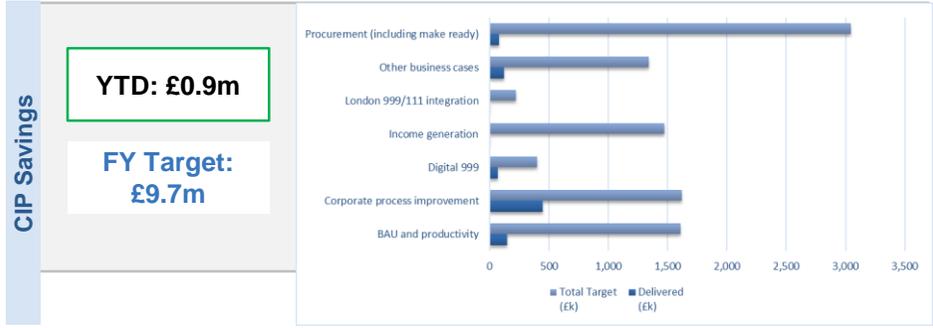
- Capital cash movement was a net outflow of £10.9m.



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.

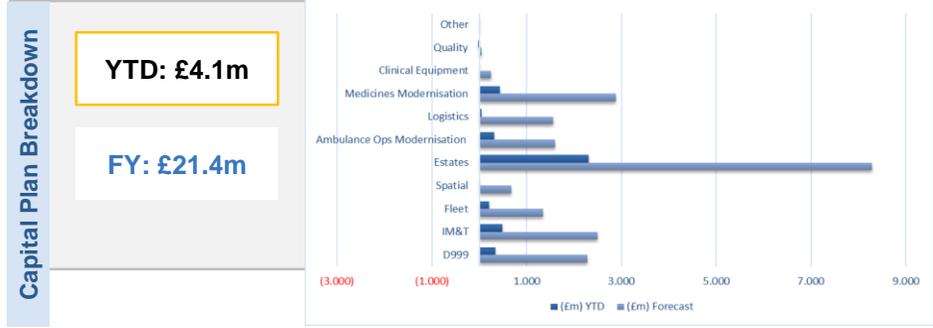
## Cost Improvement Programmes (CIPS)

- The Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6 which incorporates the requirement for Cost Improvement Programmes.
- Projects have been developed to deliver £9.7m of efficiency savings and as of M2 achievement overall was in line with plan at £0.9m YTD.

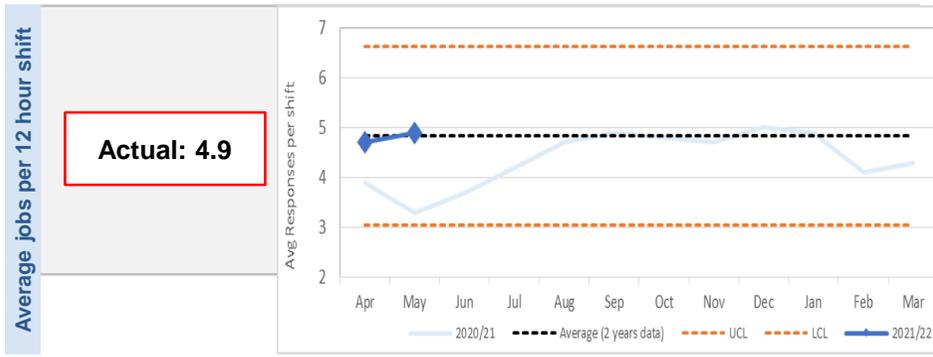


## Capital Plan

- YTD capital expenditure net of disposals is £4.1m YTD (£4.1m before disposals) compared to planned YTD capital expenditure of £5.9m (£1.7m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals is £21.4m which is in line with plan.
- Capital spend on the Trust's property projects and programmes formed the bulk of YTD totals.



## 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



Benchmarking Key

Top 3
Ranked 4-7
Ranked 7+

**Please note: 999 performance data is correct as at 16/06/21 and is subject to change due to data validation processes**

Partners Scorecard

May 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	May-21		18.0	I	20.1	19.9	20.4			
Post-handover (Handover 2 Green)	minutes	May-21		15.5	I	15.0	15.1	14.9			
See and Convey – to ED (Contractual Position) *	%	May-21		57.0%	C	52.4%	52.4%	52.1%	53.9%	49.3%	5
Hear and Treat % **	%	May-21		8.39%	I	12.0%	11.7%	10.5%	9.2%	13.2%	2
Hear and Treat (n) **	%	May-21		108,073	I	13,574	25,457	132,519			

- 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 16/06/21 and is subject to change due to data validation processes**

### Arrival at Hospital to Patient Handover

### Patient Handover to Green

We saw an increase in hospital delays in May in comparison to April, with the overall number at 1,350 hours lost from our arrival to patient handover over 30 mins. Queens Romford, King Georges, and North Middlesex had the greatest proportion of handovers exceeding 30 minutes. Queens Romford had the highest number of lost hours over 30 minutes, at 331 hours for the month

In May, we saw handover to green performance within the target, with 15.0, consistent with recent months. However, over 3,700 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	1,641	1,563	352	23%	73.0	24.5
	North Middlesex	2,716	2,504	807	32%	143.3	25.8
	Royal Free	1,645	1,482	339	23%	62.9	24.9
	University College	1,499	1,425	111	8%	22.1	16.3
	Whittington	1,440	1,292	251	19%	44.3	23.1
North East	Homerton	1,388	1,213	56	5%	3.5	16.3
	King Georges	1,199	1,078	551	51%	140.5	34.5
	New ham	1,755	1,503	388	26%	42.7	25.1
	Queens Romford	2,829	2,544	1,322	52%	331.2	34.1
	Royal London	1,916	1,663	165	10%	9.8	21.5
	Whipps Cross	1,689	1,425	430	30%	114.9	27.2
North West	Charing Cross	1,339	1,237	9	1%	0.6	12.4
	Chelsea & West	1,545	1,373	11	1%	1.0	15.2
	Ealing	1,282	1,222	47	4%	12.9	12.4
	Hillingdon	1,949	1,795	122	7%	21.2	15.3
	Northwick Park	3,634	3,485	181	5%	48.4	14.6
	St Marys	1,926	1,826	92	5%	13.8	16.9
	West Middlesex	2,186	2,091	72	3%	13.4	16.0
South East	Kings college	2,114	1,966	342	17%	45.9	22.3
	Lewisham	1,518	1,267	50	4%	7.8	16.6
	Princess Royal	2,026	1,683	191	11%	110.6	20.9
	Queen Elizabeth II	2,501	2,178	42	2%	13.9	12.6
	St Thomas'	2,223	2,025	162	8%	18.0	18.9
South West	Croydon	2,242	2,037	88	4%	18.8	18.6
	Kingston	1,723	1,548	35	2%	3.7	19.1
	St Georges	2,107	1,676	214	13%	20.2	20.0
	St Helier	1,311	1,181	62	5%	11.9	18.4
<b>TOTAL</b>	<b>51,343</b>	<b>46,282</b>	<b>6,492</b>	<b>14%</b>	<b>1,350</b>	<b>20.1</b>	

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	2,297	1,406	61%	244.5	16.3	32.0	10.4
	Edmonton	2,907	1,753	60%	288.1	16.5	31.0	9.9
	Friern Barnet	1,928	1,083	56%	146.0	15.1	27.1	8.1
	North East	Homerton	2,152	1,280	59%	239.9	15.8	32.3
North East	New ham	2,746	1,708	62%	319.9	15.9	33.2	11.2
	Romford	3,305	1,957	59%	242.1	14.7	26.9	7.4
North West	Brent	4,085	2,366	58%	302.7	15.7	26.3	7.7
	Fulham	2,576	1,552	60%	225.0	15.8	28.1	8.7
	Hanwell	3,198	1,763	55%	196.7	14.8	24.6	6.7
	Hillingdon	1,696	963	57%	95.5	14.5	23.8	6.0
	Westminster	1,637	1,085	66%	170.3	17.2	29.7	9.4
South East	Bromley	2,624	1,535	58%	182.0	13.4	26.0	7.1
	Deptford	4,345	2,525	58%	302.8	14.6	26.3	7.2
	Greenwich	2,394	1,378	58%	131.2	13.7	23.6	5.7
South West	Croydon	1,982	1,175	59%	148.7	14.5	26.2	7.6
	New Malden	1,598	975	61%	124.9	15.4	27.7	7.7
	St Helier	1,552	940	61%	101.8	14.8	25.1	6.5
	Wimbledon	1,196	734	61%	106.4	12.3	28.5	8.7
Other	NULL	316	256	81%	41.5	14.6	32.7	9.7
	IRO	1	1	100%	0.5	20.8	41.5	30.0
	Other	789	421	53%	52.1	11.9	24.0	7.4
	Training	958	482	50%	60.9	13.7	25.4	7.6
<b>TOTAL</b>		<b>46,282</b>	<b>27,338</b>	<b>59%</b>	<b>3723.5</b>	<b>15.0</b>	<b>27.7</b>	<b>8.2</b>

Max average breach value

Value >10 mins per breach

Max average breach value

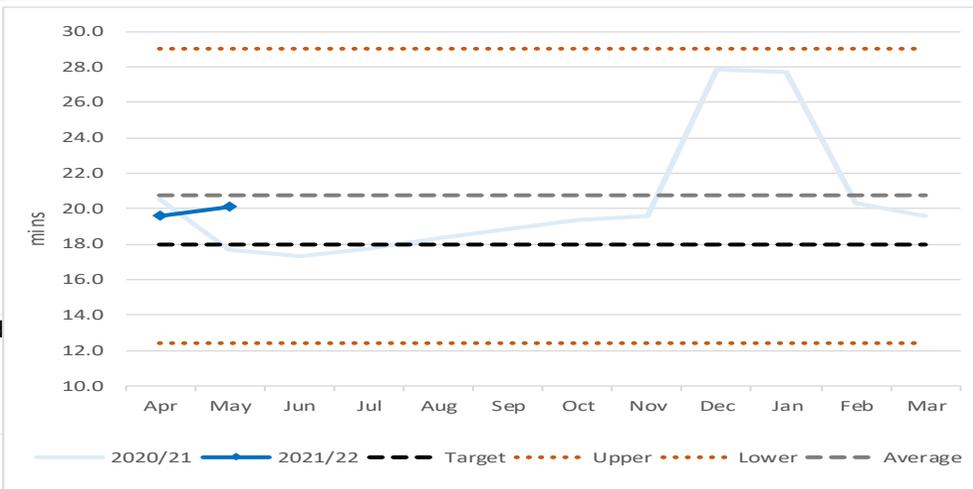
Value >7 mins per breach



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

	Mar-21	Apr-21	May-21	Year-end Target
<b>Arrive at Hospital to Patient Handover (mins)</b>	19.6	19.6	20.1	18.0

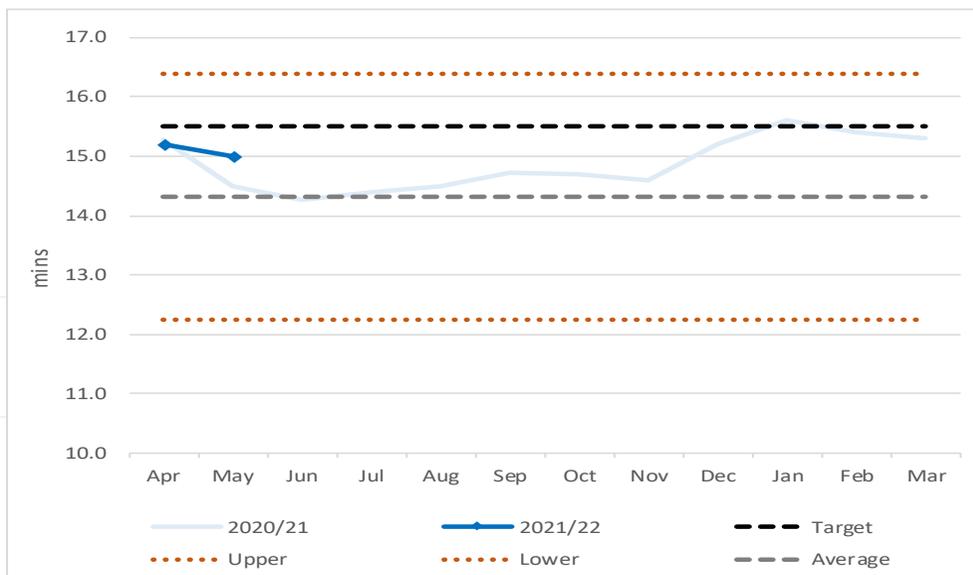
Hospital Handover performance remains outside of target, despite an improvement compared to the winter months. Since June 2020 we have been seeing a steady worsening of performance on this metric, due to increasing overall demand and pressure on the hospitals as a result, impacting LAS teams ability to hand patients over. After January, which was a particular outlier due to operational pressures on the EDs stemming from the second wave of Covid, May figures similar to September performance as some of the pressure remains, particularly in NE and NC.



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

	Mar-21	Apr-21	May-21	Year-end Target
<b>Patient Handover to Green (mins)</b>	15.3	15.2	15.0	15.5

Handover to Green YTD performance has been within target, but above the 19/20 average since April 2020. In May 2021 we are seeing performance within the target after a deterioration in performance following operational pressures in December and January.



**Please note: 999 performance data is correct as at 16/06/21 and is subject to change due to data validation processes**



### See and Convey to Emergency Department

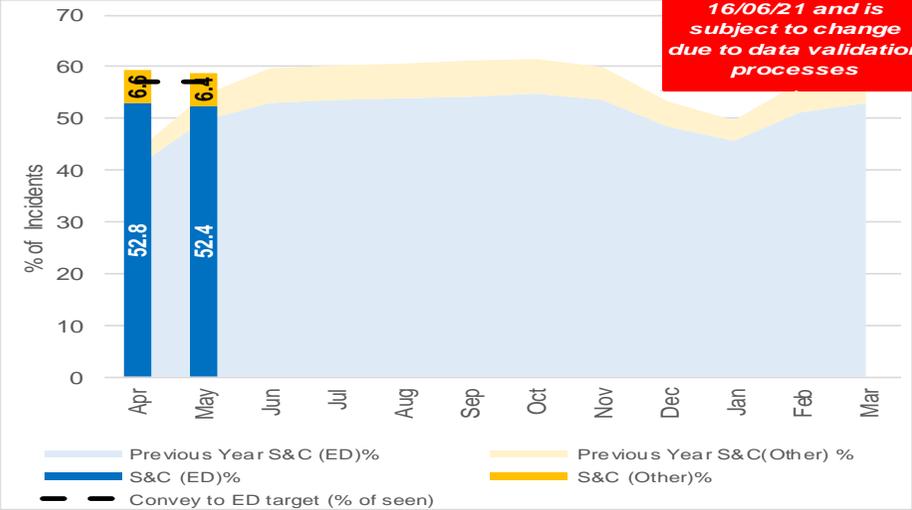
May-21	Year To Date	Year-end Target
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See & Convey ED %	LAS	52.4%	Year To Date	52.4%	Year-end Target	57.0%
	Target					

The conveyance to emergency departments target (57.0%) was delivered in April (52.4%). A steady profile of demand has allowed us to achieve this metric month on month. LAS ranked 5<sup>th</sup> nationally as the Covid profile demand changed, with the proportion of patients than usual the best clinical decision was to not convey and be overseen by the clinical hub reducing. While 5<sup>th</sup>, it's worth noting that best in class is at 49.3%, which is 3.1% away from the LAS result.

In April and May 2019 LAS conveyed 58.6% of patients, which amounted to a total of 123,359 patients being conveyed to hospital. In April and May 2021 the proportion of patients conveyed was down to 52.4%, amounting to 114,155 patients being conveyed to hospital.

Given the overall increased demand we are seeing if we had conveyed at the 2019 rate (58.6%) with the 2021 demand we would have conveyed 127,720 patients. We have therefore significantly reduced the number of patients that we are conveying to an ED hospital setting.



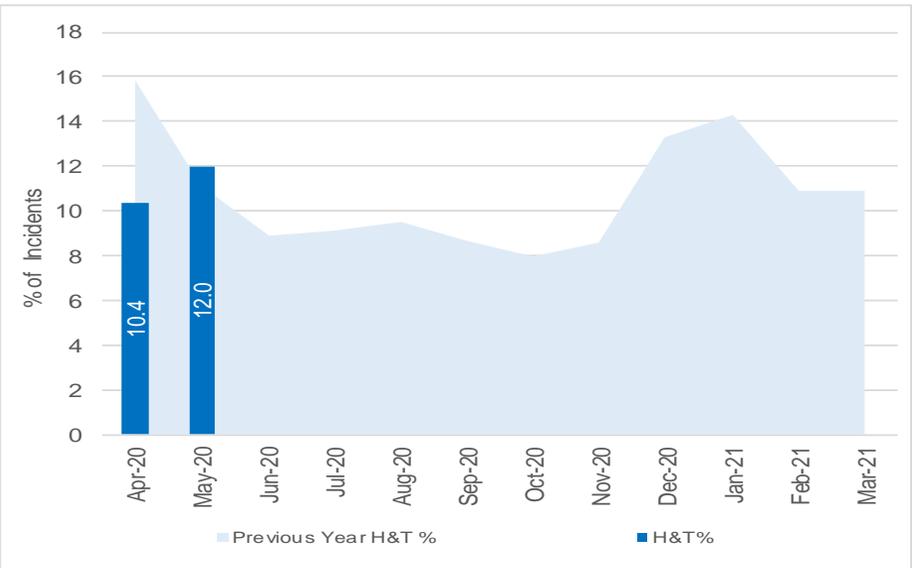
### Hear and Treat %

May-21	Year To Date	Year-end Target
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Hear & Treat %	%	12.0%	Year To Date	11.7%	Year-end Target	TBC
	(n)	13,574	25,457	TBC		

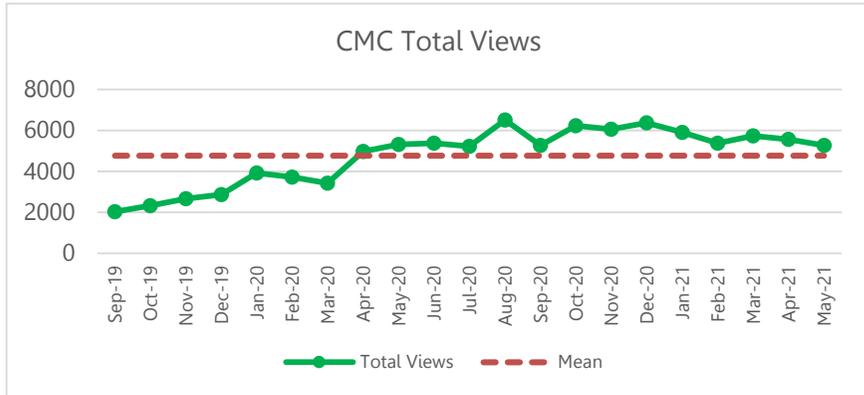
Hear and treat delivered 12% in May. Following an increase of Covid patient related calls in December, our Hear & Treat rate saw a sharp increase compared to June – November and is now remaining stable in recent months, with fluctuations in response to demand and patient profile. Since the Covid profile 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.



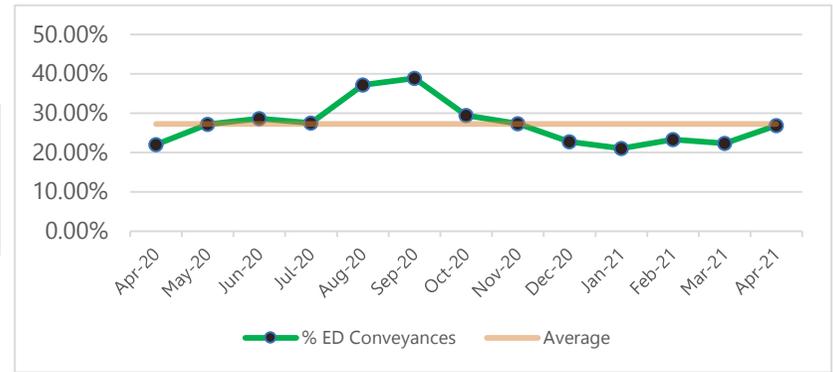
# 4. Our Partners

## End of Life Care & Mental Health



ED Conveyance

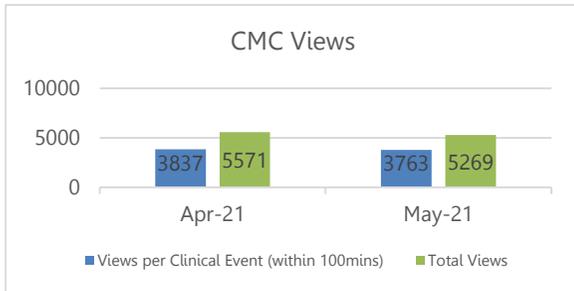
Latest Month (Apr): 26.7%



Ambulance Leadership Forum Conference video presented

Dying Matters Awareness week activity including 3 EoLC Coordinator CPD events

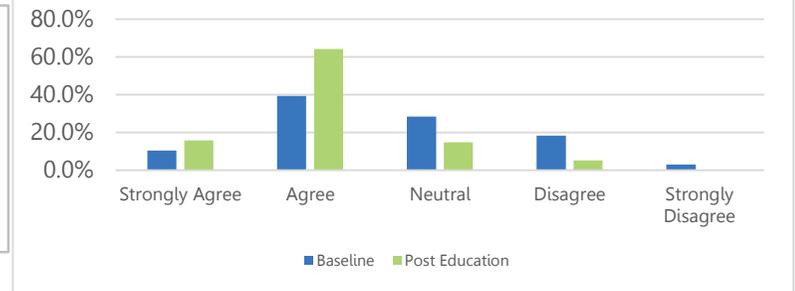
CMC Views



**May**  
Total views: 63.7%  
Views per clinical event: 45.5%

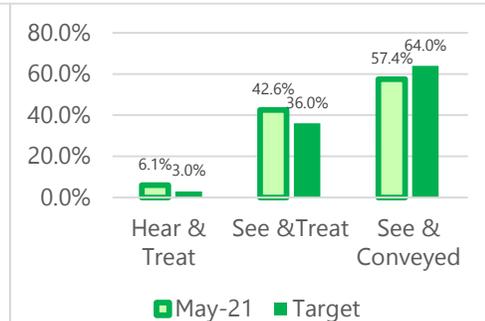
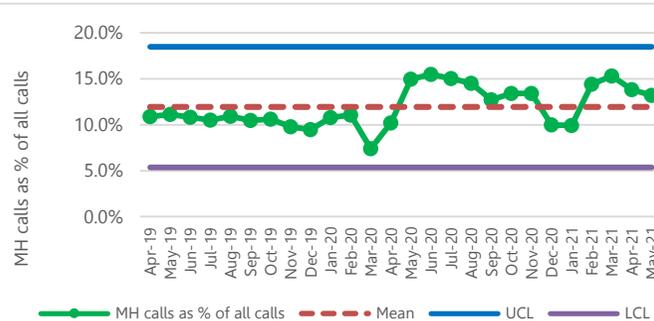
Staff Confidence

80% staff post education felt confident  
30% increase from baseline



111 IUC CMC data exploration underway

First Team Time™ hosted at LAS with EoLC Coordinators



We continue to discuss the service specification with stakeholders  
The South West London Mental Health Joint Response Car is at risk of not continuing. We are negotiating with relevant stakeholders.



## PUBLIC BOARD OF DIRECTORS MEETING

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

The directorate incorporates quality assurance, quality improvement, safeguarding and the Clinical Education and Standards department (CES). The recent focus has been the establishment of the senior leadership team and setting the 2021/22 development plan.

This report summarises the directorate activity referencing the Integrated Performance Report (IPR) and Quality Report for the May 2021 reporting period.

#### Regulatory Development

The Care Quality Commission (CQC) launched a new strategy on the 27<sup>th</sup> May 2021. The strategy is focused on the following four themes:

- **People and communities:** the regulation will be driven by what people expect and need from the service rather than how providers want to deliver services.
- **Smarter regulation:** the CQC will implement a more dynamic approach to regulation, harnessing information from all sources to continually assess the quality of care.
- **Safety through learning:** the CQC will focus on checking that services are promoting a strong safety culture; this includes transparency and openness that takes learning seriously, both when things go right and when things go wrong, with an overall vision of achieving zero avoidable harm.
- **Accelerating Quality Improvements:** the CQC will play a much more focused role in ensuring services improve.

There is an underlying ambition to improve people's care by looking at health and care systems and how they are working **together** to reduce inequalities.

The Trust undertook a gap analysis in October 2020 when the strategy was under consultation. This established that the LAS has systems and processes that align with the CQC's new strategy. Further work is needed to explore how the Trust can proactively use patient & public feedback in service design and improvement as well as accelerating quality improvement initiatives. Both these areas are included in the 2021/22 quality priorities.

#### CQC engagement

The Trust continues to meet with the CQC through routine virtual engagement meetings as well as responding to requests for information. The next meeting will take place on the 13<sup>th</sup> July 2021 and include discussion on senior management changes, hospital turnaround times, clinical audits, inquests, safeguarding, incidents and risks.

## **Quality Account & Quality Priorities**

The 2020/21 Quality Account, previously approved at Board was published on the 30<sup>th</sup> June 2021 as per regulations. The Trust has set ten priorities for the 2021/22 year and the directorate has been undertaking an initial baseline assessment.

The following six priorities are assessed as being on plan:

- Implementation of the Patient Safety Incident Response Framework (PSIRF) as a pioneer in the new process for other Ambulance Trusts.
- Improving the management of clinical equipment by ensuring a robust and transparent governance process for medical devices and clinical equipment which is enshrined in policy.
- Continued delivery of the Clinical Strategy.
- Integrating the 999 and 111 clinical assessment systems to provide seamless care for patients regardless of access point.
- Implementing the station/service quality accreditation programme.
- Continue to invest in health and wellbeing of staff, to ensure that they feel supported and are able to do their job and deliver the service.

The following four priorities are currently being assessed:

- Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services.
- The Trust must ensure medicines are correctly stored, in line with recommendations made from the CQC and current legislation.
- Patient & communities' engagement & involvement.
- Development of the Trust's Culture Diversity and Inclusion Strategy.

The Directorate will collaborate across the organisation to progress and improve the ten quality priorities over the year and provide assurance to the Quality Assurance Committee.

## **Quality Assurance - Trust wide (see IPR and Quality Report)**

The following are the key points based on quality data analysis and intelligence collated during April & May 2021:

- The Trust continues to see consistent incident reporting which indicates a good reporting culture as well as a culture of openness (see IPR page 10). The number of incidents reported graded as moderate harm and above has increased during April and May as a result of incidents being identified through the re-contact audit which has begun to review the December and January Covid-19 wave. These will be investigated as a thematic review and learning will be fed into other investigations which have already taken place such as the Covid-19 wave 2 findings.
- Work is ongoing to close open incidents with a 12% improvement since last reported. The majority of incidents overdue are classified as no harm (86%) (see IPR page 11).
- There continues to be assurance that there is an effective system for identifying drugs retained off duty and resolving issues promptly. The new Medicines packing unit is nearing completion which will provide enhanced security and oversight.

- Hand Hygiene compliance for May 2021 was 96% remaining above the target of 90% for the group stations that submitted data. Vehicle preparation deep clean compliance was reported at 99%, exceeding the target of 95% (see quality report).
- Overall Compliance with the Medical Priority Dispatch System (MPDS) protocols is positively at 93% and the Emergency Operations Centre (EOC) have been successfully re-accredited as a Centre of Excellence in the use of MPDS.
- The public engagement team held six events in May which reached an approximate audience of 1,079 on the topics of drugs and alcohol, choose well and knife crime.
- 71 excellence reports were submitted with themes of outstanding patient care, thank you and end of life care (see IPR page 31).

Current areas of focus:

- Medical equipment continues to be an incident theme regularly reported (see IPR page 12). Actions being taken include the implementation of a central asset management system which is being trialed at Ilford from the 28<sup>th</sup> June. The Trust has also commenced a programme of work to further develop the management of medical devices including the appointment of a specialist responsible for overseeing and ensuring devices undergo scheduled maintenance.
- Safeguarding level 2 & 3 training is below the target of 90%. There are sufficient places on training courses throughout 2021/22 and work is ongoing to ensure staff are released to attend training, alongside the demand pressures (see IPR page 26).
- Statutory & mandatory training is below the 85% target at 83% (see IPR page 23). Regular reports are sent to managers and individuals of when training is due. Operations are piloting a new process which is aimed to improve the compliance.
- 72 policies that are outstanding for review are being progressed.
- Preparation for a third wave of Covid-19 is underway and the directorate is exploring how quality assurance will need to adapt to increasing demand escalation levels.

## **Clinical Education and Standards (CES)**

The department has completed the move to new sites and now operates from Newham Dockside, Brentford and Barking, delivering a full suite of programmes. The Fulham education centre continues to be used for the Paramedic Academy programme and the new degree apprenticeship in partnership with the University of Cumbria.

A new Head of Clinical Education has been appointed and the department is now embedded within the directorate leadership structure. The final stages of the previous education re-structure are being completed, with a range of new posts developed.

The Health Education England (HEE) Continuing Professional Development (CPD) initiative continues to be coordinated through the department, offering funding to registrants to support developing themselves to deliver improved patient care.

275 staff have commenced the LAS provided Paramedic Academy programme. To date 112 have successfully graduated and 69 students remain in the programme over the next 18 months. The Health and Care Professions Council (HCPC) requires new paramedic registrants from 31<sup>st</sup> August 2021 to have a level 6 (degree) qualification. As a result the Academy programme is closed to new students being admitted after January 2021.

All HCPC programmes go through an annual monitoring quality assurance cycle. This requires the submission of documentation on examination boards, progression boards, quality assurance meetings, steering groups, service user and practice placement education meetings and any major programme changes. The annual monitoring was approved by the HCPC on 31<sup>st</sup> May 2021. A recent major change notification has been submitted to allow flexibility to run the remaining modules at either Fulham, Newham dockside, or Brentford.

The Trust works with five universities to deliver paramedic degrees; University of Hertfordshire, University of Greenwich, St George's University of London, Anglia Ruskin University and the University of West London. There are currently 917 students within these programmes. The directorate is building further on our partnership approach.

A new apprenticeship paramedic programme has been established with the University of Cumbria, 160 students have been recruited starting in June, October and November 2021.

A new partnership has also been developed with Buckinghamshire New University which has recently received HCPC approval and will commence with students on placement at LAS in January 2022.

The department is adapting to the requirements of the ambitious workforce programme to ensure delivery.

## **Safeguarding**

The Trust's Safeguarding annual report has been developed which outlines key processes, learning and improvements the team have achieved over the course of 2020/21 including:

- Quarterly safeguarding newsletters.
- Issued safeguarding star badges and certificates to recognise outstanding practices.
- Introduced a learning disabilities and vulnerability specialist role.
- Worked with internal and external partners to develop the youth alliance project.

The safeguarding team have identified the following areas for development this year:

- Introduce electronic Safeguarding referrals.
- Improving safeguarding support across Integrated Urgent Care.
- Working with London Fire Brigade to introduce fire safety referrals.
- Embed new legislation and best practice, including the Domestic Abuse Act, Liberty Protection Safeguards and Child death procedures.
- Continue to provide a varied safeguarding education programme.
- Continue to improve the quality of the safeguarding governance and assurance.

## **Quality Improvement and Learning**

The Trust went live with the Patient Safety Incident Response Framework (PSIRF) on the 1<sup>st</sup> April 2021 and the recent focus has been developing processes and governance structures as part of the pilot. The implementation has seen strengthened governance and assurance processes regarding investigation of incidents from the point of being reported, ensuring that those meeting the criteria are escalated in a timely manner to the panel for confirmation.

During April and May 2021 a total of 104 reported incidents were assessed under the PSIRF and the associated local LAS plan (see IPR page 21). 43 were identified as requiring an enhanced level of investigation. The following proactive mitigating actions have occurred:

- The high risk Acute Coronary Syndrome clinical guidance is being reviewed to encompass atypical presentations.
- Review of the operating procedure for handling calls from the Metropolitan Police.
- Review of the clinical guidelines pocket book procurement.

Themes from patient safety incidents have been shared with managers via the monthly incident and learning.

## Leadership

Under the CQC well-led domain the key line of enquiry is 'Are leaders visible and approachable?'. In the last four months the CP&QO has undertaken the following activities to support this:

- 1<sup>st</sup> March – Visit to Waterloo EOC
- 2<sup>nd</sup> March – Visit to Bow EOC
- 10<sup>th</sup> March – Visit to Waterloo EOC 18:00-21:00
- 15<sup>th</sup> March – Visit to Barking 111 (morning) and Croydon 111 (afternoon)
- 15<sup>th</sup> March - Visit St Helier for FFP3 testing
- 19<sup>th</sup> March – Clinical shift at Oval 06:00-16:30
- 26<sup>th</sup> March – Visit to Bromley training centre
- 29<sup>th</sup> March – Visit to Ilford and responded with Clinical Team Managers
- 8<sup>th</sup> April – Clinical shift with mental health car from Waterloo 11:00-23:00
- 12<sup>th</sup> April – Visit to advanced paramedic desk in EOC 18.30-23.30
- 18<sup>th</sup> April – attended and spoke at the international paramedic education conference
- 15<sup>th</sup> April – Clinical shift at Brent 06:15-18:15
- 22<sup>nd</sup> April – Clinical visit to Barking 111 with a health call advisor
- 26<sup>th</sup> April – Advanced paramedic shift at Brent 06:30-18:30
- 10<sup>th</sup> May – Visit to Newham dockside education centre
- 12<sup>th</sup> May – Opened UK wide paramedic conference
- 13<sup>th</sup> May – Visit to Hazardous Area Response Team (HART) training in Lincoln.
- 20<sup>th</sup> May – Clinical shift at New Malden 07:30-15:30
- 21<sup>st</sup> May – Visit to Newham dockside education centre
- 8<sup>th</sup> June – Visit to Newham dockside education centre
- 10<sup>th</sup> June – Clinical shift at Isleworth 07:00-19:00
- 14<sup>th</sup> June – Visit to Brentford education centre
- 24<sup>th</sup> June – Clinical shift at Isleworth 07:00-19:00
- 30<sup>th</sup> June – Attended LAS level 3 safeguarding training
- 1<sup>st</sup> July – Clinical shift at Bromley 07:00-19:00

The directorate senior leadership team is similarly working on visibility and engagement as part of developing good leadership. Alongside this engagement has been undertaken on LAS TV live and externally with NHSE, HEE, commissioners and universities.



## **Maintaining Safety at times of increased demand**

As the volume of patients accessing urgent and emergency care continues to increase, along with the number of patients with in the community with COVID-19, maintaining patient safety remains the priority for the Trust. Actions which have been implemented to ensure safety and oversight of patients include: working with the wider London Health system to ensure patients are able to access care nearer home and do not default to NHS111 or 999; supporting all healthcare professionals to access alternative pathways; maximising the number of patients who are able to receive an enhanced telephone clinical assessment (with video consultation); working across the Integrated care and 999 systems to deliver seamless transfer of care and working to develop new alternative pathways for ambulance clinicians to refer or take patients to in order to reduce the demand on the busy emergency departments.

Oversight of safety is maintained through use of the Clinical Safety Escalation Plan supported with regular clinical safety reviews, a senior clinician providing advice and support in the Tactical Operations Centres, continuous review of patients where there is any delay to call answering or ambulance despatch both in real time and the retrospectively to ensure no deterioration is identified and maintenance of governance processes including Clinical Advisory Group and Clinical Safety and Effectiveness Group.

## **Strategic development**

### **Developing improved models of care**

As the NHS moves back into a post wave 2 of COVID phase much focus is rightly on the elective pathways and ensuring the many patients who have had their care delayed receive it. This does not mean that emergency care will reduce and London Ambulance Service has an important role in ensuring that alternative, high quality and easily accessible pathways are available for ambulance clinicians to refer patients to thus avoiding unnecessary conveyance but ensuring patients receive the right care in a clinically appropriate timeframe.

Through close working with the five Integrated Care Systems there has been further piloting and development of new non-Emergency Department pathways as a way to provide the best possible care for patients in the right healthcare setting whilst reduce pressure on Emergency Departments continues.

Same Day Emergency Care (SDEC) pathways have been co-designed with partners across London for 'Hear & Treat' (Clinical Hub, 111 Clinical Assessment Service), 'See & Treat' (clinicians based on ambulances). These include pathways for patients presenting with early pregnancy bleeding and vomiting, low risk chest pain and falls for patients aged over 65 years. The pathways have all been approved and developed at the NHSE London Clinical Advisory Group (CAG) and London Ambulance Service CAG and facilitated by senior clinicians within LAS, ensuring a continued collaborative approach with NHS Trusts throughout London.

The Urgent Crisis Response referral pathway (a 2 hour rapid response programme from NHS England /Improvement) will give patients access to a multidisciplinary home visiting service, to prevent hospital admissions. The pathway is now in place in the South East London, and will help ensure patients are seen by the right teams in the right setting, as we refer patients to the service. This should also reduce pressure on the Emergency Departments and hospitals by avoiding admissions where patients would rather be looked after in their own and familiar surroundings when acute medical care is not required. Collaboration with the internal clinical education and standards will ensure any training needs for clinicians in the South East will be addressed, to maximise benefits.

Safety for new pathways is monitored through the patient safety and clinical effectiveness group, patient feedback and crew feedback. Further assurance around safety is provided through the recontact audit. Since 2015, the LAS Clinical Audit & Research Unit (CARU) has undertaken continuous clinical audit of the safety of LAS decision making for patients who, after being discharged from LAS care, re-contacted the LAS within 24 hours and were conveyed to hospital on blue lights, with the hospital being informed in advance of their arrival (known as a 'pre alert') or were more unwell. Experienced clinicians review the Trust patient record and determine if the care provided raises any care or harm concerns, and if any further investigation is needed before ensuring any learning internally and externally is shared.

## **System Wide Collaboration**

### **Regional and National Research**

A fall from standing height in older adults is the commonest cause of major trauma in the UK. Traumatic Brain Injury (TBI) accounts for half of trauma admissions in older adults and is a leading cause of death and disability. Because the population aged over 70 years is increasing, the number of older adults with TBI will continue to rise. Most (90%) of the 1.4 million TBI patients seen each year in emergency departments in England and Wales have mild (Glasgow Coma Scale (GCS) score 13-15) head injury, but the term 'mild' is misleading in older adults who have higher death rates and worse outcomes than younger patients. Due to increased use of blood thinning drugs, older adults are more likely to suffer intracranial bleeding after mild TBI. TBI is also a strong risk factor for dementia in older adults. Intracranial bleeding occurs soon after injury and early treatment is most effective. Tranexamic acid (TXA) reduces bleeding by inhibiting the enzymatic breakdown of blood clots. Building on the outcomes of previous trials the CRASH-4 trial is a randomised, double-blind, placebo-controlled trial of intramuscular tranexamic acid for mild brain injury in older adults. It has been shown that TXA is rapidly absorbed after intramuscular injection in trauma patients without local side effects. This means that paramedics can give intramuscular TXA before transport to hospital, and for those who do not travel by ambulance, intramuscular TXA can be given immediately on hospital arrival. If early intramuscular TXA treatment reduces death and disability in older adults with mild TBI this would be a major medical advance that would improve the care of many millions of patients in the UK and world-wide. The trial is now set-up in the LAS and we aim to begin recruiting patients in the Wimbledon area in the Summer.

Working with King's College London, the Clinical Audit and Research team have successfully bid for funding from Heart Research UK to prospectively validate the MIRACLE2 scoring tool in the prehospital setting. This tool aims to predict poor outcomes from cardiac arrest and assist triage decisions. It has already been adopted for in-hospital use via the British Cardiovascular Interventional Society guidelines.

## Clinical Transformation

### Clinical Digital Transformation

Recent digital investment has enabled us to modernise and increasingly digitise our front-line operations. Over the past 2 years major clinical digital improvements have been made over with a positive impact for our patients and our staff

Our clinical digital vision was to improve front-line staff access to information and support to ensure that we can deliver the very best clinical care to patients through:

- Extending the range of clinical data available to clinicians to support the quality and confidence of decision-making
- Increasing the use of video technology to improve the remote treatment and assessment of patients
- Digitising a wider number of processes to make life easier for clinicians when providing face to face care

The table below shows the progress we have made since the digital vision was developed and the next steps we are working on

Before our Digital Strategy...	Where we are now...	What this means for us and our patients...
2018/2019	2021	Impact and benefits
Largely paper-based front-line operations	ePCR and mobile devices fully rolled out across front-line operations	Clinicians can access patient records when providing F2F care to improve decision-making
Patients handled as 'incidents'	Capture and use of NHS number to identify patient records and handle patients as 'patients'	Historical patient contacts can be reviewed to improve decision-making around patient care
Limited digital functionality with downstream providers	Direct booking, electronic referral and transfer of patient notes via the Directory of Services	Improved timeliness of access, and information provided, to downstream providers
Clinician assessment / treatment delivered either F2F or via telephony	Video calling functionality setup to allow clinicians to access Stroke Consultations in NCL	Remote input of stroke consultants to avoid unnecessary hospital transfers
Limited access to system data	Access to, and hosting of, the London Care Record	Patient contacts across London can be reviewed to improve decision-making around patient care
Poor and inconsistent data, often requiring manual entry into digital datasets	Improved LAS data quality and data science capability. Influencing the standardising of system data.	Improved access to, and confidence in, datasets to use to improve decision-making around patient care

### Medicines Packing Unit (MPU)

The MPU Project is progressing well with the expected go-live for the new unit being on target. A structured plan is in place for the move from the current site at Deptford to the new MPU at Lewisham. The CEO and Chair have both visited the site to see the progress being made. In preparation for the move to the bespoke MPU on 1 July the two teams (logistics and pharmacy) moved to separate line management and training for the medicines team is being planned.

### Development of Clinical Workforce

The *Standards of Proficiency for Paramedics* (Health and Care Professions Council, 2014) require LAS, as an organisation, to ensure that effective clinical supervision and pastoral support are given to achieve the supervision outcomes required to work at an advanced level. The LAS Advanced Paramedic Practitioner – Urgent Care standards for clinical supervision have been developed and approved, following recommendations set out by the

Health Education England (HEE) Centre for Advancing Practice, as published in their *Workplace Supervision for Advanced Clinical Practice* document (HEE, 2020).

The Clinical Directorate has run 8 modular, skills refresher and update sessions for all Clinical Team Managers (CTM) across the Trust. These were delivered virtually and the programme was led by the Sector Senior Clinical leads.

The topics selected were decided on as part of the results of a Survey completed last year, and were designed to help increase your confidence, knowledge and awareness in order to better equip the CTMs in their supervisory roles.

Each session was delivered twice and 7 of the sessions were recorded and available for you to watch after the first session has been delivered live. Each CTM was encouraged to attend 4 sessions but many attended more. The sessions were:

1. **Crew Resource Management** – to understand the impact of human factors on patient safety and why preventable accidents happen and the human and financial costs of them
2. **Paediatrics** – management of critically sick and injured patients
3. **Evidence based medicine** – understanding the principles of appraising a clinical paper and research methodology
4. **Mentoring students** – including supporting students who are performing less well
5. **Mental Health** – mental health act revision and implementation
6. **Maternity** – care of the new born and ante-partum haemorrhage
7. **Advanced Paramedic Practitioners** – how can they help CTMs

In addition a session on welfare was delivered by the Head of Wellbeing, Katy Crichton

#### Clinical support and guidance

London Ambulance Service clinicians operate in a unique environment frequently working in isolation, having never met the patient before and without key clinical care records. Interoperability of patient care records will help to address this but it is important that clinicians are able to seek advice about the best care for their patient. Shared decision making is a key component of patient-centred health care. It is a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values. The Clinical Support Desk (CSD), which is part of the Clinical Hub, is key to shared decision making. The experienced clinicians on the clinical support desk provide telephone advice to 999 call handlers and frontline clinicians on scene – the guidance they use is regularly reviewed by the Clinical Directorate and has recently been updated to support decision making when caring for a patient receiving end of life care. The clinical support desk clinicians have immediate access to a senior member of the Clinical Directorate 24 hours a day to assist with complex decision making to ensure each patient receives the best care. The senior clinical support is increased at times of significant pressure with clinical shifts being undertaken in the Tactical Operations Centre to provide additional clinical oversight to patients waiting for ambulances and provide clinical liaison with partners across the five Integrated Care Systems. In addition patients who have been delayed receiving a response due to the unprecedented demand are reviewed regularly by the clinical on call team and retrospectively by the Clinical Directorate Leadership team to ensure no harm was caused.

The law expects that suitably informed consent must be given, in most cases, before a treatment can be given or examination undertaken – as our clinicians have usually never met the patient before gaining the patient’s trust and confidence and assessing their mental capacity can be more challenging than other healthcare settings. In response to a number of incidents where opportunity to share learning and improve the guidance we provide our clinicians was identified the ‘Policy for Consent to Examination or Treatment’ policy has recently been updated, to outline the basic legal position for obtaining consent in adults (18 years and over), young people (16 to 18 years) and children (0 to 16 years), and provide guidance on what do to if a person lacks the capacity to provide consent. The policy has been through a rigorous developmental phase, including stringent review from the legal Services team and the Mental Health leads within LAS.

## Patient Outcomes

Traditionally clinical audits have focused on individual patients or patient groups – London Ambulance Service also provides care at mass public events like Notting Hill Carnival. Notting Hill Carnival is a large, high-profile public event attended by up to 1.5 million people every year. A large number of dedicated London Ambulance Service NHS Trust (LAS) resources are deployed to the area over the course of the event. These resources support our colleagues from the St John Ambulance to provide medical cover for people attending the event, often helping patients to make their way to one of the temporary St John Ambulance Treatment Centres that are established in the event footprint. They also help to ensure that other people in the area, not at the event, receive a response consistent with our usual day-to-day work. An audit was commissioned by the Chief Medical Officer to review the care provided to ensure the standard of care remained high. The learning from this audit will be shared to be used in future briefings for mass events or significant / major incidents



## **Infection Prevention and Control (IPC)**

The 2020/21 Annual Infection Prevention and Control report and the 2021 NHS England Board Assurance review have both been presented to Quality Assurance Committee for discussion and assurance. The excellent work done by the IPC team throughout the Pandemic should be recognised. AS we continue to move towards a 'more normal' way of living and working IPC measures remain critical to protect our staff and patients.

## **Stroke Care**

The care we provide stroke patients remains excellent – 95% of patients received the ambulance care bundle, the on scene time averaged 35 minutes and 99.8% of the time critical FAST positive patients were conveyed to a Hyperacute Stroke Unit within an average call to hospital time

Feedback to the CMO from a patient recently was: *I just wanted to thank LAS. I was conveyed to kings in 8 minutes, counting the speed bumps, and just holding on to my dinner. Thrombolysis was less than an hour after first symptoms. The crew were brilliant, if you track them down please thank them*

The crew were thanked by the Chief Medical Officer with an email for their portfolio.



**Assurance report:** **Quality Assurance Committee**

**Date:** **06/07/2021**

**Summary report to:** **Trust Board**

**Date of meeting:** **27/07/2021**

**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:

#### London Trauma Documentary

London Trauma Documentary Filming proposal was supported in principle with the following caveats: ensure that the consent process addresses concerns previously raised to the Trust Board, Proposal that filming commences in September 2021 and should it commence earlier that it be in line with IPC stipulation.

#### Infection Prevention and Control Report and Assurance Framework

The Committee received the IPC Board Assurance Framework (v1.0) developed by NHS England/Improvement was previously presented to the Board in May 2020. This has since been updated to reflect new IPC related measures and guidance

The updated framework continues to act as a source of internal assurance that IPC quality standards are met and identify areas where further work/support is required. It is underpinned by the legislative framework including the Health and Safety at work 1974, IPC Code of Practice and the CQC Key Lines Of Enquiry.

### Other matters considered:

#### Infection Prevention and Control

Members received a presentation from Claire Brown, Director Infection Prevention and Control which detailed the work that is being undertaken by the infection prevention and control team to ensure the provision of high quality safe service

#### Quality Report

The Committee received the Quality report which contained May 2021 data and provided an overview of quality performance through relevant quality KPIs and information across the organisation.

#### Serious Incidents

The Committee were provided an update on Serious Incident Investigations by the executive summaries of SI's closed in April and

May 2021. The paper provided information in respect of 6 Serious Incident Investigations closed by the Clinical Commissioning Group.

### **London Trauma Documentary Filming**

The Committee received the draft agreement in respect of filming for proposed London Trauma Documentary

The premise of the documentary establishes the importance of the work of the London Trauma System and will involve filming its Major Trauma Centres, Trauma Units and with Ambulance and HEMS crews over two weeks of the year 24/7 as it provides a critical safety net for approx 10 million Londoners and the surrounding area

Members noted concerns in respect of the timing of planned filming given the current operational pressures and the Covid-19 position including potential IPC issues. The committee supported the approach to propose a September filming date as this would allow sufficient time to work up and consider the implications. It was appreciated that the filming was a system wide proposal and all parties would have to be in agreement as to the right time to film.

### **Safeguarding Annual Report**

The Committee received the Safeguarding annual Report for 2020/21. This report provided evidence of the Trusts commitment to effective safeguarding processes and procedures. The report detailed the structure and assurance measures in place to ensure compliance with the Care Quality Commission Key Lines of Enquiry, the Children Act 1989/2004, the Care Act 2014 and the NHS contract requirements.

### **Medicines Packing unit**

The committee received a verbal invite in respect of Medicines packing unit noting the history of the project and the current position.

The project continues on track and it was recognised that quick changes were required to ensure that the Trust meets its requirements. Additionally members noted that a task and finish groups had been established to address the cultural issues within the team.

### **Right Care Right Place**

Right care Right Place is one of the 6 programmes under the Transformation Board and will report, for assurance purposes, to the Quality Assurance Committee. The programme continues to develop and will feed into the clinical advisory group (CAG)

### **Medical Devices**

The committee received a verbal invite in respect of Medical devices noting that a compliant medical devices policy had been developed and that this would ensure compliance against MHRA requirements

Further to this members were informed that external support had been sought to deliver a compliant approach and the Guys and St Thomas'

NHS Trust had offered to assist, work continues to develop the process for support.

### Key decisions made / actions identified:

- Medicines Packing unit internal audit to be considered for Q1 2022/23
- The September Quality Assurance committee will receive a Right Care right Place presentation to demonstrate the structures in place and progress to delivery of objectives.
- Future BAF papers to include 15+ corporate risks.
- Clinical Education update to be presented to September Committee.

### Risks:

- The Board Assurance Framework included 2 risks relating to Quality BAF risk 61 had been reviewed by the Chief Operating Officer on 1 July 2021 with a proposal to increase the residual risk from 12 to 16 to reflect the increase in demand
- 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, had also been reviewed by the Chief Medical Officer with no proposed changes to the residual score of 12

### Assurance:

- The Committee received assurance through the Infection Preventing and Control Board Assurance Framework that a robust approach to reporting and provision of evidence had been taken and that there was clear assurance provided.
- The Safeguarding annual report provided evidence based assurance of good practice.



**PUBLIC BOARD OF DIRECTORS MEETING**  
**Executive Director Report: People and Culture May 2021**

**1. Executive Summary**

Key messages in month are as follows – further detail incorporated within the report itself

- **Covid-19 Vaccination:** 82% of the Trust has had at least one dose of a Covid-19 vaccine, with 70% having had their second dose. Over 86% of frontline staff have had their first dose. Validation exercise ongoing given concerns of under reporting to run in conjunction with further engagement exercises, including individual supportive conversations with colleagues who are hesitant about the vaccine, the development of a peer “vaccine advocate” scheme and virtual Q&A’s specifically for the LAS with experts recommended by NHSE. The Wellbeing Team are also working with other ambulance Trusts in order to learn from some of the highest achievers and to help inform planning for a potential in house Covid-19 booster programme. A multi-directorate team has already started planning for the booster programme in conjunction with the annual delivery of the 21/22 influenza vaccine.
- **Isolation guidance:** In line with the national picture, Covid-19 isolations are on the rise with an additional challenge compared to previous months in lockdown and a greatly increased number of social contacts identified through the Test and Trace system. New pathways have been established in order to ensure that the correct advice is given to colleagues and managers to avoid unnecessary isolations. The Trust “Test to Release” programme continues to allow colleagues who have low risk PPE breeches in clinical settings to forgo isolation in favour of daily lateral flow testing. This programme is overseen by the LAS Wellbeing Hub and uses a risk assessment framework authorised by NHSE.
- **Sickness Absence:** Fairly static in month (increased from 6.4% in April to 6.7% in May) driven primarily by non-Covid sickness absence. P&C teams are working with managers locally to support with return to work interviews, welfare checks on absent colleagues and further engagement with OH. A quality improvement (QI) exercise will be introduced following the launch of the recruitment programme (July) to address absence through the lens of QI methodology.
- **The People Pulse Survey:** Replacing the Staff Family and Friends survey, the National People Pulse survey will be launched on 1<sup>st</sup> July 2021. Consisting of nine engagement themed questions the survey measures engagement within the Trust. The survey takes place each quarter.
- **Recruitment and Retention:** Trust wide vacancy rate of 2% with an 8.8% turnover rate – both performances within agreed KPIs. A survey was undertaken with our

international paramedic workforce given the uncertainty of lockdown and Brexit – indicating a slightly higher turnover than planned. Associated work streams have now been put in place to address this. Crucially however Ambulance Operations Recruitment and Retention forecast remains very healthy, forecasting to meet the establishment growth demand by the end of the financial year. In total there were 65 starters in May, 41% of whom were from a BAME background

- **Well-being:** At the beginning of July it will be the first birthday of the LAS Wellbeing Hub. The Hub has now taken over 3000 contacts from colleagues across the Trust, with a 99.4% good or excellent rating from the 1442 colleagues who have provided feedback. New initiatives over recent months included the Trust's first ever "Team Time" event, which aimed to create a safe reflective space for colleagues and participation in the "VP Go" challenge which motivates teams to get moving and compete to be the first to make it half way around the world. The ever-popular LAS Tea Trucks continue to be well stocked and resourced.

This report is submitted to provide assurance.

## 2. Culture, Diversity & Inclusion

### The People Pulse Survey

The Trust is participating in the national People Pulse survey, launched on 1<sup>st</sup> July 2021. The survey's objective is to provide a regular national, regional and local view of employee experience and wellbeing. The survey is formed by the nine questions that make up the 'Engagement' theme of the annual Staff Survey, along with some health and wellbeing questions. The survey will be run quarterly, in July, January and April, with the larger annual survey still taking place in October. It replaces the Staff Friends and Family Test.

The survey will be live from the 1<sup>st</sup> July - 31<sup>st</sup> July. All staff have been invited to take part by email, this is supported by messaging on the Pulse, wall boards, LIA, as well as LAS TV Live and the Executive Briefing sessions. Bank and agency staff, and volunteers are also able to participate in the People Pulse. Communication methodology will be reviewed regularly as we acknowledge the significant risk of survey fatigue.

A key benefit of using the NHS England People Pulse platform is the rapid turnaround for our results (within four working days).

Trusts which are already utilising the People Pulse have found it to be an effective communication channel and allowed them to action improvements "which in turn is correlated with lower absenteeism and staff turnover levels, as well as improved standard of patient care".<sup>1</sup>

### Annual Staff Survey

The team have completed the detailed analysis of the survey results to the Group Station level. A series of graphs have been produced to allow local managers to compare responses to previous years, and to benchmark against other Group Stations. We are meeting with Picker to rewrite our terms of reference and to specify the level of analysis we will require for next year's results. Following feedback from managers, we will explore the feasibility of analysis

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<sup>1</sup> <https://www.england.nhs.uk/nhs-people-pulse/utilising-the-results-from-the-people-pulse/>

(with a quality report) for each Group Station. This will enable the Trust to examine and action the survey results sooner, as this analysis is currently done manually.

Due to current operational pressures, the People and Culture Committee have made the decision not to request that local action plans are produced based on the survey results. Rather we will ask for target areas of focus on key themes highlighted as needing improvement. We will hold engagement meetings with teams across the organisation and workshops with our Staff Survey Champions once we move down from REAP 4.

### **Combined Culture Action Plan Update**

We are making progress against our CDI Action Plans

#### ***Black Lives Matter***

The Black Lives Matter action plan which was produced last summer to address issues experienced by BAME staff now stands at 91% complete. Completed actions include communications from our Chair and CEO; “Silence is not the Answer” workshops for managers; sessions for White staff to learn how to be an ally; a public campaign to highlight abuse aimed at our staff and a review of disciplinary cases. Our outstanding actions are:

- Allyship Network – Terms of Reference are being drawn up and a senior manager has agreed to chair the group. NHS England are working with LAS to form a Pan-London Allyship programme
- “True Colours” Anti-Racism Campaign – we shared our intent with the B-ME Staff Network ‘takeover’ of LAS TV Live on 28th May, where the panel reflected on the anniversary of the murder of George Floyd. Further events and activities are planned for the next few months.
- Actions remain open in regard to a review of our EDI online training package to ensure it is fit for purpose and the introduction of implicit bias awareness training for managers. These will be moved to our 2021-22 WRES action plan, if appropriate.

#### ***Fleet Civility Report***

The Fleet Action Plan created following the Lewis Civility Report in 2019 is now complete. The actions taken to address issues raised in the report include regular meetings between management and staff; supplying wall boards and iPads to improve communication; a review of job descriptions and training needs; and improved processes for recognising excellence within the department.

#### ***Workforce Race Equality Standard (WRES)***

The action plan created to make improvements to our WRES submission is now 91% complete. The final outstanding action to create a specific PDR objective relating to race equality and contribution to the WRES for all band 8C and above roles will be carried forward to 2021-22 action plan if appropriate.

#### ***Workforce Disability Equality Standard (WDES)***

The action plan created to make improvements to our WDES submission is 58% complete. Progress against the remaining actions includes:

- A review of the Capability Policy is underway
- A new Disability Policy is being drafted

- Progression from Disability Committed to Disability Confident Employer status under the Department for Work and Pensions' Disability Confident scheme has not been achieved. This will be a key priority in the 2021-22 WDES action plan.

## **Workplace Accommodations**

We have been working with colleagues across the Trust to improve our support to existing staff and new applicants who require workplace accommodations. This is a legal duty under the Equality Act 2010, but in some recent cases the needs of new staff were not communicated effectively which led to delays in accommodations being made, for example ordering specialist stethoscopes; this has meant some new staff were not able to start their placements on time. A new process is being introduced which will enable new candidates to consent to information being shared with occupational health and other relevant parties, to ensure their needs are communicated at an earlier stage.

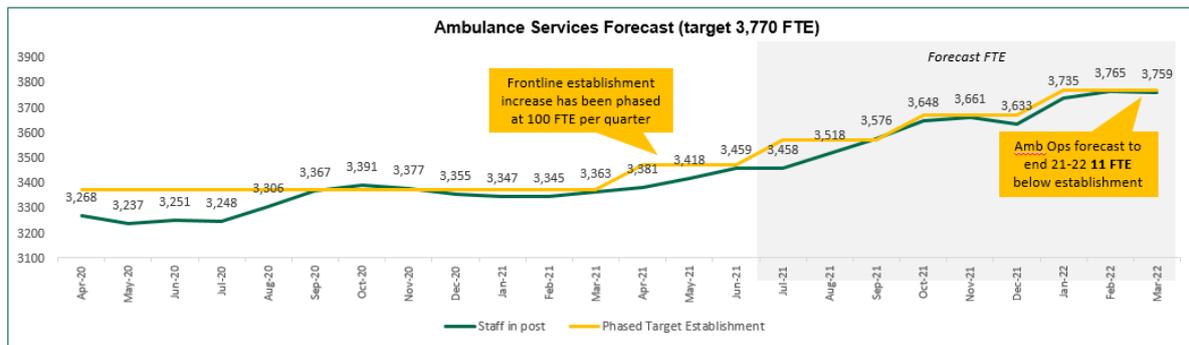
## **3. P&C Operations**

### **Current Staffing Position & Workforce Planning 2021/2022**

#### **Recruitment**

The recruitment team continue to work with Ambulance Services and Clinical Education to deliver a strong pipeline of registered and non-registered staff. The required frontline numbers for 21/22 are 970fte and the current training plan is able to deliver 901 places. This includes an additional 400fte to meet demand. The gap is planned to be closed by reducing the number of planned leavers (see below). As at 31st May, Ambulance Operations are currently behind plan as a result of the non-registrant recruitment pipeline continuing to be impacted by C1 driving theory test delays. We are coordinating with DVSA to arrange additional C1 theory capacity for LAS in Milton Keynes and the Recruitment team have now built in a five-month lead time for non-registrant recruitment plans. The tender process to procure an external international recruitment provider is in progress and the timeline will allow the supplier to go live by July 2021, allowing as much time as possible for them to meet the ambitious recruitment targets for 2021-22 (269 international paramedics). To support the non-registrant requirements for 2021/22 the Trust has procured a new external TEAC provider to deliver the planned TEAC numbers. The first TEAC cohort commenced in May 2021 (20fte). The current paramedic pilots with Merton PCN and Redbridge PCN will provide the opportunity to test arrangements for PCNs and apply any lessons learned in advance of a fuller launch this year.

Crucially Ambulance Operations Recruitment and Retention forecast remains very healthy, forecasting to meet the establishment growth demand by the end of the financial year.



The overall vacancy rate remains below target at 2.0%. The call handling establishment in EOC is fully established and is forecast to reach above establishment to provide additional resilience required given CAD / Bow changes and the potential for third wave of Covid-19. A weekly working group has been mobilised to review the CHUB recruitment and training plan. Recruitment has already begun for Clinical Advisors for both internal and external candidates. Currently the CHUB is heavily reliant on secondments, with c. 50% of Clinical Advisors coming from Operations. The team is focussed on substantive recruitment to ensure a sustainable staffing position. The call handling establishment in IUC is on track to be fully delivered by September and plans are in place to bring this forward by a further month by increasing training places and the conversion of agency staff into substantive positions.

Finally, in total there were 65 starters in May, 41% of whom were from a BAME background.

### Recruitment QI Project – July launch

In collaboration with key stakeholders across the Trust, including operations a review of all the service will be undertaken, starting in July focusing on process mapping and customer service. To entail review of software systems currently used as well as the exploration of other technology available e.g. Robotic process automation.

### Retention

The turnover rate has slightly increased from 8.4% to 8.8%. There are a number of retention activities in place for frontline staff, led by the Ambulance Ops Retention Group.

### Paramedic Retention

Recognising impact of Brexit and Lockdown on our international workforce, a survey was sent to all international paramedics with a completion rate of (40%) responses. Of that survey (207 respondents) 28% replied detailing they were thinking of leaving the Trust. This slightly higher than our normal retention rate of 20% for international paramedics – which has been factored into our plans.

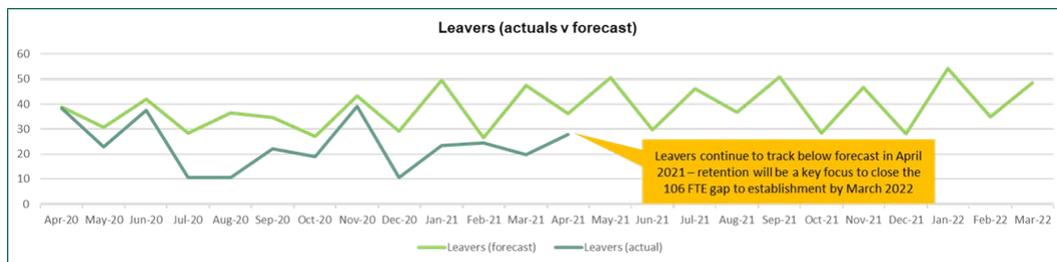
To address this gap (8%) we have established a specific work stream on international paramedic retention which has identified five areas of immediate focus:

- Flights & extended period of leave
- Shared relief bags
- Standardise secondment / development opportunities across all groups

- Streamline process for bursary funding
- Social events

A further nine themes were picked up in the survey and these are also being considered in a longer term plan (Rotas, health & safety, induction course / training school, operational placement centre, NQP process & portfolio, fast track, driving conversion & training, station environment / workplace culture, career advancement opportunities, CPD opportunities). Other activities include funding indefinite leave to remain and supporting staff to utilise the Government's automatic one year visa extension. Further work is also being undertaken to explore options for blended roles and enhanced clinical development opportunities such as CPD sessions to improve morale.

Current leavers however track positively behind plan – see below.



Whilst having a positive retention outlook and recruitment pipeline, given the importance of retention the Trust has established a retention working group and is in the process of appointing a Head of Retention. Our Chief Paramedic is also reviewing all the partnership arrangements with the higher education institutes and we have recently appointed a new external partner leading on international recruitment.

### Staff Absences

The monthly Trust wide sickness has increased from 6.4% in April to 6.7% in May and the 12 monthly rate has increased from 5.6% to 5.8%. The level of short-term non-Covid sickness has increased from 2.5% in April to 2.8% in May with long-term sickness holding at 3.9%. The number of days lost to anxiety/stress/depression have remained at the same level as April (2,580) whilst there has been a 12% increase in back problems and injury/fracture. We also continue to see a number of staff absences extended due to delays in NHS treatment due to the Covid-19 pandemic.

Proactively the P&C Business Partners are working with their respective teams to better understand absence within their areas in order to develop strategies to reduce absence where possible and assist with concluding absence cases swiftly including advising on OH referrals so that management can better understand the nature of the absence and pro-actively support employees back to the workplace.

For the next board report local plans will be set out as to our absence will be proactively managed going into the winter.

Figure 1 –General sickness rates in comparison to COVID19 sickness

	January 2021	February 2021	March 2021	April 2021	May 2021
<b>Trust wide sickness rate</b>	9.4%	6.7%	6.0%	6.4%	6.7%
<b>Covid sickness</b>	4.6%	2.0%	1.3%	0.9%	0.7%
<b>Non-Covid sickness</b>	4.8%	4.7%	4.7%	5.5%	6.0%

### **Statutory Mandatory Training/Personal Development Reviews (Appraisals)**

As at 31<sup>st</sup> May 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. Some of this has been down to a delay to get Scorm Adaptors updated due to late notice from the ESR Central Team which created eLearning accessibility issues. This has now been addressed and CSR2021.1 is back up and running again.

As of week ending 7<sup>th</sup> May 2021 Information Governance compliance has been reported at the Senior Leaders Daily Meeting each Friday to ensure it meets its 95% compliance requirement. The Trust is currently running at 94%.

PDR compliance, based on a rolling 12 month period, has increased in May from 80% to 81%. As with Information Governance compliance, PDR compliance is now being tracked on a weekly basis to ensure it meets its 85% target. Weekly reports are being sent out to all Managers 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. (Please also see Talent Management and Organisational Development regarding plans to move to a Fixed Year Appraisal Cycle)

## **4. Health and Wellbeing**

The number of colleagues accessing wellbeing support remains high, particularly for colleagues requiring counselling, reflecting the level of pressure on the organisation with the continuing pandemic. The LAS Wellbeing Hub has now had over 3000 contacts within the last rolling year, with almost half of all users (1442) providing feedback stating that the service is excellent (90%) or good or excellent (99.4%)

### **Mental Health**

The LAS Wellbeing Hub remains the central point of contact by phone or email, 7 days a week 8 am to 10pm for colleagues wishing to find out more about mental health support and other internal and external wellbeing services, including how to access our in house peer support team LINC and counselling through our OH provider and the “Keeping Well” service. In order to ensure all colleagues are aware of the support available, the team have also been promoting individual services via our intranet and internal Facebook group with and attending directorate team meetings to present the support options and answer questions. We continue

to work with the “87%” app which can be used to signpost users to appropriate self-help and bespoke LAS content.

In May, AACE published their work on “Suicide Prevention in Ambulance Services” and a supporting self-assessment toolkit from the Samaritans. This work will be factored into the future shaping of LAS mental health provision with a resulting action plan and gap analysis within the coming months. May also saw the first “Team Time” session in the service take place, where 25 colleagues involved with the End of Life Care team took part and shared their experiences and reflections in a safe space. More sessions for colleagues in other parts of the Trust will be planned across the summer.

### **Physical Health**

The Trust has successfully bid for 1500 free “VP Go” Apps, which are motivational team-based activity trackers that aim to get people moving. These are now on offer to colleagues with teams competing both internally and against external Trusts to be the first to “move” the equivalent of halfway across the world.

The Tea Trucks continue to run 7 days a week, with some night cover and have been re-equipped with cool boxes in order to provide cold snacks and drinks in hot weather. During very busy periods, the wellbeing team have also been providing more substantial food to both the tea trucks and our four control rooms. We are very pleased to continue to host “Project Wingman” at HQ, with one volunteer, Will, recently completing his 100<sup>th</sup> shift with us. The Wellbeing Team has also worked closely with colleagues from Unison and GMB and in conjunction with the LAS Charity will be providing branded cool bags to frontline colleagues, with an estimated delivery date at the beginning of August.

### **Flu and Covid-19 Vaccination Programmes**

At time of writing, 82% of the Trust has had at least one dose of a Covid-19 vaccine, with 70% having had their second dose. Over 86% of frontline staff have had their first dose. Work is underway to ensure that second doses are being taken up and that the reasons for vaccine hesitancy are being addressed through targeted communications to ensure all colleagues have access to everything needed to make an informed decision on vaccinations. The Wellbeing Team also have plans to set up a peer “Vaccine Advocate” scheme to enable wider peer-led conversations about vaccine, and have set up two Q&A sessions with two GPs who have been working closely with NHSE on vaccine hesitancy.

All colleagues are also being encouraged to take part in twice weekly lateral flow testing and report their results via an internal portal, which in turn is uploaded to a national data collection site. The “Test to Release” Lateral Flow Test programme continues to allow colleagues who have had low risk PPE breeches in the work place not to isolate, and instead test for 7 consecutive days, uploading their results to a central portal. These contacts are all risk assessed against a set framework by the Wellbeing Hub.

Planning is now underway for a potential Covid-19 booster vaccination in September and how this may be able to be delivered internally in conjunction with the flu programme. In order to ensure adherence to best practice, the Wellbeing Team will be working with other ambulance Trusts, London partners and NHSE to understand what lessons can be learnt from the roll out of the first vaccinations. A vaccine manager secondment position, able to lead on the operational delivery will be recruited for an August start.

Breaking down our vaccination rates by ethnicity shows a disparity between the proportion of BAME staff who have received their vaccination when compared to White staff. We have taken a number of steps in order to combat vaccine hesitancy amongst our BAME colleagues:

- Information on the Pulse about the vaccine, including frequently asked questions, guidance from religions leaders and personal stories from colleagues.
- Messaging from the Associate Director of CDI in conjunction with the chairs of our B-ME Network to encourage staff to take up the vaccine which included LAS TV Live and posts on the B-ME Network Facebook page.
- Taking action based on concerns raised by colleagues, for example ensuring female vaccinators are available for flu vaccine clinics at our Barking 111/Integrated Urgent Care site.
- We have worked with NHS England to share learning from other Trusts.

### **Occupational Health Service**

The Occupational Health contract retender work is progressing well with the specifications for all areas of the service almost complete. We have worked to ensure that all third-party tender requirements align with our EDI strategy and our Trust values and behaviours. Finalised documents on this and the options for the contract will be ready by September 2021.

### **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:

- **Personal Development Review Appraisal – Fixed Cycle** – a programme is being worked up which will work with the Incremental Progression Task and Finish Group
- **New Recruitment and Selection Training** – working with colleagues in Recruitment and Culture, Diversity and Inclusion the LEaP team are looking to Pilot the new training end of July/early August. This will help us to embed fair recruitment principles for all roles across the Trust and sets out clearly the requirement to have diverse panels for all roles.
- **B-Mentored Programme for BAME colleagues** – launched on 16<sup>th</sup> June following successful training sessions with the Mentors and Mentees. A plan of touchpoints will now be sent out to monitor progress and support colleagues prior to a Celebration Event which will be held in March 2022.
- **Redesign of the Engaging Leader course** –The redesign has been completed in collaboration with our external partners, NHS Elect and internal Subject Matter experts including the Culture, diversity and Inclusion team. We are now beginning to build the modules/videos/Podcasts with our Blended Learning Lead.
- **Business Administration Apprenticeship** – The programme has now launched and we have colleagues from across the service in many functions taking part. This is being delivered by Hawk training and managed by the Strategic Workforce Development Lead for Apprenticeships.
- **Clinical Team Manager Recruitment Training Plan** – Specific dates have been set up to support candidates in the new CTM recruitment campaign in the form of Application Form Completion and Interview Skills. We have also supported the delivery of a new psychometric element focusing on Management and Leadership

which will provide useful information to colleagues as well as the service in terms of identifying training needs and competencies.

- **Wellbeing Webinars** – with the return to REAP4 the team have identified specific well attended webinars and will be relaunching to support colleagues. As previously where co-delivered with the North West London Mental Health team we will be approaching them to collaborate again. We will also be creating some “Wellbeing Snapshots”, short hints and tips on specific areas that colleagues can review as and when they feel they need to.
- **Move to Core Skills Training Framework (CSTF) StatMand Competencies** – As part of the NENAS (National Education Network for the Ambulance Sector) plan to move to the CSTF competencies the trust. Whilst all of our courses learning outcomes align to CSTF there will be considerable work to align to refresher dates for Core Skills Refresher (CSR) and re-mapping to all CSTF competencies within ESR. Colleagues from Clinical Education, LEaP, Workforce Analytics and the Digital Workforce Programme are currently scoping out the work.



## Assurance report: People and Culture Committee

Date: 08/07/2021

Summary report to:	Trust Board	Date of meeting:	27/07/2021
Presented by:	Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee	Prepared by:	Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee

### Matters for escalation:

#### BAF

BAF risk 61, Covid-19 impact was reviewed and an increased residual risk score from 12 (4 x 3) to 16 (4 x 4) to reflect the increase in demand is proposed

### Other matters considered:

#### Culture Diversity and Inclusion

The Committee received an update on the CDI team's activities, including a review of progress made on the Initial Deliverables presented by the Associate Director at the January 2021 P&C Committee meeting; an update on the CDI Action Plans and the Staff Survey

The CDI strategy had been drafted, it is a lengthy document and manager's guidance would now be developed to ensure that it can be used, this would be presented to the September committee

#### People Pulse

The LAS has been mandated to participate in a new quarterly staff survey, using the People Pulse tool, developed by NHS England. The survey will be used to track staff morale across the NHS in a more regular and timely way. It is part of the NHS People Promise – "we each have a voice that counts". It is also the result of a Prime Ministerial request for more regular reporting of our NHS People's working experience. The People Pulse survey replaces the Friends and Family Test.

Members noted that discussion has been held at a national level between EDI and HR leads regarding 'survey fatigue'. Trusts which have already begun conducting the People Pulse survey have reported low response rates (<7%), so response rates at the same level as our annual Staff Survey should not be expected

#### Occupational Health Tender Update

PAM have been extended for a further year to end of June 2022 in order to ensure full exploration of options for OH provision after this

time. These include the potential to pursue a partnership with other NWL Trusts, a full open tender, or an in-house service.

The paper explored the options based on the information currently available and recommended the preferred option as NWL for core OH provision, leaving MSK and counselling for further review.

Members discussed the paper as presented noting the recruitment of Occupational Health nurse specialist as advisor and sought assurance that the PAM position was appropriate. It was recognised that the contract included a break clause and that there were robust KPIs in place to monitor the contract.

### **People and Culture Dashboard**

The People & Culture Committee have requested that a new scorecard be produced with all workforce KPIs in one place. This would include vacancies, turnover, sickness, employee relations casework, compliance data (PDR, stat and mand), health and wellbeing, culture, diversity and inclusion.

The proposal is to build on the existing scorecard which is prepared monthly for the Integrated Board Report (IBR). The set of KPIs will be produced monthly, will ensure that KPIs are reported consistently and that the People & Culture Committee Chair has an opportunity to review and discuss the KPIs in advance of them being presented at the Trust Board

### **Resolution Framework**

Members considered the time taken to close old cases and sought assurance that there would not be a perception that new cases are bring closed ahead of old. It was recognised that those open cases were complex however their closure would be pursued as a priority.

### **Workforce Planning 2020-22 and Ambulance Operations Modernisation Update**

The presented paper established the workforce report for integrated patient care (IPC) and Ambulance operations.

It recognised that IUC Call Handler recruitment was strong, and that the Trust would achieve the new establishment level by September 2021. A plan is being developed to accelerate this to reach establishment by August 2021

EOC Call Handler workforce already meets establishment. This service shall remain above establishment to provide resilience through the planned EOC migration and CAD upgrade.

### **18 Month Plan**

A paper containing all the actions/initiatives from the People and Culture 18 month plan along with an update of progress the directorate is

	<p>making was presented. It was recognised that there was duplication which required review and removal</p>
<p><b>Key decisions made / actions identified:</b></p>	<ul style="list-style-type: none"> <li>• Occupational Health update to be provided to September People and Culture Committee.</li> <li>• Ambulance Operations Modernisation and workforce plans would be presented to September committee</li> <li>• overall architecture of the people strategy would be presented to September committee</li> </ul>
<p><b>Risks:</b></p>	<p><b>Board Assurance Framework</b></p> <ul style="list-style-type: none"> <li>• BAF risk 61, Covid-19 impact was reviewed on 1 July 2021 with a proposed residual risk score from 12 (4 x 3) to 16 (4 x 4) to reflect the increase in demand. The people and Culture sub category risk was reviewed on 30 June 2021 with updated made to controls and the residual risk would remain at 12 (4x3).</li> <li>• BAF risk 56, the Trust’s ability to recruit and retain registered clinicians will be affected by the changing landscape of the NHS. The risk was reviewed on 1 July 2021 by with amendments made to controls and actions, residual risk score remains at 12 (4 x 3).</li> <li>• 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. The risk was reviewed on 29 June 2021 by the Chief Medical Officer with amendments to controls and action, residual risk score remains at 12 (4 x 3).</li> </ul>
<p><b>Assurance:</b></p>	<ul style="list-style-type: none"> <li>• The Committee took much assurance from the meeting that key priorities are moving forward and will be sustained.</li> </ul>



## PUBLIC BOARD OF DIRECTORS MEETING

### Report of the Chief Finance Officer

The Finance Directorate encompasses financial control and management, procurement, commissioner contracting and costing, commercial, business planning and corporate reporting functions in support of providing the best possible value for the tax paying public.

This report summarises the directorate activity referenced in pages 33 to 37 in the Integrated Performance Report for the May 2021 reporting period.

The Trust continues to operate under an adjusted financial framework from April to September 2021 (H1) in response to the continued impact of the COVID pandemic. The financial framework sets fixed income arrangements funded through block payments via the host NW London ICS for the first half of the year. Arrangements for the second half of the year (H2) are yet to be announced nationally.

The Trust has established a financial plan for the first six months of 2021/22 which delivers a break even position at the end of September 2021.

#### 1. Financial Position – Month 2 2021/22 (page 33)

At the end of May 2021 the Trust has:

- A reported surplus of £0.6m for the year to 31 May 2021, in line with plan and is forecast to breakeven at the end of September 2021 (H1).
- Identified a full year efficiency target of £9.7m (2%) and plans to deliver £4m in H1. The Trust has delivered £0.9m year to date in line with plan.
- Spent £4.1m on capital in the first two months against an initial full year plan of £21.4m.
- a cash balance of £39.3m

Since month 2 the Trust has secured a further £4.8m to fund the Newham EOC development and CAD replacement projects and is working to secure a cash loan and CRL cover of £8.4m to allow the Trust to deliver its full capital plan of £34.6m.

Work is ongoing with NHSE/I and NWL ICS to secure the required level of funding to sustain services and continue the transformation programme in H2 which is expected to be much tighter than H1. As reported in the Chief Operating Officer's report to the Board, since Month 3 the ambulance sector continues to see a sustained increase in demand and acuity for both 999 and 111 services. In recognition of this NHSE/I has made £55m of additional non-recurrent allocation to help meet these pressures in readiness for winter through a range of interventions including recruitment of 999 call handlers and crews. The Trust is working with

NWL ICS and commissioners to agree the use of these additional resources (£6.7m plus a potential 10% performance improvement incentive).

## **2. Financial and Business Planning 2021/22**

The Finance and Investment Committee received a financial plan for approval on the 23 March 2021. At the time of producing the plan the income arrangements for NHS Trusts had not been published and the Trust had prepared its budgets based on a normalised cost basis (adjusted for non-recurrent and full year effect adjustments).

On the 25 March 2021 NHS England published the planning guidance and system allocations for the first 6 months (H1) of 2021. Trusts then worked with Integrated Care Systems to develop agreed Provider plans for H1 which were submitted on 6 May 2021. The Finance and Investment Committee received an update on the Trust submission at the meeting on 13 May 2021.

An update of the funding arrangements for H2 remain was provided at the London Regional CFO meeting on 8 July 2021. The key headlines are as follows:

- Allocations for H2 will not be issued until September 2021, however block arrangements will remain in place for the remainder of the year with an increased waste reduction (efficiency) requirement of between 3 and 5% in H2. This could require the Trust to deliver an additional £3m cost reduction in H2.
- Growth will be issued for inflation above H1 levels and the impact of the pay settlement will be funded once agreed.
- An additional £55m has been announced to fund wave 3 pressures.
- COVID funding will remain to the extent that COVID requirements stay in place (driven either by cases or national policy requirements)
- The Trust requires an additional £31.1m for resilience/COVID in H2 to fund the increased establishment required to deliver performance standards across 999 and IUC services excluding addition wave 3 costs.

Once final allocations are issued for H2, the financial plan for the second half of 2021/22 will be brought to the Board for approval in September.

## **3. Procurement Transformation update**

Over the first quarter of this financial year there has been good progress of procurement savings. The CIP revenue savings target set for 21/22 is £4.2m. Revenue savings achieved by 30<sup>th</sup> June 2021 total £3.1m. The Trust is on target to deliver FY 21/22 CIP savings.

Spend under contract improved from 64.5% to 71% of total non-pay spend over the first quarter of this financial year and on track to achieve the Carter target of 80% under contract by the end of the financial year 21/22. The Trust has focused on procurement processes with compliance and governance improving and a significant reduction of single tender waivers and retrospective requests.

Procurement activity remains high, in the first quarter of this financial year 31 contracts have been formed with 17 procurements currently in flight.

A three year pipeline of planned procurement activity has been agreed with budget holders for all categories of spend which will form the bases of business as usual procurement activity over the coming years and increasing strategic management of the supply chain.

The National Ambulance Procurement Target Operating Model (PTOM) has now started to gain momentum with a proposed implementation to be completed by April 2022. Moving to

the PTOM sector model will support a collaborative way of working that will provide the foundation for at scale procurement across all Ambulance Trusts. This will help deliver significant monetary and non-monetary benefits, achieved through unlocking efficiencies and improving operational performance across the system.

#### **4. Next Generation Ambulance**

LAS has successfully influenced NHSE/I on the procurement route for the Next Generation Ambulance. Subsequently LAS is proposed as host contracting authority for the national procurement of the Next Generation Ambulance. The phased procurement approach creates a dynamic ambulance marketplace that encourages continual innovation and enables LAS to procure ambulances in 2022.

The Next Generation Ambulance project aims to deliver 150 operational e-DCAs by October 2023 (with 75 e-DCAs delivered in 2022) to enable LAS to comply with ULEZ in 2023 and get on track for the fleet to comply with London's ZEZ legislation in 2025 (in a single step).

#### **5. Commercial update**

Despite being heavily impacted by Covid, commercial initiatives are forecasting a minimum position of £1.5m revenue in 2021/22 (as forecast at M3), although this is expected to rise. The team is also leading the delivery of a key transformation programme for corporate services. A strategic approach to development of opportunities has been established resulting in improved management and discovery. For example a LAS commercial presence has been established in the international healthcare arena, resulting in several large consultancy opportunities that are currently being pursued. A commercial contract with Heathrow has been renegotiated in 21/22 and will be further increased with the new contract/extension due in January 2022.

#### **6. Update for efficiencies**

The Trust has delivered £0.9m of efficiencies against a YTD plan of £0.9m and is currently forecasting delivery of its formal efficiency plan of £9.7m whilst acknowledging that the challenging environment within which the Trust is operating creates a risk to delivery that the Trust has been able to manage to date this financial year. In preparation for H2 financial plan, the Trust is reviewing the efficiency (waste reduction) requirement to £12.8m (£9.7m pro rate H1 + £15m pro rate H2).

The Trust continues to identify areas of efficiency opportunity arising from interventions and initiatives and is maintaining and developing a longer-term efficiency plan, necessary to reflect the returns anticipated from significant capital investment and changes to core infrastructure. Mindful of the contribution LAS is able to make to the wider system initiatives are being explored which are anticipated to benefit the ICS. Reporting mechanisms are also under development to capture both financial and holistic outcomes.

**Lorraine Bewes OBE**  
**Chief Finance Officer**  
**July 2021**



**Assurance report:** **Finance and Investment Committee (FIC)** **Date:** **15/07/2021**

**Summary report to:** **Trust Board** **Date of meeting:** **27/07/2021**  
**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:**

**Capital Plan**

The Committee was pleased to review a draft 10 year capital plan and an updated, prioritised 2021/22 Capital Programme.

Since the Capital Plan was presented in May 2021, there have been a number of developments to the 2021/22 Capital Programme, including an £4.8m increase in CRL, approval pending available funding of five urgent business cases and an increase in the cost to complete committed in-flight projects.

Members considered the proposal to seek a bridging loan, recognising that whilst not something the Trust had pursued previously it was common practice across the NHS. Members were clear that the terms and cost of the loan needed to be understood to fully consider the risks and any necessary mitigations, as well as the risk of not securing the necessary disposal funds.

Members also considered the allocation of capital within the 2021/22 Capital Programme. Additional assurance was requested that the prioritisation had taken into account current Trust risks. Subject to that additional assurance, Members recommended the Board approve the Capital Programme.

**Financial Plan**

Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6 including fixed income envelopes which are being managed at STP or ICS level and incorporating Cost Improvement Programmes. Other contracting and commissioning processes (including CQUIN) remain paused.

For the first half of the year the Trust is planning a £25k deficit (breakeven on an adjusted financial performance basis) as agreed with NW London partners, and this planning includes a CIP target of £4.05m.

The Trust requires circa £31m in resilience/Covid funding for the second half of the year. The finance team are engaging with NWL Commissioners to secure the necessary funds.

#### **Board Assurance Framework**

Members discussed 2 new proposed BAF risks and noted that Logistics and Infrastructure Committee had recommended they were consolidated into one risk with supporting sub risks, in an approach that mirrored that of BAF 61. This approach was supported. Members also considered culture and recommended that a further BAF risk was considered by the Executive which articulated the risk to culture across the Trust.

#### **Other matters considered:**

#### **Procurement**

The Committee was briefed on the Trust's procurement position and assurance was provided that all category management plans were now signed up to other than those which had been delayed by diary commitments.

The Committee recognised the progress in the position and the evidence of cultural engagement with procurement processes and requested that any future issues were escalated to the Committee as necessary.

#### **Commercial**

The Committee received an update on the commercial activity noting key issues including; Primary Care Networks, Commercial contracts, Education training and observership, Advisory and international activity and the Corporate Services Transformation plan

Members discussed the paper as presented and recognized the value of the work being undertaken but emphasised the importance of ensuring that attentions are not directed away from the daily running of the Trust.

#### **2021/22 Financial plan update**

The Committee received an update in respect of the financial plan for the first 6 months (H1) of 2021/22 and the latest guidance on H2

Allocations for H2 would not be issued until September 2021, however block arrangements would remain in place for the remainder of the year with an increased waste reduction (efficiency) requirement of between 3 and 5% in H2. This could require the Trust to deliver an additional £3m cost reduction in H2.

#### **Efficiency Plan**

The Trust currently has an efficiency target and a revised plan of £12.8m representing blended efficiency of 2% (H1) and 3% (H2). An original plan agreed with NWL ICS during financial planning for H1 of 2021/22 of 2% (£9.7m) is anticipated to be increased to 3% (£15m) in H2 so we have early adopted a new blended plan which is the same value as our identified opportunities.

£0.9m of efficiencies delivered YTD at M2 v plan £0.9m, with minimal slippage overall with early estimate of £9.9m against a plan of £12.8m. In future years there are large values attached to cost avoidance particularly related to ULEZ and there is still a need to find future year CIPs.

### Costing Update

The National Cost Collection, led by NHSI, has been developing with the introduction of the new national costing standards for Ambulance Services and the planned phasing out of reference costs to be replaced by Patient Level Information Costing [PLICS]. The first Ambulance mandatory PLICS submission, based on 2019/20 data, was submitted in January 2021

### 12 Month Rolling Cash Flow

The 12 month Rolling Cash flow paper was presented noting that the cash position had remained positive.

### Key decisions made / actions identified:

- Capital plan and Bridging Loan proposal to be presented to Trust Board for consideration.
- 10 year capital plan to be discussed by the Trust board in the autumn prior to wider socialisation across the system

### Risks:

- Members reviewed BAF risk 61, Covid-19 Impact noting that the risk had been reviewed on 1 July 2021, by Chief Operating Officer with a proposal to increase the residual risk score from 12 (4 x 3) to 16 (4 x 4) to reflect the increase in demand. Further the Finance sub category risk was considered noting that the risk had been reviewed by the Chief Finance Officer on 1 July 2021 with updates made to controls, residual risk score increased from 5 (5 x 1) to 15 (5 x 3) due to H2 income not yet being confirmed
- Members reviewed 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. The risk was reviewed by the Chief Finance Officer on 1 July 2021 with amendments to controls and actions, residual risk score remains at 15 (5 x 3).
- Members discussed the 2 proposed risks and noted that Logistics and Infrastructure Committee had recommended they were consolidated into one risk with supporting sub risks, in an approach that mirrored that of BAF 61. This approach was supported.
- Members considered culture and recommended that a further BAF risk was considered which articulated the risk to culture across the Trust

**Assurance:**

- The finance report for M2 and M3 was received, noting the current position.
- Members were assured of the robustness of the information provided in respect of the efficiency programme.



**Assurance report:** **Logistics and Infrastructure Committee**

**Date:** **13/07/2021**

**Summary report to:** **Trust Board**

**Date of meeting:** **27/07/2021**

**Presented by:** **Sheila Doyle, Non-Executive Director and Chair Logistics and Infrastructure Committee**

**Prepared by:** **Sheila Doyle, Non-Executive Director and Chair Logistics and Infrastructure Committee**

## Matters for escalation:

### Strategic Transformation Programs

The committee reviewed 5 strategic transformation programs (AOM Hub 1, Fleet Transformation, Newham EOC, Medicines Packing Unit and LSU). Good progress has been made in maturing project governance, planning, budgeting and reporting. The committee discussed a number of challenges relating to funding gaps, building an integrated culture and people change plan, securing the right mix of experienced resources (internal and external), assessing the bandwidth and capacity of management to deliver multiple concurrent projects whilst managing operational pressures. Next steps will include a deeper assessment of these challenges and a recommendation brought to the Trust Board outlining the changes required to ensure delivery of a successful transformation program.

#### Fleet Modernisation

The Fleet Modernisation program will deliver an ultra-low floor zero emissions and digitally enabled fleet. Various options are being assessed to determine the optimum path to delivering on this ambition. These options will consider investment requirements and funding sources, procurement path, electric charging infrastructure, people change management, critical dependencies such as estates configuration & linkage to national grid. An options paper will be developed for presentation to the Trust Board in September.

#### Approach to Investing in Strategic Transformation Programs

The committee received a paper that will address 1) funding needed to deliver the Trust wide transformation programs and 2) the operating model including capacity and capability required to deliver this level of transformation. Members welcomed this work and suggested that the scope is expanded to include people and culture change requirements and greater emphasis on the mix of internal and external expertise and how these roles will be filled.

A revenue gap of £3.6m has been identified, this number may increase as project plans mature. The committee discussed the need to prioritise the current portfolio of projects to align with the approved and available FY21/22 capital and revenue resources. The FIC will receive an update on project portfolio prioritisation at its next meeting.

### Cyber/ DSPT Update

The committee was informed that the Trust has registered DSPT (Data Security & Protection Toolkit) non-compliance with NHS Digital and has submitted a recovery plan to ensure compliance by end of December 2021. The SIRO will provide a status update to the next Audit Committee.

### Other matters considered:

### Transformation Program Update

#### Hub 1

Hub 1 is predicting an operational go-live date in Summer 2022. A considerable level of uncertainty will remain on timescales until the construction contractor is appointed in the Autumn. An external review of Hub 1, conducted by PWC identified a number of challenges. These are being addressed and will be incorporated into the Trust wide assessment of the changes required to ensure delivery of a successful transformation program.

#### Newham EOC

The transition date of mid-November is under pressure due to construction delays and necessary changes in design specification for the comms room. Work is ongoing to assess if the November date can be met.

#### Medicines Packing Unit and Logistics Support Unit

Both projects are progressing to plan and within the approved project capital budget. Go-live is expected in Autumn 2021.

#### UPS

The committee received an update on plans for improving the sustainability of Uninterruptable Power Supply (UPS) and generator infrastructure. Further work is ongoing to assess risk tolerance levels and investment needs. An updated will be provided to the Audit Committee.

### Key decisions made / actions identified:

Noted in previous section.

### Risks:

### Board Assurance Framework and Corporate Risks

Members reviewed BAF risks in particular the proposed addition of 2 new BAF risks (Inability to deliver Hub1 and Lack of Capital funding to deliver the transformation and critical infrastructure program). Members recommended that the 2 risks are combined into one overarching Transformation risk with a number of sub categories (for example, Funding, Culture and Change, Governance, Capability etc). This risk will be presented to the Trust Board for consideration.



Corporate risks rated 15 and above were considered. The committee asked for further clarification on a number of corporate risks and agreed to accept an update in correspondence. The committee also discussed the process for development and acceptance of risks into the corporate register. The Interim head of Corporate Governance will review this process to ensure appropriate check and challenge.



The integrated performance report highlights continuous improvement within Strategic Assets and Property statutory/mandatory compliance, achieving 94% statutory compliance across estates.

IM&T number of priority 1 (P1) incidents impacting services continues to reduce. However the number of incidents is still too high, largely due to the scale of legacy systems and further work required to modernise critical infrastructure.

The committee reflected on the quality of the discussion regarding the transformation program challenges and appreciated the level of transparency.



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Remuneration Committee			
<b>Agenda item:</b>	8.5			
<b>Report Author(s):</b>	Damian McGuinness, Director of People and Culture			
<b>Presented by:</b>	Damian McGuinness, Director of People and Culture			
<b>History:</b>	N/A			
<b>Purpose:</b>	<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 / Committee's attention:**

The Nomination and Remuneration Committee is constituted to oversee the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and to establish and monitor the reward levels and structures for the Trust's Executive Directors and Very Senior Managers, ensuring transparency, fairness and consistency.

The Committee met on 29 June 2021; fulfilling its responsibilities in its Terms of Reference by:

- Reviewing appraisal documentation for relevant executive colleagues including remuneration.
- Requested that executive appraisal documentation is benchmarked with NHS Trusts and explore what could be learned from the private sector for the next cycle of executive appraisals.

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

The Trust Board is asked to note the summary and take assurance that the Nomination and Remuneration Committee is fulfilling its responsibilities in its terms of reference.

**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		

Routing of Paper – Impacts of recommendation considered and reviewed by:					
Medical	Yes		No		
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes	X	No		Director of People and Culture
Corporate Affairs	Yes		No		



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Month 2 Finance Report			
<b>Agenda item:</b>	9			
<b>Report Author(s):</b>	James Corrigan, Financial Controller			
<b>Presented by:</b>	Lorraine Bewes, Chief Finance Officer			
<b>History:</b>	This paper provides an update on the Trust month 2 financial position.			
<b>Purpose:</b>	<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 / Committee's attention:**

The purpose of this paper is to set out the financial position for the Trust as at 31 May 2021 (month 2).

Key points to note are that the Trust has:

- a reported surplus of £0.6m for the year to 31 May 2021, in line with plan and is forecast to breakeven at the end of September 2021 (H1).
- identified a full year efficiency target of £9.7m (2%) and plans to deliver £4m in H1. The Trust has delivered £0.9m year to date in line with plan.
- spent £4.1m on capital in the first two months against an initial full year plan of £21.4m.
- a cash balance of £39.3m

Work is ongoing with NHSE/I and NWL ICS to secure the required level of funding to sustain services and continue the transformation programme in H2.

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

The Trust Board is asked to note the financial position and outturn for the Trust for H1 ending 30 September 2021.

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

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes	<input type="checkbox"/>	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		



# Finance Report

Month 2: May 2021



# Summary

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This paper updates on the financial position as at the end of May 2021 (month 2, financial year 2021-22).

At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6 including fixed income envelopes which are being managed at STP or ICS level and incorporating Cost Improvement Programmes. Other contracting and commissioning processes (including CQUIN) remain paused.

For the first half of the year the Trust is planning a £28k deficit (breakeven on an adjusted financial performance basis) as agreed with NW London partners, and this planning includes a CIP target of £4.05m.

As of M2, the Trust is reporting a YTD surplus of £0.584m (£0.595m surplus on an adjusted financial performance basis) which is on plan. Significant additional overtime and secondee expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service is being incurred, but is currently being offset by lower than planned recruit numbers and vacancies. Total COVID costs YTD (excluding centrally provided consumables and equipment) are £9.9m primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.

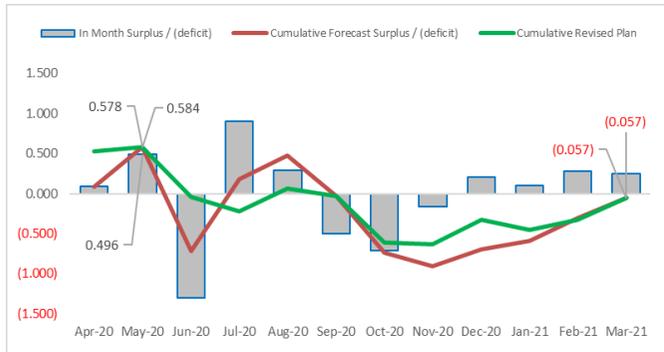
Items of note include:

1. Income is forecast to end the year £1.7m higher than full year draft budgets due to the pass through of inflation funding from NWL STP (£0.5m full year forecast), PCN Pilot income (£0.5m favourable full year forecast) and staff recharge income (£0.7m favourable full year forecast).
2. Forecast full year pay expenditure is expected to be £367m which is £1.9m higher than full year draft budgets due primarily to the increased resourcing requirements to respond to operational demand and capacity pressures in Ambulance Services and 111 IUC Services.
3. Non pay expenditure (including depreciation and finance costs) is forecast to end the year £0.2m lower than full year draft budgets due to forecast overspends in Transport being more than offset by underspends in other spend areas.

The Trust finished the month with a cash position of £39.3m, and capital spend (excl donated assets) was £4.1m YTD (£4.1m YTD net of disposals), the bulk of which comprised of spend on ongoing property projects. The Trust capital plan currently incorporates full year capital spending of £21.4m, however discussions are underway with NHS partners to increase capital funding available.

# 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				
<b>Overall rating</b>				

M2 YTD Forecast

GREEN	GREEN	GREEN
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- The YTD position at month 2 is a £0.584m surplus (£0.595m surplus on an adjusted financial performance basis) which is in line with plan.
- The full year forecast position at month 2 is a £0.057m deficit (breakeven on an adjusted financial performance basis) which is in line with plan.
- The position incorporated £9.9m of costs in relation to the Trust's response to COVID-19 primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.
- The Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6 including fixed income envelopes which are being managed at STP or ICS level and incorporating Cost Improvement Programmes.

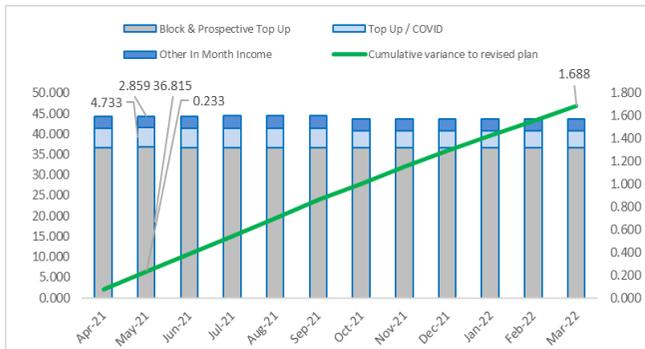
M2 YTD Forecast

N/A	N/A	N/A
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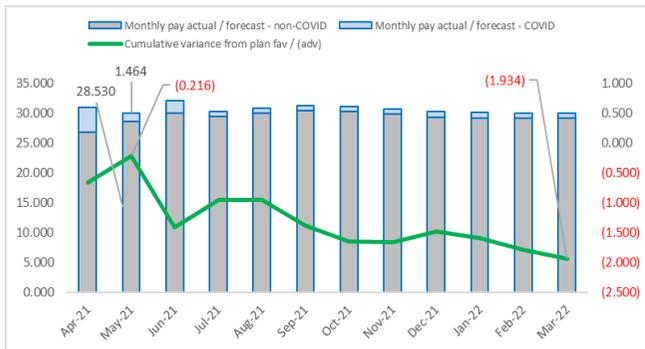
- NHSI rates Trust's on a Use of Resources rating. The scoring system ranks from '1' (low risk/best score) to '4' (high risk/worst score). The table left shows the Trust's current Use of Resources rating for YTD and full year position.
- The overall rating is a weighted risk rating across five financial 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



M2 YTD Forecast

GREEN GREEN GREEN

- The Trust continues to operate under an adjusted financial framework which involves pausing contracting and commissioning processes (including CQUIN), the Trust receiving block contract income along with a standard monthly top-up amount and fixed COVID income supplement.
- Block contract income being received totals £34m per month, along with a standard monthly top-up amount and fixed COVID income supplement of £7.3m per month.
- Other Operating Income is £1.1m YTD (FY forecast £5.6m) which is comprised mainly of Education & Training Income £0.8m YTD (FY forecast £3.8m) and staff recharge income £0.1m YTD (FY forecast £0.8m).
- The total income position is forecast to finish £1.7m higher than plan predominantly due to the pass through of inflation funding from NWL STP (£0.5m full year forecast), PCN Pilot income (£0.5m favourable full year forecast) and staff recharge income (£0.7m favourable full year forecast).

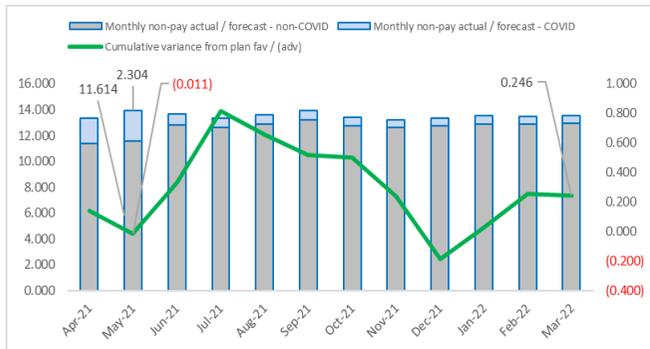
M2 YTD Forecast

AMBER AMBER AMBER

- Pay expenditure is £0.2m over budget YTD at £60.9m due to additional overtime and incentives, seconded external resources and agency in Ambulance Services and 111 IUC Services, partially offset by vacancies and lower recruit numbers than planned across the rest of the Trust.
- Forecast full year pay expenditure is expected to be £367m which is £1.9m higher than budget, again driven by Ambulance Services and 111 IUC spend.
- Total COVID pay costs are £5.6m YTD and forecast to be £15.5m full year. This assumes overtime returns to £0.5m per month with a spike in M9 due to winter pressures.
- £1.3m has been recognised YTD (full year forecast £3.4m) for seconded London Fire Brigade resources covering COVID support provided during the Apr to May period.

# Key Financial Indicators

## Non-Pay Expenditure

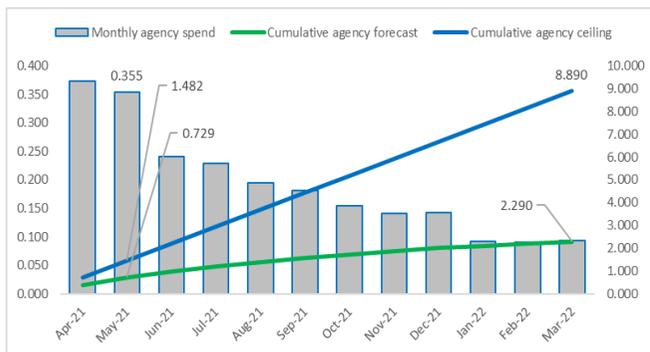


M2 YTD Forecast

GREEN GREEN GREEN

- Non pay expenditure including depreciation and finance costs was £27.3m YTD (£162.4m full year forecast) which is in line with budget.
- YTD overspends in 111 IUC for additional resourcing in response to higher COVID related activity (£1.8m) are offset by underspends in Programmes and Projects and Strategy & Transformation (£1.1m combined) due to project delays, and People and Culture and Quality and Assurance (£0.6m combined) due to lower recruit numbers than planned.
- Non pay COVID-19 costs are £4.3m YTD (FY forecast £11m) 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.

## Agency Ceiling



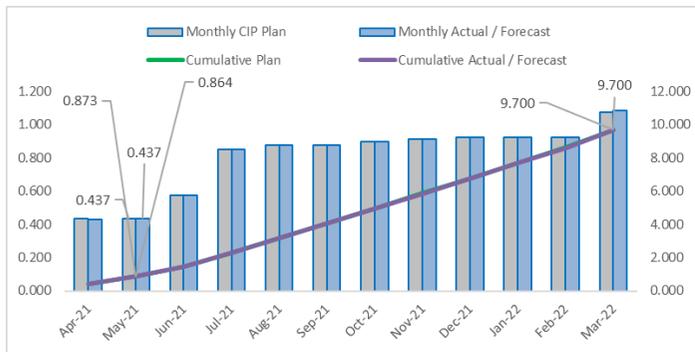
M2 YTD Forecast

GREEN GREEN GREEN

- YTD agency spend is £0.7m compared to the cumulative YTD agency ceiling of £1.5m.
- Full year agency spend is currently forecast to be £2.3m, which is £6.6m 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

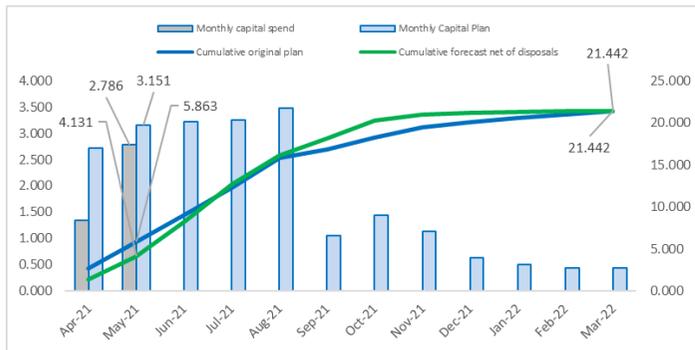


M2 YTD Forecast

GREEN	GREEN	GREEN
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- The Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6 including fixed income envelopes which are being managed at STP or ICS level and incorporating Cost Improvement Programmes.
- Under the financial framework in place over the first half of the financial year, a £4m efficiency is required, with current plans for a further £5.7m over the second half of the year.
- Projects have been developed to meet this need and the Trust is reporting YTD efficiency savings of £0.9m YTD (£4m half year forecast, £9.7m full year forecast) which is on plan.

## Capital Expenditure



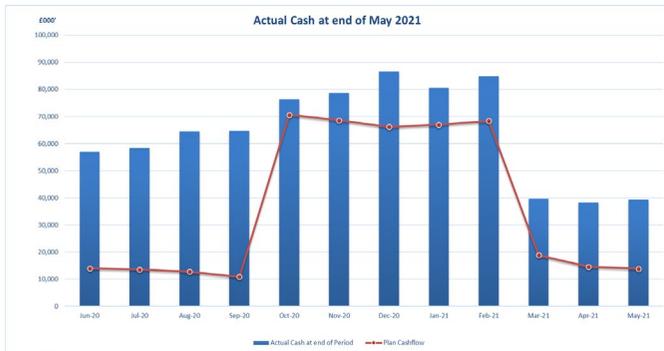
M2 YTD Forecast

AMBER	AMBER	GREEN
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- YTD capital expenditure net of disposals is £4.1m YTD (£4.1m before disposals) compared to planned YTD capital expenditure of £5.9m (£1.7m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals is £21.4m which is in line with plan.
- Capital spend on the Trust's property projects and programmes formed the bulk of YTD totals.

# Key Financial Indicators

## Cash

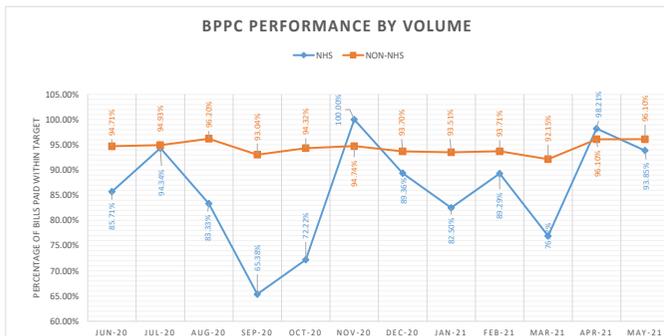


M2 YTD Forecast

GREEN GREEN GREEN

- Cash was £39.3m as at 31 May 2021.
- The cash balance fell in March 2021 due to the ending of the block contract income being paid one month in advance during the period April 2020 to February 2021.

## Better Payment Practice Code



M2 YTD Forecast

AMBER AMBER GREEN

- The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days.
- The Trust achieved - NHS and Non-NHS performance by volume for May 2021 was 66.7% and 94.1% respectively.
- In 2020/21 NHSI the Trust received one months income in advance to support the early payment of suppliers during COVID and we reported against a 7 day payment target. Under this arrangement the LAS paid supplier invoices as soon as the invoice was authorised. NHSI ceased this arrangement in March 2021 and we have gone back to our normal payment terms of 30 days.
- 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 YTD Month 2 2021-22	Actual £000 Apr-21	Actual £000 May-21
Additional Staff Costs (EOC and Ambulance Services)	4,454	3,602	853
NHS 111 Additional Capacity - Staff	1,070	483	588
NHS 111 Additional Capacity - External Contracts	1,273	484	789
Decontamination Services - Premises	314	157	157
Defibrillators, Medical and Ambulance Equipment	24	14	10
IT Support	2	-	2
Private Ambulance and Managed Operations Services	1,044	388	656
Vehicle Leasing	18	18	0
Telephony, Radio and IT Systems Expansion	5	11	6
Accommodation	6	15	22
Personal Protective Equipment	100	70	30
Fleet Maintenance and Preparation	1,226	693	533
Critical Care Transfer Service	45	44	1
Property Adjustments and Expansions	91	55	36
COVID Asset Depreciation	166	83	83
Other	115	59	57
<b>Total COVID-19 Expenditure</b>	<b>9,908</b>	<b>6,140</b>	<b>3,768</b>

The Trust has incurred £9.9m of COVID 19 costs YTD excluding centrally provided consumables and equipment (M1 £6.1m, M2: £3.8m) in order to provide significantly expanded resourcing, fleet maintenance preparation support and additional required premises services.

PPE requirement for the Trust has increased significantly compared to BAU however national centralised provision of PPE has continued into 2021-22.

Vehicle deep cleans have continued to be required at a significantly increased level and estate consolidation has been undertaken 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 below.

- Additional Staff Costs Ambulance Services and EOC (£4.5m 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. This includes London Fire Brigade support charges of £1.3m YTD. M1 actuals were based on the assumption all double time and time and a half shifts were due to COVID-19. For M2 COVID-19 overtime is based on actual shifts booked through the rostering system.
- Personal Protective Equipment (£0.1m YTD) for PPE items not provided through the national supply.
- NHS 111 Additional Capacity Staff (£1.1m YTD) for additional resourcing through internal sources.
- NHS 111 Additional Capacity External Contracts (£1.3m YTD) predominantly for additional clinician resources such as GPs, nurses and advanced practitioners (£0.5m) and additional non-clinical call handling resource support (£0.8m).
- Fleet Maintenance and Preparation (£1.2m YTD) additional external fleet maintenance support, bunkered fuel project costs and preparation resources for cleaning higher numbers of vehicles more frequently.
- Private Ambulance Services (£1m) for additional private ambulance resources to support front line service provision
- Decontamination Services - Premises (£0.3m YTD) for increased frequency of premises cleaning.

# Supporting Information



	Month 2 2021-22 £000			YTD Month 2 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Full Year Forecast	Variance to budget fav/(adv)
<b>Income</b>									
Income from Activities	43,746	43,878	132	87,492	87,656	164	522,745	523,841	1,096
Other Operating Income	505	530	24	1,011	1,081	70	5,003	5,595	591
<b>Total Income</b>	<b>44,251</b>	<b>44,408</b>	<b>157</b>	<b>88,503</b>	<b>88,737</b>	<b>233</b>	<b>527,748</b>	<b>529,436</b>	<b>1,688</b>
<b>Operating Expense</b>									
Pay	(30,435)	(29,994)	440	(60,667)	(60,883)	(216)	(365,116)	(367,049)	(1,934)
Non Pay	(11,802)	(12,014)	(213)	(23,321)	(23,707)	(386)	(137,200)	(137,374)	(174)
<b>Total Operating Expenditure</b>	<b>(42,236)</b>	<b>(42,009)</b>	<b>228</b>	<b>(83,988)</b>	<b>(84,590)</b>	<b>(603)</b>	<b>(502,316)</b>	<b>(504,423)</b>	<b>(2,108)</b>
<b>EBITDA</b>	<b>2,015</b>	<b>2,399</b>	<b>384</b>	<b>4,516</b>	<b>4,146</b>	<b>(369)</b>	<b>25,433</b>	<b>25,013</b>	<b>(420)</b>
EBITDA margin	4.6%	5.4%	0.8%	5.1%	4.7%	(0.4%)	4.8%	4.7%	(0.1%)
<b>Depreciation &amp; Financing</b>									
Depreciation & Amortisation	(1,498)	(1,330)	168	(2,997)	(2,661)	336	(19,682)	(19,301)	381
PDC Dividend	(463)	(581)	(118)	(926)	(926)	0	(5,558)	(5,558)	0
Finance Income	0	0	0	0	0	0	0	0	0
Finance Costs	(3)	8	11	(15)	15	30	(249)	(219)	30
Gains & Losses on Disposals	0	0	0	0	9	9	0	9	9
<b>Total Depreciation &amp; Finance Costs</b>	<b>(1,965)</b>	<b>(1,903)</b>	<b>61</b>	<b>(3,938)</b>	<b>(3,563)</b>	<b>375</b>	<b>(25,489)</b>	<b>(25,069)</b>	<b>420</b>
<b>Net Surplus/(Deficit)</b>	<b>50</b>	<b>496</b>	<b>446</b>	<b>578</b>	<b>584</b>	<b>6</b>	<b>(57)</b>	<b>(57)</b>	<b>0</b>
<b>NHSI Adjustments to Fin Perf</b>									
Remove Asset Donations I&E Impact	5	6	1	9	11	2	57	58	1
<b>Adjusted Financial Performance</b>	<b>55</b>	<b>502</b>	<b>447</b>	<b>587</b>	<b>595</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>1</b>
Net margin	0.1%	1.1%	1.0%	0.7%	0.7%	0.0%	(0.0%)	(0.0%)	0.0%

## YTD Position

The YTD position is a £0.584m surplus (£0.595m surplus on an adjusted financial performance basis) which is on plan with significant additional overtime and seconded expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service being offset by lower than planned recruit numbers and vacancies.

## Full Year Forecast Position

The full year position is forecast to be a £0.057m deficit (breakeven on an adjusted financial performance basis) which is in line with budget.

Key items to note in the positions are:

- Income from activities was £87.7m YTD (£523.8m full year forecast) and is primarily comprised of the Trust's block contract income under the current financial arrangements, along with standard top up and fixed COVID income.
- Other operating income is £1.1m YTD (£5.6m full year forecast) which is slightly ahead of budget due to staff recharge income and is comprised mainly of education and training income (£0.8m YTD, full year forecast £3.8m) from Health Education England and apprenticeship income.
- Pay expenditure is £0.2m over budget YTD (forecast to be £1.9m over budget full year) due to significant additional resource usage in Ambulance Services and IUC offset by vacancies, lower than expected trainee numbers and unallocated reserves in Central Corporate.
- Non pay expenditure (excl depreciation and finance costs) was £0.4m adverse YTD (full year forecast £0.2m adverse) due to overspends in 111 IUC for additional resourcing in response to higher COVID related activity and is offset by underspends in Programmes and Projects and Strategy & Transformation due to project delays, and People and Culture and Quality and Assurance due to lower recruit numbers than planned.
- Depreciation and finance costs are £0.4m favourable to budget YTD and full year forecast due to delays in projects causing delays in timings for assets being brought into use.

# Financial Position by Directorate

Directorate	Month 2 2021-22 £000					YTD Month 2 2021-22 £000					Full Year 2021-22 £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	(187)	(178)	9		(178)	(374)	(334)	40		(334)	(2,170)	(2,157)	13		(2,157)
Chairman & Non-Executives	(18)	(28)	(9)		(28)	(36)	(45)	(9)		(45)	(226)	(222)	4		(222)
People & Culture	(869)	(777)	92	0	(777)	(1,724)	(1,413)	310	0	(1,413)	(13,155)	(12,972)	183	0	(12,972)
Communication & Engagement	(289)	(201)	88		(201)	(578)	(389)	189		(389)	(3,323)	(2,719)	604		(2,719)
Ambulance Services	(20,226)	(22,072)	(1,845)	(1,617)	(20,454)	(40,606)	(44,580)	(3,974)	(5,410)	(39,170)	(243,126)	(248,216)	(5,090)	(17,882)	(230,334)
999 Operations	(3,292)	(2,978)	314	128	(3,106)	(6,535)	(6,237)	298	(136)	(6,101)	(39,582)	(39,546)	36	(196)	(39,350)
IUC Services	(2,579)	(3,691)	(1,112)	(1,438)	(2,252)	(5,098)	(7,284)	(2,186)	(2,472)	(4,812)	(30,964)	(33,255)	(2,291)	(2,459)	(30,796)
Performance	(120)	(100)	19		(100)	(239)	(180)	59		(180)	(1,435)	(1,354)	80		(1,354)
Programmes & Projects	(1,061)	(591)	470		(591)	(1,811)	(860)	951		(860)	(12,631)	(10,775)	1,856		(10,775)
COO Management	(139)	(129)	10		(129)	(264)	(233)	32		(233)	(1,656)	(1,507)	149		(1,507)
Corporate Services	(786)	(762)	24		(762)	(1,572)	(1,482)	90		(1,482)	(9,435)	(9,276)	159		(9,276)
Finance	(482)	(413)	70		(413)	(974)	(862)	112		(862)	(4,943)	(4,785)	158		(4,785)
Strategy & Transformation	(327)	(46)	281		(46)	(671)	(235)	436		(235)	(1,504)	(1,475)	29		(1,475)
IM&T	(1,491)	(1,384)	108	(60)	(1,324)	(2,987)	(3,199)	(212)	(135)	(3,064)	(18,037)	(17,871)	165	(798)	(17,074)
Medical	(526)	(359)	167	0	(359)	(1,085)	(720)	365	0	(720)	(6,926)	(6,327)	600	0	(6,327)
Quality & Assurance	(1,944)	(1,454)	491		(1,454)	(3,748)	(2,777)	972		(2,777)	(23,388)	(22,645)	743		(22,645)
Strategic Assets & Property	(5,272)	(4,926)	346	(741)	(4,185)	(10,448)	(9,849)	599	(1,685)	(8,164)	(60,048)	(60,126)	(78)	(4,713)	(55,413)
<b>Directorate Sub-Total</b>	<b>(39,610)</b>	<b>(40,088)</b>	<b>(479)</b>	<b>(3,846)</b>	<b>(36,360)</b>	<b>(78,752)</b>	<b>(80,680)</b>	<b>(1,928)</b>	<b>(10,082)</b>	<b>(70,843)</b>	<b>(472,549)</b>	<b>(475,227)</b>	<b>(2,678)</b>	<b>(27,517)</b>	<b>(449,180)</b>
Central Income	42,376	42,467	91	3,885	38,582	84,762	84,796	34	10,153	74,643	502,365	502,812	447	27,971	474,841
Central Corporate	(2,716)	(1,882)	833	(39)	(1,843)	(5,432)	(3,532)	1,899	(71)	(3,461)	(29,873)	(27,642)	2,231	(454)	(27,187)
<b>Total</b>	<b>50</b>	<b>496</b>	<b>446</b>	<b>(0)</b>	<b>379</b>	<b>578</b>	<b>584</b>	<b>6</b>	<b>0</b>	<b>339</b>	<b>(57)</b>	<b>(57)</b>	<b>0</b>	<b>(0)</b>	<b>(1,526)</b>

## Ambulance Services

- Overspend YTD of £4m (FY forecast £5.1m) primarily due to increased resourcing costs to respond to operational pressures.
- COVID-19 costs are £5.4m YTD (FY forecast £17.8m) primarily in relation to overtime resourcing partially offset by vacancies, and LFB support costs (£1.3m YTD, £3.6m FY forecast).

## IUC Services

- YTD position is £2.2m over budget (FY forecast overspend of £2.3m) due primarily to current increased resourcing levels in response to high demand for services. This resourcing has not yet been forecast forward due to uncertainty over activity forecasts.
- COVID-19 111 IUC costs are £2.5m YTD (£2.5m FY forecast)

primarily in relation to increased call handling and clinical resourcing.

## Programmes & Projects

- YTD position £1m favourable to budget (FY forecast £1.9m underspend) driven by project delays and timing differences in Medicines Modernisation, Ambulance Operations Modernisation, Logistics, D999 and IM&T programmes, along with cost Programmes and Project team vacancies.

## Strategy & Transformation

- YTD underspend of £0.4m (FY forecast on plan) driven by Ambulance Operations Modernisation project underspends projected to be recouped by year end.

## Strategic Assets & Property

- £0.6m favourable to budget YTD (£0.1m unfavourable FY forecast) due primarily to lower operational PPE & equipment costs YTD more than offset in the full year forecast by higher transport costs driven by 3<sup>rd</sup> party accident damage.
- COVID-19 costs of £1.7m YTD (FY forecast £4.7m) relate primarily to fleet maintenance and vehicle preparation services through external suppliers, increased vehicle and premises cleaning and clinical waste costs.

## Quality & Assurance

- £1m favourable to budget YTD (forecast FY £0.7m favourable) due to lower recruit numbers and thus reduced training costs, and vacancies in Q&A teams.

## Medical

- Favourable variance of £0.4m YTD (FY forecast £0.6m) driven by management and pharmacy team vacancies.

## Communications & Engagement

- £0.2m favourable YTD (FY forecast £0.6m favourable) due to vacancies and lower event costs due to COVID adjustments.

## IM&T

- YTD overspend of £0.2m (FY forecast underspend of £0.2m) primarily in relation to reducing forecast overspend on professional services.
- COVID-19 costs of £0.1m YTD (FY forecast £0.8m) relate primarily to depreciation on IT equipment and system assets procured in response to COVID.

# Income

Income by Type	Month 2 2021-22 £000			YTD Month 2 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
<b>Patient Care Income</b>									
Commercial Service Income	114	117	4	228	232	4	2,713	2,717	4
Emergency & Urgent Care Income	41,418	41,525	107	82,836	82,943	107	492,838	493,358	520
Emergency Bed Service Income	0	8	8	0	16	16	0	93	93
Injury Cost Recovery Income	81	58	(23)	162	109	(53)	970	917	(53)
Neonatal Service Income	0	0	0	0	0	0	0	0	0
Non-Contract E&UC Income	16	14	(2)	31	16	(15)	186	171	(15)
Other Patient Care Income	55	73	18	111	142	31	700	750	50
Patient Transport Service Income	0	0	0	0	0	0	0	0	0
Specialist Service Income	604	622	17	1,209	1,276	67	7,842	8,313	471
Telephone Advice Service Income	1,458	1,461	3	2,916	2,923	7	17,496	17,522	26
Centrally Paid Pension Income	0	0	0	0	0	0	0	0	0
<b>Total Patient Care Income</b>	<b>43,746</b>	<b>43,878</b>	<b>132</b>	<b>87,492</b>	<b>87,656</b>	<b>164</b>	<b>522,745</b>	<b>523,841</b>	<b>1,096</b>
<b>Other Operating Income</b>	<b>505</b>	<b>530</b>	<b>24</b>	<b>1,011</b>	<b>1,081</b>	<b>70</b>	<b>5,003</b>	<b>5,595</b>	<b>591</b>
<b>Total Income</b>	<b>44,251</b>	<b>44,408</b>	<b>157</b>	<b>88,503</b>	<b>88,737</b>	<b>233</b>	<b>527,748</b>	<b>529,436</b>	<b>1,688</b>

At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves pausing contracting and commissioning processes (including CQUIN), the Trust receiving block contract income as determined by NHSE/I, along with a standard monthly top-up amount and fixed COVID income supplement.

## Patient Care Income

### Emergency & Urgent Care Income

- E&UC income is £0.1m favourable YTD (£0.5m favourable full year) due to the pass through of inflation from NWL STP.
- Block contract income is reported under the emergency and urgent care heading with £34m being received each month.
- Monthly top up and fixed COVID support income (£7.3m per month) is also included here.

### Telephone Advice Service Income

- This limited to 111 First programme and NW London 111 IUC Service income due to the adjusted financial framework in place, and is in line with budget.

### Commercial Service Income

- Due to the COVID-19 pandemic, very limited stadia income is currently being received though this is projected to increase and Heathrow contract income is on plan.

### Specialist Service Income

- Specialist Service income is £0.1m favourable YTD (£0.5m favourable full year forecast) primarily in relation to income for Primary Care Network service pilots.

### Other Operating Income

#### Staff Recharges

- Staff recharge income is £0.1m favourable YTD (£0.7m favourable full year forecast) in relation to seconded staff across the Trust.

#### Education & Training

- Education and Training funding is £0.1m adverse YTD (£0.1m adverse full year forecast) due to lower apprenticeship income and lower training & development funding.

# Pay Expenditure

Pay Expenditure by Type	Month 2 2021-22 £000			YTD Month 2 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
<b>Substantive</b>									
Corporate & Support Staff	(3,617)	(2,755)	862	(7,226)	(5,466)	1,760	(43,274)	(38,435)	4,839
Directors And Senior Managers	(1,754)	(1,336)	418	(3,476)	(2,660)	816	(21,006)	(18,660)	2,345
Frontline Control Staff	(2,618)	(2,508)	110	(5,245)	(5,015)	230	(31,495)	(32,404)	(908)
Frontline Ops Staff	(15,648)	(15,516)	132	(31,178)	(30,786)	391	(189,666)	(188,704)	962
Med, Nursing & Clin Adv Staff	(771)	(584)	186	(1,550)	(1,243)	306	(9,243)	(9,228)	15
Non-Emergency Control Staff	(15)	(15)	0	(30)	(30)	0	(178)	(178)	0
Non Emergency Ops Staff	(442)	(297)	144	(883)	(594)	290	(5,300)	(3,568)	1,732
Ops Management & Team Leaders	(2,978)	(2,823)	155	(5,956)	(5,605)	351	(35,698)	(34,500)	1,198
Other Pay Costs	(996)	(118)	877	(1,991)	(233)	1,758	(8,333)	(6,581)	1,752
Overtime & Incentives	(1,222)	(2,683)	(1,460)	(2,394)	(6,404)	(4,010)	(16,451)	(24,834)	(8,383)
<b>Total Substantive</b>	<b>(30,060)</b>	<b>(28,636)</b>	<b>1,424</b>	<b>(59,928)</b>	<b>(58,035)</b>	<b>1,893</b>	<b>(360,645)</b>	<b>(357,093)</b>	<b>3,552</b>
<b>Agency</b>	(42)	(355)	(312)	(84)	(729)	(644)	(407)	(2,290)	(1,883)
<b>Bank</b>	(317)	(389)	(72)	(625)	(800)	(176)	(3,884)	(3,953)	(69)
<b>Seconded</b>	(15)	(614)	(599)	(30)	(1,319)	(1,289)	(179)	(3,713)	(3,534)
<b>Total Pay Expenditure</b>	<b>(30,435)</b>	<b>(29,994)</b>	<b>440</b>	<b>(60,667)</b>	<b>(60,883)</b>	<b>(216)</b>	<b>(365,116)</b>	<b>(367,049)</b>	<b>(1,934)</b>

Pay Expenditure by Directorate	Budget			Budget			Budget		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Forecast	Variance fav/(adv)
Central Corporate	(996)	(131)	865	(1,991)	(252)	1,740	(8,315)	(6,705)	1,610
Chief Executive	(149)	(147)	1	(297)	(286)	11	(1,714)	(1,788)	(74)
People & Culture	(455)	(388)	67	(909)	(781)	128	(6,313)	(5,972)	340
Communication & Engagement	(244)	(201)	44	(488)	(389)	100	(2,930)	(2,673)	257
Ambulance Services	(19,290)	(20,845)	(1,555)	(38,599)	(42,395)	(3,796)	(232,118)	(238,619)	(6,500)
999 Operations	(3,173)	(2,887)	286	(6,295)	(6,049)	246	(38,145)	(38,196)	(50)
IUC Services	(1,620)	(1,822)	(202)	(3,253)	(3,642)	(389)	(19,514)	(20,602)	(1,087)
Programmes & Projects	(293)	(88)	205	(559)	(193)	366	(3,675)	(2,517)	1,158
COO Management	(114)	(75)	38	(227)	(153)	74	(1,450)	(1,054)	396
Corporate Services	(222)	(187)	34	(444)	(374)	70	(2,661)	(2,486)	175
Finance	(375)	(343)	32	(757)	(732)	25	(4,378)	(4,314)	64
Performance	(109)	(78)	30	(217)	(157)	60	(1,305)	(1,240)	65
Strategy & Transformation	(39)	(76)	(37)	(94)	(162)	(68)	(482)	(865)	(382)
IM&T	(469)	(354)	116	(939)	(761)	178	(5,634)	(5,389)	245
Medical	(512)	(361)	151	(1,052)	(719)	333	(6,697)	(6,139)	558
Quality & Assurance	(1,556)	(1,276)	280	(2,974)	(2,418)	556	(20,521)	(19,996)	524
Strategic Assets & Property	(821)	(736)	85	(1,571)	(1,422)	149	(9,259)	(8,491)	767
<b>Total Pay Expenditure</b>	<b>(30,435)</b>	<b>(29,994)</b>	<b>440</b>	<b>(60,667)</b>	<b>(60,883)</b>	<b>(216)</b>	<b>(365,116)</b>	<b>(367,049)</b>	<b>(1,934)</b>

## Year to Date Position

YTD pay expenditure is £60.9m which is £0.2m overspent due to additional overtime and incentives, seconded external resources and agency in Ambulance Services and 111 IUC Services, partially offset by vacancies and lower recruit numbers than planned.

## Full Year Position

Pay expenditure is currently forecast to be £367m for the year which is £1.9m adverse to budget, again driven by Ambulance Services and 111 IUC spend.

Key items to note in the positions are:

- COVID-19 response costs of £5.6m YTD (£15.5m full year forecast) are primarily in relation to additional resourcing across Ambulance Services and IUC Services with significant operational pressure in both areas.
- Overspend in Ambulance Services (£3.8m YTD, full year forecast £6.5m) is driven by Overtime and incentives, as well as seconded support from the London Fire Brigade partially offset by Frontline, Non Emergency Transport Service and Management and Team Leader underspends.
- Overspend in 111 IUC (£0.4m YTD, full year forecast £1.1m) is primarily driven by agency and overtime use, and forecast recruitment going forwards.
- These are partially offset by favourable variances in Programmes and Projects (£0.4m YTD, full year forecast £1.2m) due to capitalisations and delays in projects, Quality and Assurance (£0.6m YTD, full year forecast £0.5m) due to lower numbers of recruits in training than planned, reserves in Central Corporate and vacancies across other areas.

# Non Pay and Financial Charges

Non Pay by Type	Month 2 2021-22 £000			YTD Month 2 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
<b>Non Pay Expenditure</b>									
Establishment Expenses	(721)	(658)	63	(1,578)	(1,349)	229	(10,461)	(10,323)	138
General Supplies & Services	(2,075)	(1,757)	318	(4,016)	(3,641)	375	(22,092)	(21,739)	354
Technology & Communications	(1,248)	(1,088)	161	(2,504)	(2,347)	157	(15,528)	(14,888)	640
Operations Supplies & Services	(3,822)	(4,608)	(786)	(7,589)	(8,886)	(1,297)	(44,909)	(44,508)	400
Premises & Fixed Plant	(1,766)	(1,579)	188	(3,294)	(2,987)	307	(20,034)	(19,735)	299
Transport	(2,168)	(2,324)	(156)	(4,340)	(4,497)	(157)	(24,176)	(26,181)	(2,005)
<b>Total Non Pay Expenditure</b>	<b>(11,802)</b>	<b>(12,014)</b>	<b>(213)</b>	<b>(23,321)</b>	<b>(23,707)</b>	<b>(386)</b>	<b>(137,200)</b>	<b>(137,374)</b>	<b>(174)</b>
<b>Financial Charges</b>									
Depreciation & Amortisation	(1,498)	(1,330)	168	(2,997)	(2,661)	336	(19,682)	(19,301)	381
Other Financial Charges	(466)	(573)	(107)	(941)	(902)	39	(5,807)	(5,768)	39
<b>Total Financial Charges</b>	<b>(1,965)</b>	<b>(1,903)</b>	<b>61</b>	<b>(3,938)</b>	<b>(3,563)</b>	<b>375</b>	<b>(25,489)</b>	<b>(25,069)</b>	<b>420</b>
<b>Total Non Pay &amp; Financial Charges</b>	<b>(13,766)</b>	<b>(13,918)</b>	<b>(151)</b>	<b>(27,258)</b>	<b>(27,270)</b>	<b>(11)</b>	<b>(162,689)</b>	<b>(162,443)</b>	<b>246</b>

Non Pay by Directorate	Budget			Budget			Budget		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Forecast	Variance fav/(adv)
Central Corporate	(1,720)	(1,752)	(32)	(3,440)	(3,281)	159	(21,558)	(20,937)	620
Chief Executive	(39)	(31)	8	(79)	(48)	31	(466)	(377)	88
Chairman & Non-Executives	(18)	(28)	(10)	(36)	(45)	(9)	(222)	(218)	4
People & Culture	(516)	(433)	83	(1,009)	(758)	251	(8,088)	(8,123)	(35)
Communication & Engagement	(47)	(19)	28	(94)	(35)	59	(576)	(314)	262
Ambulance Services	(1,161)	(1,508)	(347)	(2,457)	(2,779)	(322)	(15,646)	(15,148)	498
999 Operations	(119)	(92)	27	(240)	(188)	53	(1,437)	(1,350)	87
IUC Services	(2,430)	(3,361)	(931)	(4,786)	(6,623)	(1,837)	(29,095)	(30,383)	(1,288)
Programmes & Projects	(809)	(544)	265	(1,334)	(748)	585	(9,447)	(8,742)	705
COO Management	(25)	(54)	(29)	(37)	(80)	(43)	(206)	(453)	(247)
Central Income	0	0	0	0	0	0	0	0	0
Corporate Services	(564)	(575)	(10)	(1,129)	(1,109)	20	(6,774)	(6,789)	(16)
Finance	(107)	(69)	38	(216)	(130)	87	(1,327)	(1,233)	94
Performance	(11)	(22)	(11)	(22)	(23)	(2)	(130)	(115)	16
Strategy & Transformation	(288)	22	310	(577)	(88)	489	(1,022)	(677)	345
IM&T	(1,022)	(1,030)	(8)	(2,049)	(2,439)	(390)	(12,403)	(12,482)	(80)
Medical	(35)	(23)	12	(75)	(48)	27	(479)	(446)	33
Quality & Assurance	(402)	(209)	193	(801)	(421)	380	(3,025)	(3,022)	4
Strategic Assets & Property	(4,452)	(4,190)	261	(8,877)	(8,427)	450	(50,789)	(51,635)	(845)
<b>Total Non Pay &amp; Financial Charges</b>	<b>(13,766)</b>	<b>(13,918)</b>	<b>(151)</b>	<b>(27,258)</b>	<b>(27,270)</b>	<b>(11)</b>	<b>(162,689)</b>	<b>(162,443)</b>	<b>246</b>

## Year to Date Position

YTD non pay expenditure including financial charges is £27.3m which is on plan. Overspends in 111 IUC for additional resourcing in response to higher COVID related activity (£1.8m) are offset by underspends in Programmes and Projects and Strategy & Transformation (£1.1m combined) due to project delays, and People and Culture and Quality and Assurance (£0.6m combined) due to lower recruit numbers than planned.

## Full Year Forecast Position

Non pay expenditure including financial charges is forecast to finish the year at £162.5m which would be £0.2m favourable to current draft budgets.

Key items to note in the positions are:

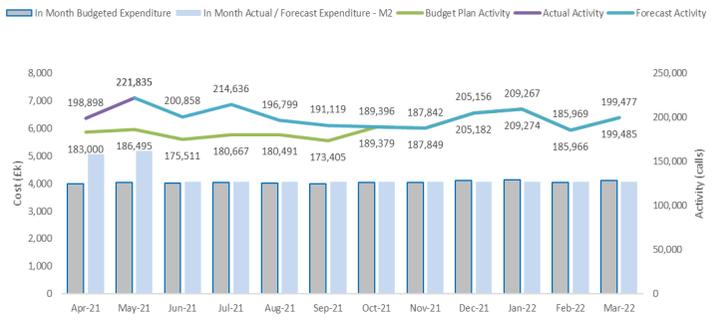
- Transport is overspent by £0.2m YTD (forecast full year overspend £2m) with the overspend being driven by Fleet repair and maintenance costs (primarily high 3<sup>rd</sup> party accident damage costs) and vehicle movements contract costs budgeted to finish but awaiting contract end confirmation.
- Operational Supplies and Services are overspent by £1.3m YTD (forecast full year underspend £0.4m) with the YTD overspend due primarily to IUC resourcing for high activity levels partially offset by the receipt of PPE from the national stockpile which was budgeted locally and lower operational equipment costs. The current forecast full year position improves as the increased resourcing has not been forecast across the full year.
- General Supplies and Services is underspent by £0.4m YTD (full year forecast underspend £0.4m) due predominantly to professional services costs in Strategy & Transformation.
- Premises expenses are underspent by £0.3m YTD (full year forecast underspend £0.3m) due primarily to project delays.
- Technology and Comms is underspent by £0.2m YTD (full year forecast underspend £0.6m) due primarily to underspends on projects due to delays, HART software and in IM&T on Cybersecurity.
- Depreciation is underspent by £0.3m (forecast full year underspend £0.4m due to capital project slippage).
- COVID-19 response costs are £4.3m YTD, primarily in relation to 111 IUC and Ambulance Services external resourcing, external vehicle maintenance and prep services, increased vehicle and premises cleaning, and depreciation impacts in respect of assets purchased.

# IUC / 111 Services

	111 IUC Total YTD M2 2021-22 £000			111 IUC Total FY Forecast M2 2021-22 £000		
	Budget	YTD	Variance fav/(adv)	Budget	Full Year Forecast	Variance fav/(adv)
<b>Income</b>						
Income from Activities	2,941	2,981	40	17,646	17,729	84
Other Income	0	0	0	0	0	0
<b>Total Income</b>	<b>2,941</b>	<b>2,981</b>	<b>40</b>	<b>17,646</b>	<b>17,729</b>	<b>84</b>
<b>Pay</b>						
Substantive Staff	(3,202)	(3,163)	38	(19,163)	(19,959)	(796)
Agency	(1)	(300)	(299)	(8)	(385)	(376)
Bank	(50)	(170)	(120)	(343)	(191)	152
<b>Total Pay Expenditure</b>	<b>(3,253)</b>	<b>(3,633)</b>	<b>(380)</b>	<b>(19,514)</b>	<b>(20,534)</b>	<b>(1,020)</b>
<b>Non Pay</b>						
Establishment Expenses	(3)	(2)	0	(17)	(14)	3
General Supplies & Services	(166)	(179)	(13)	(926)	(751)	175
Technology & Communications	(225)	(260)	(36)	(1,344)	(1,441)	(97)
Operations Supplies & Services	(4,034)	(5,749)	(1,716)	(24,657)	(26,044)	(1,387)
Premises & Fixed Plant	(304)	(369)	(64)	(1,824)	(1,798)	26
Transport	(1)	(1)	(0)	(5)	(5)	0
Depreciation & Amortisation	(54)	(62)	(9)	(322)	(330)	(8)
<b>Total Non Pay</b>	<b>(4,786)</b>	<b>(6,623)</b>	<b>(1,837)</b>	<b>(29,095)</b>	<b>(30,383)</b>	<b>(1,288)</b>
<b>Net Surplus/(Deficit)</b>	<b>(5,098)</b>	<b>(7,276)</b>	<b>(2,177)</b>	<b>(30,964)</b>	<b>(33,188)</b>	<b>(2,224)</b>

## 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 received for 111 First (£0.4m per month) and NW London IUC (£1m per month).
- YTD activity was around 14% higher than the budget plan due to COVID, event and weather impacts. Compounding this, calls requiring transfer to a clinician have increased by 27% and 30% YTD for SE and NE London respectively, along with an increase in clinician call time of 27% and 29% in SE and NE London respectively.
- Significant quantities of additional resource have been engaged in the early part of the year to manage activity - COVID-19 response costs are £2.5m YTD.
- The overall IUC position includes £5.7m of managed service and GP Service costs YTD (£25.9m FY forecast) to deliver stable clinical services and respond to COVID-19 demand levels, the 111 First programme and to provide the NW London 111 service.



# Capital Investment

	Actual (£m)	Actual (£m)	Forecast (£m)	Total										
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22		
Monthly capital spend	1.346	2.786												<b>4.131</b>
Original plan	2.712	3.151	3.216	3.261	3.478	1.048	1.435	1.137	0.636	0.498	0.434	0.436		<b>21.442</b>
Forecast	1.346	2.786	4.107	4.415	3.477	2.036	2.123	0.732	0.201	0.098	0.062	0.059		<b>21.442</b>
Disposals														<b>0.000</b>
Forecast net of disposals	1.346	2.786	4.107	4.415	3.477	2.036	2.123	0.732	0.201	0.098	0.062	0.059		<b>21.442</b>
Cumulative actual	1.346	4.131	4.131	4.131	4.131	4.131	4.131	4.131	4.131	4.131	4.131	4.131		
Cumulative original plan	2.712	5.863	9.079	12.340	15.818	16.866	18.301	19.438	20.074	20.572	21.006	21.442		
Cumulative forecast net of disposals	1.346	4.131	8.239	12.654	16.131	18.167	20.291	21.022	21.223	21.321	21.383	21.442		

Programme	(£m)		YTD as % of forecast
	YTD (excl Disposals)	Forecast (excl Disposals)	
D999	0.339	2.284	15%
IM&T	0.493	2.497	20%
Fleet	0.200	1.351	15%
Spatial	(0.015)	0.681	-2%
Estates	2.310	8.290	28%
Ambulance Ops Modernisation	0.311	1.598	19%
Logistics	0.051	1.553	3%
Medicines Modernisation	0.439	2.885	15%
Clinical Equipment	0.000	0.242	0%
Quality	(0.018)	0.040	-45%
Other	0.023	0.023	100%
<b>Total</b>	<b>4.131</b>	<b>21.442</b>	<b>19%</b>

The Trust's capital plan submitted in conjunction with NW London Commissioners provides for £21.4m worth of capital investment. Subsequent to M2, the Trust has also been made aware that an additional request for £4.8m of non-cash backed CRL for transformation projects has been approved. The initial £21.4m capital programme is expected to be funded from:

- Internally generated capital (£20m); and
- RAAC Plank and Diagnostic Equipment PDC (£1.4m).

#### YTD and Full Year Position

- YTD capital expenditure net of disposals is £4.1m YTD (£4.1m before disposals) compared to previously planned capital expenditure of £5.8m (£1.7m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals and donated assets is £21.4m (£21.4m before disposals) in line with plan.
- Capital spend on the Trust's ongoing property projects and programmes forms the bulk of YTD spend.

# Cash Flow Statement

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	May-21 YTD Move
	Actual	Actual	Actual	Actual	Actual	Actual	£000
	£000	£000	£000	£000	£000	£000	£000
<b>Opening Balance</b>	<b>78,620</b>	<b>86,719</b>	<b>80,572</b>	<b>84,806</b>	<b>39,788</b>	<b>38,267</b>	<b>39,788</b>
Operating Surplus	1,677	(1,519)	(2,694)	7,298	1,755	2,393	4,148
(Increase)/decrease in current assets	7,024	(3,985)	7,279	(13,363)	(616)	(901)	(1,517)
Increase/(decrease) in current liabilities	1,807	1,836	4,547	(38,141)	6,987	971	7,958
Increase/(decrease) in provisions	(1,265)	(104)	402	959	(140)	(37)	(177)
Net cash inflow/(outflow) from operating activities	9,243	(3,772)	9,534	(43,247)	7,986	2,426	10,412
<b>Cashflow inflow/(outflow) from operating activities</b>	<b>9,243</b>	<b>(3,772)</b>	<b>9,534</b>	<b>(43,247)</b>	<b>7,986</b>	<b>2,426</b>	<b>10,412</b>
Returns on investments and servicing finance	0	12	0	1	0	0	0
Capital Expenditure	(1,144)	(2,387)	(5,300)	(11,853)	(9,507)	(1,431)	(10,938)
Dividend paid	0	0	0	(1,474)	0	0	0
Financing obtained	0	0	0	11,555	0	0	0
Financing repaid	0	0	0	0	0	0	0
<b>Cashflow inflow/(outflow) from financing</b>	<b>(1,144)</b>	<b>(2,375)</b>	<b>(5,300)</b>	<b>(1,771)</b>	<b>(9,507)</b>	<b>(1,431)</b>	<b>(10,938)</b>
Movement	8,099	(6,147)	4,234	(45,018)	(1,521)	995	(526)
<b>Closing Cash Balance</b>	<b>86,719</b>	<b>80,572</b>	<b>84,806</b>	<b>39,788</b>	<b>38,267</b>	<b>39,262</b>	<b>39,262</b>

At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6. This process has not yet included detailed cash flow planning, and as such, no detailed cash flow plan figures are included.

## Summary

There has been a net outflow of cash to the Trust of £0.5m.

Cash funds at 31 May stand at £39.3m.

## Operating Surplus

- The operating surplus is on target.

## Current Assets

- The movement on current assets is (£1.5m).
- The movement is due to trade receivables (£3.4m), inventories (£0.4m), accrued income £2.0m and prepayments £0.3m.

## Current Liabilities

- The movement on current liabilities is £8.0m.
- The movements are due to deferred income £0.6m, accruals £8.3m and payable (£0.9m).

## Dividends

- N/A

## Provisions

- The movement on provisions was (£0.2m), this relates legal and international student payments.

## Capital Expenditure

- Capital cash movement was a net outflow of £10.9m.

# Statement of Financial Position

	Mar-21 Act £000	Apr-21 Act £000	May-21 Act £000
<b>Non Current Assets</b>			
Property, Plant & Equip	194,033	194,040	195,441
Intangible Assets	13,109	13,154	13,180
Trade & Other Receivables	0	0	0
<b>Total Non Current Assets</b>	<b>207,142</b>	<b>207,194</b>	<b>208,621</b>
<b>Current Assets</b>			
Inventories	6,440	6,469	6,818
Trade & Other Receivables	28,598	29,185	29,737
Cash & cash equivalents	39,788	38,267	39,262
Non-Current Assets Held for Sale	0	0	0
<b>Total Current Assets</b>	<b>74,826</b>	<b>73,921</b>	<b>75,817</b>
<b>Total Assets</b>	<b>281,968</b>	<b>281,115</b>	<b>284,438</b>
<b>Current Liabilities</b>			
Trade and Other Payables	(80,553)	(79,752)	(82,631)
Provisions	(7,557)	(7,958)	(7,966)
Borrowings	0	0	0
Working Capital Loan - DH	0	0	0
Capital Investment Loan - DH	0	0	0
<b>Total Current Liabilities</b>	<b>(88,110)</b>	<b>(87,710)</b>	<b>(90,597)</b>
<b>Total Assets Less Current Liabilities</b>	<b>193,858</b>	<b>193,405</b>	<b>193,841</b>
<b>Non Current Liabilities</b>			
Trade and Other Payables	0	0	0
Provisions	(8,381)	(7,840)	(7,780)
Borrowings	(107)	(107)	(107)
Working Capital Loan - DH	0	0	0
Capital Investment Loan - DH	0	0	0
<b>Total Non Current Liabilities</b>	<b>(8,488)</b>	<b>(7,947)</b>	<b>(7,887)</b>
<b>Total Assets Employed</b>	<b>185,370</b>	<b>185,458</b>	<b>185,954</b>
<b>Financed by Taxpayers Equity</b>			
Public Dividend Capital	77,840	77,840	77,840
Retained Earnings	60,043	60,131	60,627
Revaluation Reserve	47,906	47,906	47,906
Other Reserves	(419)	(419)	(419)
<b>Total Taxpayers Equity</b>	<b>185,370</b>	<b>185,458</b>	<b>185,954</b>

At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning up to M6. This process has not yet included detailed Statement of Financial Position planning, and as such, no detailed plan figures are included.

## Non Current Assets

- Non current assets stand at £208.6m, £2.5m movement in year.

## Current Assets

- Current assets stand at £75.8m, £1.0m movement in year.
- Cash position as at 31 May is £39.3m, (£0.5m) movement in year. Within Trade & Other Receivables, Receivables (debtors) at £5.2m, is £3.4m movement, accrued income at £17.8m, is (£2.0m) movement and prepayments at £6.8m is (£0.3m) movement.

## Current Liabilities

- Current liabilities stand at (£90.6m), (£2.5m) movement in year.
- Within Trade and Other Payables, Payables, accruals at £57.9m, (£8.3m) movement. The increase in movement is due to trade receivables £6.8m, Deferred Income at £0.9m, (£0.6m) movement and Current provisions at £8.0m, (£0.4m) movement.

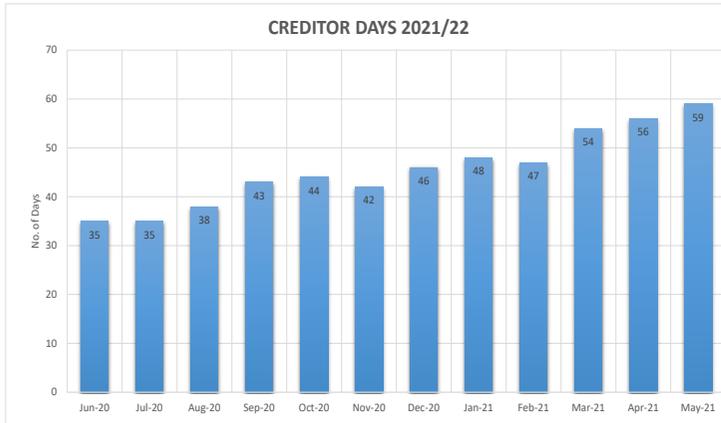
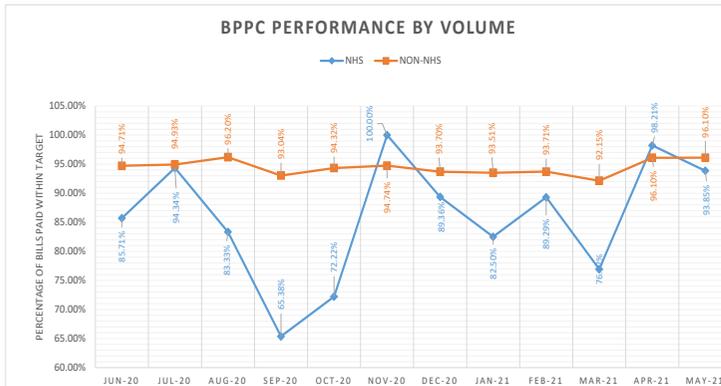
## Non Current Liabilities

- Non current provisions at £7.8m, £0.6m movement in year.
- Borrowings at £0.1m, no movement in year.

## Taxpayers Equity

- Public Dividend Capital stands at £77.8m, no movement in year.
- Revaluation Reserve stands at £47.9m, no movement in year.
- Retained Earnings stands at £60.6m, £0.6m movement in year.
- Taxpayers Equity stands at £185.4m, £0.6m movement in year.

# 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. BPPC performance for May 2021 was 94.2% and 66.7% for Non-NHS and NHS respectively.
- 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 2 months to the end of May 2021 is 5,409 and 65 for Non-NHS and NHS respectively.

## Creditor Days

- The increase in creditor days in March 21 to May 21 was due to an increase in accruals. The main increases are in the following areas SEL and NEL 111 managed costs, AA services, Interserve and London Fire Brigade.

# Debtors Analysis

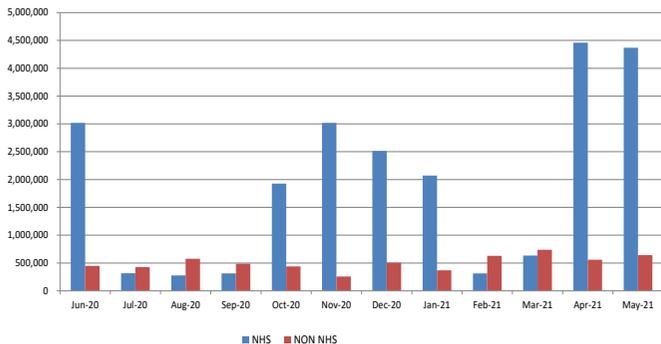
## Debtors:

Aged Debtors Summary 31st May 2021

	Note	Total £'000	Days Overdue			
			0 - 30 £'000	31 - 60 £'000	61 - 90 £'000	Over 91 days £'000
<b>NHS Debtors</b>						
Nhs North West London Ccg	1	3,269	-	3,020	224	25
Nhs North East London Ccg	1	716	-	716	-	-
West Midlands Ambulance Service Univ. Nhs Ft	1	140	-	140	-	-
Barts Health Nhs Trust	1	83	-	-	49	34
North East London Csu	1	58	-	34	21	3
Nhs South East London Ccg	1	42	35	-	-	7
<£5,000	1	60	-	1	12	47
<b>NHS Debtors</b>		<b>4,369</b>	<b>35</b>	<b>3,912</b>	<b>306</b>	<b>116</b>
<b>Non-NHS Debtors</b>						
Merton Health Ltd	2	190	11	20	-	159
Heathrow Airport Ltd	3	132	132	-	-	-
Twickenham Rfu	4	39	-	10	17	13
Tottenham Hotspur Fc	5	31	-	-	-	31
Alternative Networks Ltd	6	14	14	-	-	-
<£15,000	7	235	11	18	(4)	211
<b>Total Non NHS Debtors</b>		<b>642</b>	<b>168</b>	<b>48</b>	<b>13</b>	<b>413</b>
<b>TOTAL DEBTORS 30th February 2021</b>		<b>5,011</b>	<b>203</b>	<b>3,960</b>	<b>319</b>	<b>529</b>

Source: Debtors Ledger 31st May 2021

## Debtors Analysis



## Debtors Position: 31st of May 2021

Total outstanding NHS and Non-NHS debtors as at 31st May 2021 amounted to £5m. The NHS over 60 day's debt stands at £617k.

### 1. NHS Debtors:

- 6 x NHS North West London invoices for £3.2m, in which £2.5m was paid on the 2nd of June 2021.
- 2 x NHS North East London invoices for £716k is due for payment,
- 1 x West Midlands Ambulance Services invoices for £140k is being chased for payment.
- 29 x Barts Health NHS Trust Invoices £84k. 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.
- North East London NHS Trust The Trust are in the process of resolving these individually with the respective budget holders and expect payments to continue to come in during June.
- 5 x NHS South East London CCG Invoices £42k. 2 invoice for £35k are not due for payment.

2. Merton Health Ltd - £190k (2 invoices for £179k paid on the 10th June 2021).

3. Heathrow Airport - £132k invoice not due.

4. Twickenham RFU - £46k (2 invoices) - Credit note will be raised for 2 duplicated invoices for £27k.

5. Tottenham Hotspur FC - 4 invoices for £31k, being chased, payment expected in June.

6. Alternative Networks Ltd- £14k - Invoice not due for payment.

7. Non-NHS Debtors <£15k - £235k consists of; £192k of salary overpayments made to employees, the individuals are paying us on a monthly basis based on their financial status, £6k of stadia events, the stadiums are being chased for payment on a regular basis. The remaining £37k is due from local Government bodies and other miscellaneous organisations.

The graph to the left shows the debtors trend for the last 12 months.



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Board Assurance Framework and Corporate Risk Register			
<b>Agenda item:</b>	10			
<b>Report Author:</b>	Frances Field, Risk and Audit Manager			
<b>Presented by:</b>	Trisha Bain, Interim Director of Corporate Affairs			
<b>History:</b>	N/A			
<b>Purpose:</b>	<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:**

This paper provides the Board with an updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR):

**Board Assurance Framework**

**Current Risks:**

- BAF risk 61 - COVID-19 Impact:** Risk reviewed on 1 July 2021, by Chief Operating Officer with a proposal to increase the residual risk score from 12 (4 x 3) to 16 (4 x 4) to reflect the increase in demand:

  - Finance sub-category risk for COVID-19: The risk was reviewed by the Chief Finance Officer on Risk reviewed on 1 July 2021 with updates made to controls, residual risk score increased from 5 (5 x 1) to 15 (5 x 3) due to H2 income not yet being confirmed.
  - Operational sub-category risk for COVID-19: The risk was reviewed on 1 July 2021, with a proposal to increase the residual rating from 12 (4 x 3) to 16 (4 x 4) due to the increase in demand.
  - Clinical safety sub-category risk for COVID-19: The risk was reviewed by the Chief Medical Officer on 1 July 2021, with updates made to controls, residual risk score remains at 12 (4 x 3).
  - Quality sub-category risk for COVID-19: The risk was reviewed on 29 June 2021 with no change to residual risk score of 12 (4 x 3).
  - People and Culture sub-category strategic COVID-19: The risk was reviewed on 30 June 2021 by the Head of Workforce and Analytics, with updates made to controls, residual risk score remains at 12 (4 x 3).
- 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 score 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 score 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 risk was reviewed by the Chief Finance Officer on 1 July 2021 with amendments to controls and actions, residual risk score remains at 15 (5 x 3).
- **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. The risk was reviewed on 1 July 2021 by the Head of Workforce and Analytics, with amendments made to controls and actions, residual risk score remains at 12 (4 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 risk was reviewed on 29 June 2021 by the Chief Medical Officer with amendments to controls and action, residual risk score remains at 12 (4 x 3).

*To note: updates to current BAF risks are marked in red text in the attached BAF report*

#### **New BAF Risk :**

There is a risk that the Trust will not be able to deliver its transformation programme (including Hub 1) within the expected timeframe and funding envelope, impacting its ability to mitigate its critical infrastructure risks. This risk is currently being articulated and will be presented to the Trust Board for approval.

#### **Corporate (Trust Wide) Risks rated 15 and above:**

##### **New Risk**

- **Risk ID 1145** - There is a risk that medical devices may not be managed appropriately due to the Trust not employing or contracting the services of a medical device specialists.  
Update: A gap analysis report recently commissioned by the Trust included a recommendation for a risk to be raised with a minimal score of 20. A risk had been raised in previous months at a score of 16. The risk was reviewed by the Risk Compliance and Assurance Group (RCAG) who agreed to raise to the recommended score of 20 (4 x 5) and for the risk to be added to the Corporate (Trust wide) Risk Register.

##### **Current Risks**

- 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.  
Update: The risk had been reviewed at ExCo and agreed to be tolerated for 6 months. Residual risk score remains at 20 (5 x 4).
- 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 IUC team are working on a permanent solution within the telephony system. It was noted that regular incidents of unmanned phone continues to occur and additional mitigation was being put into place. The residual risk score remains at 16 (4 x 4).
- Risk ID 1066** – There is a risk of the disruption to the business continuity for medicines supply within the LAS due to the lack of a contingency site which may lead to the inability to pack and distribute medicines if not properly managed and could lead to prosecution if non-compliant with Medicines Act 1968.  
Update: It was noted that there was no current licence to store medicines in a different location within the Trust and actions are being taken to address this via the Ambulance Modernisation Programme. There are also current talks with SCAM around the wholesale licensing requirements. The group agreed to tolerate the risk for another 6 months. Residual risk score remains at 16 (4 x 4).

#### Tolerated Risks

- Risk ID 1081** - 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 Whole Sale Dealers Licence; which may lead to the inability for LAS staff to treat patients if not properly managed. Residual risk score remains at 16 (4 x 4).
- 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. Residual risk score remains at 15 (5 x 3).

#### Recommendations for the Trust Board:

The Board is asked to note this report and approve the Board Assurance Framework

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

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes	X	No	John Martin, Chief Paramedic and Quality Officer
Finance	Yes	X	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	X	No		Angela Flaherty, Associate Director of Strategy and Transformation
People & Culture	Yes	X	No		Chris Randall, Head of Workforce Analytics
Corporate Affairs	Yes	X	No		Trisha Bain, Interim Director of Corporate Affairs

## Board Assurance Framework: June 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.**

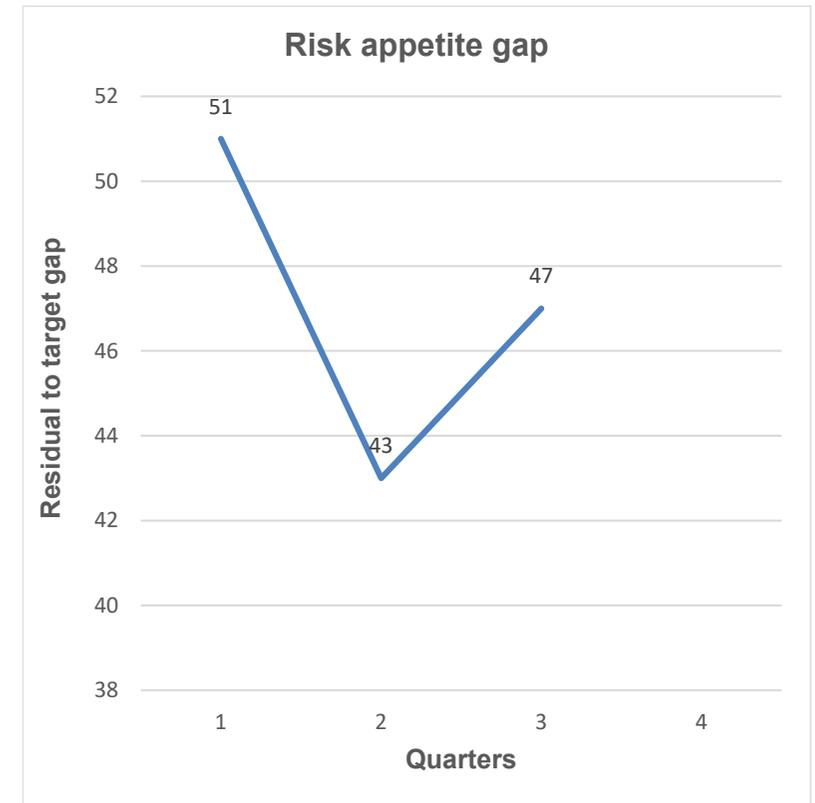
### Summary of current position

Strategic Risk	Initial Risk Score	Residual Risk Score	Risk Tolerance	Risk exceeding tolerance?	Change in risk score
COVID-19 Impact *	20	42 16	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	↔

\* COVID-19 risk reviewed on 1 July 2021 with a proposal to increase the residual risk score from 12 (4 x 3) to 16 (4 x 4) to reflect the increase in demand

## BAF Risk reporting Trend – 2021/2022

	Target	Residual to target gap		
		Jan '21	Apr '21	July '21
<b>BAF 61 COVID 19 *</b>	8	20	12	16
<b>BAF 58 IT failure</b>	4	16	16	16
<b>BAF 45 - Cyber Security</b>	10	15	15	15
<b>BAF 56 Recruitment/Retention</b>	8	16	16	16
<b>BAF 63 - Future Funding</b>	5	15	15	15
<b>BAF 65 - Immunisation</b>	8	12	12	12
<b>Total risk score</b>	43	94	86	90
<b>Residual to target gap</b>		51	43	47



\* COVID-19 risk reviewed on 1 July 2021 with a proposal to increase the residual risk score from 12 (4 x 3) to 16 (4 x 4) to reflect the increase in demand

**STRATEGIC GOAL 1: Providing outstanding care for our patients**

**Executive Lead    Chief Executive Officer                      Assuring Committee: Board**

No. and Risk description	Initial risk score	Key controls and assurances	Residual risk score	Action plan	Timescale	Risk tolerance	Board update	
61	COVID-19 Impact	<p align="center">4 x 5  20  26.05.20</p>	<p><b>Controls</b></p> <ol style="list-style-type: none"> <li>Strategic Recovery Group worked with each directorate and developed action plans for future resilience and sustainability.</li> <li>Ongoing conversations with our suppliers, ensuring we are aware of any emerging issues with supplies and can respond to those.</li> <li>Pandemic business continuity plans being developed, incorporating lessons learned and preparing for any potential peaks in future.</li> <li><b>A Senior Leadership Delivery meeting was set up to support information sharing, enable a resilient response to the situation and robust decision making.</b></li> <li>Post COVID considerations led by the CFO, COO and Director of Strategy and Transformation to agree the optimal operating model including resources and estates requirements, identify and retain efficiencies and operating opportunities across all areas of operations.</li> <li>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</li> </ol>	<p align="center"><del>4 x 4</del> 16 26.05.20</p> <p align="center"><del>4 x 3</del> 12 11.11.20</p> <p align="center"><del>4 x 5</del> 20 08.02.21</p> <p align="center"><del>4 x 3</del> 12 30.03.21</p> <p align="center">4 x 4 16 01.07.21</p> <p align="center">↑</p>	<ol style="list-style-type: none"> <li>COVID-19 decision making review underway.</li> <li>To review and assess the Trust's Strategy and strategic risks following COVID</li> <li>The organisation has been asked to set out its position including funding to deliver health care at system level.</li> </ol>	<p align="center">Complete</p> <p align="center">Ongoing</p> <p align="center">Ongoing</p>	<p align="center"><b>6-10</b></p>	

26.05.20

7. 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
8. **The Trust has historically built strong pipelines for paramedic recruitment overseas which will allow it to respond to an under supply in the UK market. Whilst most of these activities have been on hold due to the pandemic and Government restrictions, we are now progressing with our plans to recruit 269 international paramedics, 100 via our internal recruitment team, and the remaining 169 candidates via an external international recruitment provider.**
9. Substantive 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
10. 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.
11. PSIP monitoring and reporting all patient safety incidents – COVID19 and non-COVID19 related – monthly end to end review of patient pathway incidents (IUC and Emergency pathways
12. Worked with CQC and NHSI and agreed SI process whilst recognising the scale of investigations required to meet LfD regulatory requirements
13. 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.

14. 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 captured.
15. Secured capital of £26.7M to support the capital programme for transformation requirements in 21/22. CRL and cash to cover the gap of £7m is required and loan financing will be proposed to NWL pending capital receipts.
16. 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.
17. A case is currently being made to NHSE National and Regional teams and NWL ICS for recurrent expenditure requirement including post Covid resilience.
18. The Trust has developed an efficiency programme across all areas of the business, building in benefits realisation principles from PWC audit of D999 programme to deliver savings to meet the 2% CIP requirement expected of all organisations plus cost pressures that may arise in the 2<sup>nd</sup> half of 21/22. However the H2 efficiency requirement is likely to be a minimum of 3% and maximum of 5%.

**Assurances**

1. Reports are provided to the Board Assurance Committees on COVID-19 related activities.

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|  |  |  | <ol style="list-style-type: none"><li>2. Reports provided to Executive Committee who sign off strategic risks and actions.</li><li>3. Status reports provided to the Trust Board via weekly NED calls and monthly Trust Board meetings.</li></ol> |  |  |  |  |
|--|--|--|---|--|--|--|--|



London Primary Care Networks. This number had originally been built in to the recruitment plans for 2021/22 but has been revised from 192fte to 70 fte as the PCN take-up is expected to be much lower than originally forecast.

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. The Workforce Development & Planning Programme is meeting fortnightly to review performance against workforce plans.
9. Under the Ambulance Operations Programme there is a retention work stream 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.

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|  | <ol style="list-style-type: none"><li>10. The Trust has an experienced recruitment team who have demonstrated their ability to flex to meet the recruitment targets required of the organisation</li><li>11. The Trust has developed a paramedic apprenticeship programme to attract and retain non clinical employees.</li><li>12. 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 February 2021 and the second cohort in July 21. In 2021/2022 we are recruiting over 400fte AAPs and TEAC roles.</li><li>13. The LAS Academy is coming to an end and we will move to the partnership with Cumbria for an apprenticeship programme.</li><li>14. Covid Paramedic bank to LAS Bank - procedure now in place to help support front-line resourcing.</li><li>15. We have developed Ambulance Ops, 111 and 999 workforce sustainability Plans.</li></ol> <p><b>Assurances</b></p> <ol style="list-style-type: none"><li>1. The International recruitment campaign is ongoing via skype interviews for 2021/22 subject to available training places.</li><li>2. ExCo led Strategic Workforce Planning Group (SWPG) (now the Workforce Development &amp; Planning Programme) 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.</li></ol> |  |  |  |  |
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|  |  |  | <ol style="list-style-type: none"><li>3. The Workforce Development &amp; Planning Programme is meeting on a fortnightly monthly basis supported by work streams for IUC and Ambulance Operations.</li><li>4. Skills Mix Matrix is the subject of ongoing executive meetings. The Workforce Development &amp; Planning Programme will own this on behalf of ExCo.</li><li>5. Monthly tracking of leavers against forecast, joiners, visa expiry data.</li></ol> |  |  |  |  |
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			<ol style="list-style-type: none"> <li>1. Regular reporting to committees, sub committees and groups.</li> <li>2. IT Delivery Board established with Terms of Reference</li> <li>3. Draft roadmap developed and is being socialised with operations</li> <li>4. Commissioned independent reports.</li> <li>5. Routine planned maintenance.</li> <li>6. Outline business cases.</li> <li>7. Project boards established for replacement of critical systems</li> <li>8. Capital allocation of funds for corrective actions.</li> <li>9. D999 Programme Board established and overseeing key projects</li> <li>10. Issues with systems discussed at all levels of the Trust</li> </ol>		<p>CM7</p> <ol style="list-style-type: none"> <li>6. Review CISCO telephony platform and create a plan for transitioning from the current system.</li> <li>7. CAD Essentials Board has been superseded by the IMT Delivery Board</li> <li>8. CAD dashboard to be implemented and reviewed at IMT Delivery Board</li> <li>9. Cyber to be moved to ICT and a clear roadmap developed to resolve outstanding issues including patch management</li> <li>10. Completion of build of new hardware platform for existing CommandPoint to be completed at Crown Hosting Centres</li> <li>11. IT Priorities reassessed and focused on key areas</li> <li>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 Replacement Strategies in progress to address</li> <li>13. Network configuration to be reviewed and upgraded to include resilience.</li> <li>14. Primary network site of Bow to be relocated to external data warehouses at Corsham.</li> </ol>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>30/08/21</p> <p>30/11/21</p>		
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				<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>30/05/22</p> <p>30/05/22</p>		
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**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.	5 x 4 20 14.12.17	<p><b>Controls</b></p> <ol style="list-style-type: none"> <li>1. Technical cyber protection, detection and remediation solutions are deployed but require review.</li> <li>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.</li> <li>3. Auditable set of documents covering people, processes, procedures and technical controls; reviewed by NHSD and third parties at least twice a year</li> <li>4. Broad set of real-time security reporting and alerting with ability to take immediate action</li> <li>5. NHS specific intelligence feed from NHS Digital implemented in technical controls and cyber responses</li> </ol> <p><b>Assurances</b></p> <ol style="list-style-type: none"> <li>1. Compliance-based cyber security KRIs/KPIs (reported to IM&amp;T SMT and monthly CEO performance review)</li> <li>2. Performance reporting to L&amp;IC through IM&amp;T</li> <li>3. Internal Audit and independent audit against DSPT</li> <li>4. Additional NHSD assurance support through CORS programme</li> <li>5. CareCert notifications performance measured and reported as part of the IM&amp;T's KPIs, reported to IM&amp;T SMT &amp; ExCo monthly</li> </ol>	5 x 3 15 15.1.18	<ol style="list-style-type: none"> <li>1. Deliver technical control/assurance projects:                             <ol style="list-style-type: none"> <li>a. Network segregation and access control (Cisco ISE and TrustSec)</li> <li>b. Hardening of internet-facing systems (configuration and improved access control)</li> <li>c. N365 – Underpinned by the IG Compliance monitoring and data loss prevention - <b>Investigating existing M365 access to Information Protection technology</b></li> <li>d. SolarWinds Logging solution and Security Information &amp; Event Management (SIEM)</li> </ol> </li> <li>2. Leverage NHSD funded opportunities:                             <ol style="list-style-type: none"> <li>a. Cyber Risk Framework workshops to enable enterprise integrated cyber risk management</li> <li>b. CORS Support – Supplier cyber management process, training needs analysis, baseline security architecture patterns, cyber cultural vision statement</li> <li>c. Cyber training opportunities e.g. CISSP and CIPR NCSC recognised qualifications.</li> </ol> </li> <li>3. Recruitment of substantive IG and Information Security resource at 2<sup>nd</sup> line of defence.</li> </ol>	CIO <del>Aug 2020</del> Sep 21 June 21 August 21 Complete CIO Complete Complete Complete	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 commissioning arrangements, 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 for the second half of 2021/22.</p> <p>This risk relates to all commissioned services including 999 and IUC /111 services covering NEL / SEL and NWL</p>	<p><b>5 x 4</b> <b>20</b> 11.11.20</p>	<p><b>Controls</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Comprehensive resource model developed which links workforce, frontline fleet capacity, finance, and demand to forecast ability to deliver national response performance standards.</li> <li>3. Income for H1 of 2021/22 agreed with ICS with agreement of receipt of non NHS income and additional surge costs excluded.</li> <li>4. Efficiency Delivery Programme established with oversight over all CIP programmes, with best practice approach 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.</li> <li>5. 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</li> </ol>	<p><b>5 x 3</b> <b>15</b> 11. 11.20</p> 	<ol style="list-style-type: none"> <li>1. Identify components of the strategic efficiency plan to PID level.</li> <li>2. Monthly reporting of downside or worst case scenarios included in the Finance Report.</li> <li>3. Implement financial control transformation plan.</li> <li>4. Implement service line reporting.</li> <li>5. Work with pan-London ICS CFOs lead to achieve buy in to modernisation Programme.</li> <li>6. <b>Work with pan-London ICS CFO's and London region to secure required CDEL and supporting cash. Currently secured additional £4.8M CRL for 21/22</b></li> <li>7. Agree H2 income plan by the end of End of September 21.</li> <li>8. <b>Prioritise of capital is complete and revenue service development for H2 remains outstanding and will be completed in July.</b></li> <li>9. <b>Complete lean process review of IUC/111 services to support commissioning discussions.</b></li> <li>10. <b>Secure bridging loan funding for Hub 1 with NHSE.</b></li> </ol>	<p>Complete</p> <p>Complete</p> <p>30 Sep 21</p> <p>30 Sep 21</p> <p>Ongoing</p> <p>30 Sep 21</p> <p>30 Sep 21</p> <p>30 July 21</p> <p>30 Sep 21</p> <p>31 Dec 21</p>	<p>12-16</p>	

expectations set through NHSE & Regional directives.

**Assurances**

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 Board.
3. Bi-weekly meetings to agree short and medium term forecasts and resourcing required to deliver performance.
4. Asset disposal plan aimed at closing £14.5M of the Trust's capital cash requirement.
5. Benefits realisation including efficiency delivery is on the internal audit review plan to report by Q1.
6. End to end process review for IUC services to be completed by the end of September 2021 to optimise efficiency and support commissioner discussions.

**Gap in Control**

1. Capital Plan of £34.7M developed for 21/22 with a capital remaining CDEL and cash gap of £4.8M closed through movement in accruals and assuming loan financing of £7M for Hub 1 repayable on disposal of Romford.
2. H2 income plan to be agreed by end of September 2021 for both 999 and IUC/111 services.
3. Prioritisation of capital is complete and revenue service development for H2 remains outstanding.

**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><b>Source</b> 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><b>4 x 4</b> <b>16</b> 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 &amp; in early employment to improve the opportunities for immunisations prior to commencement in roles where the risks are the highest.</p> <p><b>Gaps in controls</b> 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><b>4 x 3</b> <b>12</b> 3. 11.20</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"> <li>• The issues</li> <li>• The risks</li> <li>• The solutions</li> </ul> <p>Delivery of the Phase 1 immunisation catch up programme will be completed in December 2020</p> <p>Verbal Update from CMO to board recommending next steps for immunisations programme, with paper presented to ExCo on 17.3.21.</p> <p>Appointment of OH specialist as LAS advisor</p> <p>Design and implement immunisation assurance reports from OHIO. Predetermined by data accuracy activity currently underway</p> <p>Task and finish group- Review &amp; redesign the approach to immunisations, timings of checks and processes starting at the pre</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>31/12/21</p> <p>Ongoing</p>	<p><b>6-10</b></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>An OH specialist advisor has been interviewed and offered the post. There was an initial start date of June 2021 but indications are we will be able to have support from May initial 3 days per week and then increasing to fulltime from June. The focus will be on the immunisation programme and providing the CMO and Director of P+C / Head of Wellbeing with the necessary expert advice around the OH retender and specialist OH advice and support. This appointment, which will initially be fixed term to ensure there is organisational benefit, was a recommendation from the FAOW investigation supported by the Audit committee but has been challenging to secure due to COVID and OH providers supporting the national vaccine programme.</p>	<p>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. Complete – there is little clinical evidence to support - for OH vaccines.</p> <p>Hep B immunity peaks at approximately 4-12 weeks following vaccination and then declines</p> <p>Measles and Rubella – immunity is achieved following vaccination course</p> <p>Varicella – immunity assumed following exposure in childhood/ immunity achieved through vaccination course if necessary</p> <p>Pertussis – immunity evidence not required</p> <p>EPP non responders ONLY require periodic review of Hep B disease status (not immunity) to avoid infecting patients</p> <p>This evidence may be different for Covid vaccines</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 oversight of personal</p>	<p>Complete</p> <p>Ongoing</p> <p>Complete – no action required currently</p> <p>Ongoing</p>		
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				<p>immunisation records. Trust has a H&amp;S responsibility to maintain records to: Demonstrate duty of care to protect employee against BBV (Hep B) Demonstrate d.o.c. to protect the public against disease (MMR). Recommend Trust retains responsibility to maintain records. Encourage personal record keeping but not to rely on this as the sole source</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. Decision paper to July EXCO for agreement of which option to pursue:</p> <ul style="list-style-type: none"> <li>• BAU/Nothing</li> <li>• Open Tender</li> <li>• Partnership</li> <li>• In house</li> </ul> <p>Ensure the OH contract award includes the requirement for a live bi-directional OH interface with ESR. PAM group will pursue this (in contract extension lifetime – June 2022) – this is being agreed within the Trust</p>	<p>Jan 2022</p> <p>Jan 2022</p>		
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					<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>Future action post OH contract award/partnership set up</p> <p>Continue to engage with NHSE/I as they develop digital "immunisation passports". Provide information and lobby for this to interface with OH records &amp;/or ESR.</p>	<p>Jan 2022</p> <p>Ongoing timeline for delivery not yet defined by NHSE/I</p>		
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## 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 Sub-category Strategic Risk Assessments

<b>Responsible Director:</b> Khadir Meer		<b>Operational</b>	
<b>Risk assessment using NHS risk matrix</b>	<b>Initial Rating</b>	<b>Current Rating</b>	<b>Target Rating</b>
	20	42 16	8

Risk reviewed on 1 July 2021 by Chief Operating Officer – proposal to increase residual risk score remains to a 16 (4 x 4) from a 12 (4 x 3) due to increasing demand.

### 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:

- A Senior Leadership Delivery meeting 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. As of mid-June 2021 this was stood up as the daily meeting again following the Trust move to REAP 4.
- 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 which is progressing well to date.
- Medium term forecast and planning is undertaken by the trust to cover the response to demand expected during the government proposed roadmap.
- Additional planning is in progress to ensure the Trust is resilient ahead of a potential third wave. This includes both internally and with the system to align forecasts with NHS England and other system partners.
- Sustainability plans were reviewed in June 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.

## 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	12 16
<ul style="list-style-type: none"> <li>• The Trust has set up a Strategic Incident Room (COVID 19 cell) this has been stood down with the reduction of demand, <b>however plans are in place to reinstate or put an equivalent function in place if required.</b></li> <li>• 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.</li> <li>• Ongoing review of specifically Covid-19 related risks and response to those.</li> <li>• Oversight of CAD stability: <ul style="list-style-type: none"> <li>✓ CAD Essentials board to be restarted and control room risks will be an agenda item</li> <li>✓ Projects to replace or mitigate for all faults on telephony, CAD, radio and mobile data put in place</li> <li>✓ Audits of telephony system</li> <li>✓ CAD dashboard to be implemented and reviewed at CAD essentials board</li> </ul> </li> <li>• IM&amp;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.</li> <li>• IM&amp;T to provide assurance that bandwidth capacity is available to enable higher numbers of staff to work remotely.</li> <li>• The Trust has rolled out a staffing plan to deploy non-standard ambulance to simplify scheduling and increase oversight of delivery levels.</li> <li>• Expansion of the DCA fleet to maximise the vehicle availability to respond to increasing demand.</li> <li>• 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.</li> <li>• Expansion of 999 control room capabilities and capacity to respond to calls.</li> <li>• Separated out the Covid-19 calls from 999 and 111 to allow a specialised response.</li> <li>• A New Fuel policy and procedure to support business continuity has been rolled out.</li> <li>• 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. <b>Further RPE testing of staff is to take place over Q2 in response to staff feedback.</b></li> <li>• Engagement with CCG's NHSE&amp;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.</li> <li>• Continue adapting the plan clinically and operationally as the situation develops.</li> <li>• 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.</li> <li>• 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. <b>This is being re-assessed in June/July Q2 as a response to increasing demand.</b></li> <li>• Review of the impact on staff capacity and availability as a result of transformation projects and development of services by the Trust.</li> <li>• <b>MOU's are in the process of being signed off with LFB and MPS to support with front line staffing as required to meet increasing demand.</b></li> </ul>			

## 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	5-15	5
<p>Risk reviewed on 1 July 2021 with updates made to controls, residual risk score increased from 5 (5 x 1) to 15 (5 x 3).</p> <p><b><u>Strategic Risk Description:</u></b></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 21/22.</p> <p><b><u>Underlying Cause</u></b></p> <p>The financial arrangements for H1 of 21/22 have now been notified by NHSE. Arrangements for H2 remain uncertain and should be notified by September 2021.</p> <ol style="list-style-type: none"> <li>1. Fails to capture the material financial impacts of COVID 19. Cannot recover the full income required for COVID 19 from NHS England/Improvement.  <b>Actions taken:</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The Trust continues to fully document all COVID 19 related expenditure to ensure it will stand the scrutiny of both internal audit and parliament.</li> <li>• An inventory management system has been procured and implemented in Deptford for COVID 19 related stock management.</li> <li>• Budget based approved financial plan including CIP has been issued to Directorates based on agreed budgets with budget holders and is being monitored with focus on Covid spend to determine ongoing run rate and bear down on any unnecessary spend.</li> </ul> </li> <li>2. Is unable to identify and sustain cost efficiencies from opportunities post Covid-19  <b>Actions taken:</b> <ul style="list-style-type: none"> <li>• The Trust has developed an efficiency programme across all areas of the business, building in benefits realisation principles from PWC audit of D999 programme to deliver savings to meet the 2% CIP requirement expected of all organisations plus cost pressures that may arise in the 2<sup>nd</sup> half of 21/22. However the H2 efficiency requirement is likely to be a minimum of 3% and maximum of 5%.</li> </ul> </li> <li>3. Is unable to identify and sustain innovation and improvements during and post Covid-19 i.e. CAD replacement/EPCR implementation.  <b>Actions taken:</b> <ul style="list-style-type: none"> <li>• Secured capital of £26.7M to support the capital programme for transformation requirements in 21/22. CIL and cash to cover the gap of £7m is required and loan financing will be proposed to NWL pending capital receipts.</li> </ul> </li> <li>4. Experiences an increase in loss of assets due to fraud and theft (tracking and receipting of goods to be enhanced)  <b>Actions taken:</b> <ul style="list-style-type: none"> <li>• 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.</li> </ul> </li> </ol>			

## COVID-19 - Sub-category Strategic Risk Assessments

<b>Responsible Director:</b> Lorraine Bewes	<b>Financial</b>
<ul style="list-style-type: none"><li>• The Trust is maintaining its existing control environment across segregation of duties, adherence to SFIs, Scheme of Delegation and procurement controls.</li></ul> <p><b>Additional action against mitigation of risks 1-5</b></p> <ol style="list-style-type: none"><li>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.</li><li>2. <b>A case is currently being made to NHSE National and Regional teams and NWL ICS for recurrent expenditure requirement including post Covid resilience.</b></li><li>3. Review of monthly Covid spend by Directorate</li><li>4. Development of downside mitigation plan</li><li>5. Development of a BAU and transformation efficiencies plan</li></ol> <p><b>Assurance of controls</b></p> <ol style="list-style-type: none"><li>1. Monthly finance reports to the ExCo and the Finance and Investment Committee including forecast outturn.</li><li>2. Bi-monthly Integrated Performance Reports to the Trust Board</li></ol>	

## COVID-19 Sub-category Strategic Risk Assessments

Responsible Director: John Martin		Quality	
Risk assessment using NHS risk matrix	Initial Rating	Current Rating	Target Rating
	20	12	2x3= 6

**Risk reviewed on 29 June 2021, residual risk score remains at 12 (4 x 3).**

### Key activities:

- 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.
- All compliance and standards audits continue. Quality reviews have recommenced.
- COVID19 Review for patient harm has following wave 2 has been completed and learning will be taken forward.
- Demand has decreased significantly to normal level and number of incidents have also returned to normal levels.
- Deteriorating patient process trialled in 2020 re-introduced to provide information to prioritise patients waiting at ED departments. Five case studies submitted to QGARD for national review of harm.
- QOG and associated sub committees have re-commenced.
- CQRG has re-commenced for external review of quality.
- Planning taking place for post lock down changes.

### 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
- Regular Senior Leadership Development to escalate any issues
- PSIP monitoring and reporting all patient safety 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.
- 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
- 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	12	8

**Risk reviewed 27/04/21, residual risk score remains at 12 (4 x 3).**

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 3<sup>rd</sup> wave.

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

Staffing levels in the ECAS/CHUB and IUC are being reviewed with the experience gained from wave 1 and 2

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

We have worked collaboratively with London providers to introduce remote oximetry

### Strategic Risk Description:

Risk of reduced patient outcomes or experience from the COVID pandemic surge and response.

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.

### Key activities and actions to mitigate the risk:

- 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.
- 24 hour on call Strategic Medical Advisor and Senior Clinical Leadership.

## 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
	<b>16</b>	<b>12</b>	<b>8</b>
<ul style="list-style-type: none"> <li>• Working with pan-London, Clinical Networks to provide updated patient pathways in real time, and communicating those to changes to the Operations Directorate.</li> <li>• 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.</li> <li>• Working with NHSE London and HLP to rationalise and agree patient pathways and access from both hear and treat and see and treat.</li> <li>• 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.</li> <li>• All LAS clinical pathway changes taken through LAS Clinical Advisory Group and then changes monitored through Patient Safety and Clinical Effectiveness Group.</li> <li>• 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.</li>   <li>• 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)</li> <li>• Structured judgment review for patients who have experienced to delay in call answering or waited 2 x 90<sup>th</sup> centile for a frontline response.</li> <li>• Serious incident panel met weekly throughout to review any incidents raised via internal systems, quality alerts or via the patient experiences team.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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/</li> <li>• <b>As the Trust prepares for wave 3 we have escalated to REAP 4 and introduced the modified skill mix in partnership with LFB and MPS. This is maximising our responding resources.</b></li> <li>• <b>Clinical hub staffing is being increased in line with our learning from wave 2. This supports the use of the clinical escalation plan and makes additional clinical support available for clinicians operating within a modified skill mix.</b></li> <li>• <b>Additional senior clinical support has been planned from the clinical directorate if required. This is in line with the process we followed in wave 2.</b></li> </ul> <p><b><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></b></p>			

## COVID-19 Strategic Risk Assessments

Responsible Director : Damian McGuinness		People and Culture	
Risk assessment using NHS risk matrix *	Initial Rating	Current Rating	Target Rating
	16	12	8

**The risk was reviewed by the Director of People and Culture on 28 June 2021 and the residual risk score remains at 12 (4 x 3).**

**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.
- The Trust is developing accessible career pathways for non-registered clinical roles. Introduced new Band 4 role (Assistant Ambulance Practitioner) **to fill the gaps identified by the Ambulance Ops Sustainability Plan**. Two cohorts totalling 130 have joined in 2020/21, one will be operational in February 2021 and the second cohort in July 2021. In 2021/2022 we are recruiting over 400fte AAPs and TEAC roles.
- 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:**

- Substantive 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.

## COVID-19 Strategic Risk Assessments

Responsible Director : Damian McGuinness		People and Culture	
Risk assessment using NHS risk matrix *	Initial Rating	Current Rating	Target Rating
	16	12	8
<ul style="list-style-type: none"> <li>• Increase availability of staff and partners with mental health and psychology backgrounds to our staff at group stations, call centres and office locations.</li> <li>• 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.</li> <li>• 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.</li> <li>• There is a national COVID-19 vaccination programme which has been in place since December 2020 to protect staff and patients. <b>To date 81% of staff have had their first vaccination and 66% are fully vaccinated.</b></li> <li>• Completed individual risk assessments Trust wide.</li> <li>• <b>The Wellbeing Team are following up on a weekly basis with those staff who have not yet engaged with the vaccination programme and we are also providing support and advice to those staff who have indicated that they are undecided.</b></li> </ul> <p><b>3. Possible safety and reputational risk through the rapid recruitment of significant additional staff and volunteers to be deployed to frontline and support areas.</b></p> <p><b>Key activities and actions to mitigate risks:</b></p> <ul style="list-style-type: none"> <li>• Utilise national "fast track" arrangements put in place for the NHS with agencies such as DBS, UK Visa,</li> <li>• 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</li> <li>• Expand existing Bank arrangements to hire staff and reduced risk of co-employment exposure</li> <li>• Require individual/departmental risk assessments that confirm supervisory requirements, limited access to restricted areas</li> <li>• Establish and accelerated Occupational Health declaration process for new staff and volunteers</li> <li>• Incorporate requirements for 3rd party resource providers to verify and guarantee staff have the correct authorisation to work, qualifications, registrations, DBS etc.</li> </ul> <p><b>4. Impact on BAU Recruitment especially the Australian Paramedic programme</b></p> <p><b>Key activities and actions to mitigate risks: (reflected in BAF risk 56)</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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".</li> <li>• <b>The Trust has historically built strong pipelines for paramedic recruitment overseas which will allow it to respond to an under supply in the UK market. Whilst most of these activities have been on hold due to the pandemic and Government restrictions, we are now progressing with our plans to recruit 269 international paramedics, 100 via our internal recruitment team, and the remaining 169 candidates via an external international recruitment provider.</b></li> <li>• 12 to 18 month Workforce plan created incorporating additional skills types and volunteers that will enable surge capability as required.</li> <li>• <b>Under the Ambulance Operations Programme there is a retention work stream which is focusing on the design and implementation of initiatives to reduce the number of planned</b></li> </ul>			

## COVID-19 Strategic Risk Assessments

Responsible Director : Damian McGuinness		People and Culture	
Risk assessment using NHS risk matrix *	Initial Rating	Current Rating	Target Rating
		16	12
<p>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.</p> <ul style="list-style-type: none"> <li>In 2020/21 we recruited 180 graduate and qualified paramedics. In 2021/2022 we are planning to recruit 160 and we are currently working pro-actively with our non-partner universities to increase this number.</li> </ul> <p><b>5. Ensure new and redeployed staff receive the training and equipment they require to fulfil new and existing roles safely</b></p> <p><b>Key activities and actions to mitigate risks:</b></p> <ul style="list-style-type: none"> <li>Bespoke training programmes created to equip staff to carry out new roles safely e.g. EOC support call handler</li> <li>Buddying and supervisory shifts implemented before new starters work in “live” environment</li> <li>Induction days for specific role types e.g. London Fire Brigade vehicle orientation</li> <li>Home working Health &amp; Safety guidance provided for those now working from home for the first time and risk assessments completed</li> <li>Additional IT resources provided – laptops, heads sets, MS Teams rolled out</li> </ul> <p><b>6. Governance risk</b></p> <p><b>Key activities and actions to mitigate risks:</b></p> <ul style="list-style-type: none"> <li>Utilise Joint Decision Making (JDM) / Decision Log protocols to capture decisions made / authorisation levels etc. during the COVID period</li> <li>Regular contact with EPRR teams to seek advice on the above</li> <li>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</li> <li>Extraordinary staff side / management consultation arrangements in place</li> <li>People &amp; Culture Committee short form process established and utilised as required.</li> <li>Membership of COVID, Senior Daily Leadership Meeting (SDLM) represented at GOLD meetings and calls, daily submission of metrics and reports with regards to P&amp;C elements e.g. sickness absence, accommodation required, and staffing</li> </ul> <p><b>7. Future impact on our culture of actions taken and behaviours adopted through COVID period.</b></p> <p><b>Key activities and actions to mitigate risks:</b></p> <ul style="list-style-type: none"> <li>Continuing FTSU arrangements in place</li> <li>Regular contact between P&amp;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)</li> <li>Resolution framework has been implemented to provide swift resolution of staff issues supported by external mediation resource.</li> <li>National reporting for WRES, WDES and staff survey has recommenced.</li> </ul>			

ID	Sector / Department	Description	Risk level (current)	Controls in place	Risk Owner	Last review date	Assurance	Risk level (Target)	Expected date for risk closure	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.	20	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.	Goodman, Andrew	15/04/2021	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	31/03/2022	28/05/21 - Estates Review with CS GB TL: Currently pulling together information to get advice for a temporary solution. Date of kick off should be established in the next few 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 if not properly managed.	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	Niner, Jacqui	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	TBC	27/05/21 - Reviewed at RCAG RCAG agreed for risk level to remain as 16 due to regular incidents. RCAG Action taken for CS to request a date for a permanent solution to be in place and additional mitigations being put in place to reduce incidents. Also to provide a Target Date for risk closure. Review meeting booked with CB
1145	Health, Safety and Security	There is a risk that medical devices issues may not be managed appropriately due to the Trust not employing or contracting the services of a medical device specialist which may lead to equipment not being safe or fit for purpose which could impact on patient and staff safety.	20	Health and safety manager monitoring medical device alerts and process flow developed Policy in place (overdue for review)	Syma Dawson	11.05/2021	H&S Manager monitors medical device alerts via a spreadsheet	6	TBC	27/05/21 - Reviewed at RCAG DM confirmed the Gap analysis paper recommended the risk be raised to 20 and the group agreed. DM confirmed - Engaging with acute trusts for support. HW requested the risk be raised to Corp Risk Register and group agreed.
1066	Supply & Distribution	TOLERATED RISK There is a risk of the disruption to the business continuity for medicines supply within the LAS due to the lack of a contingency site which may lead to the inability to pack and distribute medicines if not properly managed and could lead to prosecution if non compliant with Medicines Act 1968.	16	Chief Pharmacist has raised via various managerial routes. The review work has been shared internally. Approval received for new medicines packing unit.	Maheswaran, Sumithra	Goodman, Andrew	18/05/2021	6	31/03/2022	27/05/21 - Reviewed at RCAG: Agreed to extend tolerated status for a further 6 months. Due to go to new site in October but this does not provide a suitable contingency site. SM is speaking to Hub AOM with a request to use Hub2 as a fall back site. SM asking SCAM if they have advice on the wholesale licence requirements. RCAG Requested any significant updates are bought to review while the risk is tolerated.
1081	Fleet and Logistics	TOLERATED RISK 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 Whole Sale Dealers Licence; which may lead to the inability for LAS staff to treat patients if not properly managed.	16	A review is underway, which was commissioned by the COO. Chief Pharmacist has carried out a detailed review of the medicines packing function in line with Good Distribution Practice criteria.	Goodman, Andrew	19/04/2021	Chief Pharmacist has carried out an initial assessment.	2	31/03/2023	18/05/2021 Supply & Distribution Review: No further update. Once the new MPU has been put in place, this will mitigate the existing risk.
1133	South East Sector	TOLERATED RISK 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	29/03/2024	19/05/21 - Update from DO'R - The second tranche of schemes coming on line this year and into 2022. Then they are reviewed after 12-18 months before they are made permanent. The Target date for risk closure has been set to reflect these timescales.



# London Ambulance Service

NHS Trust

<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Infection Prevention and Control Board Assurance Framework			
<b>Agenda item:</b>	For information			
<b>Report Author(s):</b>	Claire Brown, Head of Infection Prevention & Control			
<b>Presented by:</b>	Fenella Wrigley. Chief Medical Officer			
<b>History:</b>	Previous Version IPC BAF (v.1.0) completed April 2020 Quality Assurance Committee 6 July 2021			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<p>The IPC Board Assurance Framework (v1.0) developed by NHS England/Improvement was previously presented to the Board in May 2020. This has since been updated to reflect new IPC related measures and guidance.</p> <p>The updated framework continues to act as a source of internal assurance that IPC quality standards are met and identify areas where further work/support is required. It is underpinned by the legislative framework including the Health and Safety at work 1974, IPC Code of Practice and the CQC Key Lines Of Enquiry.</p> <p>The presented paper provides members with detail in respect of 10 Key lines of enquiry noting that within each of the ten KLOEs there are several directly linked prompts that addresses IPC priorities and for NHS Trusts to consider.</p> <p>The updated table provided outlines the previous areas identified for improvement where LAS rated themselves amber and demonstrates actions and work undertaken to improve the rating.</p>				
<b>Recommendation(s) / Decisions for the Board / Committee:</b>				
The Trust Board is asked to receive the document as presented				

Routing of Paper – Impacts of recommendation considered and reviewed by:					
Directorate	Agreed			Relevant reviewer [name]	
Quality	Yes	<input checked="" type="checkbox"/>	No		Chief Paramedic and Quality Officer
Finance	Yes	<input checked="" type="checkbox"/>	No		Chief Finance Officer
Chief Operating Officer Directorates	Yes	<input checked="" type="checkbox"/>	No		Chief Operating Officer
Medical	Yes	<input checked="" type="checkbox"/>	No		Chief Medical Officer
Communications & Engagement	Yes	<input checked="" type="checkbox"/>	No		Director of Communications and Engagement
Strategy	Yes	<input checked="" type="checkbox"/>	No		Associate Director of Strategy and Transformation
People & Culture	Yes	<input checked="" type="checkbox"/>	No		Director People and Culture
Corporate Affairs	Yes	<input checked="" type="checkbox"/>	No		Interim Director Corporate Affairs



## London Ambulance Service NHS Trust

### Infection Prevention & Control Board Assurance Framework (v1.5)

The IPC Board Assurance Framework (v1.0) developed by NHS England/Improvement was previously presented to the Board in May 2020. This has since been updated to reflect new IPC related measures and guidance.

The updated framework continues to act as a source of internal assurance that IPC quality standards are met and identify areas where further work/support is required. It is underpinned by the legislative framework including the Health and Safety at work 1974, IPC Code of Practice and the CQC Key Lines Of Enquiry.

#### The 10 Key Lines Of Enquiry (KLOE) include;

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users.
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7. Provide or secure adequate isolation facilities (Not applicable to the Trust).
8. Secure adequate access to laboratory support as appropriate (Not applicable to the Trust).
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Within each of the ten KLOEs there are several directly linked prompts that addresses IPC priorities and for NHS Trusts to consider.

**The updated table below outlines the previous areas identified for improvement where LAS rated themselves amber and demonstrates actions and work undertaken to improve the rating.**

Areas requiring further work	Gaps in assurance	Mitigating action (May 2020)	Updated on further actions being taken (June 2020)	Mitigated actions complete (June 2021)
<p>Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas. (This is under KLOE 2)</p>	<p>Contract variations due to increase in Peak Vehicle Requirement (PVR).</p>	<p>The external contractor who provides the cleaning service to LAS NHS Trust. Under section 13.3 &amp; Appendix cleaning teams' training is recorded.</p> <p>Guidance within the Trust policies for Vehicle Cleaning and Station Cleaning cover further requirements.</p>	<p>The external contractor (Interserve), are contracted to daily clean and make ready 95% of available ambulances and also to deep clean. Under section 13.3 the SOP for the decontamination clean is highlighted &amp; contains details of the cleaning teams' training records.</p>	<p>LAS does not currently have assigned cohort areas.</p> <p>Designated external contractors (Interserve VP) undertake mandatory IPC training inclusive of PPE (min. yearly). This is aligned to National and local IPC policy. Training records are held with external contractor and are available on request.</p>
<p>Increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance (This is under KLOE 2)</p>	<p>COSHH risk assessments have been undertaken by H&amp;S where alternative disinfectant wipes have been procured due to shortages in supply due to increased frequency.</p>	<p>Cleaning frequency of premises increased as per contract, including touch points (door handles, stair rails) for corporate locations, call handling and consolidated stations. Provision of cleaning wipes, hand sanitiser at entry points to the building.</p> <p>Deep Cleaning at</p>	<p>Risk assessments have been carried out in regards to alternative cleaning such as the use of chlorine solution in vehicles and high risk areas such as toilets and kitchens.</p> <p>Operational sites have had a COVID secure assessment against national guidance and assurance visits were underway at the time of writing this report. Early indications show that local management actions including cleanliness of premises and working environment have been completed and visited premises are compliant.</p> <p>With regards to DCA vehicles, 6 designated</p>	<p>Cleaning frequency assessed for all areas of LAS.</p> <p>Risk assessments continually reviewed by facilities contract manager in consideration with IPC to determine areas of additional risk. Cleaning frequency aligned to and exceeds national standards.</p> <p>Deep cleaning for vehicles where Aerosol Generating Procedures (AGPs) are undertaken continue. Audit conducted by Contracts Manager to provide additional</p>

		<p>hubs for vehicles with confirmed contact with COVID and AGPs, as per the manual attached. This is audited at the hospitals by the Vehicle Preparation Contracts Manager.</p>	<p>super hubs Decontaminated vehicles after every patient identified with COVID19. At the peak, up to 64 vehicles a day were going through the decontamination process with some vehicles being seen more than twice a day. All fleet numbers were recorded and numbers of cleans reported each day to the Trust. The attached ambulance COVID clean list daily report spreadsheet evidences all vehicles going through this process. The manual confirms procedures followed in line with IP&amp;C guidance. Regular Deep cleans are every 6 weeks and continue in line with contract KPIs.</p>	<p>assurance (KPIs). Checklists for cleaning frequency insitu and amended as per new Cleaning spec guidance.</p>
<p>Staff are supported in adhering to all IPC policies, including those for other alert organisms (KLOE 9)</p>	<p>Risk assessments at education centres to recommence training</p>	<p>Monitored through the IPC champions at the IPC committee meetings. Corporate H&amp;S, QOG and RCAG, COLT, internally. Externally regional director of IPC, NASME, QGARD, NASIPCG</p> <p>Additionally monitored by line managers through compliance of Statutory Mandatory Training. There has been a reduction in Statutory Mandatory</p>	<p>CSR, IPC Link practitioner training by IPC team, A&amp;E audits undertaken by IPC team which enables areas for improvement and good practice to be addressed/ commended in real time; Clinical ride out audits undertaken by IPC team- real time feedback, OWR process undertaken by QGAM's and CTM's</p>	<p>Key IPC messages are relayed to staff for seasonal pathogens (Norovirus/Influenza) via winter wellness Bulletins and communications and training videos</p> <p>IPC statutory mandatory training level 1 &amp; 2 provides guidance on IPC measures required for other alert organisms.</p> <p>Additional work is currently on-going to update the IPC handbook/manual, where further clarity will be provided for LAS staff in relation to IPC alert organisms, Standard Infection Control Precautions (SICPs) and Transmission Based Precautions</p>

		<p>Training during COVID. Risk assessments with regards to social isolation.</p>		<p>(TBPs)</p> <p>Supportive real time feedback provided by IPC team when A&amp;E validation audits undertaken. Meaningful conversations relating to IPC practice measures for all confirmed/suspected alert organisms discussed at IPC Link Practitioners group and during audit process. Areas of concern are highlighted and escalated where appropriate</p> <p>IPC policy changes relayed to staff in timely manner.</p>
<p>All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance (This is under KLOE 9)</p>	<p>Risks on register ID 1036 and ID 719</p>	<p>Waste management provided by Tradebe, in line with Waste Management Policy TP057, which includes disposal of Infectious healthcare waste (clinical waste). As per guidance, Category B (UN3291) waste is regularly packaged, handled, transported and disposed of by the outsourced contractors. Waste produced by suspected or</p>	<p>Additional clinical waste collections have been arranged through a sub-contractor called Albus which was provided and managed by Tradebe. As the current provider did not have capacity to provide extra visits to all operational sites. Due to the consolidated sites and increased staff numbers, we were initially visiting hubs daily, this has been reduced to three times per week and all other operational stations twice weekly. The frequency of visits is being reviewed once collection volumes are confirmed each month.</p>	<p>Waste management policy TP057 published (updated) June 2021. This is aligned to the national guidance</p> <p>LAS compliant with Cat B (UN3291) Healthcare waste disposal and segregation. IPC station audits incorporate waste disposal compliance.</p> <p>Risk 1036 related to collection of waste closed as at 30<sup>th</sup> July 2020. Risk 719 not related to question regarding disposal of suspected/confirmed infectious waste.</p>

		<p>confirmed 2019-nCoV patients is placed in a single UN approved orange sack and placed in a tagged, yellow, clinical 770l bin for a collection with the other clinical waste in the usual manner. This waste is processed at the contractors' sites, which are validated at STATT Level III – more than sufficient to render the waste safe.</p>		
<p>PPE stock is appropriately stored and accessible to staff who require it (under KLOE 9)</p>	<p>PPE security – new risk declared.</p>	<p>Additional warehouse space secured in unit 12 LSU, with regular deliveries to hub (orderwise). Bronze logistics managers have been in post at our deployment hubs since lockdown to support crews and ensure they have the correct PPE and stocks are monitored.</p>	<ul style="list-style-type: none"> <li>• PPE is stored in a clean and well run warehouse. Off the floor and on safe racking</li> <li>• PPE is distributed daily to every VP hub</li> <li>• PPE is stored within stores on stations and overseen by the vehicle preparation team and QM</li> <li>• PPE is distributed to staff daily by the Bronze Logistics team</li> <li>• PPE numbers and usage is monitored by a stock inventory team</li> <li>• PPE is stored within bags in the ambulance to keep it clean and free from exposure</li> </ul>	<p>PPE is supplied nationally and stored within central stores which are distributed to local Hubs.</p> <p>PPE is stored within these areas as per IPC guidelines e.g. dry, clean and securely.</p> <p>PPE is available to all staff members at the point of care and where IPC guidance dictates.</p>

<p>Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported (This is under KLOE 10)</p>	<p>FOM risk assessment being undertaken with BAME staff at present</p>	<p>Papers discussed at COLT 15/04/2020</p> <ul style="list-style-type: none"> <li>• P&amp;C Bulletins</li> <li>• FAQs</li> <li>• Covid-19 Personal Plan</li> <li>• NHSE Mental health hotline</li> <li>• Webinars</li> </ul>	<p>Risk assessments for the majority of staff in "at-risk" group have been undertaken and in some cases still ongoing. Actions resulting from these risk assessments are monitored by local management teams with oversight at COLT.</p> <p>There are PPE advocate for BAME staff in each sector to ensure that any issues relating to access to PPE for this group of staff who are in the "at risk" category are picked up and addressed in a timely manner. The Chief Executive has written to all manager to emphasise the importance of risk assessments and this work continues to be monitored closely at Trust level.</p>	<p>COVID-19 risk assessment for all staff mandated for all to complete and available to line managers via LAS intranet.</p> <p>Enhanced risk assessment for BAME and pregnant/vulnerable also implemented where appropriate.</p> <p>Well-being support mechanism is signposted and led by Head of Well-being.</p> <p>Mental health and wellness is considered within all elements of trust communications.</p>
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Currently all KLOEs are assessed as green. However, three elements cited within the framework require additional input to provide full assurance. These are;

- *“Staff are supported in adhering to all IPC policies, including those for other alert organisms”* – on-going work by IPCT to align IPC workbook/manual with National IPC manual
- *“IPC measures in relation to COVID-19 should be included in all staff induction and mandatory training”* – strengthen assurance of COVID-signposting and instruction at educational training sessions including e-learning.
- *“This board assurance framework is reviewed and evidence of assessments are made available and discussed at Trust board”- IPC BAF v1.5 made available for Trust Board.*



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Quality Report			
<b>Agenda item:</b>	For information			
<b>Report Author(s):</b>	Helen Woolford, Quality Improvement and Learning			
<b>Presented by:</b>	John Martin, Chief Paramedic and Quality Officer			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<p>The Trust's Quality Report, containing May 2021 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>				
<b>Recommendation(s) / Decisions for the Board / Committee:</b>				
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 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		



# London Ambulance Service – Quality Report



Report for discussion at the Trust Board  
Analysis based on May 2021 data, unless otherwise stated



Section	Content	Pages
<b>Executive Summary</b>	• Quality Assurance Summary	3-4
	• 999 Operational Context	5
	• IUC Operational Context	6
<b>1. Safe</b>	• Incident and SI Management	8-15
	• Medicine Management	16-17
	• Safeguarding	18-19
	• Infection Control	20
	• Health and Safety	21-23
	• Statutory and Mandatory	24
<b>2. Effective</b>	• NICE Guidance	26
	• AQI and Clinical Audit	27-29
	• Handover to green performance	30
	• PDR & MCA Training	31
	• EOC Call Handling Quality Assurance	32
	• Language Line	33
	• NEL & SEL Audit Overview	34-35

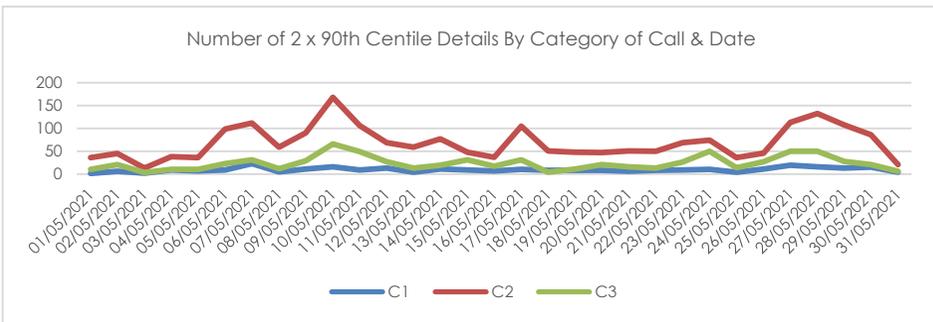
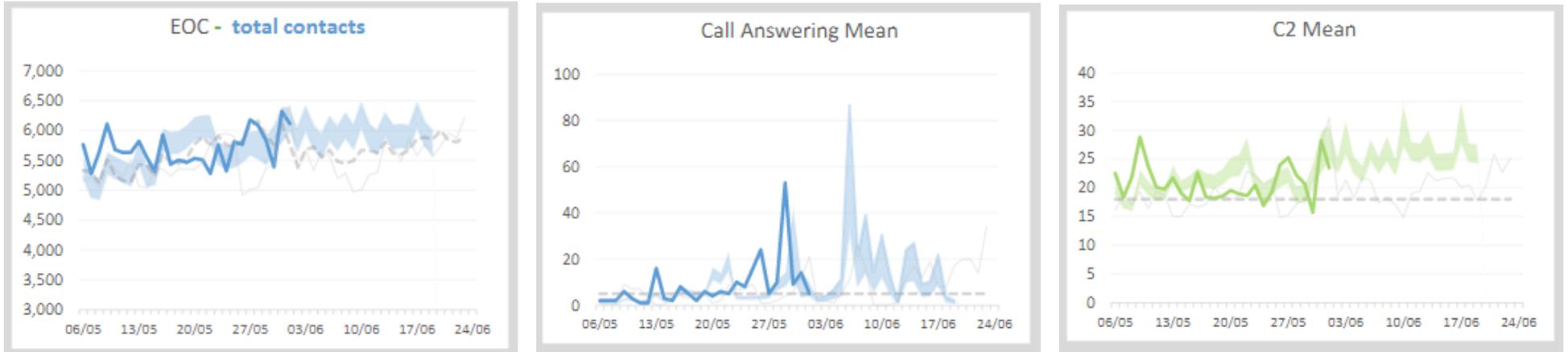
Section	Content	Pages
<b>3. Caring</b>	• Caring Scorecards	37-38
<b>4. Responsive</b>	• Frequent Callers	40
	• Complaints	41
	• Patient and Public Engagement	42
<b>5. Well Led</b>	• Learning from Excellence	44-45
	• Risk Management	46
	• Legal and Claims	47
	• Trust Policies	48

Quality Domain	Metric	May-21	Highlights from this report by quality domain	Metric	May-21	Potential concerns and actions being taken
Safe	Rate of Low/No Harm Incidents per 1000 Contacts - 999	3.1	<b>Incidents:</b> The Trust continues to see consistent incident reporting which indicates a good reporting culture as well as a culture of openness. The number of incidents reported graded as moderate harm and above has increased as a result of incidents being identified through the re-contact audit which has begun to review the recent COVID19 wave (Dec and Jan). It has been agreed that these will be investigated as a thematic review and any learning will be fed into other investigation which have already taken place such as the COVID19 wave 2 findings.	Medical Equipment Incidents Report	169	<b>Medical Equipment</b> continues to be the highest reported category of patient safety incidents. The majority of these are failure of devices rather than missing devices which had previously been seen over the course of the year. <b>Actions being taken including:</b> The Trust has procured a central asset management system (CAMS) and this is being trialled at Ilford from the 28 <sup>th</sup> June 2021 which will see the systematic tagging of all medical equipment with passive RFID tags. The Trust has also commenced a programme of work to further develop the management of medical devices including the appointment of a Supply Chain Specialist responsible for overseeing and ensuring devices undergo scheduled maintenance/servicing.  <b>Safeguarding level 2 &amp; 3 training:</b> The number of trained staff is below the Trust target of 90% with a particular concern with the number of staff trained in IUC services. <b>Action being taken:</b> The Safeguarding team have ensured that there are sufficient places on training courses throughout 2021/22 and are working with IUC to ensure staff are released to attend training. There will be the ongoing challenge to ensure staff attend training due to activity and demand on the Trust including changes in REAP levels. <b>Trajectory:</b> To achieve 90% compliance for both training by December 2021.  <b>Number of physical assaults on staff:</b> The number of reported incidents regarding violence against staff has increased as lockdown restrictions are lifted. This is the highest reported category overall and when compared to other staff safety incidents. There was one RIDDOR reported Violence & Aggression related incident recorded during May 2021.  <b>Statutory &amp; mandatory training:</b> As at 31 <sup>st</sup> May the compliance rate was 83% which is tracking below the Trust wide 85% target. The compliance rate has increased by 1% when compared with the March figure. <b>Action being taken:</b> Regular reports are sent to managers and individuals to remind them of when training is due.
	Rate of Low/No Harm Incidents per 1000 Contacts - IUC	1.1		Percentage of Level 2 Safeguarding Training	80.5%	
	Med Management Inspection Audits	98%	Percentage of Level 3 Safeguarding Training	45.8%		
	OWR Hand Hygiene Compliance	96%	Rate of Physical Assaults on Staff by Patient per 1000 face to face Attendances	0.66		
	VP Deep Clean A&E Vehicles	99%	Statutory & Mandatory Training Compliance	83%		
	Premises Cleaning Audit	95%				
Effective	MPDS Compliance with protocols	93%	<b>Overall Compliance with MPDS (Call Handling) protocols</b> is positively at 93% and the Emergency Operations Centre have been successfully re-accredited as a Centre of Excellence (ACE) in the use of MPDS. The accreditation is based on good levels of compliance in the used of MPDS and robust Quality Assurance and Governance systems within EOC.	MCA level 2 training	-	<b>MCA Level 2 Training:</b> MCA level 2 is currently not offered. <b>Action being taken:</b> Plans to include this in 2021-22 CSR programme are being developed.  <b>PDR:</b> Compliance is at 81%, an improvement on the 77% compliance in March 21. <b>Action being taken:</b> People and culture are working closely with Corporate teams (who have lower compliance levels than frontline teams) to improve their compliance levels. This includes weekly PDR reports to highlight team members who have an expired PDR date and those who are due to expire in the coming three month period  <b>Language Line:</b> The number of lost calls has been increasing over the last year. This is due to increased activity/demand on the service. <b>Action being taken:</b> The Trust entered into a new contract with Language Line on the 1 <sup>st</sup> June 2021 and includes specific KPIs relating to longest time to answer / language not available metrics.  <b>OWR compliance:</b> This is currently at 58.33% remains below the Trust target of 85%. This is a 11% improvement when compared to the position in March but further work is needed.  <b>Analgesia administration in STEMI Care bundle:</b> 81 of the 261 patients attended (31.0%) did not receive analgesia. When examining the breakdown of which elements were not provided in the 105 incomplete care bundles, non-administration of analgesia accounts for 81 (77.1%) of these patients.
	ROSC At Hospital (AQI) - Reported 4 Months in Arrears ROSC At Hospital	20.9%		<b>Clinical AQIs: ROSC</b> In January 2021, the LAS ranked 4 <sup>th</sup> for the overall ROSC on arrival at hospital group (up from 5 <sup>th</sup> ; 21.7%) with 20.9%	Personal Development Review (PDR) Compliance	
	Sepsis Care Bundle	94%	In December the <b>Sepsis Care Bundle</b> for 94% of eligible patients, ranking the LAS in 1 <sup>st</sup> place and well above the national average of 85.5%	Language line % of Lost Calls	1.96%	
	Stroke - Call to Arrival at Hospital mean (hh:mm)	01:24	<b>Stroke:</b> The LAS ranked 3rd for the mean call to hospital for suspected stroke patients (01:24) in January 2021, well above the national average of 01:33. This is a considerable improvement from December 2020 when the LAS ranked 7th in England (with mean call to hospital time of 01:35).	Operational Workplace Review (OWR) compliance:	58%	
				Analgesia not administered in STEMI Care bundle	77.1%	

Quality Domain	Metric	May-21	Highlights from this report by quality domain	Metric	May-21	Potential concerns and action
Caring	Percentage of views of CMC care plans by LAS	5269	<p><b>End of Life care:</b> The number of patients that received an appropriate onward review has increased by 3% compared to the 2017 clinical audit, with 90% of clinicians practising sharing decision with other health care professionals and/or the patient and their family in the care episode.</p> <p><b>Percentage of conveyances of MH patients to ED:</b> The number of MH patients conveyed to ED remains lower than the set target of 64% with patients being appropriately managed and referred for ongoing care and treatment.</p> <p><b>Number of Public Engagement Events:</b> The public engagement team held 6 events in May which reaching an approximate audience of 1,079 on the following topics Drugs and Alcohol, Choose well and Knife crime</p>	MH incidents/Quality Alerts to other Healthcare Providers		<p>A theme has been noted by our staff, Mental Health Team, Patient Experience and Quality Improvement Team regarding the treatment and care of Mental Health patients under section 136.</p> <p><b>Action being taken:</b> The data from quality alerts and incidents reported are being gathered to look into this trend and agree next steps.</p>
	Percentage of conveyances of MH patients to ED	57%				
	Number of Public Engagement Events	6				
Responsive	Rate of Complaints	0.10	<p><b>Complaints:</b> The number of complaints being received is currently higher annual average (88) at 103. These are being appropriately managed in a timely manner by the Patient Experience Team.</p> <p><b>Compliments received:</b> There were 174 compliments were received in May 2021. Of those logged, 9 members of staff have been thanked for their care and treatment of patients.</p>			
	Compliments from patients and the public	174				
Well led	Number of PFDS	0	<p><b>Preventing Future Deaths:</b> No PFDs since the last report (January 2021). The inquest into Fishmongers Hall has completed and the Coroner's conclusions were welcomed. There was no criticism of the LAS and the jury thanked the remarkable emergency services.</p> <p><b>Excellence Reports:</b> There were 71 reports were submitted which have been shared via the following local and Trust wide routes:</p> <p>All Excellence reports are shared with individuals, teams and sectors as well as used in Learning events such as the monthly SI learning meeting and the quarterly learning from experience group.</p>	Percentage of All Risks Reviewed Within the Last 3 Months	75.9%	<p><b>Risk management :</b> 79.6% of risks have been reviewed within the last 3 months, the target is 90%. This is an increase of 3.7% when compared with March's reported figure.</p> <p><b>Action being taken:</b> The risk team are working with key areas of outstanding risks to ensure these are undertaken in June/July21. The team are also working with the performance team to ensure that risks are monitored via the bi-monthly performance meetings to encourage local ownership and accountability.</p> <p><b>Trajectory:</b> Due to demand on the Trust the trajectory to achieve the 90% KPI target has been adjusted to July 2021. A mid-point review in June indicated that the KPI was 85%; the team are confident that the adjusted trajectory is on track to be achieved.</p>
	Number of Excellence Reports Completed	71		% of all policies in date	35%	

The service is meeting some operational delivery KPIs, with call answering and mean response times for Cat 1 within national set timeframes. There have been some challenges in the delivery of Category 2, 3 and 4 and actions are being taken to recover the performance.

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



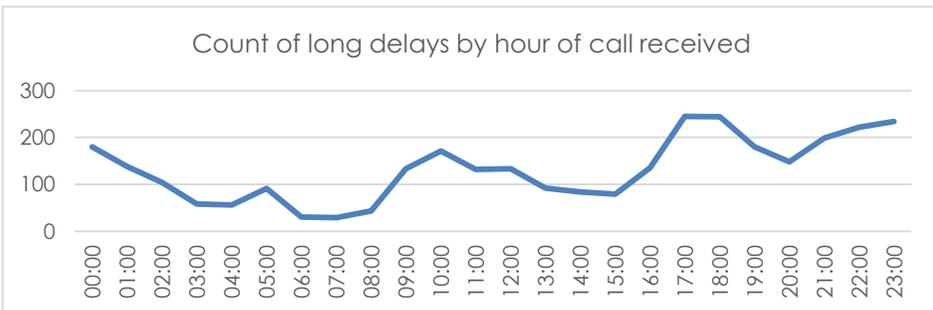
In May 2021 there were 3160 long delays, 6% of these resulted in a blue call. This is a 79.1% increase compared to the long delays reported in April 2021.

	C1	C2	C3	Grand Total
<b>Total</b>	291	2130	739	3160
<b>Blue Call</b>	49	134	16	199

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

- DX012 - Emergency Ambulance Response (Category 3) (13% n = 417)– 24 required a blue call
- Unknown\* (7% n = 215) – 5 required a blue call
- 17B1G – Falls, possible dangerous body area (4% n = 114) – 2 required a blue call

\*An unknown determinant is when a request from the MPS is made using the CAD link, the Police operators answer limited basic triage questions known as the SEND protocol (Secondary Emergency Notification of Dispatch). This is primarily aimed at identifying any immediately life-threatening conditions, it does not triage the patient in detail as there is no direct contact and predominantly results in a Category 3 outcome.



56% (n=1770) experienced a long delay were not conveyed and 44% were conveyed. It was also found that 15% (n=489) of all long delays occurred between the hours of 17:00 and 19:00 and 14% (n=456) between 22:00 – midnight.

Action being taken include:

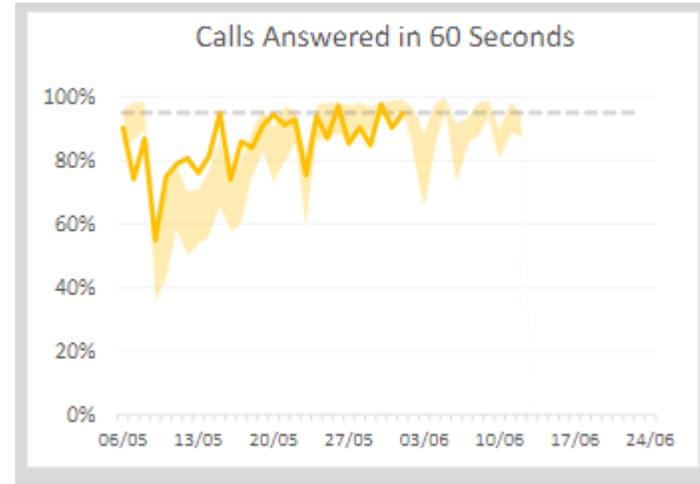
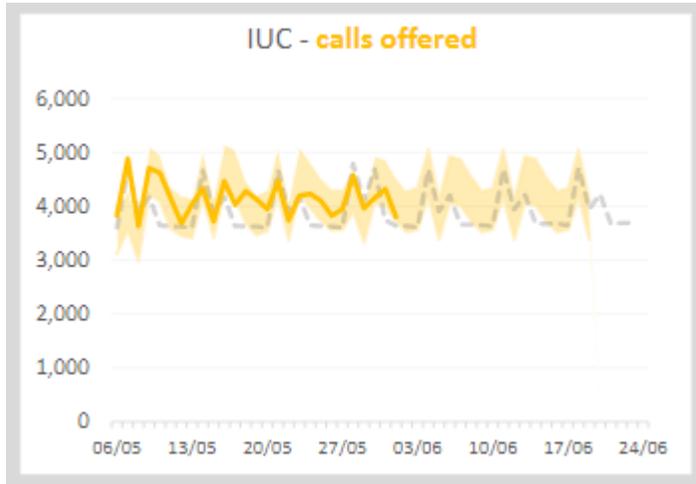
Forecasting and planning focus at Senior Leadership Delivery Meeting (SLDM)

Daily operational performance review and actions

Daily clinical safety reviews and daily patient safety reviews to oversee quality and clinical safety

The performance of 111 call handling against strategic objectives is being monitored closely to ensure performance is being managed within set performance targets/thresholds for IUC in SEL/NEL/NWL.

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



Indicator (KPI Name)	Status	W/C 03/05/2021	W/C 10/05/2021	W/C 17/05/2021	W/C 24/05/2021	Sparkline
SEL IUC Priority 1 - %LAS 35 minutes safety threshold	●	70.9%	85.0%	74.4%	75.1%	
SEL IUC Priority 2 - %LAS 75 minutes safety threshold	●	74.1%	80.7%	77.3%	80.7%	
SEL IUC Priority 3 - %LAS 150 minutes safety threshold	●	53.7%	60.3%	55.4%	57.4%	
SEL IUC Priority 4 - %LAS 260 minutes safety threshold	●	62.6%	75.6%	66.0%	69.0%	
SEL IUC Priority 6 - %LAS 420 minutes safety threshold	●	79.4%	85.0%	87.0%	72.1%	
SEL IUC Priority 7 - %LAS 540 minutes safety threshold	●	87.2%	88.6%	92.5%	87.3%	

Indicator (KPI Name)	Status	W/C 03/05/2021	W/C 10/05/2021	W/C 17/05/2021	W/C 24/05/2021	Sparkline
NEL IUC Priority 1 - %LAS 35 minutes safety threshold	●	63.1%	70.1%	67.7%	59.1%	
NEL IUC Priority 2 - %LAS 75 minutes safety threshold	●	44.4%	53.1%	35.9%	31.7%	
NEL IUC Priority 3 - %LAS 150 minutes safety threshold	●	62.7%	66.3%	53.9%	45.9%	
NEL IUC Priority 4 - %LAS 260 minutes safety threshold	●	83.5%	72.5%	75.9%	64.2%	
NEL IUC Priority 5 - %LAS 360 minutes safety threshold	●	89.1%	82.0%	84.0%	67.5%	
NEL IUC Priority 6 - %LAS 420 minutes safety threshold	●	92.4%	82.9%	91.6%	80.4%	

- 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.

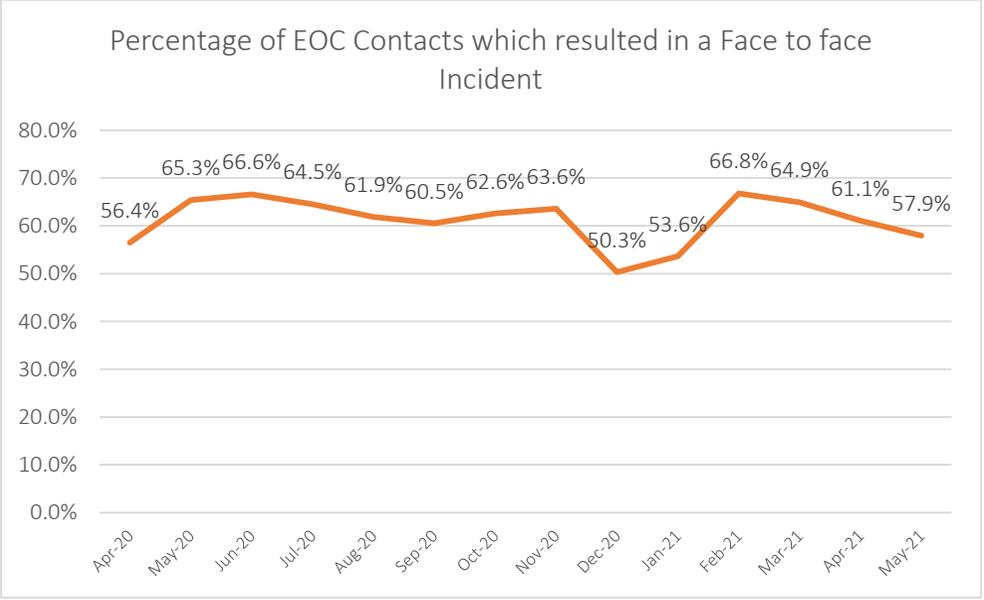
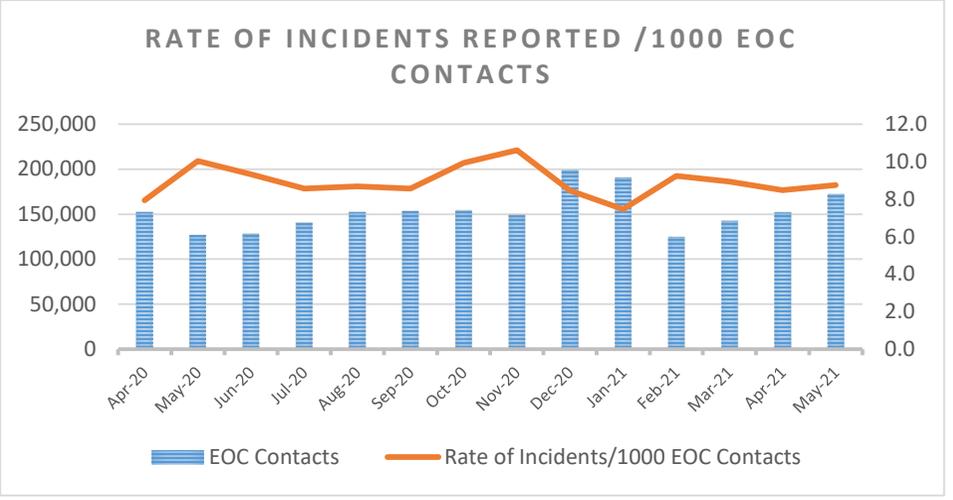
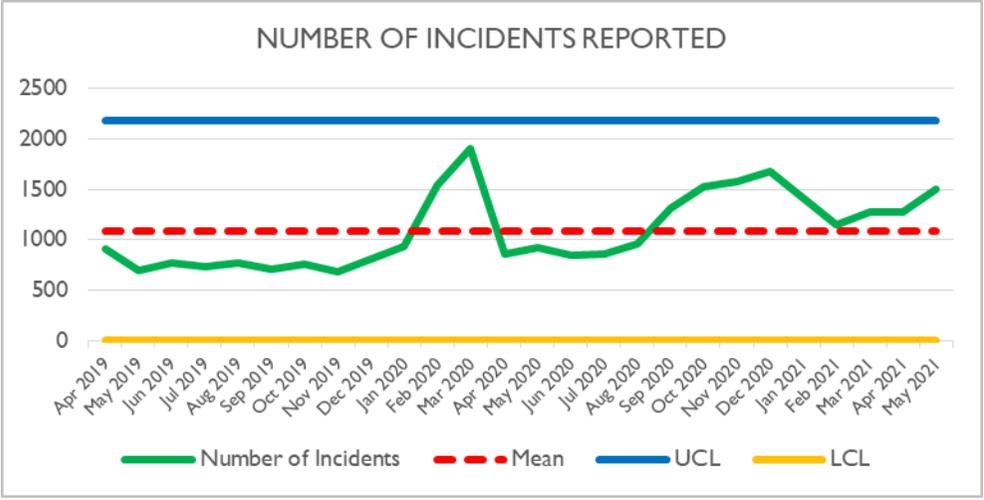
For further assurance we then provide additional data and analysis on:

- 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.

The number of patient safety incidents reported across the 999 service remains steady when compared against the number of EOC contacts and face to face incidents.

Owner: Helen Woolford | Exec Lead: Dr. John Martin



The number of patient safety incidents reported per month has varied between Apr'19 – May'21. From the total number of patient safety incidents reported graph, there is a large reporting peak in March 2020 which correlates to the 1<sup>st</sup> national lockdown within the UK and the peak of the 1<sup>st</sup> COVID19 pandemic wave.

The number of reported patient safety incidents then increases again correlating to the second COVID-19 wave on the service. The number of incidents per month between Feb'21 – present has been increasing, with 1504 incidents reported in May. This can be in part attributed to the lockdown measures being lifted and the increase in activity the Trust has seen.

The rate of incidents reported per 1000 EOC contacts is steady with trends remaining at a similar level. Two months where we saw an increase in the rate of incidents reported per 1000 EOC contacts were in May 2020 and November 2020. This can be attributed to a higher number of face to face incidents recorded in those particular months.

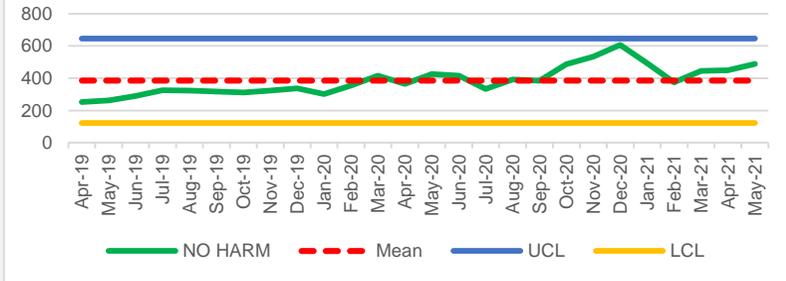
The graph on the left, shows in May 2020, 65.3% of EOC contacts resulted in a face to face incident and 63.6% in November 2020, indicating a reason for why more patient safety incidents were reported.

The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

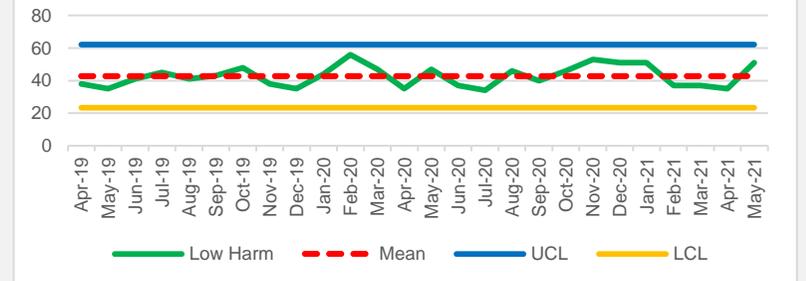
## No Harm/Near Miss

May'21:  
489



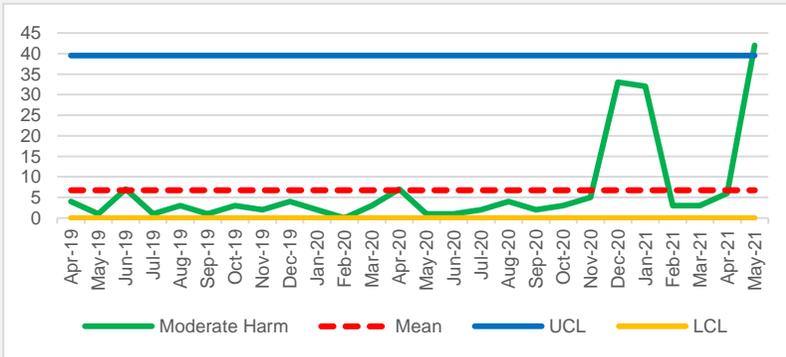
## Low Harm

May'21:  
51



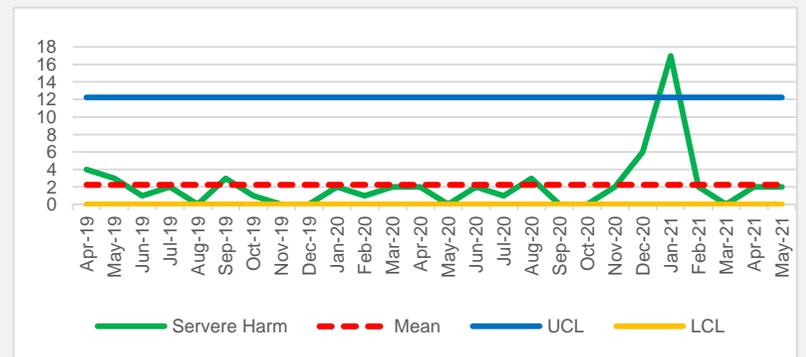
## Moderate Harm

May'21:  
42



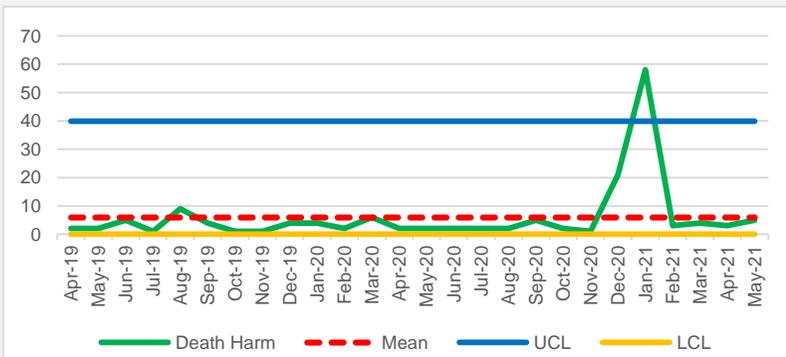
## Severe

May'21:  
2



## Death

May'21:  
5



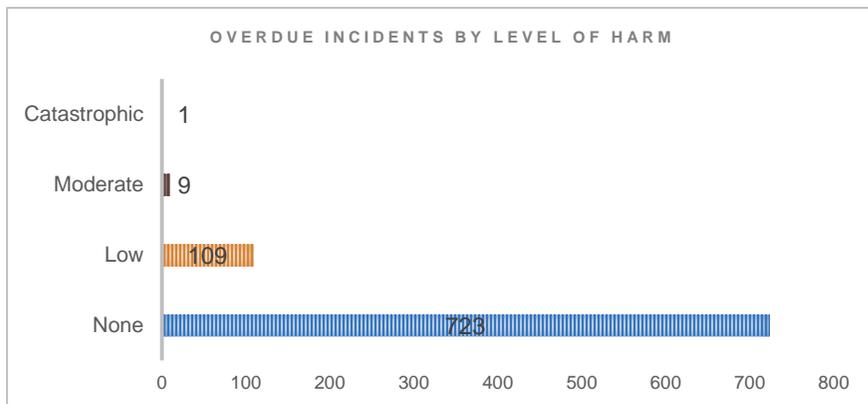
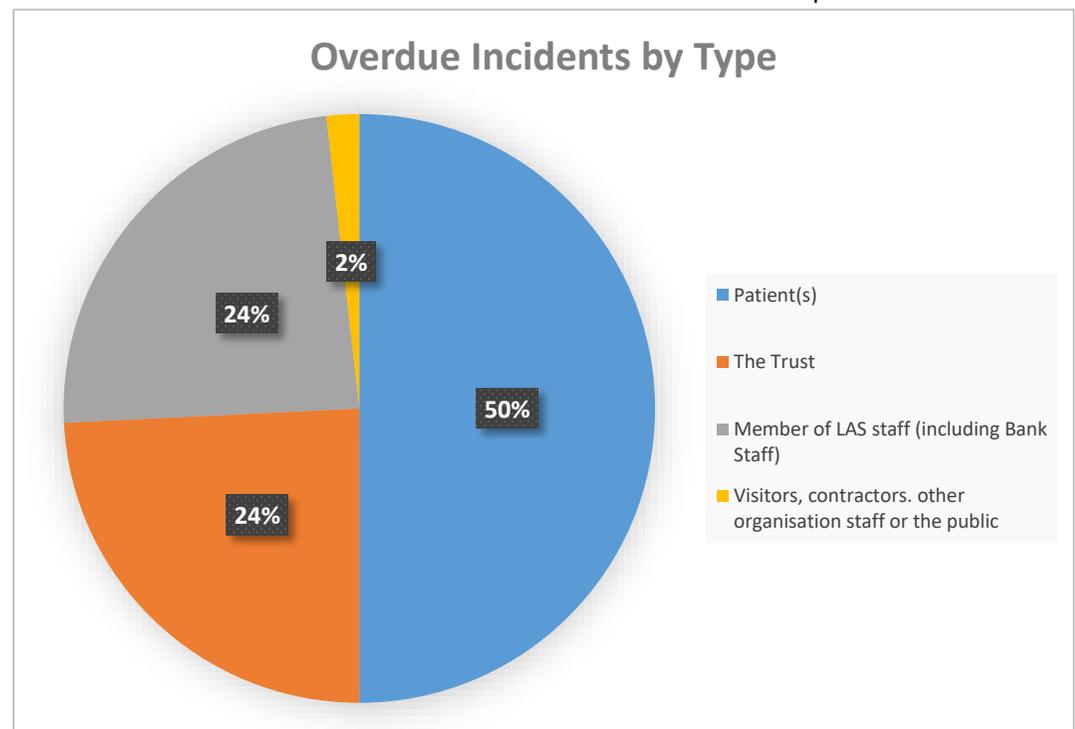
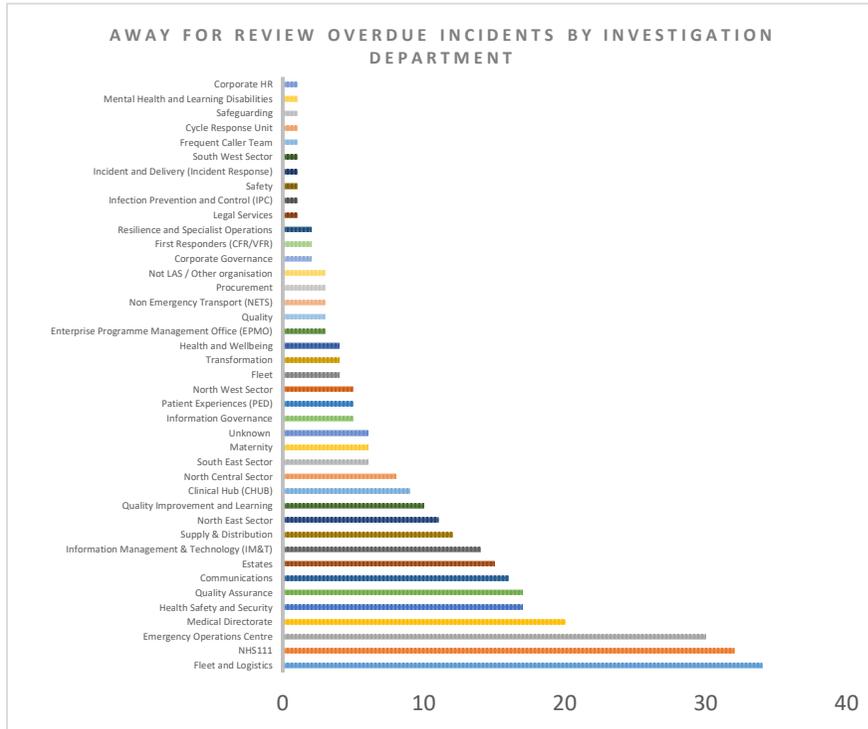
### Analysis of SPC graphs:

The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. This is reviewed and acted upon monthly via the Trust Safety Investigations Assurance and Learning Group (SIALG). It has been recognized that the number of No Harm incidents reported has been consistently above the mean since Aug'2020 – present. There was an increase in Low Harm incidents in May, which was due to an increase in medical equipment incidents reported.

The number of moderate harm and above patient safety incidents reported increased in April and May 2021 and this is due to the re-contact audit which has begun to audit the months of December 2020 and January 2021 which was at the height of the recent COVID19 wave with increased demand upon the service. Of note, two of the incidents with a harm severity of death reported in May 2021 were re-contact audits. The auditors report incidents which are found as part of the audit and these will be investigated as a thematic covering the COVID19 wave timeframe.

The number of overdue incidents on the Trust’s risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

Owner: Helen Woolford | Exec Lead: Dr. John Martin



There are 842 incidents (as of 11/06/2021) which have been opened on the system longer than 35 working days (this excludes SI's, PSII and COVID-19 reviews). This is a 12% decrease from April 2021 where we had 959 overdue incidents. This breaks down to:

- 421 patient incidents
- 202 staff incidents (the 9 overdue moderate harm incidents are staff related)
- 15 visitor incidents
- 204 Trust related incidents

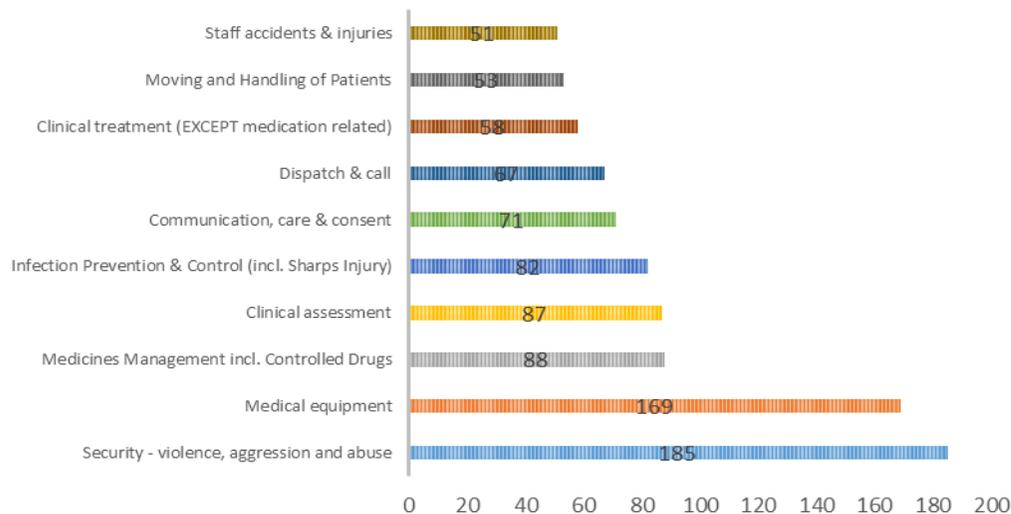
Of the overdue incidents, the highest number, 131 incidents (15%) sits within EOC. In regards to harm levels, 86% of overdue incidents have been labelled as No Harm and 13% as Low Harm.

It is noted the 73% of incidents are either being reviewed locally or are currently with another team for review. Further analysis into those incidents away for review is underway to help ensure these are investigated. This remains a focus of Sector/department managers to support colleagues investigate and close down incidents accordingly. The catastrophic incident is a Trust related incidents that is under investigation awaiting an outcome regarding driving standards.

Incident trends and themes are monitored by the Trust's Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

## MAY 2021 TOP 10 INCIDENT CATEGORIES

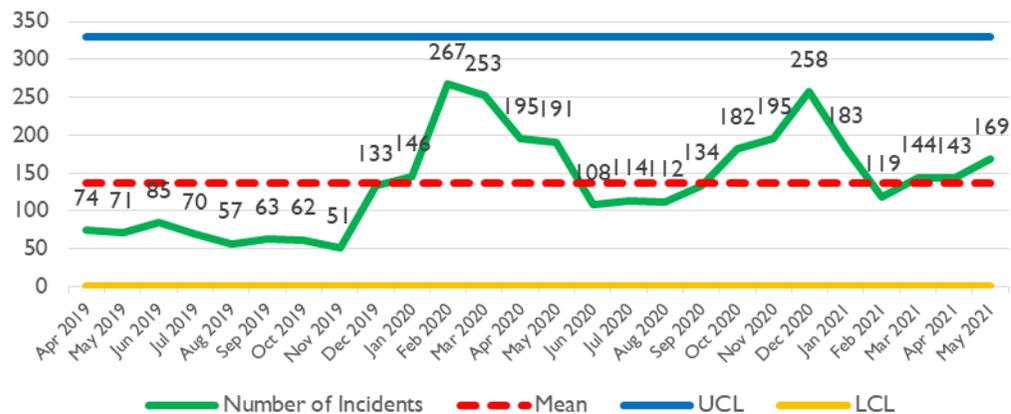


The top 3 Incident categories in May 2021 were Security Violence & Aggression, Medical Equipment and Meds Management inc Controlled drugs.

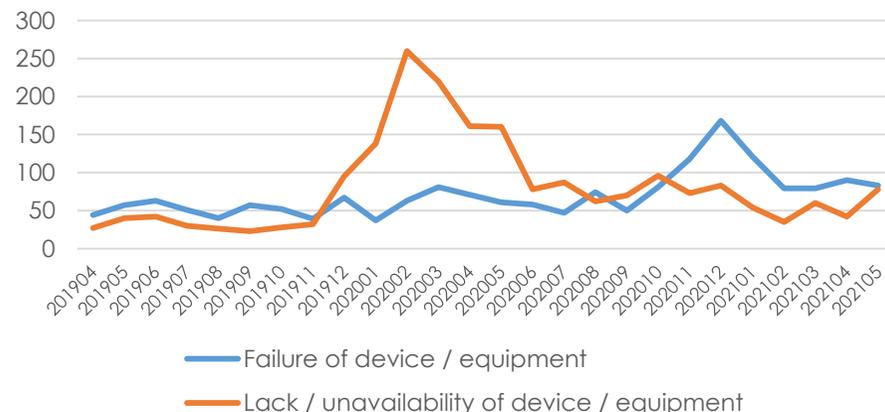
Themes relating to medical equipment indicate that there has been a change from missing equipment to failure of equipment in recent months. From the graphs below, at the beginning of 2020 there was a rise in lack of unavailable equipment which corresponded to the first pandemic wave. As the months have progressed, we are now seeing an increase in failure of equipment, this was particularly high in the second pandemic wave Nov'20 – Jan'21, numbers seem to have fallen albeit slightly higher than previous months. Actions are being taken to ensure stock levels of tympanic thermometers are maintained, which is the most reported piece of equipment. There have also been recent issues with BVMs with kinking in tubes and new stock is being received in the coming months which will resolve this issue.

The Trust has procured a central asset management system (CAMS). This is to be introduced and trialed at Ilford from the 28th June 2021 which will see the systematic tagging of all medical equipment with passive RFID tags. The process will be tested to identify any gaps in the process and standard operating procedures will be produced to manage the tracking, inventory, storage and maintenance of all medical devices. This will then be rolled out across the Trust. The Trust has also commenced a programme of work to further develop the management of medical devices including the appointment of a Supply Chain Specialist responsible for overseeing where all the devices are and for ensuring they are brought in for scheduled maintenance/servicing and ensuring all ambulances have the equipment they need.

## MEDICAL EQUIPMENT INCIDENTS



## Medical Equipment Incidents by Subcategory

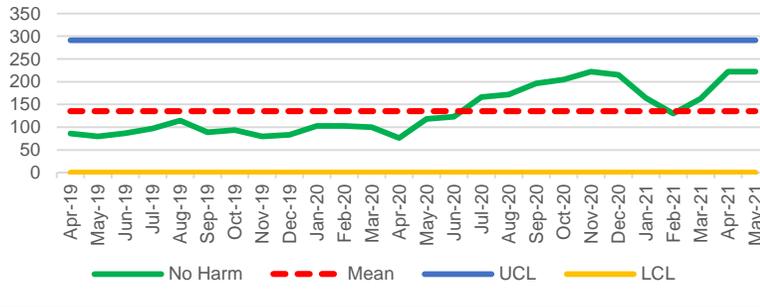


The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

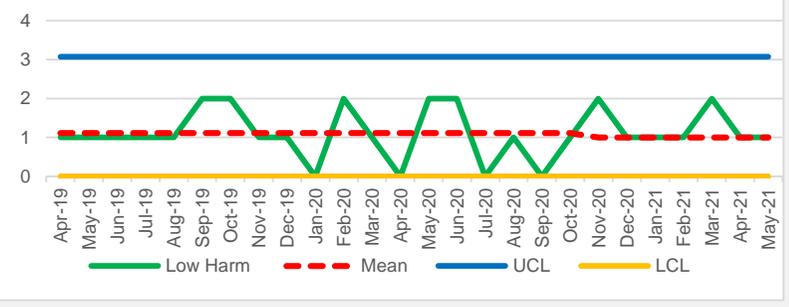
## No Harm/Near Miss

May'21:  
222



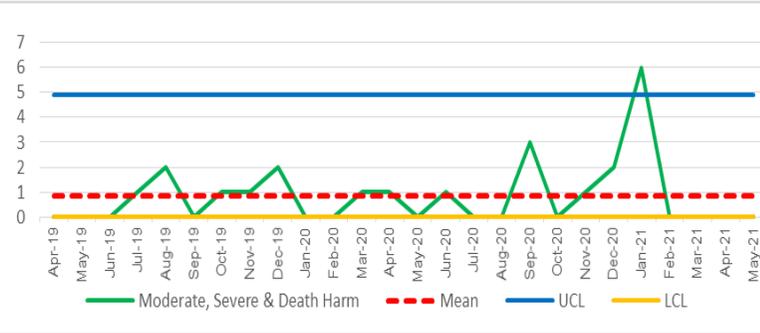
## Low Harm

May'21:  
1



## Moderate, Severe & Death Harm

May'21:  
0



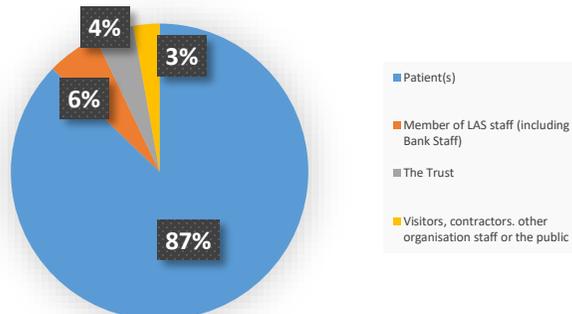
### Analysis of SPC graphs:

The number of reported incidents continues to be positive in reporting numbers. This is a sign of a good reporting culture. There has been an increase in the number of no harm incidents reported in the last few months with April 2021 and May 2021 being tied at the highest over a 2 year period at 222 incidents. The reason for the increase in no harm incidents is because IUC have increased incident reporting for language line issue, a new category has been added on DATIX for such issues, supervisors and team managers are working hard to ensure they report all incidents of issues to help provide improved learning and promote a good reporting culture within LAS.

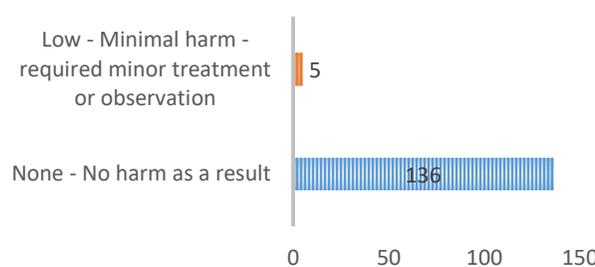
There has been a decrease in incident reporting that matches the seasonal demands on the service. The demand on the second COVID19 wave on the IUC services decreased in February 2021.

## Incident Management

Overdue Incidents by Type



OVERDUE INCIDENTS BY LEVEL OF HARM



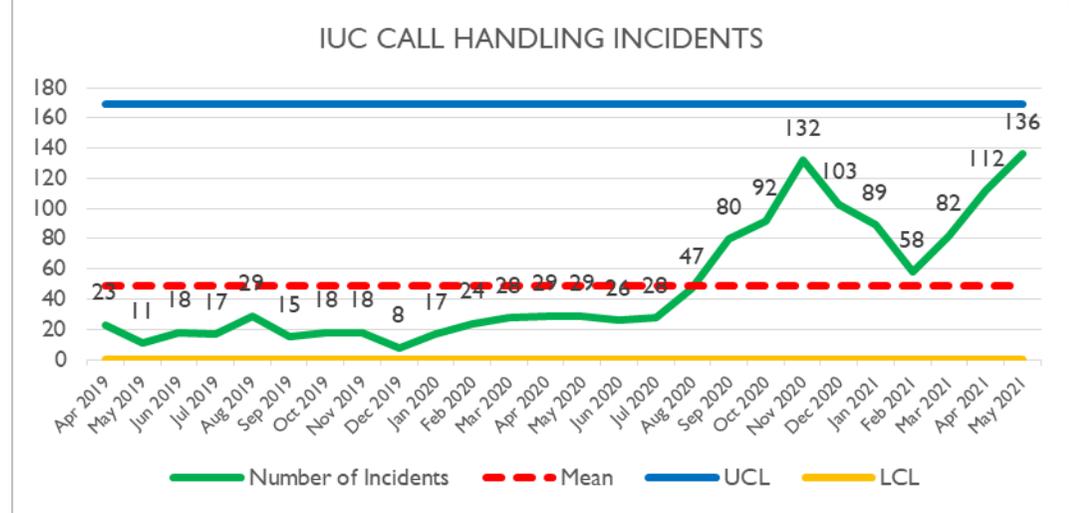
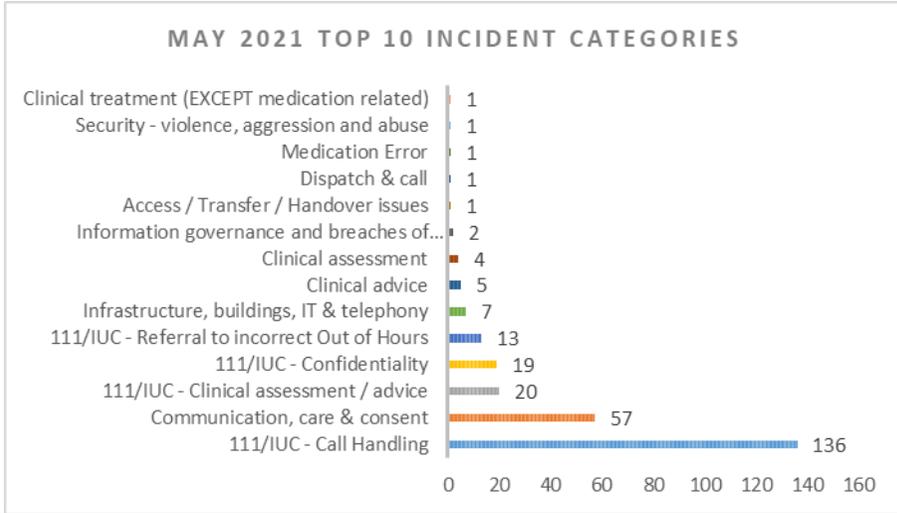
There are 141 incidents (as of 11/06/2021) which have been opened on the system longer than 35 working days (this excludes SIs & COVID 19 reviews).

This breaks down to 123 patient incidents, 8 staff incidents 4 visitor incidents and 6 Trust related incidents.

70% of incidents are in the Local Review stage and 30% in the Away for Review stage. 96% of incidents have been classified as No Harm.

Incident trends and themes are monitored by the Trust’s Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

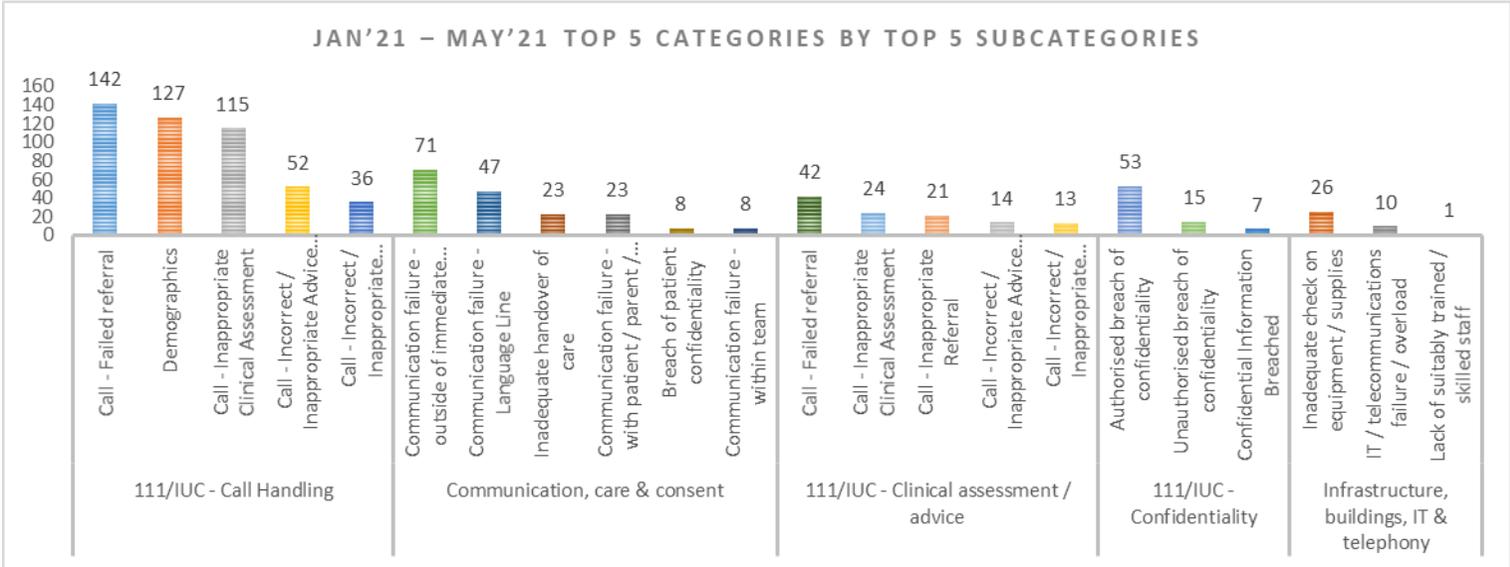
Owner: Helen Woolford | Exec Lead: Dr. John Martin



The top 3 Incident categories in May 2021 were Call handling, Communication Care and Consent and Clinical assessment / advice.

There has been an increase in IUC Call Handling incidents the last few months.

IUC have increased incident reporting for language line issue, supervisors and team managers are working hard to ensure they report all incidents of issues to help provide improved learning, which explains the increase.



The Trust continues to test and develop the Framework to ensure it is correctly embedded within supporting processes and governance structures. All learning is fed back to NHS E/I to support the national development of the overall framework ahead of national roll out in 2022.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

During April and May 2021, a total of **104** (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident Response Plan (PSIRP).

Of these 104, 43 were identified as requiring an enhanced level of investigation. The breakdown of the 7 are as follows:

## National Priority – Patient Safety Incident Investigations (PSII)

1 maternity incident met the Nationally – defined priority requiring an external investigation by the Health Safety Investigation Branch (HSIB)

5 incidents met the Nationally - defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care. These cases had been first reviewed by the Trust’s Learning from Death process.

## Local Priority – Patient Safety Incident Investigations (PSII)

1 incident met the Trusts Patient Safety Incident Response Plan (PSIRP) under the Local Priority of *Clinical Assessment of Spinal Injuries* and is being investigated as a PSII.

1 incidents met the Trusts PSIRP under the Local Priority of *Medication error* and is being investigated as a PSII.

## Patient Safety Review (Non PSII) including Thematic Review

27 incidents are being investigated as a thematic review and are incidents identified from the re contact audit are occurred during the Winter Peak of COVID-19.

1 incident met the Trusts PSIRP under the Local Priority of *Medication error* and was agreed to be investigated as a Patient Safety Review (PSR). 1 incident met the Trusts PSIRP under the Local Priority of *call assessment* and was agreed to be investigated as a PSR.

4 incidents met the Trusts PSIRP under the Local Priority of *Face to Face Clinical Assessment*. Both incidents are being investigated as Patient Safety Reviews.

2 incidents did not meet the Trusts PSIRP and are being investigated as a Patient Safety Review via a structured Judgement Review. Both incidents involve a delayed response of more that x2 90<sup>th</sup> centile for the call categorisation.

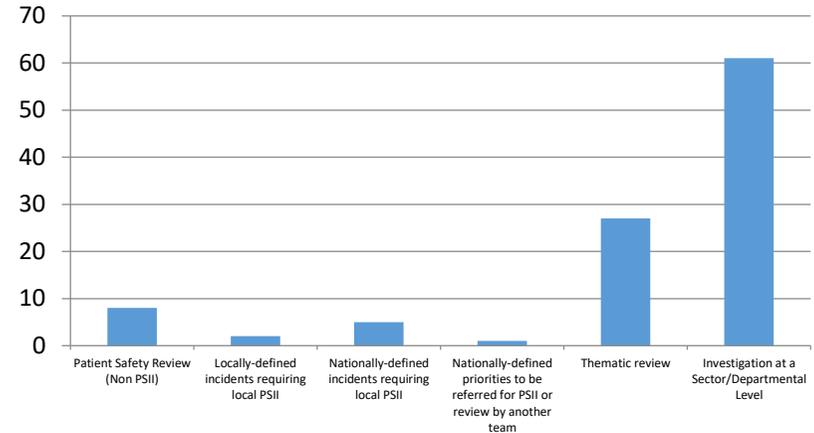
## Local Review

The remaining 59 incidents were referred to Sector/Department management teams to continue with a local investigation. Of note, 2 incidents were agreed to continue being under investigated under the complaints process. The following mitigating actions that have taken place:

- The high risk ACS clinical guidance is being reviewed to encompass atypical presentations.
- Review of the SOP for handing calls from the MPS.
- Review of JRALC pocket books procurement

Themes from patient safety incidents are shared with managers via the Monthly Managers Incident and Learning meeting which is hosted by the Quality Improvement and Learning Team.

April and May 2021 Incidents by PSIP Outcome



### Implementation of PSIRF:

The Trust went live with the PSIRF on the 1<sup>st</sup> April 2021 and the focus is now on developing a set PSIRF process and governance structure that will be tried and tested.

The implementation has seen strengthen governance and assurance processes regarding investigation of incidents from the point of being reported, ensuring that those meeting the PSII criteria are escalated in a timely manner to the PSIP for confirmation. In terms of assurance, this has been further strengthen for those incidents re-categorised with clear rationales and clinical reviews recorded on the incident records.

### Next Steps of the implementation:

- Continue to implement Framework and communicate across the Trust
- Engaged with the Trust’s Patient and Public Council (PPC) to support the development of the desired patient standards as part of the PSIRF.
- Continue to attend monthly PSIRF webinars with early adopters to feed back and also learn from others.
- Develop the QI element of the framework.

The number of safety investigation actions on the Trust’s risk management system continue to be monitored centrally to ensure they are closed within their set timeframe.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

There continues to be a focus on SI actions, at the end of May there were 161 open actions, of these 15 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 sends 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:

The Trust to review the discharge guidance for paramedics located in Appendix 3 of the Managing the Conveyance of Patients Policy and Procedure.

**Update**

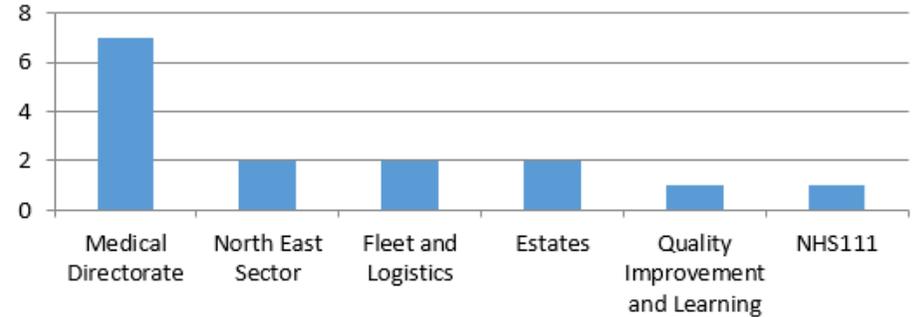
The review has taken place and is awaiting assurance to be updated.

The Trust to Implement a process whereby appropriate internal stakeholders discuss clinical staffing in Integrated Urgent Care and identify areas of concern. Any remedial action required in extreme situations should be discussed and agreed to prevent the Clinical Assessment Service queue from reaching such escalation levels

**Update**

Recently appointed Deputy Director of 111/999 & Clinical Assessment Service as part of the IUC restructure will give greater assurance regarding capacity to review staffing level. In the interim this is discussed on a weekly basis at the IUC clinical meeting with all relevant stakeholders engaged

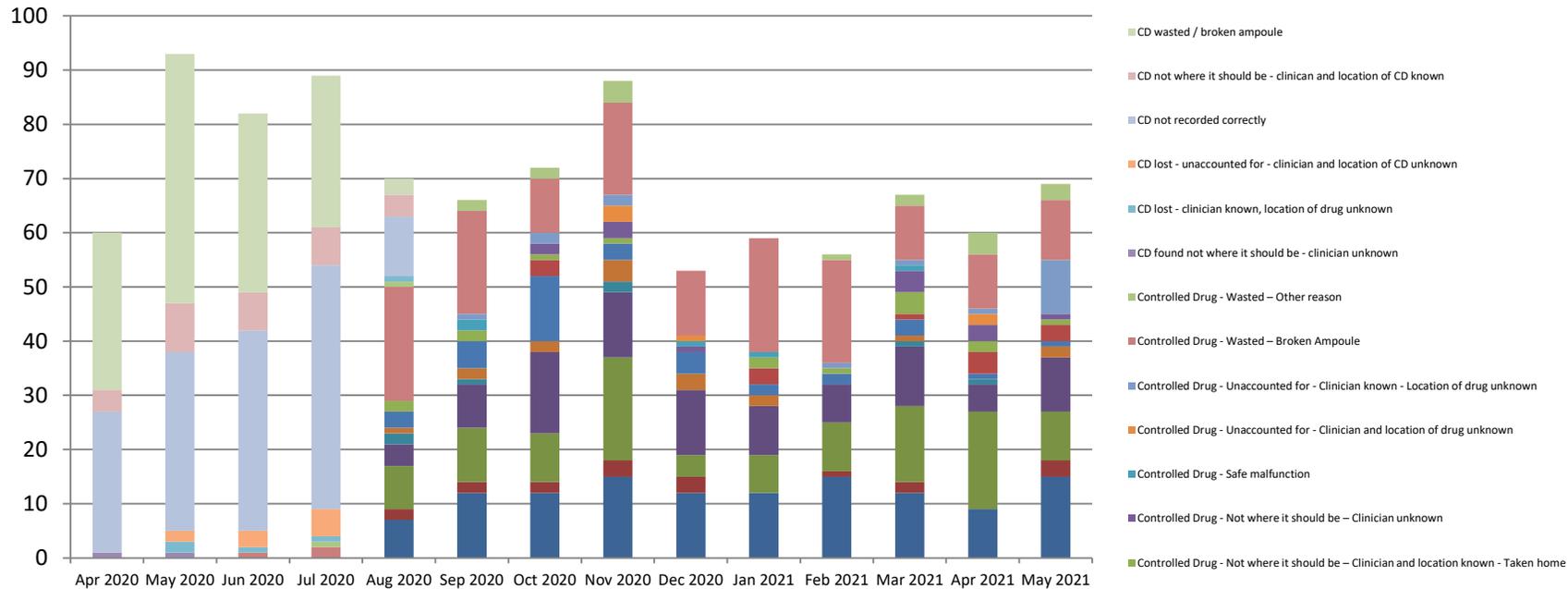
**Overdue actions by Sector / Department**



**Overdue actions by priority of action**



## BI Controlled Drug Report



- No unaccounted for losses of schedule 2 controlled drugs
- Total of 74 other controlled drug (CD) incidents including
  - Documentation error (n=43) or usage unaccounted for (n=10)
  - CD damage, breakages or losses (n=15)
  - CD safe left open (n=1), drugs unsecured (n=2) or power failure (n=1)
  - Reaction to morphine (n=1) or contraindicated (n=1)
  - Ketamine near miss (n=1)
- Non-controlled drugs incidents
  - KitPrep discrepancy (n=5)
  - Breakage (n=5) or out of date (n=1) drugs
  - Drug pack unsealed (n=2), drugs unsecured (n=1) or supply issue (n=1)
  - Report of psychoactive substance (NERDS) (n=8)
  - Inappropriate administration of aspirin (n=1), salbutamol (n=1), dexamethasone (n=3), TXA (n=1), glucose (n=1), GTN (n=1), hydrocortisone (n=1), ibuprofen (n=1), ipratropium (n=1)
  - Reports of drug errors by non-LAS clinicians (n=19)

### Assurance

- No incidents where morphine retained off duty identified. This means that controlled drugs remain secure and accounted for.
- Reporting of incidents involving psychoactive cannabinoids enabling health surveillance

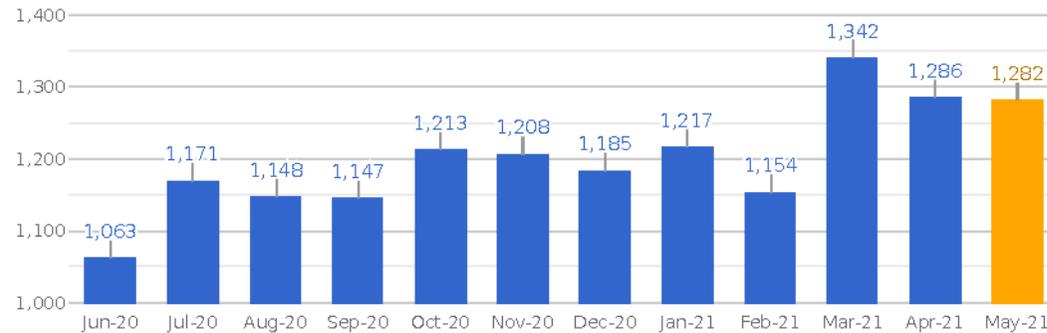
### Actions

- Ongoing audit at LSU relating to drugs packing and controlled drugs management
- Medicines packing unit nearing completion – will provide enhanced security and oversight.
- Recruitment of additional pharmacists and technicians.

Owner: Gavin Mooney | Exec Lead: Dr. Fenella Wrigley

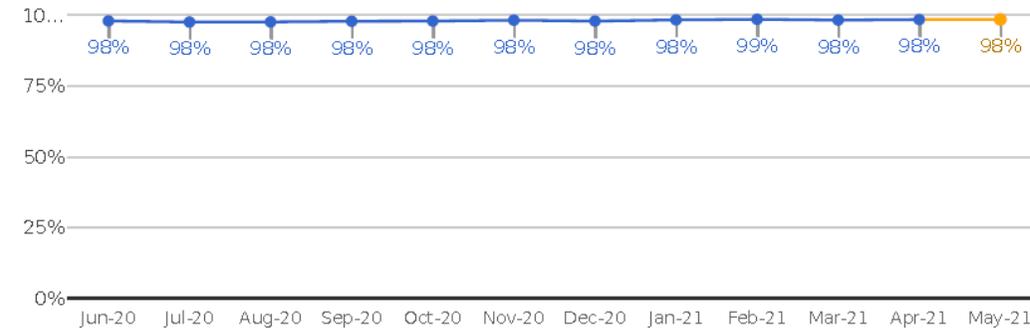
This month we have carried out 1282 inspections across 51 areas - an average of 25.14 inspections per area.

Total monthly inspections (last 12 months)



The average score across the organisation this month was 98%.

Average score (last 12 months)



The 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 on the rise since reduction of REAP and reinstating daily management tasks for CTM/IROs/APPs. Likely to remain steady in lieu of REAP3 currently.

Action plans for lowest scoring stations / areas sit with respective SMT / QGAMs

### Highest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
1	APP Friern Barnet	100% (1)	100% (19)
2	APP Croydon	100% (3)	100% (24)
3	Heathrow Airport	100% (9)	100% (124)
4	APP Ilford	100% (4)	100% (36)
5	Hanwell	100% (36)	98% (418)

### Lowest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
47	Kenton	97% (29)	97% (334)
48	APP Westminster	97% (4)	99% (41)
49	Shoreditch	96% (31)	96% (329)
50	Deptford	95% (29)	95% (310)
51	APP Brent	88% (1)	98% (7)

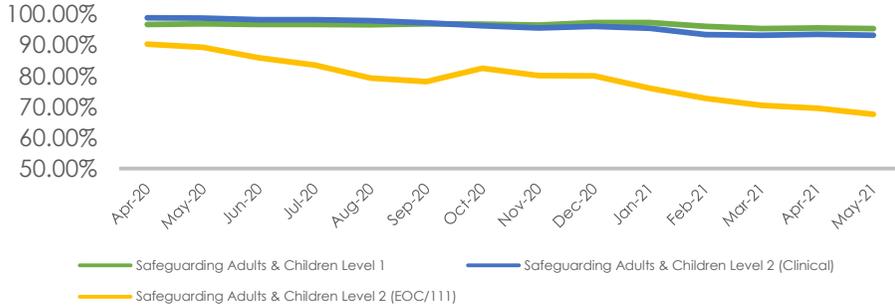
Numbers in brackets show number of inspections score is calculated from.

# 1. Safe -Safeguarding



Owner: Alan Taylor | Exec Lead: Dr. John Martin

## Delivery of Training

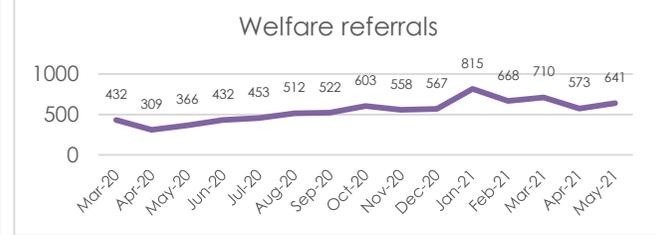
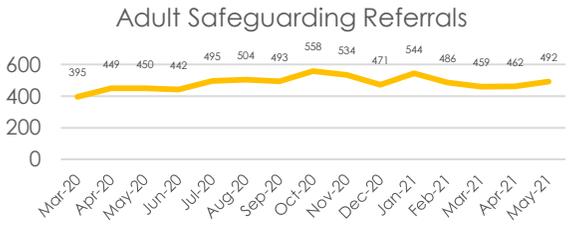


## Safeguarding Adults & Children Level 3 (3 Years)



Safeguarding Level 3 training has restarted following the COVID19 break with a steady take up by staff which is monitored by the safeguarding team. The safeguarding Level 2 (EOC/111) has been decreasing over the past few months, this is because IUC have not established CSR hours for their staff. Conversations have been had with IUC management who are working to get people on courses.

## Referrals

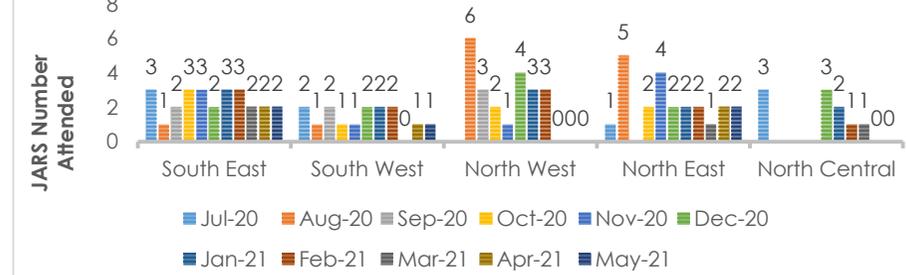
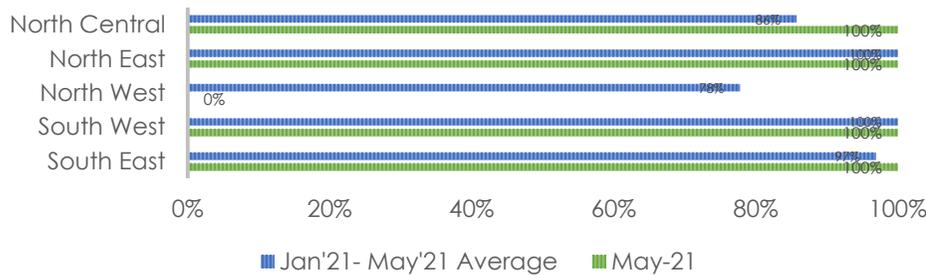


Adult safeguarding referral remain within normal range

Child referrals are increasing and remain high

Welfare concerns are beginning to rise and return to normal reporting.

## Joint Agency Response Service



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. John Martin

## DBS Checks Assurance Template - As at 31st May 2021

	Total number requiring DBS checks	Total number of recorded DBS checks	Percentage	Starters	Recorded DBS but older than 3 years	March 2021 position	Change from previous month	Comment
Ambulance Services	4143	4116	99%	27	25	29	-4	- 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 - bank staff will not be booked for shifts without a DBS check - there are 46 Emergency Responders out of the 49 required checks for non-clinical teams
Integrated Patient Care	1289	1278	99%	11	7	7	0	
Non-Clinical (Corporate Teams) (inc ERs)	400	342	86%	58	1	1	0	
Ambulance Services (Bank)	401	395	99%	6				
<b>Total</b>	<b>6233</b>	<b>6131</b>	<b>98%</b>	<b>102</b>	<b>33</b>	<b>37</b>	<b>-4</b>	

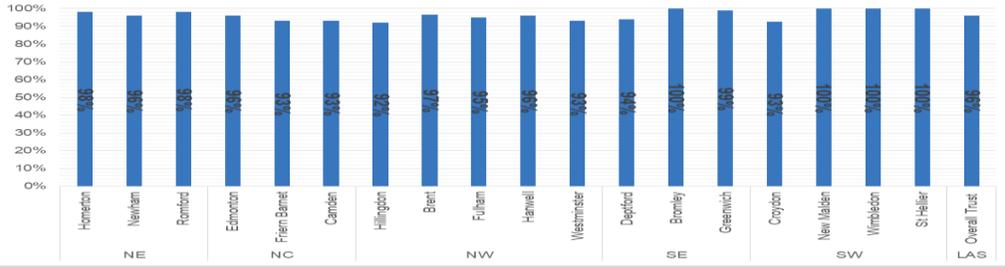
### Non-Clinical

- |   |                                      |
|---|--------------------------------------|
| 308 C&E Communications & Engagement L4        | 308 CORP Corporate Governance L4     |
| 308 CHX Chief Executive L4                    | 308 FIN Finance L4                   |
| 308 COO Chief Operating Officer Management L4 | 308 MED Medical L4                   |
| 308 ITS IT & Technical Services L4            | 308 NED Chairman & Non Executive L4  |
| 308 P&P Programmes & Projects L4              | 308 P&C People & Culture L4          |
| 308 PER Performance L4                        | 308 Q&A Quality & Assurance L4       |
| 308 SAP Strategic Assets & Property L4        | 308 S&T Strategy & Transformation L4 |

# 1. Safe - Infection Prevention and Control

Owner: Claire Brown | Exec Lead: Dr. Fenella Wrigley

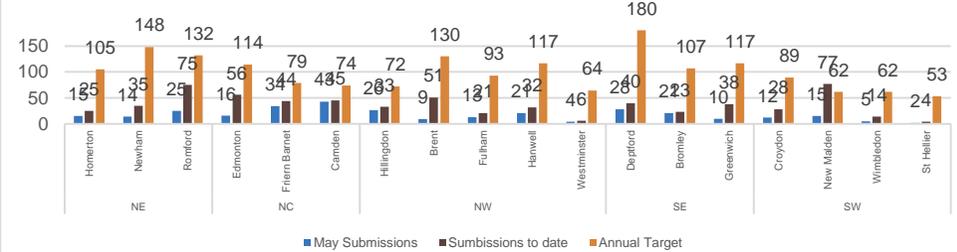
OWR Hand Hygiene Compliance - May 2021  
Target 90%



Overall the Trust OWR hand hygiene compliance for May 2021 is 96% remaining the same as April's 96% compliance result. 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 23<sup>rd</sup> 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 IPC Link Practitioner meeting in November.

OWR Hand Hygiene Submissions - YTD

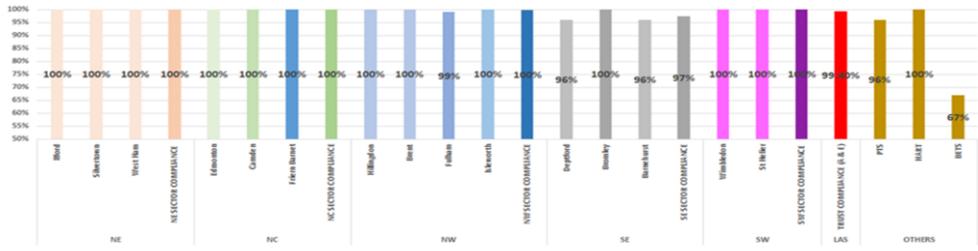


All group stations submitted OWR data for May 2021.

Overall submissions totalled 313 during May, only a slight decrease on the 334 audits undertaken in April. Following an in-depth review of last years audit programme and presentation of these findings to IPCC, COG & QAC, the OWR hand hygiene element submission targets were lowered to 55% of staff count per station as of April 21.

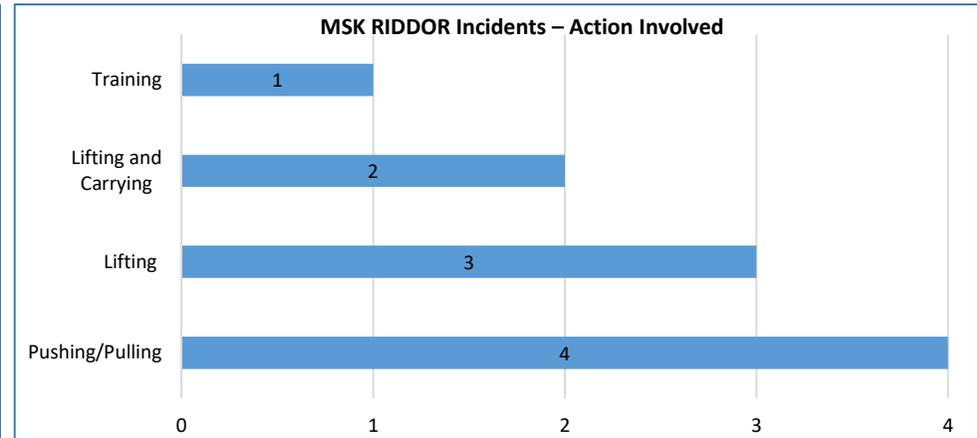
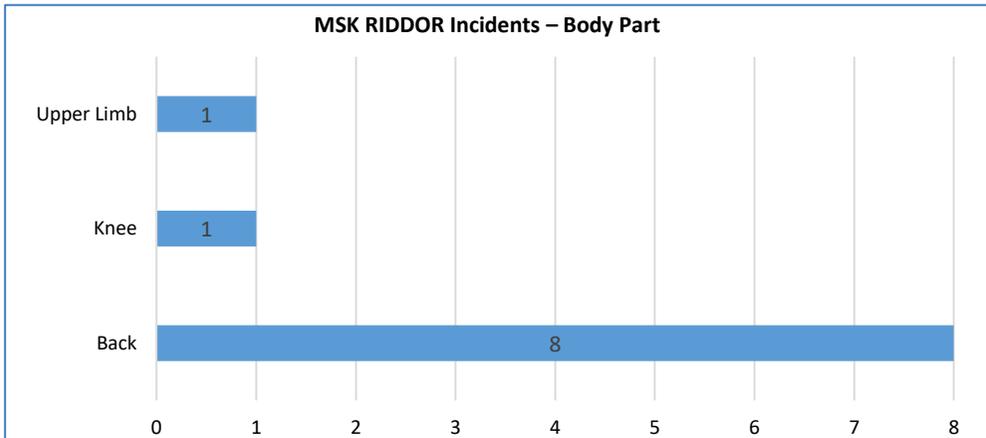
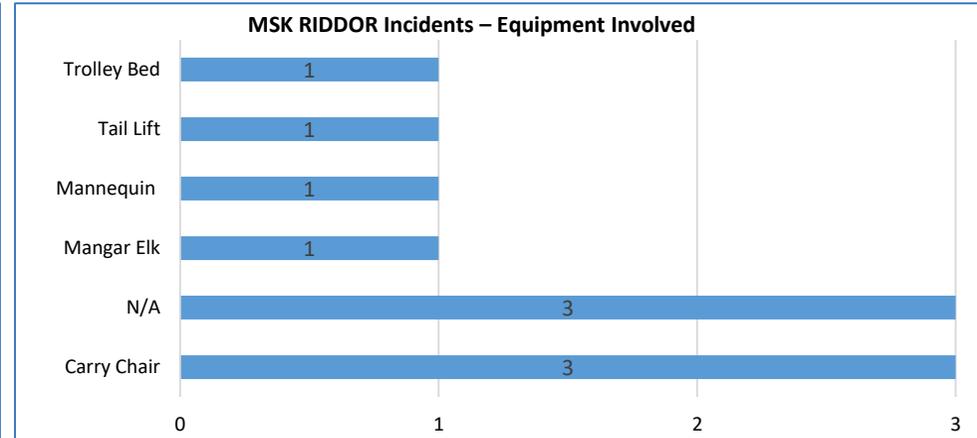
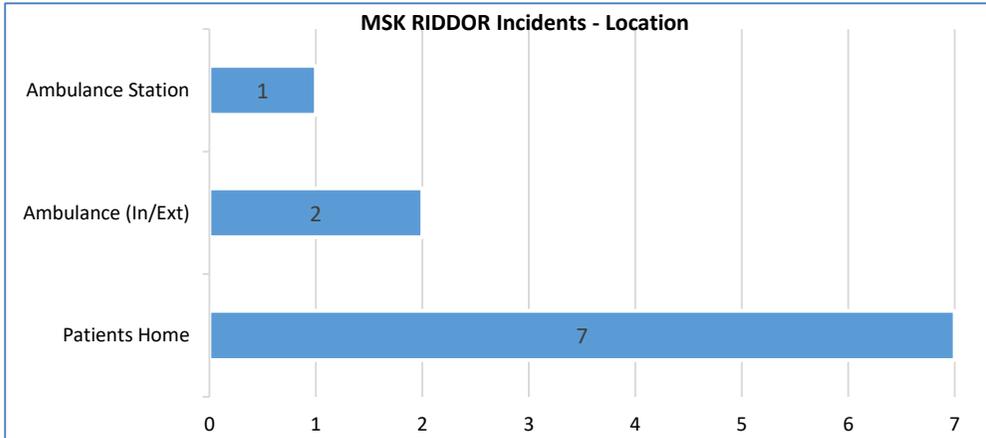
**Actions:** Highlighted at IPCC and QOG the importance of continued audit for preparedness and prevention. Review of auditing targets and future proposal for presenting at QOG

VP DEEP CLEAN A&E VEHICLES MAY 2021 (Target 95%)





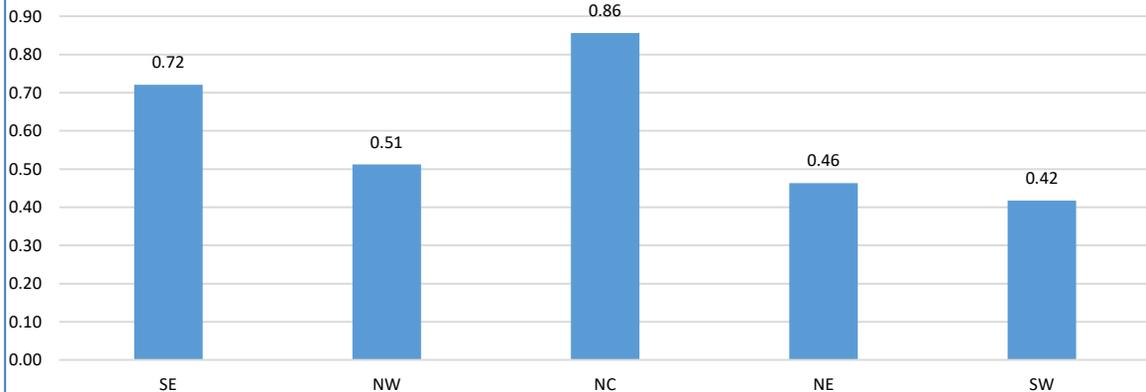
Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – May 2021



**The above graphs provide details from the thematic analysis of 10 reported RIDDOR incidents in May'21 (3 incidents were occurred in April'21 & 7 incidents were occurred in May'21). These relate to Manual Handling (MSK):**

- 7 reported RIDDOR incidents occurred in Patients Home (n=7), 2 incidents occurred in Ambulance In/Ext (n=2) and 1 other incident was occurred in Ambulance Station (n=1).
- 3 reported RIDDOR incidents involved Carry Chair (n=3), 1 incident each involved while handling Trolley Bed, Tail Lift, Mannequin and Mangar Elk (n=1 each) and 3 other incidents involved no equipment (n=3).
- 8 reported RIDDOR incidents resulted in Back injury (n=8), 1 incident was resulted in Knee injury (n=2), and 1 other incident was resulted in Upper Limb injury (n=1).
- 4 reported RIDDOR incidents occurred during Pushing & Pulling (n=4), 3 incidents were occurred during Lifting (n=3), 2 incidents were occurred during Lifting and Carrying (n=2) and 1 incident occurred while undertaking Training (n=1).

Rate of number of reported Physical Assaults on Staff by Sector per 1000 face to face Attendances (YTD) – 2021/22



Sector	Rate of Physical Assaults on Staff
SE	0.72
NW	0.51
NC	0.86
NE	0.46
SW	0.42

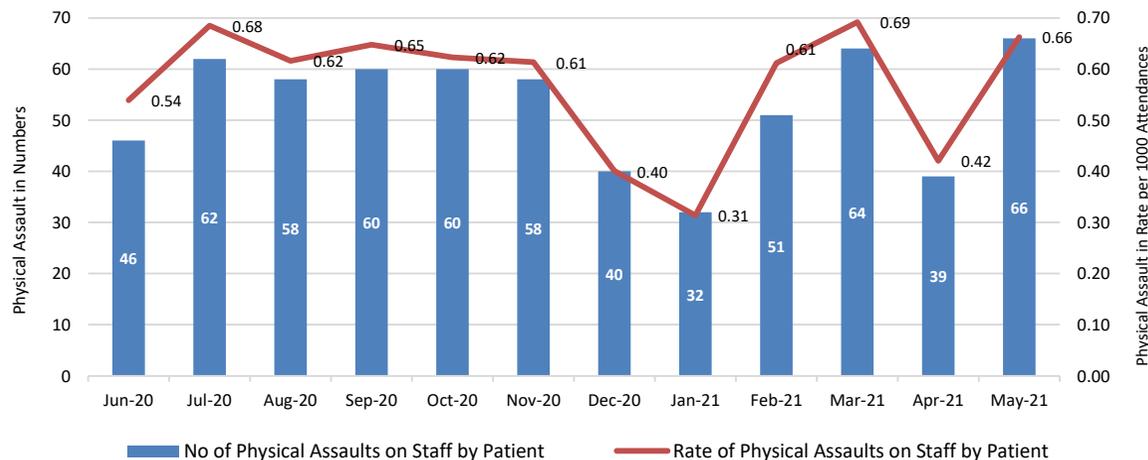
**Notes:**

- 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.

**Key Update:**

- There is one RIDDOR reportable Violence & Aggression related incident recorded during May'2021.

No of Physical Assaults on Staff by Patient vs Rate of Physical Assaults on Staff by Patient per 1000 face to face Attendances



Month	No of Physical Assault on Staff by Patient	Rate of Physical Assault on Staff by Patient
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
Feb-21	51	0.61
Mar-21	64	0.69
Apr-21	39	0.42
May-21	66	0.66

**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 (June'20 to May'21).

NHS definitions of assault:

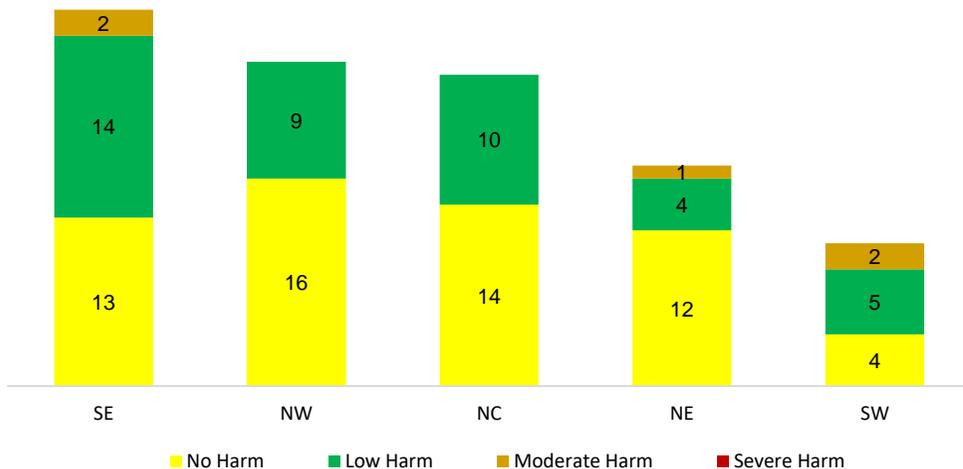
**Physical assault** – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

**Non-physical assault** – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

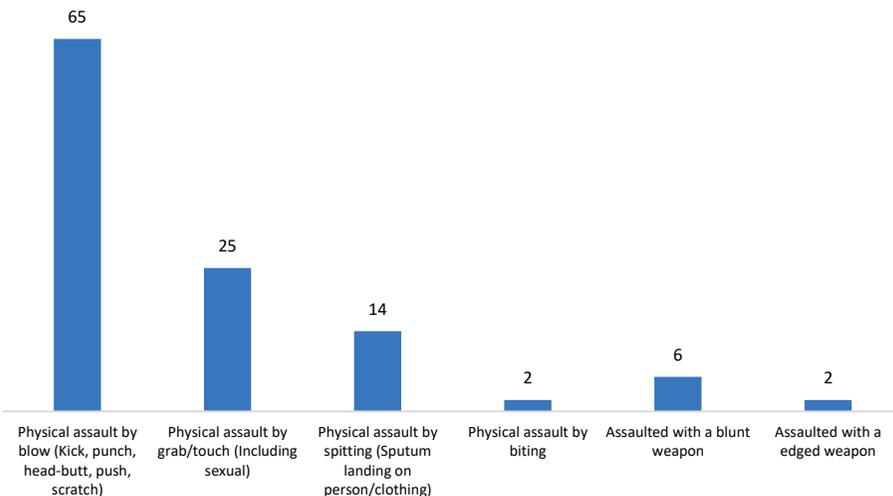
\*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This may result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2021/22



Number of reported Physical Assaults on Staff by Type (YTD) – 2021/22



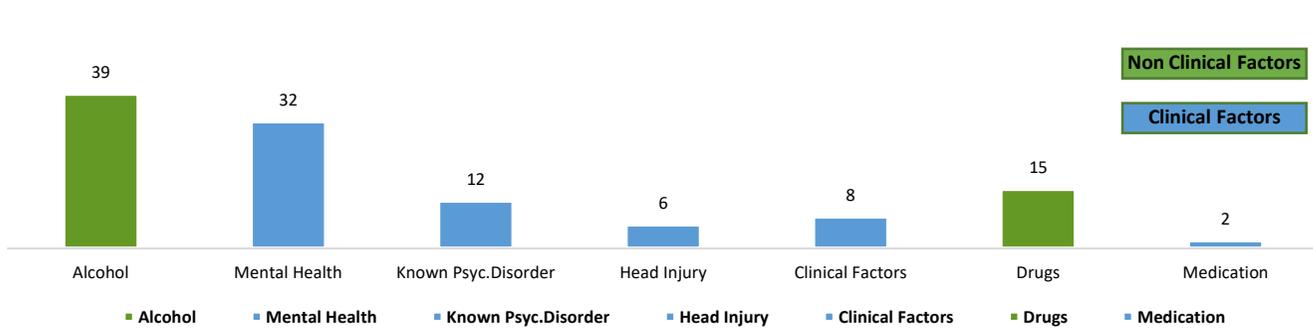
**Notes:**

- A total of 114 Physical Assaults on Staff were reported during 2021/22 (up to end May'21).
- 64 (56%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 50 incidents resulted in Harm. 45 (39%) of the harm related incidents were reported as 'Low Harm and 5 (5%) incidents were resulted in Moderate Harm.
- 9 out of the 114 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc.).

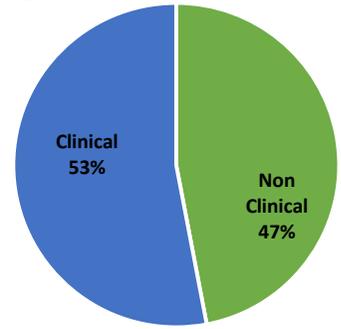
**Notes:**

- Physical Assault – by blows, kicks/ assault to staff (57% , n=65) accounted for the highest number of incidents reported during 2021/22 (up to end May'21).

Number of reported Physical Assaults on Staff by Influencing Factors (YTD) 2021/22



Percentage Breakdown of Factors (YTD) 2021/22



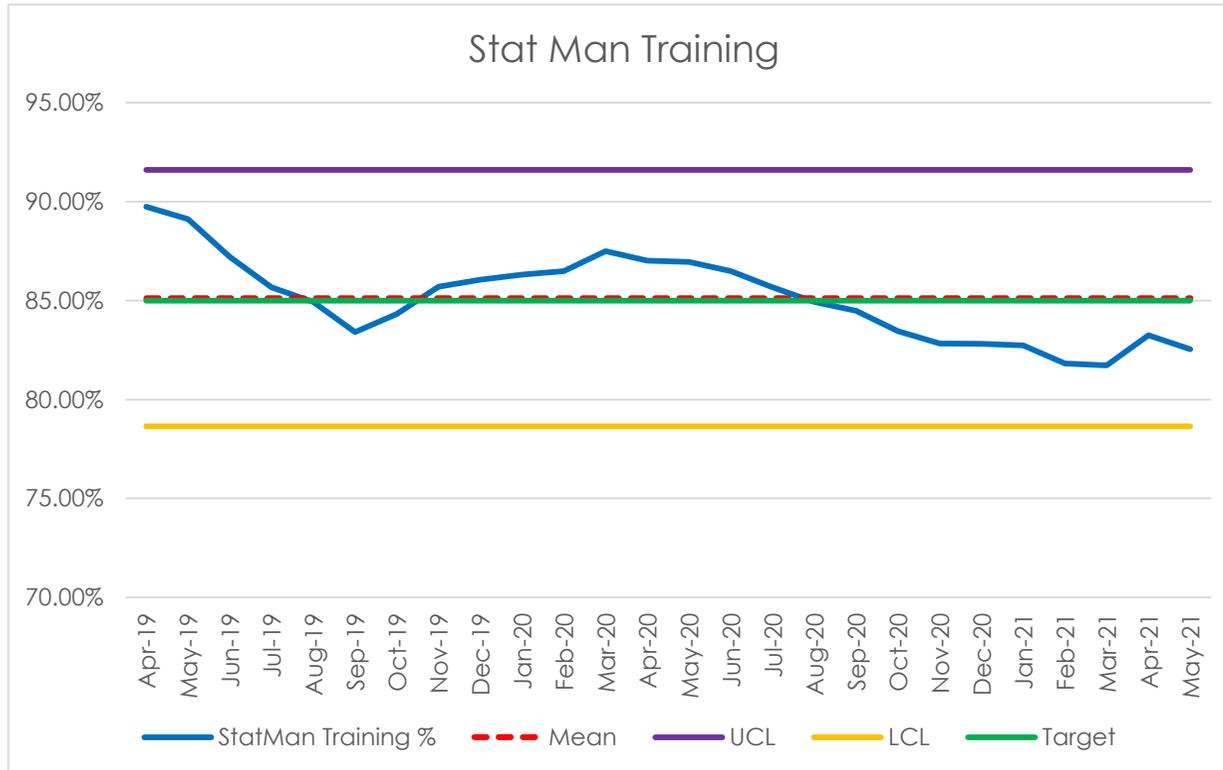
**Notes:**

- Clinical Factor: 60 (55%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=32), Known Psyc.Disorder (n=12), Head Injury (n=6), Clinical Factors (n=8), Medication (n=2).
- Non Clinical Factor: 54 (45%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=39), and Drug (n=15).

# 1. Safe - Statutory & Mandatory Training

Owner: Chris Randall | Exec Lead: Damian McGuinness

Stat & Man Training



The statutory and Mandatory training, as of the 31<sup>st</sup> May, is currently tracking below our 85% target at 83%. There has been an increase when compared to the 82% compliance rate at April 2021.

**Actions:**

Regular reports are sent to managers and individuals highlighting those who have any expired training as well as those who are due to expire in the coming three month period.

Training	May-21
Display Screen Equipment (3 Years)	83.62%
Duty of Candour (3 Years)	94.62%
EPRR Incident Response (Clinical) (1 Year)	59.22%
EPRR Incident Response (EOC) (1 Year)	71.14%
EPRR JESIP Awareness E-Learning (1 Year)	79.48%
EPRR JESIP Commander Classroom (3 Years)	58.08%
EPRR LAS Operational Commander Foundation (3 Years)	49.65%
EPRR LAS Tactical Commander Foundation Course (3 Years)	71.43%
EPRR Tactical Commanders (Old Course) (3 Years)	0.00%
Equality, Diversity & Human Rights (3 Years)	86.99%
Fire Safety (2 Years)	93.68%
Fraud Awareness (No Renewal)	83.52%
Health & Safety Trust Board (1 Year)	82.35%
Health, Safety & Welfare (3 Years)	93.73%
Infection Prevention & Control Level 1 (3 Years)	95.20%
Infection Prevention & Control Level 2 (1 Year)	91.43%
Information Governance (1 Year)	92.79%
Medicines Management (1 Year)	90.89%
Medicines Management (NETS) (1 Year)	4.63%
Mental Capacity Act Level 1 (3 Years)	92.59%
Moving & Handling Level 1 (3 Years)	93.46%
Moving & Handling Level 2 (Load Handling) (3 Years)	73.33%
Moving & Handling Level 2 (People Handling) (1 Year)	46.38%
NHS Conflict Resolution (3 Years)	89.98%
Prevent Level 1 (3 Years)	91.56%
Prevent Level 2 (3 Years)	73.97%
Resuscitation Level 1 (1 Year)	73.56%
Resuscitation Level 2 Adults (1 Year)	72.22%
Resuscitation Level 2 Paediatrics (1 Year)	72.22%
Resuscitation Level 3 Adults (1 Year)	64.04%
Resuscitation Level 3 Newborn (1 Year)	64.02%
Resuscitation Level 3 Paediatrics (1 Year)	64.04%
Safeguarding Adults & Children Level 1 (3 Years)	95.43%
Safeguarding Adults & Children Level 2 (Clinical) (3 Years)	93.23%
Safeguarding Adults & Children Level 2 (EOC/111) (3 Years)	67.56%
Safeguarding Adults & Children Level 3 (3 Years)	46.71%
Safeguarding Trust Board (3 Years)	35.29%

## 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.*

# National Institute for Health and Care Excellence (NICE) Guidance: Update Report - June 2021

## February 2021

The NHS Sheffield CCG summary of NICE guidance was reviewed, with no local actions arising.

## March 2021

A new rapid guideline for managing COVID-19 was released, and this replaced a number previous NICE guidelines and was determined to be relevant to the Trust. This guideline underwent a gap analysis our Ambulance Services and Integrated Patient Care service lines and updated internal guidance was published on the 18<sup>th</sup> May 2021.

No other local actions arose from any other guidelines released in March 2021.

## April 2021

Guidance relating to the management of atrial fibrillation was released in April 2021, this was reviewed by a clinical lead, and determined to be in accordance with the guidance set out by JRCALC and in current practice.

Guidance and a quality standard relating to postnatal care was identified as potentially relevant to the Trust, and is in the process of being review by a clinical lead.

No other local actions arose from any other guidelines released in April 2021.

## 2. Effective - Clinical Ambulance Quality Indicators

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Measures	Target / Range	RAG	YTD 20/21	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	31%	R	25%	22%	21%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	R	51%	48%	44%					↔			LQ1b		
STEMI Care Bundle (AQI) (Reported every 4 months)	74%		77%	-	60%					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%		98%	-	-					↔			LQ3b		
Stroke on scene duration (CARU continual audit)	00:30	G	34	31	33					↔					
Survival to Discharge (AQI)			4%	1%	0%					↔					
Survival to Discharge UTSTEIN (AQI)			16%	3%	0%					↔					
STEMI On scene duration (CARU continual audit)			39	37	39					↓					
Call to Angiography - Mean (hh:mm)	02:10		02:09	02:17	02:31										
Stroke - Call to Arrival at Hospital - Mean (hh:mm)	01:10		01:10	01:35	01:24										
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	-	92%	96%	96%	95%	93%		↓		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			-	12%	14%	17%	21%	0%		↓			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	-	98%	97%	98%	98%	98%		↔		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	R	-	95%	95%	94%	93%	92%		↓		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	R	-	94%	-	94%	-	94%		↓		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	-	96%	96%	95%	96%	97%		↑		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	-	-	97%	-	97%	-		↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)	95%	R	-	94%	93%	93%	93%	94%		↑					



AQI: Narrative

**Cardiac Arrest**

In January 2021, the LAS ranked 4<sup>th</sup> for the overall ROSC on arrival at hospital group (up from 5<sup>th</sup>; 21.7%) with 20.9% and 4<sup>th</sup> for the Utstein group (down from 2<sup>nd</sup>; 47.7%) with 43.6%, both of which were below the national averages of 24.4% and 46.5% respectively.

From January 2021 onwards the LAS will measure survival by calculating survival to 30 days and as such a direct comparison to previous months cannot be made.

In January the LAS ranked 9<sup>th</sup> for 30 day survival in the overall group with 4.4% (overall Survival to discharge in December was 1.3%, ranked 10<sup>th</sup>) and 2<sup>nd</sup> for the Utstein group with 27.5% (Utstein Survival to discharge in December was 2.9%, ranked 10<sup>th</sup>) which was well above the national average of 21.9%.

Post ROSC Care Bundle data for January ranks the LAS 3<sup>rd</sup> with 80.1% which is greatly above the national average of 74.7%.

**Sepsis**

In December the LAS delivered the Sepsis Care Bundle for 94% of eligible patients, ranking us in 1<sup>st</sup> place and well above the national average of 85.5%

**Stroke**

The LAS ranked 3<sup>rd</sup> for the mean call to hospital for suspected stroke patients (01:24) in January 2021, well above the national average of 01:33. This is a considerable improvement from December 2020 when the LAS ranked 7<sup>th</sup> in England (with mean call to hospital time of 01:35).

NHS England did not publish Stroke Diagnostic Bundle data for January, the next data due to be published will be for February (in July).

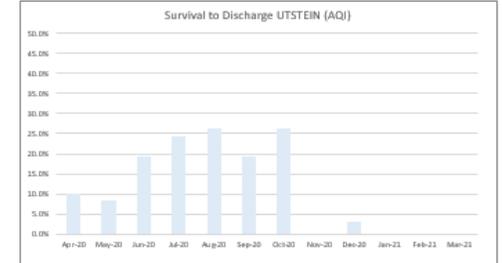
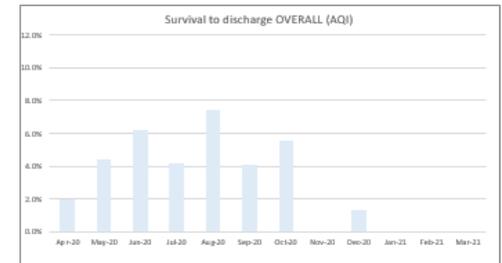
**STEMI**

The LAS' call to balloon time for January was 02:31, which was 6 minutes longer than the national average, and one minute above the target of 150 minutes. This time ranked the LAS 7<sup>th</sup> against all other ambulance services, down from 3<sup>rd</sup> in December when our time was 14 minutes faster (02:17). However, the year to date rankings show the LAS in 3<sup>rd</sup> place overall, with a time of 02:15, well within the target.

STEMI Care Bundle data for January 2021 was published. 59.8% of patients attended by the LAS during this month received a full care bundle (or had valid exceptions). This ranked the LAS in 9<sup>th</sup> place overall, and is a decrease of 8.7% from the last published figures (for October 2020) when we ranked 8<sup>th</sup>.

The biggest area of concern was in the administration of analgesia; 81 of the 261 patients attended (31.0%) did not receive this element. When examining the breakdown of which elements were not provided in the 105 incomplete care bundles, non-administration of analgesia accounts for 81 (77.1%) of these patients.

The percentage of patients not receiving analgesia was notable across all LAS sectors, however it was noted to be highest in the North West (where 39.3% of all patients attended did not have analgesia provided), the North East (with 36.2% of all patients not receiving it) and the South West (with 30.0% non-administration).





Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

### Clinical Audit Update

- We have gained agreement from the Sepsis Lead and a Consultant in Emergency Medicine at Whipps Cross Hospital to collaborate with us on a project that will help us to determine whether our pre-hospital clinical impression is in line with hospital diagnosis and anticipate starting this project next month.
- We implemented functionality into the Clinical Performance Indicator (CPI) database to allow CTMs to amend any audits undertaken at their Group Station.
- We also introduced four new APP-UC CPIs: Naproxen, Prednisolone, Prochlorperazine and Salbutamol inhaler
- CPI training was delivered to 9 Urgent Care APPs, 5 paramedics on restricted duties and 1 paramedic in a Team Coordinator role. CPI auditors reported 10 potential patient safety incidents in May and contacted EBS to discuss the potential for 3 retrospective safeguarding referrals.
- We worked with an APP-CC to design and grant approval for a clinical audit examining APP-CC use of midazolam and in April we granted clinical audit approval for a facilitated clinical audit looking at the assessment of adults presenting with hyperventilation syndrome.

### Research Update

- Recruitment for the Optimising Palliative Care through Electronic Co-ordination (OPTIMAL CARE) study started well with at least 29 staff completing the survey this month. All LAS staff who use Co-ordinate My Care (CMC) were invited to participate in an online survey as part of the study to contribute to a national picture of current practice and help guide the best approaches to using how Electronic Palliative Care Co-ordination Systems (EPaCCS) as part of NHS service delivery.
- This month we signed the contract for the CRASH-4 trial (intramuscular tranexamic acid for the treatment of symptomatic mild traumatic brain injury in older adults in the UK: a randomised, double-blind, placebo-controlled trial) and are in the final stages of setting up the study.
- In May, clinicians working in CHUB/ECAS or 111 CAS began screening patients for the PRINCIPLE trial (Platform Randomised trial of Interventions against COVID-19 In older people) in an attempt to increase our Trust's recruitment. Six patients have been referred by CHUB clinicians in the last month.
- Working with collaborators from King's College London, we were successful in a bid for funding for a study to prospectively validate the MIRACLE2 score in Out of Hospital Cardiac Arrest (OHCA). This score aims to predict poor outcomes following OHCA and could be used to assist triage decisions following prehospital resuscitation.
- We also received confirmation of funding awarded for the Spinal Immobilisation Study and PARAMEDIC-3.
- The Head of Clinical Audit & Research co-authored a paper published in the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) journal titled 'Adrenaline to improve survival in out-of-hospital cardiac arrest: the PARAMEDIC2 RCT'.
- The LAS Publications Policy (TP127) was published this month which outlines the Trust's approach to the approval of scientific publications and conference presentations that report on our data, patients, staff, resources or processes

## 2. Effective – Maximising safe non-conveyance to ED

**Please note: 999 performance data is correct as at 16/06/21 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 similar number of delays in April in comparison to March, with the overall number at 978 hours lost from our arrival to patient handover over 30 mins. Queens Romford, Whipps Cross, and North Middlesex had the greatest proportion of handovers exceeding 30 minutes. Queens Romford had the highest number of lost hours over 30 minutes, at 230 hours for the month.

### Patient Handover to Green

In April, we saw handover to green performance again within the target, with 15.2. However, close to 3,500 hours were lost due to patient handover to green exceeding the 14 minute threshold. Handover to Green received organizational focus through the COVID19 response team and will receive renewed focus as part of planning and recovery.

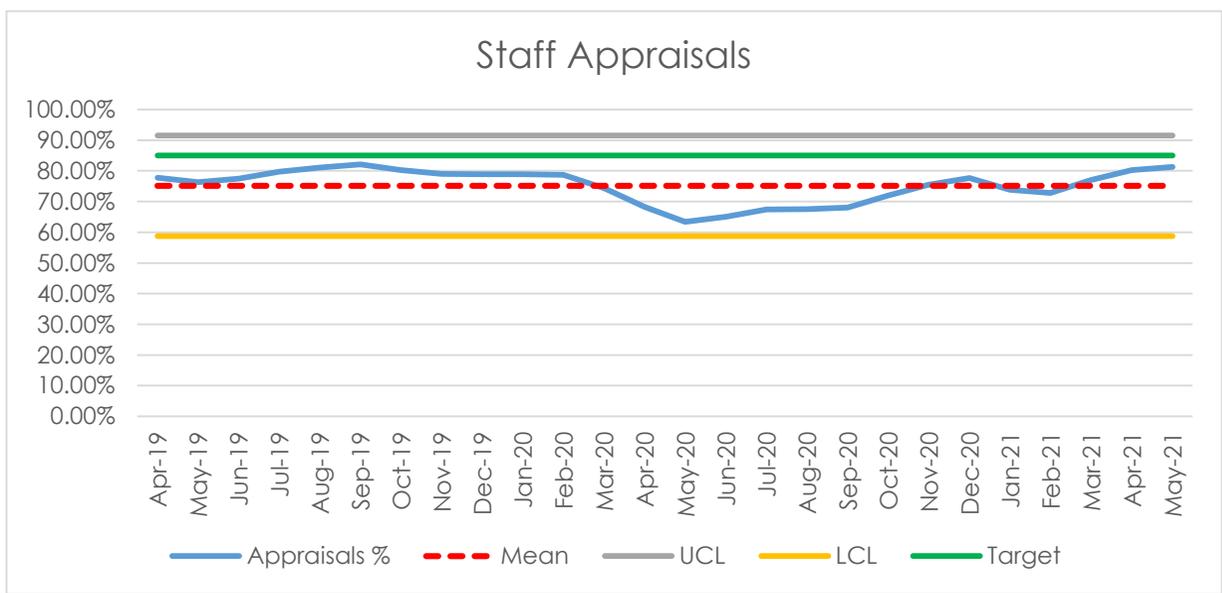
STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 Mins	Average Arr at Hosp to Patient Handover Time
North Central	Barnet	1,641	1,563	352	23%	73.0	24.5
	North Middlesex	2,716	2,504	807	32%	143.3	25.8
	Royal Free	1,645	1,482	339	23%	62.9	24.9
	University College	1,499	1,425	111	8%	22.1	16.3
	Whittington	1,440	1,292	251	19%	44.3	23.1
North East	Homerton	1,388	1,213	56	5%	3.5	16.3
	King Georges	1,199	1,078	551	51%	140.5	34.5
	Newham	1,755	1,503	388	26%	42.7	25.1
	Queens Romford	2,829	2,544	1,322	52%	331.2	34.1
	Royal London	1,916	1,663	165	10%	9.8	21.5
	Whipps Cross	1,689	1,425	430	30%	114.9	27.2
North West	Charing Cross	1,339	1,237	9	1%	0.6	12.4
	Chelsea & West	1,545	1,373	11	1%	1.0	15.2
	Ealing	1,282	1,222	47	4%	12.9	12.4
	Hillingdon	1,949	1,795	122	7%	21.2	15.3
	Northwick Park	3,634	3,485	181	5%	48.4	14.6
South East	St Marys	1,926	1,826	92	5%	13.8	16.9
	West Middlesex	2,186	2,091	72	3%	13.4	16.0
	Kings college	2,114	1,966	342	17%	45.9	22.3
	Lewisham	1,518	1,267	50	4%	7.8	16.6
	Princess Royal	2,026	1,683	191	11%	110.6	20.9
	Queen Elizabeth II	2,501	2,178	42	2%	13.9	12.6
South West	St Thomas'	2,223	2,025	162	8%	18.0	18.9
	Croydon	2,242	2,037	88	4%	18.8	18.6
	Kingston	1,723	1,548	35	2%	3.7	19.1
	St Georges	2,107	1,676	214	13%	20.2	20.0
	St Helier	1,311	1,181	62	5%	11.9	18.4
<b>TOTAL</b>		<b>51,343</b>	<b>46,282</b>	<b>6,492</b>	<b>14%</b>	<b>1,350</b>	<b>20.1</b>

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	2,297	1,406	61%	244.5	16.3	32.0	10.4
	Edmonton	2,907	1,753	60%	288.1	16.5	31.0	9.9
	Friern Barnet	1,928	1,083	56%	146.0	15.1	27.1	8.1
North East	Homerton	2,152	1,280	59%	239.9	15.8	32.3	11.2
	Newham	2,746	1,708	62%	319.9	15.9	33.2	11.2
	Romford	3,305	1,957	59%	242.1	14.7	26.9	7.4
North West	Brent	4,085	2,366	58%	302.7	15.7	26.3	7.7
	Fulham	2,576	1,552	60%	225.0	15.8	28.1	8.7
	Hanwell	3,198	1,763	55%	196.7	14.8	24.6	6.7
	Hillingdon	1,696	963	57%	95.5	14.5	23.8	6.0
South East	Westminster	1,637	1,085	66%	170.3	17.2	29.7	9.4
	Bromley	2,624	1,535	58%	182.0	13.4	26.0	7.1
	Deptford	4,345	2,525	58%	302.8	14.6	26.3	7.2
South West	Greenwich	2,394	1,378	58%	131.2	13.7	23.6	5.7
	Croydon	1,982	1,175	59%	148.7	14.5	26.2	7.6
	New Malden	1,598	975	61%	124.9	15.4	27.7	7.7
	St Helier	1,552	940	61%	101.8	14.8	25.1	6.5
Other	Wimbledon	1,196	734	61%	106.4	12.3	28.5	8.7
	NULL	316	256	81%	41.5	14.6	32.7	9.7
	IRO	1	1	100%	0.5	20.8	41.5	30.0
	Other	789	421	53%	52.1	11.9	24.0	7.4
	Training	958	482	50%	60.9	13.7	25.4	7.6
<b>TOTAL</b>		<b>46,282</b>	<b>27,338</b>	<b>59%</b>	<b>3723.5</b>	<b>15.0</b>	<b>27.7</b>	<b>8.2</b>

Owner: Various | Exec Lead: Dr. John Martin & Damian McGuinness

Appraisals

Latest Month: **81%**

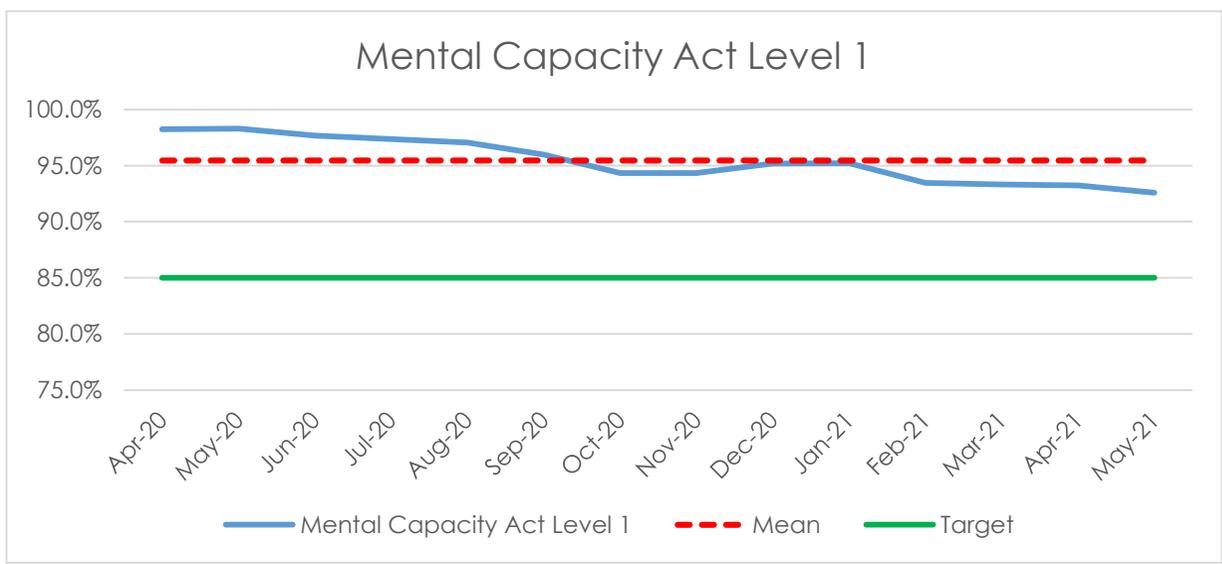


PDRs – Current compliance is at 81%, an improvement on the 77% compliance in March (80% in April).

**Actions:** A weekly PDR compliance report is now being sent out to all Trust managers to help improve compliance. 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.

MCA Training

Latest Month: **93%**



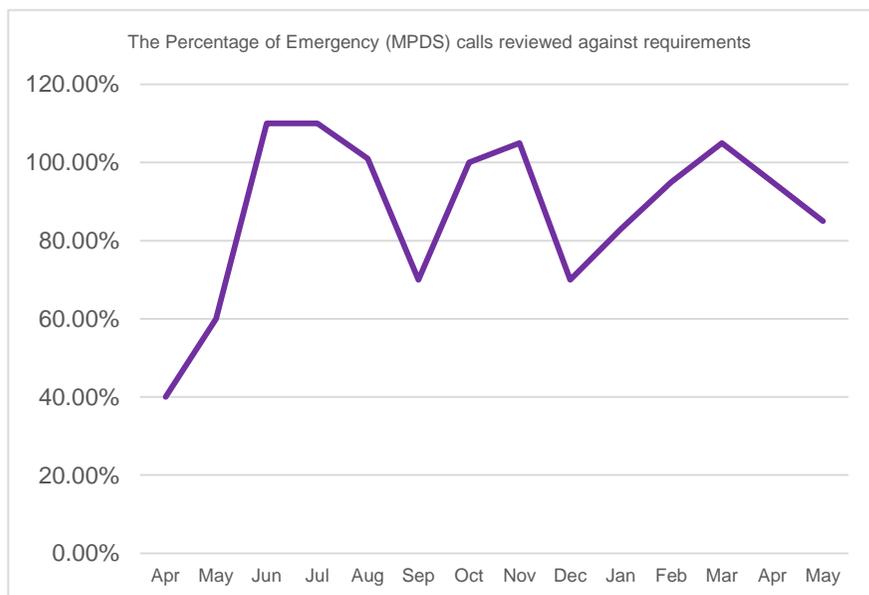
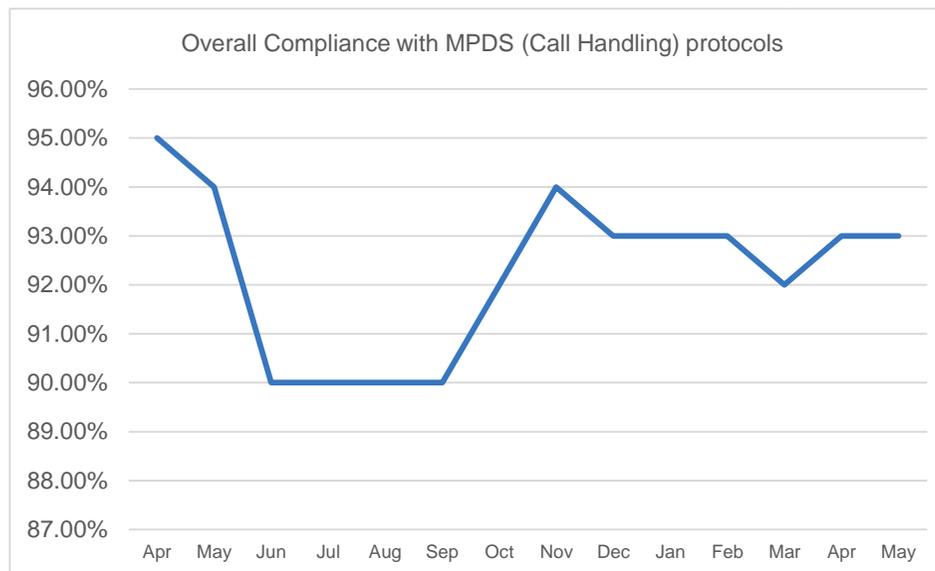
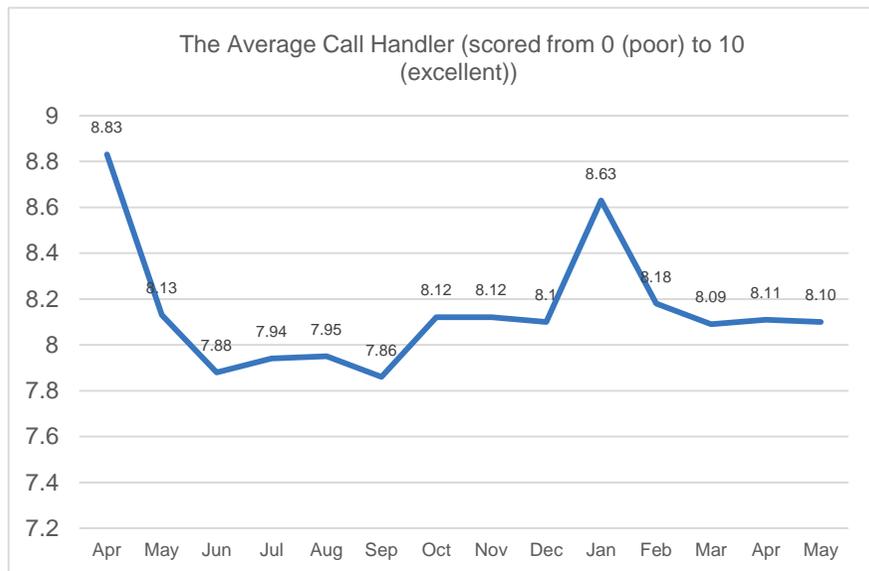
MCA level 1 – Current compliance is at 93%.

The Trust is currently not delivering Level 2 training. There is a tolerated risk (ID 1044) on the Corporate (Trust Wide) Risk Register.

**Action:** The safeguarding team 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. John Martin



### Analysis:

For May 2021 the Trust continues to operate within Centre of Excellence standards with high levels of compliance, resulting in appropriate triage and in turn patient care. Although the “average call handler” score has dropped since January 21 this is still within our expected range and allows for significant outliers to be supported and monitored moving forward.

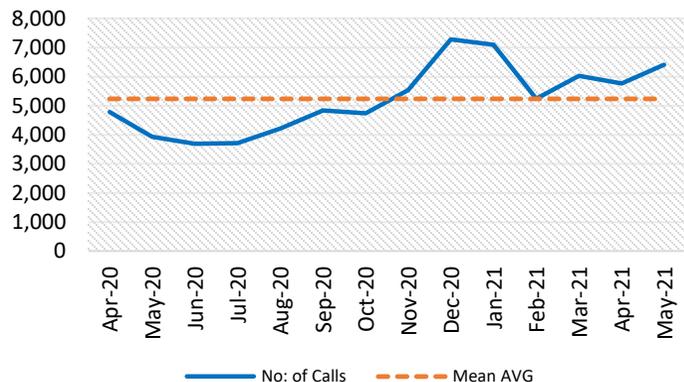


The Emergency Operations Centre have been successfully re-accredited as a Centre of Excellence (ACE) in the use of MPDS and is just one of three accredited centres in England. The accreditation is based on good levels of compliance in the used of MPDS and robust Quality Assurance and Governance systems within EOC.

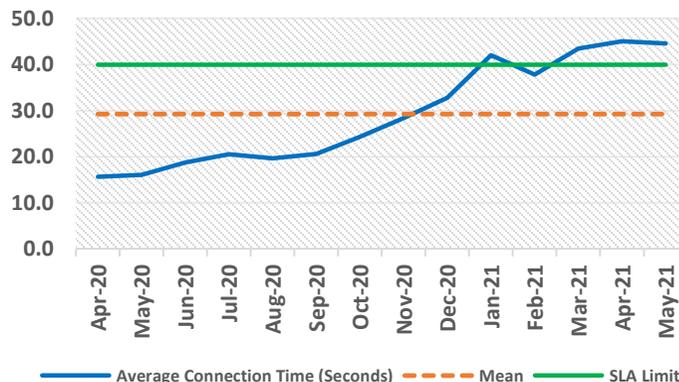
## 2. Effective – Trust wide Language Line

Owner: John Light Exec Lead: Khadir Meer

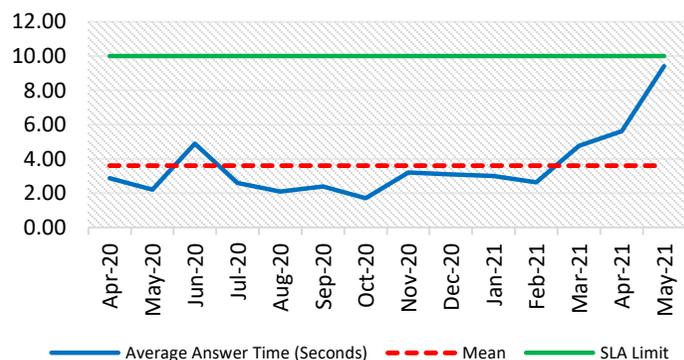
### Total Number of Calls



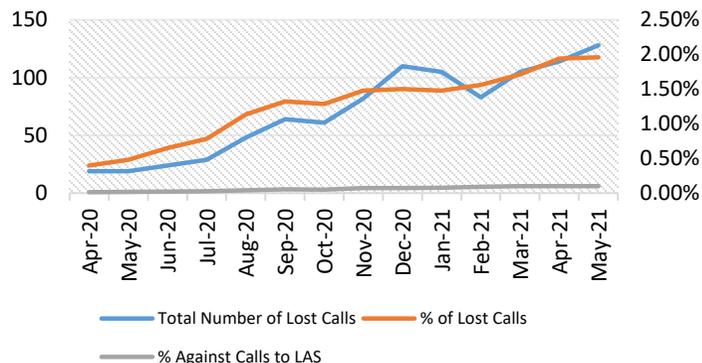
### Average Connection Time



### Average Answer Time



### % Lost Calls Against Calls To LAS



#### May 2021 Update

Language Line (LL) are receiving increased demand for their services, in line with the rising demand across our 999 / 111 services

New contract entered into with Language Line from 1st June 2021, this includes specific KPI's relating to longest time to answer / language not available metrics.

Work underway with LL to report on above new KPIs

Monthly contract meetings stood up to review performance / activity  
Process in place to flag any issues directly with language line via VOC (Voice of the Customer) forms

LL have a particular issue currently with Romanian interpreters – Deputy Director – Service & Partnership is looking into this and assurance from Language Line re. mitigations in place

Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Total Number of Lost Calls	19	19	24	29	48	64	61	82	110	105	83	105	114	128
% of Lost Calls	0.40%	0.48%	0.65%	0.78%	1.14%	1.32%	1.29%	1.48%	1.50%	1.48%	1.56%	1.71%	1.94%	1.96%

## 2. Effective – NEL Quality Audit Data

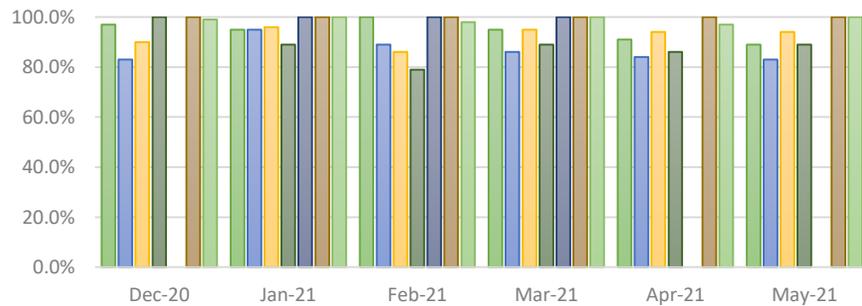
Owner: Jacqui Niner | Exec Lead: Khadir Meer

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
<b>Service Advisors</b>	198	129	65%	115	89%	New/worsening symptoms not asked. Lack of probing and not giving worsening/full worsening advice, missing out questions. Patient not present at time of assessment
<b>Health Advisors</b>	749	529	71%	440	83%	Choosing the wrong Pathway. Providing an unsafe disposition/inappropriate disposition reached. Lack of probing and not giving worsening/full worsening advice. No assessment being carried out for patient. Long delays in taking patient demographics.

Due to increased demand, HA shifts were incentivised, which resulted in auditors working front-end and decreasing the uptake of auditing hours. Due to increased on-boarding program activity, there were a large number of new staff starting as Health Advisors, which resulted in many coach/auditors being utilised for coaching, rendering them unable to complete auditing. We also had a lot of agency staff, particularly SAs who required coaching as well as staff returning back to work after long term sickness absence.

Any Call Handling staff who have audit issues identified are being provided a high level of support and managed under the appropriate policy if needed.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
<b>Clinical Navigator</b>	63	63	100%	59	94%	Overall we have seen a slight decrease in % Passed from 95% to 94%. No real trends and themes appearing from last month apart from consistently safe and appropriate advice and plans heard.
<b>Pathways Clinician</b>	82	82	100%	73	89%	Number of calls audited increased from 63 to 82 (last month 39 to 63). Increase in Partial Passes – to be expected as we have staff new to role. Same % Fail as last month – to be expected as we have staff new to role. 100% of required audits completed. Learning Identified: Safe but not appropriate advice given, not following home care advice, Cat2 process not followed, Health information should have been provided. All CFW will receive or have received 5 Audits for first 3 months then reduce to 3 per month.



Role	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Service Advisor	97.0%	95.0%	100.0%	95.0%	91.0%	89.0%
Health Advisor	83.0%	95.0%	89.0%	86.0%	84.0%	83.0%
Clinical Navigator	90.0%	96.0%	86.0%	95.0%	94.0%	94.0%
Pathways Clinician	100.0%	89.0%	79.0%	89.0%	86.0%	89.0%
CEC Clinician	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%
ACP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
GP	99.0%	100.0%	98.0%	100.0%	97.0%	100.0%

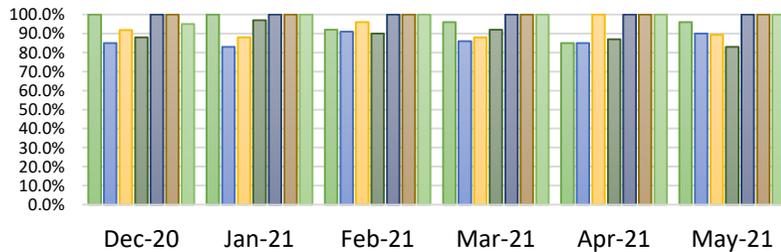
Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
<b>CEC Clinician</b>	9	0	0%	0%	0%	0% of CEC audits undertaken. 3 staff members had a total of 9 audits required and they have been scheduled for an audit.
<b>ACP</b>	111	92	83%	92	100%	92% of ACP Audits completed (92 out of 111). 92 audits were compliant and demonstrate a safe and quality service provided by NEL IUC. Work is continuing to complete the remaining 19 outstanding audits.
<b>GP</b>	129	91	71%	91	100%	71% of GP Audits completed (91 out of 129). 91 audits were compliant and demonstrate a safe and quality service provided by NEL IUC. Work is continuing to complete the remaining 38 outstanding audits.

## 2. Effective – SEL Quality Audit Data

Owner: Jacqui Niner | Exec Lead: Khadir Meer

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	93	67	72	64	96%	3 SA audits fell below the 85% pass rate, all failing to give worsening at the end of the call. This has been feedback to the members of staff. Due to operational pressures there has been a delay in completing the audits for this month, action is being taken to improve compliance for the next audit cycle.
Health Advisors	619	421	67	377	90%	44 HA audits fell below the 85% pass rate. Themes identifies from the failed audits were: failing to manage the clinical situation safely, failing to provide clear documentation and failing to operate within the boundary of their role. Feedback has been provided to staff.
Any Call Handling staff who have audit issues identified are being provided a high level of support and managed under the appropriate policy if needed.						

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	37	37	100%	33	89.2%	Excellent communication and rapport demonstrated Excellent probing around symptoms and pathways used Excellent identification of red flags High standard of professionalism and respect demonstrated  Learning points: Respecting patient's decisions in refusal of ambulance Warm transfer of Category 2 refusals Pathways advice for eye problems in under 1's ETC validation policy  Individuals will be fed back on audit results and learning plans implemented where appropriate.
Pathways Clinician	81	98	120	81	83%	17 CL audits fell below the 85% pass rate. Themes identifies from the failed audits were:- failing to manage the clinical situation safely, failing to ensure appropriate information is obtained and failing to convey the disposition clearly.



	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Service Advisor	100.0%	100.0%	92.0%	96.0%	85.0%	96.0%
Health Advisor	85.0%	83.0%	91.0%	86.0%	85.0%	90.0%
Clinical Navigator	91.7%	88.0%	96.0%	88.0%	100.0%	89.2%
Pathways Clinician	88.0%	97.0%	90.0%	92.0%	87.0%	83.0%
CEC Clinician	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ACP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
GP	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
CEC Clinician	4	1	25	1	100%	Clinicians are provided individual feedback and learning points after the audit is undertaken.
ACP	74	72	97	72	100%	
GP	86	83	96%	83	100%	

## 3. Caring

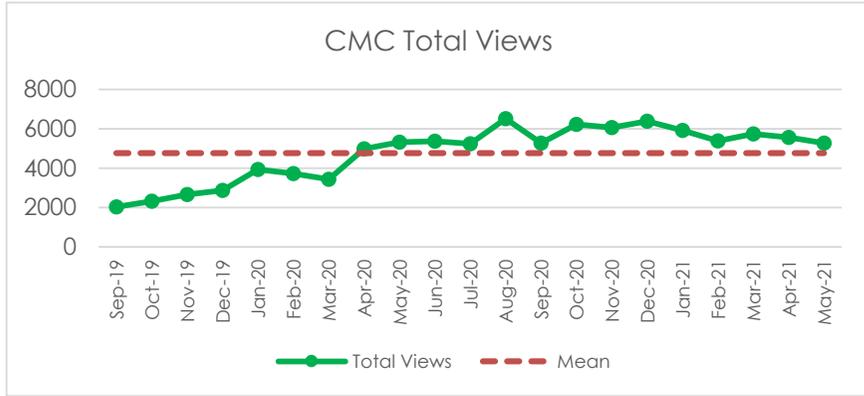
We must ensure that the service involves and treats people with compassion, kindness, dignity and respect. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Mental Health
- Maternity
- End of Life

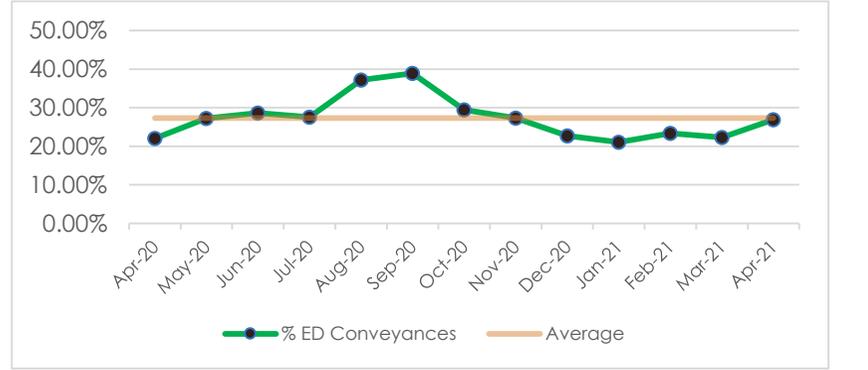
***Outstanding Characteristic:*** *People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.*

# 3. Caring - End of Life Care/Mental Health



ED Conveyance

Latest Month (Apr): 26.7%

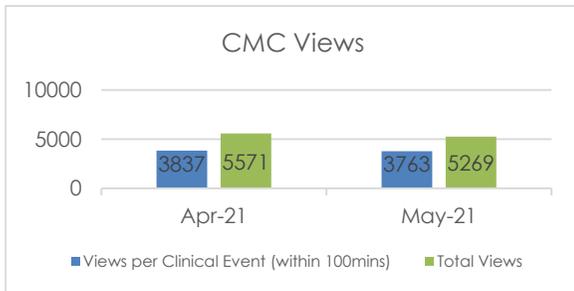


Owner: Various | Exec Lead: Dr. Fenella Wrigley

Ambulance Leadership Forum Conference video presented

Dying Matters Awareness week activity including 3 EoLC Coordinator CPD events

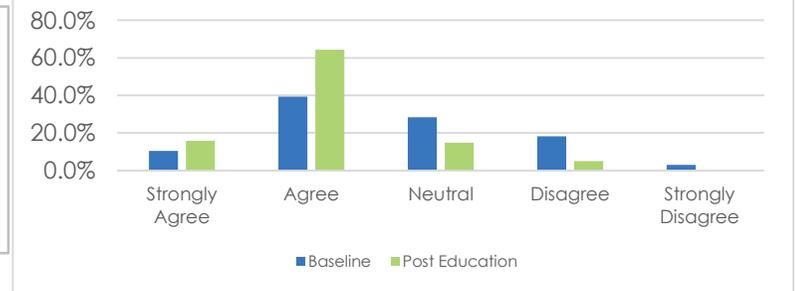
CMC Views



May Total views: 63.7%  
Views per clinical event: 45.5%

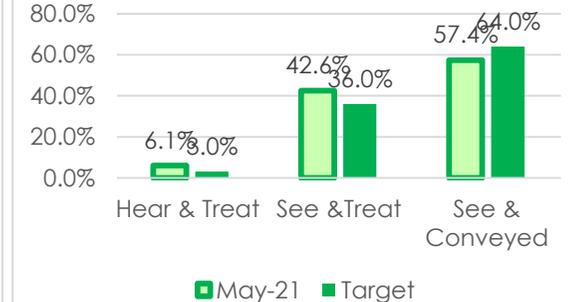
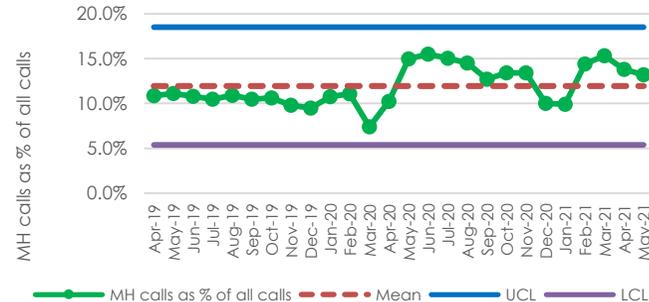
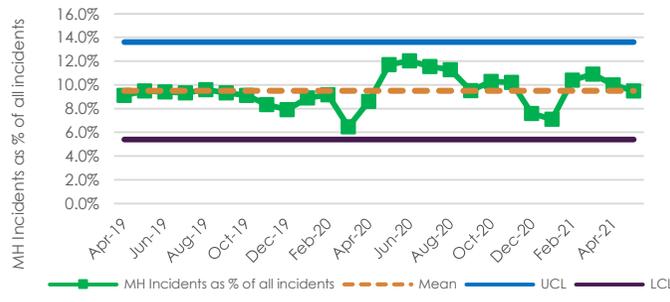
Staff Confidence

80% staff post education felt confident  
30% increase from baseline



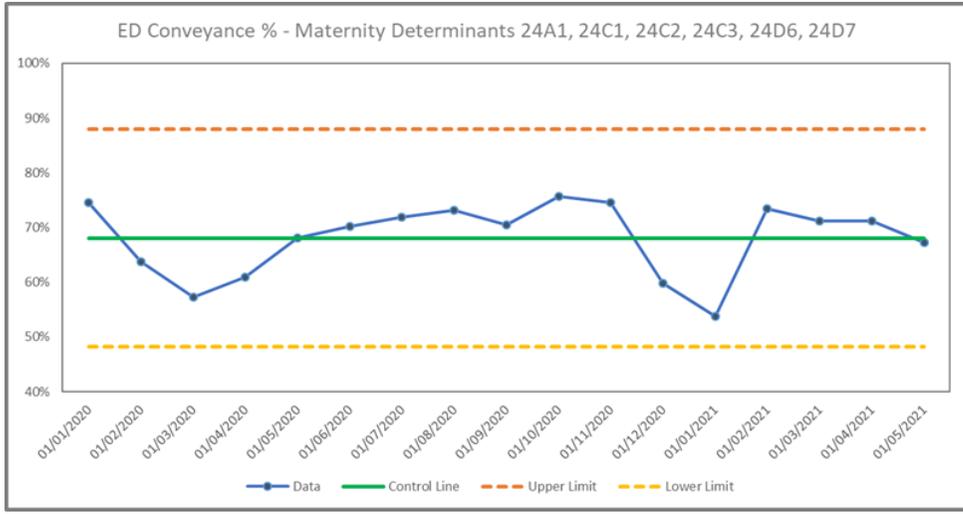
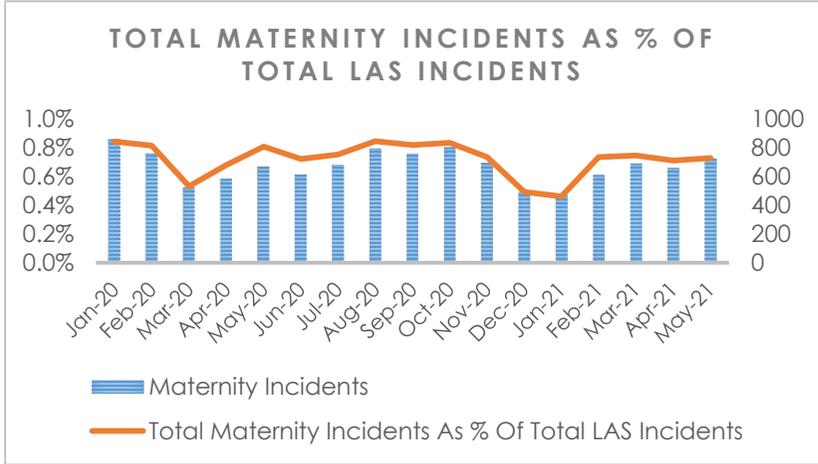
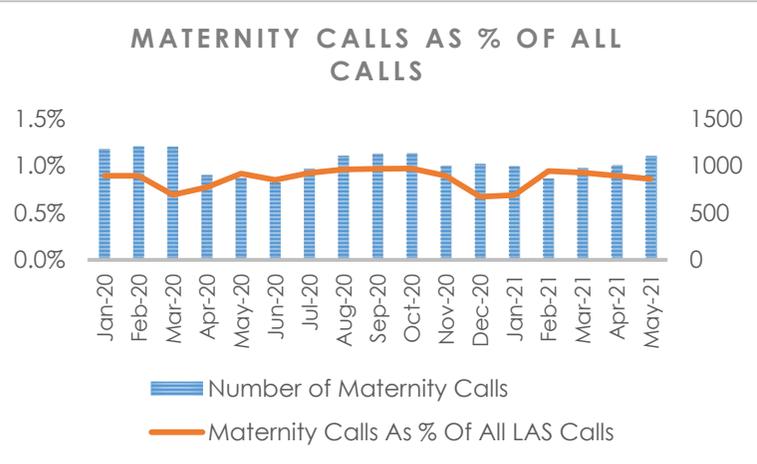
111 IUC CMC data exploration underway

First Team Time™ hosted at LAS with EoLC Coordinators



We continue to discuss the service specification with stakeholders  
The South West London Mental Health Joint Response Car is at risk of not continuing. We are negotiating with relevant stakeholders.

**Maternity Performance Review Dataset:**  
 The planned performance charts will detail the current focus of improvement in the management of women contacting NHS 111 and 999 with early pregnancy bleeding and vomiting. The Objectives are to increase assessment of women in same day emergency care or through early pregnancy service providers.



**Highlights and Our Service Values:**

**Respectful**  
 On-going debriefs for staff (EOC & Road Staff)

**Innovative**  
 COVID19 –Launch series of Maternity specific COVID19 screening tool across London Maternity Providers, ED teams and Primary Care

**Professional**  
 Chief Midwife visit with representation from College of Paramedics to highlight work of the emergency services and demonstration of historic archives

**Collaborative**  
 LAS and HSIB webinar facilitated by LAS staff to enhance understanding of pre hospital care.

**Exceptions (Improvement required):**  
 HSIB/LAS Standard Operating Procedure to be signed off

**Outstanding**  
 ➤ Maternity dataset

**Maternity 3 Top Priorities:**

- 1) Pan London SDEC for early pregnancy bleeding and vomiting
- 2) Test new PPH Screening and Action Tool
- 3) BBA Pathway NELondon Pilot – Acceptability testing.

## 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: 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 607

NHS numbers matched 100%

Stakeholder meetings online 65

### Highlights / lowlights

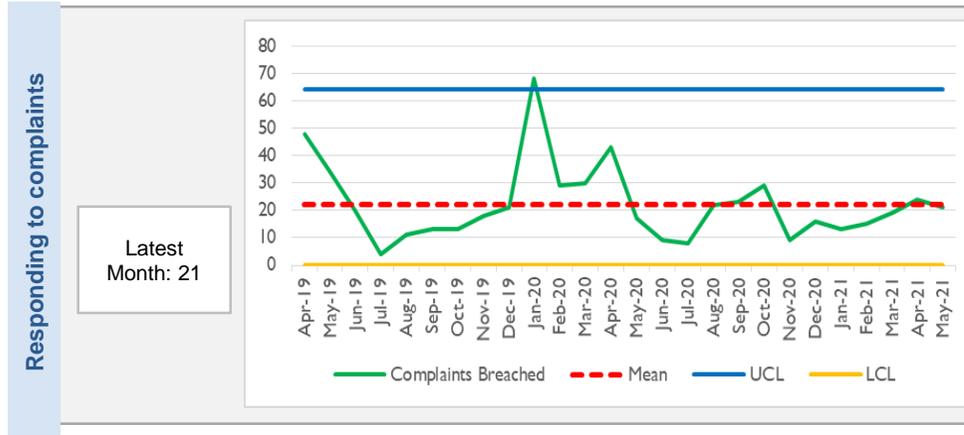
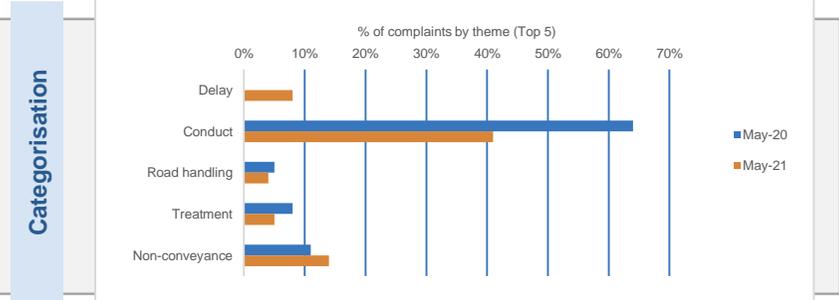
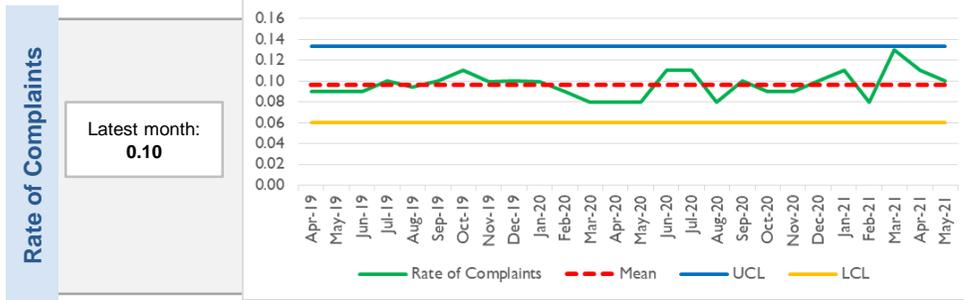
- Engagement from Medical Directorate in regards to four higher volume SEL patients has seen calls reduced in three of the cases: Between March and May, total calls from those three patients reduced from 689 a month to 438 (38% drop); conveyances dropped from 10 to 0. These patients now have 'Restricted Send' flags.
- Work has commenced to devise and implement 111/IUC Frequent Callers process.
- Frequent Caller Call and wider LAS are no longer engaging with the Serenity Integrated Mentoring programme. (Police and mental engagement joint working programme)
- The temporary suspension of two South East London HIU programmes. Funding and effectiveness is being reviewed.
- Second pan London HIU Teams meeting took place. It was attended by staff from the Frequent Caller Team and ED Consultants from many hospitals.

Sector	CCG	Patients	May-21	Quarter	12 months	12 month cost	Patients with care plan
SE	LEWISHAM CCG	22	599	2164	4022	£420,907	6
NC	ENFIELD CCG	23	593	1349	3942	£454,260	3
SE	GREENWICH CCG	21	469	909	2704	£343,686	7
NE	CITY AND HACKNEY CCG	41	457	1235	3780	£524,364	21
NW	BRENT CCG	20	396	829	1813	£205,911	2
NE	TOWER HAMLETS CCG	14	352	679	1870	£230,149	8
NW	HARROW CCG	17	345	803	1898	£268,756	4
SE	SOUTHWARK CCG	29	325	1540	3247	£395,087	6
SW	WANDSWORTH CCG	22	315	690	1863	£229,090	2
NE	WALTHAM FOREST CCG	19	261	955	2175	£221,494	2
NC	HARINGEY CCG	23	253	648	1848	£215,726	7
NW	HILLINGDON CCG	22	231	652	1867	£260,161	3
SE	LAMBETH CCG	23	222	674	2859	£308,631	5
NE	NEWHAM CCG	21	216	605	1520	£202,323	1
NW	EALING CCG	23	215	688	2213	£270,348	4
SW	CROYDON CCG	26	214	719	2094	£355,977	6
NC	CAMDEN CCG	18	208	498	1938	£226,268	6
NC	ISLINGTON CCG	22	208	548	1159	£147,185	7
NE	HAVERING CCG	18	206	622	2453	£289,678	4
SW	RICHMOND CCG	24	192	535	1419	£173,657	2
NW	HOUNSLOW CCG	14	186	582	1776	£186,427	6
NC	BARNET CCG	20	163	605	1594	£234,206	7
NW	WEST LONDON CCG	21	156	586	1804	£249,147	4
NW	CENTRAL LONDON (WESTMINSTER) CCG	11	148	373	1020	£123,546	0
SW	SUTTON CCG	13	145	350	886	£153,691	4
SE	BROMLEY CCG	15	143	386	1122	£178,382	5
NE	REDBRIDGE CCG	15	141	355	2107	£184,771	2
SE	BEXLEY CCG	13	121	317	937	£102,062	5
NE	BARKING AND DAGENHAM CCG	13	116	394	1466	£179,341	1
SW	MERTON CCG	10	85	220	558	£93,121	1
NW	HAMMERSMITH AND FULHAM CCG	9	59	207	692	£119,616	1
SW	KINGSTON CCG	5	32	91	242	£41,123	1

# 4. Responsive - Complaints

Owner: Gary Bassett | Exec Lead: Dr. Trisha Bain

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



Complaint numbers continue to be above the annual average (88) at 103.

There were 442 x PALS enquiries which includes 183 added to the duty spreadsheet that did not require any further actions other than referring the enquirer to the correct team. Also an increase on previous months.

We managed 28 Quality Alerts of which 5 were from LAS staff. We will be discussing the internal QA's with QGAM's and setting up specific guidelines for all Areas.

Complaints recorded as 'non-conveyance' are where a patient may have been referred to another provider (for example NHS111). We are reviewing the appropriateness of the subject codes in Datix to ensure they accurately capture the heads of complaint.

We are reviewing a number of the work streams managed by the team and the appropriateness of those where they are not covered in the NHS Complaint Regulations

**Actions and Learning**

Patient Experience – May 2021

As a pilot site in testing the Ombudsman's Complaints Standards Framework, a review will be undertaken during the forthcoming months using the pilot sites with the aim of those 'going live' by September - October 2021. The pilot is expected to run until September 2022 with the roll out planned for early 2023

The Ombudsman will be developing training products / guidance and toolkits for complaint handlers. These are aimed at the 12 pilot sites and 60 Early Adopter sites. The focus through the matrix will be on a holistic basis and there will be Senior Leadership development packages to encourage collaboration and buy in from management within individual Trusts.

The findings from the matrix will help to build up community best practice and local experiences.

Each phase will be reviewed and feedback will be sought (including from service users). Advance training will be identified and at the end of the pilot the process will be evaluated and subjected to a reporting process.

Compliments May 2021

There were 174 compliments received in May 2021. Of those logged, 9 members of staff have been thanked for their care and treatment of patients.



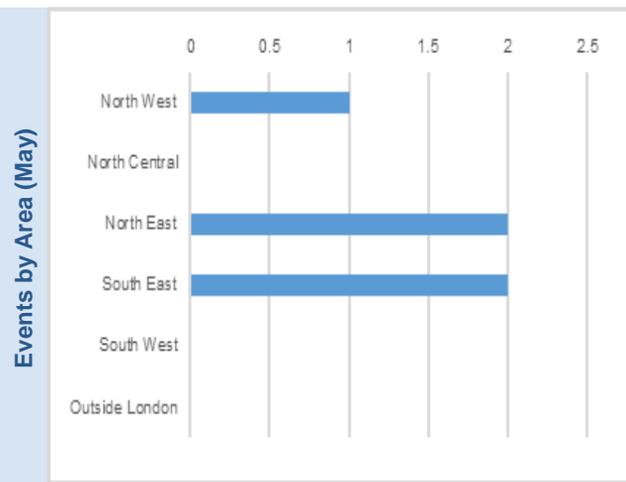
Owner: Philippa Keir | Exec Lead: Anthony Tiernan

The work we do through attending public engagement events supports the development of our reputation with patients and members of the public as well as the long term future development of our organisation through raising awareness of career opportunities available as part of the London Ambulance Service.

### Public Engagement Events

In May we held 6 public engagement events across London covering the following types of activity:

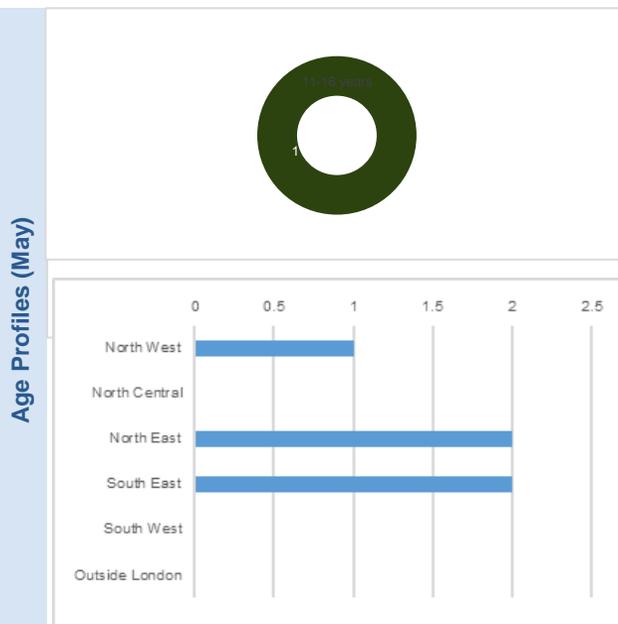
- **Knife crime** – sessions focusing on first aid for victims of knife crime and the principles of haemorrhage control.
- **Choose well** – overview of the ambulance service and to concept of choose well and getting the right care at the right time. Overview of 111 services and how to manage healthcare uncertainty.
- **Drugs and Alcohol** – Overview of different types of drugs from over the counter to illegal drugs. It includes an overview of growing drug trends, and the effects of drugs in general, including the concept of risky behaviour. The effects of alcohol both short and long term. Introduction to first aid for drugs and alcohol.



### Public Engagement Activities

#### Supplementary information

No. of public engagement events: May 2021	6
Approximate audience numbers: May 2021	1,079
Public engagement: no. of hours: May 2021	32
No. of staff on contact list	1,454



### Headlines from July and August

#### Feedback from teacher at Harris City Academy Crystal Palace about London Safety First event:

“I want to extend my thanks as well on behalf of the staff and the students. The sessions were very engaging, relevant and age appropriate.”

#### News

Due to COVID-19 pressures on the service, most of the Public Education Team had been redeployed/seconded for the majority of 2020/early 2021.

We are currently re-establishing and rebuilding the team. However due to the infection control measures through the pandemic, we are not currently permitted to go into schools as recommended by the Medical Directorate.

We are adapting the way we work to facilitate more virtual events in light of this, and are working closely with our public education stakeholders to find new ways of ensuring our messages get out to our audience.

## 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.*



In May 2021 71 **Excellence Reports** submitted were submitted.

**Key themes** identified from March reports include:

- Outstanding Patient Care
- Thank you
- End of Life Care

### Outstanding Patient Care

This evening, the crew were involved in a call where the patients were in a collapsed state with an unknown cause, they **quickly** diagnosed CO poisoning and removed the patients and themselves before anyone became seriously ill. The actions of the crew **stopped a minor incident** becoming a catastrophic incident and I would like to **commend** the crew on their actions on scene.

An **excellent** immediate care and intervention by the paramedic on the FRU. Giving **prompt** treatment to a patient with life threatening anaphylaxis who was very unwell. They were a **cool calm cucumber** on our arrival with the scene in complete control.

They delivered **excellent patient care**, when attending a gentleman who had several issues effecting his mental and physical health, including self neglect, he had absconded from A&E on several occasions but was in need of medical attention. They had built a good rapport with the patient, he went **above and beyond** to help him, helping him stay in hospital by making him a cup of tea, and arranging for him to have a shower, he made the staff in the hospital aware of the situation and this help to patient to gain the treatment he needed.

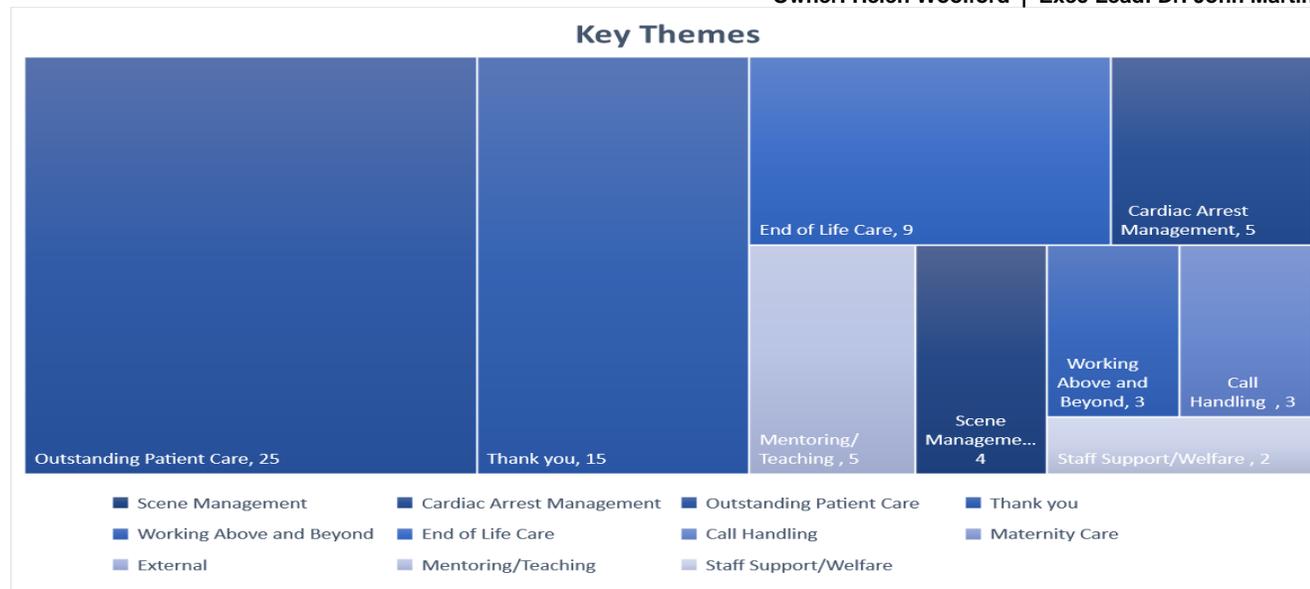
### Thank You

They have developed a **bespoke** simulation day for new recruits into the Tactical Response Unit (TRU). The day consolidated theory, in an interactive simulation environment. This involved a great deal of **preparation** and **planning** and was delivered in an **effective** way.

The work that they put in was exceptional and even more relevant as it was delivered by peers who have taken the time to develop their knowledge to inform and support their future colleagues. **Thankyou**

This person has been very **supportive** and always ready to help whenever any distress is present. I have found myself in numerous situations where I was losing control of the call and she has stepped in each time ensuring I have all the **support** required although she is not a trainer. She has made me feel **confident** and made my work experience easier from the moment I stepped through the door. She has also went out of her way to give me **emotional support** even though it wasn't in her line of duty. Thank you.

Owner: Helen Woolford | Exec Lead: Dr. John Martin



### End of Life Care

They showed great **compassion** when talking to the patients family during an end of life care call taking care of all their needs and liaising with the hospice team. I could see that this really put the family at **ease** and no doubt assuage some of their fears by explaining what to expect in terms of changes in breathing.

Very **calm** and **knowledgeable** about processes surrounding EOL care. Always acted in the patients **best interests** respecting their advanced decisions, Informed and **engaged** family appropriately to keep them involved and managed the patient with complete dignity and respect for their wishes. **Great work** in an area which we typically don't get much prehospital exposure to.

We would like to **recognise** and share the positive feedback that we have received about your work and in recognition of your actions in caring for a palliative care patient. As a result of your referral to St Luke's Hospice Pall24 they were able to support this 93 year old female to stay at home where she died a few days later. We are delighted to learn of your successful use of this end of life care (EoLC) appropriate care pathway. On behalf of the Macmillan EoLC Team and the staff at St Luke's Hospice we would like to **thank you** for using this service which has made a positive impact on the patient's care.



The LAS 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.

Excellence reporting and themes are monitored at the Safety Investigation Assurance and Learning Group (SIALG). The Group examines excellence reports alongside themes from serious incidents, complaints, legal cases, patient experiences, and audits to see where learning can be extracted and shared throughout the organisation.

Excellence reports are shared via the following local and Trust wide routes:

- All Excellence reports are shared with individuals, teams and sectors within 48 hour of being reported.
- Used in the Learning events such as the monthly SI learning meeting and the quarterly learning from experience group.
- INSIGHT magazine edition 8 was developed by the Quality Improvement and Learning Team and was released in February 2021. This included 11 key topic areas which were supported by case studies from SIs, incidents and also *Excellence Reports*.

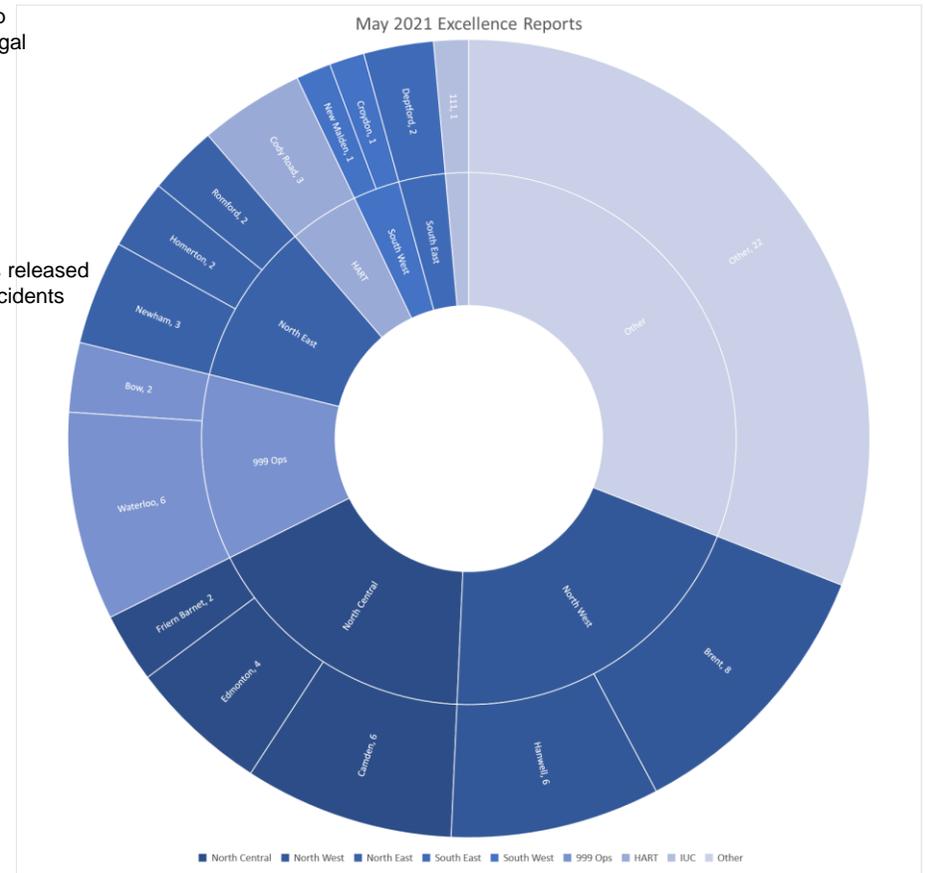
### Some further examples of excellence reports from May:

#### Cardiac Arrest Management–

They attended a patient in cardiac arrest who was bleeding from a laryngectomy site. They did an **outstanding** job of managing this unusual and difficult airway. By understanding the anatomy and the complications of an adjoining and haemorrhaging throat tumour, they were able to stop the bleeding whilst suctioning residual clots from the tracheostomy tube. Additionally, she acknowledged that the cuff was down causing further air leaks and quickly corrected this by inflating with a syringe. Prior to their arrival, the patient was only receiving high flow oxygen via a mask over the blocked tube. Due to their advanced knowledge and competence, she was able to clear the airway and ventilate the patient **effectively** during the resuscitation attempt. They deserve to be **recognised** for her **excellent clinical skills** in this patient care episode.

#### EOC –

The call was triaged as cat 5. This clinician picked up the call in CHUB and conducted a ring back. Following her telephone assessment the call was upgraded appropriately to a cat2. Their **excellent clinical assessment** meant that a critically ill patient who was rapidly deteriorating received medical intervention in a **timely** manner. Patient given BenPen by crew and blued to ED with meningitis. ED consultant also **commended** all involved for rapid assessment and treatment of a critically unwell 30 year old female.



## Risk Management

The Trust has Risk Management KPIs which are used to monitor compliance against the Trust's Risk Management Strategy and Policy as well as the Risk Management Procedure.

The Trust's compliance in May was:

- 79.6% of risks reviewed within the last 3 months – target 90%
- 100% of all risks approved within 1 month in March– target 90%

The risk team are liaising with all teams where there are overdue risk reviews. The main departments where this is needed as a priority are:

- The IUC Services who have 11 overdue risk reviews, this has been escalated to the QGAM for action and review meeting is booked for June 2021.

## Actions and assurance:

The risk manager supports all teams to ensure overdue risk are reviewed promptly.

All risks with a risk score of 15 and above are managed via the Trust's Risk Compliance and Assurance Group (RCAG) monthly to ensure actions are being taken to mitigate against the risk and bring the risk score down to its target level.

**Trajectory:** The operational pressure have had an impact in risk reviews and achievement of our original trajectory of June 2021. The team are working to achieve the KPI targets by July 2021.

## Corporate (Trust wide) Risk Register

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost certain	0	0	0	1	0	1
Likely	0	2	1	2	1	6
Possible	0	0	5	5	1	11
Unlikely	0	0	1	3	2	6
Rare	0	0	0	0	0	0
<b>Total</b>	0	2	7	11	4	24

## 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 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.

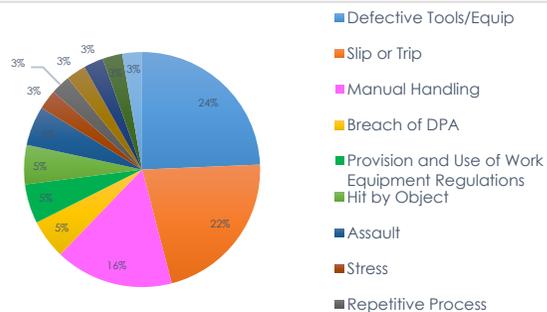
In the last month, there were 5 red risks on the Corporate risk register. This is demonstrated in the movement table to the right of this text. There was 1 risk escalated to the Corporate risk Register while 1 risk was de-escalated in the last 2 months, this is demonstrated by the movement table on the right.

ID	Sector / Department	Description	Opened	Initial Risk Score	October Risk Score	November Risk Score	December Risk Score	January Risk Score	February Risk Score	March Risk Score	April Risk Score	May Score	Change in Risk Score:	Progress Notes
973	Estates	There is a risk that ambulance premises, operational ambulance fleet HQ, vehicle security and other IAS 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	15	15	15	10	10	↓	Ambulance modernisation programme to address risk. Requested de-escalation to 10.
1081	Fleet and Logistics	TOLENERATED RISK 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 Sale Dealers Licence, which may lead to the inability for IAS staff to treat patients if not properly managed.	25/04/2020	15	15	15	15	15	15	15	15	15	↓	Tolerated risk
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 Aways 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	15	15	15	15	15	15	15	15	15	↓	We are in talks with SPG to roll out a removal of the 'auto-in' function on the phones. This will mean that IUC staff will have to manually make themselves available to take the next call.
1139	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	15	15	15	15	15	↓	Tolerated risk
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 IMBT data and telephony services and interrupt EOC services independently at Bow and HQ.	16/03/2018	15	10	15	15	15	15	15	20	20	↓	UPS at Bow and Waterloo require a transformer to protect against failure.
1145	Health and Safety	There is a risk that medical devices issues may not be managed appropriately due to the Trust not employing or contracting the services of a medical device specialist which may lead to equipment not being safe or fit for purpose which could impact on patient and staff safety.	15/09/2020	12	12	12	12	12	12	12	16	20	↑	DM to confirm if risk can be raised to 20

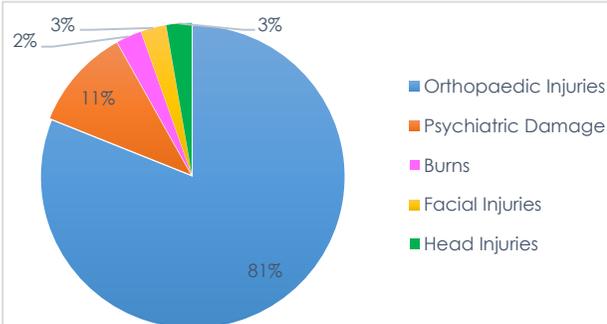
# 5. Well led - Legal Clinical & Non Clinical Claims

Exec Lead: Dr. Trisha Bain

Current Non-Clinical Open Cases by Cause



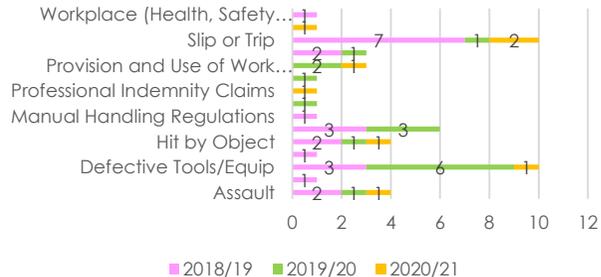
Current Non-Clinical Open Cases by Injury



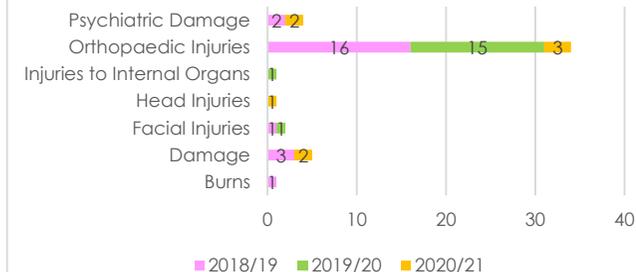
Closed Non-Clinical Claims by Cause and Total Claim Cost

Cause	2018/19	2019/20	Grand Total
Assault	£4,165.00	£0.00	£2,431.00
Breach of DPA	£9,000.00		
Defective Tools/Equip	£3,812.11	£15,036.00	£0.00
Electric Shock	£5,179.00		
Hit by Object	£2,233.30	£0.00	£0.00
Manual Handling	£0.00	£11,184.90	
Manual Handling Regulations	£0.00		
Mgt of H & S at W Regs		£0.00	
Professional Indemnity Claims			£1,064.00
Prov & Use of Personal Prot Equip Regs		£0.00	
Provision and Use of Work Equipment Regulations		£2,822.00	£0.00
Sharps Injury	£10,567.00	£8,298.80	
Slip or Trip	£26,991.60	£0.00	£4,908.00
Theft/Criminal Damage			£0.00
Workplace (Health, Safety and Welfare) Regulations	£11,615.50		
<b>Grand Total</b>	<b>£73,563.51</b>	<b>£37,341.70</b>	<b>£8,403.00</b>

Closed Non-Clinical Claims by Cause



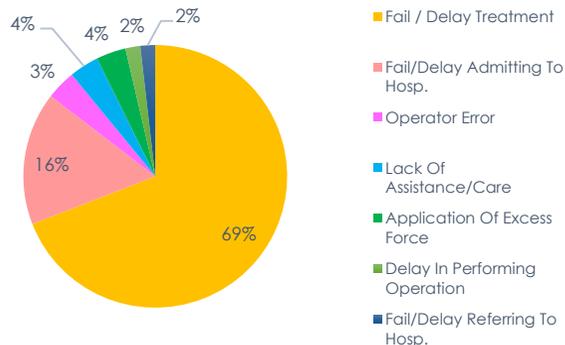
Closed Non-Clinical Claims by Injury



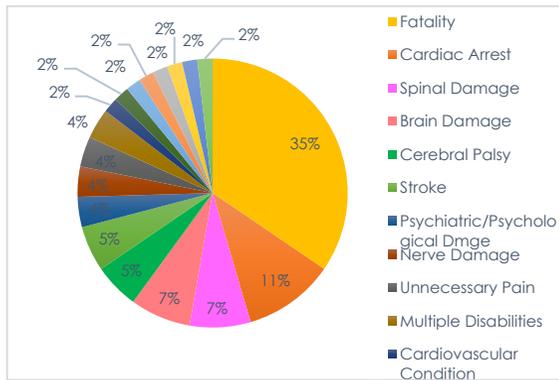
Closed Clinical Claims by Cause and Total Claim Cost

Cause	2018/19	Number of Cases	2018/19	Number of Cases
Fail / Delay Treatment	£35,190.10	4	£10,382.15	1
Fail/Delay Admitting To Hosp.	£3,724.65	1		
Assault, Etc. By Hospital Staff	£0.00	1		
<b>Grand Total</b>	<b>£25,278.74</b>	<b>6</b>	<b>£25,278.74</b>	<b>1</b>

Current Clinical Open Cases by Cause



Current Clinical Open Cases by Injury



## Highlights

- No PFDs since January 2021.
- Inquest of Fishmongers Hall completed – Coroner's conclusions welcomed. There was no criticism of the LAS and the jury thanked the remarkable emergency services.
- 3 Legal Secondees working very well in the department – two as Inquest and Claims assistants and one acting as a Trust advocate.
- The Legal Services Manager to roll out witness statement templates and crib sheets for the team.
- The Legal Services Manager in discussion with Procurement to establish contracts with a few Panel firms with a view to reduce professional legal fees.

## Lowlights

- Manager to review current JDs and start recruitment process for substantive posts.
- Legal spend increase until contracts with Panel firms established.

## 5. Well Led - Trust Policies

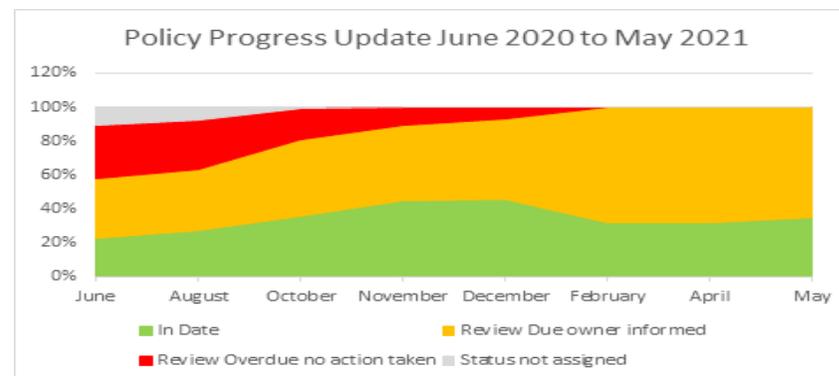
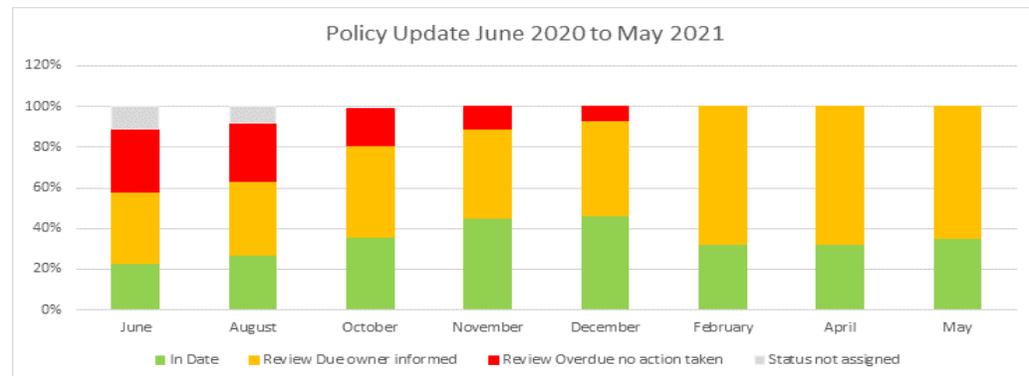
Owner: Victoria Moore | Exec Lead: Dr. Trisha Bain

A review of those policies held within Health Assure and on the Pulse has identified 112 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 required to focus on other tasks. This work has now recommenced and the team are working to progress recovery at pace.

The charts below demonstrate the changing position over the last 11 months against the Trusts target of 90% of policies in date.



### 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. Which will complement the management through Health Assure.

All policy records have been reviewed, and a clear base line for action has been achieved.

Policy owners have previously been contacted and prompted to action with little success this process has been reviewed and refined to include additional accountability. There is now clear open dialogue and confidence action is being taken.

Once notified of updated policies the team review and provide any guidance in respect of presentation, content or missing information to ensure that once reviewed by the approving groups it is suitable for publishing. This also ensures that the approval certificate is complete and received.

Health Assure will be updated with relevant information and approved policies as appropriate.

The team have been made aware that there is likely to be further movement with the policies. 8 have been identified which may be appropriate for closure. The Policies will remain on the log until appropriate confirmation has been received.

### 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.

Following the initial round of email contacts and reminders the team will send further reminders in line with set deadlines and will follow the escalation process notifying Directors once deadlines have not been met or contact has not been acknowledged.

### Next Steps and Improvements

- To compliment reporting and provide further assurance it is proposed that the below data is included within future reports.
- This data illustrates the movements that inform the overall policy position and will provide oversight of position improvement or deterioration.



<b>Report to:</b>	Trust Board				
<b>Date of meeting:</b>	27 July 2021				
<b>Report title:</b>	Use of the seal				
<b>Agenda item:</b>	For Information				
<b>Report Author(s):</b>	Victoria Moore, Corporate Governance Manager				
<b>Presented by:</b>	Trisha Bain, Interim Director of Corporate Affairs				
<b>History:</b>	N/A				
<b>Purpose:</b>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval	
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting	
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>					
The Trust Seal has been used as follows since the previous report.					
<b>Item No</b>	<b>Date</b>	<b>Detail</b>	<b>Parties</b>	<b>Signed 1</b>	<b>Signed 2</b>
209	12/07/21	Unit 28 Bermondsey, engrossment lase signing	Legal and General property partners (industrial fund) Ltd, Legal and General property partners (industrial fund) Nominees Ltd  and  London Ambulance Service NHS Trust	KM	FW
<b>Recommendation(s) / Decisions for the Board / Committee:</b>					
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		No		
Finance	Yes		No		
Chief Operating Officer Directorates	Yes	x	No		Chief Operating Officer
Medical	Yes	x	No		Chief Medical Officer
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes		No		
Corporate Affairs	Yes	x	No		Interim Director Corporate Affairs



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	27 July 2021			
<b>Report title:</b>	Audit Committee Annual Report			
<b>Agenda item:</b>	For Information			
<b>Report Author(s):</b>	Trisha Bain, Interim Director Corporate Affairs			
<b>Presented by:</b>	Rommel Pereira, Non-Executive Director, Chair of the Audit Committee			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the NHS *Audit Committee Handbook* published by the HFMA and Department of Health.

The Annual Report of the Audit Committee outlines

- how the Audit Committee has complied with the duties delegated by the Trust Board through its terms of reference (see Appendix A)
- highlights strategic risks that have been monitored during the year
- the development of future assurance measures to strengthen the Trust’s governance.

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

The Trust Board is asked to receive this report for information and note that the Audit Committee considered its Annual report as presented and took appropriate assurance that the Committee had operated effectively within its terms of reference.

**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 Affairs	Yes	x	No		Interim Director Corporate Affairs



## **Annual Report of the Audit Committee 2020/21**

### **Scope of the report**

This report outlines:

- how the Audit Committee has complied with the duties delegated by the Trust Board through its terms of reference (see Appendix A)
- highlights strategic risks that have been monitored during the year
- the development of future assurance measures to strengthen the Trust's governance.

### **Constitution**

The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the NHS *Audit Committee Handbook* published by the HFMA and Department of Health.

In accordance with the terms of reference, the membership was three non-executive Directors, with a quorum of two, including one with recent relevant financial experience. The Chief Finance Officer and the Director of Corporate Affairs are invited to attend all Audit Committee meetings. The non-executive Chair of the Quality Assurance Committee is invited to attend all Audit Committee meetings as an observer and attended six times during the year.

The appropriate internal audit and external audit representatives and the local counter fraud specialist attended Audit Committee meetings as required.

A schedule of attendance at the meetings is provided in Appendix B which demonstrates full compliance with the quorum requirements and regular attendance by those invited by the Audit Committee.

The terms of reference state that the Audit Committee should meet at least four times per annum. Six meetings were held within the last financial year on 17 April 2020, 26 May 2020, 18 June 2020, 3 September 2020, 5 November 2020 and 26 February 2021.

The Audit Committee has an annual forward planner with meetings timed to consider and act on specific issues within that plan.

The Audit Committee Chair reports to the Trust Board following each meeting and these reports are provided in appendix C.

### **Governance, Risk Management and Internal Control**

The Audit Committee reviewed relevant disclosure statements for the 2020/21 financial year, including the Annual Governance Statement (AGS) at its meeting on 25 June 2021. The Committee agreed that the AGS was consistent with its view on the Trust's system of

governance and internal control and supported the Trust Board's approval of the AGS. The Audit Committee has also reviewed internal and external audit opinion and other appropriate independent assurances.

The Audit Committee received updates at all of its meetings on the management of organisational risks. Overall, the Audit Committee's view is that the system of risk management in the organisation is adequate in identifying risks and allows the Board to understand the appropriate management of those risks.

The Audit Committee reviews the Board Assurance Framework (BAF) at each of its meetings, The Committee can therefore demonstrate that it has reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the comprehensiveness of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the Board's decisions and declarations.

The Audit Committee received a report at each meeting on the progress made in implementing outstanding internal audit recommendations. The Audit Committee has ensured that there is follow up on internal audit recommendations and ensured that the efforts by management to maintain progress on reducing the number of overdue recommendations continues.

## Internal Audit

Internal Audit services to the Trust were provided by Grant Thornton. This contract was due to end on 31 March 2021 and was extended procurement to align with the pan regional procurement of internal audit services. The contract for 2021/22 was awarded to BDO. The Audit Committee received and approved the Internal Audit Plan for 2020/21 at its meeting on 17 April 2020. The Committee was assured that the internal audit plan had been developed with input from the Trust's directors and was consistent with the audit needs of the organisation as identified in the Trust Board Assurance Framework and that the plan would be taken forward by the Executive Team.

Internal auditors were present at all of the Audit Committee meetings and provided the Committee with key findings from each audit report and an update on progress against recommendations made.

In 2019/20 eleven reports were received from internal audit of which:

- 2 received significant assurance
- 5 received significant assurance with some improvement required
- 4 received partial assurance with improvements required

A further 2 audits were delayed until June 2021

The head of internal audit opinion for 2020/21 is presented below

*"Our overall opinion for the period 1 April 2020 to 31 March 2021 is that based on the scope of reviews undertaken and the sample tests completed during the period, **Substantial assurance with some improvement required** can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The level of non-compliance in certain areas puts some system objectives at risk. We identified significant weaknesses which put system objectives at risk in relation to the Cyber Security Audit.*

*We also reported one high priority recommendation as part of our Fleet Logistics Audit. We also issued 4 partial assurance with improvement required reports, which identified*

*weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management. Overall we have concluded that, with the exception of cyber security, those activities and controls that we examined were operating with sufficient effectiveness to provide partial assurance that the related risk management objectives were achieved during the period under review.”*

Overall, the Audit Committee has worked effectively with internal audit to strengthen the Trust’s internal control processes. The Audit Committee has considered the major findings of internal audit and is assured that management has responded in an appropriate manner and that the Head of Internal Audit Opinion and the Annual Governance Statement reflect any major control weaknesses.

The committee approved the appointment of a new Internal Audit company to provide the service to the Trust (BD)0 and transferred this remit from Grant Thornton at the Audit Committee on 22<sup>nd</sup> July 2021. The committee agreed a flexible plan to providing regular updates to the committee on internal audit reports and to ensure actions and recommendations are continued to be reviewed and monitored in a timely way.

### **External Audit**

The Trust’s external audit services were provided by Ernst & Young for the 2020/21 annual accounts audit.

The external auditors audited the Trust’s accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 14 June 2021 . However there were delays in signing off the annual account due to misunderstanding in relation to the new external auditors requirements and the identification of control issue at a later stage in the process. The lessons learned from the process have been included in an overarching paper that was presented to the Audit Committee on 22<sup>nd</sup> July and recommendations agreed to mitigate any re-occurrence (Appendix D)

### **Management**

The Committee has continually challenged the assurance process where appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year.

### **Fraud**

Local Counter Fraud Services were provided by Grant Thornton. This contract was due to end on 31 March 2021 and was subsequently extended by six months to align with the procurement process.

The Committee received and agreed the Anti-Fraud Work Plan for 2020/21 at its meeting on 18 April 2020.

The Audit Committee received reports from the Local Anti-Fraud Specialist at five meetings in 2020/21

### **Other Assurance Functions**

The Chair of the Quality Assurance Committee is invited to attend all meetings of the Audit Committee and attended six meetings of the committee in 2020/21.

The Chair of the Audit Committee provides an Assurance report to the Trust Board at each of its meetings, these are provided in appendix C.

## **Financial Reporting**

At its meeting on 18 June 2020, the Audit Committee received and ratified the Audited Annual Accounts, incorporating the Annual Governance Statement, for the year ending 31 March 2020 prior to their submission to the Trust Board and Department of Health. The Audit Committee received regular presentation in respect of Single Tender Waivers monitoring and challenging their usage.

## **Audit Committee Terms of Reference**

The Audit Committee reviewed its terms of reference at its meeting on 6 February 2020 and they were ratified by the Trust Board at its meeting 31 March 2020.

The Audit Committee has fulfilled its duties as set out in its terms of reference.

## **Top risk areas arising from internal audit and strategic level risk in 2020/2021**

### **Internal Audit**

- A Cyber security review completed in May 2021 was given a partial assurance rating with improvement required, which included two high level recommendations. One identifying the need for previous audit recommendations from the 2019 Cyber Security Review to be fully addressed and the other recommending we have just one DSPT remediation plan in place and that this is kept up to date. These are both being addressed by the Interim CIO for completion by the end of October 2021.
- A Fleet Logistics review completed in March 2021 was given a partial assurance rating with improvement required, which included a high level recommendation that the Logistics and Infrastructure Committee monitors the timetable for the Business Case and training package for the Logistics Support Unit Consolidation. Plans are in place for these to be implemented by the end of July 2021.
- An Equality and Diversity review completed in March 2021 was given a partial assurance rating, which included 4 medium level recommendations. These focussed on; improving the guidance included within the Equality and Diversity Strategy to reflect key Equality and Diversity Standards, the need to formally document key roles within the Equality and Diversity control environment to ensure accountability and compliance with standards, monitoring compliance with Equality and Diversity training to ensure the Trust's minimum compliance rate of 85% is achieved and that the Trust ensures that the Equality Analysis Tool is used across the Trust when developing policies and procedures to ensure independent review. There are plans in place to implement these recommendations between September and December 2021.

- A DSPT review completed in August 2020 was given a partial assurance rating, which included 4 medium level recommendations. This was part of the 2019/2020 audit programme for which all recommendations have now been completed.

## **Strategic Risks**

- A strategic risk was identified in recognition of an increased demand as a result of Covid-19 pandemic in Q1 2020. Five sub-category risks are still in place supporting the overarching BAF risk 61 which are monitored the respective leads in these areas. The residual risk score was originally assessed as a 20 (4 x 5), however this has fluctuated due to reflect the decrease and increase in pressure due to subsequent Covid-19 peaks.
- The recruitment and retention of core front line workforce due to the changing landscape of the NHS A strategic risk has remained on the BAF since May 2019 with a residual risk score of 16 (4 x 3). The Workforce Development and Planning Programme continually monitors the risk and the actions to drive an effective recruitment programme and ensure we have an efficient skill mix and operating model in place.
- Cyber security was identified as a BAF level risk in December 2017, with a residual risk score remaining at a 15 (5 x 3) throughout this period. The Trust is working through a number of technical control/assurance projects and securing NHSD funding opportunities to mitigate the risk.
- A risk to key infrastructure such as IT systems, power supply and telephony was identified in July 2020 with a residual risk score of 16 (4 x 4) and has remained at this level throughout. Although the projects to mitigate this risk are underway and have made progress, there are currently delays to the implementation of the CAD system, due to further testing requirements. Work is also underway to underpin the assurance of UPS, whilst transitioning services from Bow to new hardware platforms in Crown Hosted Data Centres.
- A risk to the Trust securing a sufficient level of funding to deliver against agreed national quality and performance standards for the second half of 2021/22 was identified in November 2020. The residual risk score has remained at 15 (5 x 3) through this period. The Chief Finance Officer has worked with internal and external stakeholders to ensure we are achieving efficiency savings whilst also securing the identified level of capital funding required to support the transformation programme.
- An Immunisations risk was identified in November 2020 highlighting a lack of assurance that we hold contemporaneous records for our staff. The risk was assessed with a residual risk score which remains at 12 (4 x 3). The Trust's approach to its practices and processes is being reviewed by a task and finish group, along with a plan to put a proactive and flexible OH service in place. This service will be procured via a tender process with view to it being in place by January 2020.

## **Looking ahead**

The Audit Committee has identified the challenges ahead during the 2021/22 year and has taken steps to be well placed to meet them.

A key development to highlight is the appointment of new internal auditors. This, couple with the reduced time delivery time available for audits due to their mid-year appointments, means that a smooth transition is essential. This includes the need for the Committee to maintain oversight on remaining assurance work being delivered by the previous auditors.

The Committee will focus on the impact of:

- The changes within the executive team and the introduction of the new Chief Executive in August 2021
- Ensuring that the work in relation to cultural improvement is a key priority and progress monitored
- The work of the Transformation Programme is closely monitored and reported through to the committee as appropriate
- A focus on horizon scanning and a more proactive approach to ensure critical controls across all directorate functions are identified, compliance monitored and reported as appropriate to the committee and the Board (Appendix D)
- The Committee also identified during the 2020/21 year its desire to see a more robust mapping of the Trust's assurance systems take place. This work is underway with a view to developing the first comprehensive assurance map of the organisation with the additional benefits to the Trust's 'three lines of defence' that this will bring.

Overall, a positive report and the committee fulfilled its duties as set out in the terms of reference and will continue to improve and review its function and effectiveness throughout 2021/22.

## Appendix A



**London Ambulance Service**  
NHS Trust

## **Audit Committee**

### **Terms of Reference (effective March 2020-March 2021)**

#### **1. Purpose**

- 1.1 The Audit Committee (the Committee) has been established in order to focus primarily on the risks, controls and related assurances that underpin the achievement of the Trust's objectives.

#### **2. Constitution**

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

#### **3. Authority**

- 3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the Committee.
- 3.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.3 The Committee is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

#### **4. Accountability**

- 4.1 The Committee will report directly to the Trust Board.

#### **5. Membership**

- 5.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three

members, all of whom shall have voting rights. The Trust Chair shall not be a member of the Committee.

- 5.2 At least one member of the Committee must have recent and relevant financial experience.

## **Chair**

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

## **6. Attendance**

- 6.1 The Director of Finance and Performance and the Director of Corporate Governance should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.
- 6.2 The Non-Executive Chair of the Quality Assurance Committee should be invited to attend all Audit Committee meetings.
- 6.3 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee.
- 6.4 The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.

## **7. Quorum**

- 7.1 The meeting will be quorate provided that two Committee members are in attendance, including the Chair of the Committee, or their nominated deputy (who must also be a Non-Executive Director). In the absence of the Chair, Committee members may nominate a deputy chair for the purposes of that meeting from their midst.

## **8. Meeting administration**

- 8.1 A member of the Corporate Governance Team will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 8.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

## **9. Notice of meetings**

- 9.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.
- 9.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.
- 9.3 Late and additional papers will be tabled at the discretion of the Chair of the Committee.

## **10. Frequency of meetings**

- 10.1 The Committee shall meet a minimum of four times per annum. A calendar of dates will be published with the agenda setting out the dates of the meetings for the remainder of the financial year.
- 10.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

## **11. Duties**

### **Purpose**

- 11.1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities.
- 11.2 The Committee shall review the corporate risk register and the Board Assurance Framework and be responsible for providing assurance to the Trust Board on the identification, management and mitigation of risks to the goals and objectives of the organisation.
- 11.3 The Committee shall review the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, Care Quality Commission regulations, Internal and External Audit reports, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- 11.4 The Committee shall review the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- 11.5 The Committee shall review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- 11.6 The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.
- 11.7 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, within the context of the Board Assurance Framework, but will not be limited to these audit functions. It will also seek reports and assurances from the Assurance Committees of the Board and from directors and managers as appropriate, concentrating on the overarching systems of risk, controls and assurances, together with indicators of their effectiveness.

### **Internal Audit**

- 11.8 The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:
  - 11.8.1 approval of the appointment of internal auditors and any question of resignation and dismissal. review and approval of the Internal Audit strategy,
  - 11.8.2 operational plan and a more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
  - 11.8.3 consideration of the major findings of internal audit work (and management's response), ensuring co-ordination between the Internal and External Auditors to optimise audit resources;
  - 11.8.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
  - 11.8.5 an annual review of the effectiveness of Internal Audit.

### **External Audit**

- 11.9 The external auditor is appointed by the Trust Board on recommendation from an Auditor Panel established through the Audit Committee.
- 11.10 The Committee shall act as the auditor panel in line with schedule 4, paragraph 1 of the 2014 Act. The auditor panel is a non-executive committee of the board and has no executive powers other than those specifically delegated in these terms of reference.

11.11 The auditor panel's functions are to:

11.11.1 Advise the Trust Board on the selection and appointment of the external auditor. This includes:

- agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules
- making a recommendation to the board/ governing body as to who should be appointed
- ensuring that any conflicts of interest are dealt with effectively.

11.11.2 Advise the Trust Board on the maintenance of an independent relationship with the appointed external auditor;

11.11.3 Advise (if asked) the Trust Board on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable;

11.11.4 Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor;

11.11.5 Advise the Trust Board on any decision about the removal or resignation of the external auditor

11.12 The Committee shall review the work and findings of the External Auditor and consider the implications and management responses to their work. This will be achieved by:

11.12.1 consideration of the performance of the External Auditor;

11.12.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan and ensure coordination, as appropriate, with other External Auditors in the local health economy;

11.12.3 discussion with the External Auditors of their local evaluation of audit risks;

11.12.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work carried outside the Annual Audit Plan, together with the appropriateness of management responses;

11.12.5 discussion and agreement on the Trust's Annual Governance Statement.

## **Risk and Assurance Functions**

11.13 The Audit Committee shall review the risk and assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will be achieved by:

- 11.13.1 review of the work of the Quality Assurance Committee in the management of clinical risk including assurance gained from the clinical audit function;
- 11.13.2 review of the work of the Finance and Investment Committee in the management of financial risk;
- 11.13.3 review of the work of the People and Organisational Development Committee in the management of workforce risk;
- 11.13.4 review of the work of the Logistics and Infrastructure Committee in the management of risk relating to IM&T, Estates, and Fleet & Logistics;
- 11.13.5 review of the Executive Leadership Team in the management of business risk and the systems in place to delegate responsibility for reviewing and maintaining the corporate risk register to the Risk Compliance and Assurance Group;
- 11.13.6 review the Board Assurance Framework to ensure that it is focussed on the key strategic risks to the business and clearly identifies controls and assurances in place as well as the gaps and corresponding mitigating actions to be taken in order to take assurance from the effectiveness of the systems in place;
- 11.13.7 review of the findings of any reviews by Department of Health Arms' Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc);
- 11.13.8 review the assurances provided by the internal auditors of the Trust's Shared Financial Services provider.

## **Counter Fraud**

11.14 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

## **Management**

11.15 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

11.16 The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

## **Financial Reporting**

11.17 The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the Annual Governance Statement;
- disclosures relevant to the Terms of Reference of the Audit Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- significant judgments in preparation of the financial statements;
- significant adjustments resulting from the Audit;
- letter of representation; and
- qualitative aspects of financial reporting.

11.18 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness, timeliness and accuracy of the information provided to the Board.

## **Whistleblowing**

11.19 The Committee shall ensure that arrangements are in place for investigation of matters raised in confidence by staff relating to matters of financial reporting and control, clinical quality and patient safety, or other matters.

## **Other**

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

## **12. Review and reporting responsibilities**

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

12.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the

meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.

- 12.3 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts.
- 12.4 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

### **13. Equality and diversity**

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

**Approved by the Board at its meeting on 31 March 2020**

## Appendix B

Members		17/04/20	26/05/20	18/06/20	03/09/20	05/11/20	26/02/21	Attendance %
Rommel Pereira (Chair)	Non-Executive Director	✓	✓	✓	✓	✓	✓	100%
Sheila Doyle	Non-Executive Director	✓	✓	✓	✓	✓	✓	100%
Fergus Cass	Non-Executive Director	✓	✓	✓	✓	✓	✓	100%
<b>Attendees - LAS</b>								
Mark Spencer	Non-Executive Director	✓	✓	✓	✓	✓	✓	100%
Lorraine Bewes	Chief Finance Officer	✓	✓	✓	✓	✓	✓	100%
Syma Dawson	Director Corporate Governance	✓	✓	✓	✓	x	x	66%
Garrett Emmerson	Chief Executive	x	✓	✓	✓	x	x	66%
Khadir Meer	Chief Operating Officer	✓	✓	✓	✓	✓	✓	100%
James Corrigan	Financial Controller	✓	x	✓	✓	✓	✓	83%
Frances Field	Risk and Audit Manager	✓	✓	✓	✓	✓	✓	100%
Michael John	Head of Financial Services	✓	✓	✓	x	x	✓	66%
Nick Young	Head of Procurement	x	✓	✓	✓	✓	✓	83%
James Stanton On behalf Syma Dawson	Head of Corporate Governance					✓	✓	100%
<b>Attendees – Internal Audit and Counter Fraud</b>								
Ciaran McLaughlin	Internal Audit (Grant Thornton)	✓	✓	✓	✓	✓	✓	100%
Suki Pooni	Internal Audit (Grant Thornton)	✓	✓	✓	x	x	✓	66%
Sebastian Evans	Internal Audit (Grant Thornton)	x	✓	✓	✓	x	✓	66%
Charlie Nicholl	Counter Fraud (Grant Thornton)	x	x	x	x	✓	✓	33%
Mark Kinsella	Counter Fraud (Grant Thornton)	x	x	x	x	x	✓	33%
<b>Attendees – External Audit</b>								
Janet Dawson	External Audit (Ernst & Young)	✓	✓	✓	x	✓	✓	83%
Amalia Valdez	External Audit (Ernst & Young)	✓	✓	✓	x	x		66%
David Riglar	External Audit (Ernst & Young)	x	x	✓	✓	x	✓	50%
<b>Attendees – Other</b>								
Julia Smyth	Head of Leadership, Education and Performance			5.2 only				100%
Ali Layne-Smith	Director People and Culture				5.2 only			100%
Sarah Stanley	Information Governance Manager				5.2 only			100%

## Appendix C - Audit Committee Assurance Reports



# London Ambulance Service



NHS Trust

**Assurance  
report:**

**Audit Committee**

**Date:** 20/04/2020

**Summary report to:** Trust Board

**Date of meeting:** 26/05/2020

**Presented by:** Rommel Pereira, Audit Committee Chair. Non-Executive Director

**Prepared by:** Victoria Moore, Corporate Governance Manager

### Matters for escalation:

- The Committee noted progress in finalising the annual accounts and requested a “bridge” from the month 11 full year forecast previously reviewed by FIC. FIC would also receive a 2 year forward plan view for 20/21 and 21/22 prior to Board’s review and assessment, which would inform EY’s Going Concern audit opinion of the annual accounts.
- Standing Financial Instructions, Schemes of Delegation and Matters reserved for Board were agreed and will continue to be regularly monitored, including with the establishment of Directors assurance certificates.
- The Committee asked that the Internal Audit plan be brought back to Audit Committee after reconsideration by the Executive in line with a post COVID ‘new normal’ risk assessment.
- The Committee noted delays in delivering various audit reports and requested increased visibility, timeliness and escalation of reports, findings and counter fraud actions.
- Regular Executive and Audit Committee Chair interactions with Grant Thornton would be established to ensure improved adherence to and strengthened KPI monitoring. These meetings have been scheduled.

### Other matters considered:

- Internal Audit Progress report - members discussed the Risk Management and 111/Integrated Urgent Care (IUC) reports. The former had been finalized but had not been sent on to the Committee. The latter was still under review in line with the governance process. Members requested that both reports be made

promptly available. The Committee concluded it was necessary to ensure increased visibility, timeliness and escalation of internal audit findings and counter fraud actions.

- The Chair of the Committee asked for greater precision in minute taking and actions to ensure the effective delivery of Committee matters.

**Key decisions made / actions identified:**

- Regular Executive and Audit Committee chair interactions with Grant Thornton should be undertaken to monitor robust KPIs.
- In respect of the internal audit programme members discussed unused audit days and supported their carry forward to the 20/21 plan to ensure that planned audit work is not unnecessarily curtailed. Further to this Members requested an interim report on the Data Security Protection toolkit (DSPT).
- Members considered some adjustments to the 3 year programme and concluded that the plan should be further considered by the Executive to ensure that it meets the post-Covid “new normal” environment.
- The Standing Financial Instructions and Scheme of Delegation and Matters reserved for Board were approved. Committee members requested regular reporting and monitoring of these documents and identified a requirement to establish assurance certificates for systems of internal control, which would incorporate compliance (or non-compliance) with standing financial instructions.

**Risks:**

- Committee members discussed the ‘going concern’ position and in the context of fundamental changes to the financial framework brought about by Covid, the need for FIC to review a “bridge” to the year-end position from the previously reviewed month 11 full year forecast and a 2 year forward view. This would be a necessary precursor before Board’s review and would help inform EY’s Going Concern audit opinion.

**Assurance:**

- In the light of several “high risk” findings, the Committee discussed the head of Internal Audit draft opinion of significant assurance with some improvements and noted that this would be subject to finalization.
- The draft Counter Fraud opinion of Partial Compliance (Amber) was received, noting some year on year deterioration and elevated Covid risks, especially Cyber and Procurement. The Counter Fraud workplan



for 20/21 would increase its focus on Fraud Risk Assessments and “Prevent” and “Deter”.

- The Committee noted an effective meeting reflecting on the quality of discussions given the condensed format.



# London Ambulance Service NHS Trust

Assurance  
report:

Audit Committee

Date: 18/06/2020

Summary report to: Trust Board

Date of meeting: 28/07/2020

Presented by: Rommel Pereira, Non-Executive Director, Chair of Audit Committee

Prepared by: Rommel Pereira, Non-Executive Director, Chair of Audit Committee

## Matters for escalation:

### 111/IUC

Following receipt of a long-awaited internal audit advisory report and findings on the 111/IUC service, members acknowledged management responses noting the evolution of learning across implementation and mobilisation. Given the significance of this to our future strategy, AC requested that QAC and FIC consider particular areas in more detail followed by a discussion at the Board.

### SFI breaches

AC noted SFI breaches and hiring managers not always following legacy processes for non-permanent staff (unrelated to the new Covid rapid on-boarding procedures). AC asked that “No Purchase Order, No Pay” be mandated and that other supporting controls be put into place.

## Other matters considered:

### Statutory & Mandatory Training

Internal Audit’s assessment is a Partial Assurance with improvement required. Recommendations will be followed up by PCC and QAC.

## Key decisions made / actions identified:

### Internal audit opinion for 19/20

The Head of Internal Audit opinion for 19/20 was confirmed as “Significant assurance with some improvement required”, but noting the high priority recommendations on cyber security and that subsequent follow up had concluded they were satisfied with the actions being taken. AC approved the opinion for inclusion in the Annual Report & Accounts.

### Going concern

AC considered various going concern scenarios, building upon the original Board approved financial plan and concluded that LAS remains a going

concern even under the worst-case scenario, with mitigations in place. FIC would go on to consider the scenario modelling further.

#### **Annual Report & Accounts**

Following receipt of the external auditor's unqualified audit opinion (and an unqualified value for money conclusion), AC approved the Annual Report & Accounts for submission, subject to further minor amendments. The Committee thanked the Finance team for their hard work in challenging and unique circumstances.

#### **NHS Provider Licence**

AC approved the self-certification of the NHS Provider Licence, following confirmation of the Head of Internal Audit opinion and Going Concern statement.

#### **Committee effectiveness**

The Committee commended the pre-meeting summary document, which enabled good quality discussion albeit in a condensed format and would like to retain some of these apparent efficiencies. However, it was noted that these do not form part of our governance records unless the Corporate Governance function is privy to and undertakes to record this information exchange. On balance, members agreed that substantive discussion take place in Committee, with minutes providing an important corporate record of our governance, so that external audit and others may reference these for their work.

#### **Risks:**

#### **Covid expenditure**

Noting the scope of the NHSE/I Deloitte Covid expenditure review and work undertaken by Ernst and Young through their external audit, AC agreed that Grant Thornton Counter Fraud continue with planned work on Procurement and that an internal audit from Grant Thornton may also be required in the autumn.

#### **Assurance:**

#### **Patient & Public Engagement**

The audit next year could be pointed towards assessing how effectively the Public & Patients Council as an advisory body to the Board is working.

#### **Equality & Diversity**

The scope and timing of an audit this year would be dependent on the Board development session on culture, racism and inclusivity.



# London Ambulance Service NHS Trust

**Assurance  
report:**

**Audit Committee**

**Date: 03/09/2020**

**Summary report to:** Trust Board

**Date of meeting:** 29/09/2020

**Presented by:** Rommel Pereira, Non-Executive Director, Chair of Audit Committee

**Prepared by:** Rommel Pereira, Non-Executive Director, Chair of Audit Committee

## Matters for escalation:

### Immunisation OOH – Procurement & Contract Management

Following a root cause review, a “No Purchase Order, No Contract, No Pay” process has been introduced for contracts over £50k and Single Tender Waivers have been strengthened with further controls to embed cultural change. FIC will monitor this and other actions from the root cause review as part of accelerating the Procurement Transformation programme.

### Counter Fraud

AC welcomed a comprehensive report but noted a higher volume of cases under investigation and questioned whether this was indicative of wider process and cultural issues. The COO and CFO are to consider and revert with an assurance plan.

## Other matters considered:

### Scope of CIP audit

CIP audit in Q4 is being reframed to consider benefit realisation and capital expenditure controls, given the Trust is investing in transformation with a capital programme that has almost doubled.

## Key decisions made / actions identified:

### Managing our strategic risks

AC agreed to recommend a new format of the BAF to the Board, incorporating risk appetite gap trend reporting, and to maintain the current reporting frequency.

AC asked the executive to develop a broader assurance reporting framework, review the LAS Risk Management model and how it maintains oversight of the interplay and delineation between strategic and operational risks and consider embedding risk management through process ownership. Director



attestations would be introduced as part of the latter to enhance the 20/21 year-end assurance process.

AC asked that Audit & Risk “clinics” be introduced with the CEO present to stay on top of key risks and audit recommendations.

**Risks:**

**Single Tender Waivers**  
AC expressed its ongoing concern with the organisation’s over-reliance on STW’s and the need to see these coming down and being effectively controlled. This will become an AC agenda point with Finance providing an assurance report including trends and progress.

**Assurance:**

**Absence & Sickness Management**  
Internal audit’s findings - Significant assurance with some improvements required. AC observed that more work is required to address staff perceptions in applying the policy empathetically.

**Data Security and Protection Toolkit**  
Internal audit’s findings – Partial assurance with improvement required. AC acknowledged good progress in this area, with 73% compliance and NHSD recognising our SIRO training arrangements.



# London Ambulance Service

NHS Trust

**Assurance  
report:**      **Audit Committee (AC)**

**Date:**      **24/11/2020**

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**Summary report to:**      **Trust Board**

**Date of meeting:**      **05/11/2020**

**Presented by:**      **Rommel Pereira, Chair of AC**

**Prepared by:**      **Rommel Pereira, Chair of AC**

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## Matters for escalation:

### Assurance Map

The Committee considered a new 1<sup>st</sup> and 2<sup>nd</sup> line of defence assurance report from Corporate Governance, Finance and Operations and **recommends** (for greater clarity) the preparation of an Assurance Map based on the 3 lines of defence model, setting out Board, Committee and executive responsibilities.

### Business Continuity Planning/Emergency Preparedness, Resilience and Response (EPRR)

The Committee noted that the pandemic had only heightened the need to strengthen business continuity planning and to integrate and embed resilience into our day to day arrangements.

EPRR planning had been updated to prepare for a potential further Covid wave, upcoming seasonal pressures, restoring services and areas previously noted to be partially compliant. The Committee requested ExCo peer and 3<sup>rd</sup> party reviews with another ambulance trust to provide additional assurance and that the executive separate functional responsibilities of risk assessment, planning and compliance from operational and clinical response.

The Board is asked to **confirm** whether EPRR should be a matter reserved to the Board or whether delegation to AC is appropriate. (This would also be a matter to clarify in the Assurance Map and include NED lead roles).

### Well-Led reviews

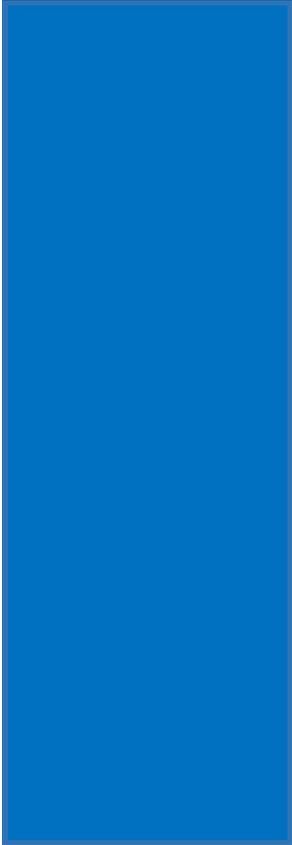
The Committee **recommends** that the Board seeks quotes from external consultancy firms on a Well-Led review as phased deep dives over a period of time. The scope of Internal Audit's review of the BAF would be reconsidered in the light of this and "Golden Thread"/Board to ward assurance, to optimise synergy and benefit.

### Charitable Funds Annual Accounts and financial statements

The Committee **recommends** the draft unaudited annual report and financial statements (which have also been considered by the Charitable Funds Committee).

## Other matters considered:

### PwC report on D999



The Committee was sighted on a report considered by the D999 Assurance Committee and was assured that its recommendations on strategic outcomes, business change and benefits realisation were being taken forward across the portfolio of transformation.

**Internal Audit Plan**

The timing of the Workforce Planning audit would be considered in consultation with HR and PCC. Other audits on capital controls and benefits realisation would be accommodated into the programme later this year.

**Year-end reporting**

The Committee was advised of a change to the NAO code for 20/21, which will require our external auditors to undertake further testing, in support of a public commentary on Value for Money.

**Single tender waivers**

The Committee noted steps being taken by the Supply Chain Management Board to draw a line under historical issues and to improve compliance. There was now greater transparency in Estates and capital planning provided more forward views. However, there still remains much to do to change the culture through a range of interventions.

**Counter Fraud**

The Committee noted several ongoing interviews under caution.

**Key decisions made / actions identified:**

**Audit tender**

The Committee **ratified** a one-year extension of the external audit service and endorsed the collaborative approach of the NWL STP providers procurement to retender internal audit and related services by 31<sup>st</sup> March 2021.

**Risks:**

**Board Assurance Framework**

The Committee noted that the Covid Finance sub-category risk was rated high as a financial settlement had not been confirmed and there were downside risks to the achievement of the control total, including CIP delivery. It was also noted that staff absence/recruitment gaps and possible impacts to the Transformation programme remain. It endorsed the inclusion on the Board Assurance Framework relating to Brexit disruption.

**Assurance:**

**Matters addressed by Board Assurance Committees**

The Committee received verbal updates from Committee Chairs of risks discussed at other Committees in support of AC's role to scrutinise the overarching framework of integrated governance, risk management and internal control and reviewing the results of assurances in the round.

**Internal Audit report – Data Quality**

The Committee commended the significant assurance but noted that 111/IUC and workforce data quality remained areas for further action.



# London Ambulance Service

NHS Trust

**Audit Committee (AC)**

**Date:** 23/03/2021

**Assurance  
report:**

**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

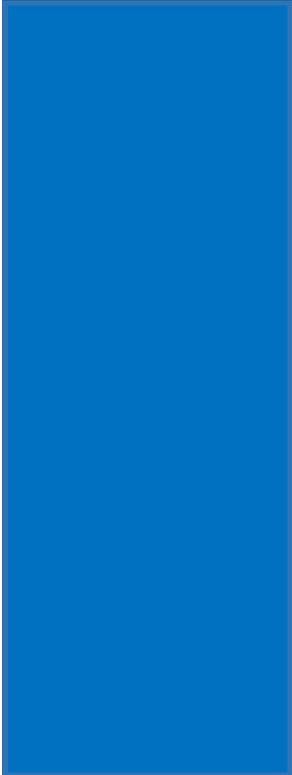
The Internal Audit Plan for 2020/21 has been revised to reflect agreed changes to the timings and scopes of individual reviews, impacted by the 'second wave' of Covid-19. Internal audit have prioritised reviews identified as essential for the Head of Internal Audit year end opinion and these will be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

## Appendix D – Lessons Learnt



# London Ambulance Service

NHS Trust

<b>Report to:</b>	<b>Audit Committee</b>			
<b>Date of meeting:</b>	22 July 2021			
<b>Report title:</b>	Lessons Learned from Annual reporting process			
<b>Agenda item:</b>				
<b>Report Author(s):</b>	Trisha Bain, Interim Director of Corporate Affairs, Lorraine Bewes, Chief Financial Officer			
<b>Presented by:</b>	Trisha Bain, Interim Director of Corporate Affairs			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<ul style="list-style-type: none"> <li>The production of the Annual reports raised concerns re the process, production and internal control issues in relation to matters of significant concern raised during the year. The Audit Committee therefore requested a review of lessons learned and recommendations to be taken forward to ensure the situation was not repeated for next year's annual report and accounts and quality accounts.</li> <li>Areas of concern listed below relate to process, production, matrix working between teams, late identification and agreement of internal controls issues and external auditors requirements for 2021. Key points are identified below with actions and recommendations. In addition a draft timetable, incorporating lessons learned is attached in Appendix A.</li> <li>Annual report process started too late (much of the report can be drafted in advance)</li> <li>Lack of a single executive oversight for overall annual report and accounts process and on specific areas leading to deadlines not met or escalations not actioned when slippage occurred</li> <li>Lack of committee oversight of the process and progress;</li> <li>Poor liaison between corporate affairs and finance teams;</li> <li>Limited or late involvement of internal audit and failure to chase up internal audit reports leading to control issues being identified late in the process;</li> <li>Insufficient early input from external audit to be clear on requirements for 2020/1.</li> <li>Errors in the remuneration report due to lack of communication of Remco decisions.</li> <li>Significant delays in formal sign off due to late identification of controls and the need to make numerous amendments to all documents</li> <li>Version control not robust, with various authors updating documents</li> </ul>				

The revised **draft** timetable in Appendix A includes actions identified:

- One director (proposed to be Chief Finance Officer for 2021/22) to hold the responsibility for delivery of the annual report and accounts including quality account
- Document outlining project plan, executive (Director level) responsibility and identifying authors for each specific chapter based on the relevant reporting manual provided by NHSI;
- Timetable starting in September 2021 of year prior to publication;
- Detailed timeline with specific outputs identified;
- Specific times inserted into business planner for Audit Committee, Finance Investment Committee & Board
- Regular monitoring at Exco re progress – suggest 2 monthly from September
- Interim Director of Corporate Affairs, Director of Communications & CFO (and Chair of Audit as required) to meet monthly (fortnightly from January) to oversee progress
- Regular monitoring and progress meetings with internal audit, counter fraud and security and external auditors.
- Regular ‘check-in’ meetings with Director of Corporate Affairs, Chief Financial Officer, Audit Committee chair with progress updates as a standard agenda item from September onward. Escalation to the Board as necessary.

#### Additional Controls and Actions

- Updates to scheme of delegation to make clear sign off process Action CFO by August 2021.
- Version control process and ownership of changes to the document within one directorate. Action CFO by September 2021
- Process mapping of critical system and processes within finance, people and culture, operations teams to identify gaps in controls: Action all directors by November 2021
- Robust management and clear understanding of roles, responsibilities and understanding of the importance of adhering to regulatory compliance: Action Director of Corporate Affairs and CFO to share with project plan September 2021
- Internal audit plan to reflect lessons learned and areas where control gaps identified. Action Director of Corporate Affairs August 2021, signed off by Audit committee September 2021
- Director of People and Culture to be in attendance at REMCO. Actioned and in place July 2021

#### Overarching Governance and Assurance Actions

- Relevant directors work with the risk management teams (as part of the current risk management strategy) to identify their critical systems and processes, assess them using process mapping and other relevant methods, implement any gaps in controls and ensure that compliance is reported and monitored. These should be agreed and signed off by the responsible executive director.
- Relevant directors to ensure that when new functions/services are being developed that governance and assurance systems and processes are identified **pre implementation** and that there is capacity to ensure robust controls and reporting mechanisms are in place.
- A pre implementation checklist of risks and controls (and considerations of VfM) should be part of the business case sign offs.

- The Transformation Board that is a new governance committee that oversees all estates and infrastructure programmes, should monitor and report all risk/issues and report into FIC/LIC.
- The delayed review of corporate governance and assurance frameworks, including board and committee reporting and frequency, needs to be accelerated to ensure that the Trust has a fit for purpose framework that provides assurance in relation to all regulatory compliance and evidence that robust control mechanisms are in place by October 2021.
- To take forward the re-structure of the Corporate Affairs directorate to ensure capacity and capability of the team to support the delivery of efficient and robust governance systems and processes. To be completed and in place by September 2021.

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

The Audit Committee is asked to note this paper, in particular agree its actions and further recommendations.

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

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes		No	John Martin
Finance & Procurement	Yes	X	No	Lorraine Bewes
Chief Operating Officer Directorates	Yes	X	No	
Medical	Yes		No	
Communications & Engagement	Yes		No	Antony Tiernan
Strategy	Yes		No	
People & Culture	Yes		No	Damien McGuniness
Corporate Affairs	Yes		No	Trisha Bain



## DRAFT : 2021/22 Annual Report and Accounts production timetable

The table below sets out the approval processes for the production of the 2021/22 Annual Report and Accounts:

<b>Date</b>  (Dates for 2022 TBA)	<b>Action</b>	<b>Owner</b>	<b>Committee Date</b>  (Dates for 2022 TBA)
September 2021	Allocation of section owners, responsibilities, acknowledgement of required dates and content	CFO	
September 2021	Monthly meeting CFO, DCA, Chair of audit to agree final plan to share Audit committee	CFO	Audit Committee/QAC
September 2021	Communications plan aligned to Annual reporting cycle	DiR Comms	
September 2021	Joint meeting with Counter Fraud, Internal Auditors, Security to identify control issues and action progress	CF,IA,S,CFO,Dir Corp Affairs	
September	Monthly meeting with Internal Auditors		
October	Monthly meeting with Internal Auditors	DCA,CFO,Audit Chair	
October	Progress plan/risks/issues to be provided to Audit Committee	CFO	Audit Committee
November 2021	Monthly meeting with Internal Auditors	DCA,CFO,Chair audit committee	

November 2021	Consultation with stakeholders re Annual Quality Account	CP&QO	QAC
November 2021	Collation of feedback from internal and external stakeholders re quality priorities	CP&QO	QAC
November 2021	Draft priorities presented to November QOG	CP&QO	QOG
December 2021	Monthly meeting with Internal Auditors, produce report for Exco to identify matters of significance/control issues for annual reports	CFO,DCA,Chair Audit	
<b>YEAR 2022</b>			
January 2022	Analysis and draft quality priorities submitted to QAC	CP&QO	QAC
January 2022	Exco meeting to discuss matters of significant concern/control issues for inclusion in the annual report for approval	All directors	EXco
January 2022	Papers from internal auditors identifying matters of significant concern/control issues reviewed and approved by Audit committee		Audit Committee
February 2022	Draft Annual report compiled	CFO, Dir Comms	
March 2022	Draft Quality Account to be reviewed	CP&QO	QOG/QAC
March 2022	Draft Annual reports to be reviewed	CFO,DCA,Dir Comms	Audit Committee
March 2022	All reports submitted to Exco for review	All directors	
March 2022	Submit Audit Committee papers for review ahead of circulation to Committee members		
March 2022	Papers for Audit Committee meeting in March 2022 to be circulated to Committee members		
March 2022	Audit Committee to review draft Annual Accounts and AGS		
March 2022	Board review annual reports		
April 2022	Submission of draft Annual Report and Accounts (inc AGS) to NHSE/I		
May 2022	Papers for Audit Committee meeting on 19 May 2021 to be circulated to Committee members		

May 2022	Audit Committee to review draft Annual Accounts and AGS together with an update on external audit findings to date and Head of Internal Audit Opinion		
TBC	Papers for Audit Committee meeting on 26 May 2021 to be circulated to Committee members		
May 2022	Audit Committee to review and recommend Annual Report and Accounts (inc AGS) to the Board in light of ISA 260 report from external auditors		
	Board to approve tabled Annual Report and Accounts (inc AGS)		
TBC	CEO and CFO to sign Annual Report and Accounts (inc AGS)		
Mid June June 2022	Submission of Annual Report and Accounts (inc AGS) to NHSE/I		